



2005

Annual Report

Healthy People in...

...Healthy Communities

VDH Goals

- Provide strong leadership and operational support for Virginia's public health system.
- Prevent and control the transmission of communicable diseases.
- Collaborate with partners in the health care and human services system to assure access to quality health care and human services.
- Promote systems, policies and practices that facilitate improved health for all Virginians.
- Collect, maintain and disseminate accurate, timely, and understandable public health information.
- Respond in a timely manner to any emergency impacting public health through preparation, collaboration, education and rapid intervention.
- Maintain an effective and efficient system for the investigation of unexplained or suspicious deaths of public interest.
- Assure provision of clean and safe drinking water supplies.
- Assure provision of safe food at restaurants and other places where food is served to the public.
- Prevent and control exposure to toxic substances and radiation.

From the State Health Commissioner Robert B. Stroube, M.D., M.P.H.

As State Health Commissioner, I know the Virginia Department of Health (VDH) serves as a leader and coordinator of Virginia's public health system. But as we prepared the 2005 Annual Report for your review, I was again reminded of the wide range of services provided through the Virginia state public health system.



Our local health departments and field offices provide health care services to low-income families and at-risk populations in need of immunizations, family planning and women's and infants' care. They also reach out to their communities to promote healthy lifestyle decisions, protect drinking water and food supplies and respond to disease outbreaks and other public health problems. The local nurses, epidemiologists, environmental health specialist and administrative staff are the faces of this agency that directly interact with the citizens of the Commonwealth. They impact the lives of thousands of individual Virginians in countless ways every day. From the statewide perspective, VDH public health programs work to protect the entire population of the Commonwealth.

Our Emergency Preparedness and Response Programs continued to develop and revise response plans to address man-made and natural public health threats including pandemic influenza, bioterrorism and hurricanes. Virginia is ranked among the top six states in the country for readiness to respond to bioterrorism and other public health emergencies.

Protecting public health is about more than just emergencies, it's about promoting healthy lifestyles from conception to old age. Various VDH offices, divisions and programs have worked this year to provide dynamic campaigns to address health issues for all Virginians. VDH's Office of Family Health Services implemented breast and cervical cancer screenings, obesity prevention programs, and a program to loan hearing aids to hearing-impaired children. The Office of Epidemiology established a statewide immunization registry pilot program to prevent the spread of communicable disease and to ensure that patients served by public and private health care providers receive the appropriate and immunizations. The Office of Emergency Medical Services (EMS) found new ways improve its recruitment and retention of quality EMS providers, including a recruitment campaign featuring the late Christopher Reeve that won two international awards.

Responding to natural disasters, bioterrorism and disease outbreaks requires extensive planning and preparedness. Preventable diseases and accidents, along with a lack of adequate insurance coverage and access to health care for many of our citizens, create the potential for increased health care costs. Through continued collaboration with our partners in government, health care, communities and individual citizens, VDH will strive to meet these challenges head on.

In the following pages, you'll read about a few examples of VDH programs. To learn more about VDH or any of our programs and activities, I invite you to visit www.vdh.virginia.gov.

A handwritten signature in black ink that reads "Robert B. Stroube". The signature is written in a cursive style with a large, stylized initial 'R'.

**From the Chairman of the
State Board of Health
Jack O. Lanier, Dr. P.H.,
MHA, FACHE**



The State Board of Health provides leadership in planning and policy development for the the Virginia Department of Health (VDH) to implement organized, prevention-oriented programs that promote and protect the health of all Virginians. The board also serves as the primary advocate and representative of the citizens of the Commonwealth in achieving optimal health.

All of the health professions are represented by at least one member of the board. Accordingly, the board is committed to serve the best interest of all Virginia residents. The programmatic initiatives of state and local agencies are continually assessed to ensure the health and well-being of Virginians is protected. Of primary interest to the Board are the public health and medical-related issues identified annually by the executive branch and General Assembly. The board is committed to supporting VDH's goals by promoting systems, policies and practices that facilitate improved health of all Virginians.

Recently, the board announced that its top priority would be improving the overall health status of Virginia's population through the prevention and control of chronic disease. Chronic diseases such as heart disease, stroke, cancer and diabetes are the leading causes of death and disability in the United States. Factors that contribute to chronic disease include the use of tobacco products, obesity and physical inactivity, poor nutrition, failure to utilize screening and early detection services, improper care of an existing health condition, as well as age, gender and race. Chronic disease also negatively impacts the economy. Individuals with chronic illnesses now comprise the national health care system's largest, most expensive and fastest growing service group.

Given the severe consequences for Virginia's economy and the quality of life of its residents, the Commonwealth can not afford to ignore the threat posed by chronic disease. To respond to this continuing challenge, the board issued a set of public health policy objectives designed to combat chronic disease in Virginia. The board serves as a unifying voice for the prevention and control of chronic diseases in Virginia. Additionally, board members continue to develop strong working relationships with other governmental agencies and governing boards, as well as with non-governmental groups. The board is also working with its community-based partners to develop comprehensive state plans to guide program efforts emphasizing quality of care, prevention measures and improved outcomes.

We will continue to embrace the root causes of chronic disease and develop purposeful and strategic initiatives for meeting our goals. I look forward to working closely with my fellow Board of Health colleagues as we strive to protect, promote, and enhance the well-being of all Virginians.

A handwritten signature in cursive script that reads "Jack O. Lanier". The signature is written in dark ink on a white background.

State Board of Health Members - 2005

Jack O. Lanier, Dr. P.H., MHA, FACHE
Chairman
Consumer
Richmond

Craig A. Reed, D.V.M.
Virginia Veterinary Medical Association
Marshall

Jean M. Donovan, Ph.D.
Local Government
Staunton

Bennie Marshall, R.N., Ed.D.
Virginia Nurses' Association
Chesapeake

Richardson Grinnan, M.D.
Managed Care Health
Insurance Plans
Richmond

W. Scott Burnette
Hospital Industry
South Hill

Ed D. Spearbeck
Virginia Pharmacists Association
Arlington

Bhushan Pandya, M.D.
Medical Society of Virginia
Danville

Katherine Elliott
Nursing Home Industry
Roanoke

Barry I. Griffin, D.D.S.
Virginia Dental Association
Richmond

James H. Edmondson, Jr.
Consumer
McLean

Julie L. Beales, M.D.
Medical Society of Virginia
Richmond

Frederick J. Hannett
Corporate Purchaser of Health Care
Arlington



Young adults ages 19 to 24 have the highest rate of uninsurance in Virginia.

Goals for State Planning Grant II

- Goal 1: To establish a community-based participatory process for decision-making in health coverage expansion options and pilot that process in Central Virginia - Planning Districts 13, 14, 15 and 19.
- Goal 2: To identify a sustainable mechanism using local partners to maintain the region's data and for providing on-going analyses of changing community needs and conditions over time.
- Goal 3: To develop a decision support methodology and Web-based toolkit for regional/community-based planning and pilot test the toolkit in Central Virginia.

Office of Health Policy & Planning

The mission of the Office of Health Policy and Planning (OHPP) is to improve access to quality health care for all Virginia residents. OHPP has a longstanding history of collaboration with other state agencies, non-profit groups and private companies. Such partnerships have allowed OHPP to support community activities that assure adequate public health. Specifically OHPP has:

- Contributed to the development of health policy through analyses and research of the issues affecting the cost, quality and accessibility of health care,
- Assisted rural and medically underserved communities and populations to improve health care systems, and
- Developed and administered programs to increase and strengthen the health care workforce.

OHPP Implements State Planning Grant I to Reduce Working Uninsured

In 2005, OHPP was awarded State Planning Grant funds by the U.S. Health Resources and Services Administration (HRSA) to help decrease the number of working uninsured in Virginia. Because the lack of health insurance has been cited as the greatest barrier to health care access, greater insurance coverage could significantly improve the health of Virginia residents and communities as a whole. One of the community resources provided by OHPP through its state planning grant efforts is a Web site containing comprehensive, detailed data on uninsurance rates by region, results of surveys, new data sources of Virginia businesses and health insurance, national reports on health insurance and many other resources.

- About 640,000 persons, nearly 9 percent of Virginia's population, had no health insurance at the time of an OHPP survey—a number slightly smaller than the population of Virginia Beach and Norfolk combined.
- Virginia's non-elderly adults are more likely to be uninsured than the state's children. More than 11 percent of adults aged 19 to 64 lack health insurance compared to just over 6 percent of all children 18 years and younger. Young adults ages 19 to 24 have the highest rate of uninsurance.
- Consistent with national figures, part-time and temporary workers and those employed in small firms are more likely to be uninsured. Over 22 percent of those working in businesses with fewer than 10 employees, 28 percent working between 21 and 30 hours per week, and nearly a quarter of all temporary and seasonal workers have no health insurance through their employer.

State Planning Grant II Supports Expansion of Insurance Coverage in Central Virginia

Another State Planning Grant was awarded by HRSA to OHPP to support health insurance coverage expansion options in one community. Efforts will result in the development of a Web-based community decision support toolkit designed to meet the user needs for central Virginia. This toolkit will serve as the prototype for other regions. It will support central Virginia's use of available data to identify local gaps in health insurance coverage and subsequent solutions and options. The toolkit will inform planning for regional options to increase insurance coverage and to address identified gaps and coverage expansion needs in central Virginia.

Office of Environmental Health Services

The Office of Environmental Health Services (OEHS) helps protect Virginia's food and environment by developing policy, analyzing local, state and federal legislation, evaluating public health programs, providing liaison assistance and providing scientific and technical expertise. OEHS oversees food and shellfish safety, tourism safety, lead poisoning investigation, safe drinking water from private wells and safe onsite wastewater treatment and disposal. Environmental health programs use regulations to establish requirements that minimize the risks associated with diseases caused by environmental contamination.

One of VDH's goals is to collect, maintain and disseminate accurate, timely and understandable public health information. In OEHS, timely and informative environmental health statistics provide a basis for analysis of public health issues. OEHS provides citizens with information on food safety and shellfish sanitation, contributing to the health of all Virginians.

Restaurant Inspection Information Available Online

VDH provides easy access to all restaurant inspection information online. Consumers over the last year averaged more than 55,000 visits to the Web site per month and the site had over 1.7 million hits monthly. They were able to view the results of more than 60,000 unannounced restaurant inspections conducted by local health departments throughout Virginia each year to ensure consumer health and safety.

This Web site is a significant factor in obtaining compliance with food safety standards. Mitigating food safety hazards through continued surveillance of restaurants is a key objective in VDH's strategic plan and OEHS will continue its emphasis on this Web site so that it remains of value to consumers.

Division of Shellfish Sanitation Implements National Shellfish Sanitation Program

Among the activities of the Division of Shellfish Sanitation (DSS) is the classification of shellfish growing areas throughout Tidewater Virginia, and the inspection and certification of shellfish and crab meat facilities. DSS also provides customer service to concerned citizens about shellfish growing areas and to production facility owners about processing techniques. Over the past year, DSS has fully incorporated the use of Geographic Information Systems to help synthesize information and provide enhanced capability for spatial analysis. This aids in determining the sources of pollution impacting shellfish growing areas. Reports are generated with an accompanying map displaying the condemned or closed area including the latitude/longitude map coordinates of the closure line. These reports are forwarded to the Virginia Marine Resources Commission for shellfish harvesting enforcement purposes and are also posted to the DSS Web page found at: <http://www.vdh.virginia.gov/OEHS/Shellfish>.

Development of VDH's strategic plan has provided OEHS with the opportunity to incorporate actions that improve the collection and dissemination of information in other environmental health programs. Using the above highlighted experiences as a guide, OEHS seeks to increase the quantity and quality of information provided to the public.



A shellfish specialist extracts oysters to analyze for bacteria.

During FY 2004-2005 the Division of Shellfish Sanitation accomplished the following:

- Analyzed 25,078 seawater samples for fecal coliforms
- Analyzed 2,901 processing plant water samples
- Surveyed 11,216 properties for onsite sources of pollution to shellfish growing waters
- Conducted 1,680 inspections of processing facilities (shellfish and crab meat)
- Collected 392 samples for toxic phytoplankton analysis
- We classify approximately 1,775,941 acres of shellfish growing waters in Virginia

Emergency Preparedness and Response Programs

The Virginia Department of Health is providing an effective and rapid response to the health and medical needs of the citizens of Virginia during emergencies through ambitious collaboration, planning, training and continual testing and enhancement of Virginia's public health response system. Virginia is ranked among the top six states in the country for readiness to respond to bioterrorism and other public health emergencies according to a recent study from the national non-profit organization Trust for America's Health.

Planning, Assessment, Exercises

The Emergency Preparedness and Response Programs (EPR) continued the development and revision of response plans to address man-made and naturally occurring public health threats in collaboration with state, federal and private partners, as well as the public. Concentrated efforts this year included updating the pandemic influenza plan. VDH convened a special advisory group comprised of representatives of diverse groups, both health care and non-health care related, to discuss the implications of a worldwide influenza epidemic on Virginia. Additionally, VDH is leading a new Cities Readiness Initiative (CRI) in the Hampton Roads/Tidewater area after having coordinated the initial planning for CRI in the Northern Region in the past year.

VDH participated in VERTEX '05 in May 2005. This exercise, sponsored by the Virginia Department of Emergency Management, simulated a hurricane scenario with statewide utility outage. VDH activated its Emergency Coordination Center (ECC) to coordinate response among eight participating jurisdictions and their local health departments, the Virginia Emergency Operations Center (VEOC), as well as hospitals and other entities. VDH exercised its continuity of operations plan during this exercise as well. EPR is currently planning for a multi-state exercise for October 2005 involving response partners in North Carolina, Tennessee, Kentucky and West Virginia. The October 2005 exercise will test cross-border issues in responding to multiple outbreaks involving biological, zoonotic and food-borne events. Other events, including Hurricane Gaston in August 2004, an anthrax scare in Northern Virginia in March 2005, and a drill to test response to the occurrence of SARS (Severe Acute Respiratory Syndrome) provided other opportunities to demonstrate improved capabilities to respond.

Much progress has been achieved this past year in the recruitment and training of medical, public health and community volunteers to assist during emergencies. Virginia has 16 federally designated Medical Reserve Corps (MRC) units throughout the state and many more health districts with volunteer programs without designated MRC status. These volunteer programs now have more than 6,700 volunteers and have participated in training programs and exercises throughout the year.

Surveillance and Outbreak Investigation

Surveillance and epidemiology efforts, managed by the Division of Surveillance and Investigation, are focused on strengthening infrastructure for disease detection and response. Epidemiologists working at the district, regional and central office levels are identifying and responding promptly to clusters of disease throughout the Commonwealth.

In addition, automated early detection systems have been deployed in two local health districts with plans to expand the system to other



A patient is asked screening questions by a VDH worker during an emergency dispensing drill in Roanoke, VA. More than 150 local health department staff from six health districts processed over 430 patients during this drill.

parts of the state throughout the coming year. These automated systems will allow more rapid identification of diseases traditionally reported to VDH, as well as identification of trends and patterns of certain disease syndromes.

Education and Training

EPR conducted a series of six regional train-the-trainer sessions on the topics of respiratory protection and personal protective equipment (PPE) to train a group of experts who would then train others within VDH. The goal of this program was to ensure an adequately trained cadre of PPE experts in each district and region to enhance personal protection and safety of VDH employees against certain workplace hazards. In addition, the Office of the Chief Medical Examiner, in collaboration with EPR, provided training on surveillance activities to nearly 400 VDH and community partners statewide to educate first responders on how to identify deaths potentially due to infectious disease or bioterrorism.

Health Alert Network/Communications

VDH's Office of Information Management maintains a Web-based, statewide emergency alerting/communication system called the Health Alert Network to be used for dissemination of emergency medical information to public and private health care providers as well as state agencies during natural or man-made disasters.

Public Information/Risk Communications

To help non-English speaking citizens prepare for emergencies that may impact their health, VDH translated many of its emergency preparedness materials into various languages, including a health emergency preparedness information wallet card. VDH also produced a Health Care Provider Biological, Chemical, Radiological Ready Reference booklet for hospitals and other health care providers throughout the state. This booklet consolidates fact sheets for some of the illnesses that could be caused intentionally, as well as contact information for key VDH programs, into one resource.

“Virginia is ranked among the top six states in the country for readiness to respond to bioterrorism and other public health emergencies.”

Funding

• U.S. Centers for Disease Control and Prevention (CDC)

Funding to improve the state's public health infrastructure and health care system for response to bioterrorism, infectious disease outbreaks and other public health emergencies.

FY 05\$21,790,488

(includes carryover of \$1,815,595 from previous year's funds)

• Health Resources Services

Administration Funding to improve hospital and health system preparedness.

FY 05\$11,890,053

Other Funding

• Medical Reserve Corps (MRC)

MRCs, part of the Virginia Corps, recruits volunteers to assist with medical and health care emergencies. Sixteen MRCs have been established in Virginia, 12 of which have received grants to support their recruitment efforts. Grants have been awarded to local health departments, local governments and to one state university. Prospect of continued funding is uncertain.

FY 04\$583,780

• State General Funds

Funding to support six (of 35) local epidemiologists hired throughout the state.

FY 04\$584,000

Staffing

• Established 131 positions performing various functions throughout the agency in the areas of epidemiology, planning and assessment, information technology, education and training and public affairs. This includes 97 positions placed in localities and regions.

• An additional 37 positions are funded in the Virginia Department of General Services, Division of Consolidated Laboratory Services (state lab).



Be part of Virginia's
life support team



“They [EMS volunteers] have a sense that life is not all about themselves.” —Christopher Reeve

Christopher Reeve was featured in an internationally acclaimed VDH EMS recruitment campaign in 2005. Reeve was critically injured in Virginia in 1995 and became a patient of the Virginia EMS system.

Virginia's EMS system

- 32,877 certified EMS providers
- 585 EMS instructors
- 721 licensed EMS agencies
- 3,616 permitted EMS vehicles
- 11 Regional EMS Councils
- \$6.6 Million in Rescue Squad Assistance Fund grants awarded to 232 non-profit EMS agencies and organization, primarily volunteer rescue squads
- \$3.2 million returned to Virginia localities for training of EMS providers and the purchase of EMS equipment and supplies
- 14 Virginia designated Trauma Centers
- \$1.3 million provided for Advance Life Support training
- \$3.2 million provided to Regional EMS Councils for EMS planning, coordination, testing and training

Office of Emergency Medical Services

The need for well-trained, equipped and prepared emergency medical service providers is critical, as the number of medical emergencies requiring response in Virginia continues to increase.

To increase the state's level and scope of emergency medical care, the Office of Emergency Medical Services (OEMS) continues to seek new ways to partner with other organizations and agencies, develop new approaches for recruiting and retaining EMS providers, offer increased training opportunities and assist localities when emergencies occur.

Christopher Reeve Campaign Targets Need for EMS Providers

To help EMS agencies recruit and retain providers, the OEMS developed a multi-media campaign featuring the late actor Christopher Reeve, who was critically injured in Virginia in 1995. The campaign materials have won two international awards.

With permission from his family, and in deference to the impact of his message, campaign production was completed after his death. Reeve expressed his appreciation to Virginia's EMS providers and encouraged others to "...take a look at their own lives and ask themselves, am I doing enough? Is there something else I could do to give back? And perhaps being an EMS provider—for many people, that might be the right choice."

EMS agencies across the state received radio and TV public service spots and graphics for print materials. Virginia's 14 trauma centers received posters that feature their critical contributions to the state's EMS system.

EMS Workforce Retention Project Features 'Keeping the Best'

In another project to enhance the retention of volunteer and career EMS personnel, OEMS partnered with the Virginia Association of Volunteer Rescue Squads (VAVRS) to produce new leadership materials. "Keeping the Best," a four-part workbook series, is designed to improve retention efforts at a time when more pressure is being placed on volunteer and career EMS professionals to maintain and improve the level and availability of emergency medical care to the public.

Virginia EMS Symposium Celebrates 25th Anniversary

Virginia's largest EMS training event, the Virginia EMS Symposium, observed its 25th anniversary in November 2004. More than 1,800 EMS providers, EMS physicians and emergency nurses attended the Symposium and participated in 256 class offerings.

AED Grants Awarded to Rural Communities

Twenty-eight communities and the Department of Game and Inland Fisheries were awarded grants totaling \$330,225 in the second cycle of a federal grant program designed to enhance public access to automatic external defibrillators.

Diverse EMS Training Classes Offered

A variety of training opportunities for EMS personnel, firefighters and law enforcement personnel were offered in 2005, including:

- Stress management class for State Police troopers and dispatchers
- Courses to introduce medics to the tactical environment
- Vehicle rescue train-the-trainer classes offered jointly by OEMS, the Department of Fire Programs and VAVRS.
- Critical incident stress management classes were conducted for more than 250 EMS, fire and police personnel, dispatchers, physicians, military personnel and hospital nurses.

Office of the Chief Medical Examiner

The Office of the Chief Medical Examiner (OCME) investigates and examines deaths of public interest, including those that are sudden, unexpected and violent, as well as other deaths that present a risk to the public health. Forensic pathologists perform medicolegal investigations and autopsies to determine the cause and manner of death and to recover medical and forensic evidence. OCME provides its findings to families, law enforcement, criminal and civil courts, insurers and others who have a legitimate need for accurate death information.

Introducing MED-X

This past year, OCME launched MED-X, a new surveillance system to identify deaths caused by infectious diseases or bioterrorism. Like any new initiative, MED-X presented opportunities for collaboration and training in the Commonwealth. OCME staff members worked with partners at the Centers for Disease Control and Prevention (CDC) and VDH's Office of Epidemiology as they developed tools for recognizing and monitoring these MED-X deaths. Working with staff in Emergency Preparedness and Response, OCME conducted training in nine regions of the state on recognizing and reporting these deaths. Pocket cards summarizing these procedures were developed and distributed. While the training targeted first responders and law enforcement, medical examiners and emergency medical services and hospital personnel-participants also included personnel from local health departments and the FBI, as well as funeral directors. Additional training sessions are planned for the coming year.

Enhanced Protections for Virginia's Elders

On July 1, 2004, new laws governing the protection of elders and other vulnerable adults went into effect in the Commonwealth. Designed to enhance adult protective services, these laws added new mandated reporters in cases of suspected elder abuse, as well as civil penalties when suspected elder abuse reports are not made. Deaths suspicious for elder abuse and neglect are to be reported immediately to OCME and to local law enforcement. OCME worked with colleagues in the Virginia Department of Social Services to educate medical examiners on fatal elder abuse. All medical examiners received materials to assist in evaluating injuries and evidence at the scene of a suspicious elder death.

OCME Annual Report

OCME investigates roughly one in 10 Virginia deaths each year. Information about 2003 deaths can be found in the OCME annual report, which represents the most detailed analysis of OCME cases ever produced. For instance, the report documents that death from accidents (40 percent) and from natural causes (37 percent) constituted the majority of deaths accepted for investigation by OCME. Suicides (14 percent) and homicides (8 percent) were less common. Additional information is provided describing the "who, what, when and where" of these violent, suspicious and sudden deaths. The report is available online at:

<http://www.vdh.virginia.gov/medexam/OCMEAnRpt04.pdf>.



Leah Bush, Assistant Chief Medical Examiner in the Office of the Chief Medical Examiner, instructs death investigators on best practices when investigating fire deaths.

- Roughly one in 10 deaths in Virginia is investigated each year by OCME.
- OCME investigates every sudden, suspicious and violent death in the Commonwealth. The number of deaths is approximately 5,800.
- OCME launched MED-X to track deaths from bioterrorism and infectious diseases.
- More than 12,000 pocket cards with MED-X case criteria were distributed statewide to first responders and other state and local public health partners.
- OCME staff trained over 400 community partners in nine regions of the state on the MED-X system.
- OCME supported enhanced protections for Virginia's elders and vulnerable adults through training and technical assistance to medical examiners.
- See OCME's annual report at www.vdh.virginia.gov/medexam/OCMEAnRpt04.pdf for a portrait of 2003 deaths.

Office of Epidemiology

The Office of Epidemiology seeks to prevent and control the transmission of communicable diseases and exposure to toxic substances and radiation. Through an integrated approach to respond to these public health challenges, the office protects the health of all Virginians.

Statewide Immunization Registry Pilot Program Underway

The Division of Immunization, in partnership with private physician groups, health insurers and other agencies, successfully supported a bill in the 2005 General Assembly that authorized the establishment of a statewide immunization registry. A one-year registry pilot program is now underway with full statewide implementation projected to begin in the fall of 2006. Implementation of a statewide registry will ensure that patients served by public and private health care providers receive appropriate and timely immunizations. The registry will also ensure the availability of a definitive immunization record on each patient and reduce the cost to VDH, parents, health care providers and health care insurers of duplicate doses of vaccine. Implementation of the registry addresses the agency goals of improving the collection, maintenance and dissemination of understandable public health information, and preventing the transmission of communicable disease.

Toxic Substances Information Staff Keep Public Informed

Toxic Substances Information staff responded to more than 500 inquiries for information and health hazard evaluations of chemical, biological and radiological agents in the past year. The number of citizen inquiries regarding health effects of mold increased significantly after remnants of tropical storm Gaston caused flooding in 2004. The staff also issued fish consumption advisories on several water bodies in the state where fish were found to contain elevated levels of contaminants.

Establishing a Measured Protocol for Isolation and Quarantine

The Division of Surveillance and Investigation made considerable progress this year in preparing for how to respond to communicable diseases which pose a threat to public health. These are diseases that can be spread from person-to-person, cause severe illness and have the potential to cause great societal and economic disruption. Division staff wrote guidelines for health department staff to follow if isolation and/or quarantine need to be implemented, developed forms to use to order and monitor isolation and quarantine and set up and delivered training on the topic.

HIV Incidence and Resistance Testing

Virginia is one of 34 jurisdictions funded by the Centers for Disease Control and Prevention (CDC) to implement HIV incidence and resistance testing. HIV incidence testing (which indicates how many people were infected within the last year) will provide a window into the epidemic at an earlier stage. This will allow public health officials, led by the Division of HIV, STD and Pharmacy Services, to better monitor the disease, allocate resources and plan prevention programs. Resistance testing measures the prevalence and transmission of drug-resistant virus and other atypical viruses. This testing provides useful information to both the client's physician for making treatment decisions as well as researchers and public health authorities making treatment recommendations or developing new treatments. Virginia was one of the first states in the country to successfully launch both programs. With strong support from health district directors and staff, these programs were initially implemented in three local health departments and expanded to 52 additional health departments in 2005.



“Tracker” the dog visits the Alexandria Health Department for Infant Immunization Awareness Week. Immunizations are an important tool used by epidemiologists to prevent and control the spread of communicable diseases.

Preparing for Radiation Emergencies

The Radiological Health Program acquired a new mobile radiation laboratory to be used in responding to incidents at the two nuclear power plants in Virginia, acts of terrorism and accidents involving radioactive materials and other sources of radiation. Funding for the acquisition of the mobile laboratory came from the CDC through a grant for preparedness for bioterrorism and other public health emergencies.

VDH Assures Most TB Patients Successfully Complete Treatment

Tuberculosis (TB) case report and case management records have been reviewed for 2003 and 2004. Virginia met or exceeded CDC TB program objectives for successful completion of treatment for 2003 cases. Ninety percent of patients with drug-susceptible organisms completed treatment within one year of beginning treatment. Cases from 2004 cannot yet be evaluated as a full year has not passed since July-December cases were diagnosed, but a preliminary review suggests that national objectives will be met for 2004 cases. The successful completion of treatment for the majority of patients is a direct result of the efforts of Virginia's public health nurses and TB outreach workers.

“Tuberculosis control is a public health priority. As TB infection and disease continue to impact our community, we reaffirm our commitment to locate and remedy TB cases,” said State Health Commissioner Robert B. Stroube, M.D., M.P.H. “With help from our community partners, we are able to identify and treat TB cases early in hopes of diminishing the prevalence of this potentially fatal illness.”

Partnership Helps Control Human Risk From Animals

In recent years, concerns have increased about infectious diseases that are newly emerging or re-emerging and those that might be used in a bioterrorism attack. Most of these diseases are zoonoses, or diseases transmitted from animals to humans. For example, West Nile virus, which emerged in the United States in 1999, is spread by mosquitoes that become infected from birds. Anthrax, which infected humans via intentional contamination of mail, is primarily a disease of livestock. To monitor and respond to threats from zoonoses, VDH hired a veterinarian (shared with the Virginia Department of Agriculture and Consumer Services) with public health experience to work with state agencies and other organizations involved in animal health to improve coordination, communication and collaboration on diseases of mutual interest. As a result, ad hoc and regular communication among state and federal partners has increased, as has the understanding of each other's roles and the willingness to share resources. A recent meeting will lead to written memos of understanding on collaboration and will help reduce Virginian's risk from animal diseases.



The Radiological Health Program acquired a new mobile radiation laboratory to be used in responding to incidents at the two nuclear power plants in Virginia, acts of terrorism and accidents involving radioactive materials and other sources of radiation.

Office of Drinking Water

The Office of Drinking Water (ODW) serves as the Commonwealth's advocate for safe drinking water. ODW is committed to protecting public health by ensuring that all people in Virginia have access to an adequate supply of affordable, safe drinking water that meets federal and state drinking water standards. 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.

ODW Plans to Help Waterworks Comply with Stricter Arsenic Standards

Effective January 2006, the standard for arsenic in drinking water will be lowered from 50 to 10 parts per billion. To protect the public's health and to assist local waterworks, a special program was developed for waterworks at risk of not meeting the new standard.

Arsenic is a naturally occurring element found in certain types of soils and rock formations. If wells are drilled in those areas water can become contaminated. Consuming water contaminated with high levels of arsenic over a lifetime has been associated with increased risk of cancer of the skin, lungs, bladder and kidney.

Historical testing indicated that approximately 25 waterworks in Virginia had arsenic concentrations at levels near or slightly above the new standard. For these waterworks, ODW instituted a special sampling program to determine who would benefit from changes to their water sources. In addition, ODW and the Office of Health Hazards Control prepared education materials about arsenic in drinking water for waterworks customers.

ODW Field Offices are working closely with waterworks who will need to provide additional treatment to remove arsenic from the water in order to meet the new standard. Some of these waterworks may be eligible for financial assistance provided by ODW's Drinking Water State Revolving Fund (DWSRF).

“Many people don't realize the importance of safe drinking water,” said State Health Commissioner Robert B. Stroube, M.D., M.P.H. “Water systems that take extra efforts to protect our citizens are to be commended.”

ODW's Financial Assistance Programs Receive High Marks

The Environmental Protection Agency (EPA) issued two reports on the DWSRF program's accomplishments. EPA issued a program evaluation report on the DWSRF which covered programmatic, financial and grant compliance areas of responsibility. The review was intended to identify strengths and areas for improvement. The report had no recommended areas for improvement which according to EPA, was the very first program evaluation report for any state that has no findings or recommended areas for improvement. EPA said that reflects extremely highly on the program administered by ODW. In addition, another program evaluation report noted that ODW continues to demonstrate a strong commitment to assisting small and disadvantaged water systems with 94.6 percent of its total DWSRF dollars committed to small communities, and is tied with Vermont for the highest percentage in the nation.



An ODW engineer inspects high service pumps at the Washington County Service Authority Water Treatment Plant as part of a semi-annual sanitary survey of the waterworks.

Waterworks Statistics/Accomplishments

- 352 waterworks operation permits issued
- 2,137 notices of violation issued
- 2,461 sanitary surveys at waterworks
- 141 drinking water complaints investigated
- FY 05, 17 drinking Water State Revolving Fund projects closed (\$10.7 million)
- FY 05, 5 Water Supply Assistance Grant projects given (\$2.6 million)

Community Health Services

Community Health Services is the statewide public health system encompassing the missions and operations of 35 health districts, which represent 119 local health departments in Virginia. Local health department services are provided to Virginia residents and those who visit Virginia each year by many dedicated physicians, public health nurses, environmental health specialists, business staff, epidemiologists and others. Community Health Services includes communicable disease prevention and control, nutrition, family planning, immunizations, restaurant inspections, regulation of on-site septic systems and ensuring safe drinking water at homes supplied by wells. Among the strengths of the Commonwealth's local public health system is the joint state and local funding of local health departments. State and local governments contributed more than \$163 million in FY 05 to support our local health departments.

A First Step To Good Health For Virginians

In the 20th century, public health advances contributed substantially to the growing lifespan of Americans through efforts to provide clean drinking water, safe disposal of sewage and widespread use of immunizations. Today, the leading killers include chronic diseases such as heart disease, cancer and stroke. Late last year, Governor Warner launched his Healthy Virginians' campaign, an initiative aimed at improving health and thereby reducing the burden of chronic diseases in our state.

"Local health departments are working on the front lines in their communities to help reverse the trends among the growing number of children who are developing risk factors that can lead to debilitating and costly chronic diseases" said Jeff Lake, Deputy Commissioner for Community Health Services.

An example of such projects is The Fruit and Veggie Fun Fair, a child-focused nutrition program undertaken through the Thomas Jefferson Health District as part of the district's Childhood Obesity task Force. On Nov. 19, 2004, the Thomas Jefferson Health District conference room was buzzing with the energy of children ages 3 and 4 accompanied by 17 parents, babysitters, and other adult chaperones. This activity included age-appropriate activities for the children such as reading about, tasting and identifying colors of fruits and vegetables, as well as learning a song and dance with life-size fruit people.

"Anything we can do to promote healthy eating or snacking and increase physical activity among children will make an impact on the prevalence of childhood overweight," said Barbara Yager, a nutritionist with Thomas Jefferson Health District.

A majority of the children participating in the Fruit and Veggie Fun Fair were also enrolled in the Bright Stars Program. This preschool program for at-risk 4 year olds in Albemarle County is funded by a grant from the Virginia Preschool Initiative through a partnership between the local department of social services, the local school division and various community agencies and organizations.



The Charlottesville and Albemarle Health Departments sponsored the "Fruit and Veggie Fun Fair" for local preschool children in November 2004. The event included produce taste-testing, a fruit and vegetable storybook time and a song and dance featuring life-sized fruits.

Office of Family Health Services

The Office of Family Health Services (OFHS) touches Virginians across the span of their lifetime. Some programs reach deep into communities with prenatal care and preventive services that enable children to thrive and to succeed in school. Others focus on controlling chronic diseases, which rob too many adults of a quality life. OFHS shows citizens that a healthy lifestyle is not a luxury, it is a lifesaver.

Hearing Aid Loan Bank Developed for Children

The Hearing Aid Loan Bank, which began in May, lends children hearing aids and FM systems for up to one year while parents marshal their resources to buy permanent hearing aids. The latest development in the Virginia Early Hearing Detection and Intervention Program, the loan bank allows children to hear as early as possible and enables them to develop their language and cognitive skills on par with their hearing peers. Data for 2004 show that 98 percent of newborns were screened for hearing loss before they left the hospital. More importantly, 70.5 percent of the children who failed the initial screening received a definite diagnosis before 3 months of age, and 62 percent of children with hearing loss were enrolled in an intervention service before 6 months of age.

Integrated System to Support Early Child Development

For the past year, VDH has led representatives from 50 state and private agencies through Stage I in the development of Virginia Early Childhood Comprehensive Systems. The goal is to bring programs together across agencies to implement a more family-centered, prevention-oriented system of services that promote the positive physical, emotional and social development of children up to age 5. Work groups are developing plans in several areas: medical home, early care and education, social and emotional health, parent education and family support. They will be integrated into a single seamless state plan by January 2006.

CHAMPION Initiative Fights Obesity

CHAMPION, the Commonwealth's Healthy Approach and Mobilization Plan for Inactivity, Obesity and Nutrition, is galvanizing Virginia communities in a united effort to reduce obesity. Approximately 59 percent of Virginia adults are overweight or obese, and 24 percent of 6 to 18 year olds are overweight. Direct obesity health care costs in Virginia totaled more than \$1.6 billion in 2003. Recently, VDH hosted nine meetings and listened as more than 900 citizens shared their ideas on how to prevent and control obesity in their communities. A comprehensive strategic plan is expected by early 2006. An online resource directory profiling more than 200 programs that combat obesity will be available this fall. The United States Department of Agriculture recognized Virginia's unique community-driven approach with a Certificate of Appreciation.

Breast Cancer Program Seen as a Gift

The Breast and Cervical Cancer Early Detection Program screened 5,945 Virginia women in 2005, and treated 81 who were diagnosed. Many of these women say the screening gave them piece of mind and the treatment saved their lives. Streamlined intake procedures and persistent outreach efforts make it easier than ever for women who are never or rarely screened to enroll in the program, especially minorities and the geographically isolated. Fifteen trained community health workers reach far into communities armed with educational material featuring photos and statements from 10 of the program's clients. Since 1997, the program has screened 15,000 women and found 273 cases of cancer and 122 cases of early cancer.



The Breast and Cervical Cancer Early Detection Program uses photos and statements from clients to educate women in Virginia communities. "I have my screening tests done because I want to be here for my family; I want to see my grandchildren grow up." M.V., pictured with her granddaughter.

OFHS Data Highlights For 2005

- Provided 38,000 mammograms and Pap tests
- Served an average of 137,642 WIC participants per month
- Diagnosed 84 infants with hearing loss
- 45,117 school children in 50 counties participated in the fluoride mouth rinse program
- Screened 69,757 children under age 6 for lead exposure. Confirmed 423 with elevated levels

The Center for Quality Health Care Services and Consumer Protection

In 2005, the Center for Quality Health Care Services and Consumer Protection continued its collaborative efforts with provider organizations, key stakeholders and other state agencies to improve the quality of health care for Virginia's vulnerable populations. For example, the center conducted surveys to help six new community-based group homes for the mentally retarded become federally certified for Medicare and Medicaid in response to Virginia's Olmstead Act initiatives. Seventeen more nursing facility feeding/hydration programs, developed and promoted by the center to assist residents with maintaining good health and hydration, were approved, bringing the number to 52 since the program started in 2003.

Retention of nursing directors was identified as an important criterion for assuring quality care in Virginia's nursing facilities. The Center assisted the Virginia Health Care Association in identifying the primary causes for director of nursing turnover in nursing facilities and developing retention strategies. Virginia had one of the highest rates of director of nursing turnover in the nation in 2002, at 142.7 percent.

The center continued its statewide provider education series on topics including:

- Home care services
- Long-term care
- Federal data collection and quality measures
- Abuse prevention and reporting
- Hospice services in long-term care settings
- Pressure ulcers
- Survey compliance activities

The center administers the state licensing programs for hospitals, outpatient surgical hospitals, nursing facilities, home care organizations and hospice programs. The center also administers the certification and registration programs for Managed Care Health Insurance Plans licensees (MCHIPs) and Private Review Agents (PRAs), and the Certificate of Public Need (COPN) program. In addition to state programs, the Center is the state survey agency for the federal reimbursement programs under the Centers for Medicare and Medicaid Services (CMS).

Inspection activities are used to satisfy both state licensure requirements and federal certification requirements. State and federal regulatory programs guard the health, safety and welfare of the public by establishing and enforcing standards to assure quality health care. The center's medical facility inspectors, who conduct both state and federal regulatory inspections, are health care professionals such as physicians, registered nurses, dietitians, social workers and medical laboratory technologists. The center also investigates consumer complaints regarding quality of health care services received. In 2005, the center conducted 1,900 inspections, including complaint inspections.

The COPN program seeks to contain health care costs while ensuring financial viability and access to health care for all Virginians. In 2005, the program authorized 107 project certificates totaling \$831,359,094 and denied 11 projects totaling \$38,661,380.



Among the Center's functions is administering the state licensing of facilities such as hospitals, nursing facilities, home care organizations, and hospice programs.

Reviews, Inspections and Surveys Conducted

- 1224 nursing facility inspections
- 197 hospital inspections
- 195 Medicare certification surveys
- 109 MCHIP and private review agent reviews
- 175 home care/hospice surveys

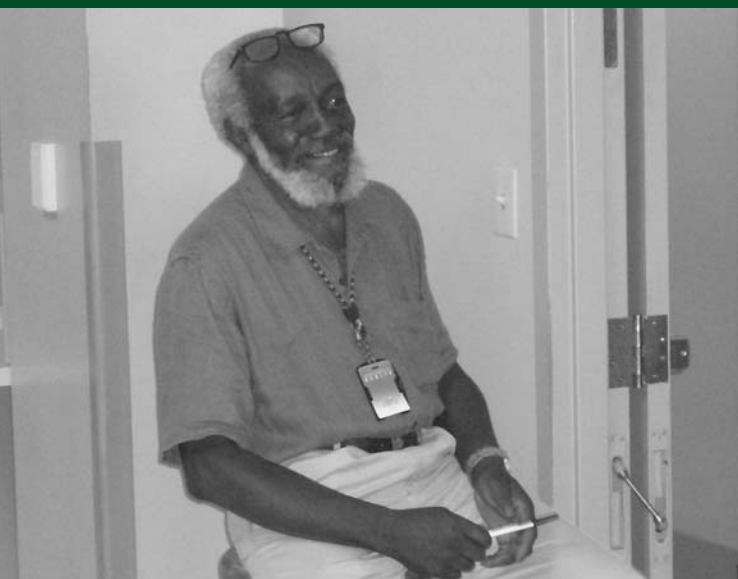
Certificates of Public Need Granted

- 14 for general hospitals, obstetric/newborn services
- 18 for open heart/cardiac catheterization services, ambulatory surgery centers, operating rooms additions
- 56 for diagnostic imaging services
- 19 for miscellaneous projects

*2004 data from Health Statistics**

Births	103,830
Deaths	56,312
Infant deaths	768
Teen pregnancies	13,343
Induced terminations.....	25,918
Natural fetal deaths	7,409
Population	7,459,827

* All figures are preliminary estimates



George Clemons assists customers in the DVR waiting room. Clemons has been commended for his customer service several times and is the recipient of a 2005 VDH Public Service Hero award. DVR continued to improve customer service in 2005, with shorter records processing time and new Saturday hours.

In 2004 the Division of Vital Records registered and filed:

101,839	Births*
56,301	Deaths
62,209	Marriages
29,838	Divorces

In 2004 the Division of Vital Records issued 432,570 Vital Records

*This is the first time that Virginia has filed 100,000 births.

Virginia Center for Health Statistics

The Virginia Center for Health Statistics (VCHS) compiles data annually on births, deaths, natural fetal deaths and induced terminations of pregnancies. VCHS reports data several ways. It produces a system of annual reports, maintains a Web site, and compiles special reports and databases. VCHS continues to improve in areas such as accuracy and timeliness. The 2004 annual report is likely to be completed by mid January 2006, a shorter production time than for previous reports. VCHS also provides statistical and technical assistance to help others design and implement their own program analysis.

VCHS Death Rate Data Aids Other VDH Programs

The statistical data produced by VCHS often serves as an evaluation tool for many of VDH's programs to gauge how well individual programs are meeting their goals. The Office of the Chief Medical Examiner analyzes data on violent deaths, accidental deaths, homicides and suicides to evaluate the success of its intervention efforts, utilizing new database software developed by the Centers for Disease Control and Prevention. The aim is to better forecast patterns in violent deaths, as well as to develop intervention methods that will reduce their occurrence.

The Division of Chronic Disease Prevention and Control and the Center for Injury and Violence Prevention also analyze VCHS death rate data to develop intervention methods to reduce deaths caused by violence, injury and conditions such as diabetes, cancer, heart disease and stroke.

Division of Vital Records

The Division of Vital Records (DVR) serves as the official repository of all vital records in Virginia and is responsible for the registration, collection, preservation, amendment and certification of vital records. DVR houses more than 7 million vital records including births, deaths, spontaneous fetal deaths, induced termination of pregnancy, marriages and divorces and annulments. The statistical data collected on these vital records is used by the Virginia Center for Health Statistics to generate annual reports and special reports that address health-related issues.

DVR E-Learning for Physicians

The death certificate is the source for state and national mortality statistics. It is used to determine which medical conditions receive research and development funding, to set public health goals and to measure health status at local, state, national and international levels. With the assistance of Office of Information Management (OIM), DVR is currently developing an online tutorial for physicians. This tutorial will assist physicians in the accurate completion of the medical certification (cause of death) on death certificates.

Web-enabled Electronic Birth Certificate (EBC)

In October 2005 DVR will deploy WEB-EBC. This Web-based application will replace the current application used by hospitals to record and report births to DVR. This method will be more secure, user friendly, have greater access time, generate more reports and provide a means to collect more accurate data. The medical and health information on the birth certificate can be used to study the conditions or establish programs associated with infant death.

Office of Administration

The Office of Administration (OA) provides strong leadership and operational support for Virginia's public health system through administrative policy development, business process improvement and standards of business practice. OA effectively and efficiently manages VDH's financial, procurement and human resource systems while collaborating with its service providers to meet their business needs. Through the leadership and efforts of dedicated administrators working behind the scenes, OA continues to support the agency's mission of protecting and promoting the health of Virginians through quality customer service, compliance with mandates, continuous improvement of business systems and innovations in business practice.

Ensuring employees' personal safety in the newly renovated James Madison Building continues to be a priority. With guidance from the Office of Emergency Medical Services, OA purchased and installed evacuation "Stair Chairs" on each floor of the Madison Building. These chairs quickly and safely transport disabled and injured employees down the staircase during an emergency or disaster and then convert to wheelchairs so employees can be taken to a safe area. Once the move to the Madison Building was complete, the Office of Purchasing and General Services (OPGS) initiated renovations in both the VDH pharmacy and warehouse located in the Monroe Building. This renovation project maximized space, improved security, and ergonomically enhanced work stations. To minimize costs, furniture systems previously used in the Main Street Station were recycled. A noteworthy result of this renovation was the space that was freed up in order to construct a secure storage facility for emergency medications needed during a crisis or disaster.

OPGS also collaborated with the Office of Information Management and Emergency Preparedness and Response in relocating the disaster recovery site to Central State Hospital. This remote site provides an environment to respond to a disaster that destroys or severely cripples the Madison Building computer systems, equipment, application systems and key VDH functions.

The Office of Human Resources (OHR) received positive recognition for developing the agency's Workforce Plan, an ongoing, systematic assessment regarding the status of the VDH workforce and strategies to improve the agency's position in the marketplace. With over 35 percent of the agency workforce eligible for retirement, succession planning and workforce development presents an ongoing challenge to the staff in OHR. In 2005, VDH achieved a 99 percent prompt pay rate while processing 93,621 vendor payments and adhering to statewide disbursement policies.

“Through the leadership and efforts of dedicated administrators working behind the scenes, OA continues to support the agency's mission of protecting and promoting the health of Virginians through quality customer service, compliance with mandates, continuous improvement of business systems and innovations in business practice.”



OA purchased and installed evacuation "Stair Chairs" on each floor of the Madison Building. These chairs quickly and safely transport disabled and injured employees down the staircase during an emergency or disaster.

Office of Information Management

The Office of Information Management (OIM) is responsible for the development, maintenance and security of information technology systems. Working with its infrastructure partner, the Virginia Information Technology Agency, OIM also provides servers, network, video conferencing, PCs and e-mail to the agency that enable VDH to conduct its core business of protecting and promoting health among Virginians.

WebVISION Supports Local Health Departments in Delivering Clinical Services to Patients

OIM administers WebVISION, a state-of-the-art system that manages the business functions associated with providing clinical services such as registration, tracking services received, billing, and scheduling appointments. It also includes a complete immunization module that provides vaccine history, decision support and vaccine inventory management. As a reflection of the complexity of VDH's business, WebVISION requires almost 900 separate screens to allow full functionality.

OIM supports WIC through WICNet

The Division of Women, Infants and Children (WIC) and Community Nutrition Services provides nutrition education and counseling as well as nutrition support to eligible pregnant women, nursing mothers and infants. WICNet supports clinical visits including printing WIC checks at the point of service, which are then redeemed at participating stores for specified foods. WICNet is an essential part of the WIC program, and clients cannot receive checks unless the WICNet application is operational. Critical applications such as WICNet and Web VISION also run at the VDH disaster recovery site to provide maximum availability in case of a failure in the primary servers.

OIM Provides Critical Infrastructure Support for Emergency Preparedness and Response Programs

One of the challenges VDH faces is the need to manage large-scale distribution of drugs and vaccines during public health emergencies, such as a terrorist attack using a biological or chemical agent. OIM is currently developing software to manage such distributions, including inventory tracking, dispensing records and adverse event tracking.

Volunteers, a critical resource during the response to a large public health emergency, are being recruited, trained and organized by many community-level Medical Reserve Corps. OIM is developing an application to support these groups by providing the ability to track, manage and mobilize volunteers. An important feature will be the ability to track credentials and skills in order to identify and mobilize necessary volunteers.

In addition to alerting volunteers during an emergency, VDH is responsible for providing alerts to licensed medical professionals. Through the Health Alert Network, OIM has the ability to provide timely alerts and critical information to medical providers at any time through phone, e-mail and fax messages.



Medical Reserve Corps (MRC) and other volunteers from across the state learn about assisting in an emergency at Disaster Volunteer Day in Richmond. OIM is developing a system to help MRC track, manage and mobilize volunteers.

Web VISION

Number of clinic patients served	
FY 05	371,562
Number of clinic visits during	
FY 05	838,071

WICNet

Number of WIC checks printed in	
FY 05	5,396,700

Office of Internal Audit

The Office of Internal Audit (OIA) operates as part of the Commissioner's staff, evaluating and reporting on financial, operational and management controls and the quality of VDH operations with integrity, objectivity and independence.

The OIA adheres to the Institute of Internal Auditor's Standards for the Practice of Internal Auditing as guidelines in the conduct of reviews. OIA also complies with the professional standards by such organizations as the American Institute of Certified Public Accountants and the U.S. General Accounting Office.

The Internal Audit Charter confers authority and responsibility, from the State Commissioner of Health, to OIA, ensuring unrestricted access to all agency activities, records, assets and resources. This reporting relationship provides OIA with independence, allowing the office to render impartial and unbiased judgments essential to the proper conduct of any internal audit.

In 2005, OIA completed audits of more than one third (14) of the agency's health districts. Follow-up reviews of the fiscal components of several major program areas were also completed. In addition, a review of the implementation of role-based security of the agency's patient management care system, Web VISION, was completed in four health districts. These audits, reviews and business process evaluations are consistent with VDH's goal of providing strong leadership, effective operational and management support and quality control to locality and program management through oversight and evaluation of the programs and operations of the health districts.

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Fiscal Year 2004-2005 Expenditures


Services to Individuals (50.80%)

Family Planning.....	\$21,410,003
Maternal and Child Health	65,891,406
Support to Individuals	138,138,017
Total	\$225,439,426



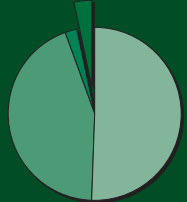
Services to Communities (43.64%)

Control of Communicable Disease/ Environmental Health.....	\$121,815,717
Health Education and Information ...	9,149,704
Planning and Regulation of EMS, Hospitals and Nursing Homes	25,435,728
Regulation of Materials and Toxic Substances	1,627,563
Vital Records and Health Statistics...	5,185,310
Scholarships and Pilot/ Demonstration Projects	6,866,796
Water Supply and Sewage/ Wastewater Services.....	23,582,782
Total.....	\$193,663,600



Support Services (2.34%)

Health Planning and Certificate of Public Need	\$4,333,760
Investigation of Accidental and Suspicious Deaths by Medical Examiner	6,045,812
Total	\$10,379,572



Administration (3.21%)

Administration Costs	\$14,258,063
Total.....	\$443,740,661



Virginia Department of Health Organizational Structure

State Health Commissioner



Virginia Department of Health

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