



Healthy Minds and Bodies



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Overview

The Virginia Department of Health and the Virginia Center for Health Innovation describe well-being as, “a state characterized by health, happiness, and prosperity”. Understanding the importance of healthy minds as well as healthy bodies is critical to addressing physical, emotional, and spiritual health, and how they are integral parts of well-being.

The Kaiser Family Foundation has reported that individual behavior (40%), genetics (30%), and societal and environmental factors (20%) account for the majority of overall well-being; with access to health care accounting for only 10%. The partnership between health professionals and patients is essential to understand unique circumstances and events that make it easier or harder to be healthy. Important features of whole person care include health and wellness promotion to build each person’s resiliency and prevention to identify and address health concerns early. Wellness can mean visiting a primary care provider annually, seeing a dentist for an annual check up, attending Friday bingo night at a local AmVet center, or attending a religious service.

Oral Health

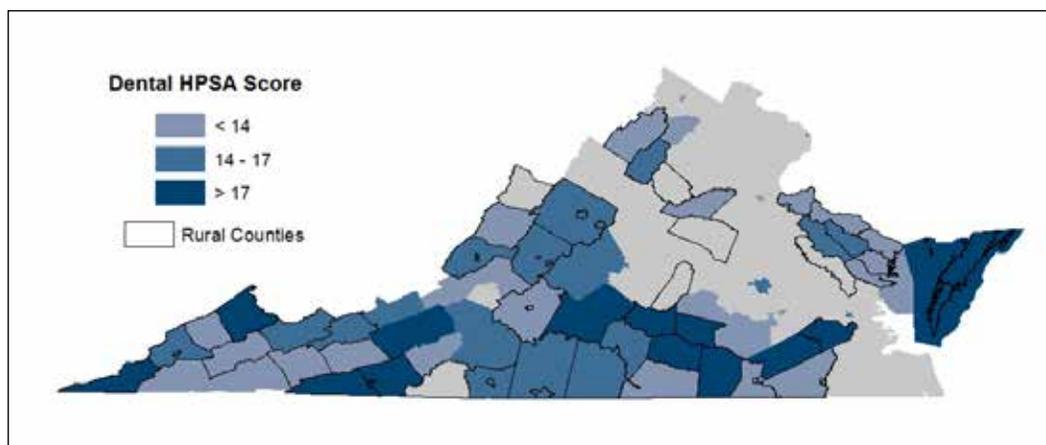
Oral health is an integral part of overall health and an essential component of comprehensive health care. Oral health promotion and disease prevention are essential to strategies aimed at improving access to care. Oral health care is a dimension of the American health care delivery system in which disparities exist, and magnified for rural communities. For example, 54% of rural adults in Virginia report missing teeth, compared to just 40% of non-rural Virginia adults (1).

Aspects of Overall Wellness



Contributing factors to the widening oral health disparities gap include:

- Geographic maldistribution and isolation
- Dental professional workforce shortage
- Inadequate dental health insurance coverage
- Poor oral health literacy
- Tobacco use
- Lack of fluoridation of water supplies





Antioch Baptist Church

The dental professional shortage is one of the biggest causes of oral health disparities in rural communities (2). Dental healthcare professional shortage areas (HPSAs) are designated to indicate shortages of general dental care and take into account the number of full-time dentists, which are, in turn, weighted by the age of the individual dentist and the number of dental hygienists and assistants associated with each dentist. Roughly 40.9% of rural Virginians reside in a dental HPSA compared with 16.0% of those in a non-rural area. The demand for dental professionals outweighs the supply of graduates. Practice location has trended towards urban and metropolitan areas instead of rural areas. The Agency for Healthcare Research and Quality (AHRQ) reported that individuals who lacked dental insurance were two-thirds less likely than people with private insurance to have had a dental visit within the last year (16.1% compared with 50.9%) (3). The study found in 2018, nearly 16,000 Medicaid recipients visited the emergency department approximately 19,000 times for dental-related issues. Of those visits, more than half were for non-traumatic dental conditions like toothaches or loose teeth, and most were for adults who did not have a dental benefit in Medicaid. Although access to oral health care is a need throughout Virginia, only 65% of rural adults reported a dental visit within the past 12 months, compared to 73% in non-rural Virginia (1).

Despite the widening gap between access to dental care, rural communities have created innovative approaches to address the need for oral care:

- Oral health integration
- Mobile oral health programs
- Health profession incentive programs

Spiritual Health

During our community conversations people reported what they enjoyed most about living in their communities. Feelings of fellowship, connectedness, belonging, and community support contributed to overall happiness.

While many metro/urban areas are anchored by healthcare systems, large academic institutions, and safety-net organizations, many rural localities are defined by the whole person approach represented by faith-based organizations. These are central to community organizing efforts and are trusted sources of information for members and the community at large. Virginia's faith-based organizations and communities form partnerships to provide assistance when needed. The natural beauty of rural Virginia, plus social, faith-based, and cultural connections to land and waterways make Virginia's rural communities some of the state's best localities in which to live and thrive.

Leading Practices and Approaches

Whenever possible, examples of leading practices and approaches were taken from rural Virginia communities. Otherwise, examples were gathered from localities with comparable demographic characteristics.

Virginia Partners in Prayer & Prevention (P3): Zika Pilot Program

The VDH Office of Health Equity, Virginia Partners in Prayer & Prevention (P3) is the evolution and rebranding of Virginia's Congregations for Million Hearts program. The newly branded initiative facilitates partnerships between marginalized communities, faith and interfaith organizations, and local and state public health agencies to promote health and well-being.



Virginia Partners in Prayer & Prevention



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Need addressed: The P3 pilot outreach effort focused on Zika prevention through the targeted distribution of VDH-approved Zika prevention around your home and in your community messages. P3 provided a hub for public health resources, facilitated new partnerships, and provided technical assistance to empower communities to bridge the gap between faith and health with ease.

Approach: P3 kits were distributed to families in the Central Virginia area. Kits included mosquito repellent, a screen repair kit, and prevention informational materials. Over 100,000 pieces of educational materials have been distributed across the state of Virginia.

Outcome(s): The success of this pilot provided a solid foundation to expand programming, broadening the scope of prevention to several key public health issues impacting rural communities. As a result of these efforts, the VA P3 Newsletter was established and additional programming resulted. The newsletter served as a health guide and resource for places of worship and communities of faith. The VA P3 Newsletter has been a resource to over 250 congregations, reaching over 25,000 people monthly. The VA P3 Newsletter has over 10,000 subscribers and continues to be a resource for communities of faith. Virginia P3 has been instrumental in educating diverse

communities around the Commonwealth in health equity and the importance of identifying and addressing health-related social needs in the community.

Whole-Person Approach to Healthcare: Tri-Area Community Health Center

Need addressed: Tri-Area Community Health is a Federally Qualified Health Center (FQHC) providing services in Carroll, Floyd, Franklin and Grayson Counties. Its mission is to provide affordable community-based health services and to promote good health in patients and communities. In addition to traditional primary care, Tri Area Community Health provides a variety of wrap-around services are provided to treat the whole person, not just the condition.

Services provided:

- Patient transportation
- Pharmacy services
- Behavioral health
- Case management
- Health education

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Approach: Tri-Area Community Health aims to be a partner in well-being, by providing patients the necessary resources to self-manage and achieve health goals. Tri-Area has integrated behavioral health, case management, and health education services as part of the patient's overall health care, of targeting and enhancing well-being and health.

Outcome(s): Tri-Area Community Health is a nationally recognized health quality leader and a Patient-Centered Medical Home (PCMH) certified by the National Committee for Quality Assurance. Practices that achieve PCMH recognition place patients at the forefront of care. Research suggests that PCMHs improve quality, the patient experience, and staff satisfaction while reducing health care costs (4).

Virginia State Loan Repayment Program (VA-SLRP)

Need addressed: Virginia has a shortage of healthcare professionals in rural and underserved areas of the state. Partial payment of educational loans incentivize practitioners to locate in underserved areas.

Approach: The Virginia State Loan Repayment Program (VA-SLRP) is funded by a federal grant from the Health

Resources Services Administration (HRSA), Bureau of Health Professions and is administered by the Virginia Department of Health (VDH) Office of Health Equity (OHE). VA-SLRP provides educational loan repayment in exchange for at least two years of service in a HPSA in Virginia. Primary care physicians, dentists, nurse practitioners, nurse midwives, physician assistants, registered dental hygienists, psychiatric nurse specialists, mental health counselors, health service psychologists, licensed clinical social workers, licensed professional counselors, alcohol and abuse counselors (masters-level), marriage and family therapists, registered nurses, and pharmacists are eligible to apply.

VA-SLRP requires a dollar for dollar match from the community or practice site. The maximum award for a four year commitment is \$140,000 and is exempt from federal income and employment taxes.

Outcome(s): It is not uncommon for VA-SLRP recipients to stay at their practice site after the 4-year obligation is completed. In the 2020 grant cycle, there were 47 VA-SLRP recipients providing healthcare services to 25 of Virginia's medically underserved communities.



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Opportunities for Growth

1. Additional Provider Loan Repayment and/or Incentives

- Especially critical for dentists and dental hygienists, practicing in designated HPSAs
- Providing additional funding for dental professional may increase the number of applicants for the program, increasing the number of providers in communities of high need.



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