

## Department of Planning and Budget 2022 Fiscal Impact Statement

**1. Bill Number:** HB229

**House of Origin**    ☐ Introduced    ☒ Substitute    ☐ Engrossed  
**Second House**    ☐ In Committee    ☐ Substitute    ☐ Enrolled

**2. Patron:** Coyner

**3. Committee:** Health, Welfare and Institutions

**4. Title:** VDH; directed to collect and analyze information regarding social determinants of health.

**5. Summary:** Directs the Department of Health to collect and analyze information regarding demographics and the social determinants of health, defined in the bill, and their impact, including the impact of SDOH on demographics, on health risks and health outcomes of residents of the Commonwealth, and to make information regarding demographics and social determinants of health, their impact on health, and strategies for addressing demographics and social determinants of health to improve health outcomes available to the public on its website.

**6. Budget Amendment Necessary:** Yes, item 292.

**7. Fiscal Impact Estimates:**

**7a. Expenditure Impact:**

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2023	\$126,364	1	01000
2024	\$126,364	1	01000
2025	\$126,364	1	01000
2026	\$126,364	1	01000
2027	\$126,364	1	01000
2028	\$126,364	1	01000
2029	\$126,364	1	01000

**8. Fiscal Implications:** The provisions of this legislation, as amended, state that VDH shall make impacts of the social determinants of health (SDOH) on health risks and health outcomes, including impacts on groups identifiable by demographic data, available to the public on its website. While VDH already reports on SDOH they do not current have the expertise to provide information on how social determinants of health affects the health of each of the groups identified by demographic data. VDH has stated that this is more complex than discussing SDOH, or demographics (health disparities) separately.

The bill defines "demographic data" to mean data and information regarding the race, ethnicity, age and, gender. Some programs may need to assess whether they collect this data and are able to report all of these elements. Other programs may need to update reporting structures, or add all elements to the report. As such there is no single program that collects, analyzes, and reports SDOH or demographic data. Rather, most programs collect such data during the normal course of their work. Programs will select the factors that are important to their work. Additionally, some programs use SDOH & demographic data more than others.

VDH asserts that to analyze the health impacts of SDOH on different demographic groups available, would add another level of analysis with additional expertise. Therefore across multiple programs, the collection and analysis of data to provide information including the impacts of SDOH on health and the impacts on groups identifiable by demographic data, would increase the workload to meet the reporting requirement extensively. Reporting and analysis at this level is done sparingly and as needed for special projects or targeted populations. It is generally not done for routine monitoring and reporting. A broad expectation for this level of complexity requires technical assistance to programs, expertise for analysis, and coordination among programs. In order to manage this effort across the agency, and to provide the technical assistance and coordination, and to perform any advanced analysis required, VDH would require one researcher/data specialist position at \$126,354 annually.

**9. Specific Agency or Political Subdivisions Affected:** Virginia Department of Health.

**10. Technical Amendment Necessary:** No.

**11. Other Comments:** None.