Feasibility Study:

Establishing a Department of Public Health in Lancaster County

Presented to United Way of Lancaster County
By
Drexel University School of Public Health

April 29, 2005

"Health care matters to all of us some of the time,
Public Health matters to all of us all of the time"

C. Everett Koop

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Acknowledgements

Various individuals have generously contributed their time and insight to this study. In particular, we would like to thank the Lancaster County Board of Commissioners, Commissioner Chair Richard “Dick” Shellenberger, Commissioner Howard “Pete” Shaub and Commissioner Molly Henderson. We also want to acknowledge the Public Health professionals who have shared their knowledge of existing local Public Health departments and Public Health activities in Pennsylvania. Specifically, we thank Michael Huff of the Pennsylvania Department of Health; Alice Yoder of Lancaster General Hospital; Anita Crielly and Denise Wallin of the Montgomery County Health Department; Margaret Rivello and Betsy Walls of the Chester County Health Department; Edward Meehan and Ron Dendas of the Dorothy Rider Poole Trust; and Gary Gurian for sharing their extensive knowledge.

We extend our thanks to the Lancaster County government officials, township managers and supervisors, human service agency staff, restaurateurs, Pennsylvania Department of Health regional staff, and other organizational staff who have contributed to this study by responding to the survey and graciously participating in interviews. Finally, a special thanks to Pixie Berman, Assistant Director, Success By 6 United Way of Lancaster County, other United Way Staff, and the Success By Six Physicians Taskforce for their time, perception, and candid discussions with the Drexel University School of Public Health team.

Section I. Executive Summary

A. Introduction

Lancaster County comprises 949 urban, rural and farmland square miles. It is the 6th most populace county in Pennsylvania. It is one of the fastest growing counties in the Commonwealth (470,658 in the 2000 census, an 11.3% increase over the past decade). But like most Pennsylvania Counties, it does not have a county health department. Instead, its public health responsibilities are ceded to the Commonwealth. In addition, some limited public health functions are carried out by: the City of Lancaster; Columbia, Elizabethtown and Mount Joy Boroughs; and a host of private health and social service organizations. Almost none of this public health activity in the County is coordinated, and all of it is financed by the municipalities or private organizations that deliver the public health services.

Pennsylvania law, specifically the Local Health Administration Law Act of 1951 (Act 315), grants Pennsylvania counties the right to form their own health department, and offers generous financial support and technical assistance to any County that chooses to do so. Yet of the sixty-seven counties in Pennsylvania, to date only six are served by an organized, multi-functional county health department: Philadelphia, Allegheny, Bucks, Chester, Erie and Montgomery.

In response to a request from the Physicians Taskforce of Success by Six United Way of Lancaster County, the Drexel University School of Public Health (DUSPH) prepared this feasibility study to determine the need, value, cost, and sentiments concerning the establishment of a countywide public health department in Lancaster County, Pennsylvania.

B. What Was Learned

The public health heritage in Lancaster County is remarkably rich despite, or perhaps in part because of, the absence of a single, central public health authority. In addition to the four municipalities noted above, many other communities are engaged in core public health work, protecting the residents of Lancaster County, day by day. Major private partners, notably Lancaster General Hospital, have filled some of needs that the State Department of Health has never been given the resources sufficient to meet. But this study identified many gaps in the coordination of services, and some critical deficits in environmental and personal health services. The study also highlighted some very strong feelings for, and against, the creation of a countywide health department.

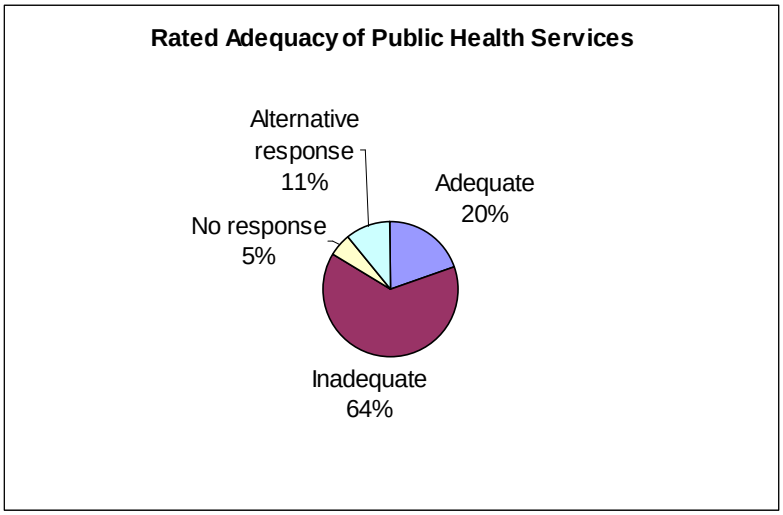
The key findings from the surveys and interviews undertaken in this study emphasized several recurring themes, in the form of these primary concerns:

- New government oversight and even intrusion in private matters
- New government costs, and especially new taxes to support those costs
- Environmental hazards, known and unknown, such as water quality and lead exposure, solid waste management and vector control
- Lack of coordination among providers of public health related services
- Insufficient services to meet the needs of both urban and rural County residents.

The study also identified much confusion about what public health ***really*** is, and is not.

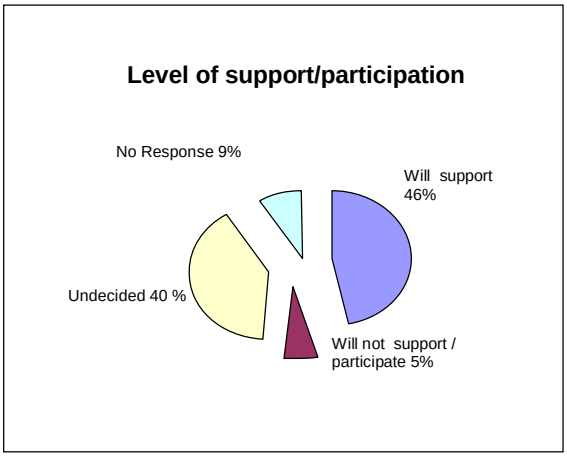
Survey Responses

Adequacy of Public Health Services in Lancaster County



Response to the question "How do you rate the adequacy of current public health services in Lancaster County?"

Alternative responses include:
-"Adequate for those with the resources; inadequate for agency served persons or limited economic populations."
-"In urban areas the services are more adequate than in the rural areas. Transportation is a key issue for those in the rural settings because the services tend to be in urban areas."
-"Mainly adequate; inadequate regarding abortion and emergency contraception."
-"Assistance and improvements needed."
-"State health department provides some community oversight – could be better if funded and staff assigned local."
-"That is a difficult question to answer. I am not sure the Public Health Needs of Lancaster are inherent to Lancaster alone . . . I am confident each of the States 67 Counties are no different than any other."



Response to the question "Please indicate your level of support / participation for a county health department."

Role/responsibilities and issues respondents would like a county health department to address:

- Ø Coordination/integration of services.
- Ø Provide education/outreach on disease prevention and other issues. Be a resource for information on health issues.
- Ø Food safety and inspections.
- Ø Communicable disease prevention and control.
- Ø Research and assessment of needs.
- Ø Address environmental concerns.

In response to the questions "What role/responsibility should a Lancaster County department of public health undertake?" and "What specific issues in your municipality would you like a Lancaster County Health Department to address?"

Frequently asked questions/concerns:

- Funding – how much money will it cost and how will it be funded?
- What role/responsibilities will a local department of public health have and who will it serve?
- How will a local public health department interact/develop relationships with existing local service providers? Will existing providers be expected to participate/be included for input and assistance? Will the local public health department compete with existing service providers for funding?
- How will a local department of public health coordinate with existing service providers/state department of health so that services are not duplicated?
- Who will control a local public health department: how will priorities be set and how is it planned?
- Where will a local department of public health be located (will it be centrally located and easily accessible)?
- Will it add an unneeded level of bureaucracy?

C. What a Lancaster County Health Department Would Cost

The financial analysis for this feasibility study, and the budgets and organizational model that came out of it, had two key premises:

- The health department will build on, and not duplicate or replace, existing public health activities underway in the county by "*Public Health Partners*"; and

- The financial base for the health department must be stable but kept as small as possible to accomplish the essential public health needs of the county, in concert with the *Partners*.

The study presents an organizational model that presumes that the municipalities currently providing some public health services would turn over responsibility for these functions to the County Department, but continue most of their current programs and services under contract with the county as *Partners*. The proposed organizational chart for the Health Department reflects this reliance on public and private *Partners*.

A separate division of "*Coordinative Services*" would be tasked specifically with (1) keeping track of the many public health activities and services accomplished by *Partner* organizations, and (2) ensuring that the County Health Department's own services are well coordinated with the public sector and private public health activities throughout Lancaster County.

There are cost and revenue implications in building a model around a reliance on coordinating services, rather than direct delivery of services, that the primary revenue source, state (matching) funding under Act 315, would enable, and even encourage. This approach would also allow for a relatively small staff of new County employees (in contrast with Montgomery and Chester Counties, for example) to discharge the mission of the Health Department.

The financial analysis assumes a small initial contribution -- $150,000 -- from the County or some other local funding source(s). This initial contribution could be kept small if considerable planning work were done by interested parties before the official creation of the health department, the hiring of staff (including a director), etc. This would enable a rapid start-up, and allow for state financial support to begin to flow, quickly.

Revenue vs. Expenses 3-Year Plan Summary (costs/revenues in thousands)			
	Year 1	**Year 2**	**Year 3**
Number of Staff (FTEs)	14	38	52
Operating Costs	$1,265	$3,595	$4,939
Revenue	$1,272	$3,626	$4,955

D. Recommendations

A Lancaster County Department of Public Health should:

- Be no larger in size than *necessary* to meet Pennsylvania Department of Health regulations, and essential community needs.
- **Focus** on what the Lancaster County community determines are its *essential public health needs*, especially concerning:
  - Integration & coordination between the public health system & health care delivery systems;
  - Environmental Issues
  - Enhanced Disaster Planning
  - Healthy Lifestyles
  - Maternal & Child Health
- **Coordinate** public health-related activities throughout the county by building partnerships among community groups, institutions, and individuals *providing services* or *concerned about* the public health of Lancaster County.
- **Collect and maintain** information on public health-related activities throughout the county, and **monitor** the health status of the population.
- Be the **"Go-To" place** where residents can come with public health-related questions, concerns, or problems.
- **Live within its means** by always having a *stable funding base*.

E. Next Steps

- Disseminate the feasibility study report, widely.
- Appoint a leader whose time is *dedicated* to this initiative.
- Identify regional grant funding sources for a DPH initiative going forward.
- Explore technical assistance from the National Association of City and County Health Organizations and the National Association of Local Boards of Health.
- Engage in a marketing campaign to educate county residents about the function and value of having a Lancaster County Department Public Health.
- Develop a broad coalition of stakeholders committed to establishing a Department of Public Health.
- Devote time and attention to developing an implementation plan, and an initial Act 315 Program Plan, while the prior steps are underway.
- Maintain contact with other Pennsylvania counties involved in establishing a county-wide or regional health department, to learn from their experience.

Section II. Methodology

In September 2004, the Drexel University School of Public Health (DUSPH) presented a proposal to the Physicians Taskforce, Success By 6 United Way of Lancaster County to assess the feasibility, to determine the cost, and to ascertain the value of establishing a countywide Public Health Department in Lancaster, Pennsylvania.

A. Major Study Components:

1. Programmatic need and feasibility analysis

The team used a review of local, state and federal documents and literature, historic and current, related to Public Health issues and services in Pennsylvania and in Lancaster County. An inventory of existing county/municipal activities/services that could be categorized as "Public Health" activities/services was developed. A "gap analysis" of current Public Health services in the county was performed as well as an examination of county jurisdictional issues.

2. Cost and Revenue Analysis

Potential revenue sources were researched and model start-up, transitional and ongoing operational budgets were developed.

3. Blueprint for Outreach and Public Support

In conjunction with the Physicians Task Force, the Drexel team designed interview parameters and identified key decision makers to be interviewed to determine the community attitude toward a countywide Public Health Department. The team identified key informants and interest groups that need to be approached to gain support for a health department. In addition, essential public messages to assist in gaining public support were identified.

A premise of this study was the recognition that not all local health departments *can* or *should* provide all essential services. This feasibility study examined the scope and depth of a Lancaster County Health Department, should one be established.

The study of programmatic feasibility encompassed six areas including:

a. An analysis of the Public Health needs of Lancaster County;
b. A determination of the level of services that must be provided to meet state requirements for a health department;
c. A determination of the optimal level and scope of services needed to provide the full spectrum of Public Health to county residents;
d. An assessment of current inventory and status of Public Health services and resources within the county to meet the needs of county residents:
    - Functions carried out by the Commonwealth through the regional office;

- County services that could be provided under a health department function (e.g., services to the aging, drug and alcohol, and/or mental health);
- Municipal services; and
- Private non-profit services (e.g., United Way);

e. A determination of the appropriate organizational model of a health department within the county; and

f. An analysis of the level of support and activity from individual municipalities and boroughs in the county, including those with existing health officers.

B. Four Pronged Approach

This feasibility study was based on a four-pronged approach: 1) review of documents, 2) interviews with key informants, 3) written surveys, and 4) comparisons to Montgomery and Chester Counties.

1. Document Review

Vital statistics and other health indicator data (Lancaster Health Improvement Plan, Measure Up Lancaster) were used to determine areas of greatest need for Public Health activities in Lancaster County. *Healthy People 2010* was used to determine the optimal scope of Public Health activities to be provided by a health department. Pennsylvania's Act 315 and other relevant laws, codes, statues and guidelines governing the creation of a county health department in Pennsylvania were reviewed.

2. Interviews

Interviews were conducted with staff from selected municipalities in Lancaster County, PA Department of Health (DOH) officials, selected community leaders, and service providers in Lancaster County. Interview lists and questions were developed in conjunction with the Physicians Taskforce.

3. Written Surveys

Three surveys were developed and sent to three groups in Lancaster County: municipalities with existing local Public Health functions; municipalities with no existing local Public Health functions; and Public, private and voluntary organizations providing personal and/or Public Health services to residents of Lancaster County. Surveys were sent to 488 individuals and/or organizations, which yielded an 18 percent return response rate.

4. Montgomery and Chester County Comparisons

Montgomery County is the Pennsylvania county with the most recently established health department; while Chester County, close in proximity and demographics to Lancaster County, has had a well established Health Department for 30 years. DUSPH used the programmatic and financial

experiences of these county health departments in developing models for Lancaster County.

Areas of Study and Methodology Employed	
Area of Study	**Methodology**
Analysis of the Public Health needs of Lancaster County.	Secondary data analysis of vital statistics and morbidity data for Lancaster County.
Determination of the level of services that must be provided to meet state requirements for a health department.	Review of Act 315 Montgomery/Chester County Comparisons.
Determination of optimal level and scope of services to provide the full spectrum of Public Health to the county.	Review of Healthy People 2010 Interviews, Surveys Montgomery/Chester County Comparisons.
Assessment of current inventory and status of Public Health services and resources within the county to meet the needs of county residents.	Interviews with DOH state and regional staff, Lancaster County actors, municipal officials, non-profit and community leaders. Surveys
Determination of the appropriate organizational model of a health department within the county.	Interviews, Surveys Montgomery/Chester County Comparisons.
Analysis of the level of support and activity from individual municipalities and boroughs in the county, including those with existing health officers.	Document review, surveys, interviews.

Section III. What is a Health Department and What Does It Do?

> ***Public Health Departments are units of government—state, county, city, municipal, etc. As a government entity, the Health Department exists for the common good—not unlike police or fire—and is responsible for serving all members of the community. (Centers for Disease Control)***

The World Health Organization (WHO) defines "health" as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. "Public Health" concerns the overall health of a population or community. Public Health as a discipline promotes the "health" of the community and seeks to prevent threats that endanger the community's or population's health.[1] Such threats can arise from environmental situations such as polluted air or water, personal behaviors such as smoking or poor nutrition, or natural or man-made disasters such as tornadoes or terrorism.

As one author has observed, **"When Public Health is at its best nothing happens: no epidemics, food and water are safe to consume, the citizens are well informed …children are immunized, the air is breathable, factories obey safety standards, there is little class-based disparity in disease or life expectancy, and few members of the citizenry go untreated when they develop addictions or acquire infectious diseases**.[2]

The "Public Health Functions Project," led by the U.S. Surgeon General and the Assistant Secretary for Health from 1994 to 1999, set out to further define Public Health, its challenges and responsibilities, and the activities that health departments should undertake. The "Public Health Functions Project" was launched to help clarify the nation's Public Health challenges and to develop strategies and tools to address weaknesses in the nation's Public Health system. The Project also was intended to provide state and local health departments with a framework to address their unique Public Health challenges. Special emphasis was placed on marshalling consensus on the essential services of Public Health; developing guidelines for sound practices in Public Health; linking Public Health activities with data systems to monitor and track elements necessary for the delivery of Public Health services, including the relationship of those elements to personal health services information systems; and developing strategies for enhancing public and professional awareness of the nature and impact of Public Health activities.

In 1995, the Steering Committee of the Project adopted the following model for addressing the future of Public Health in the U.S., breaking down the functions of Public Health into the Ten Essential Public Health Services:

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[1] Association of Schools of Public Health, http://www.asph.org/document.cfm?page=300.

[2] Garrett, Laurie, *Betrayal of Trust: The collapse of global public health*, New York: Hyperion, 2000.

Ten Essential Public Health Services
1. Monitor health status to identify community health 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 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 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.

These essential services form the foundation for a Public Health strategy, and offer all health agencies a framework for determining their structure, budget, and programmatic priorities.

Source: Public Health Functions Steering Committee, Members (July 1995)

A. What Do Local Health Departments Do?

The US has more than 3,000 county and city health departments and more than 3,000 local boards of health. There are 59 state and territorial health departments, tribal health departments, more than 160,000 public and private laboratories, and a series of federal health and environmental agencies that set national standards and provide funding for local Public Health activities.

Using results from a survey of Local Public Health Agencies (LPHAs) nationwide, the National Association of County and City Health Officials (NACCHO) has developed data on indicators of the nation's local Public Health infrastructure. The survey was conducted in the fall of 1999 and spring of 2000, and used a stratified, random sample of 1,100 responses obtained from LPHA directors nationwide. Specific highlights include:

- Sixty percent of LPHAs are county-based.
- 69 percent of all LPHAs serve jurisdictions with a population of less than 50,000.
- Annual LPHA expenditures are extremely varied, ranging from $0 to $836 million.
- The median annual LPHA expenditure in constant 1999 dollars was $621,100.
- The most common programs and services provided by LPHAs include: adult and child immunizations; communicable disease control; community assessment; community outreach and education; environmental health services; epidemiology and surveillance; food safety; health education; restaurant inspections, and TB testing.
- LPHAs most commonly employ Public Health nurses, environmental scientists and specialists, and administrative/clerical staff.

B. What Does Pennsylvania Require of its County Health Departments?

Act 315 authorizes the creation, establishment, and administration of single-county or joint-county Departments of Health in Pennsylvania. The minimum program requirements for local departments of health include:

- Communicable disease control including Tuberculosis and Sexually Transmitted Diseases,
- Public Health Laboratory Services,
- Public Health Education,
- Environmental Health Services,
- Public Health Statistics,
- Maternal and Child Health Services,
- Public Health Nursing Services, and
- Chronic Disease Control.

The commonwealth will pay an additional annual grant, through Act 12, for environmental services that include but are not limited to:

- Air and noise pollution control,
- Restaurant and wholesale food inspection,

- Rodent and vector control,
- Water and sewage inspection,
- Housing code enforcement, and
- Other similar services in addition to other local health grants for Public Health services.

Administrative requirements include:

- Annual Program Plan, and
- Merit system requirements for personnel administration.

Required personnel include:

- County health director,
- Full time physician (if not the health director—can request a waiver to no less than half time),
- Director of Public Health nursing, and
- Director of Environmental Health Services.

C. Local Models: Scope of the Montgomery and Chester County Health Departments.

Services provided by a local health department are determined by several factors including what is required by the state; what local policymakers feel is important for their health department to do; and what is practical given available financial resources.

Chester and Montgomery Counties are considered "peer" counties, or those counties most like Lancaster in terms of demographics. Those counties are used throughout this project as programmatic and fiscal models of what might be accomplished in Lancaster County.

Chester and Montgomery County Health Departments Staffing, Costs and Revenue

	ChesCo	MontCo
Number of Staff	165	126
Total Operating Costs	$12.4 M	$10.2 M
Revenue: Fees	$ 2.6 M	$ 690 k
- Acts 315/12/537	$ 4.2 M	$ 3.1 M
- Categorical Grants (Bioterrorism)	$ 3.4 M ($372k)	$ 4.3 M ($334k)
- County Share	$ 2.2 M	$ 2.1 M

1. Montgomery County Health Department

The services now offered by the Montgomery County Health Department (MCHD) include administration, collection and analysis of health statistics, community health education, and Public Health emergency management. Personnel serve as liaisons to municipalities, community groups, and state and federal government agencies.

MCHD also provides environmental field services inspections of restaurants, bars, caterers, and markets. They inspect public and private schools, colleges, child care centers, camps, campgrounds, public pools, nursing homes and other adult care facilities, and public bathing places. They are responsible for insect and rat control, and address community infestation problems such as West Nile. They oversee environmental health hazards and investigate food borne illnesses, childhood lead poisonings, and indoor and outdoor air pollution. They administer water quality management and test and monitor water quality.

MCHD assumes responsibility for communicable disease control such as hepatitis, TB, rabies, and Lyme Disease. They monitor sexually transmitted diseases (STDs) including HIV/AIDS. They also provide some clinical services including: HIV testing & counseling; vaccinations for children; flu vaccines for the at-risk; blood lead testing; TB screening and treatment; and STD screening and treatment. MCHD provides maternal and child health services; referrals to medical care and social service agencies; chronic disease control; and disease prevention and education programs such as cancer prevention and early detection, tobacco control, and injury prevention programs. They also provide home visits by Public Health nurses.

2. Chester County Health Department

The services now offered by the Chester County Health Department (CCHD) include environmental health protection, oversight of food institutions, and vector control. They maintain a Public Health laboratory. They are responsible for solid waste management and recycling; water, sewage and engineering; guaranteeing accurate weights and measures; and providing information and oversight for consumer affairs.

CCHD provides personal health services and oversees communicable diseases; animal bites; STDs and HIV/AIDS; TB control; and influenza control. They provide immunizations; maternal and child health services; and WIC (federal food program for Women, Infants and Children).

CCHD provides administrative and support services; programs related to chronic disease and injury prevention; Public Health information systems; and information related to “Your Public Health Dollars at Work.” They are also the hub of bioterrorism activities in the county.

Section IV. Key Informant Opinions & Interviews

The Physicians Taskforce of Success By Six United Way of Lancaster County requested: 1) a list Public Health activities services currently provided in the county; and 2) an analysis of the opinions, regarding the establishment of a Department of Public Health (DPH), of key government spokespersons and individuals who provide Public Health services or who represent organizations engaged in Public Health activities.

A. Surveys

To ascertain the services and activities currently being provided, Drexel staff developed a series of surveys that were adapted from those used to assess services in Montgomery County. The team also contacted the 29 members of the PA General Assembly who represent Lancaster County residents. A total of 488 surveys were distributed to a wide range of organizations engaged in activities that fall within the boundaries of "Public Health."

Four surveys were designed for distribution to municipalities with and without existing local Public Health functions, private and voluntary health organizations, and health education and other community leaders. In addition, the hospitals, the federally qualified health centers, a variety of agencies and private providers, and the Lancaster County government were all specifically questioned about the services they provide.

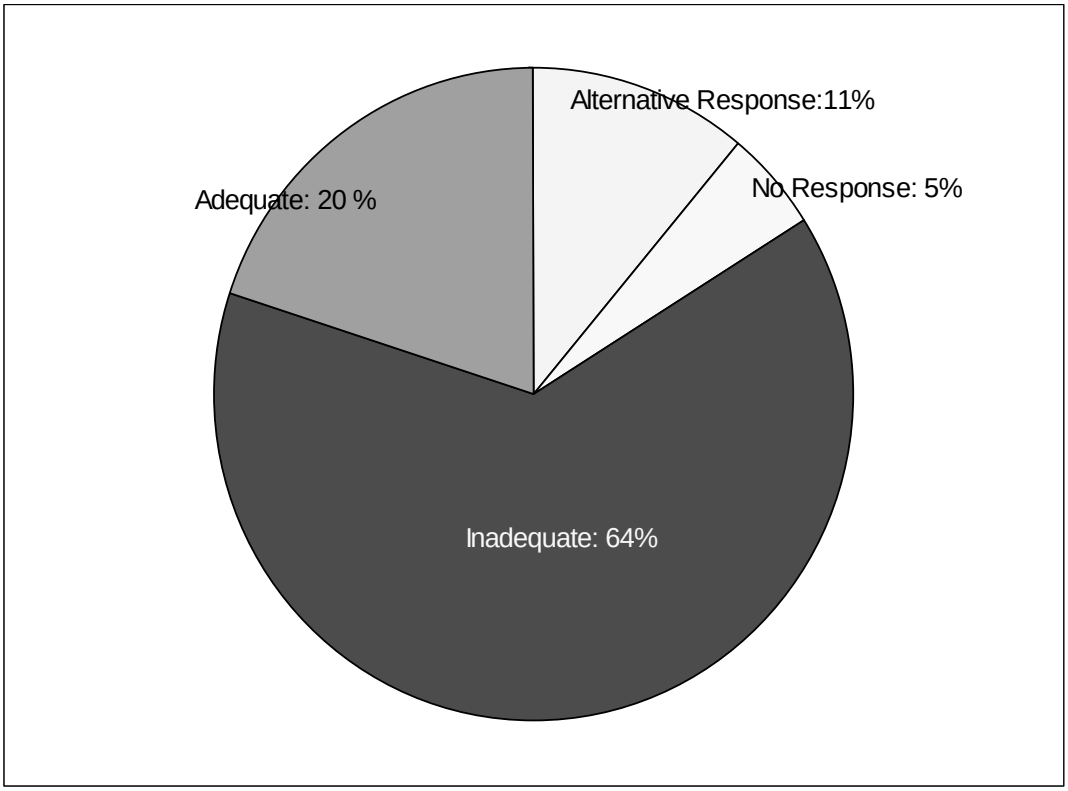
Eighty-six organizations and individuals (about 18 percent) responded, completing and returning the surveys. Drexel staff was able to collect data on some, but not all, of the kinds and number of services provided to the residents of the county. Because there is no centralized data base or repository of information regarding available public health services, the picture of the activities may be incomplete. For the duration of the project, new information was identified regularly on a variety of websites. Although specifically questioned, none of the informants was able to suggest a way to collect all information regarding available public health services and activities.

It was clear that the organizations, municipalities, health care providers, and various agencies that responded provide many services to the residents of Lancaster County. The surveys also asked the respondents to opine on the adequacy of the services available in the county. Sixty-four percent of the respondents indicated that the available services were "inadequate." Twenty percent said the services were "adequate," five percent did not respond, and 11 percent provided an alternative response. See Graph 1.

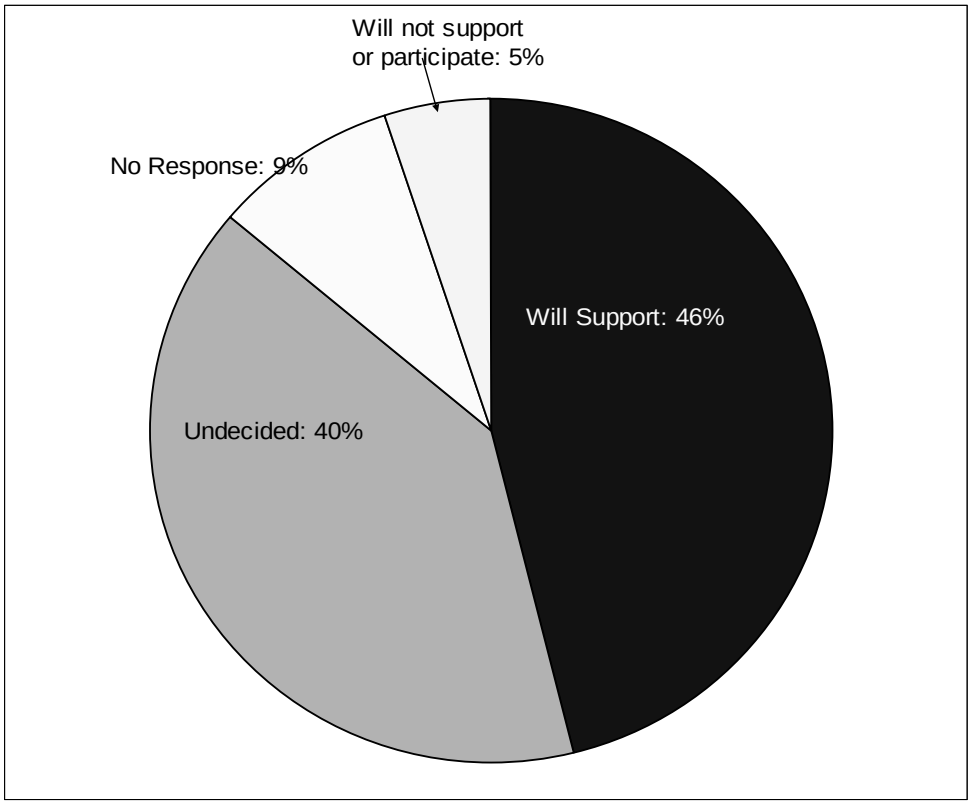
The alternative responses included that the services were adequate for people with resources; that urban areas had more services available that rural areas, and that a key issue for people seeking Public Health services and other healthcare services were often hampered by transportation issues. Others pointed out that while most services were mainly adequate, women seeking abortion and emergency contraception services had significant difficulties. One respondent stated that Lancaster was "…no different from the other (PA) 67 counties."

Respondents were asked to state their willingness to support or participate in a Lancaster County Department of Health. Forty percent stated that they were undecided about whether to become involved in this process. Five percent of the participants stated that they would not support a county Department of Public Health (DPH), nine percent did not respond, and 46 percent said they were willing to become involved in working with a DPH. More detailed information of the surveys may be found in the appendices.

Graph 1: Adequacy of Public Health Services in Lancaster County



Graph 2: Support/Participation for a County Department of Public Health



B. Interviews

To investigate opinions regarding a county-wide DPH, Drexel staff queried a broad range of key informants and stakeholders regarding the variety, the quality and the quantity of current Public Health services and activities, what they considered unmet Public Health needs in Lancaster County, and whether a DPH would be an appropriate approach to meet those needs. In an effort to provide a balanced report that reflected the range of view points in the county, people from the full political spectrum were interviewed. More than 32 people participated in group or individual meetings, in person or by phone. They represented county and municipal government leadership, direct service providers (institutions and individuals), academicians and statisticians, restaurateurs, advocates, and people from public and private organizations providing disaster planning and other core Public Health services.[3]

[3] Appendix B

C. Summary of Interview Information

The people interviewed were remarkably frank about the problems that Lancaster County faces. Whether they favored establishing a DPH or not, most refused to be quoted. Some of what was shared was “off the record”; much of it was not for attribution. Each subject was asked to provide a direct quote and those that were offered have been included, with appropriate credit to the source.

Most people stated that there were many services and Public Health activities available in Lancaster County although there was disagreement about whether the services were sufficient to meet the needs of all county residents. Numerous respondents placed a high value on providing direct services to those most in need in the community. Many of those interviewed, on both sides of the question, stated that Lancaster County “takes care of its own.” One provider suggested that the disenfranchised may not fit into that category for everyone. Drexel staff heard that those in the inner city, the rural poor, and ethnic minorities were underserved.

A third of the participants stated that services available in the county were adequate to meet all the needs of the general public. However, one strong supporter of a DPH stated that the available services were not sufficient as long as there were 1) unmet needs; 2) incomplete health status information 3) an unbalanced and disproportionate availability of services; and 4) no methods of tracking of important Public Health information. Further, the interviewee stated that that there is not enough information about what is going on in the county as long as the vast majority of services and activities are in silos and have little interface among them.

Drexel staff heard confusion about what constitutes Public Health activities as distinct from the delivery of healthcare services, as well as who is responsible for various Public Health activities. Approximately one half of the participants did not make a distinction between providing direct healthcare services and other Public Health activities. In addition, interviewees often stated, “Someone must be doing that” when Public Health issues were discussed during the course of the interviews. That was not necessarily true.

People mentioned a variety of gaps in services and Public Health activities. Although not an exhaustive list, a sample of these included: 1) an insufficient number of state health workers to provide the services related to immunizations of children, lead testing and follow-up, and directly observed therapy for patients with latent TB and not enough convenient sites for distribution of TB medication, particularly for the homeless; 2) a growing underserved gap and a shrinking specialty provider base (especially for behavioral health and dental health) for Medicaid recipients; 3) issues related to the high number of people needing outreach and education on healthier living, particularly those for whom English is a second language; 4) the lack of public transportation, particularly in the southern section of the county, that prevents people from accessing needed services; 5) the gaps that exist in terms of disaster planning; 6) the housing issues related to solid waste management, vector control, and lead abatement; and 7) issues related to air pollution, and pollution of ground and well water.

Nearly everyone acknowledged the lack of coordination among providers of Public Health activities. In addition, many respondents discussed the intensity of the competition and "turf issues" among service providers. Several people noted that the ability to put aside individual agendas and work together will be crucial if there is to be significant progress in terms of improving the health of the people of the county.

About 75 percent of those interviewed asked how a DPH would be financed. Most people understood little about state funding for a DPH and assumed a significant county investment would be necessary. However, even those who believed that establishing a DPH was not a good use of the county's resources identified Public Health issues that needed support. One respondent stated that he would like to see that services are available, accessible, and affordable to those most in need but also expressed his concern that resources may be consumed without an efficient way to measure outcomes. Approximately half of those interviewed stated that the costs associated with a DPH would be a fundamental issue.

Several people pointed out that a county DPH should not provide services that were already in place. It was also suggested that Lancaster County should avoid using its limited resources for administrative purposes and focus on using available Public Health dollars to provide services where they are needed. Tom Baldrige, President of the Lancaster Chamber of Commerce and Industry stated that the Chamber will be interested in public policy that fosters the best possible business climate in Lancaster County.

1. County Commissioners

Staff met initially with the County Commissioners as a group and with each Commissioner individually. The following mission statement, published on the Lancaster County website, is a summation of the stated goals of the County Commissioners.

"Anything we can do to support the family is money well spent."

- Commissioner Shellenberger

"Lancaster County's Board of Commissioners recently drafted a vision, mission and guiding principles for county government. 'We think it is very important to articulate what motivates us, inspires us and provides us with a focus for the coming years,' said Commissioner Chairman Pete Shaub.

The commissioners began discussing their vision for the county shortly after being elected and found they shared a common vision – 'To make Lancaster County the most desirable place to live, learn, work and play.'

'We each care about keeping what's wonderful about our county and we care about moving forward. All of us in county government have chosen to become public servants and with that comes an understanding that we will take care of this county,' said Commissioner Molly Henderson.

'As we go through the budget process, the vision and mission provide added direction for us and for our departments. We will use it to keep us on track, to narrow our focus and to remind us of what we're doing and why,' stated Commissioner Dick Shellenberger."

The Commissioners' stated mission includes: 1) **to promote Public Health and safety** (emphasis added); 2) to preserve natural, cultural and historic resources; 3) to facilitate economic vitality in the city, towns and boroughs; 4) to promote a diverse, educated workforce; 5) to deliver quality, cost-effective services that address citizens' needs; and 6) to fulfill their constitutional obligations.

The website includes a County Comprehensive Plan that points out the importance of "**healthy, livable urban communities**"[4] as part of the guide to Lancaster County's future growth. The Commissioners also state that a guiding principal is to "ensure a balanced budget with adequate reserves and reduce the rate of spending and indebtedness."

Commissioner Shellenberger does not believe there are gross omissions related to Public Health. He discussed the important work done by the Penn State Extension Program and encouraged Drexel staff to meet with a representative of the program. He also believes that the community health centers are able to handle the healthcare services for disadvantaged individuals and families.

While Commissioner Shellenberger believes some services could be enhanced, he stated that he is a fiscal conservative and is concerned about duplication of services and adding another layer of government. However, he strongly supports all children being appropriately immunized. He is also in favor of educational activities related to cancer awareness, reducing tobacco use by young people, and providing information about child care and parenting. He stated, "Anything we can do to support the family is money well spent."

Commissioner Shaub said that the goal of a DPH is to deal in preventive services. He suggested that Drexel staff examine existing data bases for services and activities in place in the county. He questioned whether having a county DPH would save money for the county in the long-run and expressed concern about how intrusive a DPH might be. At the public meeting held at Millersville University on November 12, 2004, Commissioner Shaub encouraged Drexel staff to reach out to a broad range of people, including those who may not support establishing a DPH, for their opinions. Commissioner Shaub suggested that there is a need for the services to be data driven and if a DPH were established, it should be held accountable for measurable results.

"The risks of not having a DPH are the long-term erosion of the community and a detriment to the society as a whole."

- Commissioner Henderson

Commissioner Henderson has a Masters in Public Health and is a strong supporter of a establishing a DPH. She stated that, from her perspective, the City of Lancaster lacks a comprehensive sanitation program. She also believes that it is important to protect children from the dangers of lead toxicity. She would like to see a consolidated Public Health code that addresses water and sewer issues, food safety, and childhood immunizations.

[4] http://www.co.lancaster.pa.us/planning/cwp/view.asp?a=3&Q=411260

She believes a DPH could serve as an educational resource to the people of Lancaster County. Commissioner Henderson stated, “The risks of not having a DPH are the long-term erosion of the community and a detriment to the society as a whole.”

2. Healthcare Providers

The healthcare providers represented four hospitals, two community health centers, a few PA Department of Health (PA DOH) regional staff, and several independent providers. All are involved in providing some level of Public Health activities, including but not limited to: childhood immunizations and lead screening; TB services; screenings for hypertension, diabetes, breast and prostate cancer; and educational activities related to nutrition and obesity. Most are highly supportive of a county-wide DPH.

Lancaster General Hospital has assumed a great deal of responsibility in terms of outreach and education, wellness activities, smoking cessation, childhood immunizations and lead screenings, and maintains a significant database regarding the health outcomes and behaviors of the residents of the county. All providers acknowledged the importance of prevention activities and issues related to disadvantaged families and supported the establishment of a DPH. Everyone questioned asked if a DPH would take over the providers’ existing responsibilities. All providers mentioned that they wished to continue to make their services and activities available.

Providers noted that there are challenges to regional coordination among the hospitals. Despite a very competitive environment, the hospital representatives believe they can work together for the good of the community. However, it was also noted that people tend to participate and contribute in their own communities and each hospital appears to focus on its own wellness, outreach and education, and other Public Health activities. One provider mentioned the recent flu vaccine shortage, and the image of frail elderly waiting all night in front of drug stores, as an example of the lack of coordination among hospitals, physicians and other agencies. It was suggested that a DPH could develop a plan to help providers work more effectively in partnerships.

The hospitals do have an excellent history of voluntary cooperation on issues related to disaster planning. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires hospitals to have disaster plans in place and there are significant federal requirements related to each hospital being self-sufficient if cut off from supplies and communication for 36-48 hours. Some administrators expressed concern about the hospitals’ “surge capacity” or ability to handle a massive influx of patients in the event of a man-made or natural disaster. There is also some concern about whether the disaster plans in place would be realistic in the event of catastrophe. Dennis O’Leary, MD, President of JCAHO during his testimony before Congress Oct. 10, 2001 stated, “The value of a well-integrated medical and Public Health infrastructure

transcends terrorism and expands our capacity to deal with a broad range of Public Health threats, such as emergent infectious diseases and epidemics."[5]

Marion McGowan, acting CEO of Lancaster General Hospital, noted that drawing new lines of communication to social agencies and advocates would be an important component of the coordination process. Lee Christenson, President and CEO of Heart of Lancaster Regional Medical Center, stated, "From where I sit, the best mechanism would be one that can pull all stakeholders together to manage health, promote wellness, and manage disease. I'd like to see a DPH help the people of Lancaster promote collaboration among stakeholders."

Several providers discussed outreach and services to the Amish and Old Order Mennonite communities. They do not purchase health insurance for religious reasons and pay for healthcare costs out-of-pocket. They are locally based and work with local physicians, nurse practitioners, and clinics, for example, the Clinic for Special Children in Strasburg. The hospitals have developed a plan to reduce the amount they have to pay for services and their communities provide for needed healthcare payments.

People in the plain and Amish communities receive health information from local clinics and local physicians and generally shy away from government sponsored programs. There is an emphasis on natural healing remedies as opposed to preventive care. The Amish use chiropractors because they see them as providing services that are "natural."

The Amish are at risk for outbreaks of vaccine preventable diseases due to low immunization rates. There are several contributing factors to low rates and it was reported that about 50 percent of the families do not immunize their children. There has been an anti-vaccine movement among some chiropractors in the county. Further, there is some concern in the plain community that children who receive immunizations through the federal *Vaccines For Children* program may be tracked in some way by the government which is contrary to their beliefs. There are also the issues of transportation difficulties and the high cost of immunization. Most Amish do not have health insurance. The Amish may use a religious exemption if they chose not to immunize their children.

Providers working with the plain community stated that they probably wouldn't see themselves as having needs that aren't being met now and while they wouldn't necessarily see the need for a DPH, they would be willing to participate in studies on issues related to their own and the larger community's health.

3. *Restaurateurs*

The restaurateurs had strong opinions regarding a DPH. By and large they were opposed to establishing a DPH because they believe the restaurant inspection process, which is the Public Health activity that will most impact them, is working pretty well.

[5] http://www.jcaho.org/news+room/on+capitol+hill/testimony.htm

However, all who were interviewed also pointed out some components of the inspection process they believe are unfair. Those who are located in the county have, until recently, been subject to inspection much less often than those who do business in the City of Lancaster. In the county restaurant inspections are currently handled by the PA Department of Agriculture and take place annually unless a customer lodges a complaint. Depending on what the inspector finds a restaurant can be on a 12 or 18 month re-inspect list.

The City of Lancaster conducts its own restaurant inspection through health officers employed by the city. The restaurant inspection codes became consistent throughout the state as of 2004, but there are some who believe the regulations are more strictly applied in the city of Lancaster. Everyone interviewed stated no restaurant can be perfect and that publishing unfavorable restaurant inspection reports in the newspaper is unfair. They stated that the newspaper over-dramatizes issues such as dust on a fan and that it takes a long time to "live down" a negative report. One example cited of a negative newspaper story was about two restaurant workers who contracted Hepatitis A. Information is not supposed to be made public unless six people or more are sickened.

It was noted that the quality of the inspectors varies a great deal. Drexel staff was informed that some Department of Agriculture inspectors behave in an extremely unprofessional manner. While an owner can notify the Department of Agriculture and request a follow up inspection if he/she is unhappy with the results of the last one, there is no capacity in the current system to lodge a complaint against an inspector without fear of retribution. It was also noted that inspectors are over-worked and haven't had a raise in three years. It was reported that there is more work than the inspectors can handle. Despite these issues, one restaurant owner stated that if a restaurateur is doing his/her job, he/she shouldn't be paranoid about the idea of an inspection.

Everyone interviewed acknowledged the need for training related to careful food handling. No one wants to be responsible for food-borne illness. Further, safe food preparation is not just about safety, but about profits as well. Spoiled food is costly. Regulations require that at least one person on each shift has completed the safe food handling course. It was suggested that if there were a DPH, the training for food handlers could be expanded and be more consistent.

Several owners stated that organizations that are not required to take the safe food handling course are the ones that need the training the most. Usually, they are places that only serve food once or twice a year and they are exempted, as are convenience stores. It was also mentioned that while roadside stands are inspected, the kitchens that produce the food that is sold at the stands are not inspected. In addition, food that is not processed is not subject to inspection or to safe food handling regulations. It was reported that the decision not to require occasional food servers to be inspected or take the safe food handling courses was a highly political one.

4. Housing Issues

Housing stock in Lancaster City, and in the county, is relatively old (most is over 45 years old) and that contributes to the problems that were identified. Several

people interviewed expressed concern over issues related to housing, solid waste management, vector control and lead exposure in children.

a. Lead

Lead toxicity is an issue for many children in Lancaster County. There is a perception that the quality of the Public Health activities related to lead screening and follow-up has declined and that a county DPH could provide improved services.

The Family Practice Clinic at LGH has assessed the lead levels in hundreds of children. The state is responsible for following up with families whose children show a blood lead level of $\geq$ 20 mg/dl. Most of the follow up is conducted through the Childhood Lead Prevention Project contractor. Individual providers also provide follow up with rural families in the plain community. There was a time when prenatal practice included screening mothers for lead exposure. In most cases that is no longer done, unless lead is identified in other children of a pregnant woman.

Many disadvantaged children, in the city and the county, live in aging housing stock where they are exposed to high lead levels. Peeling and flaking paint on walls and old window frames are prime sources and can be easily and inexpensively abated. While making a house **lead free** requires extensive work, it takes relatively little effort and money to make a house **lead safe**.

Renters often experience cultural and language barriers. Drexel staff was told a landlord evicted a woman who filed a complaint when her child's lead level went up to 40 mg/dl. It is difficult to force landlords to clean up problem properties and they often require tenants to sign an agreement that they will not file a complaint about the presence of lead. Eileen Bauer, a state health officer working in the City of Lancaster, noted that, "Housing issues if they are not attended to, go on to become health issues."

Every municipality has a code official responsible for enforcement, although it was reported that some officials don't necessarily provide the required oversight. Drexel staff was told there is better code enforcement in the City of Lancaster than there is in the county and that a DPH would standardize the use of the regulations related to lead.

b. Solid Waste Management

"The Lancaster County Solid Waste Management Authority's mission is to manage solid waste and recyclable materials in an environmentally safe, reliable and efficient manner."[6] The Solid Waste Authority in Lancaster County manages solid waste disposal through a public-private partnership that is overseen by a board named by the County Commissioners. There is a county inter-municipal agreement to collect

[6] http://www.lcswma.org/

and dispose the solid waste to the landfill, transfer station for recycling, or the incinerator.

According to the website, the Authority has the ability to provide some oversight, in the county there are approximately 70 companies that haul waste, 450 customers who are licensed to haul their own, and 30 companies that haul sludge, the by-product of wastewater treatment, and seepage, the waste from septic tanks.

There are 34 haulers in the City of Lancaster. Home owners are required to arrange for waste disposal and citations can be issued by compliance officers working for the Authority if trash is not removed. A new homeowner must make arrangements with a hauler when he moves in. Most contracts with haulers are based on an annual fee but smaller operators will sometimes accept weekly payments. There are many problems with the smaller operators who simply do not pick up the trash if a client is behind on his weekly payments. This is prime cause of rodents, particularly in the city.

Landlords sometimes include clauses in rental agreements that require renters to pay for trash pickup. Despite the fact that the landlord is responsible, not the tenants, people with low literacy or limited English language skills may lack the capacity to analyze a rental agreement to that extent. It was reported that even the Pennsylvania Department of Health (PA DOH) has little impact on landlords

Some municipalities have a single contract with an individual hauler and that arrangement apparently provides the best control. Compliance officers are responsible for inspecting trucks and monitoring the activities of the haulers, who may be given a written warning or a fine. Despite this, Drexel staff was informed that, for all practical purposes, the Authority has little enforcement ability.

c. Vector Control

Rats were identified as a problem in the City of Lancaster, a problem that directly results from the challenging situation related to solid waste management. LGH provided a grant to the city for vector control. The financial support allowed workers to follow up on calls about rats and to use some of the money for extermination services (to bait the sewers). Some of the smaller municipalities have codes related to rat control but there is little enforcement.

5. Other Key Issues

During the course of the interviews, the following issues were mentioned and discussed by a variety of people.

a. Disaster Planning

In terms of disaster planning, public schools are well prepared with complete plans in place to deal with catastrophes. Some schools are taking digital pictures that will be available on-line in the event of an intrusion or emergency in the school. County staff is currently reviewing plans and working with child care centers, private schools, and private industry that do not have adequate plans in place to develop comprehensive disaster plans.

There is a group of healthcare professionals who are prepared to work together as a volunteer "Medical Reserve Corps" in the event of a major catastrophe. The system has not been tested, and there is no way to know whether the plans that exist to coordinate services throughout the county would be sufficient if there were a major incident. There is also concern about the region not having a sufficiently detailed crisis management plan. Finally, existing linkages, coordination, and cooperation need to be continually updated, monitored and maintained.

b. Accidents

The investigation of childhood accidental injury and death, in the city and in rural areas, was cited as an issue. Lancaster County has a Child Death Review Team, but its effectiveness is hampered by lengthy delays in receiving necessary paperwork and reports needed to effectively address existing conditions and prevent future incidents. Farm accidents, injuries and deaths of children are high. Unintentional Injury Death Rate per 100,000 (Age Adjusted to 2000 std population) is 34.5 in Lancaster County compared with 30.4 in Montgomery County, and 28.6 in Chester County.[7]

There is the Safe Kids Coalition, and a National Safe Kids program whose mission is to… *"Prevent unintentional childhood injuries and death to Lancaster County children ages 0 to 14 through education, collaboration and advocacy"*[8]. Both offered by Lancaster General Hospital.

There is confusion surrounding the investigation of childhood accidents, injuries and death. Drexel staff was told that the Penn State Extension Program investigated accidents. While there is a professor at Penn State (although not through the Extension Program) who has an interest in the issue, he has no direct responsibility in Lancaster County. It was reported that the lack of appropriate "e-coding" that would delineate specific reasons for an injury (for example, related to a fall), is an issue. With this information in place, accurate education and outreach could be more easily accomplished. Drexel staff was unable to identify the agency of county government that is responsible for accident investigations.

[7] *In Pursuit of Good Health.* Lancaster County Assessment, PA DOH, completed 6/27/03.
[8] http://www.lancastergeneral.org/content/Safe_Kids_Lancaster.asp

c. Penn State Extension (PSE)

PSE is a major presence in the field and does a wonderful job providing nutrition education. They have made significant inroads through outreach in the plain community regarding the preservation and safe handling of food. They conduct classes, publish newsletters, and make home visits to individual farms. They also work with food safety in the City of Lancaster and with a federal program for low income senior citizens. PSE doesn't distribute food, but works with churches and other organizations that maintain food banks.

PSE has also worked to develop programs that are of interest to women in rural areas. They have recently begun a program of calcium screening to determine if women are at risk for osteoporosis. As an educational institution, PSE focuses on prevention activities. However, the staff has a limited budget issues and can't possibly touch all the people who are selling food at roadside stands.

It was noted that the need for a DPH must be balanced against the importance of encouraging economic entrepreneurship. There is still potential for young families to develop produce businesses but a high level of regulation sets up barriers.

d. Increase in the number of Medicaid and Uninsured

There has been a significant increase in the number of uninsured people, the level of uncompensated care, and the number of Medicaid recipients. Many people are without a medical home and there is high usage of the Emergency Room, particularly at LGH, as a primary care provider. There are gaps in the *HealthChoices* subspecialty networks (the program of managed care for Medicaid recipients). South East Lancaster Health Services, the Federally Qualified Health Center in the city, is crowded and overwhelmed by the sheer volume of people accessing services. There was a 27 percent increase in the number of MA recipients accessing services through SELHS system since last year. Welsh Mountain has experienced a great deal of growth as well. Administrators report a significant lack of behavioral health and dental health services for the uninsured and the underinsured. Finally, there is no community-wide strategy in place to address a situation that is expected to worsen.

e. Cultural and Language Barriers

Significant cultural and language barriers have marginalized many people in Lancaster County. As many as 30-40 percent of the people living in the City of Lancaster do not speak English and there appear to be no Spanish speaking doctors practicing in the City. The educational level of the non-English speaking and émigrés may be a problem as well. Many people do not access the healthcare system and even though there are health care information and education programs, many people are unaware of the opportunities that are available to them. Drexel staff learned that the Latino community lacks information on healthy living,

raising healthy families, diabetes, hypertension, obesity, HIV prevention, and screening for Hepatitis C. There is a need for outreach and advocacy, as well as materials that are culturally appropriate. It was suggested that a DPH could provide a coordinated effort to enhance cultural competency and support language appropriate services to people throughout the county.

f. Water

Several issues related to water quality were mentioned. Septic tanks are not always pumped out in a timely manner and sewage can seep into the ground water. The Octorara pumping station was closed because there was a very high level of nitrates. The use of manure and other fertilizers on farms in the county is a problem because of runoff that pollutes ground water and adjacent streams.

Some wells are suspected of having high levels of dangerous chemicals and pollutants. There is currently an independent study underway to test well water and to study a possible link between women living on farms and drinking well water and the difficulty they are having conceiving.

It was also mentioned that there are springs where people collect water that comes from the mountains. Although Lancaster Labs will test the water for a fee, many people assume it is safe to drink without testing it.

A final issue mentioned is that there is little use of fluoride in the drinking water of many municipalities outside of the City of Lancaster. It was reported anecdotally that the children in those townships experience a high rate of dental caries unless parents are aware and provide supplemental fluoride in vitamins.

This is expected to continue to be a problem as the number of dentists across PA is declining and their average age is increasing to between 45-55 years old. Currently, Lancaster County, which represents about four percent of Pennsylvania's population, is home to just less than three percent of Pennsylvania's dentists.[9]

g. Pennsylvania Department of Health

Nearly everyone stated that the staff addressing Public Health issues through the PA DOH was well meaning, hard working, and committed. And overworked, underpaid and understaffed as the work has stayed the same or expanded. In recent years the number of nurses and other workers has been severely curtailed and there are four workers where there once were nine. There is one nurse dealing with issues related to sexually transmitted diseases and one nurse to oversee Directly Observed Therapy for TB patients. It was suggested there is a need to

[9] *In Pursuit of Good Health.* Lancaster County Assessment, PA DOH, completed 6/27/03.

put a TB medication site in place at a local homeless shelter. Several years ago there were six nurses doing immunization outreach and now there are two.

A number of people interviewed stated that the people at the PA DOH were overwhelmed both in terms of the amount of work they had to do and their level of training and knowledge about a range of subjects. They don't participate in county Public Health activities unless they are invited because they don't have the time.

Drexel staff heard that if there were a really serious catastrophe, epidemic, or disaster in Lancaster County, the PA DOH might not have the resources and capacity to address the needs of the residents. It was suggested that Public Health professionals at the local level could provide faster, more personalized services. The PA DOH has been described as more reactive than proactive regarding issues in Lancaster County and that having a county DPH would provide Lancaster with a "voice," that it currently lacks, to advocate for its citizens in Harrisburg.

h. Other Issues

There were other issues identified by a range of people.

- There is a lack of prenatal care in the first trimester for up to 20 percent of women in the county.
- About two thirds of those interviewed indicated the need for greater outreach and education to the entire community on wellness issues. Statistics indicate there are many services available but people are not taking advantage of what is out there – particularly around childhood lead screening and immunization.
- Air pollution is a problem and there is no county wide strategy to address the issue. Asthma rates are high.
- Some providers are unwilling to report reportable diseases in a timely fashion.

Finally, the consequences of the issues that have been identified can be summarized in an excerpt from a letter written by former Pennsylvania Emergency Management Agency (PEMA) Director, Dave Smith, who stated in the November 2000 Lancaster Emergency Management Agency newsletter: http://www.co.lancaster.pa.us/lema/lib/lema/lemanews/november2000.pdf)

> *"…Good governance revolves around pro-activity designed to allow communities to be protected and prosper. So, knowing that there's about to be an event that brings an increase in people equal to multiples of the normal population, or that normal transportation routes might be taxed, or that sanitation might be an issue, or that accessibility of the site might be*

limited or that egress from it might be delayed through crowding clearly demands a proactive approach to EMA planning so that, should something happen, the 'best thinking' of the fire, emergency management, law enforcement, emergency medical and public-works resources is already done and a plan of action is available… a good, basic plan that recognizes possible problems and identifies probable solutions is better than no plan at all...We in emergency management recognize that some events are simply beyond the resources of local communities in terms of planning capacity and response resources. That's when the local emergency manager needs to reach out to the county for assistance and, in some cases, when the county needs to reach out to its mutual aid 'neighbors' for resource help... There's no defense for doing nothing."
(PEMA Director, Dave Smith – September 2000)

Section V. What would a Lancaster County Health Department Cost?

The Physicians' Task Force of Success By Six of United Way of Lancaster County requested that Drexel: 1) determine potential revenue sources; 2) develop a financial timeline; 3) develop projections of start-up costs; 4) develop projections of an operational budget; 5) develop projections of revenue sources.

For this financial analysis, we collected information via research of public documents, questionnaires sent to municipal officials, and interviews with representatives of the Pennsylvania Department of Health, the Health Departments in Montgomery and Chester Counties, the Dorothy Rider Pool Health Care Trust, and others experienced in the administration of local health departments. As a standing rule in this analysis, we attempted to be as aggressive as seemed realistic in projecting costs, and as conservative as seemed realistic in projecting revenue.

There are a number of premises that go into the following financial analysis of a potential Department of Public Health.

A. Two Key Premises

1. The health department will build on, and not duplicate or replace, existing public health activities underway in the county by what we have termed, for the purposes of this financial analysis, "*Public Health Partners*"; and

2. The financial base for the health department must be stable but kept as small as possible to accomplish the essential public health needs of the county, in concert with the *Partners*.

Under Act 315, the jurisdiction of a Health Department in Lancaster County would extend to all townships of the second class (regardless of any Public Health activities undertaken by the township), all municipalities that that do not have health departments or boards of health, and all municipalities which subsequently dissolve their health departments (or health department functions/activities) or boards of health. Only cities, boroughs or townships of the first class which currently have boards of health or departments (or subcomponents of a department) can remain exempt from the county's Public Health jurisdiction; i.e., not surrender responsibility for the Public Health activities undertaken by the local authority to the County Health Department. Consideration of this jurisdictional issue was built into this project.

In Lancaster County, in addition to the City of Lancaster, the following three boroughs currently have Boards of Health and administrative oversight of some Public Health activities: Columbia, Elizabethtown, and Mount Joy. In addition, Manheim Township, the only designated first class township in Lancaster County, also oversees some Public Health activities through its Department of Code Enforcement.

To provide the Taskforce with an understanding of the net financial implications of creating and maintaining a county-wide Health Department in Lancaster County, we considered several order of magnitude estimates of the costs and revenues. A Lancaster County Health Department would not receive full funding (at least under Act 12) if one or more of the above mentioned municipalities chose to be exempt from the County Health

Department's jurisdiction. The highest economies of scale, and concomitant lowest cost per resident, will be achieved if the highest order of magnitude of Public Health service is implemented, meaning, a Health Department with county-wide responsibility and authority, with commensurate levels of state funding.

In the end, we settled on a model that presumes that the five (potentially) exempt municipalities would decide to turn over responsibility for existing Public Health functions to the County Department, but continue most of their current programs and services under contract with the county as *Partners*. The proposed organizational chart for the Health Department reflects this reliance on public and private *Partners*.

A separate division of "Coordinative Services" would be established and tasked specifically with keeping track of the many public health activities and services accomplished by (potential) *Partner* organizations, and with ensuring that the County Health Department Services are well coordinated with all these other public/private public health activities (see Appendix K for the proposed organizational chart for Year 3). The cost and revenue implications of this model are described in more detail, below.

B. Five Factors for Projecting Costs and Revenues

For this project, five factors were critical to projecting costs and revenue accurately:

1. The number, type, and scope of Public Health services required to meet the minimum service standards set by Act 315.

2. The number, type, and scope of Public Health services required to meet the needs of the county's residents, in addition to the minimum service standards set by Act 315.

3. The number, type, and scope of services that will be transferred from the authority of the Department of Environmental Protection to the County Department, under Act 12.

4. The level of participation by exempt municipalities which, in turn, will determine the number of residents that would fall under the jurisdiction of the County Health Department.

5. The degree of integration of existing Public Health related services with a new county-wide health department that key potential private "partners," especially Lancaster General Hospital, would be interested in achieving.

C. Act 315

As noted earlier in this report, Act 315 requires county health departments to provide specific services in three areas: Personal Health, Environmental Health, and Administration. These areas encompass the following general programs that a Health Department in Lancaster County would be mandated to provide:

1. Control of chronic diseases, communicable diseases, sexually transmitted diseases, and maternal and child health;

2. Food protection, water supply, water pollution control, public bathing places, vector control, solid waste management, institutional environment, recreational environment and housing environment;

3. Public Health education and nursing services, data collection and analysis, laboratory services, personnel administration, accounting and budget management, and public health program direction.

D. Act 12

Act 12 sets out a complementary but somewhat overlapping set of expectations ("Standards for Environmental Health Services") for a local/county health department, in the following environmental service program areas:

1. Organized Camp Program
2. Vector Control
3. Recreation Area Program
4. Institutional Sanitation Program
5. School Sanitation Program
6. Campground program
7. Mobile Home Parks
8. Food Service Sanitation
9. Shellfish Program
10. Bottled Water
11. Public Bathing Place Sanitation and Safety
12. Water Supply Program
13. Water Pollution Control, and
14. Solid Waste Management

E. Act 537

One other major source of state funded public health activity is available under Act 537, the Pennsylvania Sewage Facilities Act. Under Act 537 municipalities with certified Sewage Enforcement Officers can receive state funding for 85 percent of the costs of administering the requirements of the Act. We did not attempt to assess the scope of municipal services in Lancaster County that currently qualify for state funding under Act 537.

We have proposed that the County Health Department assume the responsibility for administration and enforcement of the Act's requirements, as is done in both Chester and Montgomery Counties. The economies of scale argue strongly for a coordinated, county-wide program. Costs and revenue were estimated based largely on Montgomery County's experience which is more modest in scope and scale than Chester County's; but we believe that our cost and revenue estimates are likely more modest than Lancaster County's experience with Act 537 would eventually show. In any event, the proposed model presumes that the County Health Department would contract with all municipalities that currently employ certified Sewage Enforcement Officers. This recommendation is made both to

minimize disruption and also to be totally consistent with the philosophy that Lancaster County is better served by a Health Department that avoids service duplication or substitution, and that emphasizes partnership and coordination.

F. Budget Assumptions

Our financial analysis depicts a year-one start-up, second-year transitional and third-year fully operational budget for a Lancaster County Department of Public Health. It assumes that:

1. The County Health Department will have total and exclusive responsibility for Act 315 mandated services and any additional essential Public Health services throughout Lancaster County. The existing municipal Boards of Health will either disband or relinquish final jurisdiction to the County Board to set and enforce a Code of Health for Lancaster County.

2. The County Department will assume responsibility for Public Health services in all jurisdictions of the county, though some (or potentially all) services already provided by employees of the City of Lancaster and the boroughs of Columbia, Elizabethtown, and Mount Joy will continue under contract with the County Health Department.

3. The County Department will deliver/provide directly essential Public Health services (under Acts 315 and 12) in all areas of the county except for the services already provided under contract in the four municipalities, and under contract with private partners.

4. The County Health Department will remain relatively small in scale and so will not achieve the size/scale necessary to qualify for the highest available state Act 315 contribution, i.e., $6.00 per year per covered resident (as does the Chester County Health Department). Instead, a Lancaster County Health Department would qualify for up to 50 percent of its Act 315-related expenditures (as does the Montgomery County Health Department), adjusted for revenue exclusions – principally other state grants (Act 12, Act 537, Maternal and Child Health, Immunizations, HIV/AIDS, Bioterrorism, etc.)

G. Cost Projections

Distinct budget estimates for start-up, transition, and annual ongoing operations were developed for the following categories, accounting for mandated personal health, environmental health, and administration services and reflecting the four assumptions noted above:

1. Salaries and benefits for professional and non-professional staffing
2. Indirect costs for services provided by County
3. Office and clinical service space
4. Supplies, materials, equipment and other direct administrative expenses
5. Funding from state, county and other public and private sources

The “other sources” include an initial local contribution of $150,000 to underwrite the organizational needs of the Health Department -- principally the personnel

costs of a Health Director -- prior to its certification under Act 315, at which point state funding would begin to be available.

The key assumption in this analysis is that a significant amount of planning will have been done under the leadership of the Physicians Taskforce, United Way, a county-appointed Board of Health, county government and other interested parties, during the time preceding the hiring of the initial Health Director. This would, in turn, enable a rapid start-up.

We have proposed that the Health Department would hire the essential initial staff (i.e., in addition to the Health Director, directors for personnel health and environmental health services, and a physician consultant), submit an acceptable Program Plan to the PA Department of Health, and be approved as a local health department under Act 315 by the Secretary of Health, within 120 days after the Health Director would begin his/her employment in that position. For the sake of simplicity, the year 1 budget analysis assumes that the Health Director would begin employment on January 1 of that year, and the Health Department would be approved by the Secretary of Health on May 1 of that year. This scenario is optimistic: Montgomery County's health department was approved nine months following the employment of its first health director (Gary Gurian), in 1991. But rapid start-up is feasible if much of the necessary program and organizational planning is done collaboratively beforehand by the parties noted above. This is a critical factor in minimizing the amount of the local contribution necessary to underwrite the very beginning phase.

From a cost -- and revenue -- perspective, it is critical to make distinctions among a start-up, transitional, and a fully functioning Health Department. The cost and revenue analysis show this evolution as the County Health Department would respond to:

- Changing relationships with existing providers of Public Health related programs and services in Lancaster County;
- Increasing participation over time by the local municipalities, and related increases in both workload and State funding; and
- Changing needs and priorities of Lancaster County authorities and residents, and the related growth or contraction of the County's public health programs and services.

For the purposes of this proposal, budget assumptions for developing a Health Department for Lancaster County include the following:

1. The Lancaster County Health Department staffing profile by program/service component draws from the experience in Montgomery and Chester Counties, and to a more limited degree, the City of Bethlehem, though the budget assumptions do take into account specialized programs and services that each of these health departments offer that a Lancaster County Department of Public Health might not. This thereby reflects a more limited government intervention in Lancaster County via direct services. As a result, the model proposed is a county health department with a relatively small staffing component: 52 Full Time Equivalents (FTEs) when fully operational at the end of year 3. It is anticipated that the County Health Department would not

expand to more than 60 FTE employees, providing services as Lancaster County Health Department employees. The largest segment of the staff would be in the Environmental Health Services area.

2. To assure that essential Public Health services are provided throughout the county without an over-reliance on county government as the direct service provider, we have built into the financial model a limited reliance on contracting with county public health *Partners*, as noted above. This reliance is kept small in the proposed model, but there is no compelling reason why a greater reliance on contracting with *Partners* could not be pursued. The advantages of financing a Health Department using this model are built into the construct of the Act 315 financing arrangement since the state Department of Health will match 50 percent of the county's approved Act 315-related expenditures. Contracts with *Partners*, both private entities, like Lancaster General Hospital, as well as municipalities that decide to continue doing some local Public Health functions, would be eligible for Act 315 matching funds. If those *Partners* contribute a share of the funding to the County Health Department at the beginning of the year, the County Health Department could subsequently use these funds as the county "share" of the cost of contracts with the *Partner* organizations. The funding of the contract with a *Partner* organization could be supplemented with the consequent state match under Act 315.

3. The proposed model assumes that this contracting methodology would <u>not</u> be attempted in year 1. The start-up year would allow the appropriate time needed for the new Health Department to negotiate the contracts. In year 2, the proposed model assumes that the *Partner* organizations, in combination, would contribute a total of $100,000 to the County Health Department. This would enable the Health Department to contract with these organizations for $150,000 (as proposed in the budget for year 2) in Public Health activities supportable under Act 315, thereby enabling the Health Department's *Partners* to continue providing the essential public health services that they have been providing, and also expand on the kinds of services the organizations provide, or enhance the levels of their service to their communities. In year 3, the model assumes that the *Partners* would contribute (again, in combination) $200,000 to the County Health Department and subsequently contract with the Health Department in the aggregate for $350,000 to deliver a variety of public health services on behalf of the Health Department. We would caution all parties, however, about the need for strict accountability in how the funding would be used by *Partner* organizations. This methodology could be abused if all parties do not commit to use of the funds for Public Health functions and activities allowed under Act 315.

4. Salary levels generally conform to rates paid to Health Department staff in Montgomery and Chester Counties, and in the city of Bethlehem. They are presumed to conform to that of other Lancaster County government staff though we were unable to obtain information on salary scales for Lancaster County employees. Adjustments will likely be needed depending on when a Lancaster County Health Department is created, and in order to conform to the actual salary scales and policies for Lancaster County employees at that point in time. Fringe benefits are estimated at 24 percent of direct salary. An

indirect cost charge of 12 percent by the county was applied to cover the costs of services such as personnel administration, payroll, accounts payable and data processing. The indirect cost charge was calculated as a percentage of direct personnel costs. Again, we were unable to identify the rate that the County would assess a new Health Department, but the 12 percent rate is in line with the experience in Montgomery (11percent) and Chester (13 percent) Counties. Overall, a relatively low annual inflation rate – 2.5 percent-- was applied to the annual personnel costs from budget year to year.

5. The cost for office space was calculated on the basis of 150 square feet per employee, with a relatively high charge of $20 per square foot, in year 1, and an allowance for up to 60 Departmental employees, over time. (An inflation factor of 7.5 percent was applied in year 2 and again in year 3.) This estimation is likely high. The actual costs could be kept much lower if office space could be acquired in line with the actual year-to-year growth in staffing; but for the sake of making an error on the conservative side, the estimates in the proposed budget assume that the Health Department would bear the costs of providing space from private sources in enough size to accommodate the Department's needs when in a full operational state, from the very beginning of the Health Department's operations. An attempt was made to estimate the square feet of office space per employee, based on Montgomery and Chester County's experiences but this proved to be difficult. Each of these departments is housed in a centralized county human services complex/building, and it is unclear where a Lancaster County Health Department would be located. When an actual Lancaster County Health Department budget is developed, cost per square foot of office space will need to be derived based on the availability of existing county government office space or alternative space based on typical rates in the Lancaster area. Finally, we did not propose more than one office location for the Health Department because of the presumed reliance on *Partners* to deliver some essential Public Health services in their sites throughout the county.

6. Estimates of all other direct costs were a major factor in the budget projections, constituting almost 17 percent of total operating costs in year 3. Other direct costs would include all other administrative expenses: utilities, travel, supplies, equipment, rentals, vaccines, training, etc. The rate is based on the experience in Chester County and the City of Bethlehem (approximately $13,000 per employee per year). An inflation factor of 7.5 percent was applied in year 2, and 10 percent in year 3 (consistent with the experience in Chester County).

H. Revenue Projections

As noted, funding for a Lancaster County Health Department would come primarily from three sources: the State, user fees, and categorical grants. Under Act 315, the State will match, in equal share, Lancaster County's Act 315-allowable expenditures up to a maximum of $6.00 per resident (excluding residents of exempt jurisdictions). Under Act 12, the State provides an additional $1.50 per covered resident, not subject to county match. User fees are key since they could be utilized by the County Health Department to comprise part (or

potentially all) of the county match, thereby minimizing, the need for a draw on the county treasury.

Estimates of funding for the Health Department in the form of user fees, licenses and permits were based on the existing fee structure (prior to its very recent revision) in Montgomery County. Numbers were adjusted in some cases for the experience in assessing fees, etc. in Chester County (which relies less on revenue from food establishment licenses, but considerably more on revenue from environmental permits). In general, the calculations were based on estimated counts of food service establishments, camps, etc. in the county (business phone listings were the primary source). When a decision had to be made in making estimates of these revenues, an attempt was made to be as conservative as it seemed realistic to be. Several alternative projections were developed reflecting the source of the county match, including user fees and county tax revenue; but in general, the county match was assumed to depend primarily on user fees (e.g., permit issuance, restaurant inspection, etc.), and contributions by *Partners*.

In addition to projecting revenue from the PA DOH for work required under Acts 315, 12, and 537, potential state funding for other, non-mandated public health activities was also identified. It is very clear from the experience we researched in Chester County, the City of Bethlehem, and especially in Montgomery County from the outset of that County's Health Department, that a county health department MUST rely on categorical program grants to build its capacity to deliver essential public health services. For example, the budget analysis we prepared assumes that a Lancaster County Health Department would be partially grant funded from categorical state programs in each year.

In year 1, we assume that the Health Department would be prepared enough, quickly enough, to qualify for some state grant funding for maternal and child health (MCH) and immunization program activities. In addition, we assume that the county would qualify for and receive a $100,000 grant from the state Department of Health to build communications capability for bioterrorism preparedness. In subsequent years, in addition to support in these program areas, we assumed state grant funding support related to HIV/AIDS, Lead Prevention, West Nile Virus, Nurse Visitation, and Injury Prevention services. Clearly, the Health Department would need to compete for these funds, but based on the experience in Chester and Montgomery Counties, these program areas would represent a minimal set of service areas that categorical grant funds could support. We also assumed in our projections that state directed funding for bioterrorism preparedness would continue and be in line with the amounts received by Chester and Montgomery Counties (for personnel, equipment, training, etc.). Simply stated, grant funding would enable a health department to undertake, directly or in conjunction with *Partner* organizations, additional, but still core, Public Health efforts in Lancaster County.

Potential funding from the Department of Public Welfare for Medicaid reimbursable Public Health related activities was also explored. For example, Medicaid administrative match funding for health insurance outreach and enrollment is built into the revenue projections ($16,000 in year 2 and $32,000 in year 3). Medicaid funding for other potentially coverable, Public Health related

services, such as prevention (including childhood lead poisoning detection), school-based health education, and services for children with special needs, provided directly by, or under contract with, the County Health Department to Medicaid recipients in the County, could also be explored; but this was not attempted as part of our analysis or projections for the first 3 years of the Health Department. Similarly, a more through assessment could be done of all Lancaster County government activities and expenditures that are currently made for health related services and Public Health promotion, to identify activities that could be eligible for State funding/matching from one or another Department.

Budget Analysis: Proposed Lancaster County Department of Public Health

Revenue vs. Expenses
3-Year Plan Summary

	Year 1	Year 2	Year 3
Number of Staff (FTEs)	**14**	**38**	**52**
Total Operating Costs	**$1,265**	**$3,595**	**$4,939**
Revenue:	**$1,272**	**$3,626**	**$4,955**
- Fees	**$157**	**$628**	**$949**
- Acts 315/12/537	**$668**	**$1,503**	**$2,337**
- Grants	**$297**	**$1,372**	**$1,406**
- Other/*Partners*	**$0**	**$116**	**$232**
- Carryover	**$0**	**$7**	**$31**
- Local Contribution	**$150**	**$0**	**$0**

Year 1 Budget: Start-up

Core Staff	# FTE	Position Salary	Annualized Salary	With Fringe (24%)
Health Director	1	$125,000.00	$125,000.00	$155,000.00
Environmental Health Associate Director	0.75	$58,000.00	$43,500.00	$53,940.00
Personal Health Associate Director	0.75	$58,000.00	$43,500.00	$53,940.00
Physician Consultant	0.375	$125,000.00	$46,875.00	$58,125.00
	2.875		$258,875.00	$321,005.00

Other Staff

Office Manager	0.6	$45,000.00	$27,000.00	$33,480.00
Clerk	1.5	$22,000.00	$33,000.00	$40,920.00
Bioterrorism Coordinator	0.6	$45,000.00	$27,000.00	$33,480.00
Service Coordinators	1	$42,000.00	$42,000.00	$52,080.00
Community Health Nurse	2.6	$38,000.00	$98,800.00	$122,512.00
Sanitarians/Env Health Specialist	4.6	$38,000.00	$174,800.00	$216,752.00
Vector Control	0.6	$30,000.00	$18,000.00	$22,320.00
	11.5		$420,600.00	$521,544.00
Total FTEs & personnel costs in year 1	14.375			$842,549.00

Non-personnel Costs

Pre-certification (4 months)				
- personnel costs				$74,593.75
- office space (1 month)				$15,000.00
- other direct costs				$13,000.00
- indirect costs				$8,951.25
Post-certification (8 months)				
- Personnel				$767,955.25
- Office Space				$120,000.00
- All Other Direct				$173,875.00
- Indirect (12%)				$92,154.63
Act 315 Contracts				$0.00
Act 537 Contracts				$0.00

Revenue

Act 12 Funded Costs		$482,666.67		
Act 537 Contracts		$0.00		
Grants		$311,500.00		
Other State Support (DPW)		$0.00		
Act 315 Revenue			$179,909.11	
Fees: all sources			$157,000.00	
Partner Financial Support			$0.00	
Local Contribution: initial support			$150,000.00	

Budget Summary – year 1

Total Estimated Operating Costs				**$1,265,529.88**
Estimated Revenue: all sources				**$1,281,075.77**
Carryover to year 2				**$15,545.89**

Year 2 Budget: Transition

Core Staff	# FTE	Position Salary	Annualized Salary	With Fringe (24%)
Health Director/Medical Director	1	$128,125.00	$128,125.00	$158,875.00
Environmental Health Associate Director	1	$59,450.00	$59,450.00	$73,718.00
Personal Health Associate Director	1	$59,450.00	$59,450.00	$73,718.00
Physician Consultant	0.5	$128,125.00	$64,062.50	$79,437.50
	3.5		$311,087.50	$385,748.50
Other Staff				
Office Manager	1	$46,125.00	$46,125.00	$57,195.00
Financial Officer	1	$48,000.00	$48,000.00	$59,520.00
Clerk	3	$22,550.00	$67,650.00	$83,886.00
Bioterrorism Coordinator	1	$46,125.00	$46,125.00	$57,195.00
Epidemiologist	1	$45,000.00	$45,000.00	$55,800.00
Service Coordinators	3	$43,050.00	$129,150.00	$160,146.00
Community Health Nurses	6	$38,950.00	$233,700.00	$289,788.00
HIV/AIDS Specialist	1	$38,000.00	$38,000.00	$47,120.00
Immunization Coordinator	1	$38,000.00	$38,000.00	$47,120.00
Community Health Educator	1	$30,500.00	$30,500.00	$37,820.00
Outreach Specialist	1	$25,750.00	$25,750.00	$31,930.00
Sanitarians/Env Health Specialist	11	$38,950.00	$428,450.00	$531,278.00
Vector Control	1.5	$30,000.00	$45,000.00	$55,800.00
	32.5		$1,221,450.00	$1,514,598.00
Total FTEs & personnel costs in year 2	36			$1,900,346.50
Non-personnel Costs				
Office Space				$193,500.00
All Other Direct				$503,100.00
Indirect (12%)				$228,041.58
Act 315 Contracts				$150,000.00
Act 537 Contracts				$225,000.00
Repayment of initial local contribution				$150,000.00
Revenue				
Act 12 Funded Costs		$724,000.00		
Act 537 Funded Costs		$191,250.00		
Grants		$1,087,000.00		
Other State Support (DPW)		$16,000.00		
Act 315 Revenue			$590,869.04	
Fees: all sources			$628,000.00	
Partner Financial Support			$100,000.00	
Carryover from year 1			$15,545.89	
Budget Summary – year 2				
Total Estimated Operating Costs				$3,349,988.08
Estimated Revenue: all sources				$3,352,664.93
Carryover to year 3				$2,676.85

Year 3 Budget: Full Operation

Core Staff	# FTE	Position Salary	Annualized Salary	With Fringe (24%)
Health Director/Medical Director	1	$131,328.13	$131,328.13	$162,846.88
Environmental Health Associate Director	1	$60,936.25	$60,936.25	$75,560.95
Personal Health Associate Director	1	$60,936.25	$60,936.25	$75,560.95
Physician Consultant	0.5	$131,328.13	$65,664.06	$81,423.44
	3.5		$318,864.69	$395,392.21
Other Staff				
Office Manager	1	$47,278.13	$47,278.13	$58,624.88
Financial Officer	1	$49,200.00	$49,200.00	$61,008.00
Clerk	5	$23,113.75	$115,568.75	$143,305.25
Bioterrorism Coordinator	1	$47,278.13	$47,278.13	$58,624.88
Epidemiologist	1	$46,125.00	$46,125.00	$57,195.00
Service Coordinator Associate Director	1	$60,936.25	$60,936.25	$75,560.95
Service Coordinators	7	$44,126.25	$308,883.75	$383,015.85
Community Health Nurses	8	$39,923.75	$319,390.00	$396,043.60
HIV/AIDS Specialist	1	$38,950.00	$38,950.00	$48,298.00
Immunization Coordinator	1	$38,950.00	$38,950.00	$48,298.00
Community Health Educators	2.5	$31,262.50	$78,156.25	$96,913.75
Outreach Specialists	2	$25,625.00	$51,250.00	$63,550.00
Sanitarians/Env Health Specialist	14	$39,923.75	$558,932.50	$693,076.30
Vector Control	3	$30,750.00	$92,250.00	$114,390.00
	48.5		$1,853,148.75	$2,297,904.45
Total FTEs & personnel costs in year 3	52			$2,693,296.66

Non-personnel Costs

Office Space				$208,012.50
All Other Direct				$799,370.00
Indirect (12%)				$323,195.60
Act 315 Contracts				$350,000.00
Act 537 Contracts				$450,000.00

Revenue

Act 12 Funded Costs		$724,000.00		
Act 537 Contracts		$382,500.00		
Grants		$1,387,000.00		
Other State Support (DPW)		$32,000.00		
Act 315 Revenue			$1,149,187.38	
Fees: all sources			$949,000.00	
Partner Financial Support (non-State)			$200,000.00	
Carryover from year 2			$2,676.85	

Budget Summary – year 3

Total Estimated Operating Costs				$4,823,874.76
Estimated Revenue: all sources				$4,826,364.23
Carryover				$2,489.47

1. Cost projections assume salary levels and other direct costs based on recent Dorothy Rider Pool Health Care Trust study for Northampton County, and the 2004-2005 budgets of the Chester and Montgomery County Health Departments.

2. Revenue projections are based on an estimate of the number (980) and size distribution of food service establishments and other Act 315/12 regulated businesses in Lancaster County, using fees schedules in force in Montgomery County, adjusted in part for the experiences in Chester County.

3. Act 537 costs and revenues are estimates based on the experience (primarily) in Montgomery County, adjusted in part for the experience in Chester County.

I. Financial Analysis Conclusion

We have provided the Physician's Task Force of *Success By 6* of United Way of Lancaster County with a financial analysis and budget estimates that:

- are derived from the experiences of other county health departments;

- reflect the need to keep a health department as small in scale as possible;

- present a stable funding base; and

- recognize that key *Partners* should join in discharging the public health mission of a health department.

In so doing, we hope that the Task Force and other interested parties will be in the strongest position possible to carry out an effective, successful program of outreach and public support for a county-wide Lancaster County Department of Public Health.

Section VI: Recommendations and Next Steps

A. Recommendations

Based on the information that was collected through interviews with key informants, surveys completed, and the assessment of the PA statutes, the DUSPH team developed a list of recommended functions of a DPH in Lancaster County. In addition, we have added several things we believe a DPH in Lancaster County should do.

From a statutory standpoint, a county DPH must meet all requirements of PA Act 315. However, it should be no larger in size than is necessary to meet Pennsylvania Department of Health regulations, and essential community needs. The challenge is to focus on what the Lancaster County community determines are its essential Public Health needs and then to provide programs as determined by a broad-based implementation team.

From the information we received, those needs include the following:

- Integration & coordination between public health system & care delivery system;
- Environmental Issues
- Enhanced Disaster Planning
- Healthy Lifestyles
- Maternal & Child Health

Based on the oft-repeated comment that many activities in the county could benefit from better organization and coordination, a DPH should be the main coordinating body for the existing Public Health services in the county. This could be accomplished by building partnerships among community groups, institutions, and individuals already providing services, as well as those who are concerned about the Public Health of Lancaster County. In addition, a DPH should be a central repository of information and should collect and maintain information on Public Health-related activities throughout the county, as well as monitor the health status of the population.

We believe that a key function of a county-wide DPH is to be the “go-to” place in the county for matters related to Public Health issues. There should be a place, a phone number, and a central location where residents can come with public health-related questions, concerns, or problems.

Finally, recognizing the broad based concerns we heard about financing a DPH, it will be important for it to “live within its means” by always having a stable funding base.

B. Next Steps

In order to enhance the momentum around establishing a county-wide Department of Public Health and to make residents of Lancaster County aware of the needs and possibilities of a DPH, the Physicians Task Force should begin to reach out to the many people who indicated support for a department. It will be critical that the Task Force develop a broad coalition of stakeholders committed to this undertaking. The Task Force will need to reach out to those individuals and organizations that have not traditionally

been part of this kind of county-wide effort in order to broaden its base of support. In addition, a formal marketing plan with activities should be developed by a publicist or an organization that is expert at developing marketing strategies.

We strongly recommend consideration be given, as well, to these action steps:

1. It will be essential to disseminate the report widely. United Way may decide to use the Executive Summary or develop a brief document that illustrates key points and important data that have been identified. Presenting the information in a variety of formats and settings will be helpful as well. The members of the Task Force, as well as United Way staff, should develop a proficiency in discussing the key information from the report, the arguments in favor of establishing a department, and some of the strategies that could be used to build and fund it.

2. Since everyone involved in this project has other, full-time work, it will be vital to appoint a leader whose time is *dedicated* to this initiative. It will be important to choose someone who is familiar with Lancaster County and the key "players." However, the person chosen should have a solid understanding of public health, coalition-building skills, and the ability to reach out to build that broad base of support.

3. It will be important to identify regional grant funding sources for a DPH initiative going forward. There may be support from various foundations and non-profit organizations that will subsidize the implementation efforts that will not be funded under PA DOH regulations and grants. Technical assistance for this process will be available through National Association of County and City Health Officials (NACCHO) and the National Association of Local Boards of Health (NALBOH).

4. A substantial amount of planning should be done under the leadership of the dedicated staff, the Physicians Taskforce, a county-appointed Board of Health, county government and other interested parties, during the time preceding the official creation of a Health Department, and before the hiring of the initial Health Director. This would enable a rapid start-up. In fact, a rapid start-up is feasible only if much of the necessary program and organizational planning is done collaboratively beforehand by the parties noted above. This is a critical factor in minimizing the amount of the local contribution necessary to underwrite the very beginning phase of the Health Department's establishment.

5. Finally, the Physicians Task Force and the others assembled to support this cause and move it forward can receive encouragement and help from individuals and organizations involved in this type of process in other Pennsylvania counties. Identifying and maintaining contact with those who are involved in establishing county-wide or regional departments will provide the Lancaster County coalition with ideas, help, and support when enthusiasm flags and discouragement occurs.