

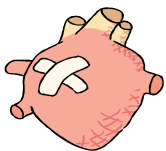


VIRGINIA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding to combat an array of public health problems in Virginia that range from coronary heart disease to unintentional injury.

PHHS Block Grant funds allow Virginia to use dollars *where they are needed and when they are needed to protect the public's health*. The majority of these funds are concentrated in the areas of health education and community programs, injury and violence prevention, oral health, and heart disease. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:

Chronic Disease—Health Promotion in Virginia's Underserved Communities



PHHS Block Grant funds are used to fight the debilitating effects of chronic diseases like heart disease, arthritis, and diabetes and their associated risk factors. Chickahominy Healthy Hearts and the Heathy Native Living Project are two initiatives aimed at reducing the burden among members in the Chickahominy, Pamunkey, Mattaponi, and Upper Mattaponi tribes. Block Grant money was used to conduct health screenings, support staff time, produce educational materials, and purchase helpful tools such as pedometers. During three health education sessions, staff screened 80 individuals for blood pressure, cholesterol, and glucose levels and measured body mass indexes.

Oral Health—Preventing Dental Decay



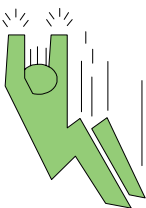
Tooth decay is the most common preventable chronic disease among children in Virginia. PHHS funds have been used to provide children with dental sealants and fluoride, our best defense against cavities. Approximately six million citizens receive fluoridated water through their community water systems. In 2005, eight communities – Town of Appalachia, Buckingham County, Town of Broadway, Town of Bridgewater, Bristol, Gate City, Town of Timberville, and Wise County – benefited from PHHS-funded fluoridation projects.

Investing in Virginia's Future—Preventing Childhood Injury Deaths



Unintentional injury is the leading cause of death among Virginians under age 34. During 2004–2005, the Block Grant supported coordination and training for the Low-Income Safety Seat Distribution and Education Program which is funded through traffic fines. Child safety seats reduce the risk of fatal injury by 71% for infants (under age one) and 54% for toddlers (1-4 years old) when used properly. During the year, more than 10,000 child safety seats were issued through this program. In addition, the Block Grant supported the distribution of more than 500 free or low cost bike helmets to children in Virginia. The block grant also supported the coordination of a 1-800 line and website on injury prevention, statewide injury prevention observances and information mailings, and injury data reporting.

Reducing the Cost of Health Care—Preventing Fall and Fire Injuries



Approximately 184 million dollars were spent on fall-related hospitalization for those 65 and older nationwide. An additional 1.5 million dollars were spent on fire related hospitalization for those 65 and older. PHHS Block Grant funds supported staff that implemented *Get Alarmed, Virginia*, a smoke alarm installation and education program for low-income families. As a result of this program, 1,765 homes were canvassed and provided with educational material. 1,037 households were protected with the installation of 3,295 smoke alarms. Block Grant staff also coordinated *Home Safe Home, Virginia*, an elderly fall and fire prevention program, which provided education sessions to 839 seniors, home visits to 155 seniors, safety inspections of 487 households, the installation of 660 alarms, and the distribution of 1,621 safety devices (bathmats, nightlights).

Virginia Department of Health

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Virginia Indians are Fighting a Battle against Chronic Disease

Issue:

Life today for the descendants of the Native Americans who witnessed the arrival of English settlers to Virginia in 1607 is threatened by a host of chronic diseases. But, because Virginia Indian tribes are not recognized by the U.S. government, no health data are available on them from the U.S. Indian Health Service. A look at the data that are available on other Indian tribes in America offers at least a glimpse of the effects of chronic disease on the health of Indians in Virginia.

- More than 60% of American Indians have at least one risk factor for cardiovascular disease.
- More than 40% report no physical activity.
- More than 60% report a body mass index of 25, the beginning level of risk for being overweight, which is a risk factor for a number of chronic diseases.
- In Virginia, cardiovascular disease alone accounted for 126,523 hospital admissions in 2004, and a total charge of approximately \$3.5 billion.

The Native American tribes are medically underserved and hard to reach due largely to cultural barriers born of decades of forced segregation and their resulting suspicion of government assistance. The population also is isolated, has transportation problems, is suspicious of the modern health care system and reluctant to seek services from community health centers. Thus, developing health programs that were acceptable and appropriate for the tribes and logistically possible was a challenge.

Intervention:

The Virginia Department of Health began to work with the Chickahominy, Pamunkey, Mattaponi and Upper Mattaponi tribes in the state in 2004. Officials initiated two programs: Chickahominy Healthy Hearts and the Healthy Native Living Project with goal of reduce the burden of chronic disease among tribal members. Preventive Health and Health Services (PHHS) Block Grant money was used to conduct health screenings, support staff time, produce educational materials and purchase helpful tools such as pedometers.

Public health staff conducted three health education sessions on cardiovascular health, and screened more than 80 individuals during seven screening sessions when they screened blood pressure, cholesterol and glucose levels and measured body mass indexes. Findings revealed a higher burden of chronic disease among Virginia's Native Americans than in other population groups. One project alone found that:

- 50% had Stage I hypertension
- 47% had low levels of HDL, or "good," cholesterol
- 20% reported being diagnosed with diabetes
- 51% of those measured were 30 percent overweight



Impact:

The impact of the screening and educational efforts was immediate. At one screening session, a Chickahominy tribe member was sent to the doctor immediately because her blood pressure was so high. She was put on medication that day to control her blood pressure and diabetes. Also, 15 Chickahominy Indians joined the local health and fitness center, which was sponsored by the health district and the county. With growing support from tribal councils and baseline screening data in hand, public health officials formed productive partnerships with two essential community agencies: Central Virginia Health Services, Inc. and the American Heart Association.

Virginia's Native American leaders are committed to the preservation of their people and their culture, but they remain cautious about accepting help. Health interventions can be a way for Native Americans to maintain their self-sufficiency and can succeed if they are conducted with empathy, respect and cultural sensitivity and if the power of the chiefs and tribal councils is acknowledged.

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