

### DEPARTMENT SUMMARY Public Health

#### **Mission Statement**

The Pasadena Public Health Department (PPHD) is a world-class model of public health practice that champions opportunities for every member of the community to live a healthy life. The PPHD undertakes activities which promote the health of individuals and the community and which protect the public from illness, injury and environmental hazards. The Department delivers core public health and clinical services that emphasize community health assessment, health assurance, and policy development.

Health is broadly defined to mean both the absence of disease, and the presence of well-being -- physical, social, economic, mental and spiritual.

#### **Program Description**

Public health is an organized community-wide effort of partnerships and collaborations which assure opportunities to enhance optimal health for present and future generations. Making Pasadena a healthier city is a complex challenge that can only be achieved through a plan of broad action items that engage and involve many levels of the community, beginning with individual residents and families and including an array of public and private agencies and other stakeholders. In striving to respond to community health needs, the Pasadena Public Health Department is guided by a clear vision, successful models and best practices, and is supported by public policy and community values.

The Department is responsible for ensuring a healthy community through legally mandated services, essential public health functions and enforcement of the State Health and Safety Code, and administration of other policies, statutes, regulations and programs. As guardians of the public's health, the PPHD performs many critical activities that promote healthy behaviors and positive outcomes for individuals, families and the community. PPHD's main goals are to protect residents from illness, disability, injury and environmental hazards. As one of only three city-based health jurisdictions in the State, PPHD is well-positioned to quickly respond to and address health issues in Pasadena because programs and services are locally designed to target specific community needs.

To meet the needs of a growing and diverse community, to accomplish its goal of providing legally mandated and core public health services, and to ensure performance and health standards are met, PPHD continuously conducts health assessments, collaborates for healthcare assurance and develops policy. Tailored to the unique characteristics and assets of Pasadena, the scope of programmatic and clinical services spans the ten essential public health services, which are national standards that define public health practice:

1. Monitor health status to identify community problems;
2. Diagnose and investigate health problems and health hazards in the community;
3. Inform, educate, and empower people about health issues;
4. Mobilize community partnerships and action to identify and solve health problems;
5. Develop policies and plans that support individual and community health efforts;
6. Enforce laws and regulations that protect health and ensure safety;
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
8. Assure a competent public health and personal health care workforce;
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services;
10. Research for new insights and innovative solutions to health problems.

Working with a host of local, regional, state, and federal partners and stakeholders, the Department champions interventions and strategies that resolve public health problems and create long term, sustainable improvements in the community's health.

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### Departmental Relationship to City Council Goals:

The Pasadena Public Health Department is comprised of five divisions engaged in public health activities that support the accomplishment of major citywide goals. Since public health encourages comprehensive approaches to community issues, the Department provides leadership, engages in partnerships, and develops and supports policies that facilitate attainment of City Council priorities. The Department also strives to achieve outcomes in support of local, state and national public health goals. Examples of achievements related to three City Council priorities include:

- **Protect and Enhance Neighborhood Vitality and Livability**

1. The Department collaborates with the Community Health Alliance of Pasadena (CHAP), a federally funded qualified health center (FQHC). Care Managers at PPHD referred 60 clients to CHAP as a potential "medical home" through the Pasadena Healthcare Link. Services for PPHD's prenatal clients were improved with CHAP allocating 6 appointments each week for medical visits that are essential but not pregnancy related.
2. At the request of the City Council, the Tobacco Control Program was asked to research outdoor tobacco smoking and provide a report on recommendations to amend the current City municipal code's tobacco control ordinance. In May 2008, City Council approved the staff recommendations and directed the City Attorney to draft the ordinance language, which was then unanimously approved on October 2008. The no-smoking policies in certain outdoor places protects the public from exposure to secondhand smoke. Under Pasadena Municipal Code 8.78.071-072, these outdoor places include:
  - Outdoor areas of shopping malls;
  - Unenclosed areas of bars and restaurants (e.g., outdoor dining);
  - Service waiting lines (e.g., ATMs, movie ticket lines, bus stops, etc.) or within 20 feet of such lines;
  - Outdoor public gathering events/special events, such as parades and fairs; and
  - Smoking in unenclosed areas shall be prohibited within a reasonable distance (of at least 20 feet), from any doorway, window, opening, or vent into an enclosed area in which smoking is prohibited, except while actively moving to another destination.
3. As part of its health promotion, advocacy and planning efforts, each year PPHD participates in nearly 100 community collaboratives and meetings, conducts outreach at over 25 community events and delivers over 200 presentations on various health programs and services. The total number of residents and stakeholders contacted in the course of these activities exceeds 40,000.
4. The Department collaborates with a number of community partners through the Pasadena Healthcare Consortium, a coalition of local healthcare service providers including members such as Huntington Hospital, PUSD and the Community Health Alliance of Pasadena (CHAP). PPHD continues to support Pasadena Healthcare Link (PHL), a free 24/7 nurse advice, case management and referral line. In 2009, PHL received over 1,200 calls and PPHD case managers made several hundreds of referrals, including over 100 clients that were sent over to CHAP to establish a "medical home". PPHD and CHAP jointly coordinated the care of over 200 patients for health issues ranging from HIV/AIDS to pediatric immunizations and pregnancy related care.

- **Assure a Safe and Secure Community**

1. The Pasadena Public Health Department's Bioterrorism and Emergency Preparedness Project continued to work with city departments, community organizations, businesses, schools, faith based organizations, residents, and other partners to prepare the local area for public health emergencies including acts of bioterrorism. A large scale pandemic influenza exercise, with a fully operational drive through immunization POD (point of dispensing) site, administering flu vaccine, was conducted in the fall to test and update public health

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preparedness and response plans for mass vaccination. Education and outreach materials, surveillance tools, specialized equipment and supplies, and communication systems were also tested in this process. Strengthening Pasadena's local area preparedness ensures that our communities remain vital and are able to respond appropriately and in a coordinated effort to minimize the impact of a potential public health disaster.

2. The Department continued medical oversight of services to the public responding quickly to Child Health Disability Prevention (CHDP) medical provider complaints and communicable disease reports and food borne illness complaints, ensuring timely notifications of public health threats, enforcing compliance with selected communicable disease reporting requirements and monitoring to protect appropriate healthcare delivery.

- **Protect and Enhance Pasadena's Economic, Ethnic and Cultural Diversity**

1. Over the past year, the Department has provided internship opportunities to over 60 youth, including high school, college and graduate level students, meeting formal requirements such as community health nursing practicum's, Master of Public Health (MPH) internships, PUSD community service and magnet school internships.
2. In 2008-2009, PPHD implemented the Lead in Mexican Style Candy grant, which provided education and outreach to licensed mobile vendors, other retail markets and consumers about the health hazards of lead in some Mexican style candy, and to reduce the risk and burden of lead in children. Both retail and consumer outreach was implemented in a variety of ways, including outreach to vendors, schools and community groups. Health and neighborhood fairs were also a venue for outreach. Educational information was developed and disseminated to Pasadena retailers and to over 10,000 families through presentations, literature, newsletters, and fliers.

- **Maintain Fiscal Responsibility and Stability**

1. PPHD assessed Department operations to increase efficiency and heighten community service. PPHD is making strides with cross-training staff to enhance workflow and productivity across all Divisions, Programs and Clinics. This has been instrumental with streamlining operations, improving customer service and consolidating services to reduce expenditures.
2. PPHD continues to analyze cost management strategies, and conducts and implements best practices to leverage and maximize resources department-wide. Several cost savings measures are currently employed and routinely assessed for effectiveness.

### Major Accomplishments

In addition to the activities detailed above, examples of other major accomplishments are discussed in the program summary sections of the Department Division descriptions that follow.

#### Summary of Appropriations and Revenues

	FY 2007 Actual	FY 2008 Actual	FY 2009 Adopted	FY 2009 Revised	FY 2010 Recommended
FTEs	112.120	106.80	103.100	103.10	91.08
Appropriations	12,575,873	12,132,972	11,607,255	12,923,063	11,919,398
<b>Sources by Category:</b>					
Building Licenses & Permits	24,156	19,560	30,000	30,000	30,000
Charges For Services	728,502	724,380	692,627	692,627	681,808
Charges For Services-External	44,000	44,000	76,081	76,081	75,000

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Federal Grants Direct	561,814	0	0	0	0
Federal Grants indirect State	4,655,426	5,817,052	4,520,392	4,520,392	4,684,501
Fund Balance – (Use/(Source))	318,142	(821,303)	(1,079)	64,729	(21,913)
Intergovernmental-Local	18,129	10,896	27,233	27,233	27,233
Miscellaneous Revenue	31,713	185,034	292,957	292,957	421,324
Non Bldg Licenses & Permit	586,044	624,635	642,860	642,860	739,463
Operating Transfers	1,184,347	1,084,173	1,048,626	2,298,626	1,454,131
Sales Tax	784,312	811,596	625,523	625,523	754,556
State Grant Direct	470,685	452,530	402,919	402,919	431,204
State Non Grant Direct	3,168,603	3,180,419	3,249,116	3,249,116	2,642,091
<b>Total Sources</b>	<b>12,575,873</b>	<b>12,132,972</b>	<b>11,607,255</b>	<b>12,923,063</b>	<b>11,919,398</b>

**Departmental Results Statements**

<b>Result 1: Healthy mothers who deliver healthy babies.</b>					
	FY 2008			FY 2009	FY 2010
	Actual	Target	% Target	Target	Target
<b>Measure 1.1 Infant mortality rates</b>					
A. The overall infant mortality rate for PPHD prenatal clients is less than 4.0 per 1,000 live births in 2007, as compared to Pasadena's overall infant mortality rate of 1.6 per 1,000 births in 2005.	2.4	4.0	100%	4.0	4.0
B. The infant mortality rate for African-Americans in PPHD's Black Infant Health program is less than 11 per 1,000 live births in 2007, as compared to Pasadena's 5-year average (1997-2001) African-American infant mortality rate of 13.6 per 1,000.	0	11	100%	11	11
<b>Measure 1.2 Low birth weight rates</b>					
A. The overall low birth weight rate for PPHD prenatal clients is less than the Healthy People 2010 goal of 5%, as compared to Pasadena's low birth weight of 2.6 in 2005.	3.8%	5%	100%	5%	5%

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		FY 2008			FY 2009	FY 2010
		Actual	Target	% Target	Target	Target
	B. The low birth weight rates for African-Americans in PPHD's Black Infant Health program is less than 11% of PPHD's live births in 2006, as compared to Pasadena's overall African-American low birth weight rate of 10.7% in 2004.	16.5%	11%	67%	11%	11%
<b>Measure 1.3 Access to care.</b>						
	A. 95% of PPHD's new prenatal clients will receive an initial appointment within two weeks of request.	-	-	-	95%	95%
<b>Measure 1.4 Breastfeeding rates</b>						
	A. The overall postpartum breastfeeding rate for PPHD's WIC clients is 38% as compared to the State of California's WIC program rate of 38%.	40.9%	38%	100%	38%	38%
<b>Result 2: Increase the proportion of persons with health insurance.</b>						
<b>Measure 2.1 Health insurance enrollment and retention.</b>						
	A. PPHD will enroll 1,200 children, youth and their parents in free or low cost health insurance.	1,980	1,200	100%	1,200	1,200
	B. PPHD will assist 400 children, youth and their parents to retain their current health insurance program.	401	400	100%	400	400
<b>Result 3: No occurrence of preventable disease in Pasadena residents.</b>						
<b>Measure 3.1 Incidence rate of preventable disease</b>						
	A. The number of tuberculosis cases in Pasadena per 100,000 in 2007 is 11 or less compared to the 2006 rate of 14.	5 per 100,000	11	100%	< 11	< 8

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		FY 2008			FY 2009	FY 2010
		Actual	Target	% Target	Target	Target
	B. 100% of persons exposed to active tuberculosis cases will be identified, followed and screened to prevent additional cases of tuberculosis.	100%	90%	100%	100%	100%
	C. The number of reportable sexually transmitted disease cases in Pasadena per 100,000 in 2007 is 349 or less compared with 243 in 2006.	611 per 100,000	200 per 100,000	100%	200 per 100,000	400 per 100,000
<b>Result 4: Youth (11 to 17 years old) live a tobacco-free lifestyle.</b>						
Measure 4.1 Retailer compliance						
	A. Achieve a Tobacco Control Program sales to minors compliance rate of 95%	96%	95%	100%	95%	95%
Measure 4.2 Retailer signage compliance		91%	100%	91%	100%	100%
<b>Result 5: Pasadena restaurants will be clean and safe for residents to dine.</b>						
Measure 5.1 Restaurant cleanliness						
	A. 87% of all restaurant inspections will receive a score of 90 points or higher, as compared with 84% for restaurants inspected that are inspected by the County of Los Angeles Department of Health Services.	91%	87%	100%	87%	87%
Measure 5.2 Incidence of food borne illness involving restaurants.						
	A. The number of food borne illness cases involving two or more individuals is two or less per quarter during FY 2007.	2	8	100%	<=8	<=8
Measure 5.3 Safe food handling						
	A. Thirty food service workers will be provided food safety training on a quarterly basis under the Food Safety Recognition Program.	117	120	98%	120	120
Measure 5.4 Critical Risk Violations						
	A. 93% of food establishments inspected will have no critical risk violations that may lead to food borne illness	97%	93%	100%	93%	93%

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### Fiscal Year 2010 Budget Highlights

During fiscal year 2010, the Department will continue to work to enhance its infrastructure and capacity to provide public health programs and services through an interdisciplinary team approach, with the goal of increasing funding streams to strengthen core functions. In the face of increasing costs and declining resources, greater emphasis will be placed on identifying new funding sources. The Department will leverage resources and serve as a conduit to partners to implement and fund effective service delivery strategies and alternatives for the medically underserved; will expand partnerships and seek new funding sources to sustain long-term health improvement efforts and underwrite rising core operating costs; and will leverage support, relationships and assets to more effectively accomplish the public health mission.

- **Cost Changes:** Total appropriations decreased by \$1,003,665. Personnel decreased by \$525,245, or 6.0%, reflecting cost-reduction efforts. Services and Supplies decreased by \$475,895 due to revenue reductions and the resulting cost-savings efforts. Internal Service charges decreased by \$2,525, or 0.3%, as various rates were decreased.
- **FTE Changes:** As a result of declining revenues, net FTEs have decreased by 12.03 FTEs. The changes are shown in the summary below:

#### Additions: (New positions – Grant Funded)

Community Health Aide	0.60 FTE
Community Services Rep	0.50 FTE
Community Services Rep III	1.25 FTE
Graduate Mgt. Intern	0.75 FTE
Licensed Vocat. Nurse	1.00 FTE
Registered Nurse	0.80 FTE
Substance Abuse Coun	0.70 FTE
Total Additions	5.60 FTE

#### Eliminations

Community Srv Rep I	3.85 FTE
Env Hlth Prog Mgr	1.00 FTE
Nurse Practitioner	0.15 FTE
Prog Coord II	0.80 FTE
Sr. Pub Hlth Nurse	0.90 FTE
Staff Assist III	2.07 FTE
Mgt Analyst I	1.00 FTE
Prog Coord I	1.00 FTE
Sr Nurse	1.00 FTE
Comm Hlth Aide	1.00 FTE
Community Srv Rep III	2.75 FTE
Staff Assist I	1.00 FTE
Substance Abuse Council	1.00 FTE
Multiple Position Decreases	0.11 FTE
Total Eliminations	17.63 FTE
<b>Net FTE Change</b>	<b>(12.03) FTE</b>

### Future Outlook

The budget forecast for public health in the nation, state and among local jurisdictions is largely dependent on economic trends that influence both revenue streams through Health Service Realignment and available grant dollars. No single budget cut in public health can be considered in isolation of itself. Drastic cuts in the FY 2010 public health budget will have a long-term impact across several programmatic and clinical areas, especially in the area of planning and

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infrastructure capacity building. These difficult economic times correlate directly with increases of individuals and families seeking public health services at PPHD. The Department will focus on improving capacity to address the fundamental and essential public health services that ensure a safe and healthy community, create conditions in which individuals can be healthy and further community health goals.

Relying on the strengths and interdependencies among all components of the local public health system, PPHD is better prepared for bioterrorism and other public health emergency response than five years ago; however, additional enhanced public health preparedness is needed due to decades of under funding. Following the guidance of the California Department of Public Health (CDPH), Centers for Diseases Control and Prevention and the Office of Homeland Security, PPHD will continue to build capacity and capability in core competencies, with concentrated attention on infectious diseases, pandemic influenza planning; staff and provider education and training; public health and medical provider coordination; public health surveillance, detection and epidemiologic investigation and reporting; and risk communication and health information dissemination.

PPHD will continue to pursue other infrastructure goals, such as: (a) increasing community awareness of public health and the Public Health Department; (b) assessing and upgrading public health information systems that facilitate planning, policy development, quality assurance and public health service coordination across the public and private sectors; (c) enhancing academic partnerships that support participatory research projects; (d) addressing workforce development and training; (e) strengthening oversight and enforcement of Health Safety Codes and Regulations; (f) increasing utilization of programs that are driven by community involvement and serve broader public health purposes; and, (g) assessing customer service and methods for maintaining and strengthening service to the community.

To assure healthcare access and usage of eligibility based health insurance programs, PPHD will continue to lead collaborative and partnerships that focus on bringing the uninsured and underinsured into appropriate clinics and services. One example is the Pasadena Healthcare Consortium which helped implement a practice management system that links PPHD clinics to CHAP and Huntington Memorial Hospital. Expansion to a community health records that is supported by both the practice management system and electronic medical records systems will help the participating providers offer a seamless system of services to patients who seek a variety of health and social services.

In 2008, PPHD was awarded a \$400,000 grant over 2 years from Kaiser Permanente to develop and implement a new chronic disease management program in Pasadena. Uninsured and underinsured local residents with diabetes and cardiovascular disease enrolled in this new program will now be closely case managed to ensure that they are on proper medical treatment plans, remain compliant with their medications, and follow up appointments.

Staff from throughout the Department will continue to serve on committees and participate in efforts that have grown out of the Map Campaign Community Health Action Plan. Due to the lack of funding for MAP, progress toward achieving the community health improvement goals prioritized in the MAP Action Plan will be reassessed and alternative approaches explored for the PPHD to ensure it sustains the level of community partnership that MAP established.

Department services are primarily supported by grants from a wide range of sources, fees for services, and health services, realignment funds. Most of the funding comes from sources outside of the City, and funding decisions made at federal and State levels often impact the availability of funding for local health programs. Grant funds are often categorical in nature and are provided to address specific community health problems. Over time, the Department's expenses have increased while revenues have remained relatively flat. Increasing fund development and exploring creative financing for public health efforts will be critical to ensure on-going performance of core public health and safety services.

In light of economic and funding challenges, the Department will concentrate on maintaining essential services while developing and leveraging diverse and sufficient resources to achieve public health goals of the community.



**PROGRAM  
SUMMARY**  
Administration Division

**Mission Statement**

The Administration Division supports the Department mission and operations by providing executive leadership and medical direction to the Department and maintaining an infrastructure that supports and motivates successful planning, evaluation, service delivery and community partnerships. This Division provides central administrative support, coordination and direction for the entire Department.

**Program Description**

The Division supports and guides the operations of all divisions and programs, facilitating activities that contribute to achieving citywide goals and fulfilling the Department mission. The Division directs the development, planning, financing, administration, staffing and execution of programs, activities, and services that value and support public health and improve community linkages and partnerships. The Administration Division helps establish and communicate the Department vision, and advocates for resources, policy and legislation that facilitate organizational development, high quality, effective service delivery and improved community health status. In addition to general administrative functions and staff, the Division includes three operating programs with a combined budget of \$937,470 – fully 39% of the Administration Division budget. The Bioterrorism and Emergency Preparedness program develops, coordinates and implements activities to accomplish community-wide public health preparedness, surveillance, response and recovery objectives. Vital Records is an operating unit of the Administration Division responsible for maintaining permanent vital statistics records, and issuing burial permits and certified copies of birth and death records. The Pasadena Healthcare Link and Consortium provides 24/7 nurse advice, healthcare and social service referrals and appointments and develops, coordinates and implements integrated and coordinated efforts to improve access and services for the uninsured and underinsured. The Division also encompasses billing and cashiering functions and information technology coordination for the Department.

**Major Accomplishments**

- Program staff facilitated/supported the Pasadena Healthcare Consortium and the Pasadena Healthcare Link (PHIL), a call center that provides callers with medical triage nurse advice, social services referrals and appointments with Consortium members. An average of 143 clients were served each month by triage advice nurses and/or Care Managers. Located at six Consortium sites, care managers worked closely throughout the year to enhance referral and information sharing processes. In addition, Care Managers updated and populated the call center database and made follow-up calls to support individuals' efforts access to healthcare and social services. During the past year, the Pasadena Healthcare Consortium undertook a strategic planning effort with the goal of strengthening and sustaining the Consortium to ensure on-going integration of the local healthcare infrastructure to improve access to care for the uninsured and underinsured through better coordinated healthcare services and referrals in the greater Pasadena area.
- The seventh year of the Centers for Disease Control and Prevention (CDC) bioterrorism and emergency response preparedness grant activities were undertaken by the program team including the Health Officer, Epidemiologist, Program Coordinator and Management Analyst, and with the support of senior management staff. In a landmark effort to prepare the Pasadena community for a public health emergency, the Bioterrorism and Public Health Emergency Preparedness program staff guided Point of Dispensing (POD) exercises. This full-scale exercises increased capacity in readiness operations and efficiency to provide mass influenza vaccinations and medication dispensing through the POD. Partnerships with numerous governmental agencies, community-based organizations, academic institutions and other stakeholders were strengthened and expanded through outreach and education efforts in order to ensure comprehensive and beneficial exercise scenarios.
- Guided the department to manage cost increases via staffing reductions and reallocations and service realignments,

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implementing a proactive fiscal monitoring program for appropriate responses to programmatic and budget changes in order to avoid the need for further cuts.

- The Division's Vital Records Office provided nearly 85,000 units of services generating birth and death certificates, disposition permits to the public, mortuaries and government agencies.
- Provided leadership and modeled responsiveness to Requests for Proposals in applying for new funding and sustainability funding, reviewing and editing four applications for grants.

### Summary of Appropriations

	FY 2007 Actual	FY 2008 Actual	FY 2009 Adopted	FY 2009 Revised	FY 2010 Recommended
FTEs	20.110	18.700	18.050	18.050	15.05
Appropriations	3,040,481	2,532,038	2,383,767	2,541,330	2,360,149

### Changes From Prior Year

- *Cost Changes:* The net decrease of \$181,181, or 7.0%, is due mainly to reductions in Personnel and Services and Supplies.
- *FTE Changes:* Net FTEs will decrease 3.00 as a result of internal changes in resources and reductions of vacant positions. A 0.75 FTE Graduate Management Intern will be added. Reductions include a Staff Assistant III, 2.00 FTE, Management Analyst I, 1.00 FTE and a Customer Services Rep III, 0.75 FTE.

### Future Outlook

In addition to priorities discussed in the Departmental Summary, the Administration Division will coordinate and direct planning, decision making, and execution of strategies to sustain critical public health and safety net services. Staff will work with other stakeholders to create unique opportunities to serve the public and meet their health needs. The Department will guide establishment of the urgent care center services and identify possible partnerships and community solutions to sustain urgent care in Pasadena. Administration will play a lead role in coordinating department wide efforts around fund development, identifying and pursuing funding opportunities across a broad spectrum of public health focus areas and implement additional department-wide operational efficiencies to assure optimal budget performance. Grant writing teams will be convened and training will be provided to staff to improve the outcomes of funding requests. Exploration into developing and establishing a health indicators/health status data clearinghouse to provide up-to-date, comprehensive and useful data, including neighborhood level data will continue. Ongoing leadership, coordination and oversight for bioterrorism and emergency response preparedness mitigation, planning, response and recovery will be provided.

The Division will continue the internal strategic planning process initiated in 2008-2009, involving community stakeholders and employees to identify significant public health issues and trends and re-establish local public health mission, values and guiding principles. Strategic objectives will be developed as part of this effort to help guide the Department in addressing public health issues that must be confronted over the next three-to-five years. The strategic planning process will include the assessment and reorganization of programs and clinics and development of program performance measures, including outcome results, efficiency, demand, and output measures. The program structure and performance measures will serve as a foundation for aligning Department program and service objectives, budget allocations and performance data at the program level and will impact each employee through the development of new employee performance evaluation formats and processes that are tailored to operational areas and key performance indicators.

The Department remains committed to improving the community's health and safety by addressing local public health issues and remains focused on maintaining a core of public health services.

**PROGRAM  
SUMMARY**  
Environmental Health Division

**Mission Statement**

The Environmental Health Division supports the Department mission by influencing, promoting and maintaining a healthy environment, ensuring that all homes are safe and healthy, our air and water are clean, retail food facilities are safe and clean and vector-borne diseases are eliminated.

**Program Description**

This Division is responsible for enforcing California Health and Safety Codes and Municipal Codes related to all food facilities, street vending of food, public swimming pools, noise control and vector control.

The Department protects the public from the risk of food-borne illness by inspecting restaurants regularly to ensure the cleanliness of food facilities. The frequency of inspections is prioritized by risk with an emphasis on inspecting facilities that handle higher quantities of potentially hazardous foods and where serious food handling violations may have been found to exist in the past. The goal of the Environmental Health Division is to inspect each and every restaurant and other food preparation facilities at least twice annually.

Vector Control Specialist in the Division conduct abatement activities so that the public can live in an environment with a reduced prevalence of mosquitoes, rodents, and other disease-causing vectors which may carry West Nile Virus, Plague and St. Louis encephalitis. In addition, Division staff removes Africanized Honeybees from public property, including city-owned facilities, city trees and public parks.

**Major Accomplishments**

- Division staff continued collaboration with Planning and Permitting Department to strengthen the Childhood Lead Poisoning Prevention Program (CLPPP) by using Code Compliance Officers to identify lead hazards in housing units. CLPPP has successfully worked with the Planning and Permitting Department to have access to renovation permits and is now sending informational letters and literature to permit recipients.
- In 2009, the City Council approved the PPHD's proposal to reduce noise and environmental impacts of leaf blowers in Pasadena. The new plan consists of enhanced training for gardeners in the proper use of leaf blowers, community education and outreach, increased enforcement of the existing leaf blower ordinance and an innovative monetary incentive program to encourage gardeners to switch their equipment to newer low-emission, low-noise leaf blowers.
- The Division completed a comprehensive review of the Noise Restrictions Ordinance with an updated noise ordinance submitted for approval by the City Council. The revised noise ordinance will include an interior noise standard for multiple housing units, clarification on the use of amplified sound equipment on public properties, and additional exemptions.
- The Division conducted nearly 2,000 inspections of food service establishments to ensure safe food handling and preparation is maintained throughout the City. As the result of the food inspection program, only one food-borne illness incident involving two or more individuals was reported during the fiscal year.

**Summary of Appropriations**

	FY 2007 Actual	FY 2008 Actual	FY 2009 Adopted	FY 2009 Revised	FY 2010 Recommended
FTEs	8.87	8.88	8.89	8.89	7.89
Appropriations	1,917,452	2,039,992	1,226,347	2,076,347	1,884,817

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### Changes From Prior Year

- *Cost Changes:* The net decrease of \$191,530, or 9.2%, is due mainly to reductions in Personnel and benefits totaling \$173,569 and decreases in Internal Service charges of \$17,961 resulting from various rate changes.
- *FTE Changes:* Net FTEs will decline by 1.00, an Environmental Health Program Manager.

### Future Outlook

In addition to priorities discussed in the Departmental summary, the Environmental Health Division will continue to focus on efforts to improve the health of the community through education and health code enforcement. The Division will continue to strengthen connections with residents to address neighborhood issues, such as animal control and vector control, and improve environmental conditions by limiting the community's exposure to potentially harmful infestations.

The Division will continue to work enhancing Childhood Lead Poisoning Prevention Program in partnership with the Water, Planning and Permitting Departments by collaborating on educational literature and by sponsoring training to Code Enforcement staff to recognize lead-based paint hazards in and around housing units. In addition, the Division continues to serve on the City's Green Team to support and participate on activities that further Pasadena's Green City Action Plan such as reducing the use of pesticides in the Division's Vector Control Program.

In addition to ongoing inspections of food establishments, the Division will continue to provide education and training to facility management and staff regarding health code regulations and guidelines in order to maintain high quality public health standards among Pasadena restaurants.

**PROGRAM  
SUMMARY**

Disease Prevention and Control Division

**Mission Statement**

The Disease Prevention and Control Division supports the Department mission by seeking to improve the health and wellness of Pasadena residents by conducting epidemiological investigations and outbreak control for known and suspected cases of communicable diseases. The Division also provides access to immunizations for vaccine preventable diseases, provides access to medical treatment for communicable diseases, including operation of the HIV/AIDS medical outpatient clinic, and educates the public on safe health practices in order to decrease the incidence of communicable disease in the community.

**Program Description**

The activities of this Division include: public health field nursing to conduct epidemiological investigation of communicable diseases, counseling and education of infected individuals; tuberculosis control program; sexually transmitted disease surveillance, HIV/AIDS surveillance, testing, education and prevention activities and HIV/AIDS medical outpatient services; travel and adult immunizations; Targeted Case Management; improving childhood immunization rates; and Public Health Laboratory clinical I testing and analysis.

**Major Accomplishments**

- The Andrew Escajeda Clinic, which provides comprehensive HIV/AIDS medical outpatient services, delivered biopsychosocial support approaches to 116 HIV/AIDS infected and affected clients through the Minority AIDS Initiative (MAI) from the Los Angeles County's Office of AIDS Programs and Policy. These interventions are structured to improve client retention, increase adherence to care and treatment and increase access to healthcare.
- The HIV Counseling & Testing Program provided approximately 1,420 HIV Rapid Oral Tests, of which 22 were confirmed HIV positive (2% positivity rate). The program has partnered with The Boulevard, a local gay bar on Foothill Boulevard, and is providing Counseling & Testing, services monthly, on Saturdays from 9 pm to 1: 30 am. This outreach has been successful in engaging the bar patrons to get HIV tested and to get important preventive education.
- The Immunization Program received a two-year implementation grant from Kaiser Permanente for the SPIn (Scholastic Partnership for Immunization Initiatives) program which engages, educates and empowers the adolescent population of the City toward recognizing and advocating for maintaining up-to-date recommended immunizations for their age group. Project activities will be implemented through youth advocates who will help high school students learn and excel in group dynamics, develop team building skills, increase cultural awareness, manage conflict resolution, develop and improve their public speaking abilities and engage in public health collaboration.
- A Flu Vaccination Point of Dispensing (POD) Drive-Through Clinic was held at the City Yards for city employees to receive their annual flu vaccine. Flu vaccines were administered to 346 of the City's first responders and workers. This outreach tested the Health Department's capabilities in setting up and managing a drive-through POD in the event that one needs to be activated for mass vaccination or medication dispensing for the community. This exercise also tested the department's ability to collaborate and strengthen ties with the Fire and Police departments, other local agencies, community partners, Los Angeles County and schools of nursing to assemble the staff and equipment needed to run the POD.
- The Division held five community flu clinics at five sites throughout the City including a requested site at the Foothill Services Center in Pasadena. In spite of easy access to and availability of the flu vaccines throughout the City, a

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total of 868 flu shots were provided to individuals at these community flu clinics. In addition to the flu clinics, the Division administered over 5,400 immunizations through its Adult and Travel Clinic.

- The public health nurses (PHNs) continue to provide over 5,200 home visits to residents with targeted case management (TCM) services, including health education and promotion to address client issues such as prenatal care, breast feeding, directly observed therapy for tuberculosis, and to assist clients with accessing healthcare and social service resources. A total of 281 TCM visits were performed by the PHNs, which netted \$74,189 for the department.
- In 2008, PPHD was awarded a \$400,000 grant over 2 years from Kaiser Permanente to develop and implement a new chronic disease management program in Pasadena. The goal of the Pasadena Project ALL is to reduce morbidity and mortality related to diabetes and cardiovascular disease by promoting and implementing the Kaiser A-L-L model of care at a community-wide level. The campaign consists of three primary components: community education and outreach; case management and tracking of established diabetic patients; and provider education to promote diabetes management.

### Summary of Appropriations

	FY 2007 Actual	FY 2008 Actual	FY 2009 Adopted	FY 2009 Revised	FY 2010 Recommended
FTEs	35.830	35.170	27.900	27.900	23.33
Appropriations	3,312,800	3,410,086	3,301,961	3,452,770	3,150,966

### Changes From Prior Year

- *Cost Changes:* The net decrease of \$301,804, or 8.7%, is mainly due to an additional transfer in the current fiscal year from the General Fund to support operations and personnel cost decreases and cost-savings efforts in fiscal year 2010.
- *FTE Changes:* Net FTEs will decline by 4.57 as follows. Additions include a Community Health Aide, 0.60 FTE, a Community Service Rep, 0.50 FTE, a Community Services Rep III, 0.50 FTE and a Registered Nurse, 0.80 FTE. Reductions include a Nurse Practitioner, 0.15 FTE, Sr. Public Health Nurse, 0.90 FTE, Staff Assistant III, 0.07 FTE, Community Services Rep I, 1.85 FTE, Program Coordinator I, 1.00 FTE, Community Health Aide, 1.00 FTE and a Customer Services Rep III, 2.00 FTE.

### Future Outlook

In addition to priorities discussed in the Departmental Summary, the Communicable Disease Prevention and Control Division will continue to vigilantly monitor the health status of the community, stay abreast of new developments or current trends in bioterrorism and emergency preparedness, and focus on needs identified in the 2009 Quality of Life Index and the Healthy People 2020 goals. The continued threat of bioterrorism, anticipated Pandemic Influenza, and advent of Extremely Drug Resistant Tuberculosis are shaping and shifting the practice of public health by demanding increased capacity to perform expert communicable disease surveillance and monitoring, meeting adequate surge capacity needs, and expanding community collaborations. Through improved case management services, staff will provide continuity of care for low-income clients, disenfranchised clients, the elderly, the homeless, and individuals with chronic diseases; contribute to decrease mortality and morbidity among vulnerable target populations; and, generate sustainable funding for potential program expansion.

Through on-going community partnerships, the Division will work collaboratively to: assure and/or provide the necessary immunizations throughout the life span from birth to senior years and ensure that vaccine-preventable diseases are abated; and, improve HIV/AIDS patient outcomes to ensure maximum access to comprehensive care. The Travel and Adult Immunization Clinic will continue to enhance marketing and outreach efforts to the surrounding communities to meet the needs of travelers and keep adults up-to-date with their immunization status.

**PROGRAM  
SUMMARY**

Maternal and Child Health Division

**Mission Statement**

The Maternal and Child Health Division (MCH) supports the Department's mission by providing outreach and access to health services and related clinical and referral services for low-income pregnant women, their infants, children and families in order to decrease maternal and child morbidity and mortality, and improve health outcomes in the City

**Program Description**

This Division provides clinical services, conducts outreach, provides education and operates the Women, Infants and Children (WIC) nutrition program to improve maternal and child health in the community. The Division also provides consultation and certification to other community providers of comprehensive prenatal services and child health disability prevention services, and participates in a community Health Access Task Force which works to address the issue of uninsured or underinsured children in our community. The Childhood Lead Poisoning Prevention Program provides community outreach and education, case manages children identified with lead poisoning and assists health care providers in their responsibilities to screen and counsel children and families about lead exposure prevention.

**Major Accomplishments**

- The State funded Health Care Program for Children in Foster Care (HCPCFC) was staffed by a full time Public Health Nurse to provide consultation to 536 Pasadena foster care cases, eliminating reliance on Los Angeles County for this service.
- The Health Insurance Outreach program successfully engaged in conducting community outreach to 1,530 individuals. Health Insurance enrollment was provided to 262 children, and health access advocacy was provided to 309 individuals.
- The Childhood Health and Disability Prevention Program (CHDP) successfully monitored the 20 Pasadena CHDP pediatric doctors' compliance with State mandates to ensure children in Pasadena were referred to appropriate services to meet their healthcare needs. CHDP responded immediately to any concerns/complaints about the quality of healthcare services received in pediatric doctors' offices in Pasadena.
- The Women, Infants and Children (WIC) Supplemental Nutrition Program received enhanced funding totaling over \$1,117,032 – a 16% increase over the prior year funding amount. Due to the economic downturn, the WIC Program serves the community at 100% capacity and provides 5,000 clients with nutrition services each month.
- The Prenatal Clinic, which serves women with high-risk pregnancies and pregnant teens, provided 7,519 visits to 1,000 women. The Comprehensive Perinatal Service Provider Clinic is the largest safety net provider in the Pasadena Community, and focuses on improving the outcome of every pregnancy by providing medical and support services to eligible women.
- The Black Infant Health (BIH) Program, which focuses on reducing African American infant mortality and its causes, provided over 100 homeless women, substance abusers, or victims of domestic violence with intensive case management and education.
- The MCH Allocation program continues to partner with Young & Healthy and USC to provide free teeth screenings for children up to 5 years old. Parents are educated on the cause and effects of cavities, cavity prevention for infants and young children, and establishing healthy dental care habits.

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- The Childhood Lead Poisoning Prevention Program continues to educate parents and the community about the devastating effects of lead on young developing minds. Last year a bus shelter poster campaign ran for one month, Fox 11 News aired an interview with staff about the problem with lead in toys, training was provided to City of Pasadena Code Enforcement Officers, and information about lead-safe work practices was mailed to recipients of City permits for pre-1978 dwellings. Six Pasadena children were identified as lead poisoned, receiving extensive case management and environmental intervention; an additional 25 children had elevated blood lead levels.

### Summary of Appropriations

	FY 2007 Actual	FY 2008 Actual	FY 2009 Adopted	FY 2009 Revised	FY 2010 Recommended
FTEs	37.135	34.250	37.960	37.960	35.95
Appropriations	3,093,656	3,159,798	3,702,363	3,741,991	3,602,813

### Changes From Prior Year

- Cost Changes:** The net decrease of \$139,178, or 3.7%, is due mainly to an additional transfer from the General Fund in the current fiscal year and reductions in Personnel, Services & Supplies and Internal Service Charges for fiscal year 2010.
- FTE Changes:** Net FTEs will decline by 2.25 as follows: Additions include a Customer Services Rep III, 0.75 FTE and a Licensed Vocational Nurse, 1.00 FTE. Reductions include a Customer Services Rep I, 2.00 FTE, a Senior Nurse, 1.00 FTE and a Staff Assistant I, 1.00 FTE.

### Future Outlook

In addition to priorities discussed in the Departmental summary, the MCH Division will complete the final year of a five-year Maternal, Child and Adolescent Health (MCAH) plan to guide overall program and funding decisions by the Division and its collaborating partners. The priority issues identified in this plan are: obesity in children, access to healthcare, low birth weight and mental health. These issues will continue to be collaboratively addressed with members of the MCAH Collaborative, which includes the Pasadena Unified School District (PUSD), Young & Healthy Pasadena, CHAP, Bill Moore Clinic, Huntington Memorial Hospital and the Department's Health Promotion and Policy Development Division. MCH Division programs will continue to strengthen coordination efforts with CHAP to provide continuity of services for low-income pregnant women and their children.

The MCH Division will continue its collaboration with PUSD and Young & Healthy to obtain dental screenings for all children entering kindergarten and to identify and obtain resources to ensure these children receive the necessary treatment identified during the initial dental assessment. The Division will continue to partner with the Pasadena Healthcare Consortium to address current and future efforts, such as the PHiL line, towards assisting clients to navigate and access the health care system effectively in the Pasadena community. Elimination of childhood lead poisoning in Pasadena continues to be a goal of PPHD's MCH Division. Additionally, the Division's MCAH and BIH Programs will collaborate and host a Green Celebrate Healthy Babies and Families Health Conference to educate families on healthy living. The Division and all of its programs will continue to work to improve services for women, infants, children, and adolescents in the Pasadena community.



**PROGRAM  
SUMMARY**

Health Promotion  
and Policy Development Division

**Mission Statement**

The Health Promotion and Policy Development (HPPD) Division supports the Department mission by supporting the three core functions of public health—assessment, assurance and policy development. HPPD seeks to improve the health and wellness of the Pasadena community through the assessment of community needs, the promotion and education of individual healthy behaviors, the development of policies to promote sustained community-wide health improvement, the mobilization and empowerment of communities for action, and the monitoring of population health status.

**Program Description**

This Division addresses the broad scope of behaviors and conditions which impact both individual and community-wide health issues such as: tobacco, alcohol and other drug use; nutrition and physical activity; and, other vital quality of life and health promotion needs. The Division facilitates community assessments and planning; coordinates Department-wide marketing and public relations; conducts media relations and public information campaigns; and seeds community-based research and demonstration projects.

**Major Accomplishments**

- In response to a request by City Council, The Tobacco Control Program researched outdoor tobacco smoking polices and made recommendations to amend the current City municipal code's tobacco control ordinance. Effective November 2008, the Pasadena Municipal Code (8.78.071-072) reflects amendments to include no-smoking policies in certain outdoor places, to further protect the public from exposure to secondhand smoke. These outdoor public places include: 1) outdoor areas of shopping malls; 2) unenclosed areas of bars and restaurants (e.g., outdoor dining); 3) service waiting lines (e.g., ATMs, movie ticket lines, bus stops, etc.) or within 20 feet of such lines; and 4) outdoor public gathering events/special events, such as parades and fairs. In addition, smoking in unenclosed areas is prohibited within a reasonable distance (of at least 20 feet) from any doorway, window, opening, or vent into an enclosed area in which smoking is already prohibited, except while actively moving to another destination.
- The Tobacco Control Program staff continues to work closely with the Business License section and Police Department to regularly monitor the Tobacco Retailing Licensing Ordinance. Since March 2005, when enforcement of the ordinance began, the illegal sales rate has dropped from a baseline of 20% to a relatively stable rate of 5.0%. Most significantly, in the last two years, the majority of compliance check operations have resulted in zero illegal sales. As one of the first cities to adopt such an ordinance, the Tobacco Control Program continues to be asked for technical assistance from other cities and communities exploring tobacco-related actions and ordinances.
- In February 2009, the American Lung Association released its annual Tobacco Control report card, highlighting cities with the most comprehensive tobacco control ordinances in Los Angeles and Orange County cities. Grading for tobacco prevention is based on the Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs. Cities and Counties, rated on a grade scale (A—F), were measured on how city leaders and officials protect their citizens from harmful secondhand smoke exposure in city parks and recreation areas, entryways, service lines, outdoor dining and apartments. The City of Pasadena raised its score this year, earning a "B" grade – only one of 12 cities/counties in the State of California to earn this designation.
- The City of Pasadena Recovery Center, one of the longest running substance abuse recovery programs serving the Pasadena community for almost 40 years, continues to provide drunk driver/DUI classes, individual counseling, recovery discussion groups and other prevention interventions and supportive-service information referrals. CPRP is intended to be an education- and environmentally-based approach to mitigate substance abuse problems in a designated community area through prevention outreach, education and policy. We are the only Pasadena-based

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area provider, reaching approximately 3,000 people through prevention efforts (callers, walk-ins, community outreach, presentations, policy, etc.).

- In summer 2008, Division staff coordinated with Department programs and three community health non-profits (Planned Parenthood, Young & Healthy, and Day One) to offer the fifth Healthy Ambitions Summer Internship Program with the Blair Health Academy, introducing 12 high school students to the broad careers in the field of public health. This past summer, the eight week public health internship program, provided weekly interactive educational sessions and "shadowing" staff in the field, 30 hour/week internships with various public health programs, and worked on city-wide projects like the annual Youth Month events, and the Youth Summit, scheduled in August.
- The Nutrition and Physical Activity Program continues to grow, reaching more people—especially those with the least resources – with information on eating better and increasing physical activity. Nutrition education classes, taught in English and Spanish, reached over 2,000 participants in the City. The Program also reached over 15,000 individuals through conferences, health fairs and other outreach events. The program is also undertaking a Communities of Excellence local assessment utilizing a State-wide model to examine food resources and accessibility.
- The well-respected and much-anticipated Quality of Life Index report was updated shortly and made available online for the use of community members and agencies interested in useful indicators and local data about the quality of life and health our community.
- The Division coordinates edits and reviews all public relations and communication materials for all Department programs, services and special events. Over the course of the past year, the Division has reviewed over 59 flyers, brochures, newsletters, online media, and other outreach materials with an additional 20 different new materials distributed as parts of media campaign efforts, including news articles, media alerts and press releases and paid advertising (through print, radio, electronic and other media forms). An estimated 124,279 people have been reached with these various health education and outreach communications.

### Summary of Appropriations

	FY 2007 Actual	FY 2008 Actual	FY 2009 Adopted	FY 2009 Revised	FY 2010 Recommended
FTEs	10.175	11.800	10.300	10.300	9.20
Appropriations	882,271	981,839	992,817	1,050,625	920,652

### Changes From Prior Year

- *Cost Changes:* The net decrease of \$129,973, or 12%, is due mainly to an additional transfer from the General Fund during the current fiscal year. Additional reductions for fiscal year 2010 are planned in Personnel and Internal Service Charges.
- *FTE Changes:* Net FTEs will decline by 1.10 as follows: Additions include a Substance Abuse Counselor, 0.70 FTE. Reductions include a Program Coordinator II, 1.80 FTE.

### Future Outlook

In addition to Departmental priorities, the Health Promotion and Policy Division will continue to pursue funding for projects and activities consistent with its mission and key programmatic areas. By periodically evaluating the Department's strategic marketing and communications efforts, the Division will continue to help increase visibility of the department and its many programs and services. The Division will also participate in the department's bioterrorism and emergency response preparedness and planning efforts, with a particular emphasis on risk communication and public information dissemination. Policy and program development and evaluation in chronic disease prevention and health/wellness promotion will continue, particularly as it relates tobacco control and food security and physical activity.

DISCRPTION	FY2007 ACTUAL	FY2008 ACTUAL	FY2009 ADOPTED	FY2009 REVISED	FY2010 RECOMMEND	\$CHANGE	%
8005 Regular Pay - PERS	4,823,332	4,701,792	6,488,789	6,488,789	6,035,351	-453,438	(7.0%)
8011 Overtime Pay	31,802	44,089	23,182	23,182	23,182	0	0.0%
8012 Overtime Subject To PERS	-431	0	0	0	0	0	0.0%
8018 PST-Part Time Employees	85,680	256,676	0	0	0	0	0.0%
8023 Auto Allowance	15,836	17,289	15,060	15,060	12,054	-3,006	(20.0%)
8024 Personal Devlpmnt Allowan	26,913	25,069	28,900	28,900	18,669	-10,231	(35.4%)
8027 Workers' Compensation	100,789	77,367	96,771	96,771	96,392	-379	(0.4%)
8030 Jury Duty	0	34	0	0	0	0	0.0%
8031 General Liability	88,363	104,122	124,442	124,442	103,277	-21,165	(17.0%)
8037 Miscellaneous Pay	0	8	0	0	0	0	0.0%
8038 Employee Portion-PERS	250,171	180,461	454,622	454,622	205,202	-249,420	(54.9%)
8040 City Portion-PERS	483,019	554,961	463,433	463,433	655,137	191,704	41.4%
8041 City Portion-PARS	3,986	10,506	0	0	0	0	0.0%
8044 Life Insurance	3,818	3,628	6,494	6,494	4,828	-1,666	(25.7%)
8045 Dental Insurance	47,222	46,610	49,901	49,901	50,274	373	0.7%
8046T Medicare Total	67,101	67,730	94,507	94,507	87,513	-6,994	(7.4%)
8047 Long Term Disability	11,865	15,206	11,040	11,040	10,901	-139	(1.3%)
8049 Medical	827,847	900,371	945,593	945,593	980,518	34,925	3.7%
8050 Benefits	776,963	848,673	0	0	0	0	0.0%
8054 Vision Care	488	304	0	0	0	0	0.0%
8055 Health Care Spending	1,375	3,000	0	0	0	0	0.0%
8056 Accrued Payroll Expense	0	0	0	5,808	0	-5,808	(100.0%)
8058 Benefits Admin.	262,950	256,296	0	0	0	0	0.0%
<b>T8700 Total Personnel</b>	<b>7,909,087</b>	<b>8,114,191</b>	<b>8,802,734</b>	<b>8,808,542</b>	<b>8,283,297</b>	<b>-525,245</b>	<b>(6.0%)</b>
8101 Materials And Supplies	550,713	571,982	441,842	441,842	441,842	0	0.0%
8102 Tool Room Operation Expe	1,292	756	0	0	0	0	0.0%
8104 Nutrition Education Material	3,864	3,319	500	500	500	0	0.0%
8105 Lease Payments	199,473	199,473	199,473	199,473	199,473	0	0.0%
8107 Equipment Lease Payment	2,133	0	2,500	2,500	2,500	0	0.0%
8108 Computer Related Supplies	7,469	9,302	1,700	1,700	1,700	0	0.0%
8109 Equip Purchases Under \$1,	154,533	19,570	18,150	18,150	18,150	0	0.0%
8110 Outside Printing & Duplicati	23,158	19,809	7,951	7,951	7,951	0	0.0%
8112 Legal and Other Advertisin	27,170	176	0	0	0	0	0.0%
8113 Photo Copy Machine Maint	11,285	32,567	18,000	18,000	18,000	0	0.0%
8114 Other Contract Services	2,345,631	1,960,589	889,174	2,199,174	1,723,279	-475,895	(21.6%)
8115 Consultant Services	50,482	2,150	1,482	1,482	1,482	0	0.0%
8117 Data Processing Operation	0	25	0	0	0	0	0.0%
8118 Outside Legal Services	35,283	16,368	0	0	0	0	0.0%
8124 Dues And Memberships	19,755	7,677	17,661	17,661	17,661	0	0.0%
8125 Special Civic Events	2,402	305	0	0	0	0	0.0%
8126 Conf & Migs- Comm & Co	40	5,537	1,600	1,600	1,600	0	0.0%
8127 Conf & Migs-City Departme	82,991	68,537	42,234	42,234	42,234	0	0.0%
8128 Mileage	22,167	22,855	27,896	27,896	27,896	0	0.0%
8129 Education	30,411	22,748	11,850	11,850	11,850	0	0.0%
8130 Training Costs	4,271	5,048	13,223	13,223	13,223	0	0.0%
8131 Health Grants-Special Nee	19,613	16,566	114,175	114,175	114,175	0	0.0%
8134 Data Processing Developm	6,180	0	13,000	13,000	13,000	0	0.0%
8135 Reference Matls Subscriptl	948	267	5,350	5,350	5,350	0	0.0%
8136 Library Books	643	234	0	0	0	0	0.0%
8137 Gasoline and Lubricants	1,020	11	0	0	0	0	0.0%
8140 Telephone	-732	124	22,006	22,006	22,006	0	0.0%
8141 Refuse Collection	6,951	7,204	6,600	6,600	6,600	0	0.0%
8144 Postage	15,371	9,358	17,718	17,718	17,718	0	0.0%
8177 Program Expenditures	14,255	1,335	2,200	2,200	2,200	0	0.0%
8186 Discounts Lost	963	530	0	0	0	0	0.0%
8187 Discounts Earned	-1,132	-1,977	0	0	0	0	0.0%
8212 Permits and Fees	162	0	0	0	0	0	0.0%
8218 Vehicle Rental	194	94	100	100	100	0	0.0%
<b>T8800 Total Services &amp; Supplie</b>	<b>3,638,963</b>	<b>3,002,533</b>	<b>1,876,385</b>	<b>3,186,385</b>	<b>2,710,490</b>	<b>-475,895</b>	<b>(14.9%)</b>
8505 Automotive Equipment	20,360	0	0	0	0	0	0.0%
8506 Computer Equipment	969	0	0	0	0	0	0.0%
<b>T8900 Total Equipment</b>	<b>21,329</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
8601 IS-Structural Maintenance	203,994	198,806	196,756	196,756	193,507	-3,249	(1.7%)
8602 IS-Tenant Improvements	12,294	12,424	500	500	500	0	0.0%
8603 IS-Lockshop	822	436	610	610	610	0	0.0%
8604 IS-Utilities & Insurance-Hse	107,820	100,800	104,411	104,411	139,601	35,190	33.7%
8605 IS-Houskeeping Services	152,158	131,048	134,619	134,619	122,573	-12,046	(8.9%)
8606 IS-Floors And Windows	0	2,190	2,600	2,600	2,600	0	0.0%
8607 IS-Printing	48,001	19,557	20,567	20,567	20,567	0	0.0%
8608 IS-Mail - Basic Services	17,164	17,309	17,729	17,729	17,110	-619	(3.5%)
8609 IS-Telephones - Basic	132,965	160,968	138,732	138,732	151,052	12,320	8.9%
8611 IS-ADS - Direct Request	1,724	1,364	1,500	1,500	1,500	0	0.0%
8612 IS-PC Direct Request	42,214	81,023	24,480	24,480	10,764	-13,716	(56.0%)
8613 IS-Radio-Basic Services	5,136	3,741	6,694	6,694	6,545	-149	(2.2%)
8615 IS-Auto Body Repair	989	0	0	0	0	0	0.0%
8616 IS-Fleet Maint-Equip Maint	26,088	22,947	9,881	9,881	9,881	0	0.0%

DISCRIPTION	FY2007 ACTUAL	FY2008 ACTUAL	FY2009 ADOPTED	FY2009 REVISED	FY2010 RECOMMEND	\$CHANGE	%
8617 IS-Fleet Maint-Equip Repla	10,000	12,471	7,031	7,031	7,031	0	0.0%
8618 IS-Fleet Maint-Fuel	4,422	9,642	5,100	5,100	5,100	0	0.0%
8620 IS-Building Preventive Main	64,974	59,486	59,514	59,514	59,434	-80	(0.1%)
8621 IS-Radio - Direct Request	1,697	0	0	0	0	0	0.0%
8622 IS-Telephones - Usage	20,512	22,114	24,327	24,327	24,327	0	0.0%
8623 IS-PC Training	0	0	1,551	1,551	1,551	0	0.0%
8624 IS-Enterprise Network	123,314	140,678	153,753	153,753	130,487	-23,266	(15.1%)
8632 IS-AD&S-GIS	10,158	7,675	6,214	6,214	9,872	3,658	58.9%
8641 IS-MS Licensing	20,049	11,569	11,567	11,567	10,999	-568	(4.9%)
<b>T9000 Total Internal Service C</b>	<b>1,006,495</b>	<b>1,016,248</b>	<b>928,136</b>	<b>928,136</b>	<b>925,611</b>	<b>-2,525</b>	<b>(0.3%)</b>
<b>T8000 Total Expense</b>	<b>12,575,873</b>	<b>12,132,972</b>	<b>11,607,255</b>	<b>12,923,063</b>	<b>11,919,398</b>	<b>-1,003,665</b>	<b>(7.8%)</b>

## Employee Distribution By Position

Entity: D56 - Health Department

Account: FTE - FTE

Period: JUL, 2010

Scenario: RECOMMEND

Code	Description	Total
10210	DEPUTY DIRECTOR OF PUBLIC HEALTH	1.00
10212	HEALTH OFFICER (C)	1.00
20371	PUB HLTH DIV MGR/ENV HLTH SVCS	1.00
20381	PUB HLTH DIV MGR/COM HEALTH	1.00
20531	PUB HLTH DIV MGR/NURSING SVCS	2.00
25981	SUBSTANCE ABUSE PROGRAM COORD	-
27111	PUBLIC HEALTH ADMINISTRATOR	1.00
31151	PUBLIC HEALTH LAB COORDINATOR	1.00
31391	W.I.C. PROGRAM MANAGER	1.00
34271	SENIOR PUBLIC HEALTH NURSE	1.60
36081	SENIOR REGISTERED NURSE	0.75
36082	EPIDEMIOLOGIST	1.00
41641	FAMILY NURSE PRACTITIONER	1.90
41761	PUBLIC HEALTH NURSE	7.00
41811	REGISTERED NURSE	2.47
41871	MANAGEMENT ANALYST III	1.00
44931	GRADUATE MANAGEMENT INTERN	0.72
44971	NUTRITIONIST - W.I.C.	3.00
45031	EXECUTIVE SECRETARY	-
45041	EXECUTIVE SECRETARY (S)	1.00
45711	PROGRAM COORDINATOR II	6.75
45871	PROGRAM COORDINATOR I	2.00
45881	PROGRAM COORDINATOR III	1.00
46331	PUBLIC HEALTH NURSE (PROG MGR)	1.00
46361	ENVIRONMENTAL HEALTH SPEC	3.00
47051	ENVIRONMENTAL HEALTH PROG MGR	1.00
47081	DEPT INFO SYSTEMS ANALYST II	1.00
47201	MANAGEMENT ANALYST I	2.00
51989	COMMUNITY SERVICES REP I	4.08
51990	COMMUNITY SERVICES REP II	1.00
51991	COMMUNITY SVCS REP III	5.72
53501	ENVIRONMENTAL HEALTH TECH	2.00
56681	SUBSTANCE ABUSE COUNSELOR	3.68
72541	SENIOR PUB HLTH LAB TECH	1.00
74261	SENIOR NUTRITION AIDE	5.00
121731	STAFF ASSISTANT II	1.00
121741	STAFF ASSISTANT III	6.93
121751	TECHNICAL ASSISTANT	1.00
121761	OPERATIONS ASSISTANT	1.00
124601	STAFF ASSISTANT IV	1.00
126781	PRINCIPAL OPERATIONS SPEC	1.00
153411	COMMUNITY HEALTH AIDE	0.58
153561	LICENSED VOCATIONAL NURSE	3.97

154221 SENIOR COMMUNITY HEALTH AIDE	4.00
164140 NUTRITIONIST - PERINATAL	0.50
164520 CITY SERVICE WORKER	-
164523 CITY TEMPORARY WORKER	-

**Totals**

**91.08**

FY2010 - Managed Savings April 16, 2009

Department	Description of Managed Saving	Service Impacts	Vacant or Filled	Tier 1 FTE Impact	Tier 1 Recommended	Tier 2 FTE Impact	Tier 2
<b>Public Health</b>							
1	Additions	Additions of Community Health Aide; Community Services Representatives; Graduate Management Intern; Licensed Vocational Nurse; Registered Nurse; Substance Abuse Counselor	Vacant	5.60	393,815		
2	Eliminations	Eliminate CSR I-III positions	Vacant	6.60	402,523		
3		Eliminate Management Analyst I	Vacant	1.00	88,766		
4		Eliminate Program Coordinator I, II position	Vacant	1.80	186,531		
5		Eliminate Senior Registered Nurse position	Vacant	2.05	199,836		
6		Eliminate 1.0 FTE Staff Assistant I and 2.07 FTE Staff Assistant III position	Vacant	3.07	195,020		

FY2010 - Managed Savings April 16, 2009

Department	Description of Managed Saving	Service Impacts	Vacant or Filled	Tier 1 FTE Impact	Tier 1 Recommended	Tier 2 FTE Impact	Tier 2 Recommended
7	Eliminate Community Health Aide position	PPHD will reorganize the duties of this classification to improve efficiencies which would result in overhead savings in Communicable Disease Division	Vacant	1.00	62,358		
8	Eliminate Substance Abuse Counselor position	PPHD will reorganize the duties of this classification to improve efficiencies which would result in overhead savings in Health Promotion Policy Development	Vacant	1.00	95,201		
9	Eliminate one Environmental Health Manager position	PPHD will reorganize the duties of Environmental Health Division which would result in overhead savings	Filled	1.00	101,482		
<b>Total Personnel</b>					11.92	937,902	
<b>Total Services Supplies Equipment</b>						55,919	
<b>Total Public Health</b>					11.92	993,821	0