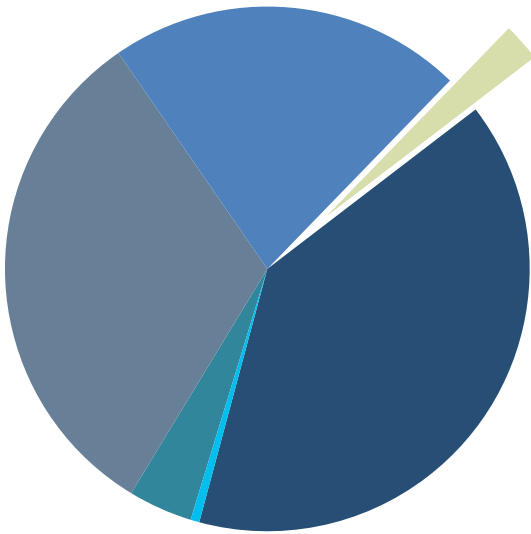


# Public Health

## Mission Statement

The Department of Public Health (Public Health) is dedicated to promoting optimum wellness and a healthy environment. As the community's Chief Health Strategist, the Public Health will work beyond traditional public health programs and services to build strong cross-sector community coalitions that address the social determinants of health to ensure health equity, and to make Prince William County the healthiest community in Virginia.



**Human Services Expenditure Budget:**  
**\$207,633,469**

**Expenditure Budget:**  
**\$4,862,858**



*2.3% of Human Services*

### Programs:

- Maternal & Child Health: \$309,685
- General Medicine: \$3,153,709
- Environmental Health: \$895,737
- Administration/Emergency Preparedness: \$503,727

## Mandates

Each year Prince William County enters into a Local Government Agreement with the Virginia Department of Health. Services rendered based on this agreement are provided by the Public Health. State mandated services provided on behalf of Prince William County by the Public Health includes childhood immunizations, pre-school physicals for school entry, rabies control, and vital records—death certificates.

The Board of County Supervisors has enacted additional local mandates for which the Public Health has responsibility.

**State Code:** [32.1-46](#) (Immunization of patients against certain diseases), [22.1-270](#) (Preschool physical examinations), [32.1](#) (Health) and [3.2-6562.1](#) (Rabies exposure; local authority and responsibility plan)

**County Code:** [Chapter 3](#) (Amusements), [Chapter 8](#) (Environmental Protection), [Chapter 10](#) (Concession Stands at Youth Activities), [Chapter 12](#) (Massage Establishments), [Chapter 22 Article 1](#) (Refuse, In General), [Article II](#) (Refuse, Storage), [Article V](#) (Trash, Garbage, Refuse, Litter and Other Substances Health and Safety Menaces), [Chapter 23 Article III](#) (Individual Sewage Disposal Systems), [Chapter 25.1](#) (Swimming Pools, Spas and Health Clubs), [Chapter 30](#) (Water Supply)

# Public Health

## Expenditure and Revenue Summary



Expenditure by Program	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted	% Change Budget FY22/ Budget FY23
Maternal & Child Health	\$774,014	\$309,685	\$1,205,691	\$309,685	\$309,685	0.00%
General Medicine	\$1,400,628	\$1,934,366	\$1,701,364	\$3,117,718	\$3,153,709	1.15%
Environmental Health	\$908,035	\$906,189	\$580,769	\$899,254	\$895,737	(0.39%)
Administration/Emergency Preparedness	\$170,202	\$167,009	\$163,685	\$237,378	\$503,727	112.20%
<b>Total Expenditures</b>	<b>\$3,252,878</b>	<b>\$3,317,249</b>	<b>\$3,651,509</b>	<b>\$4,564,035</b>	<b>\$4,862,858</b>	<b>6.55%</b>

### Expenditure by Classification

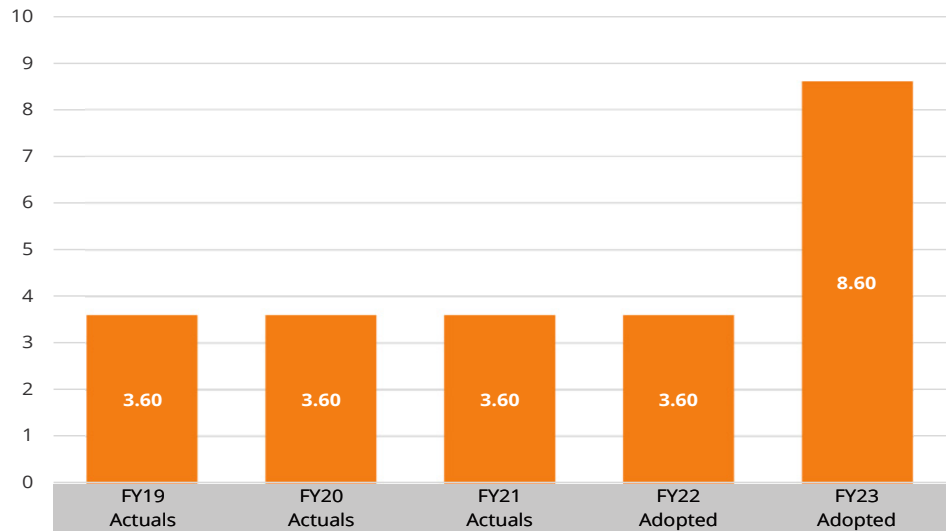
Salaries & Benefits	\$146,517	\$211,339	\$272,716	\$1,454,156	\$1,705,190	17.26%
Contractual Services	\$0	\$120	\$95	\$1,415	\$1,415	0.00%
Internal Services	\$52,934	\$46,587	\$42,363	\$33,435	\$61,008	82.47%
Purchase of Goods & Services	\$3,053,427	\$3,059,204	\$3,336,335	\$3,075,030	\$3,095,246	0.66%
<b>Total Expenditures</b>	<b>\$3,252,878</b>	<b>\$3,317,249</b>	<b>\$3,651,509</b>	<b>\$4,564,035</b>	<b>\$4,862,858</b>	<b>6.55%</b>

### Funding Sources

Permits & Fees	\$212,407	\$186,162	\$176,033	\$176,746	\$176,746	0.00%
Revenue from Other Localities	\$79,728	\$96,408	\$75,907	\$75,566	\$104,653	38.49%
Miscellaneous Revenue	\$0	\$0	\$127	\$0	\$0	-
Revenue from Commonwealth	\$338,269	\$311,286	\$515,472	\$303,397	\$303,397	0.00%
<b>Total Designated Funding Sources</b>	<b>\$630,404</b>	<b>\$593,856</b>	<b>\$767,538</b>	<b>\$555,709</b>	<b>\$584,796</b>	<b>5.23%</b>
<b>Net General Tax Support</b>	<b>\$2,622,474</b>	<b>\$2,723,393</b>	<b>\$2,883,971</b>	<b>\$4,008,326</b>	<b>\$4,278,062</b>	<b>6.73%</b>
<b>Net General Tax Support</b>	<b>80.62%</b>	<b>82.10%</b>	<b>78.98%</b>	<b>87.82%</b>	<b>87.97%</b>	

In FY21, \$896K was incorrectly coded to Maternal and Child Health program rather than General Medicine program.

## Staff History by Program



Maternal & Child Health	0.00	0.00	0.00	0.00	0.00
General Medicine	3.00	3.00	3.00	3.00	3.00
Environmental Health	0.60	0.60	0.60	0.60	0.60
Administration/Emergency Preparedness	0.00	0.00	0.00	0.00	5.00
<b>Full-Time Equivalent (FTE) Total</b>	<b>3.60</b>	<b>3.60</b>	<b>3.60</b>	<b>3.60</b>	<b>8.60</b>

## Future Outlook

**Pandemic Response** – Public Health continues to direct significant resources to include disease surveillance, investigation, and containment toward the COVID-19 response. Vaccines are available to include the roll out of booster shots as Public Health continues to implement and monitor a COVID-19 vaccination response for the community at large, ensuring health equity is a cornerstone of the response.

**Future Public Health** – The COVID-19 response has led to a growing awareness of the essential role of public health and the underinvestment in public health agencies. The lack of consistent and stable public health funding affects the coordination and preparedness of the community to adequately deal with outbreaks, emerging public health issues and pandemics. Public health infrastructure provides communities the capacity to prevent disease, promote health and prepare for and respond to both acute and chronic health threats. Adequate infrastructure is the foundation for planning, delivering, evaluating, and improving public health.

**Community Health Services** – Public Health is working to ensure a strong, competent public health workforce by collaborating with schools of nursing to train current and future nurses to be public health ready as well as to build a pipeline of future public health nurses. Building a strong workforce will help Public Health continue to manage emerging infectious disease and other threats to the health of the community.

**Environmental Health Services** – Public Health is working to ensure a competent public health workforce by collaborating with colleges and the private sector to ensure hired staff can complete the required training and oversight of the work performed by the licensed private sector supplier.

## General Overview

**A. FY22 Public Health Funding** – The Commonwealth of Virginia partners with localities to provide public health services through a cooperative arrangement. Currently, the cooperative budget is funded 55% by state funds and 45% by Prince William County (PWC) matching funds. The County enters into an annual agreement with the Virginia Department of Health to provide the 45% funding necessary to operate Public Health. The County also provides local support above the match amount for certain local optional services. In FY22, state funding for Public Health was \$2,732,110 and the County match funding was \$2,235,363. The County also provided an additional \$2,328,672 in local expenditure budget support for staffing, local salary supplement, operations, and community partnerships above the amount included in the annual agreement. The cities of Manassas and Manassas Park provide reimbursement to the County for services rendered based on a shared services agreement with the County. Total FY22 state and County budgeted expenditures for the Public Health were \$7,296,145, with the County providing a total of \$4,564,035.

**B. Redistribution of Internal Service Fund (ISF) Technology Budget** – The County annually allocates all information technology (IT) costs to agencies through an ISF, using the approved cost basis for each technology activity. Technology activities include computer support (hardware replacement, software licenses, and helpdesk customer services), IT security, business systems support (public safety communications, financial systems, human services systems, etc.), geographic information system, web services, capital equipment replacement, messaging, cloud storage, network and infrastructure services, telecommunications, and radio. The cost basis is calculated through a formula derived from the Department of Information Technology's (DoIT) ISF fee schedule.

For FY23, ISF costs have been revised to align and more accurately reflect overall technology activities with current department specific technology services. Costs are adjusted to reflect agency technology usage more accurately, as tracked by DoIT billing systems using the updated methodology. In FY23, the Public Health technology bill increases by \$319. No technology service levels are changed, and there is no impact to the technology services individual agencies currently receive. For additional information on the countywide impact and methodology of redistributing technology charges, please see the Budget Highlights section of this document.

**C. Revenue Increase for Shared Services (City) Billings** – The billings represent reimbursement from the City of Manassas and Manassas Park for services rendered in the previous year. Services rendered include activities within public safety, community development, and human services functional areas. Amounts are calculated using an annual cost allocation report. As a result of the annual report, Public Health revenue increased \$29,087.

# Public Health

## Budget Initiatives

### A. Budget Initiatives

#### 1. Soft Rollout of County Public Health Department – Administration/Emergency Preparedness

Expenditure	\$273,795
Revenue	\$0
General Fund Impact	\$273,795
FTE Positions	5.0

- a. **Description** – On October 20, 2020, Board of County Supervisors (BOCS) issued [Directive 20-83](#) which directed the County staff to explore and prepare a proposal to create a County operated Public Health Department. During the March 8, 2022, [budget work session](#) the Acting County Executive presented a transition model to the BOCS. It was decided that an additional year was needed to successfully complete the transition project. This initiative includes a soft rollout of the Public Health Department transition project as well as five new positions. The positions will onboard mid-year (beginning January 2023) and consist of an Assistant Public Health Director, a Grants Manager, two Human Resources Analysts, and an Information Technology Data Analyst. General tax support funding is included for annual technology seat costs (software, telecommunications, security, cloud hosting, etc.). One-time technology equipment costs will be funded by American Rescue Plan Act funding.
- b. **Service Level Impacts** – This initiative funds the soft rollout of positions that will help with the larger transition project in FY24. This initiative supports several Health, Wellbeing, & Human Services Strategic Goals from the [2021-2024 Strategic Plan](#). This initiative will improve awareness and access to quality, affordable services that address physical developmental, mental health and substance abuse needs. It also supports community campaigns and partnerships on social determinants of health that work to increase prevention, provide education, and reduce stigma towards obtaining treatment and services.

## Program Summary

### Maternal & Child Health

The Maternal & Child Health program improves the health of women and children in the PWHC by assessing their needs and assuring that quality services are accessible. PWHC accomplishes this through program monitoring and evaluation, public and customer education, consultation and training, and building and maintaining public/private partnerships. Integration of substance use and depression screening into PWHC clinical services helps to ensure healthy birth outcomes and improves women’s health. The Women, Infants and Children (WIC) program is provided through non-local funding. These services assure the implementation of evidence-based practices, as well as capacity building and strengthening of the local infrastructure to meet the health needs of women and children. The client base for this program is the population at large.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Infant deaths per 1,000 live births	4.2	3.8	5.1	4.5	4.5
Infant deaths per 1,000 live births (Black, non-hispanic)	-	-	12.3	7.5	7.5

# Public Health

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
<b>Women's Wellness</b>	<b>\$310*</b>	<b>\$310</b>	<b>\$1,206**</b>	<b>\$310</b>	<b>\$310</b>
Women served in women's wellness clinics	947	384	84	600	200
<b>WIC</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Participants in the WIC program at the end of the fiscal year	7,345	7,456	8,381	7,000	8,400
Overweight participant children (age 2 yrs - 5 yrs) % children ≥ 85th percentile	-	-	-	20%	20%

\*Prior to FY20, PWHD funded and tracked Prenatal Care activity, in FY19, \$464K was permanently shifted to General Medicine program, Other Communicable Disease Services activity.

\*\*In FY21, \$896K was incorrectly coded to Maternal and Child Health program rather than General Medicine Program.

## General Medicine

The General Medicine program improves the health of all residents in the community by monitoring, investigating, controlling, and reporting the spread of communicable diseases including tuberculosis (TB), vaccine preventable diseases, sexually transmitted infections (STI), and other communicable diseases, especially emerging diseases of public health significance. PWHD collaborates with community partners to assess and address environmental strategies, and system changes that will prevent chronic diseases, encourage healthy lifestyles, and improve access to care for persons with health disparities. The district works with community healthcare providers to ensure the proper treatment of communicable disease such as STIs and TB. PWHD works with County agencies and community partners to ensure that persons requiring nursing home placement or in-home personal care services are screened and referred to the appropriate service. The client base for this program is the entire population of the PWHD.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
Pre-admission nursing home screenings completed within 30 days	80%	92%	95%	90%	90%
Patients completing tuberculosis preventive therapy treatment	65%	89%	81%	90%	90%
Vaccine-preventable disease cases per 100,000 population	10	14	2	10	10
Non-vaccine preventable reportable conditions/100,000 population	101	98	5,536	100	100
Diagnosed chlamydia cases/100,000 population	494	548	418	500	500
Diagnosed gonorrhea cases/100,000 population	75	89	96	75	90
Diagnosed syphilis cases/100,000 population	-	-	-	11	15

# Public Health

Program Activities & Workload Measures <i>(Dollar amounts expressed in thousands)</i>	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
<b>Sexually Transmitted Disease</b>	<b>\$247</b>	<b>\$247</b>	<b>\$247</b>	<b>\$247</b>	<b>\$247</b>
Persons seen for sexually transmitted disease services	865	511	275	800	500
<b>Other Communicable Disease Services</b>	<b>\$870</b>	<b>\$1,398</b>	<b>\$1,234</b>	<b>\$2,639</b>	<b>\$2,665</b>
Patients receiving tuberculosis preventive therapy	77	84	25	100	100
Suspected tuberculosis follow-ups	115	69	20	130	100
Reportable conditions investigated	1,543	1,690	34,306	2,000	2,000
Private provider reports of positive STI's for review and follow-up	-	866	2,926	1,000	3,000
<b>Chronic Disease Services</b>	<b>\$116</b>	<b>\$116</b>	<b>\$115</b>	<b>\$116</b>	<b>\$116</b>
Persons screened for nursing home pre-admission and personal care services	679	631	672	700	700
<b>Primary Health Care Services</b>	<b>\$167</b>	<b>\$173</b>	<b>\$105</b>	<b>\$115</b>	<b>\$125</b>
Clients served by community partners	2,484	2,732	801	578	828

In FY21, \$896K was incorrectly coded to Maternal and Child Health program rather than General Medicine Program.

## Environmental Health

The Environmental Health program enforces state and local codes and regulations designed to protect the public health and safety of all residents of and visitors to the Prince William area. This is accomplished by enforcing regulations pertaining to food, food establishments, day care facilities, hotels, summer camps, campgrounds, swimming pools, private wells, on-site sewage disposal systems, and other environmental health laws. Regulatory activities include permitting, inspections, testing, monitoring, and legal action when voluntary compliance is not achieved. Due to Virginia code changes, the onsite staff will spend more time on community assessment, field inspections, quality assurance, and programmatic oversight of existing onsite sewage systems, public health outreach, education, and enforcement.

Key Measures	FY19 Actuals	FY20 Actuals	FY21 Actuals	FY22 Adopted	FY23 Adopted
The number of foodborne illness complaints in PWC investigated	-	41	34	75	75
Septic tank owners in compliance with Chesapeake Bay Preservation Act	77%	78%	79%	80%	80%
On-site sewage applications completed within 15 days	82%	91%	94%	95%	95%
Founded health and safety menaces corrected	93%	95%	95%	95%	95%
Humans potentially exposed to rabies	1,046	1,072	954	1,100	1,100
Swimming pools in compliance with County code requirements	85%	90%	90%	90%	90%

# Public Health

<b>Program Activities &amp; Workload Measures</b> <i>(Dollar amounts expressed in thousands)</i>	<b>FY19</b> <b>Actuals</b>	<b>FY20</b> <b>Actuals</b>	<b>FY21</b> <b>Actuals</b>	<b>FY22</b> <b>Adopted</b>	<b>FY23</b> <b>Adopted</b>
<b>On-site Sewage System Permits and Maintenance</b>	<b>\$268</b>	<b>\$268</b>	<b>\$152</b>	<b>\$268</b>	<b>\$264</b>
New on-site sewage applications completed	178	208	232	200	255
Septic tank pump-outs assured	10,962	11,217	11,578	11,500	11,700
<b>Water Supply Protection</b>	<b>\$64</b>	<b>\$64</b>	<b>\$64</b>	<b>\$64</b>	<b>\$64</b>
Repairs to on-site systems (remedial and preventive)	265	104	10	200	-
<b>Inspection Services</b>	<b>\$431</b>	<b>\$429</b>	<b>\$240</b>	<b>\$423</b>	<b>\$423</b>
Food establishment inspections	1,514	1,123	520	2,100	2,100
Swimming pool inspections	295	258	170	300	300
<b>Environmental Complaint Investigations</b>	<b>\$95</b>	<b>\$95</b>	<b>\$74</b>	<b>\$94</b>	<b>\$94</b>
Total environmental complaints investigated	244	257	107	300	300
<b>Rabies Control</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>	<b>\$50</b>
Animal quarantines completed	939	967	835	1,000	1,000

## Administration/Emergency Preparedness

The Administration/Emergency Preparedness program integrates state, regional, and local jurisdictions' public health emergency preparedness plans to respond to terrorism and other public health threats to include pandemics. In addition, this program supports the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health and health care emergencies, in particular by having a robust cache of Medical Reserve Corp volunteers. The client base for this program is comprised of all residents of PWC and the Cities of Manassas and Manassas Park.

<b>Key Measures</b>	<b>FY19</b> <b>Actuals</b>	<b>FY20</b> <b>Actuals</b>	<b>FY21</b> <b>Actuals</b>	<b>FY22</b> <b>Adopted</b>	<b>FY23</b> <b>Adopted</b>
Community events during which all hazards preparedness education is provided*	15	25	0	20	15
Customers reporting that they received the information or services they needed*	NR	98%	NR	99%	98%

\*Public Health did not hold community events or administer surveys for the customers to give feedback on information received during FY21 due to the COVID-19 pandemic.

<b>Program Activities &amp; Workload Measures</b> <i>(Dollar amounts expressed in thousands)</i>	<b>FY19</b> <b>Actuals</b>	<b>FY20</b> <b>Actuals</b>	<b>FY21</b> <b>Actuals</b>	<b>FY22</b> <b>Adopted</b>	<b>FY23</b> <b>Adopted</b>
<b>Leadership and Management Oversight/Emergency Preparedness</b>	<b>\$170</b>	<b>\$167</b>	<b>\$164</b>	<b>\$237</b>	<b>\$504</b>
Deployable Medical Reserve Corps volunteers	393	819	1,100	850	1,100
Emergency response exercises conducted in collaboration with outside partners	9	2	0	4	4