

State of Alaska FY2002 Governor's Operating Budget

Department of Health and Social Services
State Health Services
Budget Request Unit

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BRU Mission

The mission of the Division of Public Health is to preserve and promote the state's public health.

BRU Services Provided

The Division of Public Health services are primarily "population-based", focusing on achieving and preserving the health and well being of entire communities or populations rather than on individual medical/illness care. Professional staff monitor and assess the health status of Alaskans through the collection and analysis of vital statistics, behavioral risk factor data, and data on disease and injury, including forensic data from post mortem examinations. The Division uses these data and other scientific information and expertise to develop sound policy to improve the health of Alaskans. Professional staff assures that services needed to achieve public health goals are available by encouraging, supporting and sometimes requiring their development by others, and by providing services directly when unavailable due to a void in the private sector. Staff also conducts disease surveillance and investigation and provides treatment consultation, case management and laboratory testing services to control outbreaks of communicable diseases and prevent epidemics. The Division promotes healthy behaviors by educating citizens, mobilizing and supporting community action to reduce risks and promote health. Staff performs outreach activities to link high risk and disadvantaged persons to needed services and provides treatment and clinical preventative services directly as well to these populations.

BRU Goals and Strategies

The primary goals of public health are to promote good physical and mental health and prevent disease, injury and disability. Strategies to accomplish this goal include: preventing epidemics and the spread of disease, promoting awareness of health impacts related to environmental contaminants, preventing injuries, promoting and encouraging healthy behaviors, planning for and responding to disasters and assuring the quality and accessibility of health services.

Key BRU Issues for FY2001 – 2002

Obtaining adequate long term funding to enhance the existing capacity needed to prevent and intervene, when necessary, in the transmission of communicable diseases statewide and to maintain this capacity over time.

Obtaining the needed funding to meet the needs identified in the Code Blue document that details the severe and immediate needs of the EMS system in the state.

Problems related to recruiting, retaining and supporting qualified staff at all levels statewide.

Covering costs and managing problems related to relocation of all Division staff from various locations in Anchorage to the Frontier Building,

Planning and support for continuation of efforts begun with federal dollars once initial project funding ends.

Development of a comprehensive long term state health plan that has the involvement and buy in of all stakeholders statewide.

Developing support for work related to environmental contaminants and their effects on Alaskans as a result of consumption of foods that may have been exposed to environmental contaminants.

Integrating and facilitating the work of the Denali Commission with its' focus on facility construction and repair with the needs related to program and service delivery in rural areas.

Developing the needed relationships with the newly emerging Tribal health and other local health service entities to ensure that local health planning and service delivery is done in an integrated and efficient manner.

Getting the needed legislative and inter-Departmental support needed to design and implement an effective tobacco sales to minors enforcement program that will both meet federal requirements and significantly reduce youth access to tobacco products.

Major BRU Accomplishments for FY2000

Continued the outreach and marketing effort that has facilitated the enrollment of several thousand newly eligible and previously eligible but not enrolled children in the State's expanded Medicaid child insurance program, Denali KidCare. Additional work has facilitated the enrollment of several hundred additional pregnant women to ensure they received early and adequate prenatal care in order to give their babies the healthiest start possible.

Continued an aggressive immunization campaign at the state and local level to assure that Alaska's children are immunized against preventable childhood diseases, revised the immunization requirements by adding several new immunizations to the list of those required for school and day care, and increased immunization levels against hepatitis A and hepatitis B.

Increased disease investigations by public health professionals to identify contacts and improve follow-up, diagnosis, treatment, and education for tuberculosis, HIV, and STDs and responded to and managed major TB outbreaks in several areas of the state.

Construction moved towards completion on the new Laboratories and State Medical Examiner Facility in Anchorage.

Instituted the marijuana registry as required by AS 37.

Collected \$50,000 for the Children's Trust Fund through the sale of heirloom birth certificates.

Established a Health Information and Systems Support Unit to assist in developing health status targets for planning purposes, implementing the Public Health Improvement program and development of the capacity to provide technical assistance to agencies and communities on health data issues, program evaluation and community health planning.

In partnership with other private and public partners, initiated activities related to decreasing the morbidity and mortality of Alaskans related to tobacco through education, enforcement and cessation activities statewide.

Obtained major revisions in the WIC funding formula and regulations from USDA that will allow full utilization of available food dollars and increased access to program benefits for many pregnant and breastfeeding women and children under five years of age in Alaska, now and in the future.

Initiated a major effort, in partnership with other state agencies and local entities, to address the behavioral issues of young children and it's impact on their families.

Worked with communities and Regional EMS groups to develop the CODE BLUE document, which describes the extent of the crisis resulting from long term underfunding of the emergency response system and lists the equipment and vehicles needed to bring the system back to a minimal level of response capacity. Together with local, state and federal partners, worked to identify and access fund sources and match dollars needed to purchase needed equipment and vehicles.

Continued development of the Child Death Review team, to enhance overall capacity to determine causes of death for Alaska children, to ensure prosecution when appropriate, and increased collaboration between the Child Death Review Team and Maternal and Infant Mortality Review team, to maximize coordination and learning related to the work of both groups.

Continued the development of the comprehensive child injury and trauma effort, through improving collection and analysis of data on fatal and non-fatal injuries to children and dissemination of this information to communities, families and professionals, to facilitate the development and implementation of programs and practices that will decrease death and disability related to childhood injury in the state.

Assisted nine communities in conducting the financial analysis required to determine whether it would be beneficial for them to gain designation as a critical access hospital (CAH) and together with the Division of Medical Assistance, developed and adopted the regulations that will allow them to be certified in Alaska. One hospital is now a designated CAH and several others are in the process of determining the benefits to them of becoming one. Additional work under this effort has assisted communities in conducting overall need assessments and determining their critical care, primary care and EMS needs in order to develop sustainable systems of care.

Utilizing bio-terrorism preparedness dollars, we greatly increased the capacity of state, regional and local health agencies and organizations to communicate and collect and disseminate information. While this enhanced system ensures our ability to identify a bio-terrorist event and respond timely, it also serves the public health effort daily through increased capacity to share information, update and educate professionals and collect data on disease and trends.

Key Performance Measures for FY2002

Measure: Increase the percentage of children fully immunized at age two

(Developed jointly with Legislature in FY2001.)

Current Status:

The percentage of fully immunized 2-year-olds for calendar year 1999 was 80.1%.

Benchmark:

69% were immunized by the end of 1996.

Background and Strategies:

In 1997, the Department launched a major initiative to increase the rate of fully immunized two-year-olds. In three years, we have jumped up 20 positions, going from 48th to 28th in national rankings. Now, over 80% of our two-year-old children have received their recommended vaccines. Alaska's comprehensive public-private initiative to increase childhood immunization rates will be extended through 2002 to achieve the highest possible immunization rates and to assure that Alaska children in school and daycare will have all required immunizations by the fall of 2001.

Measure: Identify Rate of TB (Tuberculosis) cases by race

(Developed jointly with Legislature in FY2001.)

Current Status:

1999 Alaska TB rate = 9.8 per 100,000 population

- Alaska Native = 39.4/100,000
- Asian/Pacific Islander = 43.0/100,000
- Black = 0
- White = 1.5/100,000

Benchmark:

1996 Alaska TB rate = 16.0/100,000 population

Background and Strategies:

Tuberculosis has been a long-standing problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, which included 10% of the entire state budget in 1946, led to one of the state's most visible public health successes-major reductions in TB across the state. Now this disease is reemerging and with it the threat of treatment resistant strains of the disease. Inadequate resources to monitor and educate those most at risk have resulted in outbreaks in three geographic areas this past year. Significant new resources are needed to do the case finding, diagnostic tests and treatment follow-up required to keep the disease in check.

Measure: Identify Rate of Hepatitis A*(Not yet addressed by Legislature.)***Current Status:**

1999 Alaska Hepatitis A Rate = 2.4 per 100,000

Benchmark:

1996 Hepatitis B Rate = 2.6 per 100,000 population

Background and Strategies:

Alaska has suffered from large and recurrent outbreaks of Hepatitis A that has resulted in thousands of cases and numerous hospitalizations over time. Aggressive control activities were not successful until the vaccine became available in the early 1990's. With use of the vaccine Hepatitis A, the disease burden has been greatly reduced. Efforts are still needed to make sure maximum immunization levels are reached and maintained.

Measure: Identify Rate of Hepatitis B*(Not yet addressed by Legislature.)***Current Status:**

1999 Hepatitis B Rate = 2.9 per 100,000 population

Benchmark:

1996 Hepatitis B Rate = 2.6 per 100,000 population

Background and Strategies:

Hepatitis B vaccine became available in the early 1980s. Prior to that time Alaska had among the highest rates in the country. Well-organized immunization efforts in the 1980s brought rates to very low levels. Unfortunately because of historically high disease rates, many persons who had Hepatitis B in the past are now suffering from associated disease like cancer of the liver and liver failure. Current immunization efforts must be maintained to keep from "turning back the clock".

Measure: Identify rate of child hospitalizations and fatalities related to injury*(Developed jointly with Legislature in FY2002.)***Current Status:**

Fatalities for children 0-19 in 1998 were:

Homicide	2.3/100,000
Suicide	8.4/100,000

Hospitalizations for Alaskan children 0-19 related to injury (non-fatal) in 1998 were:

Intentional injuries	83.3/100,000
Unintentional Injuries	410.4/100,000
Unintentional Injury	21.0/100,000

Benchmark:

Fatalities for children 0-19 in 1996 were:

Homicide	4.8/100,000
Suicide	9.2/100,000
Unintentional Injury	29.0/100,000

Child hospitalizations for children 0-19 related to injury in 1996 were:

Intentional injuries	82.6/100,000
Unintentional Injuries	416.8/100,000

Background and Strategies:

The Alaska Trauma Registry and Vital Statistics systems provide information on deaths and hospitalizations related to injury to children. The Division of Public Health has set targets for FY 2002 for reducing child hospitalizations related to injury to 74 per 100,000 due to intentional injuries and 375 per 100,000 due to unintentional injuries. The data provide very useful information for evaluating and refining child and adolescent injury prevention strategies. The

decreases in fatalities shown above between 1996 and 1998 suggest strong improvement in the effort to reduce unintentional injuries, homicides and suicides among children 0-19.

Measure: Decrease Rates of smoking by middle school students

(Not yet addressed by Legislature.)

Current Status:

In 1999, according to the YRBS data, 21% of middle school students reported smoking within the last 30 days. (Sample did not include Anchorage students)

Benchmark:

In 1995, according to the YRBS data, 25% of middle school students reported smoking within the last 30 days. (Statewide sample)

Background and Strategies:

According to information gleaned from the Youth Risk Behavior System (YRBS), between early 1995 and early 1999 there was a 7% decrease in overall current smoking for high school youth in Alaska. During this same period of time there was a 1% decrease in smokeless tobacco use. Plans are underway for the YRBS to be administered statewide in the spring of 2001. The new active parental consent law for surveys has increased significantly the burden on local school districts. The value of the YRBS data may be compromised as a result of the constraints that the new law imposes on districts.

The YRBS is a survey tool that in schools to a random sample of students in various grades. During the 1999 survey, the Anchorage School district did not participate in the survey, so the state 1995 to state 1999 comparisons listed above do not include Anchorage for 1999. We are continuing to do analysis to determine changes for the various age groups and will have additional data within the next six months. However, preliminary analysis indicates much larger increases for the younger children (i.e. 9th grade vs. 12th grade). Utilizing tobacco settlement dollars and other funds, in an on-going public-private partnership, the Department intends to intensify the effort to decrease smoking and use of smokeless tobacco by youth for the next several years. These efforts will include counter-marketing efforts, enforcement of laws prohibiting sales to minors etc. An increased focus will be related to the use of smokeless tobacco, since the decline in that area has been so minimal.

Measure: Decrease Rates of alcohol use among high school students

(Not yet addressed by Legislature.)

Current Status:

In 1999, according to YRBS data, 46.9 % of high school students reported having had at least one drink of alcohol in the past 30 days. 34.4% reported at least one binge drinking episode (five or more drinks in a row) in the past 30 days. (Anchorage students not included in the sample)

Benchmark:

In 1995, according to YRBS data, 47.5 % of high school students reported having had at least one drink of alcohol in the past 30 days. 31.3 % reported at least one binge drinking episode in the past 30 days. (Statewide sample)

Background and Strategies:

See explanation of the Youth Behavior Risk Survey (YRBS) provided under key indicator measure: "decrease rates of smoking by middle school students." The YRBS is the survey tool that provides information on this measure. If a sufficient and reliable sample of the state's high school students cannot be identified under the active parental consent requirement, the measurement of alcohol use among high school students may not be possible in the future, until another method can be devised. Efforts to reduce youth drinking are on going and varied.

Measure: Identify Life expectancy for all Alaskans by race

(Not yet addressed by Legislature.)

Current Status:

For 1998: Life expectancy at birth for all Alaskans = 75.4 years
Alaska Natives = 70.3 years

White = 76.2 years

Benchmark:

For 1996: Life expectancy at birth for all Alaskans = 74.5 years
 Alaska Natives = 69.3 years
 White = 75.4 years

Background and Strategies:

In the last three decades, dramatic increase in life expectancy has been realized by reducing infant mortality across Alaska. Fewer deaths due to infectious disease and injury among children and youth have also contributed to improvement in life expectancy. Continuing to improve birth outcomes, injury prevention, and prevention of chronic and infectious diseases will result in continuation of the trend toward longer life expectancy for the population as a whole, and for Alaska Natives in particular.

Measure: Decrease Teen birth rate, age 15-19

(Not yet addressed by Legislature.)

Current Status:

For 1998: 48.4 births per 1000 girls aged 15-19

Benchmark:

For 1996: 51.5 births per 1000 girls aged 15-19

Background and Strategies:

The teen birth rate has in 1998 reached the Healthy Alaskans 2000 goal of fewer than 50 per 1,000 girls aged 15-19, down from 66.2 in 1990. Activities to educate on the risks associated with unmarried and teen child bearing, together with increased access to reliable contraception may have influenced these numbers.

Measure: Decrease Teen suicide rate (per 100,000 aged 15-19 years)

(Not yet addressed by Legislature.)

Current Status:

For 1998: 37.0 per 100,000

Benchmark:

For 1996: 38.3 per 100,000

Background and Strategies:

Teen suicide continues to be a major concern in Alaska, being nearly four times the U.S. rate of 9.5 per 100,000 (the level for Alaskans of all ages is 23.7 in 1998, about twice the U.S. rate of 10.3). Numerous activities at the state and local level over the past several years have been directed specifically to identifying youth at risk and providing the individual and group education and intervention needed to help prevent/reduce teen suicides.

Measure: The percentage of families who are qualified for the services of the infant learning program who are enrolled in the program.

(Added by Legislature in FY2002 version.)

Current Status:

For FY2000, 84% of children qualified received EI/ILP services

Benchmark:

This is a new measure.

Background and Strategies:

1602 children were enrolled in the Infant Learning Program in FY2000 and there were 307 on the waitlist* for services as of June 30, 2000 for a total of 1909 eligible children.

*waitlist = children who are not eligible for Part C, who have been referred for screening, evaluation or enrollment in early intervention services and who have been waiting greater than 45 days for these services

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> • Increase the percentage of children that are fully immunized at age two. • Identify Rate of TB (Tuberculosis) cases by race • Identify Rate of Hepatitis A • Identify Rate of Hepatitis B • Identify Rate of child hospitalizations and fatalities related to injury • Decrease Rates of smoking by middle school students • Decrease Rates of alcohol use among high school students • Identify Life expectancy for all Alaskans by race • Decrease Teen birth rate, age 15-19 • Decrease Teen suicide rate (per 100,000 aged 15-19 years) 	 X X X X X 	 X X 	 X X X 		

State Health Services
BRU Financial Summary by Component

All dollars in thousands

	FY2000 Actuals				FY2001 Authorized				FY2002 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures												
None.												
Non-Formula Expenditures												
Nursing	8,205.2	600.7	5,203.5	14,009.4	8,344.9	1,032.4	5,668.3	15,045.6	9,899.9	1,032.1	5,597.4	16,529.4
Women, Infants and Children	0.0	16,111.6	2,932.5	19,044.1	0.0	16,842.2	3,700.0	20,542.2	0.0	16,842.2	3,700.0	20,542.2
Maternal, Child, & Family Hlth	1,903.5	7,266.6	1,591.4	10,761.5	1,728.0	9,322.0	2,171.1	13,221.1	1,835.9	9,160.8	2,123.7	13,120.4
Healthy Families	13.5	0.0	1,211.2	1,224.7	3.3	0.0	1,297.9	1,301.2	1.8	0.0	1,298.8	1,300.6
Public Health Admin Svcs	504.8	515.7	0.0	1,020.5	506.2	819.6	1.4	1,327.2	549.7	819.0	0.0	1,368.7
Epidemiology	2,012.5	4,556.2	355.6	6,924.3	2,062.7	5,302.8	475.2	7,840.7	2,938.8	5,260.9	367.6	8,567.3
Bureau of Vital Statistics	1,005.9	229.0	206.1	1,441.0	234.8	253.9	1,216.8	1,705.5	218.0	253.8	1,374.0	1,845.8
Health Info/System Support	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	34.3	405.5	439.8
Health Services/Medic aid	0.0	0.0	3,270.8	3,270.8	0.0	0.0	3,404.5	3,404.5	0.0	0.0	3,952.8	3,952.8
Community Health/EMS Services	742.8	2,676.9	339.3	3,759.0	855.8	4,594.8	335.8	5,786.4	865.8	16,344.4	330.2	17,540.4
Community Health Grants	1,225.2	144.1	0.0	1,369.3	1,225.2	350.0	0.0	1,575.2	1,225.2	350.0	0.0	1,575.2
Emergency Medical Svcs Grants	1,710.1	0.0	0.0	1,710.1	1,710.1	0.0	50.0	1,760.1	1,710.1	0.0	50.0	1,760.1
State Medical Examiner	1,018.2	0.0	0.0	1,018.2	1,174.6	0.0	11.5	1,186.1	1,234.4	0.0	0.0	1,234.4
Infant Learning Program Grants	4,721.9	0.0	0.4	4,722.3	4,721.9	0.0	1,030.7	5,752.6	5,421.9	0.0	330.7	5,752.6
Public Health Laboratories	2,159.8	432.0	364.0	2,955.8	2,442.3	454.6	494.2	3,391.1	3,248.4	605.2	479.9	4,333.5

	FY2000 Actuals				FY2001 Authorized				FY2002 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Radiological Health	83.6	104.8	0.0	188.4	138.8	148.9	0.7	288.4	0.0	0.0	0.0	0.0
Tobacco Prevention and Control	1,400.0	0.0	0.0	1,400.0	1,400.0	0.0	0.0	1,400.0	1,400.0	0.0	0.0	1,400.0
Totals	26,707.0	32,637.6	15,474.8	74,819.4	26,548.6	39,121.2	19,858.1	85,527.9	30,549.9	50,702.7	20,010.6	101,263.2

State Health Services

Proposed Changes in Levels of Service for FY2002

With increases in General Fund Receipts, the Division of Public Health will:

Increase the efficiency and effectiveness of the Yukon-Kuskokwim Public Health Nurses through procurement of adequate facilities to both deliver services in Bethel and support itinerant and administrative PHN activities in the region.

Increase the ability of the Public Health Nursing Program to prevent outbreaks of TB, STDs and other diseases when possible and to intervene when needed to identify infected persons, monitor their treatment and do appropriate patient education to control the spread of disease. This will be accomplished by increasing the number of public health nurses in selected areas with high need and providing them with the supplies and travel money needed to deliver services.

Increase the capacity of the new public health laboratory to meet demands for increased numbers and types of diagnostic and screening tests. An increasing population and additional tests such as one for Hepatitis C, added in 1999, are greatly increasing service needs. By adding two additional microbiologists and purchasing the additional test kits and supplies needed, turnaround time can be improved as well as overall volume capacity.

Increase the ability of the Section of Epidemiology to establish a statewide system of electronic disease surveillance for all reportable diseases, provide clinical expertise and support to public health staff in the field, collect and analyze health data being collected to improve service delivery and patient outcomes and increase the expertise and capacity related to partner notification and patient education for communicable diseases.

Increase the ability of the Division to monitor and study the impact of environmental contaminants on Alaskans and provide the information and education that will allow individuals and groups to make informed choices regarding consumption of fish, seafood and marine mammals.

Allow for full funding for maintaining the new Laboratory and SME facility in Anchorage and the new Kenai Health Center.

Allow the Division to maintain long term the Birth Defects Registry established with federal funding. This will enable the state to determine the incidence of various birth defects in order to plan services and also to monitor the effects of efforts to reduce the number of birth defects in newborns.

Enable the Infant Learning Program to eliminate the waitlist of infants and toddlers and ensure that all newly identified children are enrolled and receive services immediately after screening and identification of need.

Additionally, the Division will utilize additional funding from the Robert Wood Johnson Foundation to establish the Alaska Public Health Information System, lead a national effort to develop a model state public health law and participate in a national program to develop performance measurement tools for states and localities.

Additional and increased categorical federal grants will support more work in a number of specific public health areas.

State Health Services

Summary of BRU Budget Changes by Component

From FY2001 Authorized to FY2002 Governor

All dollars in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2001 Authorized	26,548.6	39,121.2	19,858.1	85,527.9

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
Adjustments which will continue current level of service:				
-Nursing	100.0	-0.3	-82.1	17.6
-Maternal, Child, & Family Hlth	107.9	-161.2	-77.4	-130.7
-Healthy Families	-1.5	0.0	0.9	-0.6
-Public Health Admin Svcs	43.5	-0.6	-1.4	41.5
-Epidemiology	17.1	-41.9	-107.6	-132.4
-Bureau of Vital Statistics	-16.8	-0.1	15.0	-1.9
-Health Info/System Support	0.0	34.3	405.5	439.8
-Health Services/Medicaid	0.0	0.0	-239.7	-239.7
-Community Health/EMS Services	10.0	-2.4	-5.6	2.0
-State Medical Examiner	9.8	0.0	-11.5	-1.7
-Infant Learning Program Grants	700.0	0.0	-700.0	0.0
-Public Health Laboratories	156.1	150.6	-14.3	292.4
-Radiological Health	-138.8	-148.9	-0.7	-288.4
Proposed budget increases:				
-Nursing	1,455.0	0.0	11.2	1,466.2
-Maternal, Child, & Family Hlth	0.0	0.0	30.0	30.0
-Epidemiology	859.0	0.0	0.0	859.0
-Bureau of Vital Statistics	0.0	0.0	142.2	142.2
-Health Services/Medicaid	0.0	0.0	788.0	788.0
-Community Health/EMS Services	0.0	11,752.0	0.0	11,752.0
-State Medical Examiner	50.0	0.0	0.0	50.0
-Public Health Laboratories	650.0	0.0	0.0	650.0
FY2002 Governor	30,549.9	50,702.7	20,010.6	101,263.2