

Virginia Department of Health

Community Health Services Structure SJ-47

August 7, 2018

§ 32.1-30. Local Health Departments

- *Each county and city shall establish and maintain a local department of health which shall be headed by a local health director. Each such local health director shall be a physician licensed to practice medicine in this Commonwealth.*

§ 32.1-31 through 33. Three Options to Operate a Local Health Department

1. State & locality cooperatively operate and fund local health department
 - 93 counties
 - 36 cities
2. Locality independently operates and funds local health department
 - Two counties: Arlington, Fairfax
 - Two cities: Falls Church City, Fairfax City
3. State operates and funds local health department
 - No localities participate

Community Health Services

10 Core Service Areas

- Administration
- Chronic Disease
- Communicable Disease
- Local Dental
- Environmental Health
- Family Planning
- Immunization
- Maternal/Child Health
- Nutrition, and
- Personal Care Services

Local Government Agreement (LGA)

- The LGA service areas are specific to each jurisdiction, based on the needs and funding (options 1 & 2)

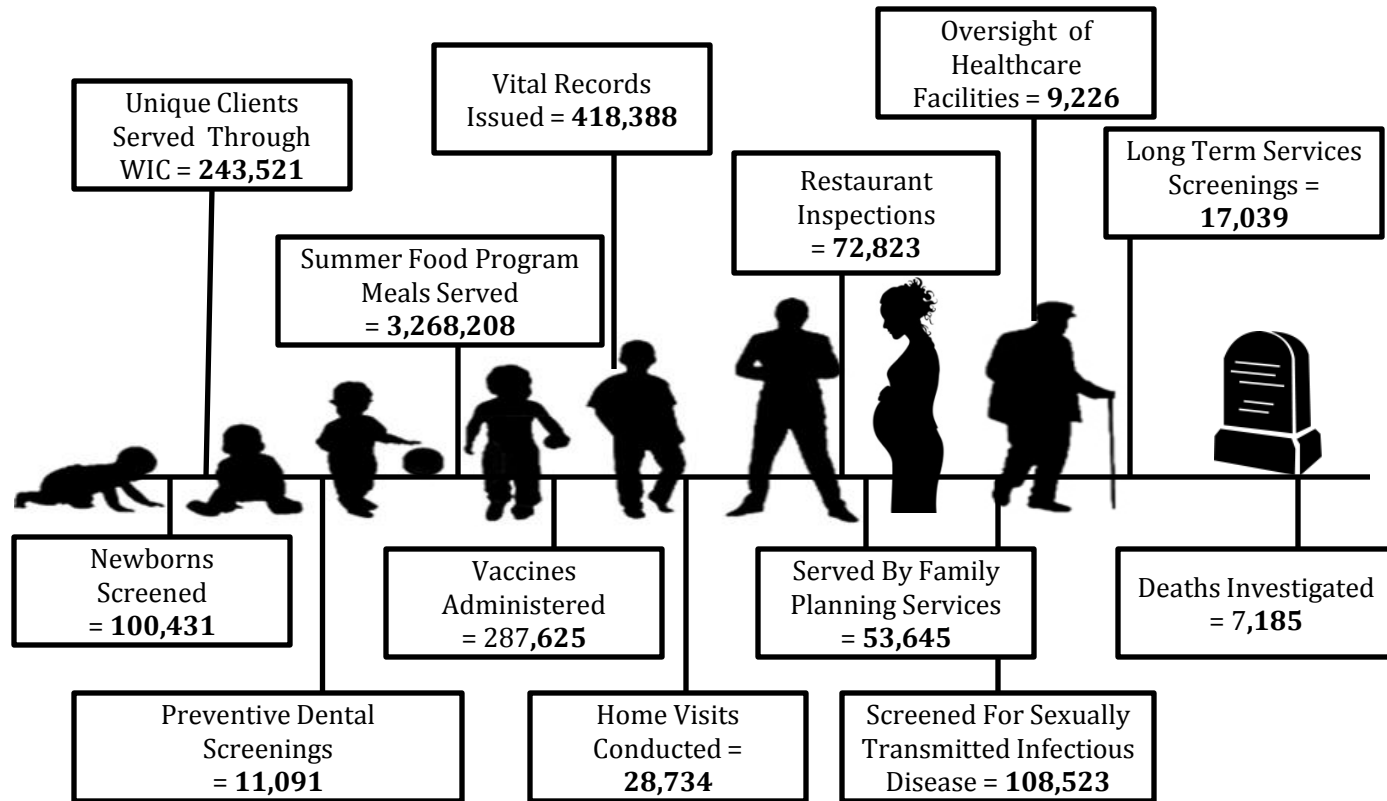
LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(1.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

BASIC PUBLIC HEALTH SERVICES TO BE **ASSURED** BY LOCAL HEALTH DEPARTMENTS
INCOME LEVEL A IS DEFINED BY THE BOARD OF HEALTH TO BE MEDICALLY INDIGENT. (32.1-11)

For Each Service Provided, Check Block for Highest Income Level Served			
COLLABORATIVE COMMUNITY HEALTH IMPROVEMENT PROCESS	Income A only	Defined by Federal Regulations	All (specify income level if not ALL)
Assure that ongoing collaborative community health assessment and strategic health improvement planning processes are established. To include public health, health care systems and community partners. As provided for in §32.1-122.03 Code Link- 32.1-122.03 State Health Plan Link Virginia Plan for Well-Being 2016-2020			X
COMMUNICABLE DISEASE SERVICES	Income A only	Defined by Federal Regulations	All (specify income level if not ALL)
Immunization of patients against certain diseases, including Childhood Immunizations As provided for in 32.1-46 Code Link- 32.1-46			X
Sexually transmitted disease screening, diagnosis, treatment, and surveillance 32.1-57, Districts may provide counseling Code Link- 32.1-57			X
Surveillance and investigation of disease 32.1-35 and 32.1-39 Code Links- 32.1-35 , 32.1-39 , 32.1-43			X
HIV/AIDS surveillance, investigation, and sero prevalence survey 32.1-36, 32.1-36.1, 32.1-39 Code Links- 32.1-36 , 32.1-36.1 , 32.1-39			X
Tuberculosis control screening, diagnosis, treatment, and surveillance 32.1-49, 32.1-50.1, and 32.1-54 Code Links- 32.1-49 , 32.1-50 , 32.1-50.1			X

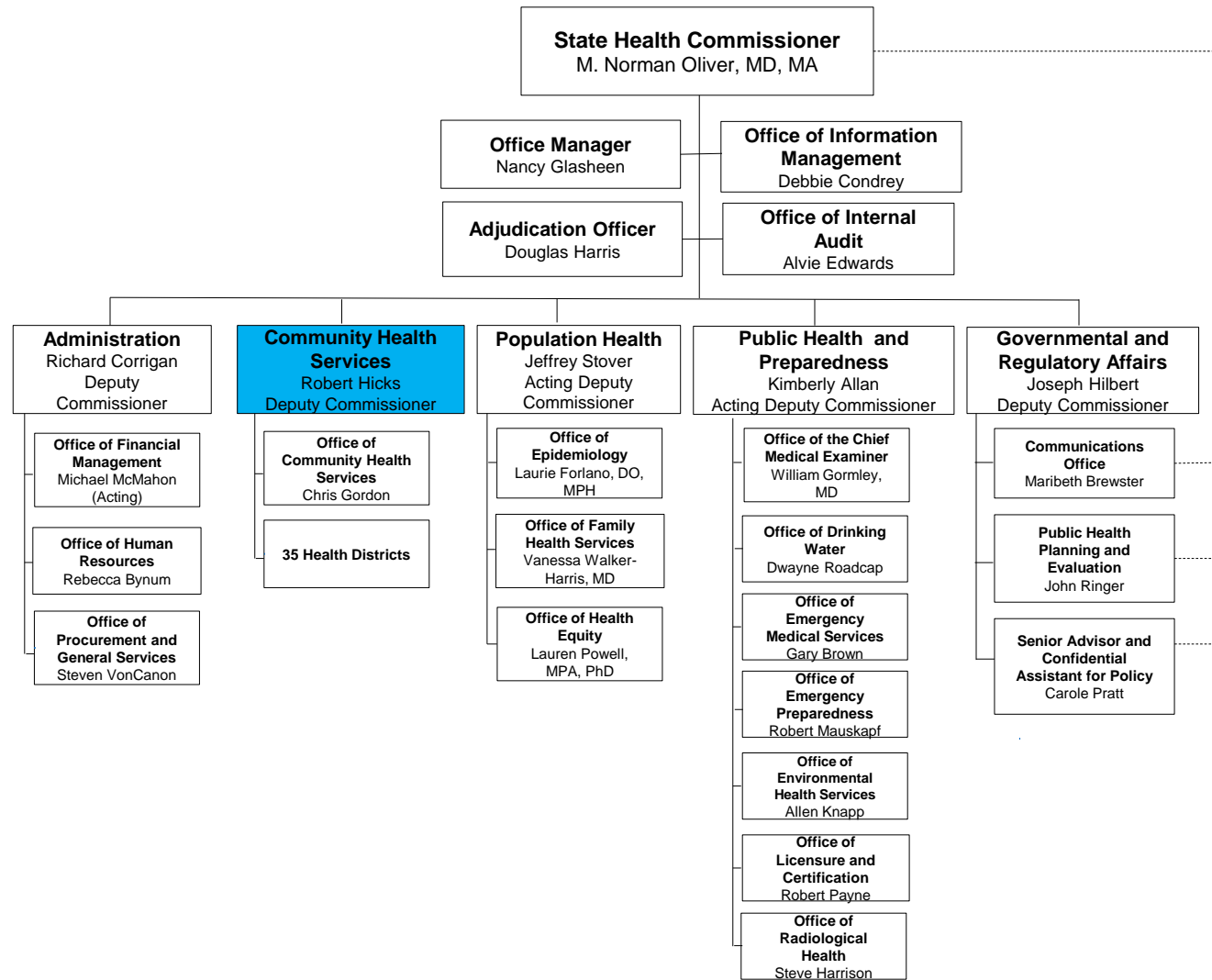
Lifespan Public Health Services



VIRGINIA DEPARTMENT OF HEALTH

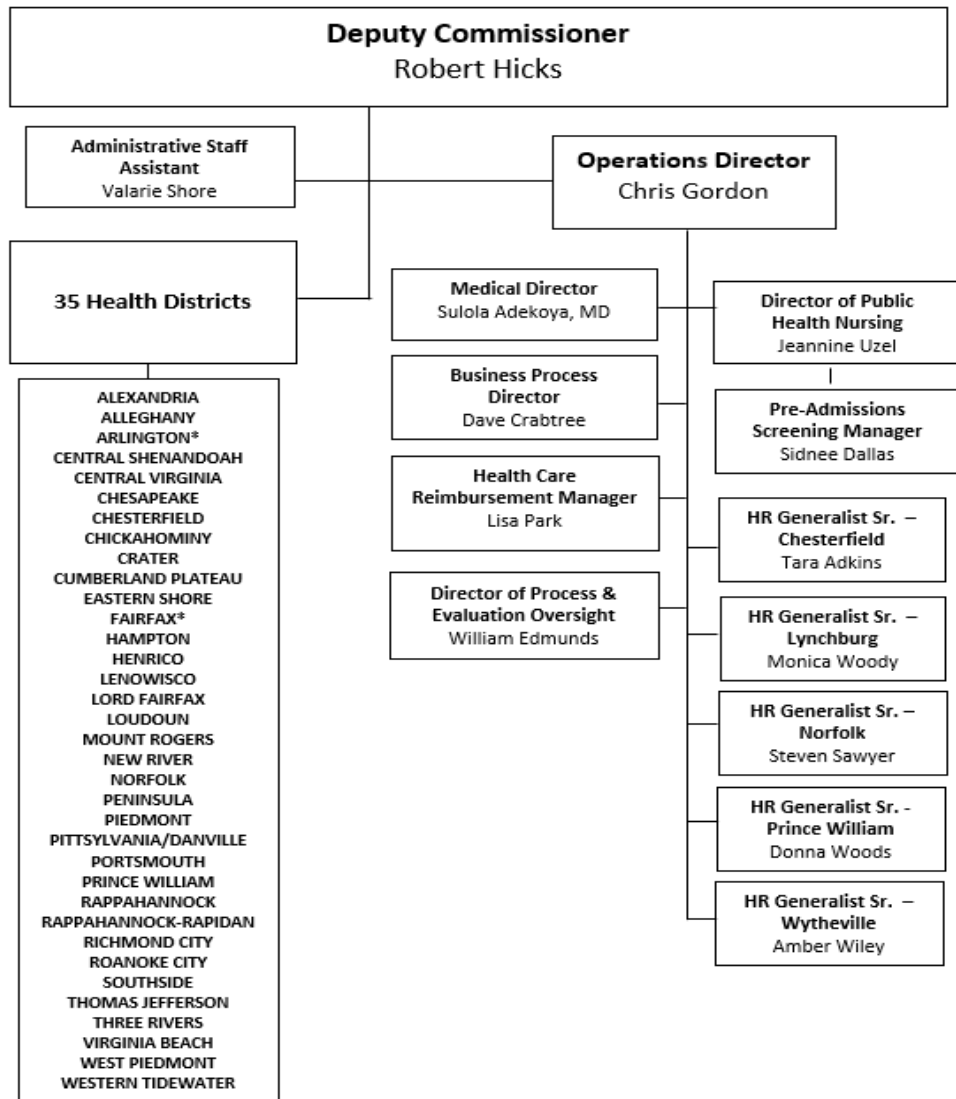
Office of the Commissioner

July 2018

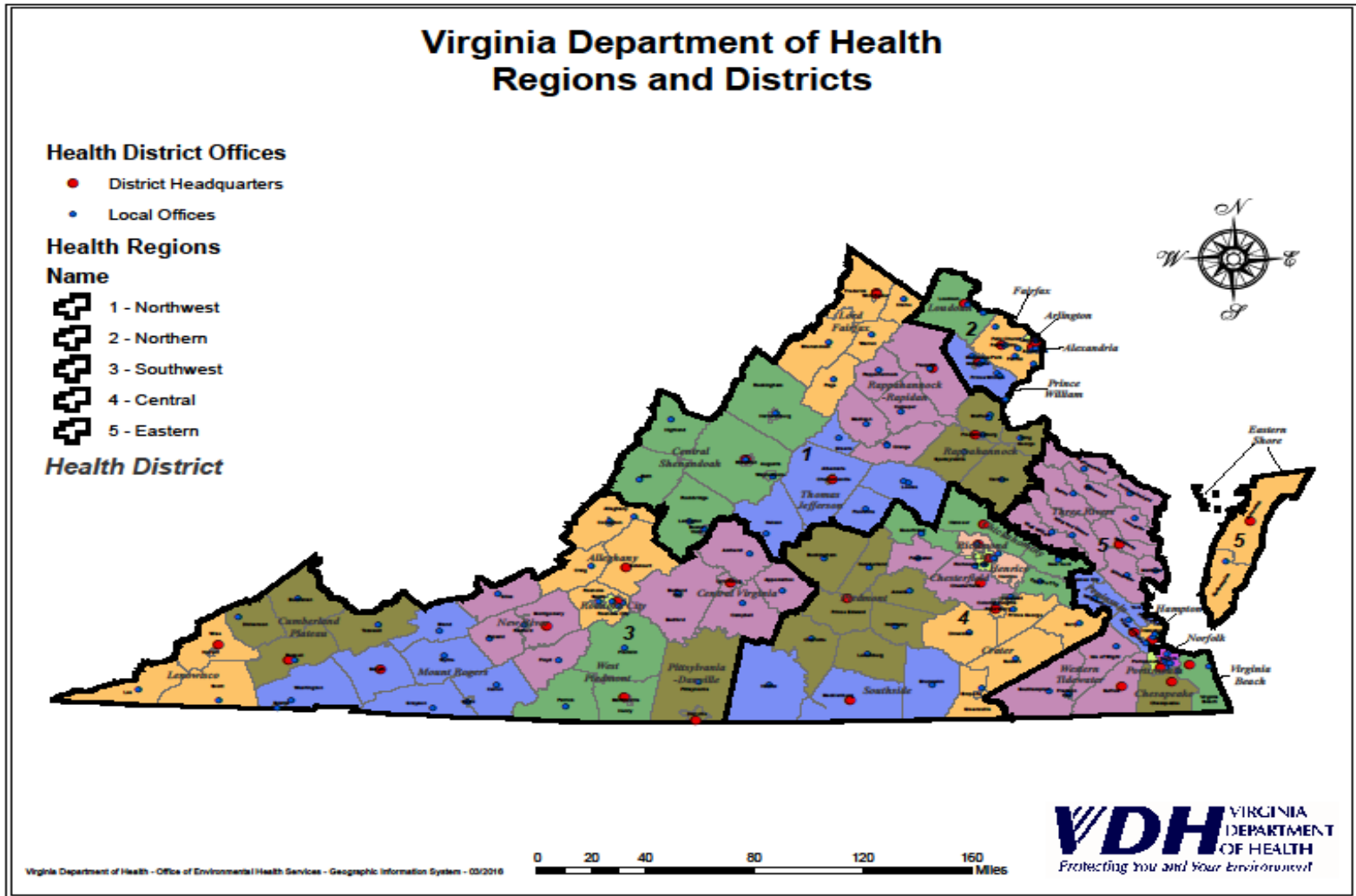


Community Health Services

July 2018



Community Health Services



Community Health Services

- 95 counties and 38 cities organized into 35 Health Districts
- District boundaries usually follow planning districts, include as few as 1 and up to 10 cities and/or counties
- There is at least one service delivery site in every city and county
- Services vary among localities within a district and between districts based on local needs, funding, and private sector capacity

Local Health District Philosophy

- Partnership between state and local governments
- Work closely with private sector health care providers and health systems
- Array of services varies based on local need
- Flexibility on how to improve community health while assuring compliance with policy, regulation, and law
- Partnership is the key

Strengths of Virginia's Public Health System

- The cooperative funding model was created by the General Assembly in 1954.
- Minimum and maximum amount that each locality would pay was set at 20% and 45% respectively, based equitably on ***revenue generation capacity***
- This model was changed in 1964 by allowing localities to pay as little as 18%, no change was made to the top range; these percentages are still used today.

Challenges of Virginia's Public Health System

- Cities and counties **without** strong revenue base tend to pay less, but also tend to have greater need.
 - They cannot “match” additional state resources, despite need
- Cities tend to have more established, better funded public health services
- Is revenue generating capacity of a locality the best approach to funding public health?
- Funding formula does not recognize health disparities, or social determinants of health

Service Delivery Models

- Most districts operate within safety net continuum based on service and community capacity:

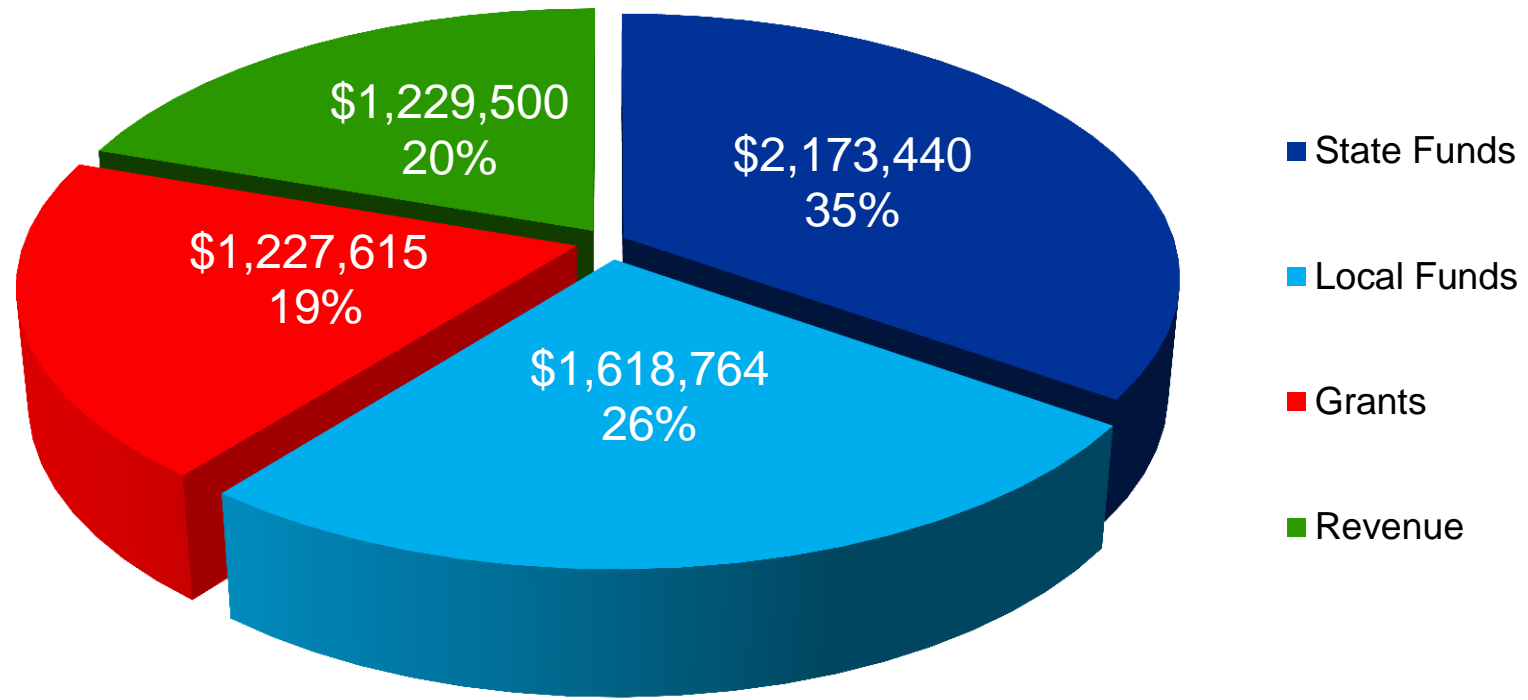


- District provides service directly to clients
- District provides service using individual provider contracts or through agreements with non-profits
- District provides initial service, then hand-off to private sector
- District collaborates with private sector to assure service available for community

Visualization of a Local Health District Budget Breakdown

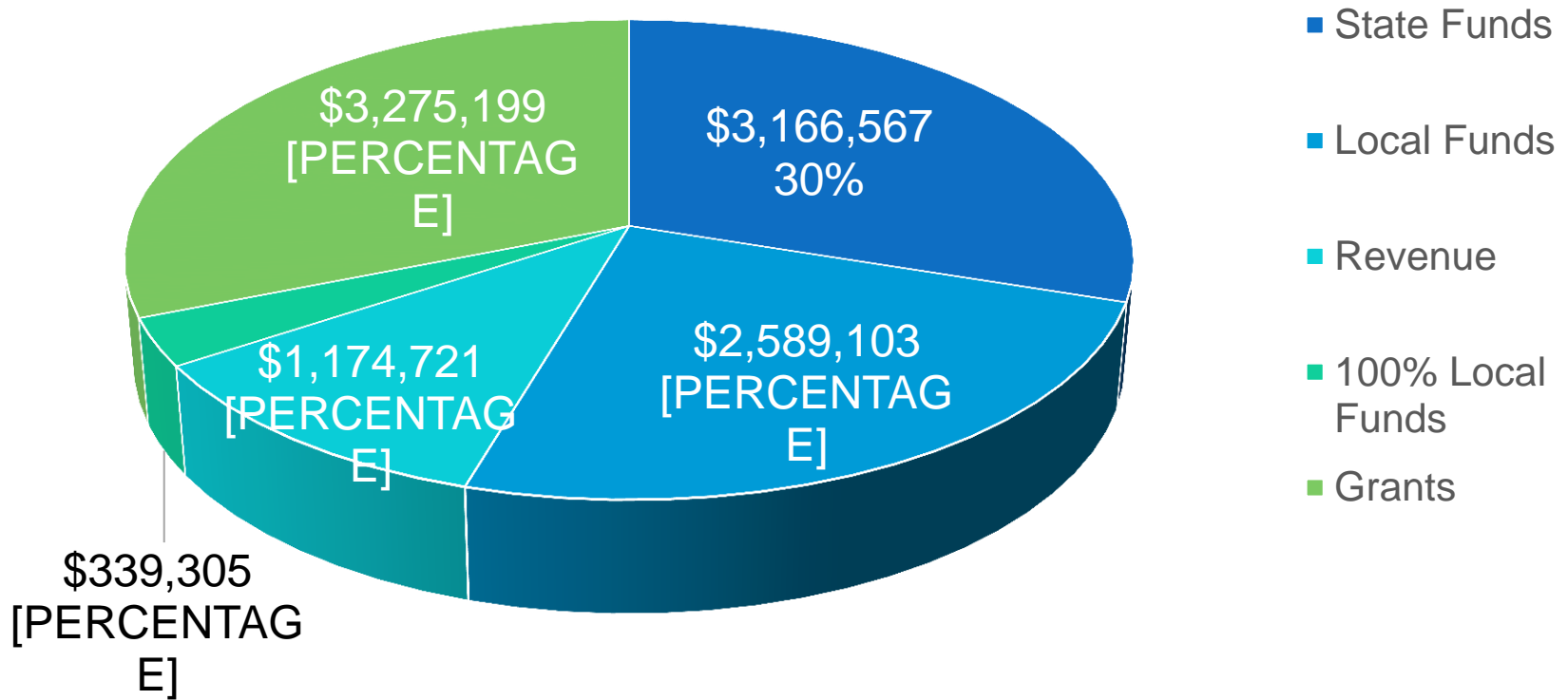
Lord Fairfax Health District FY18 Budget: \$6,249,319

*Multi-jurisdiction Health District
(Clarke, Frederick, Page, Shenandoah, Warren, City of Winchester)*



Visualization of a Local Health District Budget Breakdown

City of Virginia Beach Health District
FY19 Budget: \$10,544,895
Single-Locality Health District



Questions?