

Financial Performance Indicators Tracking
at the
Mahoning County
District Board of Health

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DISTRICT BOARD OF HEALTH

- District Board of Health began tracking financial indicator data after 2008 APHA Learning Institute using earlier version of indicators
- Minimal primary data collection needed to populate many of the indicators (financial and workforce data from annual financial report to state); data for other indicators was more difficult to obtain
- Estimated staff time required for completion of financial indicators report = 5.0 hours/year
- 2006 and 2007 indicator data shared with other Ohio health commissioners and their fiscal officers at 2008 fall meeting
- Several other Ohio health districts begin using the financial indicators tool in 2009
- Governing board (board of health) has adopted a strategic plan for 2010-2012 that calls for training staff to monitor financial performance measures and benchmarks performance with other local health departments



Fund Balance

General Fund Balance

Operating Surplus/Deficit

(Total Revenues/Total Expenses)

	% Change in Actual from		% Change in Actual from
Actual 2008	2007	Actual 2007	2006
12,103	115%	10,000	111%
1.05	8.9%	0.97	-2.8%

- Warning sign in 2007: “Decreasing fund balance is a flag”
- Cost-cutting measures in 2008 increase fund balance and restore operating surplus



Workforce

Total FTE (Full Time Equivalents)

Total Liability Days for Unused Vacation and Sick Leave (Include Comp Time)

of Financial Management Employees with Discipline Specific Training /Education

of Employees w/Financial Management Responsibilities

Actual 2008	% Change in Actual from 2007	Actual 2007	% Change in Actual from 2006
46	-20.9%	58	-2.9%
3	0.0%	3	0.0%
4	-15.8%	5	0.0%

- Cost-cutting resulted in layoffs and cuts in hours for part-time staff



Expenditures:

Salaries
 Fringe Benefits
 Expenses
 Other
 Fixed Capital Outlay (Construction/Renovation)
TOTAL EXPENDITURES

	Actual 2008	% Change in Actual from 2007	Actual 2007	% Change in Actual from 2006
Salaries	\$ 2,014,719	-7.7%	\$2,182,193	-4.8%
Fringe Benefits	\$ 906,570	-1.5%	\$920,294	-4.8%
Expenses	\$ 1,382,803	-19.7%	\$ 1,721,752	22.0%
Other				
Fixed Capital Outlay (Construction/Renovation)				
TOTAL EXPENDITURES	\$ 4,304,092	-10.8%	\$ 4,824,239	3.3%

- Layoffs, retirements and shorter work hours along with other cost-cutting measures reduce total expenditures by 11% in 2008



Actual 2008	% Change in Actual from 2007	Actual 2007	% Change in Actual from 2006
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Revenues:

Federal Revenues (Exclude Medicaid/Medicare Reimbursements)

State Revenues

County Government Revenues

Medicaid Revenues

Medicare Revenues

Total Fees from Clinical & Immunization Services

Total Fees from Environmental Health Services

Total Fees from Vital Stats

Total Fees, Other

Total Other Revenues

TOTAL OF REVENUES FROM ALL SOURCES

\$ 722,368	-11.3%	\$ 814,245	-11.7%
\$ 408,423	23.3%	\$ 331,341	10.2%
\$ 1,089,555	-1.6%	\$ 1,107,507	0.4%
\$ 83,220	382.8%	\$ 17,237	41.3%
\$ 25,987	19.1%	\$ 21,816	-47.6%
\$ 108,841	0.7%	\$ 108,079	23.3%
\$ 1,147,088	-3.0%	\$ 1,182,701	-1.2%
\$ 289,602	-1.7%	\$ 294,621	-12.2%
\$ 653,910	-16.8%	\$ 785,575	22.2%
\$ 4,528,994	-2.9%	\$ 4,663,122	0.4%

- Ongoing loss of federal revenues and some fees was partially offset by unanticipated (and sustainable) Medicaid Administrative Claiming revenues in 2008



Benefits of Tracking Financial Indicators

- Annual tracking may help health department leadership to identify slowing evolving positive trends (increasing expenditures in mission critical programs) as well as negative trends (declining cash balance, increasing liability days, increasing administrative costs)
- Provides documentation for PHAB accreditation standard A2 B (establish effective financial management systems)
- A quality improvement tool for increasing “financial literacy” of program managers and staff
- Standard indicators allow for comparison with peer group of health departments within a state or among states



Limitations

- Limited understanding of financial ratios among public health executives, boards, and financial management staff
- More benchmark data from other health departments is needed for meaningful peer group analysis
- Current community statistics (population size and age, poverty and uninsured rates) are sometimes unavailable, especially below the county level



Limitations

- Mission critical indicators (priority programs, community health outcomes) are often not enumerated in health department strategic and community health improvement plans
- Chronic disease control expenditures are not easily categorized
- Liability days (accrued vacation, sick and compensatory time are not routinely aggregated)
- Current population estimates for health district (vs. county or city) not available



Suggestions for Future Versions of Financial Performance Indicator Tools

- Add illustrations and narrative to financial data (Lesneski, et al)

