



Health Department

The Health Department provides services that enhance and ensure the health of all Loudoun County residents. The Health Department's community and environmental health programs offer population-based services in collaboration with the Loudoun Health Commission, such as communicable disease surveillance and treatment, Lyme disease mitigation initiatives, and community-based health improvement efforts. Other services include emergency and pandemic preparedness and response; the provision of birth and death certificates; and restaurant, swimming pool, private well, and septic system permitting and inspections to ensure environmental and public health protection. The Health Department also provides essential individual-based services to women and children who would otherwise not receive medical, dental, or nutritional evaluation and care. The Health Department transitioned from a state agency to local administration effective July 1, 2023. For all data presented, FY 2021 and FY 2022 may represent service delivery changes during the COVID-19 pandemic.

Department Programs

Management Services

Provides internal operations support for all Health Department programs per the rules, regulations, and policies of federal, state, and County governments; addresses administrative expectations, activities, and initiatives of the Virginia Department of Health (VDH) in accordance with its performance contract with the County, and all rules and regulations promulgated by the Virginia Board of Health, while remaining accountable to the Board of Supervisors (Board). Management Services activities include strategic planning, human resources, finance, operations support, quality assurance, and compliance.

Activities

- Management Services

Population Health

Supports Loudoun County's communitywide roadmap focused on addressing social determinants of health. This program seeks to improve health and wellness outcomes by addressing the social determinants of health that challenge the Loudoun community.

- Population Health

Epidemiology and Emergency Preparedness

Provides disease surveillance and prevention and public health emergency preparedness and response activities including, but not limited to, pandemic preparedness. This program aims to enhance public health safeguards through collaboration, strategic planning, workforce development, and Loudoun Medical Reserve Corps (MRC) Unit growth.

- Epidemiology
- Emergency Preparedness



Health

Clinical Health Services

Provides patient care, nursing home screenings, and nutrition services to Loudoun County's most vulnerable residents, including WIC nutrition, clinical, and dental services.

- Safety Net Services (including WIC)
- Communicable Disease Prevention, Investigation, and Treatment (including TB)

Environmental Health

Provides rabies surveillance and education; vital records; restaurant, hotel, and pool inspections; public health nuisance complaint investigations; and well and septic system evaluations.

- Vital Records
- Rabies Surveillance
- Nuisance and Complaint Investigation
- Restaurant, Hotel, and Pool Safety
- Onsite Water and Sewage

Financial Information

FY 2024 Adopted Information¹

	Expenditures	Revenue	LTF	FTE
Management Services ²	\$9,902,230	\$2,582,163	\$7,320,067	92.00
Population Health	556,000	556,000	0	0.00
Epidemiology and Emergency Preparedness	391,181	391,181	0	0.00
Clinical Health Services ³	900,079	900,079	0	0.00
Environmental Health	3,099,140	270,470	2,828,670	24.00
Total	\$14,973,000	\$4,699,893	\$10,273,107	116.00

¹ Sums may not equal due to rounding.

² Reflected as "Administration" in the FY 2024 Adopted Budget.

³ Reflected as "Medical Care" in the FY 2024 Adopted Budget.



Health: Management Services

Management Services

What We Do: The Management Services activity provides both strategic and operational support within the Health Department and is responsible for strategic-level services such as strategic planning, quality improvement, workforce development, and business solutions; and operational services such as purchasing, Health Insurance Portability and Accountability Act (HIPAA), grants management, internal budget management, and accounts receivable to include patient billing.

Mandate Information: The Code of Virginia requires collection of accounts receivable (§§ 2.2-4800 and 2.2-4806) and compliance with Freedom of Information Act (FOIA) requests (§ 2.2-3700 et seq.). The Health Department is required to maintain compliance with federal, state, and local laws and regulations governing human resources as well as financial regulations, and will continue to be subject to regular financial audits by the VDH. The Health Department continues to be required to follow the Health Department provisions in the Virginia Administrative Code.

Who Does It: Beginning in FY 2024 with the implementation of local administration, this service is administered by County employees, funded primarily with a combination of state and County tax funds.

Why We Do It: The Management Services activity is critical to the strategic and operational activities of the Health Department, ensuring that staff are able to successfully accomplish the departmental preventative health activities. Not providing this service adequately could result in a lack of strategic direction and staff development; loss of resources needed to support the Health Department, including third-party-payer revenue; increased staff complaints and turnover; inefficient use of local tax funds; and loss of grant funds, which would impact the Health Department's ability to provide services.

How We Do It Now – Current Service Level: From FY 2020 to FY 2023, this activity was provided by state employees, with the majority of the workload being associated with state policies, procedures, and practices with the exception of planning for the transition to local administration. Effective FY 2024, all Management Services are associated with the County's policies, procedures, and practices, which is a significant change. In FY 2020, 100 percent of employees completed County-required department training; and in FY 2024, a projected 100 percent of employees completed County-required department training prior to year-end. In FY 2020, the turnover rate for County employees in the Health Department was 10 percent; and in FY 2024, turnover for County employees is projected to be 6 percent. In FY 2020, the Health Department was awarded and managed one grant; and as of FY 2024, the Health Department was awarded and managed approximately 25 grant awards. In FY 2024, patient revenue transitioned to the County. The Health Department measures the performance of timely patient revenue collection by working to have all aging receivables greater than 60 days at 15 percent or less of total receivables.

How We Plan to Do It in the Future – Recommended Service Level: With the Health Department's transition to local administration, it is hard to estimate the future service level and the scope of the work ahead, including the time commitment to conduct business. The changes in other Health Department programs will impact Management Services, although the scope is yet to be determined. There is also a renewed focus on improving and transforming public health; and this will require a focus on public health modernization and the foundational public health services to build a strong foundation of public health infrastructure. The locally-administered Health Department will continue to evaluate resource needs required to meet the obligations of the County and to serve as a high-performing Health Department.

**Health: Management Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Annual staff turnover will be less than 10 percent each year; and all staff will complete required department training each year.					
Annual staff turnover rate	9%	8%	2%	6%	6%
Percentage completion of required department training	100%	90%	100%	100%	100%
Efficiently bill and collect on patient accounts.					
Percentage of patient accounts due that are greater than 60 days ¹	n/a	n/a	44%	15%	15%
Number of patient encounters	9,016	11,614	11,882	12,132	12,382
The Health Department will provide operational management of awarded grants.²					
Number of grants awarded	n/a	n/a	n/a	25	27
Total dollar value of grants awarded (in millions)	n/a	n/a	n/a	\$4.7	\$4.8

¹ New measure as of FY 2023. FY 2023 data reflects all inception to-date receivables transferred from the VDH prior to FY 2024. Data shown as n/a indicates a measure that does not have historical data.

² New measure as of FY 2024. Data shown as n/a indicates a measure that does not have historical data.



Health: Population Health

Population Health

What We Do: The newly formed Population Health Division engages residents, community partners, and health care providers to improve the lives of all Loudoun County residents with a focus on addressing disparities in health. It does this by assessing and understanding community health needs and wellbeing in Loudoun County; and seeks to implement strategies to achieve positive health outcomes in the communities served by addressing the social determinants of health and health equity, with a focus on designing policies, convening coalitions and community partners, providing data expertise, and leading evidence-based community health promotion efforts. The Population Health Division also delivers innovative and effective health communications and marketing, including internal and external health education programs, as well as connects the community health needs assessments and improvement plans to the Health Department's strategic planning and quality improvement efforts. The Population Health Division is also responsible for leading the Health Department in workforce development related to population health and public health transformation.

Mandate Information: These services are not mandated by law.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run, locally-administered Health Department, this service is provided solely by County employees and several short-term contractors, funded primarily with a combination of state and County tax funds.

Why We Do It: The mission of the Health Department is to ensure and enhance the health of all Loudoun County residents. The Population Health Division helps achieve this by providing community-facing services such as community health assessment, community health data, health education, evidence-based health promotion, communications, and community engagement. While these services are not mandated, they are recommended by national bodies such as the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO), and the Public Health Accreditation Board (PHAB).

How We Do It Now – Current Service Level: The Population Health Division was formed in FY 2023 with the addition of 3.00 FTE added during the budget process. This fiscal year with current resources, the Population Health Division has begun transitioning away from a primary focus on short-term COVID-19 initiatives to developing a long-term population health vision with corresponding priorities, goals, objectives, and measures.

How We Plan to Do It in the Future – Recommended Service Level: This population health approach will be based around the national call for public health transformation, with a focus on community engagement and multisector stakeholders in order to improve social determinants of health.¹ This will include the continued development of essential population health services, as defined by the CDC - 10 Essential Public Health Services - Public Health Infrastructure Center. As the County's population stabilizes, the Population Health Division will continue to track data points (including, but not limited to, life expectancy; access to physical and mental health care; transportation, housing, or other barriers to economic stability; and obesity rates) to understand where to adjust services and service levels.

¹ Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century (cdc.gov).



Health: Epidemiology and Emergency Preparedness

Epidemiology

What We Do: The Epidemiology team contributes to Loudoun County's capacity to prepare for, detect, and respond to communicable disease and other community threats. This is accomplished by monitoring trends through reportable disease surveillance, identifying emerging threats through enhanced surveillance, conducting epidemiologic investigations of clusters or outbreaks of communicable disease, implementing non-pharmaceutical interventions to limit disease transmission, participating as part of the local Health Department Emergency Preparedness team, and providing subject matter expertise to hospitals, health care providers, and other community partners to enhance community preparedness. The Epidemiology team coordinates externally with the Office of Epidemiology within the VDH and the Virginia Division of Consolidated Laboratory Services to conduct public health investigations and analysis to inform evidence-based planning and implementation of disease control measures and other programs and services affecting the health of the community. The Epidemiology team also works closely with other sections within the local Health Department, such as the Communicable Disease team in Clinical Health Services, the Environmental Health Program, and the Emergency Preparedness activity. The Epidemiology team collaborates with community partners to improve epidemic preparedness in several ways. A health alert system is maintained and used to provide key updates, notifications, alerts, or warnings related to the control of communicable disease to the health care provider community. The team also shares key information to community partners through targeted presentations on topics related to disease control strategies and information on emerging issues. Team members also attend infection control meetings with local hospital partners and collaborate with the VDH to engage regional partners such as Northern Virginia Emergency Response System (NVERS) and the CDC Quarantine Station and Metropolitan Washington Airports Authority at Dulles Airport.

Mandate Information: The Code of Virginia requires the Health Department to provide surveillance and investigation of communicable diseases (§§ 32.1-35 and 32.1-39). This service is required by the local government agreement between the state and County for the operation of the Health Department. In addition, communicable disease surveillance and investigation and epidemiological emergency preparedness and response activities are required services as a condition of accepting funding through the federal Public Health Emergency Preparedness (PHEP) and Epidemiology and Laboratory Capacity (ELC) cooperative agreements, which fund two positions on the Epidemiology team. Epidemiology response functions are part of Loudoun County's Emergency Operations Plan (EOP) in response to communicable disease emergencies.

Who Does It: As of July 1, 2023, this function is performed by County staff. In addition, grant funding through FY 2024 supports several contractors who provide data management and epidemiology functions specific to the COVID-19 pandemic.

Why We Do It: Epidemiology serves as the front line in monitoring local disease and health trends that impact Loudoun County residents. The Epidemiology team contributes to local capacity to prepare for, detect, and respond to communicable disease and other public health threats and emergencies.

National standards for public health emergency preparedness and response capabilities recommended by the CDC include activities carried out by the Epidemiology team, including those described above. Epidemiology also plays an important role in maintaining jurisdictional ability to manage data related to communicable disease and other community health investigations and trends.

This activity is critical to the Health Department's mission of ensuring and enhancing the health of Loudoun County's residents; and serves to strengthen community resilience. Not providing this service would limit the ability of the Health Department to prepare for and respond to communicable disease and community threats thus increasing the risk of communicable disease transmission in Loudoun County.

How We Do It Now – Current Service Level: The Epidemiology team conducted disease surveillance activities including syndromic surveillance of local urgent care and emergency room visits as part of the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) and coordination of sentinel surveillance of COVID-19 hospitalizations as part of a statewide surveillance program called RES-NET, in addition to serving as subject matter experts



Health: Epidemiology and Emergency Preparedness

for routine reportable surveillance in support of the Communicable Disease team in the medical clinic. The Epidemiology team – along with VDH COVID-19 contractors and the Communicable Disease team – investigated a surge in communicable disease outbreaks between FY 2021 and FY 2023. This compares to 29 outbreaks investigated in FY 2020. The service level increased due to the temporary need caused by the pandemic. The current service level reflects pre-pandemic service level of 45 investigations of suspected outbreaks.

For FY 2023, the Epidemiology team conducted several activities in coordination with the VDH Regional and Central Offices in response to emerging public health threats, such as traveler monitoring in response to an Ebola outbreak in Uganda, investigation and contact tracing in response to the international outbreak of Monkeypox (Mpox), and implementing the CDC disease containment strategy for Multi-Drug Resistant Organisms (MDROs) in partnership with local hospitals and nursing homes. FY 2020 was an unusual year as the response to the pandemic required an unprecedented level of effort across the Health Department. However, the number of response activities the Epidemiology team has participated in has increased since FY 2020. The current service level for the number of response activities reflects four per year.

The current service level involves participation in six preparedness activities by the Epidemiology team, including coordinating four quarterly meetings of the All-Loudoun Emergency Response Team (ALERT), which serves to prepare key Health Department and County staff for health emergencies, participating in Point of Dispensing (POD) exercises with the Emergency Preparedness and Response section, and participating in a Shelter Plan exercise with Loudoun County's Department of Family Services (DFS). In addition, the Epidemiology team participated in specialized training provided by the County and state. These activities have all increased since FY 2020 as the Health Department and local partners shift from emergency response to the pandemic to a renewed focus on routine emergency preparedness.

As a measure of outreach activities, the current service level for health notifications sent to the health care provider community is ten. This activity has increased since FY 2020 due to the need for communications related to changing COVID-19 guidance and the need for notifications regarding newly emerging health matters.

How We Plan to Do It in the Future – Recommended Service Level: The Epidemiology team is currently at the recommended service level. This activity will continue to build on the relationships established with Loudoun County community partners that were developed through the COVID-19 response between FY 2020 and FY 2023. Ongoing two-way communication will serve to better inform partners of potential public health threats as well as fosters prompt reporting to the Health Department of outbreak situations in the community. Since the pandemic continues to be on the decline, this activity intends to update emergency response plans, conduct internal training, provide quality assurance on data collection, and provide education to the medical community.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Epidemiologic investigations conducted and disease control measures implemented in response to clusters and outbreaks of communicable disease and other public health threats:					
Number of suspected outbreaks reported to the VDH Central Office	105	338	141	45	45
Percentage of suspected outbreaks reported to the VDH Central Office within three days of identification	34%	18%	55%	95%	95%
Number of activities coordinated with the VDH Regional and Central Offices in response to emerging public health threats (e.g., containment of emerging infections, traveler monitoring programs, and active surveillance programs)	1	3	4	4	4



Health: Epidemiology and Emergency Preparedness

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Epidemic emergency preparedness and operational readiness to respond to infectious disease and other public health threats maintained¹:					
Quantity of annual reviews/updates of the following plans:					
• Epidemiology Response Plan					
• Pandemic Influenza Plan					
• Isolation and Quarantine Plan	0	0	3	3	3
Number of preparedness activities (meetings of ALERT, exercises, and other events) facilitated/participated in annually					
	n/a	n/a	6	6	6
Number of updates, notifications, alerts, or warnings related to the control of communicable disease disseminated annually to community partners					
	2	14	14	10	10

¹ Data shown as n/a indicates a measure that does not have historical data.



Health: Epidemiology and Emergency Preparedness

Emergency Preparedness

What We Do: The Emergency Preparedness activity prioritizes Loudoun County's preparedness for a variety of public health emergencies including widespread outbreak of disease (either natural or due to a manmade or terrorist attack), supporting preparations for natural disasters of wide-ranging public health implications, while supporting continuity of operations planning and department disaster recovery efforts. As part of its mission, the Emergency Preparedness activity works jointly with Epidemiology, other Health Department sections, County agencies, and regional and state partners for public health emergency preparedness and response activities.

This activity is responsible for program management measures such as coordinating with partners on the development of public health emergency response plans, Health Department emergency asset/inventory control, preparedness grant management, and continuous quality improvement processes such as pursuing standardized public health accreditations and ongoing workforce development through training and exercises. Furthermore, to increase resiliency of public health surge capacity, the MRC Unit is maintained within the Emergency Preparedness activity. Medical and non-medical community volunteers undergo training to support ongoing public health initiatives and respond to public health emergencies.

Mandate Information: The Health Department is required to provide this service as a condition of accepting federal emergency preparedness grants and by the local government agreement between the state and County for operation of the Health Department. This role is part of Loudoun County's EOP.

Who Does It: Beginning in FY 2024 with the implementation of the locally-administered Health Department, this activity is administered by County employees, which are partially funded by federal grants in addition to state and local tax funds. This activity's ongoing public health initiatives and emergency response operations are augmented by the Loudoun MRC Unit.

Why We Do It: This service is critical to the Health Department's mission of safeguarding the health of people who live in, work in, or visit Loudoun County; and is vital to the Health Department's mandate of collaborative public health emergency preparedness. With the increased prevalence of natural disease outbreaks, expansion of area international and regional transportation means (e.g., Dulles International Airport and Metro Stations), proliferation of critical infrastructure (e.g., data centers), and the County's history with such issues as COVID-19, anthrax, Ebola, and pandemic influenza, there is basis for public health emergency preparedness expansion.

Failure to provide this service increases the likelihood of higher hospitalizations and mortality rates from widespread disease outbreaks, diminished ability for the Health Department to provide emergency planning and response support causing service delays and/or degraded service levels, decreased public health workforce development, reduced revenue capability for preparedness initiatives, and loss of local public health workforce surge capacity through access to the Loudoun MRC Unit.

How We Do It Now – Current Service Level: This fiscal year, with current resources and as pandemic response has ebbed, Emergency Preparedness is focused on evaluating the Health Department's response to the pandemic to begin preparing for the next potential event. This fiscal year, the focus is to:

- Review and revise Health Department emergency response plans.
- Assess and enhance the readiness of Health Department staff and MRC Unit volunteers to respond to emergencies.
- Recruit 75 MRC Unit volunteers.

How We Plan to Do It in the Future – Recommended Service Level: As part of the National Capital Region and home to Washington Dulles International Airport, Loudoun needs to be prepared to respond to a wide variety of emergencies, whether naturally occurring or manmade. It is expected that this challenge will continue to grow in the future. To respond effectively, priority should be given to:

- Enhancing coordination with other response entities within local government, regionally, and in the community.
- Increasing training resource availability for public health staff and volunteers utilizing Training Needs Assessments (TNA) and modern instructional systems for various adult learning styles.



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- Improving operations resiliency through continued staff and volunteer professional development and the integration of new positions.
- Continuing assessment of department-level public health emergency preparedness assets to increase Health Department resiliency and enhance scalability.
- Developing focused, inclusive, non-traditional recruitment and retention strategies and associated metric tracking in the MRC Unit.

The Health Department expects that the metrics with asterisks (*) below will indicate that the County may need to adjust its services or service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Have an engaged MRC Unit that serves the community.					
Number of emergency preparedness exercises or training opportunities	17	24	39	17	17
Number of new MRC Unit recruits*	2,925	329	41	75	75
Number of events <u>or</u> exercises to which MRC Unit volunteers responded*	563	365	14	17	22



Health: Clinical Health Services

Safety Net Services (including WIC)

What We Do: The Health Department provides and/or assures basic direct patient care services primarily to women and children in Loudoun County with low income. As background, Loudoun had an estimated population of 430,000 residents in 2021, according to the United States Census, of which approximately 4 percent are deemed to be at or below the poverty level. This translates to over 15,000 residents living in poverty. Similarly, approximately 6 percent of Loudoun residents are uninsured, which translates to over 25,000 residents who have significant challenges with accessing basic medical care.

The Health Department offers the following safety net services to Loudoun residents:

- **Women, Infants, and Children (WIC) nutrition services:** Through the two offices located in Ashburn and in Leesburg, services are provided by appointment to pregnant women with low income and children up to 5 years of age.
- **Children's dental care:** A public health dentist in Leesburg sees patients in-office, performs school screenings, and sees adults and children on an emergency basis.
- **Sexually transmitted disease (STD) screening and treatment:** The clinic team is available to see clients five days a week. STD treatment is provided to clients free of charge for reportable diseases, such as chlamydia, gonorrhea, and syphilis. Testing for these diseases, as well as human immunodeficiency virus (HIV), is offered and available on a sliding scale based on income eligibility, or free of charge for individuals referred for services by health care providers or determined to be contacts to confirmed cases.
- **Nursing home screenings:** Public health nurses provide comprehensive in-home screening to clients requesting an evaluation of eligibility to receive nursing-home-level services. This program is managed through the Virginia Department of Medical Assistance Services. The screening evaluation is mandated to be performed and completed within 30 days of the client request. Adult screenings are coordinated with DFS social workers, and child screenings are performed exclusively with Health Department public health nurses.
- **Maternal-child support services:** The Health Department offers screening and referral of women with low income to maternity care, the car seat distribution program, school entrance physicals, and family planning. The Health Department assures that pregnant women with low income have access to high-quality maternity services by screening for pregnancy, providing health counseling, and referring clients for prenatal care to community providers. Through a partnership with Inova, the Health Department performs income eligibility to uninsured women and facilitates their prenatal care at the Inova Cares Clinic for Women maternity program in Lansdowne. The Health Department distributes infant/child car seats to families with low income and group education on the use, at no charge to the client. The clinic offers school entry physical exams to ensure children can register in school, a requirement for Pre-K to the fifth grade in Loudoun County. Exams are offered on sliding-scale-fee schedules and Medicaid is accepted. Family planning services are available in the clinic and on a sliding-fee scale. This program allows women to plan the timing of their pregnancies and have access to affordable, safe methods of birth control. Family planning services include pregnancy testing and counseling and preventative health care for women such as pap smears, breast exams, contraception, and STD screenings.

Mandate Information: The Code of Virginia requires the Health Department to provide or assure direct medical services at no charge to medically-indigent residents (§ 32.1-11 (B)). The Health Department is required to provide or assure family planning, WIC, and maternity services by Public Law 108-265 as amended; Child Nutrition Act of 1966; Healthy, Hunger-Free Kids Act of 2010; and Services for Children with Special Health Needs, Title V, Social Security Act. These services are also required in the local government agreement between the state and County for the operation of the Health Department. In addition, the following regulations specify services mandated by state or federal governments that are provided by the local Health Department:

- 42 United States Code § 1786 (Special supplemental nutrition program for women, infants, and children) was established by congress to provide supplemental foods and nutrition education, including breastfeeding promotion



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and support. The program shall serve as an adjunct to good health care, during critical times of growth and development, to prevent the occurrence of health problems, including drug abuse, and improve the health status of these persons.

- Virginia Code § 32.1-57 states that the local Health Department must provide treatment for persons infected with select venereal diseases, at no charge.
- Virginia Code § 32.1-37.2 states that the Health Department must assist in notifying contacts of persons identified with HIV for referral to services.
- Virginia Code § 46.2-1097 states the Health Department shall operate a program to promote, purchase, and distribute child restraint devices to applicants who need a child restraint device but are unable to acquire one because of financial inability.
- Virginia Code § 32.1-330 (Long-term services and supports screening required) states that if an individual who applies for or requests long-term services and supports as defined in the state plan for medical assistance services is residing in a community setting at the time of such application or request, the screening for long-term services and supports shall be completed by a team that includes a nurse, social worker or other assessor designated by the Department who is an employee of the Department of Health or the local department of social services and a physician who is employed or engaged by the Department of Health.
- Virginia Code § 22.1-270 states that all children must receive an evaluation by a qualified provider to verify that the child is in good health and free from any communicable or contagious disease prior to enrollment in school for the first time. If the child is deemed homeless or indigent, the Health Department must provide or assure the child this evaluation.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, these services are provided solely by County employees, funded with a combination of state and County tax funds, federal and state grants, insurance collections, and sliding-scale fees. Most services are offered face-to-face in clinical offices, with the exception of nursing home placement screenings, which are performed by nurses in the client's home.

The Clinical Health Services Division staff supports both Safety Net Services and Communicable Disease Prevention Services (see the next activity under this program).

Why We Do It: These specialized health care services help improve the health of Loudoun County's residents who face significant challenges with accessing basic medical care, ensure healthy babies are born to healthy women, help children receive basic services to stay healthy and attend school, and provide services to prevent disease transmission in the community. Not providing these services would significantly impact access to care and nutritional support and would result in increased risk of disease and poor health outcomes for Loudoun's most vulnerable populations. In addition, these services serve a dual function of helping individuals and families, while also protecting the public by reducing and preventing communicable disease.

Many of these service offerings – including WIC, free car seat distribution, community-based nursing home screenings, and free STD treatments – are available exclusively to the Health Department as a government agency with access to federal and state grants; and are not available elsewhere in the private or nonprofit health care sector.

Several key indicators to justify the safety net service offerings are as follows:¹

Infant mortality rate in Loudoun was last assessed in 2020 and was found to be 2.3/100,000. This compares to a rate of 5.0/100,000 in Virginia, and 5.7/100,000 for the United States. Early access to maternity care is another measure of maternal-child health. For 2021, the rate of access to early prenatal care was 83.8 percent, compared to 79.2 percent in Virginia, and 78.3 percent in the United States. Early prenatal care is associated with improved birth outcomes and lower health care costs,

¹ Data provided here has been accessed from the <https://www.livehealthyloudoun.org/> dashboard.



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by reducing the likelihood of complications during pregnancy and childbirth. These two metrics serve as a testament to the level of high-quality maternal-child services available in the Loudoun community and the value of the services the Health Department provides to those who need assistance accessing care.

Chlamydia infection, the most frequently reported communicable disease in the United States, can be measured similarly. In 2021, Loudoun had a rate of 203.2/100,000, compared to 469.2/100,000 in Virginia, and 481.3/100,000 in the United States. The availability of free treatment for this highly-contagious infection for all residents is critical to the control of this and similar STDs, as costs for medical treatment can be a barrier to care for uninsured clients.

For nutrition services and the value of the WIC nutrition program, the Health Department looks at food insecurity statistics for the community. Food insecurity is defined as limited or uncertain availability of nutritionally-adequate food or the ability to acquire these foods, often due to poverty or unemployment. Overall, the rate for food insecurity in Loudoun is 3.9 percent, as of 2020 statistics. This compares to 7.7 percent in Virginia and 11.8 percent in the United States. While the rate in the community is low, there is still a large need to provide this support. Providing nutrition support to pregnant women and children with low income during critical times of growth and development improves birth outcomes and improves overall health.

For pediatric dental care, it is known that dental tooth decay is the most prevalent chronic infectious disease affecting children in the United States, impacting more than a quarter of children between the ages of 2 and 5, and more than half of children between the ages of 12 and 15. Providing early access to dental care for children in households with low income provides improvement to overall health and wellbeing. The Health Department looks at statistics regarding children without health insurance in Loudoun, noted to be 3.6 percent for 2020. This equates to roughly 4,100 children who are not covered by health insurance; and a significant portion of these families likely will not seek out preventative dental care without insurance coverage due to cost.

How We Do It Now – Current Service Level:

- **WIC Program:** Prior to the pandemic, in FY 2020, the WIC program served an average of 2,282 clients per month. During the pandemic, services were authorized to be performed virtually to clients, waiving in-person requirements. This waiver allowed the program to increase participation by 44 percent over pre-pandemic levels. However, the authorization to waive in-person services ended in August 2023 and the number of clients projected to be served in FY 2024 is expected to drop closer to pre-pandemic levels. With current resources, the WIC program has an eight-week wait time for appointments despite projected decreased volume due to current staffing shortage in this area. The wait time is expected to decrease as staff levels stabilize.
- **Dental services for children:** In FY 2020, the program provided care for approximately 1,200 children. Since that time, volume decreased by approximately 200 to 300, with additional safety measures needed to prevent disease transmission in the dental setting due to COVID-19. With current resources, this activity serves approximately 1,000 children annually, with a currently four-week average wait time for services.
- **STD services:** For FY 2024, the current service level is approximately 350 visits. This compares to 385 visits in FY 2020. Health Department staff believes that COVID-19 impacted the demand for clients seeking services. However, the need for STD care is greater than pre-pandemic levels based on increasing STD rates regionally and nationally. The Health Department has one-week-or-less wait-time availability to provide STD services in the clinic.
- **Preadmission nursing home screenings:** Demand for screenings from the community has been on the rise over the last four years. This year, with current resources, the Health Department anticipates conducting approximately 600 nursing home screenings. This compares to 399 in FY 2020, a 33 percent increase in four years.
- **Maternal-child services:** The Health Department saw a significant drop in appointments for this service starting in July 2021, as Medicaid expansion policies were enacted, increasing access to Medicaid for pregnant women. While the numbers have dropped, there is still a need to offer access to women without private insurance for pregnancy. This year, with current resources, the service level is approximately 350 visits. This compares to 713 visits in FY 2020. The Health Department offers appointments within less than one week for this service.



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- This year, with current resources, the service level for distributing car seats is approximately 175. This number represents an increase from 147 car seats distributed in FY 2021.
- School entry exams were added as a new service offering in the summer of 2022, due to recognition of new mandates from the state to provide this care directly at the Health Department. This year, with current resources, the Health Department offers this service to approximately 150 students within one to two weeks of a request for an appointment.
- This year, with current resources, the Health Department expects to conduct 900 visits for family planning – including pregnancy tests – within one to two weeks of a request for an appointment, compared to 442 visits in FY 2020. Appointment wait times were not collected for this service in FY 2020.

How We Plan to Do It in the Future – Recommended Service Level: Given the transition to local administration for the Health Department this fiscal year, and the post-pandemic economy impacting the number of uninsured clients needing services, it is challenging to predict the proper future service levels for these safety net programs. However, the Health Department has not had the opportunity to expand clinical staffing significantly with respect to population growth in the last ten years. Currently, there is no capacity to add or expand services for new challenges or initiatives or an increase in demand for services. In addition to the metrics identified below, the Health Department will track wait times for all safety net services to understand where demand is higher than the supply of services being offered.

The recommended service levels for maternal-child health programs in Leesburg are currently being met. This is supported by reviewing the current wait time for these services at this location, which is one to two weeks. However, because child school entry physicals is a new program, the Health Department is monitoring demand for this service. Given the challenges associated with the population served within Loudoun County (e.g., economic, language barriers, lack of transportation) and the distribution of families with low incomes in the health district, the Health Department recommends access to these same services be available in the Sterling area as a future goal.

The recommended benchmark for appropriate nursing home screening service delivery is to provide the service within 30 days of the request. However, to satisfy this requirement, the number of staff devoted to this program has increased in the last few years, taking away service provision from other areas, such as tuberculosis (TB) screenings. Health Department staff is monitoring trends in requests for care, which have risen 11 percent in the last two years. Additional nursing support is needed to sustain the level of care currently provided and to meet the anticipated future increase in demand for services.

The service levels currently provided are insufficient for the pediatric dental care and WIC services. This is evidenced by the wait time for services in both areas. Additional staff and sites are needed to better serve the community in the provision of these services. Based on participants who utilize this care, a Sterling site is recommended for both services.

In order to improve customer service to all patients as the population stabilizes, this activity is likely to need to increase the number of Spanish-speaking interpreters from the current one person covering two clinic sites to one interpreter at each of the two clinic locations. Between now and then, the Health Department expects that the metrics with asterisks (*) below will indicate that the program may need to adjust its services or service levels.



Health: Clinical Health Services

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Provide dental services to children in households with low incomes to ensure good dental health.					
Number of children receiving dental care	815	1,012	969	1,000	1,000
Number of children receiving corrective dental treatments	492	441	389	400	400
Number of children receiving preventative dental care	561	711	810	750	750
Provide direct medical services, such as pregnancy testing, family planning, childhood school entry physicals, and STD screening and treatment.¹					
Number of clinic visits for child physicals for school entry*	n/a	5	110	150	150
Number of clinic visits for family planning, including pregnancy testing	735	825	909	900	900
Number of visits for STD services	369	311	324	350	350
Ensure access to maternity care through financial eligibility screenings and referral to Inova for maternity care.					
Number of appointments for maternity eligibility	734	621	315	350	350
Average number of participants for WIC services seen each month:					
Average number of WIC participants seen per month	2,744	3,073	3,400	2,500	2,500
Preadmission nursing home screening services, per quarter:					
Number of screenings performed	509	596	609	600	600
Percentage completed in less than 30 days	98%	98%	95%	95%	95%
Provide infant/child car seats to Loudoun residents with low incomes.					
Number of car seats provided	147	137	157	175	200
Keep the average time on waitlist for services to under two weeks.^{1*}					
Average waitlist for dental visits	3.5 weeks	4.5 weeks	4 weeks	4 weeks	4 weeks
Average waitlist for clinic (school physicals and maternal-child health) visits	n/a	1-2 weeks	1-2 weeks	1-2 weeks	1-2 weeks
Average waitlist for WIC visits	3-4 days	2-3 weeks	8-9 weeks	8 weeks	8 weeks
Average waitlist for preadmission nursing home screenings*	< 30 days	< 30 days	< 30 days	< 30 days	< 30 days

¹ Data shown as n/a indicates a measure that does not have historical data.



Health: Clinical Health Services

Communicable Disease Prevention, Investigation, and Treatment (including TB)

What We Do: The Communicable Disease Prevention, Investigation, and Treatment activities help identify, prevent, and respond to diseases that can be spread from animals to people or from person to person. The following services are provided in this activity area: immunizations for children and adults, TB screening and treatment, communicable disease investigation response (which includes investigating cases of required reportable diseases to prevent further spread in the community, such as vaccine-preventable diseases, Lyme, COVID-19, gastrointestinal illnesses, and others), elevated lead levels in children, and refugee health services. Staff responds to and/or examines reportable diseases within the County and provides direct management and/or guidance to individuals, providers, and organizations in order to prevent the further spread of disease.

Mandate Information: The Code of Virginia requires the Health Department to provide surveillance and investigation of communicable diseases on behalf of – and in accordance with – the State Board of Health (“Board,” §§ 32.1-35 and 32.1-39). The Board shall provide for the surveillance and investigation into all preventable diseases and epidemics in this Commonwealth and into the means for the prevention of such diseases and epidemics. Surveillance and investigation may include contact tracing in accordance with the regulations of the Board. When any outbreak or unusual occurrence of a preventable disease shall be identified through reports required pursuant to Article 1 (§ 32.1-35 et seq.) of this chapter, the Commissioner or his designee shall investigate the disease in cooperation with the local health director or directors in the area of the disease.

The Code of Virginia § 32.1-46 requires the Health Department to provide childhood immunizations required by the State Board of Health Regulations for the Immunization of School Children without charge.

The Code of Virginia §§ 32.1-49, 32.1-50, and 32.1-50.1 states that any local health director may request any person having or reasonably suspected of having active tuberculosis disease to be examined immediately for the purpose of ascertaining the presence or absence of the disease. Such examination may be made by any licensed physician or licensed nurse practitioner at his own expense or by the local health director at no cost to such person.

According to Virginia Code § 32.1-37.2, every person who has a confirmed positive test result for HIV shall be afforded the opportunity for individual face-to-face disclosure of the test results and appropriate counseling. Appropriate counseling shall include, but not be limited to, the meaning of the test results, the need for additional testing, the etiology, prevention and effects of acquired immunodeficiency syndrome, the availability of appropriate health care, mental health care and social services, the need to notify any person who may have been exposed to the virus and the availability of assistance through the Department of Health in notifying such individuals.

These services are also required in the local government agreement between the state and County for operation of the Health Department.

Who Does It: Beginning in FY 2024 with the implementation of local administration, these services are administered primarily by County employees. Funding for core services comes from a combination of state and County tax funds, federal and state grants, insurance collections, and sliding-scale fees. Contractor nurses have been utilized to supplement core efforts by supporting offsite vaccinations, with funding available through COVID-19 grants. In addition, contractors are working in the Communicable Disease unit for COVID-19 mitigation, paid for with COVID-19 grant funding, which is expected to continue through FY 2024.

Why We Do It: This Health Department service area prevents, investigates, and treats illness with the aim of reducing overall disease burden in the Loudoun community.

- The immunization services provide critical vaccination coverage to the community for the prevention of disease. Through its programs, the Health Department offers routine childhood and adult immunizations, which can also be classified in the Safety Net activity. Vaccines are provided as post-exposure prophylaxis to individuals exposed to communicable diseases, such as is the case with contacts to Hepatitis A, Measles, and other vaccine-preventable diseases. In addition, the Health Department trains staff for emergency distribution of immunizations and serves as



Health: Clinical Health Services

the primary delivery source of vaccines for emergent infectious agents, as demonstrated through the initial COVID-19 vaccination response and Mpox. The Health Department is also in a key position to work with Loudoun County Public Schools (LCPS) and private schools to enhance student vaccination coverage through collaboration in compliance efforts. The Health Department is the only agency in the County with the ability to offer free school-mandated vaccines to all students, with no out-of-pocket costs to the families, allowing the Health Department to provide onsite vaccination events in schools. Further, LCPS provides annual community surveillance of school-based facilities (preschools, private, and public grade schools) to determine levels of vaccination coverage in the community.

- TB services encompass several activity areas, all of which promote the health of the community. Active TB care is a comprehensive service providing medical care related to TB treatment, nursing case management, daily observation of medication compliance, and rigorous detail to protocols that ensure people with the communicable form of the disease are treated appropriately and do not pose a danger to the spread of illness. Contact investigations associated with TB cases occur as part of this process for each identified case. Children under the age of 5 who are contacts to active cases are at the highest risk of developing TB. These contacts receive “window prophylaxis” treatment daily for eight weeks. The program also provides preventative medications for individuals identified as exposed to TB, to prevent active disease in the future. The other main area of service is the TB screening program, which is required for school entry and for certain occupations. The Health Department offers TB screening free for McKinney-Vento¹ children in need of screening at LCPS, and free for certain classes of immigrants newly entering the country.
- For refugee health services, the health status of new arrivals to the County is assessed through an initial health screening. This screening is often the first encounter that new arrivals have with the United States health care system. It provides the opportunity for early identification of communicable diseases, intervention on conditions of public health concern, and identification of other health conditions that must be addressed to ensure successful resettlement. Clients receive a physical exam, immunizations, evaluations for infections, and referrals to support services in the community.
- The Communicable Disease program provides investigation and follow-up of all other communicable diseases that are required to be reported to the Health Department by law. As of January 2023, there were 79 diseases that are required to be reported to the VDH, either immediately or within 72 hours². In general, these types of conditions include respiratory infections (e.g., pertussis and influenza), gastrointestinal illnesses (e.g., norovirus and salmonellosis/typhoid fever), zoonotic diseases (e.g., Lyme and malaria), environmental illnesses (such as childhood lead exposure), agents that can be used for bioterrorism (e.g., anthrax and smallpox), infections and conditions potentially associated with spread in health care facilities, and other conditions of public health importance (e.g., emerging infectious diseases and drug-resistant infections). Public health nurses investigate reportable conditions, working with affected individuals, schools, hospitals, and medical providers in the community. Staff provides recommendations and guidance to prevent the further spread of communicable disease to others in the County. The team works closely with the Epidemiology team in Loudoun and the VDH Division of Surveillance and Investigation.

¹ McKinney-Vento refers to Subtitle VII-B of The McKinney-Vento Homeless Assistance Act, which authorizes the federal Education for Homeless Children and Youth (EHCY) Program and is the primary piece of federal legislation related to the education of children and youth experiencing homelessness. It was reauthorized in December 2015 by Title IX, Part A, of the Every Student Succeeds Act (ESSA). More information can be found here: <https://nche.ed.gov/legislation/mckinney-vento/>.

² The diseases that are required to be reported to the VDH can be reviewed here: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>.



Health: Clinical Health Services

How We Do It Now – Current Service Level:

- For immunization services, this year with current resources, the Health Department expects to provide 4,000 vaccine visits, compared to 3,139 visits total for this service in FY 2020. In addition, 1,500 community vaccinations, outside the clinic, are expected to be conducted. With current resources, the wait time for clinic immunization appointments is currently three weeks, with an ideal wait time for service being one to two weeks or less. The community vaccinations from FY 2021 to FY 2023 were accomplished using contractor services in addition to current staff.
- For TB care, this year with current resources, staff anticipates identifying approximately 250 new infections, having 110 residents suspected of or confirmed to be sick with TB, and providing a total of 4,000 client visits for TB services. Currently, the Health Department offers screening services two days per week and has a three-week wait time for appointments. This compares to 326 infections identified in FY 2020, 125 suspected or confirmed cases of TB, and 5,173 client encounters. TB service delivery has changed somewhat since FY 2020, due to COVID-19 restrictions preventing walk-in services, thereby reducing the total number of clients receiving screening services. Should staffing permit, the Health Department will increase TB screening moving forward.
- The refugee program has high variability in the number of clients served annually, based on conditions worldwide and political authorization for refugees to enter the United States. In FY 2020, 104 visits were performed for 51 clients. This year, with current resources, the Health Department anticipates conducting 250 visits. Since FY 2021, the Health Department has clients predominantly from Afghanistan and Ukraine.
- For the Communicable Disease program, the Health Department anticipates investigating approximately 200 reports of vaccine-preventable diseases reported in FY 2024, being sent 650 total reports for evaluation (excluding COVID), and being sent 120 total Communicable Disease reports to be evaluated for response time, with 95 percent responded to in the recommended timeframe. This year, the Health Department anticipates 10,000 reports of COVID-19 (down from 21,000 in FY 2023) added on top of the expected disease burden managed by the team. This compares to FY 2020, when there were 218 reports of vaccine-preventable diseases reported, 744 total Communicable Disease reports sent to the Health Department for evaluation (excluding COVID), and 81 diseases that were evaluated for response time, in which 92 percent were responded to in the recommended timeframe. There were also 4,395 reports of COVID-19 added on top of the expected disease burden managed by the team. The Health Department has been able to keep up with expectations for disease control through the assistance of contractors. The standard for measurement of meeting demand is the percentage of cases reported to within the recommended timeframe of 95 percent or better.

How We Plan to Do It in the Future – Recommended Service Level: Given the transition to local administration and the unpredictable nature of communicable diseases, it is challenging to anticipate the proper future service levels for Health Department programs, though the demand tends to increase with population growth. However, the Health Department has not had the opportunity to expand clinical staffing significantly with respect to population growth in the last ten years. Currently, there is no capacity to add or expand services for new challenges or initiatives or an increase in demand for services. In addition to this tight staffing, the Health Department has held a 10 percent vacancy rate on positions, which is anticipated to continue increasing after the transition to local administration, due to the transition and expected retirements. Recommendations for each of these clinical areas are as follows:

- Immunization service demands grow annually, as the number of children without health insurance grows. In addition, the number of private medical offices in the community providing vaccinations to Medicaid-insured children has decreased, leaving more of these children to come to the Health Department for care. As stated earlier within the Safety Net program, there is a need for service delivery in the Sterling area of the County, to best serve residents living there with transportation challenges. Given these factors, along with the current wait time for care, which is above the recommended less than two weeks, the Health Department suggests increasing the service delivery for this program with additional staff and clinic space. Further, the Health Department has greatly



Health: Clinical Health Services

increased capacity in the provision of vaccinations using contractor support; however, this is not a permanent solution, as COVID-19 grant funding will end. Additional dedicated staff for vaccination support with LCPS and the community would allow the Health Department to continue the level of service currently provided.

- The recommended service level for the TB section is to ensure the provision of high-quality, timely care for all active TB cases, infection prevention medical management, and to be able to provide TB screening to those desiring the service with a less than two-week wait time. Additional nursing staff, administrative support staff, and office space are necessary to achieve this service level.
- Refugee services are currently provided at the recommended level, based on the ability for families to receive appointments in less than two weeks. Should the demand for care increase, which is not predictable for this area, the Health Department will suggest additional staff, including a program leader for care coordination.
- The pandemic demonstrated that the Health Department has limited capacity to deal with large, prolonged communicable disease responses with existing staff. Given mandates for care delivery for other Communicable Disease and Safety Net services, this can only be sustained in the short-term. For longer or larger responses, additional staff can be brought in to assist efforts through activation of MRC Unit volunteers, or through the utilization of contractors. However, using volunteers or contractors has limitations, including finding suitable personnel to fill the positions, training to be performed, competency evaluations with ongoing quality assurance, supervisory oversight, and procurement. The management of contractors also places an additional burden on human resources functions and the business office, making it not an ideal solution. Additional public health nurse staffing for this section is recommended to strengthen response capabilities for emergencies and to provide coverage where vacancies exist within the nursing program.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Refugee services:					
Number of refugee service visits to clinic	52	130	305	250	250
TB services:					
Number of TB infections	172	225	225	250	250
Number of residents suspected of or confirmed to be sick with TB	55	117	100	110	120
Total number of encounters for TB services, including screenings and case management	3,881	4,176	3,700	4,000	4,000
Immunization services:					
Number of vaccination visits to clinic	2,369	4,392	4,635	4,000	4,000
Number of vaccines provided offsite in the community	281,248	69,464	2,208	1,500	2,000
Wait time for immunization visits	2 weeks	1 week or less	3 weeks	3 weeks	3 weeks
Communicable diseases reported and investigated:					
Number of reports of vaccine-preventable diseases	121	138	188	200	200
Rate of vaccine-preventable diseases (per 100,000 population)	28.70	32.90	39.58	40.00	40.00
Number of all notifiable diseases reported to the County (excluding COVID-19)	566	609	631	650	650
Number of COVID-19 cases reported to the County	25,436	53,841	21,000	10,000	5,000

**Health: Clinical Health Services**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 95 percent of select diseases required by law to be reported to the Health Department will have public health control measures initiated within the appropriate timeframe, as measured by the Virginia Electronic Disease Surveillance System (VEDSS).					
Number of select reportable diseases	54	79	114	120	135
Percentage of selected reportable diseases with measures initiated within the appropriate timeframe	96%	93%	95%	95%	95%



Health: Environmental Health

Vital Records

What We Do: The Loudoun County Health Department Office of Vital Records issues certified copies of vital records (or “certificates”) for these events that occurred in Virginia:

- Births – June 1912 to present+
- Marriages – 1936 to present+
- Divorces – 1918 to present+
- Deaths – June 1912 to present+

Vital records are available for oneself or for immediate family members (defined as mother, father, husband, wife, adult son or daughter, brother, sister, grandparents, and adult grandchildren with valid identification). Aunts, uncles, cousins, in-laws, ex-spouses, etc. cannot obtain a vital record. Birth records become public information after 100 years; while death, marriage, and divorce records are public information after 25 years.

Mandate Information: The provision of vital records is mandated by the local government agreement between the state and County for operation of the Health Department (the Code of Virginia §§ 32.1-254, 32.1-255, and 32.1-272).

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds. This service is provided in-person only by staff members who also perform other customer-service-related functions including permit application processing, as regulated by the state.

Why We Do It: This Health Department service area is a Code of Virginia-mandated service provided by all local health departments.

How We Do It Now – Current Service Level: In FY 2020, the state rolled out the availability of all vital records at local health departments, and the service level was 7,700 death certificates. Further in FY 2020, the Health Department issued 56 birth certificates and nine marriage certificates. Prior to the pandemic, the Health Department issued over 8,500 death certificates. In subsequent years, these service levels were degraded due to pandemic-related disruptions (including reduced staff capacity as staff was redirected to pandemic response) and a reduced demand by the public for vital records.

In this fiscal year with current resources, this activity is expected to provide approximately 3,600 death certificates, 340 birth certificates, 65 marriage certificates, and 12 divorce certificates.

How We Plan to Do It in the Future – Recommended Service Level: Vital Records will remain an in-person service. The Health Department expects to see a slow increase back to pre-pandemic levels. The Health Department expects that the metrics with asterisks (*) below will indicate that the County may need to adjust its services or service levels.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Vital Records:					
Number of death certificates provided*	1,588	1,523	3,443	3,617	4,000
Number of birth certificates provided*	139	344	323	339	350
Number of marriage certificates provided*	8	41	47	65	70
Number of divorce certificates provided*	4	6	11	12	15



Health: Environmental Health

Rabies Surveillance

What We Do: In collaboration with the Department of Animal Services, the Rabies Surveillance activity investigates potential human and domestic animal exposures to rabies and evaluates requests for exemptions to domestic animal rabies vaccination requirements.

Mandate Information: The Health Department is required to administer Loudoun County's rabies ordinance (Chapter 612.18) in addition to being mandated by the local government agreement between the state and County for operation of the Health Department. Pursuant to § 3.2-6600 et seq. of the Code of Virginia, the local Health Department is responsible for investigating complaints and reports of suspected rabid animals exposing a person, companion animal, or livestock to rabies.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds. County staff provides on-call coverage outside of normal working hours on a rotating schedule.

Why We Do It: This activity serves people who live in, work in, or visit Loudoun County as all are at risk of being exposed to rabies. Rabies is endemic to the area; and with the increase in rural development, people and domestic animals are increasingly coming into contact with wildlife. This service plays a significant role in addressing quality-of-life issues in Loudoun County and preventing rabies in people and domestic animals.

How We Do It Now – Current Service Level: Current service level meets the demand for timely follow-up of animal exposure and complaint reports. In FY 2020, Health Department staff investigated 842 animal bite exposure cases, 182 specimens were submitted for testing, and 30 of those specimens were positive for the rabies virus. In this fiscal year with current resources, this activity will investigate approximately 1,200 animal exposure cases and submit 150 specimens for testing, with an estimated 36 testing positive.

How We Plan to Do It in the Future – Recommended Service Level: The current service level is expected to continue with a small percentage increase as the population grows.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Prevent and improve awareness of rabies in Loudoun County while responding to 95 percent of rabies animal exposure reports within one business day.					
Number of rabies animal exposure investigations	854	990	1,152	1,200	1,200
Number of positive rabies samples	27	23	35	36	36



Health: Environmental Health

Nuisance and Complaint Investigation

What We Do: The Nuisance and Complaint Investigation activity investigates complaints related to potential public health nuisances, as defined in Loudoun County Codified Ordinances, or other issues under Health Department oversight.

Nuisances may include, but are not limited to, unsanitary disposal of trash, garbage, debris, construction waste, or compost; unburied dead animals; and hazards, including vacant structures, open wells, etc.

Mandate Information: The Health Department is required to administer Loudoun County's nuisance ordinance (Chapter 648 Loudoun County Public Health Ordinances) and is mandated by the local government agreement between the state and County for operation of the Health Department.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds.

Why We Do It: This activity serves people who live in, work in, or visit Loudoun County as all are at risk of being exposed to a potential public health nuisance. This service plays a significant role in addressing quality-of-life issues in Loudoun County. Responding to nuisance complaints addresses any concerns from Loudoun County residents, businesses, and visitors on any issue related to public health.

How We Do It Now – Current Service Level: In FY 2020, the Health Department investigated 425 complaints. While the current service level meets the demand for timely response to complaints, staff currently prioritizes complaint investigation at the expense of routine restaurant inspections. This service is population-dependent, and the demand for services is expected to continue to grow. In this fiscal year with current resources, this activity is expected to investigate approximately 140 complaints.

How We Plan to Do It in the Future – Recommended Service Level: Demand for service is expected to increase post-pandemic and as the County's population continues to grow.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Initiate 90 percent of onsite investigations of environmental health complaints within two days to protect the public from environmental and communicable disease hazards.					
Percentage completed within the recommended timeframe	100%	100%	100%	100%	100%
Respond to health complaints.¹					
Number of complaints investigated	1,550	479	508	627	675
Number of foodborne illness investigations	51	101	102	140	150

¹ The complaint subcategories are not all inclusive and do not equal the total number of complaints.



Health: Environmental Health

Restaurant, Hotel, and Pool Safety

What We Do: The Health Department issues permits and inspects food establishments including schools, hotels, camps, and commercial and community pools to help assure the health and safety of everyone who lives in, works in, or visits Loudoun County.

Mandate Information: The Code of Virginia requires Health Department regulation of hotels (§ 35.1-13) and restaurants (§ 35.1-14). Loudoun County Codified Ordinances require Health Department oversight of swimming facilities (Chapter 838) and food concessions (Chapter 807). These functions are also required by the local government agreement between the state and County for operation of the Health Department. Pursuant to §§ 32.1-203 through 32.1-211 of the Code of Virginia, local health departments are responsible for issuing, denying, suspending, and revoking permits to operate migrant labor camps. Pursuant to §§ 35.1-16 and 35.1-17 of the Code of Virginia and the corresponding regulations, local health departments are responsible for issuing, denying, and revoking permits to operate summer camps and campgrounds.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, these services are provided solely by County employees, funded primarily with a combination of state and County tax funds. These services are also funded with revenue earned from restaurant, hotel, and pool permits.

Why We Do It: These services are critical to the health of anyone who eats at a Loudoun County restaurant, sleeps in a Loudoun County hotel or camp, or swims in a community or commercial swimming pool. This service helps to ensure the safe construction and management of these covered facilities.

How We Do It Now – Current Service Level: In FY 2020, the Health Department permitted 1,338 restaurants, 299 swimming pools, 135 temporary events, and 95 schools. In FY 2020, staffing allowed the Health Department to perform over 3,200 inspections per year, significantly below the 4,300 permitted facilities in need of inspection, as required. These services are population-dependent and the demand for services is expected to continue to grow. In FY 2020, staff conducted over 105 foodborne outbreak investigations, compared to 140 anticipated for FY 2024. In this fiscal year with current resources, this activity will conduct approximately 3,500 food facility inspections, 700 swimming pool inspections, 400 temporary event inspections, and 215 public school cafeteria inspections.

How We Plan to Do It in the Future – Recommended Service Level: The Health Department expects to see a continued increase in the demand for these services as the County's population grows. Also, as the diversity of food establishments (mobile food vendors, camps, hotels) within the County increases, this is leading to more complex food-service operations, placing increasing demand on staff resources.



Health: Environmental Health

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
Maintain the rate of inspections of food establishments, public and private schools, public swimming pools, hotels, campgrounds, temporary events, and tourist establishments to protect the public from environmental and communicable disease hazards.					
Number of permitted food facilities	1,196	1,338	1,356	1,550	1,620
Average number of inspections per permitted food facility	1.3	2.0	1.9	2.3	2.3
Number of permitted pool facilities	271	299	276	280	325
Average number of inspections per permitted swimming pool facility	1.4	2.7	1.6	2.5	2.5
Number of foodborne illness investigations	51	101	102	140	150
Number of temporary event inspections	12	135	114	400	300
Number of temporary event permits	13	94	126	250	250
Provide at least two inspections of each public-school cafeteria per year.					
Number of public-school cafeterias	95	97	100	103	110
Average number of inspections per school	2.0	2.2	2.2	2.2	2.2



Health: Environmental Health

Onsite Water and Sewage

What We Do: This activity issues permits and inspects private individual onsite well water and sewage disposal systems in Loudoun County in support of County and state requirements to protect the surface water, ground water, and health of those exposed to this water and wastewater.

Mandate Information: The Code of Virginia requires Health Department regulation of onsite sewage disposal (septic) systems (§ 32.1-163 et seq.), private wells (§ 32.1-176.2 et seq.), summer camps (§ 35.1.16), and campgrounds (§ 35.1.17). Loudoun County Codified Ordinances require Health Department oversight of water wells (Chapter 1040), private sewage disposal systems (Chapter 1066), and alternative onsite sewage disposal systems (Chapter 1067). These functions are also required by the local government agreement between the state and County for operation of the Health Department. Onsite construction permits must be processed and issued within 15 business days.

Who Does It: Beginning in FY 2024 with the implementation of the fully County-run Health Department, this service is provided solely by County employees, funded primarily with a combination of state and County tax funds.

Why We Do It: As Loudoun County grows, a significant proportion of the population remains on well water and onsite septic systems, and many new homes are constructed with onsite systems. Preventing well water contamination and septic system failures requires considerable customer-focused oversight of these systems and those who work to install them. Preserving the health of water for residents is a life and safety issue for the County.

How We Do It Now – Current Service Level: Current service level meets the demand for safe and timely oversight of the County's Onsite Water and Sewage program. In FY 2020, the County had over 2,100 alternative septic systems, all of which are required to be inspected annually, as well as over 13,000 conventional septic systems. Each year, there are about 200 newly-installed conventional septic systems and over 130 newly-installed wells. Each year, around 250 conventional onsite sewage system deficiencies occur, while there are approximately 650 alternative onsite sewage system deficiencies. At least 90 percent of these deficiencies are corrected within that same year. In this fiscal year with current resources, this activity will inspect 98 percent of alternative onsite septic systems and provide support to correct 97 percent of failing onsite sewage disposal systems annually.

How We Plan to Do It in the Future – Recommended Service Level: The Health Department expects to see an increase in demand for services as the County continues to expand into the agricultural west. Water resources are becoming a challenge with development placing increased demand on staff resources.

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Estimated	FY 2025 Projected
At least 95 percent of alternative onsite septic system owners will have their systems inspected and deficiencies corrected each year.					
Number of alternative systems	2,147	2,237	2,307	2,377	2,400
Percentage inspected	98%	98%	98%	98%	98%
Meet the demand for processing new onsite septic systems and wells and oversee existing systems.					
Number of newly-installed septic systems	166	113	117	120	125
Number of conventional septic systems	12,926	12,983	13,022	13,050	13,100
Number of newly-installed wells	108	180	157	160	150
At least 93 percent of known failing onsite sewage disposal systems are corrected annually.					
Percentage corrected	95%	96%	97%	97%	97%