

Virginia Department of Health

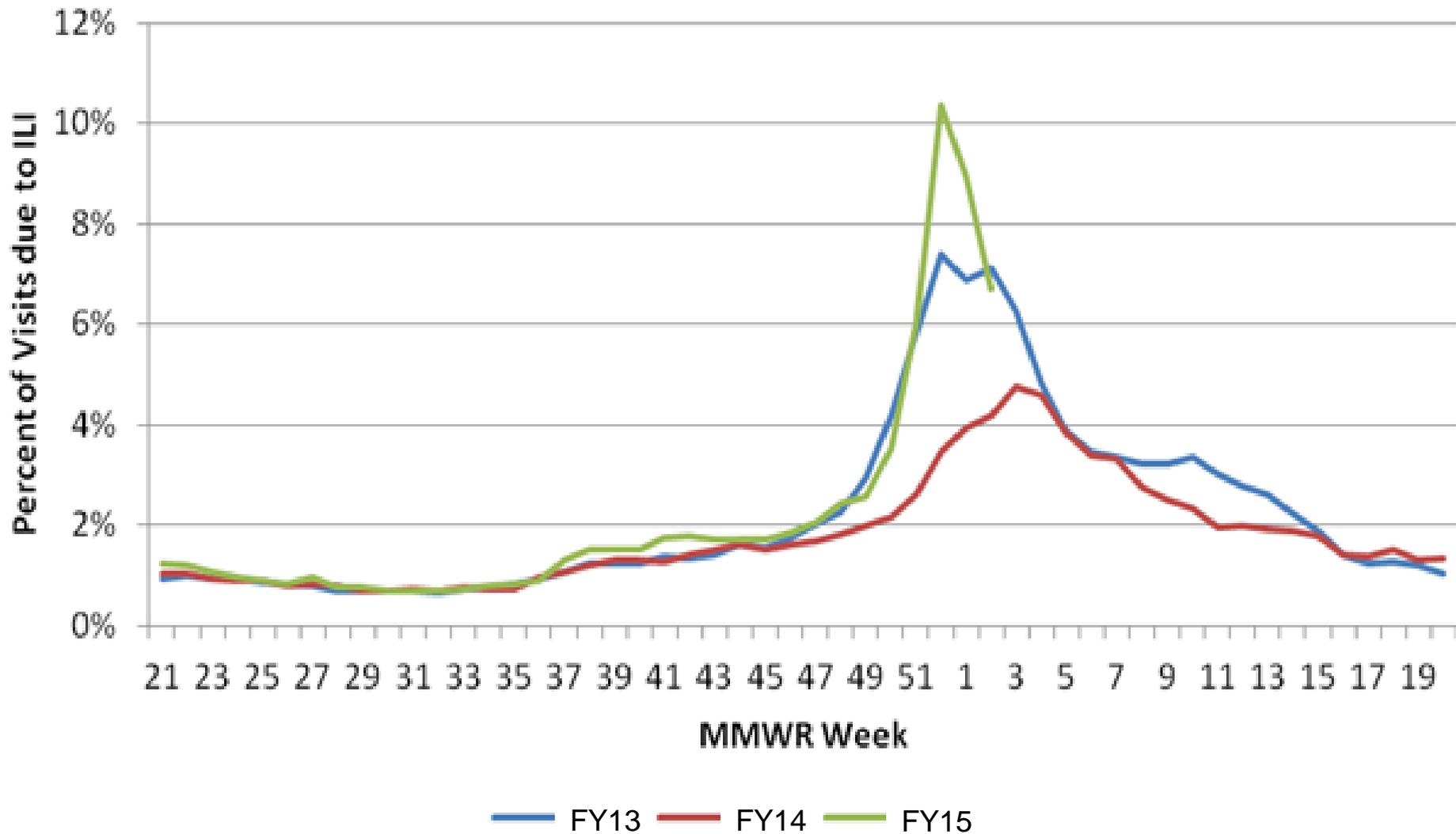
Presentation to Senate Finance Committee, Health and Human Resources Subcommittee

Marissa Levine, MD, MPH
State Health Commissioner
January 19, 2015

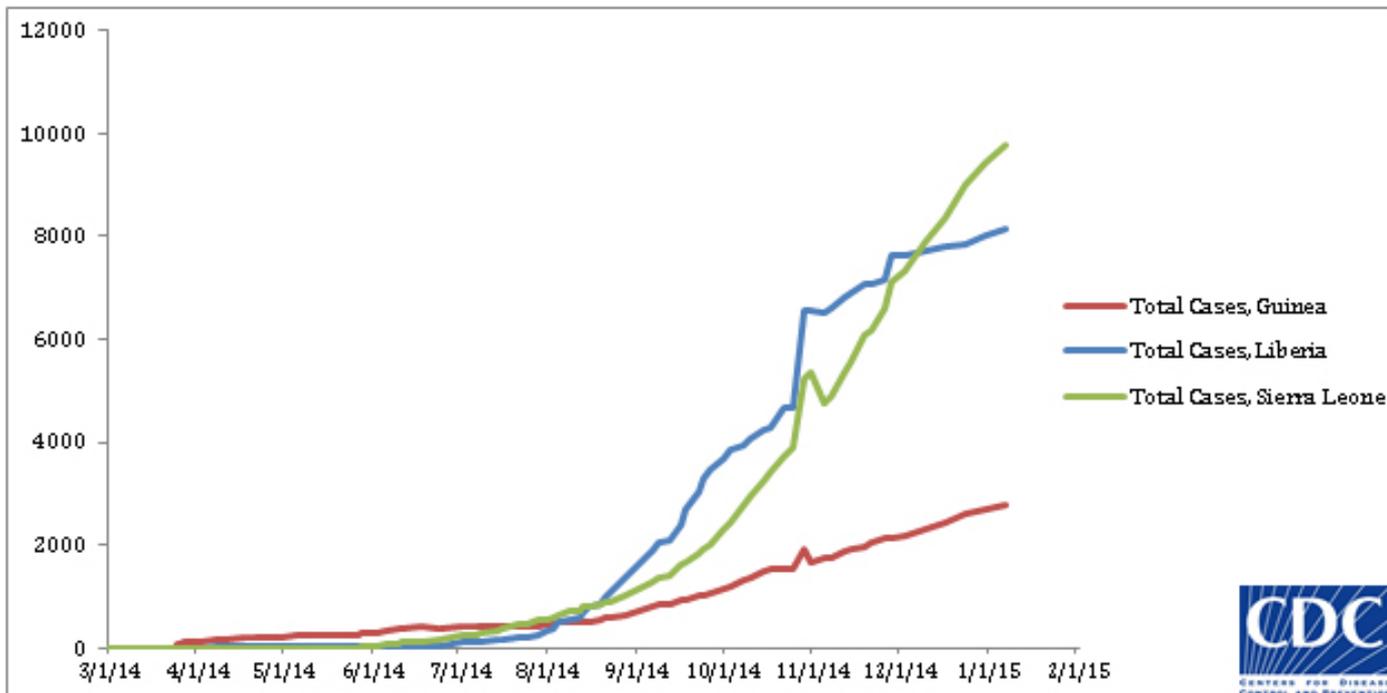
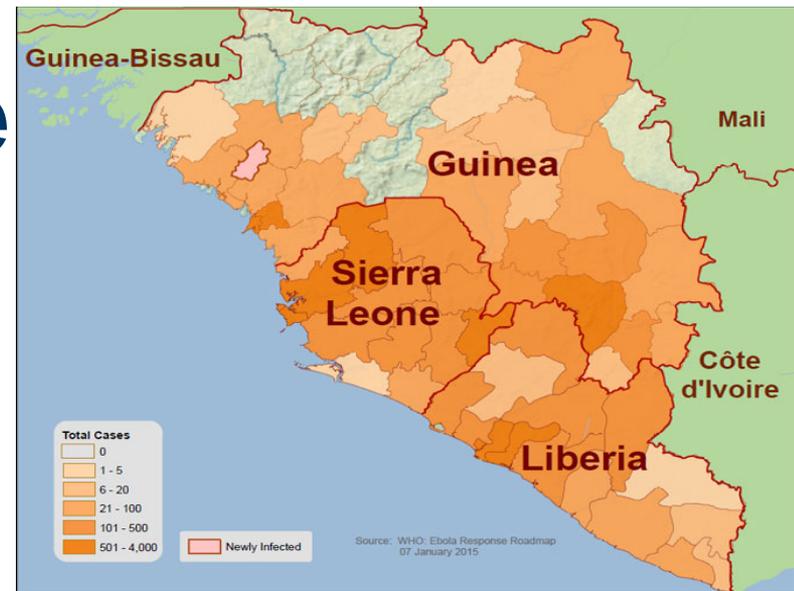
Outline

- **Important /Timely Public Health Issues**
- **VDH Overview & Budget Highlights**
- **Public Health Mandate and Agency Priorities for 2015**

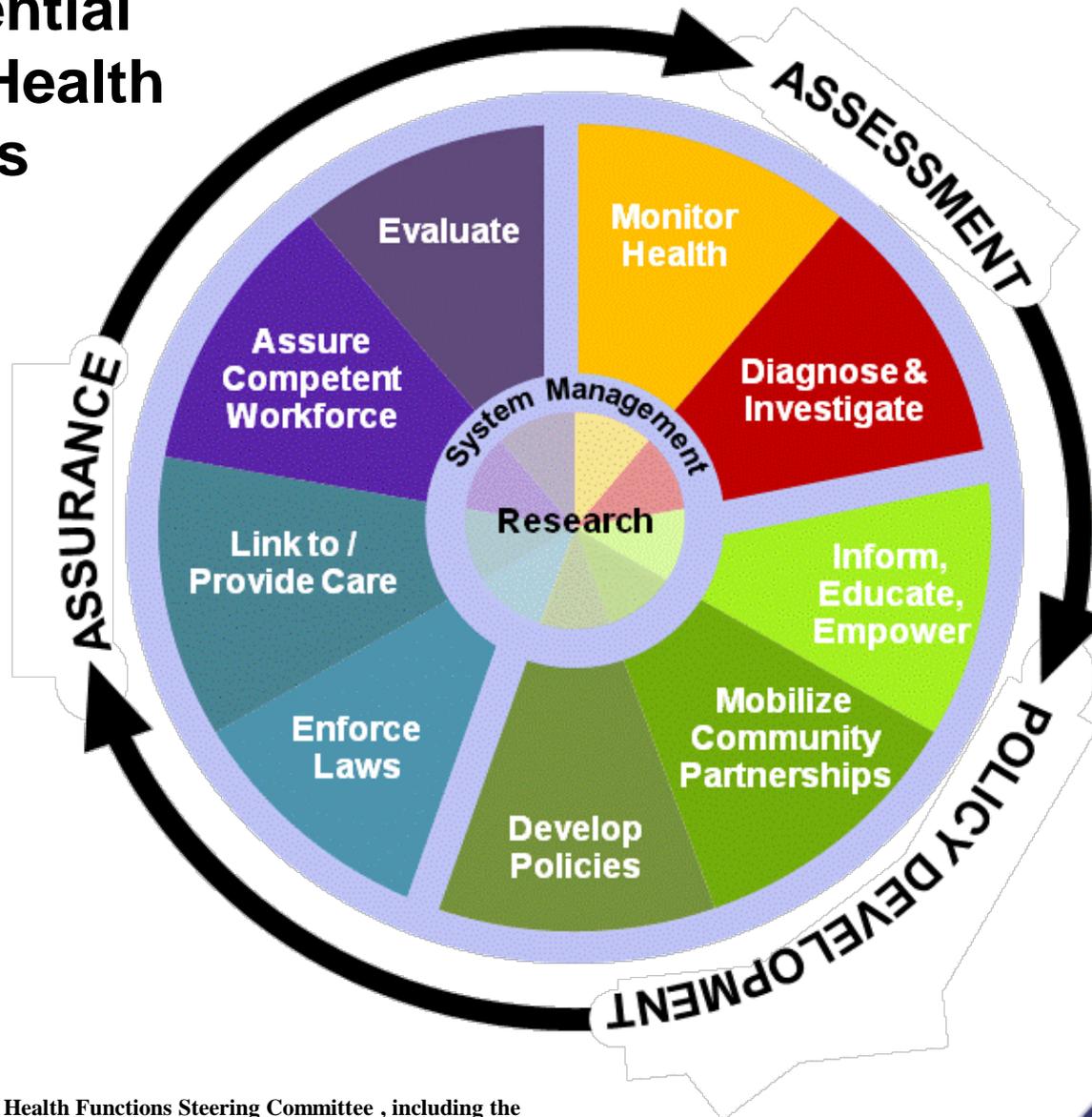
Weekly Percent of ED and Urgent Care Visits due to ILI Comparison Across Flu Seasons, Virginia



Ebola – Cumulative Cases through 01/10/15

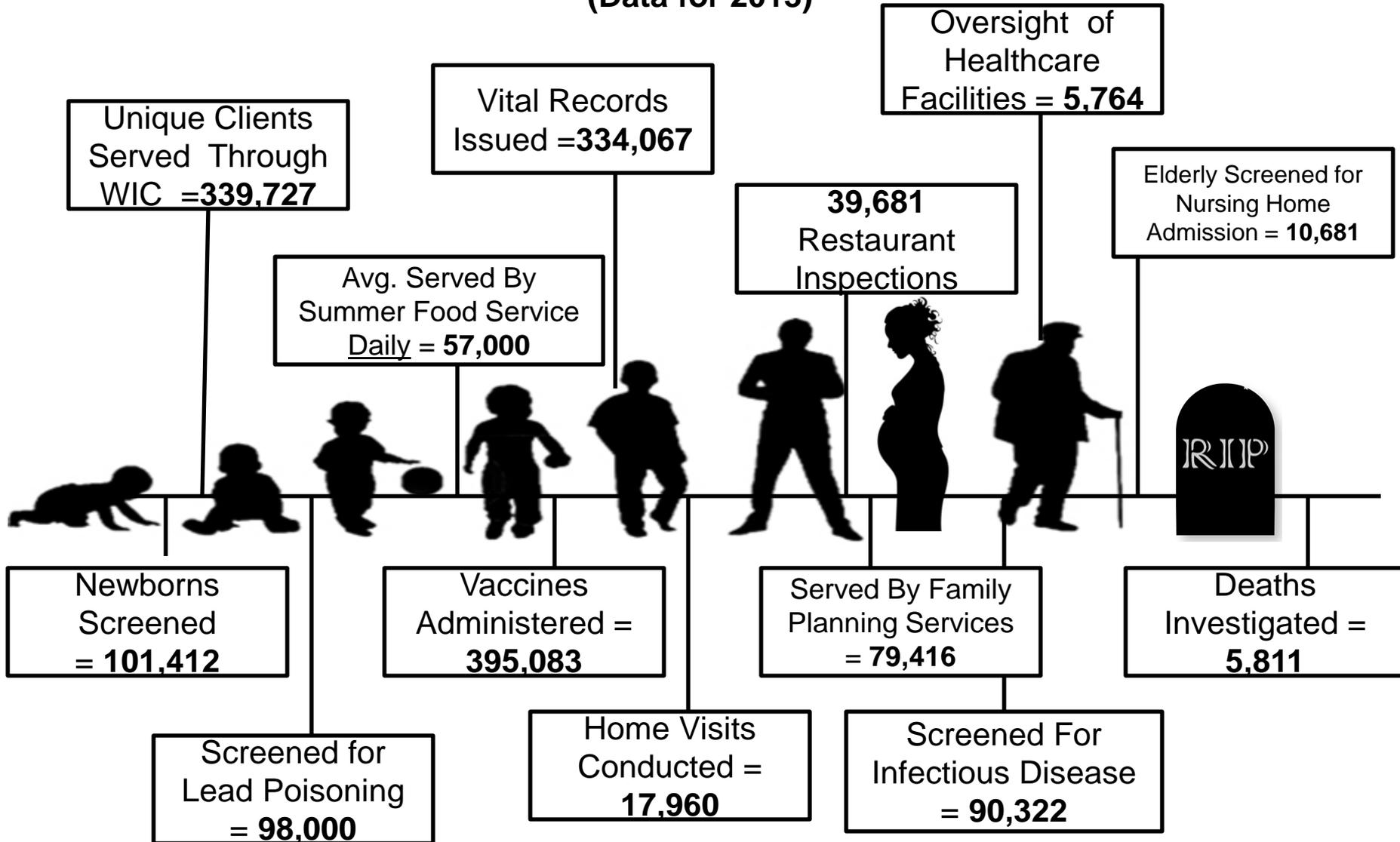


10 Essential Public Health Services



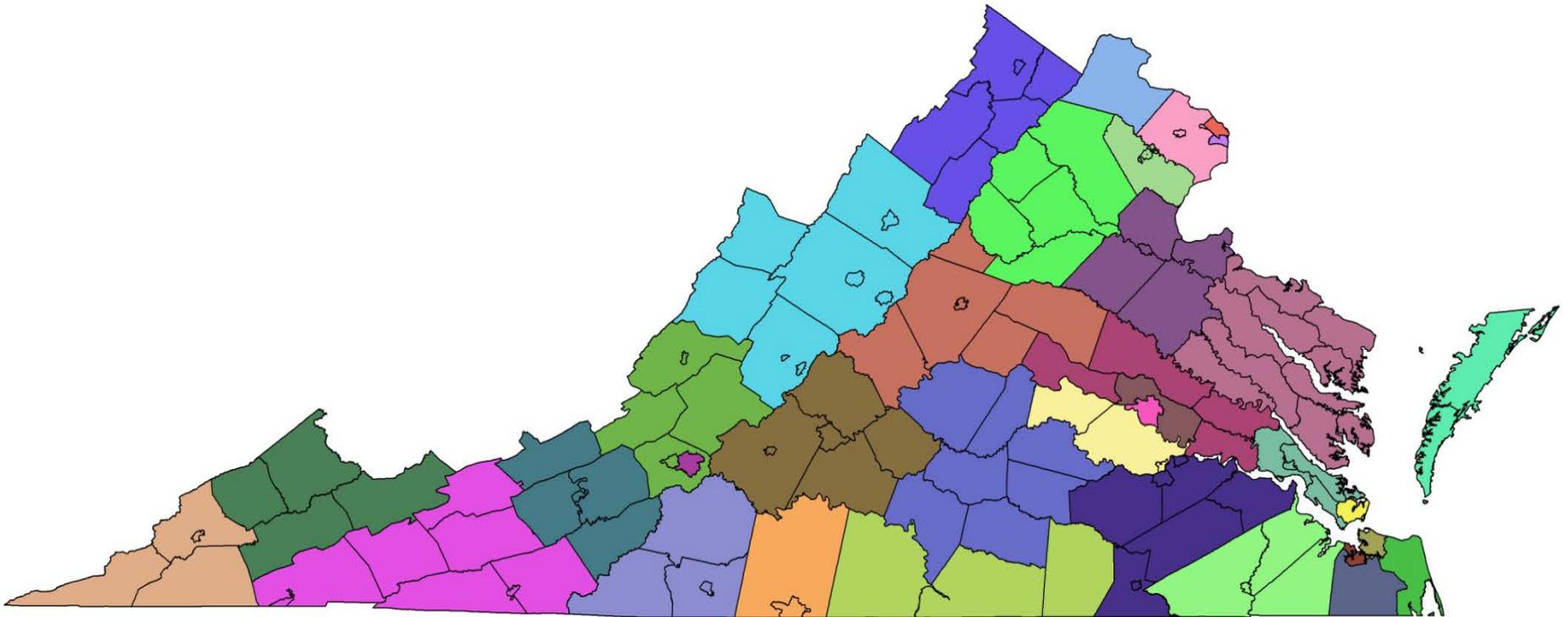
Adopted: Fall 1994, Source: Public Health Functions Steering Committee, including the American Public Health Association and the Association of State and Territorial Health Officials

VDH Serves the Public Across The Life Span of Virginians (Data for 2013)

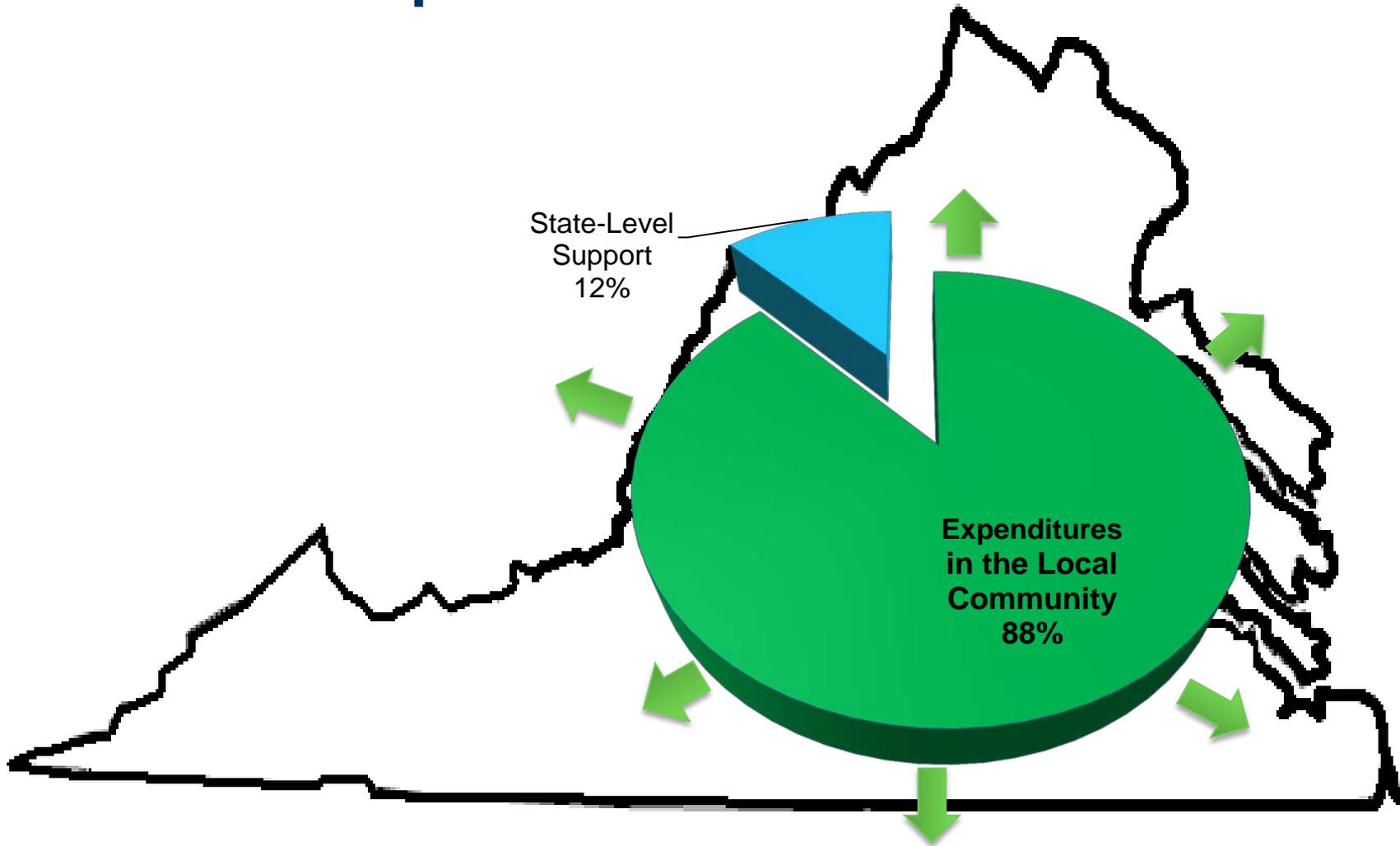


Community Health Services

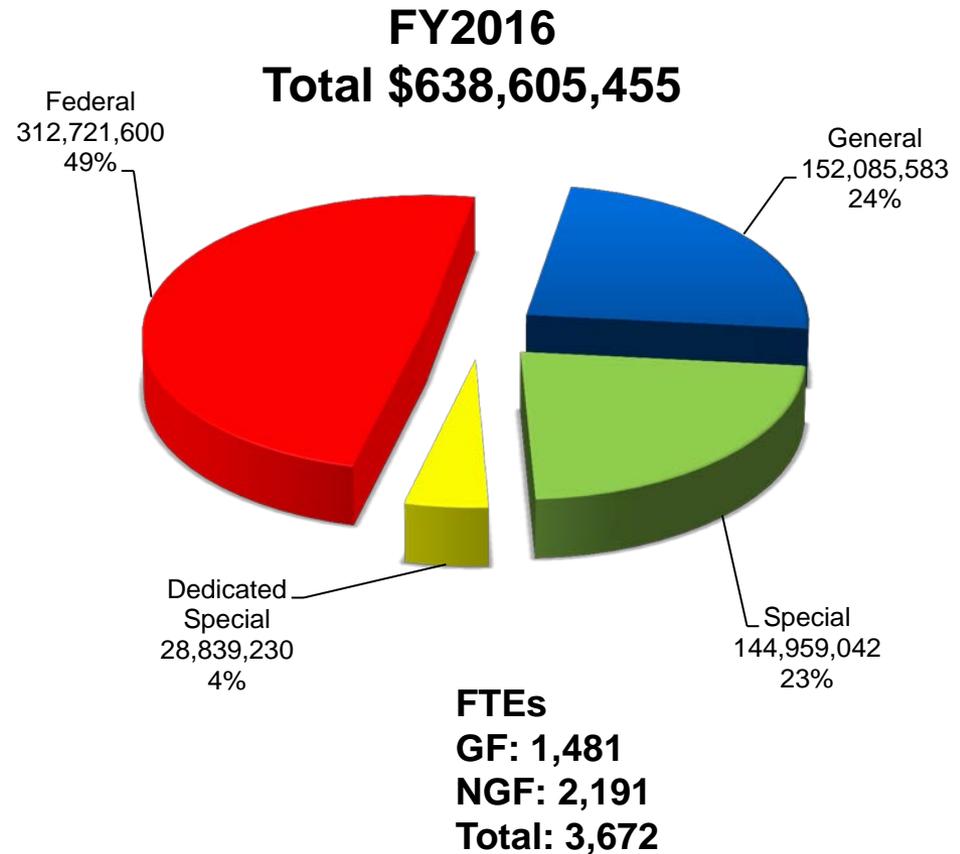
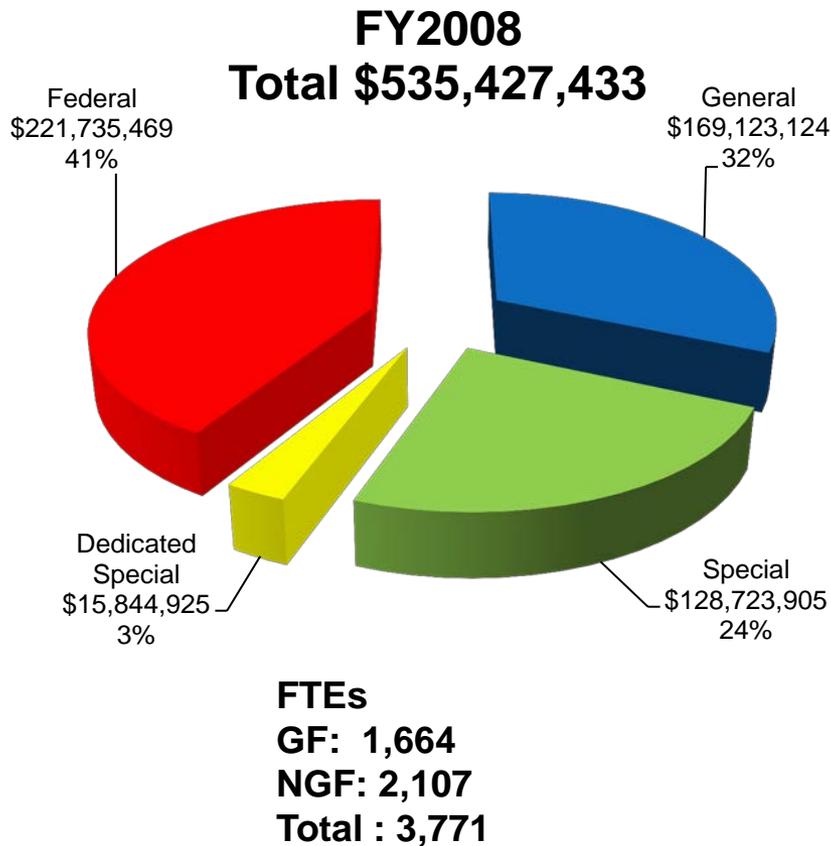
Network of Health Districts & Local Health Departments



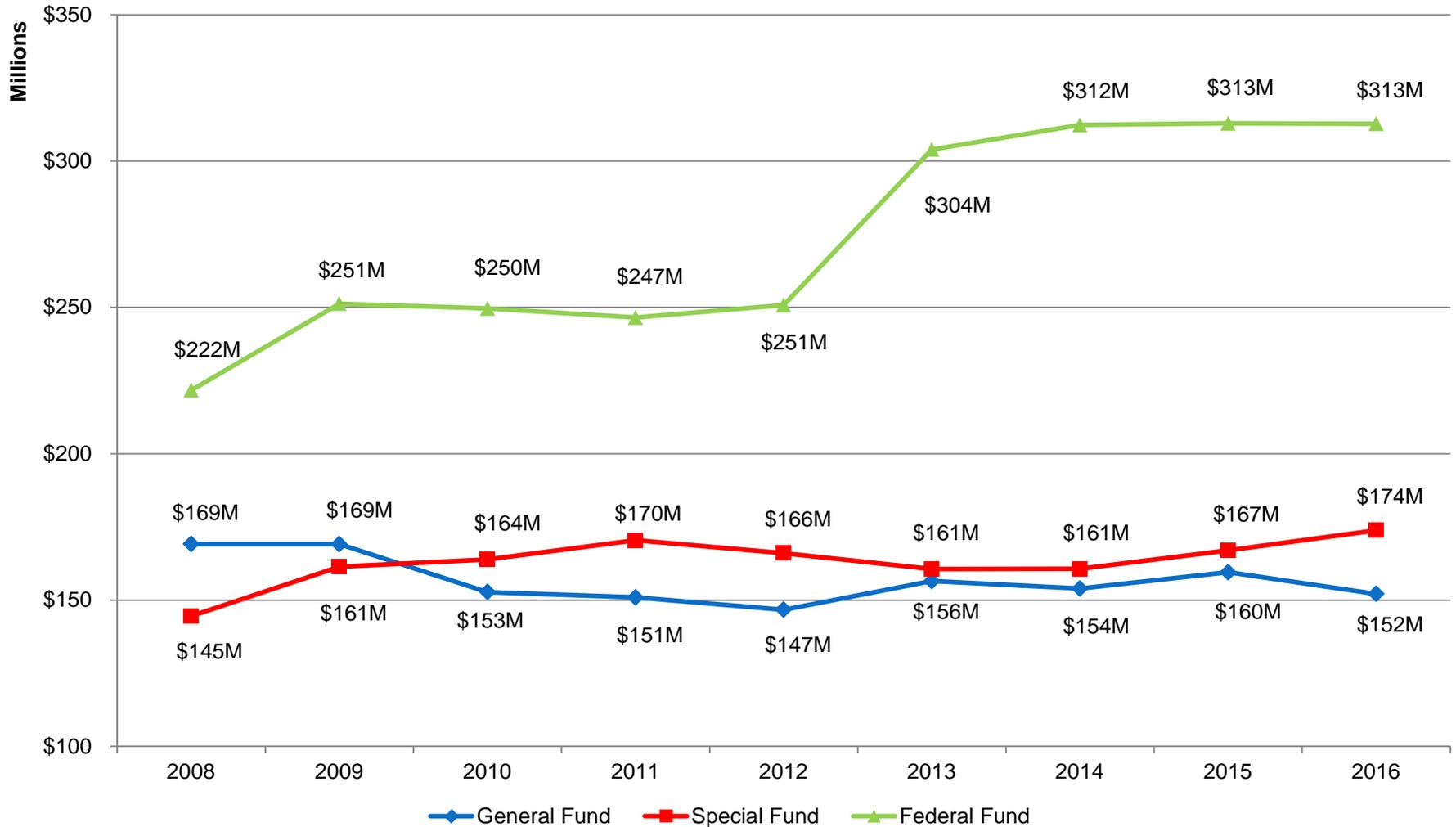
88% Percent of VDH Budget Spent in Local Communities



VDH Funding & Staffing – FY 2008 to FY 2016



Virginia Department of Health Appropriation by Fund 2008 - 2016



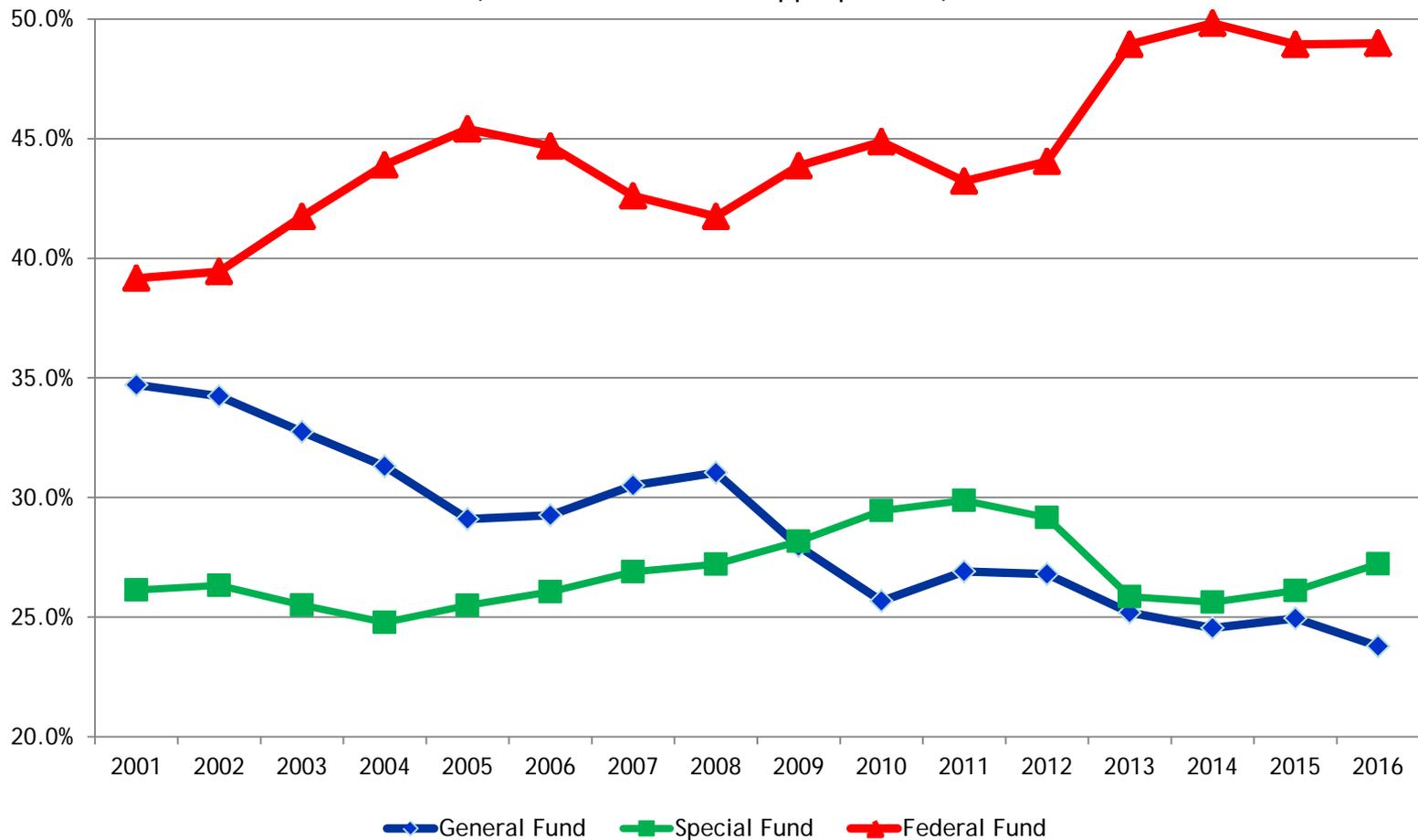
The increase in federal appropriation in FY2008 is attributable to funding for the WIC program.

The increase in federal appropriation in FY2013 is attributable to funding for the Child and Adult Special Feeding Programs.

The federal appropriations illustrated above do not include ARRA or H1N1 funding. Because these funds were for a limited time period, they were not included in the Appropriation Act.

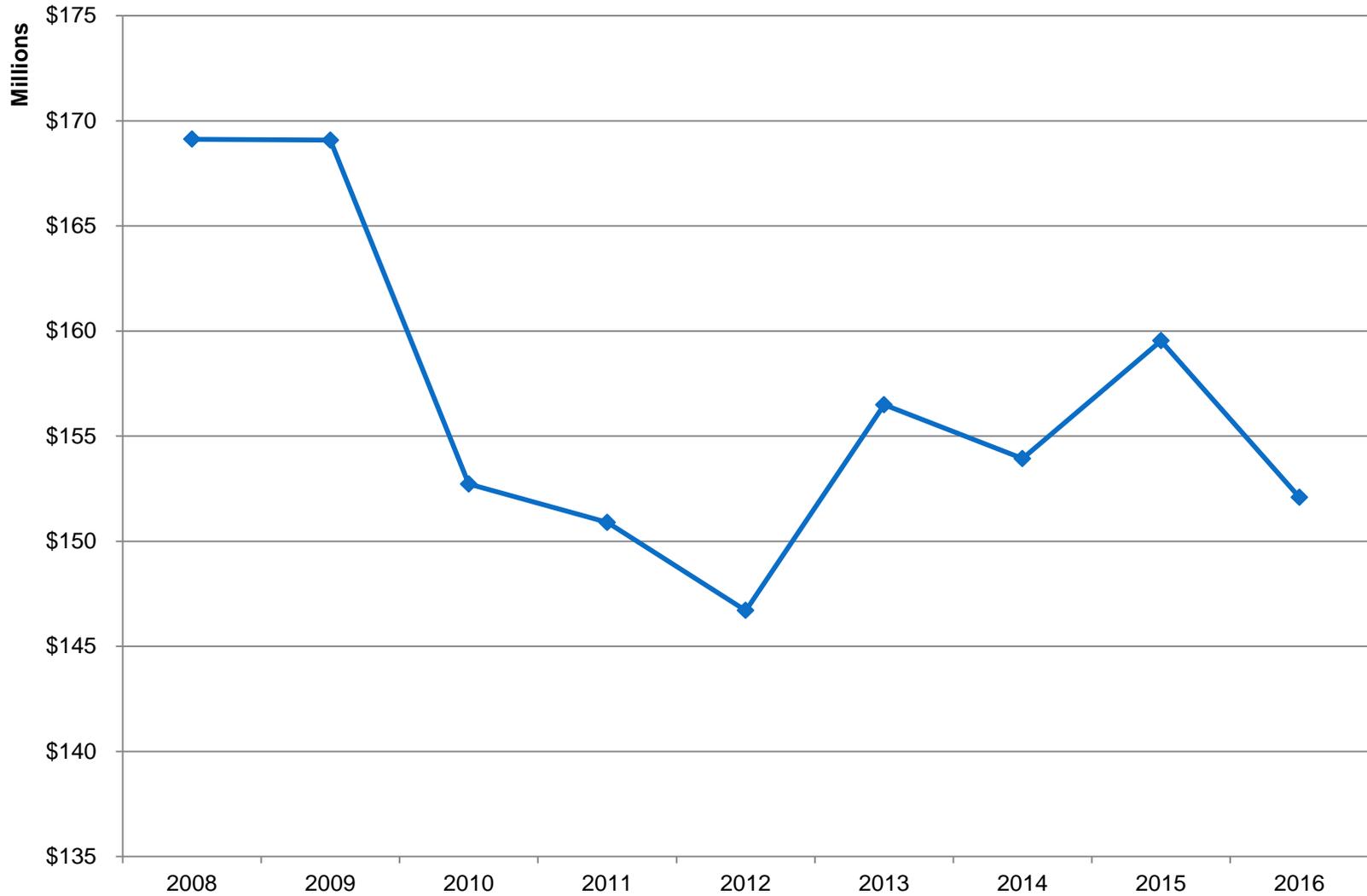
Virginia Department of Health Appropriation by Fund 2001 - 2014

(As A Percent of Total Appropriation)



The increase in federal appropriation in FY2008 is attributable to funding for the WIC program.
 The increase in federal appropriation in FY2013 is attributable to funding for the Child and Adult Special Feeding Programs.
 The federal appropriations illustrated above do not include ARRA or H1N1 funding. Because these funds were for a limited time period, they were not included in the Appropriation Act.

Virginia Department of Health General Fund 2008 - 2016



Introduced VDH Budget

	FY2015		FY2016	
	GF	NGF	GF	NGF
Base Appropriation	\$160,729,959	\$480,503,381	\$161,524,117	\$479,602,566
Proposed Reductions*	(\$1,195,586)	\$0	(\$9,438,534)	\$0
Proposed New Funding	\$0	\$387,833	\$0	\$6,917,306
Total Proposed Budget by Fund	\$159,534,373	\$480,891,214	\$152,085,583	\$486,519,872
Non-General Fund Cash Reversions	(\$12,250,000)		(\$1,225,000)	
Total Proposed Budget by FY	\$640,425,587		\$638,605,455	
Eliminated Positions	-4	0	-4	0
Authorized Positions by Fund	1,481	2,191	1,481	2,191
Maximum Employment Level	3,672		3,672	

Proposed Reductions – Office of Emergency Medical Services

Transfers balances to the GF from the increased annual registration fees deposited into the State Emergency Medical Services Fund (0213)

- FY15 - (\$4M) NGF
- FY16 - (\$1M) NGF

Transfers Trauma Fund revenue to the GF

- FY15 - (\$500K) NGF

Proposed Reductions – Office of Environmental Health Services

Transfers anticipated balances from the Bedding and Upholstery Sanitation Fund (0203) to the GF

- FY15 - (\$650K) NGF
- FY16 - (\$225K) NGF

Proposed Reductions – Office of Radiological Health Services

Transfers anticipated balances from the Radioactive Material Perpetual Care Trust Fund (0931) to the GF

- FY15 - (\$500K) NGF

Supplants GF Appropriation with licensing fee revenue

- FY15 - (\$361K) GF; \$361K NGF
- FY16 - (\$361K) GF; \$361K NGF

Eliminates GF match for federal State Indoor Radon Grant.
Supplants the GF with NGF revenue

- FY16 - (\$54K) GF

Proposed Reductions – Office of Drinking Water

Eliminates three vacant positions and transfers the savings to GF

- FY15 - (\$146K) GF; FTE (3.0)
- FY16 - (\$146K) GF; FTE (3.0)

Transforms the East Central Field office into a satellite office of the Culpeper and Norfolk Field Offices and transfers the savings to the GF

- FY16 - (\$155K) GF

Eliminates a wage position and transfers savings to the GF

- FY16 - (\$90K) GF

Proposed Reductions – Office of Epidemiology

Replace GF supporting vaccinations for uninsured children with federal funds

- FY15 - (\$280K) GF; \$280 NGF
- FY16 - (\$280K) GF; \$280 NGF

Reduce vaccine inventory based on the current need

- FY16 - (\$423K) GF

Eliminates a contract administrative position in disease prevention

- FY16 - (\$94K) GF

Proposed Reductions – Office of Epidemiology

Transitions two TB Outreach Workers from EPI to local health department positions

- FY16 - (\$98K)

Eliminate a wage human resource support position from the EPI Administrative team

- FY16 - (\$23K) GF

Eliminates GF supported position in STD Prevention Program

- FY16 - (\$38K) GF

Proposed Reductions – Office of the Chief Medical Examiner

Change criteria of cases which require autopsy; reducing the number of cases transported to the district office

- FY16 - (\$100K) GF

Reduce use of wage autopsy technicians and wage pathologists

- FY16 - (\$88K) GF

Increase the fee to external agencies for copies for medical examiner reports.

- FY16 - (\$200K) GF

Proposed Reductions – Office of Family Health Services

Eliminates GF match for the federal Abstinence grant.
Matching funds will be secured from other sources

- FY15 - (\$191K) GF; (\$254K) NGF
- FY16 - (\$383K) GF; (\$507K) NGF

Supplants GF support of the Resource Mothers program with special funds

- FY16 - (\$615K) GF

Eliminates the Deputy Director position in the Office of Family Health Services

- FY16 - (\$201K) GF

Proposed Reductions – OLC and OIM

Office of Licensure and Certification:

Supplant GF support of the Managed Care Health Insurance Quality Assurance Certification Program (MCHIP) with NGF revenue.

- FY16 - (\$96K) GF

Office of Information Management:

Eliminates a position in the Office of Information Management to generate savings. Savings to be transferred to the GF in FY16.

- FY15 - (1.0) FTE
- FY16 - (\$95K) GF; \$95K NGF (1.0) FTE

Proposed Reductions – Community Health Services

Replace GF with increased annual restaurant inspection fees. Increase annual fees from \$40 to \$285

- FY16 - (\$3.8M) GF; \$6.9M NGF

Accelerate transition of the Norfolk School Health program to a local program

- FY15 - (\$102K) GF
- FY16 - (\$423K) GF; (\$191K) NGF

Reduces GF support in FY16 for locally administered health districts

- Fairfax (\$673K) GF
- Arlington (\$214K) GF
- FY16 Total (\$887K) GF

Consolidates the district management teams of Chesapeake with Western Tidewater and Hampton with Peninsula

- FY 16 - (\$565K) GF

Proposed Reductions - Agency

Transfers Agency Indirect Cost Recoveries to the GF

- FY15 - (\$6.6M) NGF

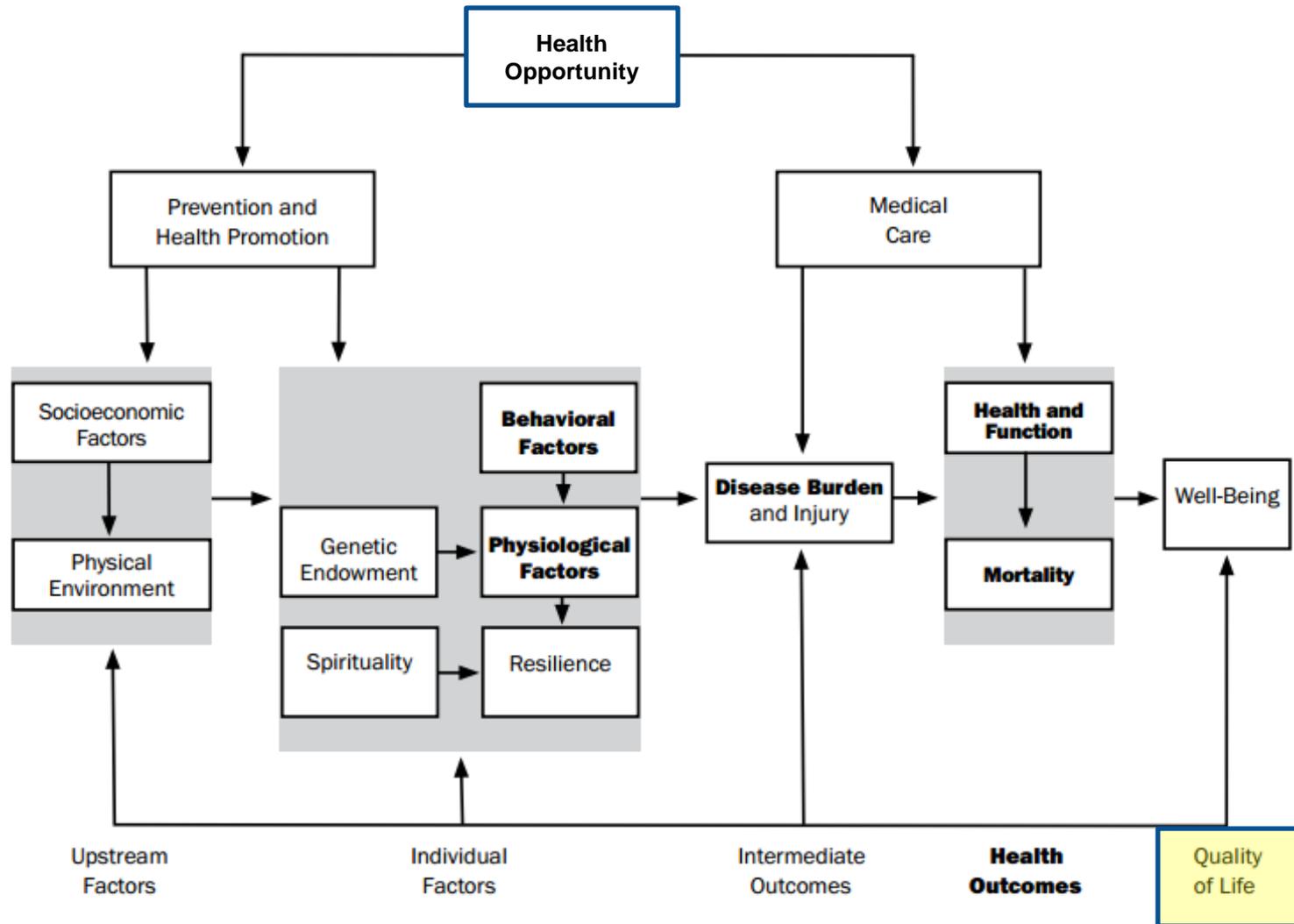
Relocates reductions approved during the 2014 Session from Item 471 (Central Appropriation) to the appropriate Item numbers in the Introduced Budget

- FY16
 - (\$125K) GF Scholarships;
 - (\$115K) GF Environmental Health

§ 32.1-2. Finding and purpose.

The General Assembly finds 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.** For this reason, the 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.**

Figure 1. A Model of Population Health



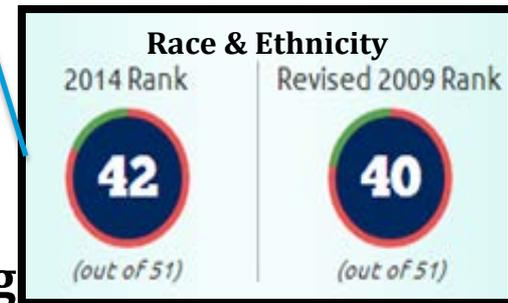
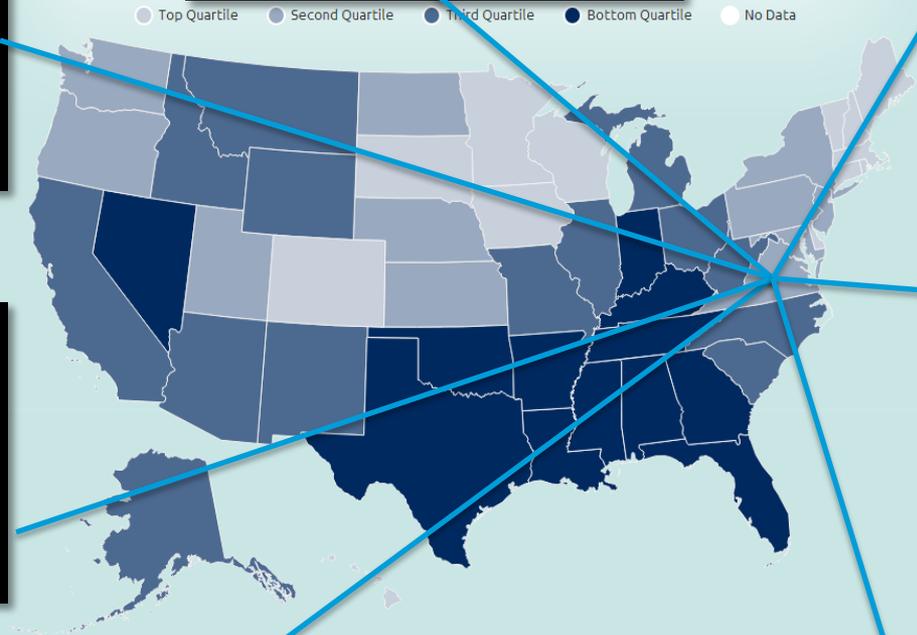
Note: Measures of population health in the Triple Aim measurement menu in Table 1 appear in **bold** text in Figure 1.

Adapted from: A Guide To Measure Triple Aim, Institute for Healthcare Improvement 2012

**The mission of VDH is to protect
and promote the health of ALL
people in Virginia**

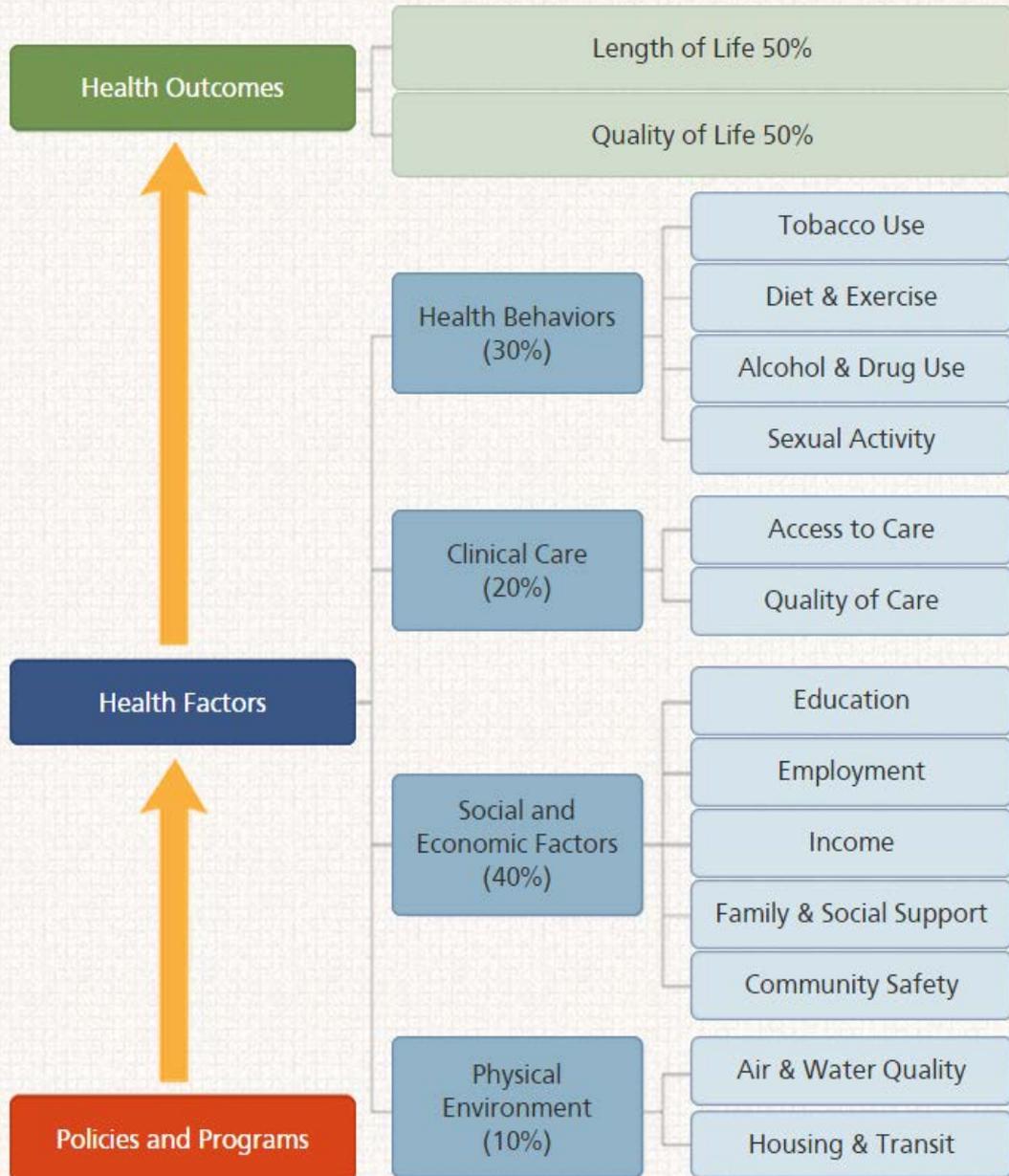
Vision:

**Virginia Will Become The
Healthiest State In The Nation**

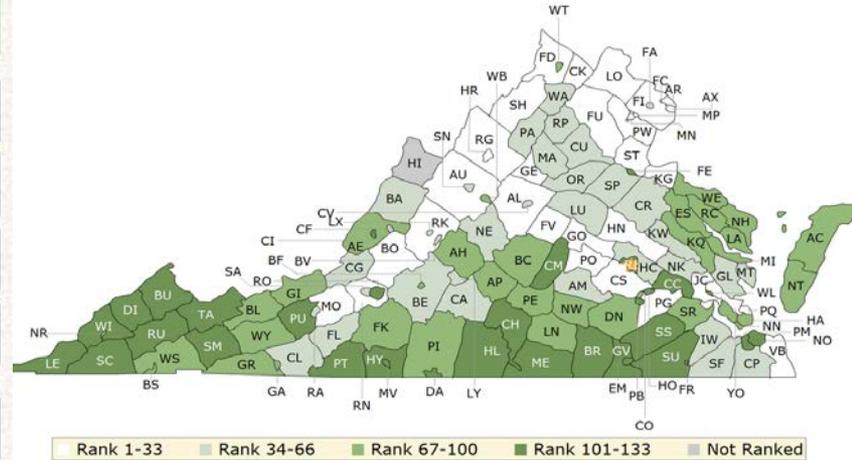


Virginia 2014 Rankings By the Commonwealth Fund Scorecard
<http://www.commonwealthfund.org>

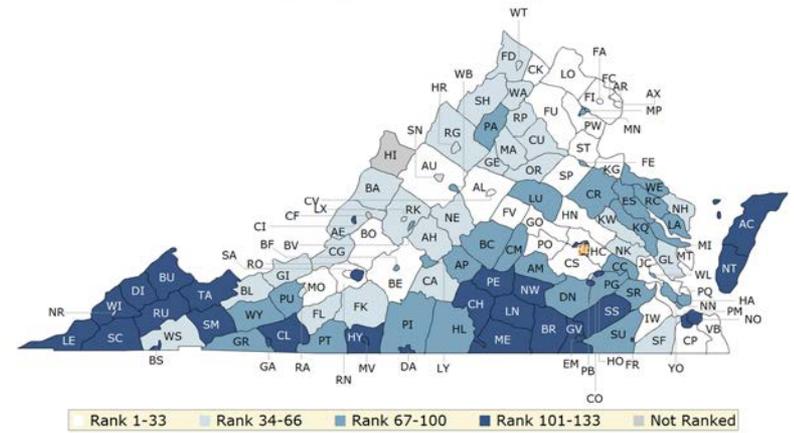
County Health Rankings from Robert Wood Johnson



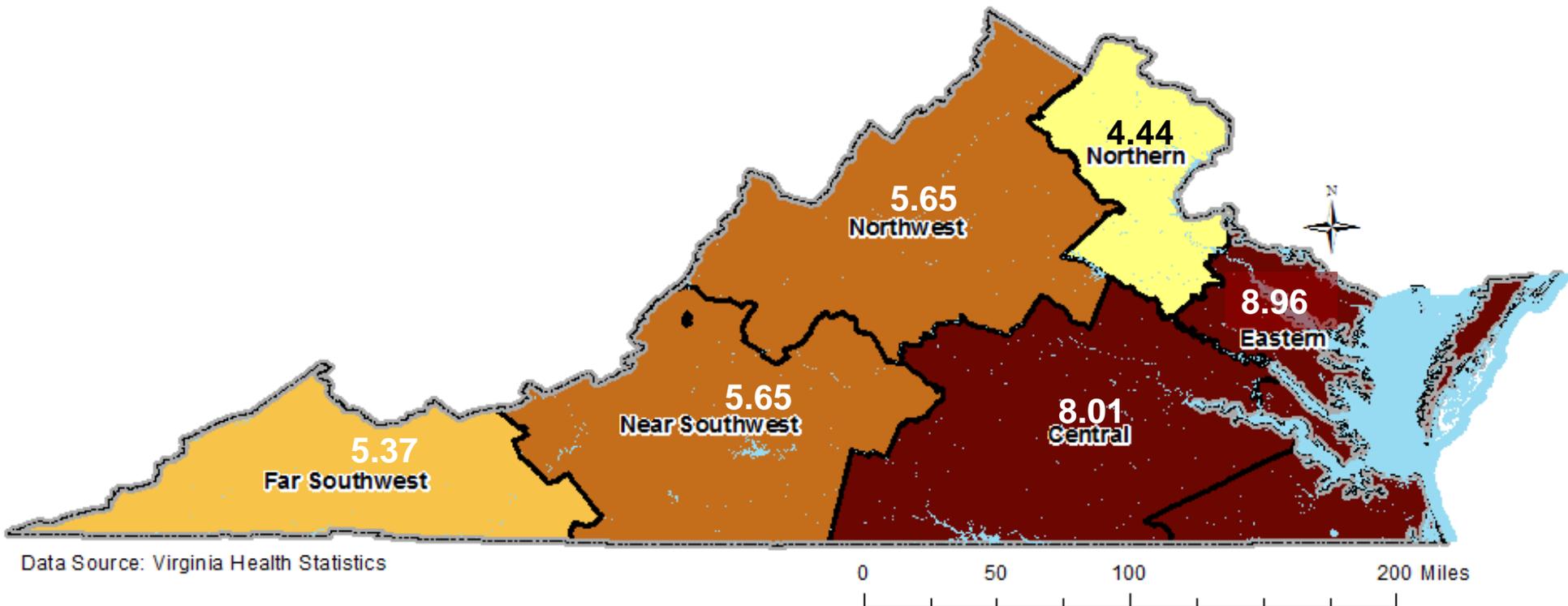
2014 Health Outcomes - Virginia



2014 Health Factors - Virginia



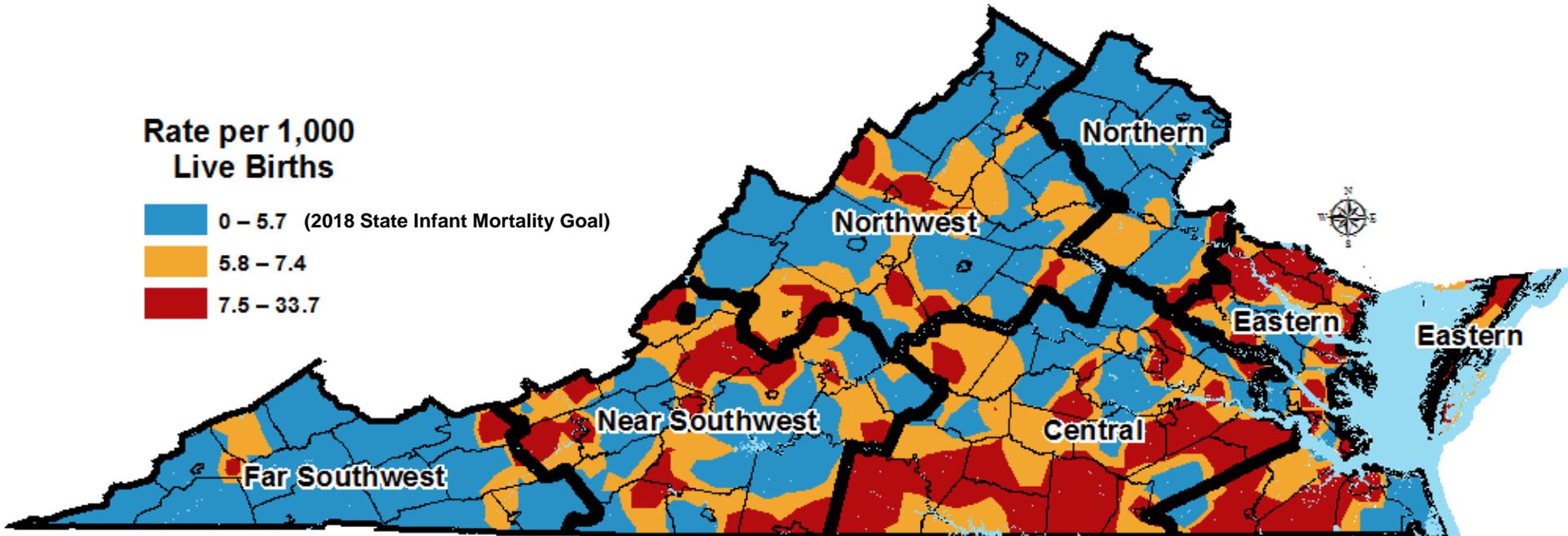
Virginia's Infant Mortality Rate by Hospital Region, 2012



Data Source: Virginia Health Statistics

Geographic Clustering

Rate per 1,000
Live Births



* Data Source: Virginia Health Statistics, 2002-2011
Map was smoothed using GIS statistical technique (Inverse Distance Weighting)



Health System Design in Virginia

Creating *Health Promoting* Systems

Population Health Metrics for Virginia

- Community Health Assessments
- JCHC Request 2014

Questions??