JOINT COMMISSION ON HEALTH CARE

2025 HEALTH METRICS ANNUAL REPORT

COMMISSION DRAFT

COMMONWEALTH OF VIRGINIA
RICHMOND
2025

Code of Virginia § 30-168.

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care. For the purposes of this chapter, "health care" shall include behavioral health care.

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2025 Health Metrics Annual Report

The Health Metrics Annual Report is a new product of the Joint Commission on Health Care (JCHC), intended to serve as a resource for JCHC members and interested stakeholders to help them to understand recent trends in prevalent health conditions and health care accessibility for Virginians. This report builds upon the Health Care Dashboard, once featured on the JCHC website, which compared Virginia's performance on measures of health care accessibility, affordability, quality, and equity to other states. While past iterations of the Dashboard provided a snapshot of relevant health care metrics, there was minimal space for additional context, constraints on staff capacity for updates, and the Dashboard's structure created a limited ability to respond to changing trends.

The Annual Report will continue to evolve in content and depth over time. For this first year, the report documents multi-year trends in selected health measures, with a focus on key areas for further exploration. Staff analyzed socioeconomic and demographic characteristics to describe variation by population groups and underlying factors contributing to changes in health conditions and health care accessibility of Virginians. The report is also intended to provide information that may help JCHC members identify potential areas of interest for future JCHC studies.

Average life expectancy in Virginia has decreased since 2017

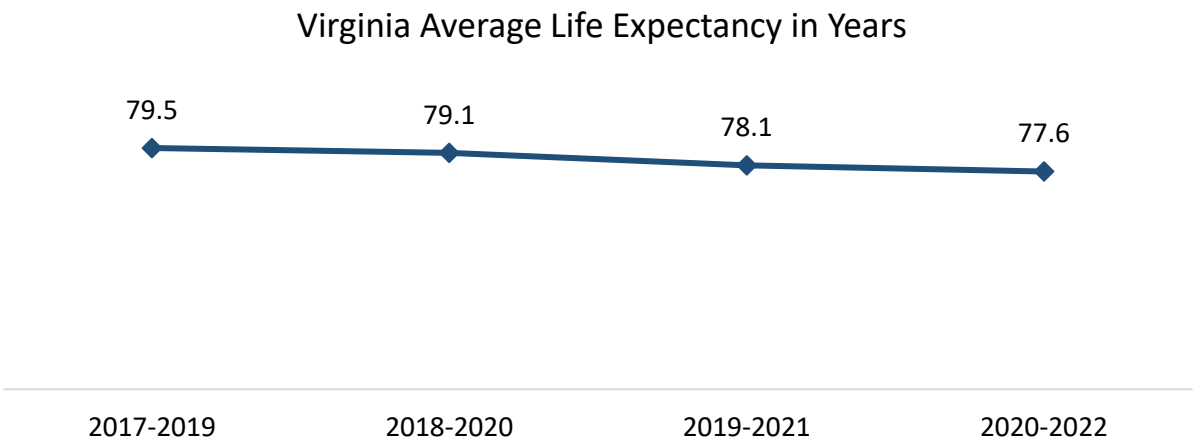
The life expectancy of Virginia residents decreased between 2017 and 2022. While several factors contribute to this decline, major drivers of falling life expectancy in Virginia were (i) increased mortality from drug overdoses, particularly fentanyl overdoses, (ii) increased mortality from the coronavirus (COVID-19) pandemic, and (iii) increasing rates of chronic disease.

In 2022, average life expectancy in Virginia was two years less than in 2017

Life expectancy is the average number of years an individual can expect to live, calculated at birth. Measures of life expectancy consider socioeconomic, demographic, and environmental factors to estimate the average number of years an individual is expected to live. Average life expectancy of a population can be used to provide a snapshot of population health and mortality. Understanding how and why life expectancy differs between populations in Virginia can help decision makers prioritize resources and specific policy actions that improve public health.

The average life expectancy in Virginia has been steadily decreasing since 2017. In 2022, an individual in the Commonwealth was expected to live 77.6 years; an almost two-year drop from 2017, when the average life expectancy was 79.5 years (FIGURE 1).

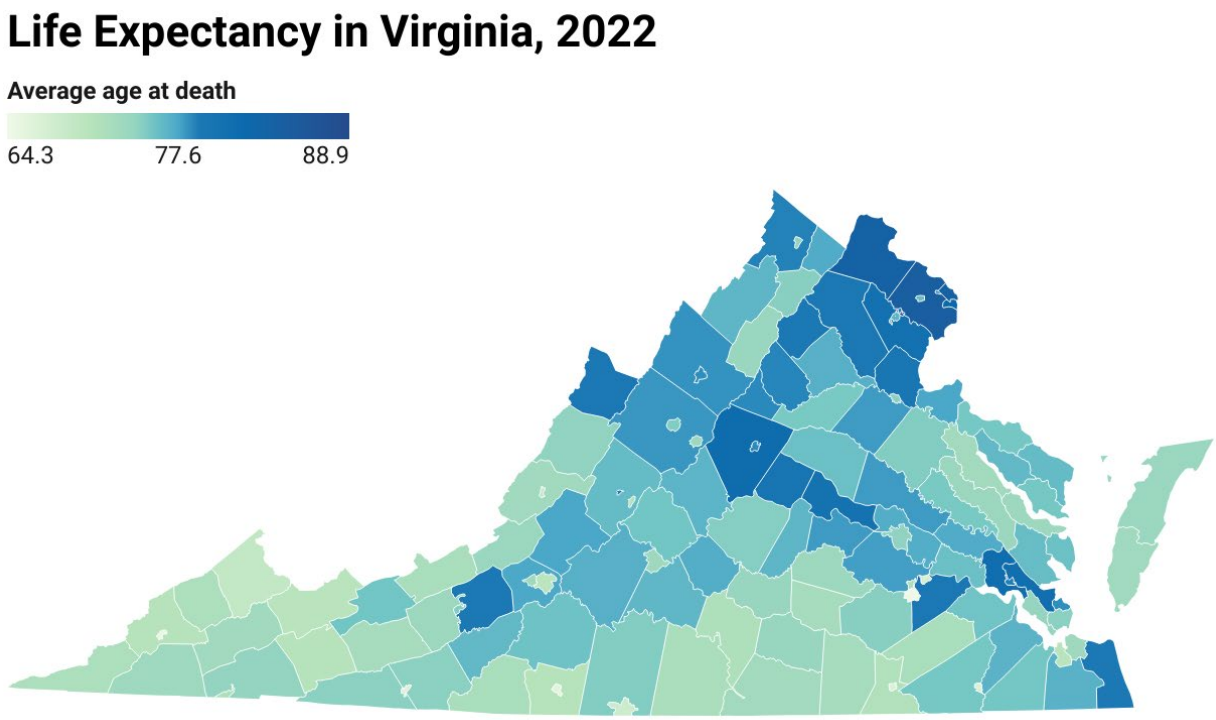
FIGURE 1. Average life expectancy in Virginia decreased by 1.9 years between 2017 and 2022



SOURCE: JCHC staff analysis of County Health Rankings Data, 2025.

Life expectancy varies across Virginia's localities. For example, in Manassas Park, the locality with the highest life expectancy in Virginia in 2022 (88.9 years), individuals could expect to live nearly 25 years longer than those in Petersburg, the locality with the lowest life expectancy in Virginia (64.3 years). In 2022, the 25 percent of Virginia localities with the highest life expectancy ranged from 88.9 years in Manassas Park to 77.6 years in Botetourt County, while the 25 percent of Virginia localities with the lowest life expectancy ranged from 73.2 years in Salem to 64.3 years in Petersburg (see APPENDIX 1 for life expectancy by locality). Seventy-three percent of localities in Virginia have a life expectancy that falls below the state average of 77.6 years, with longer life expectancies concentrated in Northern Virginia and areas of Central Virginia while localities in the Southwest and Southern regions have lower life expectancies (FIGURE 2).

FIGURE 2. Seventy-three percent of Virginia localities have a life expectancy that falls below the state average of 77.6 years



SOURCE: JCHC staff analysis of County Health Rankings Data, 2025.

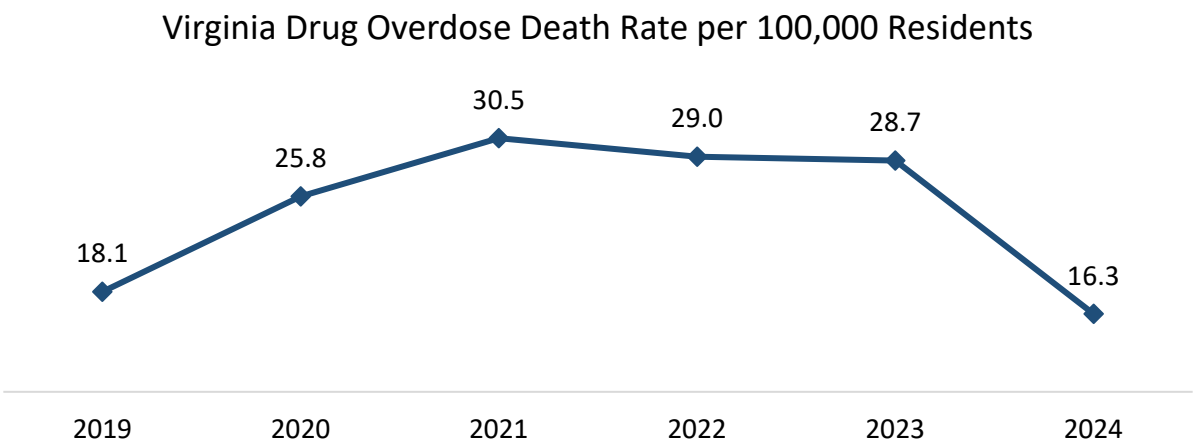
Between 2017 and 2022, 25 percent of Virginia localities with the highest average life expectancy saw an average 1.3-year reduction in life expectancy. In Lexington, life expectancy increased by 4.4 years, while it decreased by 4 years in Williamsburg. At the same time, 25 percent of localities with the lowest life expectancy saw an average 3.1-year reduction in life expectancy, with life expectancy in Covington increasing by 2.0 years and life expectancy in Norton declining by 9.1 years. For localities ranked in the bottom 25 percent, average life expectancy declined more than twice the rate of the top 25 percent of localities.

Significant increases in drug overdose deaths negatively impacted life expectancy between 2019 and 2021

Beginning in 2019, the significant increase in rates of drug overdose deaths contributed to a reduction in average life expectancy in the Commonwealth. The overdose death rates rose from 18.1 per 100,000 residents in 2019 to 30.5 per 100,000 residents in 2021 (FIGURE 3). Between 2021 and 2023, the number of drug overdose deaths in Virginia stabilized, with an average of about one fewer drug overdose death per 100,000 residents each year. Between

2023 and 2024 the number of drug overdose deaths in Virginia declined by 43 percent to 16.3 drug overdose deaths per 100,000 residents.

FIGURE 3. Virginia's drug overdose death rates have changed significantly since 2019



SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

Most of the increase in drug overdose deaths between 2019 and 2021 was due to illicitly manufactured fentanyl. Virginia implemented multiple evidence-based strategies in response to the fentanyl epidemic, including enhanced data collection, targeted education efforts for youth, expansive harm reduction strategies, increased access to treatment services, and the distribution of opioid settlement funds to support local opioid abatement and remediation opportunities. These changes likely contributed to the gradual and then increasingly rapid decline in drug overdose deaths between 2021 and 2024.

COVID-19 contributed to the decline in life expectancy in Virginia

The COVID-19 pandemic also had an impact on Virginia's average life expectancy. Between March 2020, when data collection began, and 2023, 23,769 Virginians died of infection from the COVID-19 virus. The COVID-19 pandemic also indirectly contributed to increased mortality as it placed strains on the health care system, often limiting access to preventative care and over-burdening emergency care. Many Virginians delayed or avoided non-emergency health care services, such as annual check-ups and primary care visits, missing opportunities for prevention or timely management of acute and chronic diseases. These disruptions to health care, combined with increased stress, anxiety, social isolation, and job loss, weakened health system structures, and exacerbated health disparities, resulting in increased prevalence of multiple chronic conditions in the Commonwealth.

The percentage of Virginia adults diagnosed with chronic conditions has increased in the last five years

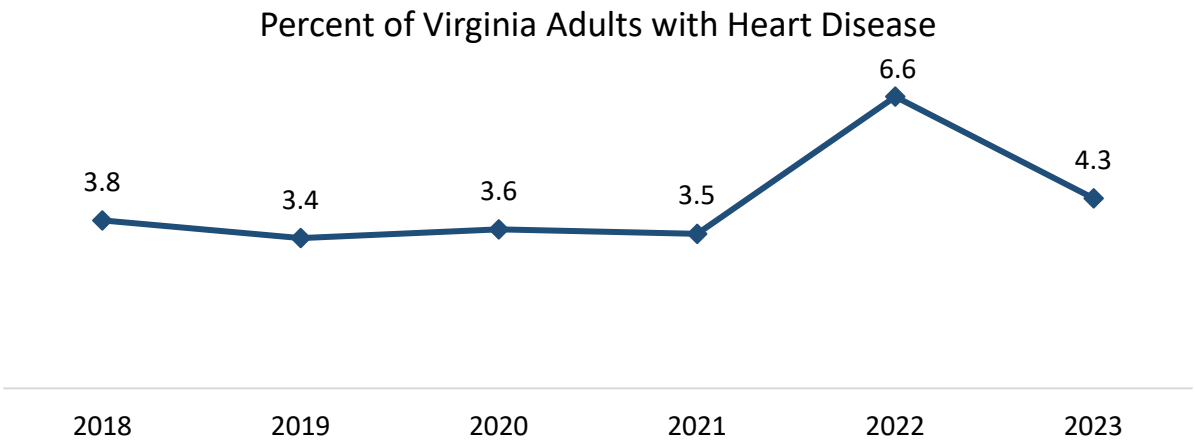
Chronic conditions, such as heart disease, diabetes, and hypertension, are health conditions that last for extended periods of time and require continuous medical attention. These conditions share common risk factors, including smoking, poor nutrition, reduced physical activity, obesity, and excessive substance use. In addition to these risk factors, the COVID-19 pandemic exacerbated the prevalence of chronic health conditions, contributing to noticeable increases in diagnoses in 2022. The aging population in Virginia is also important for context when examining trends in chronic conditions. The prevalence of heart disease, diabetes, and hypertension increases with age, and the proportion of Virginia's population aged 65 years and older is growing, from 15.0 percent of the Commonwealth's total population in 2017 to 17.2 percent in 2023.

The proportion of Virginia adults who have heart disease increased since 2018, peaking in 2022

Heart disease refers to a broad range of conditions that affect the heart and blood vessels. Heart disease can reduce quality of life, due to increased risk of cardiovascular complications and disability, and increase risk of death. In fact, heart disease has been the leading cause of death in Virginia since 2018, with 16,449 Virginia adults dying from heart disease in 2023.

The percentage of adults living with heart disease in Virginia increased overall from 3.8 percent in 2018 to 4.3 percent in 2023 (FIGURE 4). In 2022, the percentage of individuals diagnosed with heart disease nearly doubled from the year prior, with 6.6 percent of adults in the Commonwealth having a heart disease diagnosis. This follows national trends in the prevalence of heart disease and is a result of increasing cardiovascular risk factors, such as obesity and hypertension, as well as the impact of COVID-19.

FIGURE 4. The proportion of Virginia adults diagnosed with heart disease increased between 2018 and 2023



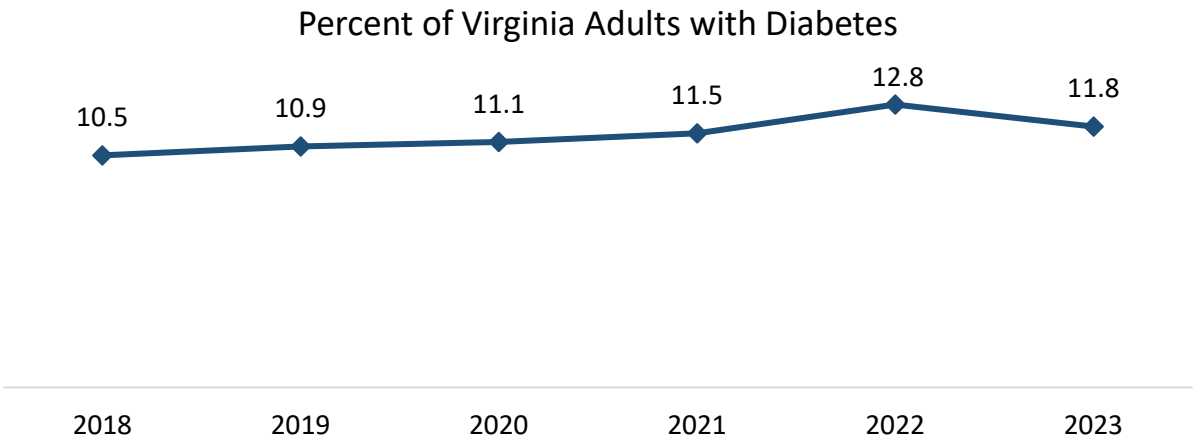
SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

Prevalence of diabetes among adult Virginians increased by 1.3 percentage points between 2018 and 2023

Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar) that contributes to conditions like cardiovascular disease and obesity that worsen quality of life and reduce life expectancy. There are two types of diabetes: Type I is an autoimmune condition in which the body does not produce enough insulin, the hormone that helps the body use and break down sugar; Type II diabetes occurs when the body cannot use insulin effectively, resulting in high blood sugar levels. The measures of diabetes presented in this report are combined, representing the proportion of Virginia adults who have either Type I or Type II diabetes.

The percentage of adults with diabetes diagnosis followed similar trends as heart disease, with a 1.3 percentage point increase in the number of Virginia adults with the condition between 2018 and 2023 (FIGURE 5) and a peak in the prevalence of the condition in 2022.

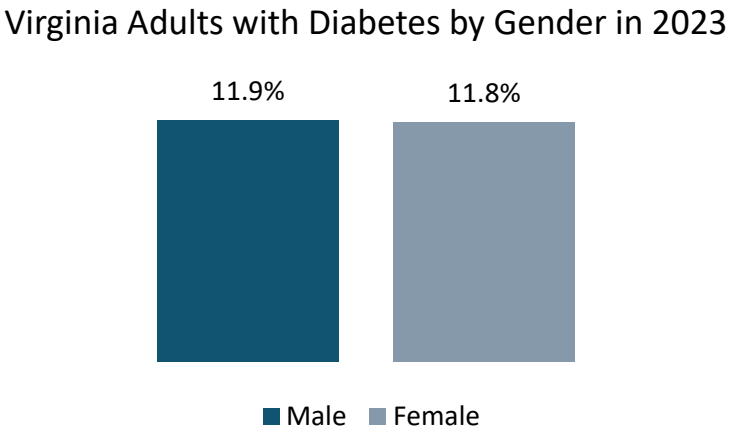
FIGURE 5. The proportion of Virginia adults diagnosed with diabetes increased by more than 1 percentage point between 2018 and 2023



SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

In 2023, adult males and females had almost equivalent likelihood of having diabetes, with about 12 percent of each group living with the condition (FIGURE 6).

FIGURE 6. In 2023, diabetes prevalence was about the same in adult males and adult females in Virginia

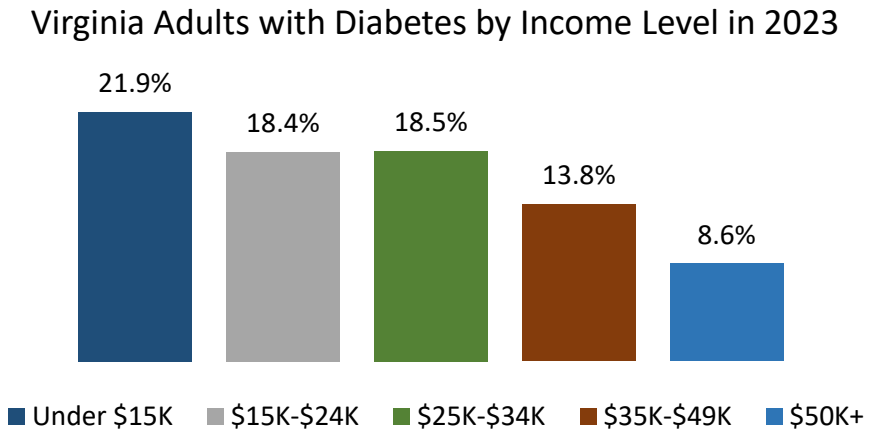


SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

About 22 percent of adults with an annual income below $15,000 were living with diabetes in 2023, compared to 8.6 percent of adults who make over $50,000 per year (FIGURE 7). The prevalence of Type II diabetes increases with each decrease in income level, as fewer economic resources lessen opportunities for diabetes patients to appropriately treat and

manage their condition. Individuals with lower incomes may have limited access to healthy foods, experience financial burdens in accessing treatment and disease management options and are more likely to live in areas without the necessary environmental structures for adequate physical activity.

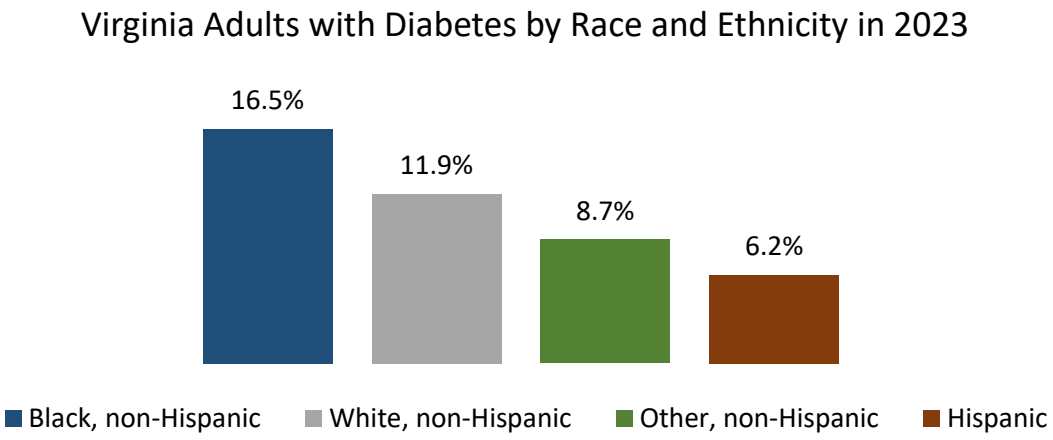
FIGURE 7. Adults with lower incomes are more likely to have diabetes



SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

Black, non-Hispanic individuals are more likely to have diabetes than other racial and ethnic groups in the Commonwealth. Across Virginia, 16.5 percent of Black, non-Hispanic individuals are living with diabetes, compared to 11.9 percent of the white, non-Hispanic population, 8.7 percent of other racial/ethnic populations, and 6.2 percent of the Hispanic population (FIGURE 8). Black, non-Hispanic Virginians are more likely to live in communities with fewer full-service grocery stores and fewer recreational areas, directly impacting healthy food and physical activity opportunities that help combat Type II diabetes. Additionally, Black, non-Hispanic adults experience higher rates of obesity, one of the major risk factors for Type II diabetes.

FIGURE 8. In 2023, Black, non-Hispanic Virginia adults were most likely to be living with diabetes

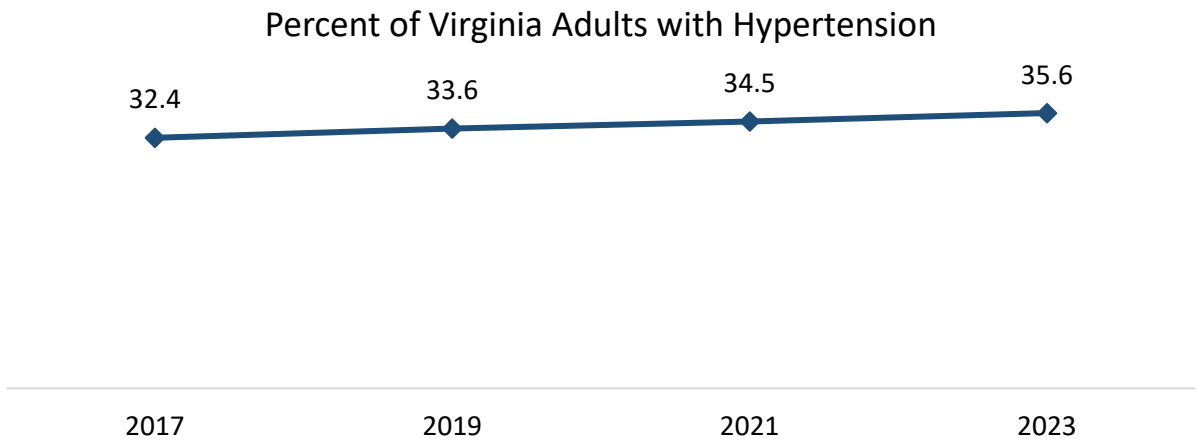


SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

The percentage of Virginia adults living with hypertension has steadily increased since 2017

Hypertension, or elevated blood pressure, is a condition where the pressure in a person's blood vessels is consistently too high and can lead to serious health issues, such as stroke and heart attacks. It is defined as a systolic blood pressure of more than 130 mm Hg or diastolic blood pressure of over 80 mm Hg. The prevalence of hypertension in Virginia adults has increased from 32.4 percent in 2017 to 35.6 percent in 2023 (FIGURE 9).

FIGURE 9. The proportion of Virginia adults diagnosed with hypertension increased by 3.2 percentage points between 2017 and 2023

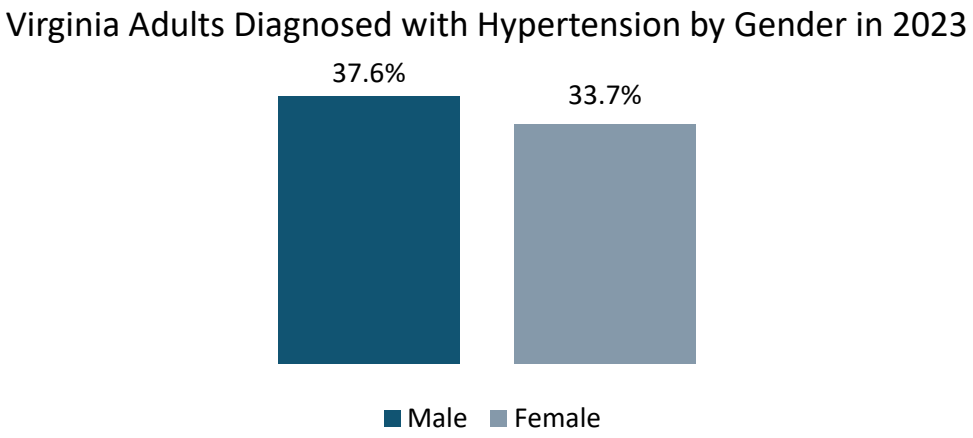


SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

This gradual rise in hypertension diagnoses among Virginia adults is attributed to a host of factors, including changes in the clinical definition of hypertension, age distribution shifts, and changes in lifestyle factors. The largest increase in hypertension prevalence was from 32.4 percent in 2017 to 33.6 percent in 2019, following publication of new guidelines by the American College of Cardiology and American Heart Association recommending a lower blood pressure target for diagnosis. This change led to more adults being classified as hypertensive, resulting in higher prevalence rates for Virginia adults.

Certain population groups are also consistently more affected by hypertension than others. In Virginia, male adults are more likely to have hypertension than females. In 2023, 37.6 percent of male adults reported a hypertension diagnosis, compared to 33.7 percent of female adults (FIGURE 10).

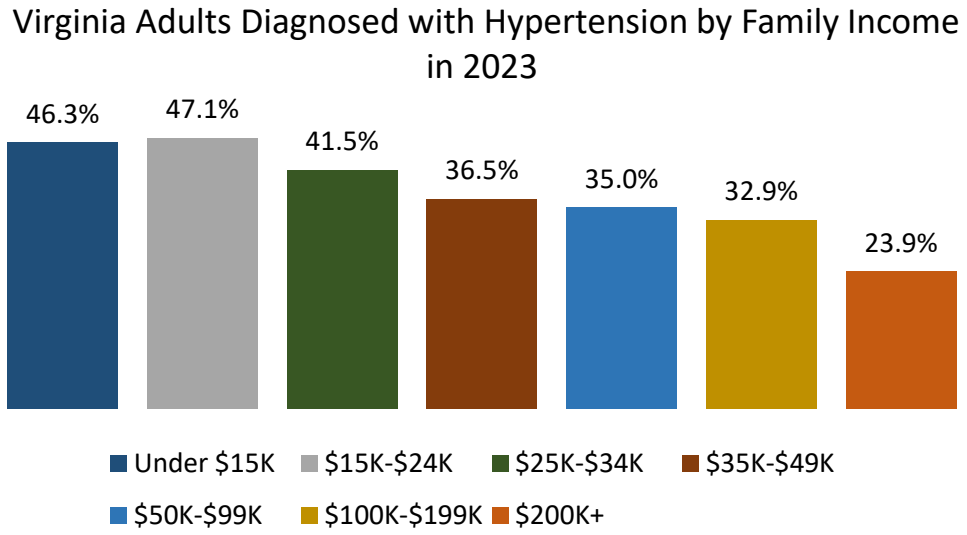
FIGURE 10. Adult males are more likely to have hypertension than adult females in Virginia



SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

Almost half (46.3 percent) of adults with an annual family income below $15,000 were living with hypertension in 2023, compared to less than 35 percent of adults who make $50,000 or more per year (FIGURE 11). Evidence shows that for every percentage increase in the proportion of a population with incomes below 125 percent of the federal poverty level (FPL) in a community, the prevalence of hypertension increases by 2.6 percent. As a result, low income has been used an indicator of hypertension "hotspots," or populations at higher risk of hypertension than the state average.

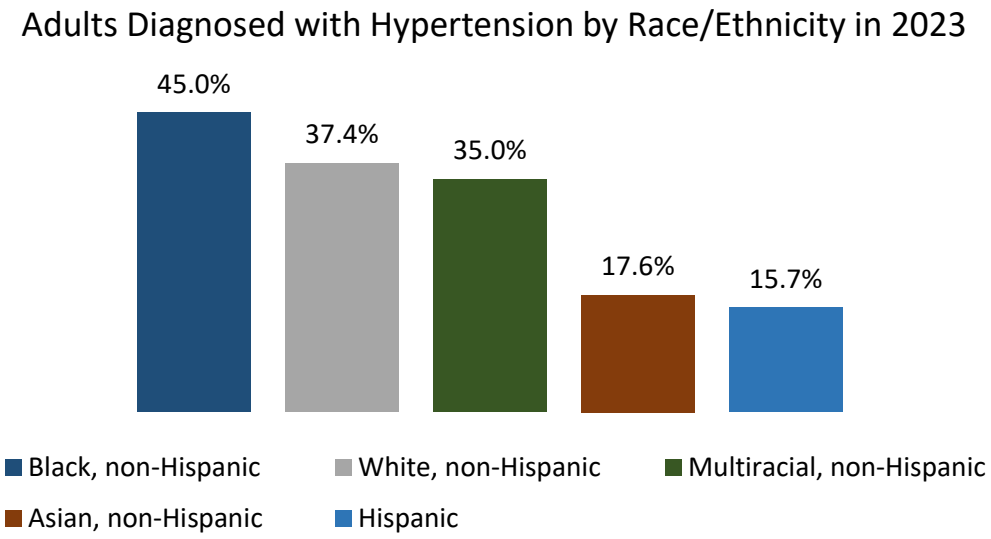
FIGURE 11. Adults with lower annual family incomes are more likely to have hypertension



SOURCE: JCHC staff analysis of Behavioral Risk Factor Surveillance System data, 2025.

Black, non-Hispanic individuals are more likely to be diagnosed with hypertension than Virginians in other racial and ethnic groups. Statewide, 45 percent of Black, non-Hispanic individuals are living with hypertension (FIGURE 12) compared to 17.6 percent of the Asian, non-Hispanic population and 37.4 percent of the White, non-Hispanic population.

FIGURE 12. Non-Hispanic Black adults have the highest rates of hypertension in Virginia

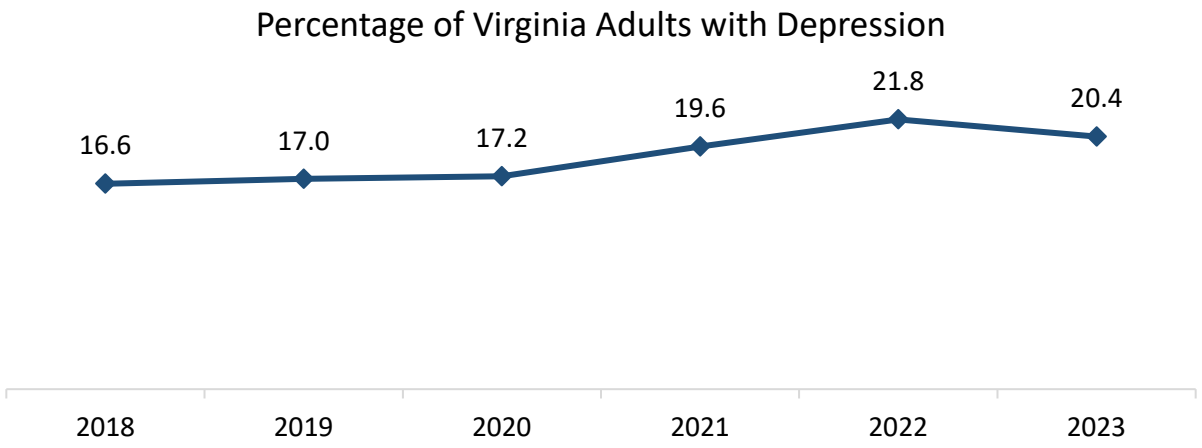


NOTE: Data for American Indian or Alaskan Native, non-Hispanic and Native Hawaiian or other Pacific Islander, non-Hispanic are not included due to data suppression.
SOURCE: JCHC staff analysis of CDC Behavioral Risk Factor Surveillance System data, 2025.

The proportion of Virginia adults diagnosed with depression has increased by almost four percentage points since 2018

Depression is a chronic mental health condition characterized by persistent sadness and loss of interest, which can harm the long-term health of an individual. This condition has effects on the physical, cognitive, and behavioral health of individuals, causing fatigue, loss of or reduced productivity at work or school, neglected self-care and hygiene, and social withdrawal. Depression can happen at any age and can last for extended periods of time. Depression can also reduce life expectancy, primarily due to increased risks of chronic conditions, suicide, and poorer adherence to medical treatments. In Virginia, the percentage of adults living with depression increased from 16.6 percent in 2018 to 20.4 percent in 2023. There was a peak in diagnoses of depression in 2022, with 21.8 percent of Virginia adults living with the condition (FIGURE 13).

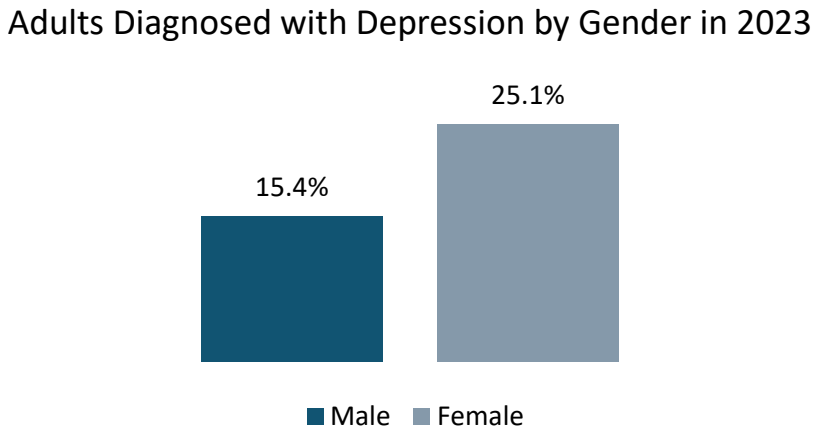
FIGURE 13. The proportion of Virginia adults diagnosed with depression increased by almost 4 percentage points between 2018 and 2023



SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

In 2023, adult females in Virginia were over 10 percentage points more likely to have depression than males (FIGURE 14). Female adults are more likely to seek treatment and report symptoms of depression, leading to a higher rate of diagnosis than their male counterparts.

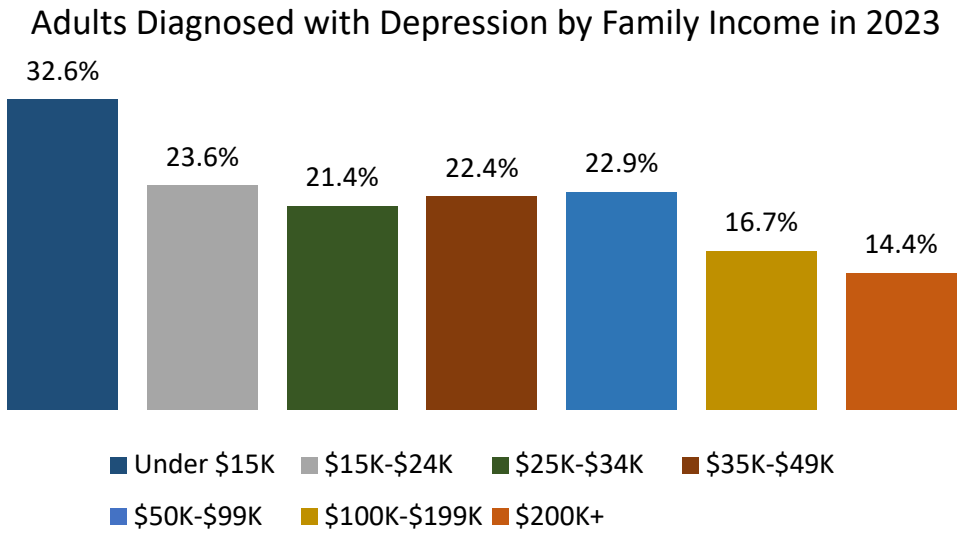
FIGURE 14. Adult females are more likely to have depression than adult males in Virginia



SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

Adults with lower annual household incomes are more likely to have depression. Nearly 33 percent of adults making less than $15,000 are living with depression, compared to less than 20 percent of adults making $100,000 or more (FIGURE 15). Lower socioeconomic status is associated with higher depression prevalence, as those with fewer financial resources are less able to address health concerns and other social stressors that can exacerbate the onset of depression. Cost barriers and limited availability of affordable treatment options in the Commonwealth also prevent individuals from accessing care for this condition.

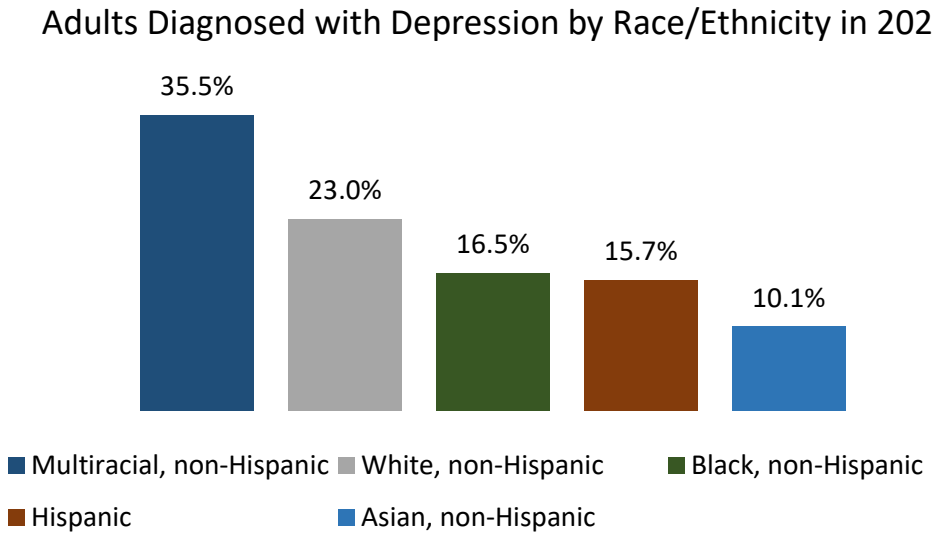
FIGURE 15. Adults with lower annual incomes are more likely to have depression



SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

Multiracial, non-Hispanic adults in Virginia are most likely to be diagnosed with depression, as 35.5 percent of this population was living with the condition in 2023, compared to 23 percent of white, non-Hispanic adults, 16.5 percent of Black, non-Hispanic adults, and 10.1 percent of Asian, non-Hispanic adults (FIGURE 16). The multiracial population may face compounded socioeconomic challenges to mental health care access similar to other racial and ethnic minority groups. A lack of strong social networking and support can worsen stressors related to belonging and societal acceptance, resulting in profound impacts on the risk of depression.

FIGURE 16. Multiracial, non-Hispanic Virginia adults have the highest rates of depression in Virginia

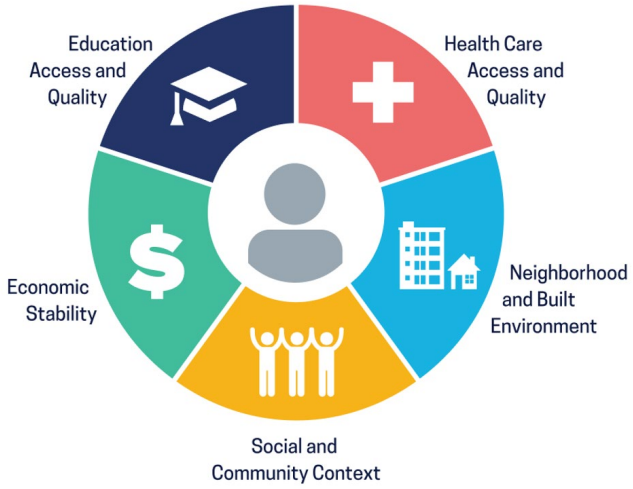


SOURCE: JCHC staff analysis of Virginia Department of Health data, 2025.

Social determinants of health impact life expectancy and health outcomes

Social determinants of health (SDOH) - the socioeconomic factors that are the characteristics of communities and conditions in which people are born, grow, work, live, and age – affect health, well-being, and life expectancy. SDOH fall into five broad domains, each of which affect individual health: educational access and quality, economic stability, social and community context, neighborhood and built environment, and health care access and quality (FIGURE 17). These upstream factors account for 30 to 55 percent of the variations in a person's health outcomes. Understanding the differences in SDOH across communities can help explain why life expectancy varies across populations in Virginia.

FIGURE 17. The social determinants of health (SDOH) are comprised of five broad domains, each representing unique upstream factors that affect health



SOURCE: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

When resources are unevenly distributed and invested in communities, individuals living and working within those communities experience SDOHs differently. People who reside in neighborhoods with poor access to educational opportunities and poor economic stability are more likely to have low household incomes and limited opportunities to improve their health. Built environments that do not prioritize health and well-being, such as those that provide little access to safe spaces for exercise or that contribute to transportation-related or other barriers to accessing health care and other services, can also contribute to health disparities and negatively impact health outcomes and life expectancy. Poor access to health care services and poor health care quality – a domain of SDOH – also negatively impact health and health outcomes. Lack of equitable access to health care leads to higher rates of chronic diseases, increased mortality, and overall worse health outcomes, especially for those under 65.

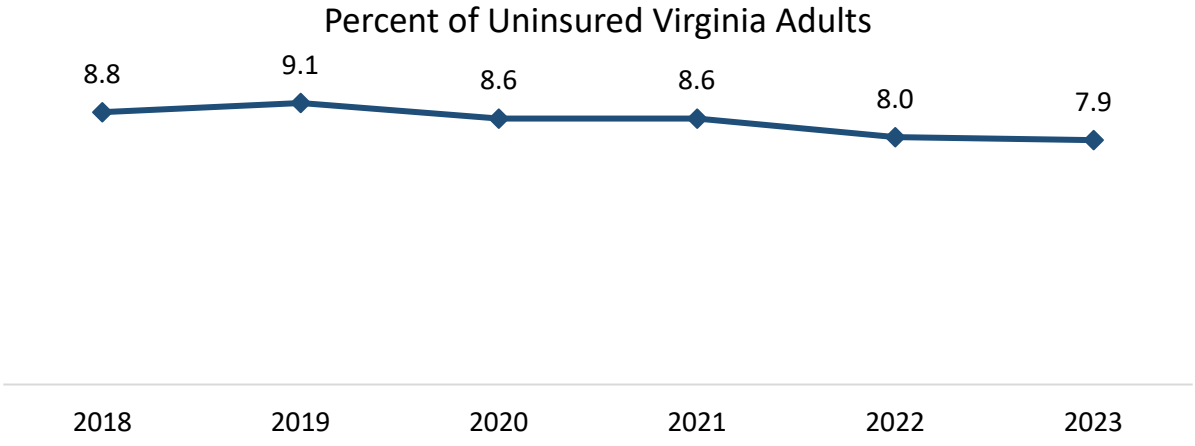
Financial access to health care services, including health insurance coverage and health care affordability, are key components of the health care access and health care quality domain of SDOH. Lack of financial access to health care can present challenges for individuals trying to manage their health in an efficacious manner. For example, uninsured adults are less likely to receive preventative care that has the potential to reduce premature death and avoidable health conditions. Uninsured individuals are also more likely to face challenges with managing chronic conditions, further contributing to poor health outcomes and exacerbating downward trends in life expectancy. Research shows that the longer an individual has health insurance coverage, the less likely they are to report poorer health status; each additional two years of health insurance coverage reduced the chance of poor health by 10 percent for some individuals.

Improving financial access to health care can improve health outcomes and life expectancy as individuals are better able to access services to prevent health problems or intervene quickly when health problems arise. Understanding factors that influence financial access to health care is important in understanding the conditions that contribute to sicker individuals and communities, and in turn, the opportunities that exist to improve the health and wellbeing of Virginians.

The percentage of adults in Virginia without health insurance coverage has decreased since 2018

Expanding and maintaining health insurance coverage is an evidence-based strategy for achieving better individual and population health outcomes and reducing health disparities. Health insurance coverage can be purchased from a private health insurance provider, either directly or indirectly through an employer. Government programs such as Medicaid also offer low-to-no cost health insurance coverage for qualifying individuals. Affordability is the primary determinant of whether Virginia residents obtain health insurance coverage. As more affordable health insurance options have become available, the percentage of Virginians who are uninsured has decreased, from 8.8 percent in 2018 to 7.9 percent in 2023 (FIGURE 18).

FIGURE 18. The proportion of Virginia adults without health insurance coverage decreased between 2018 and 2023



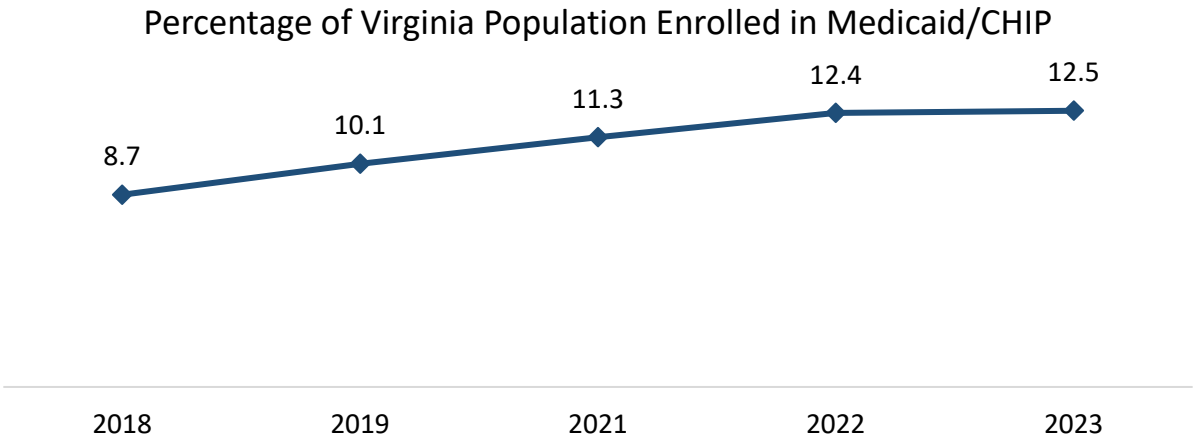
SOURCE: JCHC staff analysis of Health Access Data Assistance Center data, 2025.

Medicaid enrollment in Virginia has increased since 2018

Medicaid/Children's Health Insurance Program (CHIP) is the joint federal and state program that provides health coverage to 1.8 million Virginians, including over 700,000 children. The base Medicaid program is available to adults in specific "categorically eligible"

groups, such as parents of dependent children with household incomes of up to 38 percent of the federal poverty level (FPL), individuals with disabilities, or the elderly. Virginia's Medicaid program also provides health coverage for adults ages 19–64 who do not meet categorical eligibility requirements and whose household income is at or below 138 percent of the FPL. For children under 19, the Family Access to Medical Insurance Security (or FAMIS), a CHIP program, provides coverage for children if the household income is up to 205 percent FPL. The proportion of Virginia's population receiving health insurance coverage through Medicaid/CHIP increased from 8.7 percent in 2018 to 12.5 percent in 2023 (FIGURE 19), primarily due to expansion of the Commonwealth's Medicaid program consistent with the Affordable Care Act, starting January 1, 2019.

FIGURE 19. Enrollment in Medicaid/CHIP increased between 2018 and 2023

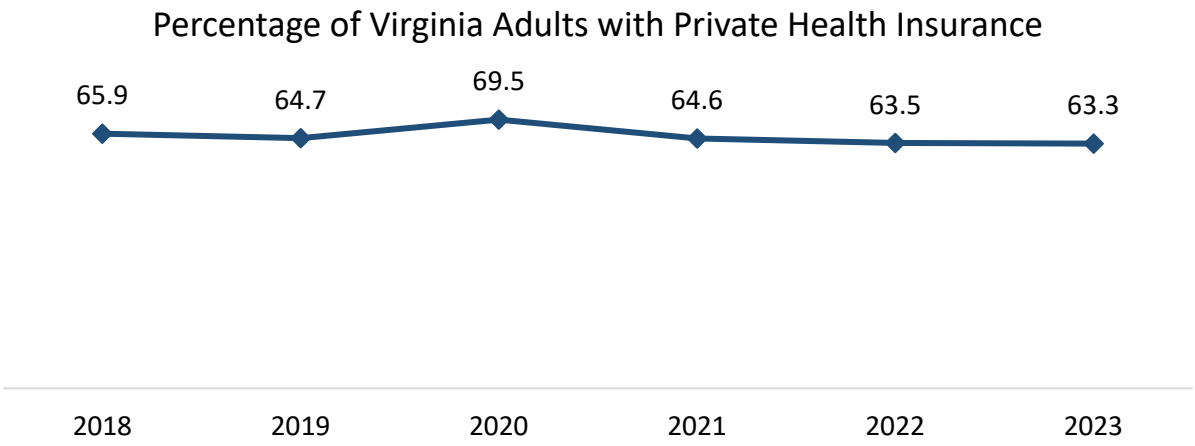


NOTE: Data for 2020 were not officially released by the U.S. Census Bureau due to pandemic-related disruptions to data collection and resulting problems with data quality.
SOURCE: JCHC staff analysis of Health Access Data Assistance Center data, 2025.

Percentage of Virginians covered by private health insurance is declining

The increase in access to more affordable health insurance coverage options, coupled with the rising cost of premiums and out-of-pocket costs for private health insurance, has led some Virginians to choose options other than private health insurance. As a result, the percentage of the Virginia population covered by private health insurance decreased from 65.9 percent in 2018 to 63.3 percent in 2023 (FIGURE 20).

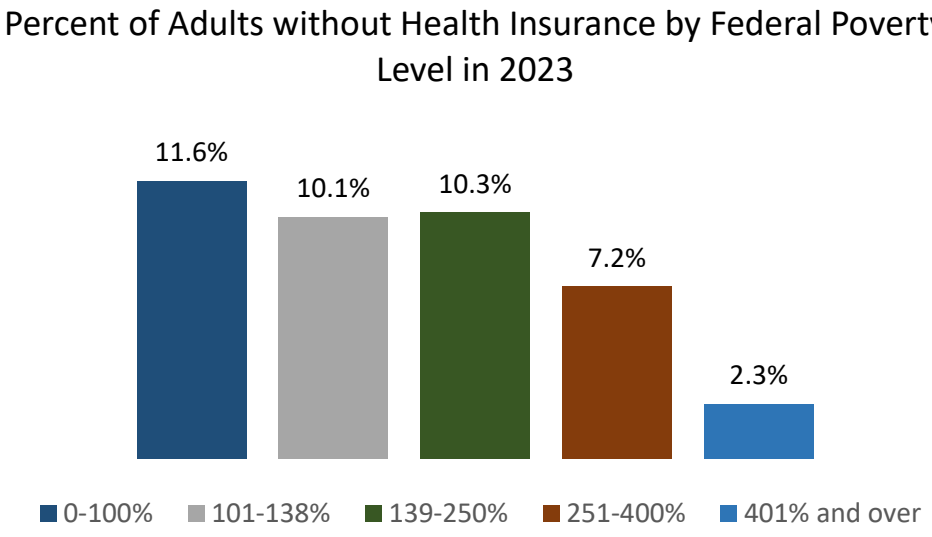
FIGURE 20. The proportion of Virginia adults covered by private health insurance decreased between 2018 and 2023



SOURCE: JCHC staff analysis of Health Access Data Assistance Center data, 2025.

The impact of the cost of health insurance on access to coverage is especially important to consider for low-income individuals, who are more likely to experience challenges paying insurance costs and are, therefore, more likely to be uninsured than higher earners (FIGURE 21).

FIGURE 21. In 2023, adult Virginians with lower incomes were more likely to be uninsured



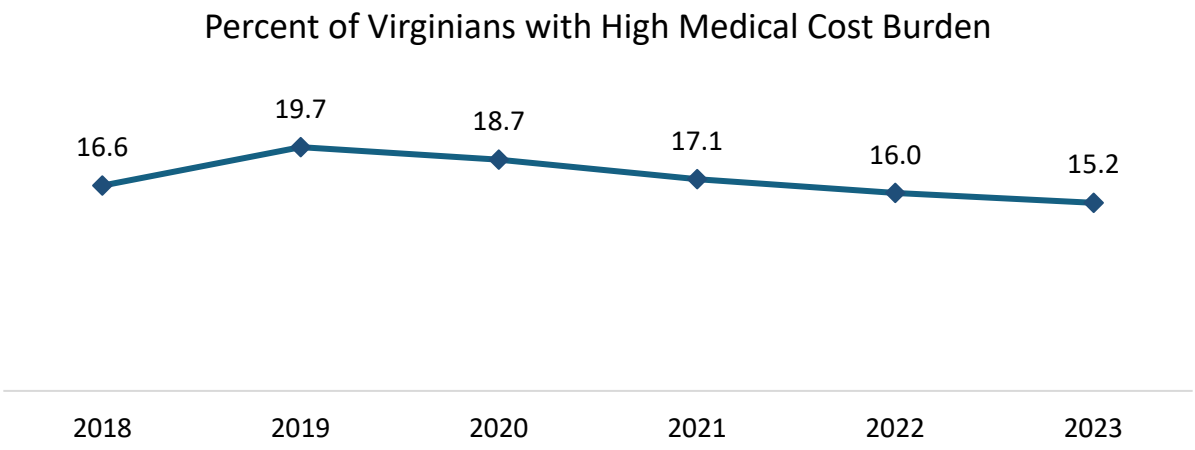
SOURCE: JCHC staff analysis of Health Access Data Assistance Center data, 2025.

Despite increasing rates of health insurance coverage, some Virginians still face cost-related barriers to health care

The percentage of Virginians experiencing high medical cost burden (SIDEBAR), meaning a substantial portion of their income was spent on medical costs, including health insurance premiums, has decreased over time, from a high of 19.7 percent in 2019 to 15.2 percent in 2023 (FIGURE 22).

A **high medical cost burden** is defined as out-of-pocket spending on health care, including premiums, equaling more than 10 percent of annual income for the civilian non-institutionalized population.

FIGURE 22. The percentage of Virginians with high medical cost burden decreased between 2019 and 2023



SOURCE: JCHC staff analysis of Health Access Data Assistance Center data, 2025.

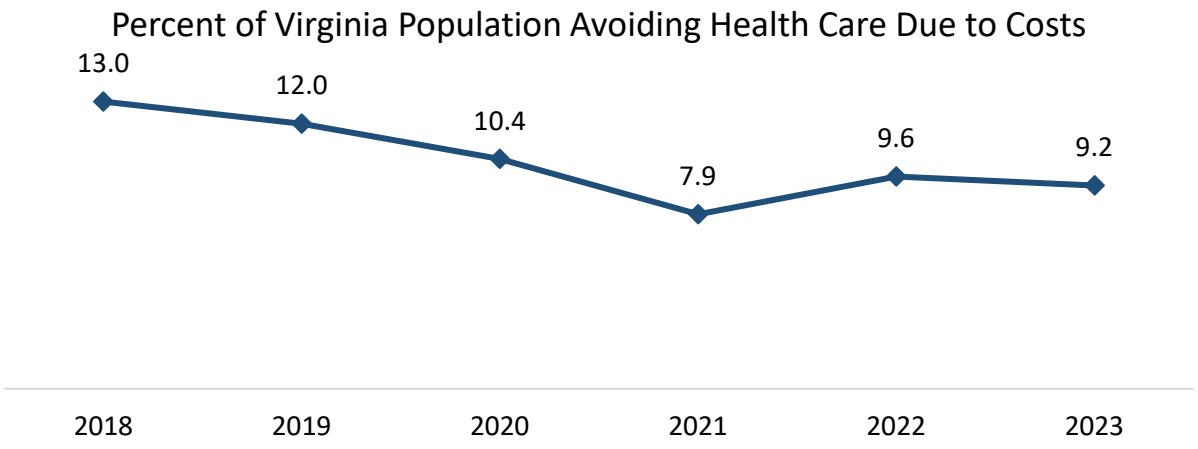
While this decrease indicates that more Virginians can access health care services, a portion of Virginians still face cost-related barriers to health care. Individuals enrolled in Medicaid are less likely than those covered by private health insurance to experience challenges in affording health care services, as there are no monthly premiums and copays for covered services. Although private health insurance coverage can reduce the cost of health care, high health insurance deductibles and out-of-pocket spending thresholds and expensive prescription drug costs can still create financial barriers to health care for covered individuals. Black and Hispanic adults, women, the uninsured, and those who already have medical/dental debt are also more likely to have issues affording their health care costs. Additionally, adults with chronic conditions, who have more substantial medication and health care needs, often face challenges in affording their prescriptions.

Health care spending varies across regions of the Commonwealth, with individuals in some regions paying more for certain services than individuals in other regions. For example, physician services account for at least 30 percent of total health care expenditures in Northern Virginia, whereas they only account for 16 percent of expenditures in the

Northwest and Southside regions. These regional disparities may indicate workforce constraints that limit access to health care services or disparities in access to health care for those of lower socio-economic status in each region. Individuals with lower income, less education, and limited social opportunities are less likely to access quality physician services and face greater cost burden associated with accessing medical care than their higher-income, more educated counterparts.

The high-cost burden of health care and limited health insurance coverage keeps some Virginians from accessing health care services. The current percentage of Virginians avoiding care due to cost is lower compared to 2018, but after several years of declining rates of individuals avoiding care due to cost, the rate has increased recently. In 2018, 13 percent of Virginians avoided health care due to cost. The rate decreased to a low of 7.9 percent in 2021, then increased to over nine percent in 2022 and 2023 (FIGURE 23).

FIGURE 23. The percentage of Virginians that avoided health care due to cost decreased by 3.8 percentage points between 2018 and 2023



SOURCE: JCHC staff analysis of Health Access Data Assistance Center data, 2025.

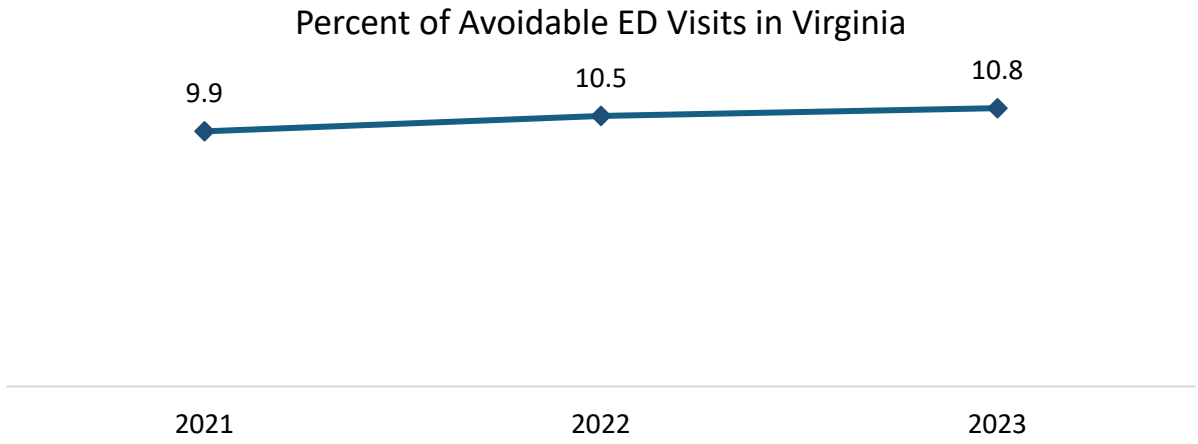
The percentage of potentially avoidable emergency department visits in Virginia has steadily increased since 2021

Virginia has worked to reduce unnecessary emergency department (ED) visits over the last several years. Financial and other barriers to accessing care may lead some individuals to use the ED to receive health care services instead of pursuing lower cost treatment options

in primary care or urgent care settings. Some patients facing financial and other barriers to health care may visit the ED because of its around-the-clock availability and the obligation of hospitals to treat patients under the Emergency Medical Treatment and Active Labor Act (SIDEBAR). Since 2021, potentially avoidable ED visits have increased by one percentage point in the Commonwealth (FIGURE 24).

The **Emergency Medical Treatment and Active Labor Act (EMTALA)** is a federal law, passed in 1986, that requires hospitals receiving Medicare funds to treat individuals who visit their emergency departments, regardless of a person's ability to pay. Participating hospitals are required to provide medical screening, stabilize patients, and transfer or accept patients as deemed appropriate.

FIGURE 24. Between 2021 and 2023, potentially avoidable emergency department visits increased one percentage point



SOURCE: JCHC staff analysis of Virginia Health Information data, 2025.

Unnecessary ED visits increase avoidable costs for health systems and patients, strain hospital resources, and can contribute to poor management of health conditions through lack of continuity in appropriate care. Unnecessary ED visits may also indicate that barriers to accessing other sources of health care are increasing for some individuals, leading them to use hospital EDs as their primary source of health care services.

Medicaid and Medicare patients are seen in EDs at a higher rate than patients with private health insurance. Increased use of EDs by Medicaid and Medicare members may occur because these populations have increased health risks and needs, but may also indicate non-financial barriers to accessing health care, including transportation issues, low health literacy, and provider shortages.

Reliance on EDs for access to health care can harm patients in the long term, as patients lack continuity of care to manage health conditions or forgo preventive care. Dependence on EDs for access to health care can also increase health care expenditures as the cost of these health care services is higher.

State policy interventions can improve life expectancy

In the last six years, life expectancy in Virginia has decreased by nearly two years, primarily driven by increased mortality of drug overdoses and the COVID-19 pandemic, and increasing rates of chronic disease. While policy interventions have contributed to a reduction in the number of drug overdoses and COVID-19 deaths in the Commonwealth, the impact of chronic disease continues to grow.

Addressing social determinants of health can reduce the impact of chronic disease on Virginia residents. Access to quality health care, one of five SDOHs, is improving for most Virginians, but financial barriers to health care continue to persist for some individuals. Individuals with low incomes are likely to lack health insurance coverage, primarily due to cost. Black and Hispanic adults, women, the uninsured, and those who already have medical/dental debt are also more likely to have issues affording health care. Lack of health insurance and other financial barriers to accessing health care contribute to continued growth in rates of four major chronic conditions – heart disease, hypertension, diabetes, and depression - that contribute to decreasing life expectancy over time.

Virginia can leverage state policy strategies to improve life expectancy by continuing to investigate the causes of increasing chronic disease prevalence and the factors that influence health care accessibility in the Commonwealth. Addressing the rising rates of chronic disease, the barriers to health care that exist for certain populations, and the increase in unnecessary emergency department visits are areas that JCHC members may wish to explore in the future. These topics provide opportunities to improve the life expectancy and overall wellbeing of Virginians through policy action.

Appendix 1: Life expectancy in selected Virginia localities

TABLE 1: The top 25 percent of Virginia localities by life expectancy in 2022

County/Locality	2019 County Value	2022 County Value	4-Year Difference
Manassas Park City	86.5	88.9	2.4
Fairfax	85.6	84.5	-1.1
Arlington	85.9	83.9	-2
Loudoun	84.7	83.8	-0.9
Alexandria City	84.1	82.2	-1.9
Albemarle	82.7	81.5	-1.2
James City	81.8	81.1	-0.7
York	82.2	80.9	-1.3
Prince William	82.4	80.6	-1.8
Goochland	81.0	80.2	-0.8
Fluvanna	80.1	79.7	-0.4
Stafford	80.1	79.3	-0.8
Fauquier	80.1	79.0	-1.1
Highland	81.3	78.9	-2.4
Prince George	81.0	78.9	-2.1
Rappahannock	81.0	78.8	-2.2
Lexington City	74.3	78.7	4.4
Montgomery	80.2	78.7	-1.5
Virginia Beach City	80.5	78.7	-1.8
Williamsburg City	82.6	78.6	-4
Frederick	80.1	78.5	-1.6
Madison	78.0	78.4	0.4
Charlottesville City	79.8	78.3	-1.5
Falls Church City	80.7	78.3	-2.4
Greene	79.5	78.3	-1.2
Harrisonburg City	80.0	78.2	-1.8
Poquoson City	79.0	78.2	-0.8
Rockingham	80.7	78.1	-2.6

TABLE 1, continued.

County/Locality	2019 County Value	2022 County Value	4-Year Difference
Augusta	80.8	78.0	-2.8
Hanover	79.6	77.9	-1.7
Powhatan	80.1	77.9	-2.2
Spotsylvania	79.7	77.9	-1.8
Chesterfield	79.2	77.8	-1.4
Botetourt	79.3	77.6	-1.7
King George	78.6	77.6	-1
Overall Average	**80.9**	**79.7**	**-1.3**

SOURCE: JCHC staff analysis of County Health Rankings data, 2025.

TABLE 2: The bottom 25 percent of Virginia localities by life expectancy in 2022

County/Locality	2019 County Value	2022 County Value	4-Year Difference
Norfolk City	75.4	73.3	-2.1
Northampton	76.4	73.2	-3.2
Salem City	75.5	73.2	-2.3
Alleghany	76.3	73.1	-3.2
Russell	74.7	73.1	-1.6
Essex	75.9	73.0	-2.9
Mecklenburg	74.6	73.0	-1.6
Brunswick	74.9	72.7	-2.2
Nottoway	75.0	72.6	-2.4
Wythe	75.8	72.6	-3.2
Giles	75.1	72.2	-2.9
Patrick	76.2	72.2	-4
Sussex	74.9	72.2	-2.7
Halifax	75.8	72.1	-3.7
Dickenson	73.7	71.9	-1.8
Lee	74.8	71.9	-2.9
Colonial Heights City	75.0	71.8	-3.2
Bristol City	74.6	71.7	-2.9

TABLE 2, continued.

County/Locality	2019 County Value	2022 County Value	4-Year Difference
Charlotte	74.8	71.7	-3.1
Greensville	74.1	71.4	-2.7
Buena Vista City	75.6	71.2	-4.4
Henry	76.1	70.9	-5.2
Smyth	73.6	70.8	-2.8
Wise	73.1	70.8	-2.3
Portsmouth City	74.6	70.5	-4.1
Tazewell	73.2	70.5	-2.7
Roanoke City	74.0	70.2	-3.8
Buchanan	74.0	69.4	-4.6
Covington City	67.1	69.1	2
Danville City	72.0	68.3	-3.7
Hopewell City	71.1	67.3	-3.8
Emporia City	69.7	66.8	-2.9
Franklin City	70.7	66.6	-4.1
Galax City	67.6	66.4	-1.2
Martinsville City	67.9	65.8	-2.1
Norton City	74.1	65.0	-9.1
Petersburg City	67.4	64.3	-3.1
Overall Average	**73.7**	**70.6**	**-3.1**

SOURCE: JCHC staff analysis of County Health Rankings data, 2025.

Appendix 2: Sources and methods

Literature review

JCHC staff conducted an abbreviated literature review to address the questions: (1) how has the state of health in Virginia changed between 2018 and 2023, and what factors contributed to this change; (2) what disparities exist and persist in the state that affect Virginians' health care availability and affordability; and (3) what topics could JCHC members consider to better understand and address the issues that are affecting Virginians' health.

Staff identified frequently-used words and phrases associated with selected health metrics in existing literature. Using these key terms, search phrases were created for questions (1) and (2):

(1) ("Virginia" AND ("health status" OR "public health" OR "health outcomes" OR "health trends" OR "population health" OR "chronic disease" OR "disease prevalence" OR "mortality" OR "morbidity" OR "health care spending" OR "hospitalizations" OR "health insurance" OR "health care providers") AND ("2021" OR "2022" OR "2023") AND (change* OR trend* OR increas* OR decreas* OR "year over year" OR "comparison" OR "contributing factors" OR "determinants" OR "risk factors"))

(2) ("barriers" OR "social determinants" OR "income" OR "poverty" OR "disparities") AND ("health" OR "health care" OR "clinic" OR "health service") OR ("health access" OR "health outcomes" OR "health care costs")

JCHC staff used these phrases to conduct an abbreviated literature search, identifying articles, government documents, and peer-reviewed studies that were of relevance to the report topic. Staff identified 31 articles which fit these criteria, and reviewed them in detail, identifying contextual information to explain trends in health conditions and accessibility for the specified period.

Data analysis

JCHC staff analyzed data from multiple sources to understand trends in health conditions, health care costs, and health insurance coverage in Virginia, including:

- County Health Rankings, which provides state- and local-level data on life expectancy across geographic areas in Virginia,
- Virginia Department of Health Chronic Disease data dashboard, which provides state- and local-level data on prevalence of health conditions across different population groups,
- Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System Prevalence Data, which provides state-level data on health conditions, health care accessibility, and health care affordability metrics across different populations groups,

- State Health Access Data Assistance Center State Health Compare Tool, which maintains state-level data on costs and insurance coverage status for individuals living in Virginia, and
- Virginia Health Information, which provides the amount of potentially avoidable emergency department visits in the state.

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