

Virginia Department of Health

Office of Minority Health and Public Health Policy

ANNUAL REPORT

Health Care Workforce and Other Initiatives to Promote Health Equity

July 1, 2007 to June 30, 2008

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Overview

Legislative Mandate

Section 32.1-122.22 of the *Code of Virginia* requires that the State Health Commissioner submit an annual report to the Governor and to the General Assembly regarding the activities of the Virginia Department of Health (VDH) in recruiting and retaining health care providers for underserved populations and areas throughout the Commonwealth. The annual report is required to include information on:

1. The activities and accomplishments during the reporting period.
2. Planned activities for the coming year.
3. The number and type of providers who have been recruited by VDH to practice in medically underserved areas (MUAs) and health professional shortage areas (HPSAs).
4. The retention rate of providers practicing in these areas.
5. The utilization of the scholarship and loan repayment programs authorized in Article 6 (§32.1-122.5 et seq.), as well as other programs or activities authorized in the Appropriation Act for provider recruitment and retention.
6. Recommendations for new programs, activities and strategies for increasing the number of providers in underserved areas.

The State Health Commissioner delegated the responsibility of preparing the report to the Office of Minority Health and Public Health Policy (OMHPHP). The OMHPHP prepared the report using the legislative requirements as guidelines.

The Office of Minority Health and Public Health Policy

The mission of the OMHPHP is to identify health inequities, assess their root causes, and address them by influencing policy, establishing partnerships, providing resources and educating the public. Central to this mission is the recognition that inequities in health stem from social inequities that lead to unequal access and exposure to social determinants of health (e.g. income, economic opportunity, quality education, quality and affordable housing, healthy living environments, favorable working conditions, access to health care and providers, social support and social capital, and transportation). These and other social determinants of health (SDOH) influence behaviors, chronic stress, and exposure to environmental risks; and they affect health throughout the life span and across generations. SDOH have been termed fundamental causes of disease because their distribution is strongly associated with the distribution of the major causes of morbidity and mortality (e.g. heart disease, cancer, unintentional injuries, HIV/AIDS, asthma). Fulfilling the Office's mission requires addressing the SDOH in partnership with disadvantaged and underserved communities, health professionals, advocacy groups, policy makers, and others to:

- Develop the health care workforce, including the management of scholarship and loan repayment programs and other initiatives aimed at the recruitment and retention of health care providers;
- Target the social and economic policies, practices, and conditions that create disproportionate barriers to health among low income, racial and ethnic minority, and rural populations; and
- Assist socially disadvantaged and medically underserved communities and populations with the development of resources, establishment of partnerships and identification of programs.

During the reporting period July 1, 2007 through June 30, 2008, the OMHPHP focused its efforts on enhancing and expanding these areas.

Executive Summary

Health Care Access

As the Primary Care Office of Virginia, OMHPHP is federally mandated to oversee the Health Professional Shortage Area (HPSA) and Medically Underserved Area and Population (MUA/MUP) designation process. In the past year, OMHPHP proactively reviewed for HPSA and MUA/MUP designation each of Virginia's 206 Census Tracts (2000 Census) that had over 20 percent of their population below the Federal Poverty Level (FPL). The OMHPHP facilitated new primary care, dental and mental HPSA and MUA/MUP designations in all qualified areas. In addition, the Office developed a new methodology for identifying specific neighborhoods and communities that could benefit from public health interventions and policy change. These "High Priority Target Areas" are identified using geospatial informational system analysis of multilevel spatial data associated with social determinants of health.

In addition to developing systems to identify areas of need, the OMHPHP is also working to insure more Virginians. In partnership with Community Health Resource Center, Inc., the OMHPHP supported the development of InsureMoreVirginians.net, a Web site designed to expand health coverage by educating Virginia citizens and small employers about the value of health coverage, their health insurance coverage options and how to acquire health coverage.

Developing the Health Care Workforce

Recruitment and Retention Initiatives

The OMHPHP continues to educate practitioners and employers about the online recruitment resource, PPOVA.org as well as the loan repayment and scholarship programs that are designed to attract and retain primary care practitioners in Virginia's rural and medically underserved areas. During FY2008, the OMHPHP produced a health care workforce video, *Choose Virginia: A Healthy Place to Live and Work*. This video has been showcased on the Office Web site, conferences, and YouTube.

Incentive Programs and Placement of Practitioners in Virginia's Underserved Areas

The OMHPHP administers the Virginia Physician and the Virginia State Loan Repayment Programs. These programs offer financial incentives to physicians, physician assistants and nurse practitioners who are committed to serving the needs of underserved populations and communities in the Commonwealth of Virginia. During FY2008, the OMHPHP provided awards to 22 eligible applicants.

In addition to loan repayment programs, the OMHPHP administers four nursing scholarship programs. Recipients of the scholarship awards agree to provide service in Virginia after completing their educational programs. The OMHPHP awarded a total of 121 nursing scholarship awards during this fiscal year.

The OMHPHP also administers the J-1 Visa Waiver (Conrad 30) program. This federally authorized program enables international medical graduates to remain in the country after completing their residency if they agree to work in medically underserved areas. The OMHPHP assisted in the placement of 19 physicians who were granted J-1 Visa Waivers during FY2008.

As part of the Governor's budget proposal to address the Commonwealth's revenue shortfall over the 2008-2010 biennium, state funding for the Physician Loan Repayment Program was frozen for FY2009 and proposed for elimination in FY2010. This decision does not affect any current award recipients, but under the proposal no additional loan repayment awards will be processed. Unexpended balances for nursing scholarship and loan repayment programs were taken as part of the Governor's budget reduction plan for FY2009, but those programs are all proposed for continuation at full funding levels during FY2010. The private and non-profit sectors, including hospitals and health systems and community health foundations, have a strong interest and continue to work to help

attract health care providers to underserved areas. Private and non-profit sector activity should help to mitigate any adverse effects of this reduction in state funding. The OMHMHP will maintain current updates on its webpage regarding other available incentive programs.

Rural Health

The OMHPHP serves as the State Office of Rural Health. In this capacity, it manages the Small Rural Hospital Improvement (SHIP) Grant Program and the Medicare Rural Hospital Flexibility (Flex) Program. During the reporting year, the SHIP program supported rural hospitals in developing network systems to enhance the quality of care in the hospitals, promoting implementation of the Medicare prospective payment system and the Health Insurance Portability and Accountability Act (HIPAA). In addition, hospitals that participate in the FLEX Program performed a comprehensive program evaluation, partnered with the VDH Office of Emergency Medical Services (EMS) to assess EMS capacity in rural regions and participated in a Multi-state Performance Improvement Project as well as several telehealth educational programs.

In collaboration with over 40 statewide rural partners, The State Office of Rural Health developed an action plan for the advancement of health and healthcare services in rural Virginia. This plan provides an analysis of rural health and will aid in the development of practical strategies that will lead to health improvements in rural Virginia. In addition to the plan, OMHPHP has continued to leverage its resources to support the development of rural health systems of care. As a recipient of the Critical Access Hospital - Health Information Technology Network Implementation Grant (CAHITN), the OMHPHP has partnered with institutions of higher education, rural communities, organizations and hospitals to implement, design, develop, test and evaluate a model stroke network across the central Shenandoah region.

Health Equity and Minority Health

The OMHPHP leveraged partnerships with community leaders, institutions of higher education and government agencies to increase awareness of health inequities and provide technical assistance and training for partners to address their root causes and contributing factors.

- The Health Commissioner's Minority Health Advisory Committee embraced this vision and implemented a systematic plan to educate and mobilize members of their communities through presentations, workshops, forums and literature.
- The OMHPHP partnered with California Newsreel and the Public Broadcasting Service (PBS), along with over 100 national partners to promote health equity, using the series *Unnatural Causes: Is Inequality Making Us Sick?* as a catalyst for research, discussion, public engagement, and community mobilization.
- The OMHPHP has developed and facilitated a training program to provide individuals and organizations with the information and tools to lead discussions and action planning to promote health equity.
- The CLAS Act initiative continued to enhance its award-winning resource, CLASActVirginia.org and also provided VDH employees with telephonic interpretation and translation services and cultural sensitivity training.

Activities and Accomplishments

Health Care Access

State Primary Care Office (PCO)

State Primary Care Offices work through a cooperative agreement with the Office of State and External Affairs, Bureau of Primary Health Care (BPHC), Bureau of Health Professions (BHPr), Health Resources and Services

Administration, United States Department of Health and Human Services. The Primary Care Office (PCO) is funded to meet the following goals:

- Improve primary care access of underserved and vulnerable populations.
- Achieve the vision of 100 percent access to preventive and primary care services.
- Achieve the vision of 0 percent health care disparities in every community across the country.
- Enhance collaboration between state, federal, local and private sectors working to improve health status.

The OMHPHP serves as the PCO for Virginia. The "sister" organization to the PCO is the Primary Care Association (PCA). In Virginia, the PCA is the Virginia Community Healthcare Association (VACHA). The OMHPHP works closely with the VACHA on issues relating to improving access to primary care services throughout the Commonwealth. Over the last year, these efforts have included collaborative recruitment efforts to place physicians in health professional shortage and medically underserved areas in Virginia.

Designation of Health Professional Shortage Areas

The Health Professional Shortage Area (HPSA) designation system was initially developed in the 1970's to assist in allocating National Health Service Corps placements. Since then, over 30 federal programs use the various shortage designations as qualification criteria for specific health care initiatives (see Appendix A). In addition, numerous state and local foundations and other funding sources use designations as criteria for supporting local efforts to improve access to health care.

Health Professional Shortage Areas have been established for Primary Care, Dental Care and Mental Health Care. A general overview of some of the criteria for HPSA designation is provided in Table 1.

Table 1: Requirements for Geographic and Population HPSA (Primary Care, Dental and Mental Health)

	Primary Care	Dental	Mental Health
Population: Provider Ratio Geographic (a shortage for the total population within a defined service area)	3,500:1	5,000:1	30,000:1 (Psychiatrist)
Population: Provider Ratio Sub-Population or High Needs (an underserved population in a geographic area such as low-income or migrant farm workers)	3,000:1	4,000:1	20,000:1
Travel Time	30 minutes	40 minutes	40 minutes

In addition to geographic and population HPSAs, there are also facility designations for entities such as Community Health Centers, Rural Health Clinics, federal and state correctional facilities and mental health facilities.

As the PCO for Virginia, OMHPHP is federally mandated to oversee the designation process. To this end, the OMHPHP maintains primary care physician, general dentist and psychiatrist databases and monitors the demographics and health statistics of health care service areas to identify potential HPSA sites. All existing designations are currently reviewed on a three-year cycle to assure continuity and effectiveness of incentive programs. The OMHPHP uses both small area analysis techniques and Geographic Information Systems (GIS) to optimize the HPSA designation process and to provide the highest degree of accuracy possible. Phone surveys of all providers within a service area (and within contiguous areas) are required for every HPSA designation and the OMHPHP has incorporated these surveys into its ongoing responsibilities.

Because all HPSA designations must be reviewed on a regular basis, areas that may have earlier qualified as a HPSA may no longer qualify at a later date, usually because the designation has attracted practitioners to serve the area.

These are “success stories” that, nevertheless, often present difficulties for both providers and communities because these areas lose their eligibility for special programs, grants and enhanced provider reimbursements.

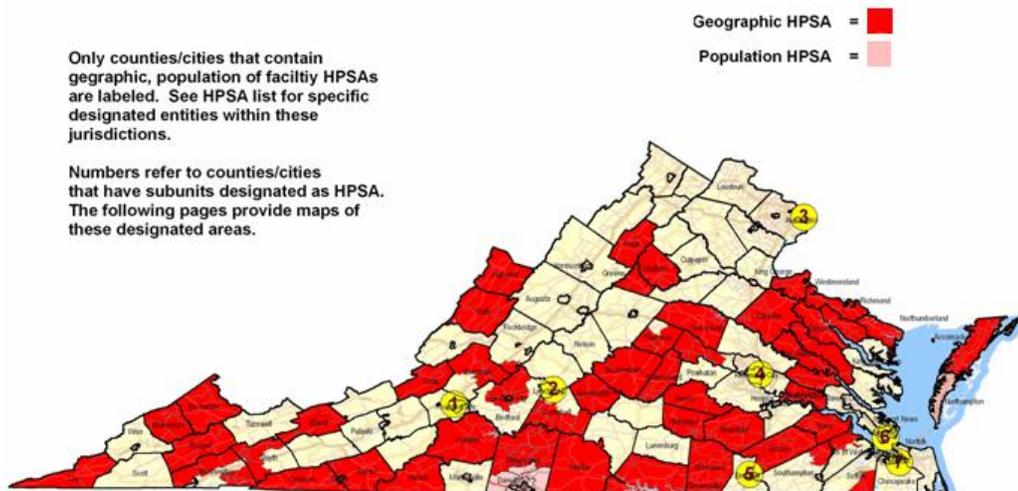
Primary Care HPSAs are designed to indicate shortages of primary medical care providers defined as family practice, general internal medicine, pediatrics, obstetrics and gynecology, and general practice. Geographic HPSAs, the most common primary care shortage designation, must meet the following criteria:

- Have a population to primary care provider ratio greater than 3,500:1 or greater than 3,000:1 if the population has high needs. A high needs area is determined by one of the following: high poverty rates (more than 20 percent below poverty), high birth rates (more than 100 births per 1,000 women) or high infant mortality rates (more than 20 infant deaths per 1,000 live births).
- Demonstrate that the primary medical care professionals in contiguous areas are overutilized, with a primary care provider ratio greater than 2000:1, or that these areas are currently designated as primary care HPSAs. If the contiguous areas are not overutilized or designated, it must be demonstrated that barriers to accessing the services of primary medical care professionals in these areas exist due to excessive distance (greater than 30 minutes travel time) or other factors.

Virginia currently has 102 primary care HPSA designations in 78 counties and cities throughout the Commonwealth. There are 47 geographic primary care designations and 3 population-based primary care designations. There are also 52 health care facilities with HPSA designations, of which 24 are community health centers, five are rural health clinics and 23 are correctional centers (see Appendix B).

There are currently 297 primary care physicians practicing within designated HPSAs and it is estimated that it would require an additional 103 primary care physicians who agree to serve the medically needy in these institutions and areas to eliminate the primary care shortages that are currently being experienced within the Commonwealth’s primary care HPSAs. This suggests that it would require a 35 percent increase in providers to eliminate all of the designations. It is noteworthy that even as the number of designations has increased over the past five years, the absolute number of new physicians required to eliminate all of Virginia’s primary care HPSA has gone from a high of approximately 200 to the current 105.

Figure 1: Virginia Primary Care Health Professional Shortage Areas (HPSA)



Caveats are in order, however, regarding use of the HPSA methodology to estimate accurate physician needs within underserved areas. As was explained in the FY2007 annual report, when the utilization rates by age- and sex-specific categories from the National Ambulatory Medical Survey are applied to the populations within current primary care

HPSAs, the HPSA methodology becomes suspect. The physician to population ratio to adequately meet the needs of current urban HPSAs is estimated at 2,489:1. Likewise, the physician to population ratio to adequately meet the needs of current rural HPSAs is estimated at 2,385:1. The rural and urban differences are largely attributed to the rapid aging of rural populations. Using this methodology, there is a total need of approximately 532 primary care physicians rather than the 400 suggested by the federal HPSA methodology. This in turn would suggest a primary care physician shortage of 235 providers in currently designated HPSAs, not the 105 suggested by the HPSA designation methodology.

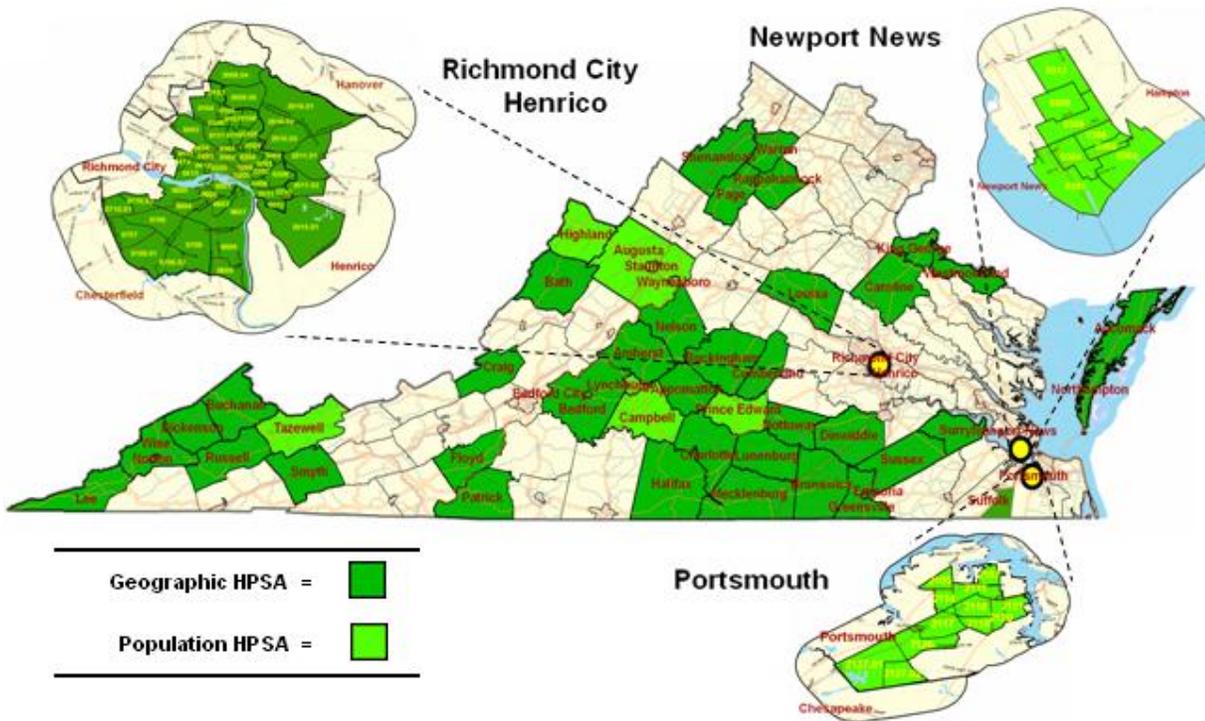
Dental HPSAs are designed to indicate shortages of general dental care and take into account the number of full time equivalent (FTE) of dentists, which are, in turn, weighted by the age of the individual dentist and the number (FTE) of dental hygienists and assistants associated with each dentist. Geographic dental HPSAs, the most frequent shortage designation, must meet the following criteria:

- Have a population to general dental provider weighted ratio greater than 5,000:1 or greater than 4,000:1 with high needs. A high needs area is determined by high poverty rates (more than 20 percent below poverty) or by low fluoridation rates (more than 50 percent of the population has no fluoridated water).
- Demonstrate that the dental care professionals in contiguous areas are overutilized with a population to dentist ratio greater than 3,000:1 or these areas must be currently designated as dental HPSAs. If the contiguous areas are not over-utilized or designated, it must be demonstrated that barriers to accessing the services of dental professionals in these areas exist due to excessive distance (greater than 40 minutes travel time) or other factors.

Virginia has 76 separate dental HPSA designations in 60 jurisdictions. The designations include 34 geographic designations in 40 jurisdictions and six low-income designations in seven jurisdictions as well as 36 facility designations. Of the 36 facility designations, 24 are community health centers and 12 are correctional facilities (see Appendix C).

There are currently 157 dentists practicing within the designated HPSAs and it is estimated that it would require an additional 123 dentists who agree to serve the medically needy in these institutions and areas to eliminate the dental shortages that are currently being experienced within the Commonwealth's dental HPSAs. This suggests that it would require a 78 percent increase in providers to eliminate all of the dental HPSA designations.

Figure 2: Virginia Dental Health Professional Shortage Areas



Once again, the numbers associated with the Dental HPSA designation process should not necessarily be equated with the actual provider supply needs of the Commonwealth.

Mental Health HPSAs are designed to indicate shortages of mental health care providers which are defined as psychiatrists and other core mental health providers (e.g., clinical psychologists, psychiatric nurses, marriage/family counselors and clinical social workers).

For geographic mental HPSA the following criteria must in general be met:

- Have a population to psychiatrist ratio greater than 30,000:1, or 9,000:1 for core mental health care providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet specific federal guidelines, or a combination of 6,000:1 for core mental health providers and 20,000:1 for psychiatrists.
- For a geographic designation with unusually high needs (generally with 20 percent or more of the population in the service area with incomes below Federal Poverty Level), the ratio must be at least 20,000:1 for psychiatrists, 6,000:1 for core mental health providers including psychiatrists, or a combination of 4,500:1 for core mental health providers and 15,000:1 for psychiatrists.

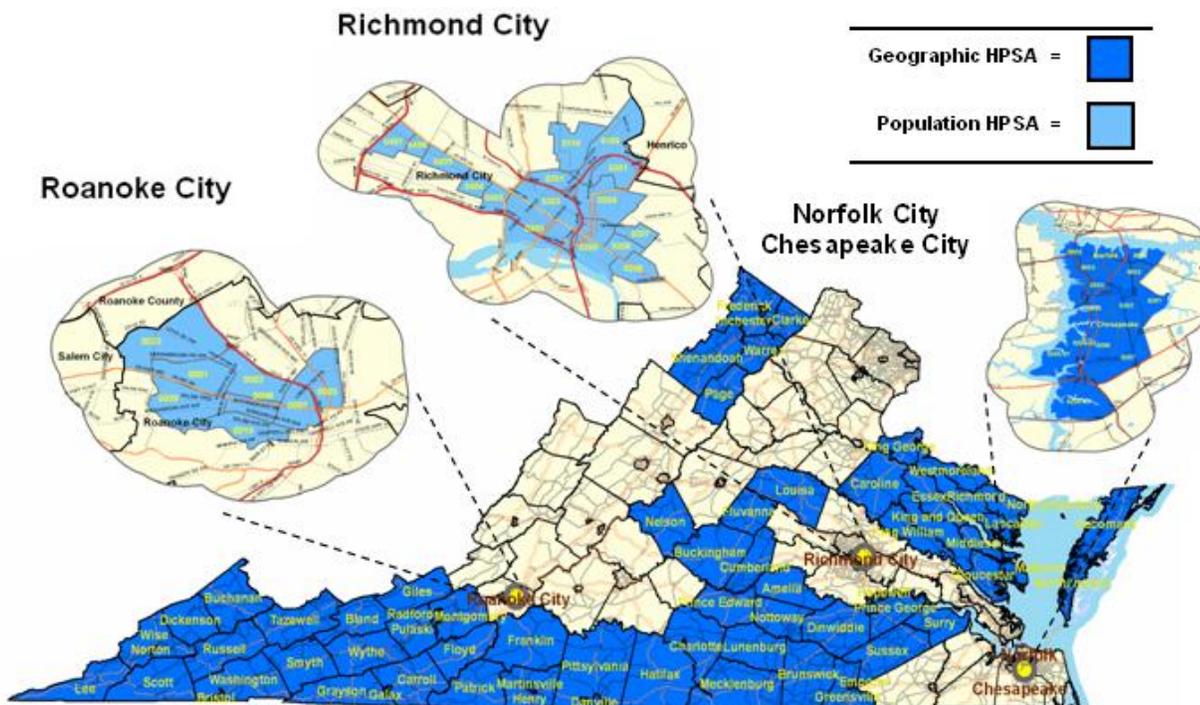
For a low income population (generally the percentage of individuals below 200 percent Federal Poverty Level) mental HPSA the following criteria must be met

- Have a low income population ratio greater than 20,000:1 for psychiatrists, 6,000:1 for core mental health providers including psychiatrists, or a combination of 4,500:1 for core mental health providers and 15,000:1 for psychiatrists.

Virginia has 64 separate Mental Health HPSA designations, including geographic, low-income and facility in 84 jurisdictions. Of this number, there are 24 community health centers and 25 correctional centers designated as facilities and 14 whole or partial mental health catchment areas of Virginia’s Community Service Boards (CSB). The CSB designations represent 71 jurisdictions. Fifty-nine counties and 10 cities are designated in their entirety as geographic mental health HPSAs, along with one partial city, Chesapeake City. Richmond City has a homeless population mental health designation to meet the challenges of this specific population (see Appendix D).

There are currently 53 psychiatrists practicing within a designated Mental HPSA and it is estimated that it would require an additional 17 psychiatrists who agree to serve the medically needy in these institutions and areas to eliminate the mental health shortages that are currently being experienced within the Commonwealth’s mental HPSA. This suggests that it would require a 32 percent increase in psychiatrists to eliminate all mental health shortages designations in the currently designated areas.

Figure 3: Virginia Mental Health Professional Shortage Areas



Designation of Medically Underserved Areas and Populations (MUA/MUP)

The MUA/MUP designation process was initially established to assist HRSA in allocating community health center (CHC) grant funds to areas of greatest need. For MUA/MUP designations, a composite index of four indicators is compiled and compared with national averages to compute an Index of Medical Underservice (IMU) score.

The indicators are:

1. Poverty level.
2. Percent of the service area's population age 65 and over.
3. Infant mortality rate (IMR) for the service area.
4. Current number of full-time-equivalent (FTE) primary care physicians providing patient care in the service area.

In general, the benefits and incentive programs are more limited for MUAs/MUPs than for HPSAs (see Appendix A).

Virginia has MUA/MUP designations in 104 jurisdictions (22 cities and 82 counties). As can be seen from Appendix E, the designation dates for MUA/MUP often go back to 1978.

Because these designations have enabled certain localities to maintain their applicability for many federal programs, including the Community Health Center Program and the J-1 Visa Waiver Program among others, it has been difficult to de-designate areas. In fact, even when the designations have been updated, HRSA has been reluctant to eliminate the earlier designations. Maintaining these designations has been perceived as support for existing programs in areas of continuing vulnerability. Unfortunately within rapidly developing areas of the Commonwealth, this has often lead to significantly inappropriate designations.

Because MUA/MUP do not require contiguous area analysis, the areas of underservice are generally perceived as targeting regions where the composite IMU score indicates that the area has both adverse health outcomes (e.g., IMR) and detrimental social conditions (e.g., high levels of poverty and elderly) as well as insufficient primary care providers to address these conditions. It is because of this ability to target marginalized and vulnerable areas that the MUA/MUP designation is currently being used in Virginia to target sub-jurisdictional areas (e.g., census tracts, minor civil divisions) for designation. These areas have often previously been overlooked because sub-jurisdictional data was not available prior to georeferencing infant mortality and provider data.

Designation of Census Tracts with over 20 Percent below Federal Poverty Level (FPL)

Of the four components of the IMU score, poverty levels provide a convenient sentinel measure indicating areas potentially qualifying for designation. The OMHPHP has established baselines, therefore, as suggested in the FY2007 annual report to target high poverty areas for designation. Over the past year the OMHPHP has reviewed for HPSA and MUA/MUP designation for all of Virginia's 206 Census Tracts (2000 Census) with over 20 percent of their population below FPL. As a result of this effort:

- There are 110 (53.4 percent) unique HPSA CTs designated or pending with over 20 percent of their population below FPL (three new applications).
- There are 149 (72.3 percent) unique MUA CTs designated or pending with over 20 percent of their population below FPL (27 new applications).
- Therefore, there are 179 (86.9 percent) unique HPSAs and MUAs designated and pending CTs with over 20 percent of their population below FPL.

Such targeting has had an immediate impact on locating areas with both high need and the appropriate scores to qualify for federal funding for Community Health Center development. In addition, because of the potential to target areas in need of designation through "small area analysis," more effective policy decisions regarding the location of clinics and targeting of public health interventions has been developed.

New Rules for the "Designation of Medically Underserved Populations and Health Professional Shortage Areas"

On February 29, 2008, HHS published a Notice of Proposed Rulemaking, for the "Designation of Medically Underserved Populations and Health Professional Shortage Areas" (42 CFR Parts 5 and 51c). The proposed rule, if promulgated, would have supplanted both the current HPSA and MUA designation process with an entirely new methodology for determining underservice. Therefore, it was imperative over the past year that the Office extensively analyze the potential impact on the Virginia physician shortage and underserved area designations. Based on a preliminary review of the public comments on the proposal, however, it became apparent that HRSA would need to make substantive changes to the proposed rule. States feared that in its present form, it would substantially disrupt the

designation process. Therefore, instead of issuing final regulations, HHS will issue in the near future a new Notice of Proposed Rulemaking for additional review and public comment prior to issuing a final rule.

The proposed rule was intended to improve the way underserved areas and populations are designated, by

- Incorporating up-to-date measures of health status and access barriers.
- Eliminating inconsistencies and duplication of effort between the two existing processes.
- Reducing the effort and data burden on states and communities by simplifying and automating the designation process as much as possible while maximizing the use of technology.

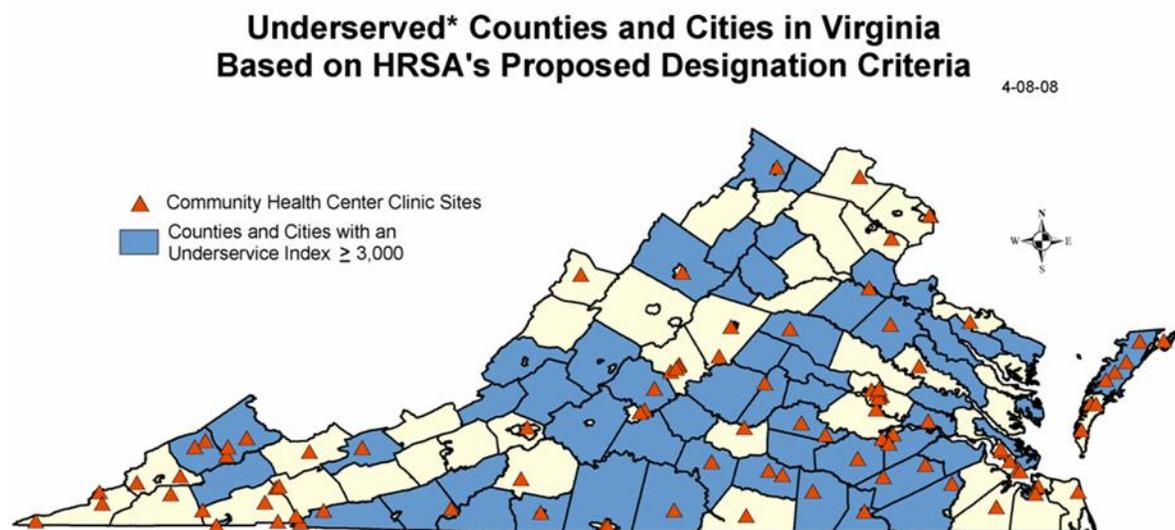
To evaluate the proposed new rules, extensive data analysis was required to determine the potential impact on Virginia designations. The data analysis required (see Table 2 below) expanded on the earlier MUA/MUP analysis with additional demographic, economic and health status data to compute an Underservice Index (UI).

Table 2: Analysis of Data Required for New Rules

Demographic	Economic	Health Status
Percent non-White Percent Hispanic Percent population >65 years Population Density	Percent population <200% FPL Unemployment rate	Actual/expected death rate Low birth weight rate Infant mortality

Virginia was capable of assembling all of the required data elements and calculating the index of underservice (UI) for every jurisdiction (city/county) in the Commonwealth. The OMHPHP’s initial concern, as can be seen from these jurisdictional computations (Figure 6), was that a large number of Community Health Centers would be located outside the potentially designatable areas and potentially risk CHC decertification.

Figure 4: Impact Analysis I - Proposed Designation Rules

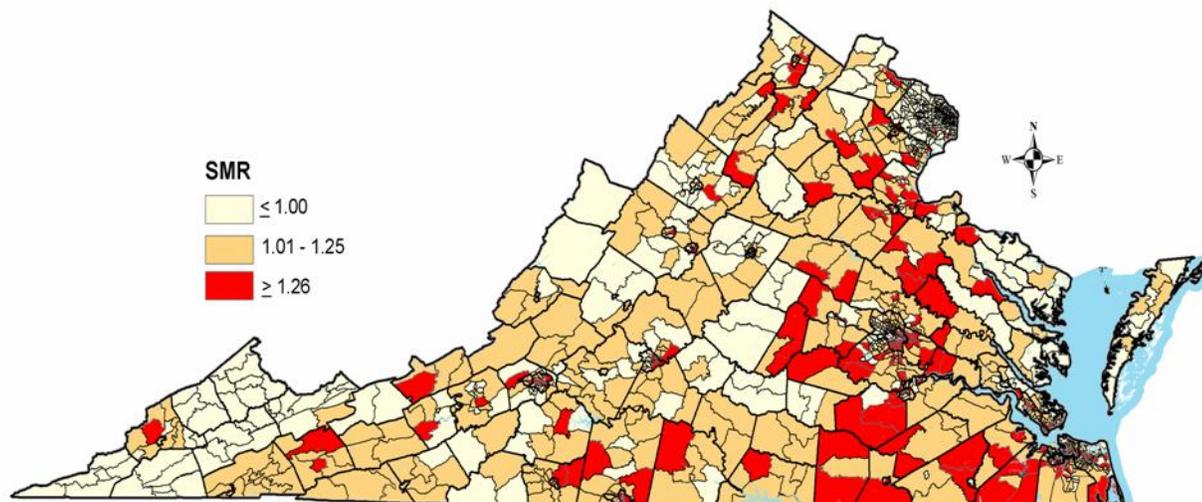


* The proposed designation criteria calculates an Underservice Index, which is composed of an adjusted population-to-provider ratio and a total score from various demographic, economic, and health status factors. For areas to be considered underserved, they must be defined as a rational service area, be limited (either by distance or overutilization) from contiguous primary care resources, and the Underservice Index must be equal to or greater than 3,000.

For more detailed discussion see: <http://bhpr.hrsa.gov/shortage/hpsafm022908.htm>.

The ability to compute all of the health status indicators at the sub-jurisdictional level, however, allowed a much more refined analysis of the UI than was possible by most states. Because the Commonwealth's mortality data is geocoded, the computation of the Standard Mortality Rate by CT was possible. In addition it is possible to compute in Virginia the Infant Mortality and Low Birth Rate at the CT level.

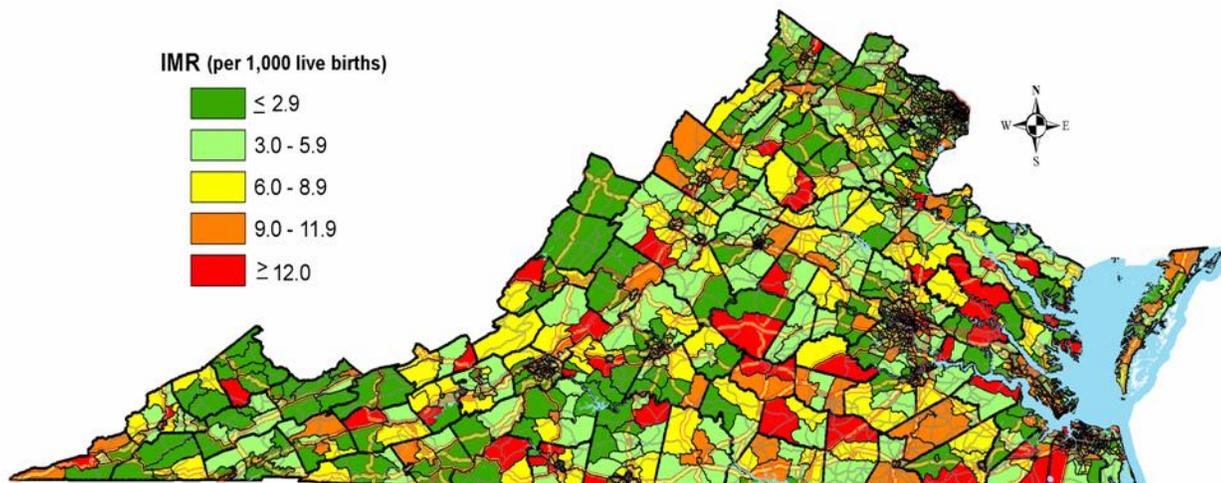
Figure 5: Standardized Mortality Ratio (SMR)* by Census Tract, 2001-2005



* SMR = observed/expected death ratio. Sources: Observed deaths-- (VDH Vital Statistics, 2001-2005; geocoding error rate= 10%); Expected deaths-- (US Census 2000, Summary File 1, P12) and (CDC- National Center for Health Statistics, 2005 age-specific death rates).

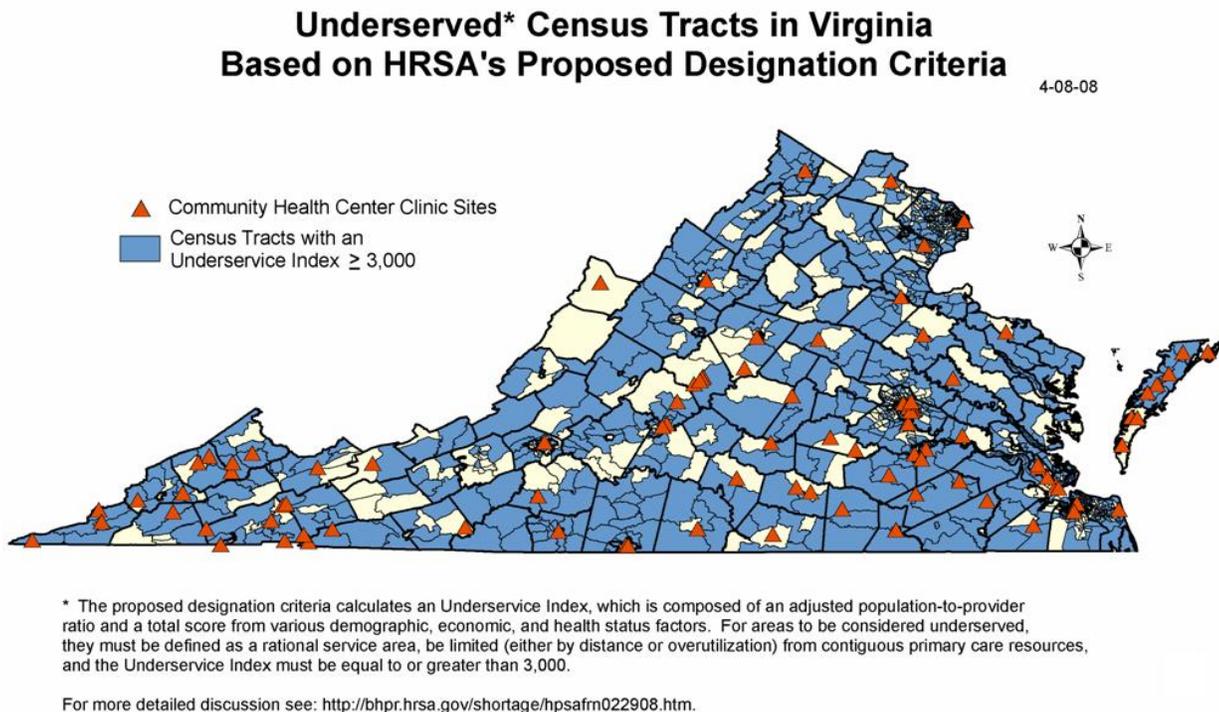
Because unemployment is the only data element that Virginia does not have at the sub-jurisdictional level, the overall jurisdictional level of unemployment was used for computational purposes at the census tract level. The CT level computations of the UI can be seen to greatly expand the potential areas for designation.

Figure 6: Infant Mortality Rate (IMR) by Census Tract, 1996-2005



Source: VDH Vital Statistics, (1996-2005, geocoding error rate= 10%); Data consists of singleton births for mothers aged 15-44 years.

Figure 7: Impact Analysis II - Proposed Designation Rules



For purposes of comparison we also computed the Index of Medical Underservice (IMU) score using the current MUA/MUP designation criteria at both the jurisdictional and census tract level. For both the UI and IMU score calculations, we used the Commonwealth's Board of Medicine geocoded physician database to estimate the FTE of primary care physicians practicing in the respective areas.

The results of this comparison can be simply stated:

1. The new methodology identified a significantly higher proportion of "potentially qualifying" areas (62 counties/cities and 1,044 census tracts) than are currently designated as MUA/P and HPSA.
2. The current MUA/P designation methodology would endanger the designation of 43 currently designated jurisdictions.

Indeed at the jurisdictional level the new methodology captured a higher percentage of Virginia's population than are currently designated. In addition, at the census tract level, the highest UI scores mirror what the Commonwealth is referring to as "High Priority Target Areas" (see below).

The result of this research suggested that there would, in general, be no deleterious impact in Virginia from accepting the conceptual framework of the proposed rules for calculating UI scores. In fact, maintaining the old MUA/P regulations and requiring timely updating of these designations could have dire consequences for programs requiring these designations.

Our major concerns regarding the proposed rules are that it remains to be seen what percentage of the "potentially qualifying" areas (with scores over 3,000) would actually be designatable without knowing the regulations that will accompany the new computational methods. It appears that there will be an expanded definition of rational service areas (RSA) and contiguous area analyses, but without knowing the full details of the new regulations emanating from the proposed rule changes, the ultimate impact on designations remains uncertain. A final judgment of the proposed

rules as they are being amended, therefore, must await the final promulgation of new regulations that will implement the new computational process.

After extensive analysis, therefore, Virginia supported the proposed rule making regarding the Designation of Medically Underserved Populations and Health Professional Shortage Areas (42 CFR Parts 5 and 51c). As presented, the proposed rules would provide the broad based health planning framework for identifying underserved areas, and would suggest ways that Virginia could build upon these data for developing cost-effective and efficient targeting of health care resources at the state level. The OMHPHP anticipates that the new amended rule will also be advantageous for the Commonwealth.

High Priority Target Areas (HPTA)

The proposed new rules for designation are based on a carefully constructed and weighted continuous scoring system. It is possible, therefore, to use the scores to support policy in new ways:

1. Federal and state programs which have traditionally used shortage designations would be able to set individual scoring standards.
2. States would also be able to develop a proactive surveillance system that could identify specific neighborhoods and communities that need immediate attention.

Virginia's research suggests that the high UI scoring census tracts, particularly in urban areas, closely approximate the AHRQ Ambulatory Care Sensitive Conditions (ACSC) data which suggests that the scale may be used to detect what has come to be called "High Priority Target Areas." It is envisioned, therefore, that the UI score type model as currently proposed could be particularly useful at the sub-jurisdictional level to develop a useful baseline indicator of stresses that should be addressed through health and health care policy. This has lead the OMHPHP to extend its small area analysis research, which received its initial impetus from the needs of the designation process, to a broader spatial assessment of health and health care needs.

The major impetus for the OMHPHP spatial analysis program is the need to identify well-defined sub-jurisdictional areas which are in health and/or health care distress. Supporting this approach is the Office's GIS analysis of multilevel spatial data associated with the social determinants of health. In short, OMHPHP's concern is with the development of a proactive surveillance system which can identify specific neighborhoods and communities that could benefit from public health and public policy interventions. The use of multilevel analysis concentrates on the complex nexus of social and policy interactions with health outcomes at the community level. This is unlike traditional epidemiological usage which focuses on disease clusters or concern surrounding an environmental source of contamination.

It is often noted that communities that request shortage or underservice designations are not always the neediest communities. High Priority Target Area (HPTA) analysis, therefore, provides both the criteria and methodology needed to identify areas that are often overlooked. On the other hand, identifying HPTAs requires a much more sophisticated approach to policy formation than a simple problem-reaction formation model. The current research focuses on the development of:

- A model to define multilevel-spatial analysis to identify HPTAs.
- Methods to assess the impact of existing and proposed policy strategies as defining conditions within HPTAs.
- A strategic approach to assist communities, funding agencies and policy makers in understanding how to optimally approach solutions to issues facing highly health and health care stressed communities.

In addition, because HPTA analysis focuses on small areas that can be visually represented on maps, the analysis can be easily presented with little additional explanation to community partners. Once HPTAs can be systematically and

objectively determined, both policy makers and community-based organizations can begin to rely on the assessment methodology as legitimate grounds for requesting funds and interventions. The research involved is perceived as not ending circuitously with “more research must be done,” but rather as a statement that something must be done to alleviate visible problems. In OMHPHP’s initial research the following impacts of HPTAs have been observed:

- Because the areas have been selected with criteria similar to those required by federal and state agencies, they are most often designatable as geographical or population HPSAs or MUA/Ps and score higher than larger designated service areas.
- Because of their high level of needs, they are more likely to receive grant funding by federal and state agencies and by private foundations.
- Because of their high needs, health professional providers and outreach workers in these areas often qualify for preferential reimbursement from CMS.
- Because HPTAs can be given a continuous score, special programs such as scholarship and loan repayment programs supporting health professionals can be targeted to the highest needs areas.
- HPTA analysis can be used to guide public health policy efforts at the local level by focusing resources on the neediest areas.
- HPTA analyses can be aggregated to identify the social and medical determinants that predict health outcomes across multiple local areas to guide public health policy at the state level.

Four criteria must necessarily dominate the choice of variables used within the HPTA surveillance system:

1. Data must be available at the census tract or zip code level but preferably also at the census block group level and in some cases at the point level (latitude/longitude).
2. Historic data must be available at least at the census tract or zip code level and, where available, at the block group level.
3. To take into account regional variations that have precipitated health and health care crisis, a conceptual framework based on key sentinel measures needs to be implemented.
4. The model must be indicative of a broad array of health and health care issues.

It is easily seen that different units of aggregation can lead to substantially different understandings of health, health care and demographic data. Neither scale is wrong or misleading; however, policy recommendations and conclusions may be substantially different. It is the difference between saying infant mortality clusters in a “city”, infant mortality clusters in the “East End of the city”, and infant mortality clusters in “public housing in the East End of the city”. In other words, the level of analysis assists in “reframing” traditional questions that can lead to substantially different interventions. Such multilevel analysis supporting new policy initiatives requires spatially referenced (geocoded) data of all relevant health outcomes (all birth and infant death data).

With HPTA analysis in view, Virginia has geocoded all of its birth and infant mortality data and its mortality data files since 1990. Data geocoding for historic inner city analysis could be pursued for earlier years if required.

Virginia also uses the Urban Institute’s, Neighborhood Change Database (NCDB) which has census tract boundary normalized census data from the 1970, 1980, 1990 and 2000 Census. This is particularly useful when analyzing geocoded points such as birth and infant death data because the points need only be joined with the Census 2000 boundaries.

Virginia's hospital discharge database can provide zip code level hospital discharge data (approximately 800,000 annually) with all of the diagnostic codes and zip codes of both residence and hospital address. These data can be easily linked to other zip code data sources such as Rural Urban Commuting Area (RUCA) and the Claritas PRIZM[®] social marketing data which specifies 66 demographically and behaviorally distinct types or "market segments."

Preliminary spatial analysis suggests that there are indeed currently available spatial analytical techniques to develop a proactive surveillance system to provide continuous monitoring of the health and health care of populations with a level of accuracy not previously possible. Over the past year, the OMHPHP has analyzed over 50 potential indicators to assist in locating HPTAs and have gained an understanding of their spatial distributions and clustering properties. It is hoped that in the upcoming year a more refined spatial analytical methodology will be developed to identify areas in need of intervention.

Insurance Coverage

The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) State Planning Grants Program awarded the OMHPHP with three rounds of grant funding for a total of just under \$1.18 million to collect data, conduct research, and develop plans to provide greater access to affordable health insurance coverage for uninsured Virginians. Although this grant and its activities are now completed, the OMHPHP continues to build upon its activities.

One of the activities included the development of InsureMoreVirginians.net. This is a Web site operated by Community Health Resource Center, Inc. under a contract with the OMHPHP, with additional support provided by Community Health Solutions, Inc. The idea for InsureMoreVirginians.net originated with an advisory group formed as part of Virginia's State Planning Grant from the U.S. Department of Health and Human Services and the Greater Richmond Health Coverage Steering Committee, which included representatives from the public, private, and nonprofit sectors. In 2006, the Steering Committee identified health coverage education as an important function for increasing health coverage in Virginia. Building upon this idea, staff from OMHPHP and Community Health Resource Center, Inc. worked together to develop the concept which led to this Web site.

The Customers. InsureMoreVirginians.net serves uninsured individuals, families and small employers throughout Virginia.

The Mission. The mission of InsureMoreVirginians.net is to expand health coverage by educating uninsured Virginians about the value of health coverage, their health coverage options and how to acquire health coverage.

The Vision. The driving vision of InsureMoreVirginians.net is a Virginia in which no individual, family or small employer goes without health coverage for lack of knowledge about their options.

The Strategy. InsureMoreVirginians.net is the first step in a social marketing strategy aimed at mobilizing uninsured individuals and small employers to learn about their health coverage options.

Telehealth

Telehealth is the utilization of information and telecommunications technologies to electronically distribute health care services and data between health care providers, or between health care providers and patients. It is broad in scope. The practice of telehealth includes all health care stakeholders as participants. Telehealth applications can range from basic to complex, such as: telephone, email or use of internet; remote screening, monitoring and diagnostic consultation; digital imaging and distance learning. Telehealth practices generally require changes to traditional clinical business process and policy, along with an advanced technical infrastructure to enable optimal distribution of electronic information and services between patients and providers.

Virginia Telehealth Network. For the past six years, the OMHPHP has led the design and development of telehealth systems in the Commonwealth through its Virginia Telehealth Network (VTN). Established in 2002, VTN began as a volunteer consortium of professionals from across the state representing a range of domains and stakeholder groups from private/public organizations. The mission of the VTN is to advance the adoption, implementation and integration of telehealth and related technologies into models of health care statewide. In carrying out its mission, the Virginia Telehealth Network is involved in many activities that are linked to its five top priorities:

1. Facilitate the sharing of resources.
2. Support quality improvement initiatives through the use of technology.
3. Identify and address barriers to implementation.
4. Educate stakeholders.
5. Facilitate the development of model policies, procedures and protocols.

VDH OMHPHP has invested over \$50,000 in VTN over the past year to ensure Virginians can realize all of the benefits that can come from a well integrated and collaborative statewide healthcare system. This includes facilitating hiring an industry leader in telehealth to serve as the executive director, funding the development of the VTN Web site, ehealthvirginia.org, to facilitate communication across constituencies and participating in the development of grant proposals to provide operating funds for VTN activities. Since 2002, the OMHPHP has invested thousands of hours of in-kind work to initiate and develop VTN into a thriving organization. The VTN is now incorporated in the Commonwealth of Virginia and is in the process of being recognized as a 501(c)(3) not for profit organization. The VTN is involved in the Rural Health Care Pilot Program funded by the Federal Communications Commission (FCC) and the Critical Access Hospital-Health Information Technology Network Grant issued by the Office of Rural Health Policy. Through the VTN's involvement in the Virginia Acute Stroke Telehealth (VAST) Network, a systematic approach to greatly reducing the time-to-care for stroke patients in rural communities is being created.

Developing the Health Care Workforce

The utilization of the loan repayment, J-1 Visa waiver and nursing scholarship programs, administered by OMHPHP, have been invaluable in increasing the access to quality primary care services in the Commonwealth, especially in medically underserved areas. In the past two years, OMHPHP has received an increase in its loan repayment program funding, which has afforded an increase in the number of awards to primary care health professionals recruited to facilities in medically underserved areas. As well, OMHPHP has experienced a higher number of J-1 Visa waiver positions filled than in the past. These increases indicate that the incentive programs and recruitment and retention efforts administered by OMHPHP have had a significant impact in addressing health care access in Virginia.

Marketing of Recruitment and Retention Initiatives

To attract and sustain an adequate supply of primary care practitioners in Virginia, particularly in the rural and medically underserved areas, the health care workforce staff has focused a great deal of their time towards marketing strategies that address the core professional and social factors that influence the selection of a community in which to work. A variety of distribution channels are used to provide details on programs and resources. Careful consideration is given to the individual needs of our prospective clients, which by extension includes their family structure and commitments, their professional aspirations and the compatibility with a respective site. For this fiscal year, the following objectives were accomplished using these approaches.

The utilization of OMHPHP, PPOVA and 3RNet Web sites to disseminate information about recruitment and retention programs and services

Extensive information and online applications for all incentive programs are available for prospective recipients on the OMHPHP Web site. The total number of visits to the incentives homepage from December 2007 to June 2008 was 2,230.

In addition, OMHPHP maintains a free, online recruitment Web site, Primary Practice Opportunities of Virginia, PPOVA.org, which lists vacant opportunities for practitioners seeking job opportunities in Virginia as well as information about Virginia's residency programs, Virginia's communities and Virginia's Recruitment & Retention Collaborative Team. During the reporting period, PPOVA generated 55,000 visits, averaging 174 visits per day. By the end of the reporting year, the Web site had 170 active opportunities posted (including 74 new opportunities). 59 candidates used the system to identify positions of interest and 147 CV's were forwarded to practice sites. See Appendix F, G and H for profiles of positions and candidates. Also during the reporting year, the PPOVA Web site had received a "facelift," with several enhancements, including a "search" feature for job opportunities and a user-satisfaction survey.

One feature of PPOVA is its companion monthly newsletter, *PPOVA Updates*. This newsletter has approximately 150 subscribers and includes relevant and timely information about recruitment programs and services, as well as events and conferences.

In addition to the OMHPHP and PPOVA Web sites, Virginia has a presence on the National Rural Recruitment and Retention Network Web site, 3RNet.org. As a state member of 3RNet, Virginia has pages on 3RNet.org with information about our regions, programs and services. Additionally, every week 3RNet features a different member state on its home page; Virginia was featured during the week of September 27, 2007.

The production of recruitment materials/packets and a healthcare recruitment & retention video

In addition to recruitment packets and "Choose Virginia" posters, which are disseminated throughout the year, OMHPHP also produced a health care workforce recruitment video. This video emphasizes Virginia's incentive programs and has as its primary message "Choose Virginia: A Great Place to Work and Live." The video features ambassadors who are current recipients that have utilized the incentive programs administered by the OMHPHP:

1. A physician loan repayment program participant in Max Meadows.
2. A dental loan repayment program participant in Charles City.
3. A J-1 visa waiver participant in Chincoteague.

In an effort to encourage viewers to "Choose Virginia," the video highlights and details the benefits of working in a medically underserved area. Currently, the video is available on the OMHPHP Web site as well as the Virginia Government YouTube channel. Plans are underway for the video to be utilized in a variety of marketing venues, including presentations, exhibits and mailings.

The distribution of an office newsletter (Health Equity Matters)

Health Equity Matters is a quarterly newsletter that is disseminated electronically to approximately 800 constituents. This affords health care workforce the opportunity to share its recruitment and retention programs and services with a broad audience.

Visiting primary care residency programs, graduate nursing and physician assistant programs throughout the Commonwealth

During the reporting period, the recruitment staff visited eight programs, reaching up to 270 students and residents, to promote the VDH recruitment programs and services:

- Virginia College of Osteopathic Medicine
- VCU, St. Francis Family Practice Residency Program
- VCU, Student Family Medicine Interest Group
- Shenandoah University, Physician Assistant Program
- VCU, Riverside Family Practice Residency Program
- EVMS Ghent Family Practice Residency Program
- VCU, School of Medicine Financial Aid Workshop
- UVA, Graduate Medical Education Institutional Curriculum Lecture Series

Exhibiting at local, regional, statewide and national conferences

During the reporting period, staff members presented and/or exhibited the following conferences reaching up to 166 prospective practitioners interested in working in Virginia:

- National Health Service Corps Annual Conference
- Region 1 In-Service Meeting - Health & Medical Sciences Education
- Virginia Community Healthcare Association Annual Leadership and Education Conference
- VCU Department of Family Medicine Practice Management Conference
- Virginia Rural Health Association Conference

Collaborating with Internal and External Partners to Expand the Impact and Scope of Services

The healthcare workforce staff has engaged and leveraged resources from an extensive network of partners.

Virginia Rural Health Association

The OMHPHP is the premier sponsor of the Annual Virginia Rural Health Association Conference. The 2007 conference engaged approximately 90 rural health stakeholders. Health workforce is typically a “featured” topic for presentations and discussions during the conference.

3RNet

OMHPHP is a national partner of the 3RNet, which is comprised of state organizations (48 to date). 3RNet is sponsored by and connected to all U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) programs. These include federal programs such as Shortage Designations, the National Health Service Corp, the Office of Rural Health Policy and the Primary Care Office. 3RNet consults with rural and underserved communities, advises health professionals, offers continuing education for recruitment staff, provides technical assistance and represents members at national conferences. As a state member, Virginia is able to recruit on its national Web site and has access to a national database of candidates interested in practicing in Virginia.

Virginia Community Healthcare Association

The OMHPHP collaborates with our “sister” organization, the Virginia Community Healthcare Association, which is the Commonwealth’s federally designated Primary Care Association (PCA), to implement recruitment and retention strategies in Virginia, particularly for the community health centers across the state.

Virginia Recruitment and Retention Collaborative Team

OMHPHP staff co-leads the Virginia Recruitment and Retention Collaborative Team with staff from the Virginia Community Healthcare Association. The collaborative team’s mission is to establish and enhance collaborative efforts in partnership with stakeholders to deliver improvements to recruitment processes and retention systems for health care providers with an emphasis on the medically underserved areas in Virginia. This voluntary initiative includes representatives from:

- Virginia’s four medical schools
- Healthy Communities Loan Fund
- Southwest Virginia Graduate Medical Education Consortium (GMEC)
- Virginia Student/Resident Experiences And Rotations in Community Health (SEARCH) Program
- Virginia Area Health Education Centers
- Virginia Rural Health Resource Center
- VDH’s Division of Dental Health

The VDH OMHPHP has maintained a leadership role with this team since its inception in September 2003 and coordinates the bi-monthly teleconference meetings.

During the reporting year, major accomplishments by the collaborative team include:

1. The creation and distribution of posters encouraging graduating healthcare professionals to “Choose Virginia” to live and practice.
2. Beginning data collection for Virginia’s supply of healthcare professionals.
3. Planning a health profession student and resident recruitment workshop and fair scheduled for March 2009.

State Rural Health Plan Workforce Work Group

Virginia recently developed a three-to-five year State Rural Health action plan for the advancement of health and health care services in rural areas. The planning process was divided into four categories with corresponding workgroups, which included healthcare workforce. The workgroups were transformed into official Virginia Rural Health Councils in 2008. For this reporting year, the healthcare workforce manager will lead the Workforce Council.

Administering and Promoting Incentive Programs to Facilitate Placement of Practitioners in Underserved Areas of Virginia

During the reporting year, health care workforce staff provided technical assistance to practice sites regarding the utilization of the incentive programs. Most assistance was provided through in-depth phone calls and emails. The following State and Federal incentive programs are administered by OMHPHP to increase access to care.

Virginia Physician and Virginia State Loan Repayment Programs

The OMHPHP, through its Division of Primary Care and Rural Health, administers the Virginia Physician Loan Repayment Program (VLRP) and the Virginia State Loan Repayment Programs (SLRP). These programs offer financial incentives to physicians, physician assistants and nurse practitioners who are committed to serving the needs of underserved populations and communities in Virginia. Each recipient agrees to serve full-time at medical facilities located in designated health professional shortage areas or medically underserved areas for a minimum of two years and up to four years. In return for their service, each recipient is awarded funds to repay their qualifying educational loans.

Award Criteria:

State Loan Repayment Program (SLRP)

- The facility must be a private or public non-for-profit entity and the location must be a HPSA.
- Eligible recipients are primary care physicians, general psychiatrists, general dentists, primary care nurse practitioners and physician assistants.

Virginia Physician Loan Repayment Program (VLRP)

- There are no facility restrictions and location must be HPSA or VMUA.
- Eligible recipients are primary care physicians and general psychiatrists.

New recipients were awarded up to \$50,000 depending upon their eligible educational debt. During the reporting year, the Office made 19 new awards. During this reporting year, and for the first time ever, three eligible candidates did not receive awards due to limited funding. These three applicants will be given priority consideration in the next award cycle.

Table 3: Loan Repayment Applicants and Awards

Program	Total No. of Applications	No. of Awards Per Program	Total Award Amount
Virginia Physician LRP (VLRP)	29	4	\$921,998
Virginia State LRP (VaSLRP)		15	
Total	29	19	\$921,998

Virginia Dental Loan Repayment Program

The VDH Division of Dental Health administers the Virginia Dental Scholarship and Loan Repayment Program. This program is open to dental graduates of any accredited U.S. dental school who hold a valid Virginia license, are within 5 years of graduation and who practice in a dentally underserved area. The loan repayment award is not fixed and is based on Virginia Commonwealth University's School of Dentistry tuition for the year in which the loan was acquired.

The OMHPHP collaborates with the Division of Dental Health (DDH) by providing the federal-match (Virginia State Loan Repayment Program) portion of the Dental Loan Repayment Program to their recipients, thereby making the loan tax-exempt. These general practice dentists have committed to serve in dental HPSAs. During the reporting year, three awards were made to general dentists working in dental HPSAs. OMHPHP also received permission by HRSA to include general dental hygienists in the dental loan repayment program.

Table 4: Dental Program Applicants and Awards

Program	No. of Applications	No. of Awards
Virginia Dental Scholarships	3	3
Virginia Dental Loan Repayment	5	5
Virginia Dental Loan Repayment (SLRP) – federal match by VDH-OMHPHP	3	3
Total	11	11

Nursing Scholarship Programs**Mary Marshall Nursing Scholarship Program**

The Mary Marshall Nursing Scholarship Program (MMNSP) provides financial incentives to students pursuing a Licensed Practical Nurse (LPN) or a Registered Nurse (RN) education. The scholarship program requires one month of service by the recipient anywhere in the state for every \$100 of scholarship awarded. Awards vary each year and are determined by the number of eligible applicants. The Virginia Board of Nursing funds awards for the LPNs and the Virginia Board of Nursing and the General Assembly fund the RN awards.

Virginia Nurse Practitioner/Nurse Midwife Scholarship Program

The Virginia Nurse Practitioner/Nurse Midwife Scholarship Program provides five \$5000 scholarships to individuals pursuing a nurse practitioner education in Virginia or a nurse midwife education in a nearby state. For every scholarship awarded, a year of medical service is required in a medically underserved area of the Commonwealth.

During the reporting year, the Office awarded at total of 112 nursing scholarships.

Table 5: Nursing Scholarship Applicants and Awards

Program	# of Applications	# of Awards Per Year	Total Award Amount
Mary Marshall Program for LPNs	47	46	\$ 14,962
Mary Marshall Program for RNs	63	61	\$135,203
Virginia Nurse Practitioner/ Nurse Midwife Scholarship	5	5	\$ 25,000
Total	115	112	\$175,165

Commonwealth of Virginia Nurse Educator Scholarship Program

The OMHPHP successfully piloted a new nursing scholarship for Nurse Educators during this reporting period. The program was developed to increase the number of nursing faculty in Virginia’s nursing programs, especially at the community college level. The program received statewide promotion through the Governor’s Office, which resulted in an unexpectedly high number of applications. A total of \$200,000 was appropriated for this program. The Office awarded 10, \$20,000 scholarship awards; however, only nine recipients accepted the award. A total of \$180,000 was expended, which enables the Office to award one additional scholarship next year.

Table 6: Nurse Educator Scholarship Applicants and Awards

Program	No. of Applications	# of Awards Per Year	Total Award Amount
Commonwealth of Virginia Nurse Educator Scholarship	86	10	\$20,000

National Health Service Corps (NHSC) Recruitment and Retention Assistance State Recommendation Application

The OMHPHP identifies and assists practice sites in Virginia that are eligible to recruit and place health professionals participating in the National Health Service Corps (NHSC) scholarship and loan repayment programs. Priority in approving applications from employers for NHSC placement is given to sites that provide primary, mental and dental health services to a HPSA with the greatest shortage. The OMHPHP receives applications for eligibility and must provide a state recommendation. For this reporting year, the Office reviewed 32 applications and recommended 30 applications for approval. The NHSC approved 30 practice sites in Virginia as eligible facilities to recruit NHSC Scholars and Loan Repayment recipients.

A NHSC field strength report shows that 35 scholarship and loan repayment recipients were working in Virginia’s health professional shortage areas during this reporting year. Their specialty and location is indicated in Table 11.

Table 7: Specialties and Locations of NHSC Loan Repayment Recipients

Specialty	Designated Area
Licensed Professional Counselor	Accomack County
Internal Medicine Physician (MD)	Amelia County
Nurse Practitioner	Amelia County
Internal Medicine Physician (MD)	Brunswick County
Internal Medicine Physician (MD)	Caroline County
Family Practitioner Physician (MD)	Charlotte County
Nurse Practitioner	Grayson County
Physician Assistant	King George County
Dentist (2)	Lee County
Nurse Practitioner	Lee County
Pediatric Physician (MD) (2)	Northampton County
Family Practitioner Physician (DO)	Northampton County
OB/Gyn Physician (MD) (2)	Northampton County
Family Practitioner Physician (MD)	Northampton County
Family Practitioner Physician (MD)	Richmond County
Nurse Practitioner	Russell County
Social Worker	Smyth County
Family Practitioner Physician (MD)	Sussex County
Family Practitioner Physician (DO)	Bristol City
Nurse Practitioner	Bristol City
OB/Gyn Physician (MD)	Danville City

Specialty	Designated Area
Physician Assistant	Danville City
Family Practitioner Physician (MD)	Lynchburg City
Physician Assistant	Martinsville City
Dentist (2)	Newport News City
Licensed Professional Counselor	Petersburg City
Pediatric Physician (MD)	Portsmouth City
Family Practitioner Physician (MD)	Richmond City
Dentist	Richmond City
Physician Assistant	Richmond City
Pediatric Physician	Richmond City

Waiver Programs

J-1 Visa Waiver (Conrad 30)

Virginia continues to participate in the Conrad State 30 J-1 Visa Waiver Physician Program. This program is federally authorized and permits the OMHPHP to act as “an interested state agency” to request visa waivers for American-trained foreign physicians. These waiver requests allow foreign physicians on a J-1 visa status to remain in the U.S., and practice in federally designated health professional shortage areas (HPSAs) and medically underserved areas (MUAs) within Virginia, rather than returning to their home country after completing residency for the required two year period.

This waiver option is called the Conrad State 30 Program because it is limited to 30 J-1 visa waivers per state, per year. This program allows every state to petition the U.S. Department of State (DOS) on behalf of 30 J-1 physicians for recommendations to the United States Citizenship and Immigration Service (CIS) to grant J-1 visa waivers. In exchange for filing a petition for the waiver on behalf of the J-1 physician, the physician commits to provide medical service for three years. While priority is given to physicians of primary care specialties, J-1 specialist physicians are also placed in HPSAs and MUAs. Of the 30 wavier slots, states are allowed to use five slots for facilities that may not be located within a shortage designated areas but that services patients who reside in one or more designated shortage area.

The VDH may also recommend waivers for physicians participating in the Appalachian Regional Commission (ARC) J-1 Visa Waiver program. This program is similar to the Conrad State-30 program. Physicians in this program must practice for at least three years in one of the 23 Appalachian counties and eight independent cities in Southwest Virginia. These five slots are referred to as “non-designated” Conrad slots and Virginia has opted to use these five Conrad slots for applicants whose practice locations are not designated as shortage areas. Virginia has allotted one non-designated waiver slot to one of its publicly supported academic medical center, the University of Virginia.

During the reporting year, OMHPHP assisted in the placement of 19 new physicians who were granted a J-1 Visa Waiver, filled each of the five non-designated slots and reviewed and processed J-1 Visa Waiver applications within three weeks.

Table 8: Specialties and Locations of J-1 Visa Waiver Recipients

Specialty	Underserved Area
Internal Medicine/Hospitalist	Alleghany County

General Surgery	Buchanan County
Gastroenterology	Charlottesville City
Neurology (2)	Chesapeake City
Family Medicine	Dickenson County
Internal Medicine	Franklin County
Internal Medicine/Hospitalist	Franklin County
Surgery	Lee County
Internal Medicine/Cardiology	Lynchburg City
Family Medicine	Scott County
Pediatric Cardiology	Stafford County
Pulmonology	Tazewell County
Hospitalist (5)	Tazewell County
Internal Medicine/Hospitalist	Tazewell County

National Interest Waiver Program

The National Interest Waiver Program (NIW) allows professionals of exceptional ability to request a waiver of the labor certification requirements. “Labor certification” is the most widely used employment-based opportunity for obtaining a green card. Labor certification requires a U.S. employer to prove that there are no minimally qualified U.S. workers for the position. Once the U.S. Department of Labor certifies this application, the employer can apply to the U.S. Citizenship and Immigration Services (CIS) for permanent residency (a green card) for the foreign employee. This process may take several years.

International medical graduates (IMGs) requesting a NIW must obtain a letter of recommendation from state health departments, stating that their work is considered to be in the “public interest.” Physicians applying for a NIW must work full-time for a total of five years in a HPSA or MUA.

During the reporting year, OMHPHP issued a letter of support for one physician requesting a National Interest Waiver, whose application was reviewed and processed NIW applications within 3 weeks.

Table 9: Specialty and Location of National Interest Waiver Physicians

Specialty	Underserved Area
Cardiology	Halifax County

Retention of Providers Practicing in Medically Underserved or Health Professional Shortage Areas

Virginia’s Loan Repayment Programs

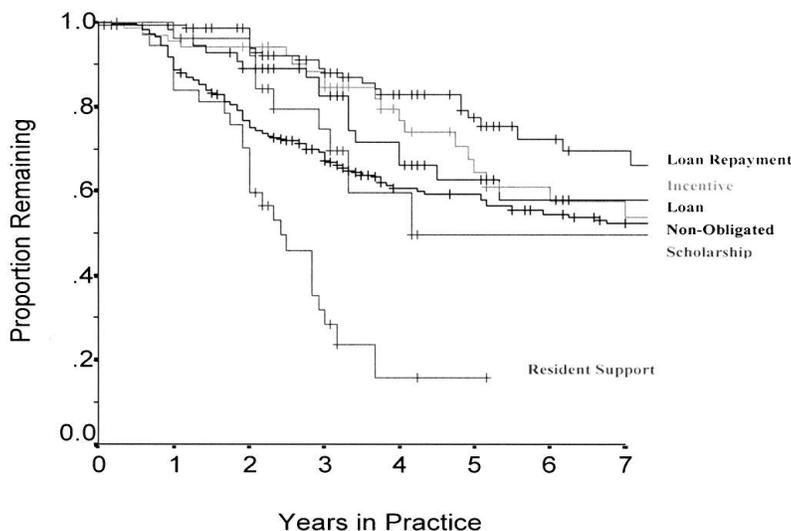
To date, of the OMHPHP incentive programs, Virginia has the highest success with its loan repayment program. Among the incentive programs, the loan repayment program has had the lowest default rates, the highest number of participants completing their obligations and the highest number of participants remaining in underserved areas. Since the inception of the loan repayment program in 1993, 95 practitioners have participated in the loan repayment programs.

- 38 loan repayment recipients have completed their obligation. This represents a total of 152 years of service in underserved areas.
- 57 recipients are still serving the Commonwealth in underserved areas, which represents 84 years of medical service.

The immediate effect of these programs is **a total of 236 years of medical service in an underserved area.**

When comparing Virginia to other states with financial incentive programs, such as the loan repayment program, there is not much comparable national data. However, national data from one study, the Pathman study (2004), suggests that obligated physicians, those participating in loan repayment programs similar to Virginia’s, remained longer in practices in underserved areas than non-obligated physicians. Pathman’s study reports that retention rates at two years were 92 percent and at eight years were 55 percent. Virginia’s retention rate of approximately 75.9 percent, is comparable to Pathman’s national study.

Figure 8: Donald Pathman & Thomas Konrad, Medical Care: 42(6):560-568, 2004, “Outcomes of States’ Scholarship, Loan Repayment, and Related Programs for Physicians”



Virginia does as well as most states in retaining primary care practitioners in underserved areas using the loan repayment programs. Specifically, the Virginia State Loan Repayment Program (SLRP) has a 100% overall retention rate, which demonstrates that:

- The loan repayment and direct financial incentive programs are successful.
- Service completion rates were uniformly high for loan repayment.
- Obligated physicians remained longer in their service area.

OMHPHP plans to monitor trends in underserved areas more closely in future years.

J-1 Visa Waiver Program (Conrad 30)

It is imperative to note that physicians participating in the Conrad State-30 (or ARC program) do not displace American physicians. Practice sites wishing to hire a J-1 Visa Waiver physician must first prove that they have advertised and recruited for American physicians for at least six months and were unsuccessful in their recruitment attempts before they are eligible to hire a J-1 Visa Waiver physician.

To date, the Conrad 30 Program continues to be an important source of placing health professionals (primary care and specialty physicians) in many of Virginia's underserved areas, thereby increasing health care accessibility. This program has proven to be extremely successful in placing physicians in medically underserved rural areas throughout the United States. In fact, reports indicate that 18.3 percent of the physicians in Virginia are international medical graduates.

National Health Service Corps (NHSC)

Although the OMHPHP does not administer the NHSC scholar and loan repayment program, it does receive field strength reports to show where recipients are working in the Commonwealth of Virginia. During the reporting period, there were 30 NHSC recipients working in Virginia's health professional shortage areas: 20 are loan repayment recipients and 10 are scholars. Four recipients have completed their service obligation, resulting in a retention rate of 87 percent.

Rural Health

State Office of Rural Health (SORH)

For over 10 years, the OMHPHP has effectively served as Virginia's designated State Office of Rural Health (VA-SORH). As mandated by Federal program guidance, the VA-SORH exists to strengthen Virginia's rural health care delivery system. This includes serving as the Commonwealth's focal point for research, resources, expertise and analysis of health and health care services among Virginia's one million rural residents. The OMHPHP accomplishes this by:

- Fostering collaboration and leveraging resources across and within various levels of government, communities, and non-profit organizations.
- Collecting and disseminating information to stakeholders.
- Providing technical assistance.
- Assisting the coordination of rural health interests state-wide through assessment and planning efforts.
- Supporting efforts to improve recruitment and retention of health professionals in rural areas.

The VA-SORH currently manages over \$1.8 million in dedicated Federal rural health funds, which spans across an extensive spectrum of health and health care programs. These funds originate from four distinct Federal grant programs:

- State Office of Rural Health (SORH) Program
- Small Rural Hospital Improvement (SHIP) Program
- Medicare Rural Hospital Flexibility (FLEX) Program
- FLEX Critical Access Hospital Health Information Technology Network Implementation (CAH-HITN) Program

During the past year, these programs have strengthened the rural health infrastructure by providing funds to support:

- Healthcare workforce incentive programs in rural areas.
- Capital funding.
- Telehealth and health information technology.
- Spatial analysis and high priority target areas.

- Racial and ethnic minorities targeted programs (including immigrants, migrants and refugees).
- Emergency Medical Services (EMS).
- Network and network system development.
- Statewide rural health planning, analysis and promotion.
- Quality and performance improvement.
- Supporting small rural hospitals.

Small Rural Hospital Improvement Grant Program

The federal Health Resources and Services Administration (HRSA) Office of Rural Health Policy (ORHP) provides funding to 24 rural hospital facilities within the Commonwealth through the SHIP program. Acknowledging the difficulties of offering quality health care services in rural communities, this program gives funds to qualified rural hospitals to do any or all of the following:

1. Pay for costs related to the implementation of the Medicare prospective payment system (PPS).
2. Comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
3. Reduce medical errors and support quality improvement (QI).

Virginia’s SHIP program focuses on two main goals: (1) to determine the needs and requirements of the participating hospitals that would promote full implementation of PPS, HIPAA and QI, and (2) to develop appropriate network systems that will enhance the quality of care in the hospitals. To be eligible for Virginia’s SHIP program, a Virginia hospital must be a small (defined as 49 available staffed beds or less), rural, acute care hospital facility. The following 24 hospitals currently qualify for this grant (Table 1):

Table 10: Virginia's Small Rural Hospitals

Bath County Community Hospital	Rappahannock General Hospital
Bedford Memorial Hospital	Riverside Tappahannock Hospital
Buchanan General Hospital	Russell County Medical Center
Carilion Franklin Memorial Hospital	Shenandoah Memorial Hospital
Carilion Giles Memorial Hospital	Smyth County Community Hospital
Carilion Stonewall Jackson Hospital	Southampton Memorial Hospital
Dickenson County Hospital	Southern Virginia Regional Medical Center
Lee Regional Medical Center	Southside Community Hospital
Mountain View Regional Medical Center	Tazewell Community Hospital
Page Memorial Hospital	Warren Memorial Hospital
Pulaski Community Hospital	Wellmont Lonesome Pine Hospital
R. J. Reynolds-Patrick County Memorial Hospital	Wythe County Community Hospital

During the previous program year, participating hospitals used SHIP funds for the following activities:

Quality Improvement

- Assist in the deployment of a new medication dispensing system that will allow hospitals to implement first dose review by a pharmacist 24 hours a day. This system will be able to communicate with a larger tertiary system where resources are located for this review 24 hours a day.
- Purchase an Extravasations Detector for a CT Injection System that will use patented and safe radiofrequency technology to reliably detect any extravasations and stop the contrast injection before the extravasations becomes severe.
- Defray the costs of implementing a Rapid Response Team.
- Provide education and training in team communication strategies and in the use of rapid cycle change (PDSA).
- Implement a Just Culture throughout the hospital.
- Support electronic data collection and data abstraction.
- Build a dedicated Fast Track patient treatment area in the emergency department to reduce patient wait time.

PPS

- Provide educational material for patients and automation of systems to support PPS.

HIPAA

- Purchase and erect partitions between bay areas to create a greater degree of area separation and patient privacy.
- Purchase sound-reducing partitions for use in the Outpatient/Emergency Department (ED) registration area.
- Place fixed partitions in the patient treatment areas that currently have curtains.
- Educate managers and team members about new HIPAA programs.

Medicare Rural Hospital Flexibility (Flex) Program

The Federal Medicare Rural Hospital Flexibility Program (Flex) was authorized by the Balanced Budget Act of 1997. Originally, the program focused on the conversion of eligible hospitals to a Critical Access Hospital (CAH) status. The CAH status allows small rural hospitals that meet certain federal criteria to receive cost-based reimbursement from Medicare, offer core health care services to rural residents (such as radiology, laboratory services, emergency rooms, swing beds, pharmacy, outpatient rehab, outpatient surgery and specialty clinics), and better serve communities by providing services that were previously unavailable. The federal criteria consist of the following:

- Be located in a state that has an established State Flex Program.
- Be located in a rural area or be treated as rural under a special provision that allows qualified hospital providers in urban areas to be treated as rural for purposes of becoming a CAH.
- Provide 24-hour emergency care services, using either on-site or on-call staff.
- Provide no more than 25 inpatient beds.
- Have an average annual length of stay of 96 hours or less.
- Be located either more than 35 miles from the nearest hospital or CAH or more than 15 miles in areas with mountainous terrain or only secondary roads.

Virginia currently has seven CAH designated facilities:

- Bath County Community Hospital, Hot Springs
- Carilion Giles Memorial Hospital, Pearisburg
- Dickenson Community Hospital, Clintwood
- R.J. Reynolds-Patrick County Memorial Hospital, Stuart
- Shenandoah Memorial Hospital, Winchester
- Carilion Stonewall Jackson Hospital, Lexington
- Page Memorial Hospital, Luray

The Flex Program is based on two programs from the early 1990s: the Essential Access Community Hospital and Rural Primary Care Hospital (EACH/RPCH) program and the Montana Medical Assistance Facility (MAF) demonstration project. These programs successfully showed that states, working with their rural communities and providers, could develop networks of limited-service hospitals and other providers, expand the supply of practitioners, improve the financial position of rural hospitals and foster the integration of services to improve continuity and avoid duplication.

Since its 1999 inception, the Flex program has expanded its focus from supporting the conversion of small rural hospitals to CAH status to improving and sustaining a quality rural health infrastructure wherein the CAH is the hub of an organized system. This requires a focus on the following goals:

1. Developing health care network systems in rural areas.
2. Strengthening the integration of EMS into the rural health system.
3. Developing model community-based collaborative systems across the continuum of care.

During the past program year, Virginia made significant advancements with the Flex program.

Statewide Program Evaluation

Virginia is conducting a Flex Program evaluation to serve both as a program evaluation and a State Flex Program needs assessment. The purpose of this evaluation is to:

1. Measure satisfaction with activities performed at the state level, in CAHs and communities.
2. Track and report on grants made to support EMS, CAHs, networks and other Flex Program related activities.
3. Identify stakeholder involvement in the development and implementation of the Flex Program.
4. Determine consistency of program goals and measure their effectiveness in meeting state and national Flex Program goals and objectives.
5. Report specific CAH and community outcomes as they relate to CAH designation and other aspects of the Flex Program.
6. Identify program strengths and weaknesses.
7. Make recommendations for program development and improvement.
8. Present strategic planning opportunities for the following grant year.

Additionally, the evaluation will serve as a key tool for the State's Flex Program planning and development activities as well as the ongoing development of the Virginia State Rural Health Plan.

Once the evaluation is complete, it will provide answers to many key questions, such as:

- How has rural health in Virginia changed since the Virginia Flex Program was implemented?
- How has funding been distributed and used?
- What partnerships have evolved because of the Virginia Flex Program?
- What have been some of the greatest Virginia Flex Program accomplishments and successes and who has been affected?
- How could the Virginia Flex Program change to better meet the needs of its stakeholders?

EMS Study in CAH Areas

The OMHPHP is partnering with the VDH Office of Emergency Medical Services (OEMS) to assess the EMS capacity in rural regions serviced by CAH facilities. This study examines network agreements for each CAH, identifies deficiencies or gaps listed in the original CAH certification documentation as it relates to EMS, establishes a baseline to assess whether deficiencies have been corrected, and determines needs and recommends initiatives (EMS projects) to address identified deficiencies.

Incentives for CAHs and SHIPs to Participate in Statewide Assessment

Virginia contracted with OEMS to provide incentives for CAH and SHIP facilities to participate in a statewide assessment of a hospital's ability to care for pediatric patients within the Emergency Department (ED). This study is part of the national Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau's Emergency Medical Services for Children Project (EMSC) program. The vision for EMSC is a system that is effective for all children, regardless of location, but is needed less frequently, given that illness, injuries and life-threatening emergencies happen less often among children. Since its establishment in 1984, the EMSC program has improved the availability of child-appropriate equipment in ambulances and emergency departments. Through grants to states and territories, it has supported hundreds of programs to prevent injuries, and has provided thousands of hours of training to EMTs, paramedics and other emergency medical care providers. The EMSC program is the only federal program that focuses specifically on improving the quality of children's emergency care. All states, U.S. Territories and the District of Columbia have received federal funding.

Multi-state Quality Improvement

Virginia is one of seven states to participate in the Multi-state Performance Improvement Project. Currently, all seven Virginia CAH facilities participate in this program. The ultimate goal of the project is to help the small and rural hospitals to build a healthier "Performance Pyramid" focused on the five critical outcomes of patient satisfaction that drives patient loyalty, new patient acquisition, patient profitability, patient retention and market share dominance. A similar project in the state of Kansas during the past five years has demonstrated that smaller and rural hospitals can achieve much more when they focus on these five outcomes and are supported by the following tenets:

1. Strong leadership.
2. A clear understanding of the organization's mission, vision and values.
3. A healthy commitment to continuous quality improvement.

4. A focus on the right future defined in a strategic plan that accurately reflects the organization’s priorities and goals, and is fully implemented.
5. A structured way of implementing the strategic plan to make sure it happens.
6. A healthy balance of resources that foster the existence of a skilled and motivated workforce, strong operational processes, high quality healthcare services and strategic financial management to foster long term growth and improvement.

Telehealth educational programs

Virginia partnered with the University of Virginia Office of Telemedicine and Virginia Center for Diabetes Professional Education to provide quality diabetes education programs in rural areas:

- “Nuts and Bolts of Diabetes” – This course covered areas identified by the American Diabetes Association as essential to successfully manage diabetes. Topics included what is diabetes, diabetes complications, staying well, foot care, sick day guidelines and introductions to nutrition, exercise and stress management.
- “Now I Have Diabetes, What Do I Eat?” – This course provided current, helpful information participants could readily use to plan meals that would improve their blood glucose control and are heart healthy. Topics included understanding the Food Guide Pyramid, nutrient effects on blood glucose, serving sizes, reading food labels, use of non-nutritive sweeteners, fats and fiber.
- “Basic Carbohydrate Counting” – This course provided education on the types of foods that contain carbohydrates, a serving size and how much one should have each day. Individuals who would benefit from more information on how to count carbohydrate grams in order to improve blood glucose management were invited to attend.
- “Tools for Weight Loss” – This course explained weight loss and provided tools to chart it, which are important factors in controlling diabetes.

State Rural Health Plan

Virginia recently developed a three to five year action plan for the advancement of health and health care services in rural areas. The purpose of this plan is to provide an analysis of rural health and to develop practical strategies that lead to improvements in health, not solely in the delivery of health care services. The Virginia State Rural Health Plan (VA-SRHP) is a collaboration among approximately 40-50 partners who are dedicated to “Supporting Rural Health through Action.” The VA-SRHP is based on several principles:

- Improving rural health requires integrative thinking and strategies that address not only health care services, but the inseparable effects of individual behaviors and social determinants of health.
- Quality is a fundamental value and expectation.
- There is a compelling need to be sensitive to local and regional conditions.
- Rural residents must play critical roles in determining rural needs and strategies.
- Collaboration must be promoted and fragmentation reduced.
- Funding sources must be better aligned to targeted strategies.
- Pilot models should be used for community planning and engagement.
- Rural health is a critical factor in sustaining and developing strong rural communities.
- The Commonwealth must move to improve data-supported decision-making.

The 2007 VA-SRHP planning process was divided into four categories with corresponding workgroups. Each workgroup was comprised of prominent subject matter experts, community leaders, government and private organizations and advocates. The workgroups were recently transformed into official Virginia Rural Health Councils in 2008, based on subject matter-expertise, and will serve as advisors and facilitators of recommendation implementation.

- **Access Council** –Examining rural health care access issues related to primary care, specialty care, emergency medical services and mental and dental health care to make recommendations for improving health care access.
- **Quality Council** – Examining rural health care quality issues to make recommendations for quality improvement efforts and activities.
- **Data and Rural Definitions Council** – Examining available rural health data and identified data gaps to make recommendations for future data collection efforts and activities.
- **Workforce Council** – Examining available resources and issues to make recommendations for improving the health care workforce in rural Virginia.

In the summer of 2008, Virginia released its recommendations for Years 1-3. These recommendations resulted from numerous workgroup meetings, research, key informant interviews and statewide strategic planning sessions. Some of the recommendations can be accomplished internally (i.e. language change, development of effective communication strategies and Web site development), while others will require leveraging partnerships, resources and policy-advocacy.

FLEX Critical Access Hospital Health Information Technology Network Implementation (CAH-HITN) Program

Virginia was one of 16 states to receive funds for the Medicare Rural Hospital Flexibility Program (Flex) Critical Access Hospital - Health Information Technology Network Implementation Grant (CAHHITN) program. The purpose of this project was to support the implementation of health information technology in a rural network system that included at least one CAH facility. Examples of HIT systems include practice management systems, disease registry systems, care management systems, clinical messaging systems, personal health record systems, electronic health record systems and health information exchanges.

Virginia used these funds to implement, design, develop, test and evaluate a model stroke network across the Central Shenandoah Region. The Virginia Telehealth Network, along with the Virginia Stroke Systems of Care Task Force, the Central Shenandoah Emergency Medical Services Council and hospitals in the region—Bath Community Hospital (a Critical Access Hospital), the University of Virginia, Rockingham Memorial and Augusta Medical Center—will assess the stroke systems of care from a regional viewpoint. Initially, focus will be on the stroke system’s first four components (prevention, community education, EMS notification and acute treatment). Opportunities to enhance the quality and timeliness of stroke care will be identified and then addressed through a combination of clinical best practices and advanced health information technologies.

Primary Objectives

- Increase awareness of stroke signs and symptoms and best practices in stroke care.
- Improve the stroke EMS response.
- Accelerate time to diagnosis and treatment of acute stroke.

Expectations

Prevention/Community Education

- Develop and implement a centralized stroke Web site for Virginia (virginiastrokenetwork.org) that patient/providers can use to access information about national and state stroke initiatives, stroke policy, best practices, VAST and receive online stroke education and training.

EMS Notification and Response

- Develop a stroke EMS plan for the region.
- Develop electronic stroke training materials and standardized protocols.
- Implement a web-based learning management system.
- Deliver online stroke training to EMS providers.

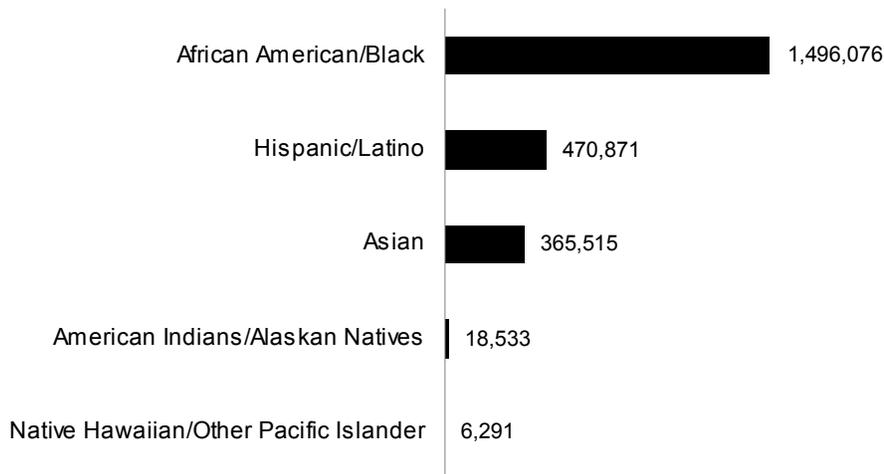
Acute Treatment

- Deploy a critical tele-stroke infrastructure which includes:
 - The RP-7 Remote Presence System to facilitate remote neurology stroke consults.
 - The implementation of PACS and integrated tele-radiology solutions to enable the digital capture, transfer, archiving and ongoing sharing of CT scans for rapid interpretation across the network.
 - Improvements to the existing CPSI electronic medical record system for enhanced medical documentation of stroke in the emergency department.

Health Equity and Minority Health

Racial and ethnic minorities and socioeconomically disadvantaged populations at all stages of life suffer poorer health and higher rates of premature death when compared to the majority population, both in Virginia and nationally. In Virginia, racial and ethnic minority populations comprise nearly 30 percent of the state’s total population of 7.7 million. The five federally recognized minority populations are: African American/Black, Hispanic/Latino, Asian, Native Hawaiian or other Pacific Islander and American Indians or Alaska Natives.

Figure 9: Virginia's Minority Populations



Available data for Virginia substantiates inequities in health status and health outcomes for racial and ethnic minorities. The life expectancy in 2004 for African Americans (73.4 years) in Virginia was five years less than whites

(78.6 years). The state's overall infant mortality and teenage pregnancy rates have shown downward trends in the last decade, yet the gap between minority populations and whites has continued.

State Office of Minority Health

OMHPHP serves as the State Office of Minority Health for Virginia. OMHPHP strives to promote the elimination of health inequities among racial/ethnic minorities, low income populations and rural populations in the Commonwealth. Efforts to eliminate health inequities for racial and ethnic minority groups will only succeed by broadly addressing access to quality health care, health promotion and the social determinants of health. By increasing the availability of social determinants of health in disadvantaged communities, a by-product will be the reduction of the number of communities that meet the criteria to be designated as a health professional shortage area or a medically underserved area. This success will mean that a greater percentage of Virginians have access to health care.

The OMHPHP has promoted health equity by:

- Providing funding to minority community-based organizations to conduct health education, screenings, referrals for primary care, risk reduction activities and preventive measures at the community level.
- Partnering with other programs within the Virginia Department of Health to appropriately target racial and ethnic minority communities, low income and rural communities and effectively address the health disparities that are pervasive in these communities.
- Establishing public/private partnerships with entities that have historical and cultural relationships with and a vested interest in low income, rural, racial and ethnic minority communities, to design and implement programs that effectively eliminate barriers to accessing health care services.

During the reporting period, the OMHPHP has focused on:

- Increasing awareness and understanding of health inequities and their social determinants among the public, policy makers, community coalitions and government agencies; and promoting efforts to target the social determinants of health.
- Promoting community-based participatory strategies to promote health among communities experiencing health inequities.
- Facilitating a broader focus on changing behaviors and reducing barriers to care by promoting community centered partnerships and by providing training and technical assistance.

The OMHPHP has supported the following activities and initiatives during the reporting period.

The Commissioner's Minority Health Advisory Committee (MHAC)

The OMHPHP supports the initiatives of the Commissioner's Minority Health Advisory Committee and ensures that members understand health equity and its implications. MHAC members are appointed for four year terms by the State Health Commissioner to provide advice and make recommendations to promote the elimination of health inequities among all racial and ethnic minorities and other disadvantaged populations in Virginia.

During this year, MHAC has charted a course of activities to address health inequities in their respective communities. These activities included, but were not limited to:

- Conducting health equity workshops at conferences and conventions.
- Including health equity articles in community and association newsletters.
- Sponsoring health equity presentations for undergraduate and graduate students.

- Participating in community health forums.
- Developing media campaigns to build partnerships with private and public organizations and participating on various boards.

Health Equity Collaborative Partnerships

The OMHPHP has provided comprehensive information on ways to address health inequities through individual, group and organizational forums. The office partnered with California Newsreel and the Public Broadcasting Service (PBS) in an effort to inform stakeholders about health inequities and inspire them to take action. OMHPHP is among over 100 national partners promoting health equity by utilizing the series *Unnatural Causes: Is Inequality Making Us Sick?*. This documentary series is accompanied by a public engagement campaign designed to broaden the public discourse on health equity.

Health Equity Initiatives

The OMHPHP has worked with many partner organizations utilizing the *Unnatural Causes* series as a tool to encourage stakeholders to engage in a variety of health equity activities. Office activities included presentations, screenings of series episodes, dissemination of printed and online materials, release of a special edition of the OMHPHP newsletter, *Health Equity Matters* and media interviews. Additionally, OMHPHP has provided comprehensive information on ways to address health inequities through individual, group and organizational forums. OMHPHP remains engaged with over 50 diverse partnering organizations representing various segments including: VDH central office divisions, local health districts, community organizations, faith-based organizations and academic institutions. Many of the organizations and divisions partnering with the OMHPHP have developed health policies and procedures that address the social determinants of health.

Training of the Trainer

The OMHPHP has developed a “Train the Trainer” program to provide participants with the skills and tools to facilitate health equity initiatives, advance social justice and teach participants to lead presentations and discussions. The program is being offered in different regions throughout the state. To date approximately 20 participants have successfully completed the training.

Heritage Month Series

OMHPHP is dedicated to raising health equity awareness. This is the third year that the Office has presented programs during heritage month celebrations, including Black History Month, Asian American Heritage Month, Hispanic Heritage Month and Native American Heritage Month. The programs focused on creating non-traditional partnerships and empowering key stakeholders to develop initiatives that reduce health inequities.

Health Equity Resources

The OMHPHP has developed assessments, forms, curriculum guides and other resources to assist stakeholders in hosting and conducting health equity initiatives utilizing the *Unnatural Causes* series.

CLAS Act

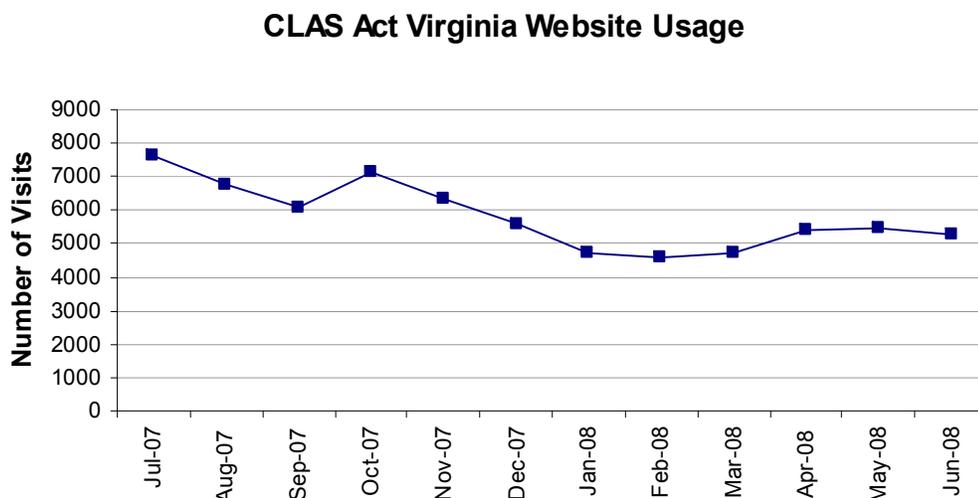
The CLAS Act Initiative is in its second year and continues to increase access to quality health care for Virginia's increasingly diverse refugee and immigrant populations by providing and developing resources related to culturally and linguistically appropriate health care services. Between 2000 and 2006, Virginia experienced a 113 percent increase in the number of limited English proficient (LEP) students requiring English as a second language (ESL) classes through its public school systems. The CLAS Act Initiative coordinates a centralized effort to provide language appropriate access to health care for all cultures.

CLASActVirginia.org

The cornerstone project of the CLAS Act Initiative is the CLASActVirginia.org Web site: a cultural competence

resource for both health care providers and clients. This easy to navigate central clearinghouse provides a listing of language service providers (including tested and trained medical interpreters), cultural health beliefs, translated patient education materials, cultural and language studies and reports, regulations, best practices, cultural competency training events, data collection resources and many additional resources. The Web site has proven to be unique because it provides information specific to regions within Virginia. It not only takes advantage of nationwide information on policies, laws, model programs and best practices, but it also provides local level resources so health providers are aware of what is available in their own communities. The Web site is greatly utilized as depicted in the Figure 2.

Figure 10: CLAS Act Virginia Web site Usage



Commonly Used Clinical Phrases

The Commonly Used Clinical Phrases resource, available through the CLASActVirginia.org Web site, takes an innovative approach to providing culturally competent language services. The phrases have been translated, recorded and posted on the Web site in Spanish, Korean, Vietnamese, Chinese, French, Arabic, Persian, Russian and Tagalog. The audio files can be played directly to limited English proficient clients.

Statewide Telephonic Interpretation and Translation Services

The OMHPHP manages the statewide telephonic interpretation and translation services contract. The CLAS Act Coordinator serves as the Contract Manager. Since services begin in August 2007 through July 2008, VDH employees accessed the telephonic interpretation service for more than 1,400 hours during over 9,000 calls. The top ten requested languages were Spanish, Burmese, Arabic, Swahili, Korean, Russian, Dari, Vietnamese, Amharic and Somali.

Language Identification Poster

As a part of the continuing effort to help health care providers meet the needs of changing demographics and advance health equity, the OMHPHP developed and distributed a Language Identification Poster to 118 VDH locations. This poster encourages clients of the major ethnic populations in Virginia, who have limited English skills, to seek interpretation services at no cost. The poster includes 33 languages and can be downloaded from CLASActVirginia.org and reproduced.

Culturally Appropriate Public Health Training Series

The Culturally Appropriate Public Health Training Series is a collaborative effort of the CLAS Act Initiative, utilizing and developing existing resources intended to meet the cultural competency training needs within VDH. Each quarter, the Office will offer a new training in the three-part series:

1. Working with the Latino Population
2. Working with Asian Populations
3. Working with the Muslim Population

The training is delivered using a combination of regional in-person trainings and statewide videoconferences. More than 500 VDH employees have participated in parts one and two of the series. The CLAS Act Coordinator will conduct an annual Cultural Needs Assessment to identify future topics for this training series.

Language Needs Assessment of Virginia's Health Districts

The biannual Language Needs Assessment uses Census 2000, Virginia Department of Education English as Second Language and VDH data to give a comprehensive report of the languages encountered in every health district. The assessment also provides health district specific recommendations for working with Limited English Proficiency populations based on federal requirements and guidelines. The Language Needs Assessment is available on the CLASActVirginia.org Web site.

Regional Health Care Interpreter Banks

The OMHPHP partnered with language service providers around the state to build capacity for medical interpreter training as a way to establish regional interpreter banks. The OMHPHP and VDH Emergency Preparedness and Response Programs funded the training of medical interpreter trainers for the Network for Latino People and Refugee and Immigration Services in Hampton Roads and Richmond.

Network for Latino People

VDH is a major partner and member organization of the Network for Latino People (NFLP). The goal of NFLP is to support a community coalition to address the effective provision of services, particularly health services, to the growing Latino population, as well as to provide training on overcoming barriers to the provision of those services and to identify and address the diverse needs of low and moderate income families.

Refugee and Immigration Services in Hampton Roads and Richmond

Refugee and Immigration Services (RIS) of the Catholic Diocese of Richmond and Hampton Roads have provided interpretation and case management services for refugees in Virginia for over 27 years. In order to ensure that health needs for this population is addressed; RIS staff orients newcomers to American concepts of health service and provides assistance in negotiating the myriad service providers in their communities.

Medical Interpreter Training Grants Program

The Medical Interpreter Training Grants Program was created by the OMHPHP in partnership with VDH Emergency Preparedness and Response Programs. Training grants for the cost of tuition for a medical interpreter course are being made available to a limited number of language proficient bilingual individuals. Recipients are required to provide 40 hours of community service at a safety net provider site and be willing to assist with interpretation in the event of a public health emergency. Since January 2007, 259 participants have completed the medical interpreter training in Virginia. Language service providers that provide the medical interpreter course for this program are located in Newport News, Williamsburg, Richmond, Alexandria and Harrisonburg and include the Blue Ridge and Northern Virginia Area Health Education centers and Refugee and Immigration Services of the Catholic Diocese of Richmond and Hampton Roads.

Navigating the U.S. Health Care System for Immigrants, Migrants and Refugees

The Navigating the U.S. Health Care System for Immigrants, Migrants and Refugees project takes a culturally competent approach to teaching immigrants, migrants and refugees how to successfully navigate the U.S. health care system. The OMHPHP has partnered with the Northern Virginia Area Health Education Center to develop educational

materials. Based on focus group results indicating that a trusted source acting as an information center is the best way to disseminate information to culturally diverse individuals, the OMHPHP is identifying resources to develop a curriculum for cultural brokers (individuals, agencies and organizations who work with refugees and immigrants) to act as a gateway to the health care system for immigrants, migrants and refugees. This teaching curriculum will be accompanied by culturally-appropriate, translated low-literacy materials.

Planned Activities for the Coming Year

Activities planned by OMHPHP for the coming year incorporate the Office's broader vision, which is based on a commitment to promote health equity. The following is a snapshot of some of the activities OMHPHP plans to pursue from July 1, 2008 through June 30, 2009.

Health Care Workforce Recruitment and Retention Initiatives

In an effort to continue to develop the health care workforce in Virginia, staff will strive to implement effective and efficient recruitment and retention initiatives. Goals for the next fiscal year include the following:

- Continue to manage, market and modify the online recruitment Web site, Primary Practice Opportunities of Virginia.
- Increase statewide mass marketing efforts for increased utilization of PPOVA by providers and health care professionals.
- Increase collaborative efforts of OMHPHP with national and local partners to increase the awareness of OMHPHP recruitment and retention services for the state of Virginia.
- Copy and distribute the healthcare workforce incentives recruitment video to appropriate target audiences.
- Conduct a retention survey of health care providers that have utilized state and federal incentive programs to help further strategize recruitment efforts.
- Continue to identify and assist employers in Virginia who are eligible to recruit health professionals participating in the (NHSC) scholarship and loan repayment programs.
- Conduct a mass mailing to residency programs throughout the U.S. that have a large number of international medical graduates for the Virginia J-1 Visa Waiver Program.
- Increase and enhance technical assistance services to practice sites interested in recruiting and retaining health care professionals.
- Conduct the second annual Healthcare Workforce Awards Program to recognize individuals and organizations with model recruitment and retention programs.
- Conduct a webinar focused on "The Recruitment and Retention of a Quality Health Workforce in Rural Areas."
- Consider merging the current Health Workforce Advisory Committee with the new Health Workforce Council, developed by the States Office of Rural Health.

Health Care Access

The OMHPHP will continue to promote InsureMoreVirginians.net. Community Connectors—insurance brokers, social workers, community service providers and others—will play a key role by sharing their knowledge, and in turn helping to spread the information and tools available from InsureMoreVirginians.net. Community partner organizations will provide information, help spread the message that "coverage matters," and promote the Web site. A longer-term strategy for 2009 and beyond could include:

1. More comprehensive social marketing strategies including print and electronic media buys.
2. Educational conferences and workshops aimed at promoting the value of health coverage and clarifying the process of acquiring health coverage.
3. Non-partisan policy education to inform decision makers about the status of health coverage and the potential impact of prospective health coverage initiatives.

The Virginia Telehealth Network will be working with its Board to develop a long term sustainability and business plan so that it becomes decreasingly grant-dependent for its operational budget.

Focusing on identifying and addressing distance, provider distribution, service fragmentation and cost barriers to health care access, including (1) identifying high target priority areas based on distance, provider distribution, service fragmentation and cost barriers to care; (2) identifying policies that reinforce distance, provider distribution, service fragmentation and cost barriers to care; (3) identifying the linkages between barriers to care and ambulatory care sensitive conditions; and (4) increasing stakeholder awareness, knowledge and support.

The OMHPHP will monitor changes in the number and locations of underserved areas (HPSA and MUA) in the Commonwealth over time to determine progress towards reaching the goal of ultimately eliminating the need for such areas to be designated.

Rural Health

Over the next 12 months, the OMHPHP will continue to advance and promote a quality rural health infrastructure by focusing on the following goals:

- Implementing numerous recommendations from the VA-SRHP. Such recommendations include (1) assessing the current status of mid-level practitioners in Virginia; (2) building a data capacity to forecast future workforce needs, assess what services are being provided and assess the economic impact of shortage designations; (3) developing and supporting educational opportunities for integrating primary care with behavioral health; (4) identifying models of care in other rural areas nationally and internationally, including telehealth models; (5) researching existing model programs that integrate primary care and mental health within Virginia and in other states; (6) promoting statewide telehealth system for specialty health care (especially mental health) and education; and (7) improving the health information technology infrastructure for rural health providers. Additionally, the OMHPHP will utilize the newly developed VA-SRHP website (<http://www.va-srhp.org/index.htm>) to disseminate information and track implementation progress.
- Implementing five pilot projects to address health workforce shortages, access to care, quality and performance improvement, and data collection within the rural health system.
- Implementing study recommendations from the EMS assessments, multi-state quality improvement and Flex program evaluation.

High Priority Target Areas

The identification of High Priority Target Areas (HPTAs) based on distance, provider distribution and service fragmentation barriers to healthcare and their linkage to the reduction of ambulatory care sensitive conditions in medically underserved areas is one of the outcomes that the OMHPHP Division of Primary Care and Rural Health will be focusing its efforts in the upcoming year. Additionally, the HPTA data will provide us with the information needed to explore and develop new models of care.

HPTA analyses will also be used by the Division of Health Equity to identify communities and neighborhoods experiencing health inequities in association with adverse social determinants of health. Such data will be used to develop community-based participatory partnerships and interventions to promote health and to address the social

determinants of poor health. In addition HPTA data will guide health policy and public policy related activities (including the HIA pilot) to address the broader policies that determine the distribution of opportunities to be healthy.

Partnering with Socially Disadvantaged and Medically Underserved Communities and Populations

Health Equity and Minority Health

Pilot Health Impact Assessment

The OMHPHP is developing a pilot Health Impact Assessment (HIA) project that will assess two bills from the upcoming 2009 General Assembly. A HIA is defined as a combination of procedures, methods, and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. Health Impact Assessments can be used to evaluate objectively the potential health effects (both positive and negative) of a legislative proposal, policy, regulation or project before it is implemented to assist decision makers in developing policies that promote health and health equity. The purposes of the OMHPHP's HIA pilot are to:

1. Develop a protocol for conducting HIAs of bills introduced into the General Assembly.
2. Test the protocol by completing two pilot HIAs during the 2009 General Assembly session.
3. Evaluate the impact of those HIAs on influencing decision making and the implementation of public policy.
4. Determine the feasibility of expanding the use of HIA in Virginia.

Conclusion

This report provides information on the myriad initiatives being managed by the OMHPHP. During the reporting period of July 1, 2007 through June 30, 2008, the OMHPHP made notable progress towards its mission of identifying health inequities, assessing their root causes, and addressing them by promoting social justice, influencing policy, establishing partnerships, providing resources and educating the public. During the upcoming year, the OMHPHP will continue to find ways to proactively and effectively meet these goals.

Appendices

Appendix A: Selected Federal Programs That Use HPSA and MUA/MUP Designations

Agency/Program Name	Designation Required
HRSA/Div of National Health Service Corps	
Scholarship Program	HPSA
Federal Loan Repayment Program	HPSA
State Loan Repayment Program	HPSA
Grants to States for Community Scholarships	HPSA
HRSA/BPHC/Div of Community and Migrant Health	
Section 330 Health Center Grants	MUA or MUP
FQHC Look-Alike Certification	MUA or MUP
Center for Medicare and Medicaid Services [CMS - formerly HCFA]	
Medicare Incentive Payment Program	Geographic HPSA
Rural Health Clinics Eligible Area	Geo or Pop Group HPSA, MUA
Appalachian Regional Commission	
J-1 Visa Waivers	Geographic or Pop Group HPSA
Conrad "State-30" Program (42 states)	
J-1 Visa Waivers	HPSA, MUA, or MUP (at option of the state)
State Health Departments	
National Interest Visa Waiver	HPSA or MUA/MUP
HRSA/BHPr Title VII & VIII Grants	(Scoring preference if in HPSA or participants from HPSAs)
Residency and Graduate Training in Family Medicine	
Faculty Development in Family Medicine	
Pre-Doctoral Training in Family Medicine	
Faculty Development in General Internal Medicine and/or General Practice	
Faculty Training Projects in Geriatric Medicine and Dentistry	
Residency Training in General Internal Medicine and/or Family Medicine	
Residency Training and Advanced Education in General Practice of Dentistry	
Preventive Medicine and Dental Public	
Health Physician Assistant Training Program	
Podiatric Primary Care Residency Program	
Allied Health Project Grants	
Area Health Education Centers	
Area Health Education Centers - Model Programs	
Health Education and Training Programs	
Interdisciplinary Training for Health Care in Rural Areas	
Health Administration Traineeships and Special Projects	
Special Project Grants to Schools of Public Health	
Nurse Practitioner and Nurse Midwifery Education Program	
Disadvantaged Health Professional Faculty LR and Fellowship Program	
Programs of Excellence in Health Professions Education for Minorities	
Cooperative Agreements to Improve the Health Status of Minority Populations	
Emergency Medical Services for Children	
Professional Nurse Traineeship	
Nurse Anesthetist Traineeship	
Nurse Training Improvement: Special Projects	
SAMHSA	
Mental Health Clinical and AIDS Service-Related Training Grants	

Appendix B: Primary Care Health Professional Shortage Area List

State: Virginia
County: All Counties
Date of Last Update: To 06/30/2008
HPSA Score (lower limit): 0

Discipline: Primary Medical Care
Metro: All
Status: Designated
Type: All

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
001 - Accomack County							
Accomack	151001	Designated	Single County	8	3	9	2/5/2003
510 - Alexandria City							
Alexandria Neighborhood Health Services	151999510T	Designated	Comprehensive Health Center			9	9/30/2004
007 - Amelia County							
Amelia	151007	Designated	Single County	2	2	11	3/3/2006
011 - Appomattox County							
Appomattox	151011	Designated	Single County	3	1	8	9/6/2006
015 - Augusta County							
Augusta Correctional Center	1519995195	Designated	Correctional Facility	1	1	9	1/11/2008
017 - Bath County							
Bath	151017	Designated	Single County	2	0	6	9/6/2006
515 - Bedford City							
Big Island	1519995111	Designated	Geographical Area	7	0	6	6/13/2006
Bedford City			Single County				
019 - Bedford County							
Big Island	1519995111	Designated	Geographical Area	7	0	6	6/13/2006
Center District			Minor Civil Division				
Peaks District			Minor Civil Division				
021 - Bland County							
Bland	151021	Designated	Single County	2	0	5	3/28/2006
Bland County Medical	151999510J	Designated	Comprehensive Health Center			0	10/26/2002
Bland Correctional Center	1519995194	Designated	Correctional Facility	0	1	15	1/11/2008
023 - Botetourt County							
Botetourt Correctional Facility	151999511M	Designated	Correctional Facility	0	0	9	1/11/2008
Northern Botetourt	1519995141	Designated	Geographical Area	1	1	9	8/11/2006
C.T. 0401.00			Census Tract				
C.T. 0402.00			Census Tract				
025 - Brunswick County							
Brunswick	151025	Designated	Single County	3	2	15	1/14/2003
Lawrenceville Correctional Center	1519995186	Designated	Correctional Facility	1	1	9	1/11/2008
Brunswick Correctional Center	1519995193	Designated	Correctional Facility	1	0	9	1/11/2008
027 - Buchanan County							
Buchanan	151027	Designated	Single County	8	0	7	4/21/2005

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
029 - Buckingham County							
Buckingham/Cumberland	1519995165	Designated	Geographical Area	4	3	13	12/7/2004
Buckingham			Single County				
Dyllwyn Correctional Center	1519995191	Designated	Correctional Facility	1	0	9	1/11/2008
Central Virginia Health	1519995199	Designated	Comprehensive Health Center			6	10/26/2002
031 - Campbell County							
Altavista/Chatham	1519995133	Designated	Geographical Area	4	13	17	2/22/2006
C.T. 0204.00			Census Tract				
C.T. 0205.00			Census Tract				
C.T. 0206.00			Census Tract				
C.T. 0207.00			Census Tract				
C.T. 0208.00			Census Tract				
C.T. 0209.00			Census Tract				
033 - Caroline County							
Caroline	151033	Designated	Single County	6	1	8	3/31/2006
035 - Carroll County							
Tri-Area/Laurel Fork Health Clinic	151999510L	Designated	Comprehensive Health Center			2	10/26/2002
Carroll/Grayson/Galax	151999511H	Designated	Geographical Area	15	0	6	12/5/2006
Carroll			Single County				
036 - Charles City County							
Charles City	151036	Designated	Single County	2	1	11	8/18/2006
550 - Chesapeake City							
Indian Creek Correctional Center	151999511P	Designated	Correctional Facility	1	0	9	1/11/2008
South Norfolk/Chesapeake City	1519995146	Designated	Geographical Area	3	8	17	6/19/2006
C.T. 0201.00			Census Tract				
C.T. 0202.00			Census Tract				
C.T. 0203.00			Census Tract				
C.T. 0204.00			Census Tract				
C.T. 0205.01			Census Tract				
C.T. 0205.02			Census Tract				
C.T. 0206.00			Census Tract				
C.T. 0207.00			Census Tract				
C.T. 0209.03			Census Tract				
St. Brides Correctional Center	1519995181	Designated	Correctional Facility	0	0	15	1/11/2008
045 - Craig County							
Craig	151045	Designated	Single County	0	2	16	9/6/2006
047 - Culpeper County							
Coffeewood Correctional Center	1519995176	Designated	Correctional Facility	1	0	9	1/11/2008
049 - Cumberland County							
Buckingham/Cumberland	1519995165	Designated	Geographical Area	4	3	13	12/7/2004
Cumberland			Single County				
590 - Danville City							

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Piedmont Access to Health Services (Path)	151999510U	Designated	Comprehensive Health Center			9	9/30/2004
Low Income - Danville	1519995152	Designated	Population Group	9	1	10	6/28/2006
C.T. 0001.00			Census Tract				
C.T. 0002.00			Census Tract				
C.T. 0003.00			Census Tract				
C.T. 0004.00			Census Tract				
C.T. 0005.00			Census Tract				
C.T. 0006.00			Census Tract				
C.T. 0007.00			Census Tract				
C.T. 0008.00			Census Tract				
C.T. 0009.00			Census Tract				
C.T. 0010.00			Census Tract				
C.T. 0011.00			Census Tract				
C.T. 0012.00			Census Tract				
C.T. 0013.00			Census Tract				
C.T. 0014.00			Census Tract				
051 - Dickenson County							
Dickenson	151051	Designated	Single County	5	0	6	9/1/2006
053 - Dinwiddie County							
Dinwiddie	151053	Designated	Single County	4	5	15	3/3/2006
057 - Essex County							
Essex/Richmond	151999510S	Designated	Geographical Area	4	2	9	4/10/2006
Essex			Single County				
065 - Fluvanna County							
Fluvanna Service Area	151999510X	Designated	Geographical Area	1	2	9	6/15/2006
C.T. 0202.00			Census Tract				
C.T. 0203.00			Census Tract				
067 - Franklin County							
Franklin	151067	Designated	Single County	12	4	8	6/20/2006
640 - Galax City							
Carroll/Grayson/Galax	151999511H	Designated	Geographical Area	15	0	6	12/5/2006
Galax City			Single County				
075 - Goochland County							
Goochland/Fife	1519995135	Designated	Geographical Area	3	1	7	3/2/2006
C.T. 4002.00			Census Tract				
C.T. 4003.00			Census Tract				
C.T. 4004.00			Census Tract				
C.T. 4005.00			Census Tract				
077 - Grayson County							
Carroll/Grayson/Galax	151999511H	Designated	Geographical Area	15	0	6	12/5/2006
Grayson			Single County				
079 - Greene County							
Greene/Madison	151999511F	Designated	Geographical Area	6	2	7	9/13/2006

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Greene			Single County				
081 - Greenville County							
Greenville Correctional Facility	151999511N	Designated	Correctional Facility	0	3	21	1/11/2008
083 - Halifax County							
Halifax	151083	Designated	Single County	12	0	7	3/16/2005
650 - Hampton City							
Newport News	1519995162	Designated	Geographical Area	21	5	11	3/17/2006
C.T. 0104.00			Census Tract				
C.T. 0105.01			Census Tract				
C.T. 0105.02			Census Tract				
C.T. 0106.01			Census Tract				
C.T. 0106.02			Census Tract				
C.T. 0107.01			Census Tract				
C.T. 0109.00			Census Tract				
C.T. 0113.00			Census Tract				
C.T. 0114.00			Census Tract				
C.T. 0116.00			Census Tract				
C.T. 0118.00			Census Tract				
C.T. 0119.00			Census Tract				
C.T. 0120.00			Census Tract				
087 - Henrico County							
Richmond/Henrico	1519995139	Designated	Geographical Area	35	3	14	2/9/2007
C.T. 2008.04			Census Tract				
C.T. 2008.05			Census Tract				
C.T. 2010.01			Census Tract				
C.T. 2010.02			Census Tract				
C.T. 2010.03			Census Tract				
C.T. 2011.01			Census Tract				
C.T. 2011.02			Census Tract				
C.T. 2015.01			Census Tract				
091 - Highland County							
Highland	151091	Designated	Single County	1	0	12	6/13/2006
Highland Medical Center	151999510V	Designated	Comprehensive Health Center			4	9/30/2003
670 - Hopewell City							
Federal Correctional Complex - Petersburg	1519995171	Designated	Correctional Facility		3	21	2/26/2007
093 - Isle of Wight County							
Berlin-Ivor	1519995127	Designated	Geographical Area	1	2	10	8/12/2003
Hardy District			Minor Civil Division				
095 - James City County							
Olde Towne Medical Center	151999511E	Designated	Rural Health Clinic			0	12/1/2003
097 - King and Queen County							
King and Queen	151097	Designated	Single County	2	0	8	9/13/2006

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
099 - King George County							
King George/Westmoreland	151999510W	Designated	Geographical Area	7	3	11	4/10/2006
King George			Single County				
101 - King William County							
King William/New Kent	151999511G	Designated	Geographical Area	7	1	5	9/13/2006
King William			Single County				
105 - Lee County							
Lee	151105	Designated	Single County	4	3	13	2/5/2003
United States Penitentiary - Lee	1519995172	Designated	Correctional Facility		2	21	1/29/2007
Stone Mountain Health Services	1519995174	Designated	Comprehensive Health Center			5	5/8/2003
107 - Loudoun County							
Loudoun Community Health Center	151999511R	Designated	Federally Qualified Health Center Look A Like			0	4/25/2008
109 - Louisa County							
Louisa	151109	Designated	Single County	6	2	7	11/30/2006
111 - Lunenburg County							
Southern Dominion Health System	1519995184	Designated	Comprehensive Health Center	1	0	2	9/5/2003
Lunenburg Correctional Center	1519995187	Designated	Correctional Facility	1	0	9	1/11/2008
680 - Lynchburg City							
Johnson Health Center	151999510R	Designated	Comprehensive Health Center			2	10/26/2002
Low Income - Lynchburg City	1519995197	Designated	Population Group	1	1	16	10/9/2003
C.T. 0004.00			Census Tract				
C.T. 0005.00			Census Tract				
C.T. 0006.00			Census Tract				
C.T. 0007.00			Census Tract				
C.T. 0011.00			Census Tract				
C.T. 0012.00			Census Tract				
113 - Madison County							
Greene/Madison	151999511F	Designated	Geographical Area	6	2	7	9/13/2006
Madison			Single County				
690 - Martinsville City							
Martinsville Henry County Coalition	151999511J	Designated	Comprehensive Health Center			3	9/30/2007
117 - Mecklenburg County							
Mecklenburg	151117	Designated	Single County	9	0	12	4/10/2008
Boydton Community Health	151999510P	Designated	Comprehensive Health Center			3	10/26/2002
Baskerville Correctional Facility	151999511L	Designated	Correctional Facility	0	0	15	1/11/2008
Mecklenburg Correctional Center	1519995188	Designated	Correctional Facility	1	0	9	1/11/2008
125 - Nelson County							
Blue Ridge Medical Center	151999510M	Designated	Comprehensive Health Center			2	10/26/2002
127 - New Kent County							
King William/New Kent	151999511G	Designated	Geographical Area	7	1	5	9/13/2006
New Kent			Single County				
700 - Newport News City							

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Peninsula Institute for Community Health	151999510H	Designated	Comprehensive Health Center			8	10/26/2002
Newport News	1519995162	Designated	Geographical Area	21	5	11	3/17/2006
C.T. 0301.00			Census Tract				
C.T. 0303.00			Census Tract				
C.T. 0304.00			Census Tract				
C.T. 0305.00			Census Tract				
C.T. 0306.00			Census Tract				
C.T. 0308.00			Census Tract				
C.T. 0309.00			Census Tract				
C.T. 0311.00			Census Tract				
C.T. 0312.00			Census Tract				
C.T. 0313.00			Census Tract				
710 - Norfolk City							
South Norfolk/Chesapeake City	1519995146	Designated	Geographical Area	3	8	17	6/19/2006
C.T. 0050.00			Census Tract				
C.T. 0051.00			Census Tract				
C.T. 0052.00			Census Tract				
C.T. 0053.00			Census Tract				
131 - Northampton County							
Eastern Shore Rural Health	151999510A	Designated	Comprehensive Health Center			5	10/26/2002
Migrant Farmworker - Northampton	1519995183	Designated	Population Group	0	0	15	8/26/2003
Northampton			Single County				
133 - Northumberland County							
Northumberland	151133	Designated	Single County	3	1	8	2/16/2006
135 - Nottoway County							
Nottoway	151135	Designated	Single County	4	1	13	4/10/2008
Nottoway Correctional Center	1519995189	Designated	Correctional Facility	1	0	9	1/11/2008
139 - Page County							
Page	151139	Designated	Single County	6	0	5	5/14/2004
141 - Patrick County							
Patrick	151141	Designated	Single County	4	1	8	5/14/2004
143 - Pittsylvania County							
Altavista/Chatham	1519995133	Designated	Geographical Area	4	13	17	2/22/2006
C.T. 0101.00			Census Tract				
C.T. 0102.00			Census Tract				
C.T. 0103.00			Census Tract				
C.T. 0104.00			Census Tract				
C.T. 0105.00			Census Tract				
C.T. 0106.00			Census Tract				
C.T. 0107.00			Census Tract				
Low Income - Danville	1519995152	Designated	Population Group	9	1	10	6/28/2006
C.T. 0108.00			Census Tract				
C.T. 0109.00			Census Tract				

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
C.T. 0110.00			Census Tract				
C.T. 0111.00			Census Tract				
C.T. 0112.00			Census Tract				
C.T. 0113.00			Census Tract				
C.T. 0114.00			Census Tract				
740 - Portsmouth City							
Portsmouth Community Health Center	151999510N	Designated	Comprehensive Health Center			8	10/26/2002
145 - Powhatan County							
Deep Meadow Correctional Center	1519995182	Designated	Correctional Facility	1	0	9	1/11/2008
155 - Pulaski County							
Pulaski Correctional Center	151999511Q	Designated	Correctional Facility	0	0	9	1/11/2008
760 - Richmond City							
Daily Planet	151999510C	Designated	Comprehensive Health Center			9	10/26/2002
Richmond/Henrico	1519995139	Designated	Geographical Area	35	3	14	2/9/2007
C.T. 0103.00			Census Tract				
C.T. 0104.00			Census Tract				
C.T. 0105.00			Census Tract				
C.T. 0106.00			Census Tract				
C.T. 0107.00			Census Tract				
C.T. 0108.00			Census Tract				
C.T. 0109.00			Census Tract				
C.T. 0110.00			Census Tract				
C.T. 0111.00			Census Tract				
C.T. 0201.00			Census Tract				
C.T. 0202.00			Census Tract				
C.T. 0203.00			Census Tract				
C.T. 0204.00			Census Tract				
C.T. 0205.00			Census Tract				
C.T. 0206.00			Census Tract				
C.T. 0207.00			Census Tract				
C.T. 0208.00			Census Tract				
C.T. 0209.00			Census Tract				
C.T. 0210.00			Census Tract				
C.T. 0211.00			Census Tract				
C.T. 0212.00			Census Tract				
C.T. 0301.00			Census Tract				
C.T. 0302.00			Census Tract				
C.T. 0305.00			Census Tract				
C.T. 0402.00			Census Tract				
C.T. 0403.00			Census Tract				
C.T. 0404.00			Census Tract				
C.T. 0411.00			Census Tract				
C.T. 0412.00			Census Tract				
C.T. 0413.00			Census Tract				
C.T. 0414.00			Census Tract				
Old South Richmond	1519995144	Designated	Geographical Area	15	3	11	12/14/2005

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
C.T. 0601.00			Census Tract				
C.T. 0602.00			Census Tract				
C.T. 0603.00			Census Tract				
C.T. 0604.00			Census Tract				
C.T. 0605.00			Census Tract				
C.T. 0607.00			Census Tract				
C.T. 0608.00			Census Tract				
C.T. 0609.00			Census Tract				
C.T. 0706.00			Census Tract				
C.T. 0707.00			Census Tract				
C.T. 0708.01			Census Tract				
C.T. 0708.02			Census Tract				
C.T. 0709.00			Census Tract				
C.T. 0710.02			Census Tract				
Willis Health Center	1519995175	Designated	Other Facility	3		11	6/5/2003
Vernon J. Harris East End Community Health Center	1519995198	Designated	Comprehensive Health Center			8	10/26/2002
159 - Richmond County							
Essex/Richmond	151999510S	Designated	Geographical Area	4	2	9	4/10/2006
Richmond			Single County				
Haynesville Correctional Center	1519995190	Designated	Correctional Facility	1	0	9	1/11/2008
770 - Roanoke City							
Kuumba Community Health	151999510Q	Designated	Comprehensive Health Center			6	10/26/2002
Northwest Roanoke	1519995164	Designated	Geographical Area	5	4	13	6/13/2006
C.T. 0001.00			Census Tract				
C.T. 0002.00			Census Tract				
C.T. 0007.00			Census Tract				
C.T. 0008.00			Census Tract				
C.T. 0009.00			Census Tract				
C.T. 0010.00			Census Tract				
C.T. 0011.00			Census Tract				
C.T. 0023.00			Census Tract				
163 - Rockbridge County							
Big Island	1519995111	Designated	Geographical Area	7	0	6	6/13/2006
Natural Bridge District			Minor Civil Division				
167 - Russell County							
Russell	151167	Designated	Single County	8	0	8	2/3/2006
Community Health Clinic Primary Care	151999511A	Designated	Rural Health Clinic			0	10/23/2003
169 - Scott County							
Clinch River Health Services	151999510B	Designated	Comprehensive Health Center			5	10/26/2002
173 - Smyth County							
Southwest Virginia Community Health Services	151999510F	Designated	Comprehensive Health Center			6	10/26/2002
Saltville	1519995113	Designated	Geographical Area	3	2	11	2/22/2006
North Fork District			Minor Civil Division				

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Saltville District			Minor Civil Division				
Konnarock	1519995163	Designated	Geographical Area	4	0	6	9/11/2006
C.T. 9907.00			Census Tract				
175 - Southampton County							
Horizon Health Services	151999510K	Designated	Comprehensive Health Center			2	10/26/2002
Berlin-Ivor	1519995127	Designated	Geographical Area	1	2	10	8/12/2003
Berlin and Ivor District			Minor Civil Division				
Deerfield Correctional Center	1519995192	Designated	Correctional Facility	0	0	15	1/11/2008
800 - Suffolk City							
City of Suffolk	1519995156	Designated	Geographical Area	4	2	12	8/5/2003
C.T. 0651.00			Census Tract				
C.T. 0653.00			Census Tract				
C.T. 0654.00			Census Tract				
C.T. 0655.00			Census Tract				
C.T. 0756.00			Census Tract				
181 - Surry County							
Surry	151181	Designated	Single County	0	2	11	6/1/2006
183 - Sussex County							
Sussex	151183	Designated	Single County	3	0	4	10/31/2006
Stony Creek Community Health Center	151999510E	Designated	Comprehensive Health Center			4	10/26/2002
Sussex I State Prison	1519995178	Designated	Correctional Facility	1	0	9	1/11/2008
Sussex II State Prison	1519995179	Designated	Correctional Facility	1	0	9	1/11/2008
185 - Tazewell County							
Bluefield Internal Medicine	151999510Z	Designated	Rural Health Clinic			0	11/19/2003
Clinch Valley Physicians, Inc.	151999511B	Designated	Rural Health Clinic			0	11/17/2003
Merit Medical Rural Health Clinic Richlands	151999511C	Designated	Rural Health Clinic			0	12/18/2003
191 - Washington County							
Saltville	1519995113	Designated	Geographical Area	3	2	11	2/22/2006
Jefferson District			Minor Civil Division				
Tyler District	1519995161	Designated	Geographical Area	0	2	11	5/26/2004
Tyler District			Minor Civil Division				
Konnarock	1519995163	Designated	Geographical Area	4	0	6	9/11/2006
C.T. 0108.00			Census Tract				
C.T. 0109.00			Census Tract				
193 - Westmoreland County							
King George/Westmoreland	151999510W	Designated	Geographical Area	7	3	11	4/10/2006
Westmoreland			Single County				
195 - Wise County							
Red Onion State Prison	1519995185	Designated	Correctional Facility	1	0	9	1/11/2008

Appendix C: Dental Health Professional Shortage Areas List

State: Virginia

County: All Counties

Date of Last Update: To 06/30/2008

HPSA Score (lower limit): 0

Discipline: Dental

Metro: All

Status: Designated

Type: All

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
001 - Accomack County							
Accomack/Northampton	6519995120	Designated	Geographical Area	12	1	10	3/8/2006
Accomack			Single County				
510 - Alexandria City							
Alexandria Neighborhood Health Services	6519995176	Designated	Comprehensive Health Center			12	9/30/2004
009 - Amherst County							
Amherst	651009	Designated	Single County	4	2	6	11/4/2005
011 - Appomattox County							
Appomattox	651011	Designated	Single County	3	0	6	9/1/2006
Bath	651017	Designated	Single County	1	0	7	4/18/2007
515 - Bedford City							
Bedford	6519995125	Designated	Geographical Area	11	6	8	12/19/2005
Bedford City			Single County				
019 - Bedford County							
Bedford	6519995125	Designated	Geographical Area	11	6	8	12/19/2005
Bedford			Single County				
021 - Bland County							
Bland County Medical	6519995159	Designated	Comprehensive Health Center			1	10/26/2002
025 - Brunswick County							
Brunswick	651025	Designated	Single County	3	1	5	9/14/2006
Lawrenceville Correctional Center	6519995146	Designated	Correctional Facility	1	0	9	1/11/2008
027 - Buchanan County							
Buchanan	651027	Designated	Single County	2	4	15	9/14/2006
029 - Buckingham County							
Buckingham	651029	Designated	Single County	3	1	8	10/31/2006
Central Virginia Health	6519995151	Designated	Comprehensive Health Center			9	10/26/2002
Buckingham Correctional Center	6519995180	Designated	Correctional Facility	1	0	9	1/11/2008
031 - Campbell County							
Low Income - Campbell/Lynchburg City	6519995170	Designated	Population Group	1	8	13	3/17/2006
Campbell			Single County				
035 - Carroll County							
Tri-Area/Laurel Fork Health Clinic	6519995161	Designated	Comprehensive Health Center			5	10/26/2002
037 - Charlotte County							
Charlotte	651037	Designated	Single County	2	1	8	12/13/2005

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
045 - Craig County							
Craig	651045	Designated	Single County	1	1	13	3/31/2007
047 - Culpeper County							
Coffeewood Correctional Center	6519995143	Designated	Correctional Facility	0	1	21	1/11/2008
049 - Cumberland County							
Cumberland	651049	Designated	Single County	1	2	14	4/12/2006
590 - Danville City							
Piedmont Access to Health Services (Path)	6519995177	Designated	Comprehensive Health Center			11	9/30/2004
051 - Dickenson County							
Dickenson	651051	Designated	Single County	3	1	10	1/17/2006
053 - Dinwiddie County							
Dinwiddie	651053	Designated	Single County	2	4	12	9/14/2006
595 - Emporia City							
Greenville/Emporia City Service Area	6519995175	Designated	Geographical Area	3	0	7	4/17/2007
Emporia City			Single County				
063 - Floyd County							
Floyd	651063	Designated	Single County	1	2	12	9/1/2006
081 - Greenville County							
Greenville Correctional Center	6519995148	Designated	Correctional Facility	0	2	21	1/11/2008
Greenville/Emporia City Service Area	6519995175	Designated	Geographical Area	3	0	7	4/17/2007
Greenville			Single County				
083 - Halifax County							
Halifax/South Boston	651083	Designated	Single County	8	1	7	6/16/2006
087 - Henrico County							
Richmond Metropolitan	6519995171	Designated	Geographical Area	25	19	12	5/2/2006
C.T. 2008.04			Census Tract				
C.T. 2008.05			Census Tract				
C.T. 2010.01			Census Tract				
C.T. 2010.02			Census Tract				
C.T. 2010.03			Census Tract				
C.T. 2011.01			Census Tract				
C.T. 2011.02			Census Tract				
C.T. 2015.01			Census Tract				
091 - Highland County							
Low Income - Highland	6519995169	Designated	Population Group		0	3	2/3/2006
Highland			Single County				
Highland Medical Center	6519995178	Designated	Comprehensive Health Center			10	9/30/2003
670 - Hopewell City							
Federal Correctional Institution - Petersburg	6519995139	Designated	Correctional Facility		5	21	2/27/2007
099 - King George County							
King George/Westmoreland	6519995174	Designated	Geographical Area	6	1	6	1/22/2007

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
King George			Single County				
105 - Lee County							
Lee	651105	Designated	Single County	5	1	9	6/16/2006
United States Penitentiary - Lee	6519995140	Designated	Correctional Facility		2	21	2/8/2007
Stone Mountain Health Services	6519995142	Designated	Comprehensive Health Center			8	5/14/2003
107 - Loudoun County							
Loudoun Community Health Center	6519995188	Designated	Federally Qualified Health Center Look A Like			0	4/28/2008
109 - Louisa County							
Louisa	651109	Designated	Single County	5	2	5	3/29/2007
111 - Lunenburg County							
Lunenburg	651111	Designated	Single County	1	2	14	9/6/2006
Lunenburg County Community Health Center	6519995166	Designated	Comprehensive Health Center			11	10/26/2002
Lunenburg Correctional Center	6519995181	Designated	Correctional Facility	1	0	9	1/11/2008
Southern Dominion Health Systems, Inc.	6519995186	Designated	Comprehensive Health Center			0	1/7/1985
680 - Lynchburg City							
Johnson Health Center	6519995167	Designated	Comprehensive Health Center			4	10/26/2002
Low Income - Campbell/Lynchburg City	6519995170	Designated	Population Group	1	8	13	3/17/2006
Lynchburg City			Single County				
690 - Martinsville City							
Martinsville Heanry County Coalition for	6519995187	Designated	Comprehensive Health Center			0	9/1/2007
117 - Mecklenburg County							
Mecklenburg	651117	Designated	Single County	6	2	9	12/20/1984
Boydton Community Health	6519995164	Designated	Comprehensive Health Center			7	10/26/2002
Baskerville Correctional Facility	6519995179	Designated	Correctional Facility		0	15	1/11/2008
Mecklenburg Correctional Center	6519995182	Designated	Correctional Facility	1	0	9	1/11/2008
125 - Nelson County							
Nelson	651125	Designated	Single County	3	1	6	12/20/1984
Blue Ridge Medical Center	6519995162	Designated	Comprehensive Health Center			4	10/26/2002
700 - Newport News City							
Low Income - Newport News	6519995128	Designated	Population Group	0	4	20	11/17/2006
C.T. 0301.00			Census Tract				
C.T. 0303.00			Census Tract				
C.T. 0304.00			Census Tract				
C.T. 0305.00			Census Tract				
C.T. 0306.00			Census Tract				
C.T. 0308.00			Census Tract				
C.T. 0309.00			Census Tract				
C.T. 0313.00			Census Tract				
Peninsula Institute for Community Health	6519995158	Designated	Comprehensive Health Center			10	10/26/2002
131 - Northampton County							

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Accomack/Northampton	6519995120	Designated	Geographical Area	12	1	10	3/8/2006
Northampton			Single County				
Eastern Shore Rural Health	6519995152	Designated	Comprehensive Health Center			11	10/26/2002
135 - Nottoway County							
Nottoway	651135	Designated	Single County	2	2	12	9/1/2006
139 - Page County							
Page	651139	Designated	Single County	3	3	10	9/7/2006
141 - Patrick County							
Patrick	651141	Designated	Single County	2	2	10	9/14/2006
740 - Portsmouth City							
Portsmouth Community Health	6519995163	Designated	Comprehensive Health Center			10	10/26/2002
Low Income - Downtown Portsmouth	6519995172	Designated	Population Group	3	1	10	9/7/2006
C.T. 2105.00			Census Tract				
C.T. 2107.00			Census Tract				
C.T. 2111.00			Census Tract				
C.T. 2114.00			Census Tract				
C.T. 2117.00			Census Tract				
C.T. 2118.00			Census Tract				
C.T. 2119.00			Census Tract				
C.T. 2120.00			Census Tract				
C.T. 2121.00			Census Tract				
C.T. 2126.00			Census Tract				
C.T. 2127.01			Census Tract				
C.T. 2127.02			Census Tract				
145 - Powhatan County							
Powhatan Correctional Center	6519995183	Designated	Correctional Facility	1	0	9	1/11/2008
147 - Prince Edward County							
Low Income - Prince Edward County	6519995131	Designated	Population Group	0	2	16	4/12/2006
Prince Edward			Single County				
155 - Pulaski County							
Pulaski Correctional Center	6519995184	Designated	Correctional Facility	0	0	9	1/11/2008
157 - Rappahannock County							
Rappahannock	651157	Designated	Single County	0	2	12	10/27/2006
760 - Richmond City							
Vernon J. Harris East End Community Health Center	6519995150	Designated	Comprehensive Health Center			9	10/26/2002
Daily Planet	6519995154	Designated	Comprehensive Health Center			21	10/26/2002
Richmond Metropolitan	6519995171	Designated	Geographical Area	25	19	12	5/2/2006
C.T. 0103.00			Census Tract				
C.T. 0104.00			Census Tract				
C.T. 0105.00			Census Tract				
C.T. 0106.00			Census Tract				
C.T. 0107.00			Census Tract				

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
C.T. 0108.00			Census Tract				
C.T. 0109.00			Census Tract				
C.T. 0110.00			Census Tract				
C.T. 0111.00			Census Tract				
C.T. 0201.00			Census Tract				
C.T. 0202.00			Census Tract				
C.T. 0203.00			Census Tract				
C.T. 0204.00			Census Tract				
C.T. 0205.00			Census Tract				
C.T. 0206.00			Census Tract				
C.T. 0207.00			Census Tract				
C.T. 0208.00			Census Tract				
C.T. 0209.00			Census Tract				
C.T. 0210.00			Census Tract				
C.T. 0211.00			Census Tract				
C.T. 0212.00			Census Tract				
C.T. 0301.00			Census Tract				
C.T. 0302.00			Census Tract				
C.T. 0305.00			Census Tract				
C.T. 0402.00			Census Tract				
C.T. 0403.00			Census Tract				
C.T. 0404.00			Census Tract				
C.T. 0411.00			Census Tract				
C.T. 0412.00			Census Tract				
C.T. 0413.00			Census Tract				
C.T. 0414.00			Census Tract				
C.T. 0601.00			Census Tract				
C.T. 0602.00			Census Tract				
C.T. 0603.00			Census Tract				
C.T. 0604.00			Census Tract				
C.T. 0605.00			Census Tract				
C.T. 0607.00			Census Tract				
C.T. 0608.00			Census Tract				
C.T. 0609.00			Census Tract				
C.T. 0706.00			Census Tract				
C.T. 0707.00			Census Tract				
C.T. 0708.01			Census Tract				
C.T. 0708.02			Census Tract				
C.T. 0709.00			Census Tract				
C.T. 0710.01			Census Tract				
C.T. 0710.02			Census Tract				
770 - Roanoke City							
Kuumba Community Health	6519995165	Designated	Comprehensive Health Center			10	10/26/2002
167 - Russell County							
Russell	651167	Designated	Single County	3	4	12	9/14/2006

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
169 - Scott County							
Clinch River Health Services	6519995153	Designated	Comprehensive Health Center			13	10/26/2002
171 - Shenandoah County							
Shenandoah	651171	Designated	Single County	8	1	4	4/7/2006
173 - Smyth County							
Smyth	651173	Designated	Single County	4	3	8	3/31/2006
Southwest Virginia Community Health Services	6519995156	Designated	Comprehensive Health Center			8	10/26/2002
175 - Southampton County							
Horizon Health Services	6519995160	Designated	Comprehensive Health Center			9	10/26/2002
800 - Suffolk City							
City of Suffolk	6519995123	Designated	Geographical Area	1	3	15	2/20/2003
C.T. 0651.00			Census Tract				
C.T. 0653.00			Census Tract				
C.T. 0654.00			Census Tract				
C.T. 0655.00			Census Tract				
C.T. 0756.00			Census Tract				
181 - Surry County							
Surry/Sussex	6519995173	Designated	Geographical Area	0	4	12	10/31/2006
Surry			Single County				
183 - Sussex County							
Stony Creek Community Health Center	6519995155	Designated	Comprehensive Health Center			12	10/26/2002
Surry/Sussex	6519995173	Designated	Geographical Area	0	4	12	10/31/2006
Sussex			Single County				
Sussex I State Prison	6519995185	Designated	Correctional Facility	1	0	9	1/11/2008
185 - Tazewell County							
Low Income - Tazewell	6519995138	Designated	Population Group	3	8	15	9/14/2006
Tazewell			Single County				
187 - Warren County							
Warren	651187	Designated	Single County	6	3	7	9/14/2006
193 - Westmoreland County							
King George/Westmoreland	6519995174	Designated	Geographical Area	6	1	6	1/22/2007
Westmoreland			Single County				
195 - Wise County							
Wise/Norton	651195	Designated	Single County	4	8	16	9/14/2006

Appendix D: Mental Health Professional Shortage Areas

State: Virginia

County: All Counties

Date of Last Update: To 06/30/2008

HPSA Score (lower limit): 0

Discipline: Mental Health

Metro: All

Status: Designated

Type: All

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
001 - Accomack County							
Eastern Shore Mental Health Catchment Area 14	7519995101	Designated	Geographical Area	2	0	17	5/26/2005
Accomack			Single County				
510 - Alexandria City							
Alexandria Neighborhood Health Services	7519995165	Designated	Comprehensive Health Center			5	12/1/2004
007 - Amelia County							
Crossroads Mental Health Catchment Area 9	7519995106	Designated	Geographical Area	1	2	14	6/1/2006
Amelia			Single County				
015 - Augusta County							
Augusta Correctional Center	7519995141	Designated	Correctional Facility	0	0	15	1/11/2008
021 - Bland County							
Mount Rogers Mental Health Catchment Area 24	7519995104	Designated	Geographical Area	4	0	15	5/26/2005
Bland			Single County				
Bland Correctional Center	7519995140	Designated	Correctional Facility	0	0	15	1/11/2008
Bland County Medical	7519995151	Designated	Comprehensive Health Center			5	10/26/2002
023 - Botetourt County							
Botetourt Correctional Facility	7519995170	Designated	Correctional Facility	0	0	15	1/11/2008
520 - Bristol City							
Highlands Mental Health Catchment Area	7519995167	Designated	Geographical Area	1	1	14	8/9/2007
Bristol City			Single County				
025 - Brunswick County							
Southside Planning District	7519995107	Designated	Geographical Area	12	0	17	7/11/2003
Brunswick			Single County				
Lawrenceville Correctional Center	7519995130	Designated	Correctional Facility	0	1	15	1/11/2008
027 - Buchanan County							
Planning District II	7519995103	Designated	Geographical Area	3	0	15	5/14/2004
Buchanan			Single County				
Keen Mountain Correctional Center	7519995142	Designated	Correctional Facility	0	0	15	1/11/2008
029 - Buckingham County							
Crossroads Mental Health Catchment Area 9	7519995106	Designated	Geographical Area	1	2	14	6/1/2006
Buckingham			Single County				
Dillwyn Correctional Center	7519995136	Designated	Correctional Facility	0	0	15	1/11/2008
Buckingham Correctional Center	7519995139	Designated	Correctional Facility	0	0	15	1/11/2008

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Central Virginia Health Services	7519995159	Designated	Comprehensive Health Center			8	10/26/2002
035 - Carroll County							
Mount Rogers Mental Health Catchment Area 24	7519995104	Designated	Geographical Area	4	0	15	5/26/2005
Carroll			Single County				
Tri-Area/Laurel Fork Health Clinic	7519995153	Designated	Comprehensive Health Center			10	10/26/2002
037 - Charlotte County							
Crossroads Mental Health Catchment Area 9	7519995106	Designated	Geographical Area	1	2	14	6/1/2006
Charlotte			Single County				
550 - Chesapeake City							
St. Brides Correctional Center	7519995125	Designated	Correctional Facility	0	0	9	1/11/2008
Indian Creek Corrections Center	7519995126	Designated	Correctional Facility	0	0	15	1/11/2008
South Norfolk (Planning District 20)	7519995163	Designated	Geographical Area	0	1	18	9/7/2006
C.T. 0201.00			Census Tract				
C.T. 0202.00			Census Tract				
C.T. 0203.00			Census Tract				
C.T. 0204.00			Census Tract				
C.T. 0205.01			Census Tract				
C.T. 0205.02			Census Tract				
C.T. 0206.00			Census Tract				
C.T. 0207.00			Census Tract				
C.T. 0209.03			Census Tract				
043 - Clarke County							
Northwest Mental Health Catchmnt Area 27	7519995162	Designated	Geographical Area	6	1	13	6/19/2006
Clarke			Single County				
570 - Colonial Heights City							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Colonial Heights City			Single County				
047 - Culpeper County							
Coffeewood Correctional Center	7519995120	Designated	Correctional Facility	0	0	9	1/11/2008
049 - Cumberland County							
Crossroads Mental Health Catchment Area 9	7519995106	Designated	Geographical Area	1	2	14	6/1/2006
Cumberland			Single County				
590 - Danville City							
Planning District XII	7519995105	Designated	Geographical Area	7	1	11	3/14/2006
Danville City			Single County				
051 - Dickenson County							
Planning District II	7519995103	Designated	Geographical Area	3	0	15	5/14/2004
Dickenson			Single County				
053 - Dinwiddie County							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Dinwiddie			Single County				
595 - Emporia City							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Emporia City			Single County				
057 - Essex County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Essex			Single County				
063 - Floyd County							
New River Vally Mental Health Catchment Area 25	7519995113	Designated	Geographical Area	3	3	14	3/2/2006
Floyd			Single County				
620 - Franklin City							
Western Tidewater Mental Health Catchment Area	7519995168	Designated	Geographical Area	4	1	13	12/19/2007
Franklin City			Single County				
067 - Franklin County							
Planning District XII	7519995105	Designated	Geographical Area	7	1	11	3/14/2006
Franklin			Single County				
069 - Frederick County							
Northwest Mental Health Catchmnt Area 27	7519995162	Designated	Geographical Area	6	1	13	6/19/2006
Frederick			Single County				
640 - Galax City							
Mount Rogers Mental Health Catchment Area 24	7519995104	Designated	Geographical Area	4	0	15	5/26/2005
Galax City			Single County				
071 - Giles County							
New River Vally Mental Health Catchment Area 25	7519995113	Designated	Geographical Area	3	3	14	3/2/2006
Giles			Single County				
073 - Gloucester County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Gloucester			Single County				
075 - Goochland County							
James River Correctional Center	7519995121	Designated	Correctional Facility	0	0	15	1/11/2008
Virginia Correctional Center for Women	7519995172	Designated	Correctional Facility	0	0	9	1/11/2008
077 - Grayson County							
Mount Rogers Mental Health Catchment Area 24	7519995104	Designated	Geographical Area	4	0	15	5/26/2005
Grayson			Single County				
081 - Greenville County							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Greenville			Single County				

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
083 - Halifax County							
Southside Planning District	7519995107	Designated	Geographical Area	12	0	17	7/11/2003
Halifax			Single County				
089 - Henry County							
Planning District XII	7519995105	Designated	Geographical Area	7	1	11	3/14/2006
Henry			Single County				
091 - Highland County							
Highland Medical Center	7519995164	Designated	Comprehensive Health Center			9	9/30/2003
670 - Hopewell City							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Hopewell City			Single County				
093 - Isle of Wight County							
Western Tidewater Mental Health Catchment Area	7519995168	Designated	Geographical Area	4	1	13	12/19/2007
Isle of Wight			Single County				
097 - King and Queen County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
King and Queen			Single County				
101 - King William County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
King William			Single County				
103 - Lancaster County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Lancaster			Single County				
105 - Lee County							
Lenowisco	7519995112	Designated	Geographical Area	2	1	17	6/1/2006
Lee			Single County				
Stone Mountain Health Services	7519995119	Designated	Comprehensive Health Center			9	5/14/2003
107 - Loudoun County							
Loudoun Community Health Center	7519995175	Designated	Federally Qualified Health Center			0	4/25/2008
111 - Lunenburg County							
Crossroads Mental Health Catchment Area 9	7519995106	Designated	Geographical Area	1	2	14	6/1/2006
Lunenburg			Single County				
Lunenburg Correctional Center	7519995131	Designated	Correctional Facility	0	0	15	1/11/2008
Lunenburg Medical Center	7519995157	Designated	Comprehensive Health Center			7	10/26/2002
Southern Dominion Health Systems, Inc.	7519995173	Designated	Comprehensive Health Center			0	1/7/1985
680 - Lynchburg City							
Johnson Health Center	7519995160	Designated	Comprehensive Health Center			5	10/26/2002

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
690 - Martinsville City							
Planning District XII	7519995105	Designated	Geographical Area	7	1	11	3/14/2006
Martinsville City			Single County				
Martinsville Heanry County Coalition for	7519995174	Designated	Comprehensive Health Center			0	9/1/2007
115 - Mathews County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Mathews			Single County				
117 - Mecklenburg County							
Southside Planning District	7519995107	Designated	Geographical Area	12	0	17	7/11/2003
Mecklenburg			Single County				
Mecklenburg Correctional Center	7519995132	Designated	Correctional Facility	0	0	15	1/11/2008
Boydton Community Health	7519995156	Designated	Comprehensive Health Center			10	10/26/2002
Baskerville Correctional Facility	7519995169	Designated	Correctional Facility	0	0	15	1/11/2008
119 - Middlesex County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Middlesex			Single County				
121 - Montgomery County							
New River Vally Mental Health Catchment Area 25	7519995113	Designated	Geographical Area	3	3	14	3/2/2006
Montgomery			Single County				
125 - Nelson County							
Blue Ridge Medical Center	7519995154	Designated	Comprehensive Health Center			7	10/26/2002
700 - Newport News City							
Peninsula Institute for Community Health	7519995150	Designated	Comprehensive Health Center			8	10/26/2002
710 - Norfolk City							
South Norfolk (Planning District 20)	7519995163	Designated	Geographical Area	0	1	18	9/7/2006
C.T. 0050.00			Census Tract				
C.T. 0051.00			Census Tract				
C.T. 0052.00			Census Tract				
C.T. 0053.00			Census Tract				
131 - Northampton County							
Eastern Shore Mental Health Catchment Area 14	7519995101	Designated	Geographical Area	2	0	17	5/26/2005
Northampton			Single County				
Eastern Shore Rural Health	7519995144	Designated	Comprehensive Health Center			9	10/26/2002
133 - Northumberland County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Northumberland			Single County				
720 - Norton City							

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Lenowisco	7519995112	Designated	Geographical Area	2	1	17	6/1/2006
Norton City			Single County				
135 - Nottoway County							
Crossroads Mental Health Catchment Area 9	7519995106	Designated	Geographical Area	1	2	14	6/1/2006
Nottoway			Single County				
139 - Page County							
Northwest Mental Health Catchmnt Area 27	7519995162	Designated	Geographical Area	6	1	13	6/19/2006
Page			Single County				
141 - Patrick County							
Planning District XII	7519995105	Designated	Geographical Area	7	1	11	3/14/2006
Patrick			Single County				
730 - Petersburg City							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Petersburg City			Single County				
143 - Pittsylvania County							
Planning District XII	7519995105	Designated	Geographical Area	7	1	11	3/14/2006
Pittsylvania			Single County				
Piedmont Access to Health Services (Path)	7519995166	Designated	Comprehensive Health Center			11	12/1/2004
740 - Portsmouth City							
Portsmouth Community Health	7519995155	Designated	Comprehensive Health Center			4	10/26/2002
145 - Powhatan County							
Deep Meadow Correctional Center	7519995128	Designated	Correctional Facility	0	0	9	1/11/2008
147 - Prince Edward County							
Crossroads Mental Health Catchment Area 9	7519995106	Designated	Geographical Area	1	2	14	6/1/2006
Prince Edward			Single County				
149 - Prince George County							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Prince George			Single County				
155 - Pulaski County							
New River Vally Mental Health Catchment Area 25	7519995113	Designated	Geographical Area	3	3	14	3/2/2006
Pulaski			Single County				
Pulaski Correctional Center	7519995171	Designated	Correctional Facility	0	0	15	1/11/2008
750 - Radford City							
New River Vally Mental Health Catchment Area 25	7519995113	Designated	Geographical Area	3	3	14	3/2/2006
Radford City			Single County				
760 - Richmond City							
Homeless Population - Richmond City	7519995115	Designated	Population Group	0	0	15	12/2/2005
C.T. 0109.00			Census Tract				
C.T. 0110.00			Census Tract				

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
C.T. 0201.00			Census Tract				
C.T. 0204.00			Census Tract				
C.T. 0205.00			Census Tract				
C.T. 0206.00			Census Tract				
C.T. 0207.00			Census Tract				
C.T. 0208.00			Census Tract				
C.T. 0301.00			Census Tract				
C.T. 0302.00			Census Tract				
C.T. 0305.00			Census Tract				
C.T. 0403.00			Census Tract				
C.T. 0404.00			Census Tract				
C.T. 0405.00			Census Tract				
C.T. 0406.00			Census Tract				
C.T. 0407.00			Census Tract				
Vernon J. Harris East End Community Health Center	7519995143	Designated	Comprehensive Health Center			4	10/26/2002
Daily Planet	7519995146	Designated	Comprehensive Health Center			6	10/26/2002
159 - Richmond County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Richmond			Single County				
Haynesville Correctional Center	7519995135	Designated	Correctional Facility	0	0	15	1/11/2008
770 - Roanoke City							
Kuumba Community Health	7519995158	Designated	Comprehensive Health Center			11	10/26/2002
167 - Russell County							
Planning District II	7519995103	Designated	Geographical Area	3	0	15	5/14/2004
Russell			Single County				
169 - Scott County							
Lenowisco	7519995112	Designated	Geographical Area	2	1	17	6/1/2006
Scott			Single County				
Clinch River Health Services	7519995145	Designated	Comprehensive Health Center			12	10/26/2002
171 - Shenandoah County							
Northwest Mental Health Catchmnt Area 27	7519995162	Designated	Geographical Area	6	1	13	6/19/2006
Shenandoah			Single County				
173 - Smyth County							
Mount Rogers Mental Health Catchment Area 24	7519995104	Designated	Geographical Area	4	0	15	5/26/2005
Smyth			Single County				
Marion Correctional Treatment Center	7519995108	Designated	State Mental Hospital	2	0	8	12/18/2007
Southwest Virginia Community Health Services	7519995148	Designated	Comprehensive Health Center			7	10/26/2002
175 - Southampton County							
Southampton Correctional Center	7519995124	Designated	Correctional Facility	0	0	15	1/11/2008
Deerfield Correctional Center	7519995137	Designated	Correctional Facility	0	0	9	1/11/2008

HPSA Name	ID	Status	Type	FTE	# Short	Score	Last Updated
Horizon Health Services	7519995152	Designated	Comprehensive Health Center			5	10/26/2002
Western Tidewater Mental Health Catchment Area	7519995168	Designated	Geographical Area	4	1	13	12/19/2007
Southampton			Single County				
800 - Suffolk City							
Western Tidewater Mental Health Catchment Area	7519995168	Designated	Geographical Area	4	1	13	12/19/2007
Suffolk City			Single County				
181 - Surry County							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Surry			Single County				
183 - Sussex County							
Planning District XIX	7519995111	Designated	Geographical Area	4	2	14	1/13/2004
Sussex			Single County				
Sussex II State Prison	7519995122	Designated	Correctional Facility	0	0	15	1/11/2008
Sussex I State Prison	7519995123	Designated	Correctional Facility	0	0	15	1/11/2008
Stony Creek Community Health Center	7519995147	Designated	Comprehensive Health Center			8	10/26/2002
185 - Tazewell County							
Planning District II	7519995103	Designated	Geographical Area	3	0	15	5/14/2004
Tazewell			Single County				
187 - Warren County							
Northwest Mental Health Catchmnt Area 27	7519995162	Designated	Geographical Area	6	1	13	6/19/2006
Warren			Single County				
191 - Washington County							
Highlands Mental Health Catchment Area	7519995167	Designated	Geographical Area	1	1	14	8/9/2007
Washington			Single County				
193 - Westmoreland County							
Middle Peninsula/Northern Neck Mental Health Catchment Area	7519995102	Designated	Geographical Area	2	3	15	5/26/2005
Westmoreland			Single County				
840 - Winchester City							
Northwest Mental Health Catchmnt Area 27	7519995162	Designated	Geographical Area	6	1	13	6/19/2006
Winchester City			Single County				
195 - Wise County							
Lenowisco	7519995112	Designated	Geographical Area	2	1	17	6/1/2006
Wise			Single County				
Red Onion State Prison	7519995129	Designated	Correctional Facility	0	0	9	1/11/2008
Wallens Ridge State Prison	7519995134	Designated	Correctional Facility	0	0	15	1/11/2008
197 - Wythe County							
Mount Rogers Mental Health Catchment Area 24	7519995104	Designated	Geographical Area	4	0	15	5/26/2005
Wythe			Single County				

Appendix E: MUA/MUP Designations

Name	ID#	Type	Score	Designation Date	Update Date
Accomack County					
Accomack Service Area	3569	MUA	60.7	11/1/1978	7/24/2008
Albemarle County					
Albermarle Service Area	3645	MUA	58.9	5/18/1984	5/12/1994
CT 0113.00					
CT 0114.00					
Alleghany County					
Boling Spring Division	3654	MUA	61.4	5/12/1994	
MCD (90424) Boiling Spring district					
Amelia County					
Amelia Service Area	3570	MUA	46.4	11/1/1978	
Amherst County					
Amherst Service Area	3571	MUA	51.9	11/1/1978	
Appomattox County					
Appomattox Service Area	3572	MUA	53.9	11/1/1978	
Arlington County					
Low Inc - Arlandria	7284	GOV MUP	0	12/9/2002	
CT 1038.00					
Bath County					
Highland Service Area	3744	MUA	58.6	6/7/1993	
MCD (96239) Warm Springs district					
MCD (96399) Williamsville district					
Bland County					
Bland Service Area	3573	MUA	44.9	11/1/1978	
Botetourt County					
Botetourt Service Area	3574	MUA	57.1	11/1/1978	
Brunswick County					
Brunswick Service Area	3575	MUA	57.8	11/1/1978	7/28/2008
Buchanan County					
Buchanan Service Area	3576	MUA	38.2	11/1/1978	
Buckingham County					
Buckingham Service Area	3577	MUA	49.8	11/1/1978	
Caroline County					
Caroline Service Area	3578	MUA	43.8	11/1/1978	
Carroll County					
Carroll Service Area	3579	MUA	42.9	11/1/1978	
Charles City County					
Charles City Service Area	3580	MUA	37.9	11/1/1978	
Charlotte County					
Charlotte Service Area	3581	MUA	48.1	11/1/1978	
Chesterfield County					
Chesterfield Service Area	3655	MUA	58.8	5/12/1994	

Name	ID#	Type	Score	Designation Date	Update Date
CT 1010.04					
CT 1010.07					
Clarke County					
Clarke Service Area	3582	MUA	48	11/1/1978	
Craig County					
Craig County	3583	MUA	56.2	11/1/1978	4/7/2008
Culpeper County					
Cedar Mountain Division Service Area	3642	MUA	42.3	5/12/1994	
MCD (90680) Cedar Mountain district					
MCD (94079) Jefferson district					
Cumberland County					
Cumberland Service Area	3584	MUA	48.1	11/1/1978	
Dickenson County					
Dickenson Service Area	3585	MUA	34.6	11/1/1978	
Dinwiddie County					
Dinwiddie Service Area	3586	MUA	60.3	2/25/1988	
Essex County					
Essex Service Area	3587	MUA	56.7	11/1/1978	
Fauquier County					
Lee Division Service Area	3643	MUA	42.6	5/12/1994	
MCD (94215) Lee district					
MCD (94511) Marshall district					
Floyd County					
Floyd Service Area	3588	MUA	59.7	11/1/1978	
Fluvanna County					
Fluvanna Service Area	3589	MUA	56.2	11/1/1978	
Franklin County					
Franklin Service Area	3590	MUA	50.3	11/1/1978	
Giles County					
Giles Service Area	3591	MUA	56.9	11/1/1978	
Gloucester County					
Petsworth Division	3656	MUA	61.4	5/12/1994	
MCD (95047) Petsworth district					
Goochland County					
Goochland Service Area	3592	MUA	48.3	11/1/1978	
Grayson County					
Wilson Creek Division	3657	MUA	48.3	5/12/1994	
MCD (96423) Wilson Creek district					
Greene County					
Greene Service Area	7044	MUA	48.8	11/1/1978	
Greenville County					
Greenfield Service Area	3593	MUA	42.7	11/1/1978	
Halifax County					
Halifax Service Area	7045	MUA	54.1	11/1/1978	

Name	ID#	Type	Score	Designation Date	Update Date
Henrico County					
Henrico County--Census Tracts	7620	MUA	55	2/21/2008	
CT 2008.04					
CT 2008.05					
Henry County					
Henry County/Martinsville City	7060	MUP	61.6	5/12/1999	
Highland County					
Highland Service Area	3744	MUA	58.6	6/7/1993	
Isle of Wight County					
Isle Of Wight Service Area	3595	MUA	42.9	11/1/1978	
James City County					
Low Inc - Williamsburg Service Area	3596	MUP	49.6	4/25/1994	
CT 0801.01					
CT 0801.02					
CT 0802.02					
CT 0803.01					
CT 0804.01					
King and Queen County					
King And Queen County	3597	MUA	61.7	11/1/1978	4/7/2008
King George County					
King George Service Area	3598	MUA	60.1	11/1/1978	
King William County					
King William Service Area	3599	MUA	56.6	11/1/1978	
Lancaster County					
Mantua/White Chapel Service Area	3638	MUA	44.2	10/28/1993	1/31/1994
MCD (94487) Mantua district					
MCD (96351) White Chapel district					
Lancaster	7671	MUA	55.4	7/28/2008	
Lee County					
Lee Service Area	3600	MUA	44.8	11/1/1978	
Loudoun County					
Loudoun Service Area	3658	MUA	61.2	5/12/1994	
CT 6108.00					
CT 6109.00					
CT 6110.07					
Louisa County					
Louisa Service Area	3601	MUA	47.5	11/1/1978	
Lunenburg County					
Lunenburg Service Area	3602	MUA	51.2	11/1/1978	8/5/2008
Madison County					
Madison Service Area	3603	MUA	55	11/1/1978	
Mathews County					
Mathews	3604	MUA	57.9	11/1/1978	5/9/2007
Mecklenburg County					

Name	ID#	Type	Score	Designation Date	Update Date
Mecklenburg Service Area	3605	MUA	59.9	11/1/1978	4/11/2008
Middlesex County					
Middlesex Service Area	3607	MUA	41.9	11/1/1978	
Montgomery County					
Montgomery County	7658	MUA	60.1	4/11/2008	
MCD (92723) District A-91					
MCD (93223) District F-91					
MCD (93323) District G-91					
Nelson County					
Nelson Service Area	3608	MUA	52.4	11/1/1978	
New Kent County					
New Kent Service Area	3609	MUA	53.2	11/1/1978	
Northampton County					
Northampton Service Area	3610	MUA	37.8	11/1/1978	
Northumberland County					
Northumberland Service Area	3611	MUA	58.2	11/1/1978	4/11/2008
Nottoway County					
Nottoway Service Area	3612	MUA	52.9	11/1/1978	4/11/2008
Orange County					
Orange Service Area	7046	MUA	58.5	11/1/1978	
Page County					
Page Service Area	3613	MUA	52.9	11/1/1978	
Patrick County					
Patrick Service Area	3614	MUA	57.9	11/1/1978	
Pittsylvania County					
Low Inc - Danville Service Area	3616	MUP	58.2	12/4/1997	
CT 0108.00					
CT 0109.00					
CT 0110.00					
CT 0111.00					
CT 0112.00					
CT 0113.00					
CT 0114.00					
Powhatan County					
Powhatan Service Area	3617	MUA	59.4	11/1/1978	
Prince Edward County					
Prince Edward Service Area	3618	MUA	47.3	11/1/1978	
Pulaski County					
Draper Service Area	3659	MUA	58.4	5/12/1994	
MCD (93399) Draper district					
Rappahannock County					
Rappahannock Service Area	3619	MUA	31.1	11/1/1978	
Richmond County					
Richmond County Service Area	3620	MUA	60.5	11/1/1978	7/28/2008

Name	ID#	Type	Score	Designation Date	Update Date
Russell County					
Russell Service Area	3621	MUA	50.8	11/1/1978	
Scott County					
Scott Service Area	3622	MUA	50.8	11/1/1978	
Smyth County					
Chilhowie Division Service Area	3640	MUA	58.6	3/11/1982	5/4/1994
MCD (90832) Chilhowie district					
MCD (94895) North Fork district					
MCD (95551) Saltville district					
Rye Valley Service Area	3660	MUA	0	5/12/1994	
MCD (95511) Rye Valley district					
Southampton County					
Southampton Service Area	3623	MUA	54.6	11/1/1978	
Spotsylvania County					
Livingston Service Area	3661	MUA	58.5	5/12/1994	
MCD (94311) Livingston district					
Stafford County					
Stafford Service Area	3624	MUA	58.7	11/1/1978	
Surry County					
Surry Service Area	3625	MUA	39.1	11/1/1978	
Sussex County					
Sussex Service Area	3626	MUA	46.3	11/1/1978	
Tazewell County					
Tazewell Service Area	3627	MUA	57.5	11/1/1978	
Washington County					
Washington Service Area	3628	MUA	56.1	11/1/1978	
Westmoreland County					
Westmoreland Service Area	3629	MUA	49	11/1/1978	4/11/2008
Wise County					
Appalachia Service Area	7472	MUA	52.6	4/20/2005	
CT 9911.00					
Coeburn/ St. Paul Service Area	7545	MUA	61.1	9/18/2006	
CT 9915.00					
CT 9916.00					
CT 9917.00					
Wythe County					
Speedwell Division	3662	MUA	0	5/12/1994	
MCD (95823) Speedwell district					
York County					
Low Inc - Williamsburg Service Area	3596	MUP	49.6	4/25/1994	
CT 0507.00					
CT 0508.00					
York Service Area	3663	MUA	52.4	6/28/1994	
CT 0505.00					

Name	ID#	Type	Score	Designation Date	Update Date
Alexandria City					
Low Inc - Arlandria	7284	GOV MUP	0	12/9/2002	
CT 2012.03					
Bristol City					
Bristol City	7624	MUA	57.5	2/21/2008	
Charlottesville City					
Charlottesville	7666	MUA	50.8	6/16/2008	
CT 0004.01					
CT 0005.01					
Chesapeake City					
Chesapeake City Service Area	3631	MUA	57	11/1/1978	
Chesapeake City North	7672	MUA	59.2	7/28/2008	
CT 0201.00					
CT 0202.00					
CT 0203.00					
CT 0204.00					
CT 0205.01					
CT 0205.02					
CT 0206.00					
CT 0207.00					
CT 0209.03					
Danville City					
Danville City Service Area	3632	MUA	58.2	12/4/1997	
Emporia City					
Emporia City Service Area	3925	MUA	48.4	11/1/1978	
Franklin City					
Franklin City Service Area	3634	MUA	59.2	11/1/1978	
Fredericksburg City					
Fredericksburg Ct 4	7621	MUA	56.8	2/21/2008	
CT 0004.00					
Hampton City					
Hampton City Service Area	3651	MUA	55.1	5/12/1994	
CT 0105.01					
CT 0106.01					
CT 0106.02					
CT 0109.00					
CT 0113.00					
CT 0114.00					
CT 0116.00					
Hampton City/Newport News City Service Area	7670	MUA	59.5	7/28/2008	
CT 0104.00					
CT 0105.01					
CT 0105.02					
CT 0106.01					
CT 0106.02					

Name	ID#	Type	Score	Designation Date	Update Date
CT 0107.01					
CT 0109.00					
CT 0113.00					
CT 0114.00					
CT 0116.00					
CT 0118.00					
CT 0119.00					
CT 0120.00					
Harrisonburg City					
Harrisonburg	7580	MUP	56.2	5/9/2007	
Lynchburg City					
Lynchburg City Service Area	3650	MUA	58.25	5/12/1994	
CT 0005.00					
CT 0006.00					
Martinsville City					
Martinsville	7622	MUA	45.4	2/21/2008	
CT 0002.00					
CT 0004.00					
Newport News City					
Newport News City Service Area	3641	MUA	46.14	5/4/1994	
CT 0301.00					
CT 0303.00					
CT 0304.00					
CT 0305.00					
CT 0306.00					
CT 0308.00					
CT 0309.00					
CT 0313.00					
CT 0314.00					
Low Inc - Newport News Service Area	7047	MUP	61.8	5/29/1997	
CT 0320.04					
CT 0322.12					
CT 0322.21					
CT 0322.22					
Hampton City/Newport News City Service Area	7670	MUA	59.5	7/28/2008	
CT 0301.00					
CT 0303.00					
CT 0304.00					
CT 0305.00					
CT 0306.00					
CT 0308.00					
CT 0309.00					
CT 0311.00					
CT 0312.00					
CT 0313.00					
Norfolk City					

Name	ID#	Type	Score	Designation Date	Update Date
Norfolk City Service Area	3646	MUA	51.34	5/12/1994	
CT 0025.00					
CT 0026.00					
CT 0029.00					
CT 0035.01					
CT 0035.02					
CT 0036.00					
CT 0037.00					
CT 0040.01					
CT 0040.02					
CT 0041.00					
CT 0042.00					
CT 0043.00					
CT 0044.00					
Norfolk City Service Area	3647	MUA	50.34	5/12/1994	
CT 0046.00					
CT 0047.00					
CT 0048.00					
CT 0052.00					
CT 0053.00					
Norfolk Central	7667	MUA	58.6	6/24/2008	
CT 0014.00					
CT 0057.01					
CT 0057.02					
CT 0058.00					
CT 0059.01					
Petersburg City					
Petersburg City Service Area	3635	MUA	59.4	11/1/1978	
Portsmouth City					
Portsmouth City Service Area	3653	MUA	53.7	5/12/1994	
CT 2102.00					
CT 2104.00					
CT 2106.00					
CT 2107.00					
CT 2109.00					
CT 2111.00					
CT 2114.00					
CT 2118.00					
CT 2119.00					
CT 2120.00					
CT 2121.00					
Radford City					
Radford City	7623	MUA	49	2/21/2008	
CT 0101.00					
Richmond City					
Richmond City Service Area	3648	MUA	57.09	5/12/1994	

Name	ID#	Type	Score	Designation Date	Update Date
CT 0102.00					
CT 0104.00					
CT 0201.00					
CT 0202.00					
CT 0205.00					
CT 0207.00					
CT 0301.00					
CT 0302.00					
CT 0305.00					
CT 0402.00					
CT 0404.00					
CT 0503.00					
CT 0601.00					
CT 0603.00					
Roanoke City					
Roanoke City Service Area	3649	MUA	54.2	8/25/2003	
CT 0013.00					
CT 0014.00					
Northwest Roanoke City Service Area	5005	MUA	55.2	11/5/1998	
CT 0001.00					
CT 0002.00					
CT 0007.00					
CT 0008.00					
CT 0009.00					
CT 0010.00					
CT 0023.00					
Suffolk City					
Suffolk City Service Area	3637	MUA	53.1	11/1/1978	
Virginia Beach City					
Virginia Beach City Service Area	3652	MUA	58.3	5/12/1994	
CT 0442.00					
CT 0448.06					
CT 0464.00					
Virginia Beach Census Tracts	7654	MUA	58.3	4/7/2008	
CT 0442.00					
CT 0448.06					
Williamsburg City					
Low Inc - Williamsburg Service Area	3596	MUP	49.6	4/25/1994	
CT 3701.00					
CT 3702.00					
CT 3703.00					

Appendix F: Profile of Candidates Registered on PPOVA

Specialty	Total
ALL	1
Anesthesiologist	2
Adult Nurse Practitioner	3
CNM	1
Dentist	4
DR	1
Endocrinologist	1
ENT	1
Family Nurse Practitioner	8
Family Practice	34
GE	1
General Practitioner	1
General Surgeon	2
Hospitalist	3
Internal Medicine	13
Internal Medicine/Pediatrician	1
Neurologist	2
Nurse Practitioner	1
Obstetrics/Gynecologist	2
Obstetrics Nurse Practitioner	1
ORS	1
Physician Assistant	12
Physician Assistant/Family Nurse Practitioner	1
Pathologist	2
Pediatrician	14
PNP	1
Psychologist	4
PU	1
Rheumatologist	1
Grand Total	120

Appendix G: Profile of Position Specialties on PPOVA

Specialty	Total
ANES	1
DDS	5
FNP	10
FP	28
GS	1
HOS	1
IM	11
NS	1
OB/GYN	2
ORTHO	2
PA	2
PA/FNP	1
PED	5
PHARM	1
PSY	3
Grand Total	74

Appendix H: Profile of Position Locations Posted on PPOVA

City	Total
Abingdon	3
Bedford	1
Bland	2
Brentwood	1
Bridgewater	1
Bristol	1
Broadway	1
Cedar Bluff	1
Clintwood	1
Damascus	1
Danville	1
Dinwiddie	2
Floyd	1
Fort Belvoir	1
Fredericksburg	1
Front Royal	2
Glen Allen	1
Grundy	4
Harrisonburg	2
Haynesville	1
Independence	1
Kilmarnock	1
Kingsport	2
Laurel Fork	2
Lebanon	1
Low Moor	1
Marion	3
Martinsburg	1
Monterey	1
Nassawadox	5
Newport News	1
Norton	2
Pearisburg	1
Petersburg	1
Potomac Falls	1
Richmond	2
Roanoke	9
Rocky Mount	2
St. Paul	3
Stuart	2

City	Total
Victoria	1
West Point	1
Winchester	1
Grand Total	74