

State of Alaska FY2006 Governor's Operating Budget

Department of Health and Social Services Public Health Results Delivery Unit Budget Summary

Public Health Results Delivery Unit

Contribution to Department's Mission

The mission of the Division of Public Health is to protect and promote the health of Alaskans.

Core Services

The Division of Public Health core services are:

- Prevention and control of epidemics and the spread of infectious disease;
- Prevention and control of injuries;
- Prevention and control of chronic disease and disability;
- Preparation for and response to disasters (natural disasters and terrorist attack);
- Assurance of access to early preventive services and quality health care;
- Protection of the population against environmental hazards that impact human health; and
- Ensuring effective and efficient management and administration of public health programs and services.

These services are primarily population-based and focused on achieving and preserving the health and well-being of entire communities and populations. 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 postmortem examinations. The Division uses these data and other scientific information and expertise to develop sound policy and deliver disease control and health promotion services to protect and improve the health of Alaskans.

The Division helps achieve public health goals by assuring public health services are available by encouraging, supporting and sometimes requiring their development by others, and by providing services directly when unavailable from other providers. Staff also conduct disease surveillance and investigation and provide 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, and mobilizing and supporting community action to reduce health risks. Outreach activities are conducted to link high-risk and disadvantaged people to needed services and direct treatment and clinical preventative services are provided to these populations.

End Results	Strategies to Achieve Results
<p>A: Outcome Statement: Healthy people in healthy communities</p> <p><u>Target #1:</u> Alaska's TB rate is less than 6.8/100,000 population. <u>Measure #1:</u> TB rate.</p> <p><u>Target #2:</u> Alaska's Chlamydia rate is less than 590/100,000 population. <u>Measure #2:</u> Chlamydia rate.</p> <p><u>Target #3:</u> Alaska's coronary heart disease death rate is less than 120/100,000 population. <u>Measure #3:</u> Heart disease death rate.</p> <p><u>Target #4:</u> Alaska's overall cancer death rate is less than 180/100,000 population. <u>Measure #4:</u> Cancer death rate.</p> <p><u>Target #5:</u> Reduce Alaska's unintentional injury death rate</p>	<p>A1: Reduce the risk of epidemics and the spread of infectious disease.</p> <p><u>Target #1:</u> 95% of persons with TB complete adequate treatment regimen. <u>Measure #1:</u> Percent of persons with TB completing treatment regimen.</p> <p><u>Target #2:</u> At least 98% of Chlamydia cases will complete adequate treatment, as defined by CDC's STD Treatment Guidelines. <u>Measure #2:</u> Percent of persons with STD completing treatment regimen.</p> <p>A2: Reduce suffering, death and disability due to chronic disease.</p> <p><u>Target #1:</u> Less than 19% of high school youth in Alaska use tobacco products. <u>Measure #1:</u> Prevalence of tobacco use in Alaskan youth.</p>

to 50/100,000 population.
Measure #5: Unintentional injury death rate.

A3: Reduce suffering, death and disability due to injuries.

Target #1: Increase seatbelt use to 80%.

Measure #1: Number of properly restrained occupants in a motor vehicle.

A4: Assure access to early preventative services and quality health care.

Target #1: More than 60% of women of childbearing age will report knowledge that taking folic acid during pregnancy can reduce the risk of birth defects.

Measure #1: Percent of women reporting knowledge of folic acid benefits.

Target #2: 100% of Alaska's licensed and certified long-term care facilities are surveyed and recertified annually.

Measure #2: Percent of licensed and certified long-term care facilities surveyed and recertified annually.

A5: Minimize loss of life and suffering from natural disasters and terrorist attack.

Target #1: 25% of the Division of Public Health staff is trained in disaster response techniques and procedures.

Measure #1: Percent of DPH staff trained.

A6: Reduce Alaskans' exposure to environmental human health hazards.

Target #1: State lab has validated methods and national certification to test people for 100% of the important PCBs, pesticides and trace heavy metals.

Measure #1: National Certification from CLIA.

FY2006 Resources Allocated to Achieve Results

FY2006 Results Delivery Unit Budget: \$72,334,300

Personnel:

Full time 454

Part time 23

Total 477

Performance Measure Detail

A: Result - Outcome Statement: Healthy people in healthy communities

Target #1: Alaska's TB rate is less than 6.8/100,000 population.

Measure #1: TB rate.

Annual TB Rate per 100,000 population

Year	Annual	YTD
2003	8.8	
2002	7.6	
2001	8.5	
2000	17.2	
1999	9.8	

Analysis of results and challenges: 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. Significant resources are needed to do the case finding, diagnostic tests and treatment follow-up required to keep the disease in check.

Tuberculosis remains deeply entrenched in many regions of Alaska and will remain so for generations. A strong public health team, knowledgeable about current issues of TB control, is necessary if we hope to eradicate the disease once called the "Scourge of Alaska."

Target is for 2010.

Target #2: Alaska's Chlamydia rate is less than 590/100,000 population.

Measure #2: Chlamydia rate.

Chlamydia rate per 100,000 of population

Year	Annual	YTD
2003	596	
2002	594	
2001	429	
2000	413	
1999	304	

Analysis of results and challenges: Infectious diseases remain major causes of illness, disability, and death. New infectious agents and diseases are being detected, and some diseases once under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly.

Many challenges still exist in the prevention and control of infectious diseases. 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.

Alaska's 2003 Chlamydia infection rate was the highest in the United States for the third year in a row, with 3,900 cases reported. That's a 3 percent increase over 2002, when 3,803 cases were reported. The increased number of cases most likely results from better case finding due to the introduction of targeted Chlamydia screening, use of new urine screening technologies, and increased partner notification activities.

Target #3: Alaska's coronary heart disease death rate is less than 120/100,000 population.

Measure #3: Heart disease death rate.

Heart disease death rate per 100,000

Year	Annual	YTD
2003	125.0	
2002	118.2	
2001	136.8	
2000	137.7	
1999	128.4	

Analysis of results and challenges: Nationally, heart disease is the leading cause of death for all Americans. An estimated twelve million men and women have a history of coronary heart disease (the most common form of heart disease). In 1998, almost 460,000 people died of coronary heart disease (44% of these deaths were from heart attacks). Although death rates from coronary heart disease have declined since the late 1960s, the decline has slowed since 1990. The lifetime risk for developing this disease is very high in the United States. One of every two males and one of every three females aged 40 years and under will develop it sometime in their life. Heart disease is the second leading cause of death in Alaska, and cerebrovascular disease (most commonly referred to as stroke) is the fourth leading cause of death in Alaska.

Target #4: Alaska's overall cancer death rate is less than 180/100,000 population.

Measure #4: Cancer death rate.

Cancer death rate per 100,000 of population

Year	Annual	YTD
2003	186.2	
2002	189.7	
2001	192.2	
2000	209.0	
1999	189.3	

Analysis of results and challenges: Cancer is not a single disease, but rather a constellation of more than 100 related diseases. Everyone is at risk of cancer. In the United States, half of all men and one-third of all women will develop cancer during their lifetimes. Of the approximately 491,000 Americans who are diagnosed with cancer in any given year, four of every ten are expected to still be alive five years after diagnosis. Cancer was rarely seen in Alaska during the 1950s, but in the 1990s cancer was the leading cause of death in Alaska.

Target #5: Reduce Alaska's unintentional injury death rate to 50/100,000 population.

Measure #5: Unintentional injury death rate.

Unintentional injury death rate per 100,000 population

Year	Annual	YTD
2003	54.7	
2002	59.2	
2001	61.0	
2000	63.5	
1999	56.5	

Analysis of results and challenges: Injuries are a significant public health and social services problem because of the prevalence of injuries, the toll of injuries on the young, and the high cost in terms of resources and suffering. Alaska has one of the highest injury rates in the nation. Both the intrinsic hazards of the Alaska environment and low rates of protective behavior contribute to injuries. Unintentional injuries were the third leading cause of death in Alaska in 1998. Unlike heart disease and cancer, which are the leading causes of death among the elderly, injuries are the leading cause of death in children and young adults.

The Division of Public Health along with its many partners continues to see the benefits of actions related to injury control and prevention. The Safe Boating Act and Kids Don't Float are only two examples of the activities that contribute to success in reaching and maintaining this target. The Division of Public Health's Injury Control Program will continue to partner with others and to use surveillance and prevention strategies to understand and target interventions.

A1: Strategy - Reduce the risk of epidemics and the spread of infectious disease.

Target #1: 95% of persons with TB complete adequate treatment regimen.

Measure #1: Percent of persons with TB completing treatment regimen.

% of Persons with TB Completing Treatment Regimen

Year	Annual	YTD
2003	93%*	
2002	95%	0

Analysis of results and challenges: The highest priority for TB control is to ensure that persons with the disease complete curative therapy. If treatment is not continued for a sufficient length of time, such persons become ill and contagious again. Completion of therapy is essential to prevent transmission of the disease as well as to prevent the development of drug-resistant TB. The measurement of completion of therapy is a long-accepted indicator of the effectiveness of community TB control efforts.

Target #2: At least 98% of Chlamydia cases will complete adequate treatment, as defined by CDC's STD Treatment Guidelines.

Measure #2: Percent of persons with STD completing treatment regimen.

% of Chlamydia cases completing adequate treatment

Year	Annual				YTD
2003	99.5%				

Analysis of results and challenges: The basic public health infrastructure for STD and HIV prevention and control is in place: public health laboratory services, public health capacity for patient and partner follow up, and capacity to provide epidemiologic support, data analysis, and data dissemination. Some elements of this infrastructure currently need additional resources to strengthen and expand them, and all require ongoing maintenance. Given changes in overall health care systems, efforts to assure and coordinate clinical and public health activities will be needed on an ongoing basis.

Identification of contacts of STD cases, their notification, and appropriate testing and treatment is a key strategy for the STD program.

From 1/1/03-9/30/03, 99.5% of patients were appropriately treated (only 16 of 3310 reported cases gonorrhea and chlamydia were not appropriately treated).

A2: Strategy - Reduce suffering, death and disability due to chronic disease.

Target #1: Less than 19% of high school youth in Alaska use tobacco products.

Measure #1: Prevalence of tobacco use in Alaskan youth.

Prevalence of tobacco use in Alaska youth in past 30 days (per YRBS survey)

Year	YTD
2003	19%
1998	37%

Analysis of results and challenges: Many Alaskans are currently at risk for developing cardiovascular disease due to such risk factors as smoking, overweight, poor diet, sedentary lifestyle, high blood pressure and cholesterol, and lack of preventive health screening. Smokers' risk of heart attack is more than twice that of nonsmokers. Chronic exposure to environmental tobacco smoke (second-hand smoke) also increases the risk of heart disease. Cigarette smoking is also an important risk factor for stroke.

Tobacco is a leading cause of preventable disease and death in the United States. The majority of Alaska smokers (almost 80%) began smoking between the ages of 10 and 20 years. Alaskans have been working to decrease youth tobacco use through increasing the tax on tobacco products, education of young people,

enforcement of laws restricting sales to minors, and a statewide ban on self-service tobacco displays.

In 1995, 37% of Alaska youth reported smoking at least once in the last thirty days, compared with 19% in 2003. Data is available from the Youth Risk Behavior Survey when enough Alaska schools participate to give results that can be generalized to the high school population as a whole in the State. This has been the case in 1995 and 2003. Surveys occurred in other years, however, they did not have enough participants to provide statewide results. It is the goal of the Division of Public Health to continue to work with schools to collect a representative sample every other year.

A3: Strategy - Reduce suffering, death and disability due to injuries.

Target #1: Increase seatbelt use to 80%.

Measure #1: Number of properly restrained occupants in a motor vehicle.

% of Alaskans using seatbelts

Year	YTD
2003	79%
2002	66%
2001	63%
2000	61%
1999	61%
1998	61%

Analysis of results and challenges: Injuries are a significant public health and social services problem because of the prevalence of injuries, the toll of injuries on the young, and the high cost in terms of resources and suffering. Alaska has one of the highest injury rates in the nation. Both the intrinsic hazards of the Alaska environment and low rates of protective behavior contribute to injuries and injury. Unintentional injuries were the third leading cause of death in Alaska in 1998. Unlike heart disease and cancer, which are the leading causes of death among the elderly, injuries are the leading cause of death in children and young adults.

Studies have shown that a primary seatbelt enforcement laws that allow law enforcement officers to stop and cite motorists for failing to comply with the seatbelt law is most effective in reaching a higher level of seatbelt use compliance. Efforts continue to increase seatbelt use through public information messages and other targeted activities. Legislative changes and additional resources may be needed to achieve the target.

A4: Strategy - Assure access to early preventative services and quality health care.

Target #1: More than 60% of women of childbearing age will report knowledge that taking folic acid during pregnancy can reduce the risk of birth defects.

Measure #1: Percent of women reporting knowledge of folic acid benefits.

% of women who reported that during the month before pregnancy they took a multivitamin each day

Year	YTD
2003	45%
2000	23%

Analysis of results and challenges: For women of childbearing age, increasing folic acid use by taking multivitamins before and during pregnancy can reduce the risk of birth defects, but the majority of Alaska women report they never took a multivitamin in the month before they got pregnant.

Target #2: 100% of Alaska's licensed and certified long-term care facilities are surveyed and recertified annually.

Measure #2: Percent of licensed and certified long-term care facilities surveyed and recertified annually.

% of licensed and certified long-term care facilities surveyed and re-certified annually

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
2004	35.71%	21.43%	21.43%	14.29%	92.86%
2003	21.43%	42.86%	14.29%	21.43%	100%
2002	42.86%	21.43%	21.43%	14.29%	100%

Analysis of results and challenges: The annual required schedule for nursing home surveys is driven in large part by federal certification requirements. Surveys are to be completed within a 9- to 15-month period. Certification and Licensing may not appear to meet the licensing and certification within a given calendar or fiscal year. However, it will consistently meet federal and state certification and licensing survey requirements. The Section's scheduling is affected by significant increases or decreases in complaints or reports of harm, and by significant changes in staff resources.

A5: Strategy - Minimize loss of life and suffering from natural disasters and terrorist attack.

Target #1: 25% of the Division of Public Health staff is trained in disaster response techniques and procedures.

Measure #1: Percent of DPH staff trained.

% of DPH staff trained in disaster preparedness

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
2005		32%	0	0	32%

Analysis of results and challenges: Disaster response training for DPH staff (response and management personnel) is enabling DPH to carry out our role in disaster response operations. Training is the critical link between planning and exercises and permits all concerned to maintain a common knowledge base. As of November 2004, 137 DPH employees had received training.

A6: Strategy - Reduce Alaskans' exposure to environmental human health hazards.

Target #1: State lab has validated methods and national certification to test people for 100% of the important PCBs, pesticides and trace heavy metals.

Measure #1: National Certification from CLIA.

% of PCBs, pesticides and trace heavy metals the state lab is nationally certified to test for

Year	Target	Actual	YTD
2006	100%	0	0
2005	75%	0	0
2004	10%	10%	0
2003	0%	0%	0

Analysis of results and challenges: PCBs, pesticides and trace heavy metals can affect human health, especially that of the developing fetus. The chief concern in Alaska centers on the presence of contaminants in traditional foods. Generally these foods are very nutritious and offer a number of health benefits. This testing will measure human exposure to contaminants and verify the safety of traditional foods.

Key RDU Challenges

DHSS has restructured in an effort to maximize federal funding for important health services and to provide core services to Alaskans as efficiently as possible. As the final elements of the Department reorganization fall into place in FY2006, several issues face the Division of Public Health.

The main challenge for the RDU is the future of Public Health service delivery functions in selected areas. As the provision of some direct clinical preventive services is transitioned to other health care partners, DPH will need to review potential enhancements and improvements to state and local public health services. It is essential that changes in service delivery be accompanied by planned evaluation of the impacts of these changes on the public's health and

access to preventive care. The capacity for these preventive services to be picked up and provided by other health care organizations in Alaska is an important aspect of successful transition. It is critical that the RDU and the Department clearly communicate and effectively coordinate this transition of services with tribal, non-profit and private-sector providers. Public Health staff in these locations will be focused on improving disease control and partnering with other providers for the successful transfer of additional clinical preventive services.

A related challenge is the increasing demand for disease control services to Alaska's growing population. To assure the level of public health services necessary to protect Alaskans and our visitors against preventable diseases, there is a need to assure an adequate Public Health Nursing workforce – the “foot soldiers” of Alaska's public health system. 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. Disease control is critical to Alaska's viability as a tourist destination and a place where businesses want to operate. FY2006 will require continued staff energy for outreach to link Alaskans to the health care services they need, and where necessary to provide selected preventive services.

Other challenges for Public Health include:

Fully integrating the Certification and Licensing program into the RDU.

Creating a new Section of Chronic Disease to better protect Alaskans while successfully maintaining focus on the important core functions of the RDU, including preventing and controlling chronic disease and disability and assuring access to early preventive services and quality health care.

As the statewide information technology (IT) centralization plan is implemented, assuring uninterrupted IT services within the RDU so that public health assessment and epidemiological research activities are not negatively impacted.

Obtaining adequate long-term funding to support and enhance the existing capability to prevent and intervene in the transmission of communicable diseases, to respond to potential bio-terrorism attacks and to maintain this capacity over time.

Identifying workforce development issues – including lower, non-competitive salaries when compared with similar agencies – and implementing new strategies for improving recruitment, retention and support for qualified staff at all levels statewide.

Incorporating the FY2004-FY2006 DPH strategic plan into daily activities, including follow-up strategies developed by the RDU management team. The next step in the process, to be pursued in FY2006, is implementing a performance-based management approach that will deliver the best possible results to the people of Alaska in an efficient and effective manner.

Continuing to emphasize the overall efforts of the Division and other health partners to increase the level of children less than two years old who are fully immunized.

Continuing to build on progress made by reducing youth smoking for tobacco prevention and control, which will strengthen efforts to lessen the negative impact of tobacco on all Alaskans.

Reducing the high rate of injury and death related to risk factors unique to Alaska.

Recruiting and retaining volunteer Emergency Medical Services providers, the public health workforce and primary care providers.

Continuing to enhance and strengthen the Child Fatality Review Team to make sure suspicious or untimely deaths are reviewed and, if necessary, properly investigated.

Significant Changes in Results to be Delivered in FY2006

Proposed revisions in state public health statutes, if approved by the Legislature, will give DPH and the Department clear legal authority to identify and control newly emerging and existing health threats while continuing to protect Alaskans' individual rights.

The Section of Public Health Nursing will continue to work with other providers to promote service delivery improvements

and to transition clinical preventive services where possible, while continuing to promote positive partnerships at the local, regional and state levels. Coordination with other health care organizations in Alaska will be critical for the on-going success of this effort. Evaluation of local transition efforts will be completed and reported through the RDU.

Many important Maternal, Child and Family Health functions have been transferred back to the RDU, providing a logical home for important preventive services for Alaska's children and families.

Now that Certification and Licensing has been transferred into Public Health, significant work is under way to consolidate statutory authority in the RDU and develop a cohesive management plan for the various functions of this section.

Major RDU Accomplishments in 2004

In FY2004 Public Health Nurses in Alaska provided 160,293 visits to 93,224 patients.

The RDU maintained certification of over 3,500 Emergency Medical Technicians (EMT), Emergency Medical Services (EMS) Instructors, Emergency Medical Dispatchers, and Defibrillator Technicians, and certified or recertified approximately 70 ground emergency medical services, 22 air medical services, and 3 hospital trauma centers.

The Division continued an aggressive immunization campaign at the state and local level to assure that Alaska's children are immunized against preventable childhood diseases.

The Bureau of Vital Statistics made significant improvements to the quantity and timeliness of public health data that is published on the Bureau's web site. Detailed information on injury deaths, leading causes of death, chronic disease deaths, infant mortality, teen birth rates, birth outcomes, and health profiles is readily available on the Bureau's web site.

One hundred per cent of all mammography facilities and 21 percent of all other X-ray facilities were inspected.

Distributed and installed 2,859 smoke alarms in rural and low-income residences throughout the state to help prevent deaths from house fires.

Supported the installation and maintenance of approximately 408 "Kids Don't Float" life jacket loaner sites in 142 communities in all regions of Alaska by providing personal flotation devices, which resulted in nine documented cases of prevented drowning since 1998.

Through the Section of Public Health Laboratories, successfully implemented new laboratory testing capabilities for West Nile Virus and Norovirus (Norwalk-like Virus) through training of staff microbiologists and acquisition of needed testing equipment.

Successfully responded to Norovirus outbreaks among tourists and along the Iditarod Trail.

Implemented newborn hearing screening in all 23 birthing hospitals and provided equipment for 7 public health nursing centers to provide follow up screening services for children at risk or infants born in out-of-hospital settings.

For the fourth consecutive year, the Alaska Cancer Registry received the gold certification for high quality Year 2001 data from the North American Association of Central Cancer Registries.

The Comprehensive Cancer Control Program completed seven months of workgroup meetings with the Cancer Partnership and is planning a long-anticipated update of the 1994 Alaska Cancer Control Plan.

The Vaccinate Alaska Coalition, a community-based program coordinated for the Alaska Immunization Program, received an Excellence in Immunization award from the National Partnership for Immunizations for the "I Did It By TWO!" campaign.

"Tobacco in the Great Land" was published, providing an extensive and comprehensive review of the tobacco problem in Alaska. These data are used to monitor tobacco-related behaviors, attitudes, and health outcomes and provide a benchmark for tobacco prevention and control activities in Alaska.

Contact Information

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**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2004 Actuals				FY2005 Management Plan				FY2006 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	0.0	0.0	0.0	0.0	9,367.7	2,585.7	6,799.5	18,752.9	9,807.2	2,585.7	7,545.8	19,938.7
Women, Children and Family Health	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2,358.2	4,733.1	2,100.5	9,191.8
Public Health Admin Svcs	0.0	0.0	0.0	0.0	313.8	1,753.6	281.7	2,349.1	301.1	1,694.3	281.7	2,277.1
Certification and Licensing	0.0	0.0	0.0	0.0	806.3	1,610.2	155.4	2,571.9	981.5	1,731.9	375.9	3,089.3
Epidemiology	0.0	0.0	0.0	0.0	2,355.4	13,695.2	1,213.1	17,263.7	2,217.7	13,000.7	1,065.6	16,284.0
Bureau of Vital Statistics	0.0	0.0	0.0	0.0	30.0	244.6	1,580.1	1,854.7	41.2	244.6	1,592.8	1,878.6
Community Health/EMS Services	0.0	0.0	0.0	0.0	732.1	4,516.8	65.3	5,314.2	814.3	3,420.0	127.3	4,361.6
Community Health Grants	0.0	0.0	0.0	0.0	1,463.2	0.0	500.0	1,963.2	1,963.2	0.0	0.0	1,963.2
Emergency Medical Svcs Grants	0.0	0.0	0.0	0.0	1,710.1	0.0	50.0	1,760.1	1,710.1	0.0	50.0	1,760.1
State Medical Examiner	0.0	0.0	0.0	0.0	1,272.4	0.0	0.0	1,272.4	1,337.8	0.0	0.0	1,337.8
Public Health Laboratories	0.0	0.0	0.0	0.0	2,681.9	2,203.8	201.0	5,086.7	2,769.3	2,235.5	702.0	5,706.8
Tobacco Prevention and Control	0.0	0.0	0.0	0.0	0.0	0.0	3,315.3	3,315.3	0.0	0.0	4,545.3	4,545.3
Totals	0.0	0.0	0.0	0.0	20,732.9	26,609.9	14,161.4	61,504.2	24,301.6	29,645.8	18,386.9	72,334.3

Public Health
Summary of RDU Budget Changes by Component
From FY2005 Management Plan to FY2006 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2005 Management Plan	20,732.9	26,609.9	14,161.4	61,504.2
Adjustments which will continue current level of service:				
-Nursing	435.2	0.0	46.3	481.5
-Women, Children and Family Health	1,038.2	4,646.1	1,620.5	7,304.8
-Public Health Admin Svcs	-12.7	-59.3	0.0	-72.0
-Certification and Licensing	171.9	121.7	-4.5	289.1
-Epidemiology	-137.7	-694.5	-417.5	-1,249.7
-Bureau of Vital Statistics	11.2	0.0	12.7	23.9
-Community Health/EMS Services	12.2	-96.8	0.5	-84.1
-Community Health Grants	500.0	0.0	-500.0	0.0
-State Medical Examiner	-34.6	0.0	0.0	-34.6
-Public Health Laboratories	57.5	31.7	1.0	90.2
Proposed budget decreases:				
-Community Health/EMS Services	0.0	-1,000.0	0.0	-1,000.0
Proposed budget increases:				
-Nursing	4.3	0.0	700.0	704.3
-Women, Children and Family Health	1,320.0	87.0	480.0	1,887.0
-Certification and Licensing	3.3	0.0	225.0	228.3
-Epidemiology	0.0	0.0	270.0	270.0
-Community Health/EMS Services	70.0	0.0	61.5	131.5
-State Medical Examiner	100.0	0.0	0.0	100.0
-Public Health Laboratories	29.9	0.0	500.0	529.9
-Tobacco Prevention and Control	0.0	0.0	1,230.0	1,230.0
FY2006 Governor	24,301.6	29,645.8	18,386.9	72,334.3