Agency Strategic Plan

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Biennium: 2010-12

Mission and Vision

Mission Statement
The Virginia Department of Health is dedicated to promoting and protecting the health of Virginians.

Vision Statement
Healthy people in healthy communities.

Executive Progress Report

Service Performance and Productivity

- *Summary of current service performance*

The Virginia Department of Health (VDH) provides a wide range of products and services to promote and protect public health. The definition of public health can be expressed as what society does collectively to create those conditions in which people can be healthy. VDH serves as a leader and coordinator of Virginia's public health system. In conjunction with partners in the federal government and private sector, VDH plays a fundamental role in protecting and promoting the health of Virginians.

Generally, VDH services are delivered to the public by local health departments or by VDH field offices, with the VDH central office providing training, technical assistance, policy development, quality assurance, evaluation and administrative support. Each county and city in Virginia is required to establish and maintain a local health department unless they have agreed to shared locations within the district. Pursuant to statutory authority, VDH has organized these 119 local health departments into 35 health districts to achieve efficiencies in operations. This structure allows for a statewide presence, and broad program priorities, for public health.

VDH has 41 service areas, each with its own service area plan. VDH products and services, fully described within each of the service area plans, can be broadly categorized as follows:

Communicable disease prevention and control,
Environmental health hazards protection,
Emergency preparedness and response and emergency medical services,
Health assessment, promotion and education,
Health planning, quality oversight and access to care,
Drinking water protection,
Vital records and health statistics,
Medical examiner and anatomical services,
Administrative and support services, and
Financial assistance to improve access to health care and emergency medical services.

VDH established and monitored a series of agency performance measures that are publicly reported on the Virginia Performs website. These measures were developed in order to provide a reasonable view of a wide range of VDH products and services. Ten of these measures were designated as "key" agency performance measures.

Key Measures:

Adult obesity rate. The rate during 2008 was 25.7 percent; VDH's target is 25 percent, to be reached by the end of FY 2012, which is very ambitious.

Prevalence of smoking. 16.4 percent of adults over age 18 smoked in 2008. This represents substantial progress towards the FY 2012 target of 12 percent. 11 % of middle and high-school age students smoked as of 2007. The target for youth is 9 percent by the end of FY 2012. The youth smoking data is collected biannually in odd-numbered years, with the next survey scheduled for the fall of 2009.

Cumulative number of citizens who are provided an adequate quality and quantity of drinking water as a result of loans and grants from the Drinking Water State Revolving Loan Program. During FY 2009, the cumulative number of citizens reached 135,493, compared to the target of 159,500 to be reached by the end of FY 2012.

Immunization rate for two-year old children. The immunization rate in FY 2008 was 79.6 percent, representing no progress relative to the 2004 baseline of 81 percent. The target is 90 percent to be reached by the end of FY 2012. VDH strategies for reaching this target include expanding linkages between the immunization program and the WIC program, and increasing interaction with private health care providers.

Infant mortality rate. In 2008, Virginia's infant mortality rate declined to its lowest level in history at 6.7 deaths per 1,000 live births. These dramatic improvements follow major efforts by the Governor's Health Reform Commission which recommended targeted strategies to improve this critical health indicator. The target is 6.7 deaths per 1,000 live births by the end of FY 2012.

Teenage pregnancy rate. VDH originally based this measure on the rates in seven local health districts which had state-funded teen pregnancy prevention programs. VDH has since determined and proposed that, for purpose of public reporting on Virginia Performs, a single statewide teen pregnancy rate is preferable. The statewide baseline is 26.5 per 1,000 females age 10-19 in CY 2004. The target is 26.2 in CY 2012, with the next data to be reported for CY 2008. There is a lag in the data used to calculate this rate.

Pressure ulcer rate of residents of long term care facilities. During FY 2008, the pressure ulcer rate was 10.0 percent. This represented some progress relative to the FY 2005 baseline of 11.3 percent, but did not reach the FY 2008 target of below 10 percent. VDH continues to work in close collaboration with a wide range of public and private sector stakeholders in order to develop and implement new strategies in order to reach this target.

Influenza and pneumococcal immunization rates of adults 65 years of age and older. The influenza immunization rate in FY 2009 was 73.0 percent. This represented modest progress relative to the FY 2006 baseline of 66.8 percent. The target is 80 percent to be achieved by the end of FY 2012. The pneumococcal immunization rate in FY 2009 was 67.7 percent, representing minimal progress relative to the FY 2006 baseline of 66.5 percent. The target to be reached by the end of FY 2012 is 80 percent. VDH continues to develop and implement a number of different strategies in order to reach these targets.

Some examples of other VDH performance measures include the following:

Percent of VDH employees who have emergency response roles documented in their job descriptions that have completed the VDH Roles in Emergency Response Course. Seventy three percent of applicable VDH staff had completed the course by the end of FY 2009, short of the target of 85 percent.

Compliance with conditioned obligations of Certificates of Public Need. Recipients of COPN's were in compliance with 92.7 percent of conditioned obligations (typically obligations to provide a certain level of charity care to indigent or uninsured individuals) during FY 2009. This was well above the target rate of 70 percent.

Percentage of individuals with newly diagnosed HIV infection who receive their HIV test results. Only 45 percent of such individuals received their test results in CY 2008. VDH is on track to reach its target of 85 percent by the end of CY 2012. VDH has implemented a new HIV counseling, testing, and referral system which requires post-test data submission. VDH management has employed quality assurance measures to ensure this data is obtained.

Percentage of HIV-infected persons receiving optimal drug therapy. The FY 2009 percent was 99.2, exceeding the target of 97.7 percent.

Percentage of tuberculosis patients who complete an adequate course of treatment within 12 months of treatment initiation. Of those patients who began treatment in sometime in CY 2006, 90.1 percent had completed an adequate course of treatment within 12 months by the end of CY 2007. VDH's target is 94 percent, to be achieved by the end of FY 2012.

Number of cadavers provided to Virginia medical schools and research centers. A total of 310 cadavers were provided in FY 2009, short of the target of 360.

Percentage of infants identified with a critical result for heritable/genetic disorders and referred for follow-up services by 6 months of age. During FY 2007, VDH achieved its target of 100 percent.

Percentage of newborns diagnosed with a hearing loss who receive early intervention services before 6 months of age. During FY 2007, VDH achieved its target of 100 percent.

Number of medically underserved counties, census tracts, institutions and minor civil divisions that are newly designated as medically underserved areas (MUA) or health professional shortage areas (HPSA). The percentage of census tracts in Virginia that could be considered medically underserved based on federal poverty level (i.e., at least 20 percent of the population is below the federal poverty level), that have been designated as either as MUA or a HPSA, in FY 2008 was 75.0 percent, compared to a target of 80.0 percent to be reached by 2012.

Number of children participating in the fluoride rinse program. During FY 2009, 47,236 children participated, compared to the target of 48,000.

Number of protective sealants placed on children's teeth at public health clinics. During FY 2009, 12,039 sealants were applied. This target has been reduced based upon the availability of dentists.

Percentage of compliance with regulations by emergency medical services agencies. The compliance rate in FY 2009 was 94.0 percent, compared to the target of 96 percent.

Number of emergency medical services personnel trained in mass casualty incident management. During FY 2009, 6,823 new personnel received this training, exceeding the target of 6,500.

Number of business days required to respond to a mailed-in request for a vital record. This number declined from ten days as of January 1, 2004 to 3.05 days as of June 30, 2009, well on its way to reaching VDH's FY 2012 target of 3 days.

Number of Medicaid-eligible children identified as having been screened for elevated blood lead levels, with subsequent notification to the Department of Medical Assistance Services for follow-up care. During FY 2009, 20 percent of Medicaid-eligible children were tested and referred to DMAS, far exceeding the target of 11 percent.

Average number of monthly visits to VDH Internet site containing results of restaurant inspections. During FY 2009, the website averaged 45,000 monthly visits, compared to the target of 59,000.

Percentage of restaurant inspections conducted on time in accordance with department policy. Statute requires at least an annual inspection. VDH is in compliance with this statutory requirement. However, VDH policy is more aggressive, requiring more frequent inspections based on a restaurant's risk classification. During FY 2009, VDH had a 62.2 percent on-time percentage, compared to the target of 65 percent.

- *Summary of current productivity*

VDH's FY 2010 full-time equivalent (FTE) appropriation is 3,622. VDH has averaged 3,711 FTEs over the past five years.

VDH's FY 2010 budget is approximately $578 million. This is comprised of 28 percent general funds and 72 percent non-general funds. The non-general funds consist of federal funds (43 percent), local funds (9 percent) and earned revenue (19 percent).

VDH strives to ensure that its programs and services are administered as efficiently and effectively as possible. The Administrative Measures which replaced the Management Scorecard in 2009, tracks existing and emerging standards of management operations within VDH. During FY 2008, VDH met expectations for the agency in 100 percent of the Management Scorecard categories.

Initiatives, Rankings and Customer Trends

- *Summary of Major Initiatives and Related Progress*

Summary of Major Initiatives and Related Progress

Responded to initial surge of H1N1 activity in April 2009. VDH built on H1N1 lessons learned and Pandemic Flu plans to develop a work plan to address needs for H1N1 response in the fall of 2009. Approximately $13 million in federal grants has been received for H1N1 for planning which includes implementing a dual immunization flu vaccine campaign.

Supported smoking ban legislation which will protect both restaurant workers and patrons from the harmful effects of secondhand smoke. The bill is a significant public health accomplishment and was strongly endorsed by numerous

health advocates. It allows for only two narrow exceptions — private clubs and facilities with an independently-ventilated, physically-separated room. Although a number of states with smoking bans exempt bars, Virginia's smoking ban will be one of the strongest in the region—and the strongest amongst the top tobacco-producing states—because the Commonwealth does not differentiate between bars and restaurants.

Reduced the infant mortality rate to its lowest level in history, with 6.7 deaths per 1,000 live births in 2008, down from 7.7 in 2007. The rate among the state's African-American population was also reduced to its lowest levels ever, with 12.2 deaths per 1,000 in 2008, down from 15.5 in 2007. These dramatic improvements follow major efforts by the Kaine administration to reduce the Commonwealth's infant mortality rate–including the establishment of the Health Reform Commission in 2006—which recommended targeted strategies to improve this critical health indicator.

Provided funding for 10 of the state's localities with the highest number of infant deaths and engaged community partners in developing strategies, plans and actions for reducing the number of infant deaths. The Saving Babies Initiative increased screening (e.g., drugs, domestic violence, depression) for pregnant women, educated child-bearing age women about the benefits of folic acid in prevention of neural tube defects, worked closely with the March of Dimes Operation Preemie, and provided outreach education to all women on the importance of preconception care.

Established and operated two state-wide Commissioner's Working Groups on infant mortality and childhood obesity, mobilizing a broad based group with representation from health and medical professionals, insurers, educators, civic and community leaders retail and service organizations.

Completed review of American Recovery and Reinvestment Act (ARRA) of 2009, project applications and compiled a list of 17 drinking water priority projects which has been approved by the Governor. The Environmental Protection Agency has reviewed VDH's Intended Use Plan, and approved the 17 applications for $20.7 million in funding from ARRA.

Requested $6.7 million in ARRA funding to provide recommended childhood vaccines to all underinsured patients 0-18 years of age who are not eligible for the Vaccines for Children program. Currently, these patients only receive vaccines mandated for school or day care attendance.

Strengthened communication between public health and private clinicians through the development of two new advisory groups and with letters to clinicians.

Obtained authorization from the General Assembly in 2009 to expand the Board of Health membership to include representation of emergency medical services and public health.

Implemented the CHAMPION initiative in Tidewater and Southwest Virginia. This initiative has identified community based obesity prevention programs that have proven to be cost effective and replicable in other communities.

Provided leadership in assuring the availability of culturally and linguistically appropriate health services. The VDH Culturally and Linguistically Appropriate Health Care Services (CLAS Act) program is currently updating the language needs assessment for all localities within the Commonwealth.

Responded to numerous disease outbreaks including two high profile multi-state outbreaks investigated by the U.S. Centers for Disease Control and Prevention: Measles and Salmonella associated with peanut butter.

Piloted the Virginia Immunization Information System. Partnerships between VDH, DMAS, private providers, hospitals and emergency departments, other state registries, public health and health insurers were strengthened as pilot sites were enrolled. This system has allowed for the sharing of electronic immunization data of more than 53 percent of children under the age of six with two or more immunizations.

Implemented a standardized community needs assessment program in several health districts in each region of the state. The assessment tool, called Mobilizing for Action through Planning and Partnership (MAPP) helps local health departments share successful programs and, ideally, help all sectors of the community collaborate more strategically on unique public health challenges. These same districts are also completing the National Public Health Performance Standards (NPHPS). MAPP and NPHPS are required elements in a national voluntary movement to accredit local health departments.

Moved Northern Virginia's Chief Medical Examiner's Office into a state-of-the-art facility. This includes the nation's first biosafety Level 3 autopsy suite and first-in-the-state mass fatality capabilities, including the capacity to accommodate three tractor trailers.

Improved the management of accounts receivables across all health districts, including the timely receipt of insurance claims and the recovery of claims initially denied.

Obtained perfect scores in Emergency Preparedness and Response from the federal government for the management, distribution and dispensing of medication from the Strategic National Stockpile and from the Trust for America's Health for public health preparedness.

Enforced improved compliance with charity care conditions on the part of holders of Certificates of Public Need (COPN). Among all COPN holders, 92.7 percent have reported compliance with agreed upon conditions.

Obtained a provision through legislation that allows for a licensed dental hygienist employed by VDH to provide educational and preventive dental care in three health districts. Results of this pilot will be reported to the General Assembly.

Received $37,000 federal grant in the Office of Minority Health and Public Health Policy to evaluate the Healthy People 2020 Disease Prevention and Health Promotion Agenda. The project will position the Commonwealth of Virginia as a best practice site in using Healthy People 2020 (HP 2020) to inform and guide statewide health and public policy decisions in order to promote health and health equity.

Completed an assessment of agency fees by developing a standardized costing methodology to evaluate and compare the costs of services supported by fees to earned revenue. Identified 10 out of 17 fees that did not fully fund the service, which presented opportunities for fee adjustments, as well as an agency process for a periodic evaluation of fees and costs.

Implemented Agency's Risk Management and Internal Controls (ARMICS) policy in 2008. As a result an Agency's Code of Ethics was developed. No significant weaknesses were reported in 2009.

- *Summary of Virginia's Ranking*

Since 1990, the United Health Foundation has annually ranked states in terms of their overall health status. The Foundation is a private, nonprofit foundation with a mission to support the health and medical decisions made by physicians, health professionals, community leaders and individuals that lead to better health outcomes and healthier communities.

In the Foundation's rankings, Virginia was ranked 20th among all the states in 2008, which represents an improvement from 2007 when it was 22nd. In 1990, Virginia was ranked 22nd. The rankings are calculated using a methodology that is based on a series of variables representing various risk factors and health outcomes. While the methodology has some shortcomings, this annual report is increasingly used by states, communities and individuals as an important tool for community health improvement. None of the risk factors or health outcomes is completely, or even largely, subject to direct control by VDH. However, they are all key factors affecting Virginia's public health system. These risk factors and health outcomes include the following: prevalence of smoking, motor vehicle death rate, adult obesity rate, prevalence of diabetes among adults, high school graduation rate, violent crime rate, uninsured rate, infectious disease rate, childhood poverty rate, occupational fatality rate, number of limited activity days in the past month among adults, cardiovascular death rate, cancer death rate, infant mortality rate, premature death rate, and total mortality rate.

According to the 2008 rankings, Virginia's strengths include a low prevalence of smoking, a low percentage of children in poverty, ready access to primary care, few poor mental health days per month, strong public health funding at $111 per person, and a low violent crime rate. Challenges include a high infant mortality rate at 7.0 deaths per 1,000 live births, high rate of uninsured population, high geographic disparity within the state, a high rate of deaths from cardiovascular disease, and a high rate of cancer deaths. The rankings also noted the continuation of certain health care disparities within Virginia. For example, cardiovascular death rates vary by race, with all races experiencing 291.0 deaths per 100,000 population, compared to African Americans who experience 378.0 deaths per 100,00 population. Access to health care also varies significantly by race and ethnicity; 10.8 percent of non-Hispanic white population lack health insurance, compared to 30 percent of Hispanics.

Also in 2008, the U.S. Agency for Health Research and Quality (AHRQ) evaluated and ranked each state in terms of its overall health care quality performance. Each state was ranked as either very weak, weak, average, strong or very strong compared to other states. Virginia was ranked in the average range. Virginia ranked strongest in terms of home health care measures, including improved transportation and mobility of home health care patients; hospital care measures, including smoking cessation counseling in hospitals and flu vaccination screening in hospitals; diabetes measures, including percent of adults diagnosed with diabetes who received a hemoglobin A1c tests; and heart disease measures, including blood cholesterol testing. Virginia ranked weakest in terms of nursing home care measures, including nursing home long-stay-residents with declining mobility and with too much weight loss.

In 2007, the Commonwealth Fund's Commission on a High Performance Health System issued a report ranking each of the states in terms of their overall health system performance. States were ranked on their performance across five dimensions: access, quality, avoidable hospital use and costs, equity, and healthy lives. Virginia ranked 29th among the states in terms of the overall performance of its health system. Among the five dimensions, Virginia ranked highest in terms of access (23rd), and worst in terms of healthy lives (32nd).

Another national organization, the Trust for America's Health, provided Virginia with the highest ranking for readiness to respond to bioterrorism and other pubic health emergencies during 2008. The Trust for America's Health is a national non-profit, nonpartisan public health organization. Virginia is one of only five states that received the perfect score of 10 on key indicators used to gauge state preparedness and determine overall readiness to respond to terrorism attacks and other health emergencies. Over half of the states received a score of seven or less. The report points out that Virginia has, among other indicators, purchased 50 percent or more of its share of federally-subsidized antiviral medications to prepare for a potential pandemic flu outbreak, a public health lab that has an intra-state courier system that operates 24 hours a day for specimen pick up and delivery, and increased or maintained funding for public health programs from FY 2006-07 to FY 2007-08. Additionally, Virginia was one of only two states, the other being California, to receive the perfect 100 from the U.S. Centers for Disease and Control and Prevention for its level of readiness for distributing medications and vaccines from the Strategic National Stockpile.

- *Summary of Customer Trends and Coverage*

  All 7.8 million Virginians benefit, directly or indirectly, from the public health services provided by VDH. There are specific population sub-groups, however, that particularly benefit from various products and services.

  Anticipated changes to VDH's customer base are described in detail in VDH's 41 service area plans. Some of these anticipated changes include, for example:

  Growing numbers of foreign born residents will create more culturally diverse populations which may impede traditional methods of health care delivery and communicable disease control, and likely present communication challenges. Emerging infections, particularly infections originating in foreign countries, will change the characteristics of the traditional VDH customer base.

  The demand for health care and family planning services is expected to increase among a growing number of noncitizen, working poor, and those residents who cannot afford health care in the private health care system and do not qualify for Medicaid.

  Increased activities of groups opposed to the use of vaccines, and widespread distribution of anti vaccine material, could result in decreased demand for vaccination services. This would result in an increased number of susceptible children and adults.

  The number of homeowners with waterfront property is expected to increase. Many of these individuals harvest oysters and clams from along their waterfront for recreational purposes. While the economic impact is minimal, it is quite important to them to be able to safely continue this practice, which is contingent upon the VDH capability to properly classify safe shellfish harvesting areas.

  The number of licensed well drillers, contractors, and engineers will continue to increase as the demand for new housing grows and as the number of new alternative and experimental onsite sewage disposal systems increases.

  The number of permitted food establishments continues to increase, and in some areas of the state the growth is significant.

  The number of Emergency Medical Services (EMS) responses will increase. As the public's expectations for EMS services increases, local governments and EMS agencies will seek the assistance of the Office of EMS to increase the level of patient care while finding ways to maximize the impact of public funds.

  As Children with Special Health Care Needs live longer, more productive lives, the need for adult health care services appropriate to their medical conditions will become more significant and more complex. Assisting with transition to

adulthood for these youth will become a higher priority.

As Virginia's population ages, and encompasses an increasing percentage of the total population, VDH programs and services will likely be affected in a variety of ways. For example, there will be a growing demand for chronic disease management, long term care services, various type of acute care and rehabilitation services, and emergency medical services. VDH will need to respond across a number of dimensions, including direct service delivery, regulatory and enforcement, health and medical facilities planning, and emergency preparedness and response.

Growing demand for the provision of direct dental services to indigent children and adults is anticipated.

The number of Virginia's citizens served by public waterworks will increase as Virginia's population increases.

The demand for nursing scholarships is expected to increase as the need to increase the nursing workforce continues, as a result of the significant number of nursing professionals who are retiring.

The number of cases that the Office of the Chief Medical Examiner investigates has increased by approximately 200 cases a year since 1999. This trend is expected to continue unabated.

Future Direction, Expectations, and Priorities

- *Summary of Future Direction and Expectations*

Address the growing impact of chronic disease. Chronic diseases such as cancer, cardiovascular disease and diabetes are leading causes of death and disability in Virginia. These diseases threaten the quality of life and life expectancy of many Virginians. Poor diet, physical inactivity, obesity and tobacco use represent preventable risk factors for the development of many chronic diseases. These diseases are very expensive to treat, making prevention and control all the more important, particularly at a time when so many Virginians continue to experience difficulties with access to care. The economic cost in terms of lost productivity is also substantial. Virginia's health care system, similar to that of the U.S. as a whole, remains primarily designed to treat acute illness rather than chronic disease. Creative, multi-faceted initiatives are necessary to effectively address chronic disease in Virginia. VDH is administering a competitive chronic disease prevention grant program for local health districts.

Respond to increasing demand for environmental health services due to growth in population, the number of restaurants and food festivals, and residential and commercial real estate development. VDH is having to respond to a demand for more restaurant inspections and for the issuance of additional on-site sewage disposal and private well permits. Proper performance of these functions is essential in order to adequately prevent the spread of disease and protect public health. This increased service demand is particularly acute in certain regions of the state and particular local health districts.

Monitor the impact of increased federal funding and federal control of critical health services at the state level. Federal grants provide the single largest source of funding for VDH; non-general funds comprise 72 percent of VDH's FY 2010 budget. The impact of the federal government's increased investment in public health programs is two-fold: VDH becomes more dependent upon federal funding support while at the same time the federal government exerts greater control over services it funds at the state level.

Continue the control of infectious diseases as non-English speaking and other "at-risk" populations grow. Many infectious diseases that used to cause significant morbidity and mortality have been essentially controlled. This has been accomplished through a number of public health interventions such as immunizations and public hygiene improvements including inspections of food and water supplies. However, demographic changes in many parts of the State carry the potential to begin reversing that trend. In some cases, this can be a result of immigrants bringing diseases with them from other parts of the world where the disease is still endemic. In other cases, it can be a result of language or cultural differences that serve as an obstacle to individual compliance with acceptable health and hygiene practices necessary to halt the transmission of infectious disease. This issue is no longer restricted to just urban or Northern Virginia localities. Many suburban and rural localities throughout the state have also seen dramatic increases in non-English speaking populations, thus creating health care service delivery issues related to adequately controlling infectious diseases such as tuberculosis and HIV/AIDS.

Address the health care needs of areas that continue to be medically underserved. Numerous Virginia localities have been classified as medically underserved areas for many years. In order to improve access to health care for residents in many parts of the State, new financial or other creative incentives need to be identified to attract and retain physicians, dentists and nurses to health care service in medically underserved areas.

Ensure efficient autopsy resources and other medical examiner services in areas of Virginia located west of Roanoke. The length of time required to transport bodies from far Southwest Virginia to Roanoke for autopsies (up to six hours), and the delivery of other medical examiner services west of Roanoke, is considered inadequate.

Better define the role of local health departments in the health care safety net. Many legislators view VDH's primary role as the safety net provider for indigent patients, but most local health districts are not funded or staffed to do so. Members of the General Assembly may be interested in how local health departments complement what is done by community health centers, free clinics, and the Virginia Health Care Foundation, since the role played by local health departments in providing direct services varies significantly according to their individual capacity and resources, as well as capacity and resources in the private sector. The Office of Minority Health and Public Health Policy affects access to care through efforts and activities such as the J-1 visa waiver program, designation of health provider shortage areas, and provider recruitment and retention activities.

Ensure adequate information for the prevention, early identification and treatment of communicable diseases. The potential for pandemic flu provides an example of why an adequate public health capacity is critical throughout the state. The public expects a rapid and effective response to any newly arising health problems. Continued preparedness efforts will likely reveal further statutory or regulatory needs to ensure an appropriate state response to both natural and man-made health threats.

Develop competent employees and establish effective emergency response plans to facilitate collaboration with others in an emergency situation. The public expects state agencies and local governments to work in close coordination on emergency response and preparedness efforts. The establishment and expansion of appropriate linkages with private and non-profit organizations must also occur.

Provide suitable training and education efforts to assure compliance with safe drinking water and food handling regulations. Regulatory and other initiatives should be considered for ensuring Virginians' access to a safe, adequate and affordable supply of drinking water.

Provide a focus for quality care through oversight functions including appropriate licensing and inspecting of health care facilities, as well as timely investigation of complaints. Proposed revisions have been developed for the State Medical

Facilities Plan for the first time since 1992. A comparable effort is needed regarding the other medical facility regulations such as hospitals and hospices. Hospital regulations were last reviewed and updated in the early 1980's.

Ensure the periodic, timely review of all VDH regulations pursuant to Executive Order 36 (2006).

Assess individual and community health service needs in a fair and timely manner. Each community's health needs vary tremendously and are subject to significant and rapid change due to population, economic, and other developments. The array of public and private health care resources available to meet the health needs also vary widely and can change rapidly. The 1999 JLARC study of VDH recommended a comprehensive study of local health department staffing needs; however, no funding was appropriated.

Provide for quality emergency medical services through appropriate and consistent licensing, certification, and adequate funding of services.

Ensure adequate information technology and facilities to support the provision of public health services. Certain health district and other agency field operation facilities or facility costs will grow over the next several fiscal years. Staffing for preparedness efforts at the local and regional level has expanded and several localities intend to replace aging facilities and/or co-locate various agency services. Further, selected programs and functions currently use outdated technology. VDH must retain the management of, and associated resources for, public health information systems for activities such as medical examiner services, vital records, nutrition assistance, lead poisoning prevention, cancer registry, etc. in order to effectively meet its core missions. The agency's reliance on non-general funds (nearly 70 percent) already poses a significant challenge to the management of these information systems.

Strengthen internal and external communications. The VDH Office of Communications is engaging in a number of activities with a wide range of stakeholders in order to improve communications inside and outside of the agency. This has included training with the Office of Chief Medical Examiner concerning the handling of mass casualty events.

Strengthen employee orientation and training. The VDH Education and Training Advisory Committee is working with the VDH Orientation Project Manager to develop and implement an enhanced employee orientation program, and to address related training issues.

- *Summary of Potential Impediments to Achievement*

  Virginia's population continues to increase, and along with it rapid residential and commercial development in many parts of the state. This has significant implications for service delivery, such as in the areas of environmental health and emergency medical services, given relatively static funding levels.

  The percentage of elderly individuals in Virginia's population is increasing, and is projected to continue increasing substantially. The percent of individuals age 85 and older is expected to double by 2030. This has implications for a number of VDH programs and services, including the regulation of hospitals, nursing facilities and hospices.

  As a result of continued immigration, Virginia's population is becoming increasingly diverse in terms of race, ethnicity, and language. This has implications for almost every VDH program and service. For example, there is a great need for translation and interpretation services at many local health departments. In addition, increased immigration from foreign countries raises the potential for the introduction of infectious diseases that were previously rare or non-existent in many parts of the state.

  The prevalence of numerous risk factors, such as lack of physical activity, poor nutrition, and use of tobacco products, that increase the likelihood of developing one or more chronic diseases remains quite high. Many chronic diseases disproportionately affect certain racial, ethnic and geographic groups, thereby perpetuating existing health disparities. In order to effectively reduce the prevalence of these risk factors, VDH will have to collaborate creatively with a large number of traditional and non-traditional partners.

  The average age of Virginia's public health workforce is two years higher than the state government average. Within a few years, a significant percentage of VDH employees will be eligible for retirement. Recruitment of new employees who are adequately trained and qualified is a significant challenge due, in part, to relatively low salaries compared to positions available in the private sector. Compensation issues also affect the retention of existing employees. Environmental health specialists and medical facilities inspectors are two examples of VDH positions that are particularly vulnerable to competition from the private sector.

  To manage ongoing budget reductions while ensuring that core public health services are protected and remain available, VDH has become increasingly dependent on federal funding sources for delivery of a wide range of services.

  The buildings in which local health departments are housed are, in many cases, aging giving rise to a variety of issues concerning the adequacy of the space to support the delivery of public health services. Many of these buildings will require significant renovation if not replacement over the next several years. Seventy-five percent of these buildings are owned by local governments

  Expenses associated with The Virginia Information Technology Agency represents an uncontrollable cost increase for VDH.

Service Area List

Service Number	Title
601 108 10	Scholarships
601 402 03	Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities
601 402 04	State Office of Emergency Medical Services
601 403 01	Anatomical Services
601 403 02	Medical Examiner Services
601 404 01	Health Statistics
601 404 02	Vital Records
601 405 02	Immunization Program
601 405 03	Tuberculosis Prevention and Control
601 405 04	Sexually Transmitted Disease Prevention and Control
601 405 05	Disease Investigation and Control Services

601 405 06	HIV/AIDS Prevention and Treatment Services
601 406 03	Health Research, Planning and Coordination
601 406 07	Regulation of Health Care Facilities
601 406 08	Certificate of Public Need
601 430 02	Child and Adolescent Health Services
601 430 05	Women's and Infant's Health Services
601 430 15	Chronic Disease Prevention, Health Promotion, and Oral Heath
601 430 16	Injury and Violence Prevention
601 430 17	Women, Infants, and Children (WIC) and Community Nutrition Services
601 440 02	Local Dental Services
601 440 04	Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services
601 440 05	Local Family Planning Services
601 440 09	Support for Local Management, Business, and Facilities
601 440 10	Local Maternal and Child Health Services
601 440 13	Local Immunization Services
601 440 14	Local Communicable Disease Investigation, Treatment, and Control
601 440 15	Local Home Health and Personal Care Services
601 440 16	Local Chronic Disease and Prevention Control
601 440 17	Local Laboratory and Pharmacy Services
601 440 18	Local Nutrition Services
601 492 04	Payments to Nonstate Entities
601 499 00	Administrative and Support Services
601 508 01	Drinking Water Regulation
601 508 02	Drinking Water Construction Financing
601 508 05	Public Health Toxicology
601 565 01	State Office of Environmental Health Services
601 565 02	Shellfish Sanitation
601 565 03	Bedding and Upholstery Inspection
601 565 04	Radiological Health and Safety Regulation
601 775 04	Emergency Preparedness and Response

Agency Background Information

Statutory Authority

The vast majority of statutory authority for the Virginia Department of Health (VDH) is provided in Title 32.1 of the Code of Virginia.

Chapter 1 establishes the authority of the State Health Commissioner and the State Board of Health (the Board), and contains a number of general administrative provisions. Section 32.1-2 states that State Board of Health and the State Health Commissioner, assisted by the State Department of Health, shall administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth. Section 32.1-11 states that the Board may formulate a program of environmental health services, laboratory services and preventive, curative and restorative medical care services, including home and clinic health services described in Titles V, XVIII and XIX of the United States Social Security Act and amendments thereto, to be provided by the Department on a regional, district or local basis. Section 32.1-19 lists several specific responsibilities for the State Health Commissioner.

Chapter 2 addresses disease prevention and control, including disease reporting and investigation, as well as provisions relating to isolation and quarantine. This chapter also contains provisions governing Virginia's Newborn Screening Program.

Chapter 3 concerns medical care services. Among its provisions are those requiring a plan for Maternal and Child Health services. This chapter also addresses services for individuals with various medical conditions, including hemophilia, epilepsy and cystic fibrosis.

Chapter 4 relates to health care planning. This chapter includes provisions governing the Certificate of Public Need Program, the State Emergency Medical System, and the State Health Plan. Regional health planning agencies are also addressed in this chapter.

Chapter 5 pertains to the regulation of health care facilities and services. This chapter includes provisions governing licensure, inspection and response to consumer complaints. Facilities licensed include, but are not limited to, hospitals, nursing facilities and hospices. This chapter also includes provisions governing the privacy of individual health records.

Chapter 5.1 contains provisions governing the conduct of human research. It includes provisions for informed consent of individuals, and the use of human research review committees.

Chapter 5.2 contains provisions prohibiting human cloning.

Chapter 6 concerns a wide array of environmental health services, including provisions relating to the use of on-site sewage treatment systems, the Onsite Sewage Indemnification fund, land application of sewage sludge, the Sewage Handling and Disposal Appeal Review Board, and the establishment of adequate sewerage facilities at marinas. This chapter also contains provisions governing public water supply systems and private water wells. Additional sections in this chapter govern the establishment and operation of migrant labor camps, and the sanitizing of bedding and upholstered furniture products. The authority of VDH to regulate the use of radioactive materials and equipment is also established in this chapter.

Finally, this chapter gives VDH the authority to collect, analyze and disseminate information concerning the potential health effects of human exposure to a variety of toxic substances.

Chapter 7 governs the State's vital records system. This system encompasses the production and maintenance of birth, marriage, divorce and death certificates.

Chapter 7.1 establishes the Virginia Center for Health Statistics.

Chapter 8 contains provisions governing the state's health care data reporting system. Section 32.1-276.2 provides that the State Board of Health and the State Health Commissioner, assisted by VDH, shall administer various health care data reporting initiatives.

Chapter 9 establishes and governs the Office of the Chief Medical examiner and the state's death investigation system. Local medical examiners are addressed in this chapter, as is the State Child Fatality Review Team.

Additional State Statutes

Title 35.1 mandates the Board to make, adopt, promulgate, and enforce regulations governing hotels, restaurants, summer camps, and campgrounds for public health protection and safety.

Title 28.2 provides the State Health Commissioner with the authority to promulgate regulations and set standards, from a public health perspective, for the taking, processing and marketing of shellfish and crustacea.

Title 18.2, § 76 requires VDH to make available to each local health department and upon request, to any person or entity, materials regarding informed consent for abortion.

Customers

Customer Group	Customers served annually	Potential customers annually
Adults (50+ years old) in need of colorectal screening (e.g., Chronic Disease, Health Promotion, Oral Health)	49,661	992,219
Adults who do not engage in physical activity (e.g., Chronic Disease, Health Promotion, Oral Health)	63,568	1,271,357
Adults who have had a heart attack (e.g., Chronic Disease, Health Promotion, Oral Health)	11,183	223,665
Adults who have had a stroke (e.g., Chronic Disease, Health Promotion, Oral Health)	7,357	147,148
Adults who smoke cigarettes (e.g., Chronic Disease, Health Promotion, Oral Health)	54,445	1,088,894
Adults with arthritis (e.g., Chronic Disease, Health Promotion, Oral Health)	78,871	1,557,424
Adults with Diabetes (e.g., Chronic Disease, Health Promotion, Oral Health)	23,544	470,873
Adults with hypertension (e.g., Chronic Disease, Health Promotion, Oral Health)	79,754	1,595,082
Authorized on-site soil evaluators (e.g., Environmental Health Services)	130	169
Bedding manufacturers (e.g., Bedding)	850	935
Campgrounds (e.g., Environmental Health Services)	280	280
Centers for Disease Control and Prevention (e.g., Tuberculosis Prevention and Control, Medical Examiner, Emergency Preparedness and Response)	1	1
Certificate of Public Need applicants (e.g., COPN)	78	21,435
Certified shellfish processors (e.g., Shellfish Sanitation)	166	350
Childbearing/pregnant women (e.g., Womens and Infants Health)	143,071	143,071
Children less than 72 months old screened for lead poisoning (e.g., Environmental Health Services)	77,844	557,454
Children with special healthcare needs receiving care coordination services (e.g., Child and Adolescent Health)	6,445	208,476
Claims under Indemnification Fund (e.g., Environmental Health Services)	24	29
Community health centers (e.g., Immunization Services)	93	93
Conrad J-1 visa waiver physicians (e.g., Health Research Planning)	250	300
Dental patients age 18+ years (95% are below 200% FPL) (e.g., Dental Services)	6,619	491,000
Department of Criminal Justice and Division of Forensic Science (e.g., Medical Examiner)	1	1
Department of Education (e.g., Immunization Program)	1	1
Department of Education school nurses (e.g., Chronic Disease Prevention)	589	1,978
Department of Health and Human Services (e.g., Emergency Preparedness and Response)	1	1
Department of Homeland Security (e.g., Emergency Preparedness and Response)	1	1
Department of Medical Assistance Services (e.g., Immunization	1	1

Program)		
Division of Consolidated Lab Services (e.g., Medical Examiner)	1	1
Donors (e.g., Anatomical Services)	500	750
Emergency Medical Services providers (e.g., EMS)	35,067	35,567
Emergency Medical Services agencies (e.g., State EMS)	704	728
Families of decedents (e.g., Medical Examiner)	6,000	7,500
Fluoride rinse recipients (e.g., Dental Services)	48,000	50,000
Food establishments (e.g., Environmental Health Services)	26,500	27,295
Funeral homes and body transport services (e.g., Medical Examiner)	750	900
General public who do not receive the influenza or pneumonia vaccine (e.g., Immunization Services)	25,000	7,712,091
General VDH public employment applicants (e.g., Administration/Support)	35,000	35,000
Health Resources Services Administration (e.g., Emergency Preparedness and Response)	1	1
Hospitals - inpatient (e.g., Communicable Diseases, EMS, COPN)	97	97
Hotels and motels (e.g., Environmental Health Services)	1,980	2,050
Influenza and pneumonia vaccine recipients (e.g., Immunization Services)	30,000	100,000
Jails and prisons (e.g., Disease Investigation and Control, HIV/AIDS Prevention and Treatment)	5	121
Law enforcement, all levels (e.g., Medical Examiner)	5,000	8,000
Licensed child care centers (e.g., Immunization Services, MCH)	2,598	2,598
Low income individuals below 250% FPL (e.g., Family Planning)	62,686	388,030
Low income school children (e.g., Chronic Disease Prevention)	68,000	371,354
Managed care health insurance plans (e.g., Regulation of Health Care Facilities)	90	90
Marinas (e.g., Environmental Health Services)	800	808
Medical and dental facilities (e.g., Radiological Health and Safety)	6,038	6,500
Men and women seeking contraception services in local health departments (e.g., Womens and Infants Health)	71,984	388,030
Migrant labor camps (e.g., Environmental Health Services)	484	484
National Center for Health Statistics (e.g., Health Statistics)	1	1
Newborns and children with Sickle Cell Disease and Hemoglobinopathies (e.g., Womens and Infants Health)	1,115	1,432
Newborns screened for inborn errors of body chemistry and hearing impairment (e.g., Child and Adolescent Health)	105,736	108,261
Nuclear power plants (e.g., Radiological Health and Safety)	2	2
Nurse Practitioner scholarship recipients (e.g., Scholarships and Loan Repayment programs)	20	50
Nursing facilities and assisted living facilities (e.g., Immunization services, Disease Investigation and Control, TB Prevention and Control)	605	605
Nursing scholarship and loan repayment participants - RN and LPN awards per year (e.g., Scholarships and Loan Repayment)	100	2,137
Onsite sewage disposal system owners (e.g., Environmental Health Services)	1,000,000	1,020,000
Owners with failing septic systems (e.g., Environmental Health Services)	5,000	5,500
Oyster gardeners (e.g., Shellfish Sanitation)	3,000	5,000
Patients receiving clinical based services (e.g., Chronic Disease Prevention)	9,280	239,000
Pediatricians and family physicians (e.g., Immunization, Injury/Violence Prevention)	1,800	4,000
People living with HIV (e.g., HIV/AIDS Prevention and Treatment)	3,000	22,000
People receiving adjusted fluoride in the water system (e.g., Chronic Disease, Health Promotion, Oral Health)	6,035,682	6,713,874
People requiring community-based nursing/home pre-admission screenings (e.g., Home Health and Personal Care)	8,071	9,000
Persons with suspected or confirmed TB disease or latent TB infection (e.g., Tuberculosis Prevention and Control)	71,000	350,000
Private labs (e.g., HIV/AIDS Prevention and Treatment)	30	183
Professional engineers (e.g., Environmental Health Services)	100	101
Professionals trained on sexual violence prevention (e.g.,	6,000	10,000

Injury/Violence Prevention)		
Providers in ambulatory surgical centers certified to participate in Medicare/Medicaid (e.g., Regulation of Health Care Facilities)	51	51
Providers in clinical lab facilities certified to participate in Medicare/Medicaid (e.g., Regulation of Health Care Facilities)	4,945	4,945
Providers in hospice facilities certified to participate in Medicare/Medicaid (e.g., Regulation of Health Care Facilities)	75	75
Providers in hospitals certified to participate in Medicare/Medicaid (e.g., Regulation of Health Care Facilities)	100	100
Providers in nursing facilities certified to participate in Medicare/Medicaid (e.g., Regulation of Health Care Facilities)	281	281
Radioactive material licensees (e.g., Radiological Health and Safety)	429	429
Radon inspectors and mitigators (e.g., Radiological Health and Safety)	487	600
Recipients of smoke detectors (e.g., Injury/Violence Prevention)	3,000	9,000
Recreational fishermen (e.g., Public Health Toxicology)	587,000	600,000
Refugee resettlement agencies (e.g., Tuberculosis Prevention and Control)	10	10
Regional EMS councils (e.g., EMS)	11	11
Requests from individuals for vital records (e.g., Vital Records)	382,578	390,229
Researchers (e.g., Vital Records)	20,048	20,649
School age children (e.g., Communicable Disease, Child and Adolescent Health)	1,204,808	1,204,808
School age children (grades 1-6) who do not have access to community water fluoridation (e.g., Chronic Disease, Health Promotion, Oral Health)	48,000	50,000
Schools experiencing a disease outbreak (e.g., Disease Investigation and Control)	10	1,846
Secretary of Health and Human Resources (e.g., Administration/Support)	1	1
Shellfish consumers in Virginia (e.g., Shellfish Sanitation)	1,344,288	1,500,000
Shellfish growing area leaseholders (e.g., Shellfish Sanitation)	5,490	7,000
Students at VCU School of Dentistry (e.g., Scholarships and Loan Repayment)	13	360
Summer camps (e.g., Environmental Health Services)	130	130
Swimming pools (e.g., Environmental Health Services)	3,505	3,575
Trauma centers (e.g., EMS)	14	14
Uninsured citizens (e.g., Laboratory/Pharmacy)	271,816	1,095,000
VDH employees and staff (e.g., Administration/Support)	4,290	4,290
Water well contractors (e.g., Environmental Health Services)	200	202
Waterworks operators (e.g., Office of Drinking Water)	1,800	2,500
Waterworks owners (e.g., Office of Drinking Water)	3,000	3,000
WIC authorized retail stores (e.g., WIC and Community Nutrition)	771	814
Women (40+ years old) in need of breast cancer screening (e.g., Chronic Disease, Health Promotion, Oral Health)	21,219	438,338
X-Ray facilities (e.g., radiological health and safety)	6,269	6,580
Youth (10-19 years old) receiving education, school-based services and social norm messages to prevent pregnancy (e.g., Child and Adolescent Health)	2,774	1,030,478

Anticipated Changes To Agency Customer Base
Communicable Disease Prevention and Control

Increased interactions with medical care providers across the state could lead to an increase in disease reports received, thereby increasing the response required from VDH staff.

The number of nursing homes, assisted living and other congregate care facilities will likely grow as the population ages, exposing more people to situations with increased risks for transmission of tuberculosis, norovirus, and other communicable diseases.

Although the number of new HIV clients has remained relatively stable, the duration of enrollment in health-care services continues to increase. This trend is expected to continue. This increase in service duration is largely due to the success of current treatment strategies.

The incidence of both social and medical co-morbidities is increasing among people living with HIV/AIDS. Medical co-morbidities include co-occurring infections like hepatitis C and tuberculosis as well as conditions caused directly by HIV and its treatment. Social co-morbidities include mental illness and substance abuse.

Increased activities of groups opposed to the use of vaccine, and widespread distribution of anti-vaccine material, could result in decreased demand for vaccination services. This would result in an increased number of susceptible children and adults.

Environmental Health Hazards Protection

The proportion of new onsite sewage disposal system permits utilizing alternative technologies will continue to grow. This is particularly true in regions of the Commonwealth with high property values and relatively poor suitability for onsite sewage disposal systems. Without operation and maintenance these systems will form surface ponds, creating odors and breeding habitats for flies, and potentially allowing partially treated wastewater to surface.

Swimming pools are increasing in number and complexity. As more planned communities with integrated amenities are becoming increasingly popular, it is expected the number of swimming pools requiring permits and inspection will rise.

The number and location of children at risk for lead poisoning is being more clearly defined with technologies such as GIS mapping.

The number of Virginians affected by food borne illnesses will continue to increase. The concentration of meat and other food production and processing into high volume farms and factories, including those located in foreign countries, increases the risk that food will become contaminated and that such contamination will impact a larger number of food establishments.

Individuals and families are increasingly eating more meals outside the home and it is expected that the growth in restaurants will continue. The number of chain restaurants is also increasing. The potential for a widespread outbreak increases since many of these chains use the same food suppliers.

The number of new facilities offering X-ray services is estimated to increase between three and five percent annually.

Since manufacturing of bedding and upholstered furniture has become a world-wide industry, the number of entities licensed by VDH will grow as more countries become active in this industry.

Emergency Preparedness and Response and Emergency Medical Services (EMS)

VDH will interact with an increasing number of state agencies in response to the Governor’s mandate to train all state employees on emergency preparedness.

Guidance from the federal government concerning community strategies for pandemic influenza mitigation measures has resulted in VDH assessing pandemic flu preparedness and response issues in much finer detail.

Demand for customer services provided by the Office of Emergency Medical Services is anticipated to increase as the number of EMS responses increases. As the public’s expectations for EMS services increases, local governments and EMS agencies will seek the assistance of the Office of EMS to increase the level of patient care while finding ways to maximize the impact of public funds.

The demand for EMS providers will continue to grow to meet the estimated 12 percent state population growth through 2010. The pool of 16-34 year old volunteers is decreasing and there is a decreasing trend in people volunteering due to time constraints and other commitments. EMS agencies, particularly volunteer agencies with higher turnover, will need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering calls and managing the day-to-day operations.

Health Assessment, Promotion and Education

Nonmarital births are increasing. In 2007, 35.3 percent of all births were nonmarital. Of these, 62.7 percent were to women aged 20-29 years.

As the nationwide economic downturn continues, poverty rates among children in Virginia have grown and unemployment across the state has surpassed 7 percent. It was estimated that one-third of persons under 18 years of age are living at or below 200 percent federal poverty level, which translates into 616,000 persons. The number of children and families in need of assistance with health care access and financing is likely to increase. There will continue to be a need for safety net services for children’s health, as well as assistance with obtaining and understanding insurance benefits, and finding and using an effective medical home (a source of coordinated, ongoing, comprehensive, family-centered care from a health professional or team).

The number of Medicaid-eligible pregnant women, women 60 days postpartum, and infants from birth to two years of age who meet the definition of high-risk, will increase due to the eligibility being expanded from 133 percent to 200 percent of poverty. Thus, more very low income women will become insured.

Teenage pregnancy rates have declined 26 percent over the past ten years.

As of fall 2008, local school divisions provided special education services to over 167,930 children with various disabilities. The number of Children with Special Health Care Needs (CSHCN) in schools is expected to continue to increase, with greater expectations for clinically skilled responsiveness by teachers, administrators, and school nurses.

The number of children being cared for outside the home is growing rapidly. However, the younger the child, the less likely a day care space is available; only about 50 percent of licensed child care facilities accepted children less than two years of age in 2004. These figures do not account for unregulated childcare, licensed family day homes, religious-exempt facilities, or homes that are approved locally. Over 65 percent of children under the age of six are in circumstances where all of their parents (biological or by remarriage) are working. The need for assuring healthy and safe environments for out-of-home care is therefore increasing.

Virginia ranks in the top 10 states in the nation in immigrant resident population. Lack of interpreters and culturally competent providers will limit access to care and may reduce the quality of care. The demand for health care and family planning services is expected to increase among a growing number of noncitizen, working poor, and those residents who cannot afford health care in the private health care system and do not qualify for Medicaid.

Over the past fifteen years, the number of people overweight or obese has increased dramatically. Obesity is associated with complications of pregnancy and morbidity in women as they age. The number of women with complications of pregnancy and delivery due to obesity is increasing and will demand more intensive, complicated and costly health care services.

Increased longevity and growth in the elderly population will help create growing demand for services for chronic disease management.

Demand for and growth in the provision of direct dental services to indigent children and adults is anticipated. Nationally, an increase of 300,000 children ages 0-19 is anticipated in the next decade and this growth is expected to be greatest in low socioeconomic groups at highest risk for dental decay. Growing numbers of adults who lack any health insurance, which is a strong predictor of access to dental care, portend an increase in demand for dental care, both emergency and non-emergency services, from public health dental providers.

As the population ages it can be anticipated that the number of individuals needing Nursing Home Pre Admission Screening (NHPAS) will increase. The number of Virginians age 65 and over is projected to increase from 845,000 in 2005 to

1,515,000 in 2025. It is estimated that the number of people needing NHPAS services will increase as the elderly population increases and will likely double over the next 20 years.

As there is greater recognition of mental health needs across the lifespan by school, medical and community service providers, it is anticipated that there will be greater demand for suicide and violence prevention services among these customers. As Virginia's population ages, it is also anticipated that the demand for injury and violence prevention services targeted towards elderly populations will compete with the continuing demand for services for children.

Health Planning, Quality Oversight and Access to Care

More physicians are entering the marketplace with an entrepreneurial spirit and desire to maintain control of the technology on which they depend. This is expected to result in a continued increase in the annual number of COPN requests originating from physicians and physician practice groups.

Restrictions on the addition of nursing home beds via the Request of Applications process limits the number of nursing homes statewide that can apply. Proposed revisions to the regulations that will make it easier for a planning district to qualify for additional nursing home beds is expected to cause a transient spike in the number of nursing home COPN applications.

As hospitals constructed under the Hill-Burton program continue to age, an increased need for renovation, addition and/or replacement exists, prompting more of the potential hospital applicants to pursue COPN projects.

Complaint investigations of hospitals, nursing homes, and other health care facilities are expected to increase as consumer knowledge and awareness of health care services increases.

The federal government has stated that the number of J-1 visa waiver physicians that will be allowed into the country will decrease in upcoming years.

State funding for the Dental Scholarship and Dentist Loan Repayment Programs was eliminated in FY 2009. A limited number of awards were possible in FY 2009 through one time grant funding. The Division of Dental Health has applied for other federal sources of funding for these programs. However, at this time it is anticipated that there will be no new awards during FY 2010 and beyond.

Drinking Water Protection

Urbanization and changing demographics within rural communities has created a demand on small water systems to expand public health services including fluoridation.

The number of waterworks owners is expected to remain relatively stable with a slight downward trend due to an increase in the number and complexity of drinking water regulations and a trend toward regionalization. Regulations under the Safe Drinking Water Act are becoming more complex, requiring continued technical assistance to address the aging infrastructure.

VDH expects to see an increase in the number of affiliated interests (e.g., engineers, attorneys, product manufacturers and general construction contractors) as increasing regulations are implemented and waterworks owners maintain, update, or expand their infrastructure facilities to cope with the mandated changes and the normal growth.

Vital Records and Health Statistics

With the passing of legislation in the 2005 General Assembly session, grandparents are now able to request a copy of a grandchild's birth certificate.

In response to 2006 federal legislation requiring proof of citizenship for enrollment in Medicaid, the number of requests for birth certificates and other document has significantly increased.

Medical Examiner and Anatomical Services

An increasing focus on elder abuse and neglect deaths will increase the surveillance for this special classification of deaths.

Financial Assistance to Improve Access to Health Care and Emergency Medical Services

The demand for nursing scholarships is expected to increase as the demand for nurses continues to increase; many current nursing professionals are retiring.

Partners

Partner	Description
[None entered]	

Products and Services

- *Description of the Agency's Products and/or Services:*
  VDH provides a wide range of products and services to promote and protect public health. The definition of public health can be expressed as what society does collectively to create those conditions in which people can be healthy. VDH serves as a leader and coordinator of Virginia's public health system. In conjunction with partners in the federal government and private sector, VDH plays a significant role in protecting and promoting the health of Virginians. Several characteristics serve to distinguish public health from health care in general, and private medicine in particular. These include a focus on the population, emphasis on prevention, orientation towards the community, efforts directed at systems, and an overarching role of leadership.

  Each county and city in Virginia is required to establish and maintain a local health department unless they have agreed to shared locations within the district. Pursuant to statutory authority, VDH has organized these 119 local health departments into 35 health districts to achieve efficiencies in operations. This structure allows for a statewide presence, and broad program priorities, for public health. The local health districts operate in close partnership with the cities and counties they serve, with cooperative agreements delineating the basic health services to be provided in all jurisdictions and any additional services based on need and available funds. In two localities, Arlington and Fairfax, the General Assembly authorized the local governments to manage their own health programs. These locally administered health districts operate under contractual agreements with the state, similar to the cooperative agreements used with the other districts.

  Generally, VDH services are delivered to the public by local health departments or by VDH field offices, with the VDH central office providing training, technical assistance, policy development, quality assurance, evaluation and administrative support to the districts. However, some VDH services (e.g., vital records and health statistics) are provided directly to the public by Central Office staff.

VDH has 41 service areas, each with its own service area plan. VDH products and services, fully described within each of the service area plans, can be broadly categorized as follows:

Communicable disease prevention and control,
Environmental health hazards protection,
Emergency preparedness and response and emergency medical services,
Health assessment, promotion and education,
Health planning, quality oversight and access to care,
Drinking water protection,
Vital records and health statistics,
Medical examiner and anatomical services,
Administrative and support services, and
Financial assistance to improve access to health care and emergency medical services.

There are numerous public health services that by law, must be provided, or assured through collaboration with private sector partners, by each local health department. These include communicable disease prevention, childhood health services including immunization, maternal health services, family planning, environmental health services including restaurant inspections and permits for on-site sewage disposal and private wells, and vital records. However, many local health departments provide an array of additional optional services, often supported by 100 percent local funding. These can include dental care, school health services, sick child care, clinical services for adults with chronic diseases, immunizations required for foreign travel, home health, personal care, and pharmacy. The array of optional services provided by local health departments varies according to local needs and resources.

Communicable Disease Prevention and Control

This encompasses the following VDH service areas: Immunization Program; Local Immunization Services; Tuberculosis Prevention and Control; Sexually Transmitted Disease Prevention and Control; Local Communicable Disease, Investigation and Control; Disease Investigation and Control Services; HIV/AIDS Prevention and Treatment Services; and Local Laboratory and Pharmacy Services. The following is a brief summary of some of the products and services provided:

Provide disease consultation and develop recommendations regarding interventions that can be implemented to interrupt the spread of disease.
Conduct outbreak investigations to identify the source of an outbreak and prevent other people from being exposed to the source.
Monitor and respond to emerging infections and terrorism-related illnesses.

Disease surveillance for all tuberculosis cases from time of initial suspicion through case disposition.
Provide consultation to local health departments on tuberculosis diagnosis, treatment, case management, contact investigations, discharge planning, and media relations.

Coordinate and facilitate initial health assessments of all newly arriving immigrants with refugee or asylum status.
Collect data on refugee arrivals, health conditions and outcome of their assessment.
Provide notification to local health districts that a newly arrived immigrant or refugee requires screening for tuberculosis.

Conduct and support activities to investigate, prevent and treat HIV/AIDS and other sexually-transmitted diseases.

Provide support and oversight for statewide immunization activities.
Maintain and distribute an adequate and viable vaccine supply.
Develop statewide immunization policy.
Manage statewide vaccine adverse event reporting system.
Implement and manage statewide Immunization Information System.

Local health departments must maintain and operate effective immunization programs which provide vaccines to the public with an emphasis on the vaccine-preventable diseases of childhood such as chicken pox, diphtheria, haemophilus influenza B, hepatitis B, measles, mumps, pertussis, polio, rubella, human papillomavirus, and tetanus. Many local health departments provide immunizations required or recommended for foreign travel. Local health departments maintain an inventory of rabies vaccine and biologicals for administration to those citizens exposed to wild or domestic animals when rabies disease is suspected or proven in the animal. Many local departments offer meningitis vaccinations for beginning students at higher education institutions.

Some local health departments operate their own laboratories. All local health departments work with the Division of Consolidated Laboratory Services to assure access to laboratory services.

Some local health departments operate their own pharmacies. All local health departments work with the VDH Central Pharmacy to assure access to pharmacy services.

Environmental Health Hazards Protection

This encompasses the following VDH service areas: State Office of Environmental Health Services; Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services; Shellfish Sanitation; Bedding and Upholstery Inspection; Radiological Health and Safety Regulation; and Public Health Toxicology. The following is a brief summary of some of the products and services provided:

Enforce laws and regulations relating to food safety, swimming pools, milk plants, hotels, summer camps, campgrounds, migrant labor camps, private wells, and onsite septic systems through issuance of permits and performance of inspections.

Confine and test animals suspected of being infected with rabies.

Respond to citizen complaints concerning environmental health hazards with the potential of endangering the public health.

Assess health hazards of chemical and certain biological agents which pose a threat to human health and the environment, and advise policy makers and the public of findings and recommendations.

License and inspect X-ray machines and facilities to assure that the public is protected from unnecessary and excessive radiation.

Enforce laws and regulations governing bedding and upholstered furniture manufacturers, bedding renovators and re-

upholsterers and sanitizers through issuance of licenses and performance of inspections.

Develop policy; analyze local, state and federal legislation; evaluate public health programs; provide liaison assistance; and provide scientific and technical expertise.

Emergency Preparedness and Response/Emergency Medical Services

This encompasses the following VDH service areas: Emergency Preparedness and Response and State Office of Emergency Medical Services. The following is a brief overview of some of the products and services provided:

Upgrade and integrate state, regional, territorial and local public health jurisdictions' preparedness to respond to terrorism and other public health emergencies with federal, state, local and tribal governments, and government agencies, the private sector, and non-governmental organizations (NGOs).

Support the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health and healthcare emergencies.

Develop emergency-ready public health departments, hospitals and health care.

Provide coordination and integration for Virginia's EMS system.
Inspect, license and permit EMS agencies and vehicles.
Coordinate and administer certification exams.
Provide EMS education and training.
Maintain EMS Patient Care Information System.
Administer Poison Control Network contract.
Develop comprehensive and coordinate response during declared states of emergency by engaging Health and Medical Emergency Response Teams.
Establish and maintain provisions for Critical Incident Stress Management.

Health Assessment, Promotion and Education

This encompasses the following VDH service areas: Child and Adolescent Health Services; Women's and Infants' Health Services; Local Maternal and Child Health Services, Local Family Planning Services, Chronic Disease Prevention, Health Promotion and Oral Health; Local Chronic Disease Prevention and Control Services, Local Dental Services, Local Home Health and Personal Care Services, Injury and Violence Prevention; WIC and Community Nutrition Services; and Local Nutrition Services. The following is a brief overview of some of the products and services provided:

Provide child and adolescent health surveillance through assessment, screening and other child-find activities; analyze and develop policy; work to assure that children and their families are linked to needed health services; and provide training and technical assistance to partners promoting safe and healthy environments for children.

Perform health promotion and disease prevention activities designed to reduce the burden of chronic diseases. This includes:

Addressing environmental and policy strategies that affect chronic diseases as well as oral health policies and plans.
Encouraging healthy lifestyles and addressing risk factors that affect multiple chronic disease states.
Developing education, training and oral health promotion programs targeted to maternal, early child, children with special needs, and adult/older adult populations.
Developing, conducting, and evaluating oral health prevention programs utilizing topical and systemic fluorides to reduce the incidence of tooth decay.
Assessing the oral health of Virginians through surveys and data collection as well as monitoring and evaluating existing oral health programs and producing chronic disease prevention data reports.
Providing technical assistance to local health departments and communities regarding chronic disease intervention and regarding the practice of public health dentistry through on-site clinic reviews, tracking clinical services provided, and assisting in the recruitment and orientation of local health department dentists.

Provide oral health services to the indigent population and other special population groups, especially children who lack access to basic oral health care.
Provide clinical dental services (offered by some local health departments).
Administer the fluoride mouth rinse programs in schools where lack of fluoridated water places children at higher risk of dental caries.
Monitor the oral health status of the community.

Assess the health needs of women and infants, develop policies, build capacity and strengthen the infrastructure to meet these needs, and assure that quality services are provided to this population. This includes services such as:

Assuring pregnancy identification, prenatal care, follow up and referral services through postpartum care.
Providing case coordination and/or case management services.
Facilitating health insurance enrollment for children and families.
Providing safety net ambulatory care for sick and well children in coordination with community health care resources.
Screening and identifying early intervention for physical and developmental conditions that affect health and learning readiness, and health problems related to environmental factors, such as lead and asthma.
Providing infant and child case management services, developmental assessment, anticipatory guidance and injury prevention.
Promoting provider education on public health principles, practices, and professional care standards as they affect health outcomes.
Assure care of children with health needs in group settings such as day care, preschool and school, including identification of individual and group health and safety needs.

Promote abstinence education and family involvement messages to minors seeking family planning services.
Provide acceptable and effective methods of contraception.
Provide pre-conceptional counseling.
Perform screening, diagnosis, and treatment of sexually transmitted infections.
Conduct screening for cervical cancer.
Provide education and referral services when conditions, illnesses, or disease indicate further medical intervention.
Provide Level I infertility assessment.
Perform diagnosis and treatment of minor gynecologic conditions.

Promote oversight of statewide WIC and Community Nutrition program activities.

Develop policy and procedures for the Virginia WIC Program.
Provide vouchers to purchase a package of specifically prescribed high nutrient foods at local groceries, coupled with education for the mothers and/or primary caregivers about healthy eating.
Review, contract, train, and monitor authorized retail stores providing food benefits to eligible for WIC participants.
Review and select authorized foods for the Virginia WIC Program that meet federal guidelines and state cost containment goals.
Manage compliance investigations of authorized retail stores to identify potential program fraud and/or abuse.
Furnish public information to potential WIC participants through marketing and hotline services.
Manage the marketing campaign for the WIC Program.
Provide education and training for public health and community workers in nutrition.
Certify WIC Competent Professional Authorities and Nutrition Assistants through Web-based education.

Implement strategies to prevent the public health toll of injury and violence across the lifespan.

Provide personal care services (offered by one local health district).

Perform preadmission screenings for nursing home placement.

Health Planning, Quality Oversight and Access to Care

This encompasses the following VDH service areas: Certificate of Public Need (COPN); Regulation of Health Care Facilities; and Health Research, Planning and Coordination. The following is a brief overview of some of the products and services provided:

Review, analyze and formulate recommendations for COPN requests based on eight criteria for determining need.
Develop regulations to provide an orderly procedure for resolving questions concerning the need to construct or modify medical care facilities.

License five categories of medical care facilities or services: hospitals, outpatient surgical hospitals, nursing facilities, home care organizations, and hospice programs.
Develop regulations to establish minimum requirements to assure quality health care, while assuring efficient and effective program operation.
Perform Medicare and Medicaid certification surveys for various types of medical care facilities and organizations.
Administer certification and registration programs for managed care health insurance plans and private review agents.
Investigate consumer complaints regarding the quality of health care services received.
Furnish training and technical assistance to health care providers.
Enforce medical care facility and services licensing laws and regulation through inspections.

Analyze issues affecting the cost, quality, and accessibility of health care.
Assist rural and medically underserved communities and populations to improve healthcare systems and access to care.
Develop and administer programs to increase and strengthen the healthcare workforce.

Drinking Water Protection

This encompasses the Drinking Water Regulation and Drinking Water Construction Financing service areas. The following is a brief overview of the products and services provided:

Perform inspections and investigations of waterworks.
Conduct evaluations of engineering reports, plans, and specifications.
Provide training assistance to waterworks owners and operators.
Offer technical assistance to waterworks owners and operators.
Establish and implement a drinking water quality monitoring program.
Provide emergency assistance to waterworks owners and operators (during droughts, floods, etc.).
Develop and maintain a database inventory of all of Virginia's public waterworks, including compliance information.
Conduct enforcement/compliance actions to ensure compliance with regulations.

Provide technical oversight of funded drinking water infrastructure projects to ensure compliance with state and federal regulations.
Perform inspections of funded drinking water infrastructure projects during the construction stage.
Develop guidance and regulations.
Administer training scholarships to assist owners and operators in broadening their knowledge of waterworks technical, financial and managerial needs.
Create new assistance resources the use and benefit of waterworks owners.

Vital Records and Health Statistics

This encompasses the Vital Records and Health Statistics service areas. The following is a brief summary of the products and services provided:

Administer registration, collection, preservation, amendment and certification of vital records. The vital records system consists of births, deaths, spontaneous fetal deaths, induced termination of pregnancy, marriages, divorces or annulments, and adoptions.

Compile and disseminate health statistics.

Medical Examiner and Anatomical Services

This encompasses the Medical Examiner Service area and the Anatomical Services area. The following is a brief overview of the products and services provided:

Conduct medicolegal death investigations.
Provide donated cadavers to medical schools and research centers in Virginia for anatomical study.

Administrative and Support Services

This encompasses the following service areas: Administrative and Support Services and Support for Local Management, Business, and Facilities. The following is a brief overview of the products and services provided:

Financial management, including accounting, payroll and budget services.

Human resource management.
Procurement and general services.
Ongoing assessment and evaluation to assure that services and programs of the local health department continue to match local community needs.

Financial Assistance to Improve Access to Health Care and Emergency Medical Services

This encompasses the following service areas: Scholarships and Loan Repayments; Financial Assistance to Non Profit EMS Organizations and Localities; and Payments to Non-State Entities. The following is a brief overview of the products and services provided:

Administer scholarship and loan repayment programs to serve as incentives for health care practitioners to locate in medically underserved areas.

Administer payments of funds appropriated to VDH by the General Assembly for specifically identified grants to independent health care and non-state organizations.

Administer Rescue Squad Assistance Fund Grants, Financial Assistance to Localities to support Non Profit EMS agencies, and funding to Virginia Association of Volunteer Rescue Squads.

- *Factors Impacting Agency Products and/or Services:*
  A wide range of factors impact the products and services provided by VDH. These various factors are fully described in the 41 service area plans. Some examples include the following:

  Communicable Disease Prevention and Control

  Increasing foreign travel by citizens of the Commonwealth and increasing tourism from other countries can affect services by exposing people to diseases that are common in other parts of the world that are not usually seen here.

  People tend to eat out more often now than they have in the past, and more people eat imported foods. Such activities could potentially impact the chances of exposure to contaminated food items that may cause illness. Increasingly, health departments across the U.S. are investigating outbreaks that are due to a food item that has been widely distributed to multiple states rather than localized outbreaks.

  The overuse and misuse of antibiotics can lead to increasing antibiotic resistance of microorganisms and result in outbreaks of infections that are difficult to treat.

  Persons with serious underlying medical conditions (HIV infection, diabetes, end stage renal disease, collagen-vascular diseases) are surviving longer, so have more years at risk for re-activating latent tuberculosis (TB) infection or progressing to active TB if newly infected.

  National and state standards for the management of TB cases and their contacts are increasingly effective in curing patients and limiting transmission, but are also increasingly labor intensive and costly.

  New U.S. Centers for Disease Control (CDC) guidelines recommend HIV screening for all persons age 13-64, regardless of risk. This may increase demand for HIV testing.

  New HIV rapid test technology offers many benefits for increasing the number of people who agree to be tested and receive their test results; however, the high cost has limited the expansion of this service.

  New federal requirements for a client-level evaluation system have placed a significant burden on community-based HIV prevention providers. Less time is available to provide services and more staff time must be directed to implementing the data collection system.

  Years of level funding and recent reductions in federal funds for sexually transmitted disease (STD) prevention and control have resulted in the inability to expand program services.

  Insufficient vaccine supply or radically increased demand could cause delays in the on-time administration of vaccine, causing more persons to unimmunized or incompletely immunized.

  More comprehensive health care requirements and an increasing number of immigrants presenting to health departments for vaccinations could rapidly deplete the vaccine budget and result in gaps in vaccine supply.

  Environmental Health Hazards Protection

  Competition from other government agencies and from the private sector affects VDH's ability to attract and retain highly trained environmental health professionals. In the onsite sewage program, most of the new Authorized On-Site Soil Evaluators (AOSEs) entering the private sector were first hired as Environmental Health Specialists by the local health departments, where they were trained and gained experience. This has created continuous turnover problems in some high growth districts. It has also strained VDH's ability to continuously provide basic training for its new employees and reduces the resources available for continuing education.

  VDH has placed its restaurant inspection report information on its website. This reduced the Freedom of Information Act (FOIA) requests and has enabled the public to see what VDH observes during inspections. Web-based accessibility of this information has motivated both restaurants and environmental health specialists to do a better job.

  Emerging pathogens, complex water recreation attractions and increased attention to food and water security has necessitated a critical demand for continuing education for environmental health staff.

  Increased complexity of onsite sewage disposal systems requires increased time to perform plan reviews, permitting and inspections.

  As the population continues to increase along the shoreline of shellfish growing areas, the need for monitoring the attendant runoff pollution into shellfish waters increases.

  VDH staff is limited to conducting inspections of licensed and permitted bedding and upholstered furniture entities only upon receipt of a complaint. However, if conditions are such that a complaint is necessary, it is generally too late to prevent any contamination of product or sale of dirty or unsanitized used articles.

  Emergency Preparedness and Response and Emergency Medical Services

Federal funding for Emergency Preparedness and Response is being reduced despite increasing responsibilities and public expectations.

EMS agencies and personnel are expecting to transact more programmatic and financial business with the Office of EMS across automated systems. This requires the Office of EMS to expand electronic services.

Emergency medical services are available statewide, but the level of service varies. This will require a greater coordination of services by the Office of EMS with local governments, EMS agencies and organizations.

The Prehospital Patient Care Data collection system is inadequate. The Office of EMS has examined new technologies in the collection of data and has secured a commercial off the shelf product through a competitive request for proposal process. Implementation is being planned and approvals by the VITA Project Management Division are ongoing.

Recruitment and retention of EMS providers are major problems for EMS agencies. The limited availability of accredited training programs, increased certification requirements and increase in the cost of training affect the number of certified EMS personnel.

Health Assessment, Promotion and Education

Genetic testing is available or under development for more than 900 diseases or conditions in more than 550 laboratories nationwide. Implications of testing involve (1) development of new predictive tests, preventive measures, and treatment for a wide range of diseases, and (2) privacy, confidentiality, discrimination, and informed consent concerns that accompany genetic discoveries.

State social service licensing regulations for health and safety in child day care have been made more rigorous, particularly in the areas of daily health screening and medication administration.

Children spend almost one-third of their waking hours in school. Continued emphasis in the schools on standards of learning and performance testing limits the opportunity and willingness to direct attention to health issues.

In 2008, the infant mortality rate (death within the first year of life) was 6.7 deaths per 1,000 live births, which is a significant decrease from 7.3 in 2006. The leading causes of death were related to short gestation and low weight birth, congenital malformations, and Sudden Infant Death Syndrome. It is hoped that the downward trend will continue, but due to mounting financial and social factors, this rate may not be able to be sustained and may increase.

As the population ages, the age of first pregnancies is increasing and the number of pregnancies is decreasing. Despite advancements in health care and medical technology, the low weight birth rate has continued to steadily increase. The use of infertility treatments is increasing and is contributing to low birth weight. The number of low weight births is expected to rise and there will be more high-risk infants born needing more intense and costly medical care.

Economic decisions of hospitals and providers, including local health departments, to reduce services has restricted access to health care for women and infants. The number of federally qualified community health centers and capacity within Virginia has increased, but there has not been a concordant increase in women's health services.

The health care system continues to be primarily structured to address illness; therefore, shifting emphasis to health promotion, early intervention services, and alternative and complementary approaches to prevention and treatment will require a reorganization of funding priorities.

The American Academy of Pediatrics has established a policy recommending a developmental approach to well child care, including screening for appropriate development at periodic well child exams in the early childhood period. The increased awareness about the prevalence of autism spectrum disorders underscores the need for early and periodic developmental screening. This represents a significant elevation of the standard of care for child health. The need for adequate and appropriate follow-up is substantial.

Injury, unintentional and intentional with violence, is a leading cause of death for Virginia children. Child abuse and neglect, as part of domestic violence, increases morbidities and the need for services to address developmental, emotional and physical needs.

Lack of adequate funding for chronic disease prevention and control directly impacts products and services. Funding influences both the availability of staff to develop and conduct programming and the necessary materials to do so.

Health risk, outcome and access disparities persist among both geographic regions and socio-economic groups.

Many of the community water systems which began fluoridation between 1950 and 1970 require significant replacement of fluoridation equipment or entirely new fluoridation systems as they transition into new water facilities. This trend is expected to continue as VDH responds to the highest priority funding requests for fluoridation.

The public dental health workforce is aging. Approximately 20 of the 32 full time dentists currently employed by VDH will be eligible for retirement within the next 5 years. Low salaries relative to alternatives for clinical dentists negatively impacts recruitment and retention.

Much of VDH's dental equipment has been replaced over the last few years. Clinic items replaced in fixed and trailer facilities include x-ray unit (standard and panorex), delivery unit, vacuum pump, compressor, autoclave, film processor, chair, and light.

Dental hygienists are allowed to practice under the general supervision of dentists, working within the prescriptive guidelines of signed plans of care for patients, has the potential to improve access to preventive dental care, particularly fluoride varnish. However, this public health dentistry service delivery model relies on the availability of dental hygienists, who are in short supply in some areas of the state.

Virginia's participation in the CROSSROADS consortium for development of a common WIC computer system in four states will require that business processes be examined, revised and/or re-engineered. This could have significant impact on the operation of the Virginia WIC Program at the state and local levels.

Technological changes (e.g. automated telephone appointment reminders and computer-based health education for clients, etc.) may enhance WIC program participation and understanding of the importance of good nutrition, allow faster and easier communication between staff and customers, and streamline the record keeping process, among many other potential benefits. However, more technology may also deter some clients from enrolling or participating as desired.

Injury and violence prevention products and services expand with additional state or federal funding and are reduced when grant funding ends or is decreased. Because this service area is predominantly federally funded, emerging national injury and violence priorities generally drive categorical federal funding opportunities and, therefore, determine the services that are funded and able to be provided.

Health Planning, Quality Oversight and Access to Care

Frequent legislative mandates requiring regulatory changes and the complexities of the regulatory promulgation process negatively impact the efforts to keep regulations (including those governing COPN, the State Medical Facilities Plan, and hospital licensure) current and effective.

Growth in some COPN categories or services has remained static for a number of years, perhaps indicating no continued need for their inclusion in comprehensive health planning. Currently there is a downturn in the number of COPN requests, most likely tied to the current economic situation.

Turnover rate in qualified staff to conduct medical facility inspections and investigations has resulted in delays in inspection processes.

Drinking Water Protection

The number and complexity of federal drinking water regulations is expected to increase the amount of technical assistance provided to waterworks owners and operators in an effort to maintain compliance with the regulations.

The modernization of aging drinking water infrastructure facilities by waterworks will increase the VDH workload to provide oversight evaluating engineering reports, plans and specifications.

VDH will need to replace a significant proportion of its engineering workforce in the near future. This will eliminate a significant amount of the institutional knowledge that helps VDH understand and plan for increased public health protection.

The Federal Drinking Water State Revolving Fund (DWSRF) appropriation is distributed to each state based on that state's proportional share of the total eligible needs reported for the most recent Drinking Water Infrastructure Needs Survey. The survey results were released March 26, 2009 and will be used to calculate state grant allotments for DWSRF appropriations made in fiscal years 2010 through 2013. The US EPA has indicated that Virginia may receive an increase of $16.2 million in response to the critical needs identified by the Needs Survey. The award of this allotment is contingent upon Virginia providing a reported twenty percent (20%) state match to receive the federal dollars. Any decrease in DWSRF funding will result in less funds being available for waterworks to improve, upgrade, or expand their drinking water infrastructure and less funding to administer the construction program and support the regulatory program.

Vital Records and Health Statistics

The Federal Intelligence Reform Act will increase the number of requests for a vital record. At the end of 2007 or early 2008, this statute will prohibit federal government agencies (i.e. SSA, Passport) from accepting birth certificates that are not issued on security paper that contain certain security features. Because of this legislation, individuals will be unable to use previous issued birth certificates to obtain service from a U.S. Government agency.

Medical Examiner and Anatomical Services

As a result of three non fatal cases of anthrax that occurred in Northern Virginia, the VDH Office of the Chief Medical Examiner (OCME) has had to significantly revise its death investigation protocols in order to place a higher priority on bioterrorism. Deaths due to infection, that previously were assumed to be natural deaths due to natural disease, must now be screened in real time to capture, investigate and autopsy for a possible bioterrorism agent.

A growing concern for the OCME is mass fatality planning and its ability to manage a mass fatality event. Current staffing and suppy levels are barely able to provide adequate services to the citizens of Virginia. Surge capacity to manage larger mass fatality events is lacking.

Administrative and Support Services

As technology changes, information technology systems and equipment must be upgraded. Responding to these technological changes requires shifts in software and hardware platforms to support the customers.

As policies and procedures change, accounting and budgeting services must be able to improve current internal financial systems. The ability to create and transmit current financial data is paramount to the continuity of financial operations.

Many VDH positions require specialized expertise, as is also required in public health operations throughout the region and the country. A limited number of trained specialists who are in demand nationally creates challenges for both attracting and retaining specialists in the agency. As the business of public health changes to meet emerging community and national problems, availability issues in certain professions will persist.

As the workforce continues to age and more employees become eligible for retirement, VDH must develop more creative and effective strategies to successfully compete for qualified, talented employees.

- *Anticipated Changes in Products or Services:*
VDH anticipates a variety of changes to its products and services in the future. These anticipated changes are fully described in the 41 service area plans. Some examples include the following:

Communicable Disease Prevention and Control

More interstate coordination of investigations.

Increasing emphasis on chain of custody to meet the needs of law enforcement in outbreak investigations.

Greater need for services to be ethnically and linguistically diverse, and culturally appropriate.

Some re-centralization of tuberculosis (TB) prevention and control services (i.e., consultation, contact investigations, and surveillance data collection) is occurring.

Availability of pharmaceutical supplies, such as flu vaccine, will vary and affect product and service availability.

Availability of enhanced laboratory testing can dramatically increase the accuracy and timeliness of disease detection.

Community-based organizations are taking a larger role in services for newly diagnosed persons with HIV.

Introduction of new vaccines for use by the public; e.g., adolescent/adult tetanus, diphtheria and pertussis (Tdap), meningococcal conjugate vaccine (MCV4), and human papillomavirus (HPV).

Environmental Health Hazards Protection

Incorporation of the Virginia Environmental Information System (VENIS) into all environmental health service areas for a centralized database. Part of this incorporation will include creation of a central temporary food vendor database that will be streamlined so that data can be easily shared among districts.

Continued turnover of environmental health specialists in the local health departments will continue to strain VDH central office staff's ability to train field staff. Also impacted will be the districts' ability to maintain at least one food standardization officer in each district. This will require additional time from central office food staff to standardize new officers.

High levels of frustration are expected to continue in both the private sector and local health departments as the fast changing technology outpaces VDH's ability to modify its processes and amend its on-site sewage disposal regulations to incorporate technological changes.

VDH is in the process of adjusting its growing area classification efforts to more intensely monitor and use new techniques to monitor the near shore environments of shellfish growing areas. VDH successfully competed for state-of-the-art fluorometers and real time PCR (polymerase chain reaction - genetic fingerprinting) equipment. The fluorometers will be used for use in the field detection of trace sewage inputs from septic tank drainfields and cracked sewer lines. The real time PCR equipment will be used to detect pathogenic strains of naturally occurring bacteria, i.e., those not related to sewage pollution events. All of these activities are workforce intensive, and will require scaling back on other activities, such as the extent of shoreline surveys and perhaps the frequency of processing facility inspections for those that achieve consistently good inspection results.

Emergency Preparedness and Response and Emergency Medical Services

Due to workforce shortages and demand on services, EMS will see a trend in returning to basics, i.e., a rapid and robust Basic Life Support system followed by a smaller group of experienced and well supervised paramedics. The demand for technical assistance from localities, EMS agencies and organizations to develop strategies to address recruitment and retention of EMS personnel will increase.

There will be an increasing role for lay interveners within the EMS system. The impact of 9/11 has resulted in the development of citizen corps and other volunteer groups, support for neighbors and family, new courses being developed and an increasing role of bystander care until EMS arrives. This will require greater coordination and management of information and resources by the Office of EMS.

Health care delivery issues such as declining on-call availability of physician specialists, diversion of ambulances, hospital overcrowding, difficulty of access to primary care, uninsured patients and increasing EMS call volume will require EMS to play a significantly larger role in community health delivery and coordination of services. In addition, there is greater emphasis and attention related to planning and prepared activities related to pandemic flu (H1N1). This will place a greater demand on the Office of EMS programs, services and financial resources.

Health Assessment, Promotion and Education

The expansion of newborn screening services will significantly increase the number of families served by VDH staff and contractors. The workload associated with following up on screened abnormal test results requires additional staff, new knowledge paths, and considerably more preparation to assist families. The additional screening tests for which there are no established treatments will place an as-yet-undetermined burden on the program. Services provided to families will shift to be delivered in the most cost-effective manner possible while maintaining an acceptable standard of timely customer service and medically necessary follow up.

Policies and guidelines that support the appropriate use of genetics to improve health, prevent disease, and protect individuals from genetic discrimination will need to be developed.

The Lead-Safe Virginia program will continue to adjust its goals, objectives, and strategies to the changing needs of grantors. This represents a substantial shift in focus away from providing outreach for screening children to primary environmental prevention.

Services to child day care providers by local licensed health department staff have increased in response to the changes in regulations. This includes increasing hours of training for daily health screening, pandemic flu plans and consultation, and mandatory training for medication administration, which requires training by licensed health care providers. VDH will respond to greater demands for technical assistance and consultation on regulated issues.

Core training of staff and quality improvement through evaluation of outcomes are steps identified by the Home Visiting Consortium which will increase efficiency and effectiveness of early childhood home visiting services. Integration of community health workers into the Virginia health care delivery system will enhance access by linking families to providers and improve effectiveness of care through patient education and follow-up in the community.

Higher health care costs, fewer employers offering affordable health care insurance, and the long term impact of economy recovery in the Commonwealth will increase the numbers of women seeking publicly funded family planning services.

VDH relies on funding from the federal Preventive Health and Health Services Block Grant to support its chronic disease prevention and oral health services. This funding source was greatly reduced in 2006 and 2007 and has become an uncertain funding source as a result. Possible shifts in this funding source could affect leadership capacity and coordination of chronic disease services, and cause elimination or reduction in services.

VDH continues to anticipate a gradual reduction in federal funding for tobacco use prevention efforts, especially in the area of quitline services. This will impact the promotion of 1-800-Quitnow as well as potentially reduce the number of services available to tobacco users.

Federal guidelines specifying the WIC food package will change October 1, 2009. These changes are expected to increase participation and acceptance of the program for eligible populations, by increasing the appeal and acceptability to various cultural groups. The new food package calls for the addition of fresh fruits and vegetables, and whole grains.

Health Planning, Quality Oversight and Access to Care

VDH will strengthen its efforts to ensure compliance with agreed upon conditions placed on granted COPNs.

Demand for health care practitioners in medically underserved areas will increase as the pool of J-1 visa waiver physicians diminishes.

Drinking Water Protection

Increased resources are anticipated to be needed to evaluate engineering reports, plans and specifications as a result of increased regulation and upgrades for replacing aging infrastructure.

On-site inspections of waterworks are expected to increase as the public demands greater oversight to protect public health.

Training and technical assistance to owners/operators is expected to increase due to increasing complexity of drinking water regulations.

Reduced funding sources will limit the program's ability to support local water utilities to address water quality and quantity needs in the future.

Vital Records and Health Statistics

An on-line tutorial for physicians will be developed that will assist them in completing the medical certification on the death certificate.

An on-line tutorial for the local health department deputy registrars will be developed that will assist them in filing home births, reviewing and accepting death certificates, preparing acknowledgment of paternity forms, and correction affidavits.

The VDH Division of Health Statistics is improving the flow of information to local health districts.

Medical Examiner and Anatomical Services

The OCME's new Northern district office is co-located with the Division of Forensic Science in a new facility in Prince William County. This facility is better able to accommodate the growing case load and staff needed to handle the cases and real time death reporting.

More educational programs and mailings will be provided to assisted living facilities and hospices concerning anatomical donation.

Financial Assistance to Improve Access to Health Care and Emergency Medical Services

New awards in the Virginia Medical Scholarship Program were phased out, and the funds will instead be used in the Virginia Loan Repayment Program. There has been a 40 percent default rate in the scholarship program.

Administrative and Support Services

Agency financial system enhancements for reporting of financial and accounting information within statewide program offices and the local health departments are anticipated.

Efficiencies through increased and expanded use of data warehousing and web-based applications as well as continuing automation of human resources processes will continue to be pursued.

Emergency Preparedness and Response programs will continue to provide new and unique challenges to the agency human resources system, as expectations of workers change in response to emergency preparations and response.

Finance

- *Financial Overview:*

  VDH funds are managed across an array of 41 service areas and fund appropriations. The specific breakdown of all fund sources of the agency budget is: federal grants and contracts (43 percent); general funds (28 percent); local government funds for local health departments (9 percent); fees and charges for services (16 percent); dedicated special revenues (3 percent); and private grants, donations, and gifts (less than 1 percent).

  Through a contractual agreement, each locality commits funds to VDH to operate the local health department. The percentage of local match dollars is determined by an administrative formula and varies from locality to locality based on the estimated taxable wealth of each locality. Locality percentages range from 18 percent to 45 percent of the local health department budget, and state general funds represent the remainder.

  VDH has approximately 91 federal grants and 43 federal contracts. Federal grants fund a broad range of activities such as Public Health Preparedness and Response, Maternal and Child Health Services, Preventive Health Services, AIDS Prevention, Childhood Immunizations, Licensure and Medical Certification of Acute and Long Term Care Facilities, Women-Infants-Children (WIC) Nutrition, Chronic Disease Prevention, Safe Drinking Water, and include four American Recovery and Reinvestment (ARRA) grants.

  A substantial portion of the fees and charges for services are for environmental, medical, and personal care services provided in the local health departments; also included are those fees associated with waterworks operation, regulation of health care facilities, certified copies of vital records, and other miscellaneous services. Dedicated special revenues are those revenues generated from non-VDH related fees and fines such as the $4.25 surcharge on motor vehicle registrations earmarked for Emergency Medical Services and repayments on loans.

- *Financial Breakdown:*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund

Base Budget	$163,781,770	$411,748,836	$163,781,770	$411,748,836
Change To Base	$1,803,487	$814,560	$1,803,487	$814,560
Agency Total	$165,585,257	$412,563,396	$165,585,257	$412,563,396

This financial summary is computed from information entered in the service area plans.

Human Resources

- *Overview*

VDH services to the Commonwealth are delivered by a highly skilled, diverse workforce of salaried and wage employees as well as contractors, federal assignees, local government employees, and volunteers in locations throughout the state. Public health services in Fairfax and Arlington are provided by employees of local government since these two jurisdictions operate locally administered health departments under contract with VDH. Services in the balance of the state are provided by VDH staff in over 200 locations statewide.

VDH salaried and wage positions are configured into 108 roles and 252 job working titles. As of July 1, 2009, VDH had an appropriated level of 3,622 salaried FTEs, with 3,494 positions filled.

Agency demographics are similar to the Commonwealth's workforce profile. As of June 30, 2009, the average age of VDH employees was 48 years, with a median age of 50 years, compared with an average age of 46 years and a median age of 47 years in the state workforce. Twenty-five percent of the VDH workforce has over 20 years of state service, compared with twenty-three percent of the state workforce. Twelve percent of the VDH workforce is currently eligible for full retirement, compared with eleven percent of the state workforce overall. All of this data reflects an aging VDH workforce with the associated challenge of effective succession planning and workforce development. Additionally, as the practice of public health continues to evolve, the workforce must repeatedly update their knowledge and skills to continue promoting and protecting the health of Virginians.

VDH continues to depict a diverse workforce with 78 percent female and 22 percent male employees. Thirty percent of VDH's employees are members of minority groups.

- *Human Resource Levels*

Effective Date	7/1/2009	
Total Authorized Position level	3622	
Vacant Positions	-128	
Current Employment Level	**3,494.0**	
Non-Classified (Filled)	3	
Full-Time Classified (Filled)	3444	*breakout of Current Employment Level*
Part-Time Classified (Filled)	47	
Faculty (Filled)	0	
Wage	510	
Contract Employees	286	
Total Human Resource Level	**4,290.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*

Manmade and natural disasters pose a significant challenge for VDH in preparing for and responding to emergencies, managing disease surveillance, and providing general administration services. Meeting this challenge will require additional training, financial resources, and expert staff in the future. The public health infrastructure of financial and resource management professionals will be needed to address challenges in monetary resources, policy, practices, and regulations. Resources and expertise will also be required to ensure worker safety and to manage risks through background investigations and enhanced security measures.

VDH staff must continue to partner with public and private training and educational programs statewide to ensure a public health workforce that is educated, trained and prepared. In-house training efforts will be necessary to provide existing staff with current information, skills, and knowledge that are essential to promote and protect the health of the citizens of the Commonwealth.

Consistent with national trends in public health, VDH will continue to need expert workers that are also in high demand in the regional as well as the national marketplace. These workers include dentists, public health physicians, public health engineers, environmental health specialists and managers, registered nurses, and general administrative managers. Effective marketing and the use of compensation and retention strategies are essential for attracting and retaining expert staff.

- *Anticipated HR Changes*

On June 30, 2009, 39.3 percent of the VDH workforce was 50 years or older and eligible for reduced and unreduced retirement, with 12 percent eligible for full retirement. Succession planning and enhanced training programs will represent new demands on managers statewide.

Additional information regarding changes in human resources may be found in the VDH Workforce Plan.

Information Technology

- *Current Operational IT Investments:*

VDH hosts 119 applications. Most applications are used by small numbers of employees to address program, division, or office issues. The core applications with more of an enterprise focus appear below. Agency goals can be viewed in the Agency Goals section of the Agency Strategic Plan.

VENIS - Environmental system for restaurant inspection, wells, septic, etc. Contributes to Agency Business Goals 1, 2, 5, and 9. Supports many environmental health activities which are required by Code.
EMS Trauma Registry (Oracle) - Tracks medical reports on each patient transported to an ER by ambulance. Contributes to Agency Business Goal 4, Supports activities of the state-wide emergency medical services.
Strategic National Stockpile - Tracks federal drugs and medical supplies provided during an emergency. Contributes to Agency Business Goal 6. Part of the Agency's emergency response.
Volunteer Management - Registers medical volunteers for deployment in an emergency. Contributes to Agency

Business Goal 6. Part of the Agency's emergency response.
Vaccine Registry (VIIS) - Code-mandated statewide immunization registry. Will support H1N1 vaccination efforts. Contributes to Agency Business Goals 1, 2, 3, 4, and 6.
ESSENCE - Syndromic surveillance system. Receives and analyzes daily data from hospital ERs to detect emerging patterns of disease syndromes. Accessed by DSI and district staff. Contributes to Agency Business Goals 1, 2, 4, 5, and 6: Part of a multi-state (MD, DC, and VA) early-warning system to detect bioterrorism events and other disease patterns.
NEDSS - A CDC developed application for tracking reports of notifiable diagnoses. Contributes to Agency Business Goals 1, 2, 4, and 5. Meets Code-required reporting of certain diseases of public importance.
Cancer Registry - Central Office application for tracking and reporting cancer. Contributes to Agency Business Goals 1 and 5. Meets federal funded cancer data reporting needs.
VISITS - Birth defects tracking. Contributes to Agency Business Goal 1. Meets Code-mandated birth defects tracking requirements.
WICNet - Federal nutrition program. Contributes to Agency Business Goals 1and 4. USDA required system to provide nutritional assessments and to print WIC food checks.
Financial & Admin System (F&A) - Administrative support and front end to CARS. Includes Web F&A. Supports all Agency Goals. Allows coding to federal grant requirements.
HAN - Alerting system for medical providers. Contributes to Agency Business Goals 1, 4, and 6. Provides emergency notification to licensed medical providers through multiple channels.
WebVISION - Patient management system for clinics. Contributes to Agency Business Goal 1. Meets Code-mandated requirement to provide medical services based on ability to pay.
Vital - Vital records production system. Contributes to Agency Business Goals 1 and 5. Meets Code-mandated vital records needs.

All of these applications were developed for specific business needs, and are actively managed to the system owner’s specifications.

The VDH mission always included elements of emergency preparedness and response, but as the lead state agency for response to bioterrorism, and as an important part of the response to chemical and radiological emergencies, the required level of reliability and redundancy of key systems, especially communications, has increased. The emergence of a novel influenza A (H1N1) virus has heightened the reliance on several systems and has accelerated deployment of the immunization registry (VIIS). Additionally, the strategic National Stockpile system and Volunteer Management System are more likely to be needed and must be available.

The major enterprise application at VDH is WebVISION. This in-house developed statewide system provides local health departments the ability to manage the business of providing patient care. It is currently running on Oracle 10g and has proven to be a reliable, flexible, and popular application. Changes in external requirements (such as third party payer electronic billing changes) and evolving user requirements continue to create substantial ongoing maintenance requirements. This application will need to be upgraded to Oracle 11g to remain supported.

VDH has recognized the expanding needs for health related data and is making a focused effort to improve the agency data warehouse’s accessibility and functionality. As the common end point for many applications, this function has many potential benefits to both employees and citizens.

VDH has completed transferring key application development and maintenance personnel from contractor to full time employee status. This was an important risk in the past that has now been substantially reduced. We are now converting most contractors to classified employees, further decreasing risk.

- *Factors Impacting the Current IT:*

  Operations at VDH are currently dominated by planning for our response to the 2009 Influenza A (H1N1) virus. This response will challenge our vaccine registry (VIIS), alerting (HAN), surveillance (ESSENCE), and general communications.

  Like all executive branch agencies, many of VDH’s IT issues are impacted by outsourcing the infrastructure through VITA to Northrop Grumman. The transformation process has introduced substantial change and we have not fully achieved a steady-state.

  Federal grantees are increasingly unwilling to fund state-specific development. Multi state consortia, such as the Crossroads 4-state consortia for the new Women, Infants, and Children's program application, or federally funded applications, such as the Wisconsin Immunization Registry and the NEDSS project, decrease start-up costs for VDH but substantially decrease flexibility and may increase maintenance costs and/or frustrations.
  The pressures to increase telecommuting have stressed our ability to provide technical solutions and support for telecommuting during transformation.

  Though VDH is decreasing its reliance on IT contractors, uncertainty in future contracting anticipates that the IT Staff Augmentation Operational Review will provide avenues to address the issue of long-term reliance on IT contractors.

- *Proposed IT Solutions:*

  We anticipate achieving an infrastructure steady state in about 1 more year.

  VDH plans to continue to enhance the functionality of the data warehouse and to add the number of data sources being captured. Providing a comprehensive tool for public health decision-making is the long term goal.

  All applications require regular maintenance including upgrades to operating systems, software, servers, and network, as well as training at all levels.

  Several new projects will enhance current business functions through automation.

  1. Electronic Death reporting - The Electronic Death Registration (EDR) will allow the Division of Vital Records to go from a paper-based reporting system to an electronic filing system. EDR will be a web-based system that will allow the many participants of the death registration process to remotely submit; register; and certify deaths occurring in the Commonwealth of Virginia. The EDR system is expected to reduce reporting delays, improve data quality, and increase the usability of death data. This application will support:

  221.20 Citizen Operations - Describes the direct provision of a service for the citizen by government employees (or contractors).

  222.20 General Purpose Data and Statistics - Includes activities performed in providing empirical, numerical, and related data and information pertaining to the current state of the state in areas such as the economy, education, labor, weather, global trade, etc.

2. VDH's efforts to adopt an electronic health record (EHR) for its own patients have experienced a number of obstacles during previous planning efforts. A new effort is in the conceptual phase. This will enhance clinic operations, and improve patient safety.

111.10 Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.

111.30 Health Advancement - Addresses the evolutionary process in healthcare, quality improvements, and delivery of services, methods, decision models and practices. These cover all aspects of health.

111.40 Health Care Services - Involves programs and activities that provide delivery of health and medical care (inpatient and outpatient) to the public, including health care benefit programs.

3. VDH has recognized the many benefits of Electronic Content Management and has made progress in defining requirement and detailing business processes, but budget challenges have paused this project. Many operational efficiencies will be realized from this project. Processes will be simplified, documents will be safer and more easily found, storage costs will be eventually reduced.

329. 60 Central Records and Statistics Management - Involves the operations surrounding the management of official documents, statistics, and records for the entire state government. This Sub-Function is intended to include the management of records and statistics for the state government as a whole, such as the records management performed by the Library of Virginia or the statistics and data collection performed by the Virginia Employment Commission. Note: Many agencies perform records and statistics management for a particular business function and as such should be mapped to that line of business. The Central Records and Statistics Management is intended for functions performed on behalf of the entire state government.

440. 50 Record Retention - Involves the operations surrounding the management of the official documents and records for an agency.

4. The Electronic Birth Certificate (EBC) Project will allow the Division of Vital Records (VR) to implement enhancements to its EBC that will allow VR to capture birth data as well as performing amendments, delayed birth and adoptions. This application will also include a correspondence tracking system which tracks and manages requests from the public. It is currently deployed internally and will be rolled-out to hospitals this fall.

221.20 Citizen Operations - Describes the direct provision of a service for the citizen by government employees (or contractors).

222.20 General Purpose Data and Statistics - Includes activities performed in providing empirical, numerical, and related data and information pertaining to the current state of the state in areas such as the economy, education, labor, weather, global trade, etc.

5. The WIC Electronic Benefits Project is part of the USDA-funded Crossroads Project. Virginia is taking the lead on developing this module for the multi-state consortium providing better constituent services. This credit card type system will be more convenient for customers, safer, easier to track, cheaper to manage, eliminate any stigma associated with WIC checks.

221.20 Citizen Operations - Describes the direct provision of a service for the citizen by government employees (or contractors).

6. Central Pharmacy Non-Vaccine Items Inventory in WebVISION Project. The Central Pharmacy Non-Vaccine Items Inventory in WebVISION will incorporate new functionalities within a new module that will integrate both the non-vaccine items inventory from old F&A along with the vaccine inventory that currently exists in WebVISION. WebVISION will require some modifications to permit the merger of the two inventories into one module, providing users with a streamlined system. This will provide operational efficiencies by providing a single application to manage inventories.

111.10 Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.

111.40 Health Care Services - Involves programs and activities that provide delivery of health and medical care (inpatient and outpatient) to the public, including health care benefit programs.

7 Virginia Volunteer Health System (VVHS, aka VMS) and SNS offline modules and enhancements. In order to use VVHS and SNS in a major emergency with no power and Internet connectivity, we need to build a mobile module for the both applications that can be run on a laptop. This new module will give the user capability to access the data from a laptop without Internet connectivity and synchronize data after the connectivity is established to the central database. This feature is very critical to both the applications due to the nature of business in which both these applications can be used. Another major effort is customizing the existing VVHS for the usage by Human Resources to track the staff usage in the event of emergency. This effort includes capturing some new data elements required by HR and generate the related reports. Included will be an interfaces for automating the credential validation process for volunteers and downloading data from TRAINVA.

112. 10 Key Asset and Critical Infrastructure Protection - Involves assessing key asset and critical infrastructure vulnerabilities and taking direct action to mitigate vulnerabilities, enhance security, and ensure continuity and necessary redundancy in government operations and personnel.

8. Web F & A Assets Management Module. Web F & A Assets Management Module is an add-on to the current VDH Financial and Administration system that has been developed in-house. This new module will contain the asset management module, the federal grant management module, a new reporting module and other enhancements as requested by the business unit to make their operations more efficient. The add-on module helps integrate assets accounting to the existing system and allows inventory maintenance, funding management, cost center accounting etc. The integration will achieve data redundancy and reduce errors. Since the modules will be seamlessly integrated to existing modules, there will not be accounting error introduced by data synchronization issues. This new module will also help manage agency VITA inventory and related accounting of the same. Lines of Business supported are:

438.10 Accounting - Entails accounting for assets, liabilities, fund balances, revenues and expenses associated with the maintenance of funds and expenditure of state appropriations (Salaries and Expenses, Operation and Maintenance,

Procurement, Working Capital, Trust Funds, etc.), in accordance with applicable state standards.

438. 20 Asset and Liability Management - Provides accounting support for the management of assets and liabilities of the state government.

438. 70 Cost Accounting/Performance Measurement - Includes the process of accumulating, measuring, analyzing, interpreting, and reporting cost information useful to both internal and external groups concerned with the way in which an organization uses, accounts for, safeguards, and controls its resources to meet its objectives. Cost accounting information is necessary in establishing strategic goals, measuring service efforts and accomplishments, and relating efforts to accomplishments. Also, cost accounting, financial accounting, and budgetary accounting all draw information from common data sources.

- *Current IT Services:*

Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected Service Fees	$15,813,418	$4,681,891	$16,050,619	$4,752,119
Changes (+/-) to VITA Infrastructure	-$317,000	$0	-$317,000	$0
Estimated VITA Infrastructure	$15,496,418	$4,681,891	$15,733,619	$4,752,119
Specialized Infrastructure	$0	$0	$0	$0
Agency IT Staff	$3,273,470	$1,664,729	$3,273,470	$1,664,729
Non-agency IT Staff	$0	$0	$0	$0
Other Application Costs	$360,000	$100,000	$360,000	$100,000
Agency IT Current Services	$19,129,888	$6,446,620	$19,367,089	$6,516,848

Comments:
The negative amount entered in the Changes to VITA Infrastructure field is to eliminate the duplicate entry. This procurement is listed in the Previous Year's VITA Fees field and again as a proposed IT procurement.

- *Proposed IT Investments*

Estimated Costs for Projects and New IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	$0	$1,955,921	$0	$1,517,441
Non-major IT Projects	$0	$736,500	$0	$406,000
Agency-level IT Projects	$0	$100,000	$0	$95,000
Major Stand Alone IT Procurements	$1,148,613	$1,167,906	$1,148,613	$1,448,460
Non-major Stand Alone IT Procurements	$317,000	$173,680	$317,000	$443,680
Total Proposed IT Investments	$1,465,613	$4,134,007	$1,465,613	$3,910,581

- *Projected Total IT Budget*

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Current IT Services	$19,129,888	$6,446,620	$19,367,089	$6,516,848
Proposed IT Investments	$1,465,613	$4,134,007	$1,465,613	$3,910,581
Total	$20,595,501	$10,580,627	$20,832,702	$10,427,429

Appendix A - Agency's information technology investment detail maintained in VITA's ProSight system.

Capital

- *Current State of Capital Investments:*
  [Nothing entered]
- *Factors Impacting Capital Investments:*
  [Nothing entered]
- *Capital Investments Alignment:*
  [Nothing entered]

Agency Goals

Goal 1

Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.

Goal Summary and Alignment

As the leader and coordinator of Virginia's public health system, VDH is expected to provide effective guidance and collaboration in areas such as policy development, legislative and regulatory review, business process improvements, internal and external communications, and quality control. Strong leadership and operational support also entails providing high quality customer service in a culturally-sensitive manner. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Be recognized as the best-managed state in the nation.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 2

Prevent and control the transmission of communicable diseases and other health hazards.

Goal Summary and Alignment

In the absence of adequate precautions and effective safeguards, innumerable infectious agents are capable of being spread throughout the population via numerous mechanisms. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal Objectives

- We will Increase immunization rates of children at two years of age

  Objective Strategies

  - The children served in VDH WIC clinics represent a significant percentage of the children that are delinquent in their immunizations. VDH will work with WIC staff to broaden immunization screening and referral activities at all WIC certification and recertification visits.
  - VDH will increase the number of private practice immunization coverage assessments conducted by VDH immunization staff.
  - VDH will expand the immunization registry into the private sector in order to provide physicians with accurate immunization data to identify patients due or overdue for their immunizations.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of two-year old children in Virginia who are appropriately immunized

    Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 84 Date: 6/30/2004

    Measure Baseline Description: Percent of children

    Measure Target Value: 90 Date: 6/30/2012

    Measure Target Description: Percent of children

    Long-range Measure Target Value: 90 Date: 6/30/2014

    Long-range Measure Target Description: Percent of children

    Data Source and Calculation: Percentage obtained from the National Immunization Survey (NIS) conducted by the U.S. Centers for Disease Control and Prevention (CDC). The NIS is a large ongoing, random-digit dialing survey used to provide annual estimates of immunization coverage rates among 19-35-month-old children. The vaccination coverage estimate is based on the provider-verified responses from the parents of children who live in households with telephones. The CDC uses complex statistical methods to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers.

Goal 3

Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.

Goal Summary and Alignment

Establishing and securing effective linkages between Virginia's residents, health care practitioners and health insurers is necessary to assure adequate public health. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 4

Promote systems, policies and practices that facilitate improved health for all Virginians.

Goal Summary and Alignment

Improving the overall health status of Virginia's population, by reducing the burden of chronic disease, assuring appropriate care for Children with Special Health Care Needs, promoting the health of women and children, and preventing injuries, is a key dimension of Virginia's public health system. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal Objectives

- We will reduce the prevalence of obesity in Virginia

  Objective Strategies

  - VDH is continuing to work on its CHAMPION obesity prevention initiative. This is designed to help equip Virginia's communities with the tools they need to reduce obesity rates. The CHAMPION strategic planning process identified four common themes for solutions: media intervention, nutrition education, community involvement, and public policy changes. VDH staff are evaluating existing programs and interventions that address these four themes, and that have demonstrated positive outcomes, and that have been proven to be replicable and cost effective. The Commissioner has established a Task Force on the Prevention of Obesity which has a statewide advisory committee, in order to provide an additional level of expert review of specific programs recommended by VDH for inclusion in CHAMPION. The committee's function was critical, as its review determined which initiatives were included in the final plan. That plan, a public guidance document containing the best resources, practices, information and ideas to help communities combat obesity levels and increase better nutrition and physical activity opportunities was released May 2009. The CHAMPION website (http://www.vahealth.org/wic/champion.asp) includes a comprehensive searchable database of obesity prevention programs in Virginia, and will continue to be updated. Upon release of the final plan, VDH has conducted re-engagement conferences in two areas of the state, those with highest obesity rates, and recently awarded nine mini-grants for implementation of first year CHAMPION programs to those areas.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - The percentage of adults in Virginia who are obese

    Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

    Measure Baseline Value: 25.1 Date: 12/31/2005

    Measure Baseline Description: Percent based on calendar year

    Measure Target Value: 25.0 Date: 6/30/2012

    Measure Target Description: Maximum of 25.0% (15% reduction) by end of FY 2012.

    Long-range Measure Target Value: 23.0 Date: 6/30/2014

    Long-range Measure Target Description: Maximum of 23.0% (15% reduction) by end of FY 2014.

    Data Source and Calculation: Obesity is defined as the percentage of adults with a Body Mass Index (BMI) of greater than 30.0. BMI is a weight to height ratio. These are the three BMI categories: Normal weight (Neither overweight or obese), BMI less than 25.0 Overweight, BMI between 25.0 - 29.9 Obese, BMI over 30.0, which is about 30 pounds or more overweight. This measure uses BMI data calculated by the CDC using the self reported height and weight provides as part of the Behavioral Risk Factor Surveillance System (BRFSS), which is a CDC-funded random digit dial (RDD) survey administered in all 50 states, including Virginia, as well as U.S. territories. The Virginia Department of Health Office of Family Health Services is the grant recipient and administrator of the state BRFSS grant. The survey is administered to adults ages 18 and older in non-institutional settings, and thus excludes, for example, adults residing in nursing homes, prisons, and college dormitories. The survey is conducted annually and was first implemented in 1984 (1989 for Virginia). In 2007, the state sample size for the survey was over 5,400 adults.

- We will reduce the prevalence of smoking among Virginians

  Objective Strategies

  - The VDH Tobacco Use Control Program's (TUCP) grantees and partners continue efforts to develop and implement policies to reducing smoking through smoke-free restaurants and businesses.
  - The Virginia Foundation for Healthy Youth (VFHY), formerly known as the Virginia Tobacco Settlement Foundation, continues to strive for a reduction in youth tobacco use through social marketing media campaigns.
  - The TUCP provides grant funding to work on tobacco use control in local communities.
  - VFHY funds grantees to work on tobacco use control prevention measures in schools and community groups-via best practices curriculum.
  - VDH continues to promote its tobacco Quitline (1-800-QuitNow).

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of adults in Virginia who smoke

    Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

    Measure Baseline Value: 20.8 Date: 6/30/2004

    Measure Baseline Description: Percent

    Measure Target Value: 12 Date: 6/30/2012

Measure Target Description: Percent

Long-range Measure Target Value: 10 Date: 6/30/2014

Long-range Measure Target Description: Percent

Data Source and Calculation: The state adult smoking rate, which is reported as a weighted percentage of the sample, is based on the proportion of survey respondents who reported that they smoked at least 100 cigarettes in their lifetime and either smoked every day or some days. The data source for the adult smoking rate is the Behavioral Risk Factor Surveillance System (BRFSS), which is a CDC-funded random digit dial (RDD) survey administered in all 50 states, including Virginia, as well as U.S. territories. The Virginia Department of Health Office of Family Health Services is the grant recipient and administrator of the state BRFSS grant. The survey is administered to adults ages 18 and older in non-institutional settings, and thus excludes, for example, adults residing in nursing homes, prisons, and college dormitories. The survey is conducted annually and was first implemented in 1984 (1989 for Virginia). In 2007, the state sample size for the survey was over 5,400 adults.

- Percentage of youth ages 12-17 in Virginia who smoke

  Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Frequency Comment: Biannually

  Measure Baseline Value: 15.5 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 9 Date: 6/30/2012

  Measure Target Description: Percent

  Long-range Measure Target Value: 7 Date: 6/30/2014

  Long-range Measure Target Description: Percent

  Data Source and Calculation: The youth smoking rate, which is reported as a weighted percentage, is based on the number of survey respondents who reported that they smoked at least 100 cigarettes in their lifetime and have smoked on at least one day in the previous 30 days. The data source is the state Youth Tobacco Survey (YTS), which was developed by the CDC and is administered by a majority of states, including Virginia. The Virginia Tobacco Settlement Foundation sponsors the YTS. The survey is administered as a paper-and-pencil questionnaire in a school setting to a statewide random sample of public middle- and high school students in grades 6 through 12 (representing ages 12 to 17 years). The survey has been administered every other year in Virginia since 2001. In 2007, the state sample size for the survey was over 2,600 students.

- We will reduce infant mortality

  Objective Strategies

  - The State Health Commissioner convened a diverse group of community leaders with medical and health professionals to develop specific strategies and actions that can be taken in the state's local communities over the next several years to improve the health of pregnant women, new mothers and infants. Several projects have been started and are near being launched. One project is VDH partnering with the AARP to raise awareness regarding infant mortality by using the AARP newsletter and website to launch a Grandmothers Campaign. VDH is also partnering with the Healthy Mothers Healthy Babies Coalition to launch Text4Baby, a project using cell phones to text women health messages during their pregnancy and in the first few months of parenthood.
  - Programs targeting pregnant and postpartum women and their families which include Resource Mothers Program (RMP) and Loving Steps (Healthy Start) have been continued.
  - Home visiting is used as a major strategy to address poor birth outcomes including both medical and social issues. Since November 2006, VDH staff has provided leadership to convene a workgroup representing all home visiting programs in the state to identify ways these programs could work more efficiently and effectively. Annual reports have been submitted to the Governor's Working Group on Early Childhood Initiatives. Multiple trainings have been conducted and data elements have been approved for statewide collection to start in FY 2010.
  - It is known that hospital nurses play critical roles in influencing and encouraging the infant safe sleep environment in the hospital and at home. VDH has received a grant from the C.J. Foundation for S.I.D.S, Inc. to provide train-the trainer workshops for birth hospitals in order to develop hospital-based policies and nursing competencies regarding infant safe sleep practices.
  - An interagency Substance Exposed Newborn Workgroup has continued to meet in the past year to identify ways to address the issue of maternal substance abuse during pregnancy. The workgroup initiated has reviewed and recommended valid and reliable assessment tools that can be used by providers to assess for substance use during pregnancy. The tools are available on the Department of Behavioral Health and Developmental Services website.
  - VDH worked with DMAS to streamline BabyCare paperwork requirements, increase mileage reimbursement, and continue to revise the manual. VDH in partnership with DMAS provided a web-based training for all health district staff on the implementation of the changes in order to encourage district participation in the program. Recommendations were made to DMAS to update the criteria for risk and determining eligibility for the program.
  - The Maternal Death Review Team is fully operational and reviewing approximately 40 cases per year. Many of the issues identified by this team are important to understanding infant mortality. An initial report for 1999-2001 cases was released in October 2007 and a subsequent report focusing on obesity and maternal mortality

was released in October 2008.

Link to State Strategy

- nothing linked

Objective Measures

- Number of infant deaths per 1,000 live births

Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

Measure Baseline Value: 7.4 Date: 12/31/2004

Measure Baseline Description: Number of deaths per 1,000 live births

Measure Target Value: 6.7 Date: 6/30/2012

Measure Target Description: Number of deaths per 1,000 live births

Long-range Measure Target Value: 6.5 Date: 6/30/2014

Long-range Measure Target Description: Number of deaths per 1,000 live births

Data Source and Calculation: Calculated by dividing the number of infant deaths in a given year by the number of live births in that same year multiplied by 1,000. All births and deaths are registered through the birth and death certificate process. This methodology is consistent with the National Center of Health Statistics method.

Goal 5

Collect, maintain and disseminate accurate, timely, and understandable public health information.

Goal Summary and Alignment

A sound system for administering vital records, including birth and death certificates, is crucial to many aspects of public and private sector activities. Timely and informative health statistics provide a basis for analysis of public health issues. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 6

Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

Goal Summary and Alignment

State, regional and local partners work together to enhance readiness to respond to bioterrorism, infectious disease outbreaks and other public health emergencies. Virginia's Emergency Medical system is a key component of Virginia's overall emergency preparedness efforts. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect the public’s safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Goal 7

Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.

Goal Summary and Alignment

Deaths that are potentially due to causes that would pose a public health hazard, such as bioterrorism and emerging infectious agents, must be thoroughly investigated in order to identify and develop preventive measures. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect the public’s safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Goal 8

Assure provision of clean, safe drinking water to the citizens and visitors of the Commonwealth.

Goal Summary and Alignment

Clean and safe drinking water is vital in order to prevent the spread of water-borne diseases, and is an essential component for ensuring Virginians an acceptable quality of life. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.
- Protect, conserve and wisely develop our natural, historical and cultural resources.

Goal 9

Assure provision of safe food at restaurants and other places where food is served to the public.

Goal Summary and Alignment

Assurance of safe food is vital in order to prevent the spread of food-borne diseases, and is an essential component for ensuring Virginians an acceptable quality of life. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 10

Prevent and control exposure to toxic substances and radiation.

Goal Summary and Alignment

The purpose of this goal is to assess potential health hazards, advise policy makers and others concerning the nature of the hazard, and communicate with the public concerning the nature of the threat and preventive measures that should be taken. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Goal Alignment to Statewide Goals

- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 11

Strengthen the culture of preparedness across state agencies, their employees, and customers.

Goal Summary and Alignment

This goal ensures compliance with federal and state regulations, policies, and procedures for Commonwealth preparedness, as well as guidelines and best practices promulgated by the Assistant to the Governor for Commonwealth Preparedness, in collaboration with the Governor's Cabinet, the Commonwealth Preparedness Working Group, the Department of Planning and Budget, and the Council on Virginia's Future. The goal supports achievement of the Commonwealth's statewide goal of protecting the public's safety and security, ensuring a fair and effective system of justice, and providing a prepared response to emergencies and disasters of all kinds.

Goal Alignment to Statewide Goals

- Protect the public’s safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Goal Objectives

- We will be prepared to act in the interest of the citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals.

  Objective Strategies

  - The agency Emergency Coordination Officer will stay in regular communication with the Office of Commonwealth Preparedness, the Virginia Department of Emergency Management, and other Commonwealth Preparedness Working Group agencies.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Agency Preparedness Assessment Score

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 89.03 Date: 6/30/2009

    Measure Baseline Description: Percent

    Measure Target Value: 93.0 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: The Agency Preparedness Assessment is an all-hazards assessment tool that measures agencies' compliance with requirements and best practices. The assessment has components including Physical Security, Continuity of Operations, Information Security, Vital Records, Fire Safety, Human Resources, Risk Management and Internal Controls, and the National Incident Management System (for Virginia Emergency Response Team - VERT - agencies only).

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 1 of 41

Scholarships (601 108 10)

Description

This service area addresses access to health care services in underserved areas of the State through scholarship and loan repayment programs designed to provide incentives to health practitioners who agree to practice in areas of need in the Commonwealth. These programs include:
The Dental Scholarship Program,
The Dentist Loan Repayment Program,
The Virginia Medical Scholarship Program,
The Virginia Physician Loan Repayment Program,
The Virginia State Loan Repayment Program (SLRP),
The Mary Marshall Nursing Scholarship Program,
The Virginia Nurse Practitioner/Nurse Midwife Scholarship Program, and
The Nursing Loan Repayment Program.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area is aligned with the Virginia Department of Health's (VDH) mission to promote and protect the health of Virginians by increasing the number of health care providers practicing in underserved communities in the state.
- *Describe the Statutory Authority of this Service*
  § 32.1-122.9 of the Code of Virginia authorizes the Dental Scholarship Program and provides conditional grants for dental students to encourage them upon graduation from Virginia Commonwealth University School of Dentistry to practice in these areas.

  § 32.1-122.9:1 of the Code of Virginia authorizes the Dentist Loan Repayment Program.

  §§ 32.1-122.5:1 and 32.1-122.6 of the Code of Virginia authorizes the Virginia Medical Scholarship Program and provides conditional grants for certain medical students.

  § 32.1-122.6:1 of the Code of Virginia authorizes the Virginia Physician Loan Repayment Program.

  Public Health Service Act, Title III, Section 338I, 42 U.S.C. 254q-1 provides authorization for the Virginia State Loan Repayment Program.

  §§ 32.1-122.6:01, 54.1-3011.1-2, and 23-35.9 of the Code of Virginia provide for the Board of Health to award nursing scholarships and the nursing loan repayment program.

  § 32.1-122.6:02 of the Code of Virginia establishes the Nurse Practitioner/Nurse Midwife Scholarship Program.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Dentists serving in areas of need	23	23
	Nurse Practitioner Scholarship Program (Awards per year)	20	50
	Nursing Scholarship and Loan Repayment Patricipants (RN and LPN, Awards per year)	100	2,137
	Primary Care Physicians, Psychiatrists, Physician Assistants, and Nurse Practitioners participating in Loan Repayment Programs (New awards per year)	250	400
	Students at Virginia Commonwealth University School of Dentistry	13	360
	Students in Medical School at EVMS, VCU, UVA, and Pikeville School of Osteopathic Medicine	3	0

Anticipated Changes To Agency Customer Base
State funding for the Dental Scholarship and Dentist Loan Repayment Programs was eliminated in FY 2009. A limited number of awards were possible in FY 2009 through one time grant funding. The Division of Dental Health has applied for other federal sources of funding for these programs. However, at this time it is anticipated that there will be no new awards during FY 2010 and beyond.

The Virginia Medical Scholarship Program was phased out in in FY 2007 but earlier recipients are still serving the Commonwealth in primary care clinical settings. This program provided financial assistance to medical students at Eastern Virginia Medical School in Norfolk; the University of Virginia in Charlottesville; Virginia Commonwealth University in Richmond; and Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. Eligible applicants must be were medical students pursuing primary care specialties in family practice, general internal medicine, pediatrics, or obstetrics/gynecology. First-year primary care residency students arewere also eligible. After completion of their residency program the recipient is required to practice in a federally designated Health Professional Shortage Area (HPSA) or a Virginia Medically Underserved Area (VMUA). If a recipient fails to practice in an underserved area, he is deemed in default and must monetarily repay the Commonwealth the amount of the award, plus penalty, interest, and lawyer fees, if applicable. The phase out is because there is a 40% default rate in the Virginia Medical Scholarship Program.

The demand for nursing scholarships is expected to increase as the demand for nurses continues to increase; many current nursing professionals are retiring. Nursing schools are moving to increase enrollment to fill the shortage created by these retirees.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  State funding for the Dental Scholarship and Dentist Loan Repayment Programs was eliminated in FY 2009. However, there is still one student enrolled in Virginia Commonwealth University School of Dentistry with an obligation to practice in an area of need who will be tracked upon graduation.

  The demand for nursing scholarships increases each year as tuition increases. However, funding for nursing scholarships decreased because the 2005 General Assembly approved a reciprocal agreement with surrounding states to accept licenses for nurses that have been issued by other states. Therefore, the licensure fees used to support the nursing scholarship program decreased by approximately $10,000. This equates to between 5 and 10 scholarships per year.
- *Anticipated Changes to the Products and/or Services*
  Rather than grant new dental scholarship and loan repayment awards, the Division of Dental Health will monitor dentists who have obligations to repay or who are in default until all recipients have been tracked to fulfillment of their obligations.

  New awards in the Virginia Medical Scholarship Program were phased out and the funds used for this program will instead be used in the Virginia Loan Repayment Programs. This is because there is a 40% default in the scholarship program. This can be attributed to students deciding not to go into primary care, not working in an underserved area of Virginia, or not returning to Virginia after completing an out of state residency program. Currently, funds collected through default are used in the loan repayment programs. As these funds are exhausted, fewer recipients in the loan repayment programs are expected.
- *Listing of Products and/or Services*
  - The Dental Scholarship Program provided financial assistance to dental students at Virginia Commonwealth University (VCU) School of Dentistry in exchange for practice in an underserved area upon graduation. The dental student who still has an obligation to this program will be provided with a listing of potential areas of practice and tracked throughout his obligation.
  - The Dentist Loan Repayment Program established in 2000 was first funded in FY 2006. It assists dentists who have graduated from any accredited dental school in the nation with repayment of their educational loans in exchange for service in an underserved area in the Commonwealth. The final loan repayment awards were made in FY 2009 with federal funding. These individuals will be tracked to completion of their contracts.
  - The Virginia Medical Scholarship Program provides financial assistance to medical students at Eastern Virginia Medical School in Norfolk; the University of Virginia in Charlottesville; Virginia Commonwealth University in Richmond; and Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. Eligible applicants must be medical students pursuing primary care specialties in family practice, general internal medicine, pediatrics, or obstetrics/gynecology. First-year primary care residency students are also eligible. After completion of their residency program the recipient is required to practice in a federally designated Health Professional Shortage Area (HPSA) or a Virginia Medically Underserved Area (VMUA). If a recipient fails to practice in an underserved area, he is deemed in default and must monetarily repay the Commonwealth the amount of the award, plus penalty, interest, and lawyer fees, if applicable. This program will be phased out in 2007.
  - The Virginia Physician Loan Repayment Program assists primary care physicians and psychiatrists repay educational loans in exchange for service in a federally designated primary care HPSA or a mental HPSA (psychiatrists only), a VMUA, or a state facility, i.e., VDH, Department of Corrections, Department of Behavioral Health and Developmental Services. Applicants must specialize in primary care family or general practice, internal medicine, pediatrics, obstetrics/gynecology or psychiatry. Participants may receive up to $120,000 for a 4-year commitment in addition to the salary and benefit package offered by their employer.
  - The Virginia State Loan Repayment Program (SLRP), a federal grant through the Health Resources Services Administration, Bureau of Health Professions is a joint federal and state program that assists primary care physicians, psychiatrists, physician assistants, or nurse practitioners repay educational loans in exchange for service in a federally designated primary care Health Professional Shortage Area (HPSA) or a mental HPSA (psychiatrists only). Applicants must specialize in primary care family or general practice, internal medicine, pediatrics, obstetrics/gynecology or psychiatry. An eligible practice site must be located in a HPSA, and must be a public or not-for-profit entity. Participants may receive up to $120,000 for a 4-year commitment in addition to the salary and benefit package offered by their employer.
  - The Mary Marshall Nursing Scholarship Program is for students earning a degree as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) attending nursing school in Virginia. Scholarships are competitive and are awarded by a Nursing Scholarship Advisory Committee appointed by the Board of Health. Awards are based upon criteria determined by the committee including scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in the award. The service obligation can be fulfilled any where in Virginia in the chosen field of the recipient, RN or LPN.
  - The Virginia Nurse Practitioner/Nurse Midwife Scholarship Program awards are competitive and are awarded by a Nurse Practitioner/Nurse Midwife Scholarship Advisory Committee appointed by the Board of Health. Awards are based upon criteria determined by the committee and include scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in such award. Preference for a scholarship award is given to residents of the Commonwealth; minority students; students enrolled in adult primary care, obstetrics and gynecology, pediatrics, and geriatric nurse practitioner programs; and residents of medically underserved areas of Virginia. Scholarships are awarded for a single academic year. Scholarships must be repaid with service, one year for every year an award is received. The recipient must engage in full-time nurse practitioner or nurse midwife work in a medically underserved area of Virginia.
  - The Nursing Loan Repayment Program was established by the 2000 General Assembly, but was not funded. It established a loan repayment program requiring service anywhere in the Commonwealth with a preference for working in a long term care facility in the Commonwealth.
  - Assessment: Determine the primary care, dental and mental health underserved areas for the scholarship and loan repayment programs to meet the health needs of the state utilizing data from various sources, i.e., the Virginia Board of Dentistry, the American Dental Association, the Department of Health Professions, American Medical Association, Virginia Nurses Association, etc. Continue to conduct dentist manpower analyses based on regulatory requirements. Maintain ppova.org web site where interested practice sites and practitioners can post vacancies and/or resumes to pursue placements in medically underserved areas. Maintain a listing of all primary care physicians and psychiatrists and their practice locations in Virginia to use for designation purposes. Track the

recipients of the scholarship and loan repayment programs to ensure compliance with the various programs. Ensure the practitioner is working in an approved underserved area of the Commonwealth.

  - Policy Development: Promulgate regulations and adopt rules and regulations related to the scholarship and loan repayment programs. Interact with agencies, divisions, academic institutions, offices, societies, coalitions, task forces, joint interagency work groups, commissions, boards, advisory councils, legislative hearings, governor's staff, etc. concerning the scholarship and loan repayment programs.
  - Assurance: Link people in communities to primary care, dental and mental health services by providing students, dentists, primary care physicians, psychiatrists, nurse practitioners, physician assistants, and nurses with opportunities through the scholarship and loan repayment programs in order to increase access to primary care, oral, and mental health services in rural and underserved communities in the state. Dental scholarship and loan repayment recipeints are tracked through the single provider of dental Medicaid services in the state, Doral Dental, USA. Quarterly reports from Doral provide data to determine if a dentist is meeting their obligation to serve in an area of need and provide access to care for underserved populations. Students or dentists who go into default will be tracked until they have have repaid their financial obligation. The demand for nursing scholarships increases each year as tuition increases. However, funding for nursing scholarships decreased because the 2005 General Assembly approved a reciprocal agreement with surrounding states to accept licenses for nurses that have been issued by other states. Therefore, the licensure fees used to support the nursing scholarship program decreased by approximately, $10,000. This equates to between 5 and 10 scholarships per year.
  - The Virginia Nurse Educator Scholarship Program was established by the 2006 General Assembly to provide annual nursing scholarships to students who are enrolled part- or full-time in a master's or doctoral level nursing program and who commit to fulltime teaching after completion of their degree program within a nursing program in the Commonwealth.

Finance

- *Financial Overview*
  General funding was eliminated for the Dental Scholarship and Loan Repayment Programs in FY 2009. One time federal funds were utilized to help transition the program to no awards starting in FY 2010.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	F 20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																	
Base Budget	$325,000	$527,232	$325,000	$527,232																	
Change To Base	$0	$0	$0	$0																	
Service Area Total	$325,000	$527,232	$325,000	$527,232																	
Base Budget	$325,000	$527,232	$325,000	$527,232																	
Change To Base	$0	$0	$0	$0																	
Service Area Total	$325,000	$527,232	$325,000	$527,232																	
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Change To Base	$0	$0	$0	$0																	
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Base Budget	$325,000	$527,232	$325,000	$527,232																	
Change To	$0	$0	$0	$0																	

Base				
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Change				

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Service Area Total	$325,000	$527,232	$325,000	$527,232
Base Budget	$325,000	$527,232	$325,000	$527,232
Change To Base	$0	$0	$0	$0
Service Area Total	$325,000	$527,232	$325,000	$527,232

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Increase access to primary health, oral health, and mental health care services in underserved areas of the Commonwealth.

  Objective Description

  All OMHPHP programs seek to eliminate health inequities within the Commonwealth. To fulfill this mission, OMHPHP looks at ways to identify and monitor inequities in helath and health care and identify the social determinants that contribute to these inequities. Although Virginia has an overall favorable number of practitioners statewide and a practitioner to population ratio that mirrors the nation, a maldistribution of providers exists in many areas of the state resulting in underserved areas for access to primary health, oral health, and mental health care services. The scholarship and loan repayment programs seek to correct this maldistribution through contracting with students and practitioners to serve in these areas in exchange for funding for tuition or debt reduction of school loans.

  Alignment to Agency Goals

  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - The VDH Office of Minority Health and Public Health Policy will develop a rational service area plan to guide designation efforts so that high poverty areas are prioritized for assessment.
  - The VDH Division of Dental Health (DDH) will administer the Dental Scholarship Program through collaboration with VCU School of Dentistry to track those students currently under obligation and provide information to students concerning the program.about potential areas of need and their contractual obligation.
  - DDH will track those dental students who graduate and begin to practice in an area of need regarding the terms of their obligation as well as students who decide to proceed with financial payback rather than serve.
  - DDH will monitor those dentists currently under contract in the Dentist Loan Repayment Program.
  - DDH will update areas of need through a manpower analysis as required by regulation.
  - DDH will complete the periodic review of the Dental Scholarship and Loan Repayment Regulations.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of physicians, physician assistants, and nurse practitioners in underserved areas that received assistance through VDH administered loan repayment programs who successfully complete their service obligation.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 95 Date: 6/30/2009

    Measure Baseline Description: Percent

    Measure Target Value: 97 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: This measure is calculated based on the number of active loan recipients minus the number of recipients who default divided by the total number of active loan recipients.

  - Number of signed contracts that obligate a dental student or dentist to serve in an area of need for one year.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 14 Date: 6/30/2006

Measure Baseline Description: Number of contracts for dentists and dental students

Measure Target Value: 14 Date: 6/30/2012

Measure Target Description: Number of contracts for dentists and dental students

Data Source and Calculation: This measure is calculated based on the number of students at VCU School of Dentistry (who entered into a contract with VDH to serve in a dental area of need upon graduation) plus the number of licensed dentists (who have recently graduated from any dental school in the country and enter into a contract with VDH to serve in a dental area of need).

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 2 of 41

Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03)

Description

This service area includes the Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support the Virginia Association of Volunteer Rescue Squads (VAVRS). These items support the effective integration of personnel, transportation, communications, facilities, and education and training into a unified system that provides quality emergency medical care, thereby decreasing morbidity, mortality, and hospitalization. A comprehensive statewide system of emergency medical care offers an incentive for business and industry considering locating in the state.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health's (VDH) mission of promoting and protecting the health of Virginians by reducing death and disability resulting from sudden or serious injury and illness in the Commonwealth. This is accomplished through funding support to non profit emergency medical services (EMS) agencies and localities in the development of a comprehensive, coordinated statewide EMS system to provide the highest quality emergency medical care possible to those in need.
- *Describe the Statutory Authority of this Service*
  The Office of EMS (OEMS) is mandated by Virginia Code § 32.1-111.3 to coordinate a Statewide emergency medical care system. This section of the Code identifies 17 specific objectives that must be addressed.

  § 32.1-111.12 establishes the Virginia Rescue Squad Assistance Fund. The majority of this service area consists of funding provided through this grant process. These funds assist and support eligible EMS agencies in securing training, equipment and supplies.

  § 32.1-111.12:01 establishes a committee, appointed by the State EMS Advisory Board, to review and make recommendations for funding.

  § 46.2-694 provides that the EMS system is to be funded through a $4.25 surcharge on motor vehicle registration fees that is earmarked for EMS, commonly referred to as "Four for Life". This section establishes a funding formula for the distribution of funds and specifies the purpose and use of funds. These funds also support VAVRS in providing training to member EMS agencies and personnel as well as other eligible entities.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Citizens of the Commonwealth	7,712,091	7,712,091
	EMS agencies (non profit & municipal agencies eligible for funding support)	648	654
	EMS providers	33,711	34,048
	Localities	134	134
	Virginia Association of Volunteer Rescue Squads	1	1

Anticipated Changes To Agency Customer Base
The establishment of EMS agencies is dynamic and dependent upon the consent of local governments. Some local governments are increasingly encouraging the establishment of EMS agencies in their communities by investigating and funding government combination agencies that are staffed by local government employees during the day and by community volunteers at night. This effort is more prevalent in rural areas as the availability of volunteers becomes more limited. There is anticipated growth in the number of licensed EMS agencies staffed by governmental employees and volunteers to approach 10% in the next several years. These changes have also been precipitated by a 2005 amendment to § 15.2-955 that states "Each locality shall seek to ensure that emergency medical services are maintained throughout the entire locality."

The demand for EMS providers will continue to grow to meet the estimated 12% population growth through 2010. The pool of 16-34 year old volunteers is decreasing and there is a decreasing trend in people volunteering due to time contraints and other commitments. EMS agencies, particular volunteer agencies with higher turnover, will need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering calls and managing the day-to-day operations. With the changing demographics of Virginia, leaders will need to be trained in dealing with a variety of ethnic and cultural backgrounds and issues. OEMS will experience an increase in demand for technical assistance services and funding related to recruitment and retention of EMS personnel.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  FOUR FOR LIFE FUNDING

  In FY 2002, funding under this program increased from $2 per vehicle registration to $4 per vehicle registration to support EMS.

  The FY 2002-2004 Biennium budget retained the increase in funds to support other Commonwealth general funded initiatives.

In FY 2005, the additional funding under this program was partially distributed for EMS purposes; however $3.45 million was retained in the general fund for other purposes, and $1.04 million was set aside to support the Virginia State Police Medevac program.

In FY 2008, all funding under this program will be provided, except for the $1.04 million set aside to support the Virginia State Police Medevac program.

In FY 2009, funding under this program increased from $4 per vehicle registration to $4.25 per vehicle registration to support EMS. The additional $0.25 “shall be deposited into the Rescue Squads Assistance Fund and used only to pay for the costs associated with the certification and recertification training of emergency medical services personnel.”

In FY 2010 Budget Bill, required an additional $600,000 be set aside to support the Virginia State Police Medevac program increasing the total allocation to $1,645,375.

PERCENT DISTRIBUTIONS AS ESTABLISHED IN § 46.2-694 OF THE CODE TO TAKE EFFECT IN FY 2008:
32% Rescue Squad Assistance Fund Grants
26% Return to Localities
2% Virginia Association of Volunteer Rescue Squads (VAVRS)
10% Department of Health, EMS
30% State Department of Health for EMS training programs; advanced life support training programs; recruitment & retention of volunteer EMS personnel; system development, communications and emergency preparedness and response; and regional EMS councils.

- *Anticipated Changes to the Products and/or Services*
  Change in the RSAF regulations to allow for the funding of new or innovative projects through the RSAF grant program:

  To meet statewide critical needs especially in EMS training, communications equipment and programs; computers, emergency management, retention of EMS providers.

  To meet the 18 objectives identified in § 32.1-111.13 of the Code.
- *Listing of Products and/or Services*
  - Financial Assistance to Localities for Non Profit EMS agencies provides non-supplanting funds to support training, equipment and supplies to eligible non profit EMS agencies and organizations within their jurisdiction. Annually, funds are transferred to the locality based upon the fees collected within that jurisdiction. The locality’s comptroller must report annually on the use of these funds before subsequent fiscal year funding is released.
  - Rescue Squads Assistance Fund program grants support training and equipment to eligible non profit EMS agencies and organizations. The grant application process and award criteria are established in regulations with two distinct grant cycles each year.
  - VAVRS funding is to be used solely for the purpose of recruitment, retention and training activities for volunteer EMS personnel and agencies. Funding is provided through quarterly payments, and § 32.1-111.13 requires VAVRS to submit an annual financial report on the use of its funds to the State EMS Advisory Board.

Finance

- *Financial Overview*
  Section 46.2-694 of the Code of Virginia provides that the EMS system is to be funded through a $4 surcharge on motor vehicle registration fees that is earmarked for EMS, commonly referred to as “Four for Life”. This section establishes a funding formula for the distribution of funds and specifies the purpose and use of funds. The current funding distribution for this service area is:

  32% Rescue Squad Assistance Fund grants
  26% Return to Localities
  2% Virginia Association of Volunteer Rescue Squads
  10% Department of Health, EMS

  The remaining 30% is allocated to the VDH Office of EMS for various purposes intended to develop and maintain a statewide coordinated EMS system.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																								
Base Budget	$0	$30,054,605	$0	$30,054,605																								
Change To Base	$0	$0	$0	$0																								
Service Area Total	$0	$30,054,605	$0	$30,054,605																								
Base Budget	$0	$30,054,605	$0	$30,054,605																								
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Change To Base	$0	$0	$0	$0
Service Area Total	$0	$30,054,605	$0	$30,054,605

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide balanced and sound financial support for EMS.

  Objective Description

  The Commonwealth provides direct financial assistance for emergency medical services through a $4.25 surcharge on motor vehicle registration. These funds are to support the provision of training and education of EMS personnel, the purchase of EMS equipment and supplies and, to support local government EMS operations.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
  - Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

  Objective Strategies

  - Develop and monitor regional and state priorities for funding of EMS programs and services through effective use of RSAF Program.
  - Coordinate and conduct bi-annual RSAF grant awards.
  - Provide technical assistance and monitoring of Return to Locality funds.
  - Provide technical assistance to VAVRS in use of funds and review of annual financial report by state EMS Advisory Board as required in Code.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of funds collected and distributed as defined in Section 46.2-694 of the Code of Virginia.

    Measure Class: Other Measure Type: Input Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 100 Date: 6/20/2006

    Measure Baseline Description: Percent

Measure Target Value: 100 Date: 6/30/2012 Measure Target Description: Percent

Data Source and Calculation: The measure for Rescue Squads Assistance Fund (RSAF) is calculated based upon the amount of funding available as defined in Code. Grants are awarded based upon criteria established in regulations.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 3 of 41

State Office of Emergency Medical Services (601 402 04)

Description

The Virginia Emergency Medical Services (EMS) system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, Regional EMS Councils and, a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care. The Virginia Department of Health (VDH), Office of Emergency Medical Service (OEMS) is responsible for developing an efficient and effective statewide EMS system.

Products and services in this Service Area Plan include:

EMS System Coordination and Integration of Health Services
EMS Education, Training and Medical Direction
Critical Care, Trauma Centers, Stroke Centers, and Poison Control Centers
EMS Registry (formerly PPCR)
Emergency Operations
EMS for Children
EMS System Evaluation and Research
Human Resources Management and Technical Assistance
Public Information and Education
Regulation and Compliance
Critical Incident Stress Management
Communication Systems
Regional EMS Councils

Statewide planning and coordination is essential to assure the availability of quality emergency medical care across the Commonwealth and to provide a more coordinated response in large scale or mass casualty events requiring resources from a large number of EMS agencies and personnel. All aspects of the EMS system are included in statewide planning and coordination. OEMS maintains and updates a 5-Year-Plan that addresses specific services including: technical assistance related to general EMS system design and operation, EMS communications system design and implementation, recruitment & retention of EMS personnel, EMS training and continuing education for all levels of EMS providers, specialty care center designation, Critical Incident Stress Debriefing, and public information and education. The State EMS Advisory Board, its many committees, and the 11 recognized Regional EMS Councils are essential partners in the statewide and regional planning and coordination effort.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the VDH's mission of promoting and protecting the health of Virginians by reducing death and disability resulting from sudden or serious injury and illness in the Commonwealth. This is accomplished through planning and development of a comprehensive, coordinated statewide EMS system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.
- *Describe the Statutory Authority of this Service*
  The Board of Health is mandated by the Code of Virginia to develop a comprehensive, coordinated, EMS system in the Commonwealth and OEMS is responsible for achieving the following objectives:

  § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies 18 specific objectives that must be addressed.

  § 32.1-111.4. Regulations; emergency medical services personnel and vehicles; response times; enforcement provisions; civil penalties. Requires the Board of Health to establish requirements, procedures, capabilities and classifications for the provision of emergency medical services.

  § 32.1-111.5. Certification and recertification of emergency medical services personnel. The Board of Health prescribes by regulation the qualifications for certification and recertification of EMS personnel, including testing and continuing education.

  § 32.1-111.6. Permits; agency; emergency medical services vehicles. In the Commonwealth all EMS agencies must be licensed and all EMS vehicles must be permitted.

  § 32.1-111.7. Inspections. Each agency and each EMS vehicle shall be inspected and a record is maintained by OEMS.

  § 32.1-111.10. State Emergency Medical Services Advisory Board; purpose, membership; duties; reimbursement of expenses; staff support. Establishes a 28 member Board to advise the State Health Commissioner, Board of Health, and OEMS on all EMS matters for the development and coordination of a comprehensive and effective EMS system.

  § 32.1-111.11. Regional emergency medical services councils. This section authorizes the Board of Health to designate regional EMS councils. Each of the eleven EMS councils contract with OEMS in a performance based contract to provide specific programs and services identified in Scope of Work.

  § 32.1-111.12. Virginia Rescue Squads Assistance Fund; disbursement. This authorization language establishes the Virginia Rescue Squad Assistance Fund. The majority of Service Area "Financial Assistance for Non Profit EMS Organizations and Localities (40203)" is provided through this funding and grant process. These funds assist and support in the provision of training to support the 17 Code objectives as well as assist EMS agencies, personnel and localities meet Code requirements of regulations, certification, licensing and permitting.

  § 32.1-111.15. Statewide poison control system established. The Board of Health shall establish poison control centers that meet national certification standards promulgated by the American Association of Poison Control Centers to

provide services as defined in Code.

§ 32.1-116.1. EMS Registry (formerly the Prehospital patient care reporting procedure); trauma registry; confidentiality. This section establishes the Emergency Medical Services Patient Care Information System (EMSPCIS) which shall include the EMS registry and the Virginia Statewide Trauma Registry. The EMSPCIS is administered by OEMS for the purpose of collecting data on the incidence, severity and cause of trauma, and for the purpose of improving the delivery of prehospital and hospital emergency medical services.

§ 46.2-694. Fees for vehicles designed and used for transportation of passengers; weights used for computing fees; burden of proof. The EMS system is funded through this statute. An additional fee of $4.25 per year shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle. All funds collected pursuant to this subdivision shall be paid into the state treasury and shall be set aside as a special fund to be used only for emergency medical service purposes.

§ 18.2-270.01. Trauma Center Fund. This Code language establishes within the state treasury a special non-reverting fund known as the Trauma Center Fund. The Fund shall consist of any moneys paid into it by virtue of operation of subsection A hereof and any moneys appropriated thereto by the General Assembly and designated for the fund. The fund is administered by OEMS and distributed to designated Trauma Centers.

§ 54.1-2987.1. Durable Do Not Resuscitate Orders. This Code language defines the requirements for OEMS to administer the program.

In addition to the requirements in the Code of Virginia, the Board of Health is responsible for promulgating the Virginia EMS Regulations (12 VAC 5-31). The regulations cover a variety of areas, including EMS agency licensure and requirements, vehicle classifications and requirements, EMS personnel requirements, EMS education and certification, and EMS physician requirements, regulations governing regional EMS councils, and regulations governing financial assistance for EMS agencies..

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Advanced Life Support Training Coordinators	514	550
	Citizens of the Commonwealth	7,712,091	7,712,091
	Designated stroke centers	13	16
	EMS agencies	704	728
	EMS Instructors	564	592
	EMS organizations & associations	15	15
	EMS providers	35,067	35,567
	Free standing emergency departments	8	12
	Hospitals	94	96
	Localities	134	134
	Poison Centers	3	3
	Regional EMS Councils	11	11
	Trauma centers	14	14

Anticipated Changes To Agency Customer Base
The establishment of EMS agencies is dynamic and dependent on the consent of local governments. Some local governments are increasingly encouraging the establishment of EMS agencies in their communities by investigating and funding government combination agencies that are staffed by local government employees during the day and by community volunteers at night. This effort is more prevalent in rural areas as the availability of volunteers becomes more limited. OEMS anticipates growth in the number of licensed EMS agencies staffed by governmental employees and volunteers to approach 10% in the next several years. These changes have also been precipitated by a 2005 amendment to §15.2-955 that states “Each locality shall seek to ensure that emergency medical services are maintained throughout the entire locality.”

The demand for EMS providers will continue to grow to meet the estimated 12% population growth through 2010. The pool of 16-34 year old volunteers is decreasing and there is a decreasing trend in people volunteering due to time constraints and other commitments. EMS agencies, particular volunteer agencies with higher turnover, will need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering calls and managing the day-to-day operations. With the changing demographics of Virginia, leaders will need to be trained in dealing with a variety of ethnic and cultural backgrounds and issues. OEMS will experience an increase in demand for technical assistance services and funding related to recruitment and retention of EMS personnel.

Emergency preparedness and response will continue to be a central focus to meet the needs of Virginia to respond to natural disasters and threats of terrorism. OEMS will continue to support and coordinate deployable emergency response resources. Greater technical assistance from OEMS to emergency managers, local government leaders, and Emergency Services supervisors will be required for planning, training and response activities.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Changes driven by VITA transformation activities have negatively impacted OEMS’ ability to serve external agency and internal information technology customers. Agency costs to increased substantially in order to meet the transformation mandates.

  EMS agencies and personnel are expecting to transact more programmatic and financial business with OEMS across automated systems. This requires OEMS to expand electronic services.

  Emergency medical services are available statewide, but the level of service varies. This will require a greater coordination of services by OEMS with local governments, EMS agencies and organizations.

Prehospital Patient Care Data collection system is inadequate and local response time standards are needed. OEMS has examined new technologies in the collection of data and has secured a commercial off the shelf product through a competitive request for proposal process. Implementation is being planned and approvals by the VITA Project Management Division are ongoing.

Recruitment and retention of EMS providers are major problems for EMS agencies. Local, regional, and state initiatives are needed to address recruitment and retention.

The number of certified EMS personnel is affected by access and availability to participate in educational programs, especially by volunteers who have competing demands placed on them by family and employers. Additional factors include changes to the educational curriculum required to comply with national standards and increase in the cost of training.

Revenue recovery and local funding of emergency medical services is an evolving issue. In general, EMS is moving from a free service provided by volunteers to a service that bills for care.

Trauma Center designation is voluntary and has lead to gaps in trauma care in certain areas of the state. There has not been a financial incentive to being a designated trauma center. A 2004 JLARC report on “The Use and Financing of Trauma Centers” indicated that Virginia’s Trauma Centers were losing $45 million annually ($52 million annualized inflation rate; at risk of downgrading or closing; experiencing difficulty recruiting specialty physicians; and facing increased medical malpractice liability costs.

§ 18.2-270.01 of the Code established the State Trauma Center Fund and it is expected to raise $9.5 million annually; however, this is less than 20% of the financial losses being experienced by the trauma centers.

Virginia’s Poison Control Centers have a growing financial concern. The centers have not had their funding increase in 10 years and have undergone five budget reductions. During these 10 years of level funding the three poison centers that serve Virginia have managed an increase of human exposure consults by over forty (40) percent. Despite these funding issues, they have had increased costs for staffing and services. Community outreach, injury prevention, surveillance services and other programs are limited due to a reduction in funding and the costs associated with inflation,

The Virginia EMS for Children Program has been funded through federal funds and it is unclear if federal grant support will continue. Demands for emergency care and EMS services for children with chronic illnesses, or technology-dependent conditions continue to increase.

Increased violence in the workplace, schools and public areas continue to drive the demand for crisis intervention and peer support services for EMS and public safety personnel.
National changes in laws and processes will impact the availability of EMS personnel and resources.
Homeland Security issues - National Incident Management System and local/federal coordination. Financial reimbursement - revenue recovery; Emergency Medical Treatment and Labor Act; and Medicaid/Medicare laws. New training – time and resource commitments.

Regulation and oversight of EMS agencies will remain a significant focus of this service area plan. Anticipated changes in the service area include the EMS System through OEMS and the regulatory process needs to promulgate new/revised regulations concerning designation of Regional EMS Councils; financial assistance to EMS agencies; and pursuant to legislation passed in 2005 (HB 2238); EMS regulations need to define response times, data collection requirements and, enforcement provisions to include civil penalties (currently in development).

Changes, updates and new legislation from the Federal Communications Commission concerning public safety communications will impact EMS agencies. Changes in communications technology (e.g., improved two way radios, voice over internet, digital radios, etc.) will have a financial impact upon EMS agencies and they will seek alternative sources of funding for these major investments. Greater technical and financial assistance from OEMS is anticipated. OEMS will continue to offer its program in emergency medical dispatch and accreditation program for 911 Public Safety Answering Points (PSAP) and Emergency Dispatch Centers. Accreditation promotes implementation of standardized emergency medical dispatch (EMD) protocols and continued training and education of dispatchers.

Critical Incident Stress Management (CISM) services have primarily focused on EMS and fire. Legislation passed during the 2005 General Assembly increased the objectives of § 32.1.111.3 to include CISM. OEMS has been working with Virginia’s law enforcement community and this service area is expected to expand substantially. There will be an increased need for CISM training and crisis intervention and peer support services across the Commonwealth as violence in the workplace, schools and public areas continue to escalate. CISM is now being requested by public schools (school shootings), jails and mental hospitals (abused staff) and private business (robberies) leading to increased requests for debriefing services.

EMS agencies, particularly volunteer agencies with higher workforce turnover rates, need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering EMS calls and managing their day-to-day operations. With the changing demographics of Virginia, leaders will need to be trained in dealing with a variety of ethnic and cultural backgrounds and issues. OEMS will experience an increase in demand for technical assistance services and funding related to recruitment and retention of EMS personnel.

OEMS customer services are anticipated to increase as the number of EMS responses increases. As the public’s expectations for EMS services increases, local governments and EMS agencies will seek the assistance of OEMS to increase the level of patient care while finding ways to maximize the impact of public funds. Informing the public remains a challenge and will require innovative methods to educate the public about the EMS System.

Demands for emergency care for children continue to increase due to inadequate access to primary care, increased survival and home care of children who suffer from chronic illnesses or who are technology-dependent, racial and ethnic disparities in pediatric emergency care, terrorism concerns, and staff, facility, and other resource limitations. OEMS will experience an increase in demand for technical assistance services and funding.

New regulations and contract deliverables required of the Regional EMS Councils will increase the demands on regional council resources and focus greater attention on local priorities.

- *Anticipated Changes to the Products and/or Services*

  The quality of patient care can be improved when there is a coordination and integration of resources. Fuller integration of pre-hospital providers and hospital providers into a unified EMS system will result in faster access, better pre-hospital care, and continued high quality patient care through the rehabilitative phase. OEMS has begun to utilize Webinars and other technologies to provide administrative updates to EMS instructors and coordinators as well as

offering on-line continuing education for EMS providers through VATrain..

Due to workforce shortages and demand on services, EMS will see a trend in returning to basics, i.e., a rapid and robust Basic Life Support system followed by a smaller cadre of experienced and well supervised paramedics. The demand for technical assistance from localities, EMS agencies and organizations to develop strategies to address recruitment and retention of EMS personnel will increase.

There will be changes in EMS curricula and certification programs based on EMS training and educational core content, the National Scope of Practice and educational standards.

Virginia's trauma system is benchmarked with national and state systems to ensure continuous adherence with recognized best practices in trauma care. A triennial review process of trauma centers will be conducted. Additionally, in conjunction with the JLARC study, an analysis of geographic gaps in trauma system coverage, by region will be conducted, recommendations and plans developed to meet identified gaps in trauma care services.

There will be a greater emphasis on the safety, wellness and physical health of EMS providers. Compared to police and fire, ambulances experience the highest percentage of crashes with fatalities and injuries. Not being restrained in the back of an ambulance pose great risks. Motor vehicle crashes are the leading cause of work related deaths for EMS workers. There is a need to review current ambulance design and injury prevention and safety programs.

Other threats to EMS providers range from blood borne pathogens, assault & homicides to back injuries and hearing loss. Overall occupational death rates per 100,000: police: 14.2; firefighters: 16.5; EMS: 12.7. The national average for all workers is 5.0.

There will be an increasing role for lay interveners. The impact of 9/11 has resulted in the development of citizen corps and other volunteer groups, support for neighbors and family, new courses being developed and an increasing role of bystander care until EMS arrives. This will require greater coordination and management of information and resources by OEMS.

Health care delivery issues such as declining on-call availability of physician specialists, diversion, hospital overcrowding, difficulty of access to primary care, uninsured patients and increasing EMS call volume will require EMS to play a significantly larger role in community health delivery and coordination of services. In addition, there is greater emphasis and attention related to planning and prepared activities related to pandemic flu (H1N1). This will place a greater demand on OEMS programs, services and financial resources.

OEMS will play a critical role in assisting localities assess and evaluate EMS resources and capabilities. This will include monitoring the health of a community, surveillance, early detection; ensuring patients have access to appropriate care – all of which will require additional training for EMS providers, additional resources and more reliance on OEMS programs and services.

New regulations governing the designation process and changing contractual requirements of Regional EMS Councils will place greater emphasis on performance and outcome measures for those designated regional councils to meet the needs and priorities of the EMS agencies and local governments within their designated service area.

OEMS highly anticipates the incorporation of designated cardiac centers in Virginia. Like stroke center and trauma center designation, cardiac designation will likely incorporate a larger volume of hospitals that serve a larger population of patients annually. The addition of a third type of specialty care hospitals will create an increased burden upon OEMS to coordinate, regulate and educate the hospital and EMS systems.

- *Listing of Products and/or Services*
  - EMS Education, Training and Medical Direction - Regulatory authority to establish certification and re-certification qualifications and standards for EMS personnel: EMT Basic Life Support curriculum and competency standards; Advanced Life Support curriculum and competency standards; EMS Instructor curriculum and competency standards; and certification examinations. Maintain certification records of EMS personnel: Initial certification candidates and re-certification candidates. Maintain accreditation criteria and standards for training sites/programs. Perform accreditation site visits of training centers/programs.
  - Critical Care, Stroke Center, and Trauma - Trauma Center Regulatory Authority: Designation criteria development and designation inspections. Trauma System Planning (State Trauma System Plan): Oversight & Management Committee; Statewide Trauma Triage Plan Development & Compliance Monitoring; and Regional Trauma Triage Plan monitoring/administration. Trauma Center Fund Administration Emergency Medical Services Patient Care Information System data collection and analysis: Statewide Trauma Registry administration; participation in the Crash Outcomes Data Evaluation System (CODES); and Poison Control Center Network contract administration.
  - Emergency Operations - OEMS is responsible for developing a comprehensive and coordinated response during a declared "state of emergency". This is achieved through Health and Medical Emergency Response Teams (HMERT) and the training of EMS personnel and other first responders. Disaster Response Teams: Health and Medical Emergency Response Teams (HMERT) and Disaster Task Forces. Training Programs: Public Safety Response to Terrorism – Awareness; Heavy and Tactical Rescue; HMERT Team Member; HMERT Team Leader; and Mass Casualty Incident Management - Modules I -V.
  - Emergency Medical Services for Children (EMSC) - Integrate EMSC within the EMS system in Virginia. Incorporate pediatric issues in all aspects of clinical care through outreach and education in the prehospital setting, emergency departments and primary care offices. Administer and maintain a EMSC program to provide coordination and support for emergency pediatric care. Assess the existence of a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies. Assess the percentage of Virginia licensed hospitals that have written interfacility transfer agreements, and written guidelines for effecting interfacility transfers. Improve and expand pediatric emergency care education systems. Improve EMS/EMSC systems development. Ensure that integration of health services meets children's needs by increasing the availability of pediatric injury prevention, first aid and CPR programs throughout Virginia. Develop broad-based support for prevention activities. Increase both unintentional and intentional injury prevention programs. Increase community linkages between EMSC and the Children with Special Health Care Needs (CSHCN) program. Identify and recommend pediatric equipment for EMS vehicles.
  - EMS System Evaluation & Research - Assist all areas of EMS system development with supportive data from the EMS Patient care Information System to ensure prehospital emergency care is developed in an evidence based fashion. EMS Research can contribute to high quality EMS and to drive improvements in patient outcome. Vast amounts of money are being spent for patient care with little rigorous evaluation of the effectiveness of that care. Methodologically sound research must be incorporated into all facets of the EMS system. EMS Research can assure new technologies and therapeutic approaches are scientifically and rapidly evaluated prior to or at the initiation of their use and for continued monitoring.
  - Human Resources Management and Technical Assistance - Technical Assistance – OEMS will coordinate with

regional EMS councils and other state organizations to assist local EMS and government officials with specific system issues. Technical Resources – Develop, produce and distribute manuals, tool kits, curriculums, and self assessment guides to help local EMS and government officials to identify solutions to their own retention, leadership and management related issues. Resource Coordination - Partner with regional EMS councils and statewide EMS organizations and agencies to pool resources and assist volunteer and governmental EMS agencies. Financial Support - Promote the Rescue Squad Assistance Fund grant program to localities to help fund management and leadership and recruitment programs. Workshop and Seminars - Sponsor leadership and management workshops and seminars at EMS Symposium and other state-wide conferences.

- Public Information and Education - Provide public education and awareness programs to increase interest, knowledge and participation in Virginia's emergency medical services system; promote and publicize Office of EMS programs and services identified under the Service Area Description of this plan; assist EMS agencies in recruitment efforts; coordinate Virginia's Durable Do Not Resuscitate (DNR) program; and education of the public, EMS providers and health care facilities on EMS rules and regulations.
- EMS Regulation and Compliance - EMS Agency Licensure and Vehicle Permits: Inspect and license new and existing EMS agencies and inspect and permit EMS vehicles. Compliance and review of EMS Regulations; conduct investigations of EMS agencies and/or personnel; periodic review and revision of EMS regulations; and review and evaluate EMS agency or personnel requests for variances and exemptions to regulations. EMS Field Services: coordinate and administer certification examinations and provide technical assistance to EMS personnel, agencies, local governments and organizations; and verification of RSAF grant awards and service as a technical assistance resource for EMS personnel and agencies.
- Critical Incident Stress Management: - Establish and maintain a process for crisis intervention and peer support services for emergency medical services and public safety personnel, including statewide availability and accreditation of critical incident stress management teams.
- Communications - Establish and maintain a program to improve dispatching of emergency medical services including establishment of and support for emergency medical dispatch training, accreditation of 911 dispatch centers, and public safety answering points; and coordinate FCC licensure authorization for EMS agency radio communication.
- EMS Registry - Conduct regular statewide EMS system needs assessments and report the results through the appropriate committees of the EMS Advisory Board; perform monitoring of the quality of emergency medical care being provided in both the out of hospital and in hospital environments; submission to the National EMS Information System (NEMSIS) database hosted at the National Highway Traffic Safety Administration (NHTSA). OEMS signed an MOU with NEMSIS in 2004 to use the NHTSA 2.2 dataset and submit to the national database; support the Code mandated monitoring of patient transfer patterns of trauma patients throughout the Commonwealth. Conduct regular evaluations of EMS System performance and support requests for analysis of system resources to improve Commonwealth preparedness, homeland security, and other functions.
- Regional EMS Councils - Develop, coordinate and improve the delivery of EMS in the region through implementation of Regional EMS Plan, Regional EMS protocols, Regional Mass Casualty Incident Plan, regional coordination of basic and continuing education of EMS providers and , other services as defined in the performance based contract with the Office of Emergency Medical Services.

Finance

- *Financial Overview*
  § 46.2-694 of the Code of Virginia provides that the EMS system is to be funded through a $4.25 surcharge on motor vehicle registration fees that is earmarked for EMS, commonly referred to as "Four for Life". This section of the Code establishes a funding formula for the distribution of funds and specifies the purpose and use of funds. The funding distribution for this service area is 10% for OEMS and 30% for EMS systems development, training and the Regional EMS Councils. The remaining 60% is distributed to Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (Service Area Plan 40203).

  §18.2-270.01 of the Code established the State Trauma Center Fund. It is expected to raise $4.2 million to be administered by OEMS and distributed to designated Trauma Centers. Sources of revenue include a $40 charge from DMV for Reinstatement Fee for Drivers Licenses and a $50 fine from the Courts system for multiple offenders convicted of driving while intoxicated.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																	
Base Budget	-$401,139	$6,793,599	-$401,139	$6,793,599																	
Change To Base	$401,139	-$401,139	$401,139	-$401,139																	
Service Area Total	$0	$6,392,460	$0	$6,392,460																	
Base Budget	-$401,139	$6,793,599	-$401,139	$6,793,599																	
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Base	-		-	

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Service Area Total	$0	$6,392,460	$0	$6,392,460

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide standards of education and training curricula and certification requirements for Emergency Medical Services Personnel and Emergency Medical Services Physicians

  Objective Description

  The Commonwealth regulates the qualifications for certification and recertification of emergency medical services personnel.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
  - Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

  Objective Strategies

  - Promote and certify accreditation standards for EMS educational programs.
  - Assist localities and EMS entities to collaboratively produce EMS education that optimizes available resources.
  - Redesign process for educational program approval incorporating accreditation standards.
  - Identify and approve educational programs eligible to conduct courses for continuing education credits towards recertification of EMS credentials.
  - Develop in concert with VDH and local EMS components the ability to provide improved accessibility to the EMT Instructor Institute and ALS Coordinator Seminar by using web applications.
  - Produce programs of appropriate continuing education utilizing state of the art technology and alternative sources of education (i.e., web based, video streaming, etc) to allow for greater access to continuing education.
  - Develop and provide a support network and educational systems that supports the recruitment, retention and role of EMS physicians.
  - Coordinate and support a Statewide EMS for Children program for emergency pediatric care, availability of pediatric emergency medical care equipment, and pediatric training of medical care providers.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Number of accredited EMS training programs in Virginia

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 17 Date: 7/1/2005

    Measure Baseline Description: Number of accredited EMS training programs at the Advanced Life Support Training (intermediate and paramedic) level

Measure Target Description: Number of accreditation program at the Advanced Life Support Training levels with a minimum of one accredited site in each of the 11 Regional EMS Council service areas

Data Source and Calculation: Data maintained through the Virginia OEMS in the course enrollment and certification database.

- Establish regulations and monitor compliance of Emergency Medical Services agencies and personnel.

Objective Description

The Commonwealth licenses and regulates EMS agencies through inspection and licensure of EMS agencies, permitting of EMS vehicles and investigation of complaints alleged against EMS agencies or personnel.

Alignment to Agency Goals

- Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
- Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

Objective Strategies

- Conduct scheduled and unscheduled inspections of EMS agencies to verify licensed EMS agencies comply with regulations pertinent to EMS vehicles, EMS staffing requirements for EMS vehicles and, levels of care provided.
- Conduct investigations of complaints against EMS agencies or personnel in accordance with regulations and OEMS approved standards for investigative proceedings.
- Conduct ongoing review and revision of existing regulations. Complete a general revision of existing regulations with NOIRA process every four years.
- Review and submit recommendations on all variance and exemption requests, noting any patterns.
- Provide educational resources, technical assistance, coordination and funding support to assist EMS agencies and local governments strengthen their leadership and management programs.
- Develop and establish a disciplinary review process and identify an adjudication officer to review investigative findings and make recommendations on appropriate enforcement actions.
- Work with the EMS Workforce Development Committee of the State EMS Advisory Board to establish leadership and management competencies and knowledge areas for EMS leaders as part of the development of a voluntary EMS agency accreditation program referred to as "Standards of Excellence".
- Work with the Medevac Committee of the State EMS Advisory Board to develop a standard of medical necessity to be utilized by Virginia Medevac Services to assure the appropriate utilization of air medical services.

Link to State Strategy

- nothing linked

Objective Measures

- Percent compliance of Emergency Medical Services agencies with state EMS regulations

Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

Measure Baseline Value: 91.7 Date: 6/30/2004

Measure Baseline Description: Percent

Measure Target Value: 96 Date: 6/30/2012

Measure Target Description: Percent

Data Source and Calculation: Regulations governing EMS agency licensure, vehicle classifications, EMS Personnel requirements, EMS Education and certification, EMS Physicians, Regional EMS Councils, and financial assistance. Data maintained by the Office of EMS in its regulation and compliance database. The percentage rate is obtained from the number of enforcement actions taken in a fiscal year compared to the number of licensed EMS agencies.

- Provide planning, coordination and evaluation of acute patient care delivery services between EMS agencies and hospitals.

Objective Description

OEMS is the state agency responsible to plan, coordinate and integrate a system of care that encompasses all aspects of emergency medical care.

Alignment to Agency Goals

- Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
- Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

Objective Strategies

- OEMS will maintain a system of designated trauma centers that will continue to decrease morbidity and mortality of injured person in Virginia.
- OEMS will organize teams to perform trauma centers site reviews to ensure compliance with the Virginia Statewide Trauma Center Criteria.

- Review and revise the Virginia Statewide Trauma Center Designation Program Resource Manual for Hospitals.
- Review and revise the State Trauma System Plan & Trauma Triage Plan.
- Schedule and conduct stakeholder meetings with designated trauma centers, non-designated hospitals and pre-hospital agencies.
- OEMS will distribute, to designated trauma centers, the Trauma Center Fund on a quarterly schedule using an electronic means of distribution. OEMS will elicit stakeholder involvement in the annual review and/or revision of the Trauma Center Fund Distribution Method.
- Provide education as needed to support the mission of the Virginia Poison Control Network (VPCN). Support the maintenance of funding needed by the VPCN to improve services and increase poison injury prevention efforts. Pave the way towards a system of toxosurveillance within the VPCN.
- Utilize Prehospital Patient Care Reporting and Trauma Registry data to perform EMS Research.
- Convert the PPCR data elements to comply with the National EMS Information System data element standards approved by the National Highway Traffic Safety Administration.
- Participate as an active stakeholder in the development of a national trauma registry data set with the National Trauma Data Bank.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of Virginia licensed hospitals that provide emergency care that report patient care data to the Statewide Trauma Registry.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 80 Date: 6/30/2004

  Measure Baseline Description: Percent

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data maintained through the Virginia Office of EMS Emergency Medical Services Patient Care Information System which includes the Virginia Statewide Trauma Registry and the EMS Registry.

- Percentage of licensed EMS agencies submitting data that are required to submit patient care data to the EMS Registry.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 70 Date: 6/30/2004

  Measure Baseline Description: Percent

  Measure Target Value: 96 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data maintained through the Virginia Office of EMS Emergency Medical Services Patient Care Information System which includes the Virginia Statewide Trauma Registry and the EMS Registry.

- Provide emergency operations, training, and response.

Objective Description

No state is immune from mass casualty events. The EMS System in Virginia must increase its efforts to plan for and mitigate the special types of events that consume both local and regional resources. These continue to increase at alarming rates, and many agencies are not prepared or equipped to respond in a timely or adequate manner. Effective response to major events, natural disasters or acts of terrorism is critical to the provision of EMS to the citizens of the Commonwealth.

Alignment to Agency Goals

- Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
- Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

Objective Strategies

- Identify and maintain deployable Office of EMS emergency response teams and resources.
- Increase the knowledge of Health Medical Emergency Response Teams capabilities with local government officials, emergency managers and emergency supervisors.
- Identify and validate electronic systems that effectively and efficiently alert, deploy and monitor HMERT resources during events.
- OEMS will support and maintain a position to coordinate team development and response.
- Educate the HMERT on the availability of financial assistance for non profit EMS organizations and localities.
- Increase communications interoperability between EMS agencies and other public safety organizations and agencies at the local, state and federal levels. Increase number of communications centers employing Emergency

Medical Dispatch programs.

Link to State Strategy

- nothing linked

Objective Measures

- Number of EMS personnel trained in Mass Casualty Incident Response

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 5300 Date: 7/1/2004

  Measure Baseline Description: Number of EMS personnel trained annually

  Measure Target Value: 6500 Date: 6/30/2012

  Measure Target Description: Additional number of EMS personnel trained annually

  Data Source and Calculation: Data maintained through the Virginia Office of EMS in the course enrollment and certification database.

- Provide statewide regional planning for Virginia's Emergency Medical Services System.

Objective Description

Effective planning and coordination is essential to the success of Virginia's EMS system. Such plans should facilitate the development and coordination of effective and efficient delivery of EMS in each region. Virginia's Regional EMS Councils provide overall coordination and leadership in establishing and maintaining EMS related plans, which are approved by the Virginia Department of Health Office of EMS.

Alignment to Agency Goals

- Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
- Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

Objective Strategies

- Maintain stakeholder forums to facilitate the development and coordination of an effective and efficient regional EMS system.
- Establish and maintain advisory structures that are comprised of a governing Board of Directors and committee structures.
- Promote and act as an advocate for issues that are important and beneficial to the EMS system.
- Create a process by which stakeholders can review and, when appropriate, adopt policies, procedures and plans to enhance the regional delivery of EMS.
- Develop, implement and maintain regional EMS Plans.
- Develop, implement and maintain formal regional Trauma Triage Plans.
- Develop, implement and maintain regional Mass Casualty Incident Plans.
- Develop, implement and maintain regional EMS Hospital Diversion Plans.
- Conduct regional educational sessions for EMS stakeholders on plans.
- Provide evaluation and guidance on Virginia's Regulations Governing EMS

Link to State Strategy

- nothing linked

Objective Measures

- Percent completion of the total number of contracted services within the performance based contract for each Regional EMS Council.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Frequency Comment: Annually

  Measure Baseline Value: 88 Date: 6/30/2004

  Measure Baseline Description: Percent

  Measure Target Value: 97 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: By contract with the Virginia Department of Health, each region must submit reports on a quarterly and annual basis that summarizes the progress and completion of the scope of services.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 4 of 41

Anatomical Services (601 403 01)

Description

This service area provides donated cadavers to medical schools and research centers in the Commonwealth of Virginia for anatomical study. The nonprofit State Anatomical Program, supervised by the Office of the Chief Medical Examiner (OCME) within the Virginia Department of Health (VDH), is the only program in Virginia authorized to receive donation of human bodies for scientific study for the teaching of anatomy, surgery, and performing research in Virginia's medical schools, colleges, universities, and research facilities.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area is aligned with the VDH mission to promote and protect public health by providing anatomical material through a donor program to medical education and research institutions which are studying new ways to prevent illness, treat diseases, and develop innovative surgical techniques.
- *Describe the Statutory Authority of this Service*
  The State Anatomical Gift Act, § 32.1, Chapter 8, Article 2 and Article 3 of the Code of Virginia, provides the authority by which the program is operated through the State Health Commissioner. The sale of body parts is prohibited in Virginia. The Code of Virginia states who is eligible to donate their bodies, how bodies should be distributed, the records to be kept, the cremation or burial criteria, the importation of anatomical material, and the penalty for trafficking in bodies.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Donors	500	750
	Funeral homes	100	150
	Government based programs	3	3
	Medical schools/University and College Anatomy Programs	28	30
	Nursing homes, hospice, assisted living centers	50	75
	Research programs	6	9

Anticipated Changes To Agency Customer Base
It is anticipated that the average age of a donor will continue to rise as the life expectancy average increases.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Due to the rising expenses (which include the rise of gas prices, body transport, and embalming fluid price increases) related to running the program, the Anatomical Program anticipates increasing its charge to schools for cadavers during during the 2010-2012 biennium (FY 2010).

  New advances in embalming practices and and increased need of school programs for quicker delivery will result in increased expenses (e.g., gasoline, rapid body transport, and embalming) for the service area.
- *Anticipated Changes to the Products and/or Services*
  To increase donations to meet the customer demands, the Anatomical Program is planning on providing more educational programs and mailings to assisted living facilities and hospice programs.
- *Listing of Products and/or Services*
  - Obtaining donor consent
  - Mailing brochures and information
  - Keeping a donor database
  - Storing complete records on each donor
  - Coordinating transport of deceased donors from the location of death to Richmond
  - Embalming cadavers
  - Preparing cadavers for medical school or research program delivery
  - Filing the death certificate for donors
  - Obtaining information from families
  - Relaying information to schools if family requests the return of cremated remains
  - Transporting prepared cadavers to medical schools and research centers
  - Invoicing the schools per cadaver for expenses
  - Ensuring the schools and research centers are educated in the program guidelines and the laws governing the program

Finance

- *Financial Overview*
  The State Anatomical Program budget comprises 100 percent Special Funds. Funding comes from the fees paid by the schools and research programs for each cadaver to cover the expense of staff, supplies, transport, embalming, and administrative costs. The current cost per cadaver is $1,500.00.

  Due to the rising expenses related to the program (including the rise of gas prices, use of transport companies, and embalming fluid price increases) the Anatomical Program anticipates increasing its charge to schools per cadaver.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 201

Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0

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Change To Base	$0	$0	$0	$0

Service Area Total	$0	$210,785	$0	$210,785
Base Budget	$0	$210,785	$0	$210,785
Change To Base	$0	$0	$0	$0

Service Area Total	$0	$210,785	$0	$210,785

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Increase the number of donor cadavers available to medical schools and research centers in Virginia, in order to provide sufficient anatomical material to properly teach anatomy of the human body.

  Objective Description

  This service area provides donated cadavers to medical schools and research centers in the Commonwealth of Virginia for anatomical study. The nonprofit State Anatomical Program, supervised by the Office of the Chief Medical Examiner (OCME) within the Virginia Department of Health (VDH), is the only program in Virginia authorized to receive donation of human bodies for scientific study for the teaching of anatomy, surgery, and performing research in Virginia's medical schools, colleges, universities, and research facilities.

  Objective Strategies

  - Conduct an outreach program to 75 assisted living facilities to educate potential donors on the process and benefits of the donation program. This will increase the donor base with individuals that are at a time in their lives when they are planning for their eventual death. The outreach will include a mailing of informational brochures and on site presentations at facilities.
  - Distribute materials for funeral directors to give to families who may want to use the program as an alternative to funeral services when family financial resources are limited.

  Link to State Strategy

  - nothing linked

  Objective Measures

- Number of cadavers provided to Virginia medical schools and research centers.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 310 Date: 6/30/2005

  Measure Baseline Description: Number of cadavers

  Measure Target Value: 360 Date: 6/30/2012

  Measure Target Description: Number of cadavers

  Data Source and Calculation: The data source for this calculation is the numbering system used by the anatomical program each year to number the cadavers to protect their identities. This can also be measured by calculating the amount the recipient medical schools and research centers have been billed for cadavers.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 5 of 41

Medical Examiner Services (601 403 02)

Description

This service area provides medicolegal death investigation. In Virginia, the first line of death investigation is the local city/county Medical Examiners (ME) who conduct the initial medicolegal death investigation and serve as the principal case investigator in the locality for deaths falling within their jurisdiction and statutory authority. The VDH Office of the Chief Medical Examiner (OCME) currently supports more than 225 local medical examiners. They receive the initial notification of death, collect the history of events surrounding the death and determine if the death should come under the jurisdiction of the medical examiner. Local medical examiners attend death scenes, examine the body, and sign the certificate of death on medical examiner cases or, in accordance with OCME professionally established guidelines, refer certain classes of cases for more intensive death investigation and medicolegal autopsy at a district office.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area is aligned with Virginia Department of Health's mission to promote and protect the health of Virginian's by maintaining an effective and efficient system for the investigations of deaths that are unexplained or violent as well as suspicious deaths of public interest. This service area is aligned with the mission of promoting and protecting public health by diagnosing the cause of sudden and unexpected deaths, conducting surveillance for deaths that present a hazard to Virginia's citizens, identifying emerging infectious deaths, bioterrorism deaths, and documenting injuries associated with violent deaths.
- *Describe the Statutory Authority of this Service*
  Pursuant to § 32.1-283 of the Code of Virginia, all of the following types of deaths are investigated by the OCME:

  • any death from trauma, injury, violence, or poisoning attributable to accident, suicide or homicide;
  • sudden deaths of persons in apparent good health or deaths unattended by a physician;
  • deaths of persons in jail, prison, or another correctional institution, or in police custody (this includes any deaths associated with legal intervention);
  • deaths of patients/residents of state mental health or mental retardation facilities;
  • the sudden death of any infant less than eighteen months of age whose death might be attributable to Sudden Infant Death Syndrome; and
  • any other suspicious, unusual, or unnatural death.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Attorney General and Inspector General	2	2
	Cadaver dog search and rescue/recovery programs	20	25
	Centers for Disease Control and Injury Prevention (CDC)	1	1
	Commonwealth's Attorneys and public defenders	200	200
	Department of Behavioral Health and Developmental Services (deaths of patients)	50	50
	Department of Corrections (deaths in custody and executions)	15	15
	Department of Criminal Justice Services	1	1
	Department of Forensic Science (district offices)	4	4
	Department of Game and Inland Fisheries (water and boating deaths)	5	5
	Department of Labor (occupational deaths)	30	30
	Department of Social Services (paternity establishment and child abuse cases)	100	150
	Division of Consolidated Labs Services	1	1
	Division of Vital Records (death certificates on all decedents)	20	20
	EMS, hospitals, nursing homes, adult centers, and related physicians	4,000	5,000
	Families of decedents	6,000	7,500
	Fort Lee Army Mortuary Affairs (training of soldiers in mortuary affairs before going to war)	200	250
	Funeral homes and body transport services	750	900
	General Assembly	1	1
	Insurance companies (death benefits and lawsuits)	2,000	2,500
	Law enforcement, all levels	5,000	8,000
	Media	80	100
	Schools and universities (deaths on		

property or campus)	28	28

Anticipated Changes To Agency Customer Base
As the population of Virginia rises, the number of cases that the OCME investigates has increased by approximately 200 cases a year since 1999. This trend is expected to continue unabated.

The customers of the OCME are more aware of services through the OCME website and can now email inquiries directly to the OCME. Forensic television shows like CSI and educational programs through the Discovery Channel and Court TV have increased customer awareness and expectations. The number of requests for reports from families have doubled this past year. The “CSI Effect” has resulted in increased requests for special testing, data, tours of our facilities, and for our staff to provide instructional classes and make presentation to interested groups.

The Virginia Commonwealth University (VCU) undergraduate and graduate programs in Forensic Science sought OCME expertise to teach a course in Forensic Pathology this year and it is anticipated that this will be a continuing responsibility. The newly established School of Public Health will draw on the forensic expertise of the OCME for research as well as teaching. The Chief Medical Examiner, as Chairman of the Department of Legal Medicine at the VCU School of Medicine, has instituted a Forensic Pathology Lecture Series this school year that will be presented by the Chief and Assistant Chief Medical Examiners. OCME staff teach at the medical schools, law schools, and other institutions of higher learning as mandated by the Code.

The fatal cases of anthrax in Northern Virginia due to bioterrorism placed a heavy burden of surveillance for bioterrorism death on the OCME. Deaths due to infection, that previously were assumed to be natural deaths due to natural disease, must now be screened in real time to capture, investigate and autopsy for a possible bioterrorism agent. Deaths due to “biological bullets” are homicides and of interest to the criminal justice system as well as public health. Surveillance continues to be a priority today with the emergence of novel H1N1 Influenza that has produced deaths in Virginia.

There is also a focus on elder abuse and neglect deaths which will increase the surveillance for this special class of death. Bills passed in the 2009 General Assembly session established the structure for an Adult Fatality Review Team. The OCME is seeking funding for the creation and on going organization and maintenance of this team.

The OCME takes responsibility for the tracking, entry and retrieval of information on Virginia’s unidentified decedents. This project in cooperation with the Virginia State Police will entail the installation of a National Crime Information Center (NCIC) terminal in the Richmond office, training of OCME investigators in its operation and the entry into the FBI Unidentified Persons File data base of current and archival unidentified person cases. Query of the NCIC missing persons database will allow retrieval and screening of possible matches. he OCME has received grant funding to now process skeletal remains for identification with mitochondrial DNA testing that was unavailable in Virginia prior to 2009. The DNA profiles will be entered into national databases to see if there are any matches with missing or unidentified persons. This endeavor will assist with the resolution of “cold cases” and missing person cases.

An increased number of requests for data from members of the General Assembly, media, other agencies, and researchers reflect the importance of OCME case data for the development of death prevention measures.

As one of the largest statewide medical examiner systems in the nation, OCME data and case information is highly valued by state and federal agencies, including the CDC and FBI. The OCME will continue to partner with the CDC to conduct population based studies of disease and death.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  The OCME is required to achieve direct real time reporting of all death cases of concern to the Commonwealth to achieve full accreditation status by the National Association of Medical Examiners. The OCME was only granted provisional accreditation unless this deficiency was corrected within the year. The current staffing level, of 20 death investigators to man four OCME district offices in Virginia, is not enough to cover all shifts to handle real time death reporting from law enforcement and local medical examiners for the four regions of Virginia. There is a need for a total of 24 death investigators to achieve the needed coverage statewide. During the 2006 inspection for the OCME to retain its National Association of Medical Examiner accreditation, the inspector identified that the OCME was operating with a deficiency in death investigators and local medical examiners to cover 24 hours a day, seven days a week. The standard for medical examiner systems nationwide is to have coverage of death investigators 24 hours a day, seven days a week to receive and make dispositions on death calls, consult with and assist local medical examiners from each county/city, and assist forensic pathologists who are performing autopsies and investigations on holidays and weekends. A letter received in 2007 by the National Association of Medical Examiners regarding the upcoming inspection of two of the four OCME district offices states that these two offices are currently not in compliance with current accreditation criteria in this area of staffing. NAME accreditation, which sets the national standard for medical examiner systems, is important for the credibility of the medical examiner system in court and is a factor considered when obtaining federal grant funding that supports several OCME programs.

  Currently, cases are reported to local medical examiners but documentation of these cases may not be sent to the district office for weeks. There is no real time screening for bioterrorism deaths or immediate knowledge or documentation of cases that do not fall under OCME jurisdiction and have been turned down. Local medical examiners do not have an immediate resource to answer questions on cases. Law enforcement complains regularly that they are not able to reach the local medical examiners and get disposition of their cases in a timely manner, causing bodies to lie in place for hours at the scene. People die 24 hours a day, seven days a week, so the cases do not stop on weekends and holidays. An additional four death investigator positions are needed to provide this real time coverage for law enforcement, local medical examiners, and families. Most medical examiner systems in the U.S. with a population equivalent to Virginia have 30 death investigators and accept twice as many cases as Virginia does. To control costs, the Virginia OCME utilizes stringent criteria for accepting cases and investigates only one out of every 10 deaths; other systems investigate one out of five deaths.

  The number of local medical examiners has also drastically declined. The number of local medical examiners has decreased from 430 in 1994 to the present 2009 level of 230. The local medical examiner fee was increased from $50 to $150 per case investigated in FY 2007 (as recommended and approved by the Board of Health) to improve recruitment of local medical examiners in an effort to cover the many cities and counties currently underserved. The fee had not been increased since 1980 and did not adequately compensate medical examiners for the several hours they spend on each medical examiner's case. Despite the increased ME fee per case, free ME training programs twice a year offering Continuing Medical Education credit toward maintenance of medical licensure, free scene visit duffle bags with supplies and an updated ME manual, there has been no increase in the interest of private practice physicians in becoming local MEs in their communities.

A new Northern Virginia District facility in Manassas (Prince William County) housing both the OCME and the Department of Forensic Science was built through a public/private partnership and was completed in May 2009. This facility will be able to accommodate the growing case load in Northern Virginia This new location has larger meeting areas for education and will allow the OCME to offer training for local MEs, law enforcement, and others at this facility. This relocation from the prior Fairfax facility will impact services by changing accessibility for some funeral home and transport services that deliver bodies to the OCME for autopsy and for law enforcement officers attending autopsies.

A growing concern for the OCME is mass fatality planning and its ability to manage a mass fatality event. Current staffing and supply levels are barely able to provide adequate services to the citizens of Virginia. There is no depth within the OCME to handle additional events or the increase to caseload due to population growth, nor is there any surge capacity to adequately manage a larger mass fatality event. When there is a vacancy within the OCME, services are compromised and complaints increase. The most significant area of critical shortage is board certified Forensic Pathologists that serve as Assistant Chief Medical Examiners.

- *Anticipated Changes to the Products and/or Services*

  Population and public awareness of what the medical examiner does has increased, and the expectation for timely services has increased. There are several initiatives that are being sought to improve OCME service:

  The OCME is striving to serve its customers in a timely manner by obtaining more death investigators to provide direct reporting and quicker disposition of cases and identification of bodies.

  This direct reporting effort will be assisted through the current implementation of a new database at the OCME that is web based. Information has the potential to be entered immediately from the field or at time of case notification. Digital scene photos, autopsy photos, and digital x-ray images can be stored with the case in the database. The database has a bar coding module so the status of bodies, evidence, and lab specimens can be tracked. Reports and data can be more quickly disseminated electronically by reducing the interval between receipt/accessioning of a report and sending it to those in need.

  There is a nationwide shortage of forensic pathologists and vacancies within the OCME often take over a year to fill. The OCME has a Forensic Pathology fellowship training program to prepare medical doctors specializing in pathology by allowing them to complete a year of required training in a medical examiners system. Once doctors complete the fellowship they are qualified to become a Forensic Pathologist and take the American Board of Pathology exam to become board certified in the specialty. This program serves as a feeder of qualified candidates for Forensic Pathologist vacancies The OCME is striving to enhance its Forensic Pathology Fellow training program with early recruitment of medical students into the field and by providing exceptional hands-on learning opportunities.

- *Listing of Products and/or Services*
  - Perform medicolegal death investigation, scientific identification of decedents, external examinations, medicolegal autopsies, evidence collection, and anthropological review.
  - Certify the cause and manner of death for courts, vital records, families and others.
  - Collect toxicology and other specimens for testing, process digital photography at scene and autopsy, document all findings.
  - Perform collections of DNA samples, fingerprints, x-rays, and records for identification of unknown decedents.
  - Enter all information into a database and stores case files and records.
  - Establish and maintain unidentified persons files through NCIC
  - Provide reports and consultation on cases to law enforcement, attorneys, insurance companies, families, and other state and federal agencies.
  - Provide court testimony and depositions.
  - Provide training to forensic pathology fellows, medical students, residents, law enforcement, local medical examiners, EMS, attorneys, community groups, and many others.
  - Teach courses at universities and with the Virginia Institute of Forensic Science and Medicine.
  - Provide data to various agencies (Dept. of Labor, Dept. of Criminal Justice Services, and others), CDC, pharmaceutical research oversight companies, Fatality Teams, and more.
  - Administer the State Child Fatality Review Team, Maternal Mortality Review Team, Family and Intimate Partner Violence Review, and the National Violent Death Reporting System.
  - Partner with VCU to administer the Department of Legal Medicine (teach courses, train forensic pathology fellows, and house a forensic epidemiologist position for the university)
  - Partner with the CDC to continue to conduct population based studies and to provide specimens from emerging infectious diseases.

Finance

- *Financial Overview*

  General Funds comprise the majority (91%) of the service area's budget and support most of the code mandated, core mission activities of the OCME, which includes: personnel costs, body transport, local medical examiner fees, supplies, utilities, x-ray equipment, digital cameras for scene and morgue photography, computers, database, fingerprinting, archiving, transcription, biohazard waste, training, court travel, vehicles, maintenance, office supply, communications equipment and other needs. Non-general funds comprise the remaining nine percent of the service area's budget. The fatality review teams, surveillance teams, forensic pathology fellows, and one staff forensic pathologist are supported by federal grants. These grant positions support mandated core functions.

  Personnel costs account for 75 percent of the service area's budget.

- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$8,000,607	$676,844	$8,000,607	$676,844																
Change To Base	$1,958,822	$0	$1,958,822	$0																

Service Area Total	$9,959,429	$676,844	$9,959,429	$676,844
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Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Enhance Virginia's medicolegal death investigation system through increased local medical examiner recruitment.

  Objective Description

  This service area is highly dependent upon work performed by local medical examiners, who are local private physicians appointed by the Chief Medical Examiner. Local medical examiners are responsible for the medical investigation of the circumstances of death; physical examination of the body; collection and shipping of toxicology specimens; recognition, collection, and transfer of physical evidence on the body to law enforcement; determination of the cause and manner of death; properly signing the certificate of death; and the production and submission of the required reports to the district office for processing and distribution.

  Alignment to Agency Goals

  - Agency Goal: Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.

    Comment: This objective also supports the long-term objectives of Virginia to protect the public's health, safety and security as well as ensuring a fair and effective justice system, and providing a prepared response to emergencies and disasters of all kinds.

  Objective Strategies

  - Increase the training and tools for death investigation provided to local medical examiners.
  - Educate eligible physicians regarding the increased case fee and benefits of being a medical examiner through presentations at medical society and physician association meetings.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Number of local medical examiners.

    Measure Class: Other Measure Type: Input Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 225 Date: 6/30/2005

    Measure Baseline Description: Number

    Measure Target Value: 275 Date: 6/30/2012

    Measure Target Description: Number

    Data Source and Calculation: The data source for this calculation is the Office of the Chief Medical Examiner's database that stores information on active local medical examiners appointed to perform death investigation. This can also be measured by counting the personnel files kept on each appointed local medical examiner.

- Improve the quality and quantity of medicolegal death investigation in Virginia by implementing real time, 24/7 direct reporting of deaths in all district offices.

  Objective Description

  Real time reporting of deaths will improve medical examiner case acquisition and disposition, and provide surveillance for bioterrorism, emerging infections, and elder abuse. Presently, only homicides and most suicides are reported contemporaneously with the death because they are sent to a district OCME office to be autopsied. Reports of all other deaths not requiring an autopsy come in over days to months later. The OCME is not aware of the death until

the report is mailed in. For statewide ME systems the standard rate of acceptance of cases is one for each four or five deaths. Virginia accepts one in ten. Missed cases are partially investigated retrospectively. Additional statewide positions statewide are needed to receive calls and provide 24 hour 7 day a week real time death reporting coverage for law enforcement, local medical examiners and hospitals, nursing homes and others that are required to report deaths.

Alignment to Agency Goals

- Agency Goal: Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.

  Comment: This supports the agency goal of promoting and protecting the health of Virginians by maintaining an effective and efficient system for the investigation of deaths that are violent, unexplained, or suspicious deaths of public interest.

Objective Strategies

- Seek appropriation funding and position allotment for the addition of four medical death investigator positions, one for each district.
- Educate members of the Executive Branch, General Assembly and partner agencies on the critical need for real time, 24/7 coverage for death reporting.

Link to State Strategy

- nothing linked

Objective Measures

- Number of medicolegal death investigators.

  Measure Class: Other Measure Type: Input Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 8 Date: 6/30/2005

  Measure Baseline Description: Number

  Measure Target Value: 24 Date: 6/30/2012

  Measure Target Description: Number

  Data Source and Calculation: Classified position count for this role.

- Provide Virginia with enhanced medicolegal death investigation through increased training and resources provided to local medical examiners serving in Virginia.

Objective Description

Standard medical education of physicians does not include death investigation, forensic pathology or medical jurisprudence. Licensed Virginia physicians serving as local medical examiners need specialized training to apply the principles and practice of medicine to the subspecialties of forensic pathology and legal medicine as they apply to death investigation.

Alignment to Agency Goals

- Agency Goal: Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.

  Comment: This supports the long-term objective of Virginia to protect the public's health, safety and security, ensure a fair and effective system of justice, and providing a prepared response to emergencies and disasters of all kinds. Standard medical education of physicians does not include death investigation, forensic pathology, or medical jurisprudence. Physicians need specialized training to apply the principles and practice of medicine to the subspecialities of forensic pathology and legal medicine as they apply to death.

Objective Strategies

- Conduct training programs at four different sites around the State for local medical examiners.
- Offer continuing medical education (CME) credits for this training.
- Engage subject matter experts on death investigation in areas to include but not be limited to: jurisdiction, recognition of classes of injury, causes of death, scene investigation, forensic evidence recognition, and the ancillary procedures associated with death investigation.
- Maintain adequate educational space within the OCME to conduct local medical examiner training.
- Write and update guidelines for the local medical examiners to use while conducting medicolegal death investigations.
- Promulgate copies of the guidelines in book and a CD form to all appointed local medical examiners.
- o Provide opportunities for online ME training in partnership with the Virginia Institute of Forensic Science and Medicine.

Link to State Strategy

- nothing linked

Objective Measures

- Number of training seminars conducted for local medical examiners that are taught by subject area experts on death investigation.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 1 Date: 6/30/2005

  Measure Baseline Description: Number

  Measure Target Value: 4 Date: 6/30/2012

  Measure Target Description: Number

Data Source and Calculation: The data source for this calculation is the Office of the Chief Medical Examiner schedule and website that offers the training.

- Produce and promulgate data and results from Medical Examiner case investigations and Fatality Review and Surveillance Teams for policymakers, decision makers, and prevention specialists.

Objective Description

Development and dissemination of information concerning the extent and causes of sudden, unexpected, and/or violent deaths in the Commonwealth is a key public health function. This type of information is vital to the development of public health policies and practices aimed at preventing these deaths.

Alignment to Agency Goals

- Agency Goal: Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.

  Comment: This goal supports the long-term objective of Virginia to protect the public's health, safety and security, ensure a fair and effective system of justice, and providing a prepared response to emergencies and disasters of all kinds.

Objective Strategies

- Utilize the grant funded forensic epidemiology position to collate data and present it in a format consistent with the first annual report produced by the OCME. The format used is comparable to other death investigation systems.
- Utilize the grant funded positions to collate data and present in a format consistent with prior reports produced by the OCME.
- Print report for distribution and place on the OCME website.

Link to State Strategy

- nothing linked

Objective Measures

- Number of OCME annual reports produced and distributed that list, sort, and interpret data relating to Medical Examiner deaths that can be used by policy makers and prevention groups.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 1 Date: 6/30/2005

  Measure Baseline Description: Number

  Measure Target Value: 1 Date: 6/30/2012

  Measure Target Description: Number

  Data Source and Calculation: Office of the Chief Medical Examiner.

- Number of Fatality and Mortality Review reports produced.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 2 Date: 6/30/2005

  Measure Baseline Description: Two reports produced for the Child Fatality Review Team with grant funding, and one report produced for the National Violent Death Reporting System project.

  Measure Target Value: 4 Date: 6/30/2012

  Measure Target Description: One report produced and distributed for each Fatality or Surveillance Review team which would be a total of four different reports.

  Data Source and Calculation: Office of the Chief Medical Examiner

- Increase the number of identified decedents by implementing the tracking, entry and retrieval of information on Virginia's unidentified decedents.

Objective Description

This project in cooperation with the Virginia State Police will entail the installation of a National Crime Information Center (NCIC) terminal in the Richmond office, training of OCME investigators in its operation and the entry into the FBI Unidentified Persons File data base of current and archival unidentified person cases. Retrieval and screening of possible matches is expected to be labor intensive with "best bets" being referred for follow-up to the jurisdiction of discovery of the unidentified remains. This endeavor will assist with the resolution of "cold cases".

Alignment to Agency Goals

- Agency Goal: Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.

  Comment: This goal supports the long-term objective of Virginia to protect the public's health, safety and security, ensure a fair and effective system of justice, and providing a prepared response to emergencies and disasters of all kinds.

Objective Strategies

- Install an National Crime Information Center terminal in the OCME and train the death investigators in its use in partnership with Virginia State Police and the FBI.
- Seek grant funding for the installation and maintenance of the terminal.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of medical examiner cases remaining unidentified through modern forensic means of identification.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 1 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 0.7 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Unidentified logbook and Office of the Chief Medical Examiner database.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 6 of 41

Health Statistics (601 404 01)

Description

This service area is responsible for the dissemination of health statistics information. This information is processed and made available to Virginia Department of Health (VDH), legislators, other government agencies, the National Center for Health Statistics (NCHS), and the general public. There are six principal categories of statistical data managed by this service area: births, deaths, natural fetal deaths, induced terminations of pregnancy, marriages and divorces. These statistics are presented in the form of annual reports, special reports, electronic data exchange and consultation. This service area is administered by the VDH's Division of Health Statistics, previously known as the Center for Health Statistics.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area supports the VDH mission of promoting and protecting the health of Virginians by providing one source of health status measurements to gauge the success of the mission.
- *Describe the Statutory Authority of this Service*
  Section 22.1-261 mandates the provision of assistance to the attendance officials of each public school system concerning vital statistics and health statistics data.

  Section 32.1-14 mandates the production of an annual statistical report. This service area shall contribute statistics to the report.

  Section 32.1-276.1 mandates that the Board of Health provide a Center for Health Statistics to perform data program development, reporting, systems operations, analysis and consultation for VDH, for county and city departments of health and other public agencies having health-related duties. It further mandates the establishment of a director of the Center who shall be supervised by the Commissioner to oversee the daily operations of the Center. The Center is to collect other health-related records and reports and prepare, tabulate, analyze and publish vital statistics and other health statistical data of this Commonwealth and such other reports as may be required by the Commissioner or the Board.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Consumer Product Safety Commission	1	1
	Department of Behavioral Health and Developmental Services	1	1
	Department of Labor and Industry	1	1
	Department of Motor Vehicles	1	1
	Department of Social Services	1	1
	Department of Taxation	1	1
	General Assembly	1	1
	General public	47	365
	Governor's and Secretary's Offices	1	1
	National Center for Health Statistics (NCHS)	1	1
	National Death Index	1	1
	National Institute for Occupational Safety & Health	1	1
	National Safety Council	1	1
	News media	19	38
	Nonprofit organizations	5	20
	Other state agencies	18	36
	Other states' government	36	50
	Private industry	25	250
	Researchers	7	100
	Social Security Administration (SSA)	1	1
	State Board of Elections	1	1
	Students	23	230
	Universities	16	50
	VDH - Central office and health districts	82	150
	Virginia Retirement System	1	1

Anticipated Changes To Agency Customer Base
The number of Memorandums of Agreement (MOAs) or Understanding (MOUs) between the Division and other VDH offices within VDH, and other Virginia agencies, continues to increase. Currently, agreements exist with VDH programs such as Cancer Registry, HIV/Sexually Transmitted Diseases, Center for Injury and Violence Prevention, Immunization, Office of the Chief Medical Examiner, Virginia Congenital Anomalies Reporting and Educational System, Women and Infants Health, Minority Health and Healthy Virginians 2010. There is vast potential for new agreements outside of VDH. The Division currently has agreements with other state agencies including Taxation, Motor Vehicles, Board of Elections, Medical Assistance Services, Social Services, and Virginia Retirement System.

There is also potential for more requests from medical researchers. Major treatment facilities like UVA and MCV routinely

send patient databases for matching against the health statistics birth or death files. The purpose is to determine survival rates for particular programs and treatment courses or to gauge the success of birth counseling programs. This has potential to be expanded to serve physicians groups or individual doctors.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Beginning with the 2000 Census, the U.S. Census Bureau allowed respondents to classify their race by selecting a greater number of categories than the traditional five. The Bureau is suggesting the use of about 32 multi-racial categories for reporting. The Division is altering its data collection to allow for the capture of mult-racial categories. Otherwise there will be no denominators to calculate rates.

  The NCHS has changed the data items collected and used for health analysis. This includes switching to collect race data in a format consistent with the census data changes. In 2003 the birth and death items that states are asked to collect was revised. Most state and local programs perform their analysis using data, rates formulas and methodologies that are comparable to those of the federal government. As the Division moves toward compliance with collecting these new data elements, there will be new variables with new calculations and new rates being reported. The new birth items have been incorporated in the latest revision of the Division of Vital Records's electronic birth registration system.

  The funding that the federal government provides for purchasing data and analysis is rapidly diminishing. In recent years the NCHS has not been able to buy full years worth of data from its contracted states. The grants that many other state programs operate with are also diminishing. This will impact the revenue this service area generates from the sale of its products to the federal government as well as to state and local programs.

  The Division of Vital Records will be implementing two major changes that will positively impact the timeliness of getting data into the system from which health statistics are derived. The first is an internet based training module for those who complete the death certificates. Effective training will improve the timeliness and accuracy of death data. The second is that the Division of Vital Records has approval to develop an electronic death registration system. This, too, will positively impact the timeliness and accuracy of death data. Both projects are being developed.
- *Anticipated Changes to the Products and/or Services*
  The Division of Health Statistics has a performance based contract with NCHS that obligates collection data in a specific format. NCHS has revised its minimum data sets for birth, death and fetal death systems. The Division will eventually provide data in this new format.

  In general, the federal government is seeking increased electronic data connections with state governments. This is in alignment with the current Administration's goal of developing more e-government. The SSA is currently negotiating through the National Association of Public Health Statistics and Information Systems for an electronic verification of vital events. There are discussions about expanding the data on occupation and industry for deaths that are reported to the federal government. The Division currently only supplies occupational data when the death is accidental and job related.

  All of the statistical databases are being migrated to VDH's data warehouse from their current location on VITA's mainframe. This service area's statistical data will then be able to evolve into a community access module on which customers will be able to choose from standard reports or select and arrange variables into a custom report. The laws regarding the confidentiality of vital records make security a major issue in the design of the health statistics site on the warehouse. Once all security issues are addressed, data will be more readily available to other VDH programs. There will be a hierarchy of who gets access to variables
  that could identify individuals.

  The current three volume annual report format will be augmented with a CD version of the report. This will allow for more data per page. It will also allow for more color illustration of maps and graphics.

  The Division continues to improve the flow of data to the health districts to help as they continue with new initiatives aimed at reducing infant mortality for Virginia. Electronic monthly reports are supplied with the latest data available. The list receiving data in electronic format continues to grow.

  The Division continues to be active in serving on health related groups, study panels, and advisory boards. It currently serves on: Crash Outcome Data Evaluation System (CODES) (with VHI and DMV), Cancer Plan Advisory Board (CPAC), and the National Violent Death Reporting System (NVDRS).
- *Listing of Products and/or Services*
  - Annual Report on Health Statistics: A three volume set of reports is produced detailing demographics and other characteristics of births, deaths, fetal deaths, induced terminations of pregnancy, marriages, and divorces. The product is sold or distributed free to most of the customers listed in the customer base. Future volumes will be made available for free via the Division's website. Statistics produced are of relevance to the customer base and compiled in a way consistent with analysis being done on the National level. Numbers and rates (where population is available) are produced down to the city/county level of detail. Aggregations are also provided at most levels at which central office planning is performed, i.e. planning district, health region, health district, HMO region, perinatal region, medical examiner region, etc. A report specific to vital events occurring to teenagers is one of the three volumes produced. Reports will continue to be available in multiple formats: hard copy, CD ROM and spreadsheet format.
  - Report on the Health of Minorities: It collaborates with the Office of Minority Health and Public Health Policy to publish periodic reports aimed at describing health equity and health disparities. The report is produced in multiple formats with the Division contributing detailed race/sex and Hispanic origin data as it relates to health statistics. Numbers and rates (where population is available) are produced mostly at the health district level. If confidentiality of individuals is not threatened, data are reported down to the city/county level of detail.
  - Ad Hoc Reporting System: Requests that are not available as a part of the regular reporting systems are produced from the existing databases utilizing tools available to staff. These requests may be for different aggregations, combinations of years, or different output formats.
  - Division Website: The Division's website is located on the wider VDH web. This website contains modules with the most popular tables from the six statistics systems. It also contains maps and graphics on trends and city/county profiles which are summary pages containing the most popular data items from all six vital events. Data on population are also made available as communicated to the Division from the Census Bureau and NCHS. The website is constantly being expanded. More detailed cancer death information was recently added. Additional

graphics and charts are being added to the graphics and charts module. There is a planned creation of a data module specifically for infant mortality statistics. Future reports will have more presentation of data on focus groups such as males, Asians, and Hispanics.

- Shared Electronic Files: A semi-monthly client level vital event data set is produced under contractual agreement with NCHS and SSA. The files are edited and formatted according to contract specifications and transmitted twice monthly. All problems found upon editing of the sent files are resolved. Data are exchanged with all other states under a formal interstate agreement to supply vital event information for residents of their state.
- Data Cleansing/Nosology Activities: Selected staff members perform ongoing editing and file maintenance on incoming vital event data ensuring the data collected are of high quality and completeness. The nosology team assists in proper completion of the cause of death on death certificates. The staff processes the information to send to NCHS, which reviews the data for accuracy. Nosology also works closely with the Medical Examiner's Offices which supply causes of death to complete pending deaths and certificates with incomplete information. Division staff assists with processing of computer edits of these systems until a complete and accurate final file is achieved.

Finance

- *Financial Overview*
  This service is funded totally with non-general funds. Sixty percent of the funding is derived from performance based contracts with the federal government to provide health statistics data for the state of Virginia. The remainder of the funding comes from the provision of health statistics products and services and from a sharing in the funds from the provision of vital records products.
- *Financial Breakdown*

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 201

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738

Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
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Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
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Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738

Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
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Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
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Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
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Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
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Service Area Total	$0	$936,738	$0	$936,738
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Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738

Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
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Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
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Base Budget	$0	$936,738	$0	$936,738
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Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738

Base Budget	$0	$936,738	$0	$936,738
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Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738
Base Budget	$0	$936,738	$0	$936,738
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$936,738	$0	$936,738

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Improve the production of accurate, timely, and relevant health statistics

  Objective Description

  The production and distribution of real time health statistics provides data by which VDH can evaluate the success or failure of its programs in its effort to protect and promote the health of Virginians. Statistics also help to educate Virginia's citizens as to their overall health status.

  Alignment to Agency Goals

  - Agency Goal: Collect, maintain and disseminate accurate, timely, and understandable public health information.

    Comment: This objective also supports the Virginia long-term goal of engaging and informing citizens to ensure we serve their interests. It does so by making the public aware of positive and negative health issues as they relate to health statistics.

  Objective Strategies

  - Implement good change management so that changes in data formats and collection requirements do not impede the timely reporting of data.
  - Establish methods that will assist those entities and individuals who must transmit data to teh Division of Vital Records and Division of Health Statistics to do so quickly and accurately. This includes properly training and equipping those responders.
  - Develop employee work profiles for Division staff that emphasize quick and accurate editing and reporting of incoming data.
  - Work with the Division of Vital Records to develop tools such as an electronic death registry, aimed at facilitating faster and more accurate collection of incoming data.

  Link to State Strategy

- nothing linked

Objective Measures

- Average number of business hours for response to data requests

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 48 Date: 6/30/2006

  Measure Baseline Description: Average number of business hours

  Measure Target Value: 38 Date: 6/30/2012

  Measure Target Description: Average number of business hours

  Data Source and Calculation: Health statistics management information.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 7 of 41

Vital Records (601 404 02)

Description

This service area is responsible for the registration, collection, preservation, amendment and certification of vital records. The vital records system consists of births, deaths, spontaneous fetal deaths, induced termination of pregnancy, marriages, divorces or annulments, adoptions and amendments (alteration to a vital record). This service area is administered by the Virginia Department of Health (VDH) Division of Vital Records.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the VDH mission in promoting and protecting the health of Virginians by serving as the official custodian of all vital records in Virginia. The statistical data collected on these vital records are used by VDH's Division of Heath Statistics to generate annual reports and special reports that address health-related issues.
- *Describe the Statutory Authority of this Service*
  Chapter 7 (§§ 32.1-249 et seq.) establishes the administration of the system of vital records. This chapter includes the duties of the State Registrar, filing birth, death, spontaneous fetal death, induced termination of pregnancy, marriage and divorce certificates, amending vital records, issuing certified copies of a vital record and automating the vital records system.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Governmental Agencies – local, state and federal (request for vital records)	63,558	50,000
	Individual Requests for Vital Records	382,578	390,229
	Researchers (requests for vital records)	20,048	20,649

Anticipated Changes To Agency Customer Base
Individual Requests
With the passing of legislation in the 2005 General Assembly grandparents are now able to request a copy of a grandchild's birth certificate.
The number of requests will increase based on the changes to local, state and federal laws and policies. Before an individual can obtain any type of service from a governmental agency they must produce a certified copy of a vital record. Vital records are used extensively for employment purposes, travel, and obtaining benefits and to obtain other documents used for identification such as driver licenses, social security, and passports.
The number of requests will increase based on the studies from the various hospitals, universities and other entities.
Because of the new travel requirement to leave and re-entry the United States and the requirement for proof of citizenship for Medicaid recipients and applicants there has been an increase in birth certificate requests.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  The Federal Intelligence Reform Act will increase the number of requests for a vital record. At the end of 2007 or early 2008, this statute will prohibit federal government agencies (i.e. SSA, Passport) from accepting birth certificates that are not issued on security paper that contain certain security features. Because of this legislation, individuals will be unable to use previous issued birth certificates to obtain service from a U.S. government agency.
- *Anticipated Changes to the Products and/or Services*
  Security Paper. – The Federal Intelligence Reform Bill requires Vital Records Offices to meet certain security features in the security paper used to issue vital records. Failure to comply with these changes will result in the rejection of the vital record at federal agencies.

  Deploy the WEB_EBC (Electronic Birth Certificate) application. This web application will replace the current application used by the hospitals that record and report births to Vital Records.

  Expand the website to include items such as the Report of Adoption, Acknowledgment of Paternity and Correction Affidavit forms, information on how to file a delayed birth registration and more answers to the most frequently asked questions.

  Develop an on-line tutorial for physicians that will assist them in completing the medical certification on the death certificate.

  Develop an on-line tutorial for the local health department deputy registrars that will assist them in filing home births, reviewing and accepting death certificates, preparing acknowledgment of paternity forms, and correction affidavits.

  Develop an on-line tutorial for funeral directors that will assist them in the filing of a death certificate.
- *Listing of Products and/or Services*
  - Supplies and Forms The State Registrar prepares prints and supplies all blank paper and forms that are used in registering, recording and preserving vital records. These forms are sent to hospitals, courts, funeral homes, local heath departments, medical examiner offices, attorneys and any individual filing a vital record. The Electronic Birth Certificate (EBC) is an application used by the 63 birthing facilities that file birth certificates.
  - Certified Copies of Vital Records To preserve the original documents, the State Registrar will issue a certified copy of a vital record (birth, marriage, divorce, death or stillbirth) when the applicant has submitted a written request,

identification and payment. There are three methods in which an applicant can request a vital record (i) mail, (ii) in person or (iii) Vital Chek express service.

- ○ Amending Vital Records Upon receipt of a certified copy of a court order changing the name, sworn acknowledgment of paternity, court determination of paternity order, adoption report, surrogate consent form, correction affidavit and change of sex document a new birth certificate will be established or the existing vital record is amended.
- ○ Delayed Birth Registration When the birth of a person has not been registered, a delayed birth certificate may be prepared and filed. Documentary evidence that establishes the registrant's name, date of birth, and place of birth and parents names is required before the certificate can be filed.
- ○ Call Center The Call Center provides assistance to customers seeking information on how to obtain a vital record, hours of operation, cost of a vital record, directions to the office, status of their request, and what type of identification they must submit.
- ○ Help Desk Services - Information Technology (IT) IT provides technical support for Division of Vital Records staff and Hospital Birth Registrars. This support may include setting up new users, troubleshooting computer problems, granting access to Oracle applications and training.
- ○ Division of Vital Records Website This website contains information on how to apply for a vital record, list of acceptable identification, hours of operation, a question and answer page, Regulations Governing Vital Records, genealogy information, foreign authentication, link to the Virginia Center for Health Statistics and vital records offices in other states. It also contains the application for a vital record that can be downloaded.

Finance

- *Financial Overview*
  VDH is authorized by § 32.1-274 of the Code of Virginia to charge a fee for a certified copy of vital records or for a search of the files or records when no copy is made. Fees collected under this section provide 100% of the service area's budget.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$5,843,159	$0	$5,843,159
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Change To Base	$0	$0	$0	$0
Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 201

Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0

Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
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Change To Base	$0	$0	$0	$0

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Change To Base	$0	$0	$0	$0

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Base Budget	$0	$5,843,159	$0	$5,843,159
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Service Area Total	$0	$5,843,159	$0	$5,843,159
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Change To Base	$0	$0	$0	$0

Service Area Total	$0	$5,843,159	$0	$5,843,159
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Change To Base	$0	$0	$0	$0

Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0

Service Area Total	$0	$5,843,159	$0	$5,843,159
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Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0

Service Area Total	$0	$5,843,159	$0	$5,843,159
Base Budget	$0	$5,843,159	$0	$5,843,159
Change To Base	$0	$0	$0	$0

Service Area Total	$0	$5,843,159	$0	$5,843,159

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Decrease time required to respond to a citizen's request for a vital record.

  Objective Description

  Vital Records are a person's first and last identity document. For instance, an individual needs a birth certificate to obtain a social security card, enroll in school, and obtain a driver's license, passport and employment. Governmental agencies use vital records to help establish eligibility for provision of benefits (i.e. social security) and issuance of documents (i.e., driver licenses and passports).

  Alignment to Agency Goals

  - Agency Goal: Collect, maintain and disseminate accurate, timely, and understandable public health information.

    Comment: This objective also aligns with the long-term objective of Virginia to engage and inform citizens to ensure that we serve their interests.

  Objective Strategies

  - Screen all requests for acceptability.
  - Verify the accuracy of the data that is keyed into CTS.
  - Send appropriate letters to customer that lacks the necessary documents to receive a vital record.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Number of business days required to respond to mailed in requests for an automated vital record that requires no amendments to the vital record.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

    Measure Baseline Value: 4 Date: 5/31/2006

    Measure Baseline Description: Average number of days

Measure Target Value: 3 Date: 6/30/2012 Measure Target Description: Average number of days

Data Source and Calculation: Each request for a vital record is entered into a Correspondence Tacking System (CTS). The data collected from the request consists of the requestor name, identification and address, the registrant name, type of vital record needed, and payment. CTS also allows the collection of the date the request was received and the date the vital record was mailed. A status report is generated to capture all of this information.

- The cost of providing certified records by the Division of Vital Records

Measure Class: Productivity Measure Frequency: Quarterly Preferred Trend: Maintain

Measure Baseline Value: 11.45 Date: 8/1/2008

Measure Baseline Description: Cost of issuing a certified record

Measure Target Value: 11.45 Date: 6/30/2012

Measure Target Description: Cost of issuing a certified record

Data Source and Calculation: Divide the total cost of providing certified records by the Division of Vital Records by the number of certified records issued or amended during a fiscal year

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 8 of 41

Immunization Program (601 405 02)

Description

This service area has responsibility for the support and oversight of statewide immunization activities. Through a variety of activities, the service area strives to maintain and distribute an adequate and viable vaccine supply. The program also conducts quality assurance site visits, oversees the investigation of suspected cases of vaccine preventable disease and assesses immunization coverage statewide. These and other program activities are effective in protecting the health of all Virginians.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health (VDH) mission of promoting and protecting the health of Virginians. The Immunization Program ensures that an adequate and viable inventory of vaccine is available to local health departments and private physicians participating in the Vaccines for Children (VFC) program. This is essential to protecting the public from the spread of communicable disease.
- *Describe the Statutory Authority of this Service*
  Section 32.1-46 authorizes the State Board of Health, the State Health Commissioner and the VDH to administer this service area.

  Section 32.1-46 also provides for the immunization of children against certain diseases in accordance wih regulations established by the Board of Health and the implementation of a statewide immunization registry.

  Section 23-7.5 requires full-time students enrolling in public institutuions to be immunized against certain diseases.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Birthing Hospitals	71	71
	Community Health Centers	93	93
	Department of Education	1	1
	Department of Medical Assistance Services	1	1
	Laboratories	1	183
	Legislators	140	140
	Local health departments	119	119
	Pediatricians & Family Physicians	1,800	4,000
	Project Immunize Virginia Coalition	1	1
	Virginia Health Quality Center	1	1

Anticipated Changes To Agency Customer Base
Implementation of the immunization registry will expand customer base to include health plans, insurers, managed care organizations, and emergency preparedness and response agencies and organizations.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Poverty and unemployment: Increased rates of poverty and unemployment could result in a large number of citizens presenting to health departments for immunization services.

  Vaccine supply and demand: Insufficient vaccine supply or radically increased demand could cause delays in the on-time administration of vaccine, causing more persons to be unimmunized or incompletely immunized.

  Acts of bioterrorism/pandemic: Responding to acts of bioterrorism or pandemic disease (H1N1) will reduce the number of staff available for the delivery of routine health department services. This could result in an increasing number of unimmunized or incompletely immunized children and adults.

  Health insurance and access to care: Failure of insurance companies to cover the cost of new vaccines or added doses of vaccine would cause some citizens to delay/or defer immunizations.

  Immigration policies: More comprehensive health care requirements and an increasing number of immigrants presenting to health departments for vaccinations could rapidly deplete the vaccine budget and result in gaps in vaccine supply.

  Anti vaccine movement: Increased activities of anti vaccine groups and widespread distribution of anti vaccine material could result in decreased demand for vaccination services. This would result in an increased number of susceptible children and adults.

  Legislative changes at the federal and state level: Legislative changes that have fiscal impact but no additional funding appropriation will adversely affect program operations and could reduce vaccine availability and access to vaccination services.
- *Anticipated Changes to the Products and/or Services*

Increased focus on emergency preparedness and pandemic response

Greater need for services to be ethnically and linguistically diverse.

Addition of new vaccines [adolescent/adult tetanus,diphtheria and pertussis (Tdap), human papillomavirus (HPV), meningococcal conjugate vaccine (MCV4)].

Increased usage of more costly combination vaccines [measles,mumps,rubella and varicella (MMRV)].

- *Listing of Products and/or Services*
  - Vaccine Supply: Maintain and appropriately ship an inventory of viable vaccine to public and private health care providers statewide.
  - Statewide Policy Development: Develop and implement statewide policy on vaccine preventable diseases in accordance with the harmonized recommendations of the CDC Advisory Committee on Immunization Practices, the American Academy of Pediatrics and Academy of Family Physicians.
  - Grants Management and Resource Allocation: Develop and manage annual federal grant and allocate resources to districts for support of immunization services. Perform quarterly evaluation of program fiscal activity.
  - Quality Assurance: Conduct annual quality assurance reviews in all local health department sites to ensure compliance with State and Federal program guidelines. Conduct quality assurance reviews in all Vaccines for Children Program (VFC) private provider sites to ensure compliance with State and Federal program guidelines.
  - Statewide Assessment and Program Evaluation: Conduct annual assessment of the immunization records of kindergarten students to determine immunization coverage, medical and religious exemptions and school regulatory compliance. Conduct annual assessment of day care and Head Start centers to determine immunization coverage and regulatory compliance. Conduct quarterly assessment of the immunization coverage rates in health districts. Conduct quarterly evaluation of program objectives.
  - Adverse Event Reporting: Manage the statewide vaccine adverse event reporting system.
  - Immunization Registry: Implement and manage the statewide immunization registry.
  - Technical Assistance: Provide vaccine preventable disease related technical assistance to public and private health care providers statewide. Maintain the statewide Pandemic Influenza Emergency Response plan. Provide technical guidance on Pandemic Influenza Preparedness planning and operations. Provide guidance and support to local health department staff on investigation of suspected cases of vaccine preventable diseases. Perform statewide oversight and provide guidance to district health department staff on the identification and follow-up of cases of perinatal hepatitis B.
  - Education and Training: Ensure availability of CDC and other vaccine preventable disease satellite training courses to public and private health care providers. Develop and distribute patient and provider educational material. Provide computer based assessment training for health department staff. Support off-site, job related training for program staff.

Finance

- *Financial Overview*
  The total budget for the service area has two funding streams consisting of general and non-general funds. Non-general funds are received in a federal, categorical, cooperative agreement from the Centers for Disease Control and Prevention.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$3,575,483	$5,475,211	$3,575,483	$5,475,211																
Change To Base	-$1,662,982	-$790,531	-$1,662,982	-$790,531																
Service Area Total	$1,912,501	$4,684,680	$1,912,501	$4,684,680																
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Service Area Total	$1,912,501	$4,684,680	$1,912,501	$4,684,680

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Achieve and maintain maximum immunization coverage rates in Virginia's children.

  Objective Description

  The occurrence of most vaccine-preventable diseases in children is at or near record low levels. However, the organisms that cause these diseases have not disappeared. Rather, they have receded and will reemerge if the vaccination coverage drops. Continuing to improve immunization coverage and sustaining high coverage is critical to achieving on-going reductions in vaccine-preventable disease morbidity and mortality.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Improve the quality and quantity of vaccination delivery services. Provide an adequate and viable vaccine supply to public and private providers. Provide up-to-date Vaccination Information Statements to all providers. Regularly update VDH policies to reflect the most recent recommendations of the CDC Advisory Committee on Immunization Practices (ACIP). Conduct annual quality assurance site visits at all public and private health care provider sites. Monitor and report all suspected adverse events to vaccination. Target program resources to "Pockets of Need". Implement an immunization registry in the public and private sectors.
  - Minimize financial burdens to needy persons. Increase private provider enrollment in the Vaccines for Children

Program.

- Increase community participation, education and partnership. Support the infrastructure needs of the Project Immunize Virginia statewide immunization coalition. Regularly update division website to include the most up-to-date information on vaccines, policies and regulations. Continue partnerships with the Department of Medical Assistance Services (DMAS), the Department of Education and the Department of Social Services.
- Improve and expand monitoring of vaccination coverage. Quarterly assessment of immunization coverage in health districts. Annual assessment of immunization status of students at middle school entry (6th grade). Annual assessment of immunization coverage in at least 25% or private provider sites enrolled in VFC. Annual assessment of the immunization coverage at school entry, Head Start facilities and day care centers.
- Improve vaccine use. Ensure availability of resources to support the provision of new vaccines and combination vaccines.

Link to State Strategy

- nothing linked

Objective Measures

- Immunization coverage rates of children at school entry.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 93.5 Date: 6/30/2004

  Measure Baseline Description: Percent for coverage rate

  Measure Target Value: 97 Date: 6/30/2012

  Measure Target Description: Percent for coverage rate

  Data Source and Calculation: Data are from the VDH Immunization Survey of Kindergarten, Head Start and Day Care programs. The statistical function known as probability proportional to size is used to select assessment sites. This function provides all students, regardless of geographic location, with an equal chance of being selected. Data collected by district health department staff are forwarded to the central office where they are imported into the Clinic Assessment Software Application (CASA). CASA analyzes the data taken from the student immunization records and provides vaccine coverage rates at school entry, retrospectively at 2 years of age and produces a listing of students with medical and religious exemptions to immunization.

- Increase the influenza and pneumococcal vaccination coverage rates in adults 65 years of age and older.

Objective Description

Historically, the annual influenza and pneumococcal vaccination coverage rates in persons 65+ years of age has been below 70 percent. The risks of complications and hospitalizations from influenza and pneumococcal disease are higher among persons in this age group, and nursing home attack rates may be as high as 60 percent, with fatality rates as high as 30 percent. Increasing the number of persons 65 and older who receive an annual influenza vaccination and at least one pneumococcal vaccination will reduce morbidity and mortality and medical costs associated with these diseases and improve the quality of life for older Virginians.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

Objective Strategies

- Improve the quality and quantity of vaccination delivery services. Maintain an adequate and viable supply of vaccine. Maintain current vaccine procurement contracts. Maintain current vaccine distribution contract. Develop a vaccine prioritization plan for implementation during periods of vaccine shortages. Provide up-to-date Vaccine Information Statements to all providers. On-going education of providers on the need to increase vaccine coverage, persons to be vaccinated and appropriate use of available vaccines. On-going support for Standing Order policies.
- Minimize financial burdens for needy persons. Educate providers on Medicare reimbursement and encourage roster billing in mass clinic settings.
- Increase community participation, education and partnership. Support the Project Immunize Virginia annual flu and pneumococcal campaigns. Partner with the American Lung Association of Virginia in the annual flu and pneumococcal statewide media campaign. Partner with the Virginia Health Quality Center on the annual influenza and pneumococcal educational campaigns directed at hospitals and nursing homes. Develop annual VDH press release at the beginning of flu season. Partner with the Virginia Pharmacy Association in educating pharmacists statewide on issues regarding influenza and pneumococcal vaccines.

Link to State Strategy

- nothing linked

Objective Measures

- The percentage of adults 65 years of age and older in Virginia who are appropriately immunized against influenza.

  Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 66.8 Date: 6/30/2006

  Measure Baseline Description: Percent of adults

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent of adults

  Data Source and Calculation: Data are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received an influenza vaccination within the previous 12 months.

- The percentage of adults 65 years of age and older in Virginia who are appropriately immunized against pneumonia.

  Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 66.5 Date: 6/30/2006

  Measure Baseline Description: Percent of adults

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent of adults

  Data Source and Calculation: Data are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received a pneumonia vaccination within the previous 12 months.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 9 of 41

Tuberculosis Prevention and Control (601 405 03)

Description

The purpose of this service area is to control, prevent, and eventually eliminate tuberculosis (TB) from the Commonwealth. Through a variety of activities, the service area strives to detect every case of TB, assure the adequacy and completeness of treatment, and prevent further disease transmission. This service area is administered by the Division of Disease Prevention/TB (DDP/TB). The service area also includes the Newcomer Health Program (NHP), which focuses on the health needs of refugees newly resettled in Virginia. Major activities include:

Disease surveillance for all TB cases from time of initial suspicion through case disposition,

Consultation to local health departments on treatment, diagnosis, case management, contact investigations, discharge planning, and media relations,

Direct assistance in large-scale contact investigations, when clusters are identified, and when needed on individual cases,

Development of policies ranging from preventing disease transmission to the proper use of personal protection equipment,

Oversight of TB awareness activities for the public and training opportunities for local health department personnel,

Assistance and guidance to local health departments when involuntary isolation of a recalcitrant patient is required to minimize risks to others in the community,

Application and administration of federal grants to fund the TB program,

Coordination and facilitation of the initial health assessments of all newly arriving immigrants with a refugee or asylum status,

Collection of data on refugee arrivals, health conditions and outcome of their assessment data , and

Notification to local health districts that a newly arrived immigrant or refugee requires screening for tuberculosis.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns directly with the mission of the Virginia Department of Health (VDH) by reducing morbidity and preventing the transmission of TB.
- *Describe the Statutory Authority of this Service*
  Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.
  §§ 32.1-35 and 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandates the reporting of specific diseases, including active and suspected cases of tuberculosis disease and tuberculosis infection in children under age four.
  § 32.1-48 outlines the powers of the Commissioner to control epidemics.
  § 32.1-49 of the Code of Virginia specifically directs the Board of Health to include tuberculosis in the list of diseases required to be reported in 32.1-35.
  § 32.1-50 of the Code of Virginia and 12 VAC 5-90-225 of the Board of Health Regulations for Disease Reporting and Control relates to the examination of persons reasonably suspected of having active tuberculosis disease, including authority for examination, report forms; report schedule; laboratory reports and required samples.
  § 54.1-2901 allows the collection of specimens of sputum or other bodily fluids from persons with tuberculosis and suspected tuberculosis by any Registered Nurse, acting as an agent of the Department, for submission to a public health laboratory.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	CDC	1	1
	Colleges and universities	88	88
	Concerned public	7,712,091	7,712,091
	Correctional facilities	130	130
	Health care providers - public and private sector	6,500	6,500
	Homeless shelters	81	81
	Hospitals	142	142
	Laboratories	17	17
	Legislators	140	140
	Local health departments	119	119
	Media	121	121
	Other VDH offices and divisions	7	10
	Persons with latent TB infection	70,000	350,000
	Persons with suspected or confirmed TB disease	1,000	1,000
	Refugee resettlement agencies	10	10
	State and territorial health departments	58	58

Anticipated Changes To Agency Customer Base
Concerned public and TB cases are likely to be more culturally and linguistically diverse, reflecting the changing

demographics of the Commonwealth.
The number of nursing homes, assisted living and other congregate care facilities will likely grow as the population ages, exposing more people to situations with increased risks for transmission of TB.
The population of jails and prisons may continue to grow. In addition, Virginia corrections facilities are increasingly used to house immigration prisoners, many of whom are from high TB prevalence areas.
Immigration prisoners are frequently moved among correction facilities, and are unlikely to receive routine medical services available to other inmates.
Consolidation of health care facilities and laboratory services is likely to result in out of state facilities providing services for Virginia TB cases.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Population growth and changing demographics in Commonwealth.

  Larger number of foreign born residents; newcomers increasingly from countries with high TB rates.

  Newcomers settling in areas of the state where local support services are limited.

  Significant numbers of international visitors, students, undocumented aliens – i.e., non-citizen, non-permanent residents with limited eligibility for services - are entering state.

  Virginia residents (permanent and non-permanent) increasingly travel between US and high TB prevalence countries, so have repeated opportunities for exposure to TB.

  TB in usually productive, employed adults may result in loss of job, sudden poverty, loss of housing, lack of funds for necessities (e.g., groceries) for patient and family. Support services are limited or unavailable for other than citizens and legal permanent residents.

  Persons with serious underlying medical conditions (HIV infection, diabetes, end stage renal disease, collagen-vascular diseases) are surviving longer, so have more years at risk for re-activating latent TB infection or progressing to active TB if newly infected. Immunocompromised patients with TB may be more difficult to diagnose (increasing opportunities for transmission to others) and are more difficult to manage.

  National and state standards for the management of TB cases and their contacts are increasingly effective in curing patients and limiting transmission, but are also increasingly labor intensive and costly.

  The majority of TB patients are underinsured or uninsured, limiting access to health care services in the private sector.

  Public health services at the district and local level are uneven across the Commonwealth and very limited in several districts.

  Fewer public health nurses and other local health department personnel with TB management experience.

  Few regional TB clinics remain.

  Few private sector health care providers with experience or interest in TB.

  English speaking clients with limited literacy and non-English speaking clients make case management and patient education difficult.
- *Anticipated Changes to the Products and/or Services*
  Some re-centralization of TB prevention and control services (i.e., return of some consultation, involvement in contact investigations, assistance to districts in collecting data for surveillance systems) is occurring. Balancing local needs and resources with state requirements and resources is and will be an ongoing activity at both the central office and in the districts.

  Federal funding is likely to remain level or decrease, and Cooperative Agreement funds are increasingly categorical – i.e., with very specific requirements or restrictions on activities for which the funds may be used.

  Greater need for services to be ethnically and linguistically diverse.

  Greater emphasis on program evaluation.

  Changing public health workforce (e.g., smaller numbers of workers, fewer physicians and nurses) at a time of increasing pressure to meet standards of care will force re-evaluation of how and by whom TB prevention and control services are provided.

  The public health workforce has increasing and diverse responsibilities. TB prevention and control services at the local level must compete with other mandated/high priority activities.
- *Listing of Products and/or Services*
  - Consultation and Technical Assistance Consultation on TB prevention, diagnosis and treatment for health departments and health care providers in the public and private sector Consultation on health screening of refugees and asylees Development of guidelines and procedures related to core mission – examples include contact investigation and sputum collection guidelines Development of products to facilitate service delivery – examples include TB record forms, risk assessment tools, investigation and evaluation algorithms Technical assistance to hospitals, clinics, long term care facilities, congregate living facilities, health departments and other facilities on matters related to facility design and maintenance, TB screening of employees and clients, and investigation of exposures Implementation of statutory and regulatory requirements by development and publication of policies, procedures, and guidelines
  - Direct Assistance Direct assistance to health departments to assess possible outbreaks and facilitate large contact investigations Coordination of referrals and information exchange for cases, suspected cases, contacts and other clients who move in or out of Virginia. Facilitate communication between local health districts for those moving within Virginia Support (personnel and financial) for health departments to ensure that CDC mandated activities

are carried out at the local level Support (personnel and financial) for health departments experiencing increased numbers of TB cases Direct assistance in management of difficult cases with complicating factors such as homelessness

  - Education and Training Activities Provision of training for health care providers in public and private sectors Development and dissemination of educational materials for patients and the public – English and other languages to meet needs of patients and the public. Examples include pamphlets, fact sheets, web site, media presentations. Preparation of informational materials for elected officials and other decision-makers. Serve as speakers at conferences and meetings on matters related to TB prevention and control and refugee health conditions of public health importance. Development of fact sheets, press releases, interviews, other products as required to address media requests.
  - Planning and Evaluation Periodic evaluation of local district TB prevention and control activities. Production of reports for local, regional and national use in TB program planning and evaluation. Participation in local, regional and national TB control planning activities. Participation in local, regional and national refugee resettlement planning and evaluation activities.
  - Surveillance and Data Analysis Collection of TB case reports and other surveillance data from health departments; verification of data; data analysis; transmission of data for inclusion in the national TB registry. Collection of data on health screening of refugees and asylees from local health departments; verification of data; data analysis; production of reports for local, regional and national use in program planning and evaluation.

Finance

- *Financial Overview*
  Tuberculosis Prevention and Control is supported by both general funds and federal funds. The federal funds come through a categorical cooperative agreement from the Centers for Disease Control and Prevention and are intended to supplement (not replace or supplant) state and local resources.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	F 20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																	
Base Budget	$809,120	$1,319,006	$809,120	$1,319,006																	
Change To Base	-$7,556	$0	-$7,556	$0																	
Service Area Total	$801,564	$1,319,006	$801,564	$1,319,006																	
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Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Reduce the occurrence of TB disease among Virginia residents

Objective Description

Reducing the incidence of TB disease is critical to achieving eventual elimination of the disease. TB is an airborne disease that is transmitted from person to person. Transmission can occur when a patient with TB disease of the lungs coughs TB bacteria into the air. A person in close contact with the patient can breathe the TB bacteria into his lungs and become infected. That person may also develop active TB, and may transmit infection to others, or may develop latent infection – i.e., TB infection that is limited so the person is not sick. The person with latent infection may develop active (and potentially infectious TB) later in life.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

Objective Strategies

- All TB cases will have a public health nurse case manager assigned to follow the patient until the case is closed. The case manager will be responsible for coordinating the overall care for the patient and ensuring that all components of the contact investigation are completed. The case manager will ensure that the correct medications are prescribed in the correct doses, and that the patient receives all medications as scheduled, so the maximum possible of number of cases complete treatment in the recommended 12 months. Patients not eligible to complete a course of treatment within 12 months (e.g., TB resistant to several medications, patient with side effects from drugs requiring temporary discontinuation of treatment and an alternate treatment regimen) will also be monitored to ensure that they receive a complete course of treatment and are cured of their TB. Timely, effective, and complete therapy offers the best chance of cure for the patient, and minimizes the period of infectiousness, decreasing the risk of transmission of TB to others in the community.
- All TB patients will be assessed for infectiousness and activities restricted, if necessary, until the nurse case manager, in consultation with the district health director, judges the patient to be non-infectious and clears the patient to return to work, school or other normal activity. Restriction of the patient's activity decreases the risk of transmission of TB to others in the community.
- For all cases with an initial positive culture for TB, drug susceptibility studies will be performed. The case manager will review the results with the health care provider and district health director. Prompt recognition of resistance of a TB bacillus to the commonly prescribed medications allows treatment regimens to be changed if necessary to ensure the patient receives the most appropriate medications to treat his TB, thus improving chances for cure, and minimizing risks that drug resistant TB will be transmitted to others in the community.
- For all infectious pulmonary cases, and in other cases where patient compliance is a concern, a healthcare worker will observe the patient swallowing the medications. This technique, referred to as "Directly Observed Therapy" (DOT) will assure that the patient ingests all doses of all medications, and that any side effects will be detected early.
- Patient incentives (e.g., nutritional supplements) and enablers (e.g., assistance with transportation to clinic appointments) will be used as necessary and appropriate to facilitate DOT and to encourage the patient to be compliant with the treatment regimen.
- Newly diagnosed TB cases and suspected cases will be reported to the central office as soon as a TB diagnosis is suspected. This will allow central office personnel to ensure that all required demographic and clinical information is collected so case counts and treatment records are complete and accurate.
- All case reports, contact investigation and patient treatment data will be analyzed at least semi-annually. Where possible problems are identified (e.g., missing data on case reports, unusual numbers of patients requiring more than 12 months to complete treatment), more complete evaluations of program at district and central levels will be undertaken.
- Training and educational activities will be planned and offered for health department personnel and for others in the public and private sector who are involved in TB prevention and control. These training sessions will provide current information to facilitate early recognition of disease and proper follow-up. Diagnosis and treatment of TB

cases in accordance with current guidelines, and management of close contacts of cases to ensure appropriate evaluation and completion of preventive treatment will be emphasized.

Link to State Strategy

- nothing linked

Objective Measures

- The proportion of patients who complete an adequate and appropriate course of treatment within 12 months of treatment initiation.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 91.7 Date: 12/31/2002

  Measure Baseline Description: Percent of patients

  Measure Target Value: 94 Date: 6/30/2012

  Measure Target Description: Percent of patients

  Data Source and Calculation: Data are collected from patient records that are maintained at the local health department level. A public health nurse case manager is responsible for monitoring the patient until the case is closed. Treatment initiation and completion dates for each patient are entered into a database. The number of days on treatment is calculated to determine if treatment was completed in fewer than 366 days. For some cases, a 12-month regimen is not recommended or not possible (e.g., TB resistant to several medications, death during treatment, moved out of country, patient with side effects from drugs requiring temporary discontinuation of treatment and an alternate treatment regimen). Those cases are excluded when completion rates are calculated.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 10 of 41

Sexually Transmitted Disease Prevention and Control (601 405 04)

Description

Sexually Transmitted Disease (STD) prevention and Control Services provides for the prevention and control of morbidity and mortality associated with STDs and their complications, including assistance to local health departments and community organizations. Activities include:
Oversight of statewide program activities;

Policy and guidelines development;

Grants management for STD Prevention and Control;

Diagnostic and laboratory support for gonorrhea and chlamydia testing;

Partner services (patient counseling, interviewing and partner referral);

Early detection, referral, and treatment;

Technical assistance and consultation;

Targeted outreach to high-risk individuals;

Clinical and field screening;

Community-based organization funding to provide syphilis and other STD interventions;

Deployment of the Virginia Epidemiology Response Team (VERT) for outbreak situations;

Risk reduction counseling;

Oversight and management of surveillance activities, including forms completion, data management, trend analyses and disease monitoring, reporting and STD research initiatives;

Program evaluation and quality assurance assessments; and

Health care provider training and education.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health (VDH) mission to promote and protect the health of Virginians. This program improves the health of people and their communities, particularly those populations infected with and impacted by STDs, through STD prevention initiatives, referral and treatment services, and surveillance activities.
- *Describe the Statutory Authority of this Service*
  Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

  § 32.1-35 and 12-VAC-5 90-80 and 12-VAC-90-90 of the Board of Health Regulations for Disease Reporting and Control specify which STDs are to be reported and the method by which they are to be reported.

  § 32.1-36 requires physicians to report persons with STDs to the local health department.

  § 32.1-39 provides for STD surveillance, investigation of reports, and conducting counseling and partner notification.

  § 32.1-57 through 32.1-60 requires STD examination, testing, and treatment.

  § 32.1-64 requires treatment for ophthalmia neonatorum.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Community health clinics	3	10
	Community-based organizations	45	45
	Gay/bisexual men	1,500	175,000
	Institutionalized populations	1,200	1,200
	Local health departments	119	119
	Patients screened for chlamydia/gonorrhea in public health clinics (i.e. STD, Prenatal, and Family Planning)	92,852	120,000
	Private physicians	6,500	6,500
	STD clinic patients (includes some patients referenced above)	54,109	60,000
	Surveillance/data report recipients (data requests, reports, etc.)	9,750	71,000

Anticipated Changes To Agency Customer Base
Increased number of persons screened for STDs in public clinics:
As part of a national campaign to reduce infertility in women, Congress allocated funds to provide early detection for

chlamydia in women attending STD and family planning clinics. This has since been expanded to include other relevant clinics serving women of reproductive age. Women under 25 years old in family planning/prenatal clinics and all women in STD clinics are eligible. Most women eligible for chlamydia screening are also tested for gonorrhea. The screening criteria have been expanded to allow for male screening and an increasing number of men are also screened for both STDs. An estimated 120,000 patients annually meet the criteria, which has been in place for women since 1993. Screening criteria for women is not likely to change substantially in the foreseeable future.

Increased number of gay/bisexual men reported with syphilis and other STDs:
Over the past four years, the proportion of early syphilis cases attributed to males increased from 56% to 87%. In 2004, almost all male syphilis cases were among gay or bisexual men, about half of which were HIV co-infected. Virginia's cases are consistent with national trends which are expected to change slightly over time as more female partners become infected. This population is difficult to reach as there are very few venues in Virginia that provide targeted health care to gay/bisexual men.

Community-based organizations (CBO) are likely to become more involved in assisting with STD-services, especially related to partner notification and referral.

Two CBOs currently receive funding from the Division to provide STD services. All funded CBOs statewide (~45) incorporate STD interventions whenever possible as a stipulation of funding for HIV Prevention. These CBOs receive STD materials at no charge.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Level funding and recent reductions in federal funds for STD prevention and control have resulted in growing difficulty to maintain current program services.

  Advances in testing technology offer many benefits for increasing the number of people identified with STDs; however, costs associated with advanced testing technology combined with level funding limits the expansion of this service.

  Hepatitis C became a reportable condition in 2001, at which time federal and state funds were available for hepatitis initiatives, including awareness campaigns, testing, and vaccinations. These funds have since ceased to exist. Federal funds that support a hepatitis coordinator, hepatitis B vaccine through a collaborative effort with the Division of Immunization, and very limited hepatitis testing are the only currently available resources. As such, activities to support hepatitis services are minimal.

  Cultural and shifting demographic changes highly impact service needs. Examples include internet use for meeting partners, recreational drug use and use of performance enhancing drugs (i.e., Viagra, Cialis, Levitra).

  STD clinic patients are a high-risk population that represents the core area for STD prevention and control services. Comparatively, there are specific geographical areas within the Commonwealth that have clinic populations with significantly higher STD rates.

  Historically, screening programs have been implemented in jails targeting inmates related to specific outbreak-related populations. Examples include prostitutes in Norfolk and inmates meeting certain age/race criteria in Danville. Most of these programs are temporary arrangements established to assist with specific outbreak situations. Additionally, chlamydia and gonorrhea screenings are provided in Virginia's central medical site serving incarcerated youth.

  All local health departments (LHD) in Virginia have a collaborative relationship with the Division for the provision of STD services. The level of collaboration is affected by factors such as morbidity, population, geography and need.

  Private health care providers of STD services and diagnoses receive STD-related information from the Division. These practitioners are primarily from disciplines such as Obstetrics/Gynecology, Infectious Disease, and Preventative Health. Most routine private sector screening for STDs is performed within the above-mentioned specialties.

  Statistical analyses, reports and data sets of disease trends are provided for a wide range of customers, including LHDs, CBOs, STD patients, private physicians, academia, media and the general public. Such reports are made available via published documents (hard copies and web-accessible), electronic media such as compact disks, and non-routine data requests. Confidentiality of data is maintained at all times.
- *Anticipated Changes to the Products and/or Services*
  Emerging program needs will revolve around ongoing research findings. For example, vaccine development is underway for both human papillomavirus (HPV) and herpes. Data collection for genital warts has begun in some health departments.

  Screening tests for cervical cancer have been developed, which will impact our customers. Increased numbers of persons identified with HPV, as a result of cervical cancer screening, will necessitate the need to identify providers for referral and treatment.

  As antibiotic resistance continues to increase, a greater need will be placed on the necessity to use new, expensive classes of drugs. There is also a need to develop capacity to monitor for resistance to all available drugs.

  Recent enhancements to existing surveillance activities will continue to occur via targeted surveying of high-risk populations and behavioral based surveillance initiatives. Additional collaborations with the Virginia Commonwealth University School of Public Health are also anticipated as a means of strengthening surveillance and analytic capacity.

  The Centers for Disease Control and Prevention (CDC) continues to embrace its existing surveillance system for STDs. This system is referred to as the Sexually Transmitted Disease Management Information System (STD*MIS). Advances to this application as well as the laboratory information system will allow for new initiatives such as the initiation of Electronic Laboratory Records (ELRs). It is unknown at present what impact ELRs will have on staffing requirements.

  STD clinic attendance has not fluctuated much over time and is not expected to change significantly in the future, although a higher number of male clients will receive screening.

The number of persons screened for STDs in incarcerated settings fluctuates depending on current disease investigation needs. It is unknown whether the number of persons screened will increase or decrease in the foreseeable future.

The number and specificity of requests for data and data sets has increased in recent years. Additionally, specific data needs such as assessments of HIV unmet needs and enhanced development of epidemiology profiles are expanding needs for data expertise. The need for Statistical Analysis Software (SAS) expertise has also increased dramatically in recent years and will continue to become a more important skill set for epidemiologists and data managers.

- *Listing of Products and/or Services*
  - Leadership and Program Management: Thorough and consistent oversight, policy development and guidance are provided for STD prevention services, including technical assistance to local health departments and community organizations. Grants related to STD Prevention and Control, including the Comprehensive STD Prevention Services grant, as well as those related to enhanced STD surveillance, are managed and maintained. Allocating personnel resources to local health departments is handled through Memoranda of Agreement.
  - Program Evaluation: Program Assessment and Review (PAAR) evaluations are conducted for local health department STD programs. Formal reports with findings and recommendations are provided to local health directors.
  - Surveillance and Data Management: Surveillance staff conducts and provides guidance to local health department disease investigators regarding patient and partner interviews and follow-up procedures. Surveillance staff conducts data management activities, including form and system development, data collection and entry, epidemiologic analyses and quality assurance. Time-scaled reports are provided to relevant personnel and the public via Local and Wide Area Networks, the internet, Compact Disks and data publications.
  - Training and Professional Development: Health care provider training and education is provided on an ongoing basis. Knowledgeable staff are assigned to provide consultation services and technical assistance for specified areas of the Commonwealth. Laws and regulations pertaining to STDs are provided and the Division of Disease Prevention Program Operations Manual is maintained online. The Division has a collaborative partnership with the Region III HIV/STD Prevention Training Center to provide an annual 5-day STD clinical training to providers. Training that addresses STD partner notification procedures for medical providers is conducted by the Virginia HIV/AIDS Resource and Consultation Center.
  - Medical and Laboratory Services: Diagnostic and therapeutic services for gonorrhea and chlamydia are supported through a contract with the Division of Consolidated Laboratory Services and the provision of laboratory testing supplies to local health departments. Funding for testing is also provided to some community health clinics. Assessment to determine implementation of new testing technology is also performed in order to improve service delivery. Testing, vaccines and medications related to Hepatitis are provided to specific populations and/or locations, based on available funding.
  - Partner Services: Staff conducts and provides guidance to local health department disease investigators related to risk reduction counseling, interviewing and referral services for STD patients and sexual partners. Early detection, referral and treatment are paramount to avoiding lasting health consequences such as Pelvic Inflammatory Disease or infertility.
  - Community and Individual Behavior Change Interventions: Community Based Organizations (CBOs) are funded to provide syphilis and other STD interventions. Social networking techniques are employed when working with patients, partners and acquaintances. Staff work within affected communities to establish “local ownership” of disease conditions as well as community coalitions.
  - Outbreak Response Plan: An Outbreak Response unit, inclusive of VERT, was established in 1999, as a result of dramatic increases of syphilis in Danville. VERT staff addresses programmatic needs in the National Syphilis Elimination Plan, as well as other STDs. Additionally, this unit participates in other disease investigations throughout the Commonwealth, including anthrax, tuberculosis, etc. An accreditation process was developed for VERT staff to ensure their skills are maintained at a high level. VERT staff have to be re-certified annually.
  - Areas of Special Interest: Clinical screenings are provided for gonorrhea and chlamydia, targeting specific high-risk populations. Hepatitis screening and/or vaccines are provided in some health departments as funds are available. Targeted field screenings are provided by VERT staff for various STDs. Surveys and research activities regarding specific high risk populations are conducted as a means of collecting enhanced surveillance data to better assess outcomes associated with STD transmission.

Finance

- *Financial Overview*
  The chief source of funding for Sexually Transmitted Disease Prevention and Control is federal funds from the Centers for Disease Control and Prevention. Federal funds are intended to supplement (not replace or supplant) state and local resources but matching of these funds is not required. The nongeneral base budget is the previous year base-level award and the general base budget is the prior year's legislative appropriation. The service area also receives some general funds. Within the general fund, 75% of the funds are used for central office personnel and the remaining 25% supports STD testing and travel.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	F
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																			
Base Budget	$278,436	$1,762,060	$278,436	$1,762,060																			
Change To Base	-$76,701	$0	-$76,701	$0																			
Service Area Total	$201,735	$1,762,060	$201,735	$1,762,060																			
Base Budget	$278,436	$1,762,060	$278,436	$1,762,060																			
Change To	-$76,701	$0	-$76,701	$0																			

Base				
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Base Budget	$278,436	$1,762,060	$278,436	$1,762,060
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Service Area Total	$201,735	$1,762,060	$201,735	$1,762,060

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Reduce the incidence of Sexually Transmitted Diseases (STD) among Virginia's citizens.

  Objective Description

  Prevention and control of STDs is of critical importance to ensure the health of Virginians. Undiagnosed or untreated STDs may lead to disease outbreaks, as well as severe health consequences such as congenital deaths, infertility, ectopic pregnancy and blindness.

  Alignment to Agency Goals

  - Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.
  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
  - Agency Goal: Collect, maintain and disseminate accurate, timely, and understandable public health information.

  Objective Strategies

  - The Division of Disease Prevention (Division) will continue efforts aimed at reducing the incidence of STDs through effective surveillance initiatives by: • Employing methods to capture, analyze and make available relevant

surveillance information necessary for appropriate STD program development and evaluation activities, including tabular and graphical data reports and enhancing the Division's Strategic Aberration Monitoring (SAM) system. • Using historical methods of surveillance monitoring combined with enhanced surveillance initiatives. • Educating and/or enforcing STD reporting laws mandated through the Code of Virginia § 32.1 and the Board of Health's Regulations for Disease Reporting and Control (12-VAC-5 90-80 and 12-VAC-90-90).

- The Division will continue efforts aimed at reducing STD transmission through appropriate treatment and referral services by: • Providing funding and support for STD clinical services within the LHDs. • Ensuring the development and dissemination of Division of Disease Prevention Program Operations Manuals and well-defined treatment guidelines, including newly emerging antibiotic resistance protocols. • Maintaining collaboration with private sector physicians most likely to diagnose and treat STDs (i.e., obstetrics/gynecology, infectious disease).
- The Division will provide efforts aimed at reducing STD transmission through screening services by: • Providing funding for STD screening services in various public health clinics. • Conducting outreach activities to locate and screen hard to reach, high-risk populations. • Providing STD screening, as needed, in institutionalized populations. • Funding and recommending use of more efficacious screening technologies that improve upon quality and convenience for the patient and/or provider.
- The Division will provide for and employ efforts aimed at reducing STD transmission through intensive case follow-up activities by: • Training local health department staff regarding contact tracing (partner notification) used to identify and refer persons exposed to STDs. • Maintaining a highly skilled VERT staff that can rapidly and efficiently respond to outbreaks. • Maintaining up to date internet guidelines regarding partner notification procedures.
- The Division will continue to promote STD-related prevention and education services by: Developing materials to educate health practitioners and the general public on topics such as STD signs and symptoms, reporting guidelines, and risk factors. Employing various social marketing strategies. Continuing the use of individualized and group level education strategies.
- The Division will continue efforts aimed at reducing STD incidence and prevalence in high risk environments and/or populations by: Targeting core areas of STD transmission and/or high risk populations with various intervention methods. Developing and maintaining collaborative partnerships with establishments and special populations frequented by or considered to be at increased risk for STDs. Attempting to secure funding to support vaccine delivery for various STDs which are at or near the federal approval stages for vaccine administration, including human papillomavirus and hepatitis A and B..

Link to State Strategy

- nothing linked

Objective Measures

- Primary/secondary syphilis incidence rate

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 3.4 Date: 12/31/2008

  Measure Baseline Description: Number of cases per 100,000 persons

  Measure Target Value: 2.0 Date: 6/30/2012

  Measure Target Description: Number of cases per 100,000 persons

  Data Source and Calculation: Data is collected from morbidity and interview reports related to each case of reported syphilis. The data is submitted by local health department staff, as well as Virginia Epidemiology Response Team staff. All related data is entered into the Sexually Transmitted Disease Management Information System (STD*MIS). The disease rates are calculated as the number of cases reported for a given calendar year divided by Virginia's population estimate (U.S. Census Bureau), multiplied by 100,000. Data related to HIV co-infection will also be assessed routinely, as ulcerative STDs provide greater opportunity for HIV transmission. At present, approximately 50% of all primary and secondary syphilis cases are co-infected with HIV.

- Gonorrhea incidence rate

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 133.0 Date: 12/31/2008

  Measure Baseline Description: Number of cases per 100,000 persons

  Measure Target Value: 106.4 Date: 6/30/2012

  Measure Target Description: Number of cases per 100,000 persons

  Data Source and Calculation: Data is collected primarily from morbidity and laboratory reports, although some gonorrhea interview reports are received. The data is submitted by local health department staff, as well as Virginia Epidemiology Response Team staff. All related data is entered into STD*MIS. The disease rates are calculated as the number of cases reported for a given calendar year divided by Virginia's population estimate (U.S. Census Bureau), multiplied by 100,000.

- Chlamydia positivity

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 7.2 Date: 12/31/2005

  Measure Baseline Description: Percent of chlamydia tests that are positive in women at screening sites

  Measure Target Value: 9 Date: 6/30/2012

  Measure Target Description: Percent of chlamydia tests that are positive in women at screening sites

Data Source and Calculation: Chlamydia case reports among women are continuing to increase annually as testing technology improves and screening of women expands. Approximately three-fourths of the cases occur among 15 – 24 year olds. Chlamydia screening data is collected through laboratory reports. The data is submitted by the state laboratory (Division of Consolidated Laboratory Services, DCLS) and local health department laboratories that perform the tests and is entered into STD*MIS. In 1999, 40% of all chlamydia screening in Virginia was performed using amplified (more sensitive) testing. In 2004, amplified testing constituted 92% of all tests. By the end of CY 2006, DCLS and all local health department laboratories had implemented amplified testing.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 11 of 41

Disease Investigation and Control Services (601 405 05)

Description

Disease Investigation and Control Services works to detect, assess, and control the spread of various communicable diseases. This service area focuses on approximately 50 different diseases of public health importance, including diarrheal diseases, hepatitis, meningitis, rabies, and vector-borne diseases (such as Lyme disease and West Nile Virus). Disease surveillance contains a variety of components, such as the following:
Receiving reports from physicians, hospitals, and laboratories about people possibly diagnosed with a communicable disease of public health importance;
Monitoring for the occurrence of disease in mosquitoes, birds, other animals, or contamination in the environment that could potentially lead to illness in humans;
Tracking trends in daily utilization of medical care by reviewing data from emergency departments, provider claims, and pharmaceutical sales to detect unusual occurrences of disease;
Compiling statistics to identify trends and patterns in disease activity in order to detect outbreaks or other disease events and producing reports summarizing disease activity data;
Disease consultation and policy development to provide recommendations regarding interventions that can be implemented to interrupt the spread of disease;
Outbreak investigations to identify the source of an outbreak and prevent other people from being exposed to the source; and
Monitoring for and responding to emerging infections and terrorism-related illnesses.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the mission of the Virginia Department of Health to promote and protect the health of Virginians by preventing the spread of communicable diseases.
- *Describe the Statutory Authority of this Service*
  Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.
  Section 32.1-35 requires the Board of Health to establish a list of diseases that must be reported to the health department. Sections 32.1-36 and 32.1-37 require physicians, laboratories, and persons in charge of medical care facilities, school, or summer camps to report diseases to the health department. Section 32.1-39 requires the Department to provide for surveillance and investigation of preventable diseases and epidemics, including outbreak investigations.
  Articles 3, 3.01, and 3.1 of Chapter 2 address disease control measures that may be implemented, including quarantine, isolation of persons with communicable diseases, and control of rabies.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Acute care hospitals	94	94
	All citizens of the Commonwealth, especially those diagnosed with or interested in learning more about a communicable disease.	2,500	7,712,091
	Day Care Centers experiencing an outbreak	50	4,438
	Jails and Prisons experiencing an outbreak	5	121
	Laboratories	110	183
	Legislators	140	140
	Local Governments	135	135
	Local Health Departments	119	119
	Nursing Facilities and Assisted Living Facilities	605	605
	Physicians	21,000	21,000
	Schools experiencing an outbreak	10	1,846
	Universities and Colleges experiencing an outbreak	5	39
	Veterinarians	3,500	3,500

Anticipated Changes To Agency Customer Base
A large scale outbreak, act of terrorism involving a biological, chemical, or radiological agent, or other public health emergency could greatly increase the numbers of people affected and the scale of the response required from the service area staff.

The emergence of a new, naturally occurring disease could have unanticipated effects on the numbers of customers and work of the staff.

Increased interactions with medical care providers across the state could lead to an increase in disease reports received, thereby increasing the customer base and the response required from staff.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*

Factors that adversely affect the living standards of people, including those that lead to crowded living arrangements or that impact access to health insurance and medical care, can impact the services provided by this service area because those factors tend to increase the risk of communicable disease.

Increasing foreign travel (and adventure travel) by citizens of the Commonwealth and increasing tourism visitors from other countries can affect the services, too, by exposing people to diseases that are common in other parts of the world that are not usually seen here.

Some changes in food importation practices and changes in eating habits in American society affect the occurrence of disease. People tend to eat out more often now than they have in the past, and more people eat imported foods. Such activities could potentially impact the chances of exposure to contaminated food items that may cause illness. More and more, health departments across the US are investigating outbreaks that are due to a food item that has been widely distributed to multiple states rather than localized outbreaks.

Another factor that may affect this service area is the overuse and misuse of antibiotics. This practice can lead to increasing antibiotic resistance of microorganisms and result in outbreaks of infections that are difficult to treat.

Concerns and plans for acts of bioterrorism and/or actual acts of bioterrorism have greatly increased the demand on this service area, which is involved with preparing for the appropriate response to such events.
Involvement with terrorism preparedness planning has changed the work practices of the service area by requiring increased interactions with partner agencies and organizations that are involved in emergency response.

- *Anticipated Changes to the Products and/or Services*
  More interstate coordination of investigations;

  Greater focus on emergency preparedness;

  Greater need for services to be ethnically and linguistically diverse;

  Greater emphasis on emerging and exotic infections;

  Increasing emphasis on chain of custody to meet the needs of law enforcement in outbreak investigations.
- *Listing of Products and/or Services*
  - Disease control policies and procedures for each disease, contained in the Virginia Disease Control Manual.
  - Databases and other tools for conducting disease surveillance.
  - Disease statistics posted on the website and published in the Disease Surveillance Annual Report.
  - Disease-specific emergency response plans and other guidance materials posted on the VDH web site. For example, specific plans have been produced for smallpox, severe acute respiratory syndrome (SARS), monkeypox, and pandemic influenza.
  - Consultation services to local health departments and private practitioners.
  - Training to ensure consistency of disease reporting and control operations.
  - Monitoring and issuing advisories for environmental exposures, such as marine beach waters.
  - Regulatory and legislative documents and testimony.
  - Press releases and brochures to inform the public about reportable and emerging diseases.
  - Informational notices to local health departments and other medical care partners about new diseases occurring that have the potential to affect the health of Virginia's citizens. (This has occurred with SARS, monkeypox, and anthrax, for example).
  - Grant management and statewide program review and oversight.

Finance

- *Financial Overview*
  This service area receives state general fund dollars for general epidemiologic services and for terrorism preparedness. In addition, federal funds are awarded from the Centers for Disease Control and Prevention's Epidemiology and Laboratory Capacity Program and Expanding Existing Surveillance to include Pfiesteria, Other Harmful Algal Blooms, and Marine Toxins. The Environmental Protection Agency also supplies federal funds from the Beach Monitoring and Notification program.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$1,402,796	$2,411,728	$1,402,796	$2,411,728																
Change To Base	-$75,211	$0	-$75,211	$0																
Service Area Total	$1,327,585	$2,411,728	$1,327,585	$2,411,728																
Base Budget	$1,402,796	$2,411,728	$1,402,796	$2,411,728																
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Base Budget	$1,402,796	$2,411,728	$1,402,796	$2,411,728
Change To Base	-$75,211	$0	-$75,211	$0
Service Area Total	$1,327,585	$2,411,728	$1,327,585	$2,411,728
Base Budget	$1,402,796	$2,411,728	$1,402,796	$2,411,728
Change To Base	-$75,211	$0	-$75,211	$0
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Service Area Total	$1,327,585	$2,411,728	$1,327,585	$2,411,728

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide timely and appropriate coordination of disease investigation and control activities statewide

  Objective Description

  Health department staff in this service area provide guidance primarily to local health departments but also to health care providers and the public regarding recommended methods to follow to investigate reports of a variety of communicable diseases. The guidance may be in the form of consultation over the telephone, written disease-specific materials, or on-site assistance with investigations.

  Alignment to Agency Goals

  - Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Issue current and comprehensive documents on the public health response to diseases of public health significance.
  - The medical epidemiologist will continue to coordinate revisions of the Disease Control Manual, gathering subject matter input for each chapter.
  - Management review of the documents will ensure that documents are thorough and practical for guiding public health response to the diseases.
  - Final documents produced will be added to the EP&R and/or Epidemiology website(s).
  - Provide timely and appropriate consultation about individual cases and outbreaks.
  - All professional staff carry pagers and/or cell phones and rotate duty with a statewide emergency telephone so that they are available for consultation on a 24/7 basis.
  - Provide meaningful training for VDH staff to ensure consistent methods are used to respond to disease situations.
  - Hold a statewide field epidemiology seminar.
  - Host an epidemiology training session before or after the seminar, addressing pertinent disease topics for public health staff.
  - Continue to hold monthly epidemiology conference calls for public health staff.
  - Provide training for health department staff on the epidemiologic response to public health emergencies.
  - Request input from district health departments regarding epidemiologic training needs and develop training

programs to meet those needs to the extent possible.

- Communicate timely and appropriate information about the occurrence of disease and ways to minimize disease occurrence.

Link to State Strategy

- nothing linked

Objective Measures

- Number of disease-specific plans and guidance documents developed or updated each year and made available on the agency's internal website.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 18 Date: 6/1/2005

  Measure Baseline Description: As of June 2005, nine plans were available. A guidebook has been written for communicable diseases of public health threat. Guidance documents have been written for six Category A agents and two Category B agents.

  Measure Target Value: 17 Date: 6/30/2012

  Measure Target Description: By June 2012, seven plans outlining an epidemiologic response will be available on the EP&R web site and ten disease guidance documents will be developed or updated each year.

  Data Source and Calculation: The medical epidemiologist and a senior epidemiologist maintain logs documenting progress on the development of plans and disease guidance materials. The logs will be reviewed annually to tally progress.

- Conduct comprehensive surveillance for communicable diseases of public health significance.

Objective Description

Disease surveillance is conducted to detect trends and patterns in disease occurrence in order to (1) identify populations at risk for disease and intervene to minimize the spread of disease to the extent possible and (2) detect outbreaks and other public health emergencies that require response on the part of public health staff to locate the source of the outbreak and prevent its spread or recurrence.

Objective Strategies

- Maintain the NEDSS system so it continues to be available to health department staff for management of disease surveillance data.
- Ensure users are properly trained on the use of the system and have access to help and support at the central office.
- Enroll users in a way that ensures appropriate privileges are assigned and accountability can be maintained.
- Continue to ensure that activities occur across the state that reinforce the importance of disease reporting by healthcare providers, particularly the rapid reporting of certain designated (conditions).
- Work with health districts to determine the best way to finalize agreements with hospitals to participate in the ESSENCE system.
- Once hospital agreements are signed, ensure that the information technology aspects of the data exchange are worked out in a timely manner.
- Target sentinel facilities in the northwest and southwest regions to participate in the system.
- Ensure VDH staff are enrolled and appropriately trained to use the system.
- Standardize and improve the quality of data in existing systems.
- Conduct and coordinate environmental monitoring (e.g., beaches and other recreational waters).
- Conduct and coordinate surveillance among insects and animals for signs of disease that may potentially be spread to humans.
- Provide information from these systems to local health departments and the public as appropriate.
- Ensure that alerts are disseminated whenever these monitoring systems indicate a threat to human health.
- Coordinate activities with external partners, such as the Department of Environmental Quality.
- Communicate timely and appropriate information about the occurrence of disease and ways to minimize disease occurrence.

Link to State Strategy

- nothing linked

Objective Measures

- Number of healthcare entities submitting data to the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) daily.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 15 Date: 6/1/2005

  Measure Baseline Description: Number of healthcare entities

  Measure Target Value: 85 Date: 6/30/2012

  Measure Target Description: Number of healthcare entities

  Data Source and Calculation: Each day, staff of the Division of Surveillance and Investigation can determine which hospitals and other facilities have submitted data to the system. The Division will count the number of healthcare entities submitting data.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 12 of 41

HIV/AIDS Prevention and Treatment Services (601 405 06)

Description

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency (AIDS) Prevention and Treatment Services seeks to reduce the burden of HIV/AIDS on the Commonwealth. This service area identifies populations at greatest risk for becoming infected, provides services to prevent new HIV infections among individuals at risk, tracks the disease, links infected individuals into care, and provides treatment/medication to individuals who would otherwise be unable to access care. Additional activities include, but are not limited to:

Development of policies and guidelines;

Grants management for HIV prevention, surveillance and care;

Funding of community-based organizations to provide health education programs to individuals at risk for acquiring or transmitting the disease;

HIV testing and partner services to identify people who are HIV-infected and don't know their status;

Public information for both the general public and targeted groups through hotline services and public information campaigns;

Quality assurance for both health department and community-based service provision; and

Provision of pharmaceutical services and medications to low income, uninsured persons for the treatment of HIV infection through the AIDS Drug Assistance Program (ADAP).

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the agency mission to promote and protect the health of Virginians. By reducing risk behaviors, tracking disease trends and assisting individuals with accessing care and medications, the program improves the health of both people and their communities, particularly those populations infected with and impacted by HIV.
- *Describe the Statutory Authority of this Service*
  Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

  § 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandate reporting of specific diseases, including AIDS and HIV infection.

  §§ 32.1-36.1, 32.1-37.2, and 32.1-55.1 of the Code of Virginia respectively establish mandatory confidentiality of testing, conditions for HIV testing, and the establishment of additional anonymous testing sites.

  § 32.1-11.2 established the AIDS Services and Education Grants program which provides outreach, education and support services to high-risk populations.

  § 32.1-36 allows for the voluntary reporting of additional information at the request of the Virginia Department of Health for special surveillance or epidemiological studies.

  § 32.1-37.2 requires that partner notification services (partner counseling and referral services) be offered to individuals who test positive for HIV.

  § 32.1-11.2 established pilot treatment centers and regional AIDS resource and consultation centers.

  Chapter 24, §54.1-2403.01, requires practitioners to advise pregnant women in their care about the value of HIV testing and to request that they consent to testing.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Community-Based Organization Staff	100	180
	Federal/Military Facilities	5	5
	Health Care Providers who would receive training through the Statewide HIV/AIDS Resource Center	2,000	2,000
	High-Risk Heterosexuals	44,000	88,000
	Incarcerated Individuals	5,175	53,000
	Injection Drug Users/Substance Abusers	4,350	146,000
	Local Health Dept staff	82	105
	Men who have Sex with Men	10,500	175,000
	Other State Agencies	3	6
	People Living with HIV	3,000	22,000
	People Living with HIV Using Primary Medical Care and Support Services	3,278	3,780
	People Living with HIV Using the AIDS Drug Assistance Program	3,409	3,920
	People Living with HIV who are Newly Diagnosed or Lost to Care	432	497

Persons in STD clinic	54,000	60,000
Pregnant Women	22,000	100,000
Private Hospitals/Clinics/Long-term Care	350	6,099
Private Labs	30	183
Private Physicians	6,500	6,500
Public Correctional Facilities/Jails	19	24
Public Labs (Division of Consolidated Lab Services)	6	6
Racial/Ethnic Minorities	75,000	150,000
Recipients of Published Data/reports	10,500	42,000
U.S. State/Territorial HIV Surveillance Programs	61	63
Youth (out-of-school, incarcerated and other high-risk youth)	5,664	10,000

Anticipated Changes To Agency Customer Base
Increases in syphilis and reported methamphetamine use among men who have sex with men may signal an increase in HIV infection among this population. Additional resources or redirection of resources may be needed to address this population.

Latinos represent a larger proportion of Virginia's population than in past years. Cases of HIV have also begun to increase among this population. New language and culturally-specific services will be needed to address this population.

Implementation of new U.S. Centers for Disease Control and Prevention (CDC) priority surveillance projects and electronic reporting requirements will increase collaborative relationships with and need to provide technical assistance and support to 182 private laboratories, including all high-complexity labs in Virginia and the five large national reference laboratories.

The number of individuals in need of HIV-related health care services is expected to continue to increase. Although the number of new clients has remained relatively stable, the duration of enrollment in services continues to increase. This trend is expected to continue. This increase in service duration is largely due to the success of current treatment strategies. In the past, clients would frequently transition to disability-based Medicaid eligibility if their HIV disease progressed. The rate of transition has slowed since the disabling effects of HIV are mitigated for many by combination antiretroviral therapy.

The incidence of both social and medical co-morbidities is increasing among people living with HIV/AIDS. Medical co-morbidities include co-occurring infections like hepatitis C and tuberculosis (TB) as well as conditions caused directly by HIV and its treatment. Social co-morbidities include mental illness and substance abuse. These co-morbidities result in an increasing complexity of need for those accessing HIV related services.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Declining federal funding for HIV prevention has resulted in elimination and/or reduction in the budgets for some direct service programs.

  New rapid test technology offers many benefits for increasing the number of people who agree to be tested and receive their test results; however, the high cost has limited the expansion of this service.

  New federal requirements for a client-level evaluation system have placed a significant burden on community-based HIV prevention providers. Less time is available to provide services and more staff time must be directed to implementing the data collection system.

  In 2007, federal funds were appropriated for a three-year pilot project for health departments to increase HIV testing opportunities for populations disproportionately affected by HIV, primarily African Americans who are unaware of their HIV status. Funds are required to support HIV testing, screening, linkage to care, partner services, and the purchase of HIV rapid tests.

  Additional technical assistance will be needed for community-based organizations to launch the "Diffusion of Effective Behavioral Interventions" programs identified by the CDC.

  Declining and level federal funding for HIV surveillance programs has resulted in reduced ability to conduct mandated surveillance activities. Core Surveillance data is used to monitor incidence and prevalence of diagnosed HIV Infection, track HIV related morbidity and mortality, target prevention activities and evaluate their effectiveness and the allocation of funds for health care and social services. Elimination of the HIV Perinatal Surveillance Program funding has created a burden on surveillance program staff in being able to collect timely and complete HIV perinatal transmission data. Level funding of essential "core" surveillance activities has made it difficult for the surveillance program to implement new CDC-required evaluation measures.

  In 2007, the Virginia Surveillance Program lost funding for the HIV Behavioral Surveillance Project. The loss of funding led to the elimination of key initiatives, which included conducting scientific surveys that assess behaviors that put people at high-risk for obtaining HIV infection.

  The high priority HIV Incidence Program collects data on the number of new infections and assesses the prevalence of HIV in Virginia. The Incidence program conducts surveillance activities and calculates Virginia's HIV/AIDS incidence estimates by collecting specimens for the Serological Testing for Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS). This test distinguishes newly infected HIV patients.The Medical Monitoring Project (MMP) is a supplemental surveillance system that collects behavioral and clinical data from an annual probability sample of persons in care for HIV infection. Virginia is one of 23 national sites randomly selected to participate in this CDC supplemental project. Data collected from this project will be used to provide a nationally representative estimate of clinical and behavioral outcomes among persons living with HIV infection.

  The HIV health care services delivery system continues to strive to maintain adequate capacity to care for newly-diagnosed individuals. In past years, some areas of the state have reported lengthening waiting times for availability of an initial appointment for services. Virginia Department of Health (VDH) continues to monitor wait times for Ryan White Part B funded services as part of routine contract reporting requirements.

New guidelines from the Centers for Disease Control and Prevention recommend HIV screening for all persons aged 13-64 regardless of risk. This may increase demand for HIV testing in both the public and private sector. Questions about payer source and ability to implement the guidelines given current resources may arise.

- *Anticipated Changes to the Products and/or Services*

  Bi-lingual Spanish speaking educators, counselors, outreach workers and case managers will be needed to address the growing needs of Latino residents. Additional materials will be needed in Spanish.

  Community-based organizations are taking a larger role in partner services for newly-diagnosed persons with HIV. This is currently being piloted in response to recommendations from the Centers for Disease Control and Prevention.

  To accomplish the May 2007 revised Virginia Regulations for Disease Reporting, "For HIV-Infected patients, report all results of CD4 and HIV viral load test", creating the technical infrastructure to support electronic lab reporting is required. In addition, funding must be available to train staff and customers in order to effectively utilize this technology.

- *Listing of Products and/or Services*
  - HIV Prevention and Treatment Services program manages federal grants/cooperative agreements for HIV Prevention, Surveillance and HIV Care services. Responsibilities include awarding funds to local agencies/providers, providing oversight and technical assistance.
  - Prevention Services funds eight competitive grant programs to provide education, outreach, community-based HIV testing and prevention case management to high-risk individuals. Currently, 17 organizations provide services to their communities through 41 contracts.
  - The HIV/Sexually Transmitted Diseases (STD) and Viral Hepatitis Hotline provides information, crisis counseling and referral to over 5,000 callers per year. This staff also responds to calls on the General Assembly mandated Medication Assistance Hotline. The Hotline distributes more than 850,000 pamphlets, posters and educational materials annually. Staff develop and/or identify appropriate educational materials for populations at risk.
  - Public awareness campaigns are conducted annually for Black AIDS/HIV Awareness Day, National HIV Testing Day, Latino AIDS Awareness Day and World AIDS Day. Fact sheets, posters and promotional materials are developed and distributed to local health districts and community-based organizations. Press releases are issued to the media which highlight locally planned events. Budget allowing, some campaigns include radio and/or other media advertisement.
  - The Virginia HIV Community Planning Group integrates HIV prevention and care planning and advises VDH on the development of three required documents: a Comprehensive HIV Prevention Plan to guide population and intervention priorities; a Comprehensive HIV Care Plan, and a Statewide Coordinated Statement of Need.
  - Training to improve the scientific base of prevention programs is conducted for health educators, outreach workers and prevention case managers. Specific curriculum training on interventions identified by the CDC is also provided.
  - Training of health department and community-based staff is conducted in order to provide client services in a culturally competent and non-judgmental manner.
  - Capacity building support such as training in grant writing, fiscal management, board development, program evaluation, quality assurance and use of logic models is conducted to support community agency infrastructure.
  - Quality assurance through site visits and quarterly report reviews is conducted. Staff develop and monitor standards for HIV prevention interventions and preparation of educators and outreach workers.
  - Confidential HIV testing is offered through a variety of venues including STD clinics, TB clinics and Maternal and Child Health clinics. Anonymous testing is provided through 13 sites across the Commonwealth. Publicly-funded testing sites provided counseling and testing services to 62,577 individuals in 2008. Two hundred fifty-nine persons were newly identified as HIV-infected. A Memoranda of Agreement (MOA) with the Department of General Services funds HIV testing conducted at the local health departments.
  - Memoranda of Agreement (MOA) with local health districts are implemented to support partner counseling and referral services.
  - Rapid and oral HIV testing is provided through contracts with community-based organizations and offered in non-traditional settings such as drug treatment centers, detention centers, outreach vans and other street/community venues. Rapid testing is offered through select STD clinics in high morbidity areas.
  - Training on the use of both oral and rapid testing, including quality assurance measures, is provided.
  - HIV/AIDS-related morbidity and mortality trend data on adults and children are compiled from public and private providers, hospitals, and labs, then cleaned and analyzed for emerging trends. These data are disseminated via mailings, web distribution, and various postings statewide to internal and external customers.
  - HIV/AIDS information and statistics are presented to customers throughout the year.
  - Trainings on Virginia HIV/AIDS reporting regulations, testing technology, and HIV investigations of special epidemiological significance, e.g. unusual mode of transmission, are routinely provided to internal and external customers.
  - Core surveillance epidemiology consultants provide technical assistance on HIV and AIDS adult and pediatric case definitions and clinical characteristics as well as HIV/AIDS-related policies and procedures to public and private health care practitioners.
  - The testing of diagnostic blood specimens from all newly reported HIV infections is contracted to the Virginia Public Health Laboratory to: 1) calculate population-based estimates of HIV incidence (new infections) using collected HIV testing information, and 2) monitor and track new infections that are resistant to antiretroviral drugs.
  - Linked medical record abstractions and patient interviews are conducted to estimate statewide quality of HIV care, clinical outcomes, risk behaviors, health care utilization, and unmet needs among HIV-infected persons receiving medical care.
  - Interviewing populations at high risk of HIV infection in the Norfolk Metropolitan Statistical Area is contracted to Virginia Commonwealth University's Survey of Evaluation and Research Laboratory for the purposes of collecting behavioral risk data for CDC's National HIV Behavioral Surveillance project.
  - AIDS Drug Assistance Program (ADAP) provides life sustaining medications to people with HIV who have no other access to reatment. The formulary includes over 100 medications for the treatment of HIV infection and the prevention and treatment of HIV related co-morbidities.
  - The State Pharmaceutical Assistance Program (SPAP) was established in 2006 to provide ADAP eligible clients enrolled in Medicare with Part D cost sharing assistance such as premiums, deductibles, co-payments and assistance with full drug costs during gaps in coverage (donut hole). This assistance counts toward the Part D true

out of pocket (TrOOP) incurred cost requirement that enables beneficiaries to access full (catastrophic) prescription drug benefits, shifting costs from ADAP to Medicare Part D. SPAP services are provided through contractual agreement with a non-profit organization

- Core services and essential support services are provided to low income, uninsured individuals with HIV infection through direct service agreements, and a network of five regional consortia. Core services include primary medical care, medications not covered by ADAP, dental care, case management, mental health services and substance abuse services. Supportive services, such as transportation, assist clients to access medical care and remain adherent to antiretroviral therapy. Consortia are responsible for assessing needs and planning services in their regions. Each consortium has a lead agency that is responsible for the administration and coordination of consortium activities and the delivery of services. Federal Ryan White Part B (formerly Title II) funding for services is provided through contractual agreement with the lead agencies.
- Two organizations are funded to provide early intervention services. These programs provide increased access to medical treatment and support services for newly diagnosed and underserved individuals with HIV infection.
- Ryan White Part B also funds two community-based organizations, a university-based program, and three local health departments to increase access to ADAP, primary medical care and related services for racial and ethnic minorities. This program focuses on identifying and referring individuals at risk for or infected with HIV, or those lost to care in order to link/re-engage them into needed services. These individuals are at high risk of disease progression and transmission of HIV to others.
- Training for health care providers on all aspects of HIV/AIDS, hepatitis and sexually transmitted diseases diagnosis and treatment is provided through a contract with the Virginia HIV/AIDS Resource and Consultation Center. A variety of mechanisms including consultation, education and clinical training sessions are used to train providers.
- Health care services utilization trends and projections are identified via data collected through ADAP, the Minority AIDS Initiative and consortia-based services. This information is used for statewide services coordination and planning.

Finance

- *Financial Overview*
  HIV prevention, including HIV counseling, testing, and partner services, is supported through state and federal funds. The U.S. Centers for Disease Control and Prevention provides the majority of these funds with approximately $4,800,000 annually.

  HIV treatment services receive both federal and state funding. The largest portion of funding for these services, approximately $29 million annually, is provided by Part B of the Ryan White Treatment and Modernization Act, which is administered federally by the Health Resources and Services Administration.

  The Surveillance program receives approximately $1.5 million federal dollars annually from the U.S. Centers for Disease Control and Prevention to support the program activities of Core, Incidence, Capacity Building, and Medical Monitoring; these multi-faceted programs are essential to monitoring the epidemic, planning, and evaluating HIV prevention and care services.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$4,525,631	$28,585,882	$4,525,631	$28,585,882																
Change To Base	-$193,543	$0	-$193,543	$0																
Service Area Total	$4,332,088	$28,585,882	$4,332,088	$28,585,882																
Base Budget	$4,525,631	$28,585,882	$4,525,631	$28,585,882																
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Service Area Total	$4,332,088	$28,585,882	$4,332,088	$28,585,882
Base Budget	$4,525,631	$28,585,882	$4,525,631	$28,585,882
Change To Base	-$193,543	$0	-$193,543	$0
Service Area Total	$4,332,088	$28,585,882	$4,332,088	$28,585,882
Base Budget	$4,525,631	$28,585,882	$4,525,631	$28,585,882
Change To Base	-$193,543	$0	-$193,543	$0
Service Area Total	$4,332,088	$28,585,882	$4,332,088	$28,585,882

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Change To Base	-$193,543	$0	-$193,543	$0
Service Area Total	$4,332,088	$28,585,882	$4,332,088	$28,585,882

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date	
Total Authorized Position level	0

Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Decrease new HIV infections among Virginia's citizens.

  Objective Description

  HIV causes long-term and catastrophic illness which can disable individuals in their prime working years. Prevention of infection benefits the Commonwealth by reducing the disease impact on the community and the associated public and private health care costs and by increasing productivity of individuals contributing to the tax base. Every infection averted is cost beneficial to the state. People who learn their HIV status can be referred for prevention and care services and are less likely to transmit HIV.

  Alignment to Agency Goals

  - Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.
  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
  - Agency Goal: Collect, maintain and disseminate accurate, timely, and understandable public health information.

  Objective Strategies

  - Rapid testing technology will be expanded across the state in both health department and community settings, as funding allows, to increase the percentage of individuals tested who receive the results of their HIV tests.
  - Community-based models of partner services will be expanded to identify and offer services to an increased number of people who have been exposed to HIV but may be unaware of their risk.
  - The Division will establish referral tracking procedures to ensure that newly-diagnosed individuals referred into care services actually enter into care. Follow-up encounters with newly-diagnosed individuals will also provide an opportunity for further discussion of partners and assessment of risk behaviors for prevention services.
  - Division contractors will continue and expand primary prevention services to people living with HIV to prevent transmission of HIV to others.
  - Ryan White Part B care providers will offer prevention messages at primary care visits to patients with HIV.
  - The Division will continue the community planning process which involves affected communities in the establishment of priority populations and interventions for HIV prevention through the analysis of epidemiologic data, development of needs assessments and identification of science-based interventions. Community planning will also address care planning and continuity of services between prevention and care.
  - By conducting testing to determine HIV infection at a population-based level, HIV Incidence Project data will be utilized to calculate state and national HIV incidence rates and provide data that will accurately characterize current HIV transmission. These data will be used to better identify those becoming newly infected so that the Division can monitor trends, evaluate programs and redirect prevention resources to populations or communities most at risk. More effective targeting of HIV prevention should contribute to decreases in the incidence of new HIV infections.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of individuals with newly-diagnosed HIV infection who receive their HIV test results.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 61 Date: 12/31/2004

    Measure Baseline Description: Percent

    Measure Target Value: 85 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: This measurement is calculated from HIV-1 laboratory slips submitted by public and community-based providers to the Division. Information is recorded in the HIV/AIDS Reporting System database.

- Ensure that HIV-infected individuals receive optimal health care services that prolong length and quality of life.

  Objective Description

HIV is a complex disease process. Presentation, symptomatology, and co-morbidities vary widely from person to person and are impacted by host, virological and environmental factors as well as timely access to diagnosis and treatment. Treatment options, drug therapies and standards of care frequently change. This requires a vigilant public health response to ensure effective treatment and sufficient resources to keep pace with new medical technology. With effective medical and supportive treatment, many people with HIV can live productive lives and remain employed. Without these services, HIV disease progresses, resulting in a rapid decline in health leading to disability and death.

Alignment to Agency Goals

- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- Virginia Department of Health (VDH) will monitor the quality of HIV-related services provided with Ryan White Part B funding through the use of an Independent Peer Review Team. The team develops and updates standards of care and performs site visits to assess providers' compliance with these standards. A briefing and report of findings are provided to all sites. A corrective action plan is required when deficiencies are identified. Technical assistance is provided to ensure sites are equipped to correct identified deficiencies.
- VDH will monitor antiretroviral prescribing practices through the following mechanisms: Pharmacists will review antiretroviral regimens filled through ADAP. The ADAP Coordinator will follow up with the primary medical provider when regimens containing fewer than three antiretroviral medications are prescribed. The ADAP Coordinator will perform site visits to local health departments to assess all aspects of ADAP operations, including chart reviews to assess compliance with current U.S. Public Health Service Guidelines.
- VDH will collaborate with the Virginia HIV/AIDS Resource and Consultation Center and the federally funded Pennsylvania/Mid-Atlantic AIDS Education and Training Center to identify and address training needs of providers serving people living with HIV/AIDS. Compliance with established standards of care and US Public Health Service Guidelines will be a focus for trainings.
- VDH will involve its customers and stakeholders in continually identifying, developing, and implementing improvements to ADAP and related HIV services. Mechanisms to obtain input will include the following: The ADAP Advisory Committee, HIV Community Planning Group, regional needs assessments, public hearings, client satisfaction surveys, and the development of the Statewide Coordinated Statement of Need and Comprehensive Plan (This process occurs on a 3-year cycle.)
- The Division will coordinate HIV drug resistance testing to monitor and track at a population-based level the rate of antiretroviral drug resistance in those newly infected with HIV. Surveillance staff will analyze project data to calculate state and national HIV resistance transmission rates in those newly infected with HIV in Virginia. The resistance project data will also be utilized to identify and quantify the rate of unusual HIV subtype infections in Virginians, which may require alternate treatment regimens.
- The Virginia HIV/AIDS Surveillance Program participates in the Medical Monitoring Project. MMP utilizes medical record abstractions and patient interviews to: examine and measure the utilization of HIV/AIDS medical and prevention services and variations in utilization across geographic locations, across health-care systems, and across patient clinical and demographic characteristics; pool data locally and nationally to direct policy planning, resource allocation, and benchmark and evaluate states' progress towards access to and quality of HIV medical care; and determining the severity of need of HIV patients at both the local and national level.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of new HIV disease diagnoses that do not have an AIDS diagnosis within twelve months of their initial diagnosis date.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 67.2 Date: 7/1/2008

  Measure Baseline Description: Percent

  Measure Target Value: 70.0 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Reducing the time between HIV infection and diagnosis is a key prevention method that reduces the rate of HIV transmission in the community. People who know their status are less likely to transmit disease. HIV is a reportable disease in Virginia. Reports are received from public health clinics, private providers and laboratories. The date that each case meets the AIDS definition criteria is also recorded. The Division Disease Prevention (Division) maintains a database of all reported infections. The denominator for calculating the percentage is represented by the number of HIV disease diagnoses each year. The numerator is represented by the number of HIV disease cases that do not have an AIDS diagnosis within one year of their initial diagnosis.

- Percent of HIV-infected persons receiving optimal drug therapy.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 97.7 Date: 6/30/2004

  Measure Baseline Description: Percent

  Measure Target Value: 97.7 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated from client and prescription level data entered into the ADAP database. The percentage is calculated by dividing the number of active clients receiving three or more antiretroviral medications by the total number of active clients receiving any antiretroviral medication in order to

determine the percentage.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 13 of 41

Health Research, Planning and Coordination (601 406 03)

Description

This service area is administered by the Virginia Department of Health's (VDH) Office of Minority Health and Public Health Policy (OMHPHP). The purpose of this service area is to advance health equity for all Virginians. The Office of Minority Health and Public Health Policy 's mission is to identify health inequities, assess their root causes, and address them by promoting social justice, influencing policy, establishing partnerships, providing resources and educating the public. As a part of that mission, OMHPHP 1) contributes to the development of health policy in the Commonwealth through analyses and research of the issues affecting the cost, quality, and accessibility of health care; assists rural and marginalized and populations to improve their health and healthcare systems; and develops and administers programs to increase and strengthen the healthcare workforce.

Products and services include:

• State Office of Rural Health,
• Designations of medically underserved areas or health professional shortage areas,
• Healthcare practitioner Recruitment and retention programs,
• Critical Access Hospital Program,
• Culturally and Linguistically Appropriate Health Care Services Program,
• Small Rural Hospital Improvement Program,
• Minority Health Program,
• National Health Service Corp Program, and
• Telehealth Program.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area is aligned with the VDH mission of protecting and promoting the health of Virginians. This service area supports the healthy development of Virginia's rural, racial/ethnic minority, and low income residents by providing resources to communities that will help them develop and support programs that improve health and access to care for all residents.
- *Describe the Statutory Authority of this Service*
  Section 32.1-2 of the Code of Virginia directs the State Health Commissioner, in part, to "develop and implement health resource plans" and to "assist in research", as part of a comprehensive program of preventive, curative, restorative, and environmental health services.

  Section 32.1-122.07 of the Code of Virginia requires the Commissioner to develop a rural health plan for the Commonwealth.

  Section 32.1-122.21 of the Code of Virginia requires the Commissioner to establish a Health Workforce Advisory Committee to advise him on all aspects of the Department's health workforce duties and responsibilities.

  Section 1820(g)(3) of the Social Security Act provides funds to states to help small rural hospitals to (1) pay for costs related to the implementation of the Prospective Payment System; (2) comply with provisions of the Health Insurance Portability and Accountability Act; and (3) reduce medical errors and support quality improvement.

  Section 32.1- 122.5 of the Code of Virginia requires the Board of Health to establish criteria to identify medically underserved areas within the Commonwealth.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Conrad J-1 Visa Waiver Physicians	250	300
	Entities Needing Assistance with or supporting Culturally and Linguistically Appropriate Services	26	35
	Entities Needing Recruitment and Retention Assistance	89	114
	National Health Service Corp Recipients	91	100
	Small Rural Hospitals Eligible for federal SHIP funds	24	24
	Small, Rural Hospitals Eligible for federal FLEX funds	7	7

Anticipated Changes To Agency Customer Base
Both the SHIP and CAH programs have statutorily defined eligibility criteria. Unless a small rural hospital in Virginia considerably decreases its number of beds, no other hospitals will be eligible to participate in the program.

The federal government has stated that the number of J-1 visa waiver physicians that will be allowed into the country will decrease in upcoming years.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Federal statutes regarding J-1 availability may soon limit overall pool of J-1 physicians.

Demand for health care practitioners in medically underserved areas will increase as the pool of J-1 physicians diminishes.

- *Anticipated Changes to the Products and/or Services*
  The State Planning Grant ended on August 31, 2007.

  Maintaining data on the uninsured will be done on a smaller scale with the loss of the State Planning Grant funding.
- *Listing of Products and/or Services*
  - The State Planning Grant program seeks to reduce the number of uninsured, which is cited by numerous studies as the greatest barrier to health care access. Specific products include: • Website that highlights all grant activities and relevant, Virginia-specific information on the uninsured. • Statewide and regional data reports on the uninsured • Policy reports highlighting national and other state efforts to insure citizens • Business, Community, Model Development, and Data Workgroups This grant ended as of August 31, 2007
  - The Office of Minority Health and Public Health Policy serves as the State Office of Rural Health. In this capacity, the Office helps individual rural communities build health care delivery systems by collecting and disseminating information; providing technical assistance; helping to coordinate rural health interests state-wide; and by supporting efforts to improve recruitment and retention of health professionals. Rural Health products and activities are: • Disseminate information regarding federal initiatives to improve access to care for rural residents, • Develop an economic quantification study to quantify the impact of rural health resources on rural communities, • Provide technical assistance to rural community leaders, • Co-sponsor Annual Rural Health Conference, and • Plan and host forums for discussions of rural health issues among policymakers.
  - Virginia's eligibility for federal funding to improve access to health care is increased by the Primary Care Office program. The Office of Minority Health and Public Health Policy submits applications to the federal Health Resources and Services Administration to designate areas and facilities as having a health professional shortage or for being a medically underserved population. General activities include: • Submit applications to Federal HRSA for geographic areas and facilities to receive designation as medically underserved, • Maps and Website information regarding Virginia's designated areas, • Provide funds to Area Health Education Centers, • Provide technical assistance to community groups interested in submitting application for federally qualified health center or rural health center, and • Allocate funds to community groups for demonstration projects to increase access to health care.
  - In an effort to improve access to care by increasing the supply of practitioners working in medically underserved areas or health professional shortage areas the Recruitment and Retention program seeks to interest a range of different types of medical practitioners to come to or continue to work in Virginia. Products include but are not limited to: • Primary Practice Opportunities - VA Website that lists all available healthcare positions, • Staff Commissioner's Health Workforce Advisory Committee, • Migrant Health Conference, • Presentations to Medical Universities , • Marketing Tool Development, • Staff Recruitment and Retention Collaborative Team, and • Access Newsletter.
  - An additional programmatic effort to improve access to care by increasing the supply of practitioners working in underserved areas is the Conrad J-1 visa waiver program. International medical graduates who would otherwise have to return to their country of origin upon completion of their residency training as a condition of their J-1 visa may serve in an underserved area of the state as an alternative way to meet this federal requirement. Activities include: • Utilize Primary Practice Opportunities -VA to access information on available positions, • Advertise availability of J-1s, • Process J-1 Application to U.S. Department of State, • Administer verification of employment, and • Process National Interest Waiver.
  - The Rural Hospital Medical Flexibility (FLEX) program that authorizes the Critical Access Hospital (CAH) Program allows small, rural hospitals to receive Medicare cost-based reimbursement and includes activities that promote the regionalization of rural health services, the creation of rural health networks, and the improvement of emergency medical services. CAH activities include: • Coordinate CAH and SHIP hospital (CASH-IN) activities to leverage state and federal resources for the benefit of small rural hospitals, • Provide funding for equipment, • Provide funds for hospital administrators to attend national health conferences, • Coordinate financial analysis and community assessment activities for small, rural hospitals interested in CAH conversion, and • Promulgate regulations to benefit small, rural hospitals.
  - The Culturally and Linguistically Appropriate Services Program seeks to improve access to culturally and linguistically appropriate health care services for Virginia's Limited English Proficient residents. Recent activities include: • Translation of health forms, • Technical assistance regarding Title VI, • Coordination of community-wide grant application efforts, and • Partial funding of coordinator to assist with community education activities.
  - The Small Rural Hospital Improvement Program (SHIP) provides funding to small rural hospitals to help them pay for the costs related to complying with the Medicare prospective payment system and the Health Insurance Portability and Accountability Act as well as initiate programs to reduce medical errors. Financial activities include: • Administer funds to assist hospitals in complying with implementation of Medicare prospective payment system, • Administer funds to assist hospitals in complying with Health Insurance Portability and Accountability Act, and • Provide funds for hospital efforts to reduce medical errors.
  - The Office of Minority Health and Public Health Policy promotes the elimination of racial/ethnic health inequities and improves access to care by building capacity in community health systems to provide integrated, efficient, and effective health services. These efforts also improve minority health status and reduce health disparities. Activities have included: • Staff Commissioner's Minority Health Advisory Committee, • Develop and Update Minority Health Strategic Plan, • Draft Healthy People 2010, • Administer Minority Health Townhall Meetings, and
  - The Telehealth Program facilitates the use of electronic information and telecommunications technologies to improve access to care by supporting long-distance clinical health care, patient and professional health-related education, public health and health administration. Activities include: • Virginia Telehealth Initiative Consensus Conference: Developing a Vision and Strategic Plan for Telehealth in Virginia, • Coordinate Virginia Telehealth Network, • Provide Technical Assistance on federal Universal Services Funds, • Coordinate Efforts to Improve Medicaid Reimbursement, and • Legislative Study on Telehealth.
  - The National Health Service Corp program places physicians who have received federal support in Virginia's underserved communities. Recent activities include: • Contacting recipients to assure they are still practicing in approved sites and • Assisting federal policymakers in assuring program compliance

Finance

- *Financial Overview*
  The funding for Health Research, Planning, and Coordination comes from federal funds (67%) and general fund dollars (33%). Federal funds are from the following grants: State Planning Grant, State Office of Rural Health Grant, Rural Hospital Flexibility Grant (Critical Access Hospitals), and the Primary Care Office Grant all funded through the U. S. Department of Health and Human Services, Health Resources and Services Administration.

- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994																
Change To Base	-$10,700	$0	-$10,700	$0																
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994																
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994																
Change To Base	-$10,700	$0	-$10,700	$0																
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994																
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Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994
Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994
Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994
Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994
Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994
Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994

Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994
Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994
Base Budget	$1,014,026	$1,855,994	$1,014,026	$1,855,994
Change To Base	-$10,700	$0	-$10,700	$0
Service Area Total	$1,003,326	$1,855,994	$1,003,326	$1,855,994

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Increase access to primary health care services in medically underserved areas of the Commonwealth.

  Objective Description

  All Office of Minority Health and Public Health Policy programs seek to eliminate health inequities within the Commonwealth. To fulfill this mission, Office of Minority Health and Public Health Policy looks at ways to identify and monitor inequities in health and health care and identify the social determinants that contribute to these inequities. Although Virginia has an overall favorable number of practitioners statewide and a practitioner to population ratio that mirrors the nation, a maldistribution of providers exists in many areas of the state resulting in underserved areas for access to primary health, oral health, and mental health care services. The scholarship and loan repayment programs seek to correct this maldistribution through contracting with students and practitioners to serve in these areas in exchange for funding for tuition or debt reduction of school loans.

  Alignment to Agency Goals

  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - The Office of Minority Health and Public Health Policy will strengthen promotion efforts for its activities to increase access to care. The designation program will be marketed directly to providers and community leaders. The benefits of the program will be made better known. A rational service area plan that is under development will provide data that will identify areas eligible for designation yet not designated.
  - The Office's telemedicine efforts will be promoted. Telemedicine offers small, rural hospitals access to the specialty care services that they otherwise could not support given their smaller population base.
  - The Office has a number of recruitment tools that can assist providers. One such tool, PPOVA is a free online recruitment service. By promoting this tool better, rural providers will be able to recruit additional providers without sacrificing scarce resources.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of census tracts with more than 20% of population below poverty level that are designated as medically underserved areas or health professional shortage areas.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 50.1 Date: 12/31/2006

  Measure Baseline Description: Percent

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: The most current census tract data for poverty population is obtained through the Health Resources and Services Administration (HRSA) Data Warehouse.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 14 of 41

Regulation of Health Care Facilities (601 406 07)

Description

This service area implements the Virginia medical facilities and services licensure laws and regulations in order to assure quality of care and protect the public. This is accomplished through: Licensure of five categories of medical care facilities or services: hospitals, outpatient surgical hospitals, nursing facilities, home care organizations, and hospice programs; Regulatory development to establish minimum requirements to assure quality health care, while assuring efficient and effective program operation; Certification and registration programs for managed care health insurance plans and private review agents; Investigation of consumer complaints regarding the quality of health care services received; Providing training and technical assistance to medical facilities and practitioners; and Inspection and enforcement of medical care facility and services licensing laws and regulation. The department is also the designated state survey agency conducting the federal certification surveys for the Centers for Medicare and Medicaid Services (CMS).

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns with the Virginia Department of Health's (VDH) mission to protect and promote public health by establishing and enforcing minimum standards of quality and safety in the delivery of health care services.
- *Describe the Statutory Authority of this Service*
  Chapter 5 of Title 32.1 of the Code of Virginia establishes the state licensure program and directs implementation of regulations to ensure providers are meeting the minimum standards for operating nursing facilities, hospitals, outpatient surgical hospitals, home care organizations, hospice programs, as well as the managed care health insurance plan certification program, and peer review agency registration.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Ambulatory surgery centers (federal)	51	51
	Clinical laboratories (CLIA)	4,945	4,945
	Complaints Investigated (all provider categories) If immediate jeopardy, investigation is within 10 days, otherwise 30-45 days. (both federal and state)	1,200	1,200
	Comprehensive outpatient rehabilitation facilities	4	4
	Critical access hospitals	7	7
	End stage renal disease facilities	179	179
	Home care organizations (state)	223	223
	Home health services (federal)	192	192
	Hospice programs (state)	106	106
	Hospice providers (federal)	75	75
	Hospitals (federal)	100	100
	Inpatient hospitals (state)	100	100
	Intermediate care facilities for the mentally retarded (ICF/MRs)	38	38
	Managed care health insurance plans	90	90
	Nursing facilities (federal)	281	281
	Nursing facilities (state)	295	295
	Outpatient physical therapy services	168	168
	Outpatient surgery centers (state)	51	51
	Peer review programs	80	80
	Portable x-ray services	13	13
	Rehabilitation hospitals	2	2
	Rural health clinics	52	52

Anticipated Changes To Agency Customer Base
VDH expects the general public and business customer base to increase over the next few years. As Virginia's population ages, there is an increasing need for additional in-home services. Home care and hospice are the two fastest growing programs in the service area.

The need for long term care services continues to grow. Since FY 2006, nine new nursing homes were opened and 12 new ICF/MR facilities were developed. Increasingly, nursing facilities are providing services for consumers in need of post acute and rehabilitation care.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Complaint investigations are expected to increase as consumer knowledge and awareness of health care services increases; Expansion of web-based electronic government capability will increase the efficiency of VDH licensing and

certification operations; Implementation of new requirements without sufficient funding from CMS strains department resources for inspections, complaint investigations, and training needs; Turnover rate in qualified staff to conduct inspections and investigations has resulted in delays in inspection processes; Complexities of the regulatory promulgation process have delayed efforts to comprehensively revise the mandated licensure regulations in a timely fashion resulting in outdated and ineffective regulations remaining in place; Any reductions in funding or workforce would adversely affect VDH's ability to effectively carry out the mandates of the law.

- *Anticipated Changes to the Products and/or Services*
  The demand for VDH licensing services are anticipated to increase, as non-institutional service providers face continuing business challenges; VDH anticipates losing inspection staff with needed nursing credentials. While the staff turnover rate has declined from a high of 20% in 2004 to the current rate of 12%, VDH still faces increasing difficulty competing for nursing staff with the private sector. The nursing workforce is experiencing a decline, as current licensed nurses retire and leave the profession. It is estimated that on a national basis, there will be a 30% shortfall in registered nurse availability by 2020.
- *Listing of Products and/or Services*
  - Licensing: Conduct review of licensing applications and handle coordination with other agencies' regulatory requirements; Licensing assures service providers are acting within the law.
  - Inspection and enforcement: Thorough and consistent inspection and enforcement of laws and regulations addressing health care quality is provided. Assessment of provider and individual responsibility is performed as appropriate. Investigation of complaints; Inspection and enforcement services assist consumers by maintaining safe and protective facilities and services in compliance with regulatory requirements; Medical facility inspectors, who conduct both state and federal regulatory inspections, are health care professionals such as physicians, nurses, dietitians, social workers, and laboratory medical technologists.
  - VDH is the state survey agency for the federal survey and certification program under agreement with CMS. Inspection activities satisfy both state licensure and federal certification requirements. The majority of service area activities regarding medical facilities, services or programs involve the federal certification process. Title XVIII and XIX of the Social Security Act establishes the federal certification program for medical care entities receiving federal reimbursement and mandates the minimum health and safety standards that must be met by providers and suppliers participating in Medicare and Medicaid. VDH is the state survey agency for the federal Clinical Laboratory Improvement Act (CLIA) mandating all laboratories that conduct tests on human specimens, including physician offices, meet applicable federal requirements and have a CLIA certificate in order to operate; The Clinical Laboratory Improvement Act of 1988 (Public law 100-578, section 353 of the Public Health Service Act (42 USC 263a)), Section 6141 of the Omnibus Reconciliation Act of 1989 (OBRA '89) (Public Law 101-239); VDH has interagency agreements with the: (i) Department of Medical Assistance Services (DMAS) to conduct the federal survey and certification requirements of CMS, (ii) State Fire Marshal's Office to conduct Life Safety Code inspections. To receive Medicare certification, medical facilities must comply with the Life Safety Code. Under the interagency agreement with VDH, the Fire Marshal's offices conducts life safety code surveys and certifies compliance/noncompliance to VDH; and, (iii) Department of Health Professions (DHP) to administer the nurse aide training and registration program required by CMS. Under the interagency agreement with VDH and DMAS, DHP is responsible for examining approximately 250 LTC nurse aide training and education programs for compliance with federal standards, and; maintains a registry of approximately 33,000 trained and certified nurse aides employed in federally certified LTC facilities; Confirmed cases of resident abuse and neglect are reported to the Adult Protective Services Unit of the Department of Social Services; VDH communicates with the Office of the State Ombudsman regarding individual client issues related to delivery and quality of services;
  - Regulatory development: Establish minimum operational requirements consistent with governing laws and nationally accepted standards of practice. Assure consumers that uniform quality assurance standards are being maintained; Invite consumer and provider input in development.
  - Customer assistance: Provide training, consultation and technical assistance, education, and cooperative projects in areas such as abuse/neglect/exploitation, disaster planning and recovery, pressure ulcer reduction, emergent care, and inspection processes. Provided in collaboration with various industry groups and associated state agencies. Resident Assessment Instrument training: States are required by the CMS to use the Resident Assessment Instrument (RAI) in federally certified facilities to assess the clinical characteristics and care needs of residents. Currently, federally certified nursing homes and home health agencies are required to encode and transmit RAI records to a repository maintained by VDH. The primary goal of the federal RAI system is to target potential problem facilities by focusing onsite survey activities on the identified problem areas. The RAI system has grown each year as new federal provider categories are added. The RAI system is central to improving the state's ability to evaluate the cost-effectiveness and quality of care. The high degree of consistency and accuracy currently shown by providers in transmitting RAI data to VDH is attributable to the VDH education and training programs that have been presented to federally certified providers, provider associations and consumer groups. Administer complaint services responsive to ensure safe and protective environments in compliance with statutory and regulatory requirements. VDH receives approximately 1200 consumer complaints annually. Conduct informal dispute resolution conferences for nursing facility providers disputing the results of a federal certification inspection; Responding to Freedom of Information requests, specifically in long term care. Expanding the information available to providers via the Internet.

Finance

- *Financial Overview*
  Medicare Funding: The Medicare and Medicaid certification programs are funded by CMS from separate federal fund sources. Payments to states under § 1864 of the Social Security Act are made from the Federal Hospital and Supplementary Medical Trust Fund. Administrative expenses under § 1864 are authorized for expenditure from the Trust Funds only through the regular appropriation process of Congress. Title XVIII trust funds are controlled under terms of the state agreement with Department of Health and Human Services (DHHS). CMS annually outlines the priority of work to be accomplished by the state agency. The state agency must submit a budget that addresses the workload in the priority specified by CMS. The amount of the final Medicare budget approval from CMS is dependent upon approval by Congress, which generally occurs in late January each year. There is no state fund matching requirement for Medicare. The service area receives approximately $3.2 million from Medicare.

  Medicaid Funding - (Title XIX of the Social Security Act), Section 1903 of the Act provides for federal grant mechanisms to pay the State agencies a percentage of the cost certification activities each quarter. The federal matching grants (federal financial participation, or FFP) come from appropriated general revenues of the United States. The Title XIX funds are controlled by the established rules of federal grant laws and regulations. There is a 75% federal/25% state matching requirement for all state Medicaid survey and certification program costs. Federal Medicaid funding for certification activities is available to state agencies based on the level of actual expenditures in the federal fiscal year. Federal program expenditures are reported quarterly in a federal fiscal year, which begins October 1 and ends September 30. With respect to Medicaid Intermediate Care Facility/Mental Retardation (ICF/MR) survey and certification activities, salaries, travel and training are charged 75% federal and 25% state match. All other costs are charged 50% federal Medicaid and 50% state match. The annual FFP for Medicaid received by the service area is

approximately $1.6 million and the Medicaid State Match amount is $533,000.

Clinical Laboratory Improvemetn Act (CLIA) Funding - The CLIA program is funded entirely by the collection of inspection fees by CMS. The total cost of the CLIA program is approximately $298,000 annually.

State Licensing Programs – The cost of licensing general and outpatient hospitals, nursing homes, home care and hospice is approximately $1.6 million annually. Annual licensing fees are collected which amount to approximately $105,000. Wherever possible, the long term care state licensing and the federal Medicare/Medicaid survey for the same facility are done simultaneously. When this occurs, the Center for Medicare and Medicaid Services (CMS) has agreed that Virginia will pay 22% of the costs, and that the remainder 78% will be paid for by CMS.

Managed Care Health Iinsurance Provider (MCHIP) Funding - There is a certification fee charged to MCHIPs and Private Review Aagents (PRAs) biennially, which is a percentage of the total amount of the premiums paid by the respective program's enrollees in Virginia, up to a maximum of $10,000. Revenues from MCHIPs and PRAs total approximately $450,000 biennially.

- *Financial Breakdown*

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201:

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service				

Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0
Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
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Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
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Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
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Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190
Base Budget	$1,670,641	$7,068,190	$1,670,641	$7,068,190
Change To Base	-$9,289	$0	-$9,289	$0

Service Area Total	$1,661,352	$7,068,190	$1,661,352	$7,068,190

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Improve the quality of life and the quality of health care provided to long-term care residents diagnosed with pressure ulcers, or at risk for acquiring pressure ulcers. ()

  Objective Description

  Pressure ulcers are lesions caused by unrelieved pressure that results in damage to the underlying tissue(s). Pressure ulcers may extend to the bone and may become infected. The available statistics state that the cost to heal a pressure ulcer of any significance averages between $10,000 to $40,000 for each occurrence. Most pressure ulcers are avoidable.

  Alignment to Agency Goals

  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

    Comment: To inspire and support Virginians toward healthy lives and strong and resilient families.

  Objective Strategies

  - Office of Licensure and Certification will provide focused training to facilities on pressure ulcer assessment reporting using face-to-face sessions as well as electronic training tools
  - Office of Licensure and Certification will collaborate with the Virginia Health Quality Center, the state's quality improvement organization, in the federal 'Advancing Excellence in America's Nursing Homes' quality campaign. Reducing high-risk pressure ulcers is the first of eight focus goals of this national campaign. It is also the first focus goal chosen by most of the 166 Virginia nursing homes (59.7% of all of Virginia's nursing facilities) participating in

the campaign.

- Actions points from the Fall 2006 pressure ulcer summit's report will be incorporated, where possible, into Office of Licensure and Certification's continuing education efforts.
- Office of Licensure and Certification is working collaboratively with the Departmetn of Medical Assistance Services (DMAS) to establish the Nursing Facility Quality improvement Program to direct civil monetary penalties to improve the health safety, and welfare of residents.
- Office of Licensure and Certification is participating in the Department of Medical Assistance Services (DMAS) Nursing Facility Pay for Performance task force developing a quality-based reimbursement incentive program for Medicaid nursing facilities. One measure under consideration for inclusion as a program quality measure is pressure ulcer rates. The proposal is a recommendation of the Quality, Transparency and Prevention (QTP) workgroup of the Governor's Health Reform Commission.
- Office of Licensure and Certification will continue to provide training regarding pressure ulcer prevention and treatment at the annual meetings of the Virginia Health Care Association, Virginia Association of Non-Profit Homes for the Aging as well as to VDH surveyor staff, surveyor supervisors and managers.

Link to State Strategy

- nothing linked

Objective Measures

- The percentage of residents of long term care facilities in Virginia who have pressure ulcers.

  Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 11.3 Date: 6/30/2005

  Measure Baseline Description: Percent of residents of long term care facilities

  Measure Target Value: 8.75 Date: 6/30/2012

  Measure Target Description: Percent of residents of long term care facilities

  Long-range Measure Target Value: 7.5 Date: 6/30/2014

  Long-range Measure Target Description: Percent of residents of long term care facilities

  Data Source and Calculation: Calculated using data from the federal Government Performance Reporting Act, or GPRA, report for Virginia. Pressure ulcers counted upon admission to the nursing facility are excluded from the data report.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 15 of 41

Certificate of Public Need (601 406 08)

Description

This service area implements the Virginia Medical Care Facilities Certificate of Public Need (COPN) laws and regulations. The COPN program requires that a provider of health care services must demonstrate that a public need exists for certain listed equipment and services before establishing the service or adding capacity. The program was established in Virginia in 1973. The statutory objectives of the program are: (i) promoting comprehensive health planning to meet the needs of the public; (ii) promoting the highest quality of care at the lowest possible cost; (iii) avoiding unnecessary duplication of medical care facilities; and (iv) providing an orderly procedure for resolving questions concerning the need to construct or modify medical care facilities. In essence, the program seeks to contain health care costs while ensuring financial and geographic access to quality health care for Virginia citizens.

Products and services include: Permitting of 11 categories of medical care facilities or services; Review, analysis and formulation of recommendations for COPN request based on eight criteria for determining need; Assist the State Health Commissioner in the administration of the COPN program; Regulatory development to provide an orderly procedure for resolving questions concerning the need to construct or modify medical care facilities; The State Medical Facilities Plan; Assessing and tracking of charity care obligations from COPN applicants; Participating in informal fact finding conferences; The Request for Applications (RFA) process; Release of monthly and annual reports on the status of COPN projects reviewed; Quadrennial nursing home utilization study.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with Virginia Department of Health's (VDH) mission of promoting and protecting the health of Virginians by promoting the development of new services when and where they are needed and limiting the unnecessary duplication of expensive technologies and services.
- *Describe the Statutory Authority of this Service*
  Article 1.1 (Section 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia establishes the medical care facilities COPN program and directs implementation of a regulatory framework to assist applicants and reviewing agencies with examining the need for these projects.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Hospital applicants	46	103
	Intermediate care facilities for the mentally retarded applicants	0	29
	Nursing facilities applicants	5	279
	Patients (patient days) ****Potential is one year at 3% increase per year	4,383,237	4,514,734
	Physician applicants	24	21,000
	Psychiatric hospitals applicants	1	9
	Regional health planning agencies	4	4
	Rehabilitation hospitals applicants	2	15

Anticipated Changes To Agency Customer Base
More physicians are entering the marketplace with an entrepreneurial spirit and desire to maintain control of the technology on which they depend. This is expected to result in a continued increase in the annual number of COPN requests originating from physicians and physician practice groups.

More providers of diagnostic services are seeking to enter the marketplace.

Restrictions on the addition of nursing home beds via the Request of Applications process limits the number of nursing homes statewide that can apply. Proposed revisions to the regulations that will make it easier for the planning district to qualify for additional nursing home beds is expected to cause a transient spike in the number of nursing home COPN requests.

Annual growth in patient days resulting from population growth, improved availibility and access, and new technology creates additional demand for capacity in COPN regulated services and technologies.

As hospitals constructed under the Hill-Burton program continue to age an increased need for renovation, addition and/or replacement exists, prompting more of the potential hospital applicants to pursue COPN projects.

Historically, COPN has been a controversial feature of government efforts to contain health care costs. However, there is growing legislative support for eliminating or modifying the COPN program.

Higher patient volume in a given service results in better clinical outcomes and survival rates for patients. Use of the COPN program to avoid an excess number of providers concentrates patients such that utilization of services is maximized with outcomes that should improve. This limits uncontrolled and duplicative growth in the customer base.

Advancement in medicine and technology have made diagnostic equipment, once too large and/or costly to operate outside a hospital environment, more lucrative for individuals or small partner medical offices. Size and affordability of the equipment will increase the number of potential applicants.

Interface with the Office of the Attorney General and the VDH Adjudication Officer regarding disputed COPN decisions assures due process for applicants, opponents and the public. Confidence in fairness of the program supports a growing number of applicants.

Collaboration with the Department of Medical Assistance Services establishes a need for additional nursing home beds that leads to the development of the nursing facility RFA. The RFA either limits or expands the number of applicants for nursing

home beds, depending on the established need. The same may be said for the collaboration with the Department of Behavioral Health and Developmental Services regarding RFAs for psychiatric beds.

Interface with the Virginia Health Information regarding health care data reporting expands the information available to potential applicants and allows better decisions.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Continued repeal of program categories through legislative action has slowly eroded the effectiveness and integrity of the program; Legislative circumvention of the RFA process by nursing facility providers negatively impacts efforts to control state Medicaid costs; Frequent legislative mandates requiring regulatory changes and the complexities of the regulatory promulgation process (the APA) negatively impact the efforts to keep COPN regulation and the SMFP current and effective; Growth in some COPN categories or services has remained static for a number of years, perhaps indicating no continued need for their inclusion in comprehensive health planning. Currently, there is a downturn in the number of COPN requests, most likely tied to the current economic situation.
- *Anticipated Changes to the Products and/or Services*
  Strengthened efforts to ensure compliance with agreed upon conditions, particularly charity care commitments, placed on granted COPN. Continuing improvement in the timelines of action on project registrations and extensions for certificates, as well as response time to significant change requests.
- *Listing of Products and/or Services*
  - Reporting: Provide written recommendations addressing the merits of the approval or denial of COPN applications; Provide advisory reports on all completed applications that are not subsequently withdrawn; Prepare an annual report on the status of the COPN program addressing the activities of the program, reviewing the appropriateness of continued regulation of a least three specific project categories, and discussing the issues of access to care for the indigent and health care market reform; Provide advisory reports on all completed requests for significant changes to projects with COPN authorization; Web based report of COPN requests currently under review or that have recently received a decision.
  - Permitting: Application review and granting of a COPN to provide a facility or service; Tracking of compliance with conditioned obligations to ensure that applicants have met the intent of the conditions on granted COPNs; Issuance of the RFA targeting geographic areas for consideration of increased bed supply and establish competitive review cycles for submission of applications; Annual monitoring of authorized projects for consistency with the plan as authorized and for continuing progress.
  - Regulatory development: Establish minimum operational requirements consistent with governing laws and nationally accepted medical practices; Regulatory services provide a consistent framework for applicants and state agencies to examine and approve projects; Establish ‘batching cycles” for review of similar projects.
  - Customer assistance: Technical assistance and consultation to applicants; Expand information available to providers on the Internet. As information is more readily available in electronic form, additional customers will become aware of this resource, thus increasing VDH’s customer base; Provide responses to frequent FOIA requests for project documentation.

Finance

- *Financial Overview*
  The COPN program is supported entirely with application fees that have averaged $1 million annually. The average fee paid by applicants is approximately $20,000. The five regional health planning agencies (HPAs) are supported with general funds. Any surplus in COPN application fees that are not expended by the COPN program at the end of the fiscal year are distributed among the five HPAs.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																		
Base Budget	$0	$1,236,366	$0	$1,236,366																		
Change To Base	$0	$0	$0	$0																		
Service Area Total	$0	$1,236,366	$0	$1,236,366																		
Base Budget	$0	$1,236,366	$0	$1,236,366																		
Change To Base	$0	$0	$0	$0																		
Service Area Total	$0	$1,236,366	$0	$1,236,366																		
Base Budget	$0	$1,236,366	$0	$1,236,366																		
Change To Base	$0	$0	$0	$0																		
Service Area	$0	$1,236,366	$0	$1,236,366																		

Total				
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service				

Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
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Base Budget	$0	$1,236,366	$0	$1,236,366
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Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366
Base Budget	$0	$1,236,366	$0	$1,236,366
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$1,236,366	$0	$1,236,366

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*

[Nothing entered]

- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Improve compliance with agreed upon conditions of approval for certificates of public need.

  Objective Description

  Since 1991, Chapter 4 of Title 32.1 of the Code of Virginia has allowed the State Health Commissioner to condition the issuance of certificate of public need authorization on the applicant's agreement to certain conditions. To date the State Health Commissioner has conditioned certificates of public need on the applicant's commitment to provide care to the indigent and to facilitate the development and operation of primary care services for the underserved.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

    Comment: This also supports Virginia's long term objective to inspire and support Virginians toward healthy lives and strong and resilient families.

  Objective Strategies

  - The VDH Division of Certificate of Public Need (DCOPN) will ensure that its database of conditioned certificates of public need includes all conditioned certificates and their current status.
  - DCOPN will send reminder notices to all non-reporting certificate holders 15 to 45 days after the date receipt of a report was expected.
  - DCOPN will include requests for delinquent reports as part of the completeness review for all COPN applications.
  - DCOPN will send a letter notifying all certificate holders reporting that they have been non-compliant with a condition(s) of their obligation, their need to develop a plan of correction that brings them into compliance and assures compliance in future years within 15 to 45 days of a receipt of a report of non-compliance.
  - DCOPN will include requests for positive action that results in compliance with conditions as part of the completeness review for all COPN applications.
  - DCOPN will provide a negative review of Required Consideration number 2 (§ 32.1-102.3.B.2) in the review of COPN requests submitted by holders of conditioned COPNs that are non-compliant with existing conditions placed on any COPN held by the applicant. A negative review of Required Consideration may strengthen, or lead to, a recommendation for denial of the request.
  - DCOPN will refer holders of certificates that remain non-compliant and/or non-responsive with conditions 45 days after notification by DCOPN of such non-compliance or non-responsiveness to the Office of the Attorney General for possible prosecution/fining under § 32.1-27 and 12VAC5-220-270.A.
  - DCOPN will refer licensed holders of certificates that remain non-compliant and/or non-responsive with conditions 45 days after notification by DCOPN of such non-compliance or non-responsiveness to the Acute Care Unit/Licensure Office of the Office of Licensure and Certification for possible revocation or withholding of the license under § 32.1-102.2.C.
  - DCOPN will publish on the Department's website a list of all conditioned certificates by certificate holder, noting whether or not the holder is compliant with condition reporting and the obligations incurred.
  - DCOPN will provide positive feedback to compliant certificate holders to acknowledge reporting and obligation compliance and to reinforce positive behavior.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Rate of compliance with conditioned obligations

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 25 Date: 6/30/2004

    Measure Baseline Description: Percentage for compliance

    Measure Target Value: 70 Date: 6/30/2012

    Measure Target Description: Percentage for compliance

    Data Source and Calculation: Holders of conditioned certificates of public need are required to report compliance with the condition annually. The report form requires reporting of a) gross patient revenue derived from the conditioned service, b) the dollar value of the conditioned obligation based on the gross patient revenue, c) the dollar value (charges) of the care provided in compliance with the condition, d) the dollar value of the shortfall or excess of care provided and the conditioned obligation, and e) contributions made to facilitate the development or operation of primary care services for the underserved. The annual compliance rate is calculated as the number of reports received demonstrating full compliance compared to the number of reports expected based on the database list of indefinitely conditioned certificates of public need.

- Improve compliance with requirements to make, and report, actual progress on projects authorized with certificates of public need.

  Objective Description

  The COPN program requires that once a provider of health care services obtains a COPN for certain listed equipment and services the provider must initiate and make progress on the project. The schedule for progress is to be either that authorized in the COPN or as outlined in the Regulations. Failure of a provider to initiate and make progress on a project is grounds for revocation of the COPN authorizing the project. Providers are not allowed to obtain COPN authorization for certain listed equipment and/or services and then not develop them. Such a practice prevents competing providers from developing the service for which a need has been demonstrated. It also needlessly postpones when the needed service or equipment will be available to the public.

  Alignment to Agency Goals

- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.

  Comment: This also supports Virginia's long term objective to inspire and support Virginians toward healthy lives and strong and resilient families.

- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- DCOPN will insure that the database of certificates of public need includes all certificates and their current status.
- DCOPN will send reminder notices to all non-reporting certificate holders 15 days after the date receipt of a report was expected.
- DCOPN will include requests for delinquent extensions as part of the completeness review for all COPN applications.
- DCOPN will recommend holders of certificates that have expired and for which no extension has been requested 30 days after the reminder notice be sent a letter by the State Health Commissioner declaring that the certificate has expired and that the project is no longer authorized.
- DCOPN will notify the appropriate Licensure Division and certification offices of the expiration, and therefore loss of authorization for, expired certificates.
- DCOPN will publish on the Department's web site a list of all expired certificates by certificate holder.
- The form for requesting an extension has been revised for ease of use, including facilitating electronic filing, and to request just that information necessary to make a determination that progress has been made on the project.
- Enhanced follow-up on requesting of extensions, with more attention paid to progress, will motivate certificate holders to make required progress, seek appropriate changes to the authorization or proactively surrender the certificate.
- DCOPN will acknowledge all extension requests with an affirmative statement of extension.

Link to State Strategy

- nothing linked

Objective Measures

- Rate of COPN progress reporting

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 51 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 98 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Annual reports are due, in the form of an extension request, from holders of certificates of public need at least 30 days prior to the expiration date on the certificate or previous extension. Certificates of public need are issued with expiration dates that are 12 months from the date of issuance. Annual extensions are issued in up to 12-month increments from the date of issuance of the certificate, as long as tangible progress is being made, for the longer of the date authorized on the certificate or three years. A request for indefinite extension is required when the project is complete no later than 30 days prior to the expiration date on the certificate or previous extension. The annual reporting rate is calculated as the number of on time annual extension and indefinite extension requests received compared to the number of requests expected based on the database list of outstanding certificates of public need.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 16 of 41

Child and Adolescent Health Services (601 430 02)

Description

This service area administers much of the child health services component of the federal Maternal Child Health Block Grant, including the program for children with special health care needs. It provides surveillance through assessment, screening and other child-find activities; analyzes and develops policy related to child and adolescent health; works to assure that children and their families are linked to needed health services; and provides training and technical assistance to partners promoting safe and healthy environments for children.
This service area implements the following programs and initiatives statewide or agency wide:
Programs for children with special health care needs, including: Care Connection for Children, Child Development Services, Bleeding Disorders Program;
Surveillance including Newborn Screening Services, Early Hearing Detection and Intervention Services, Virginia Congenital Anomalies Reporting and Education (VaCARES, the birth defects registry);
Early Childhood Health - Virginia Early Childhood Comprehensive Systems Grant (VECCS); Healthy Child Care Virginia;
Adolescent Health including the Teenage Pregnancy Prevention Initiative;
Promotion of Bright Futures anticipatory guidance, developmental screening, and medical homes;
Technical assistance on clinical issues related to the early childhood (Birth – 5), school age, and adolescent populations in the preschool and school setting; and
Policy analysis and quantitative assessment.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Programs and services offered by this service area directly align with VDH's mission to promote and protect the health of Virginians. Screening activities, anticipatory guidance, and promotion of medical homes are conducted or supported to address health promotion and disease prevention. Tools and technical assistance are provided to professionals in childcare and school settings on clinical interventions and health maintenance, emergency preparedness, and environmental safety and health.
- *Describe the Statutory Authority of this Service*
  United States Code § 701-709, subchapter V of the Social Security Act provides for primary and preventive care for children, and services for children with special health care needs.

  Section 32.1-77 of Code of Virginia authorizes preparation, amendment and submission to the Secretary of the U.S. Department of Health and Human Services state plans for services to children with special health care needs.

  Sections 32.1-64.1 through 32.1-64.2 of Code of Virginia provide for the establishment and maintenance of a system for the screening of newborns for hearing loss and monitoring those who are at risk to assure that such infants receive appropriate early intervention

  Section 32.1-65 through 32.1-67 of Code of Virginia provides for a system for screening newborns for certain heritable disorders and genetic diseases through dried blood-spot screening.

  Sections 32.1-69.1 through 32.1-69.2 of Code of Virginia requires the establishment and maintenance of a Virginia Congenital Anomalies Reporting and Education System, including collection of data to evaluate the possible causes of birth defects, improve the diagnosis and treatment of birth defects and establish a mechanism for informing the parents of children identified as having birth defects and their physicians about the health resources available to aid such children.

  Section 32.1-89 of Code of Virginia provides for the establishment of a program for caring for and treating persons with hemophilia and other related bleeding disorders who are unable to pay for the entire costs of such treatment.

  Section 22.1-275.1 of Code of Virginia requires school health advisory boards to assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services and to annually report on the status of needs of student health in the school division to VDH, and the Virginia Department of Education.

  Section 22.1-270 of Code of Virginia requires documentation of a comprehensive pre school entry physical examination of a scope prescribed by the Commissioner of Health.

  United States Code § 440 and 441, Subpart B, and the interagency agreement between the VDH and the Department of Medical Assistance Services (DMAS) provide for the Virginia Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program that reimburses health services, including screening, diagnostic services, and treatment, for children under age 21. The agreement requires that VDH appoint a EPSDT program manager to survey local coordinators to ascertain their training needs and participate in planning and implementation of training; collaborate with DMAS and DSS in development of screening standards and procedure guidelines for EPSDT providers; develop materials to be included in the EPSDT Supplemental Medicaid Manual and other provider notices; and develop and carry out, in collaboration with DMAS, DSS, Head Start, WIC, Early Intervention, Department of Education, and other appropriate organizations, plans to increase the annual number of screenings statewide.

  Section 63.1-195 of Code of Virginia requires the Department of Social Services to assure child welfare agencies meet minimum health standards. VDH assists with establishing appropriate health-related standards and provides technical assistance to child care providers to help meet those standards.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Children and adults with hemophilia and other related bleeding disorders	275	400
	Children with special health care needs receiving care coordination services	6,445	208,476

Newborns screened for inborn errors of body chemistry and hearing impairment	105,736	108,261
Population aged birth to 5 years in regulated out-of-home care (licensed child day centers, family day homes, family day system, voluntarily registered family day homes, certified preschools, and religious exempt facilities) (2007)	370,913	518,410
School age population	1,235,746	1,512,469
School health personnel	1,978	1,978
Youth (10 - 19 years) receiving education, school-based services and social norm messages to prevent pregnancy	2,774	1,030,478

Anticipated Changes To Agency Customer Base
The number of resident births in Virginia has grown over the past six years from 98,531 in 2001 to 108,417 in 2007 representing a 10% increase over the period.

Teenage pregnancy rates for females overall (ages 10-19) have mirrored the national trend, declining 26.8% from 36.2 to 26.5 per 1,000 females (1996 to 2005). These decreases now appear to be leveling off. The teenage pregnancy rate per 1000 females in this age group has remained slightly higher in the past two years at 27.3 in 2006 and 27.2 in 2007. Slight increases were seen in the 15-17 year old age group from 22.4 per 1,000 females (2005) to 25.3 (2006) and 25.0 (2007). Rates among those under age 15 continue to be nearly half of the rate observed in 1996. Among 18-19 year olds, the rate continued to decrease slightly between 2005 and 2007 from 92.1 to 90.3 per 1,000 females.

As the nationwide economic downturn continues, poverty rates among children in Virginia have grown. The US Census Bureau estimates that one-third (33.7% +/- 2.3%) of persons under 18 years of age are living at or below the 200% federal poverty level. This translates to 616,000 persons (+/- 50,000 persons) under the age of 18 in this poverty bracket in 2007. After being stable at 33% for the past four years, the proportion of children receiving a free or reduced lunch increased to 34.6% for the 2008 – 09 school year. Unemployment across the state has surpassed 7%, with a number of counties over 10%. These statistics indicate that the number of children and families in need of assistance with health care access and financing is likely to increase. Health insurance statistics confirm a shift from private to public coverage for children. Together, the Medicaid and State Child Health Insurance Program (SCHIP) programs now cover one in five children in Virginia.

The economic picture indicates that there will be an increased need for safety net services for children's health, as well as assistance with obtaining and understanding insurance benefits, and finding and using an effective medical home (a source of coordinated, ongoing, comprehensive, family-centered care from a health professional or team). In general, cultural and racial health disparities will continue to be a significant issue.

Less than half of Virginia's children with special health care needs (CSHCN) age 0 – 17 have an effective medical home. As CSHCN live longer, more productive lives, the need for adult health care services appropriate to their medical conditions becomes more significant, and more complex; assisting with transition to adulthood for these youth becomes a higher priority.

As of Fall 2008, local school divisions provided special education services to over 167,930 children with various disabilities. The number of CSHCN in schools is expected to continue to increase, with greater expectations for clinically skilled responsiveness by teachers, administrators, and school nurses.

The number of children being cared for outside the home is growing rapidly; there are 261,197 spaces available in licensed day centers. However, the younger the child, the less likely a space is available; only about 50% of licensed child care facilities accepted children less than two years of age in 2007. These figures do not account for unregulated childcare, licensed family day homes, religious-exempt facilities or homes that are approved locally. Over sixty-five percent of children under the age of six are in circumstances where all of their parents (biological, by remarriage) are working. The need for assuring healthy and safe environments for out-of-home care is therefore increasing, with more customers in childcare settings.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Rapidly evolving technological advances in studying the human genome may lead to new opportunities for testing individuals, and stretch the capacity of the public health community to respond.

  Genetic testing is available or under development for more than 900 diseases or conditions in more that 550 laboratories nationwide; implications are (1) the development of new predictive tests, preventive measures, and treatment for a wide range of diseases, and (2) the privacy and confidentiality, discrimination, and informed consent concerns that accompany genetic discoveries. The retention of residual dried blood spots on newborn screening filter papers has recently emerged as a national issue stimulating an active debate from both parent groups and health professionals. Some states have utilized residual blood spot samples for purposes other than newborn screening activities, which has resulted in a variety of concerns from parents and advocacy groups. Virginia does not retain samples indefinitely, and the testing laboratory policy provides that residual blood spot samples cannot be utilized for any purpose other than newborn screening. Parental concerns about this issue will continue to be raised and addressed.

  The U.S. Department of Health and Human Services has initiated a national public health campaign to encourage all families to learn more about their family health history.

  The state licensing regulations for health and safety in child day care have become more rigorous, particularly in the areas of daily health screening and medication administration. In response to changes in the Drug Control Act in June 2006, the child day care community requested additional options for medication administration training, approved by the Virginia Board of Nursing in 2008. New regulations for Standards for Licensed Child Day Centers are currently in progress.

  With increased emphasis from both the mental health and CSHCN communities, there is a growing recognition of the need for enhanced systems of care locally and at the state level. The American Academy of Pediatrics (AAP) policy recommending a developmental approach to well child care, including screening for appropriate development at periodic well child exams in the early childhood period is taking hold. The increased awareness about the prevalence of autism spectrum disorders underscores the need for early and periodic developmental screening. This represents a

significant elevation of the standard of care for child health. The need for adequate and appropriate follow-up is substantial.

Increasing numbers of parents are objecting to the established immunization schedule for young children. Coupled with the current H1N1 influenza pandemic, preventing or reducing the spread of communicable diseases commonly affecting children is a challenge for those working in institutional settings such as schools and child care.

Strengthening families through parent education continues to be a major focus of initiatives planned for early childhood, school age, and adolescent populations.

Providers increasingly need flexible opportunities for training that allow them to maximize their time with patients.

Children spend almost one-third of their waking hours in school. Continued emphasis in the schools on standards of learning and performance testing limits the opportunity to direct attention to health issues.

- *Anticipated Changes to the Products and/or Services*
  Development of policies and guidelines that support the appropriate use of genetics to improve health, prevent disease, and protect individuals from genetic discrimination.

  Services to child day care providers by local licensed health department staff have increased in response to the changes in regulations. This includes increasing hours of training for daily health screening, pandemic flu plans and consultation, and mandatory training for medication administration (which requires training by licensed health care providers). This service area will respond to greater demands for technical assistance and consultation on regulated issues.

  The service area will continue to explore ways to collaborate with partners providing mental health services and identify opportunities to braid funding and/or pilot new models of care coordination to address the integration of mental health and general medical health.

  Additional tools to assist public and private school nurses in meeting children's health needs more efficiently will be promoted.

  In collaboration with numerous partners, the service area will be leading two "learning collaboratives" – one to improve early hearing detection and intervention services, and the other to promote developmental screening within a medical home.

  Completion of an electronic parent education portal based on Bright Futures anticipatory guidance, to empower parents as partners in their children's wellness and health care.
- *Listing of Products and/or Services*
  - Monitor trends in child health status indicators and identify emerging issues of statewide significance
  - Develop or participate in the development of statewide strategic plans regarding child and adolescent health
  - Represent VDH on statewide interagency councils, task forces, and committees related to child and adolescent health
  - Propose and/or respond to state legislative and budgetary initiatives; track pertinent legislation
  - Monitor federal legislation for potential impact at the state level
  - Respond to requests for data and information from constituents, policy makers, media, and stakeholders
  - Assure follow up services are provided to newborns with screened abnormal test results for heritable disorders and genetic diseases, and hearing impairment
  - Assure care coordination services are offered to children with special health care needs through identified centers of excellence
  - Manage contracts that assure medical management and genetic services are available to newborns with diagnosed genetic and/or metabolic disorders
  - Develop and manage contracts or agreements with local health departments, community based organizations, and provider systems to implement programs
  - Develop and manage regulations and guidance documents in support of mandated programs
  - Provide staff support to advisory committees (e.g., Hemophilia Advisory Board, Early Hearing Detection and Intervention Advisory Board, Genetics Advisory Committee, Infant-Toddler Network System Advisory Council)
  - Obtain and administer grants
  - Review literature and identify and share best practices with partners and contractors
  - Develop and deliver training and technical assistance to partners and stakeholders
  - Develop and implement social marketing campaigns and materials related to child health promotion and disease prevention
  - Develop and/or purchase educational materials and distribute in support of programs
  - Assure sound fiscal management through budgeting and expense monitoring
  - Conduct surveillance on: birth defects, including heritable disorders and genetic diseases, and hearing impairment; utilization of services by, and outcomes for, children with special health care needs
  - Conduct analysis of child health data and produce and disseminate reports

Finance

- *Financial Overview*
  The chief source of funding for the service area is the Maternal and Child Health (Title V) Block Grant from the Health Resources and Services Administration. This requires a state match ($3 state to $4 federal). Approximately half of the federal funds is derived from categorical federal grants that do not require a state match.
- *Financial Breakdown*

FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
General Fund	Nongeneral Fund	General Fund	Nongeneral Fund														

Base Budget	$1,639,086	$11,728,426	$1,639,086	$11,728,426
Change To Base	-$127,468	-$914,962	-$127,468	-$914,962
Service Area Total	$1,511,618	$10,813,464	$1,511,618	$10,813,464
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Service Area Total	$1,511,618	$10,813,464	$1,511,618	$10,813,464

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date	
Total Authorized Position level	0

Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Identify clinical conditions that, if not detected and treated early, may result in significant morbidity and mortality to infants and children.

  Objective Description

  Identification of certain disorders that may not otherwise be detected before developmental disability or death occur is of critical importance, resulting in requirements for screening infants for inborn errors of body chemistry and hearing loss, and screening young children for exposure to lead. These screenings allow for early intervention that can significantly improve the quality of life. The ongoing collection, analysis, and dissemination of this screening data, and birth defect data, is critical for reducing morbidity and mortality and improving health status in the general population.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Administer the Virginia Newborn Screening Services (VNSS), Virginia Early Hearing, Detection, and Intervention (VEHDI), and Virginia Congenital Anomalies Reporting and Education System (VaCARES) -- the birth defects registry
  - Maintain the Virginia Infant Screening and Infant Tracking System (VISITS), which is a Web-based surveillance and data tracking system supporting VNSS, VEHDI, and VaCARES.
  - Identify, match, collect, and report unduplicated individual identifiable data, or program-targeted conditions (i.e., children with birth defects, hearing loss, or who are at risk for developmental delay)
  - Collaborate with the Department of General Services Division of Consolidated Laboratory Services to ensure that hospitals comply with the Code of Virginia requirements regarding dried-bloodspot screening
  - Monitor and work to improve, where needed, hospitals' compliance with Code of Virginia newborn hearing screening requirements

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of infants born in Virginia who are screened for selected heritable disorders/genetic diseases

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 99.7 Date: 12/31/2004

    Measure Baseline Description: Percent

    Measure Target Value: 100 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: This measure is calculated using information from the StarLIMS database, which is a Web-based data system managed by the Department of General Services' Division of Consolidated Laboratory Services. The numerator is the number of infants who were live born in Virginia, residents of Virginia, and screened for selected disorders and genetic diseases during a calendar year. The denominator is the number of infants who were live born in Virginia and residents of Virginia during the same calendar year.

  - Percent of newborns who are screened for hearing loss before hospital discharge.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 96.2 Date: 12/31/2003

    Measure Baseline Description: Percent

    Measure Target Value: 100 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: This measure is calculated using information from the Virginia Infant Screening and Infant Tracking System, which is a Web-based integrated database managed by the Division of Child and Adolescent Health. The numerator is the number of newborns who were reported as discharged from a Virginia

hospital during a calendar year and received hearing screening before discharge. The denominator is the number of infants who were reported as discharged from a Virginia hospital during the same calendar year.

- Link children, adolescents, and families to personal health services and community resources.

Objective Description

Children and adolescents, especially those with special health care needs, may have complex conditions that require coordinated intervention by a team of health and human services professionals. Families, particularly those with limited financial resources or support systems, are too often ill equipped to manage this coordination on their own. Health insurance plans, which may be adequate to support the needs of healthy children, may not provide coverage or financial support to meet the medical needs of children with chronic conditions.

Alignment to Agency Goals

- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.

Objective Strategies

- Administer the statewide Care Connection for Children Network, Child Development Services Clinic Network, and the Virginia Bleeding Disorders Program that includes:
- Provide care coordination for all children, assistance with obtaining and maximizing insurance, assistance with locating a medical home, and, for eligible families, access to a Pool of Funds to help defray out of pocket health care expenses.
- Manage federal grant funding to support the programs
- Strengthen parent and family involvement in program guidance and implementation by collaborating with Parent-to-Parent, Family Voices, Medical Home Plus, and Family to Family Health Information and Education Center.
- Enhance program impact by: leveraging existing partnerships with Department of Education, Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and other state agencies; continue participation in interagency advisory boards and task forces; sustain advisory committees for each Care Connection for Children Center; establish a statewide Consortium for CSHCN.
- Obtain consultation from the Hemophilia Advisory Board regarding the administration of the Virginia Bleeding Disorders Program
- Review and revise the CSHCN Pool of Funds Guidelines at a minimum of every 12 months
- Monitor and evaluate services provided by networks managed by the CSHCN Program to ensure program compliance and customer satisfaction
- Administer the follow-up components of Virginia Newborn Screening Services
- Administer the follow-up components of Virginia Early Hearing Detection and Intervention Program
- Sustain the Hearing Aid Loaner Bank
- Develop a statewide Virginia Infant Screening and Infant Tracking System (VISITS)/Early Intervention Referral System. This will include (1) an automated referral system to Part C Early Intervention Services and (2) use of the VISITS-At Risk module, which allows hospital discharge planners to record information on infants who are eligible for Part C Early Intervention Services and to generate a referral to local central points of entry.
- Revise the VISITS database as needed to allow linkages to other child health data systems
- Continue to explore opportunities to collaborate with Part C/Early Intervention to better integrate systems of care coordination
- Provide customers and partners with accurate and timely data, and current information, on child/adolescent health topics
- Support the maintenance of a competent workforce providing health and health-related services to children, adolescents and their families

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of children served in Children with Special Health Care Needs (CSHCN) Program who have insurance to pay for the services they need.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 94 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 95.5 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: The data captured will be aggregated across the networks managed by CSHCN Program. The data for Care Connection for Children will come from its database, Care Connection for Children-System Users Network; Virginia Bleeding Disorders Program from its database; and CDC from each clinic's annual report. The numerator is the total number of clients who have or obtain insurance within the fiscal year. The denominator is the total number of clients served during the same fiscal year.

- Number of Children with Special Health Care Needs (CSHCN) receiving care coordination services.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 6779 Date: 6/30/2005

  Measure Baseline Description: Number served

  Measure Target Value: 6800 Date: 6/30/2012

Measure Target Description: Number served

Data Source and Calculation: The data captured will be aggregated across the networks managed by CSHCN Program. The data for Care Connection for Children will come from its database, Care Connection for Children-System User Network; Virginia Bleeding Disorder Program from its database; and CDC from each clinic's annual report.

- Percent of infants diagnosed with a hearing loss who receive early intervention services before six months of age.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 49.3 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 75 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: The numerator is the number of infants who were born in Virginia during a calendar year, were reported with hearing loss, and received early intervention services before 6 months of age. The denominator is the number of infants who were born in Virginia during the same calendar year and reported with hearing loss. There is an eight-month lag in having complete, clean data for the previous calendar year.

- Percent of infants identified with a critical result for heritable/genetic disorders and referred for follow up by 6 months of age.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 100 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using information from the StarLIMS database, which is a Web-based data system managed by the Department of General Services' Division of Consolidated Laboratory Services. The numerator is the number of screened infants who were live born in Virginia, identified with a critical result for selected heritable disorders and genetic diseases, and referred for treatment for such conditions by 6 months of age during a calendar year. The denominator is the number of infants who were live born in Virginia and identified with a critical result for selected heritable disorders and genetic diseases during the same calendar year.

- We will reduce teenage pregnancy rates in Virginia.

  Objective Description

  Studies have shown that youth who are connected to their parents, schools and communities are less likely to engage in risky behaviors. Best and promising programmatic strategies are being identified as effective in preventing and reducing youth risk taking behaviors.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Teenage pregnancy prevention programs (education and health services) in seven health districts have been designated and funded by the General Assembly since 1993 and 1994. These programs reach over 2,000 teens each year.
  - The Teen Pregnancy Prevention Initiative provides data and technical assistance to interested parties throughout the state for teenage pregnancy prevention.
  - The Family Planning Program serves over 19,000 teens annually through family planning health and education services in 131 localities.
  - The Resource Mothers Program provides lay mentoring services to pregnant and parenting teenagers with one of the goals to prevent a second teen pregnancy. The program served 2,334 teens in 82 localities last fiscal year. The repeat pregnancy rate among program participants was 5.1% for FY 2008 compared to an approximate repeat teenage pregnancy rate of 20% among all teens statewide.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - We will reduce teenage pregnancy rates in Virginia.

    Measure Class: Agency Key Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 26.5 Date: 6/30/2004

    Measure Baseline Description: Rate per 1,000

    Measure Target Value: 26.2 Date: 6/30/2012

    Measure Target Description: Rate per 1,000

    Long-range Measure Target Value: 25.00 Date: 6/30/2020

Long-range Measure Target Description: Rate per 1,000

Data Source and Calculation: VDH Division of Health Statistics. Sum of live births, induced terminations of pregnancy, and natural fetal deaths occuring to females 10-19 years old divided by all females age 10-19 years old, expressed as a rate per 1,000 population. Total pregnancies defined as the sum of live births, induced terminations of pregnancy, and natural fetal deaths expressed as a rate per 1000 population). There is a two year lag in this data. Data for 2006 will not be available until 2008.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 17 of 41

Women's and Infant's Health Services (601 430 05)

Description

This service area seeks to improve the health of women and infants in the Commonwealth by assessing their needs, developing policies, building capacity and strengthening the infrastructure to meet these needs, and assuring that quality services are provided to this population. This is accomplished through resource development and allocation; program monitoring and evaluation; public and customer education; technical assistance, consultation and training; and provision of direct services.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health's mission by improving the health of women across their lifespan.
- *Describe the Statutory Authority of this Service*
  § 32.1-2 of the Code of Virginia charges the State Board of Health, the State Health Commissioner and the Virginia Department of Health to provide a comprehensive program of preventive, curative, restorative and environmental health services including education of the citizenry and developing and implementing health resource plans.

  § 32.1-40 of the Code of Virginia requires every practitioner of the healing arts and every person in charge of any medical care facility to permit disclosure of medical records to the State Health Commissioner or his designee. Under the provisions of the Code the local health officer may obtain access to medical records for the purpose of public health investigation of fetal and infant deaths, or to investigate an illness for the purpose of disease surveillance.

  § 32.1-67 of the Code of Virginia requires the Board of Health to recommend procedures for the treatment of sickle cell diseases and provide such treatment for infants.

  § 32.1-68 of the Code of Virginia requires the Commissioner of Health to establish a voluntary program for the screening of individuals for the disease of sickle cell anemia, sickle cell trait, and other genetically related diseases and genetic traits.

  § 54.1-2969 of the Code of Virginia states a minor shall be deemed an adult for the purposes of consenting to services related to birth control, pregnancy or family planning and the diagnosis and treatment of sexually transmitted disease.

  The Breast and Cervical Cancer Early Detection Program (BCCEDP), called Every Woman's Life, operates under the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354. The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) provides payment of medical services for certain women screened by an authorized provider and found to have breast or cervical cancer under a federally-funded screening program. In 2001, Virginia amended the Code of Virginia § 32.1-325 to permit women who have been screened and diagnosed with breast or cervical cancer by an authorized BCCEDP provider to be enrolled in the state Medicaid program for payment of treatment services.

  § 32.1-368-369.of the Code of Virginia requires that monies deposited into the Breast and Cervical Cancer Prevention and Treatment Fund shall be used to support the treatment of breast and cervical cancer for women under Medicaid pursuant to the federal Breast and Cervical Prevention and Treatment Act of 2000, P.L. 106-354. Up to 10 percent of the Fund may be used annually to conduct screening activities for the breast and cervical health under the BCCEDP.

  § 18.2-76 of the Code of Virginia requires the Virginia Department of Health to make available to each local health department and upon request, to any person or entity, materials regarding the informed consent for abortion.

  § 20-142 of the Code of Virginia requires the Virginia Department of Health to provide every person who is empowered to issue a marriage license to distribute the following information to the applicants: birth control information, information concerning the role of folic acid in the prevention of birth defects, information on acquired immunodeficiency syndrome and a list of family planning clinics by city and county.

  The federal grants administration procedures detailed in Title 43 of the Code of Federal Regulations (CFR), part 74 and the provisions of Title 42 of the CFR 431.300 and Attachment 4.3A of the Virginia State Plan for Medical Assistance, require safeguards for restricting the use or disclosure of information concerning Medicaid applicants and recipients. Compliance with these requirements is recognized to be an obligation of each participating department during all handling and every exchange of information with any other parties concerning eligibility, income, and other personal data of Medicaid applicants and recipients and under all other circumstances and regulations on the privacy of individuals.

  Title V of the Social Security Act, Section 501 (42 USC 701) requires that the state agency administering the state's program will fulfill agreements to ensure coordination of care and services available under Title V and Title XIX. Title V grantees will also provide, directly and through providers and institutional contractors, services to identify pregnant women and infants who are eligible for medical assistance and once identified, to assist them in applying for such assistance.

  Title V of the Social Security Act (42 USC 701-709) also provides assurance that mothers and children, in particular those with low income or with limited availability of health services, have access to quality maternal and child health services including, but not limited, to efforts to reduce infant mortality and morbidity and the incidence of preventable diseases. It promotes the health of mothers and infants by providing prenatal, delivery and postpartum care.

  Title X of the Public Health Services Act (42 U.S.C. 300, et seq.) provides funding for family planning agencies and is an outgrowth of the Family Planning Services and Population Research Act of 1970, P.L. 91-572. This law was amended in 1975 and 1978 to require Title X projects to provide access to natural family planning, infertility, and adolescent services. These amendments require that economic status not be a deterrent to receiving family planning services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Community providers including obstetricians, family practice physicians, pediatricians, nurses, nurse practitioners, public health officials, social workers, nutritionists and other allied health professionals	10,000	10,000
	Family members of women and infants	289,769	289,769
	Female population in the Commonwealth (10 – 64 years old)	2,904,497	2,904,497
	Governor and General Assembly	2	2
	Local health departments	121	121
	Men and women seeking contraceptive services in local health departments	71,984	388,030
	Newborns and children with Sickle Cell Disease and Hemoglobinopathies	1,115	1,432
	Number of women receiving prenatal care through local health departments	1,684	160,000
	Offices within VDH who serve women and infants	13	13
	Other private organizations dealing with women and infant clients (e.g., People, Inc., INOVA, Teensight, Carilion Health System, ACS, VA Breast Cancer Foundation)	60	70
	Pregnant women in the Commonwealth (including teens)	143,071	143,071
	State agencies including academic medical centers who work with women and infants	10	20
	Statewide provider and consumer organizations	70	150

Anticipated Changes To Agency Customer Base
Based on various data and analysis from the United States Census Bureau 1990 and 2000 reports, and VDH's Division of Health Statistics, the overall percentage and age distribution of the female population has remained relatively constant since 1990. The annual growth rate from 2002-2007 of the overall Virginia population, per the Weldon Cooper Center, was 1.1 percent. Over the next decade, there is an expected increase in women between the ages 45-75 and this increase may result in a change in healthcare priorities.

Virginia ranks in the top 10 states in the nation with the largest immigrant resident population as well as for intended residence of new arrivals; 5th largest Hispanic and 7th largest Asian population in the country. Lack of interpreters and culturally competent providers will limit access to care and may reduce the quality of care. The demand for health care and family planning services is expected to increase among a growing number of noncitizen, working poor and those residents who cannot afford health care in the private health care system and do not qualify for Medicaid.

Over the past fifteen years, the number of people who are overweight or obese has increased dramatically. Low levels of physical activity contribute to poor health from heart disease, stroke, high blood pressure, diabetes, some cancers, and can contribute to symptoms of arthritis. Physical inactivity and unhealthy eating are two primary causes of obesity and are responsible for preventable deaths. In 2007, the WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) program was introduced and integrated into the BCCEDP to provide additional health screening services to women over age 40. Federal funding allows for testing of blood pressure, glucose, cholesterol and Body Mass Index (BMI) with the goal of early detection and prevention of cardiovascular disease. With the additional health screenings, the BCCEDP and WISEWOMAN programs are addressing the two leading causes of death among women in the United States. Obesity is also associated with complications of pregnancy and morbidity in women as they age. The number of women with complications of pregnancy and delivery due to obesity is increasing and will demand more intensive, complicated and costly health care services.

Although the number of pregnant women varies from year to year, the overall number is projected to decline long-term but not in the next five years. Additionally, the overall birth rates remain relatively stable from 13.9 in 1996 to the current rate of 14.1 in 2007. VDH expects an increase as a result of the current financial constraints which may hinder a woman's ability to purchase contraceptives.

Seventeen percent of women receive prenatal care after the first trimester. Minorities, who may or may not also be immigrants, have much lower rates of prenatal care utilization, e.g. three out of ten Hispanic women enter prenatal care after the first trimester. Lower utilization often is due to lack of insurance coverage. It is expected there will be an increasing demand for prenatal care services by clients without any insurance or who are underinsured, placing more demands on nonprofit health care organizations.

At the same time the number of Medicaid-eligible pregnant women, women 60 days postpartum, and infants from birth to two years of age who meet the definition of high-risk will increase due to the eligibility being expanded from 133 percent to 200 percent of poverty. Thus more very low income women will become insured.

From 1900 to 1982, maternal deaths from pregnancy related complications declined dramatically. Since then, there has been no significant reduction, yet studies indicate that as many as one-half of all the deaths from pregnancy complications could be prevented. Prior to the 1980s, the causes of maternal deaths were hemorrhage, infection and pulmonary embolism. The causes of maternal deaths are shifting away from specific medical conditions to cardiovascular disease associated with drug usage, including tobacco and obesity, domestic violence, and homicide.

In 2008, the infant mortality rate (death within the first year of life) was 6.7 deaths per 1,000 live births, which is a significant decrease from 7.3 in 2006. The leading causes of death were related to short gestation and low weight birth, congential malformations, and Sudden Infant Death Syndrome. It is hoped that the downward trend will continue, but due to mounting financial and social factors, this rate may not be able to be sustained and may increase.

While the white infant death rate has declined over the last twenty years, the black infant mortality rate (15.5 per 1,000 live births in 2007) is twice the white rate. Given the increasing number of minority births, this racial gap will continue to widen.

The perinatal mortality rate, which is a measure of natural fetal deaths beyond 28 weeks gestation in combination with

infant deaths in the first seven days of life), was 11.7 per thousand live births in 1983, declining overall in 2001 to 6.2. However, it has gradually risen to 7.2 in 2007.

Contributing factors to the increase in the perinatal mortality rate are (1) increase in the number of uninsured women in Virginia (2) increase number of minority women especially noncitizen residents (3) increase number of women living in poverty and (4) increase number of women unmarried and as head of household.

Despite advancements in health care and medical technology, the low weight birth rate has continued to steadily increase and is now 8.6 per 1,000 live births. As the population ages, the age of first pregnancies is increasing and parity is decreasing. As the number of low weight births continues to rise, there will be more high-risk infants born needing more intense and costly medical care.

Specialized comprehensive medical care decreases morbidity and mortality during childhood. Since Virginia added Hemoglobinopathy Screening to its Newborn Testing in July of 1989, on an average, 75 newborns have been identified yearly with sickle cell disease. As of December, 2008, 1432 newborns have been identified through the Newborn Screening Program;1115 individuals between the ages of birth to twenty one, are being followed through our four regionally located state funded pediatric Comprehensive Sickle Cell Centers while 272 clients are reaching the age of medical transition.

Based on Virginia's newborn screening data, the rate of sickle cell disease in Virginia is 1:325 or 8% higher than the national average.

It has been demonstrated that early detection, comprehensive care and the administration of penicillin prophylaxis can greatly reduce the morbidity and mortality in newborns identified with sickle cell disease. Sickle cell disease is changing from a fatal disease of childhood into a chronic disease of adulthood. This shift will create an adult population that will likely experience a higher rate of morbidity from the disease due to the lack of qualified adult providers.

The 2006 Alan Guttmacher Institute data reveals that 388,030 women, including 128,270 sexually active teenagers, needed public-supported contraceptive services in Virginia. This is an increase and continues to surpass the capacity of VDH clinics. The newer types of effective contraceptives are more expensive and local health departments cannot afford to offer them. In 2007, 35.3 percent of all births were nonmarital. Of these, 62.7 percent were to women aged 20-29 years. The current trend is that nonmarital births are increasing. In 2007, of women aged 20-29 years, 70.5 percent of African American births were to unmarried women while 29.7 percent were to white women.

Women die of cervical cancer at a rate of 2.5 per 100,000 women in Virginia; with early detection and treatment, no woman should have to die from cervical cancer. Human Papillomavirus (HPV) is a sexually transmitted organism that is associated with the development of cervical cancer. Cervical cancer along with other forms of sexually transmitted diseases is on the rise.

Any new budget cuts could affect the service area customer base, e.g., further restricting the ability of a woman to obtain access to cervical cancer diagnostics. Additional state funds will allow for the expansion of the current customer base for BCCEDP/WISEWOMAN as well as increase access to cancer treatment for the uninsured. It has provided diagnostics for women 18-39 years of age and breast and cervical cancer screening and diagnostics for women 40-49 years of age.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*

  The lack of available mental health services has been identified as a growing need for young families. For instance, the Virginia Pregnancy Risk Assessment Monitoring System (PRAMS) reports that 26% of mothers self-report symptoms of depression but many of them have not been diagnosed or treated. The integration of mental health services into primary care has been proposed as a way to better meet the needs of these women and their families. Improved awareness and screening for mental health services may influence the types of services provided through our existing programs.

  Several major grant programs supported by federal funds have received only level or reduced funding, have uncertain futures, and may continue to decrease or be eliminated, e.g., Title V and Title X decreased in 2005 and have been level since 2008.

  Similarly, changes in the scope of services will also change the specific types of products and services provided.

  Rising administrative costs coupled with level funding will mean fewer dollars allocated to direct services and fewer clients served.

  Customer demands for certain products may affect what is offered and how resources are allocated.

  An increase in the number of undocumented residents, working poor, and recently unemployed citizens who do not qualify for medical assistance programs or recently lost health insurance benefits will increase demand for services from VDH without the needed insurance reimbursement or increased funding.

  Limited allowable medical procedures and low Medicaid/Medicare reimbursement rates may negatively impact provider participation in programs thereby decreasing access to affordable and convenient health care for at-risk women.

  The Commonwealth of Virginia is facing larger than anticipated budget deficits. These deficits are resulting in a decrease in funding to programs and services.

  Several smaller hospitals and some health departments have either stopped or reduced prenatal care services. None of the free or rural clinics provide prenatal care and the Federally Qualified Health Centers provide very limited services in a few selected geographical areas. Some women are finding it difficult to obtain convenient and affordable care.

  In 2007, according to Virginia PRAMS, 41% of women who gave birth in Virginia had an unintended pregnancy. Among the teens, 78% had an unintended pregnancy. More than half (54%) of all mothers and their partners reported not using any method of contraception when they became pregnant with their baby.

  Requirements by funding sources for interagency collaboration in order to provide comprehensive services to the family and the child will require increased planning time by providers at the state and local level.

  The health care system continues to be structured to address illness, therefore shifting emphasis to health promotion, early intervention services, and alternative and complementary approaches to prevention and treatment will require a reorganization of funding priorities.

Second to heart disease, breast cancer is the third leading cause of death for women in Virginia (lung cancer is the second cause of death). The incidence of breast cancer is increasing in Virginia but mortality is decreasing. There is a 1 in 8 chance that a woman will develop invasive breast cancer during her lifetime; the chances increase particularly for women age 40 and older. A woman's chances of surviving breast cancer are good if she detects the cancer at an early stage. The five-year survival rate is 98 percent for women who detect their cancer in its earliest stage, compared to 27 percent for late-stage cancers. The BCCEDP is only serving about 14 percent of the women who are in need of screening services and cannot expand capacity without further funding (7,260 served and 62,174 eligible).

Substance use during pregnancy is increasing as indicated by Fetal and Infant Mortality Reviews (FIMR), PRAMS, Vital Statistics and Maternal Mortality Review data. This is a major risk factor which may lead to poor pregnancy outcomes.

- *Anticipated Changes to the Products and/or Services*

  The adoption of evidence-based medical care should improve the quality of direct services to clients but may increase costs if standards of care are raised. Then again, the use of strictly evidenced-based medicine has the potential to reduce costs if protocols and procedures are only ordered when needed, not based upon defensive medical care practices.

  Core training of staff and quality improvement through evaluation of outcomes are steps identified by the Home Visiting Consortium which will increase efficiency and effectiveness of early childhood home visiting services. Integration of community health workers into the Virginia health care delivery system will enhance access by linking families to providers and improve effectiveness of care through patient education and follow-up in the community.

  Rising immigrant populations will challenge the system to respond to those who speak different languages, speak little or no English, and have different cultural beliefs, values and health practices.

- *Listing of Products and/or Services*
  - Conduct surveillance and routine needs assessment activities including review and analysis of birth certificate data, hospital discharge data, PRAMS, maternal mortality review, and FIMR in order to monitor and describe the status of women's and infants' health in the Commonwealth.
  - Identify gaps in services for high-risk populations such as pregnant teens, women experiencing complications of pregnancy or postpartum, or women not receiving the recommended screening and treatment for cancer.
  - Develop the capacity to meet customer's needs for reliable, accurate, timely and relevant public health information regarding women's and infants' health.
  - Monitor and analyze all proposed legislation that impacts women's and infants' health and make recommendations on action needed.
  - Complete legislative studies that address women's and infants' health. Promulgate regulations as deemed necessary to ensure women's health.
  - Coordinate with other state agencies to examine policies affecting women's health, including perinatal health, e.g., Department of Behavioral Health and Developmental Service, Department of Social Services, and Department of Medical Assistance Services.
  - Provides technical assistance to other agency staff, legislators and persons in other public and private organizations working to improve women's and infants' health.
  - Identify policy issues having an impact on women's and infants' health at community, state, regional, and national level.
  - Provide leadership in developing appropriate policy to address women's and infants' issues in cooperation with internal and external partners.
  - Improve the access to care provided to women and infants who would otherwise not obtain needed health care through resource allocation and/or seeking external funding.
  - Increase the knowledge of health care professionals who provide direct care services to women and infants through technical assistance, education, providing standards of care and guidelines, and sharing findings from legislative or community needs assessments.
  - Provide targeted media campaigns regarding healthy behaviors in order to improve the health of women and their infants.
  - Provide resources and/or technical assistance to community-based groups to initiate services for women and infants in need.
  - Monitor all program activities to assure the goals, objectives and strategies are based upon data and are being implemented accordingly.
  - The Girls Empowered to Make Success (GEMS) program encourages healthy behaviors in siblings of pregnant teens in order to reduce teen pregnancy.
  - Five Regional Perinatal Councils (RPC), which are state-supported regional coalitions who address perinatal health issues in their locality, provide perinatal provider outreach education and conduct Fetal and Infant Mortality Reviews (FIMR).
  - Partners in Prevention (PIP) funds eight local projects directing activities to reduce nonmarital births in the 20-29 age group, where most of these non-marital births occur.
  - Utilize all available data sources to develop and implement appropriate recommendations and to evaluate program effectiveness.
  - Support local health departments in providing prenatal care by purchasing multi-vitamins, iron supplements, RhoGam and certain laboratory tests.
  - The Virginia Sickle Cell Awareness Program collaborated with the Care Connection for Children program to insure children with sickle cell disease were included in the referral for care coordination and completed Phase I of the Sickle Cell Medical Transition Guide in collaboration with Children's Hospital of the King's Daughters in Norfolk.
  - The Virginia Healthy Start initiative/Loving Steps Program (VHSI), a grant program in three communities with high rates of infant deaths, provides funding for nurse case management, nutrition therapy, lay home visiting, and health education for pregnant and parenting women with infants and toddlers with the goal to reduce infant mortality and morbidity. Local coalitions conduct FIMR and address local issues which are negatively impacting perinatal health.
  - Breast and Cervical Cancer Early Detection Program (Every Woman's Life) provides free breast and cervical cancer screening, referral and follow-up to Virginia women who are between the ages of 18-64, have a low-income status, and are uninsured or underinsured. This program also provides breast and cervical diagnostic services to

symptomatic women age 18-39. Women diagnosed with breast and/or cervical cancers are referred to Medicaid for treatment under the medical Treatment Act. The program works to eliminate health disparities in breast and cervical cancer by networking closely with communities, and contracts with public and private health organizations to provide services throughout the state. An additional grant, WISEWOMAN provides additional cardiovascular disease preventative services to women currently enrolled into the Breast and Cervical Cancer Early Detection Program. Services include blood pressure, cholesterol, and glucose screenings, referrals and follow-up as well as lifestyle behavior interventions targeted toward physical activity, healthy eating, and tobacco cessation.

- Family Planning Program provides comprehensive family planning services to assist low-income citizens to plan and space their pregnancies. This includes a birth control method of choice, cervical cancer screening, physical and gynecological examinations, sexually transmitted infection prevention, screening, and treatment and other laboratory testing, preconceptual counseling and health education counseling and referral.
- Partners in Prevention works in concert with federal, state and local governments to reduce non-marital childbearing by increasing public awareness of its causes and consequences and mobilizing the development of community-based strategies and solutions
- Resource Mothers Program provides intensive home visiting services through trained lay mentors during prenatal months through the infant's first birthday. The goals are to decrease infant mortality and morbidity, to decrease the rate of low birth weight babies born each year, and to prevent repeat pregnancy in the teen years.
- Sterilization Program offers voluntary sterilization services for men and women who meet the eligibility requirements and are not eligible for Medicaid. Annually, the Department provides funding for a limited number of qualified patients from within the state of Virginia who have expressed desire for a permanent sterilization surgical procedure.
- The Virginia Home Visiting Consortium, part of the Governor's Early Childhood Initiatives, is charged to improve the efficiency and effectiveness of the state's early childhood home visiting services. The approach has been to build coalitions at the state and local level among existing home visiting programs, increasing collaboration, improving quality through training and collecting common data elements. The Consortium membership consists of Project Link, BabyCare, Healthy Start, Healthy Families, CHIP of Virginia, Resource Mothers, Early Head Start / Head Start, Part C Early Intervention, Special Education Early Education and Medicaid Managed Care. While some states have chosen to sponsor only one program model, Virginia has sought to build better linkages between the local communities' existing programs, creating a continuum from birth to age 5, so that the diverse needs of families in the early years can be more appropriately addressed.

Finance

- *Financial Overview*
  The majority of funding in this service area is from federal grants including Title X Family Planning, Breast and Cervical Cancer Early Detection Program, Loving Steps, Partners in Prevention, Girls Empowered to Make Success and Title V Maternal and Child Health Block Grant (Title V MCH). The Title V MCH combined with state funds supports other activities such as the Resource Mothers Program, Regional Perinatal Councils, Virginia Sickle Cell Awareness Program, and Bright Futures Virginia. The Resource Mothers Program also includes funding from Medicaid. Seventy-five percent of the administrative budget comes from the Title V MCH Block Grant with the remaining funds from the state. The administrative funds support salaries for the leadership, policy activities, and two program managers not funded through grants or contracts, and administrative support for the service area. Besides personnel costs, the administrative funds support a variety of activities including general office support, periodic special projects, data collection and analysis, day to day operations, laboratory services for maternity clients in local health departments, state supported abortion services, and staff travel and training. The Comprehensive Sickle Cell Program is exclusively funded through state general funds and provides clinical services for children and their families affected by sickle cell disease. Because of state budget reduction efforts, funding levels for sickle cell and sterilization services have been reduced. In recent years, funding for the Partners in Prevention program has changed from 100 percent federal funds to a 50/50 split between federal and general funds. In 2008, the General Assembly approved budget shifted the GEMS program from federal funding to 100 percent general funds. Due to the budgetary shortfalls being experienced in Virginia, all programs and services are in jeopardy of reduction or elimination.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$2,557,020	$3,579,172	$2,557,020	$3,579,172																
Change To Base	-$731,613	-$185,604	-$731,613	-$185,604																
Service Area Total	$1,825,407	$3,393,568	$1,825,407	$3,393,568																
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Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Eliminate barriers to care and increase access to care for women, infants and their families by facilitating systemic changes, developing policies, improving practices, providing direct services and pursuing additional funding.

  Objective Description

  Improved public health infrastructures, which reduce barriers to care and increase access to women, infants, and their families are necessary in order to improve overall health outcomes. Successful policy development, systemic change facilitation, provider education and training, and the pursuit of additional funding are activities that will greatly support the improvement of the public health.

  Alignment to Agency Goals

  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.

    Comment: This is also aligned with Virginia's long-term goal of engaging and informing citizens to insure we serve their interests as well as supporting citizens toward healthy lives and strong resilient families.

  Objective Strategies

- Enhance customer knowledge and use of health care services, especially those aimed at prevention and promotion of healthy behavior, e.g., good nutrition, exercise, avoidance of alcohol, drugs, tobacco, unintended pregnancy, and awareness of Bright Futures guidelines for healthcare.
- Conduct policy analysis and planning to facilitate decision-making by policy makers, e.g., review all proposed legislation, analyze bills affecting the work of the division and make recommendations to agency management and the Governor on action to be taken.
- Improve internal linkages and coordination in VDH, enhancing and expanding external relations with other government agencies and private entities to build capacity for systems changes that will improve women's health in Virginia and leverage funds for future initiatives.
- Identify gaps in services and barriers to care as well as identify and address opportunites for community linkages and new partnerships to improve women's and infants' health.
- Promote early identification and treatment of conditions that disproportionably affect women.
- Provide funding for contractors to encourage pregnant women to receive early and adequate prenatal care.
- Provide funding to contractors to offer case management to pregnant women and infants (birth to age 2 years) who are at high risk due to social, financial and medical risk factors for poor birth outcomes utilizing nurse and/or lay home visitors in the BabyCare, Loving Steps, sickle cell, and Resource Mothers program.
- Provide resources and training to contractors to mentor pregnant teens and reduce morbidity in this population.
- Fund contractors that design initiatives to increase the proportion of very low birth weight infants born at specialty hospitals and subspecialty hospitals.
- Administer grant that provides funding to local health departments to provide comprehensive family planning services.
- Provide breast and cervical cancer early detection services to eligible women ages 40-64, focusing enrollment of never/rarely seen women and minorities through funding to contractors.
- Promote the inclusion of community health workers in health care delivery in order to reach diverse cultural ethnic groups. (RM, BCCEDP, VHSI)
- Require all contractors to provide weight assessment and initial nutrition counseling for clients in their programs.
- Maintain and develop successful partnerships with those delivering clinical, preventative and community-based services.

Link to State Strategy

- nothing linked

Objective Measures

- Perinatal mortality rate.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 7.0 Date: 12/31/2003

  Measure Baseline Description: Number of deaths per 1,000 resident live births

  Measure Target Value: 7.0 Date: 6/30/2012

  Measure Target Description: Number of deaths per 1,000 resident live births

  Data Source and Calculation: Number of natural fetal deaths beyond 28 weeks gestation in combination with infant deaths in the first seven days of life. This data will be collected annually from the Virginia Department of Health's Division of Health Statistics.

- Percentage of clients served who are members of minority populations.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 41 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 46 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure will be derived by collecting data on participants/clients in the various programs, including family planning, sterilization, Resource Mothers, Loving Steps, maternity, sickle cell programs, and Every Woman's Life, who provide direct clinical services. The percent of nonwhite clients will be calculated and monitored yearly.

- Collect, analyze and use objective, evidence-based data and information to improve programs serving women, infants and their families and report health status changes to the providers.

  Objective Description

  Reliable, quality data and information is essential to the service area fulfilling its public health function of surveillance. It allows the service area to better understand the health status of the population it serves, share this information with customers, and plan and efficiently allocate resources to the areas of greatest need and potential impact.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
  - Agency Goal: Maintain an effective and efficient system for the investigation of unexplained, violent, or suspicious deaths of public interest.

    Comment: This objective is also aligned with Virginia's long-term goal of engaging and informing citizens to ensure that we serve their interests.

Objective Strategies

- Conduct needs assessments, surveys and program evaluations to effect changes and improvements in service delivery and resource allocation.
- Improve data collection systems to enhance the quality and timeliness of information to better reply to customer requests for information.
- Conduct reviews of infant and maternal deaths to identify weaknesses in the system of care and strengthen them, thereby preventing future deaths.
- Design and disseminate social marketing campaigns that encourage women to become healthier.

Link to State Strategy

- nothing linked

Objective Measures

- Number of provider/partner educational activities conducted.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 690 Date: 12/31/2004

  Measure Baseline Description: Number of activities

  Measure Target Value: 700 Date: 6/30/2012

  Measure Target Description: Number of activities

  Data Source and Calculation: This measure will be calculated on the basis of records of provider/partner educational activities sponsored by DWIH programs. The figures will be provided by all program managers yearly and summarized on a division spreadsheet. Providers and/or staff in organizations interested in the health of women and infants will be the focus of training activities which will include topics related to the health care of women and infants. The RPCs, BCCEDP, PIP, Resource Mothers, GEMS, VASCAP, the Comprehensive Sickle Cell contractors, Loving Steps, family planning and other educational activities where DWIH staff have been lead in the planning and implementation will be counted. Only those educational activities conducted by contractors within their scope of service will be counted.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 18 of 41

Chronic Disease Prevention, Health Promotion, and Oral Heath (601 430 15)

Description

This service area implements programs that address chronic diseases that have serious long-term health and social consequences. Chronic diseases including cardiovascular disease (heart disease and stroke), cancer, diabetes and oral diseases are among the most prevalent, costly, and preventable of all health problems. In spite of improvements in prevention in oral health, dental caries (tooth decay) remains the most common chronic disease in Virginia's children.

Products and services include:
Addressing environmental and policy strategies that affect chronic diseases as well as oral health policies and plans; Working with partners to affect change in systems which influence the prevention or control of chronic diseases including access for persons with health disparities; Encouraging healthy lifestyles and addressing risk factors that affect multiple chronic disease states; Developing culturally appropriate chronic disease prevention self-management strategies; Planning, promoting, and implementing chronic disease prevention training events to develop and enhance partners' knowledge and skills; Coordinating resources and messages for media campaigns; Supporting communities through grants or agreements for chronic disease initiatives; Collaborating across individual disease prevention project areas to achieve a state comprehensive chronic disease prevention approach; Providing technical assistance to local health departments and communities regarding chronic disease intervention; Developing oral health educational materials and programs for parents and providers; Providing professional training including training to dental and non-dental providers to increase access to oral health services; Implementing evidence-based oral health prevention programs including dental sealant projects targeted to school age children; Providing evidence-based prevention programs for maternal, early child, children with special needs and adult/older adult populations; Developing, conducting and evaluating oral health prevention programs utilizing topical and systemic fluorides to reduce the incidence of tooth decay; Partnering with private and public providers of dental care through the statewide oral health coalition to increase access to safety net care; and Providing technical assistance to local health departments and communities regarding the practice of public health dentistry through on-site clinic reviews, tracking clinical services provided, and assisting in the recruitment ,training and orientation of local health department dentists.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health's (VDH) mission to promote and protect the health of Virginians by addressing behaviors that promote good health and reduce the development of chronic disease including oral disease. The VDH mission is also supported through providing quality assurance of local health department clinical dental programs and developing population based oral health prevention programs.
- *Describe the Statutory Authority of this Service*
  § 32.1-2 of the Code of Virginia states that the Virginia Department of Health (VDH) shall administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health preservation of the public health" and collect and preserve health statistics.

  § 32.1-11.3 of the Code of Virginia establishes the authority for the development of community health education services including health promotion and disease prevention efforts.

  § 32.1-23 of the Code of Virginia provides for the publication and distribution of disease prevention information.

  §§ 32.1-70 and 32.1-71 of the Code of Virginia require the Virginia Department of Health (VDH) to maintain a population-based central cancer registry based on reports from hospitals, clinics, pathology laboratories, and physicians.

  The Virginia Waterworks Regulations § 12VAC 5-590 et seq., effective date November 15, 1995 govern the design, maintenance and operation of waterworks in the Commonwealth and serve to implement the Safe Drinking Water Act 1996 (42 U.S. C. 300f et seq.) and the National Primary Drinking Water Regulations (40 C. F. R. Part 141.) §§ 32.1-12 and 32.1-170 Code of Virginia and corresponding sections of Virginia Waterworks Regulations describe fluoridation of water systems.

  Federal EPA Regulations Title 40-Protection of Environment Chapter I - Environmental Protection Agency Part 141-National Primary Drinking Water Regulations (7-1-2002 edition) §§ 141.24-141.25, 141.31 and 141.203-208 provide regulations regarding organic contaminates specific to fluoride, including mandatory templates for exceeding primary Maximum Contaminant Level And Secondary Maximum Contaminant Level.

  § 54.1-2722 License; application; qualifications; practice of dental hygiene" in Chapter 27 of Title 54.1 of the Code of Virginia: E. (Expires July 1, 2011) Notwithstanding any provision of law or regulation to the contrary, a dental hygienist employed by the Virginia Department of Health who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Cumberland Plateau, Southside, and Lenowisco Health Districts, which are designated as Virginia Dental Health Professional Shortage Areas by the Virginia Department of Health. A dental hygienist providing such services shall practice pursuant to a protocol developed jointly by the medical directors of each of the districts, dental hygienists employed by the Department of Health, the Director of the Dental Health Division of the Department of Health, one representative of the Virginia Dental Association, and one representative of the Virginia Dental Hygienists' Association. A report of services provided by dental hygienists pursuant to such protocol, including their impact upon the oral health of the citizens of these districts, shall be prepared and submitted by the medical directors of the three health districts to the Virginia Secretary of Health and Human Resources by November 1, 2010. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Adults with disabilities	48,853	977,061
	Coalitions and partnerships, including faith-based organizations	165	165
	Department of Education school nurses	589	1,978

Early childhood staff (Early Head Start, Head Start, WIC)	85	400
Health organizations: Cancer reporting facilities	447	647
Health organizations: Health districts	35	35
Health Organizations: Non-governmental health organizations	245	245
Health professionals	2,315	276,450
Individuals receiving adjusted fluoride in their water system	6,035,682	6,713,874
Individuals with community water systems that upgrade fluoride equipment	113,840	3,797,314
Local health department dental staff (dentists, hygienists, assistants)	80	80
Low income adults	8,000	239,000
Low income children enrolled in Head Start/ Early Head Start programs	5,046	31,493
Low income school children	68,000	371,354
Population at risk: Adults (age 50+) in need of colorectal cancer screening	49,661	992,219
Population at risk: Adults who do not engage in physical activity	63,568	1,271,357
Population at risk: Adults who smoke cigarettes	54,445	1,088,894
Population at risk: Men (age 50+) in need of prostate cancer screening	23,212	464,230
Populations at risk: Adults who had a heart attack	11,183	223,665
Populations at risk: Adults who had a stroke	7,357	147,148
Populations at risk: Adults with arthritis	78,871	1,577,424
Populations at risk: Adults with asthma	23,544	470,873
Populations at risk: Adults with diabetes	23,544	470,873
Populations at risk: Adults with high blood pressure (hypertension)	79,754	1,595,082
Populations at risk: Adults with high cholesterol	110,067	2,201,331
Private practice dentists (including Virginia Dental Association members)	1,707	4,625
School children (grades 1-6) no access to community water fluoridation	48,000	50,000
Students at School Dentistry/Dental Hygiene	312	308
VDH health districts with dental programs	22	35

Anticipated Changes To Agency Customer Base
Any new legislation related to chronic disease could affect the service area customer base. For example, an increase in the state tobacco excise tax could reduce the number of existing smokers as well as new smokers.

The Tobacco Use Control Quitline became functional in November 2005. The Quitline offers free smoking cessation counseling for income-eligible clients and educational materials and insurance referrals to all others. It is anticipated that the current smoking prevalence rate will decline as a result of the Quitline.

Most VDH chronic disease prevention activities exist due to grants received. As grants are received or discontinued, the actual number of customers served will change based on the availability of funding for outreach.

Nationally, an increase in children ages 0-19 is anticipated in the next decade, and this growth is expected to be greatest in lower socioeconomic groups who are at highest risk for dental decay. As these populations grow and access to dental professionals continues to be an issue, the gap may increase for children with oral health disparities with a corresponding need for prevention services. Therefore, the Division of Dental Health (DDH) has increased access to evidence-based prevention services including dental sealants for low income school children and fluoride varnish for high risk preschool children.

In 2007, 21.07 percent of Head Start Children were found to need dental treatment . Although Virginia has a long history of prevention, most resources have been targeted primarily at the school population with limited resources devoted to the preschool population. With categorical grant funding that began in FY 2006 and will continue until FY 2011, Virginia will train other health professionals and begin programs working with Head Start and WIC programs to apply fluoride varnish to the teeth of preschool children. Research is now showing that oral health status of the mother may impact the birth outcomes of the child. Therefore, another component of the grant funding is to work with high risk maternity patients to ensure a dental component and education for these customers.

DDH has received categorical funding to plan for oral health activities for the senior population. This builds on recent data collected by DDH, which shows the need for services for this group. These activities also complement the growing adult oral health program that includes oral cancer education and screening.

The urbanization and changing demographics within rural communities has created a demand for small water systems to expand public health services including fluoridation. As water systems grow in response to increasing population, and add wells and pipelines, these systems will require new fluoridation equipment or upgrades of existing equipment.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Changes in scopes of services from funding sources may change the specific types of chronic disease prevention products and services provided.

  The award of grants from funding sources such as the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) directly affects non-general funds available to support service delivery.

  A 2002 Survey by VDH of Virginia's community water systems adjusted with fluoride showed that many of the systems which began fluoridation between 1950 and 1970 require significant replacement of fluoridation equipment or entirely new fluoridation systems as they transition into new water facilities. This trend is expected to continue as VDH responds to the highest priority funding requests for fluoridation.

  There have been efforts of anti-fluoridation groups to discontinue or inhibit fluoridation in community water systems. VDH has provided assistance in the form of scientific information and attendance at public hearings if requested by the community.

  Multiple well sites, substandard infrastructures, and insufficient personnel to provide fluoridation at multiple sites make fluoridation not feasible for many small communities that would otherwise benefit.
- *Anticipated Changes to the Products and/or Services*
  The Medicaid Dental Program changed to a single vendor system which has resulted in increased provider participation. The need for education and case management may increase the utilization of services and demand by these patients.

  With the new focus on early child and adult oral health programs, it is anticipated that new partnerships will create an increased demand for these products and increased requests for training and education in these areas.

  The Divisions of Chronic Disease Prevention and Control and Dental Health use funding from the Federal Preventive Health and Health Services Block Grant. This funding source was greatly reduced in 2006 and 2007 and has become an uncertain funding source as a result.. Should elimination of these funds occur, the result will impact on non-general fund levels. Possible shifts in this funding source could affect leadership capacity, coordination of chronic disease services and cause elimination or reduction in services.

  All categorically funded chronic disease projects anticipate a level funding in FY 2010 through FY 2012 but any reduction in funding allocation could affect mobilization, development and actions of local grassroots efforts. Additionally, state funded programs are anticipating budget reductions.
- *Listing of Products and/or Services*
  - Major projects/programs include: Comprehensive Cancer Control Project (CCCP), Virginia Cancer Registry (VCR), Heart Disease and Stroke Prevention Project (HDSP), Diabetes Prevention and Control Project (DPCP), Tobacco Use Control Project (TUCP), Oral Health Education, Training and Health Promotion, Community Water Fluoridation, School Fluoride Rinse Program, Oral Health Data Surveillance and Evaluation, School Based Dental Sealant Program, Dental Quality Assurance Program, Children with Special Needs Oral Health Program, Adult and Older Adult Oral Health Program, Oral Cancer Awareness Program and the Bright Smiles for Babies Fluoride Varnish Program. This service area also addresses issues such as physical activity, nutrition, cultural competency and diversity. Services include:
  - Monitor Health Status: - Periodically review available data sources for chronic disease information, including cancer diagnosis, death records, hospital discharges and risk behavior survey findings. - Identify, collect, and analyze data to determine: 1) the leading causes of death, illness, and disability due to chronic diseases in Virginia, 2) specific groups who are at higher risk, 3) the extent of risk factors that contribute to chronic diseases, 4) the self management practices of Virginians with chronic diseases, and 5) the economic impact of chronic diseases. - Develop surveillance data systems where none exist, if feasible. Create and implement new tools and surveys to collect additional data necessary for chronic disease program planning. - Develop and disseminate publications, reports and fact sheets on the burden of chronic diseases in Virginia, including oral health. - Educate health professionals, legislators, institutions and the general public on the burden of chronic diseases in Virginia. - Perform cancer surveillance. Collect reports of reportable cancers as defined by the Board of Health from a statewide network of hospital, laboratory, clinic, and physician reporters. - Monitor the oral health status of targeted populations (preschool, school age, adults, elders, and children with special needs) through collection, analysis and reporting of data. Submit study requests for approval to the agency Institutional Review Board (IRB). Evaluate existing prevention programs regarding impact and cost effectiveness, survey cilents and citizens regarding oral health knowledge and practices, and identify those indicators that place segments of the population at highest risk for oral disease. Use data collected to plan or modify existing oral health programs.
  - Assure a Competent Workforce: - Collaborate with other state agencies, academic institutions, and organizations to provide professional education and resources to Virginia's health professionals. - Provide training and educational programs, workshops, and conferences. - Provide technical assistance, consultation and guidance to local health districts and other community health professionals. - Serve as the designated provider for Certified Health Education Specialists (CHES) seeking continuing education units (CEUs) in the field of health education. - Ensure a competent oral health work force in public health dentistry through providing professional training and education to local health department dental staff that is certified by the Board of Dentistry for CEUs. - Provide professional expertise and resources for recruitment and retention of the public health dentist work force. - Provide training to professionals and service providers about oral health promotion, oral disease prevention, recognition and detection of oral health problems through screening. - Train and educate dental, dental hygiene and medical students at Virginia's professional schools regarding dental public health statewide and programs.
  - Link People to Health Services: - Assure that high-risk populations have access to chronic disease prevention and control information and programs through partnerships, leveraging resources, and grants to community-based organizations, health systems, local health departments, and faith-based organizations. - Identify resources and provide technical assistance to health care professionals and communities regarding culturally linguistic appropriate materials and programs. - Collaborate with health care organizations to improve quality of chronic disease care for underserved populations including minority populations and persons living with disabilities. - Develop, implement and monitor statewide population based prevention programs including community water fluoridation, school fluoride rinse, school based dental sealant programs, and fluoride varnish programs. - Provide consultation, technical assistance and on site review of clinical local health department dental programs using standardized guidelines. - Provide technical assistance and training to ensure oral health integration in WIC, Head Start and Early Child Care, school-based programs, nursing home services, and community-based services, etc. - Provide biopsy services for VDH dental patients statewide in order to improve early screening for oral cancer.
  - Mobilize Community Partnerships: - Convene and facilitate state coalitions and task forces to draw upon the full range of knowledge and resources available in Virginia to prevent and control chronic diseases. - Develop working relationships with communities for the support of community mobilization and action including the development of

local grassroots coalitions. - Provide funding to local communities for initiatives related to chronic disease prevention, control and oral health. - Serve on coalitions, advisory boards, and public or private task forces or groups whose focus is to improve oral health in the state to provide expert consultation on oral health delivery and programs. - Provide technical assistance and oral health data to local consortia in developing, preparing, and submitting funding proposals related to access to oral health.

- Develop Policies and Plans: - Lead in state planning for chronic disease prevention and control and the development of state plans that contain priorities, partners and resources needed to prevent and control chronic diseases. - Develop strategic plans that include measurable health objectives. - Develop and support health promotion policies regarding chronic disease prevention and control (e.g., Clean Indoor Air Act). - Establish standards of practice for chronic disease prevention initiatives and promote best practices for prevention and care. - Work with allied agencies in promoting changes to the environment that contribute to improvement in overall health. - Monitor oral health related legislation and complete legislative studies or assignments. Promulgate regulations and adopt rules and regulations related to oral health. - Provide expertise to governmental bodies (at all levels) developing oral health related laws, policies, and regulations. - Interact with agencies, divisions, offices, societies, coalitions, task forces, commissions, boards and advisory councils to reduce barriers and improve availability of effective oral health services statewide. Assist these groups in the development of state oral health plans. - Provide leadership, expertise and participate actively in statutory, regulatory, legislative and standards development related to oral health care benefits, insurer/health plans, and public health standards.
- Inform and Empower People: - Develop and conduct social marketing and health communication campaigns that educate Virginians about ways to prevent and control chronic diseases. - Collaborate with health care professionals, universities, schools, churches and worksites to promote and reinforce health promotion messages and programs. - Contribute state surveillance data to state and national cancer surveillance programs and plans that are used to educate the public. - Research, procure and disseminate educational materials. - Provide consumer training and education regarding risk factors, disease development, and prevention of chronic diseases. - Provide expertise, resources, and technical assistance to educate and empower the public about current oral health problems and solutions. - Promote positive oral health attitudes and behaviors through population-based oral health education, training and promotion campaigns in various community settings. - Develop scientifically based and culturally appropriate oral health materials that are linguistically and age appropriate including materials in other languages. - Serve as a central resource for staff, education and prevention materials for dental public health staff, teachers, early childhood providers and community partners.
- Evaluate Effectiveness, Accessibility and Quality: - Conduct ongoing evaluation of chronic disease programs and services to assess and improve program effectiveness and to provide information necessary for allocating resources and reshaping programs and services. - Perform quality assurance activities to ensure the accuracy and completeness of cancer surveillance data. - Collect and report dental clinical services and services of the local health department dental programs statewide. - Survey and maintain data regarding the fluoridation status of adjusted water systems to include population served, equipment age, sources of fluoride and local Office of Drinking Water Field Inspection Reports. - Monitor water systems for compliance. Export the data to the Centers for Disease Control and Prevention Water Fluoridation Reporting System. - Collect, maintain and refer from a resource directory on the availability of safety net dental services statewide. - Evaluate existing and newly implemented population-based oral health programs including the school-based dental sealant program, school flouride rinse program, and flouride varnish program.

Finance

- *Financial Overview*
  The Division of Chronic Disease Prevention and Control receives multiple CDC categorical grants for services including: comprehensive cancer control ($225,000), cancer registry program ($606,585), heart disease and stroke ($1,000,000), diabetes ($360,500) and tobacco use control ($1,057,000). The Preventive Health and Health Services Block Grant also supports the Division with $325,000. Approximately $527,696 of state general funds are received and used as federal grant matches for categorical grants.

  A major source of funding for the oral health portion of this service area is the Maternal Child Health (Title V) Block Grant from the Health Resources and Services Administration (HRSA). A categorical HRSA grant, Targeted Oral Health Systems, provides funds for the flouride varnish program. The Preventive Health and Health Services Block Grant also provides funding to the oral health program for targeted projects and programs.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																										
Base Budget	$1,995,269	$3,642,443	$1,995,269	$3,642,443																										
Change To Base	-$14,598	$0	-$14,598	$0																										
Service Area Total	$1,980,671	$3,642,443	$1,980,671	$3,642,443																										
Base Budget	$1,995,269	$3,642,443	$1,995,269	$3,642,443																										
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Change To Base	-$14,598	$0	-$14,598	$0

Service Area Total	$1,980,671	$3,642,443	$1,980,671	$3,642,443

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

  Objective Description

  Chronic diseases are a major contributor to the premature death and disability of American adults. Not only does chronic diseases account for 70 percent of all deaths in the United States but more than 90 million Americans live with chronic illnesses. An estimated 2.2 million Virginians live with a chronic disease. The cost of people with chronic diseases account for more than 60 percent of the nation's medical-care costs and chronic diseases account for one third of the years of potential life lost before age 65. In Virginia, in 2009, heart disease, cancer, and stroke are the top three leading causes of death and diabetes is the sixth leading cause of death as cited in the Virginia Vital Statistics Report. A strong chronic disease prevention program supports promoting healthy behaviors, expanding the use of early detection practices, providing health education in community and school settings, and working to develop healthy communities. Modifiable behaviors that contribute to the development and/or complications of major chronic diseases include: physical inactivity, healthy weight maintenance, and use of tobacco products. In addition, improper care of an existing health condition such as high blood pressure or diabetes can lead to co-morbidity of chronic diseases. Tooth decay remains the most common chronic disease among Virginia’s children with approximately 50 percent of school children surveyed affected. Evidence-based programs using dental sealants and fluoride are the primary way to prevent this disease. Population based prevention such as community water fluoridation and the school fluoride topical rinse program reduce decay up to 40 percent and 15 percent, respectively. Another prevention program utilizes topical fluoride varnishes through training for dental and non-dental providers to reduce decay rates by 52 percent in preschool children. The Division of Dental Health works to prevent other dental diseases such as oral cancer through screening and biopsy services, education, and training. DDH improves health outcomes and reduces the morbidity from dental disease through these programs that are targeted at high risk populations including low

income individuals and those without access to fluoride in their drinking water.

Alignment to Agency Goals

- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Comment: This objective supports the long-term objectives of Virginia, as determined by the Council on Virginia's Future, to "inspire and support Virginians toward healthy lives and strong resilient families."

Objective Strategies

- The Division of Chronic Disease Prevention and Control (DCDPC) will promote the use of the Chronic Care Model and the Cardiovascular Health collaboratives in federally qualified health centers (FQHCs) to bring state-of-the-art techniques in disease management to those most in need.
- DCDPC will promote the adoption of evidence-based guidelines by hospitals such as the American College of Cardiology's Guidelines Applied to Practice to improve quality of care.
- DCDPC will aim to reduce health disparities by partnering with grassroots groups, including faith- based organizations, to target high-risk populations.
- DCDPC will partner with organizations serving individuals with disabilities to increase the number of people with disabilities reporting participation in leisure time activities.
- DCDPC will partner with organizations to enact policy changes with respect to smoke-free environments.
- DCDPC will maintain a tobacco cessation quitline program to reduce the number of current smokers.
- DCDPC will collaborate with organizations and key stakeholders to develop, implement, promote, and evaluate effective strategies for the early detection and prevention of cancer.
- The Division of Dental Health (DDH) will work with the Office of Drinking Water to create a database and maintain a current census of water systems that fluoridate to be utilized to target areas for fluoridation funding and populations affected.
- DDH will provide technical assistance to citizens, engineers and waterworks operators regarding the oral health benefits of fluoridation through utilizing the DDH and CDC web sites.
- DDH will provide the benefits of optimal community water fluoridation to citizens in communities through grant funding to initiate or upgrade fluoride water system equipment.
- DDH will administer a school based fluoride rinse program to provide topical fluoride to schoolchildren. In doing so, DDH will target those children who do not have access to fluoridated water systems at home.
- DDH will conduct the “Bright Smiles for Babies” fluoride varnish program to provide training for dental and non-dental providers through various settings, private and public as well as provide direct services for low income children enrolled in the Women Infants and Children (WIC) program at local health departments.
- DDH will work with the Department of Medical Assistance Services regarding establishing assessment fees for the dental varnish as a medical service to increase program participation by non-dental health professionals.
- DDH will administer the school-based fluoride rinse program through developing guidelines/standards for the program, providing on-site program monitoring, training school personnel and purchasing fluoride for all children in the program.
- DCDPC and DDH will inform, educate and empower Virginians (especially high risk populations and the organizations that serve them) about oral health and chronic disease prevention and control issues and best practices.
- DCDPC and DDH will mobilize and sustain partnerships with coalitions, task groups and councils to develop policies and plans, and implement and evaluate chronic disease prevention initiatives.
- DCDPC will collaborate with state and local organizations, local health departments, and faith-based organizations to increase self-management practices among persons with diabetes.
- DDH will conduct a school-based dental sealant program in targeted health districts to provide access to low income children to this preventive service.
- DDH will conduct an oral cancer awareness and screening program targeted to individuals at highest risk for the disease.
- DDH will conduct training for staff in nursing homes to provide improved access to oral health care for residents.
- DDH will educate dental providers about the importance of conducting oral cancer examinations

Link to State Strategy

- nothing linked

Objective Measures

- Number of children participating in the school fluoride rinse program.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 45117 Date: 6/30/2005

  Measure Baseline Description: Number of children participating in the fluoride rinse program

  Measure Target Value: 48000 Date: 6/30/2012

  Measure Target Description: Number of children participating in the fluoride rinse program

  Data Source and Calculation: Division of Dental Health (DDH) administers the fluoride rinse program through working directly with school nurses and volunteers. Children who participate in this program must sign permission forms annually. Schools are closely monitored and report the number of children to DDH.

- Percentage of adult population 18 years and over having high blood pressure.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 25.4 Date: 12/31/2002

  Measure Baseline Description: Percent

Measure Target Description: Percent

Data Source and Calculation: This measure is calculated using Behaviorial Risk Factor Surveillance data for Virginia. The number of adults reported having each of the above risk factors is divided by the population estimate for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Number of citizens served by community water systems with optimally fluoridated water.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 5802072 Date: 6/30/2005

  Measure Baseline Description: Number of citizens

  Measure Target Value: 6035682 Date: 6/30/2012

  Measure Target Description: Number of citizens

  Data Source and Calculation: Calculated from the State Safe Drinking Water Information System administered by the Office of Drinking Water. Data available for community water systems is imported into the Fluoride Monitoring System Database which reports populations of each system.

- Percentage of adult population 18 years and over having high blood cholesterol.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 33.6 Date: 12/31/2002

  Measure Baseline Description: Percent

  Measure Target Value: 37 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using Behaviorial Risk Factor Surveillance data for Virginia. The number of adults respondents in the sample reported having the risk factor is divided by the total number of respondents in the sample. The percentage reported is weighted to population characteristics for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Percentage of men 50 years and older who have ever received a prostate-specific antigen (PSA) test (prostate cancer screening).

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 76 Date: 12/31/2001

  Measure Baseline Description: Percent

  Measure Target Value: 85 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using Behavioral Risk Factor Surveillance data for Virginia. The number of adults who reported having the above screening test is divided by the number of respondents in the sample. Percentages are weighted to population characteristics for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Percentage of adults 50 years and older who had a sigmoidoscopy or colonoscopy (colorectal cancer screening) within the preceding five years.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 42.8 Date: 12/31/2001

  Measure Baseline Description: Percent

  Measure Target Value: 64 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using Behavioral Risk Factor Surveillance data for Virginia. The number of adults who reported having the above screening test is divided by the number of respondents in the sample. Percentages are weighted to population characteristics for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Rate of hospitalizations per 10,000 with a primary diagnosis of asthma for children and adults age five to 64 years

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 10.5 Date: 12/31/2001

  Measure Baseline Description: Number of hospitalizations per 10,000

Measure Target Value: 7.3 Date: 6/30/2012 Measure Target Description: Number of hospitalizations per 10,000

Data Source and Calculation: This measure is calculated using hospital discharge data from Virginia Health Information, Inc. The number of hospitalizations for the primary diagnosis of asthma is divided by the corresponding population estimate for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Percent of men 40 years and older who have ever received a digital rectal exam (DRE) (prostate cancer screening).

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 79.4 Date: 12/31/2001

  Measure Baseline Description: Percent

  Measure Target Value: 83 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using Behaviorial Risk Factor Surveillance data for Virginia. The number of adults respondents in the sample reported having the risk factor is divided by the total number of respondents in the sample. The percentage reported is weighted to population characteristics for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Adult population diagnosed with diabetes who had hemoglobin A1c checked.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 72.5 Date: 12/31/2002

  Measure Baseline Description: Percent

  Measure Target Value: 83 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using Behavioral Risk Factor Surveillance (BRFSS) data for Virginia. The number of adults in the sample reported diagnosed with diabetes and having hemoglobin A1C test at least twice yearly is divided by the total number of respondents in the sample. The percentage reported is weighted to population characteristics for that year. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Percentage of adult population 18 years and over experiencing a limitation in physical activity due to arthritis.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 32 Date: 12/31/2003

  Measure Baseline Description: Percent

  Measure Target Value: 28 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using Behavioral Risk Factor Surveillance data for Virginia. The number of adults reported experiencing a limitation in physical activity due to arthritis is divided by the total number of adults with arthritis. Percentages are weighted using the general population estimates for that year. At least two years of combined data is used for these calculations in order to accurately estimate the population with arthritis experiencing a limitation in physical activity. These data are collected and analyzed biannually. The measure target year reflects the year when the data is available for reporting, not the year when it is collected.

- Support the development of a competent dental public health workforce.

  Objective Description

  The Virginia Department of Health (VDH) dental public health workforce consists of dentists, dental assistants and dental hygienists who provide dental clinic services in 22 local health districts statewide. There is a unique need for technical assistance regarding the practice of dentistry, review and training for staff, which is fulfilled by the Division of Dental Health (DDH.) Additionally, on-site clinical reviews of dentist staff by the Division are one method of directly evaluating the quality of care in local health departments.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.

    Comment: This objective also aligns with the long-term objective of Virginia to "be recognized as the best managed state in the nation."

  Objective Strategies

  - The Division of Dental Health (DDH) will assist in providing technical assistance oversight and review of districts that choose to use federal funding for dental initiatives.
  - DDH will provide technical assistance regarding the practice of public health dentistry to local health districts and Community Health Services staff including providing orientation to new dentists.

- DDH will collaborate with the VDH Office of Community Health Services to provide a centralized recruitment for dentist vacancies within the health districts.
- DDH will inform/train staff of dental public health workforce standards through maintaining a Manual of Operations for VDH Public Health Dental Programs. The Division of Dental Health (DDH) will support training for members of the public health dental workforce, including opportunities for formal and informal learning.
- DDH will review one third of VDH clinical programs through site visits annually.

Link to State Strategy

- nothing linked

Objective Measures

- Number of technical assistance encounters provided to support local health department operations.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 325 Date: 6/30/2005

  Measure Baseline Description: Number of documented contacts

  Measure Target Value: 380 Date: 6/30/2012

  Measure Target Description: Number of documented contacts

  Data Source and Calculation: One-third of dental programs are reviewed annually via site visits. Technical assistance encounters regarding the practice of dentistry will documented through email correspondence and phone logs. A log is keptof recruitment contacts and orientations. Technical assistance encounters include dental clinic site reviews, recruitment contacts, orientations and technical assistance encounters with local health directors, Community Health Services staff and public health dental staff.

- Monitor the burden of chronic disease and oral health status of the population through data collection, reporting, and program evaluation.

Objective Description

The Divisions of Chronic Disease Prevention and Control and Dental Health collect and analyze surveillance data for the purposes of reducing the burden of chronic diseases, including oral health. This includes identifying prevalence of disease, incidence, and risk factors associated with chronic disease, producing data reports, fact sheets, and summaries for use in program planning and policy development, and dissemination of information to internal and external partners, decision-makers, and the general public.

Alignment to Agency Goals

- Agency Goal: Collect, maintain and disseminate accurate, timely, and understandable public health information.

  Comment: This objective is aligned with Virginia's long-term objective to inspire and support Virginians toward healthy lives and strong resilient families.

Objective Strategies

- The Division of Chronic Disease Prevention and Control (DCDPC) epidemiologists will produce and disseminate a statewide chronic disease burden report every five years.
- DCDPC epidemiologists will produce fact sheets, reports, and presentations on chronic disease morbidity and mortality for each project area to inform program planners and key stakeholders.
- Virginia Cancer Registry will collect, analyze, and record cancer incidence reports for the population of Virginia in accordance with state regulations and federal program guidelines.
- Virginia Cancer Registry will analyze cancer incidence data annually in order to update and disseminate incidence data tables.
- Division of Dental Health (DDH) will perform accurate, periodic assessments, analysis and reporting of the oral health status of its citizens through surveys of school children.
- DDH will participate in the Behavioral Risk Factor Surveillance System (BRFSS) and report that data annually.
- DDH will provide reports and data to customers and partners on a regional and state level as available regarding oral health indicators of disease to be utilized for program planning and grant applications.
- DDH will identify health status indicators of groups that are at higher risk than the total population for oral disease and reporting those risks through publishing information.
- DDH will utilize appropriate methods for data collection including approval from the Institutional Review Board (IRB,) and using software including geographic information systems (GIS), to interpret and communicate data to diverse audiences.
- DDH will monitor all Virginia flouride adjusted water systems for compliance and export the data to the Centers for Disease Control and Prevention Water Fluoridation Reporting System.
- DDH will evaluate preventive programs based on analyses of health status and outcome data to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.
- DDH will collect and report dental clinical services and services of the local health department dental programs statewide. Services will be reported by American Dental Association Code.
- DDH will survey and maintain data regarding the fluoridation status of all flouride adjusted water systems to include population served, equipment age, sources of fluoride and local Office of Drinking Water Field Inspection Reports.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of project areas provided with cancer incidence, chronic disease mortality, hospitalization, prevalence, and risk factor data.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

Measure Baseline Value: 100 Date: 12/31/2004 Measure Baseline Description: Percent

Measure Target Value: 100 Date: 6/30/2012

Measure Target Description: Percent

Data Source and Calculation: This measure requires the use of surveillance data from several sources: the Virginia Department of Health (VDH) Division Health Statistics for mortality data, Virginia Cancer Registry for cancer incidence data, Virginia Health Information, Inc. for hospitalization data, and the Behavioral Risk Factor Surveillance System for risk factor and management practice data. Percentages and rates are calculated based on a positive response to a question, or a person experiencing an actual event (e.g., cancer diagnosis, death), and those numbers are divided by a corresponding population estimate. Epidemiologists within the Division of Chronic Disease Prevention and Control are expected to collect, analyze, and report these data, where available, to projects for cancer, diabetes, heart disease and stroke, and tobacco use control.

- Percent of available of cancer incidence data tables in hard copy and electronic format.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 100 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data will be aggregated based on reports of diagnosed cancer received by the Virginia Cancer Registry. The cancer incidence data will be aggregated, analyzed and prepared as frequencies and rates. Frequencies and rates will be summarized by cancer site, cancer stage at diagnosis (where appropriate), age, race, sex, county or city of residence, and health district of residence.

- Percent of cancer cases reported to the Virginia Cancer Registry.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 82.9 Date: 12/31/2002

  Measure Baseline Description: Percent

  Measure Target Value: 97 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: The Virginia Cancer Registry is the state central cancer registry. The registry maintains a database of cancer incidence reports. The registry describes the cancer burden in the state by summing all cancer cases with a diagnosis date within a particular year. Percentage estimates of cancer case ascertainment completeness will be calculated using a method established by the Centers for Disease Control and Prevention's National Program of Cancer Registries.

- Number of dental clinical services reports produced to document statewide and local health department oral health services.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 2 Date: 6/30/2005

  Measure Baseline Description: Number of reports

  Measure Target Value: 2 Date: 6/30/2012

  Measure Target Description: Number of reports

  Data Source and Calculation: Division of Dental Health collects data from local health department dental programs regarding services as classified by American Dental Association Code. Reports are produced in Microsoft Excel and are distributed to health districts twice a year.

- Number of water systems monitored for compliance with Centers for Disease Control and Prevention (CDC) fluoride standards.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 136 Date: 6/30/2006

  Measure Baseline Description: Number of water systems

  Measure Target Value: 139 Date: 6/30/2012

  Measure Target Description: Number of water systems

  Data Source and Calculation: Division of Dental Health collects the daily fluoride levels in water systems that add fluoride to their drinking water from Office of Drinking Water Field Offices. This is compared to the split sample analysis from Consolidated Laboratories for accuracy; then sent as a compliance report to CDC.

- Number of oral health reports produced using statewide, district and community level data.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 10 Date: 6/30/2006

  Measure Baseline Description: Number of reports

  Measure Target Value: 10 Date: 6/30/2012

  Measure Target Description: Number of reports

  Data Source and Calculation: Division of Dental Health is the primary source for oral health data reports. Data reports are produced at the district, community and statewide level on a number of dental disease indicators including dental decay, fluorosis and oral cancer.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 19 of 41

Injury and Violence Prevention (601 430 16)

Description

This service area implements strategies to prevent the public health toll of injury and violence across the lifespan. Products and services address childhood and elderly unintentional injury (transportation, home and recreation), suicide and self-inflicted injury, and violence (sexual assault, domestic, youth) and include:
• research and assessment,
• policy and program development,
• training of providers,
• school and community projects,
• promotion and dissemination of safety devices, and
• information dissemination.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by addressing injury, which is the leading cause of death for Virginians ages 1-34.
- *Describe the Statutory Authority of this Service*
  Code of Virginia § 32.1-2 requires VDH to assist in providing a comprehensive program of preventive, curative, restorative and environmental health services, health education, and emergency and other health hazard abatement.

  Code of Virginia § 32.1-73.7 assigns the lead responsibility for youth suicide prevention to the health department.

  Code of Virginia § 32.1-77 authorizes the Commissioner of Health to administer state plans for maternal and child health services and children's specialty services pursuant to Title V of the United States Social Security Act and to receive and expend federal funds for the administration thereof in accordance with applicable federal and state laws and regulations (note: this section is relevant to public health initiatives to address injury and violence which are included as Title V performance measures).

  Code of Virginia § 46.2-1097 requires VDH to operate a child restraint promotion and distribution program for low income families.

  42 USC Sec. 602 [Temporary Assistance to Needy Families (TANF)} requires states to conduct an education and training program for law enforcement officials, the education system, and relevant counseling services on the problem of statutory rape so that teenage pregnancy prevention programs may be expanded in scope to include men

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Communities with injury prevention projects	80	136
	Heathcare providers receiving training on intimate partner violence screening, assessment and referral (FY08)	1,324	1,700
	Households equipped with smoke detectors (annual customer base until federal funding ends in 2011)	3,000	9,000
	Individuals receiving sexual violence prevention education sessions (Federal FY2008)	33,390	63,694
	Individuals trained in suicide prevention	6,000	18,000
	Males ages 19-29 receiving sexual violence prevention print materials (FY2005)	20,000	633,599
	Medicaid Eligible Children Under Age 8 that received child restraint devices and education (FY2006)	16,000	16,000
	Professionals trained on sexual violence prevention and sexual coercion (Federal FY2008)	6,000	10,000
	Public and Private Elementary, Middle, High Schools (students and staff receiving educational resources, training) (FY2006)	2,336	2,336
	State and Local Domestic and Sexual Violence Agencies (FY2005) (received training, grant funds, resource mailings)	61	61
	Virginia colleges (4 year and community) receiving suicide prevention resources, training and education(FY2006) (received resource mailings)	62	62
	Virginia localities (cities, counties) receiving suicide prevention resources, training and education	38	136

Anticipated Changes To Agency Customer Base
As there is greater recognition of mental health needs across the lifespan by school, medical and community service providers, it is anticipated that there will be greater demand for suicide and violence prevention services among these customers. As Virginia's population ages, it is also anticipated that the demand for injury and violence prevention services

targeted towards elderly populations will compete with the continuing demand for services for children.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  The products and services offered by this service area expand with additional state or federal funding and are reduced when grant funding ends or is decreased. Because this service area is predominantly federally funded, emerging national injury and violence priorities generally drive categorical federal funding opportunities and, therefore, determine the services that are funded and able to be provided. The lack of available manpower expertise at the state and local level also limits the technical services that can be provided. As new strategies and resources for injury and violence prevention become available at the national level, this service area shifts focus to adopt the strategies deemed to have the widest impact or application in Virginia.
- *Anticipated Changes to the Products and/or Services*
  This service area's products and services fluctuate based on available state or federal funding and shifts in the public health priorities that drive funding. With greater awareness of population based mental health needs, it is anticipated that violence and suicide prevention will continue to receive increasing attention, and funding opportunities and services offered in this area may increase. Local project funding, and therefore the scope of school and community projects , may decrease in areas funded by federal block grants if those federal funds decrease; however, this service area anticipates being able to continue to provide training and technical assistance to local providers.
- *Listing of Products and/or Services*
  - Research and assessment: Analyzes death and hospital discharge data to provide an accurate picture of the scope, demographic distribution and cost of injuries in Virginia. It also coordinates surveys on risk and protective behaviors and evaluates the programmatic impact of prevention efforts.
  - Policy and program development: Provides data, information, consultation and training to support injury, suicide and violence prevention policy and program development at the state and local level.
  - Training of providers: Provides training on injury prevention, youth violence, suicide, sexual violence and domestic violence to the diverse groups of health, education, law enforcement and social service providers that reach children, adolescents, women, men and the elderly.
  - School and community projects: Collaborates with the Department of Education and other organizations to provide educators with information, training, project ideas, curricula and other resources to provide safe school environments, develop safety skills among Virginia's youth and to get youth involved in community injury prevention. This service area offers grant funding and technical assistance to support numerous community-based unintentional, suicide and violence prevention projects.
  - Promotion and dissemination of safety devices: Provides a wide variety of safety devices (e.g. child safety seats, bicycle helmets, smoke and carbon monoxide detectors, gun safety locks, non-slip bath mats, nightlights) to high risk groups through a diverse group of school and community providers.
  - Information dissemination: Operates a statewide resource center and toll free line that provides a wide range of injury and violence prevention educational materials for the public and providers; a website (www.vahealth.org/civp) that highlights information about national, state and local injury prevention programs, funding opportunities, available trainings, data, injury prevention news, and resources to the variety of public and private providers involved in injury, suicide and violence prevention in Virginia; electronic list servers to professional groups; public and provider awareness campaigns; and statewide information resource dissemination to and through medical, school and community provider groups .

Finance

- *Financial Overview*
  The majority of funding for this service area comes from federal grants, including those from:
  • Substance Abuse and Mental Health Services Administration (categorical funding)
  • Centers for Disease Control and Prevention (categorical funding)
  • Federal Highway Safety (categorical funding)
  • Preventive Health and Human Services block grant
  • Maternal and Child Health block grant
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 201

Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962

Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962
Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
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Base Budget	$29,241	$4,689,962	$29,241	$4,689,962
Change To Base	$0	$0	$0	$0
Service Area Total	$29,241	$4,689,962	$29,241	$4,689,962

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Prevent injuries and injury deaths in Virginia

  Objective Description

  Injury is the leading cause of death of Virginians ages 1-34. Injuries include physical and psychological trauma that results from unintentional, self-inflicted and violent acts. Programs and policies that increase safe behaviors, eliminate unsafe products, enhance social and physical environments, and assure adoption of protective devices or technology can reduce or eliminate injury risk and severity. To reduce the impact of injury and violence, the VDH Division of Injury and Violence Prevention analyzes Virginia's injury data, develops and promotes prevention programs and policies, and provides training and community education. This service area also promotes and disseminates safety devices to at-risk populations, conducts public information campaigns and funds local prevention projects. To achieve this objective, this service area works collaboratively with schools and daycares, health, social service and mental health providers, law enforcement, fire and EMS providers, and a variety of other community groups across the Commonwealth.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

    Comment: This objective is also aligned with Virginia's long term objective to inspire and support Virginians towards healthy lives and strong and resilient families.

  Objective Strategies

  - Injury Data Analysis and Reporting: Injury death, hospital discharge, and behavioral data will continue to be analyzed, reported and made available for program planning and evaluation.
  - Website (www.vahealth.org/injury) and 1-800 information line will continue to be provide information about injury and violence prevention programs, funding opportunities, trainings, data and research, injury prevention news, and resources to injury and violence prevention practitioners in Virginia.
  - The Child Passenger Safety program will continue to coordinate a statewide low income child safety seat distribution and education program; coordinate public information campaigns, including Child Passenger Safety

Week, to reach various target audiences throughout the year; provide set-up support and technical assistance to permanent child restraint fitting stations in localities across Virginia and coordinate community check-up events to provide parent and caregivers guidance on proper installation of child restraint devices; and provide training for health and human services providers on child passenger safety and the proper use of child restraint devices. This program is a partnership between the Virginia Departments of Health and Motor Vehicles funded through federal grants and state traffic fines revenue.

- Smoke Detector and Fire Safety Promotion: The Get Alarmed, Virginia! Program will continue to partner with local groups to identify at-risk homes with children younger than five or elderly (65 years and older) to install smoke detectors, and deliver public fire and life safety education. The program is a federally funded partnership between the Virginia Departments of Health and Fire Programs. Federal funding for this program ends in 2011.
- Unintentional Injury Prevention: Based on available funding, state wide prevention projects will be developed and implemented to address the leading causes of unintentional injury. Funding, technical assistance, training , information and other resources will be provided to communities to support local injury prevention projects that offer best or promising practice interventions for the leading causes of unintentional injuries. Collaboration will continue with the Department of Education to provide information, training, project ideas, curricula and other resources to Virginia's elementary and secondary schools to promote their efforts to provide safe school environments, and develop injury and violence prevention skills among Virginia's youth.
- Medical Outreach for Domestic Violence and Other Injury Prevention: Training and resources will continue to be provided to Virginia health providers.
- Sexual Violence Prevention: Funding and technical assistance is provided to local sexual assault centers for prevention education in local communities. Data on the prevalence of sexual violence is analyzed and reported. Statewide training, resources and public awareness campaigns are provided on statutory rape, child sexual abuse and sexual violence prevention. Specific outreach is provided to males to encourage involvement in prevention.
- Suicide Prevention: The VDH Youth Suicide Prevention Program will continue to provide public awareness activities, educational materials, training to school and campus personnel, human service providers, first responders, faith communities and others about suicide as a public health issue, identification of youth at-risk of suicide, counseling and referral. This is a state and federally funded partnership between the Virginia Departments of Health, Education, Behavioral Health and Developmental Services, and numerous other state agencies.
- Partnerships at both the state and local levels to promote public awareness and policy change to strengthen unintentional, self inflicted and intentional injury prevention efforts in Virginia.

Link to State Strategy

- nothing linked

Objective Measures

- Childhood (0-19 years) unintentional injury death rate.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 11.82 Date: 12/31/2003

  Measure Baseline Description: Number of injury deaths per 100,000 population

  Measure Target Value: 10.5 Date: 6/30/2012

  Measure Target Description: Number of injury deaths per 100,000 population

  Data Source and Calculation: This measure is calculated using death data from VDH's Division of Health Statistics and population data from the latest Virginia Census.

- Number of distribution sites for low income child restraint distribution and education program

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 130 Date: 6/30/2005

  Measure Baseline Description: Number

  Measure Target Value: 136 Date: 6/30/2012

  Measure Target Description: Number

  Data Source and Calculation: This measure is calculated using information on existing health districts and tracking the number and location of child restraint distribution sites.

- Number of low income homes receiving smoke detector installation and education services

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 6825 Date: 9/30/2005

  Measure Baseline Description: Number of CDC grant funded smoke alarms installed and education provided in low income homes

  Measure Target Value: 6000 Date: 6/30/2012

  Measure Target Description: Number of federal or state funded smoke alarms installed and education provided in low income homes

  Data Source and Calculation: This measure is calculated by tracking the number and location of each installed smoke alarm and home-based education provided through the Get Alarmed! Virginia Program

- Youth suicide rate

Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down
Measure Baseline Value: 6.86 Date: 12/31/2003 Measure Baseline Description: Number of suicides per 100,000 youth ages 10-24

Measure Target Value: 6.08 Date: 6/30/2012

Measure Target Description: Number of suicides per 100,000 youth ages 10-24

Data Source and Calculation: This measure is calculated using death data from VDH's Division of Health Statistics and population data from the latest Virginia Census.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 20 of 41

Women, Infants, and Children (WIC) and Community Nutrition Services (601 430 17)

Description

This service area administers the U. S. Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program to eligible residents of the Commonwealth. This service area is administered by the Virginia Department of Health's (VDH) Division of WIC and Community Nutrition Services. In addition, the service area supports public health community nutrition throughout the Commonwealth. Recently, the service area has assumed the role of facilitator, convener and leader of obesity prevention and control within the Commonwealth as well.

The Virginia WIC Program serves women who are breastfeeding, pregnant or have just given birth; infants less than one year-old and children less than five years-old. WIC participants must be Virginia residents and meet the financial and nutritional requirements set forth by regulations. Financial eligibility is defined as income below 185% of the federal poverty level while nutritional eligibility is defined by risk factors such as a medical problem or an unhealthy diet. Mothers, fathers and legal guardians may apply for WIC benefits for the children in their care.

The purpose of the program is to assure healthy diets during pregnancy and breast-feeding, infancy and early childhood to age five for eligible families who might otherwise not be able to afford to eat properly. The provision of education for mothers and/or primary care-givers about healthy eating is coupled with vouchers to purchase a defined package of high nutrient foods at community groceries. Increasing attention is being paid to educating families about ways to avoid the risks of childhood obesity while assuring proper nutrition. Breastfeeding is promoted while regular and specially prescribed formulas are provided for infants who are not breastfed.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with VDH's mission to promote and protect the health of Virginians by providing screening, medical referrals, nutrition education and foods containing nutrients required during critical times of growth and development to women, infants and children. The service area further supports the agency mission through its leadership in the Commonwealth's effort to prevent obesity, provision of education materials relative to community nutrition areas and collaboration with public and private stakeholders in the state's health.
- *Describe the Statutory Authority of this Service*
  The Special Supplemental Nutrition Program for Women, Infants and children (WIC) was authorized as part of the Child Nutrition Act of 1966, Section 17 [42 U.S.C. 1786] to provide supplemental foods and nutrition education to pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income. WIC Regulations are published in the Code of Federal Regulations, 7 C.F.R. Part 246 – Special Supplemental Nutrition Program for Women, Infants and Children and the Virginia Administrative Code, 12 VAC 5-195.

  Code of Virginia § 32.1-351.2 establishes the Children's Health Insurance Program Advisory Committee. WIC eligibility is incorporated into the Committee's work, as the Department of Medical Assistance Services is required to enter into agreements with the Department of Education and VDH to identify children who are eligible for free or reduced school lunches or WIC in order to expedite the eligibility for FAMIS.

  Code of Virginia § 32.1-77 authorizes the development and submission of state plans for maternal and child health and children with special health care needs to the federal government and authorizes the state health commissioner to administer and expend federal Title V funds. The Title V Grant is listed in Title 42 of United States Code §§ 701-710, subchapter V, chapter 7.

  The Preventive Health and Health Services Block Grant (PHHSBG) is listed in Chapter 42 of the United States Code, Chapter 6A, Sections 1901-1907 and 1910A.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	CHAMPION Mini-Grant Program Participants	0	3,261
	CHAMPION Participants - Hampton Roads Regional Meeting	56	81
	CHAMPION Participants - Southwest Regional Meeting	28	35
	Dietetic Internship Students	7	8
	Local Health Districts	35	35
	WIC Authorized Retail Stores	771	814
	WIC Participants	142,186	236,052
	WIC Participants - Children	63,382	129,284
	WIC Participants - Infants	38,987	36,401
	WIC Participants - Women	39,817	70,366

Anticipated Changes To Agency Customer Base
WIC participant customer base is heavily impacted by state economic conditions that increase or decrease the number of families below the qualifying federal poverty levels. Current economic conditions have led to increased participation levels.

Due to limited funding of the WIC Program by USDA, it is anticipated that pregnant women will continue to be a prioritized customer base for WIC. Unrestricted service to greater numbers of potential eligibles of all categories is not expected to continue.

Both WIC and MCH serve a very specific population of women and children. Loss of PHHS funds will limit nutrition services to any other groups.

While Virginia does not have the largest obesity rate in the nation, it does have the fastest growing obesity rate in the nation. This translates into a greater need for obesity prevention and control services.

The American Dietetic Association's Education Task Force has recommended that all entry level dietitians be required to have a Master's Degree and be a Registered Dietitian or RD eligible (eligible to take the RD exam) as compared to the current requirement of Bachelor's degree with an RD or be RD eligible.

CHAMPION Regional Reengagement Meetings have already been held in Southwest and Hampton Roads, and will be held in the remaining regions including Roanoke, Central, Blue Ridge and Northern Virginia. It is anticipated that additional grant funding will be made available to communities in the remaining regions, thus expanding the number of mini-grant program participants served by CHAMPION.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Changing demographics of the WIC customer base due to an increasing Hispanic and Asian populations require that services including outreach and translation be increased in order to maximize participation in DWCNS programs.

  Virginia's participation in the CROSSROADS consortium for development of a common WIC computer system in four states will require that business processes be examined, revised and/or re-engineered. This could have significant impact on the operation of the Virginia WIC Program at the state and local levels.

  Limited funding resources will direct the population groups which can be served.

  Availability of grant funds and the focus of those funds will determine the future direction of Community Nutrition Services.

  The Commissioner's Work Group on Obesity Prevention and Control held their first meeting in December 2008. The Commissioner's Work Group has already provided guidance regarding the finalization of the CHAMPION Obesity Prevention Plan, and will continue to make recommendations regarding future CHAMPION initiatives.
- *Anticipated Changes to the Products and/or Services*
  he new WIC food package, which will be implemented on October 1, 2009, includes the addition of items such as fruits, vegetables and whole grain products to the WIC food packages prescribed to participating women, infants and children.

  Reduced funding may require that all Community Nutrition Services be limited to obesity prevention efforts.

  Breastfeeding Peer Counselor programs will have to be funded from base WIC funding in the future. This may cause a change in the design of the breastfeeding program overall.

  This service area is expanding and preparing for statewide administration of the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) as of October 1, 2010. These two programs, which are currently administered through the United States Department of Agriculture, will require additional resources and staffing both during the transition period and after the transition is complete.

  Efforts to migrate WIC food benefit delivery from a paper-based system to an Electronic Benefits Transfer (EBT) system are continuing and building on the pre-planning activities that were conducted in order to evaluate the viability of an e-WIC solution in Virginia.

  The Statewide Breastfeeding Advisory Committee will provide value leadership for breastfeeding promotion activities in the Commonwealth. This service area will support the group financially and with staff resources.

  The WIC Program has consistently rewarded local agencies who outperform their projected participation goals with financial incentives. The Virginia WIC Program is actively pursing the converse action, wherein monies provided to local agencies in anticipation of achieving projected participation levels will be recouped by the State WIC Office for underperformance.

  Value Enhanced Nutrition Assessment (VENA) was developed by the Food and Nutrition Service and the National WIC Association. According to USDA, VENA guidance provides a process for completing a comprehensive WIC nutrition assessment including the content of such an assessment and an outline of the necessary staff competencies. A VENA Advisory Committee has been formed to aid in the implementation process.

  Special research projects that may have an impact on services are being planned to: 1) determine how to reach special populations who would benefit from the WIC Program in an effort to reach marginalized populations and increase participation and 2) evaluate the effectiveness of all WIC nutrition education materials.

  Infant mortality continues to be a focus of this service area, and in an effort to reduce infant mortality through the WIC Program, two projects have been developed to work with hospitals and medical professionals to increase the number of women enrolled in Virginia WIC while also strengthening the nutrition component of prenatal care.
- *Listing of Products and/or Services*
  - WIC Program - WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, to infants less than one year old and children less than five years old who are found to be at nutritional risk. WIC is operated through local health districts in Virginia. WIC provides high-quality nutritional care and food to eligible participants. The program provides supplemental nutritious foods and iron-fortified formula that supply crucial nutrients such as protein, iron, calcium, and vitamins A and C essential to maintain health. In addition to access to healthy foods, WIC also provides nutrition education, healthy recipes, private and group sessions with a nutrition expert, free nutrition checkups, support and help with breastfeeding and referrals to other community services.
  - Grant Administration - Federal funds are awarded to each state through a complex formula utilizing food package cost and past program participation. Maximizing the amount awarded to Virginia, as well as assuring the state pays no penalties, requires constant monitoring. Inflation in food costs can reduce the number of clients the grant will support during the year requiring administrative action. Likewise, Local Agency failure to provide services to the anticipated number of clients can cause the state to under-spend their food grant resulting in penalty. In order to reduce overall food costs, and as required by federal regulations, Virginia contracts for a single brand of infant formula. This relationship adds $25 million to the federal grant but requires significant administrative management,

reporting and billing. USDA requires the state to obtain prior approval for many actions, and significant routine reporting as well. In order to assure maximum utilization of the grant by participants, the service area manages a comprehensive marketing effort throughout the state. To facilitate Local Agency client services as well as collect all needed data, a central automated system is developed and managed for the entire state.

- WIC Nutrition Education - Nutrition education is a core service provided by the WIC Program. Local agencies must make nutrition education available to all participants at no cost. Nutrition education is designed to meet the two basic goals of teaching participants the relationship between proper nutrition and good health, and assisting participants in making positive changes in their food habits. Methods of nutrition education include individual and group counseling as well as web-based and multi-media educational opportunities. These services are also coordinated and integrated with other clinics and services. Virginia WIC local agencies are required to make obesity prevention a major goal for WIC services each year.
- Retail Store Management - The Division of WIC and Community Services recruits, trains, authorizes and monitors more than 700 retail stores which provide food and formula benefits to 160,000 eligible participants. Authorized stores consist of small, independent businesses, military commissaries, and multi-state grocery chain stores. Authorized stores must be competitively selected based upon objective factors such as store location, variety of foods sold and prices charged to the WIC Program. Individual store's level of program compliance is monitored using both overt, onsite visits, as well as "covert" undercover compliance investigations. Stores documented to be non-compliant with state and federal WIC Program requirements can face substantial financial penalties, e.g., up to $40,000 fine.
- Local Agency Management Oversight - The Division of WIC and Community Services is responsible for the development, implementation, and management of an ongoing monitoring and evaluation system of local health departments and has developed the Local Agency Management Evaluations (LAME) automated process for this service. The LAME process provides a mechanism to monitor local agency operations, review financial and participation reports and require corrective action plans to resolve deficiencies as needed. Operations subject to evaluation include, but are not limited to, management, referrals, outreach, participation, eligibility, certification, time and effort reporting, civil rights compliance, accountability, financial management systems and food delivery systems. On-site evaluations of local agencies are performed every two years; the local agency performs a self-evaluation during the years in which an on-site evaluation is not conducted. The Division also works in conjunction with the USDA to complete State Technical Assistance Reviews (STAR). STAR reviews are conducted by the USDA and assist the Division in performing quality assurance tests. STAR reviews routinely consist of: Caseload and Food Funds Management; Certification and Eligibility; Civil Rights; Food Delivery Systems & Food Instrument Accountability; and Post Implementation and Monitoring - Audit. The State WIC Office enters into a Memorandum of Agreement (MOA) with each local agency upon receipt and approval of that local agency's WIC Services Plan (WSP). The WSP is another method by which the State WIC Office helps to ensure that the local agencies are in-line with both State and Federal goals.
- Statistical Analysis/Data Management - This service area provides data-related support for all WIC products and services, delivers participation and financial data to USDA and disseminates various WIC Program reports to the central office and local WIC agencies. Tabular reports, charts and maps are needed for the central office on an on-going basis to support outreach efforts, local agency and retailer monitoring and local agency performance measuring. WIC program data is collected and analyzed using a variety of established research methods, procedures, statistical formulas and techniques. Trends are identified and projections are developed for financial and participation data in order to report program expenditures and participation projections to USDA.
- Training Program - This service area provides a variety of both mandatory and voluntary training opportunities to Virginia WIC employees including: WIC Nutrition 101 – an introductory course regarding the purpose and goals of the WIC Program; Civil Rights Training – to train WIC Program staff with all applicable Civil Rights requirements and provide an understanding of pertinent, proper procedures; Racial/Ethnic Data Collection Training – to inform the user of the purpose for collecting racial and ethnic information of enrolled WIC participants, as well as the proper procedures for doing so; and Value Enhanced Nutrition Assessment (VENA) and the New Allowable Food Packages Training – to train all WIC staff through ten regional trainings on these two new program requirements.
- Community Nutrition Services - Obesity Prevention and Control This service area has placed greater and greater emphasis on obesity prevention and control over the last 10 years. Grant applications for the CDC Nutrition and Physical Activity grant have been submitted and approved but not funded. In the past the Division has functioned in the area of interventions; however, it is now moving into a leadership role to coordinate obesity prevention and control efforts across the state and make Virginia agencies more competitive for grants in this area. 5 A Day for Better Health Program: Eating fruits and vegetables can reduce the risk of many chronic diseases such as heart disease and cancer as well as play a significant role in reducing obesity. DWCNS offers the 5 A Day for Better Health Program, a public awareness campaign that encourages Virginians to eat 5 or more servings of fruits and vegetables every day for better health. CHAMPION: CHAMPION (Commonwealth's Healthy Approach and Mobilization Plan for Inactivity, Obesity and Nutrition) is an innovative initiative to address obesity in Virginia. This program was created in response to an increase in the number of adults, adolescents and children who are overweight or obese in Virginia. The goals of the program include the reduction in prevalence and incidence of overweight and obesity levels among Virginians reached through increasing community lead interventions and programs, and the prevention and control of obesity and other related risk factors through Virginians making healthy food choices and increasing physical activity. CHAMPION is working with stakeholders throughout the Commonwealth to improve nutrition and physical fitness health for all Virginians. Breastfeeding Promotion: This service area promotes breastfeeding as the preferred infant feeding method by creating a positive health care setting environment, providing information on the health benefits of breastfeeding and supporting breastfeeding women. The goals of this program are to improve infant and family health by making breastfeeding the cultural norm and to increase the rates of breastfeeding initiation and duration among the general public and WIC participants. In addition, breastfeeding has been shown to have an effect of preventing obesity for children who are breastfed. Goals are accomplished through efforts such as the Electric Breast Pump Loan Program and the Statewide Breastfeeding Advisory Committee of Virginia. The WIC Breastfeeding Peer Counselor Program also supports breastfeeding by providing counseling from peers to WIC participants. This project receives special funding from USDA through a separate grant. School Nutrition Program: When requested, staff within this service area collaborate with other divisions within the Office of Family Health Services and the Department of Education to provide training to school nurses and health and physical education teachers across the state. This same group has collaborated to develop web based curriculum materials for teachers to use to integrate nutrition and physical activity into a variety of classes. Virginia /Maryland WIC Dietetic Internship Program: This program provides an educational opportunity for WIC nutritionists seeking the Registered Dietitian credential in Virginia and Maryland. The program provides a broad based, entry level supervised experience based on Commission for Accreditation for Dietetics Education core competencies with a community emphasis.

Finance

- *Financial Overview*
  The primary source of funding for the Division of WIC and Community Services is provided by federal grants from the United States Department of Agriculture. The Division works closely with the USDA throughout the year, providing the

agency with monthly financial reports, mid-year and year-end reports. Relatively small amounts of Maternal and Child Health (MCH) and Preventive Health and Health Services (PHHS) block grant funds are used in conjunction with leverage of WIC funds to provide broad base nutrition services to citizens of the Commonwealth.

- *Financial Breakdown*

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	F 201

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$1,515	$89,198,632	$1,515	$89,198,632
Change To Base	$0	$0	$0	$0
Service Area Total	$1,515	$89,198,632	$1,515	$89,198,632
Base Budget	$1,515	$89,198,632	$1,515	$89,198,632
Change To Base	$0	$0	$0	$0
Service Area Total	$1,515	$89,198,632	$1,515	$89,198,632
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Base Budget	$1,515	$89,198,632	$1,515	$89,198,632
Change To Base	$0	$0	$0	$0

Service Area Total	$1,515	$89,198,632	$1,515	$89,198,632
Base Budget	$1,515	$89,198,632	$1,515	$89,198,632
Change To Base	$0	$0	$0	$0

Service Area Total	$1,515	$89,198,632	$1,515	$89,198,632
Base Budget	$1,515	$89,198,632	$1,515	$89,198,632
Change To Base	$0	$0	$0	$0

Service Area Total	$1,515	$89,198,632	$1,515	$89,198,632

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)	0	*breakout of Current Employment Level*
Part-Time Classified (Filled)	0	
Faculty (Filled)	0	
Wage	0	
Contract Employees	0	
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Ensure cost effective administration and management of the WIC program.

  Objective Description

  In order to remain fiscally responsible and ensure that the benefits of the WIC Program are reaching as many participants as possible, the service area will focus on optimizing the use of federal funding. A vital dimension of this objective means the Division will direct resources towards identifying a strategy to further reduce food package costs

associated with the selection of WIC approved foods. Implementing more effective screening controls will position the service area to further reduce its food costs. Increasing the number of pregnant women who are enrolled in WIC is the second part of this objective, which also ensures that federal funding is being utilized to the fullest extent. By promoting the WIC program and the WIC informational telephone line, awareness of the program will increase, as will the number of certified participants.

Alignment to Agency Goals

- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- DWCNS will increase marketing efforts directed towards target population regarding the WIC program and the WIC informational telephone line
- DWCNS will perform research and analysis on the average food price versus reimbursement rates to determine proper compensation rates
- DWCNS will identify a strategy to reduce costs; different strategies, such as rebate programs and brand restrictions, will be investigated

Link to State Strategy

- nothing linked

Objective Measures

- Food package cost

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 33.07 Date: 7/1/2006

  Measure Baseline Description: Cost

  Measure Target Value: 38.82 Date: 6/30/2012

  Measure Target Description: Cost

  Data Source and Calculation: Information on the cost of the Virginia WIC food package is derived from WICNet.

- Number of pregnant women enrolled in WIC

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 1915 Date: 6/30/2004

  Measure Baseline Description: Average number per month

  Measure Target Value: 3510 Date: 6/30/2012

  Measure Target Description: Average number per month

  Data Source and Calculation: Reports on the number of pregnant women enrolled in WIC are generated through WICNet.

- Cultivate cohesive and effective community-based responses to obesity.

Objective Description

Over the last decade, Virginia has seen an alarming increase in the number of adults, adolescents, and children who are obese or overweight. According to the CDC, fifty-eight percent of Virginia's adults are overweight or obese. This trend is also true for Virginia's children and adolescents. In addition, national research indicates that Virginia's health care costs are rapidly rising due to obesity rates; Virginia has the 14th highest health care costs in comparison to the fifty states. The Division of WIC and Community Nutrition Services adopted a community-based process for developing a state wide plan addressing prevention and control of obesity in Virginia. The CHAMPION Obesity Prevention Plan was released in May 2009, and contains CHAMPION-recommended programs in four areas: nutrition education and physical activity, community involvement, organizational policies, and media outreach. Each CHAMPION program includes information on program design, target age group, implementation procedures and evaluation measures. Following the release of the Obesity Prevention Plan, the CHAMPION team conducted two regional reengagement meetings to promote it, one in Southwest and one in Hampton Roads. Through an RFP process, CHAMPION has also awarded mini-grants to community groups in these regions for the implementation of programs listed in the CHAMPION Plan. Technical assistance and training has also been offered for the CHAMPION recommended programs designated for Year One, Since the Plan is a five year plan, this training and technical assistance will continue to be offered, and it is anticipated that additional mini-grant funding will be available for the remaining regions including Roanoke, Central, Blue Ridge, and Northern Virginia. Regional meetings will be held in these locations as well.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.
- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- DWCNS will provide mini-grant funds for communities in the remaining regions to implement CHAMPION Recommended Programs.
- DWCNS will continue to work with the Commissioner's Work Group on Obesity Prevention and Control.
- DWCNS will continue to provide trainings and technical assistance for programs recommended in the CHAMPION Obesity Prevention Plan.

Link to State Strategy

- nothing linked

Objective Measures

- Number of community interventions implemented on the local level that have been fully evaluated and deemed best practices and models for replication by the CHAMPION Program.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 0 Date: 6/30/2007

  Measure Baseline Description: Number of programs

  Measure Target Value: 10 Date: 6/30/2012

  Measure Target Description: Number of programs

  Data Source and Calculation: Community interventions supported by CHAMPION are available in the final CHAMPION plan which was released in May 2009. Data on implementation is available from the Division of WIC and Community Nutrition Services.

- Increase the number of women who initiate and maintain breastfeeding.

Objective Description

The service area promotes breastfeeding as the preferred infant feeding method. The Division works to improve infant and family health by making breastfeeding the cultural norm, and makes efforts to improve the rates of breastfeeding initiation and duration in Virginia's WIC program to meet the National Healthy People 2010 Breastfeeding Objective of: 75% of women breastfeeding at hospital discharge and 50% breastfeeding their infants at 6 months. In order to achieve the Healthy People 2010 objective for all Virginians, the Division of WIC and Community Services is bringing together representatives of state and national organizations who are “experts” in pediatrics, health care and nutrition through the formation of a statewide Breastfeeding Advisory Council. The Breastfeeding Advisory Committee is working to increase the incidence and duration of breastfeeding among mothers and provide a statewide organizational vehicle for communication, collaboration, and coordination of breastfeeding services in the Commonwealth.

Alignment to Agency Goals

- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
- Agency Goal: Collect, maintain and disseminate accurate, timely, and understandable public health information.

Objective Strategies

- DWCNS will continue to organize the logistics of the Breastfeeding Advisory Committee meetings including location, time, agenda, etc.
- DWCNS will work with the Virginia Breastfeeding Advisory Committee Strategic Plan 2009-2014 to achieve their four goals: to improve the surveillance and availability of breastfeeding data in the Commonwealth; to increase awareness of the Baby-Friendly Hospital Initiative and encourage hospitals to adopt Baby-Friendly policies; to promote good nutrition and breastfeeding education in the Virginia school system; and to support breastfeeding in the workplace initiatives in Virginia.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of women who initiate breastfeeding in Virginia.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 77.7 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Centers for Disease Control and Prevention National Breastfeeding Immunization Data.

- Percentage of women in Virginia who are breastfeeding at six months.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 47.1 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 50 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Centers for Disease Control and Prevention National Breastfeeding Immunization Data.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 21 of 41

Local Dental Services (601 440 02)

Description

This service area provides a range of oral health services for the community including education, prevention, screening, diagnosis and treatment. The focus is primarily on the provision of quality services to the indigent population and other special population groups, especially children who, for various reasons, lack access to basic oral health care. In addition, the service area recruits volunteers or staff to administer the fluoride mouth rinse programs in schools where lack of fluoridated water places children at higher risk of dental caries. The service area also monitors the oral health status of the community using standard measures of need, including evaluation of demographic data, availability of fluoridated water supplies and supplemental fluoride programs, prevalence of dental disease both past and present, appropriate utilization of dental sealants, and availability and accessibility of dental education, prevention, screening, diagnostic and treatment services.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health mission to promote and protect the health of Virginians by educating the public about oral health and oral disease and improving oral health through population and individual dental services.
- *Describe the Statutory Authority of this Service*
  Section 32.1-2 of the Code of Virginia requires the Virginia Department of Health to administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth.

  Section 32.1-11 of the Code of Virginia authorizes the Virginia Department of Health to formulate a program of environmental health services, laboratory services and preventive, curative and restorative medical care services, including home and clinic health services described in Titles V, XVIII and XIX of the United States Social Security Act and amendments thereto, to be provided by the Department on a regional, district or local basis.

  Section 54.1-2722 “License; application; qualifications; practice of dental hygiene” in Chapter 27 of Title 54.1 of the Code of Virginia:
  E. (Expires July 1, 2011) Notwithstanding any provision of law or regulation to the contrary, a dental hygienist employed by the Virginia Department of Health who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Cumberland Plateau, Southside, and Lenowisco Health Districts, which are designated as Virginia Dental Health Professional Shortage Areas by the Virginia Department of Health. A dental hygienist providing such services shall practice pursuant to a protocol developed jointly by the medical directors of each of the districts, dental hygienists employed by the Department of Health, the Director of the Dental Health Division of the Department of Health, one representative of the Virginia Dental Association, and one representative of the Virginia Dental Hygienists' Association. A report of services provided by dental hygienists pursuant to such protocol, including their impact upon the oral health of the citizens of these districts, shall be prepared and submitted by the medical directors of the three health districts to the Virginia Secretary of Health and Human Resources by November 1, 2010. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Dental Patients age 0 -18 (95% quality for Federal School lunch program	20,508	418,343
	Dental Patients age 18 + yrs (98% less than 200% Federal Poverty Level)	6,619	491,000
	Fluoride Rinse Recipients	48,000	50,000

Anticipated Changes To Agency Customer Base
Oral health education for all Virginians will continue to be a priority of local health districts. As the population ages, increased educational efforts targeting the elderly are anticipated, with a particular focus on oral cancer screening in people over age 50 years. Assessment of access to oral health services will continue to be a focus of this service area, the frequency or content of which may change (increase) to reflect changes in population and/or the number of providers and provider practice patterns.

Other population based interventions may be anticipated to change. It is expected that expansion of public water systems to more Virginians may decrease the need for fluoride mouth rinse programs and increase the need for monitoring of fluoridation of these new systems.

Demand for and growth in the provision of direct dental services to indigent children and adults is anticipated. Nationally, an increase of 300,000 children ages 0-19 is anticipated in the next decade, and this growth is expected to be greatest in lower socioeconomic groups at highest risk for dental decay. Growing numbers of adults who lack any health insurance, which is a strong predictor of access to dental care, portend an increase in demand for dental care, both emergency and non-emergency services, from public health dental providers. Although a single provider system for dental Virginia Medicaid has lead to increased participation in Medicaid by Virginia dentists, is expected that the Local Health District will continue to be needed as a community partner in providing direct services. The downward trend in the number of dentists graduated from Virginia’s only dental school over the past two decades may continue to contribute to difficulty accessing dental care that some experience, particularly the non-white population and low-income children, causing more to seek out public health dental services. The availability of dental clinics offering free or discounted dental services (with the amount of the discount generally tied to the federal poverty level) in an area will certainly affect the demand for public health dental services.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*

  Dental caries is the most common chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most common chronic disease in children. More than half of all children have caries by the second grade; and by the time students finish high school, about 80% have caries. Since the early 1970s, cases of dental caries in permanent teeth have declined among school-aged children, largely a result of various preventive regimens such as water fluoridation and increased personal use of fluoride containing paste and rinses. To continue this, increased use of dental sealants, tooth brushing with fluoridated toothpaste, community water fluoridation and improved dietary habits are needed to further reduce decay. Data from National Health and Nutrition Examination Survey indicated that 30 percent of all adults had untreated dental decay, with insufficient dental services disproportionately affecting the poorly educated, minority and socioeconomically disadvantaged. Oral and pharyngeal cancers are newly diagnosed in approximately 31,000 people per year, leading to 8100 deaths annually. Most are detected in later stages contributing to low five year survival rates. Only 13 percent of US adults aged 40 years or older reported having an oral cancer examination in the past year.

  Factors affecting the provision of services include the reduced staffing levels particularly of dentists and dental hygienists in public health dentistry. In addition, the public health dentist workforce is aging. Approximately 33% of the 35 full time dentists currently employed by local health departments will be eligible for retirement within the next five years. Low salaries relative to alternatives for clinical dentists may negatively impact recruitment and retention. Young graduates with substantial educational debt and mid-career dentists with the lure of private practice incomes may be difficult to attract and retain. There has been an overall decline in the total number of public health dentists in the state due to these factors as well as the declining economic trend.

  An action by the Board of Dentistry in 2005 allowed dental hygienists to practice under the general supervision of dentists (i.e., the dentist does not have to be on-site when services are provided). Working within the prescriptive guidelines of signed plans of care for patients has the potential to improve access to preventive dental care, particularly for fluoride varnish. However, this service delivery model relies on the availability of dental hygienists, who are in short supply in some areas of the state. A new protocol has recently been developed that is effective until 2011 for VDH dental hygienists practicing in three local health districts. This practice change is an opportunity to create a new model for preventive dental services provided through public health providers.

  Financial support for advanced, improved technology will be required to maintain public health dental practices that are in step with current standards of care and best practices (such as digital radiography, electronic billing, access to databases for verification of recipient eligibility, etc).

  Dental clinic environments include state and locality owned buildings and locally owned mobile dental clinics (trailers). There are 45 clinical dental facilities as of July 2009 including 10 trailers and 35 fixed facilities. Typical dental clinics are two or three chair facilities with x-ray units and major support equipment including compressors, vacuums, film developers and autoclaves. Much of this equipment has been replaced with dedicated General Funds for dental infrastructure needs over the last few years. Clinic items replaced in fixed and trailer facilities included X-Ray unit (standard and panorex), delivery unit, vacuum pump, compressor, autoclave, film processor, chair and light. In 2008, VDH also obtained three mobile vans that are being used in several health districts to provide preventive services and comprehensive care. These vans offer an opportunity to reach populations and areas that have previously not had dental services. This new service delivery model (mobile van) will be replicated through grant funding in one additional health district in FY2010.

- *Anticipated Changes to the Products and/or Services*

  It is anticipated that updating delivery units will by design improve the productivity of the dental staff, reduce staff strain, facilitate infection control and reduce the potential for cross contamination. It will also affect the ability to attract and retain new dentists in the Virginia Department of Health positions, as many dentists are not prepared to work on older dental units if initially trained with modern equipment and technology. In order to utilize the technology new fiber optic drills will also be a portion of the expenditure when replacing a dental unit.

- *Listing of Products and/or Services*
  - Dental education to inform parents and patients of recommended individual preventive oral health practices; to inform and educate other health professionals of recommended preventive dental practices, community resources, etc; to educate local government, community members about oral health status of community and the availability and access to population and individual dental preventive and restorative dental care; to function as a resource on oral health for schools, head start and other partners who serve children
  - Diagnostic dental services, including oral examinations, dental x rays, etc.
  - Preventive dental services, including sealants, fluoride application, prophy, etc.
  - Restorative dental services, including endodontic, periodontic, prosthodontic and oral surgery services
  - Fluoride mouth rinse programs administered to populations of children with no access to fluoridated water
  - Dental emergency care, primarily for indigent adult population, including emergency evaluation for dental pain, and required treatment including extraction(s)
  - Adult oral cancer screening targeting patients over 50 years of age

Finance

- *Financial Overview*

  [Nothing entered]

- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area	$3,026,635	$6,004,159	$3,026,635	$6,004,159

FY 2011 | FY 2012 | FY 2011 | FY 2012 | FY 2011 | FY 2012 | FY 2011 | FY 2012 | FY 2011 | FY 2012 | FY 2011 | FY 2012 | FY 2011 | FY 2012 | FY 2011 | FY 201

Total				
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service				

Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0
Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0

Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0

Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159
Base Budget	$3,062,597	$6,004,159	$3,062,597	$6,004,159
Change To Base	-$35,962	$0	-$35,962	$0

Service Area Total	$3,026,635	$6,004,159	$3,026,635	$6,004,159

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Improve and maintain population based factors affecting oral health status

  Objective Description

  Oral health is an essential and integral component of health throughout life. Cultural values influence oral health and well-being and can play an important role in care utilization practices and in perpetuating acceptable oral health norms. Cultural norms influence decisions and priority setting related to seeking professional dental care and establishing the routine of dental self-care behavior. The burden of oral diseases and conditions is disproportionately borne by individuals with low socioeconomic status and/or minority membership at all ages. Community water fluoridation, an effective, safe and ideal public health measure, benefits individuals of all ages and socioeconomic strata. Effective disease prevention and health promotion measures exist for use by individuals, practitioners, and communities. Virginia's local health department dental programs monitor the oral health status of their communities using standard measures of need, measuring progress toward improving or maintaining the status, identifying the immediate factors affecting such status and communicating this information to individuals, non-dental health providers, and the community. Factors monitored include fluoridation levels of public water systems, percentage of populations served by optimally fluoridated public water, participation in fluoride mouth rinse programs, oral cancer rates, access and availability of direct dental care, and utilization of preventive dental services across age and population groups.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Maintain a current roster of all public water supplies and the number of people served. Monitor the fluoridation of all public water supplies in the health district and determine the percent of district population served by community water supplies with optimum fluoridation, annually. Monitor the number of schools and participants in the local health district participating in fluoride mouth rinse programs. Compile demographic data for the local health district to include the number of children eligible for free and reduced school lunch and determine the percent of these children who receive preventive and therapeutic dental services. Measure the number of new oral cancer cases annually in local health district and evaluate stage at diagnosis and mortality rates from oral cancer. Conduct school surveys determining the number of children with decay experience and dental sealants on first and second permanent molars for representative sample of students in each local health district. Maintain a list of licensed, practicing oral health providers in each district, including the status of participation in Virginia Medicaid. Determine the dental provider: population ratio, to aid in assessing qualification of a county or area for designation as a dental

profession shortage area. Provide oral health education to increase public knowledge and practice of preventive oral health measures. Partner with primary care providers to increase knowledge of oral health disease and its impact on general health. Educate at risk populations in risk reduction, especially the provision of tobacco cessation programs. Train non dental health professionals in the community and in public health programs serving children ages 0-3 years in the indications for and proper application of fluoride varnish.

Link to State Strategy

- nothing linked

Objective Measures

- The number of local health districts that monitor the fluoridation of all public water supplies in the health district.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 14 Date: 12/31/2004

  Measure Baseline Description: Percent of local health districts

  Measure Target Value: 43 Date: 6/30/2012

  Measure Target Description: Percent of local health districts

  Data Source and Calculation: Community water fluoridation is the procedure of adjusting the natural fluoride concentration of a community's water supply to a level that is best for the prevention of dental decay. In Virginia, approximately 81% of citizens are served by fluoridated public water systems, and approximately 5% of citizens have water naturally high in fluoride. In systems where fluoride is added, the level of fluoridation must be monitored carefully to assure that optimum fluoridation is achieved and maintained. Operators of municipal water plants strive to maintain targeted concentrations of fluoride in water in fluoridated communities. These fluoride levels are reported to the Virginia Department of Health Office of Drinking Water and Division of Dental Health and are available to local health districts. Local health districts that are not fully served by fluoridated public water systems may monitor fluoridation levels and customer numbers to determine the percent of the district population served by optimally fluoridated water. Using this information, the local health department determines the need for alternative fluoride delivery and access to dental services for persons not served by fluoridated water. This measure is calculated by documenting the number of local health districts who monitor fluoride levels through annual contacts with the Division of Dental Health community water fluoridation coordinator.

- Provide oral healthcare services targeting at risk populations, particularly low income children

Objective Description

Oral diseases are progressive and cumulative and become more complex over time. They affect our ability to eat, how we look and our ability to work at home, at school, or on the job. Health disparities exist across population groups at all ages. Approximately 50% of 5-9 year old school children have had decay experience and poor children suffer twice as many dental cavities than their more affluent peers, with their disease more likely to be untreated. Children without dental insurance are three times more likely to have dental needs than children with either public or private insurance. More than 51 million school hours are lost each year nationally to dental-related illness; poor children suffer nearly 12 times more restricted-activity days than children from higher-income families. Local health districts that provide direct dental services to individuals target low income, uninsured or Medicaid-covered children primarily, with secondary target populations including low income adults including elderly and special populations such as mental health, elderly, and homeless.

Alignment to Agency Goals

- Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- Improve the quantity and quality of dental services to target populations. See a number of patients per day consistent with the state average. Provide total services per day consistent with the state average. Achieve a reported waiting time to get an appointment under two weeks. Maintain access to translator services for non-English speaking or hard of hearing clients. Maintain dental equipment and keep service records and maintenance schedules up to date. Maintain compliance with Occupational Safety Health Administration, Clinical Laboratory Improvement Amendments and other regulatory requirements. Maintain dental records and documentation according to published standards. Document and appropriately label prescription medication dispensed, according to all applicable laws and regulations. Maintain continuing education of professional dental workforce. Increase the number of preventive dental sealants provided to children and adolescents. Develop a callback system to remind patients who received restorative care initially to return for follow up preventive services. Train dental assistants to place sealants under the direct supervision of a licensed dentist. Utilize dental hygienists under the recent provision for general supervision of a hygienist, to increase access to preventive dental care including sealants. Develop a new protocol for dental hygienists in three targeted health districts and monitor results.

Link to State Strategy

- nothing linked

Objective Measures

- The number of low income children and adolescents receiving dental services provided by local health department public health dental staff

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 21317 Date: 6/30/2005

  Measure Baseline Description: Number of children and adolescents served

  Measure Target Value: 21973 Date: 6/30/2012

  Measure Target Description: Number of children and adolescents served

Data Source and Calculation: Local health districts that provide dental services primarily target children 1-4 years old with family income under 200% Federal poverty level or enrolled in Medicaid, and children 5-18 years old who are eligible for Federal free and reduced school lunch program or who are enrolled in Medicaid. Local health district dental programs provide monthly statistics to the VDH Division of Dental Health, reporting demographic information on the patients served and the number and types of services provided. These data are compiled and reported semiannually and annually. The number of visits is tracked by age, gender, income and insurance status. Most health districts also enter dental data into the VDH data system, WebVision. In some instances, reports available from that source may also be useful in evaluating unduplicated patient counts by income or insurance status.

- Number of dental sealants placed on teeth of low income children and adolescents by public health dental workforce

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 19940 Date: 6/30/2005

  Measure Baseline Description: Number of dental sealants

  Measure Target Value: 12039 Date: 6/30/2012

  Measure Target Description: Number of dental sealants

  Data Source and Calculation: Local health districts that provide dental services primarily target children 1-4 years old with family income under 200% Federal poverty level or enrolled in Medicaid and children 5-18 years old who are eligible for Federal free and reduced school lunch program or who are enrolled in Medicaid. Local health district dental programs provide monthly statistics to the VDH Division of Dental Health, reporting demographic information on the patients served and the number and types of services provided. These data are compiled and reported semiannually and annually. The number of visits is tracked by age, gender, income and insurance status. Most health districts also enter dental data into VDH data system, WebVision. In some instances, reports available from that source may also be useful in evaluating unduplicated patient counts by income or insurance status.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 22 of 41

Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services (601 440 04)

Description

This service area enforces Virginia's sanitary regulations that are designed to protect the public health of Virginians and visitors to Virginia. This is accomplished by enforcing regulations pertaining to food, hotels, summer camps, campgrounds, migrant labor camps, swimming pools, private wells, onsite sewage disposal, and other environmental health laws.
Products and services include:
Customer service, such as technical assistance, training, Freedom of Information Act (FOIA) requests, and maintenance of records;
Inspection and enforcement of food safety, swimming pools, milk plants, hotels, summer camps, campgrounds, migrant labor camps, private well and onsite septic system laws and regulations;
Permitting of food establishments, hotels, milk plants, summer camps, campgrounds, migrant labor camps, and swimming pools;
Collecting specimens of animals suspected of having rabies and transporting them to the Division of Consolidated Laboratory Services for testing; and
Responding to citizen complaints concerning environmental health hazards with the potential of endangering the public health e.g. standing water, lead exposure, unsanitary disposal of trash, rodent infestations, etc.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with VDH's mission of promoting and protecting the health of all Virginians by reducing environmental and communicable disease hazards.
- *Describe the Statutory Authority of this Service*
  Section 3.1:530 of the Code of Virginia establishes regulations for inspections and permitting of plants that process and distribute Grade A market milk and Grade A market milk products.

  Section 3.1:796 establishes requirements for notifying VDH of any animal suspected to have rabies and for the Health Department to approve of confinement facilities, to confine suspected animals and to test suspected animals for rabies.

  Title 32.1, Chapter 6 establishes requirements for inspections and permitting of private wells, on site sewage disposal (septic) systems, swimming pool posting requirements, migrant labor camps, and alternative discharging sewage systems. This section also authorizes the Health Department to ensure that marinas and migrant labor camps meet sewerage standards.

  Title 35.1 of the Code of Virginia establishes requirements for food service inspections and permitting of hotels, restaurants, summer camps, campgrounds, and state institutions.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Citizens exposed to a potentially rabid animal	14,500	15,000
	Food establishment owners	26,500	27,300
	Hotels, summer camps, campgrounds, swimming pools and migrant labor camps	6,400	6,600
	Licensed well drillers, contractors, engineers, and soil evaluators	1,000	1,030
	Other governmental agencies	200	250
	Owners of private wells and/or onsite sewage disposal systems	1,000,000	1,200,000
	Plants that distribute Grade A milk and milk products	12	12
	Public affected by foodborne illnesses, contaminated private wells, or failing septic systems and other environmental health hazards	1,000	10,000

Anticipated Changes To Agency Customer Base
Food establishment owners:
The number of permitted food establishments tends to increase at a rate slightly greater than that of the general population, due in part to an increasing tendency of Virginians to eat food prepared outside the home and in part to an increase in establishments catering to tourists, such as hotels and temporary events.
The trend towards increased ethnic diversification of food establishments will continue. Potential language barriers and different ethnic views of proper food handling increase the risk of foodborne outbreaks and increase the burden on local health departments to ensure that the owners and food managers understand and comply with pertinent regulations.
The trend towards an increased presence of chain food establishments will also continue. Chains typically require more standardized food safety training and standards of their owned and franchised restaurants. They are also more likely to use common food suppliers, increasing the risk of foodborne outbreaks involving multiple establishments.
These changes will not occur uniformly throughout the Commonwealth, with overall increased growth and diversification concentrated in the fastest growing areas.

Owners of private wells and/or onsite sewage disposal systems:
Private wells and onsite sewage systems exist in virtually all jurisdictions in the Commonwealth.
As the number of households and the demand for more onsite sewage disposal systems increase, the availability of soils capable of supporting traditional onsite sewage disposal will be reduced. Parcels of land with favorable potential for onsite sewage disposal systems will become less common.
Alternative systems allow for onsite waste treatment on properties that cannot support a traditional sewage disposal system. As the cost of alternative sewage disposal systems has decreased in relation to the value of properties in many

parts of the Commonwealth, the proportion of new onsite system permits utilizing alternative technologies will continue to grow. This is particularly true in regions of the Commonwealth with high property values and relatively poor suitability for onsite sewage disposal systems.
The increased availability of alternative systems decreases the demand for centralized sewerage in many communities.

Citizens exposed to a potentially rabid animal:
Rabies is endemic in Virginia and can be carried by a variety of animals, such as bats, raccoons, cats, dogs, skunks, and foxes. The types of animals involved in potential human exposures differ by region and by population density.
People can be infected with rabies through contact with infected secretions from a rabid animal. Since 1998, two Virginians have died from rabies.
Reports of potential exposures to rabid animals occur in every major jurisdiction and affect every age group.
The cost of vaccination in persons potentially exposed to rabies poses a significant financial burden on these citizens and significant distress on those affected and their families.

Other governmental agencies:
VDH provides and receives environmental health information to and from a wide variety of governmental agencies at the state, federal and local levels. It is anticipated that this interdepartmental coordination will increase to better meet the needs of Virginia's citizens.
VDH works with the Virginia Department of Agriculture and Consumer Services (VDACS) on milk plant issues, West Nile virus and other vector concerns, and food safety. The Virginia Department of Environmental Quality (DEQ) partners with the Health Department on environmental health issues that come under their jurisdiction, such as wastewater treatment, water quality, and groundwater protection.
VDH works with such federal agencies as the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), and the U.S. Department of Agriculture (USDA) on such issues as food protection, water contamination, and milk plants, respectively.
VDH also works with local governments throughout the Commonwealth to ensure that their citizens' food, well water, and pools are safe and clean.

Plants that distribute Grade A milk and milk products:
There are 12 permitted milk plants in Virginia.
It is anticipated that the number of permitted facilities will continue to remain low.

Licensed well drillers, contractors, engineers, and soil evaluators:
The number of licensed well drillers, contractors, and engineers will continue to increase as the demand for new housing grows and as the number of new alternative and experimental onsite sewage disposal systems increases.
It is expected that the number of authorized onsite soil evaluators (AOSEs) will grow significantly as this training program expands.

Hotels, summer camps, campgrounds swimming pools and migrant labor camps:
The number of hotels, motels, bed & breakfasts and campgrounds are increasing as more and more tourists and businesses find Virginia an attractive setting for conferences and vacations.
Swimming pools are increasing in number and complexity. As more planned communities with integrated amenities are becoming increasingly popular, it is expected the number of public swimming pools requiring permits and inspection will also rise. Swimming parks with complicated water attractions are also on the rise due to their popularity with Virginians.
It is expected that the number of summer camps will increase as more working parents find summer camps an excellent source of daycare for their children out of school during the summer.
The increased number of immigrants and the need for inexpensive labor is fueling the increase in the number of migrant labor camps in Virginia.

Public affected by foodborne illnesses, contaminated private wells, or failing septic systems and other environmental health hazards:
Everyone who lives in or visits Virginia is potentially served by VDH's restaurant and food safety programs, by its well and septic permitting, and by its other environmental health services.
VDH expects the general public and business customer base to continue to increase over the next few years, as the number of people eating at permitted food establishments and drinking private well water continues to grow.
The potential for onsite sewage disposal system malfunctions will increase due to the increased population being served by these systems.
Compared to traditional onsite systems, alternative wastewater systems have an increased risk of failure if not properly operated and maintained.
The number of Virginians affected by foodborne illnesses will continue to rise. Many bacteria and other contaminants are associated with specific foods, such as E. coli O157:H7 with hamburgers or Salmonella with eggs. The concentration of meat and other food production and processing into high volume farms and factories increases the risk that food will become contaminated and that such contamination will impact a larger number of food establishments. Effective and appropriately timed inspections are key to enforcing safe food handling and preparation practices that minimize the risk that such foods will remain contaminated by the time they reach the consumer or that initially safe foods will become contaminated during the food preparation process.
• As the general public base grows, the population density increases and local districts make it easier to file a citizen complaint via the internet, the quantity of complaints received will increase.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*

  Proficiency in providing environmental health services requires significant training and experience. Competition from the private sector and from other governmental entities, both within and outside Virginia, impact the ability of VDH to appropriately retain and recruit highly trained environmental health specialists. Increased staff turnover decreases efficiency and thereby increases the cost of services rendered.

  Improvement and procurement of new and better technology can assist the staff with the increased demand for service by making routine tasks more efficient and less time consuming (e.g. automating online request for service forms and computer scheduling).

  Emerging pathogens, complex water recreation attractions and increased attention to food and water security has necessitated a critical demand for continuing education for environmental health staff.

  Funding levels for service areas impact the timeliness and quality of service as the demand for all environmental health services provided increases.

  Increased complexity of onsite sewage disposal systems requires additional staff time to perform plan reviews, permitting and inspections.

  Environmental health services require increasingly complex information technology systems to meet the increased

demand for services.

- *Anticipated Changes to the Products and/or Services*

  VDH will continue to incorporate the Virginia Environmental Health Information System (VENIS) into all environmental health service areas for a centralized database.

  Continued turnover of key positions will further challenge VDH's ability to maintain and improve the quantity and quality of service. A significant driver of this turnover is the pay gap between the Commonwealth's pay scale for trained Environmental Health Specialists and the prevailing salary offered by the private sector.

  Due to the increased customer base, customer assistance requests will continue to increase.
- *Listing of Products and/or Services*
  - Inspection and enforcement Thorough and consistent inspection and enforcement of laws and regulations address structural design and operational practices for food facilities, swimming pools, milk plants, hotels, summer camps, campgrounds, migrant labor camps, private wells, and onsite sewage disposal systems. The goal of inspection and enforcement is to protect the public from injury and disease by significantly reducing the environmental risk that can arise from health hazards associated with permitted facilities.
  - Permitting The permitting and plan review services ensure the facility meets all applicable health codes. The issuing of permits is based on well-established health, safety, and environmental considerations intended to protect the public from health and safety hazards.
  - Animal Confinement and Testing for Rabies The goal of animal confinement and testing services is to prevent any human death due to rabies. Rabies is fatal to humans only if post-exposure vaccination shots are not administered appropriately or are administered too late.
  - Citizen Complaints This service involves responding to citizen complaints concerning environmental health issues in a timely and customer focused manner. Where a violation is confirmed to exist, this service involves initiating and carrying out the administrative processes established to bring about compliance with all health codes.
  - Customer Service Good customer service is implicit in all our relationships, whether information sharing, Freedom of Information Act requests, inspections or enforcement actions. Our goal is to be honest, professional courteous, responsive, open, timely, flexible, credible, and accurate. Providing outstanding customer service is one of the best ways we can fulfill our mission to protect human health.

Finance

- *Financial Overview*

  The chief source of funding for Environmental Health Services is from the General Fund, local matching funds, and revenue from environmental health permitting fees. Some districts receive funds from various federal nongeneral funds, state and local grant programs.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	2
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989																
Change To Base	-$249,920	$0	-$249,920	$0																
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989																
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989																
Change To Base	-$249,920	$0	-$249,920	$0																
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989																
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989																
Change To Base	-$249,920	$0	-$249,920	$0																
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989																
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989																
Change To Base	-$249,920	$0	-$249,920	$0																
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989																
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989																
Change To	-$249,920	$0	-$249,920	$0																

Base				
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
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Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
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Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change				

To Base	-$249,920	$0	-$249,920	$0
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Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
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Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
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Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989
Base Budget	$15,316,765	$23,549,989	$15,316,765	$23,549,989
Change To Base	-$249,920	$0	-$249,920	$0
Service Area Total	$15,066,845	$23,549,989	$15,066,845	$23,549,989

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		

Total Human Resource Level	0.0	= Current Employment Level + Wage and Contract Employees

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Reduce environmental and communicable disease hazards due to contaminated wells and failing onsite sewage disposal systems.

  Objective Description

  Protection of the public from the dangers of contaminated wells and failing septic systems is of critical importance to ensure the health of our rivers and streams as well as the health of those who drink private well water or live in proximity to failing systems. Hazards may be present due to improper site identification, construction or maintenance. VDH provides customer assistance and inspection, permitting and enforcement of wells and onsite sewage disposal systems as mandated by Section 32.1.

  Alignment to Agency Goals

  - Agency Goal: Assure provision of clean, safe drinking water to the citizens and visitors of the Commonwealth.

  Objective Strategies

  - VDH will collaborate with other agencies involving wells and onsite sewage disposal systems on issues of mutual concern, such as alternative wastewater systems, substandard housing, and surface water issues.
  - VDH will continuously update and improve its permitting and inspection program as new guidance is developed by federal, state and other partners.
  - VDH will minimize duplication of efforts by promoting communication and interoperability of state, local and other databases.
  - VDH will investigate well and onsite sewage disposal complaints in a timely manner.
  - VDH will provide customer assistance and conduct thorough and consistent inspections to achieve compliance with well and onsite sewage disposal safety laws and regulations.
  - VDH will maintain a strong and motivated environmental health work force through appropriate staffing levels and competitive salary structures.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of repair applications granted for failing onsite septic sewage disposal systems.

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 80 Date: 6/30/2005

    Measure Baseline Description: Percent

    Measure Target Value: 85 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: The number of applications for repairs and number of repair permits issued can be obtained from the Virginia Environmental Information System and other databases maintained by some health districts. The percentage is calculated by dividing the number of repair permits issued by the number of applications received during that fiscal year.

  - Percent of onsite sewage disposal system construction permits issued without paid claims from the state's Indemnification Fund for failed onsite sewage disposal systems.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 0.0005 Date: 6/30/2005

    Measure Baseline Description: Percent

    Measure Target Value: 0.0005 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: The number of onsite sewage disposal system permits issued can be obtained from the VDH's Virginia Environmental Information System database and other district databases. The number of paid Indemnification Fund claims is tracked by VDH's Office of Environmental Health Services. The percentage is calculated by dividing the number of paid claims from the state's Indemnification Fund by the number of onsite sewage disposal system construction permits issued within the fiscal year, multiplying that fraction by 100%.

- Reduce environmental and communicable disease hazards at food establishments, hotels, swimming pools, migrant labor camps, campgrounds and milk plants.

  Objective Description

  Protection of the public from the dangers of disease outbreaks is of critical importance to ensure the health of every person who eats at a Virginia food establishment, swims in a community pool, stays in a hotel or campground, lives in a migrant labor camp, or consumes products from permitted milk plants. Hazards may be present due to improper

storage, preparation or handling of food inadequate treatment of water or from unsafe camp, campground or hotel construction.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

  Comment: This objective is also aligned with Virginia's long term objective to inspire and support Virginians towards healthy lives and strong and resilient families.

- Agency Goal: Assure provision of safe food at restaurants and other places where food is served to the public.

Objective Strategies

- VDH will collaborate with other agencies involving food establishments on issues of mutual concern, such as boil water notices and outbreaks of foodborne illnesses.
- VDH will continuously update and improve its inspection program as new guidance is developed by federal, state and other partners.
- VDH will minimize duplication of efforts by promoting communication and interoperability of state, local and other databases.
- VDH will investigate food, hotel, campground, migrant labor camp, pool and milk plant complaints on a timely basis.
- VDH will increase the public's utilization of on-line food establishment inspection reports through public awareness campaigns.
- VDH will provide customer assistance and conduct thorough and standardized inspections to achieve compliance with food and milk plant safety laws and regulations.
- VDH will maintain a strong and motivated environmental health work force through appropriate staffing levels and competitive salary structures.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of scheduled restaurant inspections conducted within 30 days of the scheduled date.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 60 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 65 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Virginia Environmental Information System database reports

- Reduce human exposures to rabid animals.

Objective Description

Rabies is endemic throughout Virginia. Since 1998, two Virginians have died from rabies and thousands of others have had to undergo a month long course of vaccinations to prevent infection.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

  Comment: This objective is also aligned with Virginia's long-term objective to inspire and support Virginians towards healthy lives and strong and resilient families.

Objective Strategies

- VDH will improve awareness of rabies among the general population through periodic education campaigns to include information on making sure that pets are up to date on their rabies vaccinations; staying away from stray and wild animals; seeing one's doctor if bitten by a stray or wild animal; and reporting animal bites to the locality's appropriate animal control agency.
- VDH will improve awareness of rabies among the medical and veterinary community to include information on the importance of notifying VDH of potential human exposures to rabies; updated rabies post-exposure vaccination recommendations; providing pre-exposure vaccination to employees at risk of exposure to rabid animals; and ensuring that post-exposure prophylaxis is provided to those potentially exposed to rabies.
- VDH will improve coordination with local entities responsible for animal control to ensure appropriate confinement and testing of animals of notification of people potentially exposed to a rabid animal.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of animal confinements successfully closed by the prescribed release date.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 98 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 98 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: This measure is calculated using information from the Virginia Environmental Information System and other District databases. Animal confinement reports show when confined animal may

be released. The percentage of closed animal confinements is calculated by dividing the number of closed animal confinements that were reported released on the prescribed release date over the total number of “non-rabid” animal confinements.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 23 of 41

Local Family Planning Services (601 440 05)

Description

Local family planning services provide primary and secondary prevention, as well as health promotion, diagnosis and treatment. Family planning counseling is an example of primary prevention. The counseling involves specific intervention to protect against an unintended condition (pregnancy), or to plan for a future pregnancy. This is a voluntary program that offers all men and women in the Commonwealth, regardless of financial status, a means to exercise personal choice in determining the number and spacing of their children. Secondary prevention such as Cervical cancer screening or Chlamydia screening promotes early case finding for cervical cancer and infertility. Health promotion activities such as nutrition counseling, smoking cessation, and behavioral risk reduction counseling all focus on activities that increase a person's overall level of health and health awareness. Family planning services assist individuals in preventing sexually transmitted infections and play a major role in the early detection of breast and cervical cancer. Local family planning services also include:

Promotion of abstinence education and family involvement messages to minors seeking services,
Provision of acceptable and effective methods of contraception, and
Pre-conceptional counseling.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area is directly aligned with the mission of the Virginia Department of Health to promote and protect the health of Virginians by providing primary and secondary prevention, health promotion, diagnosis and treatment. Family planning allows sexually active persons the option of postponing children until they are financially, emotionally and physically able to bear the responsibilities of parenthood. Promoting abstinence as the only sure way of preventing unwanted pregnancies and sexually transmitted infections among those not married. Prevention of teen pregnancy helps teens to meet education and career goals prior to childbearing, increasing their potential to become independent contributing citizens of Virginia. The development of sexual responsibility encourages healthy attitudes toward marriage and family.
- *Describe the Statutory Authority of this Service*
  Code of Virginia § 32.1-2 requires the Virginia Department of Health to administer a comprehensive program of preventive, curative, restorative and environmental health services, including prevention and education activities focused on women's health.

  Code of Virginia Section 32.1-11 authorizes the Board of Health to formulate a program of environmental health services, laboratory services and preventive, curative and restorative medical care service, including home and clinic health services.

  Title X of the Public Health Service Act, 42 U.S.C. 300, et, seq
  Public Law 91-572, Section 1001.
  Title X (42 CFR Part 59, Subpart A) – Regulations governing Title X set out the requirements of the Secretary of Health and Human Services, for the provision of family planning services funded under Title X and implement the statute as authorized under Section 1001 of the Public Health service Act.

  Federal Title X funding for family planning agencies originates from the Family Planning Services and Population Research Act of 1970, P.L. 91-572. This law was amended in 1975 and 1978 to require Title X projects to provide access to natural family planning, infertility, and adolescent services. These amendments require that economic status not be a deterrent to receiving family planning services.

  Code of Virginia §54.1-2969 - States that a minor shall be deemed an adult for the purposes of consenting to services related to birth control, pregnancy or family planning and the diagnosis or treatment of venereal disease.

  Virginia Department Health Policy, "Limits on Confidentiality for Minors Choosing 'Do Not Contact' Status" - Minor patients must be informed of the advantages of involving their parents or guardians in their medical care. The advantages of parental involvement include: provision of important medical history, assistance to the minor with making wise decisions, and potential for improving family relationships.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Low income <250% of Federal Poverty Level individuals served	62,686	388,030
	Minority patients served	31,274	138,230
	Total Individuals served	71,517	388,030

Anticipated Changes To Agency Customer Base
External (economical, political, technological) pressures will influence changes in the customer base particularly in terms of the number of low-income women.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Service capacity is affected by available funding.

  Access to care

Immigration of foreign-born persons has caused and is likely to continue to require adaptations to language and cultural barriers.

- *Anticipated Changes to the Products and/or Services*

  Pap Smear technology advances will improve capability to diagnose and treat

  Immunization against Human Papilloma Virus is now available. This sexually transmitted virus is the most common cause for cervical cancer. The impact of the vaccine may not be seen in the near future.

  Birth control technology will improve which is likely to attract more clients

  Higher health care costs, fewer employers offering affordable health care insurance and the long term impact of economy recovery in the Commonwealth will increase the number of women seeking publicly funded family planning services.

  In January 2008, Medicaid revised its Family Planning Waiver, now called Plan First, to include men and women at 133 % of the federal poverty level. As long as they remain income eligible, basic family planning services are available indefinitely.
- *Listing of Products and/or Services*
  - Service Evaluation Determine customer satisfaction through annual survey. Maintain contact with area professionals to communicate and receive feedback of effectiveness of services being provided Monitor changes in demographics so the proper number of trained staff are available to serve customers. Also need to recognize shifts in customers who do not speak English so bilingual staff or volunteers are available
  - Three kinds of prevention services are provided: primary, secondary, and health promotion. Prevention products and services are provided primarily through education and screening. 1. Primary Prevention Family Planning – this includes counseling involving specific intervention to protect against an unintended pregnancy, or to plan for a future pregnancy and sexual risk reduction. Abstinence promoted to teens and unmarried Current standard and acceptable contraception methods: Barrier methods, male & female condoms, vaginal foam, hormonal based method to include: birth control pills, transdermal patches or injections, Intrauterine device, Diaphragm, Vaginal Ring and female or male sterilization [on limited basis according to funding]. Risk reduction counseling including limiting number of sexual partners and safer sex practices. Pregnancy testing and management of early prenatal care Establish there is a pregnancy Refer to Social Services for Medicaid eligibility Refer for maternity care with delivery health care professional Preconception counseling and testing Infertility counseling and referrals 2. Secondary Prevention These screenings promote early case finding of blood pressure, breast & cervical cancer and infertility. This would include but not be limited to: Breast diseases including cancer Cervical Cancer screening Chlamydia and other sexual transmitted diseases Blood pressure checks and referrals 3. Health Promotion Nutrition Counseling Folic Acid supplements Fluoride supplements if appropriate BMI [Body Mass Index] assesses body fat Smoking cessation Referrals for Drug / Alcohol / Addiction Mental Health Referrals Dental Health Immunizations Hepatitis B for those at risk Flu immunization annually
  - Community Involvement Information dissemination on populations being served. Outreach efforts to at risk populations and the community at large Recruitment of medical providers/facilities (voluntary sterilization program) Partnerships, collaborations, and coalition building with community agencies/providers/programs both internal and external.

Finance

- *Financial Overview*

  Local health department family planning services are funded by a variety of sources. The major source of funding is through the Cooperative Budget including both state and local matching funds. The service area receives state funds for the purchase of contraceptives and cervical cancer screening services. The service area also receives federal Title X funds to supplement family planning services in the local health departments.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375																
Change To Base	$618,595	$0	$618,595	$0																
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375																
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375																
Change To Base	$618,595	$0	$618,595	$0																
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375																
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375																
Change To Base	$618,595	$0	$618,595	$0																
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375																

Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
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Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375

Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
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Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
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Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375
Base Budget	$8,005,874	$10,926,375	$8,005,874	$10,926,375
Change To Base	$618,595	$0	$618,595	$0
Service Area Total	$8,624,469	$10,926,375	$8,624,469	$10,926,375

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		

Wage	
Contract Employees	
Total Human Resource Level	**0.0** = *Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Maintain the number of individuals served who are in need of publicly funded family planning services.

  Objective Description

  Local family planning services provide primary and secondary prevention, as well as health promotion, diagnosis and treatment. Family planning counseling is an example of primary prevention. The counseling involves specific intervention to protect against an unintended condition (pregnancy), or to plan for a future pregnancy. This is a voluntary program that offers all men and women in the Commonwealth, regardless of financial status, a means to exercise personal choice in determining the number and spacing of their children. Secondary prevention such as Cervical Cancer screening or Chlamydia screening promotes early case finding for cervical cancer and infertility. Health promotion activities such as nutrition counseling, smoking cessation, and behavioral risk reduction counseling all focus on activities that increase a person's overall level of health and health awareness. Family planning services assist individuals in preventing sexually transmitted infections and play a major role in the early detection of breast and cervical cancer. Local family planning services also include: Promotion of abstinence education and family involvement messages to minors seeking services, Provision of acceptable and effective methods of contraception, and Pre-conceptional counseling.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

    Comment: This objective also aligns with Virginia's long term objective to inspire and support Virginians towards healthy lives and strong and resilient families.

  Objective Strategies

  - Assure provision of family planning services which comply with state and federal Title X Family Planning Program requirements. Increase public awareness of local health department family planning services within the general community with a focus on hard to reach and high risk populations. Collaborate with community partners to provide access to health department family planning services for women in need. Provide a range of appropriate, affordable and safe contraceptive methods for women in need. Identify and address barriers to access such as language, transportation and appointment availability. Assess customer satisfaction with quality of health department services and modify as indicated.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Number of individuals served

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 74738 Date: 12/31/2004

    Measure Baseline Description: Number of individuals

    Measure Target Value: 66801 Date: 6/30/2012

    Measure Target Description: Number of individuals

    Data Source and Calculation: Virginia Department of Health Web VISION

- Reduce the teenage pregnancy rate.

  Objective Description

  The United States has highest pregnancy and birth rates of any industrialized country. The negative consequences of teen motherhood include: less likely to complete high school [only 32% of those with one child complete high school], dependent on welfare, more likely to have more children sooner on a limited income, and more likely to abuse or neglect the child. The negative impacts on the child include: Low birth weight and prematurity more likely, Higher percent of school failure, Insufficient health care, and Increased chance of being abused or neglected In the United States the teen birth rate declined steadily from 1960 through the mid-1970s, stayed fairly constant for the next decade, then increased 24 percent between 1986 and 1991. Between 1991 and 1999, the teen birth rate decreased 20% to a record low. This decline has continued into this century. Recently, the US teen birth rate increased 3% between 2005 and 2006. [National Campaign to Prevent Teen Pregnancy analysis of Henshaw, S.K., U.S. Teenage Pregnancy Statistics] Virginia has also seen a continual steady decline of teen pregnancy rates. In 2004 and 2005, Virginia's teen birth rate dropped to 26.5/1,000 compared to 1987 when the rate was 45.6/1000. The Virginia teen birth rate may be trending upward reflecting the national increase as the rates for 2006 and 2007 are 27.3/1,000 and 27.2/1,000. [Virginia Center for Health Statistics]

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

    Comment: This objective also aligns with Virginia's long term objective to inspire and support Virginians towards healthy lives and strong and resilient families.

  Objective Strategies

  - Promote abstinence as best choice for teens Provide intensive education about sexual health, making healthy choices and avoiding risky behaviors. Encourage family involvement in making decisions about sexual health. For teens choosing to be sexually active, provide information about contraceptive methods and help select the method

best suited for them. Assess teen's satisfaction with local health department services and modify as indicated. Identify and remove barriers to teens receiving local health department services such as transportation and appointment availability. Increase public awareness of health department services for teens Health fairs in private and public schools and colleges News articles Media coverage Develop community partnerships with public and private agencies, governing bodies, parents and youth to address teen pregnancy prevention.

Link to State Strategy

- nothing linked

Objective Measures

- Teen pregnancy rate

Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

Measure Baseline Value: 26.5 Date: 12/31/2004

Measure Baseline Description: Number per 1,000 for 10-19 year olds

Measure Target Value: 26.2 Date: 6/30/2012

Measure Target Description: Number per 1,000 for 10-19 year olds

Data Source and Calculation: Virginia Department of Health Center for Health Statistics

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 24 of 41

Support for Local Management, Business, and Facilities (601 440 09)

Description

This service area provides leadership, programmatic direction, and management of human and financial resources for local health departments (LHDs). LHDs are organized into districts to achieve management efficiencies and comprise between one and ten political subdivisions. This service area includes business functions such as budgeting, accounting, and procurement and makes resource allocation decisions among political subdivisions based on need, available local matching funds, and estimates of earned revenue. Resources include local health department staff, funding, equipment, supplies, office space, buildings, and vehicles. Support encompasses ongoing assessment and evaluation to assure that services and programs of the local health department continue to match local community needs. Sound management and close oversight ensure that expenditures for essential local public health services remain as low as possible; and that programs are effective in attaining goals and comply with all applicable federal, state, and local laws, regulations, and policies.

Local health departments operate under two models. The vast majority of cities and counties contract with the Virginia Department of Health (VDH). Two local governments (Arlington and Fairfax counties) sought and obtained General Assembly approval to administer LHDs as a unit of local government. Locally administered health departments must comply with the same programmatic requirements, policies, regulations, and laws as other LHDs.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns with the Virginia Department of Health's mission to promote and protect the health of Virginians by providing local leadership, business support, and overall direction for local health departments.
- *Describe the Statutory Authority of this Service*
  Code of Virginia § 32.1-30 requires every city and county to establish and maintain a local health department in each county and city.

  Code of Virginia § 32.1-119(B) provides that persons deemed to be medically indigent shall receive the medical care services of the Department without charge.

  Code of Virginia § 32.1-31 establishes operation of local health departments

  In addition to these specific citations, LHDs must comply with all federal and state human resource, procurement and general services -specific statutes and Executive Orders issued by the Governor. These are listed in detail in the agency level service area plan: Administrative and Support Services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	City/County governments	132	132
	Hotels, summer camps, campgrounds, swimming pools, migrant labor camps	4,812	5,012
	Individuals Applying for food, sewage disposal or private well permits	70,000	70,000
	Local health department clinic patients	170,431	7,712,091
	Local health department employees	2,835	2,835
	Permitted food establishments (restaurants, school cafeterias, etc.)	27,000	27,000
	VDH central office employees	1,035	1,035

Anticipated Changes To Agency Customer Base
The customer base of this service area reflects changes in the local population. It is affected by changes in sectors of the population such as age, immigration, emigration, and the economy. For example, during a downturn in Virginia's economy, increased numbers of Virginians meet income requirements for certain services such as Women, Infants, and Children nutritional support or for other health care services. In times of a robust economy, these demands for service may decrease while demands for services such as health department support for the opening of new restaurants and hotels or onsite sewage disposal permits may increase.

New mandates and initiatives may affect the number of customers who are eligible for local health department services.

The customer base is changing and growing, based on projected changes in the population both from the birthrate, movement from other States, and immigration from other countries. Changes in demographics (more people who speak English as a second language, aging of the population, globalization) challenge local health departments to stay nimble, to meet changing needs and to avoiding degradation of Virginia's health status. For example, globalization, with its increase in the frequency of travel for business and recreational purposes, has brought to Virginians the increased risk of exposure to diseases previously rarely found in the state. As a result, local health departments need to enhance disease surveillance capability.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Products and services are dependent on the level of available funding, legal and policy requirements affecting their use, and community conditions that affect both service demand and resource supply.
- *Anticipated Changes to the Products and/or Services*
  New mandates or initiatives may require the leadership in LHDs to divert or augment current resources to respond.

The need to plan for and respond to all types of emergencies has required LHDs to work with a broad range of local, regional, and state partners to assure appropriate actions.

Global changes in the business world, with increasing communications and travel will continue to affect what services the local health department provides, its capacity to meet the local community's needs, and how services are given.

The need for interpretation and translation services to support local health department work will continue to expand in the foreseeable future.

The use of computer and software technology will continue to increase the efficiency of business practices, bringing the local health departments increasingly in line with the private sector in such practices as the use of credit and debit cards and the provision of rapid, internet-based, customer-friendly services.

Demographic changes in the Virginia population will increase the need for workforce development of succession planning and management.

Senior management of the local health departments is disproportionately represented by the "baby boomers". This will affect the demand for healthcare benefits. It also creates a need for management attention to mentoring and development of junior management staff.

- *Listing of Products and/or Services*
  - Budgeting and planning for use of locally available fiscal and human resources.
  - Management of district revenue, funds, staff, supplies, procurement, equipment, facilities and properties.
  - Prioritization of the use of resources in such a manner as to enable the mandated provision of care to the indigent without charge.
  - Appropriate stewardship of funds and other resources allocated to local health departments.
  - Provision of service to customers that assures compliance with all applicable federal, state and local requirements.
  - Staff recruitment, training, and personnel management.
  - Community assessment
  - Assure there are adequate facilities to deliver services that are accessible to all Virginians.

Finance

- *Financial Overview*
  Funding for local health departments is shared by the State and local governments based on an ability-to-pay measure developed by JLARC and last updated in 1988. Local government matching contributions range from a low of 20% to a maximum of 45%. The 'cooperative health department budget' arrangement was established by the General Assembly in 1954. Revenue earned by local health departments for patient care, permits, and issuance of death certificates also supports the operation of LHDs. Finally, this service area is responsible for managing federal grant funds that may be allocated to LHDs by statewide program offices through memoranda of understanding.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	2
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658																
Change To Base	-$384,623	$0	-$384,623	$0																
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658																
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658																
Change To Base	-$384,623	$0	-$384,623	$0																
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658																
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658																
Change To Base	-$384,623	$0	-$384,623	$0																
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658																
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658																
Change To Base	-$384,623	$0	-$384,623	$0																
Service Area	$31,131,883	$17,565,658	$31,131,883	$17,565,658																

Total				
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
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Change To Base	-$384,623	$0	-$384,623	$0
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
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Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0
Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0
Service				

Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0

Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0

Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0

Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0

Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658
Base Budget	$31,516,506	$17,565,658	$31,516,506	$17,565,658
Change To Base	-$384,623	$0	-$384,623	$0

Service Area Total	$31,131,883	$17,565,658	$31,131,883	$17,565,658

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Attract, recruit, develop and retain appropriate public health staff for local health department operations.

  Objective Description

  Assures adequate and appropriate staffing to perform public health functions required by the Code of Virginia or as a

condition of accepting federal funding.

Alignment to Agency Goals

- Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.

Objective Strategies

- LHD management will analyze its local recruitment and selection practices to identify ways to streamline these procedures to assure as little gap as possible when refilling existing positions or establishing new positions. Technical assistance will be provided by the Office of Human Resources as needed.
- LHD management will analyze their turnover to identify actions that can be taken to reduce turnover to factors that can be controlled by local management.
- LHD management will conduct an annual review of salaries to determine, within available resources, if internal alignment or other pay actions are needed to assure salaries are equitable and fair.
- LHD management will ensure that all employees who require license or certification as a condition of employment maintain current status and report any restrictions or other administrative actions to VDH management.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of maximum employment level achieved

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 92 Date: 4/1/2005

  Measure Baseline Description: Percent of VDH's full time equivalent (FTE) employee positions filled

  Measure Target Value: 97 Date: 6/30/2012

  Measure Target Description: Percent of VDH's full time equivalent (FTE) employee positions filled

  Data Source and Calculation: Virginia Department of Human Resource Management monthly reports on full time equivalent employment levels

- Strengthen essential public health programs through determining future needs.

Objective Description

Local health departments tailor their services to address the specific needs of the communities served. Ongoing assessment of community health status and characteristics promotes efficient and appropriate use of resources.

Alignment to Agency Goals

- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- Local health departments will use Mobilizing Action Through Planning and Partnerships (MAPP) to continue assessment of strategic public health issues that affect their communities. Local health departments determine the frequency of assessment, the data used, the individuals and organizations involved, how these findings influence programs and services, and how the results are communicated to local government, interested community partners, and VDH management. Based on the assessment, local health departments formulate goals and objectives, plans and implementation strategies to address public health issues. Evaluation of the process and progress towards goals and objectives is conducted.

Link to State Strategy

- nothing linked

Objective Measures

- Number of local health districts conducting a community needs assessment

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Frequency Comment: Every three to five years, depending on changing local circumstances.

  Measure Baseline Value: 10 Date: 6/30/2006

  Measure Baseline Description: Number

  Measure Target Value: 35 Date: 6/30/2012

  Measure Target Description: Number of local health districts conducting a community needs assessment at least once every three to five years

  Data Source and Calculation: Currently no standard community needs assessment.

- Strengthen essential public health programs through monitoring and evaluating current performance.

Objective Description

Sound management requires taking the time to find out how actual performance measures up to planned performance. Monitoring and evaluating current performance against established goals and administrative standards promotes identification of progress and provides the opportunity to enhance performance

Alignment to Agency Goals

- Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.

Objective Strategies

- Local health departments will use the National Public Health Performance Standards Program (NPHPSP) to measure the capacity of the local health department to conduct essential public health services. The focus is on the overall quality of the system and optimal performance. Intent is to create a stronger public health infrastructure; building leadership and partnerships.

Link to State Strategy

- nothing linked

Objective Measures

- Number of local health districts with their performance compared to national standards

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 10 Date: 6/30/2006

  Measure Baseline Description: Number of local health districts undertaking an evaluation of their performance relative to the standards.

  Measure Target Value: 35 Date: 6/30/2012

  Measure Target Description: Number of local health districts undertaking an evaluation of their performance relative to the standards.

  Data Source and Calculation: Local health district and VDH Central Office statistics

- Follow good business practices to ensure ethical stewardship of public funds.

Objective Description

Good business practices include adhering to all applicable State, federal and local laws; all applicable Virginia State government and Virginia Department of Health policies and guidelines; pertinent medical standards and adhering to ethical business practices.

Alignment to Agency Goals

- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- VDH management will share information on agency audits with local health departments.
- VDH Management will provide training as appropriate and maintain resource materials on the VDH website to assist local health departments to self-assess audit deficiencies, strengths and trends.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of local health districts with no material weaknesses to meet internal and external audit requirements.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 97 Date: 6/30/2005

  Measure Baseline Description: Percentage

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Percentage

  Data Source and Calculation: Office of Internal Audit, VDH Virginia Auditors of Public Accounts (APA) Special and Federal Audits (ex. WIC). Local health districts are audited on a three-year cycle by VDH Internal Auditor, one-third are audited each year.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 25 of 41

Local Maternal and Child Health Services (601 440 10)

Description

Maternal and Child Health at the local level provides essential public health service functions which are necessary to protect and improve the health of pregnant women, infants, children and adolescents in a healthy environment, whether that is the family, an external setting such as daycare, or the broader community. Maternal and child health services include assuring provision of direct or facilitative care services, assuring provider and parent capabilities, and mobilizing community partnerships in identifying and achieving solutions. Services include:
Assure pregnancy identification, and prenatal care, follow up and referral services through postpartum care;
Provide case coordination and/or case management services in order to increase the ability of the client to meet prenatal care guidelines, understand and practice healthy behaviors prior to and during pregnancy, and achieve healthy pregnancy outcomes;
Mobilize groups, coalitions and systems within the community that promote and assure services (families, providers, voluntary, corporate or other organizations);
Facilitate health insurance enrollment for children and families;
Provide safety net ambulatory care for sick and well children in coordination with community health care resources;
Screen and identify early intervention for physical and developmental conditions that affect health and learning readiness, and health problems related to environmental factors, such as lead and asthma;
Provide infant and child case management services, developmental assessment, anticipatory guidance and injury prevention;
Promote provider education on public health principles, practices, and professional care standards as they affect health outcomes; and
Assure care of children with health needs in group settings such as day care, preschool and school, including identification of individual and group health and safety needs.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns with the Virginia Department of Health mission to promote and protect the health of Virginians through strategies designed for reduction of risk factors, and increase in prevention, support and care contributing to the reduction of morbidity and mortality. The status of maternal and child health is affected by community behavioral norms, access to state of the art care, culture and language competencies, and access to family and community support systems. Service strategies at the local level are key for improvement of state health status indicators and outcomes.
- *Describe the Statutory Authority of this Service*
  Sections 32.1-30, 32.1-31, and 32.1-32 of the Code of Virginia require each county and city to establish and maintain a local department of health.
  Section 32.1-77 provides for Virginia's Title V plan for maternal and child health services and services for children with special health care needs.
  Section 32.1-11 provides that persons deemed to be medically indigent shall receive the medical care services of the department without charge; the Board of Health may prescribe charges to be paid by persons who are not indigent and a scale of charges based on ability to pay.
  Section 22.1-270 provides for preschool physical examinations for medically indigent children without charge.
  Section 22.1-274 authorizes local health departments to provide personnel for health services for the local school division.
  Section 32.1-78 requires a report to the Superintendent of Public Instruction or appropriate school division the identity of and pertinent information about children with health problems or handicapping conditions.
  Sections 32.1-46.1 and 46.2 establishes a protocol for the identification of children at risk for elevated blood lead levels.
  Cooperative agreement with Department of Medical Assistance Services for Developmental Disability Waiver Eligibility Determinations.
  Sections 46.2-1095 and 46.2-1097 provide requirements for child motor vehicle restraints; VDH is required to operate a program to promote, purchase and distribute child restraint devices to applicants who need a child restraint device but are unable to acquire one because of financial inability.
  Section 2.2-5204 provides for health department participation in the local teams under the Comprehensive Services Act.
  Section 2.2-5305 provides for health department participation on Part C of Individuals with Disabilities

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Children affected by services of local health departments	1,884,000	1,884,000
	Children receiving services through local health departments	50,844	93,000
	Children with Special Health Care Needs Children served through the Virginia Department of Health Child Development Clinics	2,516	49,300
	Health care plans and physicians	38,500	38,500
	Hospitals	94	94
	Public school systems	133	133
	State Agencies (MCH serving)	5	5
	Women receiving prenatal care through health department	16,848	23,033

Anticipated Changes To Agency Customer Base
Families:

An increase in foreign born and minority populations is reflected in disparate health status indicators, and need for providers to be competent in full range of cultures and languages.
The high number of children being raised in single parent households (23.2%, 2005-07 Census estimates) correlates with the poverty experienced by Virginia's children according to the 2005-07 Census estimate, 13% of children 0-18 years live below the federal poverty level. The percent of non-marital births (live births: 35.3%, VDH 2007) also correlates with lower educational level, higher levels of depression, late entry into prenatal care, higher infant mortality rates and lower birth weights. The effect of increasing publicly funded insurance is a necessary but not sufficient factor, as need for support services is expected to increase

Health care providers:
Obstetrician-gynecologists are increasingly limiting their practice to gynecology.
The use of nurse practitioners and nurse midwives has extended ambulatory obstetrics coverage, but because of lack of surgical skills, full coverage of practice is not available.
Local health departments have drawn from local providers, arrangements with universities, and nurse practitioners to provide care and service capacity has shifted as managed care networks evolved. Changes in referral networks and distance to care have changed in some areas, affecting care.

Health care plans:
Pockets of unemployment contribute to lack of health care coverage. With an overall state unemployment at 7.3 percent in 2009, the range was 5.5 to 12.8 percent depending on the region of the state.

Publicly funded insurance is not yet covering all eligibles. Timeliness of coverage during pregnancy is important.

Out of home care providers:
More out of home care is being sought as mothers continue or re-enter the workforce.
Many families are using unlicensed day care homes or family day care homes where attention to knowledge and skills are less monitored, and economic constraints of the providers preclude their attendance at learning opportunities on health and safety.

State agencies and jurisdictional entities:
Coordinative needs increase as the need for effectiveness of interventions at the local level increases . Departments of health, social services, community services boards, police, fire, emergency medical services, child care, preschools, schools, housing departments and authorities are increasingly involved in mutual issues of healthy pregnancies and families, healthy children, healthy child care, healthy (and safe, violence-free, drug-free) schools, healthy housing and healthy environments

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Across the state, the terrain and density vary widely. Geographical features, transportation, lack of medical providers are barriers to care.

  In 2007 it was reported that 5.9% of Virginia's children living in 200% poverty are uninsured. Barriers to enrollment include complex processes, language, and waiting times.

  Mobility of families affects eligibility and enrollment in health care. Mobility may be geographic, family, and/or economically based. At each point of transition, the discontinuity may result in lapse of health care coverage, and increase the need for safety net services, including the military and civilian interface.

  Increases in immigration and language diversity affects service provision, including need for real time professional translation and interpreter services. If interpretation is not culturally competent and accurate, health conditions may be affected.

  Injury, unintentional and intentional with violence, is a leading cause of death for Virginia children. Child abuse and neglect, as part of domestic violence, increases morbidities and service needs which address developmental, emotional and physical needs.

  Changes in eligibility, coverage of services, and reimbursement may affect availability of services and providers.

  Changes in availability of workforce, including obstetricians, impacts services.

  Changes in contractual arrangements for support services such as ultrasound or special laboratory testing have an impact on service availability.
- *Anticipated Changes to the Products and/or Services*
  Local health departments may increase assessment activities at the group and population based levels for determination of needs, including need for workforce skill building capabilities. There will be increased demand for use of evaluation data to develop community consensus on use of resources once needs are identified.

  Local health departments will work to provide quality and accessibility of culturally competent, family centered, community based services. This is driven by the need to obtain accurate health histories and impart health messages that are understood. The resources necessary for support infrastructure (time, funding) are in competition with need for other resources, and could affect timeliness of services.

  Efforts in training for health care providers, out of home care providers, administrators, policy makers, parents will be affected by resource availability and policy initiatives. For instance, knowledge of lead prevalence will affect screening practices.

  As individual and health system transitions occur, the assurance functions will be stretched so that children do no not fall between the cracks as they move from place to place, service site to service site. Care facilitation and case management services are likely to increase.

  Integration of developmental, emotional and capacity building skills within primary care, family, and out of home settings may be driven by professional and pragmatic concerns on child health outcomes.

  There is an increase in awareness of and planning for preparedness, response and recovery for children and families in disasters driven by required emergency planning under Centers for Disease Control and Prevention, Health Resources Services Administration, and other federal, state and local processes.

- *Listing of Products and/or Services*
  - Local health departments vary in methods and capacity of service delivery, but all either provide these services or assure they are available.
  - Screenings for physical and developmental conditions that affect health and learning readiness, including the care of children with special health needs in the primary care settings.
  - Home visiting to provide parental education and technical assistance, including use of specific assessments of environment and child interaction to guide parents.
  - Comprehensive developmental assessments through eleven regional child development centers, working with children and families.
  - Assessment of Developmental Disability Waiver eligibility for Medicaid through Child Development Centers.
  - Home assessments and other assessments, including in collaboration with environmental health, code enforcement, social services, community services boards, police and fire for unusual circumstances.
  - Community maternal and child health needs assessments of overall or specific service gaps; assessment of practice and referral patterns; assessment of community use of protocols, such as asthma management.
  - Providing linkage of needs and services actions within the community to increase understanding of healthy behaviors, to monitor health status, and to mobilize groups, coalitions and systems within the community that promote and assure services (families, providers, voluntary, corporate or other organizations)
  - Providing public information concerning maternal and child health risks and responses, including general child growth and development, hand washing, sanitation, infection control, animal safety, substance avoidance, signs of premature labor.
  - Assuring or providing pregnancy identification and referral; prenatal and post partum care consistent with the Virginia Department of Health Prenatal Care Guidelines include prenatal care directly and/or through case coordination and/or case management services (Services such as family planning, immunization, and chronic disease prevention are addressed in separate service areas, although they share a continuum of care prior to and following pregnancy which will affect outcomes.)
  - Assuring services which are integral to care, such as culture and language competencies and including interpretative services.
  - Assuring, identifying, and accessing health care health care plan enrollment, as well as safety net functions of direct child health care, ambulatory care for sick and provision of well child care consistent with Early Periodic Screening Diagnosis Treatment and Bright Futures, and sick child care. Reporting of child abuse and neglect. Providing childhood immunizations as part of care.
  - Care coordination and case management through field public health nursing, or named programs such as Healthy Start, Resource Mothers, Healthy Families, Child Health Investment Program of Virginia.
  - Participating in provider education concerning the health of the child in group settings such as child care, preschool and school, including identification of individual and group health and safety needs.
  - Promoting fatherhood initiatives.
  - Provision of child health specialist consultation and education for out of home child care.
  - Assessment for eligibility for programs: financial and programmatic. Facilitation of enrollment in Family Access to Medical Insurance Security Plan and Family Access to Medical Insurance Security Plus.
  - Provision of, or coordination with, school health nursing: Assessment and assurance of health care status and development of healthcare plans for school aged children; skilled nursing care; care of minor injuries and major events prior to transport; review of safety, environmental health related issues; surveillance for communicable disease.
  - Provision of child safety motor vehicle restraint education and placement for low income infants and children.
  - Coordination with child nutrition education, including support for Women, Infant and Children and food safety.
  - Coordination with dental health education, services, and referral.
  - Addressing improvement to healthy community norms through awareness, education, and behavior changes in groups of interest. Presentation of assessments and district strategic health plans to groups, including jurisdictional policy groups. Participation on School Health Advisory Boards, Part C of the Individuals with Disabilities Education Act, Comprehensive Services Act teams, and community child health coalitions
  - Surveillance for childhood health conditions such as blood lead screenings, screening for growth parameters, screening for nutrition and obesity, screening for vision, hearing, immunization status.

Finance

- *Financial Overview*
  [Nothing entered]
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	2
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																		
Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455																		
Change To Base	-$284,806	$110,604	-$284,806	$110,604																		
Service Area Total	$18,525,774	$30,475,059	$18,525,774	$30,475,059																		
Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455																		
Change To Base	-$284,806	$110,604	-$284,806	$110,604																		

Service Area Total	$18,525,774	$30,475,059	$18,525,774	$30,475,059
Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455
Change To Base	-$284,806	$110,604	-$284,806	$110,604

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Service Area Total	$18,525,774	$30,475,059	$18,525,774	$30,475,059
Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455
Change To Base	-$284,806	$110,604	-$284,806	$110,604

Service Area Total	$18,525,774	$30,475,059	$18,525,774	$30,475,059
Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455
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Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455
Change To Base	-$284,806	$110,604	-$284,806	$110,604

Service Area Total	$18,525,774	$30,475,059	$18,525,774	$30,475,059
Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455
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Base Budget	$18,810,580	$30,364,455	$18,810,580	$30,364,455
Change To Base	-$284,806	$110,604	-$284,806	$110,604

Service Area Total	$18,525,774	$30,475,059	$18,525,774	$30,475,059

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Improve pregnancy outcomes by assuring early entry into prenatal care.

  Objective Description

  The goal of this service area is to reduce morbidity and mortality associated with pregnancies. With the advent of networked managed care for publicly funded prenatal patients, fewer local health departments directly provide prenatal care services. However, most local health districts actively provide care facilitation, referrals, and case management.

  Alignment to Agency Goals

  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Analyze existing data for service delivery systems and outcomes, develop plans to address gaps and report activities. Educate the community about the need to begin prenatal care early in the pregnancy. Coordinate with providers of pregnancy identification and preconceptual health education (folic acid, smoking cessation, alcohol and substance use elimination, nutrition counseling). Provide pregnancy testing that is easily accessible and available. Maintain linkages with primary care and prenatal providers, WIC, social services and Department of Medical Assistance Services to assure access and referral. Provide direct health service delivery and safety net services through the local health department as local health department and community resources allow. Develop strategies to address and reduce racial and ethnic health disparities. Improve community stakeholder participation in building solutions.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Number of local health districts with a prenatal service plan

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 35 Date: 6/30/2005

    Measure Baseline Description: Number of local health districts

    Measure Target Value: 35 Date: 6/30/2012

    Measure Target Description: Number of local health districts

    Data Source and Calculation: All district plans will be reviewed annually to determine compliance with the target criteria

  - Number of pregnant women receiving direct and/or facilitative services through local health departments

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 8255 Date: 9/30/2003

    Measure Baseline Description: Number of women receiving services

    Measure Target Value: 14032 Date: 9/30/2012

    Measure Target Description: Number of women receiving services

    Data Source and Calculation: Patient and service numbers from VDH patient care data systems (WebVISION and local data systems; VDH vital records)

- Provide leadership in assuring infants, children and adolescents will have access to a specific source of ongoing primary care which will identify and address health conditions needing intervention.

  Objective Description

  This objective is vital to preserving Virginia's health care safety net for children. Assuring the health of children is an essential component of public health.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
  - Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Facilitate and promote enrollment and maintenance of children in a medical home (Improve access to health services, medical home, and health insurance; safety net for transition, homeless, language; interagency coordination; data and information systems locally applicable), including expansion of WebVISION-Family Access to Medical Insurance Security Plan linkage. Early identification of risk conditions, developmental, medical, dental, and special needs (Improve identification of at risk populations and assure linkage with prevention and early intervention). Analyze existing or targeted community data to address improvement of health service delivery and

outcomes. Educate and build community support for healthy childhood behaviors (strengthen families; improve the quality of clinical, preventive and community based services: family knowledge of anticipatory guidance, developmental milestones, nutrition and healthy behaviors, continuous insurance coverage, care coordination, case management, Women, Infant and Children, provider knowledge and practice). Build stakeholder participation in improving solutions.

Link to State Strategy

- nothing linked

Objective Measures

- Number of children receiving direct care and care coordination services through local health departments

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 21138 Date: 9/30/2003

  Measure Baseline Description: Number of children

  Measure Target Value: 21369 Date: 9/30/2012

  Measure Target Description: Number of children

  Data Source and Calculation: Patient and service numbers from the Virginia Department of Health patient care data systems (WebVISION and local data systems). Data must define type of service adequately to use in service delivery analysis and gap identification.

- Identify, address, and refer for appropriate services children with special health care needs (children who have or are at risk for chronic medical, emotional, behavioral or developmental disorders)

Objective Description

Early identification and intervention is essential to protecting and promoting the health, and improving the quality of life, of this population.

Alignment to Agency Goals

- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- Develop method of identifying services to Children with Special Health Care Needs in WebVISION. Linkage of early identification of Children with Special Health Care Needs through screening with referral for full assessment and interventions. Provision of comprehensive health and developmental assessments. Provision of developmental disability waiver eligibility screening for home based services. Identify training for providers (social work, nursing, psychology, medical) in assessing need for Children with Special Health Care Needs services and referrals. Linkage with community supports (care coordination, case management, preschool and school, family supports and education). Participation in planning and implementation of comprehensive, coordinated, family-focused, child- centered, and community based service systems at the local district level (Individuals with Disabilities Education Act, including Parts B and C; Comprehensive Services Act for At-Risk Youth and Families, school health advisory.

Link to State Strategy

- nothing linked

Objective Measures

- Number of children with special health care needs served through local health districts, including children served through the Child Development Clinic system

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 1730 Date: 6/30/2004

  Measure Baseline Description: Number of children

  Measure Target Value: 1765 Date: 6/30/2012

  Measure Target Description: Number of children

  Data Source and Calculation: Virginia Department of Health WebVISION and local data systems.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 26 of 41

Local Immunization Services (601 440 13)

Description

Local health departments have statutory responsibility to maintain and operate effective immunization programs which provide vaccines to the public with an emphasis on the vaccine-preventable diseases of childhood such as chicken pox, diphtheria, haemophilus influenza, hepatitis B, measles, mumps, pertussis, polio, rubella, and tetanus, Additional targeted groups for the provision of influenza vaccine are the very young, those with certain environmental or medically high risk conditions, and the elderly who are also targeted for bacterial pneumonia vaccination. Local health departments maintain an inventory or assure access to rabies vaccine and biologicals for administration to those citizens exposed to wild or domestic animals when rabies disease is suspected or proven in the animal. Local health departments participate in and implement on an as-needed basis emergency preparedness measures such as the planned 2009 novel influenza vaccination program. All local health departments develop and maintain mass vaccination plans in accordance with state and federal emergency preparedness guidelines. Many local departments offer meningitis vaccinations for beginning students at higher education institutions. Many local health departments provide immunizations required or recommended for foreign travel.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health's mission of promoting and protecting the health of Virginians by preventing and controlling the spread or occurrence of vaccine-preventable disease in the community.
- *Describe the Statutory Authority of this Service*
  Section 32.1-2 authorizes the State Board of Health, the State Health Commissioner and the State Department of Health to administer a program of preventive, curative, restorative, and environmental health services.
  Section 32.1-46 provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.
  Section 23-7.5 requires full time students enrolling in public institutions of higher education to be immunized against certain diseases in accordance with the recommendations of the American College.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Birthing Hospitals	71	71
	Community Health Centers	93	93
	General Public (non-influenza or pneumonia vaccinations)	25,000	7,712,091
	Influenza and Pneumonia Vaccine Recipients	30,000	100,000
	Laboratories	1	110
	Licensed Child Care Centers	2,598	2,598
	Local School Systems	133	133
	Nursing Facilities and Assisted Living Facilities, in Influenza Outbreak Circumstances, or for Technical Immunization Assistance	605	605
	Pediatricians and Family Physicians	1,800	3,500
	Project Immunize Virginia Coalition	1	1
	State Health Department Division of Immunization	1	1
	Widespread severe vaccine-preventable disease outbreak	7,712,091	7,712,091

Anticipated Changes To Agency Customer Base
New vaccine products potentially could expand the customer base.

Policy changes at the federal or state level either expanding or restricting the approved use of existing vaccines could increase or decrease the base. The same would apply to changes in third party coverage of vaccination services.

Future vaccine shortages could place more demand on local health department vaccine delivery.

New adverse findings on vaccine safety or efficacy could lessen the base.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Poverty, unemployment, health insurance, and availability of providers willing to serve the indigent or Medicaid recipients can increase demand for local health department immunization services.

  Vaccine supply can fluctuate, leading to uncertainties in future availability.

  Acts of bio-terrorism may radically increase the demand for certain vaccine

  Immigration policies may cause an increase in demand for certain vaccines disproportionately needed by immigrants

presenting to local health departments. Alternately, more restrictive immigration policy may lessen this demand

Growing concern among a certain population segment over childhood vaccine safety may decrease vaccination demand in this group

Legislative and policy changes at the federal and state levels may expand the rolls of those eligible for or entitled to vaccination, thereby increasing demand for services

Continuous development of new vaccines increases the demand for their deployment in the general public or in targeted groups

Resource shortfalls may prevent some local health departments from offering full service immunization programs

- *Anticipated Changes to the Products and/or Services*
  Increased focus on emergency preparedness

  Greater need for services

  Addition of new vaccines
- *Listing of Products and/or Services*
  - Vaccine Supply An inventory of viable vaccine is maintained and properly stored in each Local Health Department to meet current and future community needs
  - Local Policy Implementation Implement and interpret statewide policy on vaccine-preventable diseases in accordance with the joint recommendations of the Centers for Disease Control Advisory Committee on Immunization Practices, the American Academy of Pediatrics and Academy of Family Physicians
  - Community Assessment On a regular basis, Local Health Department communities are assessed for adequacy of vaccination coverage for both mandated and voluntary immunization and appropriate action plans are developed and implemented to address changes needed
  - Vaccine Promotion Promote the individual and community health benefits of vaccination through regular issuance of local press releases, radio and television public service announcements, and other assorted media contacts
  - Clinic Logistics Set hours of operation, numbers and locations of clinics, staffing patterns, patient flow to assure appropriate response to community need. Assess need for non-routine clinic hours at times or seasons of peak demand, conditions of shortage, or emergency requirements
  - Grants Participation and Reporting Locally manage grant resources received from state, federal, or other sources, including application, implementation, fiscal and operational reporting, local evaluation, and audit participation and response
  - Quality Assurance Participate and cooperate with state officials during annual quality assurance reviews conducted in all local health department sites to ensure compliance with State and Federal program guidelines, including the Vaccines for Children Program
  - Adverse Event Reporting Participate with the federal vaccine adverse event reporting system
  - Immunization Registry Implementation of the statewide immunization registry as authorized by the 2005 General Assembly
  - Technical Assistance Provide vaccine preventable disease related technical assistance to local private health care providers Maintain the local Pandemic Influenza Response plan With assistance from state Immunization Program staff, investigate suspected cases of vaccine-preventable diseases Follow-up of cases of perinatal hepatitis B
  - Education and Training Ensure local availability of Centers for Disease Control and other vaccine preventable disease training courses to public and private health care providers Distribute patient and provider educational material Facilitate local computer-based assessment training for pertinent health department staff

Finance

- *Financial Overview*
  The local health department Immunization Services area is supported by federal, state and local government funds. Federal funds are received through a categorical, cooperative agreement from the Centers for Disease Control and Prevention (CDC). Federal funds are intended to supplement rather than supplant state and local dollars.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$2,946,293	$5,865,192	$2,946,293	$5,865,192																
Change To Base	$1,637,692	$518,421	$1,637,692	$518,421																
Service Area Total	$4,583,985	$6,383,613	$4,583,985	$6,383,613																
Base Budget	$2,946,293	$5,865,192	$2,946,293	$5,865,192																
Change To Base	$1,637,692	$518,421	$1,637,692	$518,421																
Service Area Total	$4,583,985	$6,383,613	$4,583,985	$6,383,613																
Base Budget	$2,946,293	$5,865,192	$2,946,293	$5,865,192																

Change To Base	$1,637,692	$518,421	$1,637,692	$518,421

Service Area Total	$4,583,985	$6,383,613	$4,583,985	$6,383,613
Base Budget	$2,946,293	$5,865,192	$2,946,293	$5,865,192
Change To Base	$1,637,692	$518,421	$1,637,692	$518,421

Service Area Total	$4,583,985	$6,383,613	$4,583,985	$6,383,613
Base Budget	$2,946,293	$5,865,192	$2,946,293	$5,865,192
Change To Base	$1,637,692	$518,421	$1,637,692	$518,421

Service Area Total	$4,583,985	$6,383,613	$4,583,985	$6,383,613
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Base Budget	$2,946,293	$5,865,192	$2,946,293	$5,865,192
Change To Base	$1,637,692	$518,421	$1,637,692	$518,421

Service Area Total	$4,583,985	$6,383,613	$4,583,985	$6,383,613

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Achieve and maintain maximum immunization coverage rates in Virginia’s infants and children.

  Objective Description

  The occurrence of most vaccine-preventable diseases in children is at or near record low levels. However, the organisms that cause these diseases have not disappeared. Rather, they have receded and will re-emerge if vaccination coverage rates drop. Continuing to improve immunization coverage and sustaining high coverage is critical to achieving on-going reductions in vaccine-preventable disease morbidity and mortality. Virginia’s local health departments are in a unique position to positively influence childhood vaccination rates by implementing strong health promotion and education measures, by actively assisting with regular immunization status assessment tools, and by

administering a significant proportion of vaccinations overall in local clinic settings. Local health departments administer 25-33% of all childhood vaccines. The rest of these are from the private sector or other non-profits.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

Objective Strategies

- Improve the quality and quantity of vaccination delivery services. Maintain an adequate and viable vaccine supply to meet public demand. Maintain viable plan for special local vaccine distributions to private healthcare providers in times of shortage or other emergency conditions. Maintain up-to-date Vaccination Information Statements in all Local Health Department offices and clinics. Regularly update Local Health District policies to reflect the most recent recommendations of the Centers for Disease Control Advisory Committee on Immunization Practices. Internally, conduct regular quality assurance audits of Local Health Departments immunization activities and implement changes recommended by state Division of Immunization staff audits. Monitor and report all suspected adverse events to vaccination. Target program resources to “Pockets of Need”. Continue to implement an immunization registry in the public and private sectors. Continue high quality annual training updates for all local staff participating in vaccine services and delivery. Continue local partnerships with delivering hospitals and private providers to identify Hepatitis B in pregnant women, their household contacts, and sexual contacts, and to provide Hepatitis B vaccine and immune globulin (if needed) free of charge to their newborn and to their other close contacts. Minimize financial burdens to needy persons and families without health insurance coverage. Through local contacts, work to increase private provider enrollment in the Vaccines for Children Program. Increase community participation, education and partnership. Support the infrastructure needs of the Project Immunize Virginia statewide immunization coalition. Regularly update Local Health Department websites to include the most up-to-date information on vaccines, policies and regulations. Continue partnerships with local school divisions and local Departments of Social Services, assuring that childhood vaccination issues are kept in the forefront. Improve and expand monitoring of vaccination coverage. Maintain quarterly assessment of immunization coverage in health districts. Annual assessment of immunization status of students at middle school entry (6th grade). Annual assessment of the immunization coverage at school entry, Head Start facilities and day care centers. Assure availability of new vaccines in Local Health Department's. Ensure availability of required local resources to support the provision of new vaccines and combination vaccines when they are not fully covered by federal or state sources.

Link to State Strategy

- nothing linked

Objective Measures

- Immunization coverage rates of children at 2 years of age

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 81 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data are from the Centers for Disease Control and Prevention, National Immunization Survey. The National Immunization Survey is a list assisted random-digit dialing survey that began collection of data in 1994. The target population in the NIS is children between the ages of 19-35 months. Data from the National Immunization Survey produce timely estimates of vaccination coverage rates for each of six recommended vaccines for the nation, all 50 states and the District of Columbia. The official estimates of vaccination coverage rates from the National Immunization Survey are rates of being up-to-date with respect to the number of doses of all recommended vaccines. These vaccines and their recommended doses are: diphtheria and tetanus toxoids and pertussis vaccine (DTaP), 4 doses; poliovirus vaccine (polio), 3 doses; measles, mumps and rubella vaccine (MMR), 1 dose; Haemophilus influenzae type b vaccine (HIB), 3 doses; hepatitis B vaccine (Hep. B.), 3 doses; and varicella (chicken pox) vaccine, 1 dose. In addition to these vaccines, interest focuses on coverage rates for vaccine series, including the 4:3:1:3:3:1 series (4DTaP, 3 Polio, 1 MMR, 3 HIB, 3 HepB, and 1 varicella). The National Immunization Survey is conducted for the Centers for Disease Control by the National Opinion Research Center at the University of Chicago. The Healthy People 2010 goal for individual vaccines is 90%; for vaccine series coverage the goal is 80%.

- Immunization coverage rates of children at school entry

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 94 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 97 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data are from the VDH Immunization Survey of Kindergarten, Head Start and Day Care programs. The statistical function known as probability proportional to size is used to select assessment sites. This function provides all students, regardless of geographic location, with an equal chance of being selected. Data collected by district health department staff are forwarded to the central office where they are imported into the Clinic Assessment Software Application (CASA). CASA analyzes the data taken from the student immunization records and provides vaccine coverage rates at school entry, retrospectively at 2 years of age and produces a listing of students with medical and religious exemptions to immunization.

- Improve influenza and pneumococcal coverage rates in persons 65+ years of age.

Objective Description

Historically the annual influenza and pneumococcal vaccination coverage rates in persons 65+ years of age has been below 70 percent. The risks of complications and hospitalizations from influenza and neumococcal disease are higher

among persons in this age group and nursing home attack rates may be as high as 60 percent, with fatality rates as high as 30 percent. Increasing the number of persons 65 and older who receive an annual influenza vaccination and at least one pneumococcal vaccination will reduce morbidity and mortality and medical costs associated with these diseases and improve the quality of life for older Virginians.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

Objective Strategies

- Improve the quality and quantity of vaccination delivery services. Maintain an adequate and viable supply of influenza and pneumococcal vaccines. With VDH guidance, maintain and update as necessary a vaccine prioritization plan for implementation during periods of vaccine shortages. Maintain up-to-date Vaccine Information Statements in all LHD offices, in appropriate native languages. Eliminate barriers to immunization by promoting the use of Standing Order policies which authorize nurses to administer vaccinations according to physician-approved protocols without the necessity of a physician's examination. Based upon client surveys, immunization data assessment, or other evidence of local need, implement non-routine clinic hours (evening, weekend) to address gaps in vaccination coverage. Based upon local assessment of need, hold onsite vaccination clinics in nursing homes, assisted living facilities, senior citizen congregational sites, and any other non-routine locations where a large number of high risk individuals may be reached for service. Attempt to reduce clinic waiting times for vaccination to 30 minutes or less. Minimize financial burdens for needy persons. Educate providers on Medicare and Medicaid reimbursement and encourage the use of abbreviated billing procedure (roster billing) in mass clinic settings. Establish vaccination charges at levels no higher than Medicaid reimbursement rates. Work to ensure vaccine availability via sliding fee scale to all high risk indigent citizens without health insurance coverage. Increase community participation, education and partnership. Locally support the Project Immunize Virginia annual flu and pneumococcal campaigns. Partner with the American Lung Association of Virginia in the annual flu and pneumococcal statewide media campaign, assuring that local media outlets provide adequate coverage. Assure local media coverage of annual VDH press releases at the beginning of flu season, and coverage of any subsequent informational releases on influenza activity, vaccine availability, or clinic locations. Partner with local pharmacists statewide on issues regarding influenza and pneumococcal vaccines, since that profession and pharmacy setting are a rapidly growing vaccination avenue for the general public.

Link to State Strategy

- nothing linked

Objective Measures

- Influenza vaccination coverage rates in persons 65+ years of age

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 65 Date: 12/31/2003

  Measure Baseline Description: Percent

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data are taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. In Virginia, the data are collected and analyzed by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received an influenza vaccination within the previous 12 months.

- Pneumococcal vaccination coverage rates in persons 65+ years of age

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 60.8 Date: 12/31/2003

  Measure Baseline Description: Percent

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data are from the BRFSS conducted by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University. Coverage rates are determined by calculating the number and percentage of persons 65+ years of age surveyed who have received at least one dose of pneumococcal vaccine.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 27 of 41

Local Communicable Disease Investigation, Treatment, and Control (601 440 14)

Description

The local health department's Communicable Disease Prevention, Investigation, Treatment and Control services work with partners to prevent, detect, assess, respond, treat and control communicable diseases, emerging infections and terrorism related illnesses. These activities are performed in accordance with guidance, policies and procedures of Virginia Department of Health's Surveillance and Investigation, Immunization, Sexually Transmitted Disease, HIV/AIDS, Tuberculosis, and Newcomer Health programs.

Local Health Department Communicable Disease Services include:
Disease prevention services, Disease surveillance to detect the occurrence of disease as quickly as possible, Consultation and technical assistance to health care providers, schools and institutions, Media relations, press releases and education material, Development of disease-specific emergency response plans,
Health screenings for refugees, Disease record management, Outbreaks and individual disease investigations, Disease exposure notification and counseling services, Monitoring for and responding to emerging infections and terrorism-related illnesses, Clinical diagnoses and treatment of communicable diseases (including STD, HIV/AIDS and Tuberculosis), Medical treatment case management, and Assist providers in reporting vaccine adverse events.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  These services directly align with the mission of the Virginia Department of Health to promote and protect the health of Virginians by preventing the spread of communicable diseases. By collaborating with community partners and coordinating services with the Virginia Department of Health, local health departments directly provide prevention marketing and disease intervention through appropriate use of therapeutic and regulatory strategies.
- *Describe the Statutory Authority of this Service*
  Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.
  Articles 1 through 3.1 of that Chapter define the authority for this particular Service Area and include reporting of disease, investigation of disease, disease control measures, isolation of persons with communicable diseases, and control of rabies.
  § 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandate reporting of specific diseases.
  § 32.1-37.2 requires that partner notification services (partner counseling and referral services) be offered to individuals who test positive for HIV.
  § 32.1-39 provides for STD surveillance, investigation of reports, and conducting counseling and contact tracing (partner notification).
  § 32.1-46 provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.
  Title 23, Chapter 1, §23-7.5 requires full time students enrolling in public institutions to be immunized against certain diseases in accordance with the recommendations of the American College Health Association.
  § 32.1-57 through 32.1-60 requires Sexually Transmitted Disease examination, testing, and treatment.
  § 32.1-64 requires treatment for opthalmia neonatorum.
  § 32.1-43. Authorizes the State Health Commissioner to require quarantine, isolation, immunization, decontamination, or treatment of any individual or group of individuals when he determines any such

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	City/County Governments	132	132
	College & University students	323,931	323,931
	Day Care Enrollees (average monthly census)	17,300	17,300
	Hospitals	94	94
	Incarcerated Population	55,436	55,436
	Laboratories	183	183
	Licensed Veterinarians	3,500	3,500
	Local Health Department Clinic patients	170,431	7,712,091
	Local Health Departments	119	119
	Nursing Facilities and Assisted Living Facilities	605	605
	Physicians	21,000	21,000
	Schools (school age children)	1,204,808	1,204,808
	State Legislators	140	140
	Vector Control	17	17

Anticipated Changes To Agency Customer Base
External (economical, political, technological) pressures may decrease customer's access to care, increase cost of care, and cause a change in customer base.

Growing numbers of foreign borne residents will create more culturally diverse populations which may impede traditional methods of health care delivery and likely present communication challenges.

Displacement due to revitalizing urban areas and land development will result in shifts in geographic location of target populations that may result in barriers to outreach and health care access.

Access to health information via the internet will increase customer's knowledge.

Emerging infections, particularly infections from foreign countries, will change the characteristics of our traditional customer base.

Better disease surveillance techniques will increase the number of customers who will benefit from public health services.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Assessments of community health needs are continuous. Services will adapt as gaps in health care are identified.
  Decrease in or consistent level funding in service areas prevent service expansion or cessation of services.
  Access to care is affected by increasing costs, transportation and limited services
  Immigration of foreign-born persons will cause adaptations to language and cultural barriers
  Enhanced diagnostic technologies identify more diseases and therefore increase demand of communicable disease services.
  Enhanced data management products will permit health departments to monitor disease trends and to respond appropriately.
  Ease of, and expanded global travel enhances opportunities for exposure to diseases from many foreign countries.
- *Anticipated Changes to the Products and/or Services*
  Assessments of community health needs are continuous. Services will adapt to gaps in health care and external pressures.
  Immigration of foreign-born persons will require service areas to obtain multi-lingual capabilities.
  Enhanced screening of female clinic patients for sexually transmitted diseases that contribute to infertility
  Changes in technology will affect costs and availability.
  Changes in priorities as disease trends change and new threats emerge.
  Legislative mandates may alter funding source priorities.
  Changes in environment and human behaviors that promote disease transmission.
  Advanced technology permits early access to information of potential disease spread within the Commonwealth.
  Sharing resources with public health partners as required to meet threatening situations.
- *Listing of Products and/or Services*
  - Prevention Services Risk reduction counseling Education Health alerts Partner notification Surveillance: Receiving reports from physicians, hospitals, and laboratories about people diagnosed with a disease of public health importance; Monitoring the occurrence of disease in animals and environmental contamination that could potentially lead to illness in humans; Screening at-risk populations for disease Tracking trends in daily utilization of medical care by reviewing data from emergency departments, provider insurance claims, and pharmaceutical sales to detect unusual occurrences of illness; Compiling statistics to identify trends and patterns of disease in populations to detect outbreaks or other disease events. Confirm disease report meets case definition of diagnosis Consultation and technical assistance. Work closely with health care providers to effectively manage their patients. Advise local and state governments regarding policies and regulations that can interrupt the spread of disease. Recommend procedures and policies to hospitals and residential care facilities, including prisons and jails, to prevent the spread of communicable diseases. Conduct training for care providers on disease identification, treatment and management. Monitor and assist day care, schools and colleges with disease prevention and outbreak response. Assist employers in preventing communicable diseases from entering the workplace. Media relations, press releases and education material to inform the public about the diseases we track. Diagnosis and Treatment Diagnostic and laboratory support Disease treatment Prophylaxis of exposed contacts and treatment of infected individuals Treatment case management, including Directly Observed Therapy for Tuberculosis B patients Immunizations to exposed or at-risk persons Pharmaceutical services for treating communicable diseases in outbreak situations. Disease exposure notification services (patient counseling, interviewing, contact notification and partner referral) Disease-specific emergency response plans. Enhanced surveillance methods will help identify and respond to behavioral and co-morbidity indicators of disease transmission. Monitoring and issuing advisories for environmental exposures, such as marine beach waters. Informational notices to local health departments and other medical care partners about new diseases occurring that have the potential to affect the health of our citizens. (This has occurred with Sudden Acute Resperatory Syndrome, monkeypox, and anthrax, for example). Outbreak response teams. Collaborations with community-based organizations to educate populations, identify infected person and refer to appropriate care providers.

Finance

- *Financial Overview*
  The primary sources of funding for Local Communicable Disease Prevention, Investigation, Treatment and Control are general fund appropriations for local health departments and nongeneral fund local budget matching requirements, patient and revenue. Local government cooperative budget match payments are based on a percentage of the general fund contribution provide to each local health department. Nongeneral funding also includes some federal funding and grant funding obtained by health departments from outside sources.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																		
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667																		
Change To Base	-$73,690	$0	-$73,690	$0																		
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667																		
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667																		
Change																						

To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0
Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667

Change To Base	-$73,690	$0	-$73,690	$0

Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0

Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0

Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0

Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667
Base Budget	$6,828,791	$11,453,667	$6,828,791	$11,453,667
Change To Base	-$73,690	$0	-$73,690	$0

Service Area Total	$6,755,101	$11,453,667	$6,755,101	$11,453,667

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Prevent syphilis transmission in Virginia.

Objective Description

Interrupting the transmission of infectious disease (disease intervention) requires rapidly identifying and notifying people exposed to a disease. Upon notification, exposed individuals can take appropriate actions to prevent infection, avoid further transmission of disease or reduce complications. The indicies collected by this objective will be used by managers to monitor quality input and outcome indicators. Infectious syphilis is an ulcerative infection that facilitates easy transmission to a sex partner(s) and permits inoculation of other diseases such as human immunodeficiency virus (HIV). Delayed or lack of treatment can cause conditions affecting the skin, bones, central nervous system and

heart. In addition, women with untreated syphilis may experience complications during pregnancy.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

Objective Strategies

- Local health departments will partner with medical providers to prevent the transmission of syphilis by: o Accurately diagnosing and treating syphilis o Rapidly reporting syphilis cases o Quickly locate and interview syphilis cases o Identify all exposed contacts o Locate and refer all contacts for appropriate medical care as rapidly as possible. o Submit timely and complete activity data to the State health department registry.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of early syphilis cases successfully interviewed within seven days

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 71.5 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 82 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: The STD*MIS database managed by the Virginia Department of Health's Division of Disease Prevention reports monthly the number of early syphilis (ES) assigned for investigation, the number of these ES cases interviewed (Ix) and the number of the interviews performed within 7 days of assignment. The calculation is: 1) # of ES cases Ix'd / # of ES cases Ix'd within 7 calendar days

- Percent of individuals exposed to early syphilis cases in which disease intervention is achieved.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 54 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 75 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data for this measure is entered from paper records into the STD*MIS database, which is managed by the Virginia Department of Health's Division of Disease Prevention. The database will report the number of ES cases interviewed (Ix) and a summation of the partner and cluster dispositions. The calculation is: (# of ES contacts and clusters infected and treated + # of ES contacts and clusters preventatively treated) / # of ES cases interviewed

- Percent of early syphilis cases appropriately treated within seven days of diagnosis.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 74 Date: 12/31/2004

  Measure Baseline Description: Percent

  Measure Target Value: 86 Date: 12/31/2012

  Measure Target Description: Percent

  Data Source and Calculation: Data for this measure is entered from paper records into the STD*MIS database, which is managed by the Virginia Department of Health's Division of Disease Prevention. The database will report the number of ES cases appropriately treated (Rx) and the number of ES cases reported to determine the percent of cases appropriately treated in seven days or less from the date of the specimen collection, when the patient was prophylactically treated. The calculation is: # of ES cases Rx'd <= 7 days / # of ES cases reported

- Increase the proportion of patients with Latent tuberculosis (LTBI) who complete an adequate and appropriate course of preventive treatment.

  Objective Description

  Tuberculosis is an airborne disease that is transmitted from person to person. Transmission can occur when a patient with tuberculosis disease of the lungs coughs tuberculosis bacteria into the air. A person in close contact with the patient can breathe the tuberculosis bacteria into his lungs and become infected. That person may also develop active tuberculosis, and may transmit infection to others, or may develop latent infection – i.e., tuberculosis infection without acute symptoms and cannot be transmitted. The person with latent infection may develop (active, and potentially infectious) tuberculosis later in life. One of the best methods to decrease the incidence of new Tuberculosis cases is to provide prompt and complete treatment of persons with latent Tuberculosis infection so they do not develop active Tuberculosis later.

  Alignment to Agency Goals

  - Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.

  Objective Strategies

  - The local health departments will increase the proportion of patients who complete adequate and appropriate LTBI cases by: Ensuring that the correct medications are prescribed in the correct doses Ensuring the patient knows

how to obtain all medications as prescribed. Ensuring the patient is monitored and assessed at least monthly Directly Observed Preventive Therapy is administered to high risk close contacts (small children HIV infected) Timely and complete activity data to the State health department.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of infected contacts of infectious tuberculosis cases start a course of preventive treatment for LTBI that complete the treatment regimen.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 72.4 Date: 12/31/2002

  Measure Baseline Description: Percent

  Measure Target Value: 72.4 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Contacts are identified, evaluated, and started on treatment if appropriate. Clients who start treatment are followed until treatment is completed or stopped by client or health care providers. The number of those starting treatment is compared to the number who complete. Data are collected from contact investigation forms that are maintained at the local health department level and are then aggregated into a state report according to a schedule determined by the Centers for Disease Control and Prevention. These reports are completed annually and are submitted for publication no later than August 15th. of each year. Two year lag in data submitted to allow sufficient time for all identified infected contacts to complete treatment.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 28 of 41

Local Home Health and Personal Care Services (601 440 15)

Description

This service area provides home health, personal care, and pre-admission screening for nursing home placement.

In 1965, Federal legislation established Medicare as the health insurance program for Social Security beneficiaries. The Medicare program includes a home health benefit that provides part-time or intermittent care for homebound Medicare recipients. Services require a written physician plan of care and include skilled nursing, physical, occupational and speech therapies, home health aide services and medical social work services. At the time Medicare was enacted, local health departments in Virginia established Medicare-certified Home Health Agencies under the direction of the Virginia Department of Health, Office of Home Health Services. Most local health departments provided home health services until the late-1980's, when private home health agencies replaced most of the public agencies during the ensuing decade.

The Omnibus Budget Reconciliation Act of 1997 authorized the reimbursement system for Medicare Home Health benefits to change from fee-for-service to a Prospective Pay System. This change was implemented in October, 1997 and, along with the increasing prevalence of private agencies across the state, prompted the few remaining local health department home health agencies to close. Western Tidewater Health District's program remained open until May 1, 2009 at which time a decision was made to close the program. Over the past several years, private sector home health agencies moved into the Western Tidewater service area thereby meeting the needs of clients needing skilled nursing services within their home. Employing and contracting with skilled service providers was budget prohibitive and this in addition to declining physician referrals meant WTHD could not longer support its Home Health Services program.

The legislation that established Medicare also established the Medicaid insurance program under Title XIX of the Social Security Act as a jointly funded federal and state program to provide medical assistance to low-income individuals. Federal Medicaid law allows states to craft Medicaid waiver programs to meet specific state needs. In 1984, Virginia established the Personal Care program to offer in-home care in lieu of nursing home placement to Medicaid-eligible individuals if the in-home care was less expensive than the cost of a nursing home. A number of local health departments in Virginia elected to contract with the Department of Medical Assistance Services as personal care providers. Over the next 20 years, however, nearly all local health departments closed their Personal Care programs when private sector personal care agencies became robust enough to meet the needs of the community. Western Tidewater Health District has maintained its Personal Care program. This district covers a large rural area where the private sector has been unable to meet the demand for services for numerous reasons and the public agencies continue to assure that all eligible residents are able to access the service.

Virginia has initiated other Medicaid waiver programs to improve health care access for specific low-income populations. Among others, they include an AIDS waiver, Respite services for Personal Care recipients, and Mental Retardation waiver services. The Western Tidewater Health District contracts with Department of Medical Assistance Services to provide Respite services as an adjunct to Personal Care. There are no other providers of Mental Retardation waiver services in the geographic area served by Western Tidewater, so the district also contracts with Department of Medical Assistance Services to provide those services to a population who would otherwise remain unserved.

The Medicaid program requires Nursing Home Pre-admission Screening to assure that extended care facility admission is appropriate. The Code of Virginia requires that local health department staff serve as members of the community-based screening teams. All local health departments in Virginia provide the physician and nurse members of the local screening team.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns with the Virginia Department of Health mission to promote and protect the health of Virginians by assuring that a continuum of care exists for individuals at-risk for nursing home placement and for individuals in need of home health, personal care, and other Medicaid waiver services.
- *Describe the Statutory Authority of this Service*
  Code of Virginia, Section 32.1-330 requires preadmission screening for all individuals who are eligible for Medicaid at the time of admission to a certified nursing facility or who will become eligible within six months.

  Section 32.1-2 authorizes the State Department of Health to provide a comprehensive program of preventive, curative and restorative services.

  Section 32.1-11authorizes the State Board of Health to formulate a program of preventive, curative, and restorative medical care services, including home health.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Individuals requiring public Elder or Disabled Waiver (Personal Care), Respite Care, or Mental Retardation Waiver services as defined by the Department of Medical Assistance Services (Western Tidewater residents only)	296	300
	Residents of the Commonwealth who require community-based Nursing Home Pre-Admission Screening.	8,071	9,000

Anticipated Changes To Agency Customer Base
The Virginia Department of Health is mandated to provide community Nursing Home Pre-admission Screening. As the population ages it can be anticipated that the numbers of individuals needing Nursing Home Pre-admission Screening will increase. The majority of Nursing Home Pre-admission Screening services are used by individuals that are age 65 years and older. Virginia population that is age 65 years or older (US Census) is projected to increase from 845,000 in 2005 to 1,515,000 in 2025. It is estimated that the number of people needing Nursing Home Pre-admission Screening services will increase as the elderly population increases and will likely double over the next 20 years.

External causes impact the provision of public home care services, specifically, the ability of the private sector to provide a comprehensive program of home care that serves all eligible residents regardless of ability to pay.

Over the past 20 years, a number of Medicaid waiver programs have been added to services offered in Virginia. Some of these programs have home care components, including Mental Retardation waiver, AIDS waiver, Technology-assisted waiver, and Respite Care. It is likely that additional programs will be added that will require public providers when the private sector has insufficient resources to meet the demand for service.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*

  Changes in Federal Medicare or Medicaid regulations may impact recipient eligibility, services authorized, or the reimbursement scale to home care agencies.

  Any change in the capacity of private sector providers (e.g., numbers of providers, financial constraints and organizational viability) will affect the need for local health departments to provide home care services.
  A decrease in private sector capacity will result in increasing the demand on public agencies to meet the need for services. Likewise, an increase in private sector capacity will cause public agencies to decrease or discontinue these services.
- *Anticipated Changes to the Products and/or Services*

  Medical technological advances will have an effect on the types of services that are appropriate to provide in the home environment.

  Increased availability of telemedicine.
- *Listing of Products and/or Services*
  - Home Health Aide Medicaid-reimbursed Personal Care and Respite Care services. Respite services for eligible self-paying or privately-subsidized individuals Medicaid-reimbursed Mental Retardation waiver home care services Non-Medicaid funded Personal Care services
  - Community-based Nursing Home Pre-admission Screening services

Finance

- *Financial Overview*
  The Virginia Department of Health is reimbursed for Nursing Home Pre-admission screenings by the Department of Medical Assistance Services.
  The Personal Care programs are funded through charges for services provided.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	F 2

Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
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Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957
Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957
Base Budget	$583,918	$5,182,957	$583,918	$5,182,957

Change To Base	-$16,557	$0	-$16,557	$0
Service Area Total	$567,361	$5,182,957	$567,361	$5,182,957

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide community-based Nursing Home Pre-Admission Screening for Virginians who are at risk for nursing home placement.

  Objective Description

  This objective assures that frail or functionally dependent Virginians who request long term care are assessed by a professional team which makes sure that the appropriate level of service is authorized.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - The Local Health Department will work collaboratively with the local Department of Social Services to assure that Nursing Home screenings are scheduled in a timely manner and are consumer-responsive. Nursing Home Pre-admission Screening responsibilities will be defined in the Employee Work Profile. The local health department will identify a physician and a public health nurse to serve as members of the local community-based Nursing Home Pre-admission Screening team.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of Community-based Nursing Home Pre-admission Screening conducted by local screening teams.

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 80 Date: 6/30/2004

    Measure Baseline Description: Percent

    Measure Target Value: 100 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: The Virginia Department of Health WebVISION system.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 29 of 41

Local Chronic Disease and Prevention Control (601 440 16)

Description

Chronic Disease Prevention and Control includes two broad areas of local health department services; 1) prevention of chronic diseases before they occur through health promotion and disease prevention activities and 2) provision of clinical services for indigent patients with chronic diseases (provided by some local health departments).

Health promotion and disease prevention services are activities directed to reducing mortality and morbidity or premature mortality and morbidity associated with chronic diseases such as heart disease, cancer, diabetes, and stroke. The main focus of these programs is to reduce controllable risk factors such as high blood pressure, cholesterol, smoking, physical activity and obesity. This includes a wide range of services to assist citizens such as blood pressure and cholesterol screening and counseling, social marketing programs focusing on improving physical activity, nutrition and smoking prevention/reduction, working with community partners to assess the community's health status and prioritize issues, implementing environmental and policy changes, and providing traditional health education classes. This includes services to groups and individuals that are clinic, community or home-based, and the local health departments' Breast and Cervical Cancer Screening Program that provides clinical breast exams and screening mammography to detect breast cancer in the presymptomatic stage. Pap smear testing is performed to detect precancerous changes in the cervix.

A few local health departments provide acute and chronic medical care for indigent adults needing medical care for chronic disease conditions such as diabetes and hypertension. This may include laboratory and pharmacologic support, follow-up, and referrals to private specialists for complex medical conditions.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area is directly aligned with the Virginia Department of Health mission to promote and protect the health of Virginians. The fundamental purpose of chronic disease prevention and control efforts is to promote and protect the health of all Virginians through various environmental and policy interventions intended to reduce the burden of chronic disease.
- *Describe the Statutory Authority of this Service*
  The Code of Virginia §32.1-11 provides that the Board of Health may formulate a program of preventive, curative and restorative medical care services to be provided at the district or local level. Clinical preventive services are focused on the indigent, and the Code provides that the Virginia Department of Health shall define the income limitations within which a person shall be deemed to be medically indigent.

  In addition, the Code of Virginia § 32.1-11.3 provides that VDH shall formulate a program of patient and community health education services to be provided by the Department on a district or local basis. The Code notes that the program shall include services addressing health promotion and disease prevention and shall encourage the coordination of local and private sector health education services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Adults (age 50+) in need of colorectal cancer screening	49,611	992,219
	Adults who do not engage in physical activity	63,568	1,271,357
	Adults who had a heart attack	11,183	223,665
	Adults who had a Stroke	7,357	147,148
	Adults who smoke cigarettes	54,445	1,271,357
	Adults with Arthritis	78,871	1,577,424
	Adults with Asthma	23,455	470,873
	Adults with Diabetes	23,455	470,873
	Adults with disabilities	48,853	977,061
	Adults with High blood pressure	79,754	1,595,082
	Adults with High cholesterol	110,067	2,201,331
	Men (age 50+) in need of prostate cancer screening	23,212	464,230
	Patients – Clinical-based services	9,280	239,000
	School children	68,000	371,354
	School nurses	184	1,373
	Women (age 40+) in need of breast cancer screening	21,219	438,338

Anticipated Changes To Agency Customer Base
Any new legislation related in some way to chronic disease could affect the service area customer base. For example, an increase in the state tobacco excise tax could reduce the number of new smokers and existing smokers.

Most of the chronic disease prevention activities exist due to grants received. As grants are received or discontinued, the actual customers served will change based on the availability of funding for chronic disease programming and outreach.

Needs and priorities are driven by changes in the aggregate risk behavior of individuals in communities such as the current trends in tobacco consumption, over consumption of calories leading to obesity, sedentary lifestyle, and promiscuous sexuality.

Increased longevity and growth in the elderly population, and growing demand for services for chronic disease management, could increase the customer base.

Increasing understanding of the value of prevention is increasing the demand for information and services.

Increasing demand for indigent care due to immigration of foreign-born persons, will require adaptations.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Lack of adequate funding for chronic disease prevention and control is the number one challenge to local health departments. Money influences both the availability of staff to develop and conduct programming and the publication of necessary materials to do so.

  Changes in scopes of services from funding sources may change the specific types of chronic diseases addressed.

  Access to care is impacted due to increasing costs, transportation and limited services.

  Enhanced diagnostic technologies identify more diseases and therefore increase demand of chronic disease services.

  Developing partnerships that are necessary for implementation, funding and sustainability.

  School cafeterias offering poor nutritional choices.

  School focus is on Standard Of Learning testing and school administration is hesitant to use instructional time to address chronic disease issues.

  Reaching target populations with effective prevention messages. Few youth and adults are willing to give their free time to prevention activities.

  Inadequate health information sharing among health care providers/collaborative entities. Care is inconsistent, often episodic and different care providers rarely have a complete picture of the patient resulting higher costs, poorer outcomes.

  Health disparities persist in some regions of the state such as Appalachian Region, and among certain racial groups.

  The need for parents to be educated or “actionated” that healthy kids make healthy adults.

  Drug abuse and misuse especially around pain management with prescription drug leading to overdose deaths becoming a growing epidemic.

  While there are many private weight loss programs and gyms for physical activity, there are few low cost programs. Many people cannot afford the fees associated with the private programs.

  Programs need to be community based with the concept of coordination of all partners involved in the reduction of morbidity and mortality of chronic disease.

  Access to care is a broader concept than merely having a payment source for health care or community health care centers. Access to care encompasses the individuals understanding of how to access care and navigate the bureaucratic systems. Many individuals need mentors to assist them in obtaining health care, advocate for the individual and assist them in understanding and complying with health care recommendations and healthy lifestyle behavior activities.

  Pediatricians in general seem reluctant to treat children found as prehypertensive/hypertensive in many geographic areas. There appears to be a need for a system to refer pediatric clients for further evaluation and treatment.

  No time or staff for involvement in chronic disease activities. Need of a health educator in all health districts.
- *Anticipated Changes to the Products and/or Services*
  Federal Preventive Health and Health Services Block Grant funding has become less stable during recent years. Changes to this funding source could cause the elimination or reduction of services or allow for expansion.

  Assessments of community health needs are continuous. Services adapt to gaps in health care, citizen demand, local leadership interest and local resources available.

  Research that identifies behavioral and co-morbidity indicators of chronic disease such as the relationship of obesity to diabetes.

  Continued immigration of foreign-born persons will require adaptations to language and cultural differences.

  Changes in disease priorities.

  Changes in the environment and human behaviors that promote the development of chronic diseases.

  Advanced technology permits early detection of chronic disease conditions such as cancer detection by us of genetic markers, but will affect costs and availability.
- *Listing of Products and/or Services*

- Community Assessment Applying the science of epidemiology, using health outcome data and demographics in assessing the community's health.
- Public Information, Education and Social Marketing Increasing knowledge, changing attitude and behaviors regarding chronic disease prevention and control through: Providing leadership to a community partnership to design and implement initiatives such as Heart Health month education and awareness events. Implementing media campaigns: Providing web based information through various links with the Centers for Disease Control, U.S. Department of Health and Human Services, U.S. Department of Agriculture, etc.
- Chronic Disease Screening Services School-based health screening program for height/weight/BMI-for-age, education and individual counseling and case management for overweight public school children with parent permission. Blood pressure, cholesterol, and glucose screening, and health consumerism education. Marketing and conducting health screenings for hypertension, high cholesterol, elevated glucose levels and health risk appraisals at numerous work sites, health fairs and churches. Follow up with risk reduction education programs for participants. Lipid panel and Hemoglobin A1C screening in various venues. Every Woman's Life Program—an early breast and cervical cancer detection program for women 50-64 years of age in which health department staff provide screening for these two specific diseases and referral to other health care providers for diagnostic follow-up and treatment.
- School Based Services and Education Several health departments work in partnership with local schools to implement programs that are directed to improve knowledge, change attitude and behavior regarding chronic disease prevention such as: Work with school districts in providing after school education programs in the area of chronic disease prevention; health department staff present programs on nutrition, exercise and smoking prevention including educational programs designed with identified Virginia Department of Education Standards of Leaning Sun/safety/skin cancer prevention initiative implemented in middle and high schools utilizing display board, brochures, sun safety practice survey and related incentives (sunscreen and Chapstick). Individual counseling and case management for students with chronic diseases (asthma, diabetes-Type I and Type II, cardiac, etc.). Implement Guidelines for Managing Asthma in Virginia Schools including instructing school personnel in proper use of nebulizers and educate physical education teachers to control environment for asthmatic children on high-pollen days.
- Community Partnerships Many health departments participated in community partnerships are usually community driven initiatives targeting a specific chronic disease related issue such as: A community walking program in partnership with Parks and Recreation or other organizations providing pedometers and other incentives to continue health enhancing activity. Nutrition and physical activity education in child care centers. Child Care Health Consultants, who are Public Health Nurses, work with staff of child care centers on nutrition and physical activity issues. Educational classes targeting the prevention and control of a number of chronic diseases, risk factor reduction and safety with senior groups and retirement communities. Nutrition and physical activity programs implemented as an after-school program with the Young Mens Christian Association and Boys and Girls Clubs.
- Community Based Programs and Services Several local health departments initiate chronic disease prevention programs using a variety of local, state and federal resources.
- Access to Chronic Disease Medical Care Provide assistance with application to Family Access to Medical Insurance Security Plan, Family Access to Medical Insurance Security Plan Plus and Medicaid. Partnerships with local physicians, free clinics and community health centers to provide medical care, access to medications and referral to specialty care.

Finance

- *Financial Overview*
  Resources for Local Health Department Chronic Disease Prevention and Control include $3.6 M in State General Funds and $8.2 in Non-General Funds each year; 30 percent and 70 percent respectively.

  The largest portion (33 percent) of the Non-General Funds are federal grants allocated to local health departments through the Virginia Deparment of Health and include the Public Health and Health Services Block Grant, Cardiovascular Health Project, Arthritis Interventions, Tobacco Use Control Project, Asthma Control Program, Diabetes Prevention and Control Project and the Breast and Cervical Cancer Screening Program Grant. Thirty-two percent of the Non General Funds come from local governments as either match funds for State General Funds allocated to local health departments or 100 percent local funds. These unmatched local funds make up 12 percent of the total local funds allocated for chronic disease prevention and control. Thirty percent of the Non General Funds are service related fee revenues from a variety of sources including Medicaid, Medicare, other insurance and patient self-pay. The balance of the Non General Funds, five percent is made up of other grant/foundation resources received by local health departments for chronic disease prevention.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201

Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
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Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
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Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021

Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021
Base Budget	$3,747,714	$9,002,021	$3,747,714	$9,002,021
Change To Base	-$49,038	$0	-$49,038	$0
Service Area Total	$3,698,676	$9,002,021	$3,698,676	$9,002,021

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide local leadership for chronic disease prevention and control.

  Objective Description

  Local health departments are frequently the unifying voice in their communities for chronic disease prevention and control, working through strong relationships with other governmental agencies and nongovernmental organizations in order to the development of public/private partnerships that facilitate improved prevention and control of chronic disease. These efforts lead to better coordination of existing knowledge being applied more effectively in the community. Many of these chronic disease prevention activities have either been at the work site, agency-based, school-based or community-based. However, more are becoming faith-based as well. These efforts range from educational to developing policies that promote healthy environments. This local health department leadership role is consistent with the Board of Health's focus on chronic disease prevention and with the Virginia Department of Health statutory mandates. Local health departments possess the expertise in these regards as most health departments have master's degree trained individuals in policy, planning and chronic disease prevention.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.
  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Establishment of chronic disease prevention projects in each district, in collaboration with public, private and non-profit partners, which are responsive to community needs and local resources and leadership. Work with partner stakeholders on prevention activities such as outreach through early prevention and intervention with children. A focus could be placed on school health education and physical education activities by working with local school divisions or target worksites in order to reach the adult population. This type of approach could help influence policy and environmental decisions, and would promote healthy aging. Older adults could also be targeted in collaboration with the local Department for the Aging. Effectively educate the public about chronic disease prevention.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of local health departments with an active chronic disease prevention partnership.

    Measure Class: Other Measure Type: Input Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 56 Date: 6/30/2005

Measure Baseline Description: Percent of local health departments

Measure Target Value: 80 Date: 6/30/2012

Measure Target Description: Percent of local health departments

Data Source and Calculation: Data contained in the Local Health Department Annual Report will serve as the basis for calculating this measure

- Provide local health outcome data and epidemiology support to help frame the chronic disease problem and develop strategies at the local health department level.

Objective Description

Local health departments have access a wide array of health outcome data through the Virginia Deparment of Health Center of Health Statistics, Virginia Center for Healthy Communities, Center for Disease Control and multiple other sources that can be very valuable in the development of chronic disease prevention plans; be they community-based, school-based, work sites, faith-based or agency based plans. Local Health Departments also have expertise in disease prevention and control and the epidemiologic expertise to apply local data and health trends in a meaningful way, using data to develop chronic disease prevention plans to guide program efforts that emphasize prevention measures and focus on specific targets for change and appropriate strategies for doing so. Data driven planning will show where the burden of disease is great and where disparities across populations are cause for concern. This objective is consistent with the Board of Health's focus on chronic disease prevention and control, and agency policy that provides that local health departments be involved in community health assessment.

Alignment to Agency Goals

- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

Objective Strategies

- Provide training to all district epidemiologists on chronic disease epidemiology. On an as needed basis, access outcome data through the Virginia Deparment of Health, Center of Health Statistics, Healthy Communities Atlas, and Centers for Disease Control. Provide epidemiologic expertise to apply local data and health trends in a meaningful way, using data to develop chronic disease prevention plans to guide program efforts that emphasize prevention measures and focus on specific targets for change and appropriate strategies for doing.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of local health departments with a plan to address a chronic disease condition in their community.

  Measure Class: Other Measure Type: Input Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 56 Date: 6/30/2005

  Measure Baseline Description: Percent of local health departments

  Measure Target Value: 80 Date: 6/30/2012

  Measure Target Description: Percent of local health departments

  Data Source and Calculation: Data contained in Local Health Department Annual Report will be used as basis for calculating this measure.

- Improve access to basic chronic disease medical management and access to affordable medications.

Objective Description

There are a few local health departments directly involved in providing general medical care to indigent citizens through chronic disease prevention clinical services. Some of these operate a pharmacy providing access to some of the more frequently used medications. In addition, several health departments work with local partners such as free clinics, hospital foundations, or community health centers to improve access to care. This objective is consistent with the Board of Healths focus on chronic disease prevention and control, and agency policy that provides the district health departments be involved in community efforts to assure access to basic medical care.

Alignment to Agency Goals

- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.

Objective Strategies

- Study underserved populations (those living at or below the 200% Federal Poverty Level) in collaboration with the Department of Medical Assistance Services, the Virginia Primary Care Association and local free clinics. Participate in efforts to address unmet basic medical care needs in the community.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of local health departments that work with a partnership group to improve access to basic medical care services.

  Measure Class: Other Measure Type: Input Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 56 Date: 6/30/2005

  Measure Baseline Description: Percent of local health departments

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Percent of local health departments

Data Source and Calculation: Data contained in the Local Health Department Annual Report will be used as the basis for calculating this measure.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 30 of 41

Local Laboratory and Pharmacy Services (601 440 17)

Description

Laboratory and pharmacy services are essential to enable local health departments to diagnose and effectively treat communicable diseases, monitor other reportable conditions, as well as to diagnose and treat chronic diseases, and to respond to public health emergencies. The capacity and complexity of both of these support services varies based on the volume and complexity of laboratory tests and prescriptions and also resources available to local health departments. All local health departments maintain core competencies in inventory and proper storage of drugs and biologicals; ordering, and dispensing pharmaceuticals; provision of immunizations; specimen collection of human fluids or tissue: milk and food sampling; animal head collection for rabies testing; water sample collection; and processing and transporting of specimens for testing by private sector laboratories. These competencies are available in every locality to support prevention, diagnosis, and treatment of reportable diseases; assurance of prenatal and post partum care; wellness in infants and children; performance of environmental health assessments, assuring safe food and drinking water, and disposal of human waste.

All laboratory activities are performed in accordance with the Local Health Department's Clinical Laboratory Improvement Amendments certificate and all pharmacy activities comply with the Virginia Board of Pharmacy regulations and the Virginia Department of Health policies and procedures. The local health director is responsible for assuring their lab and pharmacy services comply.

Local Laboratory Services

The vast majority of local health departments (118 of 131 Local Health Departments) do only simple tests such as urinalysis and blood hemoglobin in support of services such as well-child examinations and basic communicable disease testing. These types of routine tests are best provided on-site in the interest of timely care for the clients. Additional lab testing not performed by these Local Health Department's are purchased from private sector labs under state contract.

Those local health departments with moderate and high complexity labs (14 of 131) perform more extensive testing in support of clinical programs such as Sexually Transmitted Disease diagnosis and prenatal care. Such labs tend to be located in local health departments who have historically had large clinical programs such as primary care for adults.

More specialized testing, such as identification of uncommon pathogens in outbreaks, testing of animals for rabies, the newborn screening program and testing of specimens for tuberculosis are conducted at the Division of Consolidated Laboratories in Richmond. As a highly specialized laboratory, Division of Consolidated Laboratory Services does not conduct the simple, routine tests that can be done by Local Health Department's or contract laboratories. The testing done in Local Health Department's and by Division of Consolidate Laboratory Services complement one another and are not duplicative. In addition, the Local Health Department's are reimbursed by Medicaid based on Virginia Department of Health's status as a provider of clinical services. Division of Consolidate Laboratory Services is not eligible to bill Medicaid.

All public and private sector laboratories are regulated through the Clinical Laboratory Improvement Amendments of 1988 administered by the federal Centers for Medicare and Medicaid Services. Laboratories subject to Clinical Laboratory Improvement Amendments regulation are those designated as moderate or high complexity based on the types of tests that are performed. The inspection of these labs is carried out by the Office of Quality Health Care and Consumer Services under contract to Centers for Medicare and Medicaid Services. As of 2003 (most recent data) the 118 Local Health Department's that perform few lab tests of low complexity are not subject to Clinical Laboratory Improvement Amendments and are considered 'waived' labs.

Local Pharmacy Services

All 119 local health departments can provide some minimal level of prescription drug dispensing, such as contraceptives and Sexually Transmitted Disease treatment, under protocols established by local health directors and the Virginia Department of Health, Central Pharmacy located in Richmond. Each local health department is also capable of dispensing and administering vaccines and medications in the event of an emergency as declared by the Governor.

Seven local health departments operate full service pharmacies that comply with all Board of Pharmacy Regulations. These Local Health Department's employ pharmacists who fill prescriptions for clients who seek health care services in the health department clinics. These pharmacies do not provide services to the community at large, but only to patients who receive services from local health departments.

As a government agency, Virginia Department of Health purchases prescription drugs through federal contracts and multi-state purchasing compacts at prices that are substantially lower than average wholesale prices. As a condition of this preferential pricing, public health facilities are prohibited from competing against public retail entities for non-public health treatments under the federal Robinson-Patman Act. Subject to available staff, Local Health Departments assist indigent patients to gain access to free medications available through patient assistance programs operated by pharmaceutical companies.

Local Health Department's that have full-service pharmacies are those that have historically have operated large primary care clinics for indigent adults or who provide specialized services to such populations as children with special health care needs and newcomers to this country who are at risk for communicable diseases such as tuberculosis. As with laboratory services, such Local Health Department's must have the resources available to support such an operation. Inspections of these pharmacies are conducted by the Board of Pharmacy.

For the majority of Local Health Department's that do not operate pharmacies, the prescription needs of their patients are met through the Virginia Department of Health's Central Pharmacy. These services include: treatment or support for sexually transmitted and communicable diseases, prenatal services, family planning; provision of pharmaceuticals to HIV infected patients under the AIDS Drug Assistance Program; provision of pharmaceuticals in support of the Children Specialty Services Program; provision of pharmaceuticals in support of the Hemophilia Program; provision of vaccines to local health departments that do not have a pharmacy to support immunization for foreign travel; provision of pharmaceuticals in response to natural emergencies, national emergencies, and bioterrorism related events; and provision of guidance and information to local health departments on State and Federal laws that pertain to the storage, distribution, and dispensing of medications.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns with the Virginia Department of Health mission to promote and protect the health of Virginians

by assuring local capacity for laboratory and pharmacy support services to detect, prevent, and treat diseases, promote health, and investigate public health emergencies.

- *Describe the Statutory Authority of this Service*
  Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.
  The Chapter defines the authority for this particular Service Area and includes reporting of disease, investigation of disease, disease control measures, quarantine, isolation of persons with communicable diseases, and control of rabies.
  § 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandate reporting of specific diseases.
  § 32.1-37.2 requires that partner notification services (partner counseling and referral services) be offered to individuals who test positive for HIV.
  § 32.1-39 provides for Sexually Transmitted Disease surveillance, investigation of reports, and conducting counseling and contact tracing (partner notification).
  § 32.1-46 provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.
  Title 23, Chapter 1, § 23-7.5 requires full time students enrolling in public institutions to be immunized against certain diseases in accordance with the recommendations of the American College Health Association.
  § 32.1-57 through 32.1-60 requires Sexually Transmitted Disease examination, testing, and treatment.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Children receiving services through local health departments	50,844	90,000
	Children with special health care needs receiving care coordination services	6,445	208,476
	Children with special health care needs served through the Virginia Department of Health child development clinics	2,516	49,300
	Citizens with reportable animal bites	73,206	7,712,091
	Citizens with Reportable Diseases	37,094	7,712,091
	Uninsured citizens	271,816	1,095,000
	Women of childbearing age at or below the 200% income poverty level	73,206	173,700

Anticipated Changes To Agency Customer Base
Assessments of community health needs may result in identification of new constituencies for services as health service gaps are identified.

Updates in state and federal regulatory guidelines could expand our mandate for services, restrict access to services or change the ability to utilize specific vendors and contracts for laboratory and pharmacy services.

Social, economic, political, and technological changes will create variations in customer base, priorities, and advances in laboratory and pharmaceutical products with resultant cost increases.

Global migration continues to diversify the customer base in terms of special health care needs and the need to communicate with non-English speaking customers.

Partnering opportunities with other agencies that are likewise impacted by the above factors who may turn to public health to provide quality and cost effective laboratory and pharmacy services to eligible customers.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  A downturn in the economy may increase the demand for services if there is an increase in the number of underinsured or uninsured citizens, who turn to the local health department for services.

  Maintenance of trained staff is challenging as competition from private sector for trained pharmacy staff increases and proficiency requirements for laboratory staff increase.

  Immunization of foreign born non-English speaking persons and world travel creates more diagnostic and treatment burden to local health departments.
- *Anticipated Changes to the Products and/or Services*
  Availability of pharmaceutical supplies (example: flu vaccine) will vary and affect product and service availability.

  Availability of enhanced laboratory testing can dramatically increase the accuracy and timeliness of disease detection.

  Increasing demand for affordable medications requires local Health Department staff to provide more linkages to needed resources.
- *Listing of Products and/or Services*
  - Diagnosis of Organism or Medical Condition: Collection of human and environmental specimens Processing, transporting, and evaluating specimens Reporting laboratory results to Clinicians, Nurses, and Environmental Health Specialists Collectively analyzing reportable disease for surveillance and tracking
  - Consultation and Education: Counseling patients on the meaning of laboratory results Educating private providers on interpretation of laboratory results Educating the public on the significance of laboratory reports Educating providers on how to manage outcomes based on laboratory findings Training of Nurses, Physician Assistants, and other health care providers
  - Treatment: Dispensing medications by licensed clinicians or pharmacists Administering pharmaceuticals to prevent disease Educating patients about side effects and adverse reactions Linking citizens to affordable pharmaceuticals for chronic disease management in the private sector

- Rapid Emergency Response: Maintenance of documentation of reports and chain of custody of specimens Provide prophylaxis to exposed contacts of communicable disease outbreaks Collaborate with partners to ensure capacity for rapid response to identify/diagnose suspected biological or chemical agent and to provide mass immunizations or treatments

Finance

- *Financial Overview*
  The majority (54 percent) of funding for Laboratory and Pharmacy services comes from state general funds. Federal funds, the collection of fees assessed on customers and miscellaneous sources such as grants, contracts and donations comprise the remaining 46 percent.
- *Financial Breakdown*

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$5,749,758	$4,752,703	$5,749,758	$4,752,703
Change To Base	-$29,795	$0	-$29,795	$0
Service Area Total	$5,719,963	$4,752,703	$5,719,963	$4,752,703
Base Budget	$5,749,758	$4,752,703	$5,749,758	$4,752,703
Change To Base	-$29,795	$0	-$29,795	$0
Service Area Total	$5,719,963	$4,752,703	$5,719,963	$4,752,703
Base Budget	$5,749,758	$4,752,703	$5,749,758	$4,752,703
Change To Base	-$29,795	$0	-$29,795	$0
Service Area Total	$5,719,963	$4,752,703	$5,719,963	$4,752,703
Base Budget	$5,749,758	$4,752,703	$5,749,758	$4,752,703
Change To Base	-$29,795	$0	-$29,795	$0
Service Area Total	$5,719,963	$4,752,703	$5,719,963	$4,752,703
Base Budget	$5,749,758	$4,752,703	$5,749,758	$4,752,703
Change To Base	-$29,795	$0	-$29,795	$0
Service Area Total	$5,719,963	$4,752,703	$5,719,963	$4,752,703
Base Budget	$5,749,758	$4,752,703	$5,749,758	$4,752,703
Change To Base	-$29,795	$0	-$29,795	$0
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Change To Base	-$29,795	$0	-$29,795	$0

Service Area Total	$5,719,963	$4,752,703	$5,719,963	$4,752,703

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Assure access to quality pharmaceutical services in support of public health

  Objective Description

  Local health departments assure citizens local access to needed immunizations and pharmaceuticals to promote the health of pregnant women and children, and treat and prevent diseases. The Virginia Board of Pharmacy regulates all local health department pharmacies and conducts periodic inspections to assure adherence to statutory regulations contained in the Code of Virginia. Local health directors and Pharmacist in Charge will assure that their respective pharmacies adhere to all regulatory requirements, and comply with quality standards.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.
- Agency Goal: Lead and collaborate with partners in the health care and human services systems to create systems, policies and practices that assure access to quality services.
- Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

Objective Strategies

- Community Health Services will collaborate with the Central Pharmacy to institute a statewide and standardized incident reporting process for all service area customers who experience an "error" in pharmaceutical dispensing and develop a feedback mechanism to assure quality improvement.
- All dispensing will comply with the Virginia Department of Health policies and procedures and Board of Pharmacy regulations.

Link to State Strategy

- nothing linked

Objective Measures

- Dispensing error rate

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: .003 Date: 7/1/2006

  Measure Baseline Description: Errors per 1,000 filled prescriptions

  Measure Target Value: 0.003 Date: 6/30/2012

  Measure Target Description: Errors per 1,000 filled prescriptions

  Data Source and Calculation: 2005 the Virginia Department of Health Risk Management data. Error rate = Number of incident reports/number of prescriptions filled

- Percent of stand alone pharmacies compliant with Board of Pharmacy (BOP) standards.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 75 Date: 12/31/2006

  Measure Baseline Description: Percent

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: BOP inspection reports will be provided to VDH by the local health department pharmacist in charge, and will be used to calculate the percentage of compliant stand-alone pharmacies.

- Laboratory services within local health departments will meet the quality standards established by Clinical Laboratory Improvement Amendments with no repeat citations on audit or inspection

  Objective Description

  Local health directors will assure that their respective laboratories maintain a Clinical Laboratory Improvement Amendments Certificate of Compliance. Regular inspections will assure compliance with quality standards. A statewide inventory will be maintained which includes data on Clinical Laboratory Improvement Amendments certification and citations for the laboratories within local health departments. These data will be used to share best practices.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

    Comment: This objective also aligns with Virginia's long term objective to inspire and support Virginians toward healthy lives and resilient families.

  Objective Strategies

  - Survey Laboratories regarding their current Clinical Laboratory Improvement Amendments certification (high, moderate or waived), including most recent inspection reports and citations. The survey will identify laboratories in need of technical assistance to meet certification requirements. Virginia Department of Health personnel in local health departments that have no repeat findings will provide technical assistance and consultation to those in need of compliance assistance.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of Virginia Department of Health laboratories with no repeat Clinical Laboratory Improvement Amendments citations

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 100 Date: 12/31/2006

    Measure Baseline Description: Percent of labs with no repeat violations

    Measure Target Value: 100 Date: 6/30/2012

Measure Target Description: Percent of labs with no repeat violations

Data Source and Calculation: The Virginia Department of Health has 13 labs. They are inspected on a two-year cycle.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 31 of 41

Local Nutrition Services (601 440 18)

Description

The purpose of the service area is to assure healthy diets for mothers during pregnancy and breast-feeding and for their children ages 0 to five who might otherwise not be able to afford to eat properly. The service is offered for families with income under 185% of the federal poverty level.

Virginia's Special Supplemental Nutrition Program for Women, Infants and Children operates pursuant to United States Department of Agriculture regulations in response to increasing scientific evidence that children's ability to learn and excel in school is directly related to the quality of nutrition received during the critical period of prenatal and early childhood brain development. Women, Infants and Children differs from the Food Stamp program by covering only these high risk population groups, providing only specified high nutrition food items and requiring nutritional assessment and education for the participants.

The provision of vouchers to purchase a package of specifically prescribed high nutrient foods at local groceries is coupled with education for the mothers and/or primary care-givers about healthy eating. Increasing attention is being paid to educating families about ways to avoid the risks of childhood obesity while assuring proper nutrition. Breastfeeding is promoted while regular and specially prescribed formulas are provided for infants who are not breastfed. Offering the services of this program though local health departments allows linkage and referrals to be made assuring that the low-income recipients obtain primary health care services and specific preventive services such as childhood immunizations and lead-screening.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns to the mission of the Virginia Department of Health to protect and promote the health of Virginians. It accomplishes this by providing information and specific resources for lower income families to assure optimal nutrition during the times of greatest brain development and growth of Virginia's future citizens.
- *Describe the Statutory Authority of this Service*
  The Federal Child Nutrition Act of 1966, Section 17 [42 U.S.C. 1786] established the Special Supplemental Nutrition Program for Women, Infants and children to provide supplemental foods and nutrition. Women, Infants and Children Regulations are found in the Code of Federal Regulations, 7 C.F.R. Part 246.

  Public Law 102-314 established the Women, Infants and children Farmers' Market Nutrition Program (Code of Federal Regulations, 7 C.F.R. Part 248).

  • Code of Virginia Section 32.1-351.2 established the Children's Health Insurance Program Family Access to Medical Insurance Security Plan). VDH helps expedite Family Access to Medical Insurance Security (FAMIS) enrollment for WIC eligible children.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	WIC Participants - Children	80,077	130,172
	WIC Participants - Infants	39,718	36,017
	WIC Participants - Women	42,163	53,018

Anticipated Changes To Agency Customer Base
The current economic picture has increased WIC enrollment of persons who have never previously participated in government programs.

The perception by the families as well as by community informants such as physicians, friends, and relatives of the "trouble" to participate as compared to the perceived benefit of the "free food" will impact the number of actual eligible persons who will enroll and continue to participate.

Federal guidelines specifying the food package will change October 1, 2009. These changes are expected to increase participation and acceptance of the program for eligible populations, by increasing the appeal and acceptability to various cultural groups. The new food package calls for the addition of fresh fruits and vegetables, and whole grains.

An increase in the number of women of child-bearing age may increase the number of eligible pregnant and breastfeeding women.

A decreasing birthrate may decrease the number of women eligible for Women, Infant and Children.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Changes in federal regulations may serve to add to or limit the kinds or extent of service provided, either by specific direction or by reducing the resources supporting those services.

  Decreases in the availability of appropriately-credentialed employees may reduce the extent and/or quality of the services provided.

  Technological changes (e.g. automated telephone appointment reminders and computer-based health education for clients, etc.) may enhance client participation and understanding of the importance of good nutrition, allow faster and easier communication between staff and customers, and streamline the record keeping process, among many other potential benefits. However, more technology may deter some clients from enrolling or participating

as desired.

- *Anticipated Changes to the Products and/or Services*
  Increasing use of automated methods for delivering health education to clients in group and individual sessions.

  Increasing use of automated methods to record information and track program measurements.

  Increased use of registered dieticians to counsel high-risk patients; use para-professional level personnel and algorithms to deliver routine, general nutrition information.
- *Listing of Products and/or Services*
  - Information and support services for breastfeeding
  - Weight and height measurement
  - Testing for anemia
  - Blood lead risk information and referral (testing may be provided with non-Women, Infant and Children resources)
  - Individual and group education about nutritional topics of interest to the participants
  - Individual nutritional counseling for certain special health needs
  - Infant formulas provided including many as a result of physician prescription
  - Vouchers to purchase packages of specified high nutrition foods
  - Referrals to other primary and preventive health services
  - Immunization screening under age two and referral as indicated; immunizations often provided with other Health Department resources
  - Multi-vitamins and iron supplements provided with non-Women, Infant and Children funds to some participants under local medical protocols

Finance

- *Financial Overview*
  Federal funds from the United States Department of Agriculture support a grant to Virginia to operate the Women, Infant and Children program. This service area includes the funds from the state grant that the state Women, Infant and Children office allocates to support local operation of the Women, Infant and Children program. No state or local matching funds are imposed by Virginia's acceptance of this grant.

  These funds represent more than 50 percent of the funds United States Department of Agriculture allocates to Virginia to administer the Women, Infant and Children program. Localhealth departments' funding levels are determined by a formula primarily based on client caseload. Funds received by local health departments are split among four areas: 4% administration, 20% nutrition education, 4% breastfeeding, and 72% client services.

  Local health departments use these funds almost exclusively for salaries and benefits for the nutritionists and other staff who enroll client in the program and provide services to those eligible individuals who participate in the Women, Infant and Children program. To varying degrees, most local health departments provide in-kind contributions such as office space and telephones for the Women, Infant and Children staff. As needed, many local health departments must also use staff paid by the cooperative budget in order to comply with United States Department of Agriculture program and record keeping requirements and to maintain current services. This staff time is indeterminate and varies considerably depending on such factors as the number of delivery sites, staff turnover, and increasing salaries. The cooperative budget staff time spent delivering Women, Infant and Children services is not usually reimbursed by the grant. Virginia has received increased WIC funding in the last few years.

  Virginia's Women, Infant and Children grant funds that support the purchase of food packages and infant formula as well as state office services and administration of the program are reflected in the Women, Infant and Children and Community Nutrition Service Area.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																		
Base Budget	$0	$17,276,967	$0	$17,276,967																		
Change To Base	$0	$0	$0	$0																		
Service Area Total	$0	$17,276,967	$0	$17,276,967																		
Base Budget	$0	$17,276,967	$0	$17,276,967																		
Change To Base	$0	$0	$0	$0																		
Service Area Total	$0	$17,276,967	$0	$17,276,967																		
Base Budget	$0	$17,276,967	$0	$17,276,967																		
Change To Base	$0	$0	$0	$0																		

Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967
Base Budget	$0	$17,276,967	$0	$17,276,967
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$17,276,967	$0	$17,276,967

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide low-income families with knowledge and resources to support healthy diets during pregnancy, breastfeeding and early childhood.

  Objective Description

  The right intake of nutrients by the pregnant woman and during early life has been repeatedly shown to be one of the most powerful ways to optimize the development of the young brain and place the child on the right road for development and learning in later years. Opportunities that are lost by inadequate nutrition during these critical periods cannot be recovered later in life.

  Alignment to Agency Goals

  - Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Objective Strategies

  - Local Health Departments will individually assess enrollees and provide them with nutrition education services as well as information about how to use the food and other requirements of the WIC program. These services will include offering related preventive health services and referrals. Local Health Departments will send reminders, make phone calls and take other steps to assure that enrollees continue to participate in the program by picking up and using food benefits and returning for required re-certification and additional nutrition education sessions. Local Health departments, supported by the state WIC program, will survey clients and use other means to determine preferences and use the information to develop and implement improved means for delivering nutrition education that is practical and useful for clients over their life-time. Local Health Departments will reach out to find members of the priority risk groups and other potentially eligible individuals to enroll them in the WIC program. This strategy will involve use of media, partnering with health care providers and other community groups and offering accessible service times to enroll new customers.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of potentially-eligible pregnant women enrolled in the WIC program

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 69 Date: 9/30/2004

    Measure Baseline Description: Percent

    Measure Target Value: 85 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: The WIC-Net data system is the source of the persons enrolled. The number of persons estimated to be in each risk group was developed from state demographic and family income data by a contracted organization in 2003 and is updated as new birth and family income data is available.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 32 of 41

Payments to Nonstate Entities (601 492 04)

Description

This service area provides payments of funds appropriated to the Virginia Department of Health (VDH) by the General Assembly for specifically identified grants to independent health care and non-state organizations. The service area's role is similar to that of a fiscal agent as its primary function is to serve as the conduit for distribution of such payments to the specified grant funded organizations and entities.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns with the agency's mission to promote and protect the health of Virginians by providing resources in support of the execution of those designated programs.
- *Describe the Statutory Authority of this Service*
  Section 32.1- 2 of the Code of Virginia requires VDH to administer and provide a comprehensive program of preventive, curative, and environmental health services. This service area provides for the distribution of payments to non state entities in support of the agency's mission to promote and protect the health of Virginians.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	AIDS Resource and Consultation Centers	1	1
	Alexandria Neighborhood Health Services, Inc.	1	1
	Arthur Ashe Health Center	1	1
	Bedford Hospice House	1	1
	Chesapeake Adult General Medical Clinic	1	1
	Community based sickle cell grants	1	1
	Comprehensive Health Investment Project of Virginia (CHIP)	1	1
	Emporia Prenatal, OB, and Pediatric Pilot	1	1
	Fan Free Clinic	1	1
	Jeannie Schmidt Free Clinic	1	1
	Louisa County Resource Council	1	1
	Mission of Mercy (MOM) Dental Project	1	1
	Old Towne Medical Center	1	1
	Patient Advocate Foundation	1	1
	Poison Control Centers	1	1
	Rappahannock Regional Health Center	1	1
	Southwest Virginia Graduate Medical Education Consortium	1	1
	St. Mary's Health Wagon - Medical & Dental Care in Central Appalachia	1	1
	Virginia Association of Free Clinics - Pharmaceuticals (VAFC)	1	1
	Virginia Community Healthcare Association - Pharmaceuticals and Community Health Centers (VPCA)	1	1
	Virginia Health Care Foundation (VHCF)	1	1
	Virginia Health Information (VHI)	1	1

Anticipated Changes To Agency Customer Base
The customer base is subject to increase or decrease dependent upon the actions of the Governor, General Assembly, or the contracted service agency.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  The factors that could impact these service area products and services are directly related to the overall economic condition and financial position of the state. Future funding of these service areas are dependent upon the availability of funds.
- *Anticipated Changes to the Products and/or Services*
  There are no anticipated changes to the service area products and services at this time.
- *Listing of Products and/or Services*
  - AIDS Resource and Consultation Center - This is an early intervention center that provides medical treatment and support services to HIV infected low income, underinsured, and uninsured persons living in the Lynchburg area. ($546,012 each year, General Funds)

- Alexandria Neighborhood Health Services, Inc. This is a one-stop health center providing accessible, culturally sensitive, preventive, prenatal, primary and minor pediatric illness care to medically indigent women and children in a predominantly Hispanic neighborhood in Alexandria. ($81,760 each year, General Funds)
- Arthur Ashe Health Center - This center provides support for the AIDS early intervention and counseling programs in Richmond. ($89,012 each year, General Funds)
- Chesapeake Adult General Medical Clinic - This clinic provides medical care for non-insured adults with chronic illness located in the South Norfolk area. Areas of care include diagnosis, treatment, medications and education. ($20,436 each year, General Funds)
- Comprehensive Health Investment Project of Virginia (CHIP) - The Comprehensive Health Investment Project of Virginia focuses largely on making the connection between family and the provider to develop, expand, and operate a network of local public-private partnerships providing comprehensive care coordination, family support and preventive medical and dental services to low-income, at-risk children. A portion of these funds will go to CHIP of Roanoke to be used as matching funds for three public health nurse positions to expand services in the Roanoke Valley and Allegheny highlands. ($1,070,945 in FY2010, Non-General Funds, $1,641,945 in FY2010, General Funds)
- Fan Free Clinic - This clinic is operated by the Richmond AIDS Ministry and provides areas of care that includes housing, nursing services, and education. ($16,375 each year, General Funds)
- Louisa County Resource Council - This council implements initiatives to connect indigent individuals to medical and dental services. Services include locating appropriate care, transportation, and payment of medical services. ($9,187 each year, General Funds)
- Emporia Prenatal, OB and Pediatric Pilot - The funding shall be used for start-up costs in the Emporia area where obstetrical departments at community hospitals no longer exist. The pilot project will provide alternative arrangements for prenatal and delivery services. ($63,750 in FY 2010, General Funds)
- Old Towne Medical Center - This center provides general medical, pediatric, women's health, immunizations, family planning, dental, and home visit health care services in Williamsburg. ($12,035 each year, General Funds)
- Poison Control Centers - The mission of the poison control centers includes poison prevention, poison morbidity and mortality reduction, and health care cost reduction. In response to poison emergencies, the centers are instrumental in the surveillance of adverse effects of foods, drugs, marketed products and promotion of poison prevention. The centers collect detailed poison exposure data which is computerized in real time therefore plays an important role in bioterrorism surveillance. Case data is submitted to the American Association of Poison Control Centers' (AAPCC) Toxic Exposure Surveillance Center (TESS). There are three poison control programs serving Virginia. They are located at the University of Virginia in Charlottesville, Virginia Commonwealth University in Richmond, and the National Capital Poison Center in Washington, D.C. ($1,549,691 each year, General Funds)
- Southwest Virginia Graduate Medical Education Consortium (SWVA GMEC) - The SWVA GMEC was established as a 501 3C Non-Profit Consortium to create and support medical residency preceptor sites in rural and underserved communities in Southwest Virginia. The GMEC mission is to improve access to high quality care. A program was developed to attract and retain qualified primary care physician practices to impoverished regions of Southwest Virginia. ($253,012 in FY 2010, General Funds)
- St. Mary's Health Wagon, Medical & Dental Care in Central Appalachia - This health wagon provides medical and dental services in the Central Appalachia area. ($90,250 each year, General Funds)
- Virginia Association of Free Clinics – Pharmaceuticals (VAFC) - This clinic provides funding to purchase pharmaceuticals, medically necessary pharmacy supplies, and services to low-income uninsured patients of free clinics throughout Virginia. ($3,196,400 each year, General Funds)
- Virginia Health Care Foundation (VHCF) - This foundation provides primary care for medically underserved families in the Commonwealth. The foundation is also directed to expand the Pharmacy Connection Software program to unserved or underserved regions of the Commonwealth, to improve access to free medications for low income Virginians through an Rx Partnership and to increase the capacity of the Commonwealth's health safety net providers to expand services to unserved and underserved Virginians. Funds are matched with local public and private resources not appropriated by the state. ($4,080,571 each year, General Funds)
- Virginia Health Information (VHI) - This non-profit health data organization develops and implements health data projects that provide useful information to consumers and purchasers of health care, to providers including health plans, to hospitals, nursing facilities, and physicians. ($290,957 in FY 2010, General Funds)
- Virginia Community Healthcare Association – Pharmaceuticals and Community Health Centers (VPCA) - This association provides pharmacy services, pharmaceuticals, and pharmaceutical supplies to low-income uninsured patients of the Community and Migrant Health Centers throughout Virginia. A portion of these funds will be used to expand existing or develop new community health centers in medically underserved and economically disadvantaged areas of the Commonwealth and expand access to care provided through community health centers. Funding shall be used to match funding solicited by the Virginia Primary Care Association from local and federal sources, and other public or private organizations. ($408,750 each year, General Funds)
- Community Based Sickle Cell Grants - VDH provides grants to community based programs that provide patient assistance, education, and family centered support for individuals suffering from sickle cell disease. ($90,000 in FY2010, General Funds)
- Jeannie Schmidt Free Clinic - This is a free clinic operating in Fairfax County. ($45,000 General Funds in FY 2010)
- Bedford House Hospice - VDH provides funds to the Bedford Hospice House in Bedford, VA. ($90,000 each year, General Fund)
- Patient Advocate Foundation - VDH provides funds to the Patient Advocate Foundation. ($225,000 each year, General Fund)
- Rappahannock Regional Health Center - VDH provides funds to the Community Health Center in the Rappahannock Region. ($50,000 in FY 2010, General Fund)
- Mission of Mercy (MOM) - Funds are provided to the Virginia Dental Health Foundation to fund the Mission of Mercy (MOM) dental project. ($25,000 each year, General Fund)

Finance

- *Financial Overview*
  The funding for this service area is a combination of general and federal funds appropriated each year to non-state entities. Payments can be processed either monthly, quarterly, or one total amount each fiscal year.
- *Financial Breakdown*

		FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	F

	FY 2011		FY 2012		2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																
Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945																
Change To Base	$0	$0	$0	$0																

Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945
Base Budget	$14,875,143	$1,070,945	$14,875,143	$1,070,945
Change To Base	$0	$0	$0	$0

Service Area Total	$14,875,143	$1,070,945	$14,875,143	$1,070,945

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Process the payments to each non-state entity in compliance with the requirements of the Appropriation Act and the Code of Virginia

  Objective Description

  Identify and ensure the accurate processing of payments to the independent health care organizations and other non-state entities included in the Appropriation Act as recipients of appropriated funds.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.

    Comment: This objective is also aligned with the Commonwealth's long term goal to inspire and support Virginians toward healthy lives and strong and resilient families as well for Virginia to be recognized as the best managed state in the nation.

  Objective Strategies

  - VDH will identify each organization and entity that is to receive appropriations each fiscal year.
  - VDH will coordinate the accurate processing of the payments to each organization and entity with the VDH Accounting Office and other appropriate VDH offices.
  - VDH will maintain payment history details for reporting purposes.
  - VDH will provide payment data to the state auditors, General Assembly committee members, the Department of Planning and Budget (DPB), and others as requested.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of payments accurately processed and documented to each entity as appropriated each fiscal year.

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 100 Date: 6/30/2005

    Measure Baseline Description: Percent

    Measure Target Value: 100 Date: 6/30/2012

    Measure Target Description: Percent

    Data Source and Calculation: The Virginia Department of Health (VDH) Office of Financial Management (OFM)

will review appropriation acts, identify and execute all payments required by the Acts of the General Assembly.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 33 of 41

Administrative and Support Services (601 499 00)

Description

This service area provides agency wide leadership and direction from the Commissioner's Office and the Offices of the Deputy Commissioners to include policy development, programmatic direction, management of human and financial resources, quality and business process improvements, standards of business practice, and information management. This service area includes core business functions and systems of auditing, budgeting, accounting, human resources, in house information technology, and procurement that meet the needs of the agency. Sound management and oversight are provided to ensure ethical stewardship of resources and compliance with all applicable federal, state, regulations, policies, and mandates.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area aligns with the Virginia Department of Health's (VDH) mission to promote and protect the health of Virginians by providing agency-wide leadership, direction, stewardship and management resources, and business support.
- *Describe the Statutory Authority of this Service*
  General Management Specific:
  Title 32.1 Health, Chapter 1, Administration Generally, 32.1 (32.1-1 thru 32.1-34.1) of the Code of Virginia provides administration authority including the Board of Health
  State and Local Government Conflict of Interests Act defines and prohibits inappropriate conflicts by public officers and employees; requires disclosure of economic interests, provides standards of conduct for such officers and employees to maintain public trust and ensure that judgment of public officials will not be tainted by personal interests. (§ 2.2-3100)
  Virginia Freedom of Information Act ensures ready access to public records and meetings of public bodies wherein the business of the people is being conducted. Exemption may be elected by the public body, consistently within the provisions of the Act. (§ 2.2-3700)
  Virginia Public Records Act provides for uniform public records management, preservation and disposition. (§ 42.1-76)

  Accounting and Budgeting Services Specific:
  Title 2.2 Administration of Government, Chapter 8, Department of Accounts; Chapter 15, Department of Planning and Budget; Chapter 18, Department of Treasury of the Code of Virginia provides for accounting and budgeting requirements.
  Section 40.1-29 of the Code of Virginia establishes time and medium of payment for employees.
  Prompt Payment Act, Article 2.1, Code of Virginia, Sections 11.62.1 through 11.62.11 requires agencies that acquire goods and services, or conduct business through contractual agreements with non-governmental and privately-owned businesses, to pay by the "required" payment due date for delivered goods and services.
  Virginia Debt Collection Act, Code of Virginia, Section 2.2-4800, requires state agencies to take appropriate and cost-effective actions to aggressively collect all accounts receivable.
  Section 34-29 of the Code of Virginia establishes the maximum portion of disposable earnings subject to garnishment.

  Human Resources Specific:
  Federal
  Americans with Disabilities Act of 1990 prohibits employment discrimination against qualified individuals with disabilities. (42USC Section 12101)
  Age Discrimination in Employment Act of 1967 protects individuals who are 40 years of age or older. (29USC Section 621)
  Civil Rights Act of 1991 provides monetary damages in cases of intentional employment discrimination. (PL102-166)
  Consolidated Omnibus Budgets Reconciliation Act of 1986 provides eligibility for separating employees to continue participating in the company's group health plan for a prescribed period of time. (PL99-272)
  Consumer Credit Protection Act of 1968 prohibits employees from being terminated for garnishments pertaining to any single indebtedness. (41USC Section 1674)
  Employee Retirement Income Security Act of 1974 sets requirements for the provision of and administration of employee benefit plans. (29USC Section 1001)
  Equal Pay Act of 1963 protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination. (29USC Section 206)
  Fair Credit Reporting Act of 1969 requires employers who deny employment on the basis of a credit report to so notify the applicant and to provide the name and address of the consumer reporting agency used. (PL91-508)
  Fair Labor Standards Act of 1938 sets forth the federal minimum wage and the payment of time and a half for overtime hours for covered and non-exempt employees. Summarizes regulations governing the employment of minors under the age of 18. (29USC Section 201)
  Family and Medical Leave Act of 1993 provide eligible employees up to 12 weeks of unpaid, protected leave for certain family medical reasons. (29USC Section 2601)
  Health Insurance Portability and Accountability Act of 1996 makes health insurance more portable from one employer to another and includes privacy provisions. (PL104-191)
  Immigration Reform and Control Act of 1986 prohibits employment of individuals who are not legally authorized to work in the United States or in a classification that they are not authorized to fill. (8USC Section 1101)
  Mental Health Parity Act of 1996 prohibits group health plans and insurance companies, who offer mental health benefits, from setting annual or lifetime limits on mental health benefits that are lower than those limits set for any other condition. (PL104-204)
  Newborns and Mothers Health Protection Act requires a minimum length of hospital confinement in conjunction with childbirth. (PL104-204)
  Occupational Safety and Health Act of 1970 assures safe and healthful working conditions. (PL91-596)
  Pregnancy Discrimination Act, an amendment to Title VII of the Civil Rights Act of 1964, specifies that discrimination on the basis of pregnancy, childbirth or related medical conditions constitutes unlawful sex discrimination. (PL95-555)
  Sections 501, 504 and 505 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity that receives federal financial assistance. (29USC Section 791)
  Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, religion, sex or national origin. (42USC 2000e)

Uniformed Services Employment and Reemployment Rights Act of 1994 very broadly prohibits employers from discriminating against individuals because of past, present or future membership in a uniformed service, including periods of voluntary training and service. (38USC Section 4301)
Worker Adjustment and Retraining Notification Act of 1988 requires employers to provide 60 days advance written notification of plant closings and mass layoffs to employees. (29USC Section 2101)

State
Criminal Background Checks for Certain Positions requires establishment of a policy for designating “sensitive” positions within each state agency. (§ 2.2-1201.1)
Government Data Collection and Dissemination Practices Act governs the collection, use and dissemination of personal information about individuals by state and local government. (§ 2.2-3800)
Grievance Procedure affords an immediate and fair method for the resolution of employment disputes that may arise between state agencies and those employees who have access to the procedure. (§ 2.2-3000)
Unemployment Compensation Act of Virginia provides temporary unemployment compensation to eligible employees who become unemployed or are working at reduced wages and rates. (§ 60.2-100)
Virginia Administrative Dispute Resolution Act encourages governmental agencies to use administrative dispute resolution (ADR) in a variety of administrative areas, requires agencies to develop policies addressing the use of ADR. (§ 2.2-4115)
Virginia Human Rights Act safeguards all individuals in the Commonwealth from unlawful discrimination in employment because of race, color, religion, national origin, sex, pregnancy, childbirth or related medical conditions, age, marital status, or disability. (§ 2.2-3900)
Virginia Occupational Safety and Health Act provides for job safety and health for workers. Requires employers to comply with standards. (§ 40.1-1)
Virginia Workers’ Compensation Act provides for compensation for an “accident by injury” or an “occupational disease” that arises out of and in the course of an individual’s employment. (§ 65.2-100)

Procurement and General Services Specific:
Title 2.2 Administration of Government, Chapter 11, Department of General Services, Code of Virginia provides requirements for procurement, surplus property, real estate, contracting, fleet, parking.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Board of Health	1	1
	General Assembly	1	1
	General public employment applicants	35,000	35,000
	Governor	1	1
	Local governments	119	119
	Secretary of Health and Human Resources	1	1
	State and federal government agencies	46	46
	VDH employees	4,290	4,444
	Vendors	9,698	9,698

Anticipated Changes To Agency Customer Base
No significant changes are anticipated.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*

General Management
New federal funds – Increases in federal resources designated for planning and implementing H1N1 activities.
Declining revenues – As revenues in the Commonwealth continue to decline, there is less funding for public health services. Budget reductions have required prioritizing and focusing on maintaining core public health services.
New mandates and initiatives – As new unfunded mandates and initiatives are imposed, agency leadership responds, necessitating a shift in resources to meet requirements.
Health indicators/health status - The health status of citizens is a tool in determining agency priorities in promoting and protecting the health of Virginians. As priorities are established or changed, management and business functions are affected.
Emergency response - Responding to any unfolding situation has an immediate impact on agency priorities.
Change in administration – With a change in the Commonwealth’s administration, changes in priorities and initiatives can also be expected.

Computer Services
Technology changes – As technology changes, information technology systems and equipment must be upgraded. Responding to these technological changes requires shifts in software and hardware platforms to support the customers.
Funding – Services are provided within existing resources. If business needs are not met because of inadequate funding, there is a direct impact on the delivery of product and services.
Agency requirements, mandates, VITA policy – Computer services must be able to respond to new policies and mandates with adequate resources. Changes driven by these requirements could potentially result in modifications, enhancements, or development of new systems.
Customer needs – Customers continually need solutions to create greater efficiency for existing processes, addressing changing business needs, and meeting program objectives. The needs and priorities of the customers directly impact deliverables.

Accounting and Budgeting Services
Changes in services – As policies and procedures change, the Accounting and Budgeting Services must be able to improve and revise current internal financial systems. The ability to create and transmit current financial data is paramount to the continuity of financial operations.
New mandates, policies, directives – Accounting and Budgeting Services operates according to a prescribed set of mandates and directives from various sources, such as the Code of Virginia, IRS code, Commonwealth Accounting Policies and Procedures (CAPP) Manual, Department of Planning and Budget (DPB) guidance on strategic planning

and budgeting requirements, agency and other state regulations, federal reporting requirements including Generally Accepted Accounting Principles (GAAP), and the Cash Management Improvement Act (CMIA). As new mandates are added, this service area must respond and comply with new requirements. This requires providing customers with accurate and timely financial information as well as guidance and technical assistance in the principles of financial management.

Resources - VDH's increasing reliance on volatile sources of funds.

Human Resources
Labor market - Many public health positions require specialized expertise, as also required in public health operations throughout the region and the country. A limited number of trained specialists who are in demand throughout the public health community create challenges for both attracting and retaining in the agency. As the business of public health changes to meet emerging community and national problems, availability issues in certain professions will persist.
Change in mission, services - As public health programs and mandates change, HR must not only keep systems responsive but also effectively forecast business needs and manage the impact on HR operations and policy. Activities such as workforce planning facilitate the integration of business need and necessary staffing.
New mandates, policies, directives - As new HR and agency mandates are imposed, HR must respond with adequate resources, including the capacity to do research and development, implementation and practice audit.
Staffing level and funding - All work is conducted within existing funds and Full Time Equivalents (FTEs). A lack of either, in response to business needs, will impact Human Resource's ability to provide deliverables.

Procurement and General Services
Change in program services – As customers' priorities and program services change, Procurement and General Services must be responsive to meeting procurement and contracting requirements of these programs.
New mandates, policies, directives - Procurement and General Services operates according to defined mandates and directives from various sources, such as the Code of Virginia, Virginia Public Procurement Act (VPPA), Agency Procurement and Surplus Property Manual (APSPM) published under the authority delegated to the Department of General Services, Division of Purchases and Supply. As changes and new mandates are added, this service area must comply and respond with adequate resources for implementation, training, consultation and compliance audits.

- *Anticipated Changes to the Products and/or Services*

  General Management
  Increased emphasis on planning and implementation of H1N1 activities as well as other emergency preparedness and response events.
  Declining revenues in the Commonwealth result in decreased public health services.

  Computer Services
  Development, maintenance, and support are expected to increase.

  Accounting and Budgeting Services
  Funding received from the American Recovery and Reinvestment Act (ARRA) is expected to increase transparency and accountability in financial reporting.
  Increased emphasis on grants management reporting, maximizing funds, and compliance as well seeking additional opportunity for grant funds.
  Agency financial system enhancements for reporting of financial and accounting information within statewide program offices and the local health departments.
  Increased internal control assessment of high risk financial activities.
  Eventual replacement of the Commonwealth's financial and payroll accounting systems.

  Human Resources
  Comprehensive background investigations program will continue to expand.
  Mandated training for supervisors will create additional needs for program administration.
  Efficiencies through increased and expanded use of data warehousing and continuing automation of HR processes will continue to be pursued by HR.
  Web based services and resources will continue to be expanded to resource employees and managers statewide.
  Workplace safety programs and injury prevention intervention will receive more focus and resources from VDH in order to reduce accidents, injury, illnesses as well as workers' compensation activity.
  Emergency Preparedness and Response programs will continue to provide new and unique challenges to the agency HR system, as expectations of workers change in response to emergency preparations and response.
  Increased emphasis on funding sources, budgetary coding, and collaboration with the Office of Financial Managemetn.
  Increased emphasis on policies and procedures in support of the increased use of telecommuting and adjusted work schedules.

  Procurement and General Services
  Agency internal Financial & Administrative system enhancements for reporting will improve communication and coordination of purchasing and financial information.
  Eventual interface of eVA with the Commonwealth's financial system will eliminate duplication of payment information and provide a more comprehensive and efficient system.
  Continued implementation of Executive Order 33 (SWAM Enhancing Opportunities for Small, Women & Minority Owner Businesses) and its components to increase the utilization of small, women, and minority owned businesses for agency procurements.
  Continued implementation of Executive Order 75 (Managing the Commonwealth's Real Estate Holdings) and the components for all real estate lease transactions.
  Implementation of Executive Order 82 (Greening of State Governments) requiring all state agencies to implement environmental management systems and policies.
  Implementation of the contractual requirements to meet Executive Order 85 (Use of Virginia Workforce Network for Jobs Resulting from the ARRA of 2009 and Those Being Recruited by Virginia State Agencies) requiring the use of the Virginia Workforce Network for jobs created with ARRA funding.

- *Listing of Products and/or Services*
  - GENERAL MANAGEMENT: Office of the Commissioner: provides leadership and direction to public health programs, administration, community health services, and emergency preparedness and response by the Commissioner, four deputy commissioners (Deputy for Public Health, Deputy for Administration and Support Services, Deputy for Community Health Services, and Deputy for Emergency Preparedness and Response), and other key office staff; leads public health program management which provides support and technical assistance to health districts and the public in environmental health, water programs, family health, epidemiology, emergency medical services, vital records and health statistics, as well as information technology, medical examiner's office, and other health care servicesand consumer protection; leads administration, financial (including financial internal control/risk management), human resource, procurement, general services management; leads community health services management for 35 health districts; monitors Virginians' health status; identifies existing and emerging

health problems and develops plans to address them; establishes partnerships to improve community health; provides uniform application of regulatory authority; provides timely and complete legislative studies; monitors and analyzes legislation and develops effective partnerships/cooperation with other state agencies in shared or complementary missions. Except for the Deputy for Emergency Preparedness and Response, the Commissioner and deputies are funded by this service area.

- GENERAL MANAGEMENT: Board of Health: provides administrative and programmatic support to the Board of Health.
- GENERAL MANAGEMENT: Internal Audit: provides agency management with an independent and objective assessment of each departmental operation; reviews the propriety and completeness of financial and managerial information and compliance with federal, state and agency regulations; performs fraud and complaint investigations and serves as primary contact with the Auditor of Public Accounts.
- GENERAL MANAGEMENT: Communications: serves as the focal point for media inquiries; provides assistance to the Commissioner, the Commissioner's Office, and the Board of Health in media relations by generating coverage of agency events, following news stories in the Commonwealth that either directly relate to the agency or have potential implications on public health; provides consultation and technical services to central office programs and health districts in areas of marketing, public information, and health information and writes news releases, develops promotional materials and responsible for agency publications.
- COMPUTER SERVICES: Application Development: provides application development following the full life cycle development methodology which includes senior management oversight, comprehensive requirements gathering, user group participation, quality assurance testing, detailed documentation, configuration management and security reviews.
- COMPUTER SERVICES: Application Maintenance: maintains systems and ensures compliance with federal/state regulations and other requirements and initiates system upgrades based on technology changes.
- COMPUTER SERVICES: Training: provides training which includes user documentation, end user training, or "training the trainer" sessions before an application is released to work.
- COMPUTER SERVICES: Custom Application Support: provides an agency wide Help Desk to support end users and trouble shoot problems.
- COMPUTER SERVICES: Data Warehouse: develops reports based on unique customer requests; provides training on data warehousing tools that can be used by staff to generate standard reports to meet individual and program data reporting requirements.
- ACCOUNTING AND BUDGETING SERVICES: Accounts Receivable and Revenue Processing: receives and deposits revenue for central office programs and services; coordinates the collection of agency wide past due receivables to include state's Debt/Vendor Set-Off program with the Virginia Department of Taxation; establishes and maintains central office accounts and receivable records; prepares agency quarterly accounts receivable reports and coordinates receivables collection distribution.
- ACCOUNTING AND BUDGETING SERVICES: Accounts Payable and Travel Management: processes payments for goods and services and provides leadership in prompt pay compliance; reviews for compliance and reimburses employees for travel expenditures through checks and Electronic Data Interchange (EDI) processing and prepares and distributes 1099 statements as required by the Internal Revenue Service (IRS).
- ACCOUNTING AND BUDGETING SERVICES: Leases and Fixed Asset Accounting: reviews and records leases and capital fixed assets; coordinates the annual fiscal inventory and provides guidance to agency offices/districts and reconciles and submits required reports to the Department of Accounts (DOA)
- ACCOUNTING AND BUDGETING SERVICES: Financial Reporting: prepares internal management reports, Auditor of Public Accounts (APA) Reports, and State Comptroller Reports.
- ACCOUNTING AND BUDGETING SERVICES: Reconciliation: processes and resolves service area reconciliation discrepancies; reconciles the internal accounting system to Commonwealth Accounting and Reporting System (CARS) and prepares general ledger reconciliations.
- ACCOUNTING AND BUDGETING SERVICES: Petty Cash: maintains the agency's petty cash account; issues checks, processes reimbursements from service areas and reconciles account records.
- ACCOUNTING AND BUDGETING SERVICES: Payroll: prepares agency payroll that timely and accurately compensates all agency employees within the guidelines of federal and state law; reconciles payroll expenditures and submits quarterly reports to DOA and prepares and distributes W-2's as required by the IRS.
- ACCOUNTING AND BUDGETING SERVICES: Grants Cash Management and Accounting: projects cash flow needs for agency grants; and draws down funds for deposit in accordance within federal and state regulations and policies; maintains systems necessary for federal grant reporting requirements; reconciles grant records; prepares agency internal and external federal grant reports.
- ACCOUNTING AND BUDGETING SERVICES: Automated Systems Administration: maintains agency chart of accounts and accounting code tables; maintains security tables and financial system automation planning.
- ACCOUNTING AND BUDGETING SERVICES: Financial Policy and Procedure Development, Technical Assistance, and Training: develops and updates agency's budgeting and accounting policies and procedures and guidance consistent with those promulgated by DPB,DOA, APA, the Code of Virginia, Department of Treasury, and the federal government; provides system, policy, and procedural training to agency districts/offices.
- ACCOUNTING AND BUDGETING SERVICES: Budget Formulation, Monitoring, and Execution: formulates, monitors and executes biennial and operating budget to include cooperative, program, and grant funding; develops cost center budget development guidance; develops and implements financial management tools and systems and provides guidance and technical assistance.
- ACCOUNTING AND BUDGETING SERVICES: Financial and Analytical Support: conducts special evaluation and management analysis on a wide range of complex resource issues; provides consultation and analytical support to agency Senior Management, Department of Planning and Budget, Secretary of Health and Human Resources, Office of the Governor, and the General Assembly, and management throughout the agency.
- ACCOUNTING AND BUDGETING SERVICES: Forecasting Agency Expenditures and Revenues: forecasts agency nongeneral fund revenue and forecasts agency expenditures by fund source and management areas.
- ACCOUNTING AND BUDGETING SERVICES: Financial Reporting, Evaluation, and Analysis: tracks agency appropriation by management areas and cost centers; generates routine and ad hoc reports and track local government matching fund requirements.
- ACCOUNTING AND BUDGETING SERVICES: Legislative Fiscal Impact Analysis and Reporting: coordinates, reviews and develops financial impact statements.
- ACCOUNTING AND BUDGETING SERVICES: Risk Management and Internal Control: conducts annual assessment of agency internal control systems and identifies weaknesses, opportunities for improvements, and

best practices.

- HUMAN RESOURCES: Human Resource (HR) Policy, Compensation, Tools and HR Processes/Procedures: develops agency human resource policy, including companion policy to central control agency policy and other mandates; develops associated procedures, forms, and automated records and reporting systems as infrastructure to the statewide HR system.
- HUMAN RESOURCES: Workforce Planning, Organizational Change and Business Process Improvement: assesses continually occupational and labor market trends; develops strategies to assure the workforce is aligned to meet current and future agency business needs, and assists management in creating optimal organizational structures and business processes that are efficient and effective.
- HUMAN RESOURCES: Competitive Hiring in Local, Statewide, Regional and National Markets: devises and implements effective strategies, based on organizational needs and resources, to attract public health (PH) professionals and support staff in evolving and competitive local, statewide, regional and national markets.
- HUMAN RESOURCES: Performance Management, Training and Workforce Development: serves as statewide consultants on every aspect of performance management, including Employee Work Profiles (EWPs) and expectations, rewards and recognition, progressive discipline and separations; implements HR system wide training via a variety of media, including web based coursework and resources, consultation, distance learning strategies, videoconferencing and meetings; manages mandated training systems and metrics; participates in occupational development strategies and training and development programs for all employees.
- HUMAN RESOURCES: Employee Benefits Administration; Records and Reporting: manages all employee benefits programs, personnel transactions, agency level data porting, records management issues, central personnel files and integrity of remote records.
- HUMAN RESOURCES: Employee Relations Management, EEO, Complaint Investigation and Dispute Resolution: provides agency wide consultation to management regarding behavioral issues, investigation of complaints filed internally and externally, early intervention in disputes, mediation, coaching and facilitation for improved workplace outcomes.
- HUMAN RESOURCES: Personnel Security, Safety and Background Investigations: participates in assessment of workplace security risks and safety risks and development of remediation strategies; conduct background investigations for agency personnel, including partnering with law enforcement agencies.
- HUMAN RESOURCES: Quality Control, Compliance and HR Practice Audit: monitors HR programs statewide for compliance with mandates through data collection, report generation and analysis; recommends best practices to improve outcomes; develops and implements HR audit programs for practice areas.
- PROCUREMENT AND GENERAL SERVICES: Purchasing, Contracting, Contract Administration, Small Purchase Charge Card: satisfies the continuous need for the procurement of supplies, equipment, materials and facilities, at a reasonable cost, to assure compliance with state laws, policies and procedures, and to make available the materials and services essential to the successful delivery of agency services; provides training, direction, leadership regarding procurement policies, laws, new initiatives; develops procedures and guidelines; interprets policy; serves as consultants to customers; manages and promotes the agency Small Purchase Charge Card Program (332 cards), eVA system (360 users), Small, Women-Owned and Minority Businesses (SWAM); conducts procurement management reviews; complies with reporting requirements; purchases complex goods and services over $5,000; provides direction and guidance on contract interpretation, performance analysis, problem resolution, systems and processes, bids, proposals, and agreements; ensures the rights of the Commonwealth are protected and manages the agency surplus property disposal process.
- PROCUREMENT AND GENERAL SERVICES: Central Services Warehouse and Mail Services: manages the agency central warehouse, fills and distributes orders statewide, generates internal billings; provides mail service for distribution in the Madison Building; manages special deliveries and chain of custody deliveries and works collaboratively with State Mail Services regarding mail distribution in the Richmond area.
- PROCUREMENT AND GENERAL SERVICES: Facility Management and Real Property Leases: manages agency capitol area facilities which includes James Madison Building (687 employees), James Monroe Building (7 employees); provides a safe work environment; manages building security and access, parking, evacuation plans, office space standards; serves as liaison to the Department of General Services (DGS) and provides leadership, guidance, and coordination for over 200 agency leases.
- PROCUREMENT AND GENERAL SERVICES: Telecommunications: coordinates and places orders for agency telecommunication services and serves as liaison with Virginia Information Technology Agency (VITA) and other telecommunication providers, includes voice and data services and support.
- PROCUREMENT AND GENERAL SERVICES: Fleet Management: manages the agency centralized fleet of approximately 317 vehicles which provides safe, efficient and reliable vehicular transportation for business use by agency employees; administers, monitors, and enforces all rules and regulations regarding the assignment, utilization, maintenance, repair and replacement of fleet vehicles and processes accident reports.
- PROCUREMENT AND GENERAL SERVICES: Risk Management: assists agency and coordinate with Department of Treasury from financial loss caused by legal liability, loss of property, and other hazards; investigate with agency staff and reports possible claims and risk issues as required and advise staff on medical malpractice insurance coverage for health care providers, property and automobile coverage.

Finance

- *Financial Overview*
  The chief source of funding for Administrative and Support Services is general funds (92%). From the general funds, 54% are allocated for General Management; 30% for Computer Services; 15% for Accounting and Budgeting Services; 13% for Human Resources; and 8% for Procurement and General Services.

  The second source of funding for this service area is special funds (8%). Special funds are allocated to Budgeting and Accounting Services, Procurement and General Services, and General Management. From the special funds, 4% is generated from fees Accounting Services receives for outstanding accounts collected through the Debt Set Off process; Procurement and General Services collects 43% as cost recoveries from users to support the operation of the Central Services Stockroom Operation. General Management receives 53% of the special funds.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	F 20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																	
Base	$12,777,388	$1,194,560	$12,777,388	$1,194,560																	

Budget				
Change To Base	-$523,290	$1,319,949	-$523,290	$1,319,949
Service Area Total	$12,254,098	$2,514,509	$12,254,098	$2,514,509
Base Budget	$12,777,388	$1,194,560	$12,777,388	$1,194,560
Change To Base	-$523,290	$1,319,949	-$523,290	$1,319,949
Service Area Total	$12,254,098	$2,514,509	$12,254,098	$2,514,509
Base Budget	$12,777,388	$1,194,560	$12,777,388	$1,194,560
Change To Base	-$523,290	$1,319,949	-$523,290	$1,319,949
Service Area Total	$12,254,098	$2,514,509	$12,254,098	$2,514,509
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Change To Base	-$523,290	$1,319,949	-$523,290	$1,319,949
Service Area Total	$12,254,098	$2,514,509	$12,254,098	$2,514,509

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.

  Objective Description

  Promotes and measures existing and emerging standards of management operations in the areas of human resources, government procurement, finance, performance, and technology.

  Alignment to Agency Goals

  - Agency Goal: Drive operational excellence in the design and delivery of health department services and provide exceptional services to all customers.

  Objective Strategies

  - Financial Management: Develop and provide accurate and current financial policies and procedures through the Accounting website, Department Administrative and Management Manual (DAMM) and video-based meetings and work groups; provide accurate and current financial data through the Financial and Administrative (F&A) System; identify and address financial deficiencies with senior management and the appropriate agency staff; train and provide direction to service areas regarding financial policies and procedures; resolve APA findings promptly and develop policies and procedures and system enhancements to prevent audit findings from recurring; update the F&A System to align with new financial policies and reporting requirements; prepare budget submissions and reports as directed by DPB and requested by others; develop agency level budgets for all cost centers; issue appropriation targets each fiscal year to all agency programs and districts; monitor appropriation levels on a regular basis and initiate appropriate actions to maintain appropriate levels; track expenditures and forecast revenue and support senior management on financial planning and analysis.
  - Human Resource Management: Assess need to develop and implement tools and strategies to efficiently attract and retain essential staff; develop effective partnerships with agency experts in critical and hard to fill professions; continue workforce planning review in the Office of Human Resources (OHR) and share Workforce Plan with employees; establish business partnerships with occupational experts in the agency to develop effective plans for workforce recruitment, retention, and development; monitor EEO data, assist with remediation, provide training, and provide leadership to partnering efforts; initiate Safety Training, Audit and Collaboration among agency safety experts; maintain Agency Safety Plan and strategies to reduce injuries; identify role of safety coordinator for VDH; analyze safety loss data and identify potential hazards and correct, as reflected in accident reports; evaluate current training and performance management policies and update/revise; communicate any changes in policy or procedures to work unit; designate training expert in OHR to coordinate agency training resources and maximize efficiency of efforts statewide; audit the reporting of training metrics; evaluate data; ensure data reporting by work unit is complete and analyze employee participation.
  - Government Procurement: Continue to provide eVA leadership; provide input on system use and growth; continue as one of the largest agencies that fully uses eVA as intended without interfaces and duplication of order entry into another financial system; integrate the eVA system into the agency's business process statewide by: using present agency business structure and existing staff in implementation; collaborating with DGS and VDH Managers regularly on key issues; developing standard eVA processes and template; providing regional training and consultation to eVA users as required; streamlining process and minimizing duplication of order entry; increase communication with all individual eVA users; maximize the use of DGS eVA training and consultation; participate in eVA and SWAM meetings and work groups sponsored by DGS, VITA or other agencies; designate two agency employees as Supplier Diversity Champions; include, when available, SWAM suppliers identified as certified by the Department of Minority Business Enterprises (DMBE) in agency solicitations; provide eVA and supplier diversity training and assistance to staff; promote the use of SWAM subcontractors in contracts; collect statistics, prepare reports, monitor supplier diversity efforts for SWAM utilization; work cooperatively with the Department of Minority Business Enterprise (DMBE) to increase SWAM participation; seek out SWAM vendors from multiple sources; participate in SWAM outreach programs and conferences; meet with vendors on a "one on one" basis when requested and evaluate agency procurement compliance with established policies and procedures.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of administrative measures marked as "meets expectations" (green indicator) for the agency.

Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain
Measure Baseline Description: Percent

Measure Target Value: 100 Date: 6/30/2012

Measure Target Description: Percent

Data Source and Calculation: There are currently 13 administrative measures organized into five categories. Each measure has a different data source as outlined in the administrative measures data source information table. The agency administration measure is the percent of the administrative measures that have a green indicator (meets expectations). Items with a gray indicator (where data are unavailable) are excluded from the calculation.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 34 of 41

Drinking Water Regulation (601 508 01)

Description

This service area implements the federal Safe Drinking Water Act, Virginia's Public Water Supply Law and Virginia's Waterworks Regulations to protect public health by regulating Virginia's public waterworks. Virginia Department of Health (VDH) is designated as the "primacy" agency with primary enforcement responsibility for implementing and enforcing the federal drinking water standards in Virginia.

Products and services include:
• Inspections and investigations of waterworks,
• Evaluations of engineering reports, plans and specifications,
• Training for waterworks owners and operators,
• Technical assistance to waterworks owners and operators,
• Establishment and implementation of a drinking water quality monitoring program,
• Emergency assistance provided to waterworks owners and operators (droughts, floods, etc.),
• Database development and maintenance to include an inventory of all of Virginia's public waterworks and compliance information on those waterworks,
• Enforcement/compliance actions to ensure compliance with regulations, and
• Serve as a resource to other state and federal agencies.

This service area is administered by the VDH Office of Drinking Water (ODW).

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by assuring an adequate quality and quantity of safe drinking water to consumers.
- *Describe the Statutory Authority of this Service*
  Sections 32.1-167 through 32.1-176 of the Code of Virginia establish VDH's authority to regulate construction and operation of waterworks in Virginia.

  The Federal Safe Drinking Water Act of 1974 (SDWA), as amended in 1986 and 1996, was enacted to protect the quality of drinking water in the United States.

  40 Code of Federal Regulations Part 142, Subpart B governs the primary enforcement responsibility for federal drinking water standards.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Affiliated interests (engineers, attorneys, general contractors, product manufacturers, etc.)	100	500
	Other governmental agencies (local, state, and federal)	300	300
	Public served	7,712,091	7,712,091
	Waterworks operators	1,800	2,500
	Waterworks owners	3,000	3,000

Anticipated Changes To Agency Customer Base
Waterworks owners/operators:
• The number of waterworks owners is expected to remain relatively stable (3,000) with a slight downward trend due to an increase in the number, complexity of drinking water regulations, and a trend toward regionalization. Regulations under the SWDA are becoming more complex, requiring continued technical assistance to address the aging infrastructure.

Public served:
• The number of Virginia's citizens served by public waterworks will increase as Virginia's population increases.
• Waterworks are expanding their service areas to include homes served by individual wells, springs or cisterns with drinking water health concerns.

Affiliated interests:
• VDH expects to see an increase in the number of affiliated interests as increasing regulations are implemented and waterworks owners maintain, update, or expand their infrastructure facilities to cope with the mandated changes and the normal growth.
• A measurable increase in VDH technical assistance provided to consulting engineers is anticipated due to new and revised drinking water regulations.
• Virginia Rural Water Association, Southeast Rural Community Assistance Project, and other organizations expect increased partnerships for training activities from VDH.

Other governmental agencies:
• VDH involvement with numerous agencies at local, state, and federal levels to either provide technical assistance or coordinate functions to better serve Virginia citizens will increase.
• Changing focuses, envisioned needs, security concerns and/or regulatory mandates will demand VDH's continued involvement with others.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  The number and complexity of federal drinking water regulations is expected to increase the amount of technical assistance provided to waterworks owners and operators in an effort to maintain compliance with the regulations.

  New technologies will alter the methods of treating drinking water. The technical and engineering staff are required to maintain a working knowledge of these methods and the regulations associated with drinking water quality.

  The public expects the provision of high quality drinking water that meets or exceeds regulatory standards, at a reasonable cost.

  The public's knowledge of drinking water issues has increased.

  The modernization of aging drinking water infrastructure facilities by waterworks will increase the VDH workload to provide oversight of evaluating engineering reports, plans and specifications.

  The availability of information on the internet will increase the public's expectations concerning their right to know.

  Level general and nongeneral funding has resulted in a depletion of the fund balance in the waterworks operation fees account.

  Increases in the complexity and number of drinking water regulations that must be monitored and enforced will significantly increase the workload. Additional general fund support will be needed to adequately support staffing levels for protecting the public health.

  VDH will need to replace a significant proportion of its engineering workforce in the near future due to retirement, etc. This will eliminate a significant amount of the institutional knowledge that helps VDH understand and plan for increased public health protection. VDH will be faced with increasing difficulty in finding high quality engineers at state salary rates as the state's pay has not maintained pace with the private sector.
- *Anticipated Changes to the Products and/or Services*
  Increased resources are anticipated to be needed to evaluate engineering reports, plans and specifications as a result of increased regulation and upgrades of aging infrastructure.

  On-site inspections of waterworks are expected to increase as the public demands greater oversight to protect public health.

  Technical and training assistance to owners/operators is expected to increase due to the complexity of drinking water regulations.

  The drinking water quality monitoring activities are expected to increase due to new federal drinking water regulations.

  Database activities will continue to increase as federal drinking water regulations requirereporting and near real time access.
- *Listing of Products and/or Services*
  - Inspections and Investigation of Waterworks: Scheduled on-site inspections are conducted within the prescribed EPA timeframe to evaluate the capability of waterworks to consistently and reliably deliver an adequate quality and quantity of safe drinking water to consumers and to comply with state and federal drinking water standards. Special on-site investigations are conducted to provide requested technical assistance, evaluate new or upgrading public waterworks, and meet special enforcement needs. Complaint investigations are conducted as necessary to follow-up on consumer complaints.
  - Evaluation of Engineering Reports, Plans and Specifications: Evaluate engineering reports, plans and specifications of new and modified public water supply facilities to ensure that design and construction of those facilities will be capable of complying with the drinking water regulations as well as addressing the priority problems that exist. Issue permits to construct or modify waterworks upon approval of plans and specifications. Issue operation permits after construction is completed. Conduct in depth review of new water treatment technologies.
  - Training Assistance to Waterworks Owners and Operators: Hold or participate in seminars and workshops concerning the implementation of new drinking water rules or regulations, emerging technologies, techniques and professional development for waterworks managers and operators, etc. Conduct operator training for operators of very small systems on need-to-know subjects, such as disinfection, pumps, chemical feeders, and well operations.
  - Technical Assistance to Waterworks Owners and Operators: Assist waterworks in implementing new and revised drinking water regulations. Assist in problem identification to solve operational problems or to prioritize construction needs. Identify events that point to the development of drought conditions and alert waterworks to review their water conservation measures and attend meetings as necessary. Monitor the source water assessment program. Encourage waterworks to assess the areas serving as their sources of drinking water in an effort to identify potential threats and initiate protection efforts. Provide necessary assistance to waterworks conducting vulnerability assessments on an "as-requested" basis. Vulnerability assessments aid waterworks in evaluating their susceptibility to potential threats and identify corrective actions to reduce or negate the risk of serious consequences from vandalism, insider sabotage, or terrorist attack. Implement the capacity development program in an effort to help waterworks improve their technical, managerial, and financial capabilities so that they can provide safe drinking water consistently, reliably and cost effectively. Periodically assess the technical, managerial and financial capacity of waterworks and offer assistance in making improvements. Assist all waterworks owners in the preparation and distribution of their annual Consumer Confidence Reports (CCR). A CCR is a water quality report to all consumers that summarizes information regarding safety, source, detected contaminants, and compliance for the waterworks. Review and respond to Bacteriological Siting Reports, Lead and Copper Rule Reports, Cross Connection Control Programs, and Comprehensive Business Plans that are required of waterworks by state and federal regulations.
  - Establishment and Implementation of a Water Quality Monitoring Program: Work with the Division of Consolidated Laboratory Services (DCLS), certified commercial laboratories, and waterworks to assure that drinking water quality analyses are performed in a timely manner. Periodically coordinate with DCLS to assure that its staff is aware of potential biological and chemical weapons that could be employed against waterworks and is moving towards having a rapid response capability if an incident occurs or may have occurred. Evaluate the results of drinking water tests to ensure the public is being provided safe drinking water.
  - Emergency Assistance: Maintain an emergency pollution response system which would quickly notify any potentially affected waterworks of any reported pollution event (e.g., accidental or intentional chemical spill, raw sewage discharge, terrorist attack, etc.) Continuously maintain coordination with the State Epidemiologist and Bioterrorism Program Coordinator on security issues related to potential weapons of mass destruction attacks and

incidents of tampering with waterworks. Assist in developing any waterworks actions deemed necessary as a result of any terrorist threat or increased security activities. Recommend appropriate emergency preparedness responses for waterworks owners and operators and other involved parties. Provide waterworks owners counter measure guidance on strengthening critical assets and other facilities. Securing and protecting drinking water is critical to ensuring the availability of a safe supply. Provide security audits on an "as-requested" basis.

- Data Base Development and Maintenance: Maintain State Safe Drinking Water Information System (SDWIS/State) to ensure a complete and accurate inventory of all of Virginia's waterworks. Coordinate and maintain the electronic data interchange of drinking water quality analysis data from DCLS and private laboratories. Maintain the automated billing system to assist and expedite the receipt of funds from the annual waterworks operation fee. Ensure continuing coordination with the Virginia Information Technologies Agency (VITA).
- Enforcement and Compliance with Regulations: Implement all drinking water regulations within prescribed timeframe. Alert all affected Virginia waterworks owners of their responsibilities under any new federal drinking water regulations as soon as the new rule summary is available. Ensure that affected waterworks owners provide the required Consumer Confidence Report to consumers on an annual basis. Take timely, appropriate, fair, consistent, and effective enforcement actions using a variety of enforcement tools to bring waterworks into compliance. Such enforcement tools include informal telephone calls, letters, meetings, conferences, informal fact finding proceedings, administrative orders, consent orders, formal hearings, civil suits, and criminal actions. Prepare enforcement cases for referral to the Office of the Attorney General to initiate civil action. Issue emergency orders in any case where there is an imminent danger to the public health resulting from the operation of any waterworks or the source of a water supply.
- Resource to Other State and Federal Agencies: Serve on the Virginia Drought Monitoring Task Force. Serve as liaison to the Department of Professional and Occupational Regulation (DPOR) to assure that: (1) waterworks operator license testing is appropriate and that the licensure rule is being applied fairly, and (2) changes to DPOR regulations are in compliance with the Safe Drinking Water Act.

Finance

- *Financial Overview*
  This service area is funded by general and non-general fund revenues. Non-general fund revenues consist of waterworks operation fees and the Public Water System Supervision federal grant. The waterworks operation fees are fees that are assessed annually on Virginia's waterworks based on the number of connections or the classification of the waterworks.

  Level general and non-general fund revenues will result in spending down the fund balance in the waterworks operations fees account and will result in an increase in the annual waterworks operation fees charged to Virginia's waterworks. In addition, general fund support will be needed to maintain current level of service.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund														
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005														
Change To Base	-$27,647	$0	-$27,647	$0														
Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005														
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005														
Change To Base	-$27,647	$0	-$27,647	$0														
Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005														
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005														
Change To Base	-$27,647	$0	-$27,647	$0														
Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005														
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005														
Change To Base	-$27,647	$0	-$27,647	$0														
Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005														
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005														
Change To Base	-$27,647	$0	-$27,647	$0														

Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005
Change To Base	-$27,647	$0	-$27,647	$0

Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005
Change To Base	-$27,647	$0	-$27,647	$0

Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005
Base Budget	$2,043,013	$7,153,005	$2,043,013	$7,153,005
Change To Base	-$27,647	$0	-$27,647	$0

Service Area Total	$2,015,366	$7,153,005	$2,015,366	$7,153,005

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Conduct routine inspections of waterworks

  Objective Description

  Provide routine inspections of waterworks to ensure safe drinking water to Virginia's citizens. The Office of Drinking Water (ODW) staff will perform routine inspections of waterworks to evaluate the capability of waterworks to consistently and reliably deliver an adequate quality and quantity of safe drinking water to consumers and to comply with state and federal drinking water standards.

  Alignment to Agency Goals

  - Agency Goal: Assure provision of clean, safe drinking water to the citizens and visitors of the Commonwealth.

    Comment: This objective also aligns with Virginia's long term objectives to "Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds" and "Inspire and support Virginians toward healthy lives and strong and resilient families."

  Objective Strategies

  - Maintain an adequate and trained field staff to support the technical and regulatory requirements under the primary program.
  - Provide an annual reallocation of field staff to match numbers of waterworks to ensure sufficient resources to complete required tasks.
  - Monitor field staff tasks to ensure adequate time for inspections. Inspections are completed on a timely schedule

and provide technical oversight of the water treatment processes at the waterworks.

- Monitor status of measure quarterly.

Link to State Strategy

- nothing linked

Objective Measures

- Number of routine waterworks inspections conducted in accordance with the Office of Drinking Water schedule.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 1772 Date: 6/30/2004

  Measure Baseline Description: Number of waterworks inspections

  Measure Target Value: 2120 Date: 6/30/2012

  Measure Target Description: Number of waterworks inspections

  Data Source and Calculation: This measure is reported directly to ODW's tracking database.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 35 of 41

Drinking Water Construction Financing (601 508 02)

Description

This service area implements the federal Drinking Water State Revolving Fund Program (DWSRF) and the Virginia Water Supply Assistance Grant Program (WSAG). The purpose of this service area is to help public waterworks make infrastructure improvements necessary to ensure continued provision of safe drinking water and to help protect public health.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with Virginia Department of Health's (VDH's) mission of promoting and protecting the health of Virginians by assuring an adequate quality and quantity of safe and affordable drinking water to consumers.
- *Describe the Statutory Authority of this Service*
  Code of Virginia Title 32.1 Chapter 6 Sections 32.1-167 through 32.1-176 establishes authority to regulate construction and operation of waterworks in Virginia.

  Code of Virginia Title 32.1 Chapter 6 Sections 32.1-171.2 establishes the Virginia Water Supply Assistance Fund Program in Virginia.

  Federal Safe Drinking Water Act, 1974, as amended in 1986 and 1996 establishes the DWSRF Program in Section 1452, "State Revolving Loan Funds," of the Act.

  Virginia's Appropriation Act establishes that VDH will control and manage monies appropriated for safe drinking water.

  Code of Virginia Title 2.2 Chapter 6 Section 2.2-611 authorizes state agencies to accept grants from agencies and departments of the United States.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Affiliated interests (engineers, contractors, attorneys, product manufacturers)	100	500
	Other governmental agencies (local, state, and federal)	300	300
	Public served	7,712,091	7,712,091
	Waterworks operators	1,800	2,500
	Waterworks owners	3,000	3,000

Anticipated Changes To Agency Customer Base
Waterworks owners:
• The number of public waterworks owners is expected to remain relatively stable with a slight downward trend due to the number and complexity of drinking water regulations and a trend toward regionalization.

Waterworks operators:
• Although operators are licensed by the Department of Professional and Occupational Regulation, VDH provides a variety of training to increase technical capability at waterworks. Training will increase as operators seek to enhance their skills in a changing environment within the drinking water industry or as new persons seek entry.

Public served:
• VDH foresees more citizens on public waterworks as the existing owners are improving and expanding their existing waterworks due to population growth.

• Existing waterworks are extending their service areas to include homes served by individual wells, springs or cisterns with drinking water health concerns.

Affiliated interests:
• VDH expects to see an increase in the number of affiliated interests such as consulting engineers, attorneys, product manufacturers and general construction contractors as increasing regulations are implemented and waterworks owners maintain, update, or expand their infrastructure facilities to cope with the mandated changes and the normal growth.

Other governmental agencies:
• VDH will increase involvement with numerous agencies at local, state, and federal levels by either providing technical assistance or by coordinating functions to better serve mutual clients as they relate to providing safe affordable drinking water.

• Changing focuses, envisioned needs, security concerns and/or regulatory mandates will demand VDH's continued involvement with other agencies at all levels.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  The federal DWSRF appropriation is distributed to each state based on that state's proportional share of the total eligible needs reported for the most recent Drinking Water Infrastructure Needs Survey. The survey results were released March 26, 2009 and will be used to calculate state grant allotments for DWSRF appropriations made in fiscal years 2010 through 2013. The US EPA has indicated that Virginia may receive an increase of $16.2 million in response

to the critical needs identified by the Needs Survey. The award of this allotment is contingent upon Virginia providing a reported twenty percent (20%) state match to receive the federal dollars. Any decrease in DWSRF funding will result in less funds being available for waterworks to improve, upgrade, or expand their drinking water infrastructure and less funding to administer the construction program and support the regulatory program.

The Appropriations Act provides general funds totaling $7.1 million for the WSAG and DWSRF programs. Reduction in these funds will reduce the amount of DWSRF funds awarded to Virginia if the Commonwealth cannot meet the required twenty percent (20%) state match of $5 million.

Upcoming federal regulations will place additional emphasis on waterworks improvements that are needed in order to maintain compliance with regulations. This will increase the demand for drinking water infrastructure funding.

A reduction in grant funds from co-funding partners will increase demand on this program and impact our ability to make projects affordable.

- *Anticipated Changes to the Products and/or Services*
  An increased demand is anticipated from our customers for construction projects to address challenges associated with aging critical infrastructure and changing source water quality.

  Reduced funding will limit the program's ability to support local water utilities to address water quality and quantity needs in the future.
- *Listing of Products and/or Services*
  - Financial assistance: Provide below market interest to zero interest loans for a term not to exceed 30 years to community and non-profit non-community waterworks for eligible drinking water infrastructure projects. Provide grants to community and non-profit non-community waterworks to fund from 10% to 100% of eligible drinking water infrastructure projects costs. Affordable financing helps to ensure delivery of safe and affordable drinking water to citizens of the Commonwealth.
  - Planning and design grants: 100% grant funds awarded to community waterworks for eligible costs. Assist waterworks owners in recognizing problems and producing needed planning and design documents that identify optimum solutions. Assist waterworks owners to qualify for various construction funding.
  - Technical oversight: Provide oversight of funded projects to ensure that waterworks fully understand and follow all applicable rules and regulations. Determination that funded projects have undergone an environmental review in accordance with VDH's approved process. Determination that funded projects have properly followed federal and state procurement regulations including Minority Business Enterprise/Women Business Enterprise. Determination that funded projects have complied with federal cross-cutting authorities. Determination that funded projects have undergone the proper public notices.
  - Construction inspection: Onsite inspections to determine if construction progress is consistent with funds disbursed. Offer assistance to keep project on track.
  - Manage Special US EPA Appropriation Projects: Oversee special federal budget line item drinking water infrastructure projects in Virginia to ensure compliance with applicable rules and regulations. Assist localities and waterworks owners in complying with federal rules and regulations included in their grant agreement with US EPA.
  - Guidance and regulatory development: Establish requirements for complex program operation. Give clear, concise, streamlined, and understandable guidance to waterworks owners on the various funding program requirements.
  - Customer service: Provide various services to a variety of customers including waterworks owners, consulting engineers, contractors, non-profit organizations, other state and federal funding partners, and universities. Provide training through professional development course, small system management institute, and on-site funding workshops. Provide technical assistance by assisting in project identification and completion of funding applications.
  - Training scholarships for waterworks owners/operators: Award training scholarships to waterworks owners/operators to assist owners and operators in broadening their knowledge of waterworks technical, financial and managerial needs.
  - Create new assistance resources: Administer a receivership program where the courts can appoint a receiver to take control of and responsibility for a waterworks that is unable or unwilling to provide adequate and safe drinking water. Provide funding for development and maintenance of the Distance Learning Website at Mountain Empire Community College where individuals can earn an Associates Degree in Water Treatment Operations. Establishment of a $10 million Southwest Virginia Endowment using funds from the DWSRF program to provide funding for drinking water infrastructure projects in Planning Districts 1 and 2 which includes the counties of Lee, Scott, Wise, Dickenson, Russell, Tazewell, Buchanan and the City of Norton.

Finance

- *Financial Overview*
  This service area's funding comes from the federal Drinking Water State Revolving Fund, general funds, and miscellaneous sources such as interest earnings and enforcement penalties.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund													
Base Budget	$4,500,000	$15,992,124	$4,500,000	$15,992,124													
Change To Base	$2,209,516	$0	$2,209,516	$0													
Service Area Total	$6,709,516	$15,992,124	$6,709,516	$15,992,124													
Base Budget	$4,500,000	$15,992,124	$4,500,000	$15,992,124													
Change To	$2,209,516	$0	$2,209,516	$0													

Base				
Service Area Total	$6,709,516	$15,992,124	$6,709,516	$15,992,124
Base Budget	$4,500,000	$15,992,124	$4,500,000	$15,992,124
Change To Base	$2,209,516	$0	$2,209,516	$0
Service Area Total	$6,709,516	$15,992,124	$6,709,516	$15,992,124
Base Budget	$4,500,000	$15,992,124	$4,500,000	$15,992,124
Change To Base	$2,209,516	$0	$2,209,516	$0
Service Area Total	$6,709,516	$15,992,124	$6,709,516	$15,992,124
Base Budget	$4,500,000	$15,992,124	$4,500,000	$15,992,124
Change To Base	$2,209,516	$0	$2,209,516	$0
Service Area Total	$6,709,516	$15,992,124	$6,709,516	$15,992,124
Base Budget	$4,500,000	$15,992,124	$4,500,000	$15,992,124
Change To Base	$2,209,516	$0	$2,209,516	$0
Service Area Total	$6,709,516	$15,992,124	$6,709,516	$15,992,124
Base Budget	$4,500,000	$15,992,124	$4,500,000	$15,992,124
Change To Base	$2,209,516	$0	$2,209,516	$0
Service Area Total	$6,709,516	$15,992,124	$6,709,516	$15,992,124

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Increase Virginia's citizens access to safe and affordable drinking water

Objective Description

This service area provides technical and financial resources to localities and waterworks to improve existing waterworks or extend service to areas without public waterworks; thereby delivering safe and affordable drinking water. State and federal laws mandate drinking water requirements to protect the public health and welfare . Citizen access to safe and affordable drinking water is critical to their overall quality of life, and is a key component of the VDH mission.

Alignment to Agency Goals

- Agency Goal: Assure provision of clean, safe drinking water to the citizens and visitors of the Commonwealth.

  Comment: This objective is also aligned with Virginia's long term objectives to "Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds" and "Inspire and support Virginians toward healthy lives and strong and resilient families."

Objective Strategies

- Provide technical assistance to localities, waterworks owners, and others in using the program.
- Assist in identifying projects that promote access to safe drinking water.
- Conduct annual workshops in six locations across the state to provide specific training on funding applications preparation and funding requirements.
- Provide timely and complete review of funding applications.
- Refine web-based information and add more information if needed.
- Collaborate with co-funding partners to assemble the most appropriate financial package for the funding recipients.
- Monitor available financial resources of the type needed (grants and low interest loans) and make budget recommendations to VDH's senior management.
- Monitor funding recipients' progress on tasks needed to complete the project on time and if a recipient does not have sufficient progress staff will encourage timely completion thereby ensuring that citizens benefit as quickly as possible.

Link to State Strategy

- nothing linked

Objective Measures

- The number of additional Virginia citizens who will gain access to safe and affordable drinking water will increase.

  Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Up

  Measure Baseline Value: 76494 Date: 7/1/2004

  Measure Baseline Description: Number of citizens

  Measure Target Value: 159500 Date: 6/30/2012

  Measure Target Description: Number of citizens

  Long-range Measure Target Value: 178000 Date: 6/30/2014

  Long-range Measure Target Description: Number of citizens

  Data Source and Calculation: This measure is a cumulative number of citizens provided adequate quality and quantity of drinking water as a result of loans and/or grants from the Drinking Water State Revolving Fund and the Water Supply Assistance Grant programs. Progress is calculated using information from the Office of Drinking Water's internal database that tracks the number of people who benefit from improved water quality as a result of the financial assistance for construction projects. This benefit may be as a result of improved water quality for those currently connected to the system or through the extension of service to citizens with failing private systems. The measure target is cumulative; the quarterly number is based on completed projects during that quarter and is added to the previous sum. Information provided by the funding recipient is validated by onsite inspections and program reporting requirements.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 36 of 41

Public Health Toxicology (601 508 05)

Description

This service area implements the Virginia Toxic Substances Information Act by assessing, advising, and communicating health hazards of chemical and certain biological agents which pose a threat to human health and the environment. Products and services include:

• Advise the Governor, General Assembly, other state agencies, and local governing bodies on matters pertaining to chemical exposures posing a threat to public health or the environment;
• Evaluate information regarding toxicity of chemicals and certain biological agents and determine the risk to human health and the environment;
• Disseminate information concerning toxic substances to other state agencies, political subdivisions of the Commonwealth, health professionals, the media, and the public by communicating the risk of chemical exposure through documents, technical reports, information sheets, advisories, health alerts, and press releases;
• Investigate potential human health effects associated with exposure to chemical and biological agents in the environment.
• Conduct surveillance of diseases related to chemical exposure;
• Develop health risk assessments for specific chemical exposures via air, water, and food; and
• Make recommendations to prevent exposure of citizens to chemical substances including fish consumption advisories.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by assessing, advising, and communicating health hazards of chemical and certain biological agents which pose a threat to human health and the environment.
- *Describe the Statutory Authority of this Service*
  Chapter 6, Article 9 of Title 32.1 of the Code of Virginia provides the authority and defines the activities of this Service Area. Section 32.1-240 designates VDH as the state toxic substances information agency. The activities listed under the service area description are mandated by Sections 32.1-241 and 32.1-248.01. Section 32.1-245 requires VDH to submit a biennial report to the Governor and General Assembly on all matters relating to toxic substances in the Commonwealth.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Citizens of the Commonwealth, especially those affected by exposure to chemicals, biological, and radiological agents	44,000	7,712,091
	Colleges/Universities	10	103
	Commercial Fishermen	2,900	3,000
	Environmental Groups and Associations	5	106
	Federal Agencies	15	20
	Health Professionals	550	21,000
	Hospitals	35	94
	Industry using or producing chemicals	3,000	8,635
	Laboratories	41	183
	Legal Professionals	200	24,527
	Legislators, federal	13	13
	Legislators, state	140	140
	Local Governments	135	135
	Local Health Departments	119	119
	Local Health Districts	35	35
	Media	168	168
	Occupational workers exposed to chemicals in their workplace	5,000	334,000
	Recreational Fishermen	587,000	600,000
	Schools	100	1,950
	State Agencies	20	20

Anticipated Changes To Agency Customer Base
The number of requests for public health assessments will increase as Virginia's population increases.

Security concerns and potential for acts of chemical, biological, and radiological terrorism will increase demand for VDH's involvement and collaboration with other environmental and law enforcement agencies.

The increased demand for migrant laborers in farming and related agricultural industries will increase the number of workers exposed to agricultural chemicals and biological agents.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Increase in industrial use and production of chemicals is expected to increase inquiries and concerns about toxic substances.

  Increase in emission and discharge of chemicals from industry is expected to increase public awareness about toxic substances and would increase public health concerns.

  Trend to greater use of safety gear in occupational environments.

  Increase in education and training for occupational workers may reduce occupational exposure to toxic substances.

  Increase in number of landfills will generate more complaints and requests for public health assessments.

  An increase in accidental or intentional spills of chemicals may increase the number of responses to exposures.

  Natural events such as hurricanes, floods, and storms.

  Transportation accidents involving chemicals.

  Fires or explosions involving chemicals may increase as the industrial activity increases.

  Unusually dry weather conditions may cause an increase in forest fires and smoke.

  Lengthy rainy season would increase the occurrence of molds in buildings.

  Increase in the number of automobiles would result in air pollution (smog) and would increase the number of public inquiries regarding the health impact of pollutants.

  Increase in level of education and public awareness of environmental issues and exposure to chemicals would increase public health concerns.

  Extent of pesticide (insecticides, fungicides, herbicides) use.

  Food importation practices.

  International and interstate commerce.

  Trend to greater use of alternative medicine and natural remedies.

  Overuse and misuse of medicines.

  New research and studies regarding health effects of chemicals.

  Concerns and plans for acts of bioterrorism.

  Acts of bioterrorism .

  Need for coordination with law enforcement and homeland security officials.
- *Anticipated Changes to the Products and/or Services*
  Greater need for services to be ethnically and linguistically diverse.

  Greater focus on public education and awareness regarding exposure to chemicals.

  Greater emphasis on dissemination of information through media and internet.

  Greater expectation of public health toxicology expertise, support, and investigation due to increased consumer awareness of toxicological health hazards.
- *Listing of Products and/or Services*
  - Respond to all constituents of the Commonwealth who have concerns regarding public health hazards from exposure to chemicals and certain biological agents.
  - Produce fact sheets and information sheets concerning relative subjects, such as a local spill or identified environmental hazard, and disseminate to affected constituents.
  - Post information on the VDH Web site to improve its accessibility to Virginians.
  - Disseminate information to communities and work with local governing bodies to assess exposure, risk, and identify protective actions in relation to specific toxic substance occurrences.
  - Issue Health Alerts through all available media when a toxic substance exposure has occurred or is imminent.
  - Issue and monitor Fish Consumption Advisories throughout Virginia’s waterways based on fish tissue sample analysis and degree of contamination.
  - Monitor reports by physicians, hospitals, and labs to detect trends that suggest an increase in exposure to toxic substances.
  - Maintain and analyze Childhood Elevated Blood Lead Level Database to collect incidence data for children with elevated blood lead levels.
  - Conduct and disseminate statistical analyses of surveillance data pertaining to childhood elevated blood lead levels in order to better prevent or intervene as soon as a baby is born.
  - Produce biennial report to the Governor and General Assembly on toxic substances in the Commonwealth.
  - Produce the annual statewide childhood lead surveillance report.
  - Provide technical assistance and guidance to other state agencies in the development of regulatory standards and guidelines governing chemicals.
  - Conduct training for healthcare and environmental health professionals regarding potential health effects of exposure to toxic substances.
  - Provide press releases and publications concerning health hazards and possible exposures within a community.

  - Attend public meetings and forums throughout the state to answer citizens' questions and provide information related to health hazards.
  - Review and evaluate hazardous waste permit applications and environmental impact statements for the Department of Environmental Quality.
  - Review and evaluate emergency pesticide use applications for the Department of Agriculture and Consumer Services.

Finance

- *Financial Overview*
  The sole source of funding for Public Health Toxicology is general funds. The general base budget is the prior year's legislative appropriation.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund										
Base Budget	$211,994	$0	$211,994	$0										
Change To Base	-$1,334	$0	-$1,334	$0										
Service Area Total	$210,660	$0	$210,660	$0										
Base Budget	$211,994	$0	$211,994	$0										
Change To Base	-$1,334	$0	-$1,334	$0										
Service Area Total	$210,660	$0	$210,660	$0										
Base Budget	$211,994	$0	$211,994	$0										
Change To Base	-$1,334	$0	-$1,334	$0										
Service Area Total	$210,660	$0	$210,660	$0										
Base Budget	$211,994	$0	$211,994	$0										
Change To Base	-$1,334	$0	-$1,334	$0										
Service Area Total	$210,660	$0	$210,660	$0										
Base Budget	$211,994	$0	$211,994	$0										
Change To Base	-$1,334	$0	-$1,334	$0										
Service Area Total	$210,660	$0	$210,660	$0										
Base Budget	$211,994	$0	$211,994	$0										
Change To Base	-$1,334	$0	-$1,334	$0										
Service Area Total	$210,660	$0	$210,660	$0										

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date	
Total Authorized Position level	0

Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Assess health hazards of chemical, toxic, and certain biological agents which pose a threat to human health and the environment; provide information and recommendations as appropriate to abate or reduce potential health effects.

  Objective Description

  Protection of the citizens from the dangers of toxic and hazardous substances includes evaluating human health risks from exposure to toxic and hazardous substances, ascertaining the relationship between exposure and disease, making recommendations to prevent exposure of citizens to toxic substances, and developing information for people who may be affected by the exposure. Protection of the public and workers from the dangers of exposure to chemicals, radiation, and biological agents is of critical importance to ensure the safety of Virginians. Exposure to hazardous and toxic substances can occur when high levels of these substances are ingested or breathed via contaminated food, drinking water, fish, and polluted air. Accidental or intentional spills of chemicals, transportation accidents, and fires at facilities using or manufacturing chemicals can cause situations where the public and workers are exposed to toxic and hazardous substances. Natural disasters such as heavy rains, floods, and hurricanes often contaminate residences and workplaces with mold and other biological agents. Dangers may be present due to improper conditions and use, or improper actions by workers handling toxic and hazardous substances.

  Objective Strategies

  - Determine the relationship between exposure to toxic substances and disease.
  - Provide information about risks of exposure to toxic substances to the public, legislators, government agencies, healthcare professionals, and media.
  - Provide effective and timely information and consultation to citizens' inquiries and concerns regarding toxic substances, biological agents, and radiation.
  - Provide recommendations to prevent or minimize risk from exposure to toxic substances, biological agents, and radiation.
  - Evaluate health risks from exposure to toxic substances, biological agents, and radiation.
  - Provide relevant information to healthcare professionals to recognize, diagnose, and treat exposure related illness in their communities.
  - Assist and collaborate with local, state, and federal agencies in responding to chemical and biological emergencies, including incidents of terrorism.
  - Address community concerns regarding toxic substances in public meetings.
  - Provide technical assistance to other state and local agencies in developing standards and guidelines for toxic substances exposure.
  - Evaluate fish monitoring data for chemicals, identify potential risks to human health from consumption of contaminated fish, and issue fish consumption advisories.
  - Develop guidelines identifying the criteria and levels of concern for certain toxic substances that will be used in issuing a fish consumption advisory.
  - Collaborate with the Virginia Department of Labor and Industry in investigating occupational exposure and its relationship with disease.
  - Develop and disseminate information sheets, press releases, alerts, and public health assessments regarding the human health effects of chemicals.
  - Provide a biennial report to the Governor and General Assembly on Toxic Substances in the Commonwealth.
  - Monitor the prevalence of selected diseases or conditions within targeted populations of the Commonwealth caused by exposure to toxic substances.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percent of requests for public health assessments of exposure to chemicals and biological agents responded to within 48 hours of receipt.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

    Measure Baseline Value: 95 Date: 6/30/2005

    Measure Baseline Description: Percent

    Measure Target Value: 95 Date: 6/30/2012

Measure Target Description: Percent

Data Source and Calculation: Requests and data for public health assessments are received by telephone, letters, email, and fax. Sources of exposure are identified and the status of at-risk population is determined. Exposure data are evaluated by conducting literature searches and utilizing reference books. Public health actions and recommendations are determined based on exposure data and other environmental factors. Responses are provided by telephone, letters, email, or fax. A log will be kept noting the date and time of each request received and the date and time of the response provided. Measure will be calculated based on that data.

- Percentage of fish monitoring data evaluated within 15 working days of receipt of data.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 95 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 95 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: The Department of Environmental Quality submits its fish monitoring data approximately every four months. The levels of toxic chemicals in fish from various water bodies are reported. These levels are compared with levels in fish that can be safely consumed. If the levels of toxic substances in fish exceed the safe levels, fish consumption advisories are issued recommending the number of meals of contaminated fish that can be safely consumed. Timeliness of the issuance of fish consumption advisories will be monitored by the dates the advisories are issued.

- Percent of fish consumption advisories issued within 30 working days.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 95 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 95 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: The Department of Environmental Quality submits its fish monitoring data approximately every four months. The levels of toxic chemicals in fish from various water bodies are reported. These levels are compared with levels in fish that can be safely consumed. If the levels of toxic substances in fish exceed the safe levels, fish consumption advisories are issued recommending the number of meals of contaminated fish that can be safely consumed. Timeliness of the issuance of fish consumption advisories will be monitored by the dates the advisories are issued.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 37 of 41

State Office of Environmental Health Services (601 565 01)

Description

This area provides leadership by directing the operation of the environmental health programs (for example, food and shellfish safety, tourism safety, childhood lead poisoning prevention, safe drinking water from private wells, and safe wastewater treatment and disposal), developing policy, analyzing local, state and federal legislation, evaluating public health programs, providing liaison assistance, and providing scientific and technical expertise.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with VDH's mission to promote and protect the health of Virginians. Environmental health services are intended to minimize and mitigate risks associated with diseases caused by contamination of food, water and the general environment.
- *Describe the Statutory Authority of this Service*
  The authority for the Office of Environmental Health Services is found primarily in Title 32.1 and Title 35.1 of the Code of Virginia. Additional authorizations are cited from other sections as follows:

  General Statutory Authority:

  Section 32.1-2 states that the protection, improvement and preservation of the public health and of the environment are essential to the general welfare of the citizens of the Commonwealth. Furthermore, the stated purpose of the Virginia Department of Health is to provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth.

  Section 32.1-11 permits the Board of Health to formulate a program of environmental health services to be provided by the Department on a regional, district or local basis.

  Section 32.1-12 permits the Board of Health to make, adopt, promulgate and enforce such regulations and provide for reasonable variances and exemptions therefrom as may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by it, the Commissioner or the Department.

  Section 32.1-13 permits the Board to make separate orders and regulations to meet any emergency, not provided for by general regulations, for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious and infectious diseases and other dangers to the public life and health.

  Section 32.1-24 requires the Department to follow the provisions of the Administrative Process Act (§ 2.2-4000 et seq.) in its procedures for rendering all case decisions, as defined in § 2.2-4001, and issuing all orders and regulations under the provisions of this Code administered by the Board, the Commissioner or the Department unless exempt from the Administrative Process Act.

  Section 32.1-25 authorizes the Commissioner or his designee upon presentation of appropriate credentials and upon consent of the owner or custodian the right of entry at any reasonable time onto any property to inspect, investigate, evaluate, conduct tests or take samples for testing as he reasonably deems necessary in order to determine compliance with the provisions of any law administered by the Board, Commissioner or Department, any regulations of the Board, any order of the Board or Commissioner or any conditions in a permit, license or certificate issued by the Board or Commissioner.

  Section 32.1-27 defines the penalties, injunctions, civil penalties and charges for violations.

  Section 32.1-34 mandates that no county, city or town ordinance or regulation shall be less stringent in the protection of the public health than any applicable state law or any applicable regulations of the Board.

  Statutory Authority for Environmental Investigations of Blood Lead Poisoning:

  Title 32.1-46.1 mandates the Board to establish protocol for identification of children with elevated blood-lead levels. The protocol may also address follow-up testing for children with elevated blood-lead levels, dissemination of the protocol or other information to relevant health care professionals, appropriate information for parents, and other means of preventing lead poisoning among children.

  Statutory Authority for the Onsite Wastewater Program:

  Section 32.1-163.2 mandates the Board of Health to develop and revise as may be necessary a five-year plan for the handling and disposal of onsite sewage. The Board shall also report every five years to the Governor and the General Assembly, beginning in 1992, on the status of onsite sewage handling and disposal in Virginia and the progress in implementing its long range plan.

  Section 32.1-163.4 mandates the Commissioner to contract with authorized onsite soil evaluators for the field evaluation of backlogged application sites.

  Section 32.1-163.5 mandates the VDH to accept private site evaluations and designs, in compliance with the Board's regulations for septic systems and other on-site sewage systems, designed and certified by a licensed professional engineer, in consultation with an authorized on-site soil evaluator, or by an authorized on-site soil evaluator. If the Department fails to take action to approve or disapprove the designs, evaluations, or subdivision reviews within specified times, the designs, evaluations or subdivision reviews shall be deemed approved and the appropriate letter, permit or approval shall be issued.

Section 32.1-164 mandates the Board to have supervision and control over the safe and sanitary collection, conveyance, transportation, treatment, and disposal of sewage by onsite sewage systems and alternative discharging sewage systems, and treatment works as they affect the public health and welfare. The Board shall exercise due diligence to protect the quality of both surface water and ground water. The Board is authorized to adopt regulations to fulfill its responsibilities. The Board shall establish an uniform schedule of civil penalties for regulations promulgated under this section. Until July 1, 2009 the Board shall establish a program for qualifying individuals as authorized onsite soil evaluators. Effective July 1, 2009 the Board shall establish a program for the operation and maintenance of alternative onsite systems.

Section 32.1-164.1:01 creates the Onsite Sewage Indemnification Fund whose purpose is to receive moneys generated by a portion of the fees collected by the Department of Health pursuant to subsections C and E of § 32.1-164 and appropriated by the Commonwealth for the purpose of assisting any Virginia real property owner holding a valid septic tank or other onsite sewage system permit when such system fails within three years of construction and such failure results from the negligence of VDH. The fund may also be used, in the discretion of the Board, to support the program for training and recognition of authorized onsite soil evaluators.

Section 32.1-165 mandates that the Commissioner shall authorize the issuance of such permit upon his finding that safe, adequate and proper sewage treatment is or will be made available to such building before the issuance of a building permit.

Section 32.1-166.1 establishes the State Health Department Sewage Handling and Disposal Appeal Review Board, consisting of seven members, appointed by the Governor subject to confirmation by the General Assembly. § 32.1-166.6 mandates the Review Board to hear all administrative appeals of denials of onsite sewage disposal system permits and appeals of refusals of indemnification requests filed pursuant to § 32.1-164.1:01 and render its decision on any such appeal, which decision shall be the final administrative decision.

Statutory Authority for the Private Well Construction and Related Activity:

Section 32.1-176.4 mandates the Board to adopt regulations pertaining to the location and construction of private wells in the Commonwealth.

Section 32.1-176.5:1 mandates the Department to disseminate the information on confirmed oil releases and discharges, contained in the Department of Environmental Quality's monthly report prepared pursuant to § 62.1-44.15:4.1, to local health departments and Department field offices.

Statutory Authority for Migrant Labor Camps:

Section 32.1-211 allows the Board to adopt regulations governing migrant labor camps which supplement the occupational safety and health regulations adopted by the Safety and Health Codes Board and which are necessary to protect the health of migrant workers.

Statutory Authority for the Sanitary Facilities at Marinas:

Section 32.1-246 directs the Board to adopt and promulgate all necessary regulations establishing minimum requirements for adequate sewerage facilities at marinas and other places where boats are moored.

Statutory Authority for Swimming Pool Water Quality:

Section 32.1-248.1 mandates the Board of Health to promulgate regulations to require the daily posting of water quality test results at swimming pools and other water recreational facilities operated for public use or in conjunction with a tourist facility or health spa.

Statutory Authority for the Reuse of Gray Water and Rainwater:

Section 32.1-248.2 mandates the Department to develop guidelines regarding the use of gray water and rainwater and to promote the use of rainwater and reuse of gray water as means to reduce fresh water consumption, ease demands on public treatment works and water supply systems, and promote conservation.

Statutory Authority for Food Safety and Tourist Establishment Sanitation:

Title 35.1 mandates the Board to make, adopt, promulgate, and enforce regulations governing hotels, restaurants, summer camps, and campgrounds for public health protection and safety.

Statutory Authority for Milk Safety:

Section 3.1-530.1 mandates the Board of Agriculture and Consumer Services to adopt regulations concerning the processing and distributing of Grade A market milk and Grade A market milk products with the advice and guidance of the State Health Commissioner or his authorized representative.

Section 3.1-530.4 mandates the State Health Commissioner or his agents, pursuant to the regulations promulgated pursuant to § 3.1-530.1, to issue permits to all plants which process and distribute Grade A market milk and Grade A market milk products. The State Health Commissioner or his agents shall also enforce the regulations adopted under § 3.1-530.1 in all such plants from the point of delivery at the plant to the consumer.

Section 3.1-530.6 allows the importing of milk and milk products which is produced outside of the Commonwealth under laws or regulations of the exporting state or political subdivision thereof which are substantially equivalent to regulations promulgated under this article and which are enforced with equal effectiveness.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Annual # of visits to inspection website	583,348	618,349
	Appellants to the Sewage Appeal Review Board	20	22
	Applicants for Permits, Certification Letters, (Developers, Realtors, Home Builders, Local Governments)	50,000	51,500
	Authorized Onsite Soil Evaluators	130	169

Campgrounds	280	280
Case Decision Appellants	500	505
Children under age 72 months screened for lead poisoning	77,844	557,454
Citizen Complaints	40	48
Claimants under the Indemnification Fund	24	29
Contractors (Installers)	500	510
Educational Pumpout Program – Contacts	2,539	2,539
Food Establishments	26,500	27,295
Generators (Approved Sources)	25	26
Hotels/motels	1,980	2,050
Local Governments with Decentralized Wastewater Systems	4	24
Marinas & other places boats are moored	800	808
Migrant Labor Camps	484	484
Milk Plants	12	12
Onsite Sewage and Private Well Using Customers	1,000,000	1,020,000
Owners with Failing Systems	5,000	5,500
Professional Engineers	100	101
Public Meetings	10	15
Summer Camps	130	130
Swimming Pools	3,505	3,575
System Manufacturers & System Components Manufacturers	100	115
Temporary Food Establishments	9,000	9,900
Trainees in Onsite Wastewater Design & Regulation	90	180
Water Well Contractors	200	202

Anticipated Changes To Agency Customer Base
Onsite Wastewater Program:

Beginning in June 1995 and continuing in various forms through the present, VDH began using alternative systems incorporating secondary and advanced secondary treatment. These alternative wastewater systems allowed residential development to occur on sites that heretofore could not be used with any onsite system. This relatively simple and natural expansion has changed VDH's role in the permitting process and created several new roles The customer base will continue to see an increase in Authorized Onsite Soil Evaluators and Professional Engineers, as well as system and component manufacturers seeking regulatory approval of their products. Given the fast paced technological changes and high market demand, regulatory standards will be have to be adopted or amended to keep up with these changes.

Most treatment systems are either proprietary or require the services of a professional engineer to design. While VDH traditionally designed non-proprietary septic systems, VDH determined from the initial alternative system approval that VDH should not design proprietary systems. The Department's role shifted from designer to reviewer. Applicants will increasing rely on the professional private consultants for designing a system to meet their needs. VDH will have to develop more general consumer information to assist the public on the various approved systems.

This shift immediately expanded the need for private sector designers to consult with property owners on system selection and design. VDH maintained the primary role for training the private sector designers (Authorized Onsite Soil Evaluators) as established by the Code of Virginia. Demand for VDH training has continued to increase in recent years, in part due to need for Authorized Onsite Soil Evaluators. As new Authorized Onsite Soil Evaluators and Professional Engineers enter the market to meet the increasing demand and as new regulatory approvals and changes affect their business, VDH will have to expand its training opportunities and modify its training modules to incorporate regulatory and technological changes.

The role change from designer to reviewer also changed VDH's customer base from citizens (those VDH used to design for) to Authorized Onsite Soil Evaluators and Professional Engineers (whose work VDH now reviews). Historically, VDH has alone evaluated, designed, & permitted onsite sewage systems; increasingly Authorized Onsite Soil Evaluators and Professional Engineers are providing evaluations and designs services in lieu of the VDH providing this service to meet the private demand and the VDH role has shifted to regulating the work of the private sector. The customer base will continue to see an increase in Authorized Onsite Soil Evaluators and Professional Engineers.

Finally, the change resulted in thousands of secondary and advanced secondary systems being installed for homeowners. All of these systems require routine operation and maintenance to assure continued system performance. Systems that fail to work as designed may create environmental and public health risks and will create nuisance situations. After nearly ten years of operation, these systems will require operation and maintenance to meet user expectations. Without operation and maintenance these systems will pond creating odors, breeding habitats for flies, and potentially allow partially treated wastewater to surface. There will be a need for a regulated community of individuals to provide routine system maintenance and VDH will likely be the regulatory group used to create the program.

Food Establishments:

The number of permitted food establishments continues to increase and in some areas of the state the growth is significant. Some rural areas are experiencing an increase in restaurants where in the past the number was fairly level. The population of the U.S. is increasingly eating more meals outside the home and it is expected that the growth in restaurants will continue. Also, as tourism rebounds somewhat from 9-11 there is an increase in the demand for restaurants.

The increase in the ethnic diversification of food establishments is expected to continue. Particularly in urban areas there has been an increase in the number of food establishments serving ethnic foods. The unfamiliarity of some of these cuisines will increase the burden on the food program as we educate our staff on these various cuisines.

The number of chain restaurants is also increasing. More chains are coming to Virginia and the number of franchises of established chains is also increasing. The potential for a wide spread outbreak increases as many of these chains use the same suppliers.

Temporary Food Establishments:

Every year more festivals or special events are held across the state. These events attract an increasing number of vendors selling food. These present a special challenge to the food program as vendors are attempting to prepare and serve more diverse and complex foods in less than ideal conditions. These diverse and more complex foods increase the burden on the food program to keep pace with requirements for temporary events.

Hotels:

In some areas the new hotels are being built as tourism increases. This will increase the demand for local health department inspections. There is also an increase in bed and breakfast facilities, which are classified as both a hotel and a food establishment.

Campgrounds:

The campground industry is likely to remain fairly constant across the state. Few new campgrounds are being constructed but some campgrounds are expanding to increase the number of camping sites available to the traveling public. More campgrounds are converting to Recreational Vehicle campsites only and are limiting or eliminating tent camping altogether.

Summer Camps:

Summer camps are expected to increase somewhat in numbers as more parents utilize them as a source of daycare for their children during the summer school vacations.

Migrant Labor Camps:

Over the past couple of years there has been a slight decline in the numbers of migrant labor camps across the state. Some larger farms are closing or are now being developed for housing. However, the demand for migrant laborers in Virginia is increasing as farms and other related agricultural industries find it difficult to acquire a dependable local work force. On the Eastern Shore the migrant labor season has expanded to almost a year round industry. Further decline in the number of migrant labor camps is not anticipated. The political significance of this program will increase as more advocacy groups will appear in addition to those groups already quite active in Virginia.

Swimming Pools:

Along with the increase in hotels and the anticipated level number of campgrounds, it is expected that the number of public swimming pools under the jurisdiction of the Department of Health (i.e., those pools at hotels, campgrounds and summer camps) being constructed will increase slightly. From a local health department perspective, a larger rate of increase in the number of public pools for recreation centers, country clubs and planned communities will significantly impact those localities with local pool ordinances.

Dairy Plants:

The number of dairy plants is expected to remain fairly constant. It is not anticipated that a large dairy will be proposed. However, recently there has been a slight increase in the number of small niche dairy, including both bovine and goat milk production. If there is any increase in dairy plants, it is anticipated that it will be in these small facilities. Typically, these small plants attempt to operate on a limited budget and tend to create a greater percentage of problems when compared to larger dairy plants.

Childhood Lead Prevention:

The number and location of children at risk for lead poisoning is being more clearly defined with technologies such as Geographic Information System mapping.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*

  Proficiency in providing environmental health services requires significant training and experience. It is essential that staff maintain a high level of expertise. Competition from other government agencies and from the private sector impact VDH's ability to attract and retain highly trained environmental health professionals. In the onsite sewage program, most of the new Authorized Onsite Soil Evaluators entering the private sector were first hired as Environmental Health Specialists by the local health departments, where they were trained and gained experience. This has created continuous turnover problems in some high growth districts. It has also strained the Department's ability to continuously provide basic training for its new employees and reduces the resources available for continuing education.

  Improvement and procurement of new and better technology can assist staff with the increased demand for service by making routine tasks more efficient and less time consuming. In May 2003, the Department placed on its website its restaurants inspections conducted. This reduced the Freedom of Information Act requests for information and has enabled the public to see what we observe when we conduct inspections. This has motivated both restaurants and environmental health specialists to do a better job. In the future, providing an automated online request for services and applications can help reduce staff time required to conduct these activities.

  Emerging pathogens and increased awareness of possible intentional acts against the U.S. food supply necessitates a critical demand for continuing education for environmental health staff.

  Available funding for central office environmental health staff to attend training sessions limits the ability to maintain a high degree of professionalism. Some advanced training in the food and dairy programs is available from the United States Food and Drug Administration but we are lucky to get them to conduct more than one or two training courses a year.

  The federal funding partners working with lead-safe environments (Centers for Disease Control and Prevention, Environmental Protection Agency, and Housing and Urban Development) are increasing emphasis on primary prevention, i.e., lead-free environments, and are encouraging data sharing among locally funded partners for purposes of identifying hazardous housing, especially repeat-offenders. These grantors are also targeting refugee child populations who may be entering the country with a degree of lead poisoning, rather than acquiring it here, to prevent erroneous identification of lead hazard housing. At the same time, federal budgets for this program area are shrinking.

- *Anticipated Changes to the Products and/or Services*

  Incorporation of the Virginia Environmental Information System (VENIS) into all environmental health service areas for a centralized database. Part of this incorporation will include creation of a central temporary food vendor database that will be streamlined so that data can be easily shared among districts. This will also include possible automation of an application process for temporary vendors.

Continued turnover of environmental health specialists in the local health departments will continue to strain central office staff's ability to train field staff. Also impacted will be the local health departments' ability to maintain at least one food standardization officer in each district. This will require additional time from central office food staff to standardize new officers. The Department has entered into a Memorandum of Agreement with the Southside Virginia Community College to address the need for continuing education in the onsite sewage program.

Due to increased customer base, customer assistance requests will continue to increase.

High levels of frustration are expected to continue in both the private sector and local health departments as the fast changing technology outpaces the Department's ability to modify its processes and amend its regulations to incorporate the technological changes.

The Lead-Safe Virginia program continues to adjust its goals, objectives, and strategies to the changing needs of grantors. This represents a substantial shift in focus away from providing outreach for screening children to primary environmental prevention.

- *Listing of Products and/or Services*
  - Inspection and enforcement: Thorough and consistent inspection and enforcement of laws and regulations addressing structural design and operational practices for food establishments, hotels, campgrounds, marinas, migrant labor camps, summer camps, swimming pools, and dairy plants. Inspection has long been a staple of public health. The goal of inspection and enforcement is to protect the public from injury and disease by educating the operators of these facilities in their safe and sanitary operation. If the education aspect of inspections fail, then enforcement is necessary to abate the risk to the public's health and safety.
  - Permitting: The Department's plan review and permitting services ensure the facility meets all construction requirements and that problems are not built into the facility. The issuing of permits is based on well-established health, safety, and environmental considerations intended to protect the public from health and safety hazards and also to assist the operator in maintaining his establishment.
  - Respond to Citizen Complaints: Citizens frequently file complaints concerning environmental and public health conditions they observe in any of the permitted facilities. When staff respond to these complaints it provides an opportunity to learn of problems that may have developed since their last inspection. Also, such complaints may help prevent an outbreak before it occurs. Follow-up with the complainant is important to provide feedback on how the response, what was found, what actions were taken and why.
  - Provide Customer Service: The citizens of the Commonwealth expect a high degree of professionalism from this service area. Responding to public concerns, providing helpful information, speaking at functions, and responding to Freedom of Information Act requests in a professional, courteous, and timely manner is essential. Through such customer service we can increase our "eyes and ears" in the community we serve.
  - Promulgation of Regulations: Promulgate regulations on behalf of the Board of Health. Regulation development is a labor intensive process, involving various stakeholders with differing agendas. The process attempts to achieve some degree of consensus and it often takes years to amend or adopt regulations.
  - Authorized Onsite Soil Evaluator Regulation: Regulate private sector work by authorizing those qualified individuals who have demonstrated their ability to produce work that is equivalent to the work of the Department's Environmental Health Specialists. The role of VDH has shifted from conducting a field evaluation of each onsite sewage system application to assuring the quality of the Authorized Onsite Soil Evaluator's work while still processing those applications that are not certified by an Authorized Onsite Soil Evaluator.
  - Indemnification Fund Claims: Process claims resulting from the failure of onsite sewage systems that were constructed within the past three years and the Department's negligence contributed to the failure.
  - Appeals Board: Represent the Department before the Appeals Review Board where the appellant has been denied a permit or certification letter by the local health department or where the appellant's Indemnification Fund claim has been denied.
  - Enforcement: Represent the Department in cases where the local health department has been unable to obtain compliance through its own efforts.
  - Grants in Marina Program: The Marina Program administers two federal grants, the Clean Vessel Act and the Boating Infrastructure grants. Each grant is directed to improving marina facilities. The Clean Vessel Act ($3 million to date) is a grant program that gives money to Virginia for the installation of sewage holding tank pump-out stations and dump stations for use by recreational boaters and funds education campaigns that encourage recreational boaters to dispose of vessel sewage properly. The Boating Infrastructure Grant ($4.6 million to date) funds projects to construct, renovate, or maintain facilities for transient non-trailerable recreational vessels. Eligible projects, designed to accommodate boats 26 feet or greater in length, include buoys, day docks, restrooms, dockside utilities and similar structures.
  - Childhood Lead Prevention: Monitor trends in child health status indicators and identify emerging issues of statewide significance. Develop or participate in the development of statewide strategic plans regarding child lead exposure. Represent VDH on statewide interagency councils, task forces, and committees related to child lead exposure. Propose and/or respond to state legislative and budgetary initiatives; track pertinent legislation. Monitor federal legislation for potential impact at the state level. Respond to requests for data and information from constituents, policy makers, media, and stakeholders. Coordinate follow-up services for children under 6 years of age with lead exposure. Obtain and administer grants. Review literature and identify and share best practices with partners and contractors. Coordinate training and technical assistance to partners and stakeholders. Develop and implement social marketing campaigns and materials related to childhood lead poisoning prevention. Develop and/or purchase educational materials and distribute in support of programs. Assure sound fiscal management through budgeting and expense monitoring. Conduct surveillance on childhood lead poisoning. Conduct analysis of childhood data and produce and disseminate reports. Evaluate programs for effectiveness.

Finance

- *Financial Overview*
  This service area is funded primarily by general funds, which support nearly 79 percent of the total budget. The remaining budget is funded by various federal and state grants and special funds.
- *Financial Breakdown*

FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
General Fund	Nongeneral Fund	General Fund	Nongeneral Fund								

Base Budget	$2,629,920	$1,206,470	$2,629,920	$1,206,470
Change To Base	-$163,627	$657,822	-$163,627	$657,822

Service Area Total	$2,466,293	$1,864,292	$2,466,293	$1,864,292
Base Budget	$2,629,920	$1,206,470	$2,629,920	$1,206,470
Change To Base	-$163,627	$657,822	-$163,627	$657,822

Service Area Total	$2,466,293	$1,864,292	$2,466,293	$1,864,292
Base Budget	$2,629,920	$1,206,470	$2,629,920	$1,206,470
Change To Base	-$163,627	$657,822	-$163,627	$657,822

Service Area Total	$2,466,293	$1,864,292	$2,466,293	$1,864,292
Base Budget	$2,629,920	$1,206,470	$2,629,920	$1,206,470
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Service Area Total	$2,466,293	$1,864,292	$2,466,293	$1,864,292
Base Budget	$2,629,920	$1,206,470	$2,629,920	$1,206,470
Change To Base	-$163,627	$657,822	-$163,627	$657,822

Service Area Total	$2,466,293	$1,864,292	$2,466,293	$1,864,292

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Improve the performance of decentralized wastewater treatment systems by promoting the concept of continuous management and facilitating upgraded professional standards of practice.

  Objective Description

  Properly managed decentralized wastewater treatment systems perform effectively, protect human health and the environment, and are a key component of Virginia's wastewater infrastructure. Decentralized wastewater systems,

often called “septic” or “onsite” systems, derive their name from their location—they treat wastewater close to the source, typically providing treatment on the property of individual homes or businesses. Decentralized systems also include systems serving clusters of individual homes, large capacity septic systems, and small collection and treatment systems (including “package plants”). These systems similarly treat wastewater close to the source, typically using small pipes for collecting small volumes of domestic wastewater, unlike centralized urban wastewater treatment systems that pipe large amounts of wastewater many miles through sewers prior to reaching the sewerage treatment plant.

Objective Strategies

- Promote the concept of continuous management by collaborating with local governments and local health departments in solving septic system failures with a locally management solution.
- Consider regulatory amendments that would require additional system management after installation.
- Require local health departments to develop and implement a plan to catalog in the Virginia Environmental Information System legacy onsite systems and wells.
- Review the Virginia Environmental Information System to assure efficient data entry of legacy onsite sewage systems.
- Conduct staff training on the Virginia Environmental Information System.
- Report information to local governments for use in their land use decisions as well as Geographic Information System applications.
- VDH will improve the competency and performance of Authorized Onsite Soil Evaluators and Environmental Health Specialists by:
- Issuing regulatory interpretations to clarify differing views of regulatory requirements.
- Offering continuing education on onsite sewage technology with hands on application at Blackstone Training Center.
- Revising regulations to incorporate new technology and processing requirements.
- Standardizing permit designs by updating manuals as recommended by Advisory Committees.
- Processing Indemnification Fund claims and reporting corrective measures for liable parties.
- Requiring local health departments to implement a quality assurance plan of their Environmental Health Specialist performance and the performance of Authorized Onsite Soil Evaluators working in their area.
- Training newly employed Environmental Health Specialists and persons qualified to be trained as an Authorized Onsite Soil Evaluator.
- Processing complaints against Authorized Onsite Soil Evaluators work and taking appropriate enforcement actions.
- Representing VDH before the Appeal Review Board and incorporate lessons learned into quality assurance plan.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of statewide inventory increased for onsite wastewater systems installed prior to October 2003.

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 0 Date: 10/31/2003

  Measure Baseline Description: There was no electronic inventory of onsite sewage systems for local health departments as of October 2003.

  Measure Target Value: 10 Date: 6/30/2012

  Measure Target Description: Percent increase in the electronic inventory of existing “legacy systems”.

  Data Source and Calculation: Data on systems installed prior to that date are stored in paper files. Estimated number of systems is available by county from 1990 census.

- Percent of statewide inventory of onsite wastewater systems installed since October 2003.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 0 Date: 10/31/2003

  Measure Baseline Description: 0 systems inventoried. (The onsite sewage module in the Virginia Environmental Information System was placed into service in October 2003).

  Measure Target Value: 95 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Since October 2003, local health departments have been directed to enter their onsite sewage system data for applications received.

- Percent of permit applications of onsite sewage systems by Authorized Onsite Sewage Evaluator (AOSE) and Environmental Health Specialist (EHS) reviewed by VDH for quality assurance.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 50 Date: 6/30/2005

  Measure Baseline Description: Percent

Measure Target Value: 60 Date: 6/30/2012 Measure Target Description: Percent

Data Source and Calculation: VDH policy requires at least 10% of the permit applications submitted and certified by Authorized Onsite Soil Evaluators to be reviewed by VDH for quality assurance.

- Prevent or mitigate food safety hazards through continued surveillance of restaurants and providing guidance and enforcement of regulations

Objective Description

Numerous diseases are capable of being transmitted through the consumption of contaminated food. Adherence to established safeguards concerning the storage, preparation and serving of food products is essential to protecting the public from disease.

Alignment to Agency Goals

- Agency Goal: Prevent and control the transmission of communicable diseases and other health hazards.
- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.
- Agency Goal: Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.
- Agency Goal: Assure provision of clean, safe drinking water to the citizens and visitors of the Commonwealth.

  Comment: This objective also aligns with the following long term objective of Virginia: Inspire and support Virginians toward healthy lives and strong and resilient families Engage and inform citizens to ensure that we serve their interests.

Objective Strategies

- VDH will promote the restaurant inspection web site to the public to increase awareness of its existence by: Referencing the website in news releases and educational brochures. Encouraging the media to utilize the website for their information and promotions. Increasing food safety information available on the website.
- VDH will regularly montior ontime inspection frequency and report results to districts. Reporting monthly on each local health district's performance. Evaluating staffing needs in local health departments to assess manpower needs.
- VDH will collaborate with local health districts to establish or maintain standardization officer.
- Increasing Division of Food and Environmental Services contacts with local health departments to address this issue.
- Scheduling standardizations of district standardization officers.
- VDH will develop and provide training on Environmental Health Law to increase the enforcement activities appropriate for continuing or uncorrected critical violations by evaluating training needs and scheduling training sessions in enforcement and environmental health law.
- Reemphasizing and revising enforcement policies to focus on enforcement activities when critical violations are left uncorrected. Enhancing the Virginia Environmental Information System reporting to track enforcement actions. Working to meet the U.S. Food and Drug Administration's voluntary food program standards. Updating inspection procedures to increase focus on the U.S. Centers for Disease Control and Prevention identified top five risk factors associated with most foodborne outbreaks.

Link to State Strategy

- nothing linked

Objective Measures

- Number of appropriate regulatory enforcement activities

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 1310 Date: 6/30/2006

  Measure Baseline Description: Number of regulatory enforcement activities

  Measure Target Value: 1444 Date: 6/30/2012

  Measure Target Description: Number of regulatory enforcement activities

  Data Source and Calculation: Virginia Environmental Information System Reports will be used to track and identify the number of enforcement actions taken against food service facilities regulated by VDH.

- Number of monthly visits to restaurant inspection website

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 59000 Date: 6/30/2004

  Measure Baseline Description: Number of monthly visits

  Measure Target Value: 59000 Date: 6/30/2012

  Measure Target Description: Number of monthly visits

  Data Source and Calculation: Monthly website statistics received from HealthSpace Integrated Solutions.

- Identify children at risk for lead poisoning which may result in significant morbidity and mortality.

Objective Description

Identification of lead poisoning in children before development disability or death occurs is of critical importance, resulting in requirements for screening young children for exposure to lead. These screenings permit early intervention that can significantly improve the quality of life.

Alignment to Agency Goals

- Agency Goal: Promote systems, policies and practices that facilitate improved health for all Virginians.

  Comment: This objective also supports the following long-term objectives of Virginia to inspire and support Virginians toward healthy lives and strong and resilient families.

Objective Strategies

- The service area will administer the Lead-Safe Virginia program.
- Maintaining the LeadTrax database for blood lead data on all children under 72 months of age.
- Maintaining and managing the grant funding for program activities related to childhood lead poisoning and exposure in children under 6 years (72 months) of age.
- Collaborating with the jurisdictions having the highest risk for environmental lead exposure for local program implementation.
- Monitoring and working to improve, where needed, laboratory compliance with requirements for electronic reporting of lead screening in children under 6 years of age.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of Medicaid-enrolled children under the age of 36 months that are tested for lead exposure.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 10 Date: 6/30/2005

  Measure Baseline Description: Percent

  Measure Target Value: 11 Date: 6/30/2012

  Measure Target Description: Percent

  Data Source and Calculation: Numerator: Number of Virginia children <36 months of age reported by laboratories to VDH as having a lead test performed. Denominator: Twelve-month average of the number of Virginia children that are Medicaid (Family Access to Medical Insurance Security - FAMIS Plus) enrolled as reported by the Department of Medical Assistance Services. Data are from two databases: The Department of Medical Assistance Services Medicaid enrolled database and LeadTrax (the VDH childhood lead screening database). A data match is performed by providing a list of children tested for lead exposure to the Department of Medical Assistance Services to match for children in their database using child's last name, first name, date of birth; the LeadTrax ID number is then used to upload data received by the data match. The numerator is the number of children 0-36 months of age identified as tested during the fiscal year. The denominator is 12-month average of children 0-36 months enrolled for Medicaid as provided by the Department of Medical Assistance Services.

Service Area Strategic Plan

Department of Health (601) 3/11/2014 2:05 pm

Biennium: 2010-12

Service Area 38 of 41

Shellfish Sanitation (601 565 02)

Description

This service area implements the National Shellfish Sanitation Program.
Services include:
• Classification of shellfish growing areas throughout Tidewater Virginia,
• Inspection and certification of shellfish and crab meat facilities, and
• Customer service to concerned citizenry about shellfish growing areas and to production facility owners about processing techniques.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  This service area directly aligns with the Virginia Department of Health's (VDH) mission to protect and promote public health by helping to prevent food-borne disease.
- *Describe the Statutory Authority of this Service*
  Title 28.2, Chapter 8, §§ 28.1 through 28.9, 28.11, 28.16, and 28.18-20 provides the State Health Commissioner with the authority to promulgate regulations and set standards, from a public health perspective, for the taking, processing and marketing of shellfish and crustacea.

  § 32.1-2 defines the findings and purpose of the VDH's efforts to protect public health.

  § 9-6.14:4.1, B.16 provides that the State Health Commissioner may issue orders concerning the closure of shellfish growing waters to be effective immediately

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
	Certified crab meat processors	25	100
	Certified shellfish processors	166	350
	Licensed shellfish harvesters	1,958	3,000
	Oyster gardeners	3,000	5,000
	Shellfish consumers	1,344,288	1,500,000
	Shellfish growing area leaseholders	5,490	7,000
	Tidewater riparian landowners along shellfish waters	250,000	400,000

Anticipated Changes To Agency Customer Base
Homeowners with waterfront property enjoy recreationally harvesting oysters and clams from along their waterfront. While the economic impact is minimal, it is quite important to them to be able to safely continue this practice, which is contingent upon the capability to properly classify shellfish growing areas. The number of these people is expected to continue growing.

The number of shellfish consumers in Virginia continues to grow. The amount of oysters processed in Virginia has begun to increase due to successful near-shore aquaculture at the commercial scale. Commercial processing out-of-state oysters continues at the rate that it has for the past several years.

The number of shellfish leaseholders is not expected to grow appreciably since all available bottom land is leased from the Commonwealth. However, the use of these leases for the production of aquacultured clams in Virginia continues to grow at a tremendous rate, and is expected to continue in the foreseeable future. Based on 2004 data, Virginia leads the nation in aquacultured clams. In 1997, 52.4 million aquacultured clams were produced with gross receipts of $9 million. In 2005, 178 million clams were produced.

The number of oyster gardeners, i.e., persons that grow oysters in near shore containers, is expected to grow rapidly. A foreign species of oyster, Crassostrea ariakensis, which is immune to diseases currently plaguing the native oyster, has been approved for growing in Virginia. Both small scale oyster gardeners and large scale commercial oyster growers are anticipated to grow these oysters in an aquaculture process, as opposed to the historical offshore wild harvest areas. Since these aquacultured oysters will be grown in near-shore environments that are subject to pollution from small scale events, it is imperative that the Department improve its monitoring of these near shore areas.

The total number of certified shellfish and crab meat processors has remained fairly stable over the past five years, despite the reduction of native oysters and the decrease in the crab population. While many of the largest facilities have gone out of business, their numbers are replaced by smaller facilities that still require inspections. The number of certified shellfish facilities is quite likely to increase in the future with the aquaculture of C. ariakensis, though the future of the crab facilities depends on the future of the crab population.

Partners

Partner	Description
[None entered]	

Products and Services

- *Factors Impacting the Products and/or Services:*
  Due to the increased virulence of diseases to oysters, the oyster industry is changing from a predominantly offshore, semi-wild harvested industry to a near-shore, aquacultured product. The noncommercial growth of oysters in floating cages under docks is also becoming a favorite hobby of retirees on the waterfront. Furthermore, the aquacultured clam industry is becoming a highly lucrative, large business in Virginia, and they grow their clams under nets in near shore environments. Since shallow, near shore waters are easily contaminated by relatively small amounts of pollution, the public health concern must be focused more intensely upon these environments.

With the recent approval by the General Assembly of the grow-out of sterile foreign oysters, Crassostrea ariakensis, both the commercial and private oyster growers will greatly increase in numbers and production. Two of the largest oyster-shucking facilities in Virginia are planning the development of their own hatchery for this species and each are currently placing a million oysters into aquaculture. The Virginia Department of Health will have to inspect more facilities and will have to evaluate the shoreline on an increasingly more definitive basis, which will require increased work through all aspects of the shellfish program.

- *Anticipated Changes to the Products and/or Services*
  The Virginia Department of Health is in the process of adjusting its growing area classification efforts to more intensely monitor and use new techniques to monitor the near-shore environments of shellfish growing areas. The Virginia Department of Health has received grants to purchase state-of-the-art fluorometers and real time PCR (polymerase chain reaction - genetic fingerprinting) equipment. The fluorometers will be used for field detection of trace sewage inputs from septic tank drainfields and cracked sewer lines. The real time PCR equipment will be used to detect pathogenic strains of naturally occurring bacteria, i.e., those not related to sewage pollution events. All of these activities are workforce intensive, and will require scaling back on other activities, such as the extent of shoreline surveys and perhaps the frequency of processing facility inspections for those that achieve consistently good inspection results.

  The program is constantly improving its information technology capability to make information concerning shellfish condemnations, shoreline surveys, etc. publicly available through its web site.

  As the human population continues to increase along the shoreline of shellfish growing areas, the need for monitoring the attendant runoff pollution into shellfish waters increases. Additionally, as additional biological and chemical threats emerge the need for risk identification and assessment will increase in order to adequately design public health controls to manage risk.

- *Listing of Products and/or Services*
  - Classification of shellfish growing areas: • Collect and conduct microbiological analysis of environmental water (seawater) samples for evidence of fecal contamination. • Collect environmental samples of shellfish for VDH analysis of naturally occurring pathogens using advanced laboratory techniques (DNA fingerprinting – real time Polymerase Chain Reaction (PCR)), and for DCLS analysis of heavy metals and toxic substances. • Collect seawater samples for toxic phytoplankton analysis by ODU. • Conduct state-of-the-art, nearshore fluorometric surveys for optical brighteners used in laundry detergent as an indication of sewage contamination. • Collect shellfish samples for analysis of phytoplankton biotoxins by the U.S. Food and Drug Administration. Collect seawater samples and conduct initial processing of samples in support of DEQ's TMDL work on shellfish closures. • Conduct upland, property-by-property inspections for potential sources of pollution to shellfish growing waters. Develop reports for state agencies' regulatory and advisory use. • Classify all potential shellfish growing waters in Virginia's portion of the Chesapeake Bay and Territorial Sea by using all available sources of information, including high resolution orthophotography in a GIS application. • Develop condemnation zones around marinas and waste water treatment facility discharges by using computer models and GIS technology.
  - Certification of processing facilities • Conduct US Food and Drug Administration standardized inspections of all certified shellfish and crab meat facilities using the Food and Drug Administration's Hazard Analysis Critical Control Point regulation, the National Shellfish Sanitation Program requirements, and Virginia Department of Health regulations. • Collect shellfish and crab meat product samples, along with processing water samples for microbiological analysis by Virginia Department of Health laboratories. Conduct and microbiologically analyze swab tests of processing facility surfaces and analyze microbiologically. • Work closely with the US Food and Drug Administration and other states' agencies on suspected cases of shellfish-borne disease.
  - Enforcement • Advise the public of the need to be certified for the production of shellfish and crab meat products for market. • Investigate and pursue prosecution of illegally produced and marketed products.
  - Regulatory development • Develop regulations in concert with the regulated industry as needed.
  - Technical assistance to customers • Advise shellfish and crab meat processors of proper processing flow and techniques, new processing techniques, risk assessment, water supply problems, etc. • Develop schematics for new processing facility owners for their use in developing architectural plans to ensure proper product flow and adequate facilities. • Act as mediator between the US Food and Drug Administration and owners of processing facilities when appropriate. • Advise the general public of the safest places that they can grow shellfish for personal consumption. • Apply and interpret computer models to assess the size of closure areas needed around proposed wastewater discharges and marinas for developers. Similarly, advise other state agencies of these closure areas as part of their respective permit approval processes.

Finance

- *Financial Overview*
  This service area is 100% funded by general funds.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund						
Base Budget	$2,030,416	$0	$2,030,416	$0						
Change To Base	-$51,753	$0	-$51,753	$0						
Service Area Total	$1,978,663	$0	$1,978,663	$0						
Base Budget	$2,030,416	$0	$2,030,416	$0						
Change To Base	-$51,753	$0	-$51,753	$0						
Service Area Total	$1,978,663	$0	$1,978,663	$0						

Base Budget	$2,030,416	$0	$2,030,416	$0
Change To Base	-$51,753	$0	-$51,753	$0
Service Area Total	$1,978,663	$0	$1,978,663	$0

Base Budget	$2,030,416	$0	$2,030,416	$0
Change To Base	-$51,753	$0	-$51,753	$0
Service Area Total	$1,978,663	$0	$1,978,663	$0

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Advance the elimination of shellfish-borne disease

  Objective Description

  Protection of public health from pathogens and toxic substances in shellfish products is critically important to ensure the safety of consumers of Virginia's shellfish, and to ensure that Virginia can ship its shellfish into interstate commerce. Shellfish can become hazardous to eat from contamination in both their growing waters and in processing facilities. VDH assesses and classifies shellfish growing waters, inspects and certifies processing facilities, and provides laboratory analyses in support of both programs. The National Shellfish Sanitation Program mandates that states conduct these activities to be able to ship their products into interstate commerce, and it establishes minimal program requirements.

  Objective Strategies

  - VDH will continue to refine its approach in classifying shellfish growing waters by focusing its classification efforts on the near shore environment, yet maintaining a sufficient effort in the more offshore waters. VDH will evaluate growing waters and shellfish for evidence of animal and human waste, toxic substances, naturally occurring pathogens and biotoxins. Furthermore, VDH will evaluate shoreline properties for potential sources of hazardous waste and substances. VDH will continue dye studies of wastewater treatment facility discharges into shellfish growing areas.
  - VDH will assess the need for new near shore seawater sampling stations and will reduce offshore stations where possible to minimize sampling yet maximize protection by: - Implementing fluorometric surveys of areas suspected of having failing septic tank drain lines that leach into shellfish growing waters. - Reducing the inland extent of property-by-property inspections of sanitary waste disposal facilities to free up work force to conduct fluorometric surveys. - Collecting and analyzing shellfish by using real time PCR analysis for naturally occurring, pathogenic Vibrio bacteria. - Collecting shellfish and seawater for analysis by outside agencies for anthropogenic and naturally occurring toxic substances and toxic algae. - Incorporating the use of GIS to help synthesize information and provide the enhanced capability for spatial analysis. - Incorporating the use of computer modeling to assess impacts from known sources.
  - VDH will continue its new work with VMRC to require oyster harvesters during warm weather months to minimize harvet time and the time to refrigeration. These requirements help minimize Vibrio bacteria growth.
  - VDH will provide certification and related training programs and services to ensure shellfish and crab processing facilities are properly maintained and that facility personnel practice good sanitary practices by: - Standardizing all VDH inspectors to ensure uniform application of requirements during statewide inspections. - Providing technical assistance to processing facility owners to enhance product safety and quality. - Collecting processing meat and water samples as a check to ensure the application proper processing techniques and use of sanitary facility water. - Working closely with outside agencies to track suspected cases of shellfish-borne disease and to recall suspect product back from retail markets.

- VDH will actively suppress the illegal marketing of shellfish and crab meat products by initially advising uncertified processors of their requirements under VDH regulations, followed by undercover operations in concert with state and federal law enforcement agencies with the intent to prosecute in court.

Link to State Strategy

- nothing linked

Objective Measures

- Annual number of confirmed outbreaks of shellfish-borne disease due to contamination of shellfish in Virginia.

  Measure Class: Other Measure Type: