Local Health Department Structure and Financing

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POLICY OPTIONS IN BRIEF

There are 11 policy options in the report for Member consideration. Below are highlighted options.

Option: Amend Code of Virginia to include all core public health Program Areas.
(Option 1, page 12)

Option: Direct VDH to design a state performance management process for all local health departments.
(Option 2 page 21)

Option: Direct VDH to develop and submit a plan for a centralized LHD data infrastructure.
(Option 3, page 26)

Option: Fund and direct a loan repayment program as a retention incentive, and provide targeted salary increases to local health department staff.
(Options 4-5, page 33)

Option: Direct health districts to participate in regular community health assessments and determine funding necessary to ensure sufficient communications capacity at the local level.
(Options 7-8, pages 38-39)

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FINDINGS IN BRIEF

State Code does not require all core, public health program areas and some are lacking at local health departments

Two of the five foundational public health Program Areas identified as national best practice are not required of local health departments in Virginia. These are the ability to ensure access to necessary services and link individuals to those services, and a focus on chronic disease and injury prevention. Neither of these areas are explicitly required in state Code, and only a few local health departments currently focus on them.

There are no systems for accountability or performance management across local health departments

Monitoring performance for local health departments is challenging, but improvements are needed to ensure VDH can assess effectiveness across the state. Current data focuses on process metrics, such as the number of health inspections or clinical encounters, with no data on quality of services or outcomes. Other states have implemented performance management models that could serve as a framework for Virginia.

Local health departments need additional support for information technology and workforce

The IT systems that local health departments use for their core functions are siloed and outdated. Additionally, recruiting and retaining qualified staff are persistent challenges, due primarily to low salaries. Improving both of these administrative capabilities will improve local health department performance.

Funding allocations do not account for true service costs or need

Local health department budgets are primarily based on historical funding levels. This results in drastic variation across localities and means that budgets are not accounting for changes in need over time. Without a better understanding of the cost of core services and local performance, it is not possible to determine whether major funding changes are necessary. However, targeted investments to address identified shortcomings are necessary.