

State of Alaska FY2008 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 attacks);
- 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 the 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 through 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, direct treatment and clinical preventative services.

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 will complete adequate treatment within one year of beginning treatment. <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 be prescribed adequate treatment, as defined by CDC's STD Treatment Guidelines. <u>Measure #2:</u> Percent of persons with chlamydia prescribed adequate 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: Percent 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 to test people for 100% of the important PCBs, pesticides and trace heavy metals.

Measure #1: Each new testing method validated as required by CLIA.

FY2008 Resources Allocated to Achieve Results

FY2008 Results Delivery Unit Budget: \$86,896,200

Personnel:

Full time	495
Part time	21
Total	516

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	US	Alaska
2000	5.8	17.2
2001	5.6 -3.45%	8.5 -50.58%
2002	5.2 -7.14%	7.6 -10.59%
2003	5.1 -1.92%	8.8 +15.79%
2004	4.9 -3.92%	6.6 -25.00%
2005	4.8 -2.04%	8.9 +34.85%

Analysis of results and challenges: Tuberculosis has been a longstanding problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, utilizing 10% of the entire 1946 state budget and additional federal resources, led to one of the state's most visible public health successes - major reductions in TB. Tremendous inroads have been made to control TB in Alaska, although periodic outbreaks, usually in rural Alaska, have taxed both local and state resources. In 2000, Alaska had the highest rate of TB of any state in the country and additional funding was needed to effectively control two large outbreaks. In 2004, a multi-village outbreak involving Bethel and several surrounding Yukon-Kuskokwim villages again required additional public health resources and enhanced local response efforts. Unrelated to that outbreak, four Alaskans died with TB in 2004 because of delayed diagnosis and treatment - three Alaska Native elders and a Laotian. On an on-going basis, even when there are no outbreaks, significant resources are needed to do the TB case finding, diagnostic tests and treatment follow-up necessary to keep this disease in check. In addition, for every person with TB, there are, on average, 16 people who were exposed and must also be found, evaluated, and often treated as well.

Despite the outbreak and deaths in 2004, Alaska had the lowest rate of TB ever recorded for the state. Alaska's population is small, so only a few cases can dramatically affect the statewide rate. For instance, the latest increase is a difference of just 16 cases – 43 in 2004 up to 59 in 2005. There was no specific outbreak that caused the 2005 increase, and it is important to note that the overall trend of TB incidence in Alaska continues to head downward.

However, because of latent TB infection among residents and Alaska's location as a global crossroads that attracts travelers, seasonal workers and new families, infection rates are expected to fluctuate and remain higher than the national average over the next generation. TB remains deeply entrenched in many regions of Alaska, while the homeless and foreign-born residents also suffer disproportionate rates of the disease.

To control the on-going challenge of TB, the Department needs a strong and multi-pronged public health team of professionals knowledgeable about current issues of TB control. Such expertise will always be necessary if the disease once called the "Scourge of Alaska" is to be controlled and eventually eliminated.

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	Alaska	U.S.
1999	303	247
2000	410 +35.31%	251 +1.62%
2001	433 +5.61%	275 +9.56%
2002	593 +36.95%	289 +5.09%
2003	602 +1.52%	304 +5.19%
2004	604 +0.33%	320 +5.26%
2005	656.5 +8.69%	N/A

Analysis of results and challenges: Sexually transmitted infections remain major causes of illness in Alaska and may have serious health consequences. 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 over time.

Many challenges remain. Targeted screening with more sensitive technologies, as well as 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 allow identification and treatment of other 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.

Identification, notification, testing, and treatment of sexual contacts of STD cases are time-tested, effective strategies for the HIV/STD Program. In combination with targeted screening and treatment activities, these strategies are effective in containing chlamydia and many other sexually transmitted infections. 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 (e.g., partner notification services) currently need additional resources to strengthen and expand them to respond to increased needs; all elements require ongoing maintenance and monitoring. Most of the financial resources currently identified to support STD prevention and control are federal, and funding has declined over time.

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

Measure #3: Heart disease death rate.

Coronary Heart disease death rate per 100,000

Year	Alaska	US
1999	131.5	194.6
2000	137.7 +4.71%	186.7 -4.06%
2001	136.6 -0.80%	177.8 -4.77%
2002	118 -13.62%	170.9 -3.88%
2003	126.6 +7.29%	162.9 -4.68%
2004	94.9 -25.04%	150.5 -7.61%
2005	87.1 -8.22%	N/A

Analysis of results and challenges: Nationally, heart disease is the leading cause of death for all Americans. An estimated 12 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. Over the past decade, Alaska's age-adjusted mortality rate for coronary heart disease has continued to decline. This mirrors the national trend, although Alaska's rates fall consistently below those found in the U.S. overall. In 2002, 2004 and 2005, Alaska's coronary heart disease death rates fell below the Healthy Alaskans 2010 target, which is 120 deaths per 100,000 population.

While there are no hard data to explain the downward trend in coronary heart disease deaths, it is likely that improvements in medical care are prolonging life, even for patients with advanced heart disease. In addition, Alaskans diagnosed with heart disease sometimes move south to receive treatment; their eventual deaths are not recorded in this state.

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	Alaska	US
1999	192.5	200.8
2000	209.6 +8.88%	199.6 -0.60%
2001	192.2 -8.30%	196.0 -1.80%
2002	189.4 -1.46%	193.5 -1.28%
2003	187.7 -0.90%	190.1 -1.76%
2004	183.9 -2.02%	184.6 -2.89%
2005	160.5 -12.72%	N/A

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 living 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.

Over the past 10 years, the overall cancer death rate in Alaska has declined, closely mirroring the decline seen in U.S. cancer mortality rates for the same period. The Healthy Alaskans 2010 target is 162 deaths per 100,000 population.

The leading types of cancer deaths in Alaska for women are, in order, lung, breast and colorectal cancers. For men, the leading types of cancer deaths are lung, colorectal and prostate.

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	Alaska	US
1999	57.5	35.3
2000	63.9 +11.13%	34.9 -1.13%
2001	61.1 -4.38%	35.6 +2.01%
2002	59.2 -3.11%	36.9 +3.65%
2003	55.1 -6.93%	37.2 +0.81%
2004	54.9 -0.36%	36.6 -1.61%
2005	46.3 -15.66%	N/A

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 will complete adequate treatment within one year of beginning treatment.

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

% of Persons with TB Completing Treatment Regimen

Year	Annual
2002	95%
2003	93%
2004	86%
2005	59%*

*TB treatment requires 6-9 months for completion. 2005 completion data are still being collected.

Analysis of results and challenges: The highest priority for TB control is to ensure that persons with the disease are diagnosed early and complete curative therapy. If treatment is not continued for a sufficient length of time, people with TB become ill and contagious again, sometimes with resistant TB the second time. 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 an important indicator of the effectiveness of community TB control efforts.

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

Measure #2: Percent of persons with chlamydia prescribed adequate treatment regimen.

% of Chlamydia cases prescribed adequate treatment

Year	Annual
2003	99.5%
2004	99.6%
2005	99.8%

Analysis of results and challenges: HIV/STD Program staff follow-up to assure treatment for all reported cases. Given such follow-up, very few cases are identified that are not treated consistent with the current national recommendations. Challenges include maintaining resources necessary to assure identified infections are appropriately treated, and carefully evaluating recommended treatment modalities to assure they are efficacious.

In calendar year 2005, 99.8% of the 4,357 reported cases of chlamydia infection were prescribed adequate treatment.

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	Alaska	US
1999		34.8
2001		28.5
		-18.10%
2003	19.3	21.9
		-23.16%

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 19.3% 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 was the case in 1995 and 2003. Surveys occurred in other years, however, they did not have enough participants to provide statewide results, including 2005. It is the goal of the Division of Public Health to continue to work with schools to collect a representative sample every other year.

Healthy Alaskans 2010 target is 19.0%.

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

Target #1: Increase seatbelt use to 80%.

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

Seat Belt Use by Drivers and Passengers

Year	Alaska	US
1999	60.6	67.0
2000	61.3 +1.16%	71.0 +5.97%
2001	62.6 +2.12%	73.0 +2.82%
2002	65.8 +5.11%	73.0 0%
2003	78.9 +19.91%	79.0 +8.22%
2004	77.0 -2.41%	80.0 +1.27%
2005	78.4%	82%

Analysis of results and challenges: Injuries are a significant public health and social services problem because of their prevalence, 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 death. Unintentional injuries are the third leading cause of death in Alaska.

Studies have shown that a primary seatbelt enforcement law that allows police 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. The Alaska Legislature began its 2006 session by finally passing such a law. Meanwhile, efforts are on-going to increase seatbelt use through public information messages and other targeted activities.

The Healthy Alaskans 2010 target is 80 percent seatbelt usage.

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.

Knowledge of Folic Acid Benefits, Alaska

Year	Overall	Alaska Native
1999	77.5	60.9
2000	80.8 +4.26%	62.3 +2.30%
2001	80.5 -0.37%	63.1 +1.28%
2002	80.8 +0.37%	63.5 +0.63%
2003	82.0 +1.49%	65.3 +2.83%

Analysis of results and challenges: Folic acid knowledge among Alaskan mothers is increasing. The proportion of women who indicated that they knew about the benefits of folic acid increased from 63.0% in 1996 to 82.0% in 2003.

The proportion of Alaska Native mothers who knew about the benefits of folic acid increased by 65% between 1996 and 2003. While the prevalence of folic acid knowledge among Alaska Native mothers of newborns was still substantially lower than overall levels, the gap in knowledge between Alaska Natives and Alaskan mothers

overall appears to be closing.

Starting in 2000, the proportion of mothers of newborns who are knowledgeable about the benefits of folic acid appears to have plateaued around 80%.

For women of childbearing age, increasing folic acid use by taking multivitamins before and during pregnancy can reduce the risk of neural tube birth defects. Numerous public education campaigns have sought to increase women's knowledge of the benefits of folic acid supplementation and educate them especially about the importance of the timing (pre-pregnancy supplementation is ideal). Efforts should focus on increasing the overall knowledge prevalence to 90% and minimize racial disparities.

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 Total
2002	42.86	21.43	21.43	14.29	100%
2003	21.43	42.86	14.29	21.43	100%
2004	35.71	21.43	21.43	14.29	92.86%
2005	26.67	33.33	13.33	20	93.33%
2006	20	26.7	40	20	106.7%

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 (C & L) may not appear to meet the licensing and certification goal within a given calendar or fiscal year, or sometimes it may be over 100%. However, C & L 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.

and % of Division of Public Health staff trained in disaster preparedness

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2005			70	103	27%
FY 2006				144*	28%

*144 Division of Public Health staff received disaster preparedness training in FY2006. Quarterly numbers are not available.

Analysis of results and challenges: Disaster response training for Division of Public Health (DPH) staff is enabling DPH to carry out its role in disaster response operations. Training is the critical link between planning and action and permits all concerned to maintain a common knowledge base.

The FY06 percentage above reflects the following: 520 total DPH positions, with 144 receiving disaster preparedness training - for a total of 28 percent trained. This slightly exceeds the Division goal of 25 percent. However, when only filled positions are considered (415 at the end of FY06), then the total of DPH-trained staff increases to 35 percent.

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

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

Measure #1: Each new testing method validated as required by CLIA.

% testing methods for PCBs, pesticides and heavy metals validated by CLIA

Year	Target	Actual
2006	75%	50%
2005	75%	50%
2004	10%	10%

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 measures human exposure to contaminants and verifies the safety of traditional foods. For years, the federal government, through the Clinical Laboratory Improvement Amendments (CLIA) process, has certified the state lab. However, no chemical testing (for PCBs, etc.) was offered at the lab until 2004. Now the lab conducts CLIA-certified testing of inorganics, and testing for Persistent Organic Pollutants (POPs) is expected to begin in FY07.

Key RDU Challenges

As the Division of Public Health (DPH) continues work on achieving its overall mission - to protect and promote the health of Alaskans - several major challenges face its leadership and staff. In general terms, these challenges fall into five main categories: fighting infectious disease, preventing chronic disease, promoting good health, improving birth outcomes and protecting vulnerable Alaskans. In each of these categories, progress will continue through the right mix of necessary investments in the Division's programs, expanded partnerships with the entire public health community and the recruitment and retention of expert, dedicated staff.

More specifically, infectious disease control is increasingly complex and challenging, with new diseases discovered all the time, the threat of avian influenza looming and Alaska's growing role as a transportation and tourism crossroads. Investments in supplies, equipment, laboratory testing and more staff are needed. The fight is just as important against chronic diseases which are responsible for three of every five deaths in Alaska. The primary risk factors for chronic diseases are tobacco use, poor diet, lack of exercise and obesity. A major challenge for the Division is to continue efforts to prevent chronic diseases and promote good health through better education efforts. This makes sense financially because investments in a healthier Alaska now will save healthcare dollars in the years to come. Initiatives to improve birth outcomes and protect vulnerable Alaskans - through the work of the Sections of Women, Children and Family Health and Certification and Licensing, respectively - are also high on the list of DPH challenges. Healthier babies become healthier adults, while Alaskans of all ages, from childcare to full nursing care for elderly Alaskans, must be able to count on quality and safety. In addition, there is an urgent and on-going need in the Division to assure an adequate Public Health nursing workforce in health centers around the state. These nurses are the "foot soldiers" of Alaska's public health system and deliver critical services in every corner of Alaska.

Other challenges for the Division of Public Health include:

- Recruiting and retaining volunteer Emergency Medical Services providers, the public health workforce and primary care providers.
- 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.
- Continuing to emphasize the overall efforts of the Division and other health partners to increase the number of children less than two years old who are fully immunized.
- 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.
- Fully implementing the consolidation of certification and licensing functions into the Division, including all necessary regulatory changes.

- 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.
- Continuing to enhance and strengthen the Child Fatality Review Team to make sure suspicious or untimely deaths are reviewed and, if necessary, properly investigated.
- Implementing a performance-based management approach within the Division that will deliver the best possible results to the people of Alaska in an efficient and effective manner.

Significant Changes in Results to be Delivered in FY2008

No significant changes.

Major RDU Accomplishments in 2006

In FY06, public health nurses in Alaska provided 142,582 visits to 87,355 individual patients.

The Breast and Cervical Health Check Program continued its lifesaving work. Since its inception in 1995, the program has provided over 60,000 cancer screenings to nearly 25,000 individuals who are medically underserved. Of those women, 159 cases of breast cancer, 25 cases of cervical cancer and 1,227 pre-cancerous conditions have been diagnosed.

More than 4,500 smoke alarms were distributed and installed in residences throughout the state to help prevent deaths from house fires; 2,977 rural and low-income households were enrolled (in at least 65 villages) in the fire prevention/smoke alarm installation program, with the potential of 43 lives saved.

Approximately 489 "Kids Don't Float" life jacket loaner sites were maintained or newly installed in 163 communities in all regions of Alaska (some communities have multiple stations). Since 1998, this program has resulted in 12 documented cases of prevented drowning. "Kids Don't Float" received an outstanding achievement award by the National Freshwater Fishing Hall of Fame in 2006.

Certification was maintained for more than 3,800 Emergency Medical Technicians (EMT), Emergency Medical Services (EMS) Instructors, Emergency Medical Dispatchers, and Defibrillator Technicians. Also certification or recertification occurred for approximately 87 ground emergency medical services, 22 air medical services, and 3 hospital trauma centers.

Alaska Poison Control activities were supported and continued, including a statewide triage phone hotline and educational request. The Poison Control Center received approximately 9,500 calls, of which 7,302 were human exposures resulting in 1,733 hospitalizations. The Poison Control Center provided statewide technical and educational support to caregivers on all calls.

Of all newborns in Alaska, 99.9 percent were screened for metabolic disorders and nearly 90 percent were screened for hearing loss prior to discharge from the hospital or within one month of birth. In addition, a new web-based reporting system was fully implemented to enter screening results for tracking and follow up.

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 continued its efforts to improve customer service to the public. Despite processing more than 60,000 requests for vital records, the time required for issuing certified copies of vital records has remained low. Mail requests for vital records were usually processed within two days of receipt and frequently within one day. During 2006 backlogs have been eliminated throughout the Bureau. The processing time for paternity actions has been reduced from one month to less than a week. Adoption and correction requests were usually processed within two weeks of receipt. The reduction in backlogs has significantly cut the amount of time staff has spent investigating and answering questions related to delayed or unprocessed requests.

DPH coordinated and successfully launched the Alaska Center for Health Data and Statistics. This new website features an annually updated list of important health status indicators and better organizes data and information collected, reported and analyzed by the Division. The intent of the website is to provide important data and statistics to public

health partners, policymakers and the general public and, in some cases, use the information to help with internal management decisions. The web address is: <http://www.hss.state.ak.us/dph/infocenter/>

Contact Information
<p>Contact: Janet Clarke, Assistant Commissioner Phone: (907) 465-1630 Fax: (907) 465-2499 E-mail: Janet_Clarke@health.state.ak.us</p>

**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2006 Actuals				FY2007 Management Plan				FY2008 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	10,225.4	1,699.1	7,059.3	18,983.8	11,303.8	2,274.5	8,208.9	21,787.2	13,904.1	2,430.7	8,726.7	25,061.5
Women, Children and Family Health	906.3	4,096.2	1,867.6	6,870.1	894.7	5,929.6	1,545.7	8,370.0	1,006.5	6,254.7	1,603.0	8,864.2
Public Health Admin Svcs	313.6	2,182.2	67.9	2,563.7	400.6	1,806.9	114.7	2,322.2	324.9	1,830.6	114.7	2,270.2
Certification and Licensing	888.8	2,744.9	280.0	3,913.7	1,139.6	3,406.0	698.7	5,244.3	1,280.4	3,652.4	704.3	5,637.1
Chronic Disease Prev/Hlth Promo	0.0	0.0	0.0	0.0	512.3	5,324.5	635.8	6,472.6	562.5	5,692.7	672.7	6,927.9
Epidemiology	2,091.6	9,699.2	872.6	12,663.4	2,736.2	7,792.8	647.3	11,176.3	2,899.0	8,325.3	668.3	11,892.6
Bureau of Vital Statistics	71.1	285.7	1,599.0	1,955.8	84.1	306.4	1,965.1	2,355.6	266.6	310.4	1,967.9	2,544.9
Community Health/EMS Services	1,038.3	4,147.1	157.2	5,342.6	947.6	3,853.3	171.2	4,972.1	1,051.0	3,986.0	178.0	5,215.0
Community Health Grants	1,963.2	0.0	0.0	1,963.2	1,963.2	0.0	0.0	1,963.2	1,963.2	0.0	0.0	1,963.2
Emergency Medical Svcs Grants	1,710.1	0.0	0.0	1,710.1	2,062.1	0.0	0.0	2,062.1	2,062.1	0.0	0.0	2,062.1
State Medical Examiner	1,443.6	0.0	0.0	1,443.6	1,977.9	0.0	21.7	1,999.6	2,176.9	0.0	21.7	2,198.6
Public Health Laboratories	3,008.5	1,846.2	175.9	5,030.6	3,497.6	2,334.9	872.1	6,704.6	3,880.9	2,451.9	880.8	7,213.6
Tobacco Prevention and Control	0.0	0.0	4,038.2	4,038.2	0.0	0.0	5,045.3	5,045.3	0.0	0.0	5,045.3	5,045.3
Totals	23,660.5	26,700.6	16,117.7	66,478.8	27,519.7	33,028.9	19,926.5	80,475.1	31,378.1	34,934.7	20,583.4	86,896.2

Public Health
Summary of RDU Budget Changes by Component
From FY2007 Management Plan to FY2008 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2007 Management Plan	27,519.7	33,028.9	19,926.5	80,475.1
Adjustments which will continue current level of service:				
-Nursing	1,270.2	0.0	-472.8	797.4
-Women, Children and Family Health	3.6	0.2	0.0	3.8
-Public Health Admin Svcs	-107.1	-107.1	0.0	-214.2
-Chronic Disease Prev/Hlth Promo	3.5	0.9	0.0	4.4
-Epidemiology	21.6	0.4	0.0	22.0
-Bureau of Vital Statistics	176.5	0.0	-176.5	0.0
-State Medical Examiner	0.6	0.0	0.0	0.6
-Public Health Laboratories	-11.8	0.0	0.0	-11.8
Proposed budget increases:				
-Nursing	1,330.1	156.2	990.6	2,476.9
-Women, Children and Family Health	108.2	324.9	57.3	490.4
-Public Health Admin Svcs	31.4	130.8	0.0	162.2
-Certification and Licensing	140.8	246.4	5.6	392.8
-Chronic Disease Prev/Hlth Promo	46.7	367.3	36.9	450.9
-Epidemiology	141.2	532.1	21.0	694.3
-Bureau of Vital Statistics	6.0	4.0	179.3	189.3
-Community Health/EMS Services	103.4	132.7	6.8	242.9
-State Medical Examiner	198.4	0.0	0.0	198.4
-Public Health Laboratories	395.1	117.0	8.7	520.8
FY2008 Governor	31,378.1	34,934.7	20,583.4	86,896.2