

## VIII. Health

### A. Introduction

The health services system for Virginians, with or without disabilities, is diverse and complex, involving sources of information, resources, and direct services at all levels of government and from nonprofit and for-profit organizations and practitioners. Describing all aspects of that system is beyond the scope of this assessment. The contents of this chapter will briefly detail the availability, provision, and financing of general and specialized preventative and recuperative care from public sources. Persons with disabilities may or may not be a recognized or readily identifiable recipient of these services which are more broadly targeted than some of the programs and services discussed in other assessment chapters. This chapter will also include certain programs directed at the general population that screen for disabilities and subsequently provide resources or referrals for related disability services. In some instances available services are covered more thoroughly in another assessment chapter and references will be made to those chapters so as not to duplicate information.

While all citizens require appropriate health care, individuals with disabilities often have additional complicating issues. Both physical and cognitive limitations can restrict their ability to exercise, eat healthy, and maintain an appropriate weight. Lifestyles are often sedentary due to mobility restrictions, and like many others without disabilities, persons with disabilities may lack an appreciation of the need and ways to exercise, or they may find that fitness equipment and programs have not been adapted to their needs or are inaccessible. Similarly, adapted examination and screening equipment is often unavailable or practitioners are poorly trained in its use. Wheelchair users and those dependent on therapeutic equipment may find it nearly impossible simply to determine and track their weight. Collectively, these factors and others contribute to greater risk for diabetes, heart and kidney disease, stroke, arthritis, certain types of cancer and infections, dental disease, and many other health problems related to lack of exercise, poor diet, obesity, and limited access to health and wellness services.

In March 2009, the Virginia Health Promotion for People with Disabilities (HPPD) project, administered by the Partnership for People with Disabilities (PPD) at Virginia Commonwealth University (VCU), released and disseminated *Health Status of Virginians with Disabilities 2004-2006*. This analysis of data from the Virginia Behavioral Risk Factor Surveillance System (BRFSS), scheduled to be updated in 2011, was prepared by the Division of Chronic Disease Prevention and Control at the Virginia Department of Health (VDH). While this report provides some relevant statistics regarding individuals with disabilities in the Commonwealth, it notes a number of limitations to its findings. Individuals who do not have access to a telephone to respond to the survey are potentially under-represented, its findings cover only adults, and those findings are based on self-reporting of disabilities and health status.

Notwithstanding these limitations, key findings from the analysis of information provided by the survey's 3,496 respondents included:

- Four in ten (38.5 percent) of adults with disabilities rated their health as fair or poor.
- People with disabilities are more apt to smoke, be overweight and obese, and twice as likely to not exercise as people without disabilities.
- They were less likely to have dental insurance and to suffer permanent loss of teeth due to decay or gum disease.
- They were nearly four times more likely to suffer falls with injuries, with rates similar for men and women and for older and younger adults.
- Individuals with disabilities were found to be three and a half times more likely to experience symptoms of depression.

The report, however, did have some positive findings. Individuals with disabilities were found to be more likely than the general public to have received influenza and pneumonia vaccines and to be less likely to drink alcohol or consume it in excessive quantities. Screening rates for major preventable cancers, with the exception of mammography, were similar to those for individuals with disabilities.

Federal health care reform, specifically the *Patient Protection and Affordable Care Act* passed by Congress on March 23, 2010, and the *Health Care and Education Reconciliation Act* passed on March 30, 2010 (collectively referred to by the former's name and acronym, **PPACA**), are at the center of current health care discussions and initiatives. A recent report to the Virginia Joint Commission on Health Care by its Senior Health Policy Analyst identified six major components of federal health care reform: (1) creation of new health insurance marketplace programs, (2) health insurance market reforms, (3) coverage of mandates and incentives, (4) changes to Medicare, (5) changes to Medicaid and the Children's Health Insurance Program (CHIP), and (6) improvements to quality of care and system performance.

A discussion of the details of federal health care reform and its implementation in Virginia is beyond the scope of this assessment. What it is important to note here is that implementation will be phased in over a number of years and that it will have significant impact on access to and delivery of health care services, including long-term care services for individuals with disabilities. The Association of University Centers on Disability (AUCD) has produced one of numerous summaries and analyses of PPACA ([www.aucd.org/projects/health\\_reform/index.cfm](http://www.aucd.org/projects/health_reform/index.cfm)). Although all of the bill's provisions are important to understand, some may be of particular interest to individuals with developmental disabilities. Specifically, AUCD reports that PPACA:

- "Establishes the CLASS Act program, a national, voluntary insurance program for purchasing community living assistance services and supports. Following a five-year vesting period, the program will provide individuals with functional limitations a cash

benefit of not less than an average of \$50 per day to purchase non-medical services and supports necessary to maintain community residence. The program is financed through voluntary payroll deductions: all working adults will be automatically enrolled in the program, unless they choose to opt-out. (Effective January 1, 2011)

- “Extends the Medicaid Money Follows the Person Rebalancing Demonstration program through September 2016 (effective 30 days following enactment) and allocates \$10 million per year for five years to continue the Aging and Disability Resource Center initiatives (funds appropriated for fiscal years 2010 through 2014).
- “Provides states with new options for offering home and community-based services through a Medicaid state plan rather than through a waiver for individuals with incomes up to 300% of the maximum SSI payment and who have a higher level of need and permits states to extend full Medicaid benefits to individuals receiving home and community-based services under a state plan. (Effective October 1, 2010)
- “Establishes the Community First Choice Option in Medicaid to provide community-based attendant supports and services for individuals with disabilities who require an institutional level of care. Provides states with an enhanced federal matching rate (FMAP) of an additional six (6) percentage points for reimbursable expenses in the program. (Effective October 1, 2011)
- “Creates the State Balancing Incentive Program to provide enhanced federal matching payments to eligible states to increase the proportion of non-institutionally-based long-term care services. Selected states will be eligible for FMAP increases for medical assistance expenditures for non-institutionally-based long-term services and supports. (Effective October 1, 2011 through September 30, 2015).”

Even as efforts are underway in the U.S. Congress to repeal federal health care reform and state challenges to the constitutionality of some PPACA provisions proceed through the courts, its implementation has begun. In August 2010, Governor McDonnell established the **Virginia Health Reform Initiative Advisory Council (VHRI)**. This 24 member panel, led by the Secretary of Health and Human Resources, was comprised of political, health system, civic, and business representatives and charged with developing innovative recommendations to implement health reform in Virginia. VHRI’s six task forces addressed system capacity, service delivery and payment reform, technology, insurance reform, purchaser perspectives, and Medicaid reform, which is discussed further in this assessment’s Medicaid chapter.

On December 20, 2010, the *Report of the Virginia Health Reform Initiative Advisory Council* ([www.hhr.virginia.gov/Initiatives/HealthReform/](http://www.hhr.virginia.gov/Initiatives/HealthReform/)) was presented to the Governor and released to the public. The report sets goals for the state to achieve within the next ten years, including being among the top ten states in terms of the health of its population, the overall quality of its health care system, and the quality of its patient experiences. It also calls for Virginia to retain well over half of the physicians it trains and for the state to be ranked among the bottom ten states in terms of both per capita costs and private insurance premiums. Challenges for the state, noted in the report, include that it is 41<sup>st</sup> in the nation in breast cancer

death rate and 35<sup>th</sup> in infant mortality. In addition, more than one million Virginians do not have health insurance and only 37 percent of small employers offer health insurance benefits to their employees, despite the fact that Virginia ranks sixth among the states in median family income. If and when implemented, the VHRI's comprehensive recommendations will affect all Virginians. Individuals with disabilities, their families, and advocates will need to pay close attention to the details of proposals resulting from its recommendations.

## **B. Eligibility for Health Services**

As noted at its beginning, the multitude of health-related services available throughout the Commonwealth is beyond the scope of this chapter, and it will focus on those services administered, funded, or operated by the **Virginia Department of Health (VDH)**, as authorized by the *Code of Virginia* (32.1), and by other state agencies that are of particular relevance to individuals with disabilities and their families. Eligibility for these programs varies but, for the most part, applies equally to people with and without disabilities. Criteria typically relate to the individual's age, family income, and insurance coverage, as well as to whether the individual belongs to a group at special risk for a certain health problem now or in the future. The availability and nature of services across the state also varies based on local needs, funding, and differing risk levels for certain health problems. Data on the number of recipients of these services who have disabilities is generally not available.

Information in this section focuses on eligibility for direct services for individuals, where appropriate and available. Restrictions based on financial need are detailed later in the cost and payment section, and coverage of additional education and outreach programs of benefit to individuals with disabilities can be found in the access and delivery section. Relevant state and federal statutory information is also provided below as appropriate. Additional information can be obtained directly from VDH ([www.vdh.virginia.gov/VDHprograms.htm](http://www.vdh.virginia.gov/VDHprograms.htm)) or local health departments.

The VDH **Baby Care** program is available to pregnant women with low incomes who are at risk of poor birth outcomes and need multiple services to ensure that they have healthy babies and become good mothers. The related **Resource Mother** program targets pregnant and parenting teens and their families from the time of pregnancy through the baby's first year.

Although it is a part of the Children and Youth with Special Health Care Needs (CYSHCN) program described further below, services from the **Virginia Bleeding Disorders Program (VBDP)** are available to persons of all ages who have congenital bleeding disorders. Outreach, direct services, and referrals are aimed at the general population, with particular emphasis on health care professionals, to facilitate identification of and care for Virginians with these inherited conditions. Any Virginia resident with hemophilia A, hemophilia B, or von Willebrand Disease may apply for the program, regardless of income; however, financial criteria must be met to receive services at no cost.

The **Breast and Cervical Care Early Detection Program (BCCEDP)**, known in the community as **Every Woman's Life**, targets uninsured or underinsured women with low income between the ages of 18 and 64.

The **Children and Youth with Special Health Care Needs (CYSHCN)** program administers multiple service networks that work with families, service providers, and local communities to identify children with serious, persistent health care needs and promote their optimal health and development. Its key programs are described briefly below.

- **Care Connection for Children (CCC)** targets children with medical disorders having a physical basis, including physical disabilities, that have lasted, or are expected to last, at least one year and that (1) require services above and beyond what is typical for a child's age or require special ongoing supports at home or school, (2) limit a child's abilities or activities in comparison with his or her peers, or (3) make the child dependent on compensatory medical or assistive services and supports. All children from birth to age 21 and their families are eligible for services.
- **Child Development Services (CDS)**, a parallel program to Care Connection, facilitates the availability and accessibility of services for children and adolescents suspected of or diagnosed as having learning, attention, emotional, or behavioral disorders, developmental disorders related to physical or sensory disabilities, developmental delay, intellectual disability, or a combination of problems. Referrals may be made by families, schools, physicians, local health or social services departments, and other community and professional agencies. Virginia residents from birth to age 21 are eligible for services. For fee-based services, a sliding scale based on income applies.
- The **Virginia Newborn Screening Program** and **Virginia Early Hearing Detection and Intervention Program (VEHDIP)**, within CYSHCN's **Genetics and Newborn Screening** unit, are responsible for ensuring that newborns are screened for potentially disabling conditions and are then directed to appropriate resources for follow-up. Both programs are aggressive in their outreach to the general population and especially to health care professionals and organizations.

The **VDH Dental Program** provides training and educational resources for dentists and other health care providers to increase their skills in caring for young children and others with special needs. While not specifically targeting individuals with special needs, clinical dental services are provided in approximately 21 health districts. Services are provided primarily for children and are based on income eligibility.

The **Virginia Healthy Start Initiative**, also known as **Loving Steps**, combines resources from a number of VDH programs to target localities in Virginia where the health of pregnant women, new mothers, infants, and toddlers is deemed to be at risk. Currently, Loving Steps services are provided in Westmoreland County and the cities of Norfolk and Petersburg.

VDH **HIV Care Services** administers funds to provide services and referrals for individuals with low incomes or disabilities who are not on Medicaid, have no other insurance or resources, and meet certain income limits. These funds are provided by the federal Health Resources and Services Administration as authorized by the *Ryan White Treatment Extension Act*. Individuals with cognitive and learning disabilities are at greater risk for contracting and spreading HIV/AIDS and have been identified by VDH as a population of special interest in its efforts to prevent spread of this disease.

All Virginians have access to screening, follow-up, and education services offered through the **Virginia Sickle Cell Awareness Program** for the detection and treatment of sickle cell disease. Children identified through the Virginia Newborn Screening Program, mentioned above, are eligible to receive services through Pediatric Comprehensive Sickle Cell Network. There are no financial eligibility requirements to receive services; however, each clinic offering services may charge fees for direct services based on income.

The **Virginia Vaccines for Children** program partners local practitioners with providers of vaccines to increase immunization levels for at-risk children. All vaccines required by law for school attendance may be obtained from local health departments, and vaccinations are available at no cost for individuals who are under the age of 19 and are either uninsured, underinsured, enrolled in Medicaid, or a Native American or Native Alaskan. Medicaid enrollment includes its managed care programs, and underinsured applies to lack of vaccination coverage.

The **Women, Infants and Children (WIC) Special Supplemental Nutrition Program** aims at improving the health of pregnant women, infants, and children under age five through better nutrition and access to health care. It is authorized and funded through the U.S. Department of Agriculture. WIC offices at local health departments screen potential participants for eligibility, and to be eligible, applicants must meet categorical, residential, income, and nutrition risk requirements.

The **Virginia Birth-Related Neurological Injury Compensation Program**, referred to simply as the birth-injury program, was created by the Virginia General Assembly in 1987 to address the malpractice insurance availability problems of obstetric services providers. The program pays for medical and certain other expenses for children who have severe neurological injuries received during birth. As a “no fault” alternative to obtaining compensation for these injuries through traditional malpractice litigation in the civil tort system, decisions regarding acceptance into the program are not based on a finding of malpractice. A family delivering a baby through the services of a participating physician or at a participating hospital must waive the right to bring a medical malpractice lawsuit against the participating physician or hospital in order to apply for and be accepted into the program. The *Code of Virginia* (38.2-5001) specifically defines eligibility requirements for infants who have received a neurological injury during a birth performed by a participating physician or at a participating hospital, and the Worker’s Compensation Commission conducts hearings and determines eligibility of claimants who seek entry into the program. The injury must have resulted from oxygen deprivation or mechanical injury during labor, delivery, or immediate post-delivery. The child must have a

permanent motor disability and developmental or cognitive disability and must need assistance with all activities of daily living.

### **C. Access to and Delivery of Health Services**

Most direct health and wellness services are obtained from private nonprofit and for-profit organizations and practitioners which, as has been previously stated, are too numerous and diverse to cover in the framework of this assessment. With a few exceptions the public programs covered in this chapter primarily provide information on and referrals to these providers, support citizens in accessing them, or coordinate delivery of services between them. Access points for publicly provided health care assessment, management, and support services targeted specifically at people with disabilities are described below.

#### **Programs Providing Direct Services:**

As noted above, the **Virginia Department of Health (VDH)** is the primary agency focused on public health, and community-based sources of information and services are by far the most important element of the Commonwealth's public health service system for individuals with and without disabilities. A network of 35 local **health districts** supports 119 individual municipal health departments. Each of these has a unique combination of public and private resources, local health needs, and services. Unless otherwise indicated, the individual VDH health initiatives listed in this chapter operate through this network, either by directly providing services or by supporting local service providers. This network also collects data on health care needs and service levels, which is reported to VDH. Wherever specific access, enrollment, and participation information on a VDH service is available, it is included under the appropriate initiative.

VDH **Baby Care** programs can be accessed at 22 local health districts across the state, and **Resource Mothers** programs are available through 24 local health districts and other community agencies. Pregnant teens are referred to these programs by their peers, family members, local health departments, health practitioners and service providers, schools, and other community resources.

Referrals and service delivery for the **Virginia Bleeding Disorders Program (VBDP)** occur through four regional bleeding disorders centers with varying emphasis on pediatric and adult treatment. The co-occurrence of bleeding disorders and other disabilities and the overlap in outreach and professional networks result in reciprocal referrals between the bleeding disorders and broader disability services systems. Approximately 275 children and adults are served annually through this program.

Women can identify the closest screening sites for the VDH **Breast and Cervical Cancer Early Detection Program (BCCEDP)** program, also known as **Every Woman's Life**, by calling 866-395-4968 (toll-free) or e-mailing the program through its website,

[www.vahealth.org/ew/](http://www.vahealth.org/ew/). VDH reports that this network of 29 public and private nonprofit providers serves over 7,200 women annually.

Many public and private agencies provide care coordination services. These agencies assess individual and community needs, then develop the appropriate policies and practices required to provide or support a variety of services addressing those needs. The number served through VDH **Children and Youth with Special Health Care Needs (CYSHCN)** programs is a subset of the total number served, and its capacity is driven by financial resources and national standards for service delivery. To obtain a comprehensive view of the number of children receiving care coordination services would require data from all public and private agencies. In light of level funding for many years, it is positive that the number of children served by VDH has remained stable at about 3.5 percent of those potentially eligible for services.

The VDH 2010-2012 *Strategic Plan* reports that more than 208,400 children were potentially eligible for CYSHCN care coordination services in state fiscal year (SFY) 2010 and that 7,332 of them received those services. In SFY 2005, a total of 6,808 out of 190,600 potentially eligible children were served. The potential number of eligible children is based on U.S. Census data and estimated prevalence rates determined through the National Surveys of Children with Special Health Care Needs. U.S. Department of Health and Human Services' definitions used in this survey emphasize characteristics common to many of the conditions experienced by children with a wide range of diagnoses. The number served includes the children served by CYSHCN's Care Connection for Children, Child Development Services, and Virginia Blood Disorders Program described below.

- **Care Connection for Children (CCC)** coordinators, educational consultants, and insurance benefit specialists work from six regional Centers of Excellence for Children with Special Health Care Needs. Care Connection also performs community outreach and provides training and consultation to a wide variety of service providers that result in reciprocal referrals based on needs.
- **Child Development Services (CDS)** serves as a significant “gateway” and contributor to the disability services system. Each of nine regional Child Development Clinics managed by CDS has a team consisting of a pediatrician, nurse, social worker, educational consultant, psychologist, and other professionals as appropriate who assist families of children with learning, developmental, or behavioral disabilities. Referrals to the Child Development Clinics and regular or as-needed satellite or field clinics are made by families, schools, physicians, local health departments, social services offices, and other community and professional agencies.

VDH reports on the Virginia Performs website that CDS clinics served 1,235 children in state fiscal year (SFY) 2010. This is the lowest number since reporting began in 2004, when 1,730 children were served, and the trend has been downward since that time.

- The **CYSHCN Genetics and Newborn Screening** unit works through a multilayered network of public and private service providers, linked by particular health conditions or disabilities, to prevent birth defects and developmental disabilities, support optimal child development, and promote the health and wellness of children, adolescents, and their families. In accordance with Virginia law, these networks ensure that all newborns are screened for specific genetic disorders and for hearing loss. When these are detected, as also required by law, parents and service providers receive appropriate explanatory and follow-up information and referrals are made for appropriate medical or other services. The **Virginia Congenital Anomalies Reporting and Education System (VaCARES)**, another key component of the Genetics and Newborn Screening unit, is responsible for data surveillance related to these screening and follow-up activities.

The **Virginia Newborn Screening Program** works with three regional genetic centers operated by Virginia's medical schools to link families to appropriate resources in Virginia's disability services system. On Virginia Performs, VDH reports that 100 percent of Virginia newborns were screened for selected inherited disorders and genetic diseases and received follow-up by the age of six months in calendar year 2008, the latest year for which data is available. This reflected a slight increase from 99.8 percent who were screened in the previous year.

As a key partner with the Virginia Department for the Deaf and Hard of Hearing (DDHH), the **Virginia Early Hearing Detection and Intervention Program (VEHDIP)** serves as a primary source for referrals for follow-up services. VEHDIP staff are responsible for ensuring that physicians and hospitals provide all prospective parents with information on hearing screening requirements, that hearing screenings are performed, and that results of those screenings are provided to parents, physicians, other primary care providers, and VaCARES. The VDH website reports that 99.7 percent of newborns were screened for hearing loss prior to hospital discharge in calendar year 2008, the most recent data available, and the Virginia Performs website indicates that 56.4 percent of these infants received services before the age of six months. While this is a decline from a high of 70.5 percent in 2006, VDH staff believe that the actual number served may be higher because information on enrollment in IDEA Part C early intervention services (see the Early Intervention chapter for more information) cannot be shared without parental consent.

As noted earlier, the **VDH Dental Program** supports clinical dental services provided by 21 health districts across the Commonwealth. A searchable database of Virginia dentists who provide care for individuals with special needs can be found at [www.vahealth.org/dental/](http://www.vahealth.org/dental/).

Outreach, referrals, and funding under the *Ryan White Treatment Extension Act* are coordinated centrally by VDH **HIV Care Services** and regionally by "consortia" working in collaboration with local health departments and their community partners. VDH reports that 3,957 individuals received direct care and support services and 3,790 individuals received medications through this program in calendar year 2009. This reflects an increase from 2006

when 3,060 received direct care and 3,332 received medications. Women and children with HIV/AIDS must receive services in proportion to their burden of the disease, and for many individuals with and without disabilities, *Ryan White Treatment Extension Act* funding is their last resort for support of their health care and other needs.

All Virginia newborns are screened at birth for sickle cell disease through the Virginia Newborn Screening Program described above, and results are typically provided to the parents through their pediatrician. Local health departments also offer screening opportunities through the **Virginia Sickle Cell Awareness Program**, also described earlier. These and other referral sources direct families to Pediatric Comprehensive Sickle Cell Clinics, located in four major regional medical centers, for counseling, care coordination, and treatment. Additional community and professional educational and support services are offered through Community-Based Sickle Cell Programs.

The **Virginia Vaccines for Children** program conducts outreach and provides supplies of free vaccines to both public and private practitioners who then make them available to children with and without disabilities. The VDH central office, local health departments, and their community partners distribute information about the program, coordinate participating practitioners, and make referrals to them.

The VDH **Women, Infant, and Children (WIC) Program** ensures that eligible families, who might otherwise be unable to afford to eat properly, have access to healthy diets during pregnancy, breast-feeding, infancy, and early childhood to age five. Once eligibility has been determined, participants are directed to WIC staff and peer counselors who provide nutrition education, breast-feeding promotion and support, supplemental nutritious foods, counseling at WIC clinics, and screening and referrals for other health, welfare, and social services.

Families seeking to enter the **Virginia Birth-Related Neurological Injury Compensation Program** must file a petition with the Virginia Workers' Compensation Commission (WCC), and while it is not technically required, most families will need an attorney to represent them. Within 120 days of the petition filing, the case is reviewed a panel of expert physicians from one of the three state medical schools and by birth-injury program administrators, and there is an initial hearing by a WCC administrative judge. The WCC then enters a decision on eligibility and admission to the program, which either party can appeal to the full commission. Further appeals can be made to the Virginia Court of Appeals and the Supreme Court of Virginia.

The birth-injury program's *Comprehensive Annual Financial Report* covering the year that ended on December 31, 2009, the latest available, states that 11 petitions had been filed during that year and that 150 infants had been awarded benefits since the beginning of the program. Of those, five cases were still pending, and 113 program participants were still alive at that time. Minutes of the January 2011 meeting of the fund's board indicate that the number of active claimants rose to 117 by December 31, 2010, and minutes of the board's February 2011 meeting indicate a subsequent drop to 116.

### **Education, Information, and Outreach Programs:**

Each of the eight **Area Health Education Centers (AHECs)**, coordinated by Virginia Commonwealth University, is a unique regional partnership of statewide and local educational resources, professional networks, public and private health care providers, VDH health districts, and municipal health departments. Their projects and resources are specific to the communities they serve and primarily target areas with shortages of health care providers and populations with greater numbers of Virginians at risk for poor health habits and chronic health conditions. Individual projects undertaken by AHECs vary, but generally, they seek to increase the number of health care providers in underserved areas, address educational, physical, and attitudinal barriers that restrict access to health and wellness services, and identify underserved members of the community and direct them to appropriate services. As a result, expanded and improved health care service for people with disabilities is frequently a goal and outcome of AHEC activities.

Child and family health services programs at the Virginia Department of Health (VDH) have collaborated to create **Bright Futures Virginia**, an information resource for families and health professionals. While Bright Futures does not specifically target families of children with disabilities or provide direct services, its “Guidelines” increase general awareness of what is developmentally appropriate and encourage routine, periodic screening for developmental delay. Its framework can then be used to assess the physical and mental health needs of children from birth through adolescence, determine if their progress is developmentally appropriate, and promote healthy growth and a smooth transition from pediatric to adult health services. The Bright Futures Virginia website ([www.vahealth.org/brightfutures](http://www.vahealth.org/brightfutures)) provides information in video and printable formats that parents, caregivers, and health and human services professionals can access for up-to-date information on developmentally based well child care and anticipatory guidance. Launched in 2009, VDH reports that it now receives more than 20,000 visits per month. Infant growth, toilet training, discipline, and behavior are the top video topics accessed.

The VDH **Chronic Disease Self-Management Program (CDSMP)** trains leaders and master trainers to implement Stanford University’s evidence-based program that increases the knowledge and skills of patients living with chronic disease so that they can take responsibility for management of their disease, better manage day-to-day issues of the disease, improve their overall health, and decrease their utilization of health care resources. People with different chronic health problems attend CDSMP workshops together and meet with two trained leaders for two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries, and hospitals. Requests to schedule programs in a community can be made by through the program’s website, [www.vahealth.org/cdpc/CDSMP](http://www.vahealth.org/cdpc/CDSMP), or by contacting the VDH central office.

The mission of the **Health Promotion for People with Disabilities (HPPD)** project, as stated on its website ([www.hppd.vcu.edu](http://www.hppd.vcu.edu)), is “to promote the health of people with disabilities, to prevent secondary conditions, and to eliminate disparities between people with and without disabilities in Virginia.” Initially established in 2002 as a part of VDH’s Division of Chronic

Disease Prevention and Control, it is now administered by the Partnership for People with Disabilities (PPD) at Virginia Commonwealth University. Funding for the project is provided by the National Center for Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC). The project's task force works with local and national organizations in Virginia on awareness and education programs in health and recreation to implement its state plan goals related to access to health care, health promotion and outreach, nutrition and physical activity, data and surveillance, and interaction with existing initiatives.

The VDH **School Health Program** collaborates with the Virginia Department of Education (VDOE) in the supervision and coordination of school health services in the Commonwealth. State school health specialists develop and promote guidelines, educational materials, training programs, and other resources for all public school divisions as well as private and parochial schools. These guidelines and resources address health services for all students, with and without disabilities.

VDH's **Youth Suicide Prevention** program produces and distributes educational materials and conducts training for families, educators, and local service providers to raise public awareness and reduce the incidence of youth suicide. These materials include important referral information for Virginia's disability services system and are available free of charge from the program's website ([www.vahealth.org/Injury/preventsuicideva/index.htm](http://www.vahealth.org/Injury/preventsuicideva/index.htm)), the VDH central office, and the program's community partners.

Outreach, information, training, and direct services related to health care for the populations that they serve are also administered, provided, or licensed by a number of other state agencies, including the Department of Behavioral Health and Developmental Services (DBHDS) and the Departments for the Deaf and Hard of Hearing (DDHH), Blind and Vision Impaired (DBVI), and Aging (VDA). Rather than duplicate it here, additional information about these services can be found in the Community Supports and Institutional Services chapters of this assessment.

## D. Available Health Services

Previous sections of this chapter describe Virginia's principal publicly funded health care information and service providers with specific relevance to people with disabilities. This section contains additional descriptions of direct services, beyond the provision of basic information and referrals. Further details can be obtained from websites and other references listed at the end of the chapter.

Services offered by individual providers in the Virginia Department of Health (VDH) **Baby Care** program vary but typically include care coordination, group childbirth education and smoking cessation programs, parenting classes, nutritional assessments and counseling, and homemaker services. Related services are available through VDH **Resource Mothers** who visit with pregnant and parenting teens and their families weekly to provide health education, model

daily living skills, make referrals to other resources including the disability services system and public insurance programs when appropriate, and guide teens in making a successful transition to parenthood.

Individuals participating in the **Virginia Bleeding Disorders Program (VBDP)** receive direct services from a regional team consisting of specially trained physicians, nurses, social workers, physical therapists, orthopedic surgeons, infectious disease specialists, dentists, genetic counselors, nutritionists, and educators. These teams develop and implement plans that address individuals' needs for services and supports, and they also assist families in coping with emotional, social, educational, financial, and workplace concerns.

The VDH **Breast and Cervical Cancer Early Detection Program (BCCEDP)**, also known as **Every Woman's Life**, begins with outreach to eligible populations, including women with disabilities and others who may experience barriers to care, and continues through follow-up to ensure that they receive recommended screenings and appropriate services. Services include clinical breast exams, mammograms, Pap tests, and Pelvic exams. Additional preventive and diagnostic screenings for cardiovascular disease and behavioral change programs covering nutrition, physical activity, and tobacco cessation are offered at participating sites through the **WISEWOMAN** program. The program also works with the **Health Promotion for People with Disabilities** project at Virginia Commonwealth University to arrange training for service providers to reduce barriers to preventive health screenings for women with disabilities.

Staff at the six regional **Care Connection for Children** Centers of Excellence for Children with Special Health Care Needs directly assist families of children diagnosed with medical disorders having a physical basis, including physical disabilities, obtain health care assessments and specialty medical care. This includes assisting them with determining and obtaining insurance coverage and payments from applicable private or public sources and gaining access to other relevant services and supports from the health and disability services systems. Care Connection staff also identify, train, and consult with potential additional community resources, particularly specialty medical services, to expand the available supply of providers and establish family-to-family support networks.

Teams at clinics operated by VDH **Child Development Services (CDS)** provide diagnostic assessments and develop plans for future services and supports for children with learning, developmental, or behavioral disabilities. They coordinate delivery of those services and supports with local departments of social services and health, Community Service Boards (CSBs) and mental health providers, school divisions, early intervention services, Head Start programs, and other resources as appropriate. CDS staff also seek out potential additional community resources, then provide them with guidance and training to expand the availability of services and supports. This active involvement in community outreach and training results in referrals to and from the program to other parts of the health and disability services system.

Direct services provided through the **Virginia Newborn Screening Program** are complex and vary considerably depending on the specific genetic condition. In general, newborn

screening staff ensure that physicians and hospitals collect necessary samples for testing by the Virginia Department of General Services' Division of Consolidated Laboratories under contract to VDH. They then ensure that parents, physicians, and primary care providers are notified of screening results and that parents are referred to the appropriate resources for follow-up. As noted earlier, test results and follow-up activities are also reported to the **Virginia Congenital Anomalies Reporting and Education System (VaCARES)**.

Further testing, counseling, education, and service referrals are provided by three regional genetic centers. In situations where metabolic treatments or special foods are required, families are referred to one of three regional metabolic treatment centers located at the same facilities. Physicians and nutritionists associated with those centers help to develop a plan of care, and in some instances consistent with financial and medical eligibility criteria, families can be provided with or reimbursed for necessary special formulas, foods, or supplements.

If screening identifies a child with current or potential hearing loss, the **Virginia Early Hearing Detection and Intervention Program (VEHDIP)** provides parents with information on the importance of early intervention, available resources, and what to expect in the future. Parents are directly assisted with arranging follow-up assessments and in obtaining communications and educational support, assistive technology, and other services, including referrals to appropriate resources of the Virginia Department for the Deaf and Hard of Hearing. VEHDIP staff develop policies and procedures, identify best practices, and recruit additional community resources. Their training and guidance ensure that physicians and hospitals provide all prospective parents with information on hearing screening requirements, that hearing screenings are performed, and that screening results are provided to VaCARES.

The **Virginia Healthy Start Initiative**, also known as **Loving Steps**, employs nurses, dietitians, and community health workers to provide case management services for women and infants who are at risk for poor perinatal outcomes. These case managers arrange screenings for medical, nutritional, social, economic, and environmental risks, identify service gaps, develop a plan of care, and make referrals to other services and resources to improve participants' health. Ongoing follow-up ensures that services and supports are being accessed. Outreach, health education, interconception care, and depression screening are also components of the program.

The VDH **Women, Infants and Children (WIC) Special Supplemental Nutrition Program** provides nutrition education, breast feeding promotion and support, supplemental nutritious foods, and counseling at WIC clinics. When appropriate, it refers clients for screenings and other health, welfare, social services, and disability services.

Services provided by the **Virginia Birth-Related Neurological Injury Compensation Program** are delineated in the *Code of Virginia* (38.2-5000 et seq.) and include medical, hospital, rehabilitation and therapy, residential and custodial care, compensation for lost earnings from ages 18 to 65, special equipment or facilities, reasonable claim filing costs including attorney's fees, and medically necessary travel. The program's current housing policy provides assistance for an accessible rental unit or a maximum of \$175,000 toward the cost of adding an

accessible bedroom and bath to a home. In addition, the program will fund the purchase of an accessible van when it becomes medically necessary for wheelchair transportation. Legislation passed in 2008 allows the program to reimburse for nursing or attendant care provided by a relative or legal guardian of a program participant. Expenditures that are not funded include those covered by other government programs such as Medicaid or Medicare, expenses covered by prepaid health plans or health maintenance organizations, and expenses covered by private insurance.

## **E. Cost and Payment for Health Services**

In general, people with disabilities afford health and wellness services through the same means as the general population. Costs are paid directly out of pocket or indirectly through private insurance purchased individually or by employers or through public insurance programs such as Medicaid, Medicare, and the Children's Health Insurance Program (CHIP). They also take advantage of "free" government-funded services. This public funding is usually a mixture of federal, state, and local resources. The state's expenditures may be allocated from its General Funds or from dedicated sources. Numerous sources, including those mentioned at the start of this chapter, have reported that people with disabilities are typically poorer and have less access to private health insurance than the general population. This makes the population with disabilities and their families more reliant on public insurance programs and other government-subsidized services.

Concerns about the ever-rising costs of public insurance programs and limits to their coverage are resulting in annual changes to these programs as well as other acute and long-term health care programs of critical importance to persons with disabilities. At present, federal health care reform is driving changes to health care systems throughout the country, and like other states, Virginia continues to expand its use of managed care, including for individuals receiving long-term care. Provisions of the federal *Patient Protection and Affordable Care Act* (PPACA) will result in major changes to the health care delivery system. Changes to be phased in through 2014 will significantly expand the number of individuals eligible for Medicaid, and their full cost and programmatic impacts are not yet known.

Public health insurance programs that provide the most significant amounts of public health care funding for people with disabilities, such as Medicaid and CHIP, are addressed in the Medicaid chapter of this assessment. Other chapters also include information on numbers of participants and amounts of payments for health-related services as appropriate and available. The following funding sources are generally supplementary or complimentary to the publicly funded insurance programs. Each has its own application processes, eligibilities, and administrations unless otherwise noted. Unless otherwise indicated, funding amounts are for the entire programs and are not specific to services for individuals with disabilities.

The Virginia Department of Health (VDH) **Care Connection for Children** program manages a limited pool of funds that can be applied to certain services such as medications,

office visits to physicians and specialists, and durable medical equipment. Further information on services eligible for this pool of funds may be obtained from one of the six regional Centers of Excellence for Children with Special Health Care Needs. Before these funds can be used, it must be determined that no other resources such as private or public insurance are available. To qualify for these funds, a family must be uninsured or underinsured and have a gross family income at or below 300 percent of the federal poverty level. Financial support for Care Connection comes from Title V of the federal Maternal and Child Health (MCH) Block Grant program and matching Virginia General Funds.

**VDH Child Development Services** charges and payment procedures for services are discussed and determined in advance and will vary from family to family. A sliding scale based on family size and income level is available. The nine regional Child Development Clinics are also certified Medicaid providers for covered services. Child Development Services are financed by clinic fees and state General Funds that, as above, match federal support from Title V of the federal MCH Block Grant.

The VDH **Virginia Bleeding Disorders Program** manages a pool of funds that may be applied to certain services such as medications, diagnostic testing, therapy, and hospitalization. To qualify for these funds, a family must meet financial eligibility requirements that include not having any other resources such as public or private insurance. Again, these funds are derived from state General Funds that match federal support from Title V of the federal MCH Block Grant.

According to VDH, the **Virginia Newborn Screening Program** received \$974,657 in federal funds, plus \$952,807 in special funds, for a total of \$1,927,464 in state fiscal year (SFY) 2011. This included funding for medically necessary modified foods and supplements required by some individuals who have been diagnosed with heritable disorders or genetic diseases screened by the program and are receiving treatment at one its three regional genetic and metabolic treatment centers. Participating families with incomes of less than 300 percent of the federal poverty level and no insurance coverage for these special foods and supplements are eligible to be reimbursed for their cost up to a maximum of \$1,500 per individual per year. Individuals who do not qualify for reimbursement may purchase them through VDH at a discount.

VDH reports that in state fiscal year (SFY) 2011, total funding for the **Virginia Early Hearing Detection and Intervention Program (VEHDIP)** was \$425,000. Of this, \$150,000 came in the form of a federal grant from the Health Resources and Services Administration, and \$275,000 came from funds for Communicable Disease Control.

In state fiscal year (SFY) 2011, the state General Fund provided \$315,000 for the **Virginia Sickle Cell Awareness Program**'s network of pediatric comprehensive sickle cell clinics and \$90,000 for its community-based sickle cell programs. Reduced fees for services, based on a sliding scale, are charged to those who meet financial eligibility requirements.

Over the course of many years, the **Virginia Birth-Related Neurological Injury Compensation Program** has been the subject of substantial legislative and media focus. This attention has been directed primarily on the reported inability of severely injured children to obtain entry to the program, efforts to restrict access to the program, and concerns over its financial solvency. As noted previously, this fund covers medically necessary expenses beyond what private insurance, Medicare, or Medicaid will cover for approved participants in the fund who have suffered specific birth injuries during the labor and delivery process. No state funds are involved in providing services for claimants. Funding is derived from legislatively allowed sources that include fees charged to participating physicians and hospitals and assessments from nonparticipating physicians and liability insurers.

The 2008 General Assembly passed legislation to reduce the fund's actuarial deficit by increasing assessments for physicians and hospitals and requiring that the program employ the actuarial methodology used by the Florida Birth-Related Neurological Injury Compensation Association. The program's actuary noted that this increase in fees would have a minor effect on the deficit and that a more significant reduction would come from the change in actuarial methodology. The program's 2009 *Annual Actuarial Report*, the latest available, stated that the program was not in any immediate danger of defaulting on the payment of benefits and had sufficient assets to continue to pay for existing claimants' benefits for at least 20 years. Minutes from the January 2010 meeting of the fund's board noted that 2009 accomplishments included the highest level of physician participation (648), the highest level of hospital participation (38), the highest total annual income (\$30.36 million), and the highest participating physician and hospital income.

Minutes of the program's February 2011 board meeting reported that the fund had \$273 million in investments compared to \$235 million in January 2010 and \$186 million in January 2009. Those minutes also included a statement from the fund's board, pursuant to a letter from Pinnacle Actuarial Resources, Inc., that "the Program has enough money in reserves to cover the current costs of all admitted claimants. However, the Program is still considered actuarially unsound."

The 2011 General Assembly passed House Bill 2170 which amended the *Code of Virginia* (38.2-5009) to prohibit the Workers' Compensation Commission from awarding attorney fees incurred in opposing a claimant's admission to the birth-injury program. The measure also prohibited the award of attorney's fees and expenses incurred by any physician, hospital, nurse midwife, or their medical malpractice carrier that is a party to a proceeding regarding admission to the program or involving a birth-related neurological injury claim. This prohibition on paying expenses does not apply to compensation of the Office of the Attorney General or certain other expenses.

## **F. Monitoring and Evaluation of Health Services**

It is not possible to address the entire system for monitoring and evaluating the performance and responsiveness of the health care system in this assessment. While people with

disabilities may be an identified or likely component of the target populations for the health services described in this chapter, most of these services are not specific to people with disabilities, and therefore, the service providers do not collect or report separate quality assurance information for that population. What follows is a general description of quality assurance mechanisms related to the services described previously. More information, including detailed monitoring and complaint procedures and compliance reports, where available, may be found using the references at the end of this chapter.

**Virginia Department of Health (VDH):** Examples of monitoring, regulatory, and quality assurance responsibilities for individual VDH programs have already been covered in the earlier sections of this chapter on eligibility for and access to health care. In addition, the VDH **Office of Licensure and Certification** is responsible for licensing, monitoring, and managing compliance for a wide range of public and private health care facilities and service providers such as hospitals, outpatient clinics, certain laboratories and other testing facilities, nursing facilities, home care organizations, and hospice programs. Information on its quality assurance activities relative to direct services for people with disabilities may be found in the Community Supports and Institutional Services chapters of this assessment.

The VDH Office of Licensure and Certification is also responsible for certification of managed care health insurance plans under Titles XVIII and XIX of the federal *Social Security Act* (42 USC 1395 and 1396 et seq., respectively). This office is also the state's official survey agency for providers eligible for reimbursements under Medicaid and Medicare. Specific certification, inspection, monitoring, and compliance requirements vary by type of service, and details can be found on the office's website ([www.vdh.virginia.gov/OLC/index.htm](http://www.vdh.virginia.gov/OLC/index.htm)) along with procedures for submitting and resolving service complaints.

**Virginia Department of Health Professions (DHP):** Thirteen DHP regulatory boards oversee and enforce laws governing approximately 350,000 health care workers in Virginia. These boards develop regulations and make case decision regarding whether a provider is in violation with requirements for obtaining or retaining a license. The department grants licenses, certifications, and registrations; handles concerns and complaints about service providers; and collects workforce data. As a public service, it also has an online system for checking the current licensure status of health professionals, practitioners' records in the Board of Medicine's database, and the results of recent case decisions on complaints. Lists of covered professions, information on professional standards, complaint procedures, and forms are available on its website ([www.dhp.virginia.gov](http://www.dhp.virginia.gov)) or by contacting VDH directly.

**Virginia Department of Medical Assistance Services (DMAS):** Activities by DMAS to monitor expenditures and provide quality assurance for the state's public health insurance programs are described in the Medicaid chapter of this assessment.

**Virginia Birth-Related Neurological Injury Compensation Program:** While it was created by the Virginia General Assembly, the birth-injury program is an independent organization governed by a board appointed by the Governor. Initially comprised of seven members, board

membership was expanded to nine on July 1, 2008. The *Code of Virginia* specifically defines how the program is to operate, and the State Corporation Commission (SCC) has certain financial responsibilities regarding the fund that supports its operation. The program's plan of operation is approved by the SCC, and at least every other year, the SCC is required to conduct an actuarial study of the program.

An independent financial audit must be performed annually and submitted to the Governor and both chambers of the Virginia General Assembly along with an annual investment performance report. Its *Comprehensive Annual Financial Reports* and annual actuarial reports, the most recently published for 2009, are available at [www.vabirthinjury.com](http://www.vabirthinjury.com). In 2007-2008, the birth-injury program received awards for Excellence in Financial reporting; however, in May 2009, its former claims manager was sentenced to ten years in prison for embezzling nearly \$800,000 from the fund.

## G. Health Services Sources Referenced in This Chapter

Links to websites and online documents reflect their Internet addresses in March 2011. Some documents retrieved and utilized do not have a date of publication.

### Websites:

Area Health Education Centers:

[www.ahec.vcu.edu](http://www.ahec.vcu.edu)

Association of University Centers on Developmental Disabilities:

[www.aucd.org](http://www.aucd.org)

Health Promotion for People with Disabilities:

[www.hppd.vcu.edu](http://www.hppd.vcu.edu)

Kaiser Family Foundation State Health Facts:

[www.statehealthfacts.org](http://www.statehealthfacts.org)

Virginia Birth-Related Neurological Injury Compensation Program:

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

Board meeting minutes and actuarial reports:

[www.vabirthinjury.com/News\\_Publications.htm](http://www.vabirthinjury.com/News_Publications.htm)

Virginia Department of Health:

[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

Baby Care:

[www.vahealth.org/babycare](http://www.vahealth.org/babycare)

Behavioral Risk Factor Surveillance System:

[www.vahealth.org/Brfss](http://www.vahealth.org/Brfss)

Bleeding Disorders Program:

[www.vahealth.org/bleedingdisorders/index.htm](http://www.vahealth.org/bleedingdisorders/index.htm)

Breast and Cervical Care Early Detection Program (Every Woman's Life):

[www.vahealth.org/ewl](http://www.vahealth.org/ewl)

- Bright Futures Virginia:  
[www.vahealth.org/brightfutures](http://www.vahealth.org/brightfutures)
- Care Connection for Children:  
[www.vahealth.org/specialchildren/cccprogram.asp](http://www.vahealth.org/specialchildren/cccprogram.asp)
- Child Development Services:  
[www.vahealth.org/specialchildren/cdsprogram.asp](http://www.vahealth.org/specialchildren/cdsprogram.asp)
- Children With Special Health Care Needs:  
[www.vahealth.org/specialchildren](http://www.vahealth.org/specialchildren)
- Congenital Anomalies Reporting and Education System (VaCARES):  
[www.vahealth.org/gns/vaCares.htm](http://www.vahealth.org/gns/vaCares.htm)
- Dental Health:  
[www.vahealth.org/dental](http://www.vahealth.org/dental)
- Early Hearing Detection and Intervention:  
[www.vahealth.org/hearing](http://www.vahealth.org/hearing)
- Genetics and Newborn Screening:  
[www.vahealth.org/gns](http://www.vahealth.org/gns)
- Healthy Start Initiative (Loving Steps):  
[www.vahealth.org/lovingsteps](http://www.vahealth.org/lovingsteps)
- HIV Care Services:  
[www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS](http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS)
- Infant Screening and Infant Tracking System:  
[www.vahealth.org/gns/visits/visits.htm](http://www.vahealth.org/gns/visits/visits.htm)
- Licensure and Certification:  
[www.vdh.virginia.gov/OLC/index.htm](http://www.vdh.virginia.gov/OLC/index.htm)
- Newborn Screening:  
[www.vahealth.org/vnsp](http://www.vahealth.org/vnsp)
- Regional Genetic Centers:  
[www.vahealth.org/gns/centers.htm](http://www.vahealth.org/gns/centers.htm)
- Resource Mothers:  
[www.vahealth.org/resourcemothers](http://www.vahealth.org/resourcemothers)
- School Health:  
[www.vahealth.org/childdolescenthealth/schoolhealth](http://www.vahealth.org/childdolescenthealth/schoolhealth)
- Sickle Cell Awareness:  
[www.vahealth.org/sicklecell](http://www.vahealth.org/sicklecell)
- Virginia Vaccines for Children:  
[www.vdh.virginia.gov/Epidemiology/Immunization/VFC/index.htm](http://www.vdh.virginia.gov/Epidemiology/Immunization/VFC/index.htm)
- Women, Infants and Children (WIC) Special Supplemental Nutrition:  
[www.vahealth.org/NuPAFP/General%20Info](http://www.vahealth.org/NuPAFP/General%20Info)
- Youth Suicide Prevention:  
[www.vahealth.org/Injury/preventsuicideva/index.htm](http://www.vahealth.org/Injury/preventsuicideva/index.htm)
- Virginia Department of Health Professions:  
[www.dhp.virginia.gov](http://www.dhp.virginia.gov)

**Documents:**

- Association of University Centers on Developmental Disabilities (AUCD). (May 2010). *AUCD Summary of the Patient Protection and Affordable Care Act: A Detailed Summary of Provisions that Impact AUCD Network Programs*. Retrieved from: [www.aucd.org/docs/policy/health\\_care/Section%20by%20Section%20summary%20of%20LTSS%20in%20HCR%20law%205-5-10.pdf](http://www.aucd.org/docs/policy/health_care/Section%20by%20Section%20summary%20of%20LTSS%20in%20HCR%20law%205-5-10.pdf).
- Oliver Wyman Actuarial Consulting, Inc. (October 2009). *Virginia Birth-Related Neurological Injury Compensation Fund: 2009 Annual Report Including Projections for Program Years 2009-2011*. Report to the State Corporation Commission, Bureau of Insurance. Retrieved from: [www.vabirthinjury.com/News\\_Publications.htm](http://www.vabirthinjury.com/News_Publications.htm).
- Virginia Birth-Related Neurological Injury Compensation Program. (January 2010). *Board of Director's Meeting: Minutes: January 12, 2010*. Retrieved from: [www.vabirthinjury.com/News\\_Publications.htm](http://www.vabirthinjury.com/News_Publications.htm).
- Virginia Birth-Related Neurological Injury Compensation Program. (July 2010). *Board of Director's Meeting: Minutes: July 13, 2010*. Retrieved from: [www.vabirthinjury.com/News\\_Publications.htm](http://www.vabirthinjury.com/News_Publications.htm).
- Virginia Birth-Related Neurological Injury Compensation Program. (January 2011). *Board of Director's Meeting: Minutes: January 18, 2011*. Retrieved from: [www.vabirthinjury.com/News\\_Publications.htm](http://www.vabirthinjury.com/News_Publications.htm).
- Virginia Birth-Related Neurological Injury Compensation Program. (February 2011). *Board of Director's Meeting: Minutes: February 8, 2011*. Retrieved from: [www.vabirthinjury.com/News\\_Publications.htm](http://www.vabirthinjury.com/News_Publications.htm).
- Virginia Department of Health. 2010-2012 *Strategic Plan*. Retrieved from: [www.vdh.virginia.gov/Administration/StrategicPlan](http://www.vdh.virginia.gov/Administration/StrategicPlan).
- Virginia Department of Health, Division of Chronic Disease Prevention and Control. *Chronic Disease in Virginia: A Comprehensive Data Report, 2006 Edition*. Richmond. Retrieved from: [www.vahealth.org/cdpc/documents/2007/2006%20Chronic%20Disease%20Data%20Report\\_040607.pdf](http://www.vahealth.org/cdpc/documents/2007/2006%20Chronic%20Disease%20Data%20Report_040607.pdf).
- Virginia Department of Health, Division of Chronic Disease Prevention and Control. (March 2009). *Health Status of Virginians with Disabilities: 2004-2006--An Analysis of BRFSS Data*. Disseminated by Health Promotions for People with Disabilities Project, Partnership for People with Disabilities, Virginia Commonwealth University. Retrieved from: [www.hppd.vcu.edu/documents/HPPD\\_Disability\\_Report\\_2009-Color.pdf](http://www.hppd.vcu.edu/documents/HPPD_Disability_Report_2009-Color.pdf).