

**State of Alaska
FY2009 Governor's Operating Budget**

**Department of Health and Social Services
Nursing
Component Budget Summary**

Component: Nursing

Contribution to Department's Mission

The department's mission is to promote and protect the health and well-being of Alaskans. The Nursing component contributes to this mission through delivery of population-based services that prevent and control adverse health events. Nursing works in partnership with individuals, communities, and systems to improve the health of the Alaska population in a manner that promotes self-reliance, dignity, and cultural integrity. The component provides the frontline public health workforce in Alaska communities – delivering disease prevention and protection, health promotion, and community health assessment and maintenance development services. The presence of professional public health nurses at the local level assures timely intervention in addressing critical public health needs. In addition, public health nurses are on the front lines in public health emergency preparedness and response mobilization and contribute focused surge capacity to respond to infectious disease outbreaks.

Core Services

Public health nurses (PHN) and allied support staff are critical to the division's disease prevention and protection, health promotion, and health assessment efforts. Essential public health services are provided or assured by the state when local governments don't have the necessary health powers to serve as local public health authorities. In addition, the state remains the residual guarantor for public health services that are delivered under state grants.

Public health services are provided by Nursing component staff based out of public health centers and offices in 22 communities and by itinerant public health nurses serving approximately 250 communities and villages. In addition, grantees in four areas of Alaska – Norton Sound, Maniilaq/Kotzebue, the North Slope Borough, and the Municipality of Anchorage – are supported through grant funding and technical assistance to assure that public health nursing services are available statewide. Five expert public health nursing specialists assigned at the regional level assure the performance of staff located across the state, assure backup for locations with a public health nurse vacancy, and provide public health leadership and management at the regional and statewide levels.

Public health nurses work to prevent and control infectious diseases such as tuberculosis (TB), hepatitis, HIV, sexually transmitted diseases, and food, water, and vector-borne diseases through services such as:

- Immunization of children and adults against vaccine preventable diseases, and collaborating with other health care providers and community partners in vaccination efforts to assure universal immunization outreach and access.
- Screening, testing, and specimen collection to identify infectious diseases; infectious disease contact investigation, tracing and notification; education, counseling and outreach; and treatment and follow-up (including medication and Directly Observed Therapy [DOT] for TB).
- Surveillance and participation in epidemiological investigation of diseases or exposures to environmental hazards, including working with local providers and health systems to assure infectious diseases are reported appropriately.
- Providing focused surge capacity to respond to infectious disease outbreaks.

Public health nurses are on the front lines in emergency preparedness and response mobilization. They:

- Assist in the development of statewide, regional, and local community disaster preparedness and response plans to ensure public health concerns are addressed.
- Participate in community disaster and emergency planning groups and local incident command systems.
- Coordinate and participate in community preparedness training and exercises, with a special focus on the public health response to human health hazards associated with natural disasters and new and emerging disease threats such as SARS or pandemic flu.
- Respond to disasters at the community level to ensure that public health threats are identified and addressed.
- Provide focused surge capacity to respond to public health emergencies.

Public health nurses conduct on-going health status monitoring to:

- Identify communities and groups at risk for public health problems.
- Identify unserved and underserved populations within the community.

- Support communities in identifying priority community health concerns and issues and in organizing community responses to those concerns.

Public health nurses link people to needed personal health services and offer preventive health care that is otherwise unavailable by:

- Providing referrals to needed medical care and human service agencies.
- Conducting child health outreach and referral and offering well child exams where other providers are not available to meet the need.
- Referring to and collaborating with programs that serve children and families such as the Women, Infant and Children (WIC) nutrition program and the Infant Learning Program.
- Conducting outreach and providing home visits to support at-risk newborns and their families.
- Reporting all known or suspected events of child abuse and working with child protection services and foster parents to provide consultation on health related concerns for medically fragile children.
- Responding to referrals for home assessments from health providers and other agencies in order to guide medically frail or fragile clients into appropriate services.
- Providing needed health promotion and disease prevention services, such as providing health consultation to childcare providers.
- Offering reproductive health education and providing reproductive health clinical services to populations without access to other providers.

Public health nurses help prevent and control chronic diseases such as obesity, diabetes, cardiovascular diseases, and asthma through disease prevention and health protection services that include:

- Initiating and/or participating in efforts by local coalitions to develop and implement community health promotion strategies to reduce chronic disease risks.
- Serving as expert consultants to local school wellness and health curriculum committees.
- Initiating or supporting organized community physical activity programs.
- Informing, educating, and empowering individuals and groups about chronic disease prevention and control.

Public health nurses prevent or mitigate environmental threats by:

- Participating in early identification of environmental hazards or toxins that may be detrimental to the community's health.
- Educating families and communities about how to reduce or eliminate exposures to real or potential environmental hazards and toxins, especially for vulnerable populations such as children or those with chronic diseases.

FY2009 Resources Allocated to Achieve Results		
FY2009 Component Budget: \$24,837,300	Personnel:	
	Full time	190
	Part time	11
	Total	201

Key Component Challenges

- Recruitment and retention of qualified public health nurses to meet the needs of Alaskans. This is particularly challenging because of the national nursing shortage, the aging of the current nursing workforce, and the competition from hospitals and medical corporations offering educational stipends, large sign-on bonuses, and more competitive salaries than the public sector.
- Alterations in federal Medicaid claiming procedures and changes to comply with current federal rules will require frequent budget adjustments throughout the year (e.g. time study reimbursement rates will be figured quarterly rather than annually) as well as possible long-term modifications to stabilize and sustain resources.
- Steadily increasing costs for travel to provide itinerant public health nursing services, and for pharmaceuticals and clinical supplies.
- Achieving and sustaining immunization rates that protect children, youth, and adults from preventable diseases.

- Increased workload for contact tracing, screening and treatment to address the high rates of sexually transmitted diseases in Alaska.
- Maintaining preparedness at the community and statewide levels for disasters and new disease threats, whether man-made or naturally occurring.
- Responding to increased community concern about emerging diseases such as avian flu, SARS, West Nile Virus and the human health impacts from exposure to environmental hazards and toxins.

Significant Changes in Results to be Delivered in FY2009

No significant changes.

Major Component Accomplishments in 2007

Public Health Nurses (PHN) statewide*:

- Provided 126,672 health care visits to 75,691 patients.
- Provided 64,308 health care visits to 36,069 children and youth (ages birth-19 years).
- Administered 84,412 doses of vaccine.
- Gave and read 18,638 tests for tuberculosis (TB).
- Provided 1,779 Pap Smears for detection of cervical cancer in Alaskan women.
- Provided 14,287 visits for family planning to 5,756 individuals.
- Provided 9,280 visits to 4,997 patients for Sexually Transmitted Diseases.
- Provided 4,815 visits for HIV/AIDS services including blood testing for 2,593 patients.

(*All service data is from Resources Patient Management System (RPMS) FY2007 Reports, 8/21/07. Note: Service data above does not include the Municipality of Anchorage, a Public Health Nursing grantee, except doses of vaccine administered. The Municipality uses a different data system for all but immunizations.)

The Nursing component also:

- Increased implementation of routine, universal screening for domestic/family violence during health encounters at state public health centers. There were 10,093 clients screened for domestic/family violence in FY 2007 compared with 4,766 screened in FY 2006 (the first year of implementation). This is an increase from 4.33% of client encounters to 10.26% of client encounters. Positive/suspect screening results increased by approximately 45%. This indicates that public health nurses are identifying and providing educational, support and referral services to increasing numbers of domestic and family violence victims, as well as improving public awareness and education on this important public health issue. In addition, public health nurses have been actively involved in community coalitions to increase resources and awareness.
- Continued public health preparedness and response training, planning, and exercise activities at both the state and local level. Nurses worked in partnership with eight communities (Fairbanks, Ketchikan, Bethel, Unalaska, Juneau, Hooper Bay, Mat-Su and Kenai) to plan, coordinate, and carry out mass prophylaxis exercises with 9,000 participants screened and vaccinated and 780 volunteers recruited and trained. Additional mass dispensing exercises were conducted by grantee agencies in Anchorage and Kotzebue. The first state alternate care site exercise was planned and successfully conducted in Ketchikan. PHNs conducted Pandemic Influenza Workshops in 15 communities and included participants from over 100 communities.
- Increased public health nursing population-based activities such as mobilizing community partnerships, health teaching, consultation, community assessment, advocacy, social marketing, and policy development. Results documented in the Nursing Information Processing System (NIPS) show an increase of 278%, from 1,823 hours in FY 2006 to 5,066 hours in FY 2007.
- Continued involvement in community assessments to determine health care needs and resources, identify service gaps and stimulate community involvement in building needed health services capacity. Began training and implementation of a community driven assessment and strategic planning process called Mobilizing Action through Partnerships and Planning (MAPP) in six communities: Ketchikan, Kenai, Mat-Su, Fairbanks, Bethel and Dillingham.
- Public health nurses have implemented outreach and tracking to determine whether women who receive pregnancy testing and counseling by public health are able to access prenatal care within the first trimester of pregnancy. Results documented for FY 2007 range from 56% to 100% in reporting public health centers. Many of those not able to access medical care in the first trimester were not able to do so due to the waiting period for Medicaid/Denali KidCare approval.
- Hired Health Program Associates at three health centers to provide contact investigation for sexually transmitted

diseases. With the addition of these staff follow-up is improving. Statewide, 82 percent of female clients that tested positive for Chlamydia were treated within 14 days of testing.

- Initiated new program to develop and implement statewide record audit tools, satisfaction surveys, and continuous quality improvement processes and procedures. Audit tools have been developed and initiated for sexually transmitted disease and family planning services. A quality assurance review of all public health nursing Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) well child screening records showed improvement in documentation of required criteria from 50% to 81% prior to submission to Medicaid.
- OSHA requirements have been met with completion of a Section of Public Health Nursing Safety Plan/Manual, individual site specific safety plans for each public health center, web-based training for all staff on the manual and safety plans, and establishment of local safety officers/committees in each health center.
- Decreased staff vacancy and turnover rate by more than 5% with the addition of a part-time, long-term, non-perm Nurse Recruitment and Retention Project Coordinator in March 2007.

Statutory and Regulatory Authority

AS 8.68	Nursing
AS 40.25.110	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 - 0450	Administration of Public Health and Related Laws
AS 18.08	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	Immunizations
7 AAC 26.280, 390, 710	Emergency Medical Services
7 AAC 27	Preventative Medical Services
7 AAC 43	Medical Assistance
7 AAC 50.450, 455	Health in Child Care Facilities and Full Time Care 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

Contact Information

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Nursing Component Financial Summary

All dollars shown in thousands

	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	16,500.6	18,243.8	19,318.5
72000 Travel	553.0	567.8	567.8
73000 Services	2,892.1	2,919.7	2,871.7
74000 Commodities	722.4	665.2	660.2
75000 Capital Outlay	46.6	0.0	0.0
77000 Grants, Benefits	1,294.7	1,293.4	1,419.1
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	22,009.4	23,689.9	24,837.3
Funding Sources:			
1002 Federal Receipts	1,255.9	3,016.2	3,101.3
1003 General Fund Match	84.1	84.1	84.1
1004 General Fund Receipts	11,242.6	11,952.8	12,605.1
1007 Inter-Agency Receipts	9,246.0	8,336.8	8,746.8
1156 Receipt Supported Services	180.8	300.0	300.0
Funding Totals	22,009.4	23,689.9	24,837.3

Estimated Revenue Collections

Description	Master Revenue Account	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Unrestricted Revenues				
Unrestricted Fund	68515	0.7	0.0	0.0
Unrestricted Total		0.7	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	1,255.9	3,016.2	3,101.3
Interagency Receipts	51015	9,246.0	8,336.8	8,746.8
Receipt Supported Services	51073	180.8	300.0	300.0
Restricted Total		10,682.7	11,653.0	12,148.1
Total Estimated Revenues		10,683.4	11,653.0	12,148.1

**Summary of Component Budget Changes
From FY2008 Management Plan to FY2009 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2008 Management Plan	12,036.9	3,016.2	8,636.8	23,689.9
Adjustments which will continue current level of service:				
-Delete one-time authorization for First FY2008 Fuel/Utility Cost Increase Funding Distribution	-48.0	0.0	0.0	-48.0
-FY 09 Bargaining Unit Contract Terms: General Government Unit	579.4	85.1	409.9	1,074.4
-FY 09 Bargaining Unit Contract Terms: Labor Trades and Crafts Unit	0.2	0.0	0.1	0.3
Proposed budget increases:				
-Public Health Nursing Grant Program	120.7	0.0	0.0	120.7
FY2009 Governor	12,689.2	3,101.3	9,046.8	24,837.3

**Nursing
Personal Services Information**

Authorized Positions		Personal Services Costs		
<u>FY2008</u>				
<u>Management</u>		<u>FY2009</u>		
<u>Plan</u>		<u>Governor</u>		
Full-time	189	190	Annual Salaries	12,796,779
Part-time	13	11	COLA	1,056,467
Nonpermanent	4	3	Premium Pay	705
			Annual Benefits	6,636,394
			<i>Less 5.72% Vacancy Factor</i>	(1,171,845)
			Lump Sum Premium Pay	0
Totals	206	204	Total Personal Services	19,318,500

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Administrative Assistant II	2	1	2	0	5
Administrative Clerk II	1	4	3	11	19
Administrative Clerk III	6	5	4	20	35
Administrative Supervisor	0	1	1	4	6
Asst Chief Pub Health Nursing	0	0	1	0	1
Chief, Public Health Nursing	0	0	1	0	1
Enviro Services Journey I	0	0	0	1	1
Health Practitioner I	0	2	2	4	8
Health Program Associate	0	1	1	3	5
Nurse Consultant I	1	0	0	1	2
Nurse Consultant II	5	0	2	0	7
Pharmacy Technician	1	0	0	0	1
Public Health Nurse Aide	0	1	1	2	4
Public Health Nurse I	0	0	3	7	10
Public Health Nurse II	0	13	3	22	38
Public Health Nurse III	6	10	3	28	47
Public Health Nurse IV	1	2	1	4	8
Public Health Nurse V	3	1	1	0	5
Public Health Spec II	0	0	1	0	1
Totals	26	41	30	107	204