

State of Alaska
FY2003 Governor's Operating Budget

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

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 overall good physical health and well-being, 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 FY2002 – 2003

Obtaining adequate immediate and long-term funding for response to incidents related to weapons of mass destruction with a focus on bio-terrorism.

Obtaining adequate long-term funding to support and 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.

Identify workforce development issues, including lower salaries when compared with similar agencies, to develop new strategies for improving recruitment, retention and support for qualified staff at all levels statewide.

Completing the strategic and action plans for improving health status of Alaskans, and coordinating implementation of the long-term state health plan with 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 Division efforts related to health care program and service delivery needs in rural areas.

Maintaining and enhancing relationships with 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.

Enhancing both revenue available and overall tobacco prevention and control efforts statewide to lessen the negative impact of tobacco use on all Alaskans.

Replacing the outdated information system in the public health labs and ensuring quality integrated information systems throughout the Division.

Major BRU Accomplishments in 2001

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. Conducted a major statewide immunization campaign to vaccinate all school children and those children attending day care to meet the new requirements. The campaign will continue until all children have completed the full series of immunizations for Hepatitis A, Hepatitis B, and HIB.

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. Completed the initial treatment phase on all identified cases and contacts of the large TB outbreak of Spring 2000. Careful surveillance and follow-up will be required to prevent reactivation of these cases in the next two to five years.

Opened the new Public Health Laboratories and State Medical Examiner Facility in Anchorage in January 2001.

Collected approximately \$20,000 for the Children's Trust Fund through the sale of heirloom birth certificates during FY 01.

Worked with partners statewide to prepare health status targets for planning purposes, to implement the Public Health Improvement program and to develop capacity to provide technical assistance to agencies and communities on health data issues, program evaluation and community health planning.

Continued the outreach and marketing effort, including engaging additional or new health care providers to serve the increased number of children and pregnant women enrolled in Denali Kid Care.

In partnership with the Office of FAS and with broad community participation, participated in the development of community assessment teams for FAS. DPH staff assisted with community grants development, public health nursing participation on teams, and facilitation of team development in some communities.

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 its impact on their families.

Worked with communities and Regional EMS groups to refine 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 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 eight 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). Four hospitals are 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, greatly increased the capacity of state, regional and local health agencies and organizations to communicate and collect and disseminate information. While this enhanced system increases 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.

Completed the move of the Kenai Public Health Nursing staff into the new Kenai Community Health Facility in 2001, as a result of a successful state-local partnership effort by the Kenai Peninsula Borough, City of Kenai, Central Peninsula Hospital, DHSS, and DPH.

Implemented the Heirloom Marriage Certificate program which provides certificates that are works of Alaskan artists and generates revenue for the Alaska Children's Trust.

Increased the documented Early Periodic Screening Diagnosis & Treatment (EPSDT) screening rate from 36% in the previous report year to 68% in the current report year.

Established the Health Information and System Support Unit to facilitate statewide health planning efforts and support local communities to develop action plans to enhance citizen well-being.

In partnership with local and state tribal groups, and other state and federal partners, completed and disseminated several studies geared towards documenting the impact on Alaskans of contaminants within the wild and traditional foods they consume.

Successfully challenged federal directives aimed at reducing/eliminating fish consumption citing data that proves fish in Alaska are safe to eat.

Assisted many rural communities in accessing on-going federal community health center grants to establish/enhance primary care in underserved areas.

Together with state and local partners supported legislation to establish the Tobacco Use Education and Cessation Fund under AS 37.05.580, which provides for 20% of the Master Settlement to be set aside. In partnership with other private and public partners, continued activities related to decreasing the morbidity and mortality of Alaskans related to tobacco through education, enforcement and cessation activities statewide.

Key Performance Measures for FY2003

Measure:

The percentage of two-year-old children in the state who are fully immunized
Sec 81(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The target by 2010 is 90% of all 2 year olds fully immunized.

The percentage of fully immunized 2-year-olds for calendar year 2000 was 77%.

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 75% of our two-year-old children have received their recommended vaccines. The Department successfully implemented the new daycare and school immunization requirements in the fall of 2001, vaccinating all school children against hepatitis A and hepatitis B and all daycare attendees against hemophilus influenza type b and chickenpox.

Measure:

The percentage of families who are qualified for the services of the infant learning program who are enrolled in the program
Sec 81(b)(2) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

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FY2003 Governor
Department of Health and Social Services

The target for the Early Intervention/Infant Learning Program (EI/ILP) is to eliminate the waitlist by July 1, 2002 and ensure that 100% of eligible or qualified children and families are enrolled in the program. In FY2001, 1737 children were enrolled in the Infant Learning Program and there were 329 children on the waitlist (point-in-time on 6/30/01) for services for a total of 2066 eligible children. During FY2001, 76% of children qualified for services received EI/ILP services during each quarter of FY2001. On 6/30/01, 329 children remained on the waitlist for EI/ILP services.

This was a new measure for FY2000, therefore historical data have not been reported. During FY2000, 1626 children were enrolled in services and 307 were on the waitlist* (point-in-time on 6/30/00) for a total of 1933 eligible children. The average quarterly percentage of eligible children enrolled in EI/ILP services was approximately 72% during each quarter of FY2000. The percentage of qualified children who were enrolled in EI/ILP during each quarter of FY2001 increased approximately 4% from 72% in FY2000 to 76% for each quarter of FY2001.

Background and Strategies:

Since FY1999, the three-year Early Intervention Enhancement and Improvement Opportunity (EIEIO) has enhanced the identification of rural children in need of EI/ILP services, increased services to enrolled children and families, and enhanced the infrastructure of the overall system in order to provide ongoing services to more children and families. A \$700.0 GF/MH increment to eliminate the waitlist* became available for FY2002 and has been disbursed to EI/ILP grantees across the state.

*Waitlist = children who have been referred for screening, evaluation and/or enrollment in EI/ILP services and who have not been enrolled within 45 days of their initial referral and are still waiting for these services. Children eligible for Part C should never be waitlisted. Waitlist data are collected and reported point-in-time each quarter and should not be compared to cumulative enrollment during a fiscal year.

Measure:

The rate of Tuberculosis cases by race and region
 Sec 81(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The 2010 target is 6.8 cases per 100,000 population.

Region	FY 2000 Rate per 100,000 Population	Cases
Anchorage/Mat-Su	11.7	37
Gulf Coast	6.8	5
Interior	7.1	7
Northern	76.3	18
Southeast	4.1	3
Southwest	98.8	38
TOTAL	17.4	108

The number of tuberculosis cases by race: Race for 108 cases – 11 white; 9 black; 71 Alaska Native; 17 Asian or Pacific Islander.

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 continual outbreaks. Significant new resources are needed to do the case finding, diagnostic tests and treatment follow-up required to keep the disease in check.

Measure:

The rate of child hospitalizations and fatalities related to injury
 Sec 81.(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The 2010 target is 9.9 injury fatalities per 100,000 0-19 year olds.

Rate of injury fatalities for children 0-19 in 1999 were: 31.7 per 100,000.

Rate of non-fatal injury hospitalizations for Alaskan children 0-19 in 1999 were: 534.8 per 100,000.

Fatalities for children 0-19 in 1996 were: 43 per 100,000

Homicide	4.8
Suicide	9.2
Unintentional Injury	29.0

Child hospitalizations for children 0-19 related to injury in 1996 were: 499.4 per 100,000.

Intentional injuries	82.6
Unintentional Injures	416.8

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. Efforts geared towards putting smoke alarms in every home, having children wear bike helmets, ensuring proper and continual use of car seats and other educational campaigns have likely reduced child fatalities due to injury.

Measure:

The rate of hepatitis C cases
 Sec 81(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

No 2010 targets have been established, since reporting has not been in place long enough to determine a benchmark.

The number of hepatitis C cases in 2000 is 870 case reports from Labs. These tests reflect both newly infected and those who have been infected for some time but are being tested for the first time - so the numbers cannot be used to determine current infection rates.

Reports of positive hepatitis C laboratory tests:

Number of Positive Hepatitis C Laboratory Tests Reported			
Year	Number of Positive Tests	Ak Population	# positive tests/100,000 population
1996*	245	605,212	40.5
1997	570	609,655	93.5
1998	1003	617,082	162.5
1999	1196	622,000	192.3
2000	870	626,932	138.8

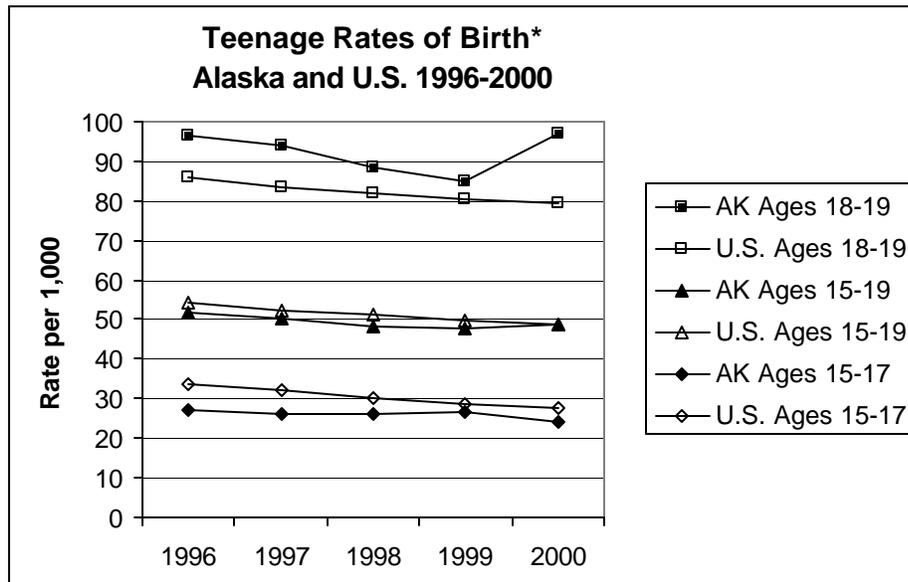
* 1996 was 1st reporting year

Measure:

The rate of unmarried and married teen births
Sec 81(b)(6) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The 2010 target for births to young teens is 18 per 1,000 girls ages 15-17. This target is changed from all teens (through age 19) to just those 15-17 to reflect that many 18 and 19 year olds are married and may have planned the pregnancy.



Source: Alaska Bureau of Vital Statistics
Rates are per 1,000 females in the stated age group.

Teen Birth Rates: Alaska and U.S., 1996-2000

- From 1996 to 2000, the birth rate of Alaska females ages 15-19 declined by 5.5% (from 51.6 per 1,000 to 48.8 per 1,000). Over the same period, the U.S. birth rate of females ages 15-19 declined by 10.5% (from 54.4 per 1,000 to 48.7 per 1,000).
- The birth rate for Alaska females ages 15-17 fell by over 10 percent (from 26.9 in 1996 to 24.1 in 2000), while the rate for those ages 18-19 was essentially unchanged from 1996 to 2000. Over the same period, the U.S. birth rate for females ages 15-17 fell by 18.6% (from 33.8 to 27.5) and the rate for 18-19 year-olds fell by 7.6%.
- Although Alaska's birth rate for 15-17 year-old teens did not fall as steeply as the U.S. rate, it remained below the U.S. rate throughout the five-year period (1996-2000). On the other hand, Alaska's birth rate for those ages 18-19 was higher than the national rate throughout the same period.
- The birth rate for Alaska's 18- to 19-year-old age group had steadily declined between 1996 and 1999 (from 96.4 to 85.0). About half of the increase in the birth rate in year 2000 for this group is likely due to systemic overestimation of the population in this age group during the years between the 1990 and 2000 U.S. Census.
- The percentage of Alaskan mothers ages 15-19 that were unmarried increased from about 77 percent in 1996 to just over 79 percent in 2000. Nationally the percent of unwed teen mothers increased from about 76 percent in 1996 to just under 79 percent in 2000.

Background and Strategies:

The teen birth rate 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:

The rate of new cases of sexually transmitted diseases
Sec 81(b)(7) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

1. Chlamydia: Reduce the chlamydia rate to 114 cases per 100,000 by FY 2010.

Year	Rate per 100,000
2000	413
1999	304

Based on current data, the 2001 rate will be higher than the 2000 rate.

2. Gonorrhea: Reduce the gonorrhea rate to 19 cases per 100,000 by FY 2010.

Year	Rate per 100,000
2000	58
1999	49

Based on current data, the 2001 rate will be higher than the 2000 rate.

3. HIV: Reduce the mean annual rate of new Alaska AIDS cases to fewer than 1.0 per 100,000 per year for the period from 2005-2010. The mean annual rate of new Alaska AIDS cases diagnosed from 1996-2000 was 4.4 cases per 100,000 population.

Benchmark Comparisons:

The U.S. chlamydia rate in 2000 was 257.5 cases per 100,000 population. Chlamydia rates for 2000 in Washington, Oregon, Montana and Idaho were 227.0, 214.3, 166.4, and 152.4 per 1000,000, respectively.

The U.S. gonorrhea rate in 2000 was 131.6 cases per 100,000 population. Gonorrhea rates for 2000 in Washington, Oregon, Montana and Idaho were 42.0, 31.3, 6.8, and 7.8 per 100,000, respectively.

AIDS case rates for 2000 for the U.S. as a whole, Washington, and Oregon were 14.4, 8.7, and 6.1 cases per 100,000 population, respectively. Five-year mean annual AIDS case rates would be the most comparable measures for the low prevalence states of Idaho and Montana, but are not available.

Background and Strategies:

Targeted screening and increased disease investigation activities have actually increased the total numbers of STD cases diagnosed. These activities effectively identify infected individuals with no symptoms and also identify and treat exposed individuals before they develop symptoms or further transmit infection. Case numbers are expected to decline over time as these activities reduce the reservoir of infected individuals in the population.

HIV disease investigation activities work with HIV-infected persons to notify their partners of their exposure to HIV and offer them HIV counseling and testing. A small number of individuals are newly diagnosed each year and assisted to access care. Uninfected individuals who have been exposed to HIV are counseled about preventing future infection.

Measure:

Identify Rate of Hepatitis A

Alaska's Target & Progress:

There is no 2010 target for Hepatitis A .

2000 Alaska Hepatitis A Rate = 2.1 per 100,000 (13 cases)

Benchmark Comparisons:

1996 Hepatitis A Rate per 100,000 population = 8.6 per 100,000 (53 cases)

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

Alaska's Target & Progress:

There is no 2010 target for Hepatitis B.

2000 Hepatitis B Rate = 2.1 per 100,000 population (13 cases)

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:

Decrease Rates of smoking by middle school students

Alaska's Target & Progress:

The 2010 target is no more than 11% of middle school students will report having smoked in the past 30 days.

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)

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. The new active parental consent law for surveys increased significantly the burden on local school districts. The value of the YRBS data has been compromised as a result of the constraints that the new law imposes on districts and thus no valid data is available for 2000.

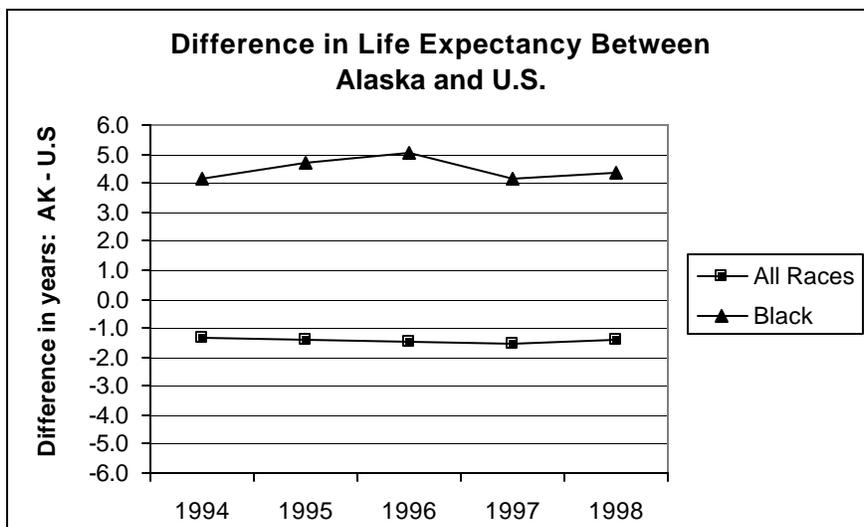
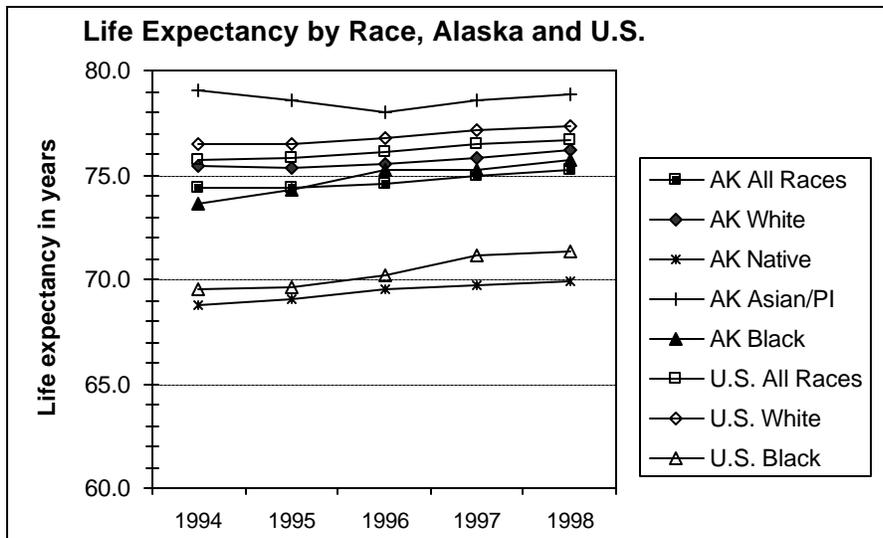
The YRBS is a survey tool administered in schools to a random sample of students in various grades. During the 1999 survey, the Anchorage School district did not participate in the survey, so the state 1995 to state 1999 comparisons listed above do not include Anchorage for 1999. Utilizing tobacco settlement 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:

Identify Life expectancy for all Alaskans by race

Alaska's Target & Progress:

The 2010 target is to eliminate disparities by bringing all races to the highest level currently documented.



Source: Alaska Bureau of Vital Statistics and National Center for Health Statistics. Data for Alaska is based on a 3-year average with the years indicated at the bottom of the chart representing the middle year of each three-year period.

Life Expectancy, Alaska and U.S.

- The life expectancy of Alaskans at birth rose by one year, from a three-year average of 74.3 years for 1993-1995 to 75.3 years for 1997-1999. At the national level, life expectancy rose by 1.2 years, from 75.5 in 1994 to 76.7 in 1998.
- Asians/Pacific Islanders had the highest life expectancy (three-year average of 78.8 years for 1997-1999), followed by Whites (76.2), Blacks (75.7), and Alaska Natives (69.9). Life expectancy in Alaska increased for all races other than Asian/Pacific Islander.

- The gap between the races with the highest life expectancy (Asian/Pacific Islanders) and the lowest life expectancy (Alaska Natives) narrowed from 10.3 years (1993-1995) to 9.0 years (1997-1999). The life expectancy gap between Alaska Whites and Alaska Natives narrowed slightly, from 6.7 years to 6.3 years.
- The life expectancy of all Alaskans at birth (based on three-year average of 1997-1999) was about 1.4 years lower than the U.S. life expectancy (in 1998), while Alaskan Blacks had a life expectancy 4.4 years higher than the U.S. life expectancy for Blacks.

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.

State Health Services
BRU Financial Summary by Component

All dollars in thousands

	FY2001 Actuals				FY2002 Authorized				FY2003 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	8,488.6	907.9	6,015.9	15,412.4	9,949.5	1,043.9	5,795.8	16,789.2	10,571.2	1,258.7	7,866.1	19,696.0
Women, Infants and Children	0.0	16,842.2	3,083.1	19,925.3	0.0	16,842.2	3,700.0	20,542.2	78.4	18,042.2	3,700.0	21,820.6
Maternal, Child, & Family Hlth	1,759.6	8,651.7	1,885.4	12,296.7	1,685.9	9,310.8	2,123.7	13,120.4	1,998.5	9,267.2	4,507.8	15,773.5
Healthy Families	1.8	0.0	1,227.2	1,229.0	1.8	0.0	1,298.8	1,300.6	1.8	33.1	1,305.7	1,340.6
Public Health Admin Svcs	640.9	658.2	2.1	1,301.2	549.7	819.0	0.0	1,368.7	520.0	795.5	402.8	1,718.3
Epidemiology	2,028.1	5,887.8	391.0	8,306.9	2,299.8	8,510.9	367.6	11,178.3	2,549.2	8,615.4	477.6	11,642.2
Bureau of Vital Statistics	46.7	276.4	1,203.2	1,526.3	218.0	253.8	1,374.0	1,845.8	224.8	297.8	1,412.7	1,935.3
Health Info/System Support	0.0	0.0	0.0	0.0	0.0	34.3	405.5	439.8	90.0	172.4	520.1	782.5
Health Services/Medicaid	115.8	116.3	2,974.8	3,206.9	0.0	0.0	3,952.8	3,952.8	0.0	0.0	0.0	0.0
Community Health/EMS Services	688.3	3,807.0	368.2	4,863.5	1,353.7	16,344.4	330.2	18,028.3	931.8	15,959.3	1,007.9	17,899.0
Community Health Grants	1,204.2	117.7	0.0	1,321.9	4,763.5	350.0	0.0	5,113.5	1,225.2	350.0	0.0	1,575.2
Emergency Medical Svcs Grants	1,710.1	0.0	0.0	1,710.1	2,043.1	0.0	50.0	2,093.1	2,043.1	0.0	50.0	2,093.1
State Medical Examiner	1,009.0	0.0	17.6	1,026.6	1,234.4	0.0	0.0	1,234.4	1,267.4	0.0	0.0	1,267.4
Infant Learning Program Grants	4,721.8	0.0	10.0	4,731.8	5,421.9	0.0	330.7	5,752.6	5,621.9	0.0	330.7	5,952.6

	FY2001 Actuals				FY2002 Authorized				FY2003 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
Public Health Laboratories	2,408.3	522.0	395.2	3,325.5	3,013.4	605.2	479.9	4,098.5	3,088.9	701.1	579.9	4,369.9
Radiological Health	84.2	131.9	3.0	219.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tobacco Prevention and Control	1,400.0	0.0	0.0	1,400.0	0.0	0.0	2,512.1	2,512.1	0.0	0.0	6,636.0	6,636.0
Totals	26,307.4	37,919.1	17,576.7	81,803.2	32,534.7	54,114.5	22,721.1	109,370.3	30,212.2	55,492.7	28,797.3	114,502.2

State Health Services

Proposed Changes in Levels of Service for FY2003

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 public health 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 higher disease burdens and providing them with the supplies and travel money needed to deliver services.

Continue the efforts to keep all Alaska's children protected against vaccine preventable diseases by sustaining high levels of protection (goal of 90% of children birth thru 2 years) among young children and full compliance with school and day care requirements for immunizations of older children.

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 contact and 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 Kenai Public 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 order to plan services and to monitor the effects of efforts to reduce the number of birth defects in newborns.

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.

The bioterrorism events since September have shown that the Division's capacity to identify, respond to, and control a bioterrorism event is seriously compromised. We need to increase our capacity to establish disease surveillance, conduct field investigations, link effectively to law enforcement agencies, provide rapid laboratory identification of pathogens, and communicate critical information to medical providers and the public. Additional state funds are urgently needed to support these important functions.

State Health Services
Summary of BRU Budget Changes by Component
From FY2002 Authorized to FY2003 Governor

All dollars in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2002 Authorized	32,534.7	54,114.5	22,721.1	109,370.3
Adjustments which will continue current level of service:				
-Nursing	217.4	214.8	1,408.8	1,841.0
-Maternal, Child, & Family Hlth	212.6	-43.6	2,084.1	2,253.1
-Healthy Families	0.0	33.1	6.9	40.0
-Public Health Admin Svcs	-29.7	-23.5	402.8	349.6
-Epidemiology	49.4	104.5	0.0	153.9
-Bureau of Vital Statistics	6.8	44.0	38.7	89.5
-Health Info/System Support	0.0	138.1	114.6	252.7
-Health Services/Medicaid	0.0	0.0	-3,952.8	-3,952.8
-Community Health/EMS Services	-471.9	-385.1	577.7	-279.3
-Community Health Grants	-3,538.3	0.0	0.0	-3,538.3
-State Medical Examiner	33.0	0.0	0.0	33.0
-Public Health Laboratories	75.5	95.9	100.0	271.4
Proposed budget increases:				
-Nursing	404.3	0.0	661.5	1,065.8
-Women, Infants and Children	78.4	1,200.0	0.0	1,278.4
-Maternal, Child, & Family Hlth	100.0	0.0	300.0	400.0
-Epidemiology	200.0	0.0	110.0	310.0
-Health Info/System Support	90.0	0.0	0.0	90.0
-Community Health/EMS Services	50.0	0.0	100.0	150.0
-Infant Learning Program Grants	200.0	0.0	0.0	200.0
-Tobacco Prevention and Control	0.0	0.0	4,123.9	4,123.9
FY2003 Governor	30,212.2	55,492.7	28,797.3	114,502.2