
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 to individuals, 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, restaurant inspections, and public health preparedness and response); 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 school health services and public education about good health habits). The unique role in public health preparedness and response includes ongoing monitoring of disease patterns, planning and implementing the Public Health Division response to public health emergencies, such as communicable disease outbreaks and potential bioterrorism events, and demands dynamic engagement in multiple local, regional and state partnerships. Another key role of public health programs is to monitor and assess the health status of the community, focusing particularly on communicable disease rates and maternal and infant health outcomes.

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.

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Public Health Divisional Summary

	FY 2006 Actual	FY 2007 Revised	FY 2008 Proposed	% Change '07 to '08
Divisional Management	\$2,127,124	\$2,823,953	\$2,638,781	-7%
Family Health	5,928,503	5,228,348	5,440,873	4%
School Health	4,547,170	4,901,303	5,111,758	4%
Environmental Health	1,434,476	1,425,415	1,447,461	2%
Communicable Disease	2,377,510	2,335,248	2,340,935	-
Laboratory	596,771	612,713	635,619	4%
Occupational Health	257,489	171,364	172,727	1%
Total Expenditures	17,269,043	17,498,344	17,788,154	2%
Fees	568,166	568,100	586,400	3%
Medicaid	164,903	172,400	166,600	-3%
State Share	3,403,452	2,841,360	2,942,115	4%
Federal Grants	439,771	587,077	595,666	1%
Other Grants	1,009,196	1,369,268	1,214,894	-11%
Miscellaneous	51,904	36,000	18,000	-50%
Total Revenues	5,637,392	5,574,205	5,523,675	-1%
Net Tax Support	\$11,631,651	\$11,924,139	\$12,264,479	3%
Authorized FTEs	204.7	197.2	197.22	
Funded FTEs	204.7	197.2	197.22	

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 Public Health Director; 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; and one Bio-Terrorism Planner; and one Epidemiologist. Unallocated expenses (\$1,705,857) directly supporting program activities include building and equipment rental (\$1,030,266), telephone and utilities (\$203,483), 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 (\$161,163).

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PROGRAM FINANCIAL SUMMARY

	FY 2006 Actual	FY 2007 Revised	FY 2008 Proposed	% Change '07 to '08
Personnel	\$708,031	\$1,029,478	\$1,037,881	1%
Non-Personnel	1,419,093	1,794,475	1,600,900	-11%
Total Expenditures	2,127,124	2,823,953	2,638,781	-7%
Fees	2,125	500	500	-
State Share	666,123	523,521	632,303	21%
Other Grants	65,603	428,946	174,782	-59%
Total Revenues	733,851	952,967	807,585	-15%
Net Tax Support	\$1,393,273	\$1,870,986	\$1,831,196	-2%
Authorized FTEs	8.0	10.0	10.0	
Funded FTEs	8.0	10.0	10.0	

SIGNIFICANT BUDGET HIGHLIGHTS

- ↑ Personnel expenditures include normal salary increases, an increase in employer retirement contributions to maintain full funding of the retirement fund, and a 15 percent increase in employer health insurance rates.
- ↓ Non-personnel expenses decreased as a result of one-time grant funding in FY 2007. These decreases are offset by rent increases and electricity increases based on actual spending and rate adjustments.
- ↑ State share revenue increased as a result of a new allocation formula that spreads Virginia Department of Health Cooperative Agreement (VDH Coop) monies across divisional programs. Total VDH Coop revenue increased across the Public Health Division by \$194,182 in FY 2008.
- ↓ Other grants decreased as result of one-time grant funding in FY 2007.

PERFORMANCE MEASURES

Critical Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Percent of children adequately immunized by 24 months (Kindergarten Retrospective Study)	67%	73%	76%	78%	79%	80%	80%
Percent of food establishments inspected	N/A	N/A	N/A	74%	74%	74%	80%
Number of new tuberculosis cases	42	29	33	18	30	30	30

Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Number of Arlington community-based organizations contacted during public health outreach	N/A	15	24	20	25	25	25
Public Health Division bureaus will demonstrate client satisfaction rates of at least 80 percent	N/A	80%	100%	90%	100%	95%	95%

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Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Percent of community physicians satisfied with the Public Health Division's role in community preparedness	N/A	N/A	N/A	95%	95%	90%	90%
Percent of budgeted third party reimbursement revenue received	125%	97%	94%	90%	100%	100%	100%
Percent of approved net tax support expended	104%	102%	99%	99%	100%	100%	98%

- New tuberculosis cases primarily in foreign born population.