

Trends

No Data Available

Legend:

↑ Increase, ↓ Decrease, ↔ Steady

Key Performance Areas

No Data Available

Productivity

No Data Available

Legend:

↑ Improving, ↓ Worsening,
 ↔ Maintaining

For more information on administrative key, and productivity measures, go to www.vaperforms.virginia.gov/agencylevel/index.cfm

Background & History

The Virginia Department of Health (VDH) serves as the leader and coordinator in Virginia's public health system. The definition of public health can be expressed as what society does collectively to create those conditions in which people can be healthy. In conjunction with localities, private sector, state/federal government partners, VDH plays a fundamental role in promoting and protecting the health of all Virginians. VDH's public health role is distinguished from health care and private medicine in general due to the focus on the population, emphasis on prevention, orientation towards the community, efforts directed at systems, and an overarching role of leadership. Statutory Authority for VDH is provided in Title 32.1 of the Code of Virginia.

VDH is a highly decentralized and geographically dispersed agency. Generally, VDH services are delivered to the public by local health departments (LHDs) or by VDH field offices. Each city & county in Virginia is required to establish and maintain a LHD. Pursuant to statutory authority, VDH has organized these 119 LHDs into 35 health districts. This structure allows for a statewide presence, flexibility to adapt to local needs and operational efficiencies.

VDH and local governments jointly fund LHDs. VDH is the only agency in the Commonwealth that uses a state and local cooperative funding model. In this model, local governments commit funds to VDH to operate each LHD through a contractual agreement. The amount of each locality's match payment is determined by a formula devised in 1989 by the Joint Legislative Audit and Review Commission and varies from 18% to 45% based on the estimated revenue generating capacity of each locality.

VDH collaborates with partners from all sectors to assess the health needs of the Commonwealth's diverse communities. Once identified, LHDs play a key role in facilitating solutions to assure that needs are met through cost effective and innovative solutions that leverage communities' assets.

Primary Product & Services

VDH has 41 Service Areas that reflect the extensive range of VDH's statutory responsibilities. VDH products and services benefit Virginians across their life span and can be broadly categorized as communicable disease prevention and control; preventive health services; environmental health hazards protection; drinking water protection; emergency preparedness response and recovery; emergency medical services; medical examiner and anatomical services; health assessment, promotion and education; health planning, quality oversight, and access to care; vital records and health statistics; and community health services.

VDH is uniquely tasked by law to provide services that are not available in the private sector. While VDH provides care and treatment for individuals who have diseases of public health significance, VDH is much more than a safety net provider. While many of the agency's employees are public health nurses, VDH employs numerous other professionals including engineers who regulate public water supplies, epidemiologists who investigate disease outbreaks, shellfish specialists who inspect and regulate shellfish products to prevent the spread of foodborne disease, medical facility inspectors, forensic pathologists, death investigators, emergency coordinators, and environmental health specialists who inspect and permit restaurants, private wells and onsite sewage treatment systems.

Customer Base

As aging Virginians encompass an increasing percentage of the Commonwealth's total population, services will likely be affected by a growing demand for them such as chronic disease management, long term care services, various types of acute care and

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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 response and recovery.

Growing numbers of foreign born Virginia residents create more culturally diverse populations which may impede traditional methods of health care delivery and communicable disease control. This will likely present challenges and requires adaptation to language and cultural barriers. Emerging infections, such as a pandemic strain of influenza, particularly infections originating in foreign countries, would change the characteristics of the traditional VDH customer base, as these infections put the entire population at risk.

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, and thus increasing the number of susceptible children and adults. VDH will need to ensure that public and private healthcare providers have the resources to effectively respond to the concerns of resistant parents and convince them of the importance of age-appropriate immunizations.

Customer Listing

No Data Available

Key Agency Statistics

The following statistics provide a snapshot of the wide range of VDH services.

Finances

The Virginia Department of Health (VDH) funds are managed across 41 service area plans. The VDH annual budget is \$626.94 million. The specific breakdown of all fund sources of the agency budget is: federal grants and contracts (50%); general fund (25%); local government funds for local health departments (9%); fees and charges for services (13%); dedicated special revenues (3%); and private grants, donations, and gifts (less than 1%).

VDH has approximately 163 federal grants and contracts, as well as 65 pass-through grants. VDH is responsible for complying with all cash management and federal reporting requirements. 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 Medical Care Facilities, Child and Adult Care Food Programs, Women-Infants-Children (WIC) Nutrition, Chronic Disease Prevention, Safe Drinking Water. The American Recovery and Reinvestment (ARRA) grants are also included.

Fund Sources

No Data Available

Revenue Summary Statement

VDH is becoming increasingly dependent on federal grant funding as general fund resources diminish. Currently, federal funds represent approximately 50% of the agency's funding and special funds represent 25%.

A substantial portion of the special revenues are fees and charges that include environmental and medical services provided in the local health departments; also included are those fees associated with waterworks operations, regulation of health care facilities, certified copies of vital records, and other public health 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 (EMS) and repayments on loans.

During the 2010 Session of the General Assembly, language was inserted into the Appropriation Act (Chapter 874) that increased the vehicle registration fee by \$2.00. This caused the surcharge on motor vehicle registration for EMS vehicles to increase to \$6.25. The additional revenues are transferred directly to the general fund and are not part of the revenues for VDH's Emergency Medical Services

Program.

Key Risk Factors

Aging Public Health Workforce: Within five years, 25.3% of VDH's workforce will be eligible to retire with unreduced benefits. The results of an agency wide retirement survey consistently indicate that 24-28% of the respondents plan to retire within 5 years or less. This places a sense of urgency in succession planning and knowledge transfer.

Reliance on Non General Funds: To manage budget reductions while ensuring that core public health services are protected and remain available, VDH has become increasingly dependent on non general fund sources for delivery of a wide range of services. 50% of VDH's total budget is dependent on federal funds. VDH cannot predict the federal budget and grant allocations for subsequent years; however, the outlook for stable federal funding is bleak. Any loss of these funds could have significant impact on core public health services. Special Funds represent 25% of VDH's budget.

Emergency Preparedness and Response(EP&R): The unpredictability of the number and types of public health threats from all hazards creates challenges for decision makers on how to allocate diminishing resources. VDH expects federal funding for EP&R staff to continue to decrease which requires seeking additional appropriation of general fund to maintain this critical public health infrastructure. In addition, due to the increased recognition in the agency's response capabilities, VDH is increasingly called upon to participate and often serve as the lead for planned events and activities in Virginia as well as in bordering jurisdictions (i.e. national inaugurations, historical celebrations such as the Battle of Bull Run re-enactment, etc.).

Aging Infrastructure: Services are delivered at 175 facilities throughout the state. Currently, many facilities are challenged with providing adequate services in facilities that are over 20 years old. The older buildings have numerous safety and maintenance issues; some are non-ADA (Americans with Disabilities Act) compliant, have asbestos and other safety problems as well as significant issues with ensuring the privacy of personal information and security of medical records required by the Health Insurance Portability and Accountability Act (HIPAA).

Longevity and Growth in the Elderly Population: An increasing aging population will seek out local health departments for risk reduction programs, wellness activities, immunizations and pre-admission nursing home screenings.

Affordable Care Act (ACA) Implementation: VDH must carefully evaluate issues pertaining to implementation of the ACA in order to ensure that the agency is well-positioned to respond effectively to the challenges and opportunities that this will pose for Virginia's public health system. VDH will need to evaluate its future role in providing clinical services. For example, there may be potential roles for VDH in coordinated care efforts like Affordable Care Organizations (ACOs) and Patient Centered Medical Home partnerships. As part of these efforts, VDH could convene stakeholders to help ensure a true focus on prevention and population health. VDH could also have potential roles in value, quality and efficiency efforts like value based purchasing and Electronic Health Records through collection and analysis of data; and development of new quality measures. VDH will have to consider needs and opportunities for community education, outreach, enrollment. In addition, VDH may have opportunities to collaborate on community health needs assessments.

Performance Highlights

In 2010, the Centers for Disease Control and Prevention, through its National Public Health Improvement Initiative, awarded VDH a grant to establish a Performance Improvement Unit (PIU) within the Office of the Commissioner with a goal of establishing an agency-wide system for continuous performance assessment and improvement. Since February 2011, the PIU has implemented a Performance Improvement Dashboard and initiated major Performance Improvement Projects that have identified potential IT cost savings, improved administrative capacity by streamlining internal procurement and communication processes, and positively impacted public health by increasing enrollment in Plan First (a Medicaid Family Planning Program).

Future projects include accelerating VDH's preparations for achieving national accreditation from the Public Health Accreditation Board; initiating a staff training program focused on creating an agency-wide performance improvement culture, concepts, and methods; and initiating a collaborative process with Local Health Districts to identify and replicate evidence-based policies, procedures, and regulations.

Performance Measures

Management Discussion & Analysis

General Information about the Ongoing Status of the Agency

As VDH pursues its mission of a healthy VA, it must evolve to meet changing needs.

Immunization: To address the growing number of refusals by parents to have their children immunized in accordance with the recommended schedules, VDH must ensure public & private healthcare providers have the resources to effectively respond to resistant parents.

Health Equity: Numerous VA localities are classified as medically underserved. To improve access to health and healthcare for those residents, new incentives are being identified to attract & retain the needed providers and to impact the social determinants for health to create conditions for health promotion.

Infectious Diseases: Many infectious diseases that caused morbidity & mortality have been essentially controlled. However, demographic change in many parts of the state could potentially begin reversing the trend. Healthcare providers in many areas in the state now have to learn how to communicate effectively with patients with cultural differences.

Environmental Health: The demand for environmental health services has increased due to growth in the population, the number of restaurants/food festivals, milk plants, & real estate developments. Several emerging issues with onsite sewage programs include: operation & maintenance requirements, wastewater reuse, rainwater harvesting, protecting the Chesapeake Bay for nutrient pollution, health equity initiatives for water & sewer, seeking ways to assist owners financially in upgrading/repairing onsite sewage systems, & increasing VDH's collaboration with the private sector.

Emergency Preparedness & Response: Being prepared to prevent, respond, & rapidly recover from public health threats is critical. The roll out of the CDC Public Health Emergency Preparedness performance measures in August 2011 provides an opportunity for VDH to systematically evaluate & prioritize a consistent set of public health preparedness capabilities that will guide our strategic planning.

Information Technology

Technology plays a key role in VDH's mission to promote and protect the health of Virginians. Like most agencies, VDH continues to operate in an environment where resources are somewhat limited. This includes financial and human resources. Securing the skill sets needed to maintain and grow VDH's applications and technology infrastructure is often challenging. In particular, the skill sets involving secure messaging (HL7 Messaging and Rhapsody) are often difficult to obtain.

VDH has made significant progress, however on developing a data governance structure by building out the data warehouse infrastructure. This has allowed VDH to create a more standardized data environment along with standardized reporting and data accesses. Ensuring that VDH is partnering with other agencies and sharing resources where possible, has allowed VDH to continue to make forward progress. This has benefited not only VDH but other partner agencies as well. VDH has taken on several Commonwealth-wide or enterprise wide projects as well, including the statewide Health Information Exchange and the All Payer Claims database. Finally, VDH continues to play a key role in the Secretary of Health and Human Resources efforts to implement an enterprise Health and Human Resource program.

Workforce Development

VDH must assure that the workforce is always prepared to deliver quality services to fulfill the VDH mission. As of June 2013, the agency turnover rate was 8.85% with a retirement rate of 2.58%. VDH has issued the third biannual survey asking employees about their current retirement plans, as well as what factors contribute to those plans. Over 25% of respondents anticipate retiring within 5 years and approximately 50% within 10 years. Because the response rate for this survey represents roughly one half of the VDH workforce, it is imperative that plans be made to identify current and projected agency business needs, staffing gaps, and strategies to remediate success.

To prepare for this change, VDH has hired a Succession Planning and Knowledge Transfer Specialist. Work has begun on identifying potential impacts to our workforce and developing strategies to retain, attract, and develop essential skills to achieve VDH's mission, as well as, retain critical organizational knowledge. Remediation strategies include: targeted recruitment, staff developments, training, career development, alternative staffing, retention and incentive programs, and leadership mentor programs.

Preliminary trend and gap analysis has already been conducted to identify areas of risk and strengths. Staffing the strategic succession planning and preparedness operation is currently under development. Succession Planning has been included as a VDH Strategic Objective but also as a component of the Secretary's HHR Human Resource Director's Strategic Plan.

Physical Plant

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VDH works in partnership with 119 local jurisdictions in funding and maintaining local health departments (LHDs). In addition, there are numerous satellite offices statewide where client and patient services are offered. In the Capital area, VDH occupies state owned space in the James Madison and James Monroe buildings. In addition, other statewide facilities house the Shellfish Sanitation Program, Drinking Water Regional Offices, Public Health Preparedness, Medical Examiner District Offices, and Office of Licensure and Certification. In total, these offices and satellite locations represent no less than 175 facilities. VDH owns no facilities, but rather leases either local government (70%) or commercial sites (22%), with the remainder being Use Agreements.

Currently, VDH maintains leases at 20 facilities that are greater than 20 years old. VDH has concerns with these older, outdated facilities that challenges the agency to be ADA (Americans with Disabilities Act) and HIPAA (Health Insurance Portability and Accountability Act) compliant. In addition, these older facilities present potential safety hazards. Within the next five years, 23 facilities are projected to be in need of extensive renovations or require relocation.

Funding to address these facility needs will be significant over the next five years. Many leases with rental rates that were negotiated years ago with local jurisdictions will incur increases when these leases are renewed or when the LHD must relocate. In addition, renovations, facility improvements and telephone systems costs will add to the financial burden.