

Primary Care and Prevention Administration Program

The Primary Care and Prevention Administration Program primarily supports the Citywide Strategic Priority area of *Strengthening Children, Youth, Families and Elders*. The purpose of this program is to Provide Community Based Forums and Grants, Expert Medical Advice, Health Assessment Reports, and Disease Investigations and Disease Control Services to District Residents, Workers and Visitors so they can improve their Health Status.

The following table summarizes total expenditures and full time equivalent employees for this program.

TOTAL EXPENDITURES (000's) AND FULL TIME EQUIVALENT EMPLOYEES BY FY2004 ACTUAL, FY2005 REVISED BUDGET, AND FY2006 PROPOSED BUDGET

Department of Health		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Primary Care and Prevention Administration	Total Expenditures	\$12,072	\$19,014	\$25,088
	Total FTEs	164	108	122
Laboratory Support Services-4880	Expenditures	\$1,279	\$866	\$3,135
	FTEs	14	14	32
Bureau of Communicable Disease Control (5020)	Expenditures	\$2,702	\$4,694	\$0
	FTEs	74	0	0
Bureau of Cancer Health Care	Expenditures	\$3,976	\$6,168	\$3,094
	FTEs	58	58	23
Bureau of Epidemiology and Health Risk Assessment	Expenditures	\$1,136	\$3,810	\$2,554
	FTEs	10	8	22
PCPA Support Services	Expenditures	\$2,834	\$3,289	\$1,697
	FTEs	6	25	7
Pharmaceutical Procurement and Distribution Services	Expenditures	\$0	\$0	\$11,756
	FTEs	0	0	7
Bureau of Primary Care	Expenditures	\$145	\$187	\$2,852
	FTEs	2	3	31

Public Health Laboratory Activity

The purpose of the Public Health Laboratory Activity is to provide disease and medical condition detection services to DC residents and healthcare providers so they can have timely and accurate health status information.

This activity was not listed in the FY 2004 – 2005 Strategic Business Plan (SBP) under the PCPA Program. The data call sheet states: the DC Public Health Laboratory (PHL) provides analytical and diagnostic support testing services for DOH programs and various free and non-profit clinics in the District of Columbia. The PHL also issues the pre-marital Blue Card (DHS 366) for couples marrying in the District.

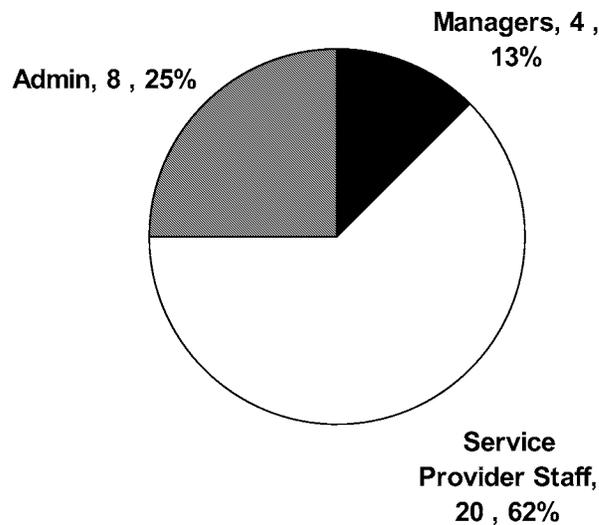
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Laboratory Support	Expenditures	\$1,279	\$866	\$140
Services-4880	FTEs	14	14	32

Employees

For FY 2006, there are 32 employees budgeted for this activity. The majority, 62%, or 20 employees, are Service Provider staff. Thirteen percent (13%), or 4 employees, are Managers. Twenty-five percent (25%), or 8 employees, are Administrative Support staff.

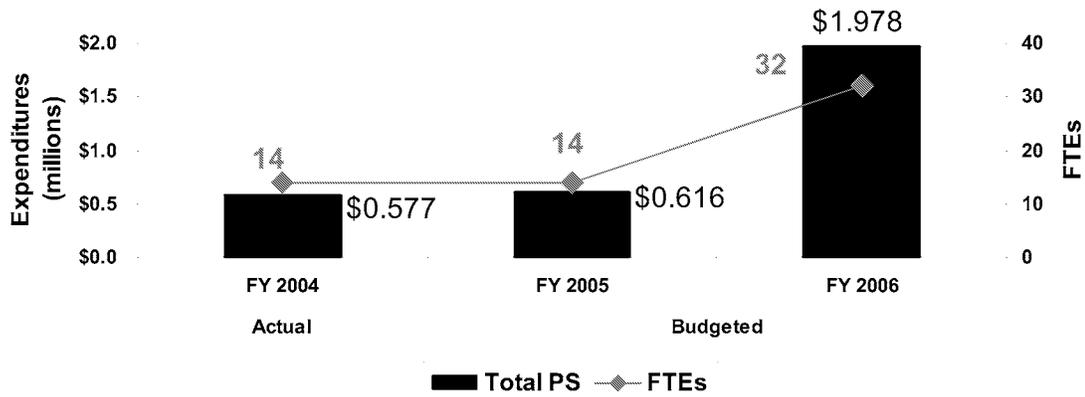
Positions by Span of Control, FY2006 (Category, Number, Percent)



Compensation

In FY 2006, FTEs are projected to increase 129% (to 32 FTEs) from FY 2005 actual of 14 FTEs. In the same year, Personal Service expenditures are projected to increase 221%, to approximately \$2.0 million from a budgeted \$616,000. FTEs and Personal Services expenditures are budgeted to remain fairly constant from FY 2004 to FY 2005.

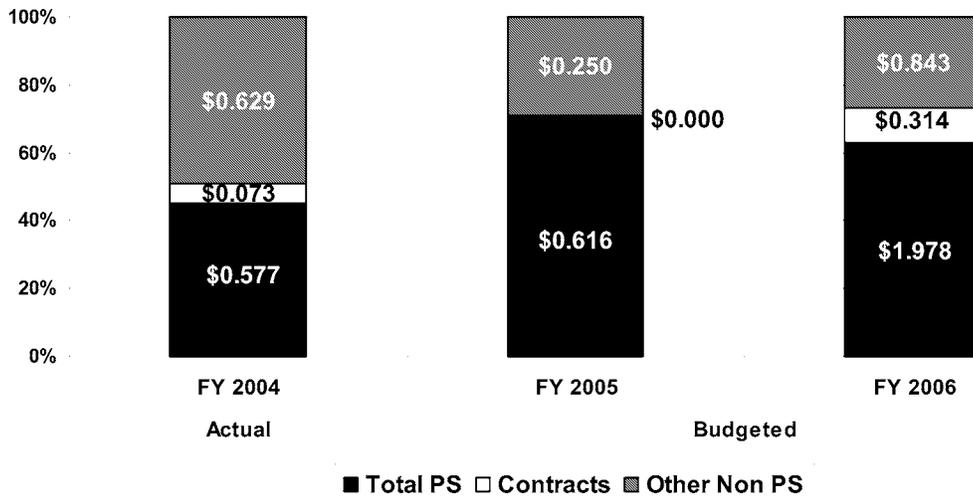
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures represent a small portion (6%) of actual total expenditures in FY 2004, zero percent (0%) of budgeted total expenditures in FY 2005 and ten percent (10%) of budgeted total expenditures in FY 2006. Other Non Personal Service (Supplies & Equipment, Fixed Costs, and Other) expenditures in FY 2005 (\$250,000) and FY 2006 (\$843,000) represent approximately 29% and 27% of total expenditures; whereas such expenses represent approximately 49% of actual total expenditures in FY 2004 (\$629,000).

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in millions)



Communicable Disease Activity

The purpose of the Communicable Disease Activity is to provide medical expertise, testing, educational and investigation activities related to infectious diseases to District residents and healthcare providers so they can become active partners in the prevention and control of infectious and vaccine preventable diseases.

The Bureau of Communicable Disease Control is charged with the task of controlling and preventing the spread of Communicable Diseases in the District of Columbia. This is done through both active and passive surveillance, timely investigations of cases and outbreaks and providing intervention such as prophylactic medications and vaccines.

This activity expends funds on personnel services, fixed costs, and other operating expenses such as vaccine, medical waste removal at the clinic and nursing services.

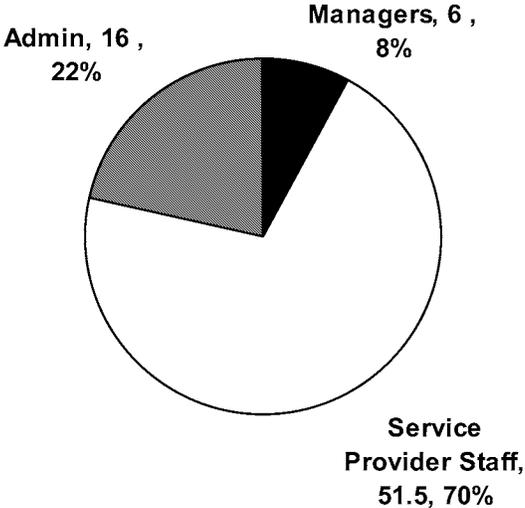
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Bureau of Communicable	Expenditures	\$2,702	\$4,694	\$0
	FTEs	74	45	74

Employees

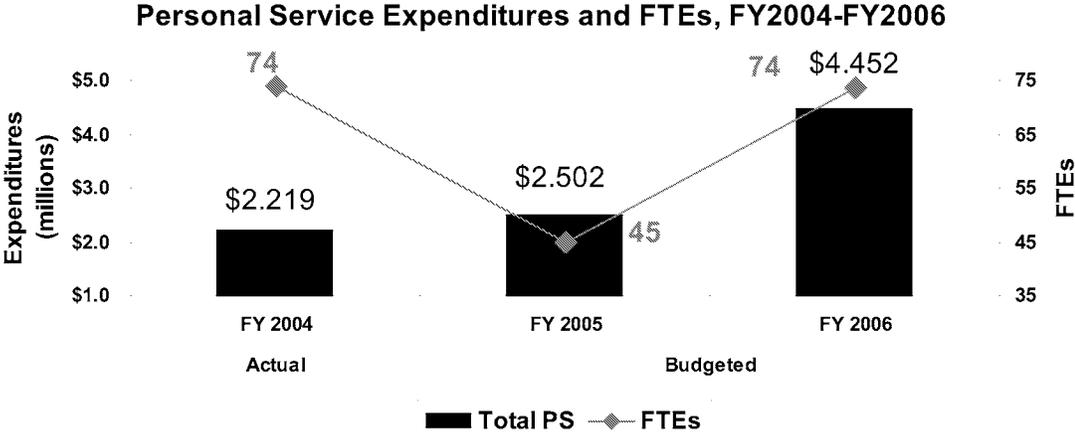
For FY 2006, there are 54 employees budgeted for this activity, which does not coincide with the number of FTEs reported. The majority, 70%, or 52 employees, are Service Provider staff. Eight percent (8%), or 6 employees, are Managers. Twenty-two percent (22%), or 16 employees, are Administrative Support staff.

**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

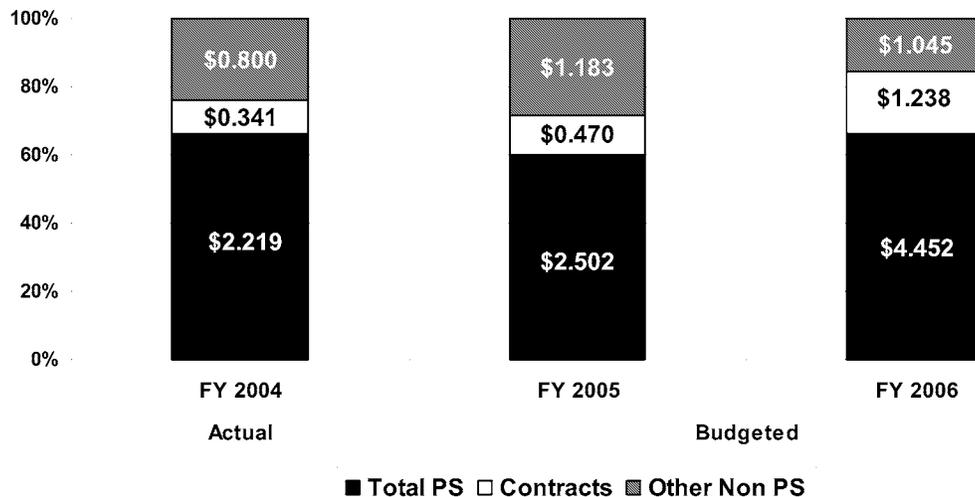
Personal Service expenditures increase across the three-year period from an actual of \$2.2 million in FY 2004 to a budgeted \$2.9 million in FY 2005 and \$4.5 million in FY 2006. However, FTEs are budgeted to decrease from 74 in FY 2004 to 45 in FY 2005 and then increase back to 74 FTEs in FY 2006. This inconsistent pattern in could indicate difficulty in allocating expenditures by activity.



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures represent a consistent proportion of total expenditures across the three-year period: 10% (\$341,000) of actual total expenditures in FY 2004; 11% (\$470,000) of budgeted total expenditures in FY 2005; and 18% (\$1.2 million) of budgeted total expenditures in FY 2006. Other Non Personal Service (Supplies & Equipment, Fixed Costs, and Other) expenditures account for 24% (\$800,000) of actual total expenditures in FY 2004, 28% (\$1.2 million) of budgeted total expenditures in FY 2005 and 16% (\$1.0 million) of budgeted total expenditures in FY 2006.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



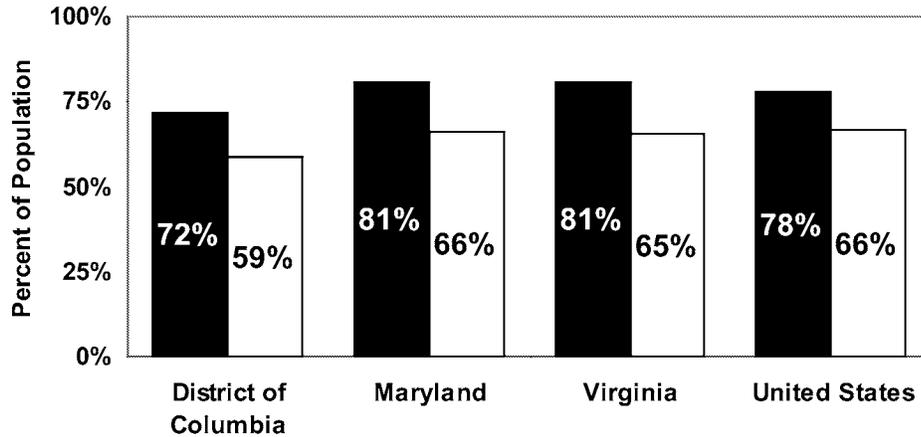
Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Bureau of Communicable Diseases, data reported by the Kaiser Family Foundation (KFF) on www.statehealthfacts.org are reproduced here. KFF has compiled statistics on immunization rates for young children (aged 19 to 35 months) and those who are elderly (aged 65 and older). For purposes of this analysis, immunized children are those who receive 4:3:1:3:3, which is four or more doses of diphtheria, tetanus, and pertussis, three or more doses of poliovirus vaccine, one or more doses of any measles containing vaccine (MCV), three or more doses of Haemophilus Influenza type B (Hib), and three or more doses of hepatitis B vaccine (HepB).

The following chart reports this information. As shown, the District's immunization rate for young children (72%) is lower than both Maryland's and Virginia's (81%), and is also below the national average (78%). Similarly, the District's influenza

vaccine rate for those aged 64 and older (59%) is lower than Maryland's (66%) and Virginia's (65%) rate, and is also lower than the national average (66%).

Immunization Rates for Children and Older Adults



■ Children Age 19-35 Months Who Are Immunized, 2002-2003

□ Adults Aged 65 and Over Who Received An Influenza Vaccine in the Last 12 Months, 2002

SOURCES: Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State -- U.S., National Immunization Survey, Q3/2002 - Q2/2003. National Immunization Program, Centers for Disease Control and Prevention. These data are available on line at www.cdc.gov/nip/coverage/NIS/02-03/toc-0203.htm. Centers for Disease Control and Prevention, Public Health and Aging: Influenza Vaccination Coverage Among Adults Aged 50 Years Above and Pneumonococcal Vaccination Coverage Among Adults Aged 65 Years and Above--United States, 2002, *Morbidity and Mortality Weekly Report*, Volume 52, Issue 41, October 17, 2003. Available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5241a3.htm.

Cancer Health Care Activity

This activity was not listed in the FY 2004 – 2005 Strategic Business Plan (SBP). The data call sheet states: the purpose of the Cancer Health Care Activity is the integration and coordination of various cancer program activities such that they are focused and targeted. The Bureau of Cancer comprises the following programs: Breast and Cervical Cancer, Cancer Registry; Comprehensive Cancer Control and Cancer Prevention/Tobacco Control Program.

This activity expends funds on personnel services, fixed costs, and other operating expenses such as screenings for breast or cervical cancer, development of cancer plan.

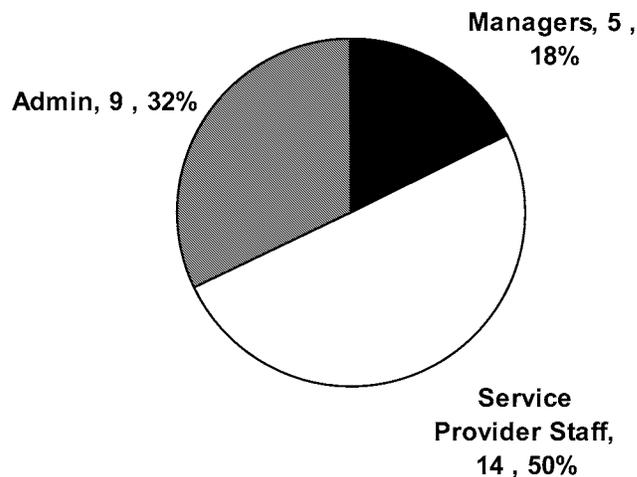
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Bureau of Cancer	Expenditures	\$3,976	\$6,168	\$382
Health Care	FTEs	58	58	23

Employees

For FY 2006, there are 28 employees budgeted for this activity, which does not coincide with the number of FTEs reported. Half of the employees, 50%, (14), are Service Provider staff. Eighteen percent (18%), or 5 employees, are Managers. Thirty-two percent (32%), or 9 employees, are Administrative Support staff.

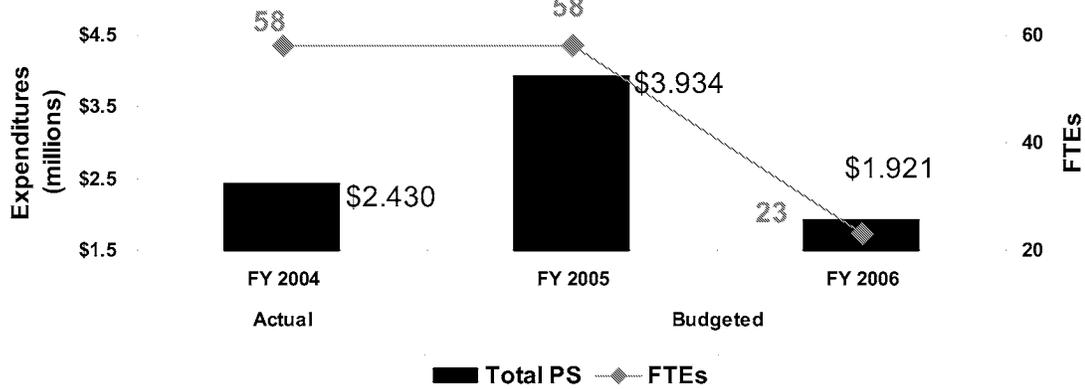
Positions by Span of Control, FY2006 (Category, Number, Percent)



Compensation

Personal Service expenditures do not seem to coincide with the number of FTEs. In FY 2004, with an actual of 58 FTEs, Personal Service expenditures are reported at \$2.4 million; whereas, in FY 2005, 58 FTEs are budgeted with a projected \$3.9 million in Compensation. FY 2006 is projected to decrease to 23 FTEs and to \$1.9 million in Personal Service expenditures.

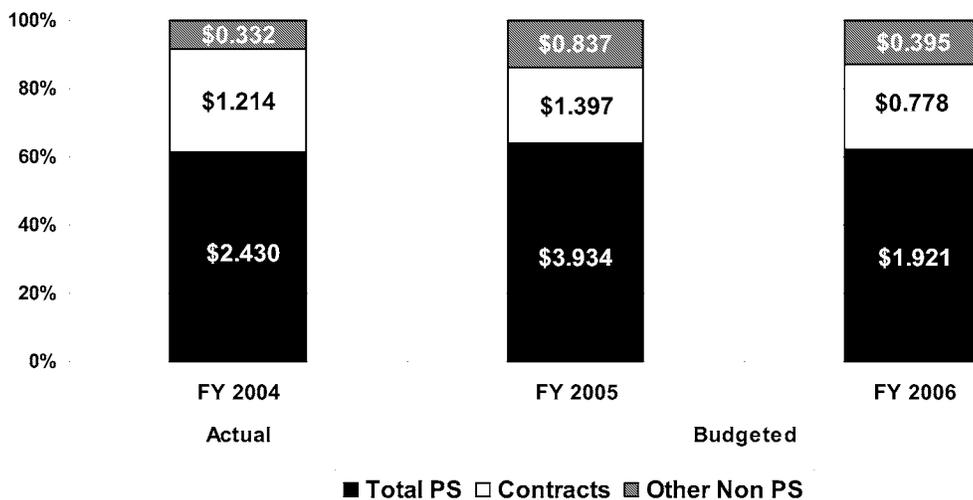
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Across the three-year period, the majority (over 60%) of total expenditures are made up of Personal Service expenses. Contract expenditures represent the next largest proportion of total expenditures across the three-year period: 31% (\$1.2 million) of actual expenditures in FY 2004; 23% (\$1.4 million) of budgeted expenditures in FY 2005; and 25% (\$778,000) of budgeted expenditures in FY 2006. The amount of Other Non Personal Services (Supplies & Equipment, Fixed Costs, and Other) expenditures represents the smallest proportion of total expenditures across the three-year period: 8% (\$332,000) of actual expenditures in FY 2004; 14% (\$837,000) of budgeted expenditures in FY 2005; and 13% (\$395,000) of budgeted expenditures in FY 2006.

Expenditure Distribution, FY2004-FY2006 (Expenditure Amounts in millions)

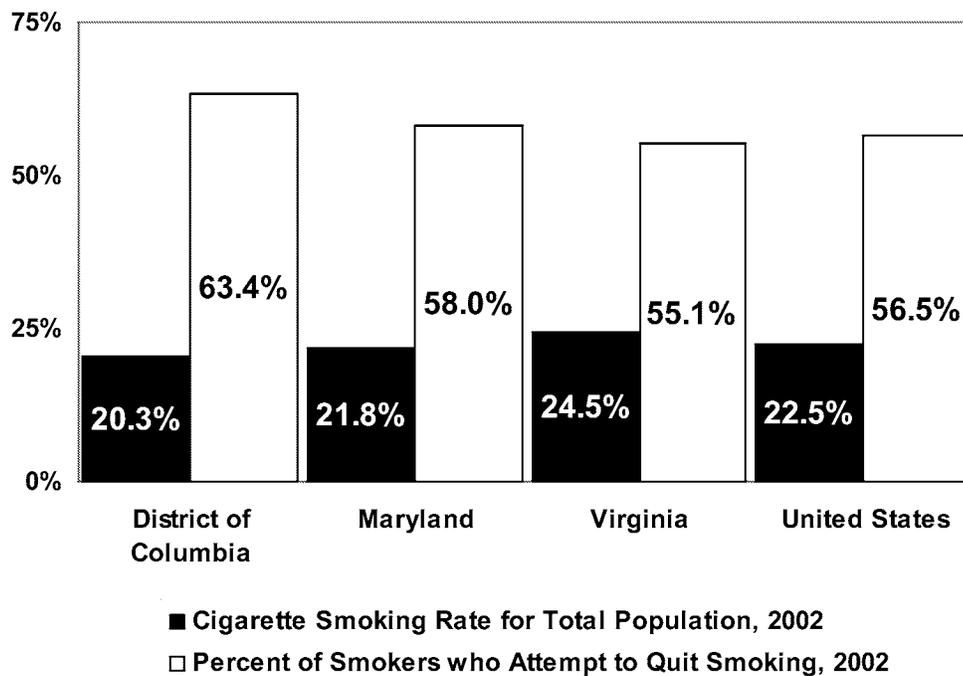


Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Bureau of Cancer Health Care, data reported by the Kaiser Family Foundation (KFF) on www.statehealthfacts.org are reproduced here. Specifically, KFF has compiled statistics on smoking rates for the entire population, and the percent of smokers who attempt to quit smoking within the past 12 months. In terms of cancer prevention, these are important community indicators.

The following chart reports this information for 2002. As seen, the District's smoking rate (20.3%) is lower than both Maryland's (21.8%) and Virginia's (24.5%), and is also below the national average (22.5%). More significantly, a high percent of District smokers (63.4%) report attempting to quit within the past 12 months, a rate that exceeds Maryland (58.0%), Virginia (55.1%) and the national average (56.5%). These statistics are encouraging indicators of success for the District's cancer prevention efforts.

Cigarette Smoking



SOURCES: Data reported by the Kaiser Family Foundation (see www.statehealthfacts.org) using unpublished data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2002.

Epidemiology and Health Risk Assessment Activity

The purpose of the Epidemiology and Health Risk Assessment Activity is to provide health risk assessment services to program managers, healthcare

providers, and District residents so steps can be taken to reduce or arrest mortality and morbidity.

This activity expends funds on personnel services, fixed costs, and other operating expenses such as epidemiological studies and implementation of surveillance system.

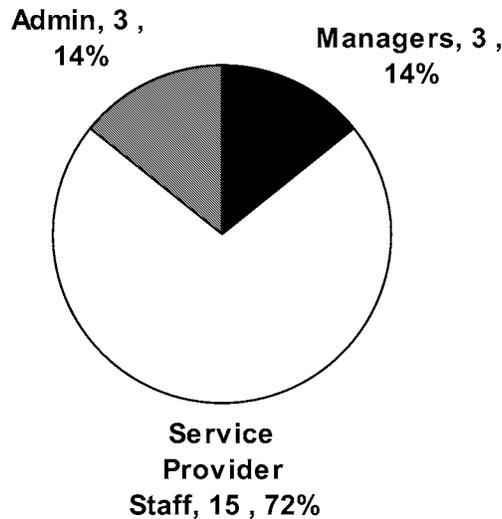
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Bureau of Epidemiology and	Expenditures	\$1,136	\$3,810	\$242
	FTEs	10	8	22

Employees

For FY 2006, there are 21 employees budgeted for this activity, which does not coincide with the number of FTEs reported. The majority, 72%, or 15 employees, are Service Provider staff. Fourteen percent (14%), or 3 employees, are Managers. Fourteen percent (14%), or 3 employees, are Administrative Support staff.

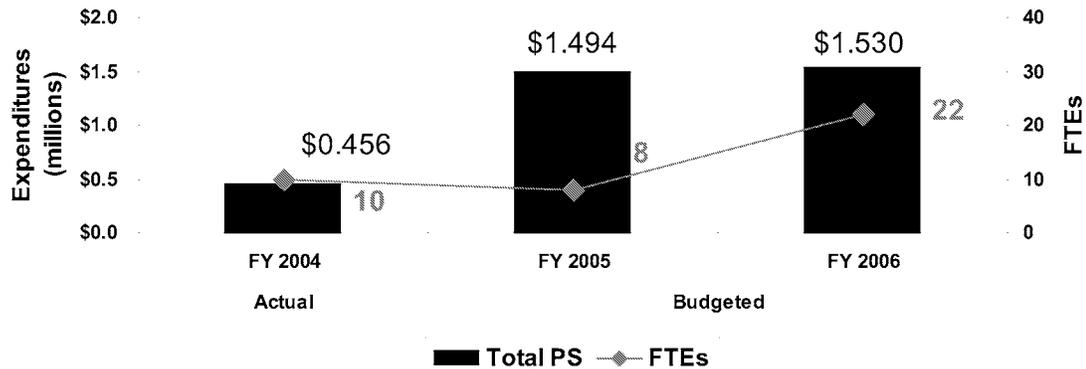
**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

Personal Service expenditures do not seem to coincide with the number of FTEs. In FY 2004, with an actual of 10 FTEs, Personal Service expenditures are reported at \$456,000; whereas in FY 2005, 8 FTEs are budgeted with a projected \$1.5 million in Compensation. In FY 2006, FTEs (22) are projected to increase 175%; while contrastingly, Personal Service expenditures are budgeted to increase only 2% (to \$1.5 million).

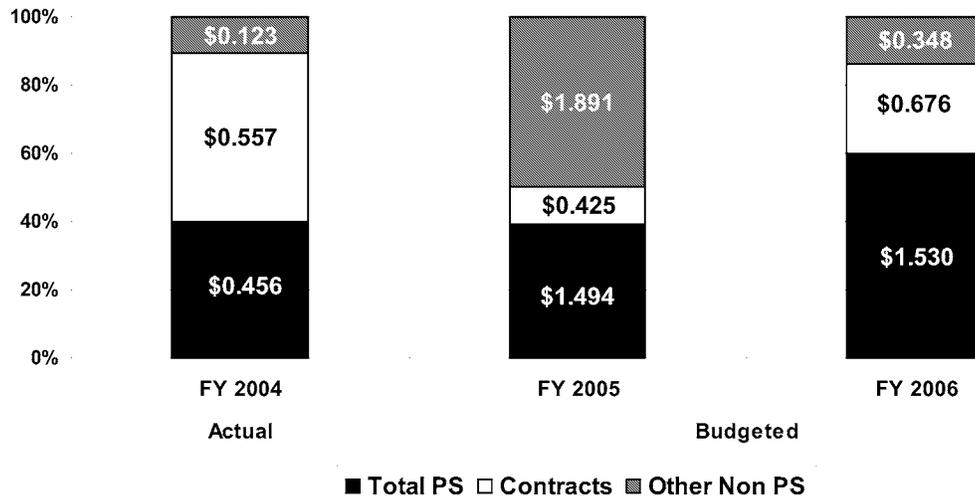
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures vary across the three-year period, representing 49% (\$557,000) of actual expenditures in FY 2004, approximately 11% (\$425,000) of budgeted expenditures in FY 2005 and approximately 26% (\$676,000) of budgeted expenditures in FY 2006. Other Non Personal Services expenditures also fluctuate during the three-year period: 11% (\$123,000) of actual expenditures in FY 2004; approximately 50% (\$1.9 million) of budgeted expenditures in FY 2005; and approximately 14% (\$348,000) of budgeted expenditures in FY 2006.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



PCPA Support Services Activity

This activity was not listed in the FY 2004 – 2005 Strategic Business Plan (SBP). The data call sheet states: Primary Care & Prevention Administration Support Services provides medical, management and administrative direction to the Bureaus of the Primary Care & Prevention Administration. This office develops the administration budgets and strategic plan as well as overall program direction.

This activity expends funds on personnel services, fixed costs, and other operating expenses such as motor vehicle maintenance, computer costs and sub grants for the preventative health block grant.

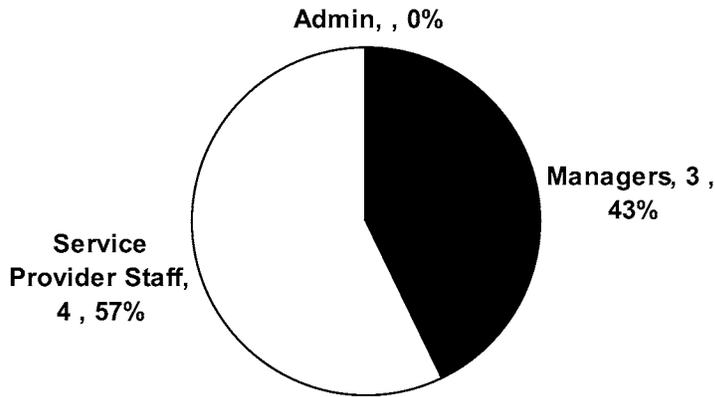
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
PCPA Support Services	Expenditures	\$2,834	\$3,289	\$0
	FTEs	6	25	7

Employees

For FY 2006, there are 7 employees budgeted for this activity. The majority, 57%, or 4 employees, are Service Provider staff. Forty-three percent (43%), or 3 employees, are Managers. There are no Administrative Support staff employees listed for this activity.

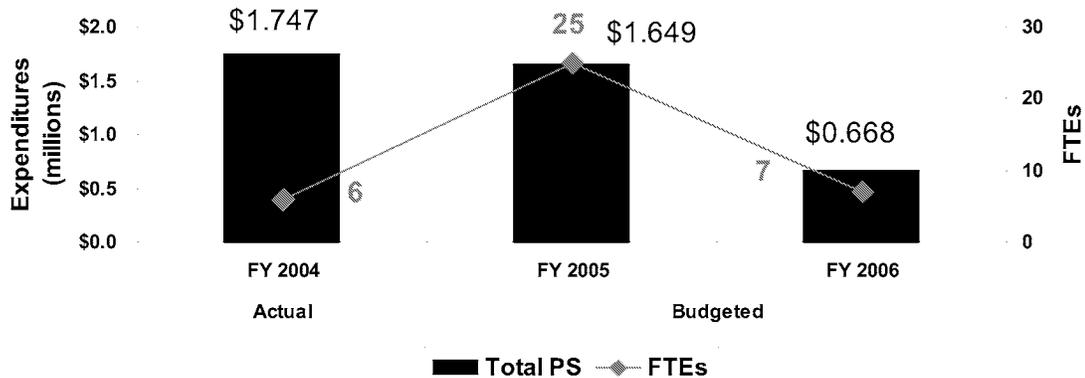
**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

Personal Service expenditures do not seem to coincide with the number of FTEs. In FY 2004, with an actual of six (6) FTEs, Personal Service expenditures are reported at \$1.7 million; whereas in FY 2005, FTEs are budgeted to increase 317% (to 25) with a projected \$1.6 million in Compensation. In FY 2006, FTEs are projected to decrease 72% (to 7), while Personal Service expenditures (\$668,000) are budgeted to decrease approximately 60%.

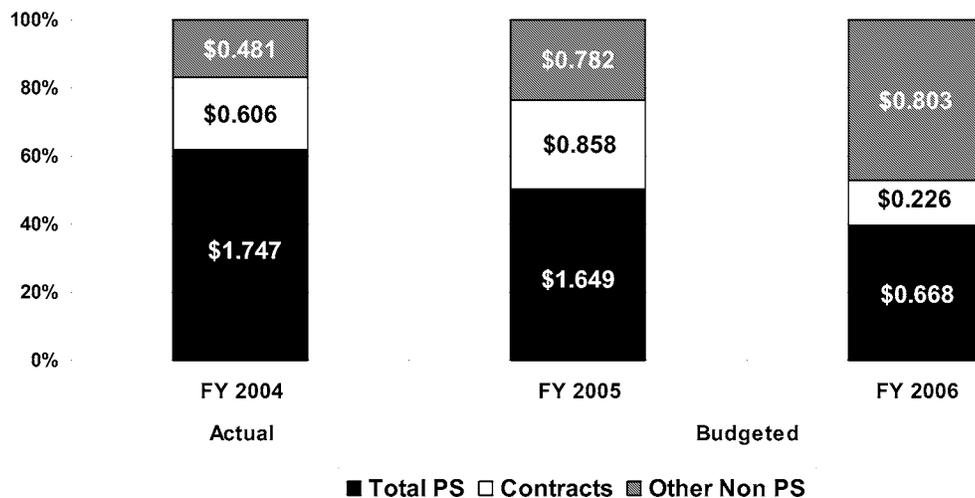
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

Contract expenditures, as a percentage of total expenditures, remain fairly stable between FY 2004 (21%, or \$606,000) FY 2005 (approximately 26%, or \$858,000). However, in FY 2006, Contracts are projected to decrease to approximately 13% (\$226,000) of budgeted total expenditures. Other Non Personal Service (Supplies & Equipment, Fixed Costs, and Other) expenditures steadily increase between FY 2004 and FY 2005 - accounting for 17% (\$481,000) of actual total expenditures in FY 2004, and approximately 24% (\$782,000) of budgeted total expenditures in FY 2005. In FY 2006, Other Non Personal Service expenditures increase to account for approximately 47% (\$803,000) of budgeted total expenditures.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



Pharmaceutical Procurement and Distribution Activity

This activity was not listed in the FY 2004 – 2005 Strategic Business Plan (SBP). The data call sheet states: the purpose of the Pharmaceutical Services Activity is to provide medication acquisition and drug information support services to District residents and eligible pharmacies so they can have timely access to life saving medications.

This activity expends funds on personal services, fixed costs, and procurement of pharmaceuticals for AIDS Drug Assistance Program (ADAP) and Medicaid 1115 Waiver programs.

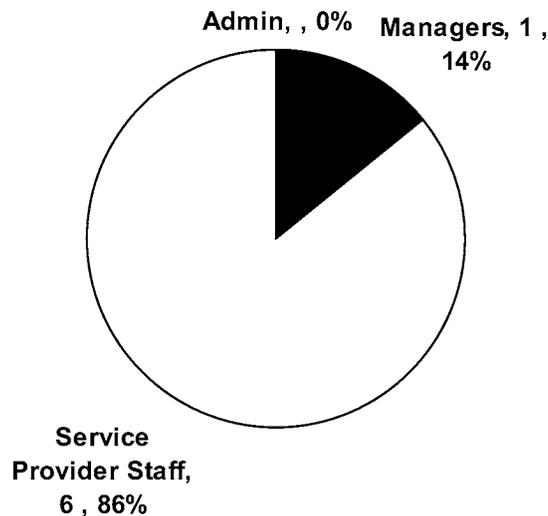
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Pharmaceutical	Expenditures	\$0	\$0	\$0
Procurement and	FTEs	0	0	7

Employees

For FY 2006, there are 7 employees budgeted for this activity. The majority, 86%, or 6 employees, are Service Provider staff. Fourteen percent (14%), or 1 employee, is a Manager. There are no Administrative Support staff listed for this activity.

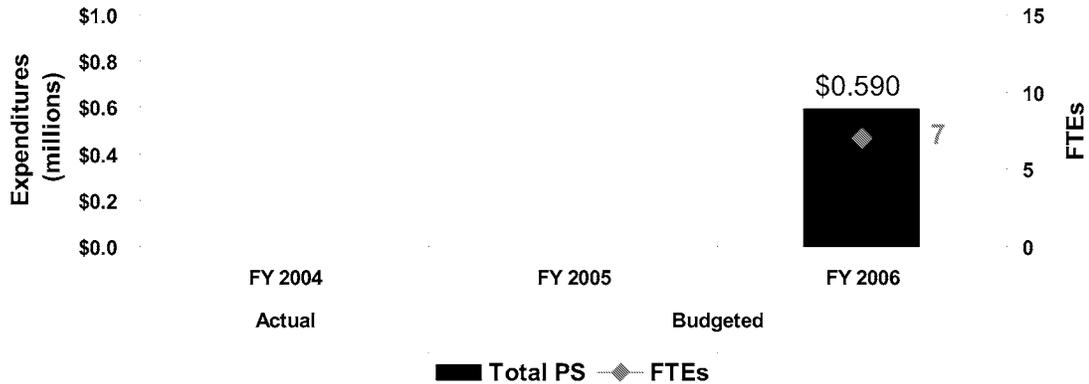
Positions by Span of Control, FY2006 (Category, Number, Percent)



Compensation

As this activity was not listed in the FY 2004 – 2005 SBP, there are no data reported for FY 2004 and FY 2005. For FY 2006, seven (7) FTEs are budgeted, with compensation totaling approximately \$589,000.

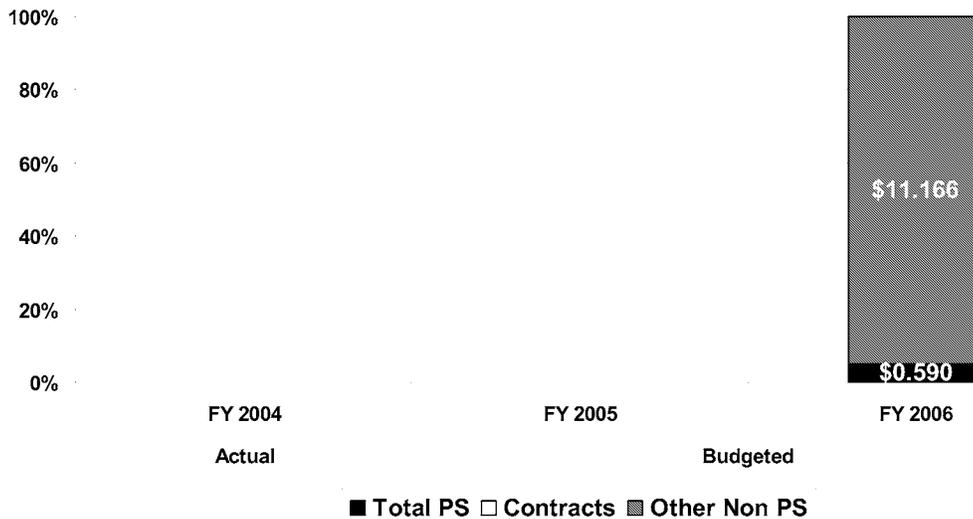
Personal Service Expenditures and FTEs, FY2004-FY2006



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

As this activity was not listed in the FY 2004 – 2005 SBP, there are no data reported for FY 2004 and FY 2005. For FY 2006, approximately 95% (\$11.2 million) of budgeted total expenditures are made up of Supplies & Equipment (approximately \$11.1 million) and Other (approximately \$49,000), both of which represent the Other Non Personal Services Expenditures category.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)



Primary Care Activity

The purpose of the Primary Care Activity is to provide assessments and recommendations for ensuring equal access to health services to residents of the District of Columbia, particularly the uninsured and underinsured so they can receive health care required to reduce health disparities.

This activity expends its funds for personal services, fixed costs and other operating expenses.

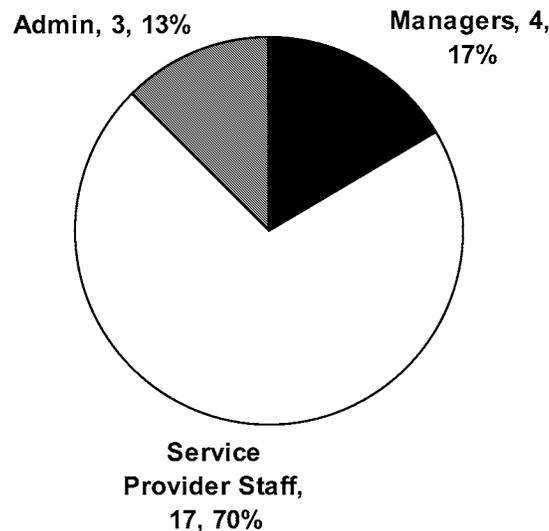
The following table summarizes total expenditures and full time equivalent employees for this activity.

Total Expenditures (\$000's) and FTEs		FY 2004 Actual	FY 2005 Revised	FY 2006 Proposed
Bureau of Primary Care	Expenditures	\$145	\$187	\$570
	FTEs	2	3	31

Employees

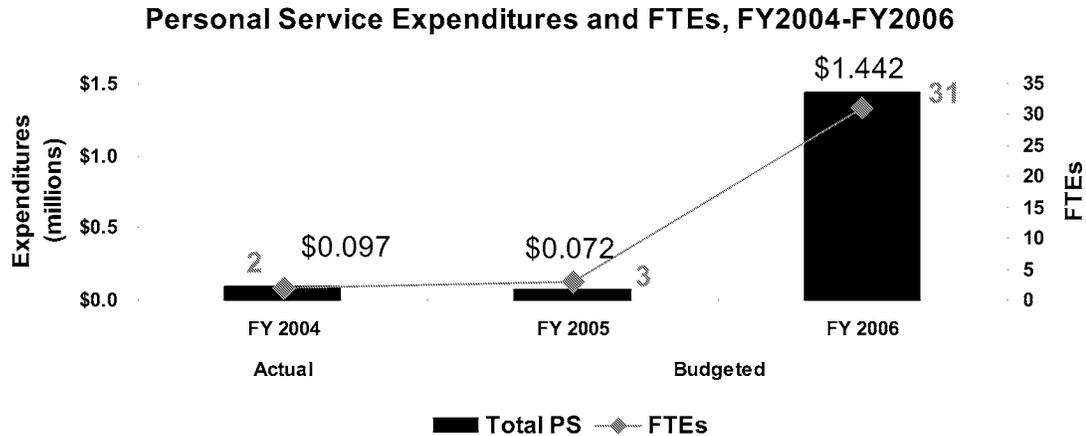
For FY 2006, there are 24 employees budgeted for this activity, which does not coincide with the number of FTEs reported. The majority, 70%, or 17 employees, are Service Provider staff. Seventeen percent (17%), or 4 employees, are Managers. Thirteen percent (13%), or 3 employees, are Administrative Support staff.

**Positions by Span of Control, FY2006
(Category, Number, Percent)**



Compensation

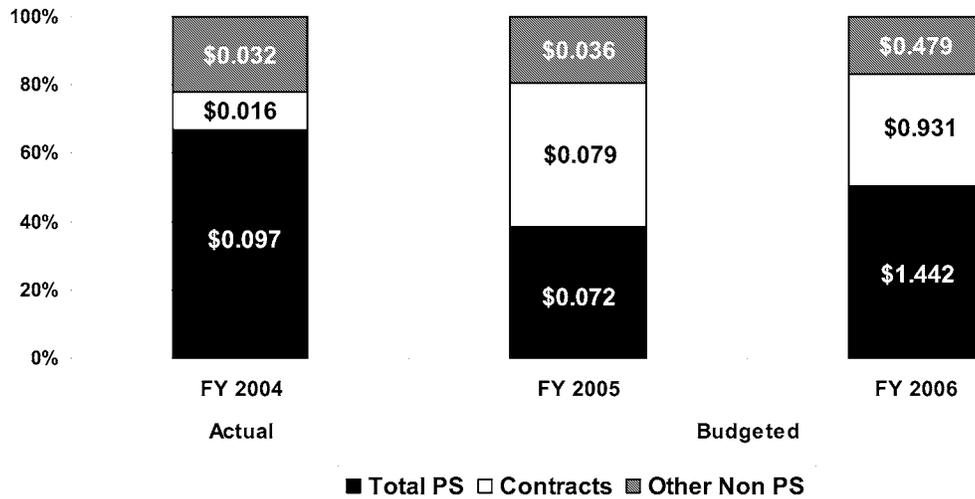
FTEs and Personal Service expenditures are budgeted to increase considerably (1450%) between FY 2004 and FY 2006 - from an actual two (2) in FY 2004 and a budget of three (3) in FY 2005, to a budget of 31 in FY 2006. Accordingly, Personal Service expenditures rise sharply (1387%) - from \$97,000 in FY 2004 and \$72,000 in FY 2005, to approximately \$1.4 million in FY 2006.



Expenditures (FY 2004 Actual and FY 2005 – FY 2006 Budgeted)

In FY 2005, contract expenses account for 42% of total budget expenditures – an increase from 11% in FY 2004. In FY 2006, contract expenses account for 11% (\$16,000) of actual total expenditures. In FY 2006, contract expenditures drop to constitute 33% (\$931,000) of budgeted expenses. In contrast, Other Non Personal Services expenditures (Supplies & Equipment, and Subsidies and Other) as a whole decline over the three-year period: 22% (\$32,000) of actual total expenditures in FY 2004; approximately 19% (\$36,000) in FY 2005; and 17% (\$479,000) of budgeted total expenditures in FY 2006, respectively.

Expenditure Distribution, FY2004-FY2006
(Expenditure Amounts in millions)

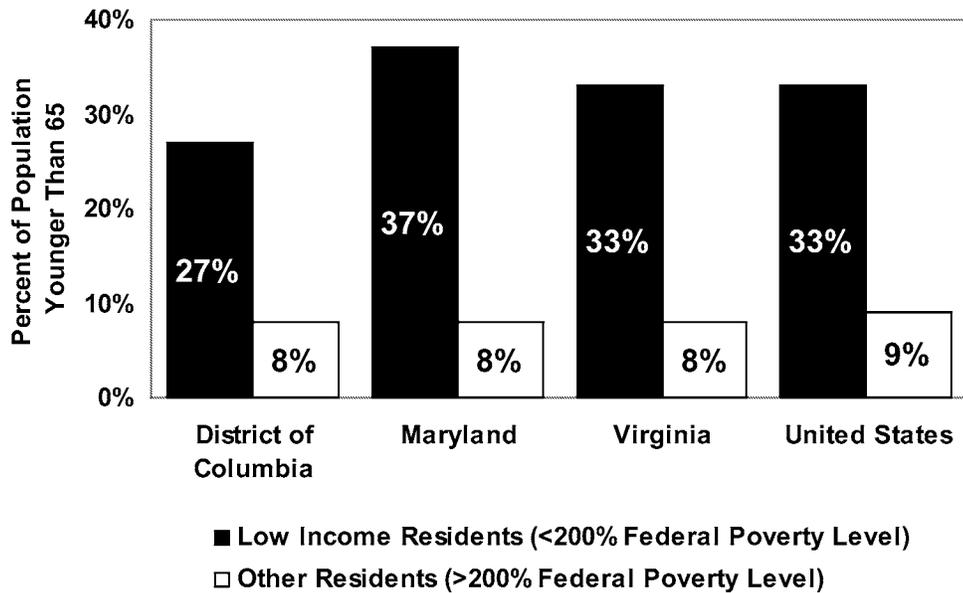


Benchmarks

DOH did not report benchmark measures for this activity. To supplement the analysis of the Bureau of Primary Care, data reported by the Kaiser Family Foundation (KFF) on www.statehealthfacts.org are reproduced here. KFF has compiled statistics on the percent of the non-elderly population (younger than 65 years) without health insurance coverage, broken out by federal poverty level (FPL). The elderly are excluded because universal coverage is available through Medicare and/or Medicaid for people aged 65 and older.

The following chart reports this information for 2002-2003. As seen, the District's rate for lower income residents (27%) is lower than both Maryland's (37%) and Virginia's (33%), and is also below the national average (33%). Rates for other residents (with incomes exceeding 200% of the Federal Poverty Level) are identical to both Maryland and Virginia (8%), and are slightly lower than the national average (9%).

**Percent Residents Without Health Insurance
Non-Elderly Younger Than 65
2002-2003**



SOURCES: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys. Data are available on line at www.statehealthfacts.org.

Health Care Safety Net Administration Program

The Health Care Safety Net Administration (HCSNA) Program primarily supports the Citywide Strategic Priority area of Making Government Work. The purpose of the HCSNA is to provide Fiscal and Managerial Services to the DC Health Care Alliance Program verifying that Health Care Services are Appropriate and rendered as billed; that services are provided by qualified providers to eligible recipients; that payments for those services are correct; so they can identify, prevent and deter fraud, abuse and/or misuse of funds.

The following table summarizes total expenditures and full time equivalent employees for this program.