

THE DATABOOK

A Research Report
Prepared for the
St. Louis Regional
Health Commission
by Inneval LLC

Governmental Public Health Services Study for St. Louis City and County

Supplement to the
Community Health Infrastructure Assessment

This section has been extracted from a larger report called the *Community Health Infrastructure Assessment for St. Louis City and County*. For information about the context of the findings, research methods, focus areas and overall conclusions, please refer to the larger report or contact the authors.



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Opening Remarks

This study has been developed as a part of a comprehensive community health assessment completed by Inneval LLC, at the request and direction of the St. Louis Regional Health Commission. The intent of this supplemental study is to provide a fact-based “snapshot” of governmental public health services currently provided in St. Louis City and St. Louis County. Further data on the comprehensive community health infrastructure in St. Louis City and County may be found in the Community Health Infrastructure Assessment.

Through our research, we have found that the missions of the departments of health in St. Louis City and County are quite similar. They both work to assure a healthy community and optimal health for people who live, work, or visit St. Louis City or County through monitoring, assessing, and developing programs that protect and promote the public’s health.

However, the data in this report suggests that the health departments of St. Louis City (“City DOH”) and the County (“County DOH”) execute these missions in different ways. These differences reflect two approaches to public health services delivery that are common in the United States today. The City DOH largely provides population health services, focusing on the core functions of public health, including assessment and assurance. In addition, it contracts for the delivery of medical care and other clinical-based services, through established primary and secondary care providers or community-based service organizations. Alternatively, County DOH employs a different model, providing comprehensive medical care services as an aspect of assurance through three community health centers while integrating delivery of population health services with primary care. Unlike City DOH, County DOH also directs a significant amount of its resources toward correctional medicine and medical examiner services.

The organization and functions of the departments differ as a result of the population size and composition of each jurisdiction, environmental circumstances, funding sources, and the prevalence of diseases in each population. For example, County DOH expends approximately the same total amount on population health services as the City DOH despite its larger population. Population-based health services include communicable disease control (e.g., sexually-transmitted diseases, TB, etc.), environmental health services (e.g., air quality, food inspections, mosquito spraying), bioterrorism, and health promotion/education. A portion of the differences in per capita spending on population health services (\$12 County DOH versus \$54 City DOH) is attributable to the greater burden of communicable disease in the City, older housing stock, and role as regional administrator for federal HIV/AIDS programs.

In this report, the differences in organization and functioning between the departments are illustrated through a detailed analysis of the income sources, expenditures, and personnel for the services that are provided by each unit. This analysis suggests complimentary rather than duplicative functions based on the overall needs of the region. Collaboration between City DOH and County DOH is evident in areas such as bio-terrorism and reducing the spread of HIV/AIDS and other sexually-transmitted diseases, and department leaders have committed to exploring new services and efficiencies through partnership in the future.

Governmental public health departments in St. Louis City and County allocate less than 5% of their total resources to promotion efforts for the prevention of chronic conditions such as heart disease, diabetes, and cancer. Rather, resource deployment has been concentrated instead on immediate public health needs, such as environmental inspections and communicable disease monitoring, or the provision of medical care to the underserved and uninsured.

It is our intent that the findings of this report will be used to develop recommendations for community health improvement and calls for additional research which will support additional regional health planning efforts in the future.

<< Insert Letter from St. Louis City Department of Health Here >>

<< Insert Letter from St. Louis County Department of Health Here >>

Summary Observations

Listed below are summary observations about the departments of health serving St. Louis City (City DOH) and St. Louis County (County DOH). Supporting evidence and detailed information follows in the remainder of the report.

1. *Mission.* City DOH and County DOH operationalize similar missions in different ways. For many services, City DOH acts as a fiduciary agent and manages contractors to provide specific public health services, such as Ryan White Care Act (HIV/AIDS) Title 1 and 2, medical care for the indigent (via Connect Care), and heart disease prevention (via Healthy Heart). County DOH takes a holistic approach with coordination among its sub-units to provide direct services, including medical care.
2. *Tax and Fee Financing Differences.* The County DOH has a “health fund” to which dedicated taxes and fees are directly deposited and restricted for use by the health department. Fees charged by the City DOH are deposited into the general revenue fund and annual appropriations for the City DOH budget are made from use tax and/or general revenue.
3. *Medical Care.* The County DOH provides medical care at 3 health centers and the jail. With the exception of an STD clinic (for communicable disease testing, counseling and treatment), the City DOH does not directly provide medical care. 56% (or \$28M) of the County DOH budget is for medical care costs and 19% (or \$5M) of the City DOH budget is provided to ConnectCare for medical care services.
4. *Grant Support Reliance.* State and federal grant/contracts support approximately 51% of the City DOH budget versus 6% of County DOH budget.
5. *Total Expenditures.* Combined, the City and County spend \$76M through their health departments: City DOH \$26M, County DOH \$50M.
6. *Administrative Expense Equivalence.* Despite substantial differences in scope of services and population size, the administration expense for City DOH and County DOH are nearly equivalent: City DOH \$2.3M, County DOH \$2.0M. The differences as a percentage of total budget (9% and 4%, respectively) may be explained by differences in scope of services and sources of funding.
7. *Employees and Contractors.* City DOH and County DOH use contracted vendors for the provision of core public health services. City DOH spends 53% (or \$13.9M) of its budget on contracted services; County DOH spends 19% (or \$9.5M). City DOH employs 219 FTEs; County DOH employs 452 FTEs.
8. *Staffing.* Mean salary per FTE is 8% higher for County DOH versus City DOH: City DOH \$39,600, County DOH \$42,900. As a percentage of salary, benefits are significantly higher for County DOH versus City DOH: City DOH 23%, County DOH 38%.
9. *Population Health Workforce and Services.* City DOH and County DOH employ a similar number of people for the provision and management of population health services: City DOH 193 FTEs, County DOH 188 FTEs. From a regional perspective, there is one population health worker for every 3,300 people, and 41% of the combined DOH funds are spent on population health services. On a per capita basis, City DOH (\$54) spends four times more than County DOH (\$12) on population health services. As a combined region, the per capita cost for population health services is \$23.

10. *Intra-governmental Dependence.* The provision of public health services in the City DOH and County DOH rely on other government departments for support such as facilities, information technology, human resources, vehicles, planning, fee collection, and service provision. Such dependence is different for City DOH and County DOH. The County DOH is directly charged for such intra-government services whereas City DOH is not.

Introduction

About Public Health

Public health is the organized community effort of systems that enable disease prevention, detection and treatment for all members of a community. The role of governmental and non-governmental public health organizations is to ensure society's interest in a standard-of-living adequate for the maintenance of health. Toward this goal, such agencies provide services for the sanitation of the environment, control of communicable infections, prevention of injury, education of individuals, promotion of healthy behaviors, development of policies and evaluation for service improvement.

Complementary Supplement to Prior Work

This report has been prepared as a complementary supplement to *The Databook: Assessment of a Regional Community Health Infrastructure – St. Louis City and County, Missouri* which was accepted by the St. Louis Regional Health Commission (RHC) as a consultant's report. The contents of this report are limited to the activities and organization of public health services provided by the two departments of health operating in St. Louis City and Saint Louis County.

Purpose of this Report

The overall goal of the assessment process was to identify current strengths as well as potential opportunities for increased collaboration in the delivery of governmental public health services to the region. The results provide a basis for building dialogue and recommendations for improving community health and public health services.

Workgroup Guided Research and Analysis

In January 2004 a Public Health Workgroup assembled by the RHC initiated a project to conduct a comprehensive assessment of the delivery of governmental public health services in the City and County. This report contains the research requested by the Workgroup through examination of the City of St. Louis Department of Health (City DOH) and the Saint Louis County Department of Health (County DOH). The Workgroup provided goals, guidance and assistance with data collection. Data collection instruments and methods were reviewed, discussed and approved by the Workgroup. Workgroup members are listed in Appendix 4.

During 2004 executive leadership changed in the City DOH and County DOH. In the midst of reorganization, the timeline for this report was extended and scope changed to include the most recently approved budget year, fiscal year (FY2005). In 2005 members of RHC's Public Health Workgroup joined the members of its Community Health Workgroup to continue to inform the assessment process and combine planning efforts for improving the overall community health infrastructure.

Funding

The research and planning activities for this project were supported by funds from the Missouri Foundation for Health's community health assessment initiative.

Research and Analysis Methodology

Phased Surveys and Interviews for City DOH and County DOH

This assessment gathered information on the overall structure of City DOH and County DOH, their financial resources and expenditures, human resources capabilities, and the type and extent of the specific services offered. Initially, the project examined information for fiscal years 2002, 2003, and 2004. However, the project timeline was modified to permit examination of the most recent and relevant data, FY2005; the emphasis is placed there. The assessment occurred in three phases, allowing for information gathered in earlier phases to constrain the amount of information requested later. Copies of the survey instruments can be found in *Budget Analysis Supporting Documents: St. Louis City and County FY2005*.

The first phase of the assessment was to gather basic information on each department as a whole. This information was analyzed as part of the assessment but also provided the basis to create specific requests for information in the second phase of the assessment. In this phase of the assessment, information regarding mission statements, organization charts, and office locations was collected.

The purpose of the second phase of the assessment was to collect specific information on financing, personnel, and collaborators. In this phase, detailed information was collected on the general sources of all income to the departments and the general categories of all personnel and non-personnel expenditures. Income by source and expenditures by category were also requested for each subunit of the department. With regard to personnel, information was collected on full-time, part-time, and contract employees as well as consultants. For each of these categories, aggregated information was provided for workers by educational level and the unit of the department in which they worked. The departments were also given a list of services and were asked to indicate if they offered the service alone, in conjunction with the other department, or with other collaborators or, if they did not provide the service, whether any other agency in the city or county offered it. To facilitate identification of collaborators, a listing of types of organizations with which they might be working was attached.

The final or third phase of the assessment gathered information on the services that the department indicated in phase two that they provided alone or with others. With regard to each service, the departments were asked to provide information on:

- the name of the subunit providing the service,
- the nature of the service as primary, secondary or tertiary prevention or medical care,
- amount of expenditures for the service,
- source of funding for the service,
- number of full-time equivalent (FTE) employees or consultants associated with the service,
- the ten essential services provided through the service,
- the location at which the service was provided, and
- the volume or number of contacts resulting from the service.

Survey instruments for the third phase were augmented with one-on-one interviews with department leaders from City DOH and County DOH. The interview format was deemed to be an efficient means for collecting the information. City DOH and County DOH officials responded to follow-up questions of clarification asked by the research team before and after interviews were conducted. Preliminary analyses were reviewed by representatives of each DOH to assess accuracy and offer explanations.

Different Fiscal Years

The City’s fiscal year is July 1 – June 30 while the County’s fiscal year is the same as the calendar year (January 1 – December 31). Unless otherwise stated, financial information from fiscal year 2005 (FY2005) is presented for the City DOH and County DOH.

Functional Units

A common set of functional units has been created to capture the services of City DOH and County DOH. These units permit comparative analysis by accommodating, to the extent possible, differences in their organizational structure, budgeting, and scope of services. A table in Appendix 1 shows the linkage between the functional units and the source budget accounts. Worksheets which document the recasting of budget information for the City DOH and County DOH are available in a separate document called *Budget Analysis Supporting Documents: St. Louis City and County FY2005*. A description of services provided within each functional unit is shown below.

DOH Functional Units	Description
Administration	
Admin and Planning	general administration, grant writing/development, personnel management, fiscal services, epidemiological research/planning
Population Health Services	
Communicable Disease Control	screening for STDs, case identification and tracking, HIV/AIDS service programs, TB control
Health Education and Promotion	health education, outreach, chronic disease control and prevention, cancer education, sickle cell, community-based nutrition education
Environmental	air quality monitoring, restaurant inspection, food quality monitoring, waste management, sanitation, animal control, vector control, laboratory, lead poisoning prevention
Bioterrorism	emergency preparedness, bioterrorism prevention planning
Personal Health Services	
Medical Services	outpatient medical care, prescription medications
Correctional Medicine	medical care for inmates, prescription medications
Nutrition	nutrition counseling associated with the WIC program
Other Services	
Vital Records	storage and access to birth and death certificates
Misc	print shop
Other Services	medical examiner, neighborhood preservation inspections, support services for drug court
Intra-Government Charges	
Other Management Costs	central service charges for information technology and human resources, adjustments for funds received from other government departments

Data Analysis

City DOH, County DOH and St. Louis Region. The City DOH and County DOH budgets were recast into the functional units specified above. Each line item of the budget was reviewed. When insufficient information was presented in source documents provided by the DOH, the research team clarified expenses with DOH staff. To provide a reasonable estimate of expenditures and description of services for the region, City DOH and County DOH functional units were added together to represent the region. For the purposes of this report, the term “Region” refers to the combination of City DOH and County DOH.

National Comparison. The best source of national comparison data is the *Local Public Health Agency Chartbook* prepared by the National Association of County and City Health Officials in 2001. Potential comparisons can be made with regard to reporting relationships, mean and median expenditures, funding sources, services provided, employees by work status and job category, and collaborators. The utility of this information was deemed quite limited because the base year data collection was 1999 and significant changes have occurred in public health since 1999—especially as a result of the 9-11 and a new emphasis on bioterrorism prevention and emergency response. A more dated study published in 1996 entitled *Measuring Expenditures for Essential Health Services – Phase II* provides some comparative information on population health spending as well.

Selected Comparison Regions. The Workgroup requested research on other regions to which City DOH and County DOH services, structure, and financing could be compared. These comparison regions were chosen based on their known variety in organizational structure and similarity to the St. Louis region in terms of population size and relationship to state government. A survey was developed for the selected comparison regions. Information was collected from the following regions for presentation to Workgroup members:

- Maricopa County (includes City of Phoenix, Arizona)
- DeKalb County (suburban county north of Atlanta, Georgia)
- Davidson County-City of Nashville (serves uni-government structure of Davidson County-City of Nashville, Tennessee)
- City of Columbus (Columbus, Ohio)
- Tarrant County (Fort Worth, Texas)

Data Limitations and Caution

Great care has been taken to ensure the accuracy of this report. However, given the complexity of many measures, caution should be taken in drawing conclusions from the data. All data in this report were obtained from other sources, namely the City DOH and County DOH. Even within the data that these agencies report could be errors to incorrect coding, improper categorization or miscommunication. City and County DOHs were given the opportunity to verify data for accuracy and clarity. Neither Inneval nor RHC is attesting to the accuracy of all data in this report. Readers are encouraged to read the full report and contact RHC or Inneval with any questions concerning methodology, analysis and interpretation.

Mission

While similar in intent, the missions of City DOH and County DOH are operationalized quite differently. City DOH focuses its efforts on core population health services, including but not limited to communicable disease control and enforcement of environmental and sanitation ordinances. County DOH integrates its similar population health services with personal health services (e.g. medical care) delivered through its three comprehensive health centers. In addition, County DOH provides related health services to other aspects of County operations, most notably medical care to inmates. The missions of City DOH and County DOH are presented below.

City DOH

To assure a healthy community through continuous protection, prevention and promotion of the public's health. This is achieved by caring, qualified, culturally competent employees who are responsive and proactive to community needs.

County DOH

Saint Louis County, Department of Health promotes optimal health for people who live, work, or visit the County. This is accomplished by monitoring and assessing the public health status of the County, and developing programs and/or policies that prevent illness or injury.

Organizational Structure

Service Area

There are four basic categories for classifying health departments in the United States.

- *county*: serve an entire county (e.g., St. Louis County)
- *city*: serve a city (e.g., St. Louis City)
- *city-county*: serve a city and the adjoining county
- *multi-county*: serve more than one county

The distribution of departments throughout the United States based on this categorization is 60% county departments, 10% city departments, 7% city-county departments, 15% town-township departments (a category that is not relevant to the St. Louis situation), and 8% multi-county, district or regional departments. This distribution has not changed dramatically over the past 10 years.

Governance and Authority

Further refinement within these categories occurs based on two other characteristics: (1) the reporting relationship of the director and (2) the relationship to state government. Reporting relationships include reporting to (a) a local board of health with fiduciary responsibility (56% of all health departments), (b) the state director of health (13%), (c) county commissioner or executive (12%), (d) county or city council (9%), (e) city or town manager (6%), (f) dual reporting relationships (3%), and (g) board of a hospital or other organization (1%). On average, city-county and multi-county departments are more likely to report to boards of health, while city and county departments are less likely to report to boards, although reporting to a board remains the primary type of relationship for each group. City and county departments report more frequently than other types to county or city councils, county executives, or city managers. The Director of the County DOH is appointed by the County Executive. Likewise, the Director of the City DOH is appointed by the Mayor. Both the City DOH and County DOH have boards that advise their respective directors. Public health ordinances are processed through their respective legislative bodies.

Relationship to State Government

Possible relationships to state government include (a) centralized relationships in which the department is a subdivision of the state department, (b) decentralized relationships in which the department is autonomous from state authority, (c) mixed relationships in which departments have a centralized relationship with the state if local government does not create a department, and (d) shared relationships in which control of the department is shared by the state and a local government entity. The second category – decentralized – describes the City and County DOHs.

Management Structure

Appendices 2 and 3 present the organizational charts for the City DOH and County DOH. While there are differences in the services offered by each, both have a similar organizational structure of centralized general administration with departments organized according to three broad categories of Pickett and Hanlon's¹ standard comprehensive list of services: community health services, environmental health services, and personal health services.

Some differences in management structure are likely attributable to differences in services offered and way they are delivered. The County DOH operates three comprehensive health centers, while City DOH does not directly provide these services. The City DOH

¹ Pickett and Hanlon, *Public Health: Administration and Practice*, Times Mirror/Msoby College Publishing: St. Louis, Missouri, 1990.

outsources many activities to partners whereas the County DOH is more directly involved as an organization in service provision.

Funding

Tax and Grant Sources

The sources of funding are quite different in the City DOH and County DOH. Approximately one-half of the City budget is provided from grants/contracts, primarily with the State of Missouri, United States government, and Missouri Foundation for Health. The balance of the budget is appropriated from local use tax revenue.

More than 90% of County DOH's budget is funded by local taxes collected through the *health fund*, a specific tax vehicle dedicated to the provision of public health services. Less than 10% of County DOH funds are provided from grants/contracts. Nearly all of the County DOH's grant/contract funding is provided by the State of Missouri. In most cases, the State of Missouri acts as a distributor of federal program funds to the City DOH and County DOH.

A national survey reported that metropolitan local public health agencies received 72% of their budget funds from taxes and fees: 58% from local government and 14% from fees (aka, service reimbursement). City DOH is much lower than this national statistic and County DOH is much higher.

Table 1

<i>Sources of Funding FY2005</i>						
	CITY DOH		COUNTY DOH		Region	
Taxes and Fees	13,176,973	51%	46,799,051	94%	59,976,024	79%
Grants and Contracts	12,902,828	49%	3,060,724	6%	15,963,552	21%
Total	<u>26,079,801</u>		<u>49,859,775</u>		<u>75,939,576</u>	

Fees for Direct Services

Fee collection for direct services, such as patient visits, inspections, and vital record certificates, are managed differently in the City DOH and County DOH. In the City, such fees are deposited into the general revenue fund for all municipal operations. In the County, fees are deposited into the *health fund* and their use is restricted to County DOH expenses in the following year.

Fees pay for a portion of City and County DOH operations. The County DOH estimates that it will collect \$14.0 million in fees during FY2005. Of these fees, \$5.5 are related to population health services (i.e., environmental) and the remaining \$8.5 is for personal health services (i.e., medical care). Thus, County DOH recovers 31% of total *health fund* (aka, non-grant/contract funded) expenditures (\$46,800,000) through service fees.

City DOH estimates² that it recaptures 2.5% of its total non-grant/contract funded expenditures through service fees.

² Estimate based on FY2004 data provided by City DOH.

Employees and Contracted Services

FTEs. The labor force of City DOH and County DOH are deployed in different ways. Despite differences in size of service area, each DOH employs approximately the same number of people in three key units: (1) Administration and Planning, (2) Health Education and Promotion, and (3) Environmental.

However, City DOH's 67 FTEs in the Communicable Disease Control unit is more than 2 times greater than County DOH. A portion of this difference can be explained by two facts (1) although adjustments have been made to permit comparison and summation, County DOH communicable disease control services are provided as part of its Medical Services unit at three health centers and (2) City DOH FTEs include staffing for HIV/AIDS initiatives (e.g., Metro AIDS) that provide services for both City and County residents under a special arrangement between City and County.

Salary and Wages. Salary per FTE is 8% higher for County DOH (\$42,891) as compared to City DOH (\$39,544). This difference is relatively consistent among all functional units with the exception of Administration and Planning where City DOH salary per FTE is higher. Given the higher proportion of medical service professionals employed by County DOH health centers, including registered nurses, registered dietitians, and nurse practitioners, it is not surprising that the average wage rates for County DOH staff is higher than City DOH.

Benefits. Employment costs are higher for County DOH due to benefits. As a percentage of salary, benefits are 38% for County DOH and 23% for City DOH. An analysis of the benefit packages was not completed for this project.

Table 2

	CITY DOH				COUNTY DOH			
	FTEs	Salary/FTE	Benefits/FTE	Benefits as a % of Salary	FTEs	Salary/FTE	Benefits/FTE	Benefits as a % of Salary
<u>Staffing Analysis</u>								
FY2005								
<u>Administration</u>								
Admin and Planning	26.0	\$ 50,257	\$ 10,631	21%	24.0	\$ 46,703	\$ 17,697	38%
<u>Population Health Services</u>								
Comm Disease Control	67.0	\$ 38,189	\$ 8,917	23%	25.0	\$ 43,657	\$ 16,940	39%
Health Education and Promotion	20.0	\$ 40,075	\$ 9,212	23%	28.0	\$ 42,467	\$ 16,599	39%
Environmental	106.0	\$ 37,672	\$ 8,863	24%	126.9	\$ 40,530	\$ 15,452	38%
Bioterrorism	n/a - jobs are contracted				8.0	\$ 45,783	\$ 16,086	35%
<u>Personal Health Services</u>								
Medical Services		n/a			145.9	\$ 41,390	\$ 16,095	39%
Correctional Medicine		n/a			40.4	\$ 58,513	\$ 19,974	34%
Nutrition		n/a			25.3	\$ 30,349	\$ 10,378	34%
<u>Other Services</u>								
Vital Records		n/a			4.0	\$ 25,080	\$ 11,890	47%
Misc		n/a			7.0	\$ 33,115	\$ 14,081	43%
Other Services		n/a			17.8	\$ 55,395	\$ 17,728	32%
TOTAL	219.0	\$ 39,544	\$ 9,121	23%	452.3	\$ 42,891	\$ 16,100	38%

Table 3

<i>Employees and Contractors</i>					
<i>FY2005</i>					
	CITY DOH			COUNTY DOH	
Salaries and Wages and Benefits	\$	10,657,607	41%	\$	26,681,598 54%
Contractual and Other Services	\$	13,909,625	53%	\$	9,528,671 19%
All Other Expenses	\$	1,512,569	6%	\$	13,649,507 27%
Total		<u>\$ 26,079,801</u>			<u>\$ 49,859,775</u>

Contracted Services. Both departments use contracted vendors for the provision of some core public health services. As a percentage of the overall budget, County DOH spends 19% (\$9.5 million) on contracted services and City DOH spends 53% (\$13.9 million). The major recipients of County DOH's \$9.5 million for contracted services are: (1) Institute for Family Medicine for primary care medical services (i.e., physicians) provided at three health centers (\$2.1 million), (2) contractors for specialized medical care, including psychiatry to inmates (\$1.3 million), (3) Connect Care for specialty medical care referrals (\$850,000), and (4) reference laboratories (\$685,000).

The following programs use most of City DOH's \$13.9 million for contracted services: (1) \$5 million is a contribution to ConnectCare for medical care services to the indigent/uninsured, (2) \$4.9 million for HIV/AIDS Title 1 and 2 Programs (i.e., Metro AIDS), and (3) \$0.5 million for the Missouri Foundation for Health-funded Healthy Heart program.

Analysis by Functional Unit

The budgets and activities of City DOH and County DOH have been recast into five functional unit categories:

- Administration
- Population Health Services
- Personal Health Services
- Other Service, and
- Intra-Government Charges.

The combined budgets of City DOH and County DOH are approximately \$76 million. From a regional perspective, nearly-equivalent amounts are spent on population health services (41%) and personal health services (44%) by the two health departments. The regional total for administration and planning is \$4.4 million, or 6% of all expenditures. Table 4 presents the amount of funding by functional unit and DOH. A detailed description of each functional unit category is presented on the following pages.

Table 4

Summary of Functional Units							
Public Health Services Assessment							
St. Louis Regional Health Commission							
	CITY DOH		COUNTY DOH		Region		
<u>Administration</u>							
Admin and Planning	2,344,088		2,060,920	-	4,405,008		
Total		2,344,088		2,060,920		4,405,008	6%
<u>Population Health Services</u>							
Comm Disease Control	10,626,553	-	1,725,543	-	12,352,096	-	
Health Education and Promotion	1,853,955	-	1,734,393	-	3,588,348	-	
Environmental	5,881,656	-	8,330,396	-	14,212,052	-	
Bioterrorism	313,659	-	494,947	-	808,606	-	
Total		18,675,822		12,285,279		30,961,101	41%
<u>Personal Health Services</u>							
Medical Services	5,000,000	-	21,295,689	-	26,295,689	-	
Correctional Medicine	-	-	5,950,184	-	5,950,184	-	
Nutrition	-	-	1,035,389	-	1,035,389	-	
Total		5,000,000		28,281,262		33,281,262	44%
<u>Other Services</u>							
Vital Records	-	-	227,390	-	227,390	-	
Misc	-	-	213,343	-	213,343	-	
Other Services	59,891	-	2,273,169	-	2,333,060	-	
Total		59,891		2,713,902		2,773,793	4%
<u>Intra-Government Charges</u>							
Other Management Costs (e.g., computer support, central charges for staff, insurance)	-	-	4,518,412	-	4,518,412	-	
Total		-		4,518,412		4,518,412	6%
		<u>26,079,801</u>		<u>49,859,775</u>		<u>75,939,576</u>	100%

Unit: Administration and Planning

Description of Services

Administration and Planning provides the management infrastructure for conducting the public health functions of the departments. Among the services included in this category are general administration, grant writing/development, personnel management, fiscal services and epidemiological research/planning. Both City DOH and County DOH receive centralized or shared services from their municipal governments which are excluded, to the degree possible, from the funds categorized in this functional unit. For example, costs for facilities, general computer support and IT/networking are excluded from Administration and Planning and moved to another functional unit called Other Management.

Funding

Amount. City DOH spends \$2.3 million for its Administration and Planning unit, and the County DOH spends \$2.1 million. It seems reasonable to suggest that the size of the administration and planning budget should be correlated with the overall size and complexity of the department. Therefore, Administration and Planning is presented as a percentage of the overall department budget in the table below. There are no known national benchmarks against which management efficiency can be compared.

Sources. Approximately 78% of the City funds for this functional unit come from local use tax. All of the funds that support County administration and planning services come from taxes through its *health fund*.

Staffing

There are a total of 50 FTEs employed in the region for DOH Administration and Planning services. City DOH (26 FTEs) and County DOH (24 FTEs) administration and planning units are approximately the same size in terms of staffing. Note that program-specific management has been allocated to specific functional units rather than Administration and Planning.

Table 5

<i>Administration and Planning Services - Costs and Staffing</i>						
<i>FY2005</i>						
	CITY DOH		COUNTY DOH		Region	
<u>Budgeted Costs</u>						
Admin and Planning	\$ 2,344,088	9%	\$ 2,060,920	4%	\$ 4,405,008	6%
All Other	\$ 23,735,713	91%	\$ 47,798,855	96%	\$ 71,534,568	94%
Total	<u>\$ 26,079,801</u>		<u>\$ 49,859,775</u>		<u>\$ 75,939,576</u>	
<u>Staffing (in FTEs)</u>						
Admin and Planning	26.00	12%	24.00	5%	50.00	7%
All Other	193.00	88%	428.30	95%	645.30	96%
Total	<u>219.00</u>		<u>452.30</u>		<u>671.30</u>	

Expenditures

Of the \$4.4 million spent by City and County DOH Administration and Planning units, 71% (or \$2.4 million) is for staff compensation (salary/wages and benefits).

Table 6

Expenditures				
Administration and Planning Unit				
Public Health Services Assessment				
St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	1,306,687	1,120,877	2,427,564	55%
Benefits	276,409	424,738	701,147	16%
Personal Allowances	-	43,215	43,215	1%
Purchased Services	-	-	-	0%
Materials and Supplies	217,942	25,012	242,954	6%
Rental and Non-Capital Leases	26,800	-	26,800	1%
Non-Capital Equipment and Capital Assets	-	10,025	10,025	0%
Contractual and Other Services	516,250	430,341	946,591	21%
Other	-	6,713	6,713	0%
TOTAL	<u>2,344,088</u>	<u>2,060,920</u>	<u>4,405,008</u>	

Unit: Personal Health Services

Description of Services

Personal health services are provided to individuals usually at an outpatient center. There is overlap between personal health services and population health services especially for communicable disease control. While it is not possible to completely segregate costs for the outpatient medical care delivered by County health centers to patients with STDs, TB and other communicable diseases, it has been estimated that \$585,000 is spent for staff, contracted professional services (e.g., physicians), and supplies for County DOH's STD and TB clinics. A proper adjustment has been made.

Funding

Amount. Clearly, City DOH and County DOH offer different sets of services for personal health. The most obvious difference in their service mix is the extensive investment in the direct provision of personal health services by County DOH. Approximately \$28 million, or more than one-half of the County DOH budget is directed toward personal health services. The City DOH spends \$5 million (or 20% of its total budget) for personal health services through its contribution to ConnectCare³.

Source. All City DOH funds for this functional unit come from local use tax. 96% of funds that support the County DOH's personal health services come from its *health fund* and the balance from grants/contracts. It is anticipated that \$8.5 million in fees will be deposited to the *health fund* in FY2005 for personal health services provided at the health centers. Therefore, fee revenue covers 32% of personal health service expenditures that are not covered by grants/contracts.

Staffing

County DOH contributes all 211.6 FTEs in the Personal Health Services category for the region. City DOH's funding for ConnectCare enables employment of medical professionals by ConnectCare, but the FTEs are not counted because they are not employed directly by the City DOH.

City DOH staff employed for the purposes of STD screening, treatment and tracking are categorized in the Communicable Disease Control unit of Population Health Services category. County DOH staff and expenses for the same services are categorized similarly.

Table 7

<i>Personal Health Services - Costs and Staffing</i>						
<i>FY2005</i>						
	CITY DOH		COUNTY DOH		Region	
<u>Budgeted Costs</u>						
Medical Services	\$ 5,000,000	100%	\$ 21,295,689	75%	\$ 26,295,689	79%
Correctional Medicine	\$ -	0%	\$ 5,950,184	21%	\$ 5,950,184	18%
Nutrition	\$ -	0%	\$ 1,035,389	4%	\$ 1,035,389	3%
Total	\$ 5,000,000		\$ 28,281,262		\$ 33,281,262	
<u>Staffing (in FTEs)</u>						
Medical Services	-		145.90	69%	145.90	69%
Correctional Medicine	-		40.40	19%	40.40	19%
Nutrition	-		25.30	12%	25.30	12%
Total	-		211.60		211.60	

³ With the exception of some clinical services for communicable disease control which are categorized as population health rather than personal health, the City DOH does not provide direct medical care.

Expenditures

Table 8

Expenditures				
Personal Health Services Unit				
Public Health Services Assessment St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	-	9,170,533	9,170,533	28%
Benefits	-	3,417,742	3,417,742	10%
Personal Allowances	-	73,785	73,785	0%
Purchased Services	-	-	-	0%
Materials and Supplies	-	7,582,099	7,582,099	23%
Rental and Non-Capital Leases	-	-	-	0%
Non-Capital Equipment and Capital Assets	-	36,125	36,125	0%
Contractual and Other Services	5,000,000	7,798,069	12,798,069	38%
Other	-	202,909	202,909	1%
TOTAL	<u>5,000,000</u>	<u>28,281,262</u>	<u>33,281,262</u>	

Of the \$33 million spent by City and County DOH for personal health services, 38% (or \$12.5 million) is for staff compensation (salary/wages and benefits). An explanation of major expenditures by functional unit is presented the following table.

Table 9

Functional Unit	CITY DOH	COUNTY DOH
Medical Services	<p>\$5,000,000 / 0 FTEs</p> <p>Local use taxes fund the City's Health Care Trust which contributes \$5 million to ConnectCare for medical care services to the indigent and uninsured.</p>	<p>\$21,300,000 / 153 FTEs</p> <p>The County DOH operates three health centers that provide comprehensive outpatient medical care. The largest expenses of the health centers' \$23 million operating budget are:</p> <ul style="list-style-type: none"> • \$8.8 million for staff salaries and benefits of 153 FTEs • \$2.1 for contracted primary care physician services of Institute for Family Medicine • \$850K for fee-for-service specialty care provided by ConnectCare • \$685K for lab diagnostic tests of Qwest, Berlin, and Network Reference Labs • \$6.2 million for medications
Correctional Medicine	<p>\$0 / 0 FTEs</p> <p>The costs associated with medical care for prisoners are not part of the City DOH budget.</p>	<p>\$5,950,000 / 40 FTEs</p> <p>The County DOH operates a health center and mini-hospital within the jail system. The total cost for this service is \$5.95 million. The largest expense categories are:</p> <ul style="list-style-type: none"> • \$3.2 million for staff salaries

		and benefits of 40 FTEs <ul style="list-style-type: none"> • \$1 million for medications • \$1.7 million for hospitalizations at community hospitals and professional services from psychiatrists, radiologists and other medical professionals
Nutrition	<p style="text-align: center;">\$0 / 0 FTEs</p> <p>The City DOH employs one nutrition program coordinator as part of its grant-funded nutrition education and outreach initiative. These costs are included in the Health Education and Promotion unit of the Population Health Services category.</p>	<p style="text-align: center;">\$1,035,000 / 25 FTEs</p> <p>The County employs dietitians and supporting staff to administer and implement the WIC program. In addition to nutrition counseling services provided at the health centers, some community outreach activities are provided with this unit's \$1 million and 25 FTEs.</p>

Unit: Population Health Services

Description of Services

Population health services are interventions that prevent disease and promote health among entire populations. For this report, population health services were divided into four sub-units:

- Health Education and Promotion
- Communicable Disease Control
- Environmental
- Bioterrorism

Funding

Amount. Like personal health services, City DOH and County DOH offer different sets of services for population health. City DOH spends \$18.7 million and County DOH \$12.3 million. On a per capita basis, expenditures are \$54 (City DOH) and \$12 (County DOH), resulting in a regional per capita expenditure of \$23 on population health services. Refer to Table 11.

Table 10

Expenditures				
Population Health Services Unit				
Public Health Services Assessment				
St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	7,353,397	7,789,985	15,143,382	49%
Benefits	1,721,114	2,977,894	4,699,008	15%
Personal Allowances	-	160,495	160,495	1%
Purchased Services	-	-	-	0%
Materials and Supplies	1,039,659	371,451	1,411,110	5%
Rental and Non-Capital Leases	93,016	-	93,016	0%
Non-Capital Equipment and Capital Assets	117,838	83,800	201,638	1%
Contractual and Other Services	8,338,275	862,245	9,200,520	30%
Other	12,523	39,408	51,931	0%
TOTAL	<u>18,675,822</u>	<u>12,285,279</u>	<u>30,961,101</u>	

Source. 38% of City DOH funds for this functional unit come from local use tax and the remainder from grants/contracts. 77% of funds that support County DOH's population health services come from its *health fund* and the balance from grants/contracts.

Table 11

<i>Population Health Services - Costs and Staffing</i>			
<i>FY2005</i>			
	CITY DOH	COUNTY DOH	Region
Population	343,279	1,009,235	1,352,514
<u>Per Capita Costs</u>			
Health Education and Promotion	\$ 5.40	\$ 1.72	\$ 2.65
Environmental	\$ 17.13	\$ 8.25	\$ 10.51
Communicable Disease Control	\$ 30.96	\$ 1.71	\$ 9.13
Bioterrorism	\$ 0.91	\$ 0.49	\$ 0.60
All Population Health Services	\$ 54.40	\$ 12.17	\$ 22.89

Staffing

There are a total of 407 FTEs working to provide population health services for the region. Based on a combined City and County population of 1,352,000, there is 1 population health service worker for every 3,300 citizens.

Table 12

<i>Population Health Services - Costs and Staffing</i>					
<i>FY2005</i>					
	CITY DOH		COUNTY DOH		Region
<u>Budgeted Costs</u>					
Health Education and Promotion	\$ 1,853,955	10%	\$ 1,734,393	14%	\$ 3,588,348 12%
Environmental	\$ 5,881,656	31%	\$ 8,330,396	68%	\$ 14,212,052 46%
Communicable Disease Control	\$ 10,626,553	57%	\$ 1,725,543	14%	\$ 12,352,096 40%
Bioterrorism	\$ 313,659	2%	\$ 494,947	4%	\$ 808,606 3%
Total	<u>\$ 18,675,822</u>		<u>\$ 12,285,279</u>		<u>\$ 30,961,101</u>
<u>Staffing (in FTEs)</u>					
Health Education and Promotion	20	9%	28	15%	48 12%
Environmental	106	48%	127	68%	233 57%
Communicable Disease Control	67	31%	25	13%	92 23%
Bioterrorism	-	0%	8	4%	8 2%
Total	<u>219</u>		<u>188</u>		<u>407</u>

Expenditures

A description of services with expenditures and staff is provided by functional unit on the following pages.

Health Education and Promotion

Table 13

Expenditures				
Population Health Services Unit: Health Education and Promotion				
Public Health Services Assessment St. Louis Regional Health Commission				
<i>Expenses</i>	CITY DOH	COUNTY DOH	Regional	
Salaries and Wages	801,503	1,189,074	1,990,577	55%
Benefits	184,235	464,780	649,015	18%
Personal Allowances	-	33,403	33,403	1%
Purchased Services	-	-	-	0%
Materials and Supplies	75,074	20,266	95,340	3%
Rental and Non-Capital Leases	6,600	4,890	11,490	0%
Non-Capital Equipment and Capital Assets	1,500	-	1,500	0%
Contractual and Other Services	785,043	21,980	807,023	22%
Other	-	-	-	0%
TOTAL	<u>1,853,955</u>	<u>1,734,393</u>	<u>3,588,348</u>	
<i>FTEs</i>	20	28	48	
<i>Funding Source: Grants (%)</i>	67%	22%	45%	

Table 14

Functional Unit	CITY DOH	COUNTY DOH
<i>Health Education and Promotion</i>	\$1,800,000 / 20 FTEs	\$1,700,000 / 28 FTEs
Nutrition	City DOH has one FTE dedicated to nutrition promotion.	Many County DOH programs incorporate nutrition education into their services and some outreach services are provided as part of the WIC program which is categorized as a personal health service.
Cardiovascular Disease	City DOH partners with many others organizations to administer St. Louis Healthy Heart, a \$500,000 per year grant funded by the Missouri Foundation for Health, to deliver prevention services to City residents in select neighborhoods.	County DOH receives \$16,500 from MDHSS for a heart health education program.
Diabetes	No specific initiatives.	County DOH runs a grant-funded diabetes outreach and education program called Diabetes Today.
Breast Cancer	City DOH partners with community organizations to promote breast cancer	County DOH partners with community organizations to promote breast cancer

	awareness and screening.	awareness and screening.
Chronic Disease	No specific initiatives.	County DOH receives a \$23,000 grant to support its chronic disease primary prevention program.
Community Health Nursing	City DOH employs 4 FTE nurses to provide school health services to parochial students. It also employs 2 FTEs for services provided under a maternal and child health services block grant/contract for \$286,000.	County DOH employs 15 FTEs to provide community health nursing. In addition, with \$226,000 from MDHSS, County DOH employs 4 FTEs for maternal and child health services.

Communicable Disease Control

Table 15

Expenditures				
Population Health Services Unit: Communicable Disease Control				
Public Health Services Assessment				
St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	2,558,661	1,091,415	3,650,076	30%
Benefits	597,409	423,510	1,020,919	8%
Personal Allowances	-	20,420	20,420	0%
Purchased Services	-	-	-	0%
Materials and Supplies	588,253	21,420	609,673	5%
Rental and Non-Capital Leases	21,780	650	22,430	0%
Non-Capital Equipment and Capital Assets	20,647	6,000	26,647	0%
Contractual and Other Services	6,839,803	162,128	7,001,931	57%
Other	-	-	-	0%
	<u>TOTAL</u>	<u>10,626,553</u>	<u>1,725,543</u>	<u>12,352,096</u>
<i>FTEs</i>	67	25	92	
<i>Funding Source: Grants (%)</i>	81%	13%	72%	

Table 16

Functional Unit	CITY DOH	COUNTY DOH
<i>Communicable Disease Control</i>	\$10,600,000 / 67 FTEs	\$1,700,000 / 25 FTEs
HIV/AIDS	<i>HIV/AIDS: City DOH receives \$6.9 million in grants for work related to HIV/AIDS across the region. Approximately 90% of these funds are paid to contracted organizations, such as Metro AIDS that provide the services.</i>	<i>HIV/AIDS: County DOH participates in the programs for which the City DOH acts as the fiduciary agent. The County DOH also provides medical care to persons with HIV/AIDS at its health centers.</i>
STD Field Operations	\$1,200,000 / 15 FTEs City DOH employs 15 FTEs to provide comprehensive STD case identification and tracking services for reportable conditions.	\$1,100,000 / 18 FTEs County DOH employs 18 FTEs to provide comprehensive STD case identification and tracking services for reportable conditions. This service is integrated with STD clinical services and medical care provided at the health centers.
STD Clinical Services	\$592,000 / 11.5 FTEs City DOH provides, testing treatment and STD counseling at one central site. STD clinical services also support work with TB, HIV/AIDS, and other infectious diseases.	\$418,000 / 4.8 FTEs County DOH provides, testing treatment and STD counseling at its health centers.
TB Field Operations and Clinical Services	City DOH receives one grant that funds 1 FTE and supplies	\$167,000 / 2.2 FTEs County DOH coordinates the

	for a TB control program.	St. Louis County TB Control Program with resources included in this unit. County DOH employs 2.2 FTEs and contracts with a radiologist group for xray reading services.
Laboratory	It has been estimated that \$286,000, or one-half of the City DOH's laboratory budget, is used for communicable disease control services.	Laboratory testing for communicable diseases are provided by the County DOH through on-site labs and contracted services with a reference lab company.
Other		County DOH's communicable disease division provides interpreter services as part of its refugee health initiative.

Environmental Health

Table 17

Expenditures				
Population Health Services Unit: Environmental				
Public Health Services Assessment				
St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	3,993,234	5,143,236	9,136,470	64%
Benefits	939,470	1,960,918	2,900,388	20%
Personal Allowances	-	106,672	106,672	1%
Purchased Services	-	-	-	0%
Materials and Supplies	368,832	329,766	698,598	5%
Rental and Non-Capital Leases	64,636	33,867	98,503	1%
Non-Capital Equipment and Capital Assets	75,691	77,800	153,491	1%
Contractual and Other Services	427,270	678,136	1,105,406	8%
Other	12,523		12,523	0%
	<u>TOTAL</u>	<u>5,881,656</u>	<u>8,330,396</u>	<u>14,212,052</u>
<i>FTEs</i>	106.0	126.9	233	
<i>Funding Source: Grants (%)</i>	37%	12%	22%	

Table 18

Functional Unit	CITY DOH	COUNTY DOH
<i>Environmental</i>	\$5,900,000 / 106 FTEs	\$8,300,000 / 127 FTEs
General Community Sanitation and Restaurant Inspections	<p>\$1,690,000 / 35.5 FTEs</p> <p>\$1,000,000 / 20.5 FTEs City DOH employs 20.5 FTEs for community sanitation services that include rodent inspections/treatment, sampling tests, public swimming pools, motel/hotel, etc. All funds for this service are provided by use taxes.</p> <p>\$690,000 / 15 FTEs City DOH employs 15 FTEs for its "food control" program. Program staff inspect restaurants, festival food booths, and school kitchens. 100% of funds for City DOH food control services are provided by use taxes.</p>	<p>\$1,700,000 / 30.6 FTEs</p> <p>County DOH budget categories and management structure do not permit clear separation of "General Community Sanitation" from "Restaurant Inspections." While ordinances are different in the City and County, the scope of services provided by each in this category is very similar. All funds for this service are provided by the <i>health fund</i>.</p>
Air Quality Control	<p>\$1,500,000 / 24 FTEs</p> <p>City DOH monitors air quality per local ordinances and national laws. 17% of funds for air quality services are</p>	<p>\$1,300,000 / 18 FTEs</p> <p>County DOH monitors air quality per local ordinances and national laws. 33% of funds for air quality services</p>

	provided by use taxes.	are provided by the <i>health fund</i> .
Animal Control	<p>\$968,000 / 22 FTEs</p> <p>City DOH employs 22 FTEs for its “rabies control” program. In addition to enforcing animal-related ordinances, City DOH provides public education about proper pet care, pet ownership responsibilities, and animal adoption. City DOH also operates a pet adoption center. 97% of funds are for City DOH animal control services are provided by use taxes. Some fundraising activities are conducted by City DOH to support the animal shelter.</p>	<p>\$1,400,000 / 25 FTEs</p> <p>County DOH employs 25 FTEs for animal control services. In addition to enforcing animal-related ordinances, County DOH provides public education about proper pet care, pet ownership responsibilities, and animal adoption. County DOH also operates a pet adoption center. 100% of funds are for County DOH animal control services are provided by the <i>health fund</i>. Some fundraising activities are conducted by County DOH to support the animal shelter.</p>
Lead Poisoning Prevention	<p>\$925,000 / 12 FTEs</p> <p>City DOH administers a screening, environmental assessment and education program to prevent childhood lead poisoning. 86% of funds for this service are provided by a grant.</p>	<p>\$233,000 / 4 FTEs</p> <p>County DOH provides lead poisoning screening services at its health centers and other locations in the community, such as day care centers. Environmental assessments are provided as needed. 31% of funds for this service are provided by a grant.</p>
Laboratory	<p>\$286,000 / 4 FTEs</p> <p>It has been estimated that \$286,000, or one-half of the City DOH’s laboratory budget, is also used for communicable disease control services.</p>	<p>1,230,000 / 17.4 FTEs</p> <p>County DOH operates a full-service environmental lab that supports DOH and other government departments, such as County Public Works and Missouri Department of Natural Resources.</p>
Waste Management	<p>Not part of City DOH; provided by other City department(s).</p>	<p>\$670,000 / 11 FTEs</p> <p>In cooperation with other County government departments and local municipalities, County DOH enforces the Countywide Waste Management Code, Potable Water Hauler Code, and Nuisance Ordinance. County DOH receives an intra-government fund transfer as reimbursement for 60% (or</p>

		\$400,000) for costs associated with providing this service. 100% of the net costs of this service are provided by the <i>health fund</i> .
Vector Control (e.g., mosquitoes)	<p>\$442,000 / 8.5 FTEs</p> <p>There is some overlap in service responsibilities between "Vector Control" and "General Community Sanitation". Like County DOH, City DOH sprays mosquito-breeding areas. The City DOH spends approximately \$50,000 annually on vector control supplies and materials (e.g., insecticides). City DOH is a sponsoring organization of the West Nile Virus Information Center.</p>	<p>\$530,000 / 8.4 FTEs</p> <p>County DOH applies insecticides to prevent breeding of mosquitoes that may carry vector-borne diseases. County DOH monitors mosquito specimens to detect viruses, such as West Nile. County DOH vector control also addresses problems associated with rodents. County DOH spends approximately \$100,000 annually on vector control supplies and materials (e.g., insecticides). County DOH is a sponsoring organization of the West Nile Virus Information Center.</p>
Milk Inspection	Not applicable.	<p>\$564,000 / 8.4 FTEs</p> <p>Under contract with the State of Missouri, County DOH inspects two-thirds of the State's dairy producers. While 100% of the costs for this service are provided by the <i>health fund</i>, contract fees currently recover all direct costs.</p>
Other	<p>\$21,000</p> <p>City DOH contracts for consultations to child day care providers.</p>	<p>County DOH also provides consultations to day care centers, but this service with a small budget (i.e., less than \$30,000) is considered a health education and promotion service due to the emphasis on training rather than inspection.</p>

Bioterrorism

Table 19

Expenditures				
Population Health Services Unit: Bioterrorism				
Public Health Services Assessment				
St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	-	366,261	366,261	45%
Benefits	-	128,686	128,686	16%
Personal Allowances	-	-	-	0%
Purchased Services	-	-	-	0%
Materials and Supplies	7,500	-	7,500	1%
Rental and Non-Capital Leases	-	-	-	0%
Non-Capital Equipment and Capital Assets	20,000	-	20,000	2%
Contractual and Other Services	286,159	-	286,159	35%
Other	-	-	-	0%
TOTAL	<u>313,659</u>	<u>494,947</u>	<u>808,606</u>	
<i>FTEs</i>	0	8	8	
<i>Funding Source: Grants (%)</i>	100%	100%	100%	

Table 20

Functional Unit	CITY DOH	COUNTY DOH
<i>Bioterrorism</i>	<p>\$314,000 / 0 FTEs</p> <p>Bioterrorism-specific funds in the City DOH budget are used to purchase contracted services and items for emergency preparedness/response. 100% of funds for this service are provided by a grant.</p>	<p>\$495,000 / 8 FTEs</p> <p>County DOH employs 8 FTEs with bioterrorism grant funds. 100% of funds for this service are provided by a grant.</p>

Unit: Other Services

Description of Services

The “Other Services Unit” includes services provided by the City DOH and County DOH that are unique to the other and fit neither population-based nor personal health units. The actual services included in this category are:

Vital Records

- Vital Records: The County DOH operates an office to maintain vital records and issue certificates of birth and death. Similar services in the City are provided by the Recorder of Deeds Office rather than the City DOH.

Other

- Neighborhood Preservation: The County DOH directs approximately \$800,000 to the County Public Works Department to manage code violations and property complaints.
- Medical Examiner: The County DOH manages the medical examiner office for the County government. The medical examiner is a board certified forensic pathologist responsible for investigating sudden, unexpected, suspicious, unnatural or violent deaths. The total budget for this service is approximately \$1.5 million. Medical examiner services in the City are provided through a non-DOH department.
- Drug Court: The City DOH contracts for services to support activities of the Drug Court and acts as a liaison. The total budget for this service is approximately \$60,000.

Miscellaneous

- Print Shop: The County DOH manages the print shop for the County government. After offsetting re-imbursement of \$500,000 for services provided to other County departments, the Print Shop costs the County DOH \$213,000 to operate.

Funding

Amount. A total of \$2.8 million is budgeted for the “Other Services Unit” by the City DOH and County DOH. With a budget of \$1.5 million and 17.8 FTEs, the County DOH Medical Examiner is the largest expense in this unit.

Source. All of the County DOH funds for Other Services are obtained from the health fund whereas all of the City DOH funds for Other Services are obtained from grants/contracts.

<i>Other Services - Costs and Staffing</i>									
<i>FY2005</i>									
	City		County		Region				
Budgeted Costs									
Vital Records	\$	-	0%	\$	227,390	8%	\$	227,390	8%
Misc	\$	-	0%	\$	213,343	8%	\$	213,343	8%
Other Services	\$	59,891	100%	\$	2,273,169	84%	\$	2,333,060	84%
	Total	\$	59,891		\$	2,713,902		\$	2,773,793
Staffing (in FTEs)									
Vital Records		-		4.00	14%		4.00	14%	
Misc		-		7.00	24%		7.00	24%	
Other Services		-		17.80	62%		17.80	62%	
	Total		-		28.80			28.80	

Expenditures				
Other Services Unit				
Public Health Services Assessment				
St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	-	1,318,149	1,318,149	48%
Benefits	-	461,679	461,679	17%
Personal Allowances	-	10,935	10,935	0%
Purchased Services	-	-	-	0%
Materials and Supplies	4,791	160,450	165,241	6%
Rental and Non-Capital Leases	-	-	-	0%
Non-Capital Equipment and Capital Assets	-	4,000	4,000	0%
Contractual and Other Services	55,100	438,016	493,116	18%
Other	-	320,673	320,673	12%
TOTAL	<u>59,891</u>	<u>2,713,902</u>	<u>2,773,793</u>	

Unit: Intra-Government Charges

City DOH. While City DOH receives centralized services from the City government, its budget does not include intra-government charges for such services. No estimate of City DOH's use of centralized services has been made.

County DOH. Intra-Government Charges captures budgeted expenses that account for the County DOH's interdependence on other County government services. Interest and insurance expenses are also included in this unit. Approximately \$4.1 million in this unit pays for the County's centralized support services related to human resources and information technology. In addition, County DOH spends \$175,000 for interest and \$161,000 for insurance. There are no employees associated with this unit.

Expenditures				
Intra-Government Charges Unit				
Public Health Services Assessment				
St. Louis Regional Health Commission				
	CITY DOH	COUNTY DOH	Regional	
<i>Expenses</i>				
Salaries and Wages	not available	-	-	0%
Benefits	not available	-	-	0%
Personal Allowances	not available	-	-	0%
Purchased Services	not available	-	-	0%
Materials and Supplies	not available	-	-	0%
Rental and Non-Capital Leases	not available	-	-	0%
Non-Capital Equipment and Capital Assets	not available	-	-	0%
Contractual and Other Services	not available	-	-	0%
Other	not available	4,518,412	4,518,412	100%
TOTAL	-	4,518,412	4,518,412	

APPENDICES

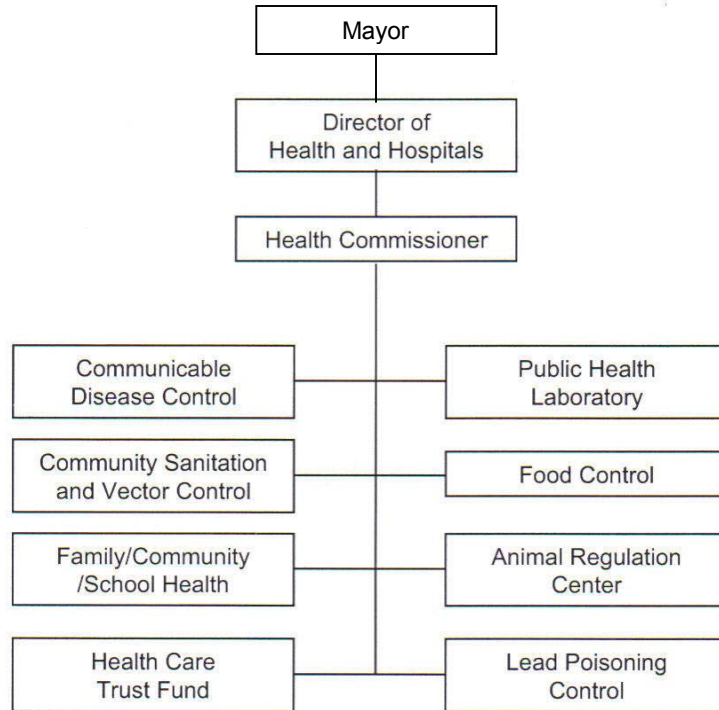
APPENDIX 1: Functional Units Linked to DOH Budget Funds/Accounts

	CITY	COUNTY
Administration		
Admin and Planning	700 Director of Health, 710 Health Commissioner	Exec Administration, Fiscal Services, Personnel, Health Research
Population Health Services		
Communicable Disease Control	711 Communicable Disease Control, 713 Laboratory	Communicable Disease Control
Health Education and Promotion	719 Family / Community / School Health	Health Education, Community Health Nursing
Environmental	715 Community Sanitation and Vector, 713 Laboratory, 714 Rabies Control, 716 Lead Poisoning Control, 720 Food Control Section	Environmental Protection, Administration, Air Pollution Control, Sanitation Services, Waste Management, Milk Inspection, Veterinary Services, Vector Control, Environmental Health Lab, Lead Poisoning Prevention
Bioterrorism	700 Director of Health	Health Research
Personal Health Services		
Medical Services	737 Health Care Trust Fund	Fiscal Services, Personnel, Pharmacy, Med Records, Health Research, Dental Services Family Mental Health, Division of Health Services, Murphy Health Center, South County Health Center, North Central Health Center
Correctional Medicine	N/A	Corrections Medicine, Division of Health Services
Nutrition	N/A	Nutrition
Other Services		
Vital Records	N/A	Health Vital Records
Misc	N/A	County Print Shop
Other Services	719 Family / Community / School Health	Neighborhood Preservation Medical Examiner
Intra-Government Charges		
Other Management Costs	N/A	Many departments

APPENDIX 2: Organizational Chart – City DOH

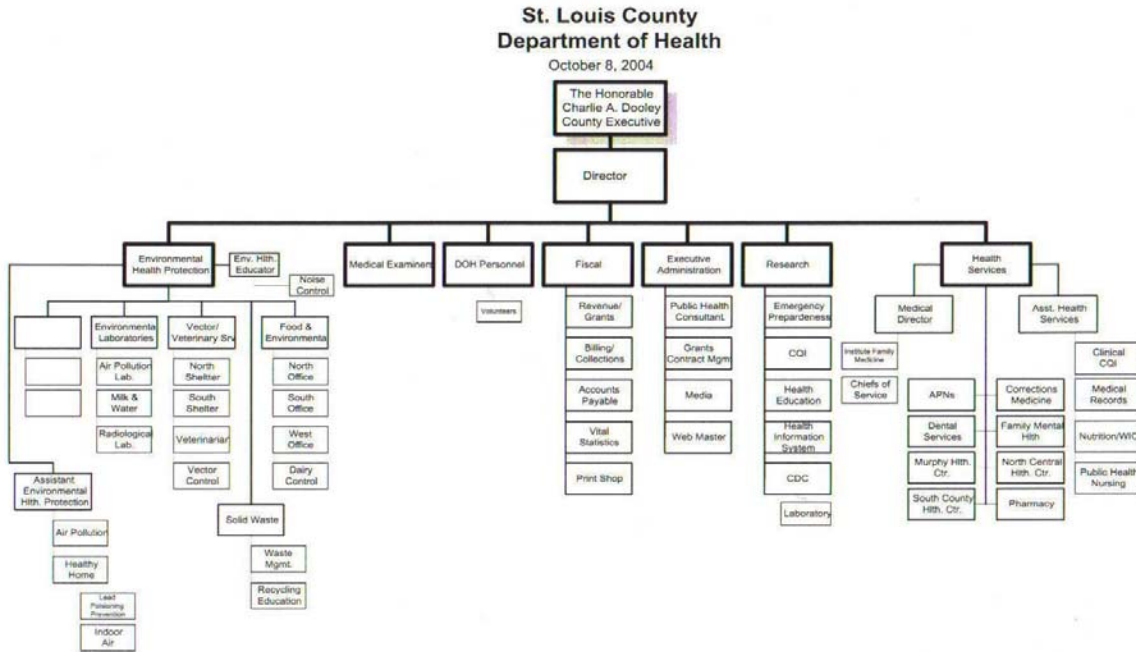
City DOH

DEPARTMENT OF HEALTH AND HOSPITALS



APPENDIX 3: Organizational Chart – County DOH

County DOH



APPENDIX 4: Workgroup



Community Health Workgroup ROSTER

Melba R. Moore, MS (Chair)
Commissioner of Health
City of St. Louis, Department of Health

Deborah Kiel
Clinical Asst Professor
University of Missouri St. Louis

Ross C. Brownson, PhD
Chairman, Dept of Community Health
St. Louis University School of Public Health

Ron Levy
President & Chief Executive Officer
SSM Health Care St. Louis

James Buford
President & Chief Executive Officer
Urban League of Metropolitan St. Louis

Steven Lipstein
President & Chief Executive Officer
BJC HealthCare

Debbie Cochran
Area Director, St. Charles/Health Care Advisor
Office of U.S. Congressman Todd Akin

Robert Massie, DDS
Chief Executive Officer
Family Care Health Centers

Mary Ann Cook
JVC Radiology and Medical Analysis, LLC

Jerry W. Paul
President & Chief Executive Officer
Deaconess Foundation

Deborah Cooper
Chief Program Officer
Missouri Foundation for Health

William A. Peck, MD
Director
Washington University Center for Health Policy

Kathy Gardner
Senior Vice President
United Way of Greater St. Louis

Reverend B.T. Rice
Pastor
New Horizon Seven Day Christian Church

Dolores Gunn, MD
Director
Saint Louis County Department of Health

Beverly Roche
Finance Director
City of Jennings