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### Agenda

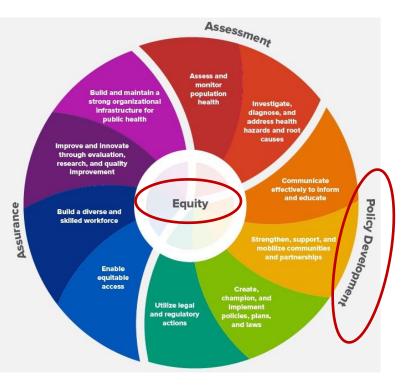
- Purpose
- Goals
- Outcomes
- Participation and Interdependencies
- Process Overview
- Problem Statement Categories



#### Purpose

#### THE **10** ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities



#### More proactive, more intentional

Longer time-frame than current year-to-year approach.





### Goals

- Give structure to the public policy discussions already happening.
- Identify public health problems facing Virginians, incorporate scientific evidence, set measurable goals for progress/resolution.
- Expanded and strengthened engagement with stakeholders and partners.
- Ensure consideration of social determinants of health and health equity in policy discussions and recommendations.



### Outcomes

### VIRGINIA DEPARTMENT OF HEALTH

To protect the health and promote the well-being of all people in Virginia

- Problems identified and fully scoped out
- Stakeholder groups established
- Variety of recommended approaches
- VDH partners will own and champion some of the recommended approaches
- Ultimately, population health outcomes will improve and health equity will be advanced in Virginia.

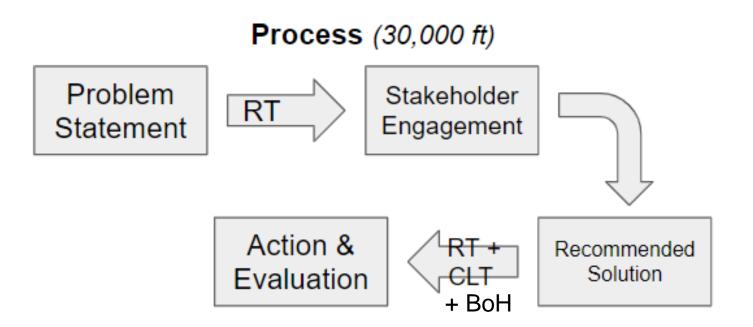


## Participation & Interdependencies

- VDH's internal Policy Analysis Roundtable
- Public Health Academic Advisory Council
- Youngkin Administration priorities
- Center for Community Health Improvement (State Health Assessment / State Health Improvement Plan)
- Local Health Directors (and Community Health Assessments / CHIPs)
- Virginia Center for Public Health Informatics
- State Board of Health
- State Health Commissioner and the Commissioner's Leadership Team
- Local governments
- Key External Stakeholders
  - Lobbyists, activists, private and non-profit community health programs, health systems, think tanks, research groups, etc.

well-being of all people in Virginia

### **Process Overview**



- RT Policy Analysis Roundtable
- CLT Commissioner's Leadership Team
- BoH Board of Health



### **Policy Statement Template**

Organization & Overview (Filled out upon completion of Sections II and III)

**Policy Statement #-##.#** [Category - Issue . Version]

Bottom Line Up Front (BLUF)

Succinct, one sentence title that covers the problem statement and recommendations.

#### Abstract

I.

This should be a brief, "elevator pitch" style summary of the problem statement, data and research presented, and recommended action steps.



# Policy Statement Template (Problem Statement)

#### II. Problem Statement (Phase One)

#### **Problem Scope**

This covers "What is the problem" and "How do we know?" The problem statement should adequately describe the extent of the problem, include the best available scientific evidence, describe any disproportionate impact on certain populations, and describe the relevant ethical, equitable, economic, and political issues or factors that intersect the problem. This section should also be used to describe the relevance of the problem to VDH and potential stakeholders, including alignment with the Virginia Plan for Wellbeing, VDH's Strategic Plan, etc. During Agenda development, the problem statement should also identify any gaps in VDH's current data or research or limitations of the evidence available in the field.

#### Interdependencies

This section should identify the stakeholders affected by or involved with the problem, including specific groups or organizations with which VDH will seek partnership. Describe why a particular partnership is recommended (i.e., why should we trust **this** organization to be involved in solving **this** problem?). Identification of specific organizations does not need to be exhaustive, and this section should also generally describe the types of communities or organizations who should be involved in stakeholder engagement on this topic.



### Policy Statement Template cont'd.

#### **III.** Recommendation Development (Phase Two)

#### **Evidence-based Strategies**

This section should be used to describe any interventions and strategies that have been proposed or implemented to address the problem. These can be from other state or local governments, federal initiatives, other countries, private or non-profit organizations, etc. The strategies reviewed should be evidence-based and the description should provide references or scientific evidence regarding the effectiveness and impact of each strategy. The strategies should also be ethical, equitable, and reasonable. Generally, these are going to be strategies from which VDH's recommendations will be made or strategies that VDH proposes be implemented in Virginia.

#### **Opposing Arguments / Evidence**

This section should be used to describe opposing or alternate viewpoints to the main arguments of the proposal and acknowledge any limitations of the evidence provided to support the problem statement. The section should address the limitations of the evidence available adequately such that the recommended action steps are supported. The section should also respond to the opposing views in such a way to reasonably support the proposals and recommendations made.



### Policy Statement Template cont'd.

#### **Alternative Strategies (Optional)**

If there have been other strategies or interventions implemented that were not successful or less effective than those listed in the Evidence-based Strategies section, describe them here. Document the evidence on the alternative strategies that have been used to address the problem and their outcomes. Compare these strategies against those in the Evidence-based Strategies section (cost effectiveness, reach, equity considerations, etc.).

Also, if a new approach is being recommended that was not described in the Evidence-based Strategies section (<u>i.e.</u> the strategy has not yet been implemented as is being recommended or is otherwise different from what has already been described), it should be described here, including any available evidence to support the anticipated efficacy of the strategy.



### Policy Statement Template cont'd.

#### **Outcome Goals**

This section covers "How will we know when it is better / fixed?" and should indicate VDH's recommended outcome goals related to the public health problem. Think SMART (Specific, Measurable, Attainable, Relevant, Time-based). These should also be tied to the data and research presented to support the problem statement.

#### **Recommended Action Steps**

This section will be used to propose VDH's recommended approaches to the problem and through collaboration among the Policy Analysis Roundtable, Public Health Academic Advisory Council, and other stakeholders, will reflect the agreed-upon strategies to address the problem. The steps should be clear and relate to the stated outcome goals and generally follow the SMART model. The "Time-based" piece of the SMART model will allow for the problems identified in this Agenda to be prioritized and strategically addressed. Each step should also identify its owner(s) and champion(s) (consider using the <u>RACI model</u>). They should be evidence-based, feasible, <u>ethical</u> and equitable, and tied to strategies described earlier. This section should also describe a plan to evaluate implementation of the approved action steps, including performance goals or metrics (SMART) and evaluation timelines.

#### References

This section should be used to cite all references in the policy statement. The references should be from peer-reviewed, up-to-date, and the best available primary sources. The references should be cited in a recognized format (APA, AMA, Chicago), as long as all citations are in the same format.



## **Policy Statement Categories**

- 1. Maternal, Child, and Adolescent Health
- 2. Chronic and Complex Populations
- 3. Health System Costs
- 4. Health Coverage and Access
- 5. Payment and Delivery Reform
- 6. Population Health
- 7. Prescription Drug Pricing
- 8. Environmental Health



### In-Progress Policy Statements

- Food insecurity's effects on adverse birth outcomes (Roundtable-Approved)
- Access to telehealth in rural areas (Office of Health Equity)
- Increased exposure to environmental health risks due to housing inequity
- Food insecurity & overweight/obesity; food access programs' effectiveness with regard to *nutritious* food
- Health & safety protections within migrant and seasonal agricultural worker housing
- Infectious disease surveillance and response in correctional settings (UVA MPP project)
- Funding for comprehensive harm reduction programs
- Rural health workforce shortages & the effect on access to care (VT students)



### **Questions?**

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