Virginia's Plan for Well-Being

"The Plan"

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Outline

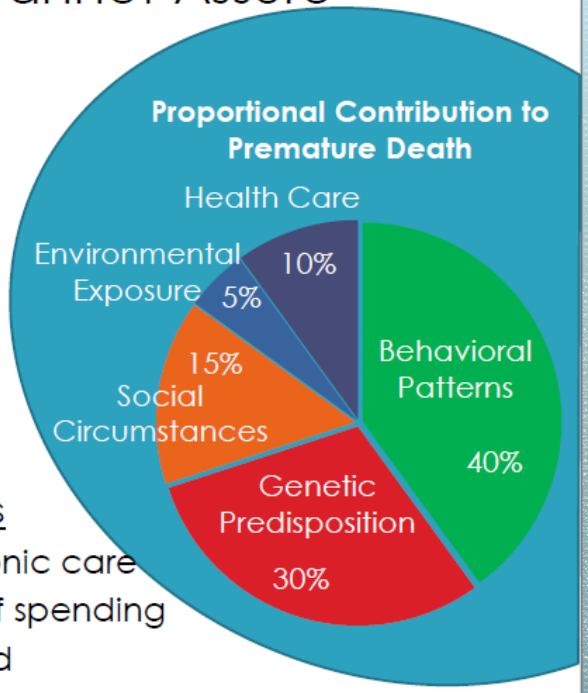
- The Plan's foundational concepts
- Contributions of factors affecting health
- Community "infrastructure" model of health improvement
- Insights from Plan implementation

Foundational Concepts of the Plan

- Health is wealth – our economy in Virginia depends on the health of the population
- The Plan for Well-Being is built upon a community "infrastructure" model of health improvement – as opposed to a strictly medical model
- Sustainable improvement requires simultaneously:
  - dealing with the burden of disease and
  - breaking the cycle of debilitating disease
- A community "infrastructure" model, including an aligned focus and outcome metrics, has a higher likelihood of bending the health care cost curve

Health Care Cost: Background

Excellent Health Care Cannot Assure an Individual's Health



Health Is Influenced by 5 Factors

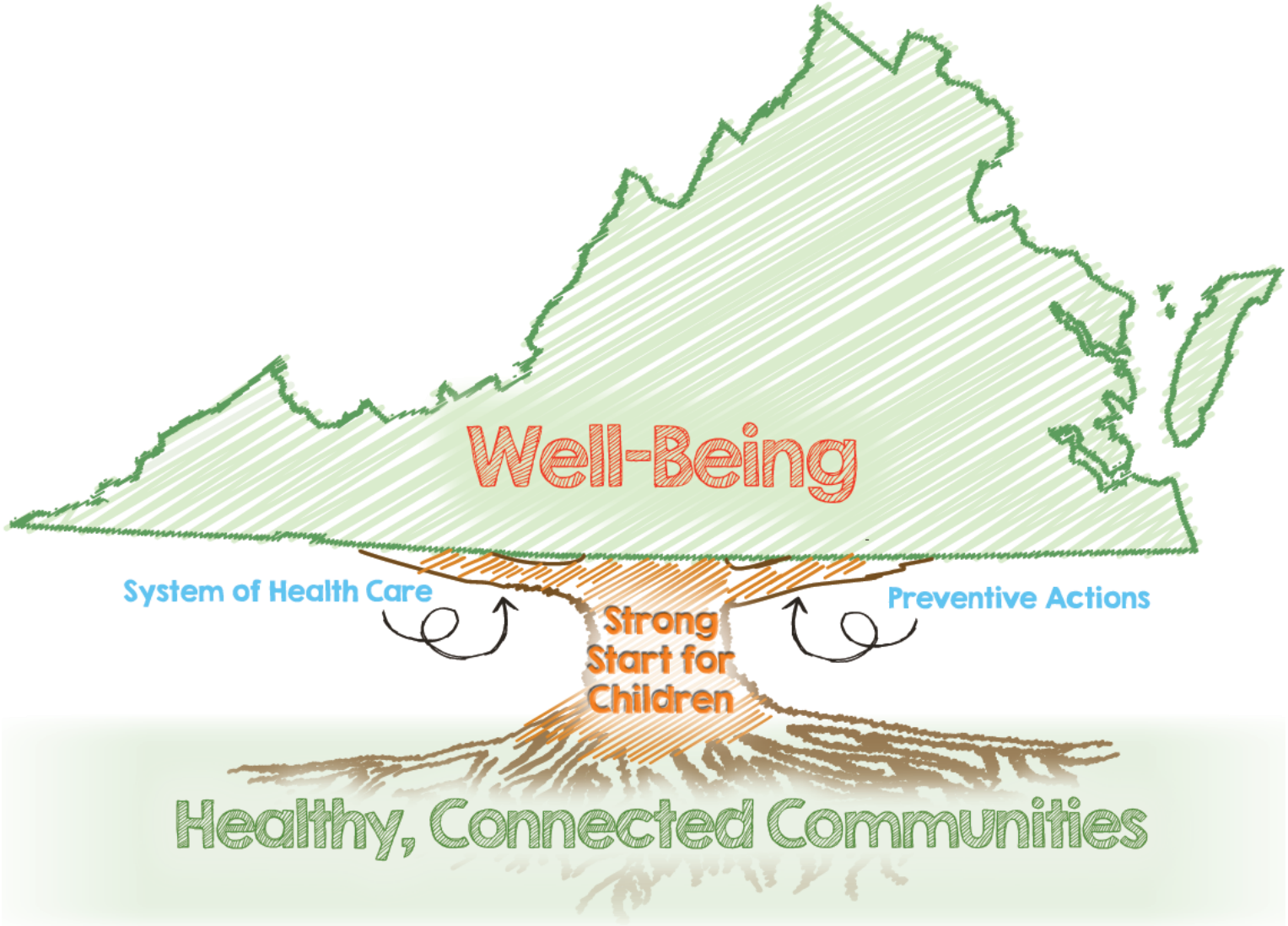
- Genetic predisposition
- Social circumstances
- Environmental exposures
- Behavioral patterns, and
- Health care

U.S. Health Care Expenditure Facts

- 75% of expenditures related to chronic care
- 5% of individuals account for 50% of spending
- 3.5% is spent toward prevention and public health services

Sources: Steven A. Schroeder M.D., We Can Do Better-Improving the Health of American People, N Engl J Med 2007; 357:1221-8, GAO, Preventive Health Activities, December 2012 at http://www.gao.gov/assets/660/650617.pdf, and American Public Health Association, Issue Brief: The Prevention and Public Health Fund, July 2012 at http://www.apha.org/NR/rdonlyres/8FA13774-AA47-43F2-838B-1B0757D111C6/0/APHA_PrevFundBrief_June2012.pdf.

What Defines the Infrastructure in Community Necessary to Protect Health and Promote Well-Being?




Aims
1
Healthy, Connected Communities


2
Strong Start for Children

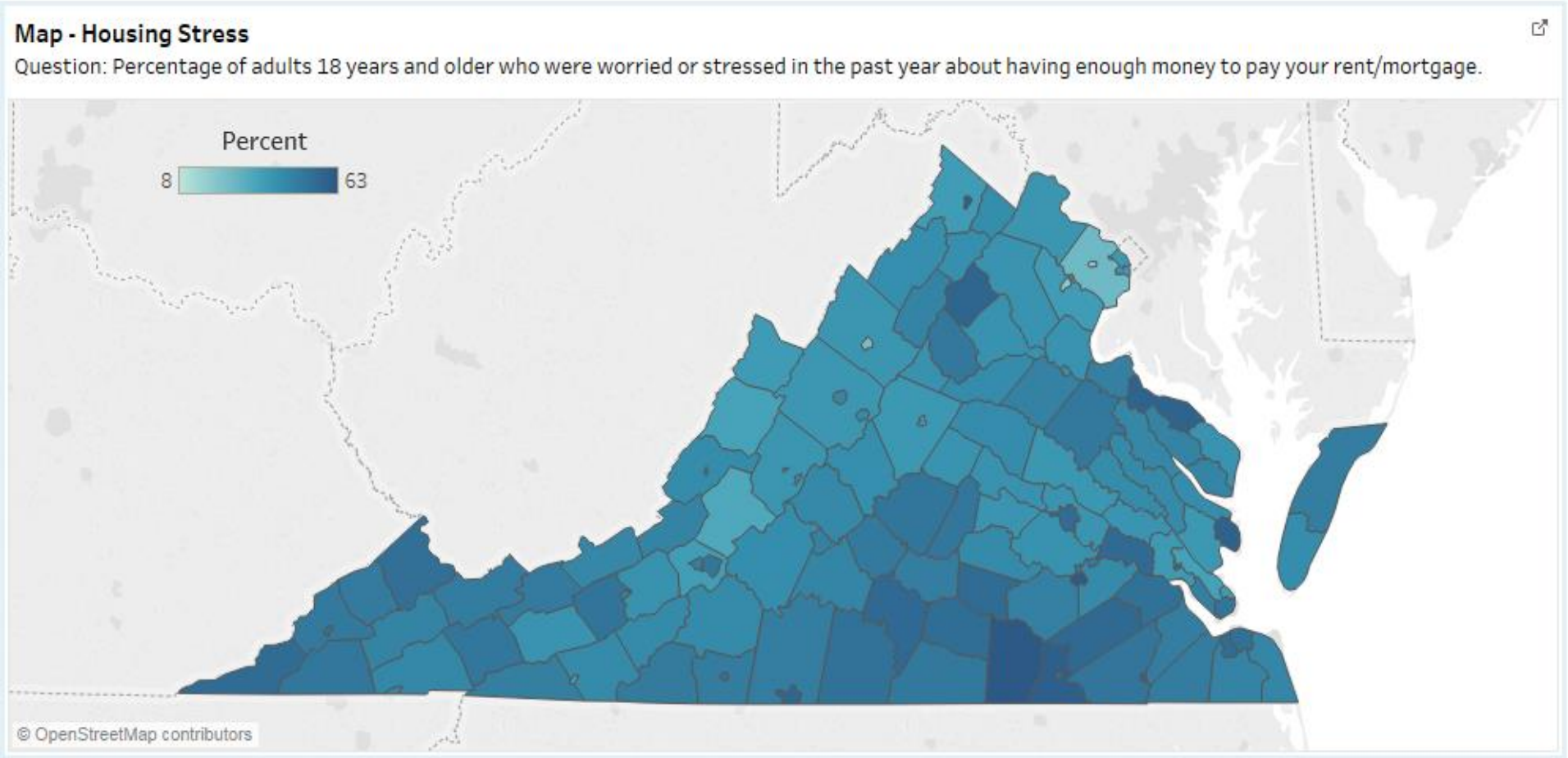

3
Preventive Actions


4
System of Health Care

Plan for Well-Being Metric Updates

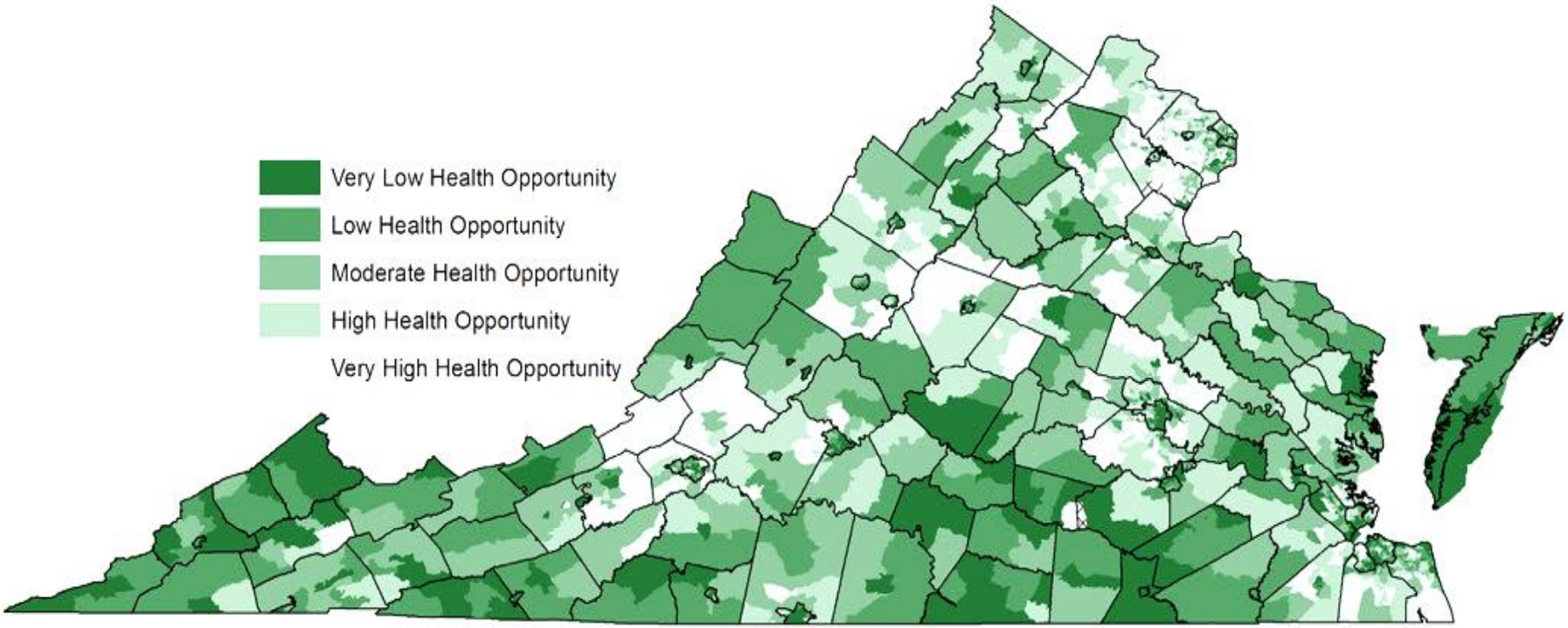
Aim 1 HEALTHY, CONNECTED COMMUNITIES	2020 GOAL	2016 Baseline	2017 Update	Trend
Percent of High School Graduates Enrolled in an Institution of Higher Education Within 16 Months After Graduation	75.0%	70.9% (2013)	72.0% (2014)	↑
Percent of Cost-Burdened Households (More Than 30% of Monthly Income Spent on Housing Costs)	29.0%	31.4% (2013)	31.6% (2014)	↑
Consumer Opportunity Profile	83.7	81.8 (2013)	86.1 (2015)	↑
Economic Opportunity Profile	73.7	70.7 (2013)	75 (2015)	↑
Percent of Health Planning Districts That Have Established an On-going Collaborative Community Health Planning Process	100.0%	43.0% (2015)	82.8% (2016)	↑

Cost-Burdened Housing



Data Source: Behavioral Risk Factor Surveillance System, Small Area Estimations, 2015, VDH Division of Population Health Data

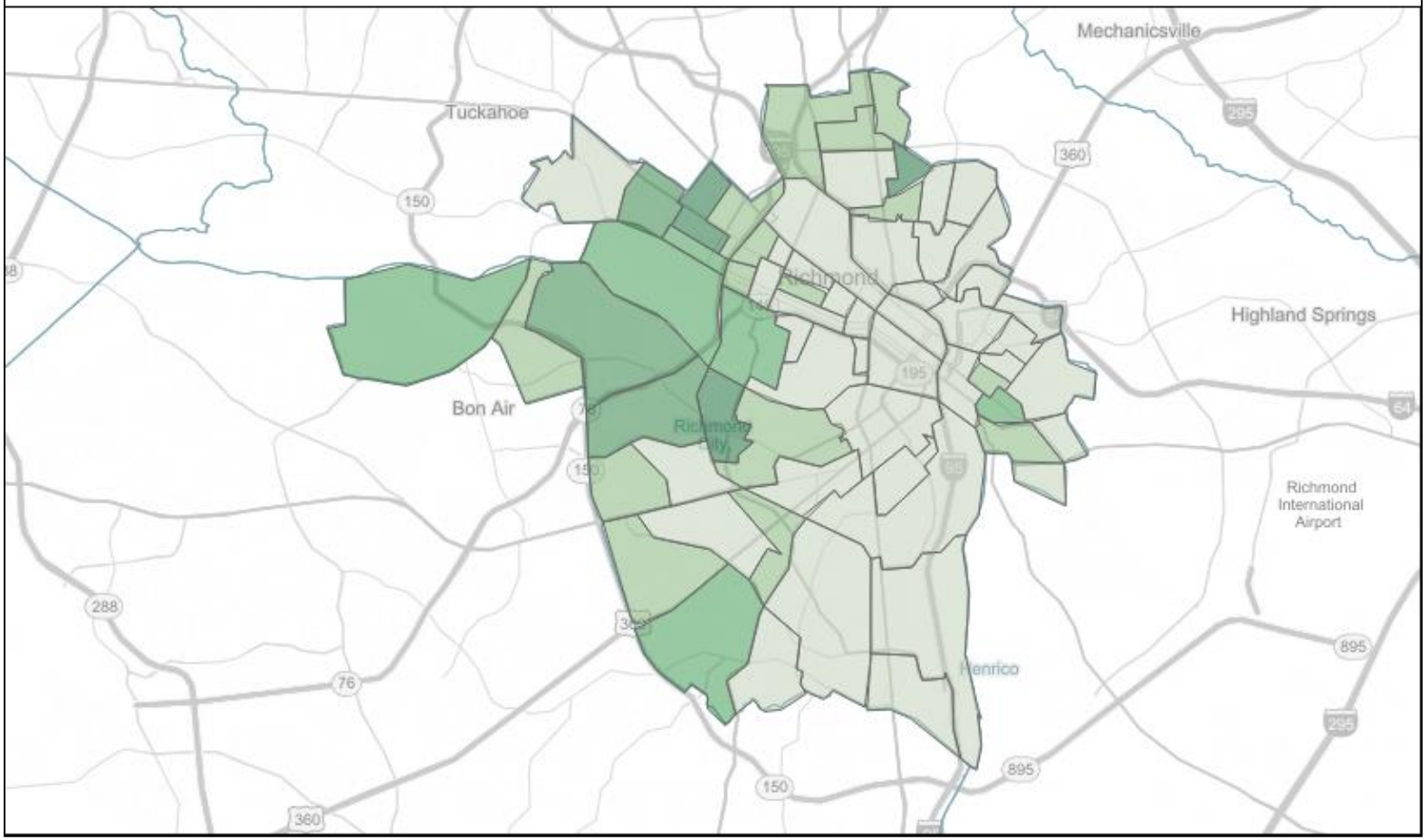
Virginia Health Opportunity Index



A composite measure comprised of 13 indices that reflect a broad array of social determinants of health

Air Quality ● Population Density ● Population Churning ● Walkability ● Affordability ● Education ● Food Access ● Material Deprivation ● Employment ● Income Inequality ● Job Participation ● Segregation ● Access to Health Care

Richmond City



Indices & Indicators

- (•) Youth Well Being Index
- ( ) Education Index
- ( ) Crime Indicator
- ( ) Family Stability Indicator
- ( ) Housing Indicator
- ( ) Population Density Indicator
- ( ) Poverty Indicator
- ( ) Pre-K Enrollment Indicator
- ( ) Primary Care Access Indicator
- ( ) Psychiatrist Access Indicator

Local Health District

- [ ] Null
- [ ] Alexandria
- [ ] Alleghany
- [ ] Arlington
- [ ] Central Shenandoah
- [ ] Central Virginia
- [ ] Chesapeake
- [ ] Chesterfield
- [ ] Chickominy
- [ ] Crater
- [ ] Cumberland Plateau
- [ ] Danville
- [ ] Eastern Shore
- [ ] Fairfax
- [ ] Hampton
- [ ] Henrico
- [ ] Lenowisco
- [ ] Lord Fairfax
- [ ] Loudoun
- [ ] Mount Rogers
- [ ] New River
- [ ] Norfolk

Opportunity Level

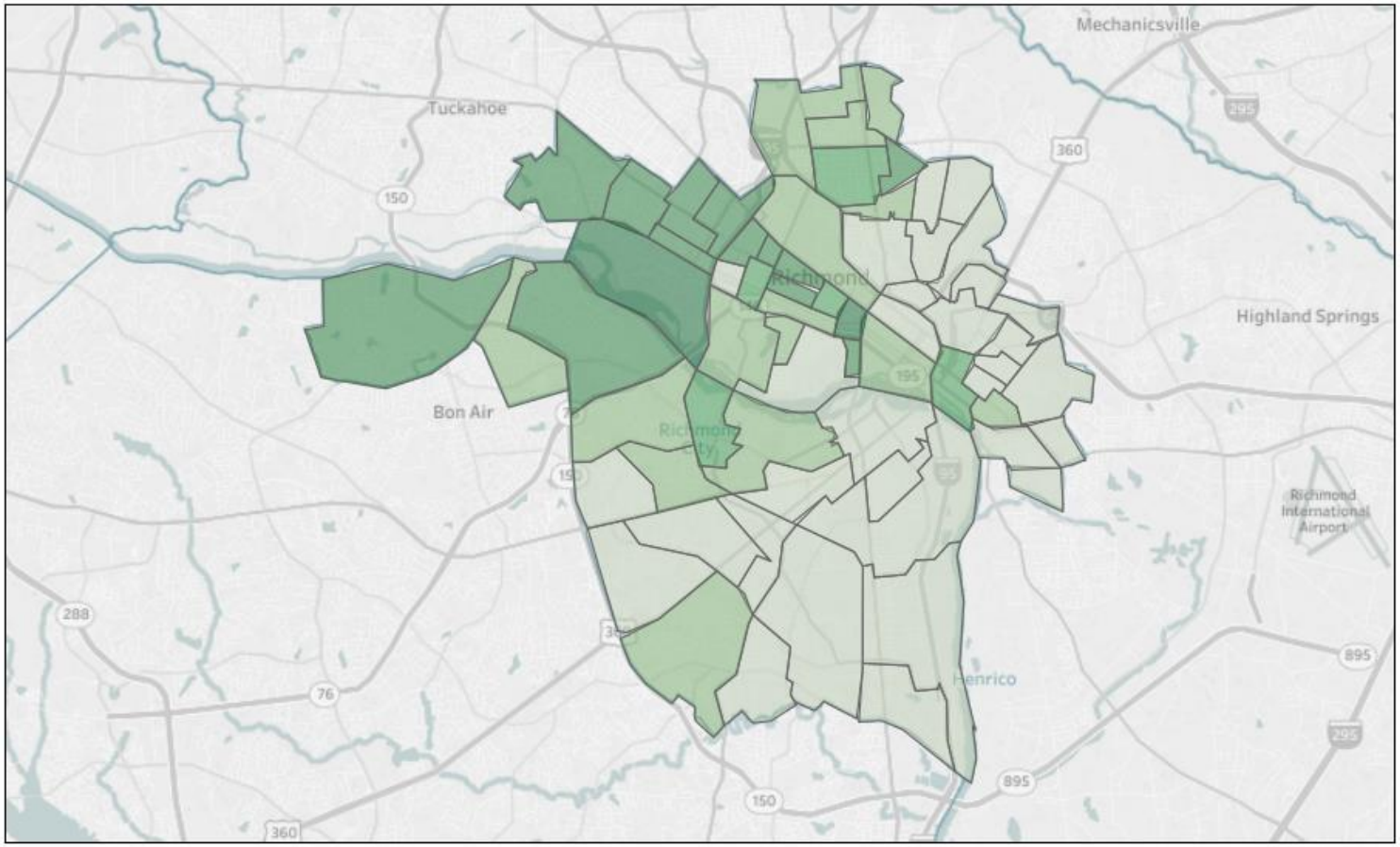
- Very High
- High
- Average
- Low
- Very Low

VDH VIRGINIA DEPARTMENT OF HEALTH

Promoting & Protecting the Health of All Virginians
www.vdh.virginia.gov

Office of Health Equity

Health equity for all Virginians



VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Aim 2 STRONG START FOR CHILDREN	2020 GOAL	2016 Baseline	2017 Update	Trend
Pregnancies Per 1,000 Females Ages 15 to 19 Years Old	25.1	27.9 (2013)	24.9 (2014)	↓
Percent of Third Graders Who Pass the Standards of Learning Third Grade Reading Assessment	80.0%	69.0% (14-15)	75.4% (15-16)	↑
Black Infant Deaths Per 1,000 Black Live Births	5.2	12.2 (2013)	11.2 (2014)	↓

Aim 3 PREVENTIVE ACTIONS	2020 GOAL	2016 Baseline	2017 Update	Trend
Percent of Adults Who Did Not Participate In Any Physical Activity During the Past 30 Days	20.0%	23.5% (2014)	25.1% (2015)	↑
Percent of Adults Who Are Overweight or Obese	[illegible]	64.7% (2014)	[illegible] (2015)	↓
Percent of Households That Are Food Insecure For Some Part of the Year	10.0%	11.9% (2013)	11.8% (2014)	↓
Percent of Adults Who Currently Use Tobacco	12.0%	21.9% (2014)	19.4% (2015)	↓
Percent of Adults Who Receive an Annual Influenza Vaccine	70.0%	48.2% (14-15)	46.0% (15-16)	↓
Percent of Adolescent Girls (13-17 Years Old) Who Receive Three Doses of HPV Vaccine	80.0%	[illegible] (2014)	38.5% (2015)	↑
Percent of Adolescent Boys (13-17 Years Old) Who Receive Three Doses of HPV Vaccine	80.0%	22.5% (2014)	25.7% (2015)	↑
Percent of Adults Ages 50-75 Years Old Who Receive Colorectal Cancer Screening	85.0%	69.1% (2014)	70.3 (2016)	↑
Average Years of Disability-Free Life Expectancy	67.3	66.1 (2013)	66.0 (2014)	↓

Aim 4 SYSTEM OF HEALTH CARE	2020 GOAL	2016 Baseline	2017 Update	Trend
Percent of Adults Who Have a Regular Health-care Provider	85.0%	69.3% (2014)	71.1% (2015)	↑
Avoidable Hospital Stays for Ambulatory Care Sensitive Conditions Per 100,000 Persons	1,100	1,294 (2013)	Available Summer 2017	●
Avoidable Deaths from Heart Disease, Stroke or Hypertensive Disease Per 100,000 Persons	40.0	49.9 (2013)	49.1 (2014)	↓
Mental Health and Substance Use Disorder Hospitalizations Per 100,000 Adults	635.1	668.5 (2013)	[illegible] (2014)	↑
Percent of Adults Who Report Having 14+ Days of Poor Health During the Past 30 Days	18.0%	19.5% (2014)	19.0% (2015)	↓
Percent of Heath-care Providers Who Have Implemented a Certified Electronic Health Record	90.0%	70.6% (2014)	73.4% (2015)	↑
Number of Entities Connected Through Connect Virginia HIE Inc., EHIE, and the National e-Health Exchange	7,600	3,800 (2015)	4,832 (2016)	↑
Number of Local Health Districts with EHRs and Connect to Community Providers Through Connect Virginia	35	0 (2015)	0 (2016)	↔
Percent of Hospitals That Meet the State Goal for Prevention of Hospital-onset Clostridium difficile Infections	100%	38.5% (2013)	38.3% (2014)	↓

Community Health Improvement Planning

Common themes among local/district-level assessments:

1. **Poverty and low educational attainment**
2. **Mental and behavioral health, and substance abuse**
3. **Lack of walkable and bicycle-friendly streets, spaces for activity and recreation**
4. **Chronic diseases: Obesity, heart disease, cancer and diabetes**

Mental Health & Substance Abuse

Virginia Opioid Addiction Indicators

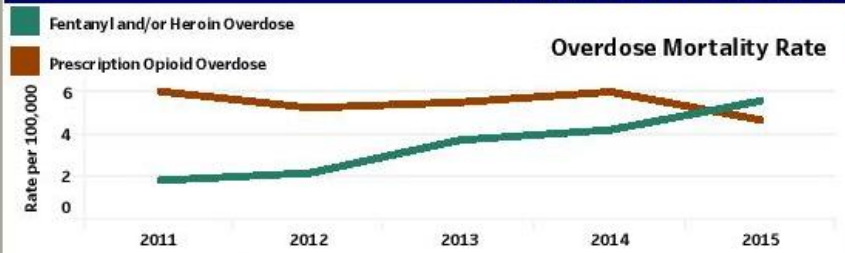
Year 2015 | Geographic Grouping VDH Health District | Select Detail All

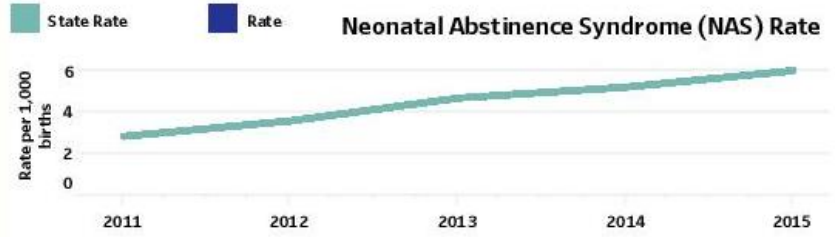
2015 Virginia State Summary

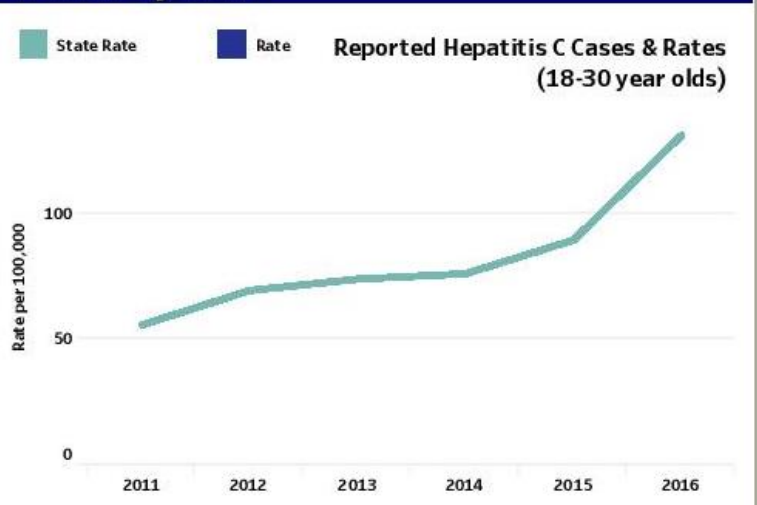
Fentanyl and/or Heroin Overdose	Prescription Opioid Overdose	ED Heroin Overdose	ED Opioid Overdose	EMS Narcan	Reported Hepatitis C (18-30 year olds)	Diagnosed HIV
Deaths	Deaths	Visits	Visits	Administrations	New Cases	New Cases
471	398	800	7,326	2,858	1,382	969
Mortality Rate	Mortality Rate	Visit Rate	Visit Rate	Administration Rate	New Case Rate	New Case Rate
5.6	4.7	9.5	87.4	33.9	89.7	11.6

Rates are calculated as per 100,000 Virginia residents, except for Neonatal Abstinence Syndrome (NAS), which is calculated as per 1,000 live births.

VDH Health District Trends by Year







Desirable Policies and Interventions

- State efforts (executive and legislative) that intentionally support/develop the community "infrastructure" necessary for health and well-being – not unlike the support for roads, bridges and other critical infrastructure necessary for the Virginia economy to function.
- Data-informed decision-making to strategize key priority issues *within* areas with low health opportunity (inadequate infrastructure).
- Alignment and focused effort among agencies and organizations that are working with the low health opportunity areas

References

Virginia's Plan for Well-Being

- http://virginiawellbeing.com/

Community Model for Health Improvement

- http://www.countyhealthrankings.org/roadmaps/action-center

CDC Community Health Improvement Navigator

- https://www.cdc.gov/chinav/

Summary and Questions