
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 2007 Actual	FY 2008 Revised	FY 2009 Proposed	% Change '08 to '09
Divisional Management	\$2,565,986	\$2,649,013	\$2,853,768	8%
Family Health	5,163,293	5,499,016	5,444,091	-1%
School Health	5,170,531	5,081,588	5,315,636	5%
Environmental Health	1,372,076	1,467,453	1,481,257	1%
Communicable Disease	2,186,218	2,452,394	2,445,082	-
Laboratory	628,896	641,790	640,513	-
Occupational Health	184,076	174,579	178,102	2%
Total Expenditures	17,271,076	17,965,833	18,358,449	2%
Fees	562,986	586,400	582,100	-1%
Medicaid	149,766	166,600	157,800	-5%
State Share	3,056,686	2,942,115	3,106,637	6%
Federal Grants	727,522	595,666	498,075	-16%
Other Grants	637,513	677,226	665,573	-2%
Miscellaneous	543,824	555,668	581,442	5%
Total Revenues	5,678,297	5,523,675	5,591,627	1%
Net Tax Support	\$11,592,779	\$12,442,158	\$12,766,822	3%
Permanent FTEs	195.7	195.72	194.87	
Temporary FTEs	1.5	1.50	1.50	
Total Authorized FTEs	197.2	197.22	196.37	

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; one Information Systems Analyst, to support VISION, the state-mandated automated system; one Bio-Terrorism Planner; and one Epidemiologist. Unallocated expenses (\$1,845,347) directly supporting program activities include building and equipment rental (\$1,051,252), telephone and utilities (\$215,937), system-wide automation services and maintenance (\$122,036), malpractice insurance (\$211,600), postage (\$20,300), building security (\$1,215), recruitment expenses (\$12,000) and physician and clinical services supervision (\$211,007).

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PROGRAM FINANCIAL SUMMARY

	FY 2007 Actual	FY 2008 Revised	FY 2009 Proposed	% Change '08 to '09
Personnel	\$1,055,023	\$1,048,113	\$1,223,248	17%
Non-Personnel	1,510,963	1,600,900	1,630,520	2%
Total Expenditures	2,565,986	2,649,013	2,853,768	8%
Fees	977	500	500	-
State Share	751,354	717,703	747,708	4%
Other Grants	183,302	174,782	174,782	-
Total Revenues	935,633	892,985	922,990	3%
Net Tax Support	\$1,630,353	\$1,756,028	\$1,930,778	10%
Permanent FTEs	10.0	10.0	11.0	
Temporary FTEs	-	-	-	
Total Authorized FTEs	10.0	10.0	11.0	

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 ten percent increase in employer health insurance rates. One FTE is moving to Divisional Management from the Communicable Disease bureau.
- ↑ Non-personnel expenditures include utility cost increases based on anticipated rate adjustments, and non-discretionary contractual increases. These increases are partially offset by a reduction in the training budget.
- ↑ 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 \$164,522 in FY 2009.

PERFORMANCE MEASURES

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Number of new tuberculosis cases	29	33	18	29	35	35	35
Percent of children adequately immunized by 24 months (Kindergarten Retrospective Study)	73%	76%	78%	88%	90%	90%	90%
Percent of food establishments inspected	N/A	N/A	74%	66%	70%	72%	95%

Supporting Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent of approved net tax support expended	102%	99%	99%	99%	100%	99%	100%
Percent of budgeted third party reimbursement revenue received	97%	94%	90%	100%	100%	100%	100%
Number of Arlington community-based organizations contacted during public health outreach	15	24	20	25	60	40	40
Public Health Division Bureaus client satisfaction rate	80%	100%	90%	100%	95%	95%	95%

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Supporting Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent of community partners satisfied with the Public Health Division's role in community preparedness	N/A	N/A	95%	90%	90%	90%	90%

- New tuberculosis cases are primarily in foreign born population.