

Introducing the VPHA Policy Forum

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In 2015, the Virginia Department of Health (VDH) published a five-year Plan for Well-Being. This ambitious plan set 13 goals and 29 measures to track progress towards achieving these goals (VDH, 2015). By 2020, 15 measures showed improvement. Major successes include near-universal adoption of collaborative community health planning processes by local health districts, growing provider participation in electronic health information exchanges, and increasing uptake of the Human Papillomavirus vaccine among teenagers (VDH, 2020). However, 14 measures showed little or no improvement, including seven measures that *moved away* from the goal. Most notably, mental health and substance use disorder hospitalizations per 100,000 adults have increased by over 10 percent since 2013, and the percent of adults who are overweight or obese continues to rise unabated (VDH, 2020). This data paints a decidedly mixed picture of public health in Virginia.

Then came the COVID-19 pandemic. Most of the data for VDH's 2020 update on the Plan for Well-Being was collected in 2019, but there is little reason to think these measures have improved since the pandemic began. Meanwhile, over 15,000 Virginians have died from COVID-19 and thousands more have been sickened (VDH, 2021). In addition, nearly all Virginians have felt the pandemic in some way, whether it be losing a loved one, getting laid off, or adjusting to virtual work and school.

Despite the heroic efforts of public health officials, health care providers, and other essential workers, it is indisputable that Virginia's public health system needs reform. This reform starts with better policy.

The great public health achievements of the 20th century all hinged, in part, on good policy (Johnson, 2021). Clean air and water laws, school vaccination requirements, and free preventive screenings are all examples of how good policy creates good public health. However, less attention-grabbing policies are important too. Funding prevention and wellness initiatives and modernizing data systems are just two examples of critical but often overlooked policies that can have an outsized impact on public health.

What counts as public health? How are public health services funded? How are they delivered, and are they delivered fairly? This forum will seek to answer these questions and to use those answers to create better public health policy. For instance, the General Assembly updated the Cooperative Health Budget formula this year for the first time in 30 years (Virginia Association of Counties, 2021). This formula determines the state and local share of funding for each localities' health department. For a generation, each locality's share was stagnant regardless of increases or decreases to their financial capacity. This helped fuel a disparity in public health resources between localities that have grown poorer and those that have grown richer.

Legislation approved in 2021 requires VDH to review the funding formula every two years, which may prevent such disparities in the future (Virginia Association of Counties, 2021). But this episode raises different questions. Should the state's share of local public health spending depend on a locality's ability to pay? Should it be based on public health needs? Or on a different basis altogether? Moreover, should the state set core public health standards as it does for education, or should the localities set these standards?

This forum is a place to examine these questions. And in doing so, we can create better public health policies - and better health - for all Virginians.

References

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