

**Blueprint for Health Improvement
and Health-Enabled Prosperity**

Progress Report 2011

**Southwest
Virginia
Health
Authority**

BLUEPRINT FOR HEALTH IMPROVEMENT AND HEALTH-ENABLED PROSPERITY

PROGRESS REPORT 2011

Southwest Virginia Health Authority

Our vision is to achieve continuous improvement in the health and prosperity of the region.

“Though by necessity this Blueprint is all business in structure and intent, it is grounded in and fueled by the heart and spirit of the people of our region, and by all of us who believe that in improving health we secure our future prosperity. Our work has just begun.” Clarence “Bud” Phillips, Chairman, June 2009

1. INTRODUCTION

In 2007, the Virginia General Assembly created a special state entity called the Southwest Virginia Health Facilities Authority. This authority, which covers the geographic areas comprising the LENOWISCO and Cumberland Plateau Planning Districts, was the first of its kind in the Commonwealth. Granted broad powers to conduct its work, the authority is governed by a board of directors that includes Virginia legislators, nominal members and one appointed member from each participating locality. In 2009, the Virginia legislature changed the name to the Southwest Virginia Health Authority (SVHA). Staffing for SVHA is provided by the Graduate Medical Education Consortium (GMEC), located on the campus of The University of Virginia’s College at Wise.

SVHA’s mission is to seek “to improve the quality of life in the region by enhancing, fostering and creating opportunities that advance the health status and provide health-related economic benefits for people of all ages.” To fulfill this mission, SVHA embarked on a formal strategic planning process to direct its future operations and projects and to provide guidance to the communities and organizations in the region. After reviewing comprehensive healthcare data sets, interviewing community stakeholders and constituents, conducting a SWOT (strengths, weaknesses, opportunities, and threats) analysis, and holding two public hearings, SVHA developed the “Blueprint for Health Improvement and Health-enabled Prosperity” (Blueprint), approved in May 2009, and published with the assistance of the Healthy Appalachia Institute (HAI), which received financial support from the Appalachian Regional Commission for the Blueprint’s publishing.

The Blueprint includes 20 goal statements plus objectives, with timeframes divided into three timeline categories: Near (0-2 years), Intermediate (3-9 years), and Long-term (10+ years). The Blueprint also outlines strategic goal categories (e.g., overall health, health-related economic developments, etc.) and organizational goal categories, including development, funding, advocacy and operations.

To inform this progress report, interviews were conducted with many of the SVHA board members, SVHA Interim Executive Director Gary Crum, and other regional and state leaders committed to the Authority’s mission and work. Additionally, a review of available longitudinal data and the achievements of partner organizations helped complete the assessment.

This report highlights progress made from the initiation of the Blueprint through key success stories as well as progress indicators for the goal statements and objectives. Although not an exhaustive inventory of all the positive changes that have been sparked by the Blueprint, this report emphasizes a solid foundation for improvement that will, over the long term, improve the health outcomes and health-enabled prosperity for the citizens of Southwest Virginia.

2. KEY SUCCESS STORIES

Every person/organization interviewed in the preparation of this progress report stated that the single biggest success story is the formation of the Southwest Virginia Health Authority and the development of the *Blueprint*. The interviewees believe that the SVHA has brought together competitors and disparate organizations from across multiple sectors and geographic boundaries to create solutions for the health disparities of the region. SVHA has established a model that is not only influencing health, but also other economic, educational and social development deficiencies.

Traditional boundaries have been crossed, coalitions have been formed, political processes have been influenced, and light has been shed on what many consider to be the single most formidable barrier to regional prosperity. If this outcome were the only outcome, the efforts of the SVHA, its leaders and partners would be deemed successful.

Unprecedented activity in health improvement in Southwest Virginia has been spurred by SVHA's formation and the development of the *Blueprint*. Substantial improvement, however, will require an effort across a generation, and the goals and objectives of this strategic plan serve as roadmap for this change. While this assessment has captured many remarkable accomplishments and key highlights it should be noted that it does not represent the extraordinary reach of initiatives occurring within the region.

Telemedicine, now a covered benefit in Virginia . . .

On April 5, 2010, Virginia became the 11th state in the nation to require that health insurance providers cover telemedicine services. A top priority of SVHA, the bill was sponsored by Senator William Wampler, Jr. and steered through a House of Delegates committee chaired by Delegate Terry Kilgore, both members of SVHA's board of directors. Virginia (and Southwest Virginia in particular with its robust network) is now one of the best environments for telemedicine in the nation.

"We felt so strong for telemedicine being recognized as a critical step for the residents of Southwest Virginia in terms of access to quality care and in a cost-efficient manner." Senator William Wampler Jr.

Governor Bob McDonnell signed the bill at an event that took place via a telemedicine connection between Virginia Commonwealth University (VCU) Medical Center and Lee Regional Medical Center, a member of the Wellmont Health System. Both VCU and Wellmont are represented on the SVHA board.

The insurance provider legislation ensures that residents have access to specialty care that would otherwise be unavailable. Southwest Virginia has the broadband, equipment, software, and systems that permit local primary healthcare providers to refer patients to specialists for diagnosis consultations at the University of Virginia, VCU or wherever the specialists may be located. With this legislation, physicians can be assured of reimbursement for their services.

The new legislation is spurring the expansion of telemedicine sites and services in the region. For example, the Wellmont Health System is now employing telemedicine strategies in Southwest Virginia through a tele-cardiology network that was first established at Lee Regional Medical Center through funding provided by the Virginia Tobacco Commission. The hospital is connected to the Wellmont CVA Heart Institute via telemedicine for the remote interpretation of cardiac

stress tests. Wellmont is also designing oncology connections from the Southwest Virginia Cancer Center to the National Cancer Institute program at the University of Virginia and to the Wellmont Regional Cancer Network hubs at Holston Valley Medical Center and Bristol Regional Medical Center. Wellmont recently received a USDA Rural Utilities Services grant to implement a host of telemedicine and distance learning programs in Southwest Virginia. This will allow telemedicine capabilities at each of Wellmont’s three regional hospitals. By identifying specialty service gaps and implementing new programs to bolster service and access in the region, new programs will potentially include chronic disease management efforts for diabetes, heart failure, COPD and other disease states; connectivity to patients after discharge for evaluation of continuum of care issues; delivery of community based education and prevention programs; and, specialty evaluation in multiple areas not currently available in the region.

[Blueprint Goal I, Objective 2 (Near); Goal D; Goal T, Objective 3 (Near, Intermediate)]

Dental hygienists pilot expands scope of practice . . .

Through advocacy by the SVHA and with the leadership of the Virginia Department of Health (VDH), in 2009, the Virginia General Assembly passed legislation to revise the Code of Virginia for the practice protocol of dental hygienists. These changes pertained specifically to those hygienists employed by the VDH that work in the Cumberland Plateau, LENOWISCO, and Southside Health Districts, all areas designated as Federal “dental health professions shortage areas.”

By enabling a cohort of dental hygienists to provide preventive dental services in selected settings through the new mode of remote supervision, the pilot effort improves access to preventive dental services for those at highest risk of dental disease, as well as reduces barriers and costs for dental care for low-income individuals, in settings like the school-based sealant program. As a pilot program, the practice changes had a sunset of July 1, 2011, however the sunset was subsequently extended until July 1, 2012.

When the legislation passed, there was only one full-time and one part-time VDH dental hygienist located in the targeted health districts. Through a HRSA Oral Health Workforce Grant secured by VDH and with local support by the LENOWISCO Health District, by early 2010 there were six full or part-time VDH hygienists practicing under remote supervision in the three health districts.

This pilot program has potential for significant changes to the practice of public health dentistry in the Commonwealth, a model that has not changed since the state dental program was established in 1921.

[Blueprint Goal A, Objectives 1 (Near), 2, (Intermediate) and 3 (Near); Goal T, Objective 3 (Near, Intermediate)]

Strategies to boost dental health workforce explored . . .

As noted above, the geographic areas covered by the Southwest Virginia Health Authority are designated as Federal “dental health professions shortage areas.” The SVHA’s dental committee worked to address the area’s dental health workforce needs, gathering data and research, as well as holding regional conversations with professionals and higher education leaders to increase the number of dental health professionals in the region.

The committee, led by Sue Cantrell, MD (Authority member) and staffed by the Graduate Medical Education Consortium, also participated in two feasibility studies that examined establishing a dental school in the region. One study was conducted by East Tennessee State University (ETSU), which engaged Tripp Umbach, a Pittsburgh-based consulting firm, to complete the study. The consulting firm agreed with ETSU’s exploratory committee that there is a significant lack of dentists in the multi-state region and that the economic impact of a dental school in the region would be substantial. However, start-up and operating costs are significant and will require support from government and other sectors. ETSU’s new president, Brian Noland, will be examining the feasibility study and the institution’s next steps when he takes office in January 2012.

With support from the Virginia Tobacco Commission and the Virginia Coalfield Economic Development Authority (through Wise County’s funding), UVa-Wise engaged the University of Virginia’s Weldon Cooper Center for Public Service to conduct a health impact assessment of establishing a dental school in Southwest Virginia. The “Oral Health and Dental Care Workforce in Southwest Virginia” comprehensive study provided the necessary critical analyses and data to inform the discussion. Based on the study results, UVa-Wise decided not to proceed with the next phase of the project; however, the college shared the study with regional thought-leaders and its educational partners throughout the multi-state region and the Commonwealth in hopes that the many ideas included in the study could still move forward. The study can be found at:

http://www.uvawise.edu/fin_gov/files/fin_gov/Dental%20Study.pdf

[Blueprint Goal A, Objective 5 (Intermediate)]

Substance abuse blueprint addresses critical need . . .

Following the blueprint model established by the SVHA in 2009, One Care of Southwest Virginia, Inc. rallied community leaders and organizations to adopt a focused regional approach and lend a stronger, more unified voice on the significant substance abuse issues affecting Southwest Virginia. That call was heard and led to a new vision for a systemic, integrated approach to significantly reduce substance abuse and misuse in the region and the associated legal, social and economic costs. Through a series of public meetings, focus groups and planning sessions, a strategic plan focusing on policy, data and advocacy emerged.

The *Blueprint for Substance Abuse and Misuse in Southwest Virginia*, endorsed by all national and state representatives serving the region, sets out specific actions to address the stark realities that Southwest Virginia faces: a mounting death rate from the unintentional, fatal overdose of prescription drugs; an escalating number of children in foster care due to substance abuse; and, an increasing level of drug-related crime. The substance abuse blueprint has been endorsed by the SVHA and work has begun.

One Care is a consortium of 23 substance abuse coalitions working throughout the 21 counties and cities in Southwest Virginia. The 28-member Board of Directors includes representatives from community service boards, faith based organizations, social services and healthcare, higher education, law enforcement and recovery communities. One Care received support for the development and publication of the substance abuse blueprint by the Verizon Foundation.

The development of the substance abuse blueprint is spurring important initiatives in the region and Commonwealth. The Medical Society of Virginia, the Virginia Dental Association, the Virginia Council of Nurse Practitioners, and the Virginia Hospital and Healthcare Association partnered with One Care to host free educational forums for providers in July and September 2011 in Southwest Virginia. The forums provided continuing medical education (CME) credits to participants on the topic of pain management, as well as the opportunity for representatives of the Virginia Department of Health Professions to educate providers about the Prescription Monitoring Program and to register them to participate.

In 2009, the Appalachian College of Pharmacy initiated *Appalachian AWARe*, a comprehensive continuing education program for health professions in the area of prescription drug abuse that has already reached hundreds of participants. In addition, the Appalachian Regional Commission sponsored SBIRT (Screening, Brief Intervention and Referral to Treatment) for Planning Districts 1 and 2. SBIRT is utilized to identify individuals with substance abuse issues and, using motivational interviewing techniques, to engage them in evaluating their own readiness for change and make appropriate referrals. SBIRT is reimbursed by Virginia Medicaid and other third party insurers.

In a multi-state partnership, the Virginia Prescription Monitoring Program (PMP) has affiliated with the PMPs of Indiana and Ohio to create for providers a seamless “check” of controlled substances filled for patients in any of the three states, simply by logging on to the Virginia PMP. This is the first step in an effort to make monitoring across multiple states easier and more attractive to providers, as patients who “doctor shop” are well known to cross state lines to do so.

[Blueprint Goal A, Objective 6 (Near, Intermediate); Goal F; Goal J, Objective 1 (Near, Intermediate)]

Workforce development opportunities increase . . .

Research has demonstrated that the best way to expand the healthcare workforce in a region is to recruit and train individuals from that region. In an effort to “grow our own” providers, the Healthy Appalachia Institute developed the Healthy Appalachia Student Fellows program to support UVA-Wise and U.Va. students in conducting summer research and work internships with faculty mentors. Students receive a stipend so that they can choose research rather than summer work, as most are economically disadvantaged.

The HAI student fellows have conducted research on a variety of topics such as breast cancer, cervical cancer, diabetes, RAM patient satisfaction, and farm to school nutrition programs. HAI partners with U.Va.’s Center for Global Health to provide an opportunity for one UVA-Wise student each year to conduct research in Africa that, combined with a second year fellowship working regionally, improves a student’s chance for acceptance into medical school. Currently, four HAI Fellows graduates are in medical school, one is attending school to become a nurse practitioner, one is a practicing nurse practitioner, and one is doing a yearlong internship with a health systems administrator. The Virginia Tobacco Commission and the Wells Fargo Foundation support the HAI Student Fellows program.

East Tennessee State University offers two on-line graduate certificates (epidemiology and healthcare management) and a newly approved undergraduate certificate in public health

fundamentals for working professionals. The undergraduate certificate includes a five course sequence as an introduction to public health and includes courses in environmental sanitation, principles of epidemiology, health services administration, community health, and emerging technology for the health professions.

With support from a \$3.25 million Health Resources and Services Administration (HRSA) Public Health Training Center grant, East Tennessee State University has created LIFEPATH. LIFEPATH includes the development of the public health workforce in Southwest Virginia by providing stipends to pursue an on-line MPH program, the on-ground DrPH program or either the on-line graduate certificate or on-line undergraduate certificate.

[Blueprint Goal F; Goal E, Objective 1 (Near, Intermediate)]

Childhood obesity addressed through collaboration . . .

Southwest Virginia and Northeast Tennessee have long been associated with poor health. Underlying the most common medical health challenges in the region is obesity, which poses serious threats to a vibrant future in the region.

Healthy Eating, Active Living (HEAL) Appalachia is a community collaborative aimed at creating a multi-faceted approach to address the levels of obesity in the region. As a result of a thorough Community Needs Assessment, Mountain States Health Alliance (MSHA) and East Tennessee State University (ETSU), along with regional community partners, developed a collaborative committee to target rising obesity rates in the greater East Tennessee/Southwest Virginia region. The HEAL Appalachia advisory committee includes three SVHA board members.

HEAL Appalachia exists to support the mission and vision of other community organizations and empower the region to combat obesity. Individual and family efforts combined with local agencies, provide the framework and context by which HEAL Appalachia seeks to impact the healthy eating, active living lifestyle of the region's residents.

In its second year of funding in 2011, HEAL Appalachia awarded 25 grants of \$2,000 each to community organizations whose goal is to reduce the level of childhood obesity in the region. Grants will support Appalachian Sustainable Development's "Farm Fresh Kids" program; Southwest Virginia Community College's "B4 College" initiative; and "Organwise Guys Nutrition Curriculum" and "Food of the Month Club" at two Buchanan County Elementary Schools through Virginia Cooperative Extension, among others.

In addition, St. Charles Clinic of Stone Mountain Health Services was chosen from over 300 applicants by the U. S. Department of Health and Human Services and National Initiative for Children's Health Quality as one of 10 teams in the US to participate in a "Healthy Weight Collaborative." Partnering with Stone Mountain are Lee County Health Department, Lee County Schools and Lee County Extension. The Healthy Weight Collaborative is addressing childhood obesity.

[Blueprint Goal K, Objective 1 (Near)]

Women’s cancer initiative improves access . . .

A National Cancer Institute study identified five geographical clusters in the United States with elevated levels of cervical cancer morbidity and mortality: Southwest Virginia is included in one cluster. The University of Virginia’s Cancer Center and Office of Telemedicine, in collaboration with the Healthy Appalachia Institute, have created a partnership championing cervical cancer screenings in the region. The newly created video-colposcopy program has already provided over 160 underserved, working women with a telemedicine connection to specialty care.

Healthy Appalachia Works has also provided colposcopy training to five nurse practitioners and one physician, increasing the number of local public healthcare providers qualified to perform this procedure by a factor of five. In addition, digital mammography and follow-up care through telemedicine has reached nearly 600 underserved, working women with more requiring services. Healthy Appalachia Works also helped establish a patient education center at Mountain Empire Older Citizens; provided for a designated patient navigator at the Emily Couric Center for patients from Southwest Virginia; and works with the region’s cancer centers in clinical staff development, establishing tumor boards, and increasing the number of Southwest Virginians in clinical trials.

Healthy Appalachia Works is led by Michael Weber, PhD, and Karen Rheuban, MD (SVHA Board Member) and is funded by the Virginia Tobacco Commission.

[Blueprint Goal A, Objectives 9 (Long-term) and 10 (Intermediate); Goal D; Goal F, Goal 19 (Near), Goal P]

Nurse practitioner practice increases capacity for service . . .

For more than 30 years, The Health Wagon, Inc.’s mobile clinic has logged hundreds of thousands of miles delivering free healthcare to people in Buchanan, Dickenson, Russell, and Wise counties and the City of Norton. Through its mobile clinic and its office in Clintwood, nurses at the Health Wagon treat more than 3,000 people each year. The organization is also developing a new clinic site in Wise. In addition, the Health Wagon leads the Remote Area Medical (RAM) clinic at the Wise County Fairgrounds, which provides over \$1.6 million in free medical, dental and vision services to approximately 2,500 people over three days each summer.

In September 2010, the Health Wagon, in partnership with the University of Virginia, the Healthy Appalachia Institute and UVa-Wise, received a \$1.493 million federal Health Resources and Services Administration grant to provide workforce training, increase patient access and build organizational capacity. The joint proposal was one of just ten selected from approximately 400 applicants nationwide vying for funds to strengthen health clinics managed by nurse practitioners health clinics.

And the grant is already making a difference. It has enabled the Health Wagon to install an electronic medical record system, a critical component in its transition from an illness model of care, which treats patients when they are sick, to a wellness model that provides a medical home

for patients and engages them to lead healthier lives through health promotion, screening, and self-management education. The funding has also enabled the Health Wagon to hire a social worker and nurse educator and will permit it to visit additional sites, all steps that will ultimately enable it to increase its capacity by 25%.

[Blueprint Goal A, Objective 9 (Long-term); Goal D; Goal G; Goal I, Objective 3 (Near, Intermediate), Goal O, Goal P]

Outdoor recreation opportunities expand health horizons . . .

Two significant initiatives are primed to dramatically improve outdoor recreation opportunities in Southwest Virginia, creating more active venues for the region's citizens.

In 2008, the Virginia General Assembly established the Southwest Virginia Regional Recreation Authority. The purpose of SRRA is to oversee the development and management of the Spearhead Trail System, a trail system within the same seven county, one city geographic footprint as SVHA. After a five-month comprehensive study, Spearhead Trails is beginning work on developing the trail system, which is slated to become a "trail destination" for bikers, hikers, canoeists, horseback riders, ATV riders and others. (The Virginia Tobacco Commission awarded Spearhead Trails with core funding for staff and programming expenses in October 2011.)

The Clinch River Valley Initiative (CRVI) represents many Clinch River communities, regional and state agencies and individuals. CRVI's goal is to create a strategic plan for outdoor recreation and downtown revitalization along the Clinch River in Virginia. Four action groups are examining: 1) exploring a linear Clinch River State Park; 2) developing more access points, trails and campgrounds along the river; 3) expanding environmental education and water quality enhancement opportunities; and 4) connecting outdoor recreation and downtown revitalization. Representatives from small business, industry, farming, education, environmental protection, and other interests are all active in the coalition. The Institute for Environmental Negotiation at the University of Virginia is supporting this effort with meeting facilitation and research assistance.

[Blueprint Goal A, Objectives 16 (Near, Intermediate), 17 (Long-term) and 18 (Intermediate, Long-term)]

Clean, safe water and wastewater treatment . . .

Water and wastewater treatment projects for the SVHA's geography are planned primarily by the LENOWISCO and Cumberland Plateau Planning District Commissions (PDC). As a result of the PDCs' joint planning and implementation, most residents of the region now enjoy clean, safe water.

Only just a few decades ago, service was limited to small-town systems that suffered serious deficiencies. Now mostly interconnected systems service the PDCs areas, through the support of grants and loans from the Virginia Department of Health, with funding coming from the Federal Safe Drinking Water Act as well as locality funds. It is now estimated that in the years since 2007, nearly 85-90% of households within the PDC/SWVAHA geographies have access and are connected to public water systems.

The successes of the PDCs in bringing public water to previously under and un-served rural areas, however, made sewage treatment problems more severe by significantly increasing the volume of wastewater effluent that must be treated. Discharge of untreated waste, once common, is now rare, accounting for no more than three to five percent of residential wastewater disposal arrangements in the PDC counties. Wastewater solutions for rural areas in the mountainous terrain rely heavily on small, decentralized treatment systems. Both PDCs have these types of projects underway. Additionally, where feasible and usually within the larger towns and villages, larger conventional wastewater treatment systems have been funded.

[Blueprint Goal N, Objectives 1 and 2 (Near, Intermediate)]

Additional highlights . . .

- The Southwest Virginia Health Authority in its work to create, facilitate and support health improvement initiatives within the region recognized the need to expand membership in order to ensure robust engagement of key organizations. To that end, membership on the Authority has been expanded to include ETSU, the Appalachian College of Pharmacy and the Chair of the Graduate Medical Education Consortium.
- The Graduate Medical Education Consortium Board merged with the Southwest Virginia Area Health Education Board, creating a more seamless integration of health workforce education and training. (The entities remain separate but operate under a merged board.) [Goals A, F]
- The Southwest Virginia Health Authority developed a comprehensive web site to communicate about its work and the work of its partners: <http://www.swvahealthauthority.org>
- King College plans to establish a School of Medicine at the Stone Mill Business and Technology Park in Abingdon, with support from the town of Abingdon, Washington County, the Virginia Tobacco Commission, and the Southwest Virginia Higher Education Center, among others. [Goals A, E, F]
- ETSU became the host site for the Tennessee Public Health Institute (TPHI), which was designated as an emerging institute with the National Network of Public Health Institutes. TPHI and the Healthy Appalachia Institute at UVa-Wise, which also received the same designation, have initiated a collaborative partnership. [Goals A, F]
- In order to ensure focus and engagement on leading issues, the Healthy Appalachia Institute in partnership with the SVHA has facilitated community roundtable discussions on diabetes, end-of-life care as well as the region's first Health Summit that brought over 100 key leaders from various sectors together to discuss improving the region's health and economic prosperity. [Goal O]

3. PROGRESS INDICATORS

Progress Indicators on Goals and Objectives: 2011			
GOAL	OBJ	Brief Summary of Blueprint Wording	Progress
A		Improve the health status of the region	Some Progress
	1	Children that access dental care	Some Progress
	2	Children who have dental sealants	Some Progress
	3	Dental hygienists to provide preventative care	Substantial Progress
	4	Permanent dentist workforce	Little/No Progress
	5	Dental School	Some Progress
	6	Drug overdose deaths	Some Progress
	7	Suicide rate	Little/No Progress
	8	Permanent licensed behavioral health workforce	Little/No Progress
	9	Health disparities of premature mortality	Some Progress
	10	Permanent specialty medical care workforce	Little/No Progress
	11	Medical specialist training center of excellence	Little/No Progress
	12	Permanent ancillary licensed care providers (PT, etc.)	Little/No Progress
	13	Community health centers	Some Progress
	14	Tobacco use rates	Little/No Progress
	15	Fitness centers in each county	Some Progress
	16	Outdoor sporting facilities	Some Progress
	17	Multiuse (non-motorized) trails	Some Progress
	18	Walkability and bikeability	Some Progress
	19	After school athletics and arts activities	Little/No Progress
B		Effective/inclusive care payment systems	Little/No Progress
	1	Pilot cost based reimbursement for . . . providers	Little/No Progress
C		Advocate for payment parity	Little/No Progress
	1	Parity for cognitive services	Little/No Progress
D		Appropriate number of and access to providers	Some Progress
E		Health entity collaboration and regional integration	Some Progress
	1	Collaboration of Authority with HAI	Some Progress
	2	Health Authority organizational goals	Some Progress
	3	CareSpark	Unsuccessful
F		Workforce and development	Some Progress
	1	Certificates in health areas	Some Progress
	2	Introduction to Public Health course	Some Progress
	3	Allied health initiatives including at MECC	Little/No Progress
G		Academic engagement	Some Progress
	1	Community-based participatory research	Little/No Progress
	2	Collaboration among academic institutions	Some Progress
H		Quality of life for at-risk children and families	Some Progress
	1	Children in foster care; “Kin-Care”	Little/No Progress
	2	Children with a medical home and SCHIP	Current Data Not Available
	3	Enrollment in WIC and the number of WIC retailers	Substantial Progress
	4	Children’s exposure to second-hand smoke	Some Progress
	5	Regional residential care capacity for children	Little/No Progress
I		Patient information and E-health services	Substantial Progress
	1	Broadband infrastructure	Substantial Progress
	2	Insurance coverage for telehealth services	Substantial Progress
	3	Electronic health records	Substantial Progress
	4	CareSpark connection resources	Unsuccessful
J		Mental Health/Substance Abuse, including Nicotene	Some Progress
	1	Appalachian Substance Abuse Coalition/ One Care of SWVA	Substantial Progress
	2	In-patient capacity for mental health and substance abuse	Little/No Progress
K		Early health education interventions	Some Progress
	1	Health literacy education	Some Progress

L		Economic incentives for jobs, including health	Little/No Progress
	1	Model for healthcare sector in regional economy	Little/No Progress
	2	Incentives for healthcare for small businesses	Little/No Progress
M		Education and economic development	Some Progress
	1	Recruitment of healthcare and education sector business	Some Progress
N		Environmental health quality	Some Progress
	1	Regional water and sewage solutions	Substantial Progress
	2	Non-compliant sewage solutions	Some Progress
O		Individuals and communities maintain their health	Some Progress
P		Access to affordable healthcare	Some Progress
Q		Coordination of Authority with hospital systems	Some Progress
R		Hospital services integration – continuity of care	Some Progress
S		COPN (Certificate of Public Need) continuation	Little/No Progress
T		Capacity of the Authority	Some Progress
	1	Funding for Authority	Little/No Progress
	2	Develop/hire positions for Authority	Little/No Progress
	3	Develop legislative agenda	Some Progress

4. EPILOGUE

Greater Prosperity and Well-Being

The Southwest Virginia Health Authority was founded on the conviction that the sustained health crises of our region are neither inevitable nor irreversible and that overcoming the substantial health burdens of Southwest Virginia requires a broad, carefully coordinated effort. Importantly, this effort requires an innovative plan that advances educational opportunity and encourages economic development in addition to promoting health.

Through the development, adoption and initial implementation of *The Blueprint for Health and Health-Related Prosperity*, this broad regional planning process is now mobilized and Southwest Virginia is witnessing the beginnings of a transformed culture of health improvement. While the challenges we continue to face are significant, the development of this blueprint has led to a more comprehensive assessment of the region’s health and the adequacy of current healthcare resources. The Blueprint has been an important road map for the accomplishments reviewed above...many of which have resulted in improved healthcare delivery and enhanced regional planning. Equally important, the SVHA has convened a formal network of partners that includes many critical organizations that has a stake in the region’s future.

We welcome your assistance in implementing needed actions. All resources, both within and outside of our region, must be garnered for Southwest Virginia to experience true and lasting progress.
 Del. Clarence “Bud” Phillips

From the beginning, the Blueprint was conceived of as a living document...one that would be constantly refreshed by new ideas and challenges. The Authority welcomes feedback on the Blueprint and engagement in the many required initiatives to secure our future health and prosperity.

APPENDIX, SOUTHWEST VIRGINIA HEALTH AUTHORITY BOARD

Leadership as of July 2011

The Honorable Clarence “Bud” Phillips, Chair

John Dreyzhener, MD, Vice Chair

Gary Crum, PhD, MPH, Interim Executive Director

Members as of July 2011, including category of representation (and employer, if different)

Steve Adkins, MD

Scott County

(Holston Medical Group)

Jonathan S. Belcher

Virginia Coalfield Economic Development Authority

David L. Brash

Wellmont Health Systems

Danny Brown

Russell County Board of Supervisors

Sue Cantrell, BPharm, MD

Lenowisco Health District

Mark Carter

Lee County

(Lee County Public Schools)

John Dreyzehner, MD, MPH

Cumberland Plateau Health District

Ann Fleming, RN, MPH

Norton Community Hospital

(Mountain States Health Alliance)

Charles E. Good

Frontier Health

Eli Jones, Jr.

Tazewell County Board of Supervisors

The Honorable Terry Kilgore

Virginia House of Delegates

Susan Mayhew, PharmD
Appalachian College of Pharmacy

Steve O'Quinn
Buchanan County Board of Supervisors

Malcolm Perdue
Virginia Community Healthcare Association
(Stone Mountain Health Services)

The Honorable Clarence "Bud" Phillips
Virginia House of Delegates

David Prior, PhD
University of Virginia's-College at Wise

The Honorable Phillip P. Puckett
Virginia Senate

Karen Rheuban, MD
University of Virginia School of Medicine

Cheryl Roop
City of Norton
(Mountain View Regional Medical Center)

David Sarrett, DMD, MS
Virginia Commonwealth University School of Dentistry

Ray E. Stowers, DO
DeBusk College of Osteopathic Medicine

Dixie Tooke-Rawlins, DO
Edward Via College of Osteopathic Medicine

Mark Vanover
Dickenson County
(Dickenson Community Hospital)

The Honorable William C. Wampler, Jr.
Virginia General Assembly

Jeff Whitton
Mountain States Health Alliance
(Russell County Medical Center)

Randy Wykoff, MD, MPH & TM
ETSU Quillen School of Medicine
(East Tennessee State University College of Public Health)

Former Members:

Paul Buchanan
Dickenson County Board of Supervisors

The Honorable Anne B. Crockett-Stark
Virginia House of Delegates

R. Neal Graham
Virginia Community Healthcare Association

Ronald J. Hunt, DDS
Virginia Commonwealth University School of Dentistry

Craig James
Norton Community Hospital

Robert G. Polahar
Wellmont Health System
(Wellmont Lonesome Pine Hospital)

Ronald L. Prewitt
Wise County
(Wellmont Health Systems)

B. Robert Raines
City of Norton

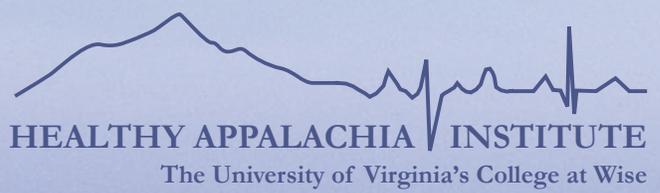
Craig Lenz, DO
DeBusk College of Osteopathic Medicine

Douglas Varney
Frontier Health



The Healthy Appalachia Institute at the University of Virginia's College at Wise developed this progress report, with the invaluable assistance of Robinson Ventures, LLC, the Southwest Virginia Graduate Medical Education Consortium and John Dreyzehner, MD. The Healthy

Appalachia Institute's mission is to improve the health, education, environment and prosperity for residents of central Appalachia by collaborating across communities and organizations, generating and implementing new ideas, and engaging the social, economic and scientific issues that exist at the interface of health and the Appalachian culture. The Healthy Appalachia Institute is a strategic partner of the Southwest Virginia Health Authority. For more information go to: www.healthyappalachia.org



HEALTHY APPALACHIA INSTITUTE
The University of Virginia's College at Wise

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