

The *Blueprint for Health Improvement & Health – Enabled Prosperity* reflects the collaborative work of many community members and organizations in identifying priority goals and strategies for population health improvement. The aims, goals and preliminary strategies (“PS”) in this document are ambitious, achievable, measurable, and intended to be attained by 2020. They apply to a geographic “region” that includes the counties of Lee, Scott, Wise, Dickenson, Buchanan, Tazewell, Russell, Washington, Smyth, and cities of Norton and Bristol. Work will continue on finalizing strategies in 2016.

Aim 1.0: Healthy Starts for Children

Goal 1.1: Decrease by .5% across the region, the percent of children who do not meet the PALS K benchmarks in the fall of kindergarten and require literacy interventions, with no jurisdiction exceeding 20% failure to meet the benchmark

PS: Increase Pre-K and Head Start enrollment; Increase day cares with Star Quality Program Certification

Goal 1.2: Increase percent of third graders who pass the Standards of Learning third grade reading assessment to 80% or better, with no sustained decline

Goal 1.3: Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV) to 80%

PS: Increase reporting to VIIS; Increase EMRs to feed into VIIS; increase access to immunizations at primary care provider offices; share TN and VA immunization registry data

Goal 1.4: Increase percent of boys and girls, age 13-17, who receive three doses of HPV vaccine, to 80%

PS: Increase access to vaccine in primary care, and school based clinics

Goal 1.5: Increase number of children, ages 1-18, who receive preventive oral health services

PS: Increase medical providers who are trained, and provide fluoride varnish; increase dentists who will see children as young as age 1; increase visits to dentist for children ages 1-4; increase number of FQHC locations who provide oral health services integrated with primary care; increase number of dental hygienists working under remote supervision working in VDH, FQHC, School Based Clinics, Head Start; increase number of school based oral health services to include dental sealants

Goal 1.6: Decrease rate of child abuse and neglect across the region

Goal 1.7: Decrease infant mortality rate across the region

Goal 1.8: Decrease total preterm births across the region

Goal 1.9: Increase percent of women who receive early (first trimester) and adequate prenatal care to 80%

PS: increase percent of pregnant women enrolled in the first trimester; increase percent of women who have 10 or more visits

Goal 1.10: Decrease percent of women who use alcohol and/or tobacco use during pregnancy

PS: increase screening using evidence based tools eg. AUDIT, CAGE, DASH, etc; increase referrals and treatment options

Goal 1.11: Decrease number of children born with Neonatal Abstinence Syndrome

Goal 1.12: Decrease teen pregnancy rate by 25% in all jurisdictions, with no jurisdiction trending upward

Goal 1.13: Increase percent of women who initiate breastfeeding

Aim 2.0: Healthy Minds

Goal 2.1: Increase the number of certified or licensed professionals treating mental health and substance use disorders (SUD), including core mental health professionals, as defined

by HRSA, sufficient to eliminate the Mental Health Professions Shortage Area Designation in the region. Core mental health professionals as defined by HRSA include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

PS: increase number of Licensed Substance Abuse Treatment Professionals; increase locations with integrated primary care and behavioral health services

Goal 2.2: Increase access to diverse services for SUD treatment, including intensive outpatient, inpatient and residential

PS: increase SUD treatment services integrated with primary care

Goal 2.3: Increase the number of people who receive specialty treatment for SUD in the region

PS: Increase screening and referral to treatment using evidence based screening tools for alcohol and SUD in settings including urgent care, emergency dept, primary care; decrease hospitalizations related to mental health and SUD

Goal 2.4: Decrease number of drug/poison deaths in the region

PS: Expand access to naloxone for lay rescuers and first responders; increase provider training on appropriate use of opiates in chronic pain management; decrease number of Fentanyl, Hydrocodone, Methadone, Oxycodone (FHMO) deaths

Goal 2.5: Decrease suicide rate to equal or below state rate of 12.9 per 100,000

PS: increase depression screening and referral in care settings including emergency dept and primary care; increase community education and resources to identify persons at risk of suicide

Aim 3.0: Healthy Behaviors

Goal 3.1: Increase the percent of adults who receive an annual influenza vaccine to 70%

Goal 3.2: Decrease percent of adults in the region who are overweight or obese to equal or below the state goal of 63%.

PS: decrease sugar sweetened beverage intake; Increase percent of adults who report consumption of five or more servings of fruits and vegetables per day

Goal 3.3: Decrease percent of children in the region who are overweight, or obese (BMI > 85% for age and gender)

PS: Improve access to data on children who are overweight or obese; increase consumption of five servings of fruit and veg per day; decrease sugar sweetened beverage intake.

Goal 3.4: Decrease percent of adults who did not participate in any physical activity during the last 30 days to no more than 20% across the region

PS: Increase access to outdoor recreation; organized community activity programs; increase walking / biking/ hiking venues

Goal 3.5: Increase percent of high school graduates who are enrolled in an institute of higher education within 16 months after graduation to equal the state goal of 75%. Institutes of higher education can include, but are not limited to, universities, colleges, institutes of technology, vocational schools and trade schools.

Goal 3.6: Decrease the percent of adults who report using tobacco to no more than 12% across the region

PS: set intermediate goal to reduce tobacco use to 20% by 2018; increase number of tobacco free environments by policy and legislation (public housing, public and private organizations, automobiles with children); increase cost of tobacco; repeal restrictive state laws that prohibit localities from addressing tobacco use.

Goal 3.7: Decrease initiation of alcohol, tobacco, and other drugs (ATOD), including e-cigs in adolescents

PS: Increase evidence based prevention education in school, community, and faith based settings; increase schools that administer and report data from YRBS; Monitor data on reported use of electronic cigarettes (e-cigs); increase cost of tobacco; enforce restriction of sales of tobacco to people under age 18; increase number of environments that are tobacco free

Goal 3.8: Increase access to oral health care services using traditional and innovative models of oral health care delivery, to include a sufficient number of dentists to eliminate the Dental Health Professions Shortage Area Designation.

PS: Increase number of dental providers at fixed locations within the region; increase number of dental hygienists working under remote supervision, working in FQHCs and rural health clinics; pilot dental therapy practitioner model; expand Medicaid to include coverage for oral health care for adults

Goal 3.9: Decrease rate of avoidable deaths from heart disease, stroke, or hypertensive disease in the region equal to or below the state goal of 40 per 100,000

Goal 3.10: Decrease morbidity and mortality (age-adjusted) related to diabetes

PS: increase percent of people with diabetes who receive annual A1C testing; increase number of people with diabetes who participate in a diabetes education program; decrease hospitalizations related to uncontrolled diabetes

Aim 4.0: Healthy Communities

Goal 4.1: Decrease rate of unemployment across the region

Goal 4.2: Increase households with access to high speed internet to equal or above the state goal of 72%

Goal 4.3: Decrease percent of households that are food insecure for some part of the year to no greater than 10%

Goal 4.4: Create a model for collaboration across agencies and organizations to share data and resources for the purpose of population health improvement

Goal 4.5: Increase number of communities that adopt policies, environmental and systems changes (PES) to support healthy living

PS: Educate state and local government and private leaders on how the work done in their respective communities contributes to the health and well-being of all regional residents, and how policies have intended and unintended impacts on health. Consider policies related to built environment, complete streets, walking trails, bike lanes, restaurants, farmers markets, and tobacco use, etc.; Create a model for communities to evaluate, monitor, and track sustainable PES change

Aim 5.0: Effective System of Health Care

Goal 5.1: Increase access to certified specialty care providers, with a focus on endocrinology, cardiology, pulmonary, and oncology

Goal 5.2: Increase percent of adults appropriately screened for colon, cervical, and breast cancer based on standards of care

Goal 5.3: Increase the number of hospitals in the region meeting the state goal for prevention of hospital-onset *C.difficile* infections to 100%

PS: Obtain data on hospital onset *C.Difficile* from hospitals utilized by Virginia residents located in Tennessee and Kentucky

Goal 5.4: Decrease hospitalizations for ambulatory care sensitive conditions to 1100 per 100,000

PS: Obtain data from VHI and all payers claim databases for Virginia residents admitted to hospitals in Virginia, Tennessee, and Kentucky

Goal 5.5: Increase Health Information Exchange (HIE) in regional health systems serving upper east Tennessee and Southwest Virginia

PS: Implement data sharing between regional health systems, including but not limited to, Wellmont Health System, Mountain States Health Alliance, Veterans Administration System, Holston Medical Group, and Tennessee and Virginia Departments of Health.