

2017-2018 BUDGET QUESTION
Response to Request for Information

DEPARTMENT: Financial Services – Budget

REQUEST NO.: 70

REQUESTED BY: Adler

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REQUEST: Please provide a comparison of Health and Human Services budgets, demographics, and performance benchmarks between Austin and other communities.

RESPONSE:

The following comparison looks at seven cities, including Austin, and the counties in which the cities are located. The comparison used Austin Public Health’s budget and services as a model, and applied that model to six additional regions. Investment into health and human services should be viewed through a regional lens rather than on a city by city basis because services provided by a city in one region might be provided by a county or healthcare district in another region.

REGIONS

Table 1 contains a list of regions included in the comparison. The comparison includes three regions in Texas and three regions outside of Texas in addition to Austin/Travis County/Central Health. When determining which cities to include in the comparison, factors included size (population), level of detail in budget documents, and similarities in organizational structure and relationship with the city and its county. Some cities, such as Seattle, San Francisco, and Phoenix were omitted because their budget documents did not include a sufficient level of detail at the program/service level. Other cities, such as Philadelphia, San Jose, and San Diego, were omitted for extreme structural differences-Philadelphia County is not a structured government entity and the cities of San Jose and San Diego do not have health and human services departments. El Paso was omitted because of its comparatively low population size.

TABLE 1: COMPARISON REGIONS

Regions
Austin/Travis County/Central Health
San Antonio/Bexar County
Dallas/Dallas County
Fort Worth/Tarrant County
Columbus/Franklin County
Minneapolis/Hennepin County
Denver

This analysis was dependent on the inclusion of counties and health districts because of the relationships between jurisdictions. Franklin County and Hennepin County operate similarly to how Austin Public Health functioned before Central Health split off and became its own entity. Therefore, when compared to these two entities, Central Health figures are included in this comparison along with Austin/Travis County data. The remaining entities include city and county data only.

SERVICES

In order to create a reasonable basis for comparison, services across entities were categorized into a standardized structure based on Austin Public Health’s activities. Identifying corresponding services in other regions involved reading through budget page descriptions, online research, and methodical searches using a set of terms synonymous with service descriptions. Services were determined to be “corresponding” if the general descriptions were the same. The following two tables include the services included in the comparison and services omitted, along with explanation for those determinations.

TABLE 2: SERVICE LIST

Austin Public Health & Travis County Core Health and Human Services	Notes
Basic Needs	Includes food access, emergency shelter, and case management.
*Children & Youth Services	Includes services specific to children and youth.
Chronic Disease Prevention and Screenings	Includes services to treat and prevent chronic diseases such as diabetes, heart disease, and asthma.
Communicable Disease Prevention & Screenings (Including Vaccines and Immunizations)	Includes treatment and prevention of sexually transmitted diseases, tuberculosis, and all services relating to vaccines and immunizations. <i>*HIV/AIDS specific services broken out into a separate service.</i>
Community Outreach & Engagement	Includes community outreach and engagement efforts.
Department Administrative Costs	Includes salaries, IT hardware, program administrative costs, etc.
Disability Services	Includes services relating to disabilities unless earmarked for children or seniors.
Environmental Health & Food Safety	Includes food safety, environmental monitoring, and air quality monitoring and programs.
Epidemiology & Health Statistics	Includes services related to epidemics, health emergencies, mosquito borne illnesses, food borne illnesses, and air borne illnesses.
Evaluation, Assessment, and Community Planning	Includes program and grant evaluation, needs assessments, and community planning initiatives.
Health Equity	Includes all work and services related to perpetuating equity in health and human services.
HIV/AIDS Services	Includes services related to HIV/AIDS treatments and prevention.
Homelessness	Includes services related to or earmarked for addressing homelessness.
Mental Health & Substance Abuse	Includes mental health and substance abuse services not provided by the criminal justice system.
*Senior Services	Includes services earmarked for seniors.
Vital Records & Statistics	Includes vital records such as birth and death certificates.
Workforce Development	Includes workforce development services directly related to health and human services and programs.
**Veterans’ Services	Includes services, such as case management, earmarked for veterans.

**“Family services” was split up between its two major components, “children and youth services” and “senior services.”*

***Veterans’ services was added to the service list after the initial research phase identified veterans’ services in more than two county budgets outside of the Austin/Travis County region.*

TABLE 3: OMITTED SERVICES

Omitted Services	Notes
Internal Transfers	Internal transfers included transfers for utilities, IT support, central HR functions, etc. Department administrative support was not omitted.
CPS and APS	Child and Adult Protective services were considered public safety services.
Building Safety Code Compliance	Considered a safety and compliance service.
Domestic and Community Violence Services	Considered a public safety service.
All services housed in the judicial system	Includes services such as mental health, substance abuse treatments, case management, health services for inmates, etc. These services are contingent on involvement with the criminal justice system and not open to the general public.
All Head Start and Pre-Kindergarten services	Considered education services.
Legal Aid	Legal service.

FINDINGS

SPENDING

The following tables show the breakdown for general funding and other funding for the seven regions included in this comparison. These data are only representative of FY 2016-17 and should not be generalized beyond FY 2016-17 or considered “normal” for any given jurisdiction.

TABLE 4: CITY GENERAL FUNDING VS. OVERALL FUNDING

City	General Fund Dollars	Other Dollars*	Total Dollars**	General Fund % of Total Dollars
Denver***	\$88,145,680	\$38,893,064	\$127,038,744	69.4%
Austin	\$62,679,791	\$39,264,121	\$101,943,912	61.5%
Dallas	\$17,102,234	\$31,275,358	\$48,377,592	35.4%
San Antonio	\$19,989,743	\$21,130,208	\$41,119,951	48.6%
Columbus****	\$33,784,548	\$0	\$33,784,548	n/a
Minneapolis	\$10,587,100	\$15,320,424	\$25,907,524	40.9%
Fort Worth	\$7,034,719	\$7,390,297	\$14,425,016	48.8%

*Grant, federal, state, special revenue, levy, and expense refunds are included.

**The total dollars reflected in this table only include the services used in this comparison. Internal transfers, education services, legal services, etc., were excluded.

***Denver is both a city and a county. Dollars spent in Denver are spent similarly to how dollars are spent in the other comparison cities and their counties combined.

****Columbus does not have a budget document that breaks down general funding vs. other funding for health and human services at the program/service level.

TABLE 5: REGION TOTALS

Region Totals without Health Districts	City + County Total
<i>Austin/Travis County</i>	\$132,771,669
Denver	\$127,038,744
Dallas/Dallas County	\$102,314,982
San Antonio/Bexar County	\$85,522,698
Fort Worth/Tarrant County	\$45,110,410

Region Totals with Health Districts	City + County + Health Districts Total
Minneapolis/Hennepin County	\$803,823,813
Columbus/Franklin County	\$529,293,518
<i>Austin/Travis County/Central Health</i>	\$342,465,822

DEMOGRAPHICS

Demographics bring context to the health and human expenditures found in this analysis. However, examining demographic data does not provide enough context to draw conclusions about the relationship between the demographic data and their relationship to other variables, such as dollars spent on health and human services.

TABLE 6: POPULATION AND INCOME

	Total Population	Medium Family Income	Number of Residents at 50% Federal Poverty Line	Number of Residents at 125% Federal Poverty Line	Number of Residents at 200% Federal Poverty Line
Austin	947,890	\$57,689	65,192	170,917	299,147
Travis County	1,199,323	\$61,451	73,126	201,102	362,208
San Antonio	1,492,510	\$46,744	117,677	342,610	595,369
Bexar County	1,928,680	\$51,150	131,890	390,689	703,112
Dallas	1,317,929	\$43,781	104,318	384,920	621,294
Dallas County	2,574,984	\$50,270	165,738	627,091	1,069,937
Fort Worth	854,113	\$53,214	50,487	179,331	304,582
Tarrant County	2,016,872	\$58,711	102,454	348,968	445,660
Columbus	860,090	\$45,659	80,592	213,281	339,995
Franklin County	1,264,518	\$52,341	95,538	262,768	424,362
Minneapolis	413,651	\$51,480	33,062	99,855	149,101
Hennepin County	1,232,483	\$65,834	56,400	176,498	295,935
Denver	682,545	\$53,637	50,467	136,033	222,912

Note: Data in the **Total Population** and **Medium Family Income** columns are from the U.S. Census Bureau's 2016 population estimates. **Federal Poverty Line** data are from the U.S. Census Bureau's "2015 American Community Survey (ACS)" findings data set.

TABLE 7: INSURANCE COVERAGE, TEEN BIRTHS, INFANT MORTALITY, AND LIFE EXPECTANCY

	Number of Uninsured (Estimate)	Teen Births (2015)	Infant Mortality (count)	Infant Mortality (Rate per 1,000)	Life Expectancy at Birth (female)	Life Expectancy at Birth (male)
Austin	147,859	791	52	4		
Travis County	168,371				82.7	79.0
San Antonio	237,343	2,010	164	6.8		
Bexar County	275,078				81.2	76.0
Dallas	297,593	1,940	145	6.7		
Dallas County	524,247				80.7	75.8
Fort Worth	150,737	1,009	86	6.5		
Tarrant County	313,826				80.7	76.5
Columbus	82,288	699	107	9.8		
Franklin County	104,522				79.8	75.3
Minneapolis	32,009	249	44	7.2		
Hennepin County	No data available				82.9	78.9
Denver	76,362	460	55	5.5	82.1	77.9

Note: **Number of Uninsured Residents** data are from the U.S. Census Bureau's "2015 American Community Survey (ACS)" findings data set. Data on **teen births** and **infant mortality** are from the National Kids Count database. **Life expectancy** data are from the Institute for Health Metrics and Evaluation County Profiles reports.

TABLE 8: CHRONIC DISEASE, CHRONIC DISEASE MORTALITY, AND HIV/AIDS DIAGNOSES

	Heart Disease (female) (rate per 100,000)	Heart Disease (male) (rate per 100,000)	Chronic Disease Mortality (female) (rate per 100,000)	Chronic Disease Mortality (male) (rate per 100,000)	HIV/AIDS (new diagnoses) (rate per 100,000)	HIV/AIDS (existing diagnoses) (rate per 100,000)
Austin					16.8	272.9
Travis County	86.2	135.1	40.0	46.5		
San Antonio					16.2	253.1
Bexar County	121.8	193.7	60.0	74.3		
Dallas					21.2	400.6
Dallas County	116.2	190	55.7	67.5		
Fort Worth					11.9	214.9
Tarrant County	117.6	183.5	57.3	70.4		
Columbus					11.8	259.1
Franklin County	117.2	185.7	58.1	80.8		
Minneapolis					7.3	184.0
Hennepin County	60.0	109.1	37.8	56.5		
Denver	93.2	148.8	35.5	49.3	9.6	314.6

Note: **Heart disease** and **chronic disease mortality** data are from the Institute for Health Metrics and Evaluation County Profiles reports. Data on **HIV/AIDS** rates were pulled from the Center for Disease Control's "2015 HIV Surveillance Report (vol. 27)."

LIMITATIONS AND CAVEATS

This comparison assumes that budget documents are complete and accurate, funding sources and expenditures are accurately reported, and services described similarly to the services provided by Austin Public health are comparable. In addition to these assumptions, the following limitations and caveats should be considered.

SERVICE DIFFERENCES

This analysis does not capture nuanced or specific differences in services provided by comparison municipalities. This comparison assumes services are alike enough to compare across municipalities, although small differences in service delivery, size of area served, etc. are likely.

COMMUNITY NEED

Dollars in this comparison reflect only expenditures in a given period of time, and do represent community needs or services offered through community organizations. For example, a community could have a high need for services, but be addressing those needs through local social service agency programs, which can be funded by private donors, private foundation grants, or federal grants.

HEALTH DISTRICTS

County health districts are complex entities with a wide variety of funding mechanisms including tax levies, special revenue funds, and foundations tasked with generating private donations. These districts were included in this comparison for the regions where they existed because they receive tax support and are primary health access points for indigent communities. Although we know the overall operating expense totals for each health district, detailed breakdowns of expenditures at the program/service level comparable to those found in city health department budgets are not available for these entities.

INTERLOCAL AGREEMENTS

In cases where interlocal agreements (ILAs) or similar agreements existed, dollars were counted in the entity that spent the dollars on health and human services. In the case of ILAs between Austin and Travis County, the dollars moved from Travis County to Austin for health and human services and programs. The primary reason for counting funds from ILAs this way is because this comparison is contingent on identifying dollars spent on health and human services, and an ILA is not a service in and of itself.

SOCIAL SERVICE CONTRACTS

General fund dollars dispersed to a social service agency through a contract were accounted for to the extent possible in this analysis. However, it is impossible to know which social service contract dollars are spent on services and which are spent on overhead costs after the money has left the city/county. Additionally, it is also not possible to know how many additional dollars, such as direct grants or private donations, are being spent on a service in any given jurisdiction through social service agencies.

JURISDICTIONS

An apparent lack of service provision in a particular city or county budget does not necessarily indicate that residents of that region are not provided that service by another organization, including non-profits, social service agencies, universities, and hospital networks.