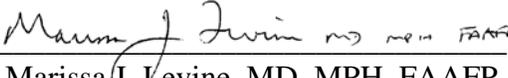


Report on the Response of the Virginia Department of Health to the Impact of the
Aging of Virginia's Population

November 14, 2014

Pursuant to the Code of Virginia §§ 2.2-5510 and 51.5-136, the Virginia Department of Health submits this report of its progress in addressing the impact of the aging of Virginia's population.


Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

November 14, 2014
Date

Designated Agency Official Responsible for Reviewing Policy and Programs and
Accommodating the Interests of Older Adults and Adults with Disabilities under Code of
Virginia § 2.2-604.1

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Executive Summary

As aging Virginians encompass an increasing percentage of the Commonwealth's total population, services will likely be affected by a growing demand from older Virginians for chronic disease management services, long term care services, various types of acute care and rehabilitation services, and emergency medical services. An aging population will seek out local health departments for risk reduction programs, wellness activities, immunizations and pre-admission nursing home screenings. VDH will need to respond across a number of dimensions, including direct service delivery, regulatory and enforcement, health and medical facilities planning, and emergency preparedness response and recovery. The impact of an aging population on VDH programs, services and operations is addressed in the VDH strategic plan.

VDH must also contend with an aging public health workforce: Within five years, 25.3% of VDH's workforce will be eligible to retire with unreduced benefits. The results of an agency wide retirement survey consistently indicate that 24-28% of the respondents plan to retire within 5 years or less. This places a sense of urgency in succession planning and knowledge transfer. VDH must ensure that the agency has the requisite workforce numbers, skills, and competencies needed to accomplish the organizational goals of "promoting and protecting the health of all Virginians".

Agency Services Used Primarily by Older Virginians

The following are some leading examples of VDH programs and services that are used primarily, or at least frequently, by older Virginians:

- Hypertension/Diabetes Prevention and Control,
- Breast and Cervical Cancer Early Detection,
- Comprehensive Cancer Control,
- Child and Adult Care Food Program,
- Injury and Violence Prevention,
- Tobacco Cessation Support and Services, and
- Nursing Home Pre-Admission Screening.

Anticipated Impact of Aging Population on VDH Services

Chronic diseases disproportionately affect older adults. Therefore, over the next five to ten years, an aging population will demand continued focus of integrated public health and primary care efforts on prevention and management of chronic diseases, such as diabetes and cardiovascular disease. In addition, over the next five to ten years, as the aging population continues to increase, the demand for breast and cervical cancer early detection services will continue to grow.

Utilization of health care services tends to increase as individuals age. The need for sound health system planning and coordination will intensify as the population continues to age.

There currently exists a need for evidence-based training to prevent sexual and intimate partner violence perpetrated against older Virginians which will only increase as the number of older Virginians increases.

Recent or Planned VDH Actions to Respond to the Impact of the Aging Population

The VDH Injury and Violence Prevention Program is engaged in conversations with stakeholders about the development of a statewide fall prevention coalition that would primarily focus on preventing falls among older adults in Virginia. As these efforts move forward, it would be very useful for the Department for the Aging and Rehabilitative Services (DARS) to encourage local Area Agencies on Aging to participate in the planning and eventual membership of such a coalition as well as look for possible data sharing opportunities.

The VDH Injury and Violence Prevention Program has also initiated a partnership with Virginia Commonwealth University's Center on Aging to develop a curriculum for the prevention of sexual violence in older and vulnerable adults.

During FY15, the VDH Comprehensive Cancer Control Program will begin working with worksites across Virginia to incorporate cancer education and control initiatives into worksite wellness programs and will work with employers to adapt policies that encourage employees to receive age-appropriate colorectal screenings.

In FY 2015, the VDH Injury and Violence Prevention Program will provide child passenger safety education to grandparents serving as caregivers by coordinating two "Buckling Up is a Family Affair" events in partnership with the DARS CARFIT checks.

In 2015, as part of the VDH Dental Health Program's continued focus on surveillance, the program will conduct the second Oral Health Assessment of Virginia Elders. DARS Assistance with locating senior populations, promoting the survey, and encouraging survey participation would increase the likelihood of success of the survey.

VDH continues to work to identify new sponsors for the Child and Adult Care Food Program, as well as recruit additional feeding sites, and reach out to eligible seniors so that they are aware of the program. Assistance from DARS in this endeavor would be very beneficial.

There is an effort on the national level for Emergency Medical Services to be better integrated in to the healthcare system as a whole. Part of this effort includes injury and illness prevention, surveillance, ensuring that patients have access to appropriate care. The VDH Office of Emergency Medical Services (OEMS) expects to play an integral role in planning for this integration of EMS into the healthcare system as a whole.

OEMS also seeks to ensure an adequate amount of training and other educational resources focused on the treatment and transport of geriatric patients.

Agency Description

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

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

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

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

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

Information Requested

1. If your agency has undertaken any actions to respond to the current and future impact of an aging population, such as needs assessments, strategic planning, or use of best practices, please briefly describe those actions. Please indicate what assistance from DARS could help your agency as it prepares to serve an aging Virginia population.

Office of Emergency Medical Services (OEMS)

OEMS has included specific language into the State Strategic and Operational Plan to evaluate the impact of an aging workforce on EMS service provision in Virginia. This will be accomplished by assessing demographic and profile characteristics of EMS providers through the EMS Provider Portal. This information will be essential to evaluate the impact of an aging workforce on EMS service provision in Virginia. There are currently 1,958 certified EMS providers in Virginia over the age of 60.

Office of Family Health Services

Injury, Violence, and Tobacco Prevention Program (IVTTP). Although IVTTP has not taken any such actions to date, staff are engaged in conversations with stakeholders about the development of a statewide fall prevention coalition that would primarily focus on preventing falls among older adults in Virginia. As these efforts move forward, it would be very useful for DARS to encourage local Area Agencies on Aging to participate in the planning and eventual membership of such a coalition as well as look for possible data sharing opportunities.

Cancer/Heart Disease/Diabetes. Chronic Disease and Health Promotion has not taken specific action to address the impact of the aging Virginia population, but our programs indirectly target older Virginians as they are disproportionately impacted by chronic disease. The Division of Prevention and Health Promotion partnered with state and local stakeholders to form the Virginia Chronic Disease Collaborative Network, which developed the *Virginia Chronic Disease Prevention Shared Agenda* in 2012. The Shared Agenda outlines the desired approach to health promotion and chronic disease prevention and management for the Commonwealth.

Dental Health Program (DHP). In 2008, the DHP completed the first statewide Oral Health Assessment of Virginia Elders. The goal of the assessment was to determine the oral health status of specific elder populations across the state (age 65 years and older), meaning nursing home residents, homebound seniors, elders who attend senior congregates, and assisted living residents. The DHP collected specific oral health indices, including information about self-care, medical conditions with oral health consequences, access and utilization of oral health services, and oral health outcomes. Findings from Virginia's first statewide oral health survey for elders served as baseline data and informed program planning to address disparities in access to dental care and oral health outcomes among the elderly. In 2015, as part of the DHP's continued focus on surveillance, the DHP plans to conduct the second Oral Health Assessment of Virginia Elders. DARS Assistance with locating senior populations, promoting the survey, and encouraging survey participation would increase the likelihood of success of the survey.

Child and Adult Care Food Program. VDH reimburses adult day care centers for nutritious meals and snacks for which they serve. Assistance from DARS would be very beneficial in identifying new sponsors, recruiting additional sites, and reaching out to eligible seniors so that they are aware of the program.

Office of the Chief Medical Examiner (OCME)

The OCME has engaged in strategic planning meetings with various internal and external partners to discuss how the increasing age of local medical examiners may cause a problem with providing medical examiner services to certain cities and counties of the Commonwealth. Most of the local medical examiners are private physicians and the average age of these individuals is approximately 70 years old. As these individuals are starting to retire, the OCME has noticed that many do not continue serving as a local medical examiner, despite having a valid medical license. These strategic planning meetings have provided OCME with the avenue to discuss other feasible options to ensure that Virginians have local medical examiner services in their communities.

Office of Radiological Health (ORH)

ORH's overarching mission is to minimize the effects of ionizing radiation for all citizens regardless of age. However, ORH collaborates with other agencies such as the Department of Social Services on how best to accommodate the needs of special populations, including the elderly, in the event of a radiological emergency during which an evacuation may be required, as well as with private industry partners on how best to communicate important protective action information to all population demographics.

Office of Epidemiology

Divisions within the Office of Epidemiology routinely conduct surveillance for incidence of disease for all ages. Specifically, the Division of Disease Prevention (DDP) routinely assesses surveillance and service utilization data for HIV, STDs, and TB by age group in order to identify changes in impact on older Virginians.

Office of Emergency Preparedness (OEP)

While OEP does not receive specific funding for provision of direct services to older Virginians, OEP includes DARS in its planning and response efforts. OEP also provides guidance and support to DARS to assist in reaching out to the aging population and supporting aging constituency groups as needed related to emergency planning and response.

Office of Human Resources

The percentage of VDH employees that are currently eligible to retire remains fairly consistent at 12.5%; however, this number rises to 34.2% in the next 5 years. To prepare for this change, VDH has started the process of comprehensive workforce planning. This systematic identification and subsequent mitigation of workforce risks takes an "all hazards" approach—using specific strategies aimed at attracting, recruiting, developing, and retaining the workforce

and the workforce knowledge that the agency needs. As of June 2014, five workforce planning pilot projects had been started—each targeting a separate piece of the agency’s overall workforce plan. In addition to these pilots, VDH has also begun curriculum work towards establishing a “Learning & Development Institute”—aimed at developing the essential skills and abilities all VDH employees, supervisors, managers, and leaders need to achieve the agency’s mission. Development of a formal/informal mentoring program is also underway and will augment the knowledge transfer activities that are being tested in one of the aforementioned pilots.

2. Briefly describe your agency’s services that are used primarily by older Virginians and the funding streams (types and amounts) that support those services. If these particular services or funding streams are provided in conjunction with other state or local agencies or other for profit or non-profit organizations, please list them.

Office of Family Health Services

Heart Disease/Diabetes. VDH’s *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health*, also known as Building a Healthier Virginia, is focused on preventing and improving the control of hypertension and diabetes amongst adults aged 18 and older. Activities completed through this funding opportunity indirectly target the aging population, given that 60.2% of Virginians aged 65 and older report a diagnosis of hypertension (BRFSS, 2011). Main activities include identifying, promoting, and implementing quality improvement processes within the healthcare setting. Health systems are being targeted to increase earlier diagnosis, as well as integrate pathways for patients to receive services that increase self-management skills.

Additionally, this funding opportunity will build and establish infrastructure between clinical and community settings. Community health workers are located throughout the Commonwealth to help individuals connect with resources for their disease management. Bi-directional referral systems will be established between physicians and community health workers to keep communication timely and relevant.

The aging population will be indirectly targeted through these initiatives. As changes take place in the healthcare setting, older Virginians will benefit from more efficient and streamlined patient care.

FY 15 Funding:

\$1.2 million from CDC (includes funding for heart disease/stroke prevention and diabetes activities)

Breast and Cervical Cancer Early Detection. VDH’s Virginia Breast and Cervical Cancer Early Detection Program, also known as Every Woman’s Life (EWL), has provided free breast and cervical screening, diagnostic and health services to low-income, uninsured women in Virginia since 1997. To be eligible to receive screening services, women must live in Virginia, be between the ages of 18-64, have no health insurance or be underinsured, and have an annual income at or below 200% of the Federal Poverty Level (FPL). Women 40-64 years of age receive routine breast and cervical screening exams, including a Pap test, pelvic exam, clinical breast exam and mammogram through funding from the Centers for Disease Control and

Prevention. Women with an abnormal screening result receive additional diagnostic tests to rule out the presence of cancer. If pre-cancer or cancer is diagnosed, women are referred to the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) for complete Medicaid coverage.

In addition to serving women 18-64, the program provides free diagnostic services to women 65 and over who are symptomatic for breast or cervical cancer, if 1) the woman is not eligible to receive Medicare Part A or B or 2) receives Medicare Part A, but cannot afford the premium to enroll in Medicare Part B. All other eligibility criteria for EWL remain the same (i.e., health insurance status, income, and residency).

The program is operated through thirty-two local providers with statewide oversight provided by EWL staff at VDH. Local EWL providers include health departments, free clinics, federally qualified health centers and large health systems. The thirty-two providers have an extensive network of sub-providers that provide screening and diagnostic services in almost every locality across the state. Women in need of EWL services can locate a provider local to them through the EWL toll free line, 1-866-395-4968 (1-866-EWL-4YOU).

FY 15 Funding:

\$2,474,054 from CDC to provide services to women 40-64

\$405, 176 in state funds to provide services to women 18-39 and women 65 and older

Comprehensive Cancer Control Program. The VDH Comprehensive Cancer Control Program (VACCCP) collaborates with the Cancer Action Coalition of Virginia (CACV) to address the burden of cancer in Virginia through prevention, early detection (including the importance of colorectal screening for men and women 50 to 75), treatment, and survivorship/palliative care. The VACCCP is working with CACV to increase colorectal screening rates statewide for women and men 50 to 75. During FY15, the VACCCP will begin working with worksites across Virginia to incorporate cancer education and control initiatives into worksite wellness programs and will work with employers to adapt policies that encourage employees to receive age-appropriate colorectal screenings (paid time off, etc.). In addition, the VACCCP has worked with CACV to increase awareness of survivorship and palliative care resources across the state.

FY15 Funding:

\$229,382 from CDC

Dental Health Program. A limited number of clinical dental services are provided to older adults. Funding for these services include State and Local funds to local health districts. No direct dental services are provided exclusively or primarily to older Virginians.

Child and Adult Care Food Program. VDH reimburses adult day care centers for the cost of meals that they serve to eligible adults. These entitlement funds are provided to VDH from the U.S. Department of Agriculture. Adult day care centers may be operated by public agencies, private nonprofit organizations, or certain for profit.

Office of the Chief Medical Examiner

The OCME provides death investigation services to Virginians for those deaths that come under the OCME jurisdiction and determines the cause and manner of death for these cases. The services include medicolegal autopsies performed by forensic pathologists, external examinations, and cremation examinations. These services are supported by general funds and no other state or local agencies or other organizations provide these services.

3. Identify current agency programs specifically designed to serve older Virginians that fall into any of the following eight categories:

- **Health Care/Wellness**
- **Education**
- **Public Safety (including Adult Abuse Prevention)**
- **Recreation**
- **Housing**
- **Accessibility (including Livable Communities <http://www.vadrs.org/vblc/>)**
- **Financial Security**
- **Transportation**

Health Care and Wellness:

Office of Family Health Services - Injury, Violence, and Tobacco Prevention Program (IVTPP)

- Quit Now Virginia, tobacco cessation support and services
- Virginia's Suicide Prevention Across the Lifespan Plan notes that older adults are a high risk population with regards to suicide, necessitating targeted intervention planning. However IVTPP efforts are limited to the prevention of suicide in youth, per funding restrictions. A component of the program is the provision of "gatekeeper" trainings to community members and those in helping professions (schools, law enforcement, EMS, etc.) These trainings are intended to give attendees the skills to recognize someone of any age at risk for suicide, respond to that individual and make appropriate referrals for service. Gatekeeper training has been delivered to organizations which also serve older individuals, including hospitals, churches, and Community Service Boards.

Office of Family Health Services - Heart Disease/Diabetes.

- Building a Healthier Virginia (CDC funded *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health*)

Office of Family Health Services – Cancer.

- Virginia Breast and Cervical Cancer Early Detection Program, also known as Every Woman's Life (EWL)
- The Virginia Department of Health's Comprehensive Cancer Control Program

Office of Family Health Services – Dental Health Program. The Dental Health Program currently provides education for older adults and their caregivers on the importance of oral health

and proper oral care techniques. A video, “Brushing Someone’s Teeth”, oral health aides, and instructional information on oral health activities are available to nursing homes and other entities that care for the aging.

Office of Minority Health and Health Equity

A new nursing scholarship and loan repayment program, designed to attract nursing professionals to Virginia who will practice in a long-term care setting, will be implemented by VDH upon final approval of regulations. This program will directly serve health care access needs of older Virginians living in long-term care facilities.

Public Safety (including Adult Abuse Prevention)

Office of Family Health Services - Injury, Violence, and Tobacco Prevention Program. IVTPP has sponsored trainings for healthcare providers to recognize and respond to intimate partner violence and reproductive coercion which have been attended by older adults. Project Radar, a curriculum focusing on domestic violence screening in primary care settings specifically mentions older adults and the necessity of reporting suspected abuse or maltreatment to Adult Protective Services.

Office of the Chief Medical Examiner. The OCME has mandate for an Elder Abuse Fatality Review Team, however, this mandate is currently unfunded. Should funding be approved, OCME will become active in adult abuse prevention.

Transportation

Office of Family Health Services - Injury, Violence, and Tobacco Prevention Program

- Partnership with the DARS Granddriver program to collaborate Carfit and child passenger safety initiatives

4. Is your agency able to meet all of the service demands of older Virginians for the services listed above? If there are any instances where the demand for services exceeds your agency’s ability to meet the demand, please indicate the service and the extent of the unmet demand. Also, if your agency maintains waiting lists for services, please provide this information, including the waiting list numbers for each service.

Office of Epidemiology

The Division of Immunization (DOI) currently receives sufficient State and Federal vaccine funding to provide immunizations as recommended by the ACIP for uninsured and underinsured adults. However, due to the recent budget reductions at both the State and Federal level, should there be increasing demand for adult vaccines, new vaccines added to the recommended schedule, or increasing cost of vaccines, DOI may not be able to continue to meet the demand of the uninsured and underinsured adult population.

Office of Family Health Services

Injury, Violence, and Tobacco Prevention Program. The IVTPP is able to meet all of the service demands of older Virginians currently. Information regarding excessive demand for services or waiting lists is not available.

Breast and Cervical Cancer Early Detection. Based on data from the U.S. Census Bureau’s Small Area Health Insurance Estimates dataset, it is estimated that 105,224 women 40-64 are eligible for EWL (Every Women’s Life) in Virginia. In GY 2013-14, 6, 991 women 40-64 received EWL services; this accounts for approximately 6.6% of the eligible population.

Dental Health Program. While the DHP is able to provide education to older adults and their caregivers, this population continues to experience unmet needs for clinical dental services as the current clinical dental services focus on prevention, primarily in children.

Child and Adult Care Food Program. Currently VDH is able to meet all of the service needs. Assistance in outreach to increase the growth of sponsors, feeding sites, and meals served would be beneficial.

Office of Epidemiology

Currently, the Division of Immunization provides vaccines as recommended by the Advisory Committee on Immunization Practices at no cost for uninsured and underinsured adults served at local health departments statewide.

5. Provide the number of persons, by gender if available, who received services from the agency in each of the past five state fiscal years (FY 2010 through FY2014) who fell into the following age ranges: 60-64; 65-74; 75-84; and 85 and older. If your agency lacks specific information about the numbers of older Virginians it serves but has other evidence indicating that it is serving more or fewer older Virginians than it has in the past, please describe the basis for that estimation.

Office of Epidemiology

Information on services for the age groups specified was provided by the Division of Immunization (DOI).

Year	Number of Individuals Served in Each Age Group				Total
	60-64	65-74	75-84	85+	
2010	2654	3694	1723	621	8692
2011	6734	5336	2081	717	14868
2012	2659	2566	825	236	6286
2013	4446	5143	2301	577	12467
2014	3491	3661	1537	329	9018

Data from DDP is available from WebVision at the agency level. The Division of Environmental Epidemiology (DEE), Division of Pharmacy Services, and Division of Disease Surveillance and Investigation (DSI) do not have specific data or evidence that more or fewer older Virginians are receiving services than in the past.

Office of Family Health Services

Injury, Violence, and Tobacco Prevention Program. The following table provides the number of persons who received Quit Now Virginia tobacco cessation services during FY 2010 through FY 2014. There is a noticeable increase in service provided to Virginians over the age of 60 during this timeframe. This increase could be attributed to targeted media efforts by the CDC from the Tips from a Former Smoker Campaign.

Sum of To Column																					
Row Label	2010		2010 Total		2011		2011 Total		2012		2012 Total		2013		2013 Total		2014		2014 Total		Grand Tot
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male			
60-64	97	42	139	145	76	221	199	110	309	242	110	352	231	133	364	1385					
All Transfer	1		1	3	2	5	2	1	3	1	4	5		2	2	16					
General	4	2	6	3	3	3	2	4	6	2	8	10	5	4	9	34					
Interv	88	36	124	138	69	207	190	103	293	223	87	310	201	114	315	1249					
Mater	4	4	8	4	2	6	4	1	5	7	1	8	8	4	12	39					
Web Only							1	1	2	9	10	19	17	9	26	47					
65-74	49	35	84	76	49	125	149	71	220	145	79	224	183	82	265	918					
All Transfer Types					1	1	2		2	4	2	6		2	2	11					
General	2		2	1		1	2		2	3	3	6	2	2	4	15					
Interv	37	29	66	75	48	123	139	69	208	131	68	199	168	69	237	833					
Mater	10	6	16				3	1	4	3	3	6	3	4	7	33					
Web Only							3	1	4	4	3	7	10	5	15	26					
75-84	9	6	15	4	9	13	23	13	36	23	14	37	16	13	29	130					
General Questions											1	1			1						
Interv	7	6	13	4	9	13	23	12	35	21	13	34	16	12	28	123					
Mater	2		2					1	1	1		1			4						
Web Only											1	1		1	1	2					
85 and over	1		1	1		1	2		2	4	1	5			9						
General	1		1													1					
Intervention requested				1		1	2		2	4	1	5			8						
Grand Tot	156	83	239	226	134	360	373	194	567	414	204	618	430	228	658	2442					

Breast and Cervical Cancer Early Detection

Fiscal Year	Number of Women Served, Age 40-64
FY2010	6357
FY2011	6912
FY2012	7066
FY2013	7173
FY2014	6991

Dental Health Program. The number of adult persons receiving clinical dental services is collected by age only. The adult age ranges are 19-64 and over 65. The numbers for persons over age 65 are included below:

Fiscal Year	Number of Persons Over Age 65 Served	Percent of Total VDH Population Served
FY 2010	1458	4%
FY 2011	1401	4%
FY 2012	1439	4%
FY 2013	1565	6%
FY 2014	1174	6%

It is anticipated that this number will decrease in FY 2015 as the majority of general fund-supported VDH dental clinics transition from clinic-based treatment programs to community-based prevention programs.

The number of adult persons receiving oral health education is collected by age only. The adult age ranges are 18-29, 30-60 and over 60. The numbers for persons over age 60 are included below:

Fiscal Year	Number of Persons Over Age 60 Served
FY 2010	192
FY 2011	147
FY 2012	226
FY 2013	321
FY 2014	165

Child and Adult Care Food Program (CACFP). VDH began administrative oversight of CACFP in October, 2010. Data on the ages of adults is not available. Currently there are 39 Adult Care Sponsors and monthly meals served an average of 3,000 to 5,400 per month.

Office of the Chief Medical Examiner

The OCME uses the following age ranges to track the deaths that come under its jurisdiction: 55-64, 65-74, 75-84, and 85 and over. The following table summarizes OCME cases by age of the decedent:

Fiscal Year	Age Group			
	55-64	65-74	75-84	85 and over
FY2010	856	549	456	354
FY2011	899	536	472	328
FY2012	964	565	498	418

Information for FY2013 and 2014 is unavailable.

Office of Radiological Health

ORH lacks specific information about the numbers of older Virginians it serves and does not have other evidence indicating that it is serving more or fewer older Virginians than it has in the past.

6. Referring to the services or funding you described in item two, describe any services or funding provided to older Virginians for which the accessibility or availability varies considerably in different parts of the Commonwealth.

Office of Epidemiology

Currently, no division within the Office of Epidemiology reports variation in accessibility or availability of services or funding throughout Virginia.

Office of Emergency Medical Services

Being that OEMS does not differentiate services provided based on geography, this question is not applicable as it relates to services that OEMS provides.

Office of Family Health Services

Cancer. The Every Woman's Life (EWL) program is operated through thirty-two providers, who in sum have an extensive network of sub-providers that provide screening and diagnostic services in almost every locality across the state. Women residing in rural communities in Virginia often have to travel long distances to receive EWL services due to limited healthcare resources in their area. In addition, public transportation options are limited in rural areas, further hindering a woman's ability to access services. Even when public transportation options are available (in more urban areas for example), older women may be unable to utilize those options due to decreased mobility making it harder for them to get on and off a bus, metro, etc.

Dental Health Program. Dental services for older adults vary considerably across the Commonwealth. Service availability is dependent upon funding source, locality specific priority populations, and the availability of dental providers.

Child and Adult Care Food Program (CACFP). Funding will reimburse for meals served to any eligible adult. However, feeding sites are lacking in rural areas of the Commonwealth.

Office of the Chief Medical Examiner

The OCME does not have funding allocated specifically for older Virginians.

7. Over the next five to 10 years, in what ways do you anticipate that an aging population will impact your agency's services, funding streams, or policies? Consider the impact from an increase in the number of older Virginians and whether the needs of older Virginians will differ from those of today's older adults. Please include any anticipated impacts upon

the cost of services, changes in type of services or the manner of service delivery, or modifications to agency policies, staffing needs, or procedures.

Office of Family Health Services

Injury, Violence, and Tobacco Prevention Program. There currently exists a need for evidence-based training to prevent sexual and intimate partner violence perpetrated against older Virginians which will only increase as the number of older Virginians increases. Trainings for medical professionals to screen for and recognize intimate partner and sexual violence in older adults is integral to the ability of violence prevention programs to address the needs of Virginia's aging population which at this point remains an underserved population. As the number of older Virginians increases, it is possible that a larger percentage of IVTP funding will need to be specifically devoted to the primary prevention of sexual violence in older adults.

Suicide prevention for middle aged men and older adults are emerging areas of research. The convergence of risk factors, including isolation, stigmas around help seeking behaviors, and substance are of particular concern for these populations. In the next 5-10 years, it is conceivable that new research and evidence-based practice, combined with an aging population will impact suicide prevention programming in Virginia. However, shifts in federal funding streams would be necessary for IVTP to integrate prevention programming targeting individuals throughout the lifespan.

Heart Disease/Diabetes. Chronic diseases disproportionately affect older adults. Therefore, over the next five to ten years, an aging population will demand continued focus of integrated public health and primary care efforts on prevention and management of chronic diseases, such as diabetes and cardiovascular disease. Program success will depend on adequate funding to ensure sustainability; a workforce able to foster and maintain the community and clinical linkages essential to the expanded chronic care model; and support of community based prevention, health promotion, and self management resources to complement medical care.

Breast and Cervical Cancer Early Detection. Over the next five to ten years, as the aging population continues to increase, the demand for Every Woman's Life services will continue to grow.

Dental Health. Rapid growth of this population will dramatically impact public health dentistry as preventive measures and advanced treatment services result in an increased number of older adults who retain their natural teeth and require dental care. A change in type and manner of dental services to meet this population's growing needs would require establishment of clinics that are accessible to older adults, a funding source for facilities and services, and a workforce trained to play a collaborative role in the medical/dental health of the aging patient.

Child and Adult Care Food Program. With an increasing aging population, VDH could expect additional sponsors/sites that serve meals to these individuals. Under federal regulations, VDH must perform administrative reviews on 33% of sponsors and 10% of the sites. This could impact the workload of VDH staff.

Office of Minority Health and Health Equity

An aging population will result in increased oral health needs. More of the aged population will be covered by Medicare for medical care; however, Medicare does not cover oral health care. This will remain a gap that could significantly impact the cost of care for chronic conditions. Poor oral health negatively impacts overall health status and increases risks for other chronic conditions including cardiovascular disease. It makes economic sense and is consistent with the tenets of population health to proactively ensure that preventative oral health services are provided or facilitated by VDH.

Office of the Chief Medical Examiner

The aging population will affect the number of local medical examiners that will be available to perform medical examiner services in the local communities.

Office of Radiological Health

The needs of older Virginians will not likely differ from those of today's older adults with regard to ORH's services. However, a significant increase in the number of older Virginians over the next 5 to 10 years would likely result in an increase in X-ray delivery as well as diagnostic and therapeutic services involving the use of radioactive materials offered by health providers. If this is the case, an additional X-ray inspector and Radioactive Materials inspector may be needed to accommodate the situation. The cost associated with this change would be about \$130,000/year (salary) for the two positions.

Office of Epidemiology

Immunization is the only division within the Office of Epidemiology to report a potential impact from the aging population. Current trends reflect a decline in the number of underinsured and uninsured aging Virginians' requesting vaccine from health departments. If this trend continues there should be no major negative impact on DOI's funding or policies. However, an increase in the cost of vaccines, development of new costly vaccines, and need for additional doses of existing vaccines may increase the cost of serving aging Virginians.

Office of Emergency Medical Services

OEMS is not anticipating changes to services, funding streams, or policies based on an aging population.

Office of Environmental Health Services

VDH may see increases in the amount of resources consumed in enforcement actions across the range of Environmental Health regulatory programs (food safety, onsite sewage, private wells, marinas, shellfish sanitation, summer camps and campgrounds, etc.) as a result of cognitive difficulties and the fact that older Virginians may be financially challenged. The best example of this is probably in the onsite sewage program. Anecdotally, older Virginians (i.e. property owners) have greater financial difficulties when facing the costs of repairing failing onsite

sewage systems. VDH does not administer any funding sources to assist these citizens. Cognitive and communication difficulties add to the challenges and complexities of enforcement actions. As the percentage of financially-challenged owners increases, VDH will experience increased demand for services related to problem-solving failed onsite sewage systems. Service delays will result as VDH staff devote greater amounts of time to this problem solving/enforcement role. Additional staffing may be required in local health departments in order to continue to provide necessary services.

8. Please describe the primary steps that should be taken at the federal, state, or local levels to meet the future demands of older Virginians and to make services delivery more effective and efficient.

Office of Epidemiology

Additional education and guidance for use of vaccines and effects of severe illness would benefit the aging population. Vaccination recommendations can change and providing education to the aging population including clear guidance and information on where to access vaccinations could ensure improvement of immunization coverage in this population. Having additional emphasis on adult vaccination at all levels of government would also improve services delivery.

Education on how aging population is more likely to experience severe illness outcomes associated with West Nile virus infections as well as from ehrlichiosis and anaplasmosis would enhance services provided by the Division of Environmental Epidemiology. Also, seniors are slightly more likely to contract Lyme disease than younger people (except for patients in the 5 to 15 year old age range which have the greatest rates of Lyme disease for any age groups). While this may not directly impact the agency, it could increase the need for funding for response and education efforts of these epidemiological trends continue.

Office of Emergency Medical Services

There is an effort on the national level for Emergency Medical Services to be better integrated in to the healthcare system as a whole. Part of this effort includes injury and illness prevention, surveillance, ensuring that patients have access to appropriate care. OEMS expects to play an integral role in planning for this integration of EMS into the healthcare system as a whole.

Office of Family Health Services

Injury, Violence, and Tobacco Prevention. Primary steps to prevent the perpetration of intimate partner and sexual violence in older adults include the implementation of protective strategies in organizations serving older adults, such as mandatory background checks, and evidence-based training for staff. In addition, the adoption of universal screening for intimate partner and sexual violence by medical and therapeutic professionals would enable these individuals to increase the quality of care to older adults by effectively recognizing and responding to abusive situations.

Heart Disease and Diabetes. Federal and state support of chronic disease prevention and management through additional funding and policy changes that ensure reimbursement of evidence based programs such as the National Diabetes Prevention Program and Diabetes Self-

Management Education for eligible Virginians would extend the reach of current chronic disease programming. Reimbursement models for non-physician team members, such as community health workers and pharmacists, would increase access to care management and medication therapy management, making health promotion and self-management service delivery more effective and efficient. Increasing access to data between primary care providers, health systems, payers, and the community through multi-directional data sharing, such as interconnected health information exchanges and electronic health records, would also help make care delivery more efficient.

Breast and Cervical Cancer Early Detection. Additional federal and state funding would allow the Every Woman’s Life program to serve more of the eligible population in Virginia. At the local level, improved transportation services (public transportation services in rural areas, public transportation options that women with decreased mobility can navigate, etc) and improving the healthcare infrastructure of rural communities (more providers, services to help women navigate healthcare system, etc) can help to make EWL services more effective and efficient.

Dental Health. Primary steps include conducting a needs assessment to determine the exact needs of this population and securing funding for dental services for older adults.

Office of Radiological Health

ORH must ensure the number of trained and qualified staff are adequate to accommodate the registration and inspection of X-ray machines as well as diagnostic and therapeutic devices that use radioactive material. ORH will continue to track all our inspections to identify increasing trends, if any.

9. Identify the extent to which your agency provides “customer-oriented” publications and websites that are designed to be “senior-friendly.” If the information you currently provide is not readily accessible to older Virginians, please identify any steps your agency is taking to improve their access to this information.

Office of Family Health Services

Injury, Violence, and Tobacco Prevention. The VDH website conforms to Level A of the W3C Web Content Accessibility Guidelines 1.0, including all Priority 1 checkpoints defined in the Guidelines. Conformance to these Guidelines makes the Web more accessible to users with disabilities and will benefit all users.

Breast and Cervical Cancer Early Detection. The Every Woman’s Life program uses a brochure containing information about program eligibility and services as part of its recruitment activities. This brochure was focus group tested on the target population; women 40-64, who are low-income and uninsured.

Dental Health. Printed materials are designed to be senior friendly and topics are relevant to senior populations. The Agency partners with the Virginia Oral Health Coalition, Senior Navigator and 411 Virginia to provide information to seniors regarding dental needs. The DHP has a working relationship with senior cafes statewide and the Capitol Area Agency on Aging.

Office of Epidemiology

All divisions within the Office of Epidemiology provide information for Virginian's of all ages on the agency website.

Office of Emergency Medical Services

The overwhelming majority of publications, as well as content that is posted to the OEMS website and social media is customer oriented in nature. While they are not specifically tailored for older populations currently, the information produced may be easily used by any and all consumers.

Office of the Chief Medical Examiner

Despite having most of its publications on the VDH website, the OCME continues to produce physical copies of publications that can be provided to older Virginians.

Office of Radiological Health

ORH does not provide publications specifically designed to be senior-friendly. Rather, its publications are designed for use by all populations that may require information about our services. The information we provide is available to older Virginians who may access our web site, send emails or use our toll-free telephone number to contact us.

10. Describe any other services or programs that your agency plans to implement in the future to address the impact of the aging of Virginia's population.

Office of Emergency Medical Services

As outlined in Objective 2.2.7 of the OEMS State Strategic and Operational Plan, OEMS seeks to ensure an adequate amount of training and other educational resources focused on the treatment and transport of geriatric patients. This includes including geriatric specific training programs for instructors, as well as course offerings at the Virginia EMS Symposium.

Office of Family Health Services

Injury, Violence, and Tobacco Prevention. Falls among older adults are a leading cause of injury related hospitalizations in Virginia. While falls are a threat to the health of older adults and can significantly limit their ability to remain self-sufficient, there are proven interventions that can reduce falls and help older adults live better and longer. In an effort to promote the implementation of evidence-based fall prevention interventions, IVTP staff are engaged in conversations with stakeholders about the development of a statewide fall prevention coalition that would primarily focus on preventing falls among older adults in Virginia.

IVTP staff have initiated a partnership with Virginia Commonwealth University's Center on Aging to develop a curriculum for the prevention of sexual violence in older and vulnerable

adults. The curriculum will be based on best practices for the primary prevention of sexual violence and the prevention of abuse within older populations.

The 2000 Census estimates that in Virginia there are 136,006 grandparents living with grandchildren under 18 years of age in Virginia, and that 47% were responsible for the care of their grandchildren. The Department of Motor Vehicles customer records indicate that mature drivers (aged 65 and older) comprise approximately 16% of all licensed drivers in the Commonwealth with rapid growth anticipated. Given the changes in laws and child passenger safety best practice from previous years, children traveling with mature caregivers are at risk of injury and death resulting from restraint misuse and lack of knowledge. In FY 2015, IVTP staff will provide child passenger safety education to grandparents serving as caregivers by coordinating two Buckling Up is a Family Affair events in partnership with the DARS CARFIT checks.

11. Please indicate if your agency is experiencing an increase in employees retiring later and describe any actions your agency is taking or plans to take to accommodate its aging workforce with innovative practices.

Office of Human Resources (OHR)

As demonstrated through retirement intent surveys in 2010 and 2012, and through VDH's more recent succession planning efforts, employees once delayed retiring, often for reasons related to the economy. OHR projects that the rate of retirements will accelerate significantly in the next 5 years. There are no unique or innovative practices that have been developed to accommodate the aging workforce specifically. Rather, VDH encourages programs available to all state agencies which allow flexibility in work schedules, such as teleworking and flexible hours.

Office of Epidemiology

No divisions are reporting or experiencing an increase in employees retiring later; no actions have been taken or are planned to accommodate the aging workforce.

Office of Emergency Medical Services

While OEMS is not experiencing an increase in employees retiring later at the current time, a significant number of employees are 60 and older. OEMS is preparing to implement succession planning, as well as identify any accommodations that can be made for the aging workforce.

Office of the Chief Medical Examiner (OCME)

The OCME has engaged in strategic planning meetings with various internal and external partners to discuss how the increasing age of local medical examiners may cause a problem with providing medical examiner services to certain cities and counties of the Commonwealth. Most of the local medical examiners are private physicians and the average age of these individuals is approximately 70 years old. As these individuals are starting to retire, the OCME has noticed that many do not continue serving as a local medical examiner, despite having a valid medical license. These strategic planning meetings have provided us with the avenue to discuss other

feasible options to ensure that the citizens of the Commonwealth have local medical examiner services in their communities.

Office of Radiological Health

The ORH staff currently includes 5 employees over the age of 60, and an additional 4 employees who will reach the age of 60 within the next 5 years. ORH has undertaken to cross train staff to add a layer of redundancy and to reduce service interruptions caused by retirements. ORH is also conducting an organizational review that will assess staffing needs as well as salaries in order to retain employees who are not yet near retirement age, and to attract trained and qualified staff when the impending retirements occur.

Office of Minority Health and Health Equity

Only one employee is of retirement age in the Office of Minority Health and Health Equity. OMHHE leadership ensures that accommodations pursuant to the Americans with Disabilities Act are available as necessary and alternate work schedule and/or teleworking options are available, if desired or necessary.