

Ben Barber Virginia Public Health Association

Overview

Virginia Governor Glenn Youngkin signed SB 192 into law earlier this year (Virginia General Assembly, 2022). This legislation allows qualified public health professionals to serve as local health directors (Virginia General Assembly, 2022). Previously, only licensed physicians could serve in this role.

This legislation was necessary because the status quo unfairly excluded public health professionals from leading public health departments. In addition to being unnecessary, this exclusion contributed to mass vacancies among local health director positions throughout the Commonwealth.

These vacancies persist in part because the Virginia Department of Health has been slow to open these jobs to qualified public health professionals despite SB 192's passage. Consequently, many local health districts share directors, have acting directors, or both (Virginia Department of Health, 2022).

This policy forum explores the relationship between Virginia localities that are served by a dedicated, permanent director versus those who are served by either a shared or acting director. The evidence suggests that localities served by a shared or acting director are unhealthier and poorer than localities served by a dedicated, permanent director.

Background

Virginia law requires each locality to maintain a local health department (Code of Virginia, 2022). The Commissioner of Health may consolidate local health departments into local health districts upon the approval of each locality included in the district (Code of Virginia, 1950). As of May 2022, Virginia's 133 local health departments are consolidated into 35 local health districts (Code of Virginia, 2022). Thirty out of the 35 local health districts – covering 85 localities – either have an acting director, shared director, or both.

Figure 1 Virginia localities by local health director status

	Dedicated	Shared
Permanent	48	45
Acting	16	24

Analysis

This analysis compares the health outcomes and poverty rates in localities served by a dedicated, permanent director versus those that have an acting director, shared director, or both. The analysis uses the University of Wisconsin Population Health Institute County Health Rankings as a proxy for health outcomes. The Institute's rankings are based on an index of length and quality of life measures (County Health Rankings, 2022). The analysis uses American Community Survey data to estimate poverty rates for each locality (US Census, 2020).

Figure 2

Mean poverty rate by local health director status

POVERTY RATE	Dedicated	Shared
Permanent	10.5%	13.3%
Acting	13.9%	17.5%

Figure 3

Mean county health ranking by local health director status

COUNTY HEALTH RANKING	Dedicated	Shared
Permanent	52	54
Acting	73	94

Discussion

The data suggests that localities served by an acting or shared local health district director are unhealthier and poorer than those served by dedicated, permanent directors. This association does not imply causation. However, it does raise questions. Does the lack of a dedicated, permanent local health district director contribute to poor health outcomes? Most public health interventions occur at the local level. The lack of local leadership may hamper these activities.

Conversely, is it possible that unhealthier, poorer areas have a more difficult time attracting and retaining local health district directors than their healthier and wealthier counterparts? Many localities without a dedicated, permanent director are rural. These areas struggle to attract and retain talent across many fields. Public health is no different.

Conclusion

Further research is needed to better understand the importance of local public health leadership and health outcomes. In the meantime, qualified public health professionals are now eligible to fill these crucial leadership positions. Virginia's public health leaders can eliminate these vacancies and potentially improve the public's health by hiring qualified public health professionals.

References

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