

**PUBLIC HEALTH DIVISIONAL MANAGEMENT**

**PROGRAM MISSION**

To provide leadership and management to divisional programs in order to prevent health conditions that may affect the well being of the community, and to ensure the overall health and safety of the community.

These goals are accomplished through traditional public health services, which focus on the health of the community as a whole, in contrast to private sector medical care, which focuses on the health of individuals. While many public health services are provided on an individual basis, Public Health services focus on improving and protecting the health and safety of the broader community. There are three general types of public health programs: programs that cannot easily or appropriately be provided by the private sector (such as communicable disease control or restaurant inspections); programs that the private sector traditionally has not provided (such as prenatal care or dental care for the indigent); and population-based preventive health measures (such as occupational health services and public education about good health habits). Another key role of public health programs is to monitor and assess the health status of the community, focusing particularly on communicable disease rates, maternal and infant health outcomes, and leading causes of morbidity and mortality in the community.

Unlike most other Virginia localities, Arlington has special legislation that permits it to administer public health services locally, with the state paying its share of the Cooperative Health Budget to Arlington.

The following chart provides a summary of the budget for the Public Health Division. Expenditures are shown by program.

**Public Health Divisional Summary**

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Divisional Management	\$2,145,871	\$2,341,510	\$2,387,518	2%
Family Health	4,799,875	5,000,022	4,993,338	-
School Health	4,634,662	4,644,705	4,984,483	7%
Environmental Health	1,376,771	1,513,148	1,528,772	1%
Communicable Disease	2,580,471	2,451,899	2,473,024	1%
Laboratory	576,980	610,760	599,332	-2%
Occupational Health	263,580	249,377	263,932	6%
<b>Total Expenditures</b>	<b>16,378,210</b>	<b>16,811,421</b>	<b>17,230,399</b>	<b>2%</b>
Fees	567,563	545,290	575,100	5%
Medicaid	176,211	141,234	172,400	22%
State Share	2,687,999	2,687,997	2,747,933	2%
Federal Grants	717,424	831,010	616,223	-26%
Other Grants	1,186,362	1,112,085	1,008,822	-9%
Miscellaneous	346,038	349,505	358,338	3%
<b>Total Revenues</b>	<b>5,681,597</b>	<b>5,667,121</b>	<b>5,478,816</b>	<b>-3%</b>
<b>Net Tax Support</b>	<b>\$10,696,613</b>	<b>\$11,144,300</b>	<b>\$11,751,583</b>	<b>5%</b>
Authorized FTEs	207.0	204.7	199.2	
Funded FTEs	207.0	204.7	199.2	

**PUBLIC HEALTH DIVISIONAL MANAGEMENT**

The budget for Divisional Management includes expenditures that directly support the programs of the Division, but are budgeted centrally in administration and not allocated to the program level. The Divisional Management staff consists of the County Health Officer; Public Health Division Chief; the Physician Supervisor (who provides management and supervision of the Division's clinical services as well as direct client services in a number of program areas); an Administrative Officer; a Nurse Manager; two Administrative Assistants who provide information and referral services to the public about the Division and direct support to several programs; and one Information Systems Analyst, to support VISION, the state-mandated automated system. Unallocated expenses (\$1,682,086) directly supporting program activities include building and equipment rental (\$1,001,497), telephone and utilities (\$178,219), system-wide automation services and maintenance (\$66,130), malpractice insurance (\$211,600), postage (\$20,000), building security (\$1,215), recruitment expenses (\$12,000) and physician and clinical services supervision (\$191,425).

**PROGRAM FINANCIAL SUMMARY**

	FY 2005 Actual	FY 2006 Adopted	FY 2007 Proposed	% Change '06 to '07
Personnel	\$703,410	\$900,185	\$856,923	-5%
Non-Personnel	1,442,461	1,523,548	1,530,595	-
Sub total	2,145,871	2,423,733	2,387,518	-1%
Inter-Departmental Credits	-	(82,223)	-	-100%
<b>Total Expenditures</b>	<b>2,145,871</b>	<b>2,341,510</b>	<b>2,387,518</b>	<b>2%</b>
Fees	103	500	500	-
State Share	336,000	444,957	523,521	18%
<b>Total Revenues</b>	<b>336,103</b>	<b>445,457</b>	<b>524,021</b>	<b>18%</b>
<b>Net Tax Support</b>	<b>\$1,809,768</b>	<b>\$1,896,053</b>	<b>\$1,863,497</b>	<b>-2%</b>
Authorized FTEs	9.0	8.0	8.0	
Funded FTEs	9.0	8.0	8.0	

**SIGNIFICANT BUDGET HIGHLIGHTS**

- ↓ Personnel expenses reflect a two percent market pay line adjustment, a 10% increase in employer health insurance costs, and an increase in employer retirement contributions to maintain full funding of the retirement fund, offset by reductions due to staff turnover.
- ↑ State share increased as a result of a new allocation formula that spreads VDH CO-OP monies across divisional programs. Total FY 2007 CO-OP funds are not projected to increase.
- ↓ The Inter-Departmental Transfer (\$82,223) is a credit from the Fire Department/Office of Emergency Management to reimburse for part of the cost of the Health Officer's salary. This will end in FY 2006.

PUBLIC HEALTH DIVISIONAL MANAGEMENT

PERFORMANCE MEASURES

	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate	FY 2007 Goal
Percent of approved net tax support expended	109%	104%	102%	99%	98%	98%	98%
Percent of budgeted third party reimbursement revenue received	132%	125%	97%	94%	100%	100%	100%
Percent of divisional employees meeting basic computer related competencies	N/A	70%	90%	99%	99%	95%	95%
Number of Arlington community-based organizations contacted during public health outreach	N/A	N/A	15	24	24	25	25
Public Health Division Bureaus will demonstrate client satisfaction rates of at least 80%	N/A	N/A	80%	100%	100%	100%	100%
Percent of community physicians satisfied with the Public Health Division's role in community preparedness	N/A	N/A	N/A	N/A	90%	90%	90%