

Virginia Department of Health Creates a Shared Agenda to Advance the National Prevention Strategy
Thirty-five sites received funds for projects aimed at reducing the burden of chronic disease in Virginia.

In 2012, the [Virginia Chronic Disease Prevention and Health Promotion Collaborative Network](#) created the [Shared Agenda for the Virginia Chronic Disease Prevention Collaborative Network](#), which is founded on the National Prevention Strategy's (NPS) core values and principles. The shared agenda focuses on four priority areas: active living, healthy eating, tobacco-free living, and clinical preventive services. In response, the Virginia Department of Health (VDH) released a funding opportunity to support projects that aligned with one of the four priority areas. Thirty-five projects were funded, all of which involved diverse organizations working together to accomplish a common goal and focusing on one recommendation and one strategy under one of the four priority areas.

Multiple stakeholders across the state were already diligently working on some of the same areas, such as promoting and increasing access to nutritious foods and beverages and opportunities for physical activity in communities. NPS enabled VDH to bring organizations together to harness the collective energy and focus of stakeholders' efforts and activities, select priority areas to reduce duplication, and maximize resources, reach, and impact.

Steps Taken:

- VDH convened a diverse group of stakeholders in May 2012 to form the collaborative network. The network is comprised of representatives from state agencies—including the state Departments of Aging and Rehabilitative Services, Education, Behavioral Health and Developmental Services, Conservation and Recreation, Fire Programs, Health, Medical Assistance Services, Social Services, and Transportation—community organizations, nonprofit groups and foundations (representing sectors including aging, youth, health, and recreation), faith-based organizations, health systems, health insurers, state coalitions, and more.
- The collaborative network created the shared agenda, a state plan aimed at addressing the escalating issue of chronic disease in Virginia and establishing performance measures to gather and track outcomes over time. The shared agenda serves as the blueprint for reducing the burden of chronic disease in the commonwealth and is based on the priority areas, recommendations, and strategies found in NPS, specifically active living, healthy eating, clinical preventive services, and tobacco-free living.
- The shared agenda was widely disseminated to key stakeholders and partners in fall 2012.
- To support the shared agenda, the VDH Division of Prevention and Health Promotion released a call for mini-grant proposals in January 2013. To be considered for funding, proposals had to submit letters of support to demonstrate that multiple partners had agreements to coordinate and collaborate on activities.
- VDH staff reviewed and rated all of the proposals. The sources of proposals varied and included large hospitals, YMCAs, schools, nonprofits, local health departments, universities, and local

- Eighty-two percent of participants in a produce prescription and distribution program reported eating healthier and trying new produce.
- Participants in a nutrition education and exercise program lost an average of 5.1 pounds, reduced systolic blood pressure readings by 14.8 points, and diastolic blood pressure by 2.8 points.

coalitions. Funds to support this initiative were solely derived from the CDC Collaborative Chronic Disease, Health Promotion, and Surveillance Program.

- Of the 38 proposals received, 35 were fully funded. Awards were up to \$5,000 for each awardee. Topics of the proposals included:
 - Establishing healthy corner stores in urban areas designated as food deserts by USDA.
 - Implementing the physical activity program [Girls on the Run](#), targeting low-income girls.
 - Offering the [Let's Get Movin'!](#) yoga program to summer camp children.
 - Developing a breastfeeding curriculum for healthcare professionals.
 - Implementing a weight management program in a clinic that serves low-income families.
 - Distributing educational materials to low-income, minority women on breast and cervical cancer screening guidelines.
 - Involving youth action clubs in developing internet ads to discourage teenage smoking.
- To evaluate the projects, all grantees were required to complete final progress reports upon finishing their programs. The final report described the program's primary focus, target audience, activities completed, the main factors for facilitating success, any barriers or issues the grantee encountered and how they were resolved, results, and plans for sustainability.

Results:

- The 35 projects were sponsored from Feb. 1-Aug. 30, 2013. State staff provided technical assistance and consultation to assist grantees. The majority of questions centered on financial and reporting requirements.
- Sponsored projects were implemented in a variety of settings, and have led to increased collaboration across sectors, including healthcare, housing, education, and faith-based organizations.
- Several partnerships that formed as a result of this initiative are committed to continuing their collaborations as part of their long-term sustainability plans.
 - For example, the United Methodist Urban Ministries of Richmond/Shalom Farms, Virginia Community Capital, and Tricycle Gardens partnered to increase access to healthy and affordable food in particularly low-income areas. The United Methodist Urban Ministries/Shalom Farms expanded on the Richmond Healthy Corner Store Initiative by implementing a produce prescription and distribution program for low-income public housing communities. Tricycle Gardens provided research and educational materials, and served as the primary farming and distribution partner. Virginia Community Capital offered free financial assistance to participating corner store owners to help them better understand how procuring and stocking healthy foods could ultimately yield a higher profit margin. These partners will continue working together to bring healthy and affordable foods to low-income areas designated as food deserts.
- Many of the proposals focused on disparate populations, such as homeless individuals and low-income communities.
 - The Daily Planet, a healthcare provider for those who are homeless, at risk of being homeless, and uninsured, used a team-based approach to help homeless individuals manage their chronic diseases through medication therapy and nutrition counseling.
 - Stafford Junction, a faith-based nonprofit, provided free transportation to hiking trails, sports events, and playgrounds for low-income, disadvantaged children.

Examples of Project Outcomes

- The Virginia Breast Cancer Foundation (VBCF) hosted a three-day event, Becky's Place: Planting Seeds of Cancer Awareness, at an annual medical event that provides free medical, dental, and vision services to thousands of uninsured and underserved residents living in Southwest Virginia. VBCF's mission at Becky's Place was to offer health education, resource materials, and supplies to women, men, and families in rural Appalachia. Over the three-day event, 600 people attended 20 educational classes. Patients and family members who attended the classes learned the symptoms and risk factors for breast, cervical, ovarian, prostate, and testicular cancers, as well as tobacco cessation and diabetes. Resource guides and educational material were also distributed during the classes.
- The Center for High Blood Pressure offered a 15-week program that included nutrition education and exercise sessions. Specific topics included eating fewer calories, label reading, eating more fruits and vegetables, and moving more. Participants took part in a grocery store tour and were required to set realistic and achievable health commitments/goals. Data was gathered on the 10 participants that finished the program. All participants lost weight, with an average weight loss of 5.1 pounds. On average, systolic blood pressure readings dropped by 14.8 points and diastolic dropped by 2.8. Confidence in achieving and maintaining a healthy weight increased for all participants.
- The United Methodist Urban Ministries/Shalom Farms developed a produce prescription and distribution program aimed at low income public housing communities. At the completion of the project period they reported the following outcomes: 12 of the 15 pilot households participated in the entire program; of all the household participants, 63 percent used a recipe that was provided; 100 percent reported eating more produce than in the past; 90 percent reported that their diet had changed since participating in the program; 82 percent reported having tried new produce; and 82 percent reported eating healthier. They currently have a waiting list of 20 additional households that are interested in participating in the next 12-week session.
- The Chesterfield Coalition for Active Children (COACH) administered the evidence-based program "5210 Every Day!" which uses a consistent, easy to understand message to create behavioral change in families. Endorsed by the American Academy of Pediatrics, the 5210 acronym is short for the recommendation that: every child should eat five or more servings of fruit and vegetables; spend less than two hours of recreational screen time; get at least one hour or more of physical activity, and consume zero sugary drinks every day. COACH's goal was to implement this program in child care centers and after school programs within their target area. At the end of the project period, COACH intervened in six early childhood/day care centers and eight after-school programs, reaching 1,550 children.

Lessons Learned:

- Coordinating the focuses of many organizations and stakeholders was a challenge because they all have their own missions, visions, and agendas. To create the shared agenda, the collaborative network held a series of meetings with stakeholders that stressed the need to create a unified vision to address some of the critical public health issues that face Virginians.
- During the funding period, state staff's ability to quickly respond to the grantees' questions with technical assistance and consultation eliminated barriers and facilitated grantee progress and success.

- Using the shared agenda as the focal point for the initiative was a key element that influenced the project's overall success. The funding opportunity created excitement and interest in the shared agenda's four priority areas, allowing partners to unite and rally around similar activities to achieve impactful outcomes.
- Requiring stakeholder collaboration as part of the funding opportunity meant that grantees formed new partnerships as part of their program plans, which improved sustainability and increased commitment in continuing these relationships into the future.

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