VIRGINIA

SHARED AGENDA

for the Chronic Disease Preventive Collaborative Network

VDH VIRGINIA DEPARTMENT OF HEALTH

Letter from the Commissioner

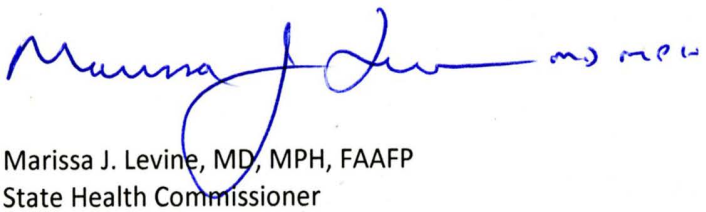
Chronic conditions such as cancer, diabetes, heart disease, stroke, pulmonary conditions, substance abuse and addiction, and mental and emotional disorders shorten lives, reduce quality of life, and create considerable burden for caregivers. The Milken Institute projects that in 2023 the cost for treating these conditions combined with the impact of lost workdays and lower employee productivity will cost Virginia $109 billion. Reasonable improvements in preventing and managing chronic disease could reduce future predictive economic costs of disease in Virginia sharply, by 27%, or $30 billion based on gains in productivity and reduced treatment spending.

In 2012, The *Chronic Disease Prevention Shared Agenda (Shared Agenda)* was created by the Virginia Department of Health and its key stakeholders as a blueprint for tackling existing and escalating chronic disease issues in Virginia. The primary purpose of the agenda was to rally partners around shared priorities and strategies to improve the health and quality of life for all Virginians. The *Shared Agenda: 2017-2020* builds on the fact that lifelong health starts at birth and continues throughout all stages of life.

Preventing disease and injuries is key to improving Virginia's health. By laying out the foundation for giving every Virginian a chance to live a healthy life, *Virginia's Plan for Well-Being* (*The Plan*) inspired the *Shared Agenda* to update and expand its scope to include specific goals and strategies on which communities can focus on to contribute to the state's efforts in making measurable health improvement by 2020. *The Plan* lays out 13 priority goals that address issues significantly impacting the health and well-being of the people of Virginia and provides the framework to guide the development of policies, systems, and environmental strategies to advance Virginia's health.

Investing in prevention creates shared benefits for all residents as most of our state's pressing health problems are preventable. Receiving preventive health services and age-appropriate screenings, eating healthfully, living a physically active lifestyle, reducing excessive alcohol use and other drugs, and wearing seat belts are a few ways that Virginians can improve their physical, mental, and social health and well-being. To reduce the burden of chronic conditions in Virginia, multi-disciplinary and cross-sector partnerships work collaboratively through a chronic disease collaborative network to improve the health status and quality of life of Virginians. By working together, limited resources can be leveraged and maximized and initiatives can be better coordinated and integrated to have a greater impact on health outcomes. It is through this type of collaboration and commitment that Virginia will become the healthiest state in the nation and continue to be a place that people are proud to call home.

Sincerely,



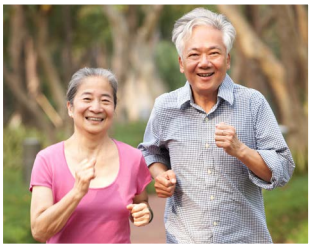
Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

Virginia Shared Agenda

The **VIRGINIA SHARED AGENDA** is designed to address the major elements that impact an individual's health and well-being, and to bring partners and organizations together across sectors (e.g., government, business and industry, and community and faith-based organizations) to prioritize and align resources so that Virginia can become the healthiest state in the nation. By working together, limited resources can be leveraged and maximized. Complex social, economic, and environmental problems can be addressed in a more effective manner, and strategies can be better coordinated and integrated to have a greater impact on health outcomes.

This **VIRGINIA SHARED AGENDA** is an expanded version of the original agenda published in September 2012[1], and includes all seven priority areas in the National Prevention Strategy, including:

1 Virginia Shared Agenda, September 2012.


Preventing disease and injuries is imperative to creating a healthy Virginia. Lifelong health begins during pregnancy and continues throughout the lifespan. To improve Virginians' health, collaborative networks are needed to champion and create healthy and safe communities, expand and strengthen clinical and community-based preventive services, empower individuals to take responsibility for their health, and eliminate health disparities that lead to poor health outcomes. Investment in prevention has broad implications and positively affects all Virginians enabling families and communities to enjoy the benefits of healthy environments, residents to lead more productive lives, businesses to thrive through individual productivity and innovation, and health care costs to be contained.

The **VIRGINIA SHARED AGENDA** is directed towards all sectors in Virginia, state or local, public or private, and serves as Virginia's plan for better health and wellness. The recommendations listed are nationally recognized as the most likely evidence-based strategies to reduce the burden of the leading causes of preventable death and major illness. By aligning our priorities and collaborating with one another, we can integrate the most effective efforts to enable and empower Virginians to make healthy choices for lifelong wellness.

Leadership and partner engagement is critical to implementing the **VIRGINIA SHARED AGENDA.** To be successful, all of us must embrace the agenda and act together to implement the strategies and actions across multiple settings so that Virginians can live healthier and longer lives. Achieving good health is everyone's business. As members of Virginia society, we all play an important role in the health of Virginians and can contribute and support prevention efforts. With your commitment to health and prevention, we can become the healthiest state in the nation, sustaining productive, healthy communities and a thriving Commonwealth. **Join the movement now to create a healthier and fit Virginia by adopting and implementing the strategic actions outlined in this plan.**

For more information on the **VIRGINIA SHARED AGENDA** and the role your organization can play, contact Chronic Disease Manager at VDHLiveWell@vdh.virginia.gov or call 804-864-7756.

Healthy Eating

Who Should be Involved

State and Local Government Agencies; Community Health Centers (e.g., Federally Qualified Health Centers, Free Clinics); Medical Providers; Health Systems; Medical/Professional Societies and Associations

Strategies	Key Indicator	Baseline	Target
Increase the availability of healthy food through procurement policies, healthy meeting policies, farm-to-work programs, farmers markets.	Reduce household food insecurity and in doing so reduce hunger[2]	11.9%	10.0%
Help people recognize and make healthy food and beverage choices by easy to understand nutrition information at the point of purchase and providing people with knowledge and tools to balance caloric intake and output.	Reduce the proportion of adults who are obese[3]	64.7%	63.0%
Work with hospitals, early learning centers, healthcare providers, and community-based organizations to implement breastfeeding policies and programs.	Proportion of infants who are breastfed exclusively through 6 months[4]	22.9%	25.5%

[1]United States Department of Agriculture (USDA) National Nutrient Database for Standard Reference.
[2]Source: Map the Meal Gap utilized the Current Population Survey, and American Community survey from the U.S. Census Bureau, 2013
[3]Source: Virginia Behavioral Risk Factor Surveillance System (VBRSS); Virginia Department of Health (VDH), 2014
[4]Source: National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS, 2011

Did You Know?

There are over 37 parks in Virginia with over 500 miles of trails. So, take a hike![1]

Active Living

Who Should be Involved

State and Local Government Agencies; Community Health Centers (e.g., Federally Qualified Health Centers, Free Clinics); Medical Providers; Health Systems; Medical/Professional Societies and Associations (e.g., Medical Society of Virginia, Virginia Academy of Family Physicians, Virginia Nurses Association); Schools, Colleges, and Universities Healthcare Associations (e.g., Virginia Hospital and Healthcare Association, Virginia Community Healthcare Association); Payers (e.g., Medicaid, Anthem); Fitness Clubs; Virginia Cooperative Extension; State and Local Elected Officials; Early Child Care Learning Centers; Law Enforcement; Virginia Business Coalition on Health; Chamber of Commerce; YMCA

Strategies	Key Indicators	Baseline	Target
Design safe neighborhoods that encourage physical activity (e.g., sidewalks, bike lanes, multi-use trails, and parks).	Reduce the proportion of adults who engage in no leisure time physical activity[2]	30.3%	28.8%
Support schools and early learning centers in meeting physical activity guidelines.	Proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity[3]	25.1%	31.6%
Establish worksite wellness policies and programs that assess and enhance physical activity (e.g., bicycle racks, walking paths, etc.).	Proportion of adults who meet the objectives for aerobic physical activity guidelines and for muscle-strengthening activity[2]	12.7%	20.1%

[1]Virginia Department of Conservation and Recreation, 2017
[2]Source: National Health Interview Survey (NHIS); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS), 2013
[3]Source: Youth Risk Behavior Surveillance System (YRBSS); Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (CDC/NCHHSTP), 2015

Emotional Well-Being

Who Should be Involved

State and Local Government Agencies; Community Health Centers (e.g., Federally Qualified Health Centers, Free Clinics); Medical Providers; Health Systems; Medical/Professional Societies and Associations (e.g., Medical Society of Virginia, Virginia Academy of Family Physicians, Virginia Nurses Association); Schools, Colleges, and Universities Healthcare Associations (e.g., Virginia Hospital and Healthcare Association, Virginia Community Healthcare Association); Payers (e.g., Medicaid, Anthem); Virginia Wounded Warrior Program; Virginia Board for People with Disabilities; Virginia Suicide Prevention Coalition; The Campus Suicide Prevention Center of Virginia; National Alliance on Mental Illness of Virginia; Family and Child Trust Fund; Prevent Child Abuse Virginia; Stop Child Abuse Now; Virginia Home Visiting Consortium; Action Alliance; Local Youth Serving Agencies

Strategies	Key Indicators	Baseline	Target
Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth, and ensure that youth with such problems are referred to appropriate services.	Reduce the suicide rate[2]	12.9 per 100,000	10.2 per 100,000
Support programs to ensure that employees have tools and resources needed to balance work and personal life and provide support and training to help them recognize co-workers in distress and respond accordingly.	Reduce the proportion of adults aged 18 years and older who experience major depressive episodes (MDEs)[2]	7.0%	5.8%
Support models of integrated mental and physical health in primary care, with particular attention to under-served populations and areas, such as rural communities.	Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment[3]	72.6%	75.9%

[1]CDC, Behavioral Risk Factor Surveillance System, 2016
[2] Note: suicides per 1,000 Source: National Vital Statistics System Mortality, Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS), 2014
[3]Source: Nations Survey on Drug Use and Health (NSDUH); Substance Abuse and Mental Health Services Administration (SAMHSA), 2011-14

Tobacco Free Living

Who Should be Involved

State and Local Tobacco Free Living Coalitions, State and Local Government Agencies; Community Health Centers (e.g., Federally Qualified Health Centers, Free Clinics); Medical Providers; Health Systems; Medical/Professional Societies and Associations (e.g., Medical Society of Virginia, Virginia Academy of Family Physicians, Virginia Nurses Association); Schools, Colleges, and Universities; Healthcare Associations (e.g., Virginia Hospital and Healthcare Association, Virginia Community Healthcare Association); Payers (e.g., Medicaid, Anthem); Virginia Department of Medical Assistance Services; Virginia Chamber of Commerce; Virginia Business Coalition on Health; Virginia Department of Housing and Urban Development; Virginia Apartment Management Association; State and Local Elected Officials

Strategies	Key Indicators	Baseline	Target
Implement and sustain comprehensive tobacco prevention and control programs, including comprehensive tobacco free and smoke free policies and paid media advertising.	Reduce the initiation of the use of tobacco products among children and adolescents aged 12 to 17 years[1]	6.8%	5.8%
Implement and enforce policies and programs to reduce youth access to tobacco products.	Proportion of adolescents in grades 9-12 that smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days[2]	14.1%	12.6%
Implement sustained and effective media campaigns, including raising awareness of tobacco cessation benefits and resources.	Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days)[3]	16.5%	12.0%

[1]Source: National Survey on Drug Use and Health (NSDUH); Substance Abuse and Mental Health Services Administration (SMAHSA), 2011-14
[2]Source: Virginia Behavioral Risk Factor Surveillance System (YRBSS); Centers for Disease Control and Prevention, 2015
[3]Source: Behavioral Risk Factor Surveillance System (BRFSS), 2015

Preventing Drug Abuse

Who Should be Involved

State and Local Government Agencies; Community Health Centers (e.g., Federally Qualified Health Centers, Free Clinics); Medical Providers; Health Systems; Medical/Professional Societies and Associations (e.g., Medical Society of Virginia, Virginia Academy of Family Physicians, Virginia Nurses Association); Schools, Colleges, and Universities Healthcare Associations (e.g., Virginia Hospital and Healthcare Association, Virginia Community Healthcare Association); Payers (e.g., Medicaid, Anthem); Mothers Against Drunk Driving; Virginia Alcohol Safety Action Program; Virginia Association of Chiefs of Police; Virginia State Police Virginia Sheriffs' Association; Board of Pharmacy; Local Drug Free Coalitions

Strategies	Key Indicators	Baseline	Target
Encourage healthcare providers to screen and identify substance abuse disorders and ensure appropriate counseling and support services are available to them.	Persons (12+ years) who need and received illicit drug and/or alcohol treatment at a specialty facility in the past year[2]	9.8%	10.9%
Reduce inappropriate access to and use of prescriptions drugs through prescription drug monitoring programs, implementation and enforcement of laws that reduce inappropriate access, and consumer and prescriber education about appropriate and safe medication use and disposal practices.	Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives) - persons aged 12+[2]	6.1%	5.5%
Identify alcohol abuse and disorders early and provide brief intervention, referral and treatment.	Reduce the proportion of persons engaging in binge drinking the past 30 days - adults aged 18 years and older[2]	25.8%	24.4%

[1]Dr. Marissa Levine, MD, MPH, FAAFP. (2017, April 3). State health commissioner comments on opioid addiction declaration [Blog post]. Retrieved from http://www.vdh.virginia.gov/blog/2017/04/03/state-health-commissioner-comments-on-opioid-addiction-declaration/

[2]Source: Nations Survey on Drug Use and Health (NSDUH); Substance Abuse and Mental Health Services Administration (SAMHSA), 2011-14

Did You Know?

Breastfeeding can prevent illness and reduce future health issues, including asthma, as well as the risk of sudden infant death syndrome.[1]

Reproductive and Sexual Health

Who Should be Involved

State and Local Government Agencies; Community Health Centers (e.g., federally qualified health centers, free clinics); Medical Providers; Health Systems; Medical/Professional Societies and Associations (e.g., Medical Society of Virginia, Virginia Academy of Family Physicians, Virginia Nurses Association); Schools, Colleges, and Universities; Healthcare Associations (e.g., Virginia Hospital and Healthcare Association, Virginia Community Healthcare Association); Payers (e.g., Medicaid, Anthem); Virginia Sexual Assault and Domestic Violence Action Alliance; Locwal Sexual and Domestic Violence Agencies; Virginia Home Visiting Consortium; Family and Child Trust Fund

Strategies	Key Indicators	Baseline	Target
Implement evidence-based practices to prevent teen pregnancy and HIV/STIs and ensure that resources are targeted to communities at highest risk.	Reduce the proportion of females with human papillomavirus (HPV) infection[2]	35.9%	80.0%
Advise patients about factors that affect birth outcomes, such as alcohol, tobacco, and other drugs, poor nutrition, stress, lack of prenatal care, and chronic illness or other medical problems.	Proportion of children born with low birth weight and very low birth weight[3]	Low Birth Weight: 7.9%	Low Birth Weight: 7.8%
		Very Low Birth Weight: 1.5%	Very Low Birth Weight: 1.4%
Increase access and provide health coverage and employee assistance programs that include family planning and reproductive health services.	Increase the proportion of pregnant women who receive prenatal care beginning in the 1st trimester[4]	86.0%	91.0%

[1]Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/ technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007.

[2]Source: National Immunization Survey - Teen; Centers for Disease Control and Prevention, 2014

[3]Source: Note: per 1,000 live births. Source: Virginia Department of Health (VDH) Division of Health Statistics, Office of Family Health Services; complied by the Division of Policy & Evaluation, 2014

[4] Source: Pregnancy Risk Assessment Monitoring System (PRAMS), 2014; Centers for Disease Control and Prevention

Did You Know?

Virginians are among the worst in the nation for seat belt use—only 78% of drivers and front seat passengers wear them.[1]

Injury and Violence Free Living

Who Should be Involved

State and Local Government Agencies; Community Health Centers (e.g., Federally Qualified Health Centers, Free Clinics); Medical Providers; Health Systems; Medical/Professional Societies and Associations (e.g., Medical Society of Virginia, Virginia Academy of Family Physicians, Virginia Nurses Association); Schools, Colleges, and Universities Healthcare Associations (e.g., Virginia Hospital and Healthcare Association, Virginia Community Healthcare Association); Payers (e.g., Medicaid, Anthem); Virginia State Police; Virginia Chiefs of Police; Virginia Sheriffs Association; Bike Walk Virginia; AAA Mid-Atlantic; DriveSmart Virginia; Mothers Against Drunk Driving; Virginia Alcohol Safety Action Program; Virginia's Smart, Safe and Sober Partnership; Northern Virginia Fall Prevention Coalition; Local Area Agencies on Aging; Virginia Center on Aging; Brain Injury Association of Virginia; Safe Kids Virginia; Local Safe Kids Coalitions; Emergency Medical Services for Children

Strategies	Key Indicators	Baseline	Target
Strengthen and enforce transportation safety policies and programs (e.g., primary seat belt laws, child safety and booster seat laws, graduated drive licensing systems for younger drivers, motorcycle helmet use laws, ignition interlock policies).	Reduce motor vehicle crash-related deaths[2]	8.8 per 100,000	12.4 per 100,000
Implement comprehensive workplace injury prevention programs that include management commitment, employee participation, hazard identification and remediation, worker training, and evaluation.	Reduce unintentional injury deaths[2]	36.8 per 100,000	36.4 per 100,000
Implement policies, practices, and programs to support modifications and promote environmental design to deter crime.	Reduce firearm related deaths[2]	10.3 per 100,000	9.3 per 100,000

[1]The Guide to Community Preventive Services, 2013; National Highway Traffic Safety Administration, 2013

[2] Note: Deaths per 100,000 population. Source: National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, 2014

VIRGINIA
COLLABORATIVE
NETWORK
Connect, Collaborate, Change

VDH