



Virginia's Plan for Well-Being

2016-2020

Annual Report, 2019

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Background

This information below serves as an annual report to *Virginia's Plan for Well-Being*, the Commonwealth of Virginia's state health improvement plan for 2016-2020. The plan has four aims:

1. Healthy, Connected Communities
2. Strong Start for Children
3. Preventive Actions
4. System of Health Care

Within this framework, the plan lays out 13 goals and 29 measures of success. This document describes the measures and status of indicators for review.

Vision: Well-Being for All Virginians

Well-Being

Measure	Percent of adults in Virginia who report positive well-being; Baseline: 68% (2016).
2019 Update	73.3% (2018)
2020 Goal	70%
Data Source	Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.
Description	<p>The four-item Satisfaction with Life Scale (SWLS) asks respondents to indicate how much they agree with the four following statements on a scale from 1 (strongly agree) to 5 (strongly disagree): (1) "In most ways my life is close to ideal," (2) "The conditions of my life are excellent," (3) "I am satisfied with my life," and (4) "So far I have gotten the important things I want in life." Responses to the four SWLS questions are dichotomized into those indicating positive well-being (e.g., agree/strongly agree) and those indicating negative well-being (e.g., disagree/strongly disagree). For overall SWLS, adults responding agree or strongly agree to all four questions (score = 4), are considered positive. Data collection for the SWLS scale began in 2016 as part of Virginia's Behavioral Risk Factor Surveillance System.</p> <p>The Behavioral Risk Factor Surveillance System is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. Responses of don't know/not sure, refused, or missing are removed from the numerator and denominator in all estimates.</p>

AIM 1 — Healthy, Connected Communities

Goal 1.1	Virginia's Families Maintain Economic Stability
1.1 A	High School Graduates Enrolled in Higher Education
Measure	Percent of Virginia high school graduates enrolled in an institute of higher education within 16 months after graduation; Baseline: 70.9% (2013).
2019 Update	77.7% (2018)
2020 Goal	75%

Data Source Virginia Postsecondary Enrollment Reports. Virginia Department of Education.

Description The percent of Virginia high school graduates who:

1. Graduated within five years of entering high school,
2. Earned a standard or advanced studies diploma, and
3. Were enrolled in an institute of higher education within 16 months of graduation.

This measure follows a cohort of students who entered ninth grade in the same year.

1.1 B [Cost-Burdened Households](#)

Measure Percent of cost-burdened households in Virginia (more than 30% of monthly income spent on housing costs); Baseline: 31.4% (2013).

2019 Update 28.5% (2017)

2020 Goal 29.0%

Data Source American Community Survey. U.S. Census Bureau.

Description This measure is calculated by dividing the number of Virginians that spent more than 30% of their monthly income on rent, mortgage, or housing without a mortgage by the number of occupied housing units in Virginia. The numerator is housing cost as a proportion of total income in a given year. The data are from the American Community Survey 1-Year Estimates. This is a point-in-time annual survey.

1.1 C [Consumer Opportunity Index Score](#)

The Health Opportunity Index (HOI) is being recalculated. In lieu of the consumer opportunity index score, we calculated the Townsend Material Deprivation Index Score as a measure of economic stability.

1.1 [Townsend Material Deprivation Index Score](#)

Measure Townsend Material Deprivation Index score in Virginia; Baseline: 3.98 (2009-2013).

2019 Update 3.94 (2013-2017)

2020 Goal 3.93

Data Source The Virginia Department of Health created the Townsend Index utilizing the following data sources: U.S. Census, American Community Survey, and 5-Year Estimates.

Description The Townsend deprivation index is a measure of material deprivation, which is one of the indices of the Virginia Health Opportunity Index. Townsend Index is calculated using a combination of four census variables at census tract level:

1. **Unemployment:** Percentage of all people who are economically active who are unemployed.
2. **Overcrowding:** Percentage of households that are overcrowded, Persons per room is a measure of how many people are in the house per room, any number over 1 is classed as overcrowded as that would mean there is more than one person per room.
3. **Non-car Ownership:** Percentage of households that do not own a car or van.
4. **Non-home Ownership:** Percentage of households that are not owner-occupied

The value represents the geometric mean of all the above listed four variables. This is necessary because poor performance in any dimension is directly reflected in the geometric mean. In other words, a high unemployment in one dimension is not linearly compensated for anymore by low percentage in another dimension. The geometric mean reduces the level of substitutability between dimensions and at the same time ensures that a 1 percent increase in the percent of, say, unemployment has the same impact on the final value as a 1 percent increase in the Overcrowding. Thus, as a basis for comparisons of best indicators, this method is also more respectful of the intrinsic differences across the dimensions than a simple average. The state score represents the median county score.

1.2 D **Economic Opportunity Index Score**

The Health Opportunity Index (HOI) is being recalculated. In lieu of the economic opportunity index score, we calculated the Gini Income Inequality Index Score as a measure of economic stability.

1.2 **Gini Income Inequality Index Score**

Measure Gini Income Inequality Index score in Virginia; Baseline: 38.9 (2009-2013).
2019 Update 39.9 (2013-2017)
2020 Goal 38.9
Data Source The Virginia Department of Health utilizes the U.S. Census American Community Survey Data on income dispersion
Description The Gini Index is a summary measure of income inequality. The Gini coefficient incorporates the detailed shares data into a single statistic, which summarizes the dispersion of income across the entire income distribution.

 The Gini coefficient ranges from zero, indicating perfect equality (where everyone receives an equal share), to 100, perfect inequality (where only one recipient or group of recipients receives all the income). The Gini Index indicator is calculated at the census-tract level and the median is selected.

Goal 1.2 **Virginia’s Communities Collaborate to Improve the Population’s Health**

1.2 **Districts with Collaborative Community Health Improvement Processes**

Measure Percent of Virginia health planning districts that have established an on-going collaborative community health improvement process; Baseline: 43.0% (2015).
2019 Update 97% (2018)
2020 Goal 100%
Data Source Virginia Department of Health.
Description The measure is calculated by dividing the number of health districts in Virginia that report that a collaborative community health improvement process is established in their health planning district divided by 35 (total number of health planning districts).

AIM 2 — Strong Start for Children

Goal 2.1 Virginians Plan Their Pregnancies

2.1 Teen Pregnancy Rate

Measure Teen pregnancy rate per 1,000 females, ages 15 to 19 years, in Virginia; Baseline: 27.9 (2013).

2019 Update 19.7 (2017)

2020 Goal 25.1

Data Source Virginia Vital Records and Health Statistics Electronic Birth Certificates, Fetal Death Certificates, Induced Termination of Pregnancy Certificates. Virginia Department of Health.

Description This metric is created using live birth data from the electronic birth certificate as reported by birth facilities, Induced Termination of Pregnancy (ITOP) data as reported by ITOP facilities, fetal death data as reported by medical providers and the number of female teens (15-19 years of age) from the National Center for Health Statistics population estimates.

Goal 2.2 Virginia's Children Are Prepared to Succeed in Kindergarten

2.2 A Kindergartens Not Meeting Phonological Awareness Literacy (PALS-K) Benchmark

Measure Percent of children in Virginia who do not meet the PALS-K benchmarks in the fall of kindergarten and require literacy intervention; Baseline: 12.7% (2014-2015).

2019 Update 17% (2018-2019)

2020 Goal 12.2%

Data Source Phonological Awareness Literacy Screening – Kindergarten Results. Virginia Department of Education.

Description The Phonological Awareness Literacy Screening – Kindergarten (PALS-K) is conducted in the fall of each school year and identifies kindergarten students who are at risk for reading difficulties. The tool measures children's knowledge of several literacy fundamentals: phonological awareness, alphabet recognition, concept of word, knowledge of letter sounds, and spelling. The PALS-K is an assessment of literacy readiness and is not a comprehensive measure of school readiness. PALS-K is the state-provided screening tool for Virginia's Early Intervention Reading Initiative (EIRI) and is used by 99% of school divisions in the state on a voluntary basis.

2.2 B Third Graders Passing Reading Standards of Learning (SOL) Assessment

Measure Percent of third graders in Virginia who pass the Standards of Learning third grade reading assessment; Baseline: 69.0% (2014-2015).

2019 Update 71% (2018-2019)

2020 Goal 80.0%

Data Source Virginia Standards of Learning Results. Virginia Department of Education.

Description The Standards of Learning (SOL) for Virginia Public Schools establish minimum expectations for what students should know and be able to do at the end of each grade. All items on SOL tests are reviewed by Virginia classroom teachers for accuracy and fairness, and teachers also assist the state Board of Education in setting proficiency standards for the tests.

Goal 2.3	The Racial Disparity in Virginia’s Infant Mortality Rate is Eliminated
2.3	Infant Mortality Rate by Race
Measure	Black infant mortality rate in Virginia per 1,000 live births by race; Baseline: 12.2 (2013).
2019 Update	9.6 (2018)
2020 Goal	5.2
Data Source	Virginia Vital Records and Health Statistics Electronic Birth Certificates and Electronic Death Certificates. Virginia Department of Health.
Description	Virginia’s infant mortality rate is calculated by dividing the number of deaths of children under one year of age by the number of live births to mothers living in the state. The resulting number is multiplied by 1,000 to compute the rate.

AIM 3 — Preventive Actions

Goal 3.1	Virginians Follow a Healthy Diet and Live Actively
1.1 A	Adults Not Participating in Physical Activity
Measure	Percent of Virginia adults 18 years and older who do not participate in any physical activity during the past 30 days; Baseline: 23.5% (2014).
2019 Update	22% (2018)
2020 Goal	20.0%
Data Source	Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.
Description	The percent of Virginia adults 18 years and older who reported that they did not participate in any physical activity other than their regular job during the past 30 days. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don’t know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

3.1 B	Adults Who Are Overweight or Obese
Measure	Percent of Virginia adults 18 years and older who are overweight or obese; Baseline: 64.7% (2014).
2019 Update	66.3% (2018)
2020 Goal	63.0%
Data Source	Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.
Description	The percent of Virginia adults 18 years and older who reported a body mass index (BMI) greater than 25. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey asks respondents what their height and weight are. BMI is then calculated based on reported height and weight. The

survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

3.1 C [Households That Are Food Insecure](#)

Measure	Percent of Virginia households that are food insecure for some part of the year. Baseline: 11.9% (2013).
2019 Update	10.2% (2017)
2020 Goal	10.0%
Data Source	<i>Map the Meal Gap</i> utilized the Current Population Survey, and American Community Survey from the U.S. Census Bureau.
Description	Feeding America's <i>Map the Meal Gap</i> analyzes the relationship between food insecurity and indicators of food insecurity, and child food insecurity (poverty, unemployment, median income, etc.) at the state level.

Goal 3.2 [Virginia Prevents Nicotine Dependency](#)

3.2 [Adults Using Tobacco](#)

Measure	Percent of Virginia adults aged 18 years and older who report using tobacco. Baseline: 21.9% (2014).
2019 Update	17.3% (2018)
2020 Goal	12.0%
Data Source	Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.
Description	The percent of Virginia adults 18 years and older who report that they have smoked at least 100 cigarettes in their lifetime and currently smoke tobacco on at least some days, use chewing tobacco, use snuff and/or use snus. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

Goal 3.3 [Virginians Are Protected Against Vaccine-Preventable Diseases](#)

3.3 A [Adults Vaccinated Against Influenza](#)

Measure	Percent of Virginia adults 18 years and older who received an annual influenza vaccine. Baseline: 48.2% (2014-2015).
2019 Update	50.6% (2018-2019)
2020 Goal	70%
Data Source	National Immunization Survey. Centers for Disease Control and Prevention.
Description	The percent of Virginians 18 years of age and older who received an annual influenza vaccine. The Centers for Disease Control and Prevention analyzed the National Immunization Survey-Flu

and the Behavioral Risk Factor Surveillance System to estimate national and state level flu vaccination coverage. Influenza vaccination status is based on self-reported data and not validated with medical records.

3.3 B **Adolescents Vaccinated Against HPV**

Measure Percent of girls aged 13-17 in Virginia who receives three doses of HPV vaccine and percent of boys aged 13-17 in Virginia who receive three doses of HPV vaccine. Girls Baseline: 35.9% (2014), Boys Baseline: 22.5% (2014).

This measure has been updated for the 2018 Annual Report to reflect changes in CDC methodology. The above measure is no longer used. The updated measure is below:

Percent of girls ages 13-17/Percent of boys age 13-17 in Virginia who are “up to date” (UTD) in the HPV vaccine series. This can be met with two or three doses, depending on the age of initiation of the vaccine series. Girls UTD baseline (2016): 41.1%; Boys UTD Baseline (2016): 37.4%

2019 Update Girls (UTD): 59.1% (2018), Boys (UTD): 50.8% (2018)

2020 Goal Girls and Boys: 80.0%

Data Source National Immunization Survey-Teen. Centers for Disease Control and Prevention.

Description The percent of Virginia adolescents aged 13-17 (girls and boys reported separately) who received three doses of human papillomavirus (HPV) vaccine (two doses are recommended as of 2016). The National Immunization Survey-Teen (NIS-Teen) is an ongoing, annual survey of children, whose parents/guardians are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention and conducted in all 50 states. Doses of vaccines administered are verified by providers through a mailed survey to the girls’ immunization providers.

Goal 3.4 Cancers Are Prevented or Diagnosed at the Earliest Stage Possible

3.4 **Adults Screened for Colorectal Cancer**

Measure Percent of Virginia adults aged 50 to 75 years who receive colorectal cancer screening. Baseline: 69.1% (2014).

2019 Update 70.1% (2018)

2020 Goal 85.0%

Data Source Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

Description The percent of Virginia adults, ages 50 to 75 years, who report receiving a colorectal cancer screening test based on the most recent guidelines (fecal occult blood test, proctoscopy, colonoscopy, or sigmoidoscopy). The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey

is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates. Data collected in even years: 2014, 2016, 2018, etc.

Goal 3.5 **Virginians Have Life-Long Wellness**

3.5 A **Disability-Free Life Expectancy**

Measure Average years of disability-free life expectancy for Virginians; Baseline: 66.1 (2013).

2019 Update 67.9 (2017)

2020 Goal 67.3

Data Source U.S. Census Intercensal Population File Vintage 2014, Virginia Vital Records and Health Statistics Electronic Death Certificates, and the American Community Survey. Virginia Department of Health.

Description Disability-free life expectancy (DFLE) was calculated for Virginia census tracts by adding the estimates of the proportion of individuals with disabilities by tract and age group to the abridged life table estimates of mortality and population used for creating life expectancy (LE) estimates. The life table with the proportion of disabled individuals was the input for the analysis using the Chiang II methodology with Silcock's adjustment for calculation of LE and Sullivan's methods for DFLE. The disabled population proportion was defined for this study as answering yes to any one of the six disability questions (2009-2013 aggregate) in the American Community Survey. Significant consideration was given to disability chosen, small area analysis problems, and how to share the analysis for best impact. At the tract level, data censorship was considered when unusual population distributions were encountered. Minimum population size requirements were met to reduce large standard errors. DFLE estimates were added to a multiple linear regression model with social determinants of health as the explanatory variables.

3.5 B **Adults with Adverse Childhood Experiences**

Measure Percent of adults in Virginia who report at least one (1) adverse childhood experience; Baseline: 60.4% (2016).

2019 Update 60.7% (2018)

2020 Goal 45%

Data Source Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

Description Adverse childhood experiences (ACEs) include verbal, physical, or sexual abuse, as well as family dysfunction (e.g., an incarcerated, mentally ill, or substance-abusing family member; domestic violence; or absence of a parent because of divorce or separation). The ACE score is a measure of cumulative exposure to particular adverse childhood conditions. Exposure to any single ACE condition is counted as one point. If an adult experienced none of the conditions in childhood, the ACE score is zero. Points are totaled for a final ACE score. The Behavioral Risk Factor Surveillance System is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention

(CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

AIM 4 — System of Health Care

Goal 4.1 **Virginia Has a Strong Primary Care System Linked to Behavioral Health Care, Oral Health Care, and Community Support Systems**

4.1 A **Adults with a Regular Health Care Provider**

Measure Percent of adults 18 years and older who have a regular health care provider; Baseline: 69.3% (2014).

2019 Update 71.0% (2018)

2020 Goal 85.0%

Data Source Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

Description The percent of Virginia adults who report that they have at least one personal healthcare provider for ongoing care. The Behavioral Risk Factor Surveillance System is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

4.1 B **Avoidable Hospital Stays**

Measure Rate of avoidable hospital stays for ambulatory care sensitive conditions in Virginia per 100,000 persons; Baseline: 1,294 (2013).

2019 Update 1,330 (2017)

2020 Goal 1,100

Data Source Virginia Inpatient Hospitalization. Virginia Health Information.

Description The measure is the Agency for Healthcare Research and Quality's Prevention Quality Overall Composite (PQI #90) in Virginia. It includes hospitalizations that could have been prevented through high quality outpatient care, including uncontrolled diabetes, short-term diabetes complications, long-term diabetes complications (including amputated limbs), chronic obstructive pulmonary disease, high blood pressure, heart failure, chest pain, adult asthma, dehydration, pneumonia, and urinary tract infections. The number of hospital stays is provided for every 100,000 people who reside in that area.

4.1 C **Avoidable Cardiovascular Disease Deaths**

Measure Rate of avoidable deaths from heart disease, stroke, or hypertensive disease in Virginia per 100,000 persons; Baseline: 59.97 (2013).

2019 Update 47.07 (2018)

2020 Goal 40.0

Data Source Virginia Vital Records and Health Statistics Electronic Death Certificates. Virginia Department of Health.

Description Deaths included were those caused by cardiovascular disease, including chronic rheumatic heart disease (ICD 10 codes I05-I09), hypertension (ICD codes I10, I12, I15), ischemic heart disease (ICD 10 codes I20-I25), and cerebrovascular disease (ICD 10 codes I60-I69). An age-adjusted formula for population was used, truncating the years over 75, and then reformatting to the new million population for those age ranges.

4.1 D [Adult Mental Health and Substance Abuse Hospitalizations](#)

Measure Rate of adult mental health and substance abuse hospitalizations in Virginia per 100,000 adults; Baseline: 668.50 (2013).

2019 Update 795.3 (2017)

2020 Goal 635.1

Data Source Virginia Inpatient Hospitalization. Virginia Health Information.

Description Diagnosis codes to include for mental health and substance abuse hospitalizations were selected based on criteria developed by the Healthcare Cost and Utilization Project. The case definition used excluded discharges related to maternity stays and individuals under the age of 18. Population denominators were derived from midyear Census estimates provided by the National Center for Health Statistics.

4.1 E [Adults Whose Poor Health Kept Them from Usual Activities](#)

Measure Percent of adults 18 years and older in Virginia who reported having one or more days of poor health that kept them from doing their usual activities; Baseline: 19.5% (2014).

2019 Update 23.3% (2018)

2020 Goal 18.0%

Data Source Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

Description Percent of Virginia adults who reported having one or more days of poor health (physical health or mental health) and reported that poor health kept them from doing usual activities. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults, who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

Goal 4.2 [Virginia's Health IT System Connects People, Services and Information to Support Optimal Health Outcomes](#)

4.2 A [Providers with Electronic Health Records](#)

Measure Percent of health care providers in Virginia who have implemented a certified electronic health record; Baseline: 70.6% (2014).

2019 Update 86.0% (2017)

2020 Goal	90.0%
Data Source	National Electronic Health Records Survey. Centers for Disease Control and Prevention.
Description	Data are from the National Electronic Health Records Survey (NEHRS). NEHRS, which is conducted by the National Center for Health Statistics and sponsored by the Office of the National Coordinator for Health Information Technology, is a nationally representative mixed mode survey of office-based physicians that collects information on physician and practice characteristics, including the adoption and use of EHR systems. Using a physician database, email addresses of sampled physicians were identified. Sampled physicians that did not have an email match were asked to complete the survey by mail or phone. Among those with email addresses, respondents were randomly assigned to one of four groups: an invitation to take the web survey through email, US mail, both, or no web survey option. Nonresponse to the web survey resulted in 3 mailings of the questionnaire followed by phone contacts.

4.2 B [Entities Connected to Health Information Exchange](#)

Measure	Number of entities in Virginia connected through Connect Virginia HIE Inc., the electronic health information exchange, and the national e-Health Exchange; Baseline: 3,800 (2015).
2019 Update	5,107 (2018)
2020 Goal	7,600
Data Source	Connect Virginia HIE, Inc.
Description	Connect Virginia HIE, Inc. is the statewide health information exchange (HIE) for the Commonwealth of Virginia. The HIE uses secure, electronic, internet-based technology to allow medical information to be exchanged by participating entities. Connect Virginia reports the number of entities in Virginia connected on a quarterly basis.

4.2 C [Health Districts with Electronic Health Records](#)

Measure	Number of Virginia’s local public health districts that have electronic health records and connect to Connect Virginia, Virginia’s Health Information Exchange; Baseline: 0 (2015).
2019 Update	0 (2018)
2020 Goal	35
Data Source	Virginia Department of Health.
Description	Count of Virginia’s local public health districts (total of 35) that have electronic health records and connect to Connect Virginia, Virginia’s Health Information Exchange.

Goal 4.3 [Health Care-Associated Infections Are Prevented and Controlled in Virginia](#)

4.3 [Hospitals Meeting State Goal for Prevention of *C. difficile* Infections](#)

Measure	Percent of hospitals in Virginia meeting the state goal for prevention of hospital-onset <i>Clostridium difficile</i> infections; Baseline: 64.9% (2015).
2019 Update	87.2% (2018)
2020 Goal	100.0%

Data Source National Healthcare Safety Network. Centers for Disease Control and Prevention.

Description The percent of Virginia hospitals that meet the state goal for prevention of hospital-onset *C. difficile* laboratory-identified events. The state goal is a standardized infection ratio ≤ 0.7 , which aligns with the goal of the Department of Health and Human Services National Healthcare-Associated Infections Action Plan.