

# Virginia's Health 2017

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Virginia State Health Commissioner

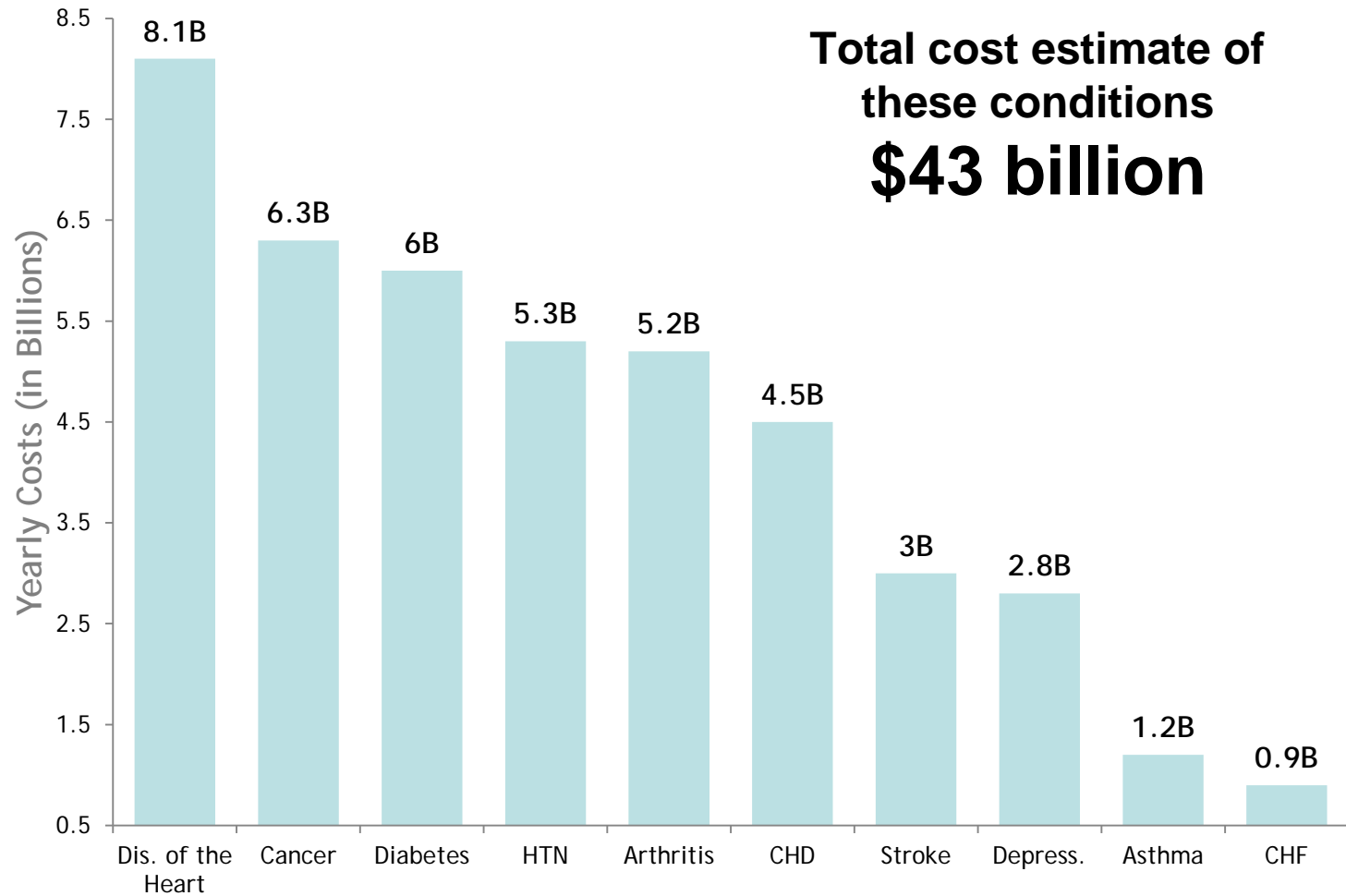
The Virginia Department of Health

HAC Health & Human Resources Subcommittee

# Overview

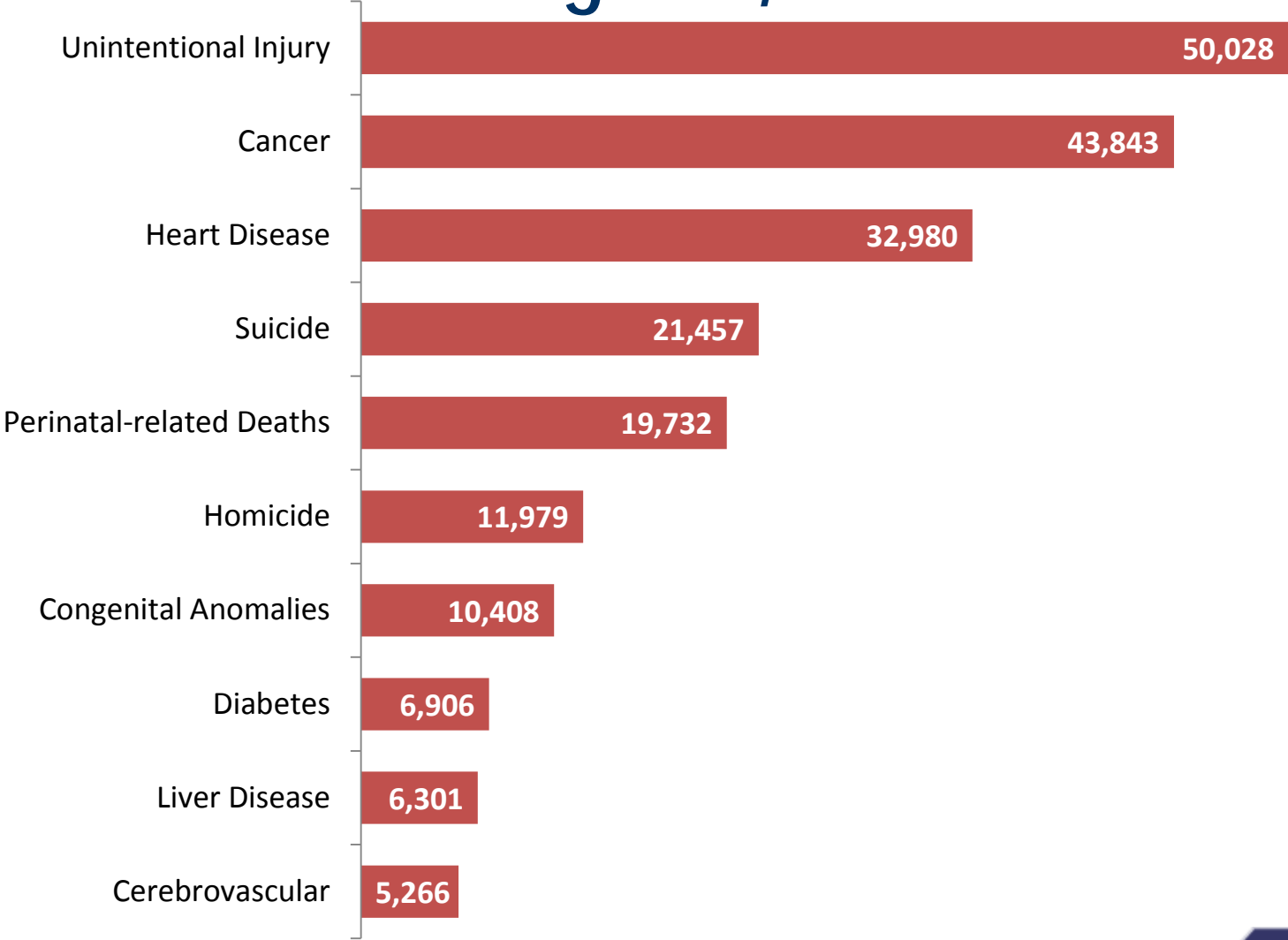
- Virginian's Health Status
- Population Health Improvement Approach
  - Virginia Plan for Well-Being
- Virginia Department of Health
  - Core Public Health Services
  - Improving Birth Outcomes
  - Budget

# Annual Cost of Chronic Diseases in Virginia



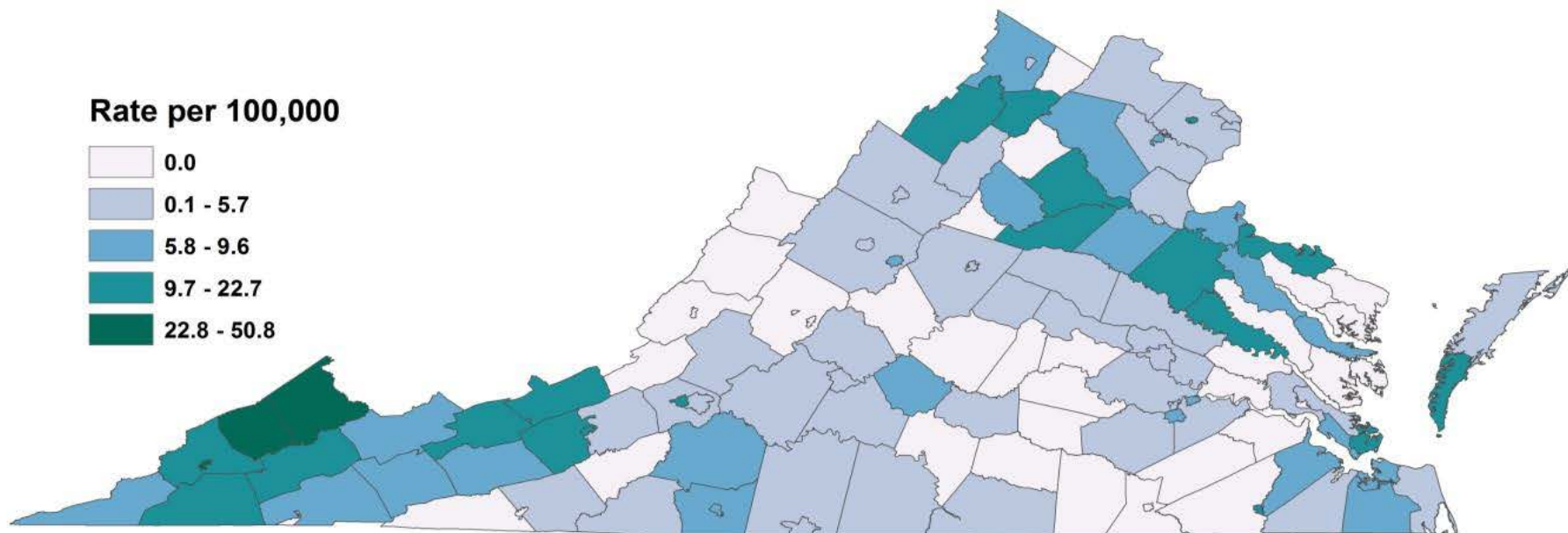
Data Source: CDC Cost Calculator for Virginia 2017. Includes costs only for diseases that are selected and have cost values available. The projections: 1) are medical costs only, including nursing home costs but excluding absenteeism costs; 2) are based on default inputs; 3) are reported in 2010 \$ and do not project inflation; and 4) assume no changes in policy or technology and exclude changes due to the Affordable Care Act.

# Years of Potential Life Lost Before Age 65 Virginia, 2015

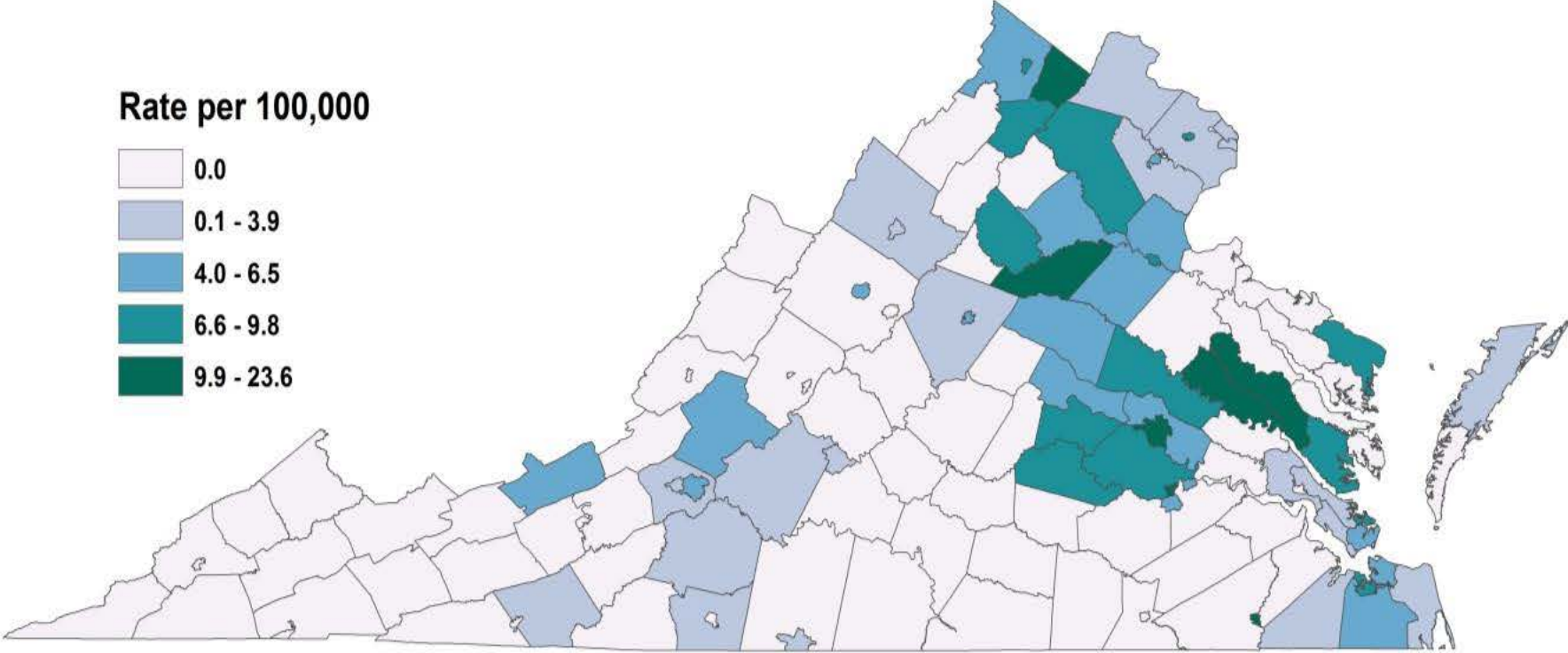


Data Source: Office of Information Management and Health Statistics. Data from the 2014 and 2015 Final Death Tables. Data includes all races, both sexes, all deaths.

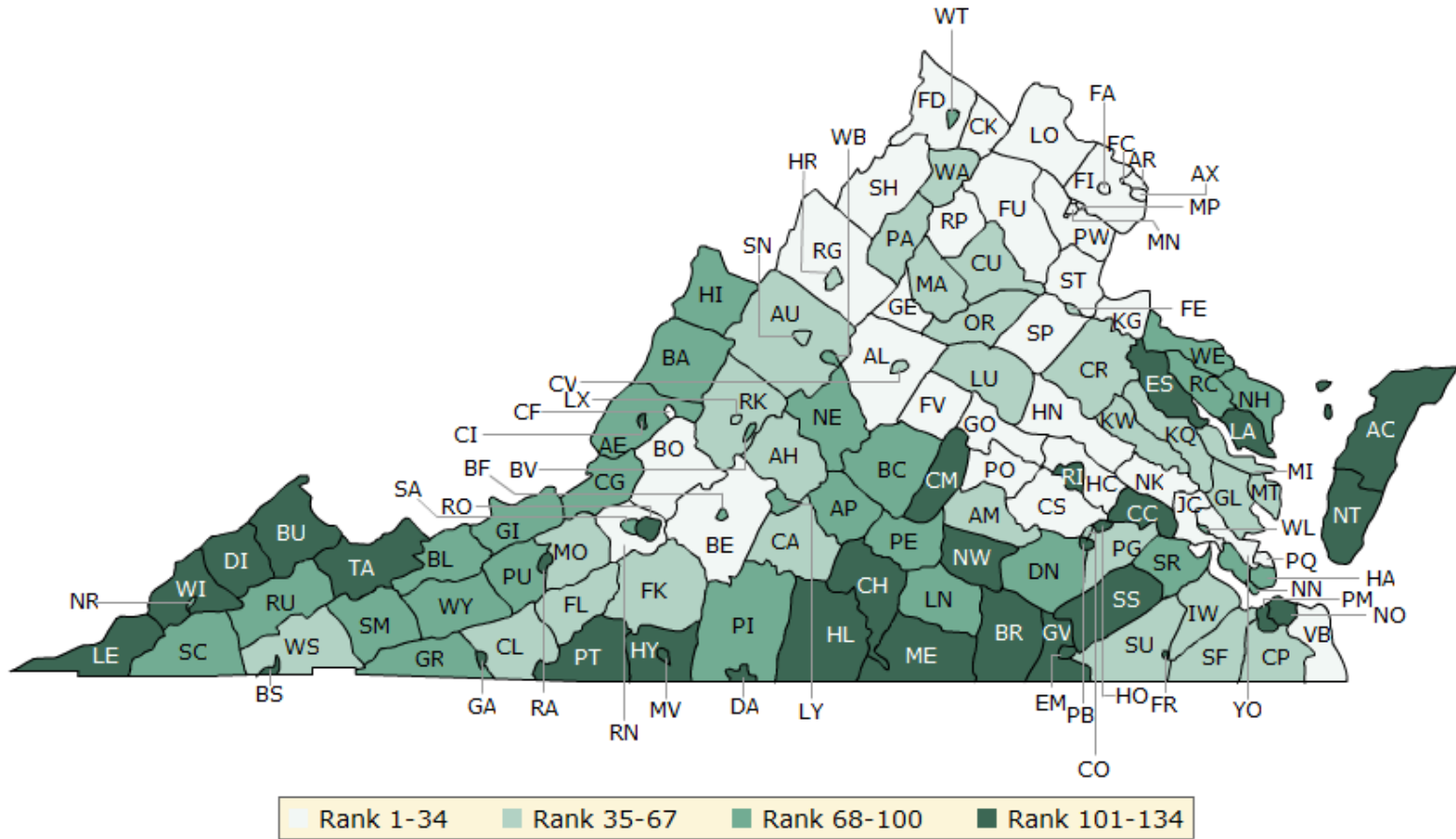
## Prescription Opioid Overdose Deaths by Virginia Locality, Rate per 100,000 Persons, Q3 2015 through Q2 2016



# Heroin Overdose Inpatient Discharges by Virginia Locality, Rate per 100,000 Persons, Q4 2014 through Q3 2015



# Health Outcome Rankings for Virginia Counties (2016)

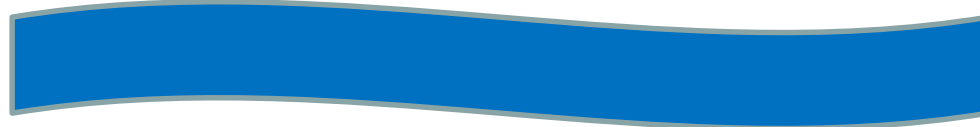


# America's Health Rankings 2016





**AMONG ALL STATES, VIRGINIA  
RANKS 21<sup>ST</sup> IN HEALTH STATUS  
2015**



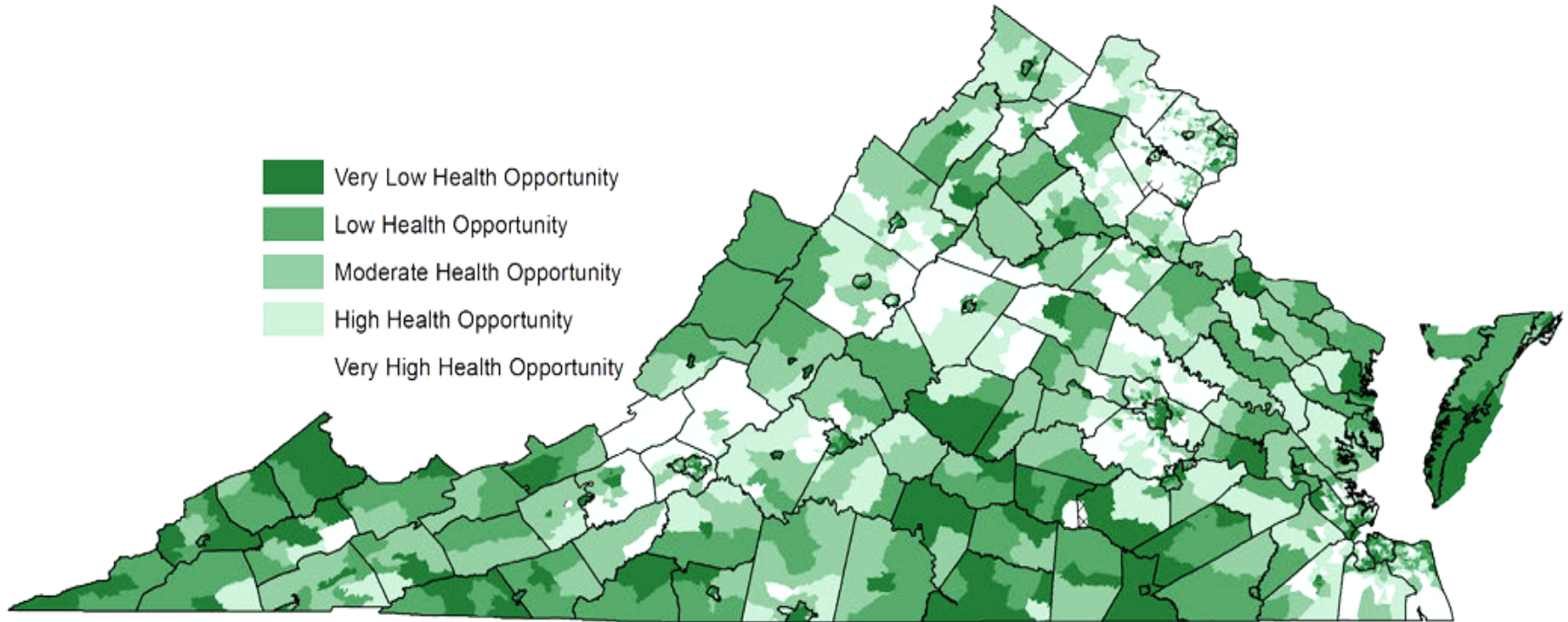
**AMONG ALL STATES, VIRGINIA  
RANKS 19TH IN HEALTH STATUS  
2016**

# Determinants and Outcomes

“For states to improve the health of their population, their efforts must focus on improving determinants of health.”

State	Determinants Score	Outcomes Score	Difference Score	Potential Future Effect
Virginia	0.209	0.055	0.154	Neutral

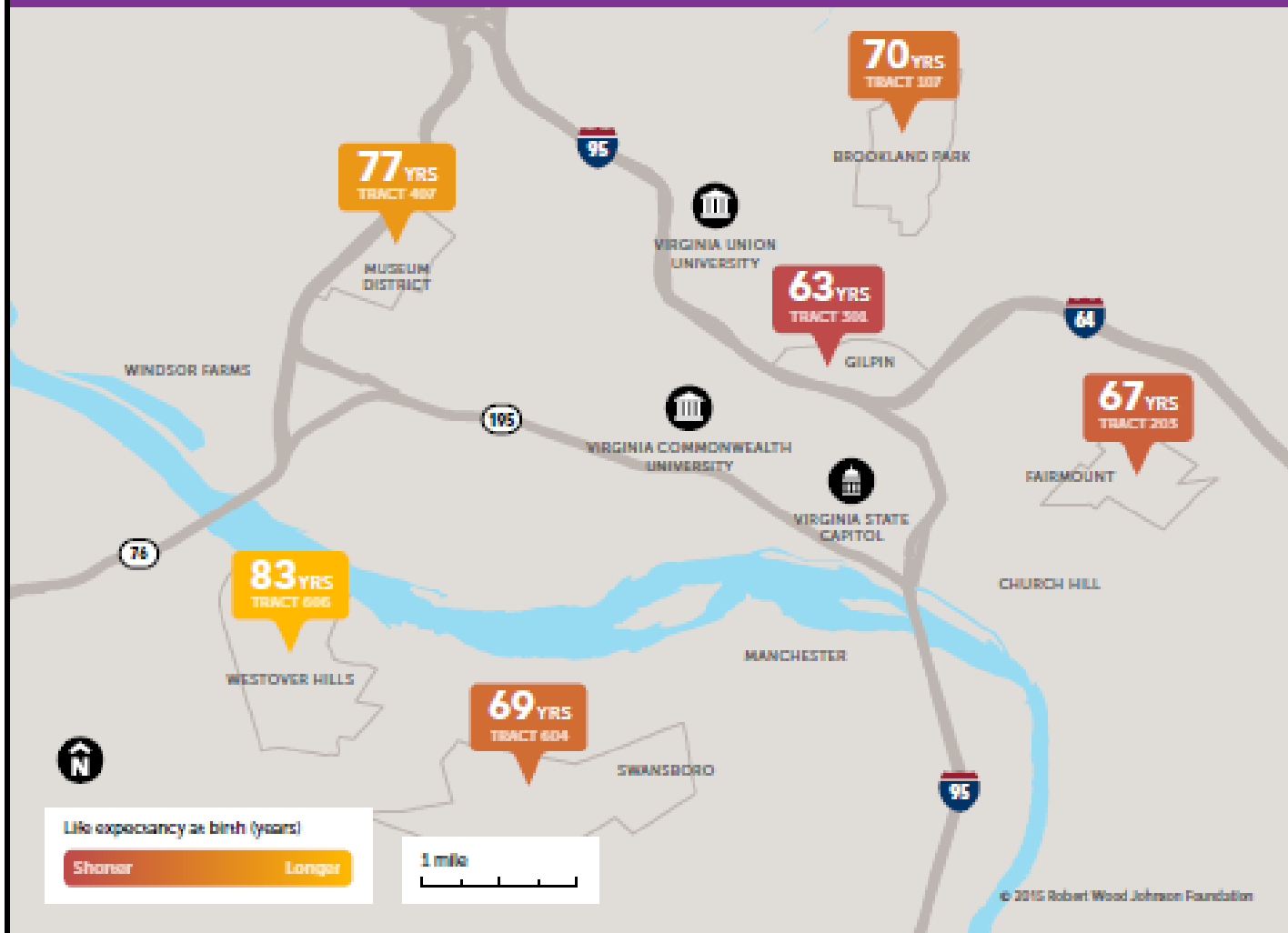
# Virginia Health Opportunity Index



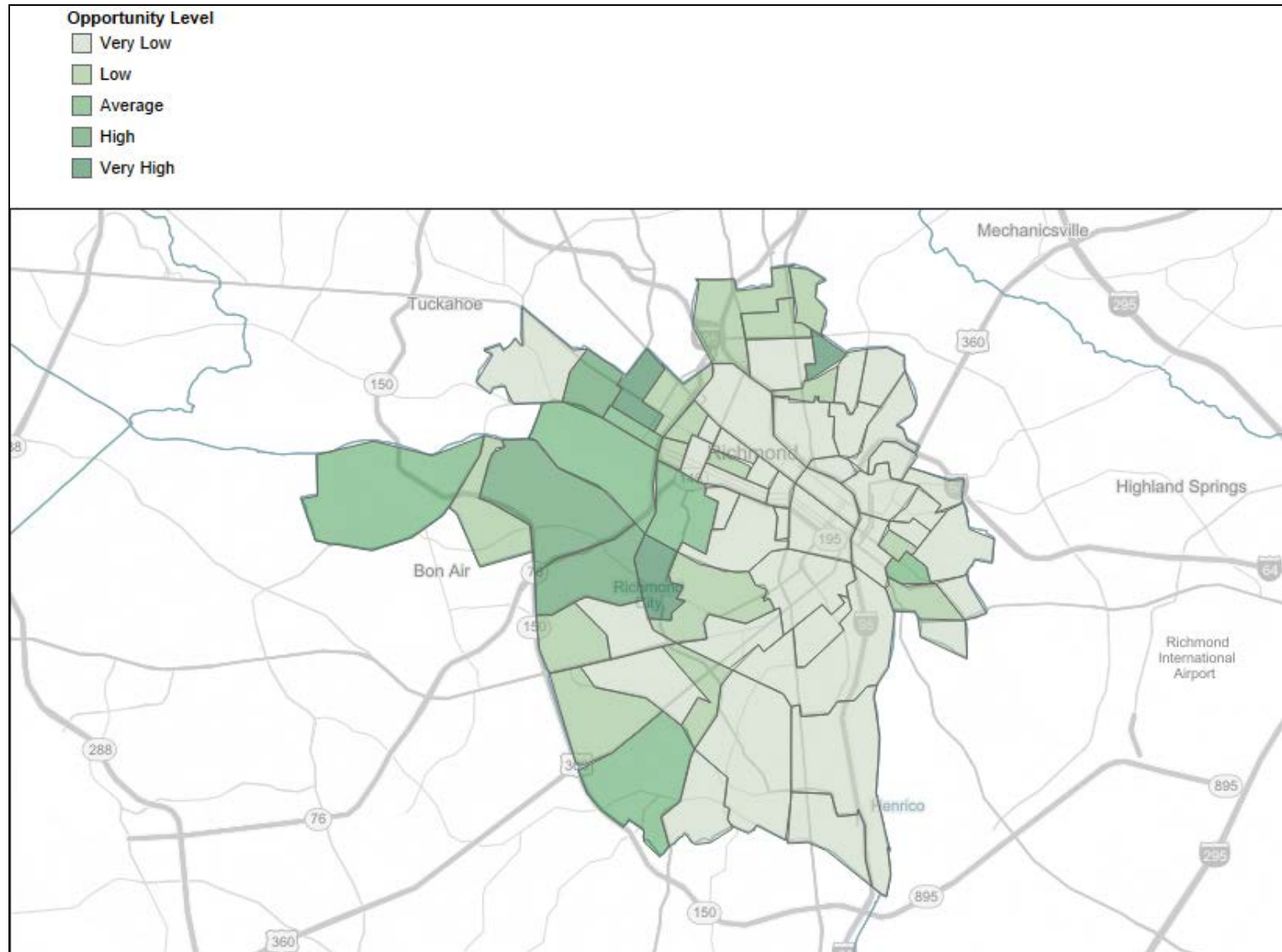
**A composite measure comprised of 13 indices that reflect a broad array of social determinants of health**

Air Quality • Population Density • Population Churning • Walkability • Affordability • Education • Food Access • Material Deprivation • Employment • Income Inequality • Job Participation • Segregation • Access to Health Care

# Short Distances to Large Gaps in Health



# Health Opportunity Index - Richmond



# Youth Well Being Index-Richmond

**Profile**

- Youth Well Being Index
- Education Index
- Crime Indicator
- Environment Indicator
- Family Stability Indicator
- Healthcare Access Indicator
- Housing Indicator
- Poverty Indicator

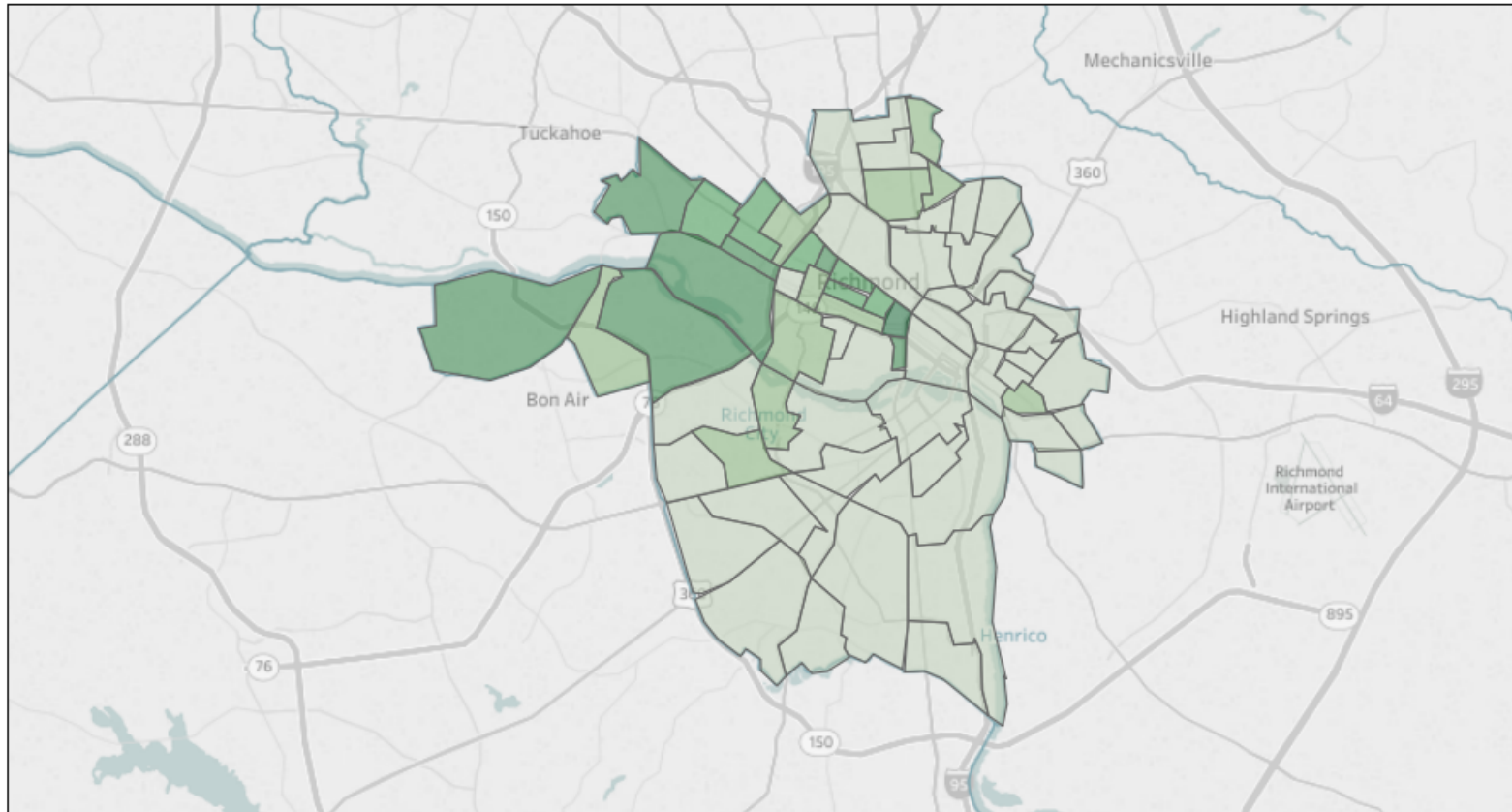
**Profile Selector**

- Very High
- High
- Average
- Low
- Very Low



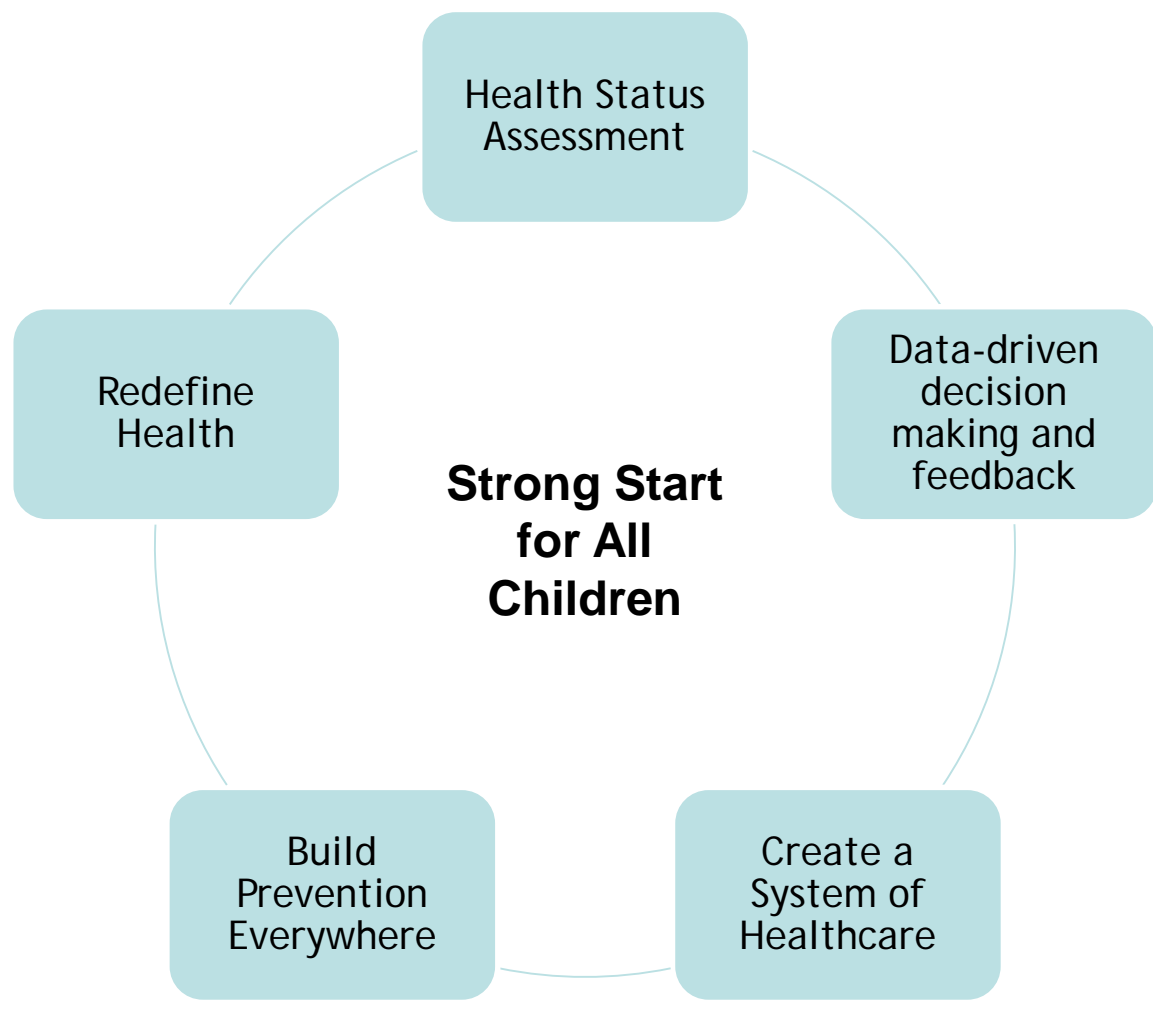
**LHD Name**

- Null
- Alexandria
- Alleghany
- Arlington
- Central Shenandoah
- Central Virginia
- Chesapeake
- Chesterfield
- Chickominy
- Crater
- Cumberland Plateau
- Danville
- Eastern Shore
- Fairfax
- Hampton
- Henrico
- Lenowisco
- Lord Fairfax
- Loudoun
- Mount Rogers
- New River
- Norfolk
- Peninsula
- Piedmont
- Portsmouth



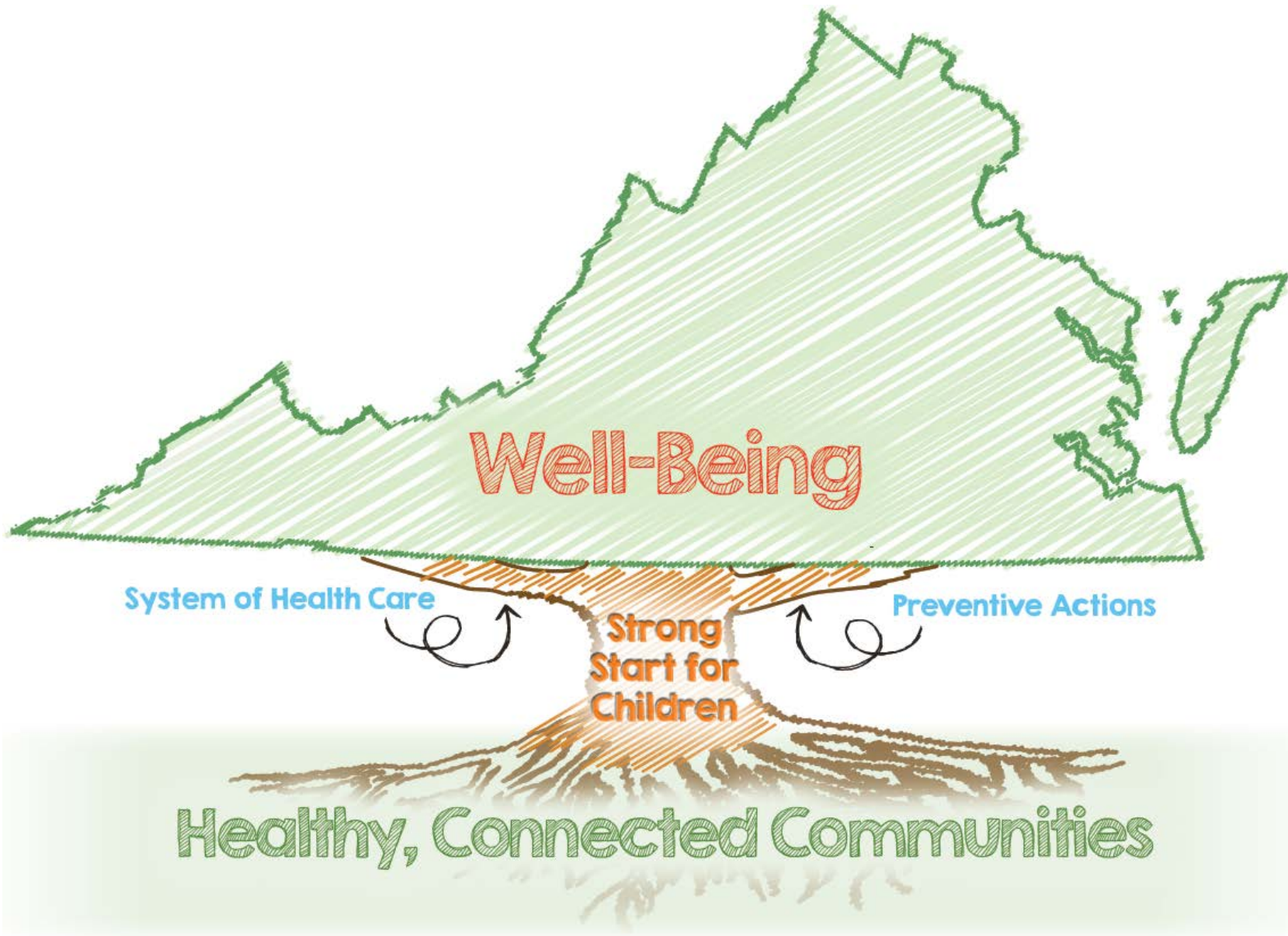
# A Population Health Approach:

Intentional Actions Designed to  
Impact Health Determinants



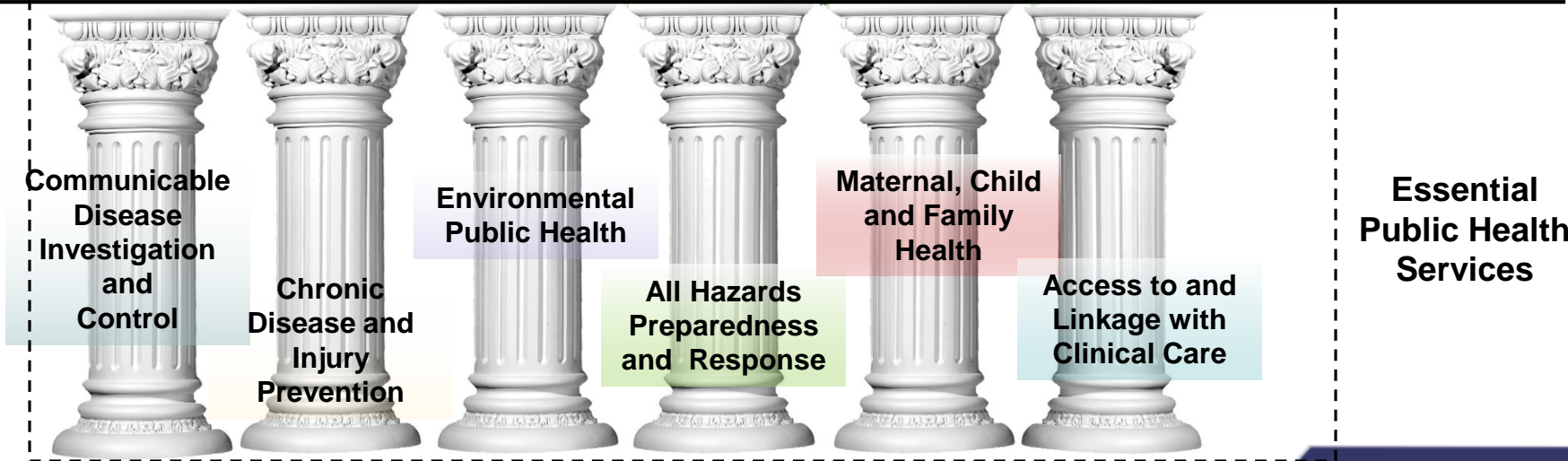
HEALTHY CONNECTED COMMUNITY





[www.virginiawellbeing.com](http://www.virginiawellbeing.com)

# Essential Public Health Services

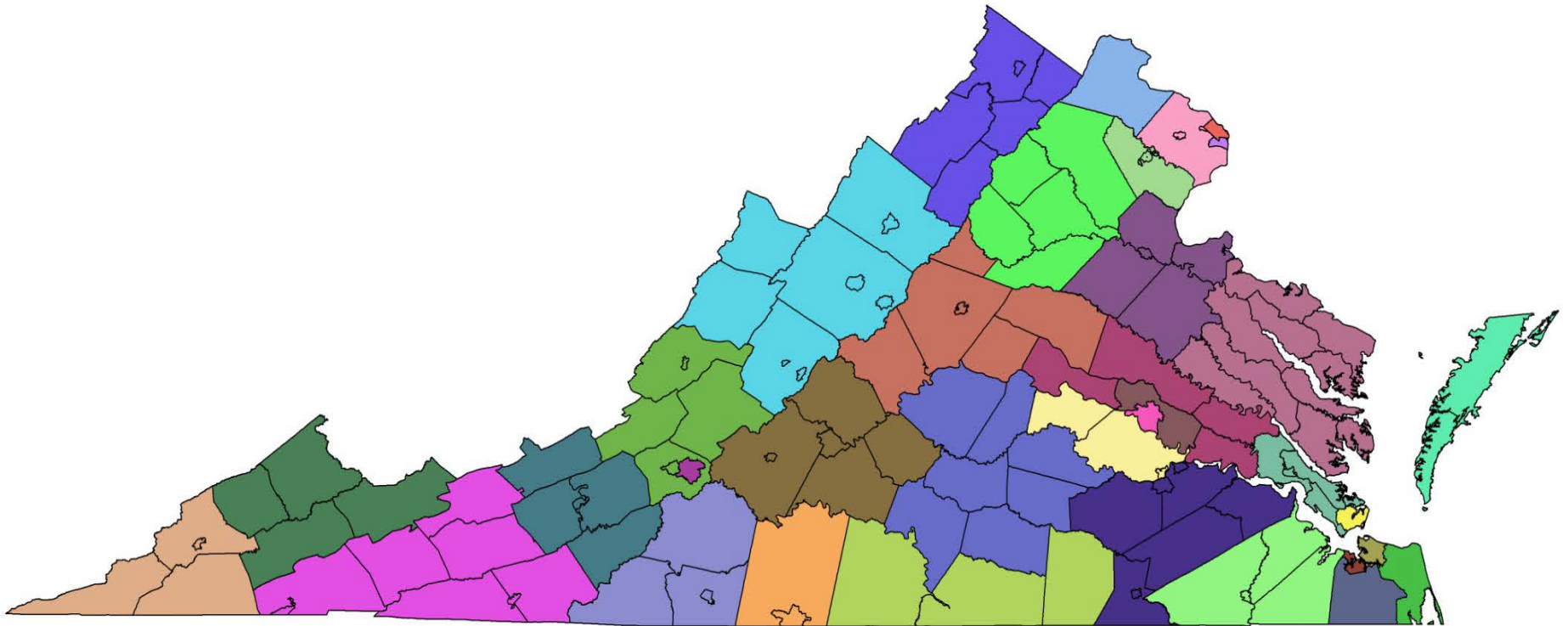


**Essential  
Public Health  
Services**

**Foundational Areas**

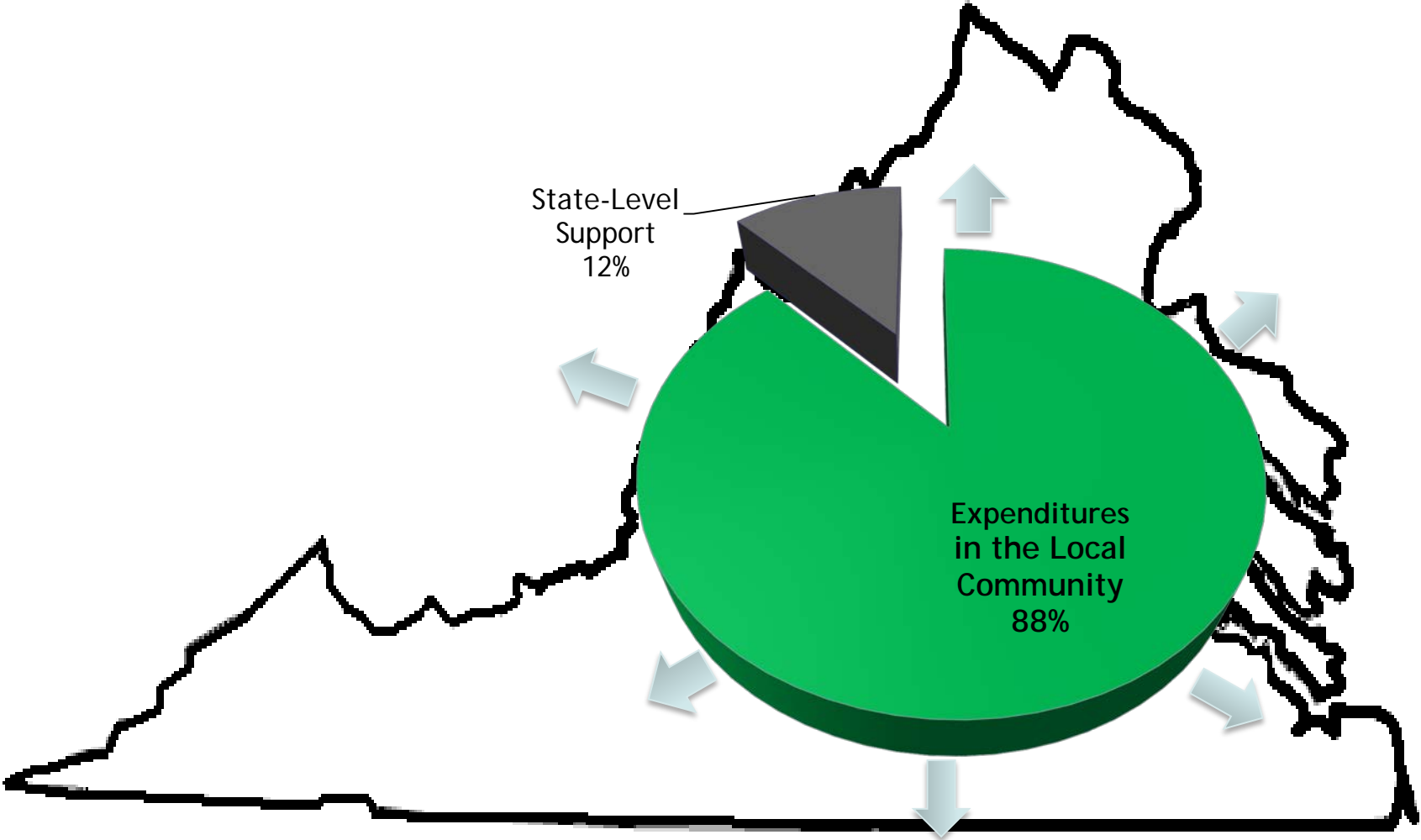
# Community Health Services

Network of Health Districts & Local Health Departments



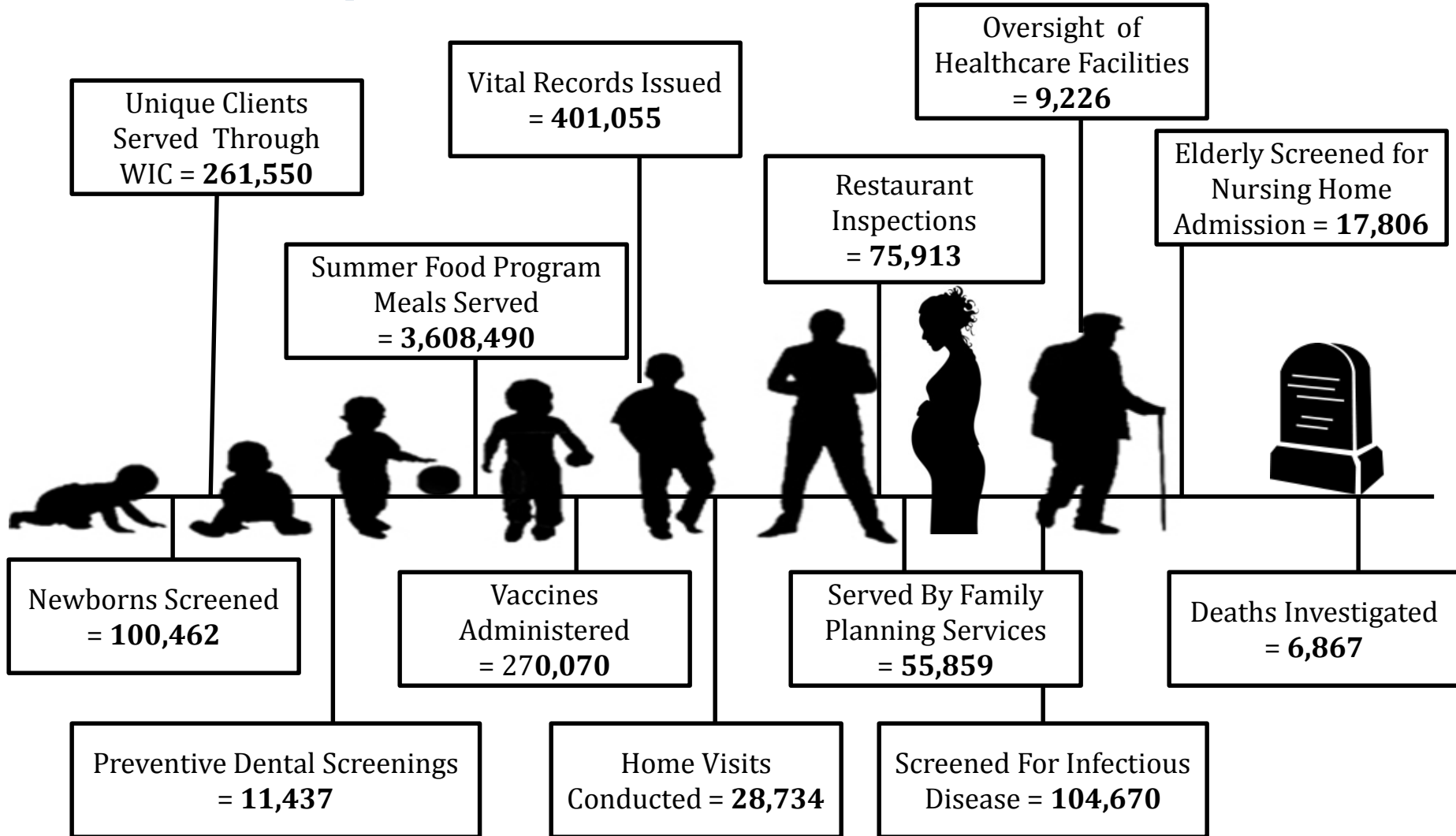
Data Source: Virginia Department of Health, Health Planning Districts.

# 88% Percent of VDH Budget Spent in Local Communities



Data Source: Virginia Department of Health, Office of Financial Management, FY16 Budget

# Lifespan Public Health Services

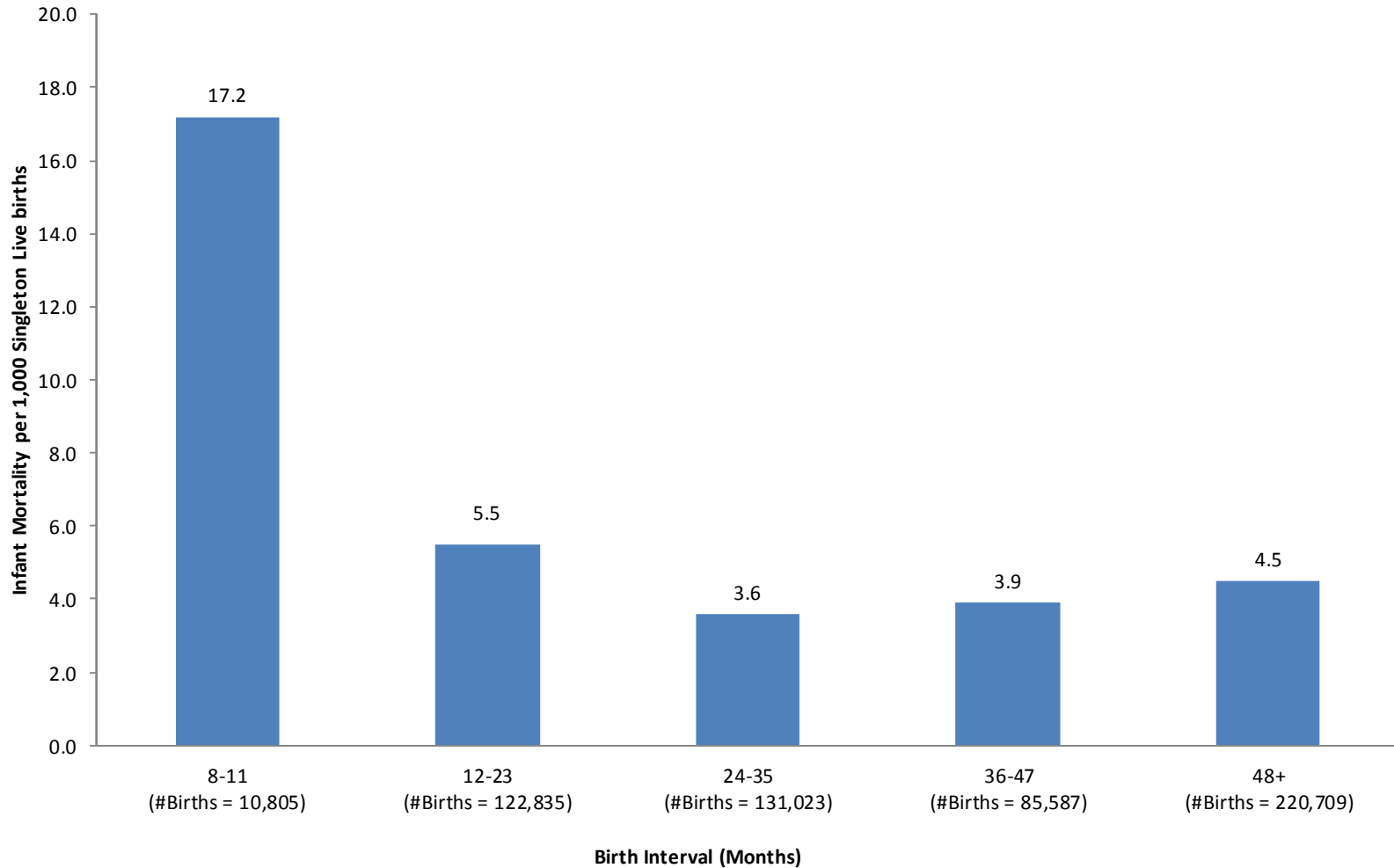


Data Source: Virginia Department of Health 2014 and Federal Fiscal Year 2015

# Improving Birth Outcomes in Virginia

- Improve Maternal Risk Screening for All Women of Reproductive Age
  - *In 2014, 34% of pregnancies in Virginia were non-marital*
- Ensure Quality of Care for All Women and Infants
  - Comprehensive tobacco prevention and cessation
- Enhance Service Integration for women and infants
  - Medical home
  - Home visiting for high risk families
- Ensure access to quality family planning
  - Preconception, Prenatal, Interconception Care
  - Access to highly effective contraception

# Infant Mortality Rate by Preceding Birth Interval, Virginia 2005-2014



Data Source: Virginia Department of Health, Office of Family Health Services. The Interbirth interval is calculated for singleton births among multiparous women.

# VDH's Effort To Reduce Unintended Pregnancies

- Efforts are being made in all 35 local health districts
- In 2016 VDH conducted regional trainings for VDH's clinicians to enhance access to the most effective contraceptive methods
- VDH also created a collaborative stakeholder work group whose goal is to reduce unintended pregnancy among women of child bearing age by:
  - increasing education concerning contraceptive choices
  - enhancing access to effective contraception including immediately post-partum



# Population Health Improvement Approach

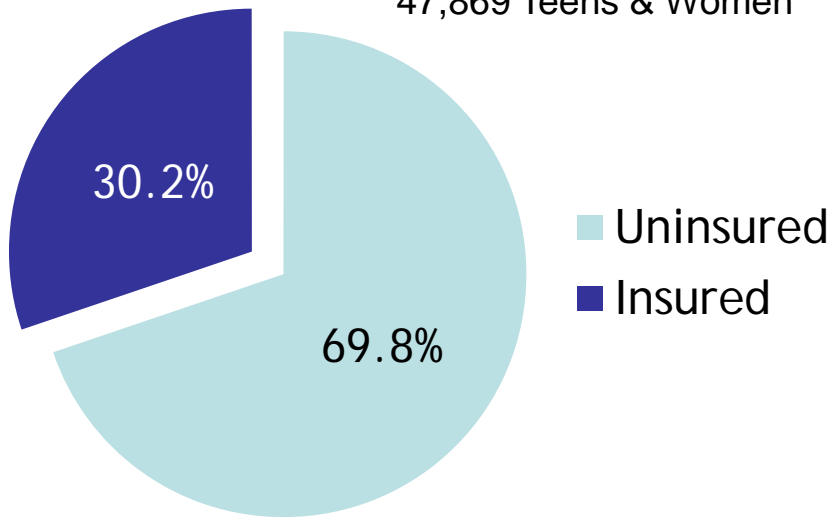
TANF funds will support:

- Purchase of contraception
- Provider training
  - Best practices for reproductive health counseling
  - Educating providers
  - Coding/billing for reimbursement
- Operational Assistance
  - To result in an increased number of clients served

# Impact of Reducing Unintended Pregnancies

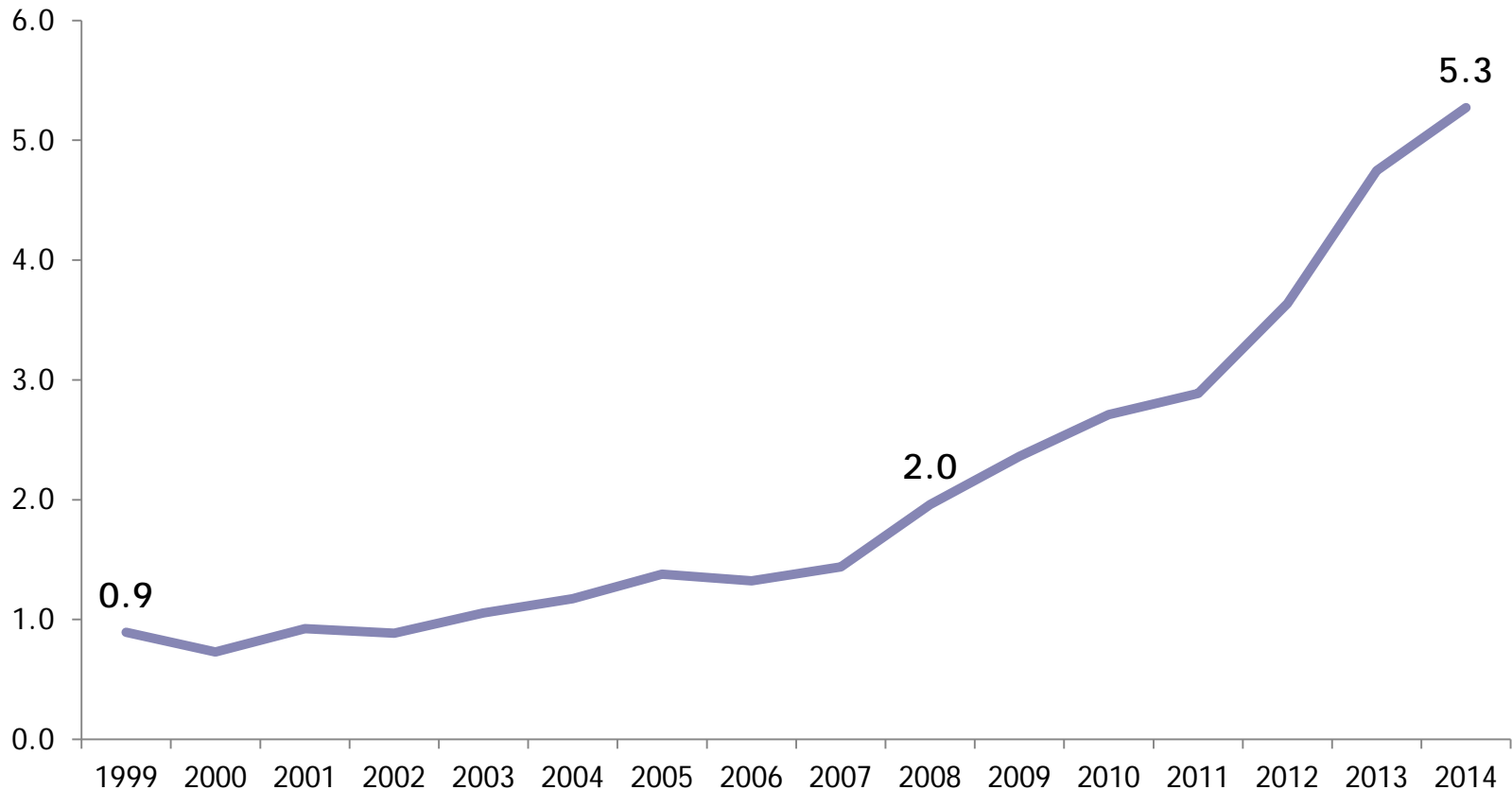
## VDH Family Planning Clients, 2016

47,869 Teens & Women



\*Rates of decrease observed in Colorado Initiative to Reduce Unintended Pregnancies—Pew Charitable Trust, February 12, 2015 “A Pregnancy Prevention Breakthrough”. Numbers of teen pregnancies, unintended pregnancies, and abortions from Virginia Department of Health, Health Statistics.

# Neonatal Abstinence Syndrome Rates per 1000 Live Births: Virginia, 1999-2014



Neonatal Abstinence Syndrome cases derived from hospital discharge records provided by Virginia Health Information (VHI) and include all inpatient cases where infants less than one year of age had the following ICD 9 CM diagnosis code present in any of 18 diagnosis fields in the discharge record: 779.5.

Live birth data derived from vital records data provided by the VDH Division of Health Statistics.

As some births and hospitalizations of Virginia residents (and therefore NAS diagnoses) may occur across state lines, counts and rates above may underestimate NAS burden within Virginia.

Out of state cases were excluded from this analysis. Case counts represent hospital discharges, not individual infants. If an infant was hospitalized more than once with the same diagnosis, they would be counted more than once in this analysis.



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ZIKA IN  
THE U.S.

# ZIKA VIRUS

You can prevent the spread of the Zika virus. Find out what simple steps you can take to protect yourself and your family this summer.

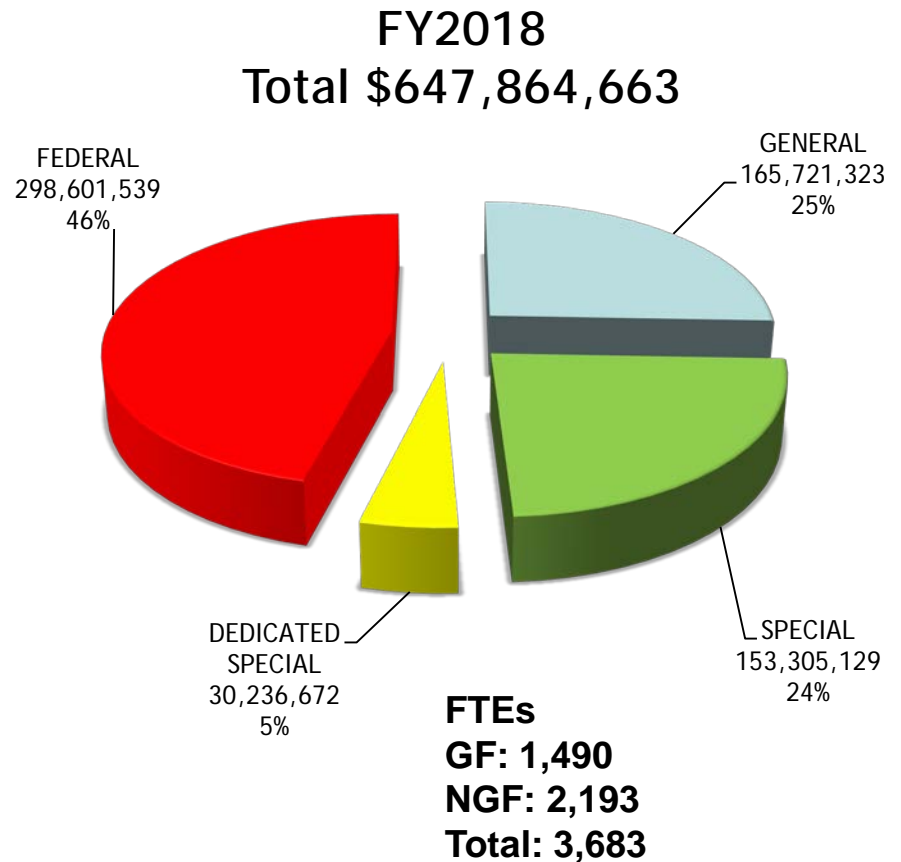
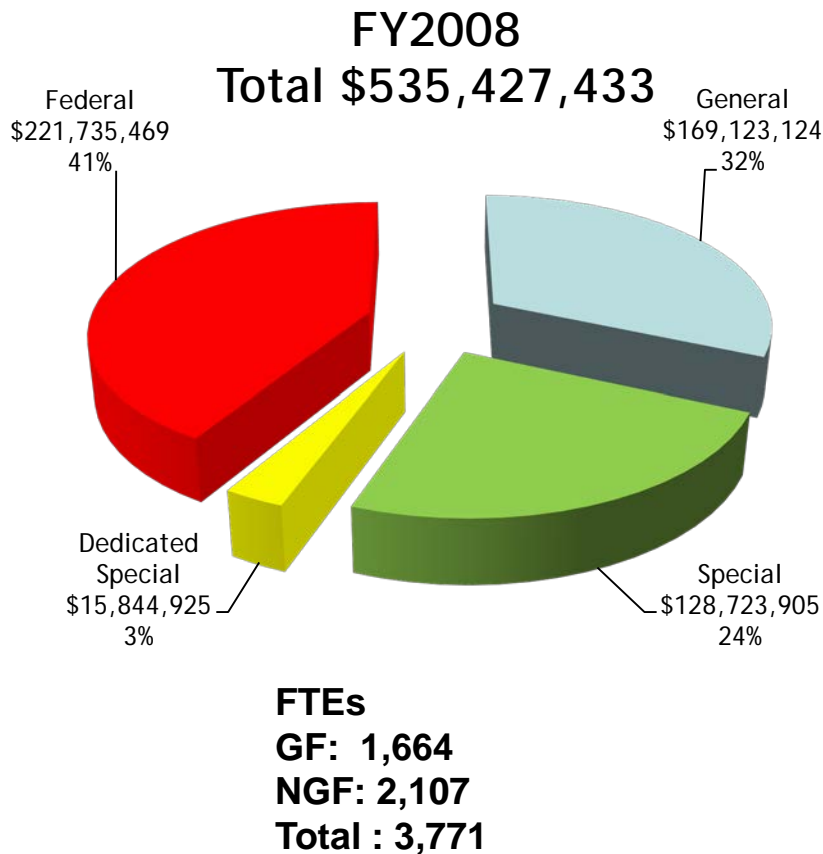
**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH



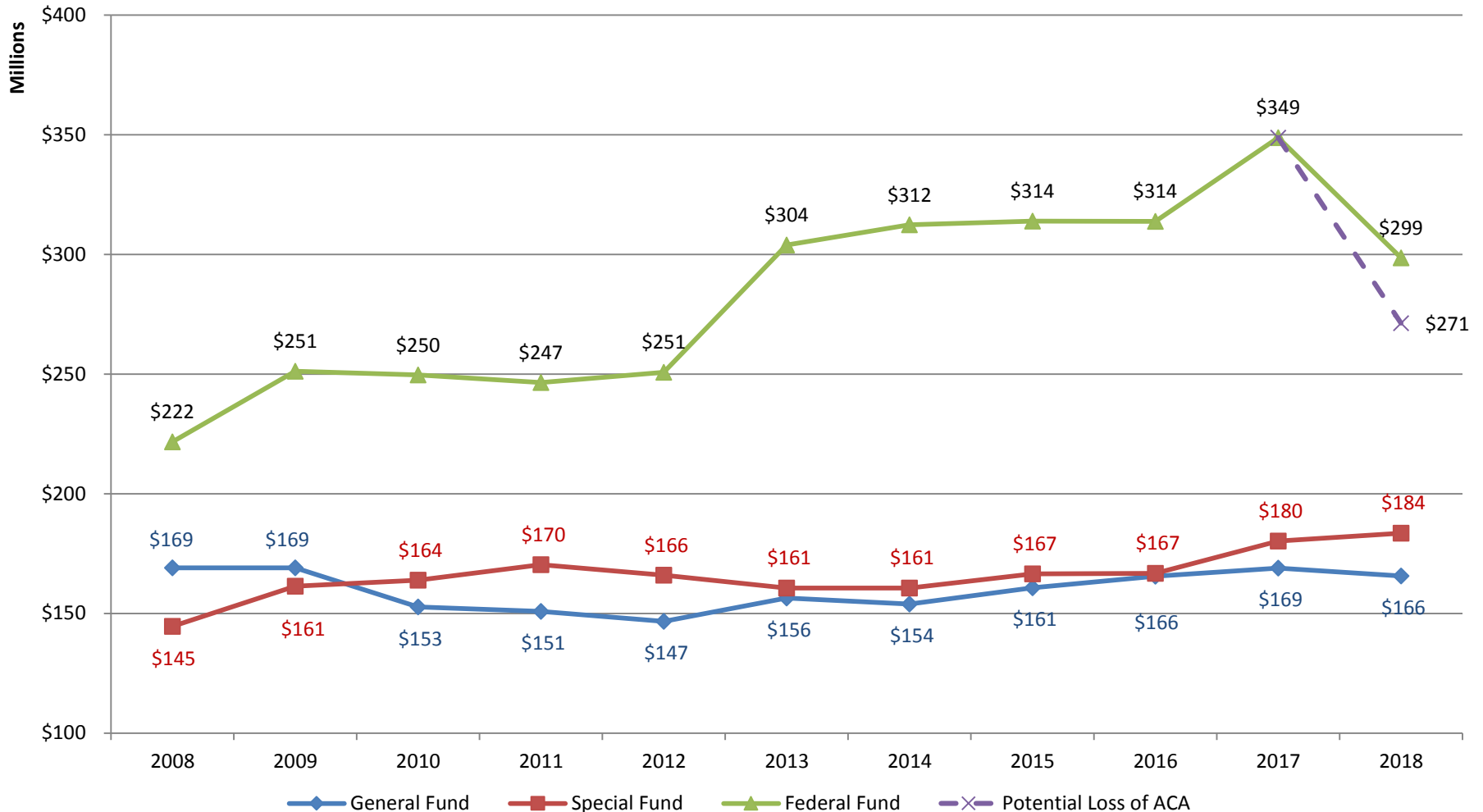
**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*

# VIRGINIA DEPARTMENT OF HEALTH BUDGET

# VDH Funding & Staffing FY 2008 to FY 2018



# Virginia Department of Health Appropriation by Fund 2008 - 2018



- The purple line represents the \$27M potential loss in federal grant dollars if the ACA is repealed.
- The decrease in federal funds noted in FY18 represent the impact of the transfer of the feeding programs to the Department of Education as included in the Introduced budget.
- The increase in federal funds in FY17 is largely due to AIDS/HIV grants and is not new funding, but a technical appropriation increase, as these funds increased in the last biennium.
- 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.

# Introduced VDH Budget

	FY17		FY18	
	GF	NGF	GF	NGF
<b>Base Appropriation</b>	<b>170,050,763</b>	<b>529,096,894</b>	<b>169,852,346</b>	<b>529,147,839</b>
<b>Proposed New Funding</b>	-	-	<b>1,077,388</b>	<b>7,447,515</b>
<b>Feeding Programs</b>	-	-	<b>130,455</b>	<b>(57,744,831)</b>
<b>Reductions</b>	<b>(1,093,148)</b>	-	<b>(5,338,866)</b>	<b>3,292,817</b>
<b>Total Proposed Budget by Fund</b>	<b>168,957,615</b>	<b>529,096,894</b>	<b>165,721,323</b>	<b>482,143,340</b>
<b>Total Proposed Budget by FY</b>	<b>698,054,509</b>		<b>647,864,663</b>	
<b>Proposed New Positions</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Authorized Positions by Fund</b>	<b>1490</b>	<b>2192</b>	<b>1490</b>	<b>2192</b>
<b>Maximum Employment Level</b>	<b>3682</b>		<b>3683</b>	

- The new FTE is for the \$6M reproductive health program which would be funded with TANF.



# Summary and Questions

Thank You!