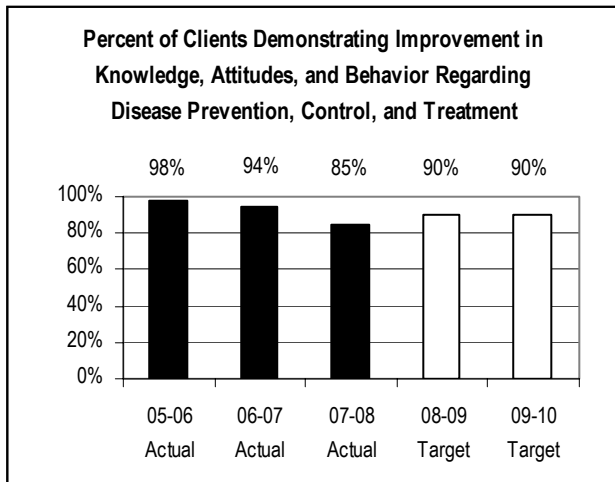
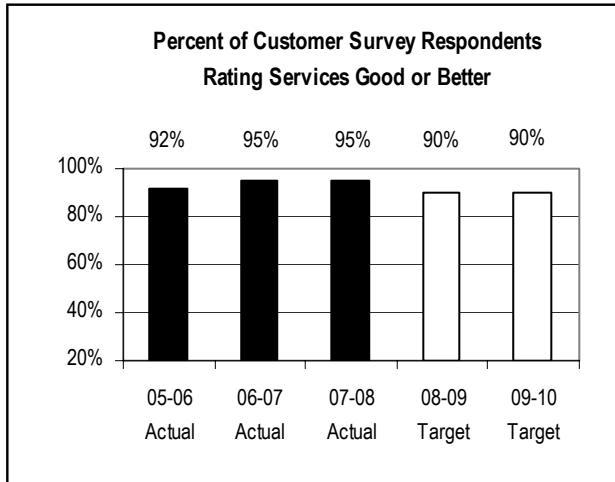


Disease Control and Prevention (6220P)

Program Locator

County
 Health
 Health Department
 Public Health and Environmental Protection
 Chronic Disease and Injury Prevention
 ▶ Disease Control and Prevention

Headline Measures



Program Outcome Statement

Disease Control and Prevention investigates and analyzes communicable diseases and other health problems, using those results to work with community partners in developing policies and programs and to ensure that control, treatment, and prevention measures are taken in order to prevent disease and protect community health in the County.

Services and Accomplishments

Disease Control and Prevention (DCP) contributes to the goals of the Shared Vision 2010 commitment to Ensure Basic Health and Safety for All by monitoring, treating, and preventing communicable diseases and other health threats within the community. DCP manages programs that provide surveillance and multidisciplinary services to individuals and communities in San Mateo County, focusing on community groups and individuals affected by or vulnerable to communicable or chronic diseases or conditions. Programs include HIV/AIDS, Tuberculosis (TB), Communicable Diseases (CD), Epidemiology, Sexually Transmitted Disease (STD) Control, Mobile Clinic, Public Health Laboratory, Vital Statistics, HIV/ Infectious Disease Clinic, Disaster Preparedness, and Animal Control and Licensing.

The following are major accomplishments in the current year:

- Developed and implemented a Perinatal Hepatitis B Virus (HBV) program to prevent HBV transmission to newborn infants whose mothers have the virus
- Expanded partner counseling and referral services (PCRS) for persons living with HIV disease
- Expanded infectious disease (ID) medical services within the Edison Clinic
- Created and distributed STD and CD quarterly reports to San Mateo County providers, partners, and bay area collaborators
- Continued planning, training, and outreach preparedness efforts for all hazard emergencies, including Pandemic Influenza
- Expanded molecular testing in the Public Health Laboratory to include viral hepatitis
- Continued cross-training of AIDS Program staff to assist in large exposures/outbreaks in the CD Program
- Developed a policy and protocol manual for the TB Control Program
- Contracted animal licensing services to an outside vendor in an ongoing effort to decrease the number of unlicensed animals in the County and ensure that all pets receive annual rabies vaccinations
- Hosted State Health Officer to share Daily Situational Assessment Tool (DSAT)

Story Behind Baseline Performance

DCP programs provide direct service including medical treatment, case management and social services, health and prevention outreach, home visits to assist tuberculosis patients and their families, and counseling and screening for a variety of communicable and other diseases. Prevention activities include one-on-one prevention, school-based interventions, and community-wide prevention and preparation efforts. Each program has a number of unique goals—many of which are mandated by state or federal law—that include performance measures focusing on prevention or treatment of diseases and promotion of healthy practices.

DCP programs will continue to enhance their disaster response capabilities through ongoing staff trainings and exercises.

Entering the fourth year following an FY 2005-06 reorganization involving increased medical management and oversight, the focus of the Laboratory and Mobile Clinic will continue to be on developing more efficient data collection systems.

An important indicator of service efficiency and quality shown in Headline Measure 1 is customer satisfaction, which was rated at 95% in the most recent survey. In addition, 97% of surveyed respondents rated response times as good or better. Headline Measure 2 reflects the impact of six surveys that have been developed to measure how customers view the effects of services upon their lives. As shown in the graph, 94% or more of clients reported that their knowledge, attitude, and behavior (KAB) has changed or will change as a result of DCP services received.

Major challenges over the next two years:

- To prepare, plan, and train for potential communicable disease outbreaks such as Pandemic Influenza, seasonal influenza, Norovirus, and Pertussis
- To respond to communicable disease outbreaks in the community
- To provide ongoing staff training for all hazard preparedness efforts and effective responses to newly identified pathogens
- To ensure the reorganization effort continues to result in programs that perform as designed, reach stated goals, and meet client needs
- To coordinate and facilitate adoption of a public health approach in Health Department functions aimed at promoting healthy populations

Program Objectives

Disease Control and Prevention will meet performance targets by doing the following:

Maintain a 90% Rate of Clients Demonstrating Improvement in KAB Regarding DCP Programs

- Continue refining KAB survey instrument
- Distribute the survey to appropriate client/contact populations for completion twice a year
- Analyze results by unit to determine the need for program changes or improvements

Maintain an Overall Customer Satisfaction Rating of at Least 90%

- Distribute CARES surveys to clients contacted by DCP staff and analyze results by unit to determine need for program changes or improvement
- Continue to conduct staff development activities to ensure effectiveness of reorganization, including development of policies and procedures that are consistent across program lines, identification of staff development needs, and implementation of appropriate training programs

Continue Pandemic Influenza Planning and Preparation

- Continue to develop and refine Pandemic Influenza plans prepared by community partners—schools, vulnerable populations, businesses, and cities—and address gaps in the response process identified during the May 4, 2007 Pandemic Influenza exercise
- Develop agreements with the business community to identify priority deliveries of essential items such as foods, fuel, and pharmaceuticals
- Conduct additional exercises to sustain the preparedness of the community
- Continue to state the public message of how to stay healthy, care for individuals at home and during a Pandemic Influenza, and how to care for individuals who usually receive care at facilities
- Communicate often with the public on the Pandemic Influenza alert levels in the state and county

Improve Efficiency and Use of Services

- Review the overall infrastructure of the program to include data management (technical and analytical needs) as well as overall resource management
- Continue annual CQI Plans for all programs
- Analyze current data collection efforts and develop recommendations for improved data collection in the STD and TB Control programs, AIDS Program Care Services, and the Mobile Clinic programs
- Increase disaster training for all staff, customized to their level of need

Performance Measures Summary Table

Performance Measures	FY 2005-06 Actual	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Target	FY 2009-10 Target
What/How Much We Do (Effort)					
Number of clients served by selected programs:					
- AIDS Program Clinical Services	576	540	553	550	550
- Mobile Clinic Clinical Services	3,534	4,103	4,776	3,600	3,600
- STD Control	2,951	1,954	2,159	1,800	1,800
- TB Control	1,100	1,085	588	800	800
- Vital Statistics (births and deaths)	10,079	9,864	9,888	10,000	10,000
Number of Laboratory Tests	54,423	59,823	47,858	60,000	60,000
Number of CD Outbreaks ⁽¹⁾	20	62	24	30	30
Number of first responders and citizens participating in Public Health bioterrorism, pandemic flu, and/or biological agents emergency preparedness exercises ⁽²⁾	---	---	4,047	2,000	2,000
Number of animal licenses issued	15,149	16,118	27,221	29,950	32,950
Number of service contacts	334,951	273,121	273,575	283,000	283,000
How Well We Do It (Quality / Efficiency)					
Percent of customer survey respondents rating services good or better	92%	95%	95%	90%	90%
Percent of customer survey respondents rating response time as good or better	90%	97%	94%	90%	90%
Percentage of Public Health Laboratory proficiency tests rated good/acceptable ⁽²⁾	---	---	---	90%	90%
Is Anyone Better Off? (Outcome / Effect)					
Percent of Public Health HIV patients receiving anti-retroviral drugs who have a nondetectable viral load	---	75%	63%	75%	75%
Percent of clients demonstrating improvement in knowledge, attitudes, and behavior (KAB) regarding disease prevention, control, and treatment	98%	94%	85%	90%	90%

⁽¹⁾ Reflects an unusually high number of Norovirus outbreaks (40) during FY 2006-07.

⁽²⁾ New performance measure beginning in FY 2008-09.

Disease Control and Prevention (6220P) Resource Allocation Summary

	Actual 2006-07	Actual 2007-08	Revised 2007-08	Adopted 2008-09	Change 2008-09	Adopted 2009-10
Salary Resolution	118.0	118.0	118.0	117.0	(1.0)	117.0
Funded FTE	114.2	116.7	116.7	114.3	(2.4)	114.3
Total Requirements	25,147,497	24,538,868	25,796,959	24,963,685	(833,274)	25,114,979
Total Sources	22,556,271	21,314,727	21,134,738	19,867,404	(1,267,334)	19,932,404
Net County Cost	2,591,226	3,224,140	4,662,221	5,096,281	434,060	5,182,575
NCC Breakdown						
State Grants Match				95,167	95,167	95,167
Realignment MOE			1,492,929	1,492,929		1,492,929
Animal Control JPA			293,596	300,695	7,099	302,444
Mandated Services			429,654	682,021	252,367	615,596
Non-Mandated Services			2,446,042	2,525,469	79,427	2,676,439

Discretionary Net County Cost

The portion of this program's FY 2008-09 Adopted Budget which is funded by the General Fund or Net County Cost (NCC) is \$5,096,281 or 21.6%, of which \$2,525,469 is discretionary. This discretionary amount includes the Mobile Clinic, Edison Clinic, and Perinatal Hepatitis B programs.

FY 2008-09 Program Funding Adjustments

The following are significant changes from the FY 2007-08 Revised to the FY 2008-09 Adopted Budget:

1. Adjustments to Provide Current Level of Services

Budget adjustments have been made to meet performance targets: negotiated labor increases; inclusion of merit increases; annualization of mid-year position changes; reductions in contract expenses; adjustments to AIDS services; deletion of one-time purchases and capital projects; and increased reimbursements (Intrafund Transfers) from other divisions of the Health Department.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(1,448,581)	225,322	(1,239,846)	0	434,057	0

2. Transfer of Accounting Positions

One Senior Accountant and one Accountant II have been transferred to Family Health Services (FHS) to properly align their assigned activities following establishment of FHS as a separate division in the FY 2007-08 budget.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
0	(215,310)	215,310	0	0	(2)

3. Additional Staff for Edison Clinic

One Supervising Physician-E has been added at the Edison Clinic, offset by elimination of a contract for these services with an individual medical provider, to provide more consistent and direct supervision. There is no increase in Net County Cost resulting from this adjustment.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
0	(236,997)	0	0	(236,997)	0
0	236,997	0	0	236,997	1

4. Adjustments to Fund Balance

Increased Fund Balance from the prior year has been set aside in Reserves for Health Department Information Technology Strategic Plan (ITSP) projects.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
181,247	0	0	181,247	0	0

TOTAL FY 2008-09 PROGRAM FUNDING ADJUSTMENTS

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(1,267,334)	10,012	(1,024,536)	181,247	434,057	(1)

FY 2009–10 Program Funding Adjustments

The following are significant changes from the FY 2008-09 to the FY 2009-10 Adopted Budget:

5. Adjustments to Provide Current Level of Services

Budget adjustments have been made to meet performance targets: negotiated labor increases; inclusion of merit increases; reductions in extra help and overtime costs; increased reimbursements (Intrafund Transfers) within the division; and increases in Vital Statistics and Public Health Laboratory fees.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
65,000	202,370	(51,076)	0	86,294	0