

WS
6-12-01

AGENDA

CITY COUNCIL WORK SESSION WITH THE ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION TO DISCUSS THE REPLACEMENT OF THE ALEXANDRIA HEALTH DEPARTMENT SAINT ASAPH STREET FACILITY

TUESDAY, JUNE 12, 2001

6:00 P.M.

CITY COUNCIL WORK ROOM

1. Opening Comments
Mayor Kerry J. Donley
City Manager Philip Sunderland
2. Presentation by the Alexandria Public Health Advisory Commission
Chairman Patrick Cooney and Members of the Commission
3. Discussion of Data Related to Patient Usage of the City's Health Department
Clinics and Rationale for Type and Location of a New Facility
Alexandria Health Department Director Dr. Charles Konigsberg
4. City Council Discussion
5. Next Steps
City Manager Philip Sunderland

Individuals with disabilities who require assistance or special arrangements to participate in the City Council Work Session may call the City Clerk and Clerk of the Council's Office at (703) 838-4500 (TTY/TDD 703-838-5056). We request that you provide a 48-hour notice so that the proper arrangements may be made.

Alexandria Health Department

St. Asaph Street Health Center
Flora Krause Casey Health Center
Arlandria Health Center
Adolescent Health Center

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Services at St. Asaph Street Health Center

- Environmental Health*
 - Food service inspection
 - Pools, institutions
- Children's Health Services
 - Well child
- Immunizations
 - Children, Adults
- Family Planning*
- Preventive Programs for Cardiovascular, Cancer & HIV/AIDS*
- Tuberculosis Control*
- Sexually Transmitted Disease Services
- HIV Counseling & Testing
(also at Arlandria)
- Laboratory
- W.I.C. Program *(also at Arlandria)*
- Dental Services*
- PHN Case Management*
- Agency administration

* Provided only (or by staff housed) at St. Asaph

Services at Casey Health Center

- Sick Care for Children
- Immunizations
- Newborn Assessment
- Maternity
- GYN
- Nutrition
- Social Services
- Pharmacy
- Medical Supervision of Chronic Diseases
- Medical Specialties
 - Urology
 - Podiatry
 - Surgery
 - Oncology
- Audiology
- HIV Case Management
- HIV Medical Care

Services at Arlandria Health Center

- Children's Health Services
 - Well child care
 - Immunizations
 - Treatment for minor illnesses and referrals
- Women's Health Services
 - Family planning
 - Routine gynecological screening and care
 - Assessment/counseling/education
- HIV Testing and Counseling
- Resource and Referral Information
- Case Management Services

Services at Adolescent Health Center

- Physicals
- Minor Illness Treatment
- Immunizations
- Family Planning
- HIV Counseling and Testing
- Health Education
- Counseling
- Sexually Transmitted Disease Services

Alexandria
Public Health
Advisory
Commission

Public Health Advisory Commission
Endorses Single Site Location for
New Public Health Facility

Position:

Patrick Cooney
(Chairman)

Deborah Bombard, PA-C

Lori Cooper

Julie Edelson, PT

Michael Gemmell

Laura Heaton, MPH

Joseph Hinkle, M.D.

John Kling, DDS

Colleen Mahoney

Fay Menacker, Dr., PH

Richard Merritt

The Alexandria Public Health Advisory Commission (APHAC) respectfully urges the City Council to begin the process of establishing a new single-site location, in the West End of the City of Alexandria, for the administration and delivery of public health services to its citizens.

Rationale:

In 1999, Alexandria's City Council began the process of establishing a new location for the administration and delivery of public health services. As you are aware, the facility at Saint Asaph is outdated and the APHAC has advocated its replacement for several years. The City's capital budget appropriation of \$8 million for a new facility was strongly supported by the APHAC. As the City Council weighs its options with respect to this existing capital allocation, APHAC strongly urges the City Council to consider the following rationale for a single-site located in the West End of the city:

Cost:

- *"Council should carefully consider the balance between the accessibility of services and the relative costs of different options. For example, past discussions about Health Department services focused on the concept of expanding the number of satellite clinics in the City. Such a decision would significantly increase the operating costs of the Health Department beyond what is currently budgeted and projected in the Manager's budget, given the additional costs associated with operating multiple sites."*

- Budget Memorandum #17 from the City Manager to the Mayor and City Council Members for the FY2002 Proposed Budget, p.198 (April 20, 2001).

- *"The Lewin Group recommends that a single replacement site in the West End replace the Saint Asaph Street Facility. A West End location would offer the greatest convenience to the largest number of current and potential clinic users. Compared to multiple satellite facilities, a single site would lower start-up and capital costs; require fewer clinical and administrative support staff; minimize fragmentation of care; and facilitate greater communication and interaction within the Health Department."*

- The Lewin Group, Alexandria Health Facility Needs Assessment Final Report, p.3 (April 19, 2001).

Access:

- According to a report presented to the City Council on April 19, 2001, by the Lewin Group, Inc., *47% of the current clients* of the facility at Saint Asaph Street reside in the West End of Alexandria.
- The Lewin Group also indicated that projections of future need for public health services through the year 2010 would be concentrated primarily in the West End of Alexandria.

The APHAC appreciates your concerns regarding the access of all Alexandrians to appropriate health care services. Moving the Alexandria Health Department facility to the West End would ensure that those citizens with demonstrated need for public health service have appropriate access to such services. Addressing the remaining issues of access to acute, post-acute and primary care services will require a collective effort of all stakeholders throughout the community.

Based upon this rationale, the APHAC strongly urges the City Council to take immediate action to begin the process of selecting a site for the future home of public health services for the City of Alexandria. For further information on the APHAC's position regarding this issue, please contact Patrick Cooney, chairman of the APHAC, at (703) 769-0020.

ALEXANDRIA HEALTH DEPARTMENT

FISCAL YEAR 2000

VISITS

PROGRAMS	ST. ASAPH	ARLANDRIA	ADOLESCENT	CASEY	TOTAL VISITS
ADULT CHRONIC DISEASE (MD/RN SUPERVISION)	416	745	0	14692	15853 *
[REDACTED]					
FAMILY PLANNING	3752	1456	986	0	6194
GYNECOLOGY	982	447	0	713	2142
HIV/AIDS TESTING	2041	579	178	1072	3870
HIV/AIDS CASE MANAGEMENT	0	0	0	1258	1258 *
HIV/AIDS PRIMARY MEDICAL CARE	0	0	0	418	418
IMMUNIZATIONS	5383	1229	383	1142	8137
MATERNITY MEDICAL CARE & CASE MANAGEMENT	489	0	0	7100	7589 *
MENTAL HEALTH	0	0	168	0	168
[REDACTED]					
SEXUALLY TRANSMITTED DISEASE SERVICES	1349	8	112	21	1490
SICK CHILD CARE/ADOLESCENT CARE	91	410	165	3444	4110 *
(MEDICAL) SPECIALTY CLINICS	0	0	0	1193	1193
[REDACTED]					
WELL CHILD CARE/ADOLESCENT CARE	3566	924	544	944	5978 *
TOTAL	29238	5798	2536	31997	69569

*Includes clients that were visited in their home by field staff located at the St. Asaph Street site. Home visits are made to high risk clients in need of health monitoring, PHN care coordination and/or additional health education that is not possible/practical to be delivered at the time of a clinic visit.

Casey only
~~*St. Asaph Street only*~~

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FISCAL YEAR 2000

UNDUPLICATED CLIENTS

PROGRAMS	ST. ASAPH	ARLANDRIA	ADOLESCENT	CASEY	CLIENTS**
ADULT CHRONIC DISEASE (MD/RN SUPERVISION)	98	537	0	4525	5160 *
ADULT CHRONIC DISEASE (MD/RN SUPERVISION)	98	537	0	4525	5160 *
ADULT CHRONIC DISEASE (MD/RN SUPERVISION)	1886	0	0	0	1886
FAMILY PLANNING	2434	673	558	0	3665
GYNECOLOGY	645	308	0	431	1384
HIV/AIDS TESTING	1356	339	147	536	2378
HIV/AIDS CASE MANAGEMENT	0	0	0	292	292 *
HIV/AIDS PRIMARY MEDICAL CARE	0	0	0	140	140
IMMUNIZATIONS	3118	853	245	767	4983
MATERNITY MEDICAL CARE & CASE MANAGEMENT	140	0	0	1088	1228 *
MENTAL HEALTH	0	0	158	0	158
MENTAL HEALTH	0	0	158	0	158
SEXUALLY TRANSMITTED DISEASE SERVICES	1222	8	79	21	1330
SICK CHILD CARE/ADOLESCENT CARE	79	222	134	1661	2096 *
(MEDICAL) SPECIALTY CLINICS	0	0	0	559	559
(MEDICAL) SPECIALTY CLINICS	0	0	0	559	559
(MEDICAL) SPECIALTY CLINICS	0	0	0	0	2453 *
WELL CHILD CARE/ADOLESCENT CARE	1686	428	479	536	3129 *
TOTAL	15282	3368	1800	10556	31006

*Includes clients that were visited in their home by field staff located at the [redacted]. Home visits are made to high risk clients in need of health monitoring, PHN care coordination and/or additional health education that is not possible/practical to be delivered at the time of a clinic visit.

**Unduplicated only at the program/facility level.

Casey only


**Alexandria City Health Department
Alexandria Health Facility Needs Assessment**

St. Asaph Street Public Health Facility Relocation Options

Recommended Options	Factors that support this choice	Challenges if this choice is selected	Other implementation issues	Notes
<p>I. New Full Service Public Health Facility in the West End</p>	<ul style="list-style-type: none"> • The West End neighborhoods have the most current and potential users of public health services compared to other sectors of the city. • Population groups most in need of public health services are concentrated in the West End (low income families, minority groups, immigrants, uninsured people) • A geographic gap in city services would be filled. • Public transportation is potentially convenient to this proposed site. • A significant proportion of future city growth is predicted to be in the West End sector of the city. • The headquarters for the health department's citywide services would be located in the midst of the city's most populated sectors. 	<ul style="list-style-type: none"> • Access to public health services would be more difficult for residents of North Old Town. • Service demand from West End residents could increase beyond current health department capacity. • Coordination and communication among health department leadership, city government, and other city services located in the inner city would require additional attention. • Arlandria residents would have greater distance to travel for adult oriented public health services such as STD treatment and TB treatment. These services are not now offered in Arlandria. 	<ul style="list-style-type: none"> • Elderly residents in North Old Town may need special outreach and community based activities to address their needs, since they may not be able to reach services in the West End. • The health department may want to consider partnerships with various agencies in North Old Town to assure adequate attention to public health objectives in this community if the new facility is placed outside of the area. • Other public health strategies such as outreach, health education, home visiting, and population-based screening activities could be considered as alternatives to facility based services. 	<ul style="list-style-type: none"> • Each option assumes that women's and children's public health services will remain available in Arlandria. • Regardless of the option selected, community respondents consistently reported that attention to parking, public transportation, attractiveness of the facility, convenience of service schedules, and public awareness efforts to inform people about the services were all critical factors to improve use of public health services. • Public health non-clinical services (environmental health, prevention programs, etc.) and administrative services support clinical services. Improved coordination is achieved when all three are co-located.

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St. Asaph Street Public Health Facility Relocation Options

Recommended Options	Factors that support this choice	Challenges if this choice is selected	Other implementation issues	Notes
II. New Full Service Public Health Facility in Inner City (North Old Town)	<ul style="list-style-type: none"> • Service demand and use would be maintained at current levels. • Current levels of coordination with city government and some other city services could be maintained at this location. 	<ul style="list-style-type: none"> • The large number of current and potential users of public health services residing in the West End would not have improved access to services. • New residents coming into the city and choosing to live in the West End may not avail themselves of needed public health services. • Housing redevelopment plans in North Old Town may reduce the population of potential users living in North Old Town. 	<ul style="list-style-type: none"> • The new North Old town facility could be relocated closer to public transportation, thus continuing to serve essentially the same population now served, and becoming more accessible to other parts of the city. 	
III. Main Facility in West End and Satellite Services in North Old Town	<ul style="list-style-type: none"> • The largest number of current and potential users of public health services would be better served with this option while access to some services would be maintained for North Old Town residents. • Services at each site could be tailored to the neighborhoods needs. A public health presence would be in each of the three high need sectors of the city: West End, North Old Town and Arlandria. 	<ul style="list-style-type: none"> • Higher capital and operating expenses would result from any option that splits services into more than one site. • Infrastructure such as computer services, medical records, eligibility determinations, and laboratory services would require duplication. • More clinical staff would be required because staffing across services and functions would be more difficult than in the current facility. • Higher administrative costs and more complex management would be required to organize multiple sites. 	<ul style="list-style-type: none"> • The satellite services to be offered in North Old Town would replicate all of the current St. Asaph Street public health clinical services except TB and dental. • Services requiring special facilities and equipment such as TB and dental are not recommended for more than one public health facility and need to be accessible to all city residents. 	If a North Old Town satellite facility offered a subset of public health services, the selection of services should be based on the needs of residents and may need to be more adult oriented than services offered at the current Arlandria satellite site.

St. Asaph Street Public Health Facility Relocation Options

Recommended Options	Factors that support this choice	Challenges if this choice is selected	Other implementation issues	Notes
IV. Split Facility with Adult and Administrative Services in North Old Town and MCH Satellite Services in West End	<ul style="list-style-type: none"> • This alternative offers the same advantages as option III but is potentially less expensive because services would be split with some at North Old Town and some in the West End. 	<ul style="list-style-type: none"> • The same disadvantages of option III apply to option IV although costs might be less. • Residents from the West End would still have to travel to North Old Town for some services and residents of North Old Town would have to travel for other services. • The health department staff and functions would be split and more difficult to coordinate and manage. • Operating and capital costs would still be higher than Options I and II. 		