

History of Public Health In Virginia

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Overview of Presentation

- Five centuries of public health advances
- Evolution of the modern local public health system in Virginia
- Governance and Structure of VDH/LHDs
- Virginia's local public health system compared to other states
- What the future holds for local public health
- 25 years of lessons in school of hard knocks

Five Centuries of Progress

- **17th century public health advances**
 - 1610 At Jamestown the first sanitation law was passed, stating, in part, "nor shall anyone aforesaid, within less than a quarter of one mile from the Pallizadoes, dare to doe the necessities of nature"
 - 1610 Various "local" Boards of Health established "temporarily" in response to specific contagious diseases.
 - 1631 The Colony of Virginia passed an act for the collection of vital statistics. This law required records of births and deaths to be forwarded to the state's auditor each year.
 - 1639 A law to regulate the practice of medicine in Virginia was promulgated.

Five Centuries of Progress

- **18th century public health advances**
 - 1748 - Petersburg received its city charter. Among the first laws passed prohibited construction of new wooden chimneys and required existing wooden chimneys to be replaced within one year.
 - 1777 A law was enacted requiring persons having smallpox or other contagious diseases to leave the road on the approach of other persons.
 - 1780 The first permanent city board of health in the United States was created in Petersburg.

Five Centuries of Progress

- **19th century public health advances**
 - 1860 A law was enacted that permitted free vaccinations by overseers of the poor.
 - 1872 Legislation creating the State Board of Health of Virginia was passed.
 - 1882 A law was passed authorizing municipal authorities to require vaccination.
 - 1884 Vaccination was made a prerequisite to school attendance.
 - 1895 A law was passed providing for the quarantining of prisoners with contagious diseases in state institutions.
 - 1896 The first appropriation made to the State Board of Health was \$2,000.

Five Centuries of Progress

- **20th century public health advances**
 - 1906 The Richmond City Health Department was established.
 - 1907 The Norfolk Health Department was established.
 - The State Board of Health was reorganized and the State Health Department was established. Dr. Ennion G. Williams was appointed as the first State Health Commissioner.
 - 1908 The State Health Department central laboratory was established.
 - The General Assembly provided that the State Board of Health could adopt, promulgate, and enforce reasonable rules and regulations for the protection of the public health. Pulmonary tuberculosis was made a reportable disease by law.
 - 1910 The Bureau of Sanitary Engineering was created with responsibility for supervision over public water supplies, sewage, sewage treatment and swimming pools.
 - 1921 The Division of Mouth Hygiene was created.

Five centuries of Progress

● 20th century public health advances

- 1931 Dr. Warren F. Draper, on loan from U.S. Public Health Service, was appointed State Health Commissioner to replace Dr. Williams. Dr. Draper served for three years.
- 1932 The Bureau of Rural Health was established, which later became the Office of Management for Community Health Services.
- 1934 Dr. I. C. Riggin was appointed as State Health Commissioner, succeeding Dr. Draper. Dr. Riggin served 12 years.
- 1934 The Maternity Hospital licensing program established.
- 1935 The Social Security Act was passed resulting in the establishment of the Maternal and Child Health Bureau and the Crippled Children's Bureau.
- 1946 Dr. L. J. Roper was appointed as State Health Commissioner, succeeding Dr. Riggin. Dr. Roper served five years.

Five Centuries of Progress

● 20th century advances in public health

- 1946 Virginia established a statewide medical examiner system.
- 1947 The General Hospital licensing law was passed. The Hill-Burton Program was started in Virginia.
- 1950 VDH was designated as the state agency responsible for Emergency Medical Services in times of disaster.
- 1951 Dr. Mack I. Shanholtz was appointed as State Health Commissioner, succeeding Dr. Roper. Dr. Shanholtz served twenty-five years.
- 1954 Legislation was passed authorizing the State-Local Partnership for Local Health Services.

Evolution of Modern Public Health System

- Prior to the creation of the existing system, all parts of Virginia did not have access to basic public health services throughout the state, including control of communicable diseases and immunizations
- Cities tended to have more established, better funded public health services
- Rural areas had a limited tax base and could not afford to establish more comprehensive public health services

Evolution of Modern Public Health System

- In 1954, the General Assembly authorized the creation of cooperative health departments.
- VDH leadership began the process of creating a statewide system of local health departments.
- Financial incentives to affiliate with the state network.
 - State would pay its share of all existing services and programs in a LHD
 - Local match based on ability to pay. Ability to pay was based on value of taxable real estate.
- All cities and counties affiliated between 1954 and 1970. Henrico was the last county to affiliate.

Evolution of Modern Public Health System

- In 1988, Arlington obtained General Assembly approval to operate a locally administered health department
- In 1990, Middle Peninsula and Northern Neck were combined to form Three Rivers Health District
- In 1994, Fairfax obtained General Assembly approval to operate a locally administered health department
- In 1995, Richmond obtained GA approval to become locally administered

Philosophy Behind LHDs in VA

- LHDs are a partnership between state and local governments
- LHDs work closely with private sector health care providers and systems
- Array of LHD services varies based on local need
- Preserve flexibility for LHDs on "how" to improve community health while assuring compliance with policy, regulation, and law

Public Health in VA. State Government

- VDH is an executive branch agency in the Health and Human Resources Secretariat.
- Governor appoints State Health Commissioner.
- Statutory requirement for Commissioner to be an MD who is board certified and possesses public health experience.
- Every Commissioner since 1972 has been a specialist certified by the American Board of Preventive Medicine.
- Commissioner has broad statutory authority compared to other states.

Governance (State Board of Health)

- Governor appoints a 13 member Board of Health to four year terms.
- Board includes representatives from Medical Society, Hospital Association, Health Plan, Nursing Homes, Purchasers, Nurses, Pharmacists, Veterinarians, Dentistry, Consumers, and local government
- Board of Health approves all regulations promulgated by VDH.
- Board meets four times a year, historically in different parts of the state.

Governance (Agency Management)

- Commissioner leads VDH
- Deputies manage the main branches of VDH to accomplish the agency mission
 - Public Health Programs
 - Administration
 - Emergency Preparedness and Response
 - Community Health (Local Health Depts.)

Public Health Programs

- Office of the Chief Medical Examiner
- Office of Epidemiology
- Office of Family Health Services
- Office of Emergency Medical Services
- Office of Environmental Health Services
- Office of Drinking Water

Administration

- Office of Human Resources
- Office of Budget Services
- Office of Accounting
- Office of Purchasing
- Office of Consumer Protection and Quality Health Care

Emergency Preparedness and Response

- Focus Areas in Federal BT Grant
 - Preparedness Planning and Assessment
 - Surveillance and Investigation
 - Laboratory
 - Chemical Preparedness (not funded)
 - Health Alert Network
 - Public Information and Risk Communication
 - Education and Training

Community Health Services

- 134 cities and counties are organized into 35 Health Districts
- District boundaries usually follow planning districts and 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

Health District Boundaries



Management of Health Districts

- Deputy Commissioner directly supervises 32 of 35 district directors and serves as reviewer for 300 district managers
- Each district is led by a physician director and managed by team that includes typically nurse, environmental, and business managers.
- District directors also supervise clinicians, pharmacists, dentists, and laboratorians

Role of District Directors

- Medical and public health resource for private sector, local government officials, and public utility operators.
- Manage operations for LHDs in their district.
- Carry out authority delegated by the Commissioner and Deputy Commissioner.
- 75% of directors have MPH and 66% are board certified in preventive medicine. Two also earned law degrees and two MBAs

Statutory Authority

- Each county and city shall establish and maintain a local health department headed by a full-time local health director who shall be a physician licensed to practice medicine in Virginia (32.1-30)
- Commissioner may combine LHDs into districts to create management efficiency (32.1-31)

Strengths of Virginia's PH System

- LHD in every city and county that provides basic public health services
- Joint state and local funding of LHDs
- Interdisciplinary management of districts
- Flexibility to adapt to local needs
- Public-private partnerships to improve health

LHD Services

- Services provided in every LHD include communicable disease control, family planning, inspection of public establishments that serve food, permitting of onsite sewage disposal and well construction, emergency preparedness and response.
- Limited number of districts provide pharmacy, lab, and general medical services
- Many provide dental health services

Service Delivery Models

- Most districts have more than one of the following models depending on service and community capacity:
 - LHD staff provide services directly to clients
 - LHD provides services with individual provider contracts or through agreements with non-profits
 - LHD provides initial service then hand-off to private sector
 - LHD collaborates with private sector to assure service

Alternatives for LHD Operation

- Locality may enter into a contract with VDH to operate (129 of 134 localities)
- Administer their LHD under contract to VDH (5 of 134 localities) *
 - * Arlington, Fairfax (Fairfax County and the cities of Fairfax and Falls Church), and Richmond City are locally administered
- Operate an independent LHD with no state funding (no locality has chosen this option)

LHD Funding Streams

- State Funds Appropriated by General Assembly.
- Local matching funds appropriated by local government based on ability to pay formula developed by JLARC.
- 100% Local funds above the match requirement.
- Revenue earned from services delivered
- Federal grant funds that are primarily categorical in nature.

FY 04 LHD Funding

- For Fiscal Year 04, the cooperative budget is \$162.9 million
 - \$78.2 General Fund
 - \$54.0 Local Match *
 - \$26.1 Estimated Fee Revenue **
 - \$ 8.6 100% Local Funds **
- * Local match rates range from a low of 18% to a 45% maximum
State share is a minimum of 55% and up to a maximum of 82%
- ** Excludes Fairfax, Arlington, and Richmond City as well as 100% local funds not deposited into state accounts
- \$42.3 million in Federal Funds to LHDs is also allocated through central office programs

Current Allocation Methods

- Per capita state funding ranges from \$5-26 among health districts.
- Services beyond basics depends on funds.
- Historically, cities were funded to provide primary care due to concentration of indigent.
- Changing the current allocation would shift funding from the cities to rapidly growing areas of the state which struggle to provide basic services.

Financial Challenges Facing LHDs

- Lack of agreement among policy makers on our mission, e.g. safety net providers of direct care vs. prevention, population health, and preparedness specialists
- Federal and state policies are squeezing our ability to generate new revenue
- No GF increases in more than a decade for inflation or demand for services

Policy Challenges Facing LHDs

- How to leverage our role as 'honest brokers' to craft local and regional solutions for serving uninsured and underinsured Virginians
- Local health departments have an aging workforce and are at risk for losing substantial experience and institutional memory in 5 years
- Skills needed by the public health workforce of today and tomorrow focus on epidemiology, population health, & emergency response

Policy Challenges Facing LHDs

- Balance resources between traditional roles and such expanding roles as emergency preparedness and assessing the health impact of biosolids
- How to measure what we do in terms of outcomes when the payoff may be a generation from now

Opportunities for System Improvements

- Statewide Implementation of performance indicators that measure outcomes in LHDs
- Greater equity in funding among LHDs
- Systematic quality improvement activities
- Increase in data-driven decision making
- More capacity to assess workforce needs
- Agreement among all LHDs on 1-2 priorities for public health system

VA Public Health Workforce

- 3,550 Full Time State Positions in VDH
- Workforce predominately female (77%)
 - More environmental health, dentists, physicians are males than females
- Workforce predominately white (74%)
 - African-American (23%)
 - Hispanic, Asian, Native American (3%)

Virginia's Public Health Workforce

- Age distribution
 - 18% are 56 years or older
 - 40% are 46 - 55 years of age
 - 28% are 36 - 45 years of age
 - 12% are 26-35 years of age
 - 2% are less than 26 years of age

Healthy Communities - A New View

- Healthy Communities feature safe neighborhoods, low unemployment, good schools, affordable housing stock, recreation, and healthy people.
- Fostering healthy communities requires us all to think beyond traditional partners in the health sector and to reach out to business, public safety, faith, education.

Opportunities for Collaboration Among Safety Net Providers

- Conditions on Certificates of Public Need
- Hospital and Insurance Conversion Foundations
- Coordinate our efforts at preventing the more costly complications of preventable chronic diseases.
- Initiating or Expanding Services, e.g. Dental

25 Years of Lessons Learned

- Relationships
- Communication
- Mistakes
- Know Where You Fit
- State-Local Dynamic
- Information
- Take Home Lessons

Relationships

- The best time to make a friend is before you need one
- "Reach out"
- Think twice, no three times, before you burn a bridge
- Push back? Is the juice worth the squeeze
- Trust is a walk across time
- Credibility takes years to build and can be lost in the blink of an eye

Relationships

- The story of the Four Phases of Everyone's Career
- Always look for a natural opening to raise a difficult issue rather than scheduling a meeting to discuss it
- Squeaky wheels get the grease, but a steady diet of grease is not good for you.
- E-mail is not a substitute for relationships

Communication

- The eight most important words you should know and practice
- Some days you go to school to teach and some days you go to school to learn
- Those that know aren't talking and those that are talking don't know
- Four parts of all human interaction – How I see myself. How I see you. How you see yourself. How you see me.

Communication

- The tale of two ears and one mouth
- It is hard to listen with your mouth open
- Bad news does not improve with age
- Think before you speak – it is hard to take something back after you've said it
- You don't have to comment on the first thing someone says with which you disagree. If you do, it shuts down the interaction.

Mistakes - We All Make Them

- You are known more by what you do after you've made a mistake.
- More careers are damaged by trying to cover up a mistake than by acknowledging and correcting it
- Try not to make the same mistakes over and over and try not to make a whole bunch of big mistakes at the same time, both are hard to bounce back
- Practice saying, "I was wrong"

Know Where You Fit

- The more different things you can do for the agency, the more valuable you'll become
- The wind blows hardest at the top of the trees
- Those are deeper waters than I swim in
- Four indicators of job satisfaction

State/Local Dynamic

- The Copernican theory of public health
- Everyone in the food chain has pressures from above and below
- Blame Game
- The story of the Three Envelopes

Information

- Information – drink from a fountain, not a fire hose
- Learn to boil a cow down to a bullion cube
- Relevance - what does your audience needs to know and what do they consider important
- There is no reason to tell anyone everyone everything you know

Take Home Lessons

- Be serious in your purpose, but don't take yourself too seriously
- You catch more flies with honey than you do with vinegar
- "I need your help" is always preferred to "Do this"
- It is easier to prevent problems than to solve them
- Change is good; you go first - Dilbert

21st Century Partnerships

- Collaborator
- Business Partner
- Sentry

Collaborator

- Improve Access to Care
- Improve Health Status of Minority Populations
- Collect, Analyze and Disseminate Health Information

Business Partner

- Prevention and Management of Chronic Disease
- Prevention and Management of Communicable Disease
- Prevention of Injuries
- Promotion of Healthy Behaviors

Sentry

- Quality Improvement (Health Facilities and Health Care)
- Health Resource Management (COPN)
- System Standard Setting (EMS)

Preparing Our Workforce for the Future

- Information Technology
- Epidemiology
- Customer Service

VDH in the 21st century

- Recognized as a:
 - Major health organization in the Commonwealth
 - Leader in Health Information Technology
 - The State Prevention and Health Care Quality Organization

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