

State of Alaska FY2003 Governor's Operating Budget

Department of Health and Social Services Nursing Component Budget Summary

Component: Nursing

Contact: Janet Clarke, Director, Administrative Services

Tel: (907) 465-1630 **Fax:** (907) 465-2499 **E-mail:** janet_clarke@health.state.ak.us

Component Mission

To provide statewide professional public health nursing services to Alaskans – particularly very young children, medically under-served pregnant women and the elderly – in a manner that maintains dignity, promotes self-reliance and supports community integrity, in order to enable individuals, families and communities to be healthy and productive.

Component Services Provided

The public health nursing program provides a major portion of the Division of Public Health's service delivery for disease prevention and protection, health promotion, and health assessments. Public health nurses are the public health "safety net" throughout Alaska. Direct services are provided through four regional offices, nineteen Public Health Centers and Itinerant Public Health Nurse visits to over 250 communities. Four areas (Norton Sound, Maniilaq/Kotzebue, North Slope Borough, and Municipality of Anchorage) are supported through grantee/contract funding and technical assistance to assure that public health nursing services are available statewide.

Services provided to prevent and control communicable diseases such as tuberculosis (TB), Hepatitis A/B/C, HIV, sexually transmitted infections, and food-borne and water-borne diseases include immunizations, clinical screening and testing, specimen collection, contact investigation, counseling and education, surveillance, follow-up, medication therapy, directly observed therapy (DOT) and participation in epidemiological investigations of diseases or exposures to environmental hazards. Services targeted toward children and young families include child health outreach and screening, well child and HeadStart exams, screening and referral, health tracking for children in foster care, health consultation to child care providers, WIC and Infant Learning Program referrals, support for families in the Children with Special Needs Programs via case management and coordination of medical specialty clinics, school screening, hearing and vision testing, parenting education, family planning services, prenatal screening and monitoring, and newborn home visits. Services aimed at adults include chronic disease prevention and education, influenza and other adult immunizations, and senior citizen clinics.

Public Health Nursing provides a wide range of public health services to communities and groups at risk of public health problems. Public Health Nursing supports communities in identifying health concerns and in organizing community response to those concerns by bringing together people and agencies interested in the problem, and by connecting the community group with resources and people who can assist them. Examples of this community work include immunization coalitions, domestic violence support services, youth asset groups, interagency work groups, health education efforts, community health and local emergency or disaster planning.

Component Goals and Strategies

The Nursing component has a Long-Range Plan for Public Health Nursing with ten major goals to improve the health of Alaskans. The Section of Nursing, working under goals and strategies of this long-range plan, provides a wide variety of disease prevention and protection, health promotion, and health assessment services. The ten broad goal categories are Infectious Diseases, Family and Individual Health, Violence and Injury, Non-Infectious Diseases, Community Health, Health Data Assessment, Quality Improvement and Assurance, Health Policy Development, Health Resources, and Nursing Services Administration.

Public health nurses working at the regional and local community level help reduce health care costs through early detection and prevention of health problems. The blend of nursing skills with broad-based public health knowledge and experience provides communities and villages with direct clinical services, health consultation, information and referral assistance, and assistance in crafting solutions to local health problems and concerns. Public health nurses in Alaska provide professional public health services at the regional, community and village levels that are similar to the services provided by local health departments in other states. They provide a public health liaison to resources that are needed to solve problems outside their level of expertise. They provide community support for other public health resources to

address local concerns such as safe water and sanitation, environmental exposures and hazards, natural disaster preparation and response, and as most recently demonstrated, issues around bioterrorist threats and attacks. Public health nurses participate in Local Emergency Planning Councils (LEPC) serving as public health consultants in disaster response planning. They serve as a prepared public health responder at the community level to address new threats such as the anthrax scares and other potential bioterrorist acts. They facilitate the local community response to the human health issues resulting from such emergency and terrorist events.

Public Health Nursing will continue to work closely with local providers, hospitals, tribal organizations and other allied health and human service agencies to improve access to health care for all Alaskans. Goals for FY 03 include continuing to implement a system of clinical telehealth applications and training. This will improve access to health care through the collaborative development of sustainable telehealth systems with the Alaska Federal Partnership of Department of Defense, Veterans Administration, US Coast Guard, Indian Health Services, Alaska Native Tribal Health Consortium, and State Public Health Nursing. Through active participation in the Bioterrorism Preparedness effort Public Health Nursing will continue to work toward improving communications and information resources at the local level across the state. In collaboration with other components, departments, and emergency preparedness agencies we will strengthen the recently established Public Health Alert Network in order to assure Alaska's readiness and response for biological or chemical events that could threaten the health of Alaskans.

Key Component Issues for FY2002 – 2003

Disease control efforts

- Immunizations for children and youth and adults at risk
- Increased public health service demands of a growing Alaskan population
- Child health services and outreach
- Improving access to health services for children and families
- Adequate public health facilities to serve the public
-

As was true in FY 01, the most pressing and important issue facing Public Health Nursing this year is the increasing demands for disease control services to Alaska's growing population. If we are to have the level of public health services necessary to protect Alaskans across our state against preventable diseases, there is a need to assure an adequate frontline Public Health Nursing workforce. Public Health Nurses are the foot soldiers of Alaska's public health system. There is a need for more direct service workers to assure an adequate public health response to public health threats. The most basic and mandated responsibility of the Division is to protect the public's health. Disease control is central to delivering on that responsibility.

Alaska had unusually high numbers of active tuberculosis cases in FY00-01 with many additional people infected by those active cases. While the very demanding initial phase of Directly Observed Therapy for the large tuberculosis outbreak of Spring 2000 is completed, there is a need for careful and consistent follow-up of all the active cases and those who were infected in that large outbreak. This increased surveillance and follow-up will extend for the two to five years they are at greatest risk for reactivation. This careful follow-up is particularly critical since so many of those with active disease or infected by contact were children. Along with soaring numbers of positive Chlamydia tests being reported now, increased requirements for childhood immunizations, emerging diseases such as Hepatitis C, and increasing concerns for human health impacts from environmental hazards and exposures, the demands for public health nursing services in disease control have exceeded our resources in staff and supplies. With each resurgence of old problems like tuberculosis, or new problems like Hepatitis C and the need to carry out important contact follow-up for HIV and Chlamydia, some other public health service for Alaskans must be deferred or delayed. This is a formula for losing the gains we have made in childhood immunizations and child health, and losing ground on improving the health of Alaskans.

Meeting the demands of the high number of active tuberculosis cases in the public health nursing caseloads has eroded the time Public Health Nurses can spend in other critical service areas like childhood immunizations and sexually transmitted disease screening and treatment. The difficult work of tracking contacts (those who have been exposed) so they may be informed, screened and treated is the most basic public health protection against disease spreading to more people. The contact tracing takes time and skilled staffs to locate, educate, and bring those exposed into treatment. Failure to do contact tracing and treatment allows diseases to continue silently among our citizens, sometime causing lifetime consequences and serious threats to health. Some staffing improvements in FY 02 that will improve disease control efforts have occurred as a result of partial funding of the Back to Basics Disease Control

Initiative. The improvements include placing a Public Health Nurse in Cordova to improve public health services in the Gulf Coast area. (Cordova, area villages and Yakutat)

Meeting the demands of additional new childhood vaccines (Prevnar for pneumococcal disease in children) and new regulations for schools and day cares (Hepatitis A and Hepatitis B, HIB and Varicella) required nurses to provide an immunization campaign effort to have school children immunized before the school exclusion date of September 2001. The HepA/HepB series requires a 6-month time frame to complete, so efforts begun in FY 01 will continue throughout the year to vaccinate all school age children and those children attending child care facilities.

Alaska's continued population growth has given us areas of the state that are well below the minimum public health staffing levels necessary to accomplish disease control. Without local public health nursing staff to do the disease screening, treatment, contact tracing and follow-up, and immunizations needed, these areas suffer from low immunization levels, inadequate protection from and response to communicable diseases, and an inability to assist local physicians and clinics with the public health field work and consultation necessary for proper disease control. Adequate public health nursing staff to respond in a timely way to requests for services are central and basic to the disease control and health protection expected from public health.

There is a continuing critical need to obtain an adequate facility for the Yukon-Kuskokwim area public health nursing services in Bethel. Currently 22 staff at the Bethel Public Health Clinic operates out of 3600 square feet, augmented by two on-site freezer vans for storage. There are no sinks in the clinic exam rooms that also serve as offices for nursing staff. The building is not up to code for handicapped access or for use as a clinic. This crisis situation was precipitated by the eviction of Public Health Nursing staff from previous health clinic space in May 2000, and the lack of construction funding to build a suitable public health clinic. Current efforts are underway with partial year funding to obtain a leased facility built to meet clinical facility standards. No such facility exists today in Bethel, and therefore something must be built or remodeled for a lease. In order to meet the financial requirements for this leased facility adequate full year funding is essential. The lease option was selected, as construction of a state facility was not a viable option.

The Juneau Public Health Center will solve the fire alarm system problems in FY 02, and will complete the design and specifications for the replacement of the HVAC system this year. FY 03 funding will be needed to make the necessary HVAC improvements to provide adequate heating and ventilation for this clinic facility before a crisis repair is required when the aging heat pumps fail entirely.

Implementation of the Needle Stick Bill (CS-SB 261; AS 18.60.880-890) was required as of January 1, 2001. The costs of expendable supplies for immunizations and blood drawing will increase at least five-fold when annualized for the year in FY 02. Requirements for product evaluation procedures have created initial costs in FY01-02 to obtain supplies for product evaluations and to implement this statute. Purchase of safer needle technology has been slow and limited due to lack of funding for full implementation. Full implementation of needle-less injection technology and protective needle and syringe mechanisms for the many immunizations provided is projected for January 2002, when training can be completed and all public health centers can be supplied and equipped for the remainder of FY 02.

Safeguarding public health nurses who provide year-round services traveling across Alaska is a continued focus. In FY 02 most old (1983-1991) vehicles will be replaced through DOT State Equipment Fleet replacement procedures to provide four-wheel drive vehicles for those staff that must drive Alaska highways in all seasons to provide health services to communities. The goal of providing cellular or radiophones for nurses who travel to remote areas to provide health services continues is a safeguard we should be providing.

Major Component Accomplishments in 2001

(Service data is from FY01 Resources Patient Management System Interim FY01 Reports 10/01)

Public Health Nurses provided over 143,200 health care visits to over 75,416 patients.

Public Health Nurses administered 111,455 doses of vaccine.

Public Health Nurses gave 30,204 tests for TB.

Public Health Nurses served 44,697 children and youth (birth-19 years).

Provided 3939 Pap Smears for detection of cervical cancer in Alaskan women.

Provided 4293 visits to 2660 patients for Sexually Transmitted Diseases.

Provided 2718 visits for HIV/AIDS services including blood testing for 1683 patients.

Improved training and planning for public health nurse consultation to child care providers.

Sustained high levels of childhood immunizations in the birth to three years group.

Continued progress with federal agency partnerships to bring telehealth clinical services to all public health centers by the end of FY 02, resulting in improved technology and communications for all public health centers.

Completion of the joint Kenai Public Health and Hospital building (occupied in July 2001), a joint effort between the City of Kenai, the Kenai Peninsula Borough, Central Kenai Hospital and the Department of Health and Social Services/Division of Public Health/Nursing Component.

Statutory and Regulatory Authority

AS 8.68	Nursing
AS 9.25.120	Public Records
AS 9.65.090, 095, 100	Actions, Immunities, Defenses and Duties
AS 14.30.065 - 125, 191, 231	Physical Examinations & Screening Examinations
AS 18.05.010 - 040	Administration of Public Health and Related Laws
AS 18.08.035, 086	Emergency Medical Services
AS 18.15	Disease Control
AS 18.23.010, 310	Health Care Services Information & Review Organizations
AS 18.50.160, 230, 240	Vital Statistics Act
AS 18.60.880-890	Health Care Protections (Needle stick and sharp injury protections)
AS 25.20.025	Examination and Treatment of Minors
AS 44.29.020, 022	Department of Health & Social Services
AS 47.7.010 - 030	Medical Assistance for Needy Persons
AS 47.17	Child Protection
AS 47.24.900	Protection for Vulnerable Adults
4 AAC 06.055, 090	Immunizations
7 AAC 26.280, 390, 710	Emergency Medical Services
7 AAC 27	Control of Communicable Diseases in Man
7 AAC 43	Medical Assistance
7 AAC 50.450, 455	Health in Facilities
7 AAC 80	Fees for Department Services
12 AAC 2.280	Board of Nursing
12 AAC 44	Advanced Nurse Practitioner
18 AAC 31.300	Disease Transmission

Nursing
Component Financial Summary

All dollars in thousands

	FY2001 Actuals	FY2002 Authorized	FY2003 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	11,654.4	12,466.1	14,085.9
72000 Travel	613.0	605.3	617.7
73000 Contractual	1,523.0	1,707.8	2,941.0
74000 Supplies	349.7	420.3	411.7
75000 Equipment	124.4	329.2	329.2
76000 Land/Buildings	0.0	0.0	0.0
77000 Grants, Claims	1,147.9	1,260.5	1,310.5
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	15,412.4	16,789.2	19,696.0
Funding Sources:			
1002 Federal Receipts	907.9	1,043.9	1,258.7
1004 General Fund Receipts	8,369.0	9,841.0	10,459.1
1005 General Fund/Program Receipts	119.6	108.5	112.1
1007 Inter-Agency Receipts	5,833.4	5,545.8	7,616.1
1053 Investment Loss Trust Fund	45.8	0.0	0.0
1108 Statutory Designated Program Receipts	136.7	250.0	250.0
Funding Totals	15,412.4	16,789.2	19,696.0

Estimated Revenue Collections

Description	Master Revenue Account	FY2001 Actuals	FY2002 Authorized	FY2002 Cash Estimate	FY2003 Governor	FY2004 Forecast
Unrestricted Revenues						
None.		0.0	0.0	0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0	0.0	0.0
Restricted Revenues						
Federal Receipts	51010	907.9	1,043.9	1,043.9	1,258.7	1,258.7
Interagency Receipts	51015	5,833.4	5,545.8	5,545.8	7,616.1	7,616.1
General Fund Program Receipts	51060	119.6	108.5	108.5	112.1	112.1
Statutory Designated Program Receipts	51063	136.7	250.0	250.0	250.0	250.0
Investment Loss Trust Fund	51393	45.8	0.0	0.0	0.0	0.0
Restricted Total		7,043.4	6,948.2	6,948.2	9,236.9	9,236.9
Total Estimated Revenues		7,043.4	6,948.2	6,948.2	9,236.9	9,236.9

Nursing

Proposed Changes in Levels of Service for FY2003

The public health nursing program continues to have many unmet funding needs, this in turn means that many public health functions go undone. The result of receiving the increments being requested will mean increased health and well-being for many individuals and communities.

The \$486.0 increment to pay for the increased lease costs that will be assessed once a build-to-suit rental facility is found to house the Bethel and Itinerant Public Health Nursing Programs in Bethel, will provide adequate office and clinical space for the nurses to do their documentation and serve clients. The current space is inadequate in size and does not meet clinical standards such as having a sink in the room. Clients will be better served and staff retention and recruitment will likely improve once adequate work areas are available.

The \$579.0 increment for the Health Passport Project will fund the expansion of the successful model of having a nurse oversee the health management of foster children in Anchorage to all regions of the state. Seven additional regional health passport nurses will ensure that foster children get the care they need no matter where they live in the state and whether they remain in one placement or not; regardless of whether the foster parents have the skills and abilities to seek out and access the care the children need. National reports consistently spotlight the low level of health care generally made available to children in foster care. This project greatly increases the likelihood that these children will receive consistent and needed care.

The \$790.0 increment for Medicaid I/A funds reflects the increased amount of time that public health nurses spend delivering care to Medicaid eligible adults and children. While every effort is made to have Medicaid individuals seen by the private and Native health care systems, the PHNs are the safety net and serve children without other access to providers. More children will receive the screening and referral to services they need when this additional funding is made available.

The \$450.0 Homeland Security increment really is a double-duty increment. It increases the amount of nurses that are available to respond at the local level should a bioterrorism event occur and simultaneously provides more capacity to do the routine disease control work that is needed to keep TB and other such diseases under control. This amount is less than the amount not funded in the Back to Basics request from last year. The basic needs remain the same and now have the overlay of a more likely threat from a terrorist event.

The \$134.0 Back to Basics Bioterrorism increment will fund two positions to work full time making sure that the public health nursing program is trained and fully oriented to respond to any weapons of mass destruction event. These positions will coordinate with other entities, respond to training and other information needs, evaluate efforts and make recommendations for improvement at all levels within the Section.

Summary of Component Budget Changes

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	9,949.5	1,043.9	5,795.8	16,789.2
Adjustments which will continue current level of service:				

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
-Year 3 Labor Costs - Net Change from FY2002	217.4	20.8	156.4	394.6
-Transfer position from Public Health Administrative Services	0.0	194.0	0.0	194.0
-Transfer from Health Services/Medicaid Reorganization	0.0	0.0	790.0	790.0
-Transfer from Hlth Svcs/Medicaid as part of reorganization ADN 0620002	0.0	0.0	462.4	462.4
Proposed budget increases:				
-Bethel Public Health Facility Annualize leasing costs	259.2	0.0	226.8	486.0
-Child Protection: Health Passport Program Nurses	145.1	0.0	434.7	579.8
FY2003 Governor	10,571.2	1,258.7	7,866.1	19,696.0

Nursing

Personal Services Information

	Authorized Positions		Personal Services Costs	
	<u>FY2002</u> <u>Authorized</u>	<u>FY2003</u> <u>Governor</u>		
Full-time	182	200	Annual Salaries	11,047,337
Part-time	13	17	COLA	244,660
Nonpermanent	0	0	Premium Pay	3,173
			Annual Benefits	3,771,136
			<i>Less 6.51% Vacancy Factor</i>	(980,406)
			Lump Sum Premium Pay	0
Totals	195	217	Total Personal Services	14,085,900

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Administrative Assistant	2	1	1	0	4
Administrative Clerk II	1	4	8	11	24
Administrative Clerk III	4	5	2	22	33
Administrative Manager I	0	0	0	1	1
Administrative Manager III	0	0	1	0	1
Administrative Supervisor	0	1	1	3	5
Analyst/Programmer IV	3	0	0	0	3
Asst Chief Pub Health Nursing	1	0	1	0	2
Chief, Public Health Nursing	0	0	1	0	1
Enviro Services Journey I	0	0	0	1	1
Health Practitioner I	2	2	2	3	9
Health Program Mgr III	1	0	0	0	1
Medical Officer	0	0	1	0	1
Micro/Network Tech II	1	1	1	0	3
Nurse II	0	0	1	2	3
Public Health Nurse Aide	0	4	3	5	12
Public Health Nurse I	0	2	0	8	10
Public Health Nurse II	1	12	5	18	36
Public Health Nurse III	5	8	3	34	50
Public Health Nurse IV	2	2	1	4	9
Public Health Nurse V	2	1	1	0	4
Public Health Spec II	3	0	1	0	4
Totals	28	43	34	112	217