

# Well-being.

| A state characterized by health, happiness, and prosperity |



## EASTERN SHORE OF VIRGINIA PLAN FOR WELL-BEING

2017 – 2020



## EASTERN SHORE PLAN FOR WELL-BEING

This plan is an extension of Virginia's Plan for Well-Being and as such draws directly from its narrative and goals. Any similarities are intentional. This note is our reference to that plan.

Differences between the two plans exist because goals are adapted to respond to local needs; measures of success have been localized; and the "Forward" section is added to explain our mission of becoming an Accountable Care Community and how, using Intersectoral Leadership, and focusing on the Social Determinants of Health, this can be accomplished.

Our plan's architecture includes the following nomenclature system:

**Mission.** Why we exist as an organization.

**Vision.** The ultimate future for which we strive.

**Aim.** The targeted intention by category.

**Goal.** Key achievement targets.

**Strategy.** Broad method or approach for achieving a goal.

**Measures of Success.** Quantitatively or qualitatively described end points.

**Tactic.** Concrete, actionable initiatives assigned to teams.

Eastern Shore Healthy Communities Work Groups, as well as other community organizations, have tactical plans tied to the Eastern Shore of Virginia Plan for Well-Being.

**Community Organizations.** Within boxes denoting "Key Community Partners" we list the generic "community organizations\*" to mean any relevant local community organization with a willingness to lend their leadership and participation.

The Eastern Shore of Virginia Plan for Well-Being is a call to action for All Eastern Shore of Virginia leaders, governments, citizens, businesses, faith communities and organizations to make this plan become a reality. We invite your enthusiastic participation.

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*MISSION: As a volunteer multi-sector partnership, Eastern Shore Healthy Communities' mission is to develop an accountable care community using policy, systems, and environmental change to improve the health and success of the Eastern Shore of Virginia.*

## **MISSION: CREATE AN ACCOUNTABLE CARE COMMUNITY**

The United States spends \$2.5 trillion dollars on healthcare -- two times the amount that any other industrialized nation per capita. Ninety-five percent of that investment goes to medical care (McGinnis, Williams-Russo, and Knickman, 2002), and yet we place just 27<sup>th</sup> among 34 nations on health outcomes (WHO, 2000). We place 47<sup>th</sup> out of 224 countries in life expectancy at birth (79.56 years) (CIA, ND). Gaps exist in how we use medical services and the quality of medical care we receive. Just 20% to 50% of people who need preventive care receive the needed medical help.

We over-invest in medical care and do not invest enough in the other social and environmental variables that determine health. While our nation's hospitals, physicians, and insurance providers are working at better health for people, a better care experience, and lower cost through continuous improvement – the “triple aim” (Berwick, Nolan and Whittington, 2008), communities throughout the U.S., including Eastern Shore of Virginia, are focused on all health determinants to improve overall community health. This strategic plan outlines the Eastern Shore of Virginia approach to creating an accountable care community. Planned structural components include:

1. **An integrated model** that emphasizes health promotion and disease prevention.
2. **Interprofessional and intersectoral teams.** Teams that cut across businesses, professions, and communities to insure that all social and environmental health determinants are being addressed effectively to promote health in a self-empowering way.
3. **Collaboration** among all sectoral professionals to enhance planning, communication and follow-up.
4. **Information technology infrastructure.** Shared data facilitates, appropriate care and care transitions.
5. **Shared surveillance and data warehouse.** Integrated and fully mineable surveillance and data warehouse for tracking health status and intervention outcomes.
6. **Dissemination infrastructure** to rapidly share best practices.
7. **Policy advocacy** and analysis to institutionalize and facilitate success and sustainability.

Eastern Shore Healthy Communities formed itself as a **multisectoral partnership** because facing complex issues requires expanded intelligence found only in the collective expertise of leaders who can reach across sectors to solve problems that exist across sectors. As more highly qualified leaders join the partnership, group intelligence increases.

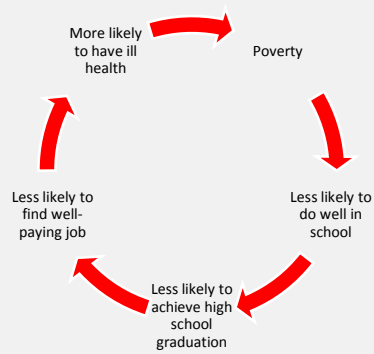
# Intersectoral Leadership

- Critical challenges require sectors (like business, government, nonprofits, and faith communities) to work together to create lasting solutions.
- Intersectoral leaders often have prior experiences in multiple sectors and unique abilities to navigate different cultures, align incentives, and draw on the strengths of a range of actors to solve large-scale, complex problems. The focus is on solving problems, not winning arguments or being “right.”
- The Eastern Shore of Virginia is a prime example of a complex health problem. Consider the “bio-cycle” of education, employment, and poverty.

The lower a person’s educational level, the harder it is to find employment that pays a livable wage.

As income reduces, the quality of one’s life, including health, reduces incrementally. Children’s education and health suffer.

The poorer one’s health, the more one spends on medical care; the greater the rate of work and school absenteeism. Businesses, schools and individuals all suffer. They are inextricably linked in a cycle.





## Eastern Shore of Virginia Poverty

Location	Percent of People (All Ages) Living in Poverty	Percent of Children (<18 years) Living in Poverty
Virginia	11.8%	15.9%
Accomack County	19.4%	30.9%
Northampton County	21.5%	33.4%

Source: US Census Bureau, Small Area Income and Poverty Estimates (SAIPE). Estimates are for 2014.

ACCOMACK SFY 2015	NORTHAMPTON SFY 2015
Total amount spent on social services in the locality	Total amount spent on social services in the locality
\$64,983,676	\$33,833,320
Total Amount spent on social services contributed by the locality	Total amount spent on social services contributed by the locality
\$1,033,894	\$748,149

Source. Virginia Department of Social Services. LASER, Statewide Summary. Local expenses and expenses not eligible for reimbursement (NER) are combined). Retrieved from [http://www.dss.virginia.gov/geninfo/reports/agency\\_wide/ldss\\_profile.cgi](http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi) 08/2016



*(L-R) These intersectoral leaders, Eastern Shore Healthy Communities Co-Chairs Scott Chandler (Eastern Shore Health Department) and Roberta Newman (Smart Beginnings Eastern Shore) with Vice Chair Mozella Francis (Northampton County Department of Social Services), practice collaborative leadership at Eastern Shore Healthy Communities meetings.*

## Six Characteristics of Effective Intersectoral Leaders

1. **Balanced motivations.** A desire to create public value no matter where they work, combining their motivation to wield influence (often in government), have social impact (often in nonprofits) and generate wealth (often in business).
2. **Transferable skills.** A set of distinctive skills valued across sectors, such as quantitative analytics, strategic planning and stakeholder management.
3. **Contextual intelligence.** A deep empathy of the differences within and between sectors, especially those of language, culture and key performance indicators.
4. **Integrated networks.** A set of relationships across sectors to draw on when advancing their careers, building top teams, or convening decision-makers on a particular issue.
5. **Prepared mind.** A willingness to pursue an unconventional career that zigzags across sectors, and the financial readiness to take potential pay cuts from time to time.
6. **Intellectual thread.** Holistic subject matter expertise on a particular multi-sector issue by understanding it from the perspective of each sector.

(Lovegrove and Thomas, 2013)

## A Successful Inter-Sectoral Leader...

- Knows oneself (has a high degree of self-awareness)
- Has a high degree of emotional intelligence regarding relationships with others
- Deploys behaviors that fit the context
- Relates to others with a stake in the issues, vulnerable to influence, and receptive to other forms of leadership
- Trusts in multi-sectoral leadership complexity
- It is not hierarchical, rather perceives him/herself within a leadership group of equal leaders
- Respects expertise of the individual and the whole

(Armistead, Pettigrew, & Aves, 2007)

# INTER-SECTORAL COLLABORATION

## Challenges

- Competing and hidden agendas
- Lack of trust
- Vulnerability to political maneuvering
- Political interference

## Advantages

- Achieves collaborative advantage (Huxham, 1996)
- Contributes resources in furtherance of a common vision that has clearly defined goals and objectives (Wilson & Charlton, 1997)
- Achieves better policy coordination through joined-up thinking and strategy across sectors
- Reconceptualizes service delivery
- Believes that working in partnership adds value over and above the ability of organizations working separately across policy fields or sectors.

(Wilson and Charlton, 1997)

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## Inter-Sectoral Leadership Qualities that Create an Efficient Partnership

- Taking responsibility for the partnership
- Inspiring and motivating partners
- Empowering partners
- Working to develop a common language within the partnership
- Fostering respect and trust
- Encouraging inclusiveness and openness
- Creating an environment where differences of opinion can be voices
- Resolving conflict among partners
- Combining partner perspectives, resources and skills
- Helping the partnership reframe issues and be creative in developing new partnership solutions to key issues

(Weiss, Anderson & Lasker, 2002)

**VISION:** WELL-BEING FOR ALL EASTERN SHORE OF VIRGINIA RESIDENTS

Where Does Health Come From?

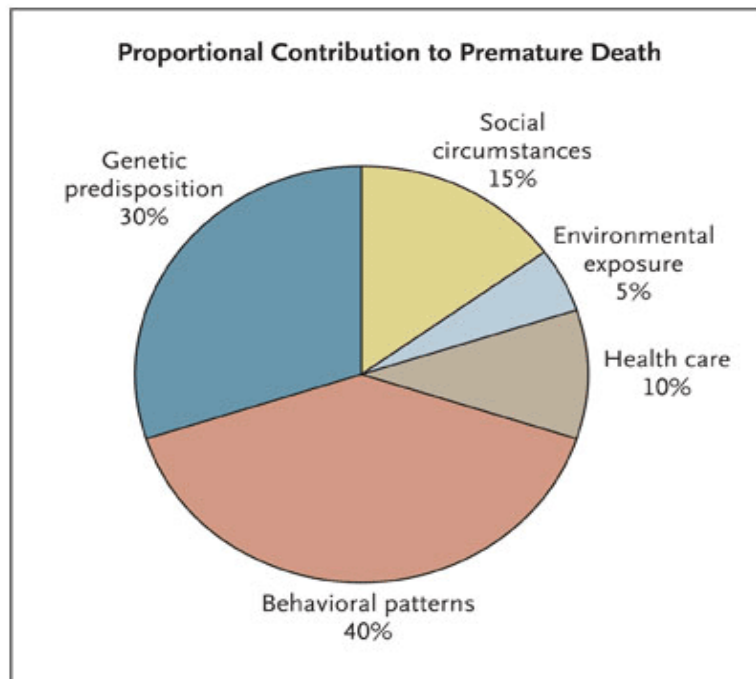
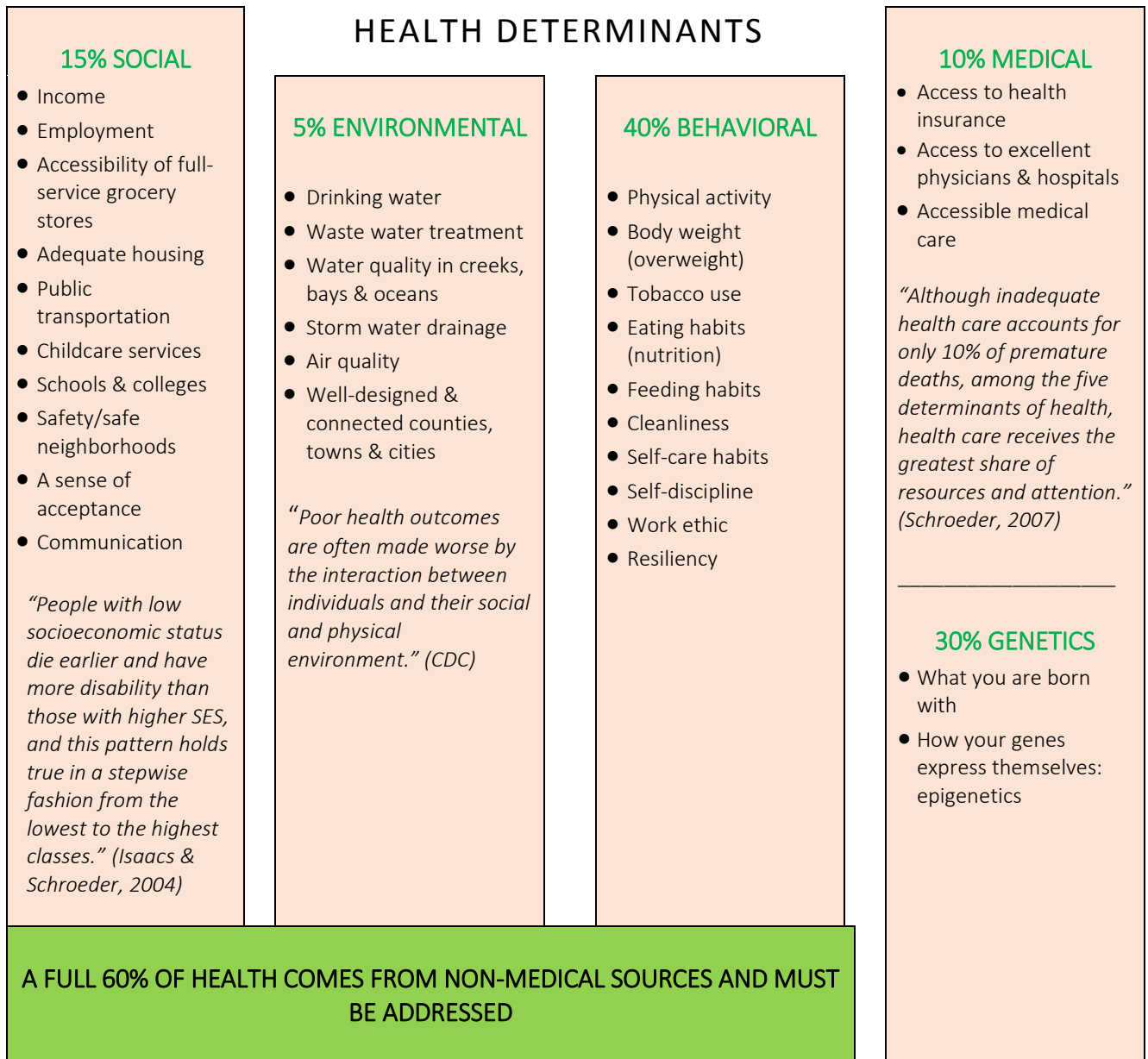


Illustration (Schroeder, 2007)

**Why do we spend more on health care than any other country and yet rank poorly on nearly every measure of health status?**

Pathways to better health do not generally depend on better medical care, rather they depend on other domains: genetics, social circumstances, environmental exposure & behavioral patterns.



## FACTORS UNDERLYING THE EASTERN SHORE OF VIRGINIA'S PLAN FOR WELL-BEING

- Obesity and physical inactivity combined with tobacco use are the top two behavioral causes of premature death (Mokdad, et al., 2000).
- Despite evidence supporting health's relationship to social and environmental factors like nutrition and physical activity, education, income, social circumstance, little has been done to establish policies and retool health-financing structures to incentivize productive community health.
- It's the Department of *Transportation*, not the Department of *Cars*. Rural areas are challenged because every trip is a car trip. More must be done to encourage and facilitate pedestrian (walking and biking) transportation, especially on Eastern Shore of Virginia, to encourage physical activity and connect people and communities.
- Education is the most consistent predictor of early death. People ages 45 to 64 with highest levels of education have a death rate 2.5 times lower than those of persons with the lowest level (Pamuk, 1999).
- Poverty is estimated to account for 6% of U.S. mortality (Pappas, et al., 1993). Policies that increase income inequality erode health by creating residential segregation, reducing opportunities for social cohesion and increasing crime and violence (Kawachi & Kennedy, 1997).
- A community's environment contributes to both individual and collective sense of place and a feeling of belonging, both of which impact health, enjoyment and general well-being.
- Active community participation in creating a healthier community requires deeper understanding of the connection between health, community environments, social circumstances and policies.
- Essential to having an active and engaged community is creating an environment where community input is welcomed and solicited.

EASTERN SHORE OF VIRGINIA'S  
PLAN FOR WELL-BEING



## VISION: WELL-BEING FOR ALL RESIDENTS

**EASTERN SHORE OF VIRGINIA RESIDENTS LIVE LONGER-HEALTHIER** lives today than ever before. Medical care is only part of the reason. Health has its roots in homes, schools, workplaces, faith communities and places where people gather for social or recreational purposes. Our economy drives health. If we have jobs that pay our people a living wage, Eastern Shore of Virginia (ESVA) residents will experience better health. Also, clean drinking water, vaccinations, controlling mosquitos and rodents, tracking infectious diseases help to keep diseases like measles and polio away. Creating more walkable and bikable communities reduces injuries, encourages more physical activity and increases health. So does passing laws to make transportation safer and to protect workers.

WELL-BEING is “a state characterized by health, happiness, and prosperity.” Well-being is a valuable population health outcome measure because it reflects how well ESVA residents perceive their life as going. Well-being is dependent on having good physical and emotional health. Social circumstances, financial resources, and community factors also play important roles.

Opportunities for health begin with our families, in neighborhoods, schools and jobs. Striking differences in health exist within and between communities on Eastern Shore of Virginia. Uncovering root causes of health inequality in our neighborhoods and working together to improve conditions needed for people to be healthy will improve well-being for all ESVA residents.

This begins with the community coming together to review local level data that measures community health, happiness and prosperity. Examining trends and variations among subsets of the population also provides a picture of how we can assist our communities in identifying priority issues to address.

EASTERN SHORE OF VIRGINIA’S PLAN FOR WELL-BEING lays a foundation for giving everyone a chance to live a healthy and prosperous life by (1) Factoring health into policy decisions related to education, employment, housing, transportation, land use, economic development, and public safety; (2) Investing in the health, education, and development of our children; (3) Promoting a culture of health through preventive actions; and (4) Creating a connected system of health care. The plan highlights specific goals and strategies on which communities can focus so we can make measureable health improvement by 2020. *Eastern Shore of Virginia’s Plan for Well-Being* is a call to action for all ESVA residents to work together to make it the healthiest region in the nation. Improving well-being can lower health care costs and increase productivity, ultimately enhancing and restoring ESVA’s competitiveness and resiliency.

**Measure of Success.** Percent of adults on Eastern Shore of Virginia who report positive well-being increases.

# EASTERN SHORE OF VIRGINIA PLAN FOR WELL-BEING MEASURES

## VISION

By 2020 all residents of the Eastern Shore of Virginia report a growing, positive sense of health, well-being, and self-empowerment

## AIM 1 >> Healthy, Connected Communities

### Goal 1.1: EASTERN SHORE OF VIRGINIA FAMILIES MAINTAIN ECONOMIC STABILITY

By 2020, the percent of ESVA high school graduates enrolled in an institute of higher education within 16 months after graduation increases in Accomack County from 45% to 47.6 % and in Northampton County from 56 % to 59.2 %.

By 2020, the percent of cost-burdened ESVA households (more than 30% of monthly income spent on housing costs) decreases by 7.5%. The percentage of Accomack County cost-burdened households reduces from 25% to 23.1%. The percentage of Northampton County cost-burdened households reduces from 31.9% to 29.5%.

By 2020, the ESVA Consumer Opportunity Profile ranking for both Accomack and Northampton counties moves up from 68<sup>th</sup> place out of 134 counties to 66<sup>th</sup> place.

By 2020, the ESVA Economic Opportunity Profile ranking for both Accomack and Northampton counties moves up from 67<sup>th</sup> place out of 134 counties to 63<sup>rd</sup> place.

### Goal 1.2: EASTERN SHORE OF VIRGINIA COMMUNITIES COLLABORATE TO IMPROVE THE POPULATION'S HEALTH

By 2020, all ESVA towns and counties and a varied group of citizens representing multiple sectors participate in an on-going collaborative community health planning process

## AIM 2 >> Strong Start for Children

### Goal 2.1: EASTERN SHORE OF VIRGINIA RESIDENTS PLAN THEIR PREGNANCIES

By 2020, Accomack County's teen pregnancy rate decreases from 19.6% to 17.6%. Northampton County's teen pregnancy rate decreases from 24.3% to 21.9%.

### Goal 2.2: EASTERN SHORE OF VIRGINIA CHILDREN ARE PREPARED TO SUCCEED IN KINDERGARTEN

By 2020, the percent of ESVA children who do not meet the PALS K benchmarks in the fall of kindergarten and require literacy interventions decreases in Accomack County from 13.4% to 12.9% and in Northampton County from 11.40% to 11.0%

By 2020, the percent of third graders on ESVA who pass the Standards of Learning third grade reading assessment increases in Accomack County from 63% to 73% and in Northampton County from 60.3% to 70.3%

### Goal 2.3: THE RACIAL DISPARITY ON EASTERN SHORE OF VIRGINIA LOW WEIGHT LIVE BIRTH RATE IS ELIMINATED

By 2020, ESVA's Black Low Weight Live Birth rate equals the White Low Weight Live Birth rate. ESVA's Black Low Weight Live Birth Rate reduces 73% from 26 to 15

## AIM 3 >> Preventive Actions

### Goal 3.1: EASTERN SHORE OF VIRGINIA RESIDENTS FOLLOW A HEALTHY DIET AND LIVE ACTIVELY

By 2020, the percent of ESVA adults who did not participate in any physical activity during the past 30 days decreases from 38.4% to 32.6%

By 2020, the percent of ESVA adults who are overweight or obese decreases from 76.1% to 74.1%

By 2020, the percent of ESVA people who are food insecure for some part of the year decreases from 15.7% to 13.2%

### Goal 3.2: VIRGINIA PREVENTS NICOTINE DEPENDENCY

By 2020, the percent of ESVA adults aged 18 years and older who report using tobacco decreases from 25.7% to 14.1%

# EASTERN SHORE OF VIRGINIA PLAN FOR WELL-BEING MEASURES

## **Goal 3.3: EASTERN SHORE OF VIRGINIA RESIDENTS ARE PROTECTED AGAINST VACCINE-PREVENTABLE DISEASES**

By 2020, the percent of ESVA adults who receive an annual influenza vaccine increases from 51.7% to 75.0%

By 2020, the percent of ESVA girls aged 13-17 who receive three doses of HPV vaccine increases from 17.8% to 80.0%

By 2020, the percent of ESVA boys aged 13-17 who receive three doses of HPV vaccine increases from 15.7% to 39.7%

## **Goal 3.4: CANCERS ARE PREVENTED OR DIAGNOSED AT THE EARLIEST STAGE POSSIBLE**

By 2020, the percent of adults aged 50 to 75 years who receive colorectal cancer screenings increases from 54.4% to 66.9%

## **Goal 3.5: EASTERN SHORE OF VIRGINIA RESIDENTS HAVE LIFE-LONG WELLNESS**

By 2020, the average years of disability-free life expectancy for Virginians increases from 66.5 years to 67.7 years

By 2020, the percent of adults in Virginia who report adverse childhood experiences decreases (metric under development)

## **AIM 4 >> System of Health Care**

### **Goal 4.1: EASTERN SHORE OF VIRGINIA HAS A STRONG PRIMARY CARE SYSTEM LINKED TO BEHAVIORAL HEALTH CARE, ORAL HEALTH CARE, AND COMMUNITY SUPPORT SYSTEMS**

By 2020, the percent of adults who have a regular health care provider increases from 73.3% to 89.9%

By 2020, the rate of avoidable hospital stays for ambulatory care sensitive conditions decreases in Accomack County from 717.14 to 609.57 per 100,000 persons and decreases in Northampton County from 1,140.32 to 969.27 per 100,000 persons

By 2020, the rate of avoidable deaths from heart disease, stroke, or hypertensive disease decreases from X to X

By 2020, the rate of adult mental health and substance use disorder hospitalizations decreases from 203.8 to 193.6 per 100,000 adults

By 2020, the percent of adults who report having one or more days of poor health that kept them from doing their usual activities decreases from 26.7% to 24.6%

### **Goal 4.2: EASTERN SHORE OF VIRGINIA HEALTH IT SYSTEM CONNECTS PEOPLE, SERVICES, AND INFORMATION TO SUPPORT OPTIMAL HEALTH OUTCOMES**

By 2020, all ESVA health care providers have implemented a certified electronic health record.

By 2020, the number of ESVA entities connected by an electronic information exchange system, increases from 0 to 3

By 2020, Eastern Shore of Virginia Health District has electronic health records and connects to community providers through Connect Virginia

### **Goal 4.3: HEALTH CARE-ASSOCIATED INFECTIONS ARE PREVENTED AND CONTROLLED IN VIRGINIA**

By 2020, Riverside Shore Memorial Hospital meets the state goal for prevention of hospital-onset *Clostridium difficile* infections



## AIM 1 HEALTHY, CONNECTED COMMUNITIES

Creating a community where all people can achieve optimal health requires strengthening the efforts of towns and counties to prevent disease and promote healthy living. Eastern Shore Healthy Communities will work towards making healthy living easier where we are born, educated, work, congregate, play and grow old. We will work towards removing barriers to living healthy in all sectors and social arenas.

Conditions that foster well-being include:

- Safe, walkable neighborhoods
- Accessible public transportation
- Access to health care
- Employment opportunities with safe working conditions
- Quality educational systems
- Spaces for social gatherings and physical activity
- Clean air and water

Improving environmental and social conditions at the neighborhood level provides greater opportunity to be healthy. We can improve health by considering implications to health when developing policies and systems related to education, employment, housing, transportation, land use, economic development, and public safety.

### **Foundational Goals for Creating Healthy, Connected Communities**

- ESVA residents receive a quality education
- ESVA residents complete job training or college after high school
- ESVA residents live in housing they can afford
- **ESVA families maintain economic stability**
- ESVA residents are socially engaged
- ESVA residents have access to clean air and water
- ESVA residents have access to safe food

- ESVA residents are prepared to respond to manmade and natural disasters
- ESVA residents have access to quality emergency medical services
- ESVA residents are protected from fires
- ESVA residents are protected from crime
- ESVA has a public transportation system that provides access to and from geographically isolated areas
- ESVA businesses partner with the community to address environmental and social drivers of workforce health
- **ESVA communities collaborate to improve the population's health**

**During 2017-2020, Eastern Shore of Virginia is focusing attention on these foundational goals:**

**1.1 Eastern Shore of Virginia families maintain economic stability**

**1.2 Eastern Shore of Virginia communities collaborate to improve the population's health**

## Health Opportunity Index

The Virginia Department of Health has developed a Health Opportunity Index (HOI) to help communities understand the factors that lead to health so they can work to improve health outcomes for everyone. The HOI is a composite measure of the “social determinants of health”, factors that relate to a community’s well-being and the health status of its population. It is comprised of 13 indices in four categories:

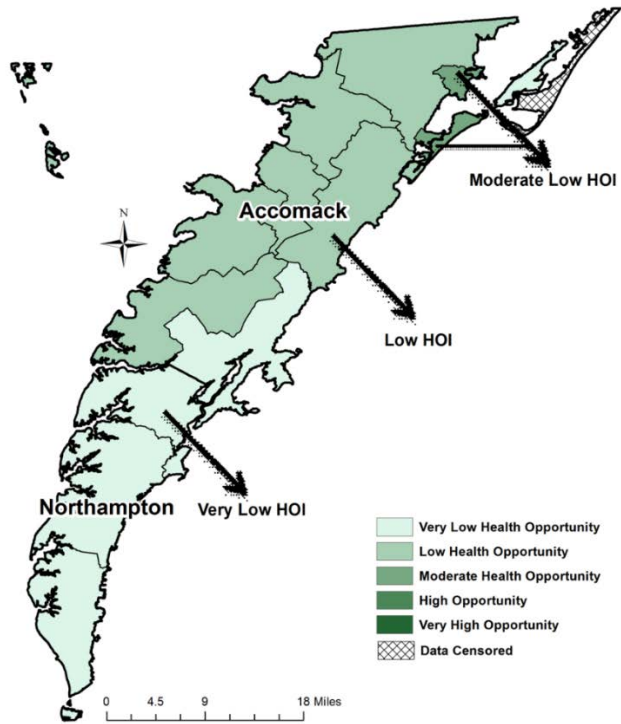
**Environment:** (1) Air quality; (2) Population density; (3) Population churning; (4) Walkability

**Consumer Opportunity:** (1) Affordability; (2) Education; (3) Food accessibility; (4) Material deprivation

**Economic Opportunity:** (1) Employment; (2) Income inequality; (3) Job participation

**Wellness:** (1) Segregation; (2) Access to care

## Eastern Shore - Virginia Health Opportunity Index (HOI) by Census Tract \*



\* Health Opportunity Index (HOI) – The HOI is a composite measure comprised of 13 indices that reflect a broad array of social determinants of health

The HOI is calibrated with life expectancy, disability-adjusted life expectancy, and low birth weight measures, and is strongly predictive of key health outcomes. The HOI provides communities with a tool to identify areas and populations that are most vulnerable, giving Eastern Shore of Virginia an opportunity to develop strategic, targeted approaches to improve health and well-being.

## AIM I: HEALTHY, CONNECTED COMMUNITIES

### 2020 FOCUS GOALS

#### GOAL 1.1: EASTERN SHORE OF VIRGINIA (ESVA) FAMILIES MAINTAIN ECONOMIC STABILITY

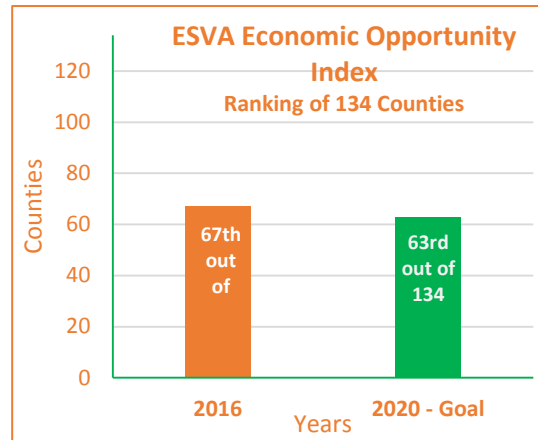
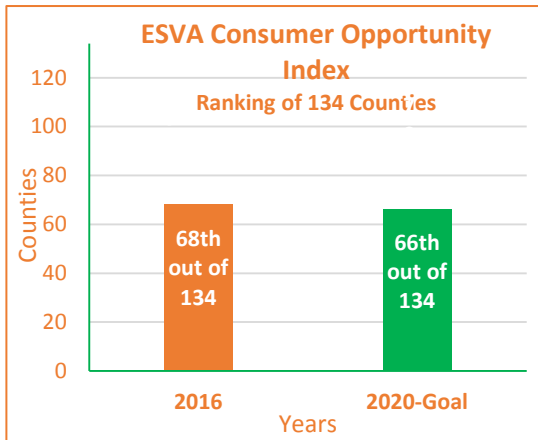
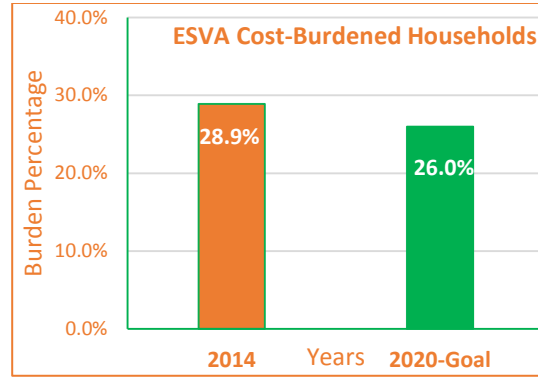
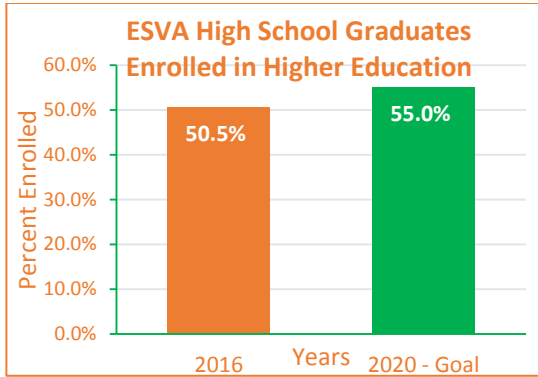
Health and poverty are inextricably linked; ill health not only affects the poor disproportionately, it is also associated with lower income (World Health Organization, 2002). Nearly 20% of adults and over 30% of children on Eastern Shore of Virginia live in poverty (U.S. Census Bureau, 2014). **Reducing poverty and maintaining economic stability are vital to keeping all Eastern Shore residents well.** An education that prepares our residents for today's job market provides increased opportunity for employment, which in turn improves access to stable housing, healthy food, transportation, and health care. Strategic investments in the physical and social infrastructure as well as investments in educational resources are important for sustained economic stability.

Strategies	Key Community Partners
<ul style="list-style-type: none"><li>• Provide alternative pathways to graduation and post-secondary training for disconnected youth and those with special needs</li><li>• Develop and use early warning systems to prevent failure and help at-risk students</li><li>• Develop school policies to assess and address physical, social, and environmental health barriers that impede learning</li><li>• Expand training and work-linked learning opportunities for youth</li><li>• Support opportunities for mid-career retraining</li><li>• Provide community information clearinghouses in public libraries to improve access to information, resources, and education</li><li>• Build affordable housing, and rehabilitate existing affordable housing to accommodate low-income families</li></ul>	Community Organizations* Community Planners Eastern Shore Public Libraries Economic Development Agencies Educators Elected Officials Employers Families Justice System

# AIM I: HEALTHY, CONNECTED COMMUNITIES

## 2020 FOCUS GOALS

### Measures of Success





## AIM I: HEALTHY, CONNECTED COMMUNITIES 2020 FOCUS GOALS

### GOAL 1.2: EASTERN SHORE OF VIRGINIA COMMUNITIES COLLABORATE TO IMPROVE THE POPULATION’S HEALTH

Adopting a collaborative community approach to health assessment and planning supports population-level health improvement. Both state and community-level assessments are valuable to identify opportunities to achieve and maintain well-being on the Eastern Shore of Virginia. This process involves bringing together people from many sectors of the community to review data; identify priorities; develop goals and measurable objectives; and recommend evidence-based policies, programs, and actions for the community to pursue. The assessments include social, economic, and environmental data, such as the number of mothers who did not graduate from high school, in addition to health outcome data, like the number of people who have lung cancer.

Community health improvement plans can catalyze and empower community action. They can be shared with elected officials, the health care community, governmental and community-based agencies, and the public. The information can foster the allocation of resources to areas that will maximize benefits to the collective health of the community.

Strategies	Key Community Partners	
<ul style="list-style-type: none"> <li>Establish a collaborative health assessment and strategic health improvement planning process throughout ESVA that works in concert with state plans and include public health, health care systems, and community partners</li> <li>Align health system community benefit programs with community health improvement plans</li> <li>Enhance data systems and public health information technology to collect, manage, track, analyze, and report county-level data for use in health assessments</li> </ul>	Community Organizations* Eastern Shore Rural Health System, Inc. Educators Elected Officials Employers	Families Riverside Shore Memorial Hospital Local Governments Public Public Health

**Measure of Success:** The Eastern Shore of Virginia has one collaborative health improvement process.



*Pastor Gary Miller (St. John's United Methodist Church) provides a leadership reflection at the Eastern Shore Healthy Communities Annual Meeting in February 2017. Pastor Harold White (R) is also pictured.*

## AIM 2: STRONG START FOR CHILDREN

**A CHILD'S HEALTH IS AFFECTED BY** biological influences, including nutrition, illness, and each parent's health, as well as environmental influences, including education and quality health and social services (National Research Council, 2004). Compared to children without chronic health problems, children with chronic health problems have a greater risk of having poorer health outcomes and lower job status as adults (Case, 2005; Bhutta, 2002). Health-related factors affect school performance and in turn academic success is associated with health outcomes during childhood and later in adulthood (CDC, 2015). Investing in programs that lead to improved health for ESVA children benefits everyone and reduces long-term costs (Harvard University Web Site, ND).

### Foundational Goals for Giving Children a Strong Start

- **ESVA residents plan their pregnancies**
- ESVA women are as healthy as possible before becoming pregnant
- Pregnant women on ESVA receive recommended prenatal care services
- ESVA mothers breastfeed
- ESVA parents practice positive parenting
- ESVA fathers are engaged in family planning, health, parenting, and child development-focused activities
- ESVA infants and children are not exposed to secondhand smoke
- ESVA families read daily and engage in literacy development
- **ESVA children are prepared to succeed in kindergarten**
- ESVA adolescents choose not to engage in behaviors that put their wellbeing at risk
- **The racial disparity on ESVA low-birth weight infants rate is eliminated**

**During 2016-2020, ESVA is focusing attention on these foundational goals:**

**2.1 ESVA residents plan their pregnancies**

**2.2 ESVA children are prepared to succeed in kindergarten**

**2.3 The racial disparity on ESVA low-birth weight infants rate is eliminated**



## AIM 2: STRONG START FOR CHILDREN

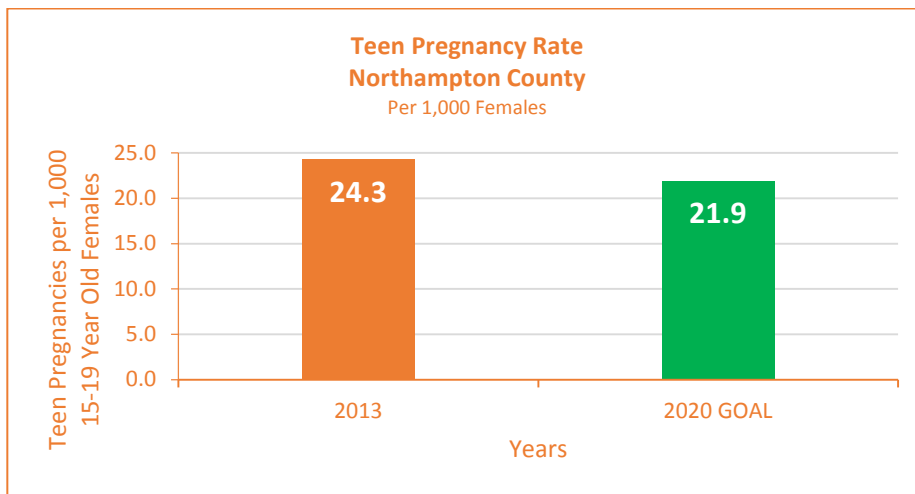
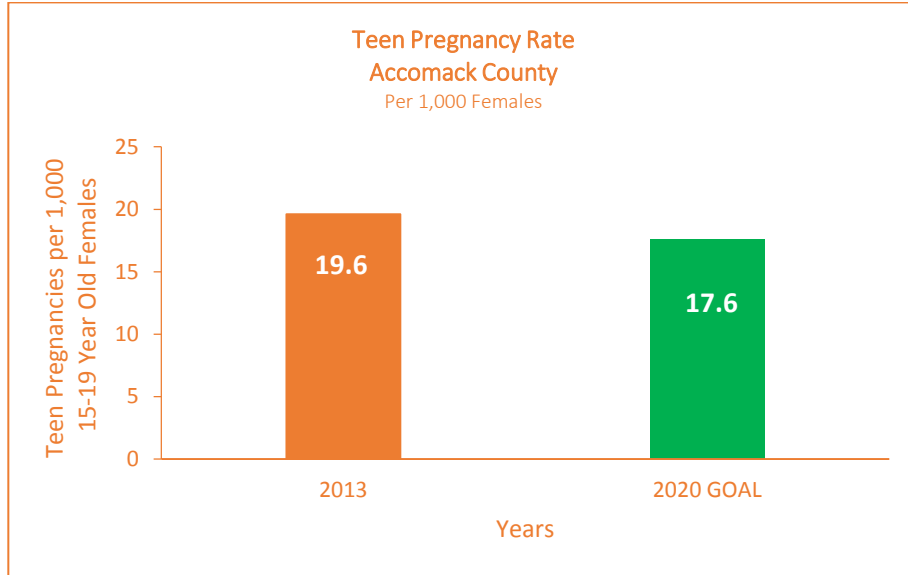
### 2020 FOCUS GOALS

#### Goal 2.1: EASTERN SHORE OF VIRGINIA RESIDENTS PLAN THEIR PREGNANCIES

Comprehensive family planning and preconception health lead to improved birth outcomes, which are associated with better health and cognition as children mature. Family planning services include providing education and contraception. These services help families have children when they are financially, emotionally, and physically ready. Publically-supported family planning services prevent an estimated 1.3 million unintended pregnancies a year in the United States. The trend toward having smaller families and waiting at least 24 months between pregnancies has contributed to better health of infants and children (Div. of Reproductive Health, N.C., 1999). Preconception health services for females and males include health screenings, counseling, and clinical services that enable them to become as healthy as possible before pregnancy (Information for Health Professionals Recommendations, 2014).

Strategies	Key Community Partners
<ul style="list-style-type: none"><li>• Increase access to quality family planning services for all women of child-bearing age</li><li>• Expand evidence-based programs that promote healthy relationships</li><li>• Educate women and men about the effectiveness of contraceptive methods and increase access to the most effective methods</li><li>• Expand access to and use of preconception health services</li><li>• Create a system of access to pregnancy, contraception, prenatal, and parenting information resources through the public libraries</li></ul>	Community Organizations * Eastern Shore Community Services Board Eastern Shore Public Health Eastern Shore Public Libraries Eastern Shore Rural Health System, Inc. Faith-based Communities Families Health Insurers Other Health-Care Providers Schools Social Services

## Measures of Success



## AIM 2: STRONG START FOR CHILDREN 2020 FOCUS GOALS

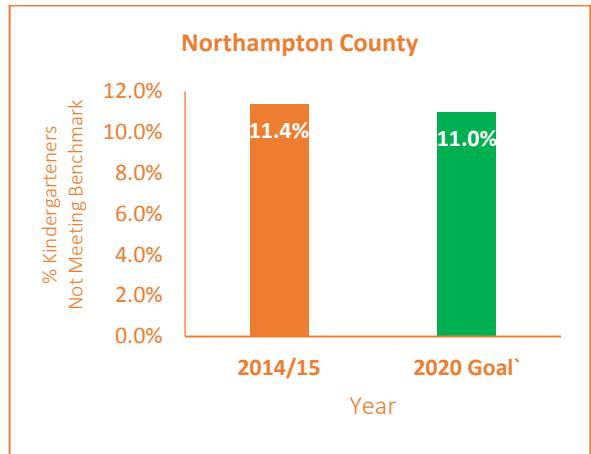
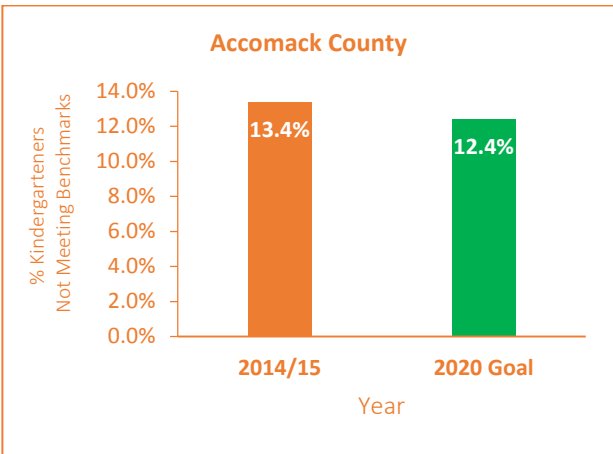
### Goal 2.2: EASTERN SHORE OF VIRGINIA CHILDREN ARE PREPARED TO SUCCEED IN KINDERGARTEN

Succeeding or failing in school affects a child’s well-being, self-esteem, and motivation. Being developmentally ready to learn and participate in classroom activities not only sets the stage for the kindergarten year but can have lifelong influence on well-being. According to a report by the University of Virginia’s Curry School of Education, one out of three children in Virginia is not prepared to succeed in literacy, math, and self-regulation, and/or social skills at the beginning of kindergarten. The Report finds that “children who enter kindergarten behind their peers rarely catch up; instead, the achievement gap widens over time.” (Curry School, 2014). Investing in programs to prepare children to succeed in school prevents them from falling behind and dropping out of high school.

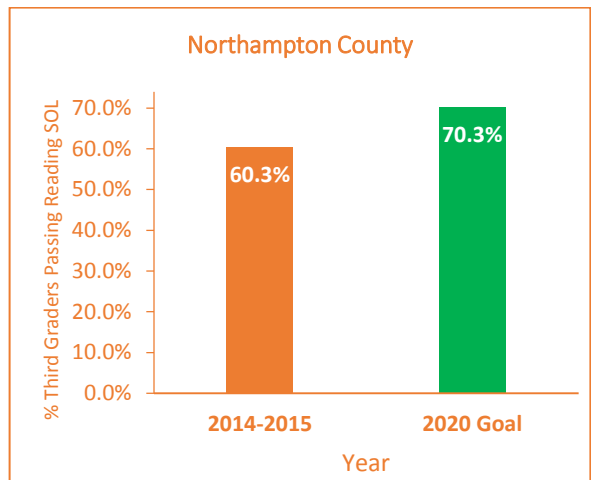
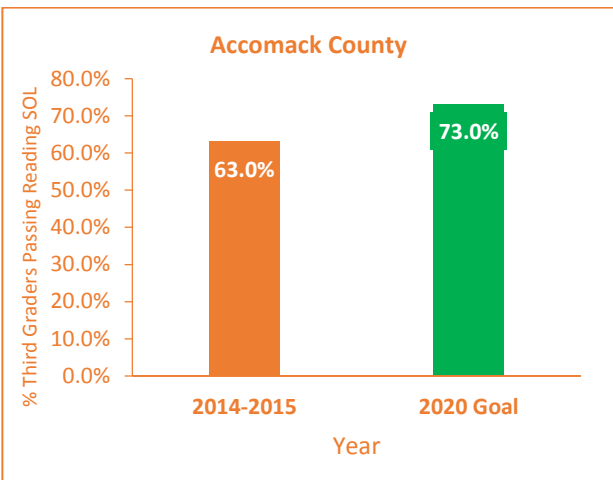
Strategies	Key Community Partners
<ul style="list-style-type: none"> <li>• Increase developmental screening for childhood milestones and delays</li> <li>• Increase enrollment of three to five year-old children in early childhood education and library programs that include quality educational components that address literacy, numeracy, cognitive development, socio-emotional development, and motor skills</li> <li>• Increase the number of providers and educators who screen for adverse childhood events (ACEs) and are trained in using a trauma-informed approach to care</li> <li>• Expand programs that help families affected by ACEs, toxic stress, domestic violence, mental illness, and substance abuse. Create safe, stable, and nurturing environments</li> <li>• Expand programs and easily accessible information resources that teach positive parenting and help parents fully engage with their children in productive ways</li> <li>• Increase opportunities for fathers to be engaged in programs and services for their children</li> </ul>	<p>Businesses</p> <p>Childcare Providers</p> <p>Community Organizations*</p> <p>Educators</p> <p>Eastern Shore Public Libraries</p> <p>Families</p> <p>Health-Care Providers</p> <p>Public Health</p> <p>Social Services</p>

## Measures of Success

### Kindergarteners Not Meeting PALS-K Benchmark



### Third Graders Passing Reading SOL





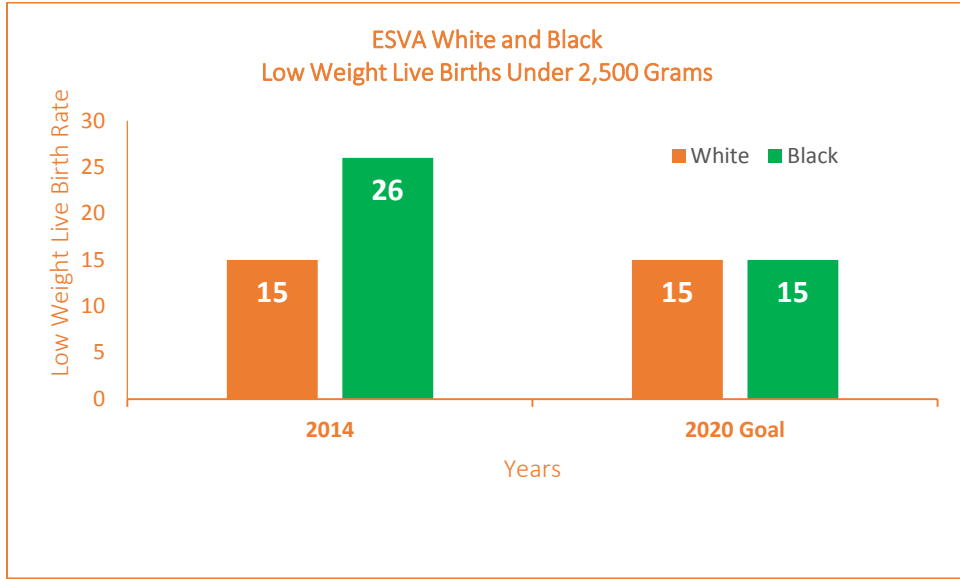
## AIM 2: STRONG START FOR CHILDREN 2020 FOCUS GOALS

### Goal 2.3: THE RACIAL DISPARITY ON EASTERN SHORE OF VIRGINIA LOW WEIGHT LIVE BIRTHS IS ELIMINATED

We have made significant progress in helping our infants thrive; however not all birth outcomes are the same. If the rate at which black infants and white infants died were equal, Virginia would have the lowest infant mortality rate in the country. Giving everyone a chance to live a healthy life benefits not only those currently disadvantaged but the whole community. Closing this gap requires addressing the root causes of disparities throughout life. To achieve equity, all sectors of the community—from policy makers to grassroots community organizations to community members—must work together.

<p style="text-align: center;"><b>Strategies</b></p> <ul style="list-style-type: none"> <li>• Form neighborhood collaboratives co-led by community members in under-resourced communities to identify obstacles and develop plans to address the root causes of health inequities</li> <li>• Eliminate early elective deliveries</li> <li>• Expand outreach to pregnant women and increase the number of group prenatal care classes</li> <li>• Expand home visiting and family support programs</li> </ul>	<p style="text-align: center;"><b>Key Community Partners</b></p> <p style="text-align: center;">Community Organizations</p> <p style="text-align: center;">Educators</p> <p style="text-align: center;">Elected Officials</p> <p style="text-align: center;">Families</p> <p style="text-align: center;">Eastern Shore Rural Health System, Inc.</p> <p style="text-align: center;">Health-Care Providers</p> <p style="text-align: center;">Health Insurers</p> <p style="text-align: center;">Eastern Shore Community Services Board</p> <p style="text-align: center;">Eastern Shore Public Health</p> <p style="text-align: center;">Eastern Shore Social Services</p>
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## Measure of Success



## AIM 3: PREVENTIVE ACTIONS

**A CULTURE OF HEALTH AND WELLNESS** is built on preventive actions. ESVA can substantially decrease the burden of disease and reduce health care spending by creating conditions that lead to health. Communities, health care systems, and individuals all have a role to play. For example, reversing ESVA's high prevalence of obesity will require (1) community design and policies that promote healthy eating and active living; (2) clinical interventions and education; and (3) individual behavior modification.

Policy makers can create the conditions that support the healthy choice becoming the easy choice. Fluoridating drinking water, developing walkable communities, and prohibiting smoking in public buildings are actions that prevent diseases.

Clinical interventions that promote health include vaccination, cancer screenings, treatment for high blood pressure, dental cleanings, and early identification and treatment of persons addicted to substances. According to the Centers for Disease Control and Prevention (CDC), Americans receive preventive health services "at about half the recommended rate (Preventive Health Care, 2013)." This results in complex, advanced disease that is more costly to treat.

Personal behaviors that prevent disease include not using tobacco; eating appropriately-sized portions; daily dental flossing; practicing safe sex; exercising regularly; and taking medicines as prescribed.

### **Foundational Goals for Preventive Actions**

- **ESVA residents follow a healthy diet and live actively**
- **ESVA prevents nicotine dependency**
- ESVA conducts comprehensive surveillance and investigation of diseases
- **ESVA residents are protected against vaccine-preventable diseases**
- ESVA residents are free from sexually transmitted infections
- ESVA prevents and controls animal diseases from spreading to people (for example, rabies and bird flu)
- On ESVA, injuries are prevented
- ESVA residents have good oral health
- ESVA residents have access to, can afford, and receive preventive clinical services
- **On ESVA, cancers are prevented or diagnosed at the earliest stage possible**
- **ESVA residents have lifelong wellness**



**During 2017-2020, ESVA is focusing attention on these foundational goals:**

**3.1 ESVA residents follow a healthy diet and live actively**

**3.2 ESVA residents prevent nicotine dependency**

**3.3 ESVA residents are protected against vaccine-preventable diseases**

**3.4 On ESVA, cancers are prevented or diagnosed at the earliest stage possible**

**3.5 ESVA residents have lifelong wellness**



### **AIM 3: PREVENTIVE ACTIONS**

#### **2020 FOCUS GOALS**

##### **Goal 3.1: EASTERN SHORE OF VIRGINIA RESIDENTS FOLLOW A HEALTHY DIET AND LIVE ACTIVELY**

Following a healthy diet and living actively may have long term health benefits. Maintaining a healthy weight is associated with improved quality of life and reduced risk of cardiovascular disease, diabetes, dementia, cancer, liver disease and arthritis. Obesity results from a combination of factors: genetics; behavior; education; access to nutritious food; an environment that supports active living; and food marketing and promotion (America's Health Rankings, 2015).

A nutritious diet includes balancing the number of calories consumed with the number of calories the body uses. It is necessary for optimal growth and development of children (USDA, 2010). Healthy eating is associated with improved thinking, memory, and mood among school children (Hoyland, 2009). The inability to afford enough food for an active, healthy life is associated with poor health outcomes among children, adults, and the elderly (Gunderson, 2015).

Living an active lifestyle supports wellness, improves mood, and reduces chronic disease. Among children, it alleviates depression, decreases body fat, creates stronger bones, and is even associated with better grades in school (MacLellan, 2008). Among older adults, physical activity lowers the risk of falls, a leading cause of injury. Factors that positively contribute to physical activity levels include higher income, enjoyment of exercise, and social support from peers and family. Factors that discourage adequate physical activity include a low income, lack of time, rural residency, and obesity.

Policies can be created and neighborhoods can be designed to support healthy eating and active living. People make decisions based on their environment; for example, a person may choose not to take a walk because sidewalks don't exist in their neighborhood. Creating opportunities in the community, child care, school, and workplace setting can make it easier to engage in physical activity and eat a healthy diet.

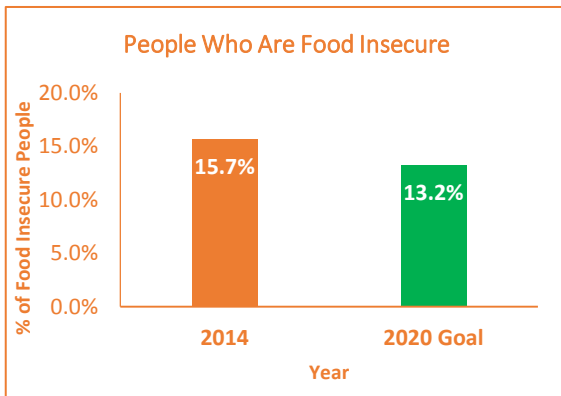
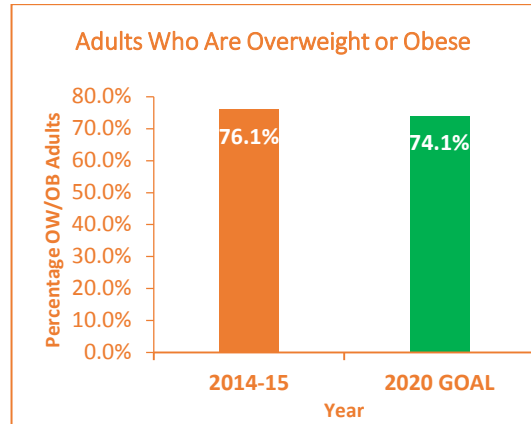
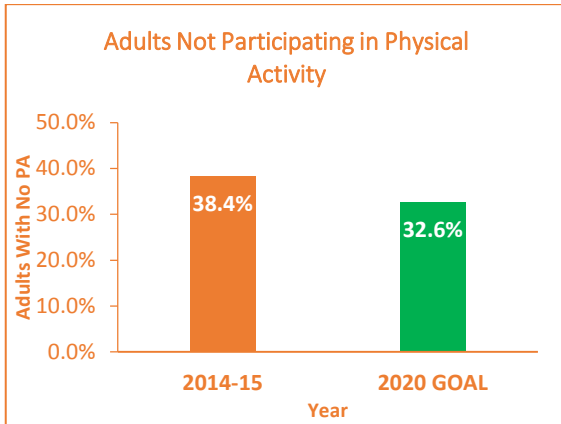
## Strategies

- Integrate health planning into local and regional comprehensive planning
- Adopt community designs that support active living, including concentrated mixed use development and bicycle- and pedestrian-friendly communities
- Expand opportunities during and after school for children to get healthy meals and the recommended amount of daily physical activity
- Create parks, recreation facilities or open space in all neighborhoods
- Increase access to healthy and affordable foods in all neighborhoods
- Promote public libraries resources for health information, family development and food programs
- Implement organizational and programmatic nutrition standards and policies
- Expand programs and services to eliminate childhood hunger
- Help people recognize and make healthy food and beverage choices
- Increase the number of evidence-based employee wellness programs

## Key Community Partners

Businesses  
Childcare Providers  
Community Organizations\*  
Community Planners  
Eastern Shore Public Libraries  
Economic Development Agencies  
Educators  
Farmers  
Families  
Health-Care Providers  
Eastern Shore Public Health

## Measures of Success



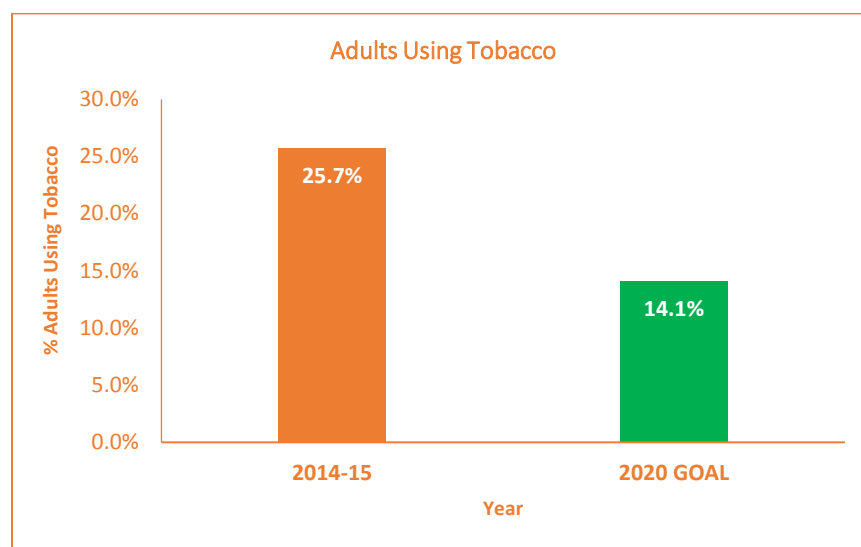
## AIM 3: PREVENTIVE ACTIONS 2020 FOCUS GOALS

### Goal 3.2: EASTERN SHORE OF VIRGINIA PREVENTS NICOTINE DEPENDENCY

According to the CDC, “tobacco use is the single most preventable cause of death and disease in the United States” (Fellows, 2002). The Campaign for Tobacco Free Kids reports that health care costs in Virginia directly caused by smoking are \$3.11 billion a year (Foundation for Tobacco-Free Kids, 2015). Smoking is associated with heart disease, stroke, chronic lung disease, diabetes, bone disease, and many types of cancer. Tobacco accounts for 30% of all cancer deaths. Secondhand smoke causes heart disease, stroke, and lung cancer. It affects the health of infants and children by increasing the risk for asthma attacks, respiratory and ear infections, and Sudden Infant Death Syndrome (CDC, 2014, 2015 B).

Strategies	Key Community Partners	
<ul style="list-style-type: none"> <li>Establish smoke-free policies and social norms</li> <li>Promote tobacco cessation and support tobacco users in quitting</li> <li>Prevent initiation of tobacco use</li> <li>Provide easily accessible and relevant information resources on dependency/addiction prevention</li> </ul>	Academic Partners  Businesses  Elected Officials  Faith-based Communities  Health-Care Providers	Health Insurers  Eastern Shore Public Health  Eastern Shore Public Libraries  School Districts

### Measure of Success





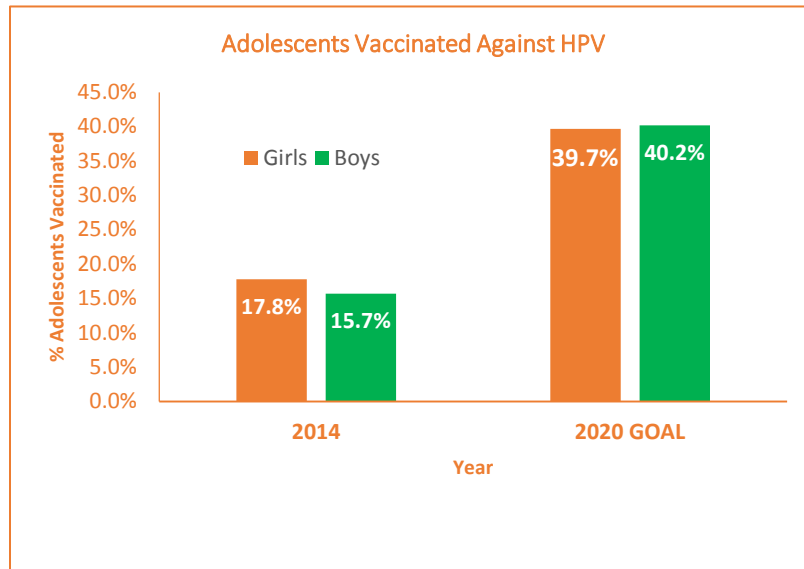
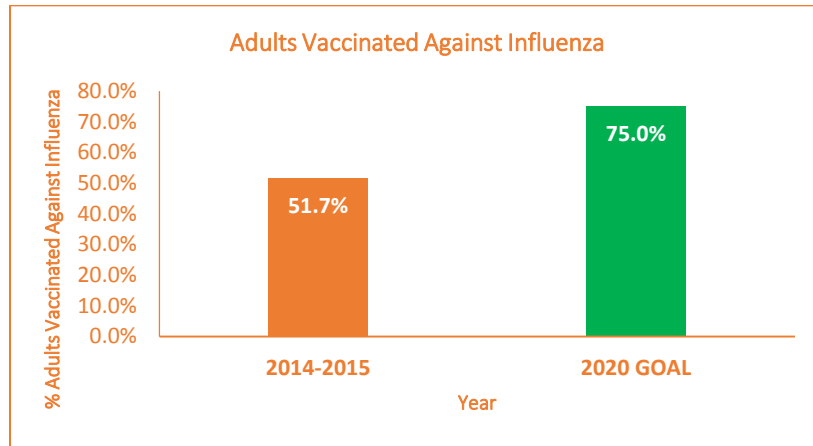
## AIM 3: PREVENTIVE ACTIONS 2020 FOCUS GOALS

### Goal 3.3: EASTERN SHORE OF VIRGINIA RESIDENTS ARE PROTECTED AGAINST VACCINE-PREVENTABLE DISEASES

Virginians who receive their recommended vaccines protect themselves from illness and protect others by decreasing the spread of disease. ESVA benefits from high childhood immunization rates. However, in two other areas, we lag behind. The percent of ESVA adults receiving an annual flu vaccine has fluctuated over the past five years. We are below the national goal. Also of critical concern is a low rate of adolescent vaccinations that prevent meningococcal meningitis and cancers caused by the Human Papillomavirus (HPV).

Strategies	Key Community Partners
<ul style="list-style-type: none"> <li>• Use patient registries to identify patients due for vaccination and send them reminders</li> <li>• Evaluate data from the Vaccines for Children program and target outreach to providers who have the opportunity to improve vaccination rates</li> <li>• Evaluate data from the Virginia Immunization Information System to assess immunization coverage and develop targeted interventions to address gaps</li> <li>• Educate ESVA residents about the effectiveness of HPV vaccination in preventing HPV-associated cancers</li> <li>• Increase the number of adolescents who receive well visits in patient-center medical homes</li> <li>• Establish policies to ensure health-care providers receive annual influenza vaccine</li> </ul>	<p>Families</p> <p>Eastern Shore Rural Health System, Inc.</p> <p>Health-Care Providers</p> <p>Riverside Shore Memorial Hospital</p> <p>Health Insurers</p> <p>Medical Societies</p> <p>Eastern Shore Public Health</p>

## Measures of Success



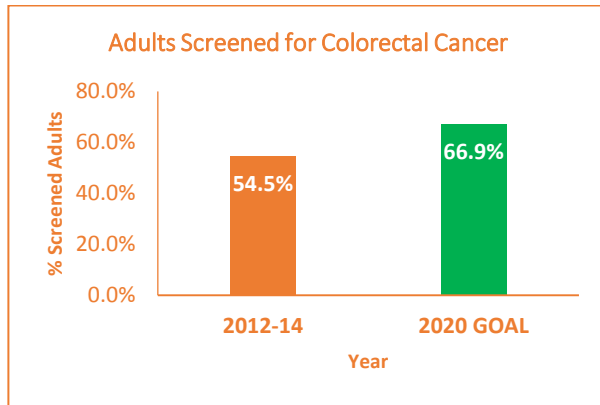
## AIM 3: PREVENTIVE ACTIONS 2020 FOCUS GOALS

### Goal 3.4: CANCERS ARE PREVENTED OR DIAGNOSED AT THE EARLIEST STAGE POSSIBLE

Cancer is the leading cause of death for Virginians. It is caused by changes to the genes that lead to the uncontrolled growth of specific cells in the body. Many types of cancer exist and the risks associated with each type vary. Preventive actions can keep some cancers from developing. These include not using tobacco, minimizing alcohol consumption, and vaccination against HPV and Hepatitis B. In some cases, when cancer does form, it can be identified early through evidence-based screenings, resulting in better treatment options and outcomes.

Strategies	Key Community Partners
<ul style="list-style-type: none"> <li>• Increase tobacco prevention and cessation programs</li> <li>• Increase educational outreach efforts and resources about early cancer screening prevention benefits</li> <li>• Increase the number of providers, lay health advisors, and volunteers trained in health literacy to provide one-on-one education in medical, community, worksite, and household settings to support people in seeking recommended cancer screenings</li> <li>• Implement evidence-based strategies to reduce structural barriers to cancer screenings</li> <li>• Implement provider assessment and feedback interventions to increase cancer screenings</li> </ul>	<p>Community Organizations*</p> <p>Eastern Shore Public Health</p> <p>Eastern Shore Rural Health System, Inc.</p> <p>Eastern Shore Public Libraries</p> <p>Employers</p> <p>Families</p> <p>Health Care Providers</p> <p>Health Insurers</p> <p>Lay Health Workers</p> <p>Medical Societies</p> <p>Riverside Shore Memorial Hospital</p>

## Measure of Success



## Cancer Eastern Shore Health District

Districts are ranked from favorable (1) to unfavorable (35) for incidence, localized stage, and mortality.

Cancer Type	Incidence (2007-2011) The Occurrence, rate, or frequency of the disease				Staging When cancer was detected		Mortality (2008-2012) The number of deaths from the disease			
	Count	Age-Adjusted Rate per 100,000	95% CI	Rank	Percent Localized (Cancer has not spread)	Rank	Count	Age-Adjusted Rate per 100,000	95% CI	Rank
Breast	196	520.2	96.8 – 131.0	6	59.10%	26	50	26.5	19.2 – 33.8	29
Colorectal	139	40.9	34.3 – 48.7	21	34.50%	34	51	14	10.1 – 17.8	7
Lung	330	94.6	84.5 – 105.8	35	12.10	35	257	72.9	64.0 – 81.9	34
Melanoma	85	27.8	21.9 – 34.9	33	82.40%	5	DSU	DSU	-	-
Prostate	267	161.5	142.5 – 182.7	28	76.40%	28	41	26.7	18.6 – 34.9	28

DSU: Data statistically unreliable; the number of cases (25 or less) is too small to calculate a reliable result. Items listed in red denote unfavorable rankings.

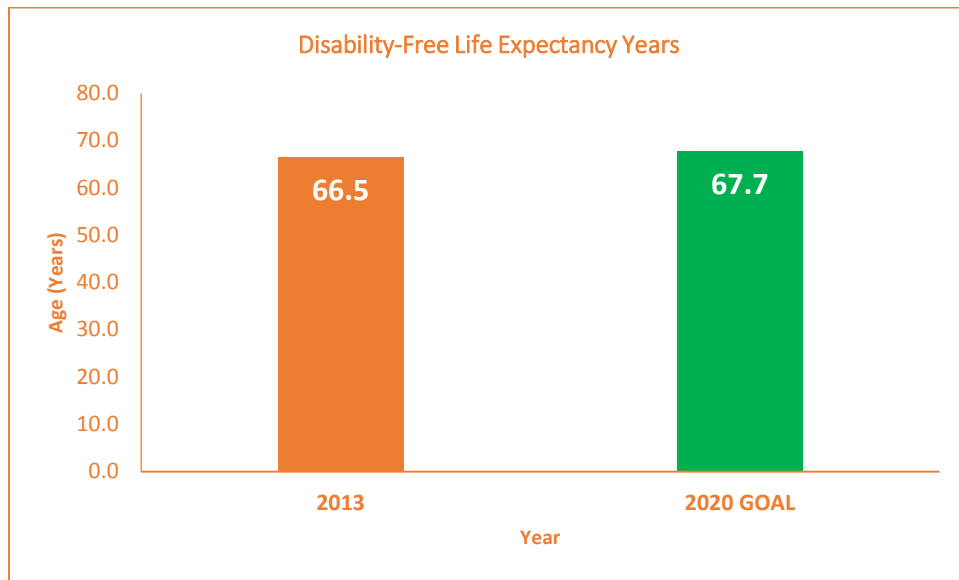
## AIM 3: PREVENTIVE ACTIONS 2020 FOCUS GOALS

### Goal 3.5: EASTERN SHORE OF VIRGINIA RESIDENTS HAVE LIFE-LONG WELLNESS

Nearly one out of every five Eastern Shore of Virginia residents is 65 or older. Preventive actions and support systems can result in people living in their own home and community safely, independently, and comfortably, regardless of age, income, or ability level.

Strategies	Key Community Partners	
<ul style="list-style-type: none"> <li>• Encourage construction of safe, congregate and retirement housing for the aging population</li> <li>• Increase access to internet usage for aging residents</li> <li>• Increase the number of fitness programs that promote senior fitness</li> <li>• Develop a senior falls prevention program</li> <li>• Implement community-wide value-neutral programs to support planning in advance for future healthcare choices</li> <li>• Provide lifelong learning programs and resources that stimulate memory and personal interaction</li> </ul>	Academic Partners Adult Daycare Providers Businesses Eastern Shore Area Agency on Aging Eastern Shore Rural Health System, Inc. Eastern Shore Public Health	Eastern Shore Public Libraries Faith-based Communities Families Nursing Homes Senior Centers Riverside Shore Memorial Hospital & Allied Physicians

## Measure of Success



Disability Free Life Expectancy, or Healthy Life Expectancy, is life expectancy with the additional adjustment for disability as defined by Census questions related to six disability questions:

1. Hearing difficulty
2. Vision difficulty
3. Cognitive difficulty
4. Ambulatory difficulty
5. Self-care difficulty
6. Independent living difficulty

## AIM 4: SYSTEM OF HEALTH CARE

**THE EASTERN SHORE OF VIRGINIA IS HOME TO EXCELLENT PROVIDERS AND A HOSPITAL** that delivers state-of-the-art health care services. However, like the rest of the United States, many health measures, including patient outcomes and quality, lag behind other developed countries. Health care spending in the United States is the highest in the world and continues to increase. Increased longevity and chronic health problems place new demands on the utilization of medical services and medical technology and contribute to higher spending.

The leading category of health care spending in Virginia is hospitalization. Many hospital stays can be avoided through prevention and primary care. In Virginia in 2013, there were 1,294 avoidable hospital stays for every 100,000 people. The rate ranges significantly across Virginia, from 233 to 6,934 per 100,000. A Kaiser Family Foundation poll found that 40% of Americans were “very worried” about “having to pay more for their health care or health insurance” (2012). The challenge for Virginia and its Eastern Shore is to improve health care quality by providing care that is safe, effective, patient-centered, timely, efficient, and equitable while controlling health care spending.

Meeting this challenge is difficult because health care is delivered across many disparate and independent settings and by many providers. The average Medicare beneficiary with chronic illness in the U.S. sees an average of 13 physicians a year (Elhauge, 2010). The Commonwealth Fund Commission challenged health care systems to improve performance by 2020. Strategies include making patient’s clinical information available at the point of care through shared electronic health records and actively coordinating care across providers and settings (2015).

## **Foundational Goals for a System of Health Care**

- Health care on Eastern Shore of Virginia is affordable to families and businesses
- Virginia assures adequate regulation of health care facilities
- **Eastern Shore of Virginia has a strong primary care system linked to behavioral health care, oral health care, and community support systems**
- Eastern Shore of Virginia residents obtain, process, and understand basic health information and services needed to make appropriate health decisions
- **Eastern Shore of Virginia health IT system connects people, services, and information to support optimal health outcomes**
- All health care professionals on Eastern Shore of Virginia are licensed and/or certified
- **Health care-associated infections are prevented and controlled on Eastern Shore of Virginia**

### **2020 FOCUS GOALS**

**4.1 Eastern Shore of Virginia has a strong primary care system linked to behavioral health care, oral health care, and community support systems**

**4.2 Eastern Shore of Virginia health IT system connects people, services, and information to support optimal health outcomes**

**4.3 Health care-associated infections are prevented and controlled on Eastern Shore of Virginia**



## AIM 4: SYSTEM OF HEALTH CARE 2020 FOCUS GOALS

### Goal 4.1: EASTERN SHORE OF VIRGINIA HAS A STRONG PRIMARY CARE SYSTEM LINKED TO BEHAVIORAL HEALTH CARE, ORAL HEALTH CARE, AND COMMUNITY SUPPORT SYSTEM

A primary care provider is an important point of entry into the complex health care delivery system. This is especially important for people living with chronic conditions like diabetes. As the number of Virginians with chronic disease increases, the need for patient-centered care coordination and programs to help them manage their medications and monitor their illness increases.

Untreated mental health disorders and substance misuse and abuse have serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today’s most pressing chronic diseases, including diabetes, heart disease, and cancer. Integrating behavioral health care, substance abuse prevention and treatment services, and primary care services produces the best outcomes and proves the most effective approach to caring for people with complex health care needs (SAMSA, 2015).

Bringing together hospital systems, health care providers, insurers and community partners to develop shared strategies to improve population health can lead to improved delivery systems and better coordination of care across settings.

<b>Strategies</b>	
<ul style="list-style-type: none"> <li>• Create an Accountable Care Community on the Eastern Shore of Virginia that includes groups of health-care providers and community partners that voluntarily coordinate high quality care to ensure residents get the right care at the right time; avoid duplication of services; and prevent medical errors</li> <li>• Improve access to comprehensive primary care in patient-centered medical homes</li> <li>• For residents with complex conditions, integrate primary care with specialty care, behavioral health care, substance abuse services, and oral health care</li> <li>• Increase the availability of community behavioral health services</li> <li>• Expand telemedicine services</li> <li>• Increase the number of providers who screen for domestic violence and refer victims to organizations that can assist them</li> <li>• Increase care coordination across providers and settings</li> </ul>	<ul style="list-style-type: none"> <li>• Expand adoption of the community health worker model by health care organizations</li> <li>• Develop patient-centered health communications that have a positive impact on health, health care, and health equity</li> <li>• Increase the number of providers who screen for nicotine use, including smokeless tobacco and e-cigarettes, and provide or refer for cessation services</li> <li>• Promote drug-prescribing protocols in health care settings to reduce opioid prescription abuse</li> <li>• In primary care and other settings increase use of the Screening, Brief Intervention, Referral and Treatment tool (an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs)</li> <li>• Increase communication with Eastern Shore of Virginia residents about how to avoid wasteful or unnecessary medical tests, treatments and procedures</li> <li>• Increase promotion efforts for and use of easily accessible information, resources, and programs that support personal health and well-being</li> </ul>

**Key Community Partners**

Businesses

Community Organizations\*

Faith-Based Communities

Eastern Shore Community Services Board

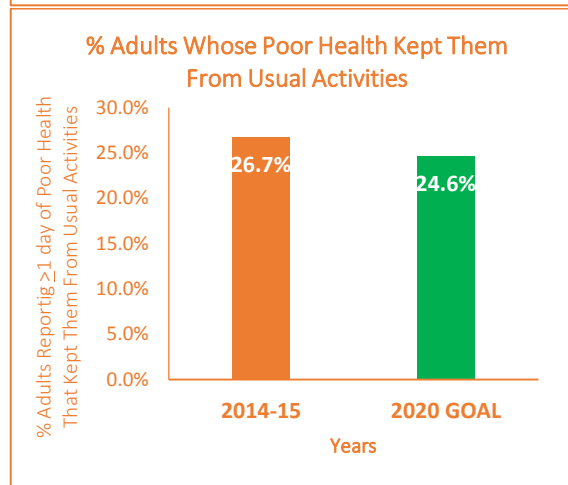
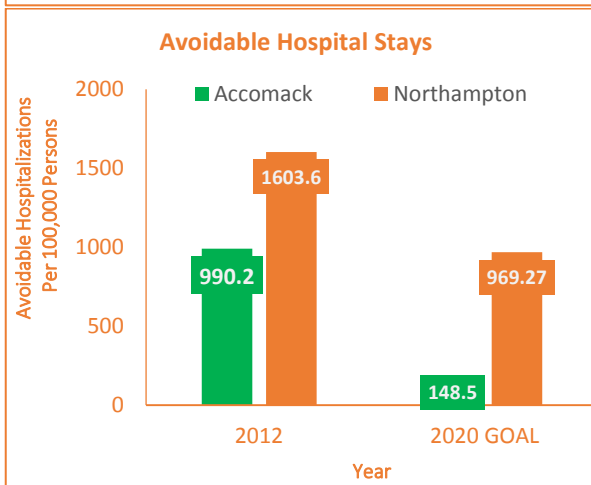
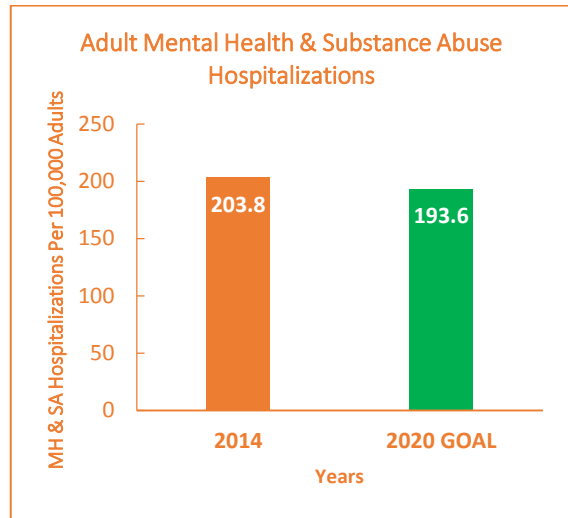
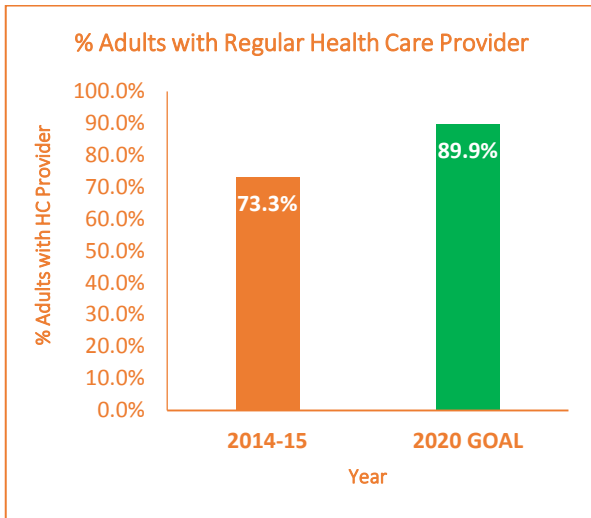
Eastern Shore Public Libraries

Eastern Shore Rural Health Services, Inc.

Riverside Shore Memorial Hospital and Allied Providers

Eastern Shore Public Health

## Measures of Success



## AIM 4: SYSTEM OF HEALTH CARE 2020 FOCUS GOALS

### Goal 4.2: EASTERN SHORE OF VIRGINIA IT SYSTEM CONNECTS PEOPLE, SERVICES, AND INFORMATION TO SUPPORT OPTIMAL HEALTH OUTCOMES

Eastern Shore of Virginia residents and their health-care providers benefit from access to comprehensive, secure, easily accessible health information that can inform better decision making. Developing the capacity to collect, analyze, and share population health information provides the opportunity for the Eastern Shore of Virginia to create policies and systems to bring about meaningful health improvement for all residents.

Strategies	Key Community Partners
<ul style="list-style-type: none"> <li>• Adopt electronic health records in all clinical and care coordination settings</li> <li>• Expand the use of specific disease registries and reports (for example patients with hypertension) by medical practices and hospital to evaluate and track patient outcomes and develop targeted interventions to improve patient outcomes</li> <li>• Connect providers, hospitals, and community partners electronically to allow for Shore-wide health information exchange</li> <li>• Develop the capacity to create aggregated data reports through a Shore-wide connected electronic information data base that can be used to analyze and track population health measures</li> <li>• Enhance public and private data systems and public health information technology to collect, manage, track, analyze, and report population health data</li> <li>• Support Health Information Technology training opportunities and jobs</li> </ul>	<ul style="list-style-type: none"> <li>Businesses</li> <li>Elected Officials</li> <li>Eastern Shore Rural Health System, Inc.</li> <li>Free Clinics</li> <li>Health-Care Providers</li> <li>Health Insurers</li> <li>Riverside Shore Memorial Hospital</li> <li>Eastern Shore Public Health</li> <li>Eastern Shore Community Services Board</li> </ul>

## Measure of Success

**Providers with Electronic Health Records (HER).** All Eastern Shore health care providers are affiliated with Riverside Health System, Eastern Shore Rural Health System or Eastern Shore Community Services Board. All of these systems have a certified electronic health records. We have accomplished this goal already. Independent mental health care providers have not yet implemented an HER. We will track their conversion. We will encourage the Health Department to adopt an HER as soon as possible.

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### Goal 4.3: HEALTH CARE-ASSOCIATED INFECTIONS ARE PREVENTED AND CONTROLLED ON THE EASTERN SHORE OF VIRGINIA

Developing systems to assure patient safety has improved but remains an important goal in providing quality care. Health care-associated infections (HAIs), those resulting from the receipt of medical care in health care settings, are estimated to account for \$28 to \$45 billion in direct health care costs in the United States annually (Scott, 2009). When health care facilities employ evidence-based prevention strategies, HAIs can be prevented and controlled. For example, *Clostridium difficile*, a type of bacteria that causes gastrointestinal illness, accounts for 12% of HAIs in hospitals (Lessa, 2015). Strategies to prevent spread include complying with hand hygiene guidelines, ensuring adequate cleaning and disinfection of the environment, and prescribing antibiotics appropriately.

Strategies	Key Community Partners
<ul style="list-style-type: none"> <li>• Create a culture of safety in health care facilities that encourages effective communication between health—care providers, patients, and family members</li> <li>• Perform hand hygiene frequently</li> <li>• Use antibiotics wisely to prevent bacteria from developing resistance to the drugs that are used to treat them</li> <li>• Implement standard precautions in the care of all patients in all health care settings all of the time</li> <li>• Use evidence-based methods to clean medical equipment and the health care environment</li> <li>• Collect, analyze, and use data to engage healthcare providers in quality improvement activities</li> <li>• Increase knowledge and practice of key prevention strategies for the various HAIs across and within healthcare settings</li> <li>• Use health information systems to reinforce clinical practices that improve patient safety</li> </ul>	<p style="text-align: center;">Businesses</p> <p style="text-align: center;">Eastern Virginia Medical School</p> <p style="text-align: center;">Eastern Shore Community College</p> <p style="text-align: center;">Eastern Shore Rural Health System, Inc.</p> <p style="text-align: center;">Insurers</p> <p style="text-align: center;">Riverside Shore Memorial Hospital and allied physicians</p> <p style="text-align: center;">Eastern Shore Public Health</p>

**Measure of Success.** Meet the CDC Expected Goal for C. Difficile Infection

Hospital Meeting State Goal for Prevention of C. difficile Infections			
2016	Expected Cases	Goal	Standard Infection Ratio <sup>1,2</sup>
Quarter 1	1.53	<1.0	0.65
Quarter 2	1.19		0.00

<sup>1</sup>Standard Infection Ratio. Goal <1.0. Less than 1.0 indicates fewer cases than expected as stated by the CDC. Greater than 1.0 indicates more cases than expected.

<sup>2</sup>Riverside Shore Memorial currently exceeds goal as represented in first two quarters of 2016.

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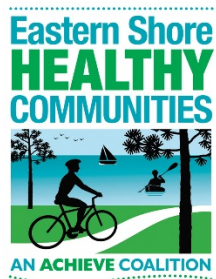
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