

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, 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.

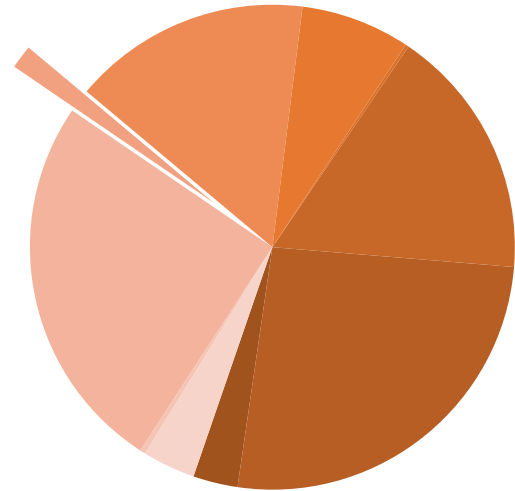
Quadrant Area

% of Health, Wellbeing & Environmental Sustainability

1.6%

Quadrant Expenditure Budget:

\$382,324,748



Programs

Maternal & Child Health	\$306,588
General Medicine	\$3,562,681
Environmental Health	\$1,123,220
Administration/Emergency Preparedness	\$966,820
Agency Expenditure Budget:	\$5,959,309

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 Public Health. State mandated services provided on behalf of Prince William County by Public Health includes childhood immunizations, pre-school physicals for school entry, rabies control, and vital records.

The Board of County Supervisors has enacted additional local mandates for which 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), [35.1-14](#) (Regulations governing restaurants; advisory standards for exempt entities)

County Code: [Chapter 3](#) (Amusements), [Chapter 8](#) (Environmental Protection), [Chapter 10](#) (Concession Stands at Youth Activities), [Chapter 12](#) (Massage Establishments), [Chapter 22 Article I](#) (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)

Expenditure and Revenue Summary



Expenditure by Program	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed	% Change Budget FY26/ Budget FY27
Maternal & Child Health	\$309,685	\$309,685	\$309,685	\$306,588	\$306,588	0.00%
General Medicine	\$3,008,905	\$3,235,625	\$3,386,917	\$3,549,761	\$3,562,681	0.36%
Environmental Health	\$905,420	\$913,162	\$908,429	\$1,003,458	\$1,123,220	11.93%
Administration/Emergency Preparedness	\$264,648	\$282,960	\$263,014	\$803,311	\$966,820	20.35%
Total Expenditures	\$4,488,658	\$4,741,432	\$4,868,045	\$5,663,118	\$5,959,309	5.23%

Expenditure by Classification

Salaries & Benefits	\$1,338,530	\$1,562,023	\$1,710,584	\$2,486,666	\$2,749,817	10.58%
Contractual Services	\$95	\$94	\$1,696	\$1,415	\$1,415	0.00%
Internal Services	\$78,633	\$80,049	\$74,392	\$60,560	\$93,600	54.56%
Purchase of Goods & Services	\$3,071,401	\$3,099,266	\$3,081,373	\$3,145,443	\$3,145,443	0.00%
Reserves & Contingencies	\$0	\$0	\$0	(\$30,966)	(\$30,966)	0.00%
Total Expenditures	\$4,488,658	\$4,741,432	\$4,868,045	\$5,663,118	\$5,959,309	5.23%

Funding Sources

Permits & Fees	\$208,208	\$151,520	\$204,605	\$176,746	\$176,746	0.00%
Revenue from Other Localities	\$104,650	\$111,588	\$115,056	\$118,771	\$121,621	2.40%
Miscellaneous Revenue	\$5	\$20	\$28	\$0	\$0	-
Revenue from Commonwealth	\$822,979	\$297,650	\$161,526	\$403,397	\$203,397	(49.58%)
Total Designated Funding Sources	\$1,135,842	\$560,778	\$481,215	\$698,914	\$501,764	(28.21%)
Net General Tax Support	\$3,352,816	\$4,180,654	\$4,386,830	\$4,964,204	\$5,457,545	9.94%
Net General Tax Support	74.70%	88.17%	90.11%	87.66%	91.58%	



Staff History by Program



Future Outlook

Emerging and Re-emerging Diseases – As part of the Prince William Health District’s (PWHD) mission, PWHD engages in surveillance and tracking of communicable diseases, as well as providing immunizations for vaccine preventable disease(s). Data shows that there is a high incidence of Measles, Whooping Cough, HIV and Tuberculosis cases. There are also new diseases to include Monkey Pox and parasitic infections that have not been seen in Northern Virginia before. The effort to track and combat these diseases will require additional resources and strong community partnerships to mitigate threats to the health of the community.

Growth in Food Establishments – PWHD has seen tremendous growth in the demand for restaurant inspections and other services to include pool and massage parlor inspections related to the hospitality and tourism sector. Currently, PWHD inspects 1,637 food establishments, the majority of which are in the County. PWHD continues to see an increase in the number of food vendors with almost 200 new establishments opening in the County alone since 2021. Moreover, PWHD is experiencing an increase in the number of festivals and other events which may require the issuance of temporary permits and direct participation of Environmental Health Staff.

Increase in Un-Insured and Under-Insured Clients – Since January 2025, PWHD has had a 12% to 20% decrease in Medicaid enrollment which is approximately 10,000 people. This severely limits people’s access to affordable health care and puts a significant financial strain on services provided by health care partners. As PWHD serves all residents, an increase in patients not enrolled in Medicaid will increase state costs and reduce revenue.

Loss of Federal Support and Infrastructure – Changes in the structure of federal public health agencies and services will have a direct impact on local public health capabilities. Reduction in disease surveillance and data collection previously supplied by the Center for Disease Control and other federal agencies will require local health departments to increasingly conduct their own epidemiological analysis and will negatively impact the ability to respond quickly to public health threats. The reduction in disease interventions and prevention measures in other countries could result in an increase in pathogenic infections here. This makes early identification and treatment critical to protecting the local population.

General Overview

- A. FY2026 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 PWHD. The County also provides local support above the match amount for certain local optional services. In FY26, state funding for PWHD was \$3,218,731 and the County match funding was \$2,633,492. The County also provided an additional \$1,869,042 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 FY26 state and County budgeted expenditures for PWHD were \$7,721,265, with the County providing a total of \$4,502,534.
- B. Local Salary Supplement for PWHD State Employees** – Beginning in FY22, PWHD state employees received a 20% local salary supplement, and the supplement continues in the Proposed FY2027 Budget for 107 state employees. The local salary supplement is \$1,575,859 which is a \$32,348 increase from FY26 based on a 2% anticipated state salary increase. The County's 20% local salary supplement remains unchanged. The intent of the local salary supplement is to assist PWHD with retention and recruitment in the Northern Virginia labor market.
- C. Redistribution of Internal Service Fund (ISF) Technology Budget** – The County allocates information technology (IT) costs to agencies through an ISF for all technology activities including 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 radios.

In FY26, funding was allocated in Non-Departmental to support the FY26 internal services fund billings for the Department of Information Technology, and in FY27 this funding is being reallocated to specific agencies to better represent the functional areas supported by these initiatives. In FY27, PWHD's technology bill increased by \$11,168. No technology service levels are changed, and there is no impact to the technology services individual agencies currently receive.

Budget Initiatives

A. Budget Initiatives

1. Senior Emergency Management Specialist – Administration/Emergency Preparedness

Expenditure	\$119,105
Revenue	\$0
General Fund Impact	\$119,105
FTE Positions	1.00

- a. Description** – The increasing complexity and urgency of emergency planning require resources for PWHD to remain prepared to respond effectively to public health emergencies. This initiative provides funding for a Senior Emergency Management Specialist. The Senior Emergency Management Specialist will help PWHD and the County meet federal preparedness standards, protect 544,000 residents, lead emergency preparedness initiatives, conduct risk assessments, train staff, secure vital resources, and ensure a coordinated response to public health emergencies. The total cost for this position is \$119,105, comprised of \$115,765 in ongoing funding and a one-time computer equipment expense of \$3,340.
- b. Service Level Impacts** – This initiative supports the Safe and Secure Community goal's Key Objective and Strategy 5.A of the County's [2025-2028 Strategic Plan](#) to integrate emergency management coordination across all agencies and conduct regular joint training exercises to ensure each agency understands its role and responsibilities, enabling faster, more effective response and recovery efforts during a disaster. This request ensures PWHD is prepared when emergencies arise.

2. One Senior Code Enforcement Inspector – Environmental Health

Expenditure	\$107,815
Revenue	\$0
General Fund Impact	\$107,815
FTE Positions	1.00

- a. Description** – This initiative provides funding for one Senior Code Enforcement Inspector to address a 35.7% increase in food inspections from FY20–FY23, driven by restaurant sector growth and additional food events. Current staffing levels are insufficient to meet inspection demands, despite the addition of two Senior Code Enforcement Inspectors (one funded by the County and one funded by the state) in FY26. The inspection workload indicates a need for additional resources to adequately support current restaurant inspection volumes. The total cost for this position is \$107,815, comprised of \$104,475 in ongoing funding and a one-time computer equipment expense of \$3,340.
- b. Service Level Impacts** – This initiative supports the Service Delivery goal's Key Objective and Strategy 1.B of the County's [2025-2028 Strategic Plan](#) to establish a prioritization plan for improving and filling current gaps in service needs. This initiative addresses the need to keep the public safe by ensuring that food safety and disease prevention are in place, protecting both citizens and business from food borne illness outbreaks.
- **Inspection Services**

FY27 w/o Addition		1,500
FY27 w/ Addition		1,800

Program Summary

Maternal & Child Health

The Maternal & Child Health program improves the health of women and children in the PWDH by assessing their needs and assuring that quality services are accessible. PWDH 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 PWDH 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 entire population of the PWDH.

Key Measures	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Infant deaths per 1,000 live births	5.1	4.6	NA	4.5	4.5
Infant deaths per 1,000 live births (Black, non-hispanic)	7.6	8.6	NA	7.5	7.5

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Women's Wellness & WIC	\$310	\$310	\$310	\$307	\$307
Women seen in EWL cancer screening program	-	74	79	150	100
Overweight participant children (age 2 yrs - 5 yrs) % children ≥ 85th percentile	-	5%	18%	20%	20%
Participants enrolled in the WIC program at the end of the fiscal year	-	-	-	-	13,945
Participants in the WIC program at the end of the fiscal year	7,983	8,221	7,954	8,900	-

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 diseases 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	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Pre-admission nursing home screenings completed within 30 days	34%	74%	82%	90%	90%
Patients completing tuberculosis preventive therapy treatment	85%	83%	94%	90%	90%
Vaccine-preventable disease cases per 100,000 population	11	6	13	10	13
Non-vaccine preventable reportable conditions/100,000 population	83	132	149	100	150
Diagnosed chlamydia cases/100,000 population	404	401	373	450	400
Diagnosed gonorrhea cases/100,000 population	102	125	113	100	100
Diagnosed syphilis cases/100,000 population	12	16	14	15	15
Newly diagnosed HIV cases per 100,000 population	-	-	-	-	13

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Sexually Transmitted Disease	\$247	\$247	\$247	\$245	\$245
Persons seen for sexually transmitted disease services	577	575	539	600	600
Other Communicable Disease Services	\$2,533	\$2,747	\$2,900	\$3,057	\$3,070
Patients receiving tuberculosis preventive therapy	45	148	135	100	100
Suspected tuberculosis follow-ups	88	225	220	100	200
Reportable conditions investigated	29,748	1,711	2,075	2,000	2,100
Private provider reports of positive STI's for review and follow-up	2,509	3,105	2,833	3,000	3,000
Chronic Disease Services	\$116	\$116	\$116	\$115	\$115
Persons screened for nursing home pre-admission and personal care services	961	1,124	1,382	1,150	1,500
Primary Health Care Services	\$112	\$125	\$124	\$133	\$133
Clients served by community partners	523	831	NA	700	775

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	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
The number of foodborne illness complaints in PWC investigated	69	79	55	90	60
Septic tank owners in compliance with Chesapeake Bay Preservation Act	83%	80%	82%	85%	85%
On-site sewage applications completed within 15 days	85%	94%	95%	95%	95%
Founded health and safety menaces corrected	95%	90%	95%	95%	95%
Humans potentially exposed to rabies	1,108	1,149	1,250	1,175	1,200
Swimming pools in compliance with County code requirements	95%	90%	90%	95%	95%

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
On-site Sewage System Permits and Maintenance	\$264	\$270	\$268	\$370	\$490
New on-site sewage applications completed	462	285	264	325	300
Septic tank pump-outs assured	12,496	12,118	12,458	12,500	12,500
Water Supply Protection	\$64	\$64	\$64	\$64	\$64
Number of new well applications	-	65	82	120	100
Inspection Services	\$429	\$431	\$431	\$426	\$426
Food establishment inspections	1,261	1,357	1,554	1,500	1,800
Swimming pool inspections	240	347	257	400	300
Environmental Complaint Investigations	\$98	\$97	\$96	\$94	\$94
Total environmental complaints investigated	121	166	182	220	200
Rabies Control	\$50	\$50	\$50	\$50	\$50
Animal quarantines completed	831	787	1,109	800	1,200

Administration/Emergency Preparedness

The Administration/Emergency Preparedness program includes the divisions of Population Health & Disease Prevention and Emergency Preparedness and Response. These programs integrate state, regional, and local jurisdictions' public health emergency preparedness plans along with routine surveillance/response activities to respond to emergent and non-emergent public health priorities. Initiatives include acute/emerging disease threats as well as routine or endemic public health impacts. Capabilities to conduct these activities rely heavily upon community engagement and community partnerships which are both embedded in these programs. In addition, these shared activities support the ability of health care systems to prepare for and respond to bioterrorism and other public health and health care emergencies. By having a robust cache of Medical Reserve Corp (MRC) volunteers and community engagement strategies, these programs demonstrate a comprehensive approach to navigate related public health outreach and communication. The client base for this program is the entire population of the PWHD.

Key Measures	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Community outreach (number of events)	-	-	-	90	65
Community events during which all hazards preparedness education is provided	10	51	64	60	-
Customers reporting that they received the information or services they needed	99%	99%	NR	99%	-

Program Activities & Workload Measures (Dollar amounts expressed in thousands)	FY23 Actuals	FY24 Actuals	FY25 Actuals	FY26 Adopted	FY27 Proposed
Leadership and Management Oversight/Emergency Preparedness	\$265	\$283	\$263	\$803	\$967
Deployable MRC volunteers	1,019	959	568	1,000	600
Emergency response exercises conducted in collaboration with outside partners	20	9	23	20	20
Onsite school immunizations (number of children seen)	-	-	-	2,400	1,000
Number of trainings or data presentations shared with Comm. Partners/Provide	-	-	-	-	10
Number of hours MRC (served training and deployment)	-	-	-	-	2,000