Virginia's Public Health Landscape: A Call to Action

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VIRGINIA PUBLIC HEALTH ASSOCIATION

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INTRODUCTION

Virginia has the potential to be the healthiest state in the nation, but it has a long way to go.

Like other states, it is in the throes of multiple epidemics. COVID-19, opioids, gun violence, motor vehicle crashes, and other preventable ailments have caused Virginia's life expectancy to decline over the past decade.[1] The average Virginian can expect to live 79.1 years, better than the national average but lower than most wealthy countries and many wealthy states.[2,3]

Moreover, Virginians' health varies drastically based on where they live. Unsurprisingly, life expectancy exceeds the national average in many of Virginia's wealthy localities. However, in 2018, average life expectancy was lower than the national average in 80 of Virginia's 133 localities.[4] The variation is even more shocking within localities. For example, life expectancy varies by as much as 20 years within Richmond City.[5]

Many of these inequalities stem from Virginia's history as a slave state and resistor of civil rights. Across the country, local and state leaders are declaring racism as a public health crisis. Virginia joined this movement by passing a resolution in 2021. While these resolutions are symbolic, they call attention to racism and can lead to policies that advance racial equity.[6]

Recent health policy debates at the federal and state levels have focused on access to clinical care. Access to quality, affordable health care is necessary but insufficient. It is social, economic, and environmental factors that have the largest effect on wellbeing.[7] Shifting the debate upstream to focus on Virginia's public health system is essential for addressing these factors.

This report reviews the history of Virginia's public health system, identifies current issues, and looks to the future. Its conclusion is simple: strengthening Virginia's public health system is necessary to improve health and erase health disparities.

BACKGROUND

What is Public Health?

Public health is the promotion and protection of people's health in the communities where they work, live, and play.[8] Unlike medicine, which focuses on diagnosis and treatment, public health focuses on the prevention of illness and injury. Public health also tends to focus on community interventions, such as health education campaigns and policy and environmental change.

The 10 Essential Public Health Services is a framework that describes key public health activities that should take place in all communities.[9]

Equity is central to this framework, as the goal of delivering these essential services is to provide an equal opportunity for everyone to achieve good health.

The Ten Essential Public Health Services

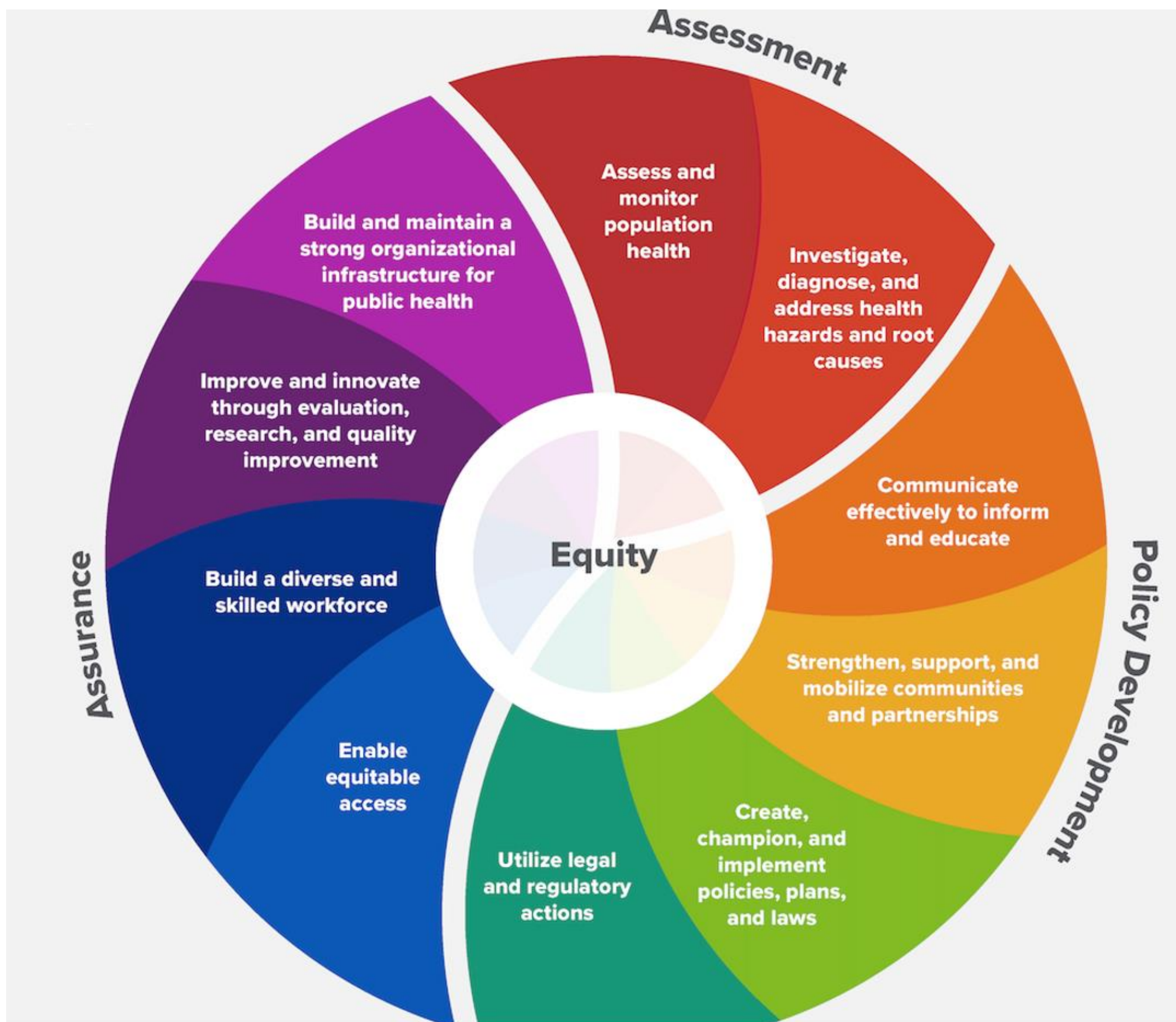


Image Credit: CDC

How is Virginia's Public Health System Organized?

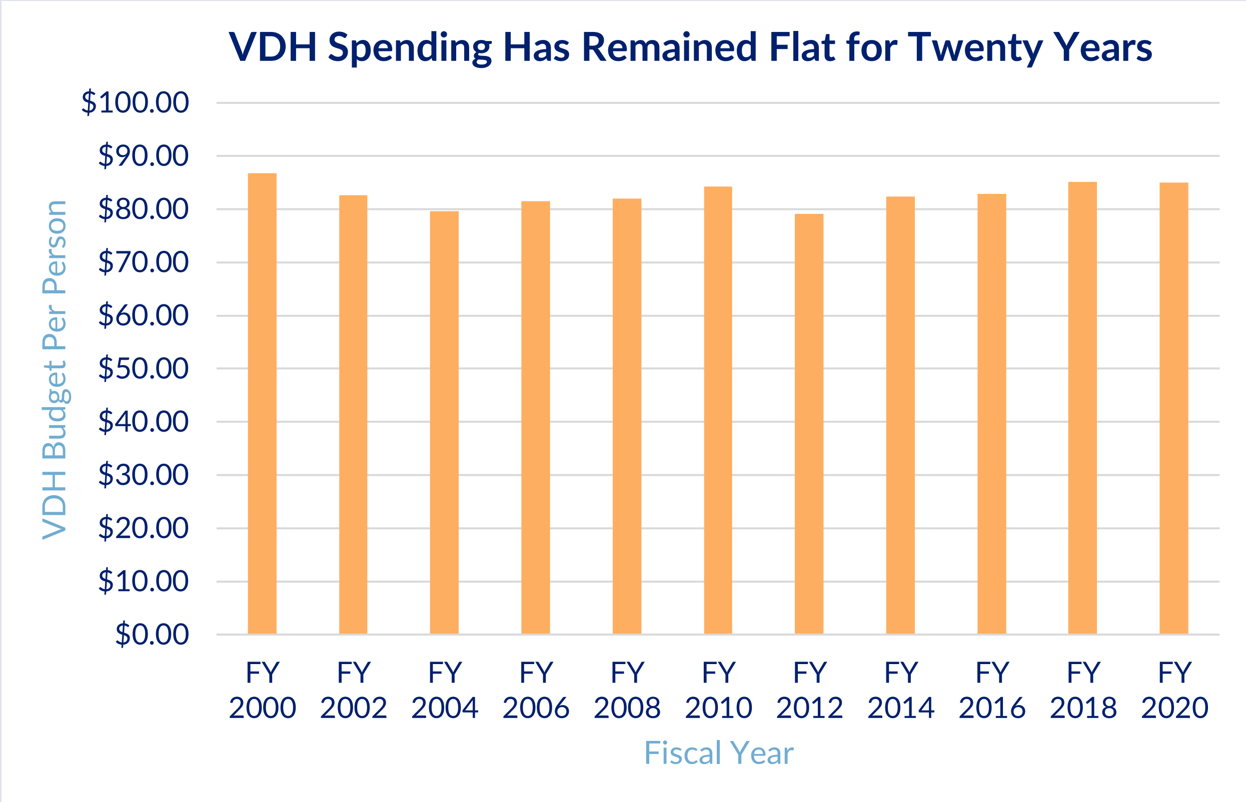
According to the Joint Legislative Audit and Review Commission (JLARC), the modern Virginia public health system traces its roots to 1872, when the General Assembly established the State Board of Health.[10] Its role was limited to preventing communicable diseases and collecting vital statistics. The Board's role began to expand in 1908, when the General Assembly created the Virginia Department of Health (VDH) and equipped it with the state's first public laboratory.[11] Over the next 50 years, the agency's responsibilities grew to include public health nursing, venereal disease control, and hospital licensure - all services the department provides to this day.

The current system began to take shape in 1947 when the General Assembly first required each locality to establish and maintain a local health department. The state and the localities began to share costs for these services in 1954.[12] This system solidified over the next several decades, with the central office being responsible for the overall management of and direction of the public health system and the local health departments - consolidated into 35 health districts - responsible for the delivery of specific public health services.[13] The division of these responsibilities - and the funds to finance them - are memorialized in Local Government Agreements, or LGAs.

How is Virginia's Public Health System Financed?

The federal, state, and local governments all finance Virginia's public health system. Non-governmental entities also play an important role. The following four key facts are essential to understanding public health financing in Virginia:

VDH's Budget Has Remained Flat for the Past Two Decades. Non-general funds - money earmarked by law for a specific purpose - increased 34 percent FY 2000 and FY 2020.[14,15] However, General Fund spending – money that the Governor and legislators have the most discretion to spend – fell by 13 percent over the same period.[16,17] When accounting for inflation, total VDH spending per person in FY 2020 was nearly the same as it was in FY 2000. This does not account for the one-time influx of federal COVID-19 relief funds made available in FY 2021.



Note: All figures are expressed in 2020 dollars. Population estimates are taken from the Weldon Cooper Center for Public Service.

The federal government is the largest funder of public health services in Virginia. VDH's budget was $730 million in Fiscal Year 2020; however, only $180 million came from the state's General Fund. Most of the money – over $279 million – came from the federal government.[18] The remainder came from localities, user-fees, and other dedicated revenue sources.

The state and localities share the cost of providing most public health services. VDH allocates funds to the local health departments so they can provide local public health services. However, the localities are required to match a portion of these funds. For example, VDH budgeted approximately $1.7 million for the Albemarle County local health department, with the state contributing 55 percent of this amount and the County contributing 45 percent.[19] The share each locality contributes varies based on a funding formula developed by the JLARC. Localities must contribute at least 18 percent but no more than 45 percent.[20]

Public health spending is split among multiple agencies. Multiple state agencies are responsible for promoting the public's health. For example, the Department of Environmental Quality, housed in the Office of Natural and Historic Resources is also a steward of Virginia's public health. This is also true nationally. While the Centers for

Disease Control & Prevention is most often associated with public health, the Environmental Protection Agency, National Institutes of Health, Health Resources and Services Administration, the Food and Drug Administration, and other agencies all fund state and local public health activities. Tracking the spending of the funds across agencies is challenging, which makes it difficult to estimate government-wide public health spending.

CURRENT CHALLENGES

In 2000, JLARC warned that Virginia compared "somewhat unfavorably" to national averages on eight key indicators, including infant mortality rate, low birthweight rate, coronary heart disease deaths, stroke-related deaths, occurrence of syphilis, occurrence of gonorrhea, occurrence of tuberculosis, and occurrence of salmonellosis."[21] They noted that while overall public spending had increased since the 1980's, the General Fund contribution fell. Staffing shortages were cited as one reason why state and local health departments were struggling to carry out some of their responsibilities.

JLARC also found that the formula used to determine the state and local funding contributions has fueled inequitable public health investments among Virginia's localities. These inequities hinder local health departments' ability to provide necessary services. These issues persist and, in some cases, have worsened.

Underfunding of Public Health Services

VDH's total budget has remained flat for the past 20 years when adjusted for inflation and population growth. While increased federal funding during this time has blunted the impact of the Commonwealth's divestment, relying on federal funding comes with significant challenges:

Federal public health funding is unpredictable. Federal support for public health follows a boom-and-bust cycle. Funding spikes after public health disasters such as 9/11 and the Ebola epidemic but trails off once the emergency passes. Without stable funding, public health agencies cannot adequately plan for public threats and invest in long-term solutions to prevent or mitigate them.

Federal public health funding may not match local needs. The federal government distributes most public health funds to states and localities through statutory funding formulas and competitive grants. Congressional authorization for these formulas and grants may be years or decades old, but they remain unchanged despite evolving public health threats. Consequently, funds made available by the federal government may not match state and local health agencies' needs.

Federal public health funding is often disease or program specific. Most federal funding for public health activities is tied to specific diseases or programs. While advocating for disease-specific prevention and cures is laudable, it creates two unintended consequences. First, federal dollars tend to get directed to diseases that draw the most attention rather than on objective criteria. Second, funding that is siloed by disease or program tends to result in underinvestment in cross-cutting public health needs like building maintenance and digitization.

Workforce Shortages

Virginia does not have enough public health workers. This is due primarily to two reasons. First is the underfunding of public health services resulting in staffing shortages. Second is that there are not enough young public health professionals to replace those that are retiring.

Virginia has funded roughly 3,700 Department of Health positions over the past 20 years.[22] However, this data does not capture the actual number of employees. The Association of State and Territorial Health Officials (ASTHO) estimates that the number of workers has fallen from the fully funded amount of 3,700 in 2012 to 3,200 in 2019 - a decline of nearly 20 percent.[23]

The discrepancy between funded positions and actual employees suggests that VDH has struggled to recruit and maintain public health workers. This challenge is particularly acute among local health district directors. As of late 2021, nearly one-third of Virginia's 35 local health districts did not have a permanent director, affecting 1.5 million Virginians.[24]

Unexamined Funding Formulas

The process for funding Virginia's local health departments seems simple. First, the General Assembly budgets funds to support the departments - nearly $300 million in FY 2022.[25] Second, VDH's central office contributes these funds to the local health departments. Finally, the localities match a certain amount of the state's contribution for each department.

However, there are several outstanding questions. How does the General Assembly set this budget? Is it based on need, historical trends, or something else? And how do VDH and General Assembly measure and determine this?

The questions multiply as state funds are distributed to the local health departments. How does the state determine how much to contribute to each locality? Is it based on need, the amount a locality can match, or both? Is this formula equitable?

These questions are not academic. The answers determine how much money each community gets to provide core public health services to its citizens.

While the Governor and General Assembly made some changes to the local match rate formula in 2021 - including recalculating the local match rates using updated data - much deeper analysis is needed.

LOOKING AHEAD

The COVID-19 pandemic revealed and exacerbated weaknesses in Virginia's public health system, but it also opened the door to change. The federal government responded to the COVID-19 pandemic with an unprecedented investment in public health infrastructure. Virginia used some of its share to invest $8 million to address broadband connectivity issues at local health departments, $10 million to procure and deploy an electronic health records system, $30 million for core building upgrades at local health departments, and $10 million to modernize administrative systems and software to prepare for future emergencies.[26]

The General Assembly is paying renewed attention to Virginia's public health system. Last December, the legislature's Joint Commission on Health Care voted to study the structure and financing of Virginia's local health departments.[27] The Commission may expand the scope of this study in response to additional legislative interest. The General Assembly also approved a bill that allows qualified public health professionals without a medical degree to serve as directors of Virginia's local health districts.

However, there is much work to do. Virginia's health outcomes are inequitable. This is largely due to lack of access to affordable, patient-centered health care and state policies that do not adequately support other drivers of health like access to healthy food, safe neighborhoods, and healthy homes. Despite tremendous progress over the past 100 years, Virginia still struggles to deliver clean air and water, safe streets and roadways, protection from communicable disease, and other core public health services to everyone in the Commonwealth.

C. Everett Koop, the 13th Surgeon General of the United States, said it well:

"Health care is vital to all of us some of the time, but public health is vital to all of us all of the time."

We must not take our eye off the former, but it is long past time we focus on the latter. Only when we do that will Virginia become the healthiest state in the nation.

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