

State of Alaska FY2009 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 Result	Strategies to Achieve End Result
<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 17% of high school youth in Alaska smoke. <u>Measure #1:</u> Prevalence of smoking among Alaskan</p>

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

youth.

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 (DPH) 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 Clinical Laboratory Improvement Amendments (CLIA).

FY2009 Resources Allocated to Achieve Results

FY2009 Results Delivery Unit Budget: \$97,442,700

Personnel:

Full time	519
Part time	16
Total	535

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%
2006	4.6 -4.17%	10.4 +16.85%

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. In 2005 and 2006 Alaska again had the highest rate of TB of the 50 states. This was the result of a large outbreak among the homeless in Anchorage that has continued into 2007. On an ongoing 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.

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 11 cases – 59 in 2005 up to 70 in 2006. Despite the recent outbreaks, the rate of TB in Alaska has shown a downward trend over the past 12 years.

Because of a high rate of latent TB infection among residents, and Alaska's location as a global crossroads that attracts travelers, seasonal workers and new families, rates of TB 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 ongoing challenge of TB, the department needs a strong and multi-pronged public health team of professionals knowledgeable about current issues of TB control as well as a strong public health nursing force. 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	657 +8.77%	333 +4.06%
2006	676 +2.89%	348 +4.50%

Analysis of results and challenges: Sexually transmitted infections remain major causes of illness in Alaska and may cause serious health consequences. Additionally, new infectious organisms and diseases are being detected, some diseases once under control have recently reemerged, and evolving antimicrobial resistance is rendering certain antibiotics ineffective.

Many challenges remain. More sensitive diagnostic technologies, targeted screening, and increased disease investigation activities have detected more infections, increasing the total numbers of chlamydia cases diagnosed. Rapid identification, notification, testing, and treatment of sexual contacts of individuals with chlamydia can make it possible to treat exposed individuals before they develop symptoms or further transmit infection. Conducted with sufficient intensity, these activities have been shown to reduce the reservoir of infected individuals in the population, reducing case numbers and rates over time. Expanded programmatic efforts reduced chlamydia rates in 2003-2004 but could not be sustained; rates have increased since that time.

The basic public health infrastructure for sexually transmitted disease (STD) and HIV prevention and control is in place: public health expertise for patient follow up and partner notification; high quality public health laboratory services; and capacity for epidemiologic support, data analysis, and data dissemination. Some elements of this infrastructure, especially trained personnel to conduct partner notification services, currently require additional resources to strengthen and expand them to a level sufficient to address needs. All elements require ongoing maintenance and monitoring. Most of the financial resources currently identified to support STD prevention and control are federal and have declined over the past five years. Buying power has been eroded by increased costs of living and increased Department of Health and Social Services indirect costs. New resources are needed to expand program efforts.

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	94.7	150.5

	-25.20%	-7.61%
2005	90.7	149.8
	-4.22%	-0.47%
2006	80.9	N/A
	-10.80%	

U.S. data will be updated once it is approved and released by the CDC's National Center for Health Statistics.

Analysis of results and challenges: 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 2003, more than 480,000 people died of coronary heart disease. 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 heart disease sometime in their life.

Heart disease is the second leading cause of death in Alaska, and cerebrovascular disease, or 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. Since 2004, Alaska's coronary heart disease death rates have been 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	199.6
	+8.88%	-0.60%
2001	192.2	196.0
	-8.30%	-1.80%
2002	189.4	193.5
	-1.46%	-1.28%
2003	187.7	190.1
	-0.90%	-1.76%
2004	184.0	185.8
	-1.97%	-2.26%
2005	169.7	183.8
	-7.77%	-1.08%
2006	167.8	N/A
	-1.12%	

U.S. data will be updated once it is approved and released by the CDC's National Center for Health Statistics.

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. However, unlike in most other states, in Alaska cancer is the number one cause of mortality. 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	50.6 -7.83%	38.1 +4.10%
2006	48.5 -4.15%	N/A

U.S. data will be updated once it is approved and released by the CDC's National Center for Health Statistics.

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 are the third leading cause of death in Alaska. Unlike cancer and heart disease, 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	93%
2003	93%
2004	86%
2005	92%
2006	50%*

**TB treatment requires 6-9 months for completion. 2006 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%
2006	97.9%

Analysis of results and challenges: HIV/STD program staff follow up to assure adequate treatment is prescribed for all reported chlamydia cases. Given such follow up, few cases are ultimately treated in a manner inconsistent with the national guidelines. Challenges include maintaining resources necessary to conduct necessary follow up and carefully monitoring disease trends to identify emerging problems.

The proportion of chlamydia cases prescribed adequate treatment dropped slightly in 2006, due primarily to individuals refusing treatment or an inability to locate them. There were a total of 4,528 reported chlamydia cases in 2006, compared to 4,356 in 2005.

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

Target #1: Less than 17% of high school youth in Alaska smoke.

Measure #1: Prevalence of smoking among 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	19.2	21.9
		-23.16%
2005	0	23.0
	-100.00%	+5.02%
2007	17.8	0
	0%	-100.00%

Data is collected every other year. Alaska data not released in years when a statistically valid sample is not available. U.S. data will be reported when released by the CDC.

Analysis of results and challenges: Many Alaskans are currently at risk for developing cardiovascular disease due to such risk factors as smoking, being 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 19.2% in 2003 and 17.8% in 2007. 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 only in 1995, 2003 and 2007. Surveys occurred in other years, however, schools 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.

Healthy Alaskans 2010 target is 17.0%.

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%
2000	61.3%	71%
2001	62.6%	73%
2002	65.8%	73%
2003	78.9%	79%
2004	77.0%	80%
2005	78.4%	82%
2006	82.4%	81%

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 passing such a law, which took effect May 1, 2006. In addition, efforts are ongoing 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
2000	80.8	62.3
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%
2004	81.8 -0.24%	68.4 +4.75%
2005	81.4 -0.49%	66.1 -3.36%

Analysis of results and challenges: Since 2000, the knowledge of folic acid benefits among Alaska mothers has remained at about the same level, around 81% to 82%.

The proportion of Alaska Native mothers who know about the benefits of folic acid steadily increased to 68.4% in 2004, then fell slightly to 66.1% the following year. Numbers for 2006 still are not available. 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 in recent years.

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 minimizing 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
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%
2007	6.67	20	40	26.67	93.34

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 (DPH) 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

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD
FY 2005			70	103	27%
FY 2006				144*	28%
FY 2007	27	106	17	31	35%
FY 2008	69	0	0	0	69
	+155.56%	-100.00%	-100.00%	-100.00%	0%

*144 Division of Public Health staff received disaster preparedness training in FY2006. Quarterly numbers were 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 FY07 percentage reflects the following: 520 total DPH positions, with an estimated 181 individuals receiving disaster preparedness training - for a total of 35 percent trained. This meets the division goal of 25 percent annually. However, when only filled positions are considered (approximately 425 at the end of FY07), then the total of DPH-trained staff for FY07 to date increases to 42 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 Clinical Laboratory Improvement Amendments (CLIA).

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

Year	Target	Actual
2004	10%	10%
2005	75%	50%
2006	75%	50%
2007	75%	60%

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 some testing for Persistent Organic Pollutants (POPs) is underway.

Key RDU Challenges

As the Division of Public Health (DPH) works to protect and promote the health of Alaskans, challenges abound in the general categories of fighting infectious disease, preventing chronic disease, promoting good health, preventing injuries, improving outcomes for children 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 and old scourges still lingering. Alaska must remain prepared for the threat of avian influenza while continuing to battle long-familiar diseases such as tuberculosis. Alaska's ever-growing role as a transportation and tourism crossroads exacerbates the challenge as people from around the world come to our state. 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 obesity, poor diet, lack of exercise and tobacco use. A major challenge for the division is to continue its work to prevent chronic diseases and promote good health through better education efforts, especially the important fight to reverse or at least slow Alaska's growing and alarming rates of overweight and obesity. This makes sense financially because investments in a healthier Alaska now will save healthcare dollars in the years to come. Also, initiatives to improve child development and protect vulnerable Alaskans – through the work of the Sections of Women, Children and Family Health and Certification and Licensing, respectively – are high on the list of DPH challenges. Healthier babies and toddlers 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 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:

- Continuing the successful and widely used toll-free telephone line provided by DPH's Poison Control Program in the Section of Injury Prevention and Emergency Medical Services. This contracted service saves lives and saves money by reducing the need for hospital visits.
- Fully implementing the consolidation of certification and licensing functions into the division, including the Background Check Unit and all necessary regulatory changes.
- Providing accurate and timely advice to Alaskans regarding fish consumption and protecting the fishing industry by dispelling misconceptions about chemical contaminants in Alaska seafood.
- Preparing to open the new Fairbanks virology laboratory on time and on budget – completion is scheduled for December 2008.
- 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.

- Building a comprehensive system for the screening and diagnosis of autism; delays in diagnosis and needed interventions can result in large medical and education costs, as well as lost productivity for individuals and families.
- Continuing to work within the division and with health partners to increase the number of children 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.

Significant Changes in Results to be Delivered in FY2009

- With requested funding, the Physical Activity and Nutrition (PAN) Program will begin in six successful grantee schools to address the issues of eating, exercise and good health in a coordinated effort to reduce the alarming trends in childhood overweight and obesity. Among other things, the request will fund an (existing vacant) Obesity Prevention and Control public health specialist (PHS) position to coordinate the selection of schools, organize the School Wellness Institute, provide training and technical assistance to the six successful grantee schools and their local coordinators, and ensure successful implementation of evidence-based obesity control strategies at the local level.
- The new Fairbanks virology lab – the only lab of its kind in Alaska – is scheduled to open in December 2008. The new building on the University of Alaska campus will replace an aging and outdated facility that, according to the Association of Public Health Laboratories, did not meet OSHA or CDC standards. A requested increment is for six months pro-rated costs to support operating the new laboratory (utilities, janitorial, snow removal, parking, heat, electricity, natural gas, etc.).
- Health Planning and Infrastructure, previously housed in the Departmental Support Services RDU, will join the Public Health RDU in FY2009. This system realignment is intended to help that program better achieve its goal of strengthening health care access with a focus on rural areas and underserved populations in Alaska. Also, the Public Health RDU will operate under a realigned organizational structure, reporting to the newly created position of Chief Medical Officer in the DHSS Commissioner's Office.

Major RDU Accomplishments in 2007

Public Health Nurses provided 126,672 health care visits to 75,691 patients (including 36,069 children), administered 84,412 doses of vaccine and gave and read 18,638 tests for tuberculosis (TB).

The Breast and Cervical Health Check Program continued its lifesaving work. Since its inception in 1995, the program has provided nearly 71,000 cancer screenings to nearly more than 33,000 individual women who are medically underserved. Of those women, 211 cases of breast cancer, 30 cases of cervical cancer and 1,825 pre-cancerous conditions have been diagnosed.

The Tobacco Prevention and Control Program achieved the highest-ever call volume to the Alaska Tobacco Quit Line – more than 23,000 calls statewide – through which Alaskans who want to quit receive free nicotine replacement therapy and cessation services. The program also implemented the first-ever Alaska school-based tobacco prevention grantee program, initially within eight Alaskan communities.

More than 90,000 doses of flu vaccine were distributed by Division of Public Health's (DPH) Immunization Program to clinics and health centers throughout Alaska.

In partnership with the Municipality of Anchorage, the DPH Section of Epidemiology worked to control an ongoing outbreak of tuberculosis (TB) in the homeless population. This outbreak began in December of 2005 and more than 30 cases have been identified over the past two years. The TB Program has collaborated with the municipality to provide regular screening events at facilities that support the homeless and provided housing for homeless persons with TB during the course of treatment.

DPH also published 41 Epidemiology *Bulletins* to inform health care providers and the public of important investigations, concerns, or alerts regarding health issues.

The Section of Laboratories established ethylene glycol (antifreeze) and toxic alcohols blood analysis, providing round-

the-clock emergency support for Alaska hospitals. This analysis decreases the time to treat affected patients. Prior to this service, such tests had to be flown to Seattle, often delaying appropriate treatment by several days.

DPH scientists released important fish consumption guidelines, reaffirming that Alaska fish continues to be an important part of a healthy diet for everyone, including pregnant and nursing women and young children.

Ground was broken on a new virology laboratory at the University of Alaska Fairbanks campus. The new building will replace an insufficient, outdated facility and expand the laboratory's operations to include more space for the safe and proper isolation of potential biological hazards. The additional space will provide surge capacity for critical lab work in the event of a health emergency or other disaster that could overwhelm the Anchorage laboratory.

DPH reviewed application materials and issued certification credentials for over 3,800 Emergency Medical Technicians (EMT), Emergency Medical Services (EMS) Instructors, and Emergency Medical Dispatchers, approximately 83 ground emergency medical services, 19 air medical services, and five hospital trauma centers.

Alaska Poison Control activities, including support of a statewide triage phone hotline and educational requests, were supported. The Poison Control Center received approximately 9,300 calls, of which over 7,000 were human exposures resulting in medical treatment for over 1,000 people. The center provided statewide technical and educational support to caregivers on all calls.

The State Medical Examiner's Office completed 288 autopsies in FY2007.

DPH provided support for the installation and maintenance of approximately 466 "Kids Don't Float" life jacket loaner sites in Alaska communities. Since 1998, this program has resulted in 14 documented cases of prevented drowning.

Of all newborns in Alaska, 99.9 percent were screened for metabolic disorders and nearly 97 percent of infants born in a hospital 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 which enables the entry of screening results to assist with tracking and follow up of infants who require a diagnostic work up or have hearing loss. During FY08, the database will have the capability to merge the newborn metabolic screening results directly from the screening laboratory to form a complete infant screening record.

The Bureau of Vital Statistics continued adding to the number of public health statistics reports that are published on the BVS website. Detailed information on injury deaths, leading causes of death, chronic disease deaths, infant mortality, birth rates, causes of death, and health profiles is readily available at:

<http://www.hss.state.ak.us/dph/bvs/data/default.htm>.

The Background Check Program has processed 23,712 applications since implementation of the program on March 31, 2006; 505 individuals were disqualified from becoming service providers due to barring criminal conditions.

Contact Information

Contact: Laura Baker, Budget Chief
Phone: (907) 465-1629
Fax: (907) 465-1850
E-mail: Laura.Baker@alaska.gov

**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2007 Actuals				FY2008 Management Plan				FY2009 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	11,326.7	1,255.9	9,426.8	22,009.4	12,036.9	3,016.2	8,636.8	23,689.9	12,689.2	3,101.3	9,046.8	24,837.3
Women, Children and Family Health	939.6	4,703.9	1,313.2	6,956.7	1,183.8	6,254.7	1,853.0	9,291.5	1,441.2	6,379.9	1,766.2	9,587.3
Public Health Admin Svcs	338.8	1,726.8	59.7	2,125.3	464.7	2,206.6	114.7	2,786.0	496.4	2,256.1	114.7	2,867.2
Certification and Licensing	591.3	3,239.7	875.3	4,706.3	1,246.8	3,573.6	699.4	5,519.8	1,288.4	3,692.0	1,699.4	6,679.8
Chronic Disease Prev/Hlth Promo	138.6	4,057.7	827.9	5,024.2	762.5	5,036.9	973.5	6,772.9	1,379.7	5,252.4	1,316.8	7,948.9
Epidemiology	2,153.4	7,114.5	737.6	10,005.5	2,587.2	8,278.1	755.9	11,621.2	3,074.0	8,320.3	755.9	12,150.2
Bureau of Vital Statistics	294.8	171.3	1,767.5	2,233.6	84.0	310.4	2,033.9	2,428.3	84.0	310.4	2,110.1	2,504.5
Community Health/EMS Services	1,240.6	3,326.3	334.9	4,901.8	944.3	4,258.6	228.0	5,430.9	0.0	0.0	0.0	0.0
Community Health Grants	2,087.2	0.0	0.0	2,087.2	1,963.2	0.0	0.0	1,963.2	3,414.6	0.0	0.0	3,414.6
Injury Prev/EMS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	976.8	4,371.4	1,074.9	6,423.1
Emergency Medical Svcs Grants	2,062.1	0.0	0.0	2,062.1	2,062.1	0.0	0.0	2,062.1	2,062.1	0.0	0.0	2,062.1
State Medical Examiner	1,663.3	0.0	9.0	1,672.3	1,972.0	0.0	10.0	1,982.0	2,029.0	0.0	10.0	2,039.0
Public Health Laboratories	3,932.7	1,188.4	221.8	5,342.9	3,403.9	1,721.9	742.1	5,867.9	3,871.9	1,786.8	746.5	6,405.2
Tobacco Prevention and Control	0.0	0.0	4,293.0	4,293.0	0.0	0.0	6,045.3	6,045.3	0.0	0.0	6,858.3	6,858.3

**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2007 Actuals				FY2008 Management Plan				FY2009 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
Health Planning & Infrastructure	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	152.7	3,307.0	205.5	3,665.2
Totals	26,769.1	26,784.5	19,866.7	73,420.3	28,711.4	34,657.0	22,092.6	85,461.0	32,960.0	38,777.6	25,705.1	97,442.7

Public Health
Summary of RDU Budget Changes by Component
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	28,711.4	34,657.0	22,092.6	85,461.0
Adjustments which will continue current level of service:				
-Nursing	531.6	85.1	410.0	1,026.7
-Women, Children and Family Health	7.4	125.2	-336.8	-204.2
-Public Health Admin Svcs	31.7	49.5	0.0	81.2
-Certification and Licensing	41.6	118.4	0.0	160.0
-Chronic Disease Prev/Hlth Promo	20.5	215.5	156.3	392.3
-Epidemiology	186.8	42.2	0.0	229.0
-Bureau of Vital Statistics	0.0	0.0	76.2	76.2
-Community Health/EMS Services	-944.3	-4,258.6	-228.0	-5,430.9
-Community Health Grants	279.4	0.0	0.0	279.4
-Injury Prev/EMS	976.8	4,371.4	231.4	5,579.6
-State Medical Examiner	57.0	0.0	0.0	57.0
-Public Health Laboratories	73.0	64.9	4.4	142.3
-Health Planning & Infrastructure	2.0	-61.1	-73.0	-132.1
Proposed budget increases:				
-Nursing	120.7	0.0	0.0	120.7
-Women, Children and Family Health	250.0	0.0	250.0	500.0
-Certification and Licensing	0.0	0.0	1,000.0	1,000.0
-Chronic Disease Prev/Hlth Promo	596.7	0.0	187.0	783.7
-Epidemiology	300.0	0.0	0.0	300.0
-Community Health Grants	1,172.0	0.0	0.0	1,172.0
-Injury Prev/EMS	0.0	0.0	843.5	843.5
-Public Health Laboratories	395.0	0.0	0.0	395.0
-Tobacco Prevention and Control	0.0	0.0	813.0	813.0
-Health Planning & Infrastructure	0.0	0.0	80.0	80.0
FY2009 Governor	32,960.0	38,777.6	25,705.1	97,442.7