

State of Alaska FY2010 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

To protect and promote the health of Alaskans.

Core Services

- Prevent and control epidemics and the spread of infectious disease.
- Prevent and control injuries.
- Prevent and control chronic disease and disabilities.
- Respond to public health emergencies, disasters and terrorist attack.
- Assure access to early preventative services and quality health care.
- Protect against environmental hazards impacting human health.
- Manage and administer public health programs and services effectively and efficiently.

End Result	Strategies to Achieve End Result
<p>A: Outcome Statement: Healthy people in healthy communities.</p> <p><u>Target #1:</u> Alaska's tuberculosis (TB) rate is less than 6.8/100,000 population <u>Status #1:</u> For 2007, Alaska had third-worst TB rate in the nation</p> <p><u>Target #2:</u> Alaska's chlamydia rate is less than 590/100,000 population <u>Status #2:</u> Alaska's chlamydia rate is still on the rise up from 676 to 733 or more than 8% in 2007, and up from 657 to 676 or 2.89% in 2006 per 100,000 population.</p> <p><u>Target #3:</u> Alaska's coronary heart disease death rate is less than 120/100,000 population <u>Status #3:</u> Coronary Heart Disease (CHD) rate is below the target for each year since 2004 which is 120 deaths per 100,000 population.</p> <p><u>Target #4:</u> Alaska's overall cancer death rate is less than 162/100,000 population <u>Status #4:</u> Rate has declined each year since 2000 but cancer still the Number 1 killer in Alaska</p> <p><u>Target #5:</u> Reduce Alaska's unintentional injury death rate to 50/100,000 population <u>Status #5:</u> Death rate caused by unintentional injuries is 52.2 per 100,000 population, above the 50/100,000 target but dropping 12% from 2002 to 2006</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>Status #1:</u> 2006 rate still below target percentage because of some difficult cases</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>Status #2:</u> In 2007, percent of Alaskans getting adequate treatment exceeded target</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>Status #1:</u> 51% decline in youth smoking over 12 years, bringing 2007 prevalence rate within 1 percentage point of target</p> <p>A3: Reduce suffering, death and disability due to injuries.</p> <p><u>Target #1:</u> Increase seatbelt use to 80% <u>Status #1:</u> Alaska has exceeded target since mandatory law took effect in 2006</p> <p>A4: Assure access to early preventative services and quality health care.</p> <p><u>Target #1:</u> More than 60% of women of childbearing age</p>

	<p>will report knowledge that taking folic acid during pregnancy can reduce the risk of birth defects. <u>Status #1:</u> In 2006, more slow progress in increasing knowledge of folic acid benefits</p> <p><u>Target #2:</u> 100% of Alaska's licensed and certified long-term care facilities are surveyed and recertified annually <u>Status #2:</u> In FY2008, state consistently met licensure survey timelines</p> <p>A5: Minimize loss of life and suffering from natural disasters and terrorist attack.</p> <p><u>Target #1:</u> 25% of the Division of Public Health (DPH) staff is trained in disaster response techniques and procedures <u>Status #1:</u> Target exceeded - in FY2008 one-third of all DPH staff receiving preparedness training</p> <p>A6: Reduce Alaskans' exposure to environmental human health hazards.</p> <p><u>Target #1:</u> State lab has validated methods to test people for 100% of the important PCBs, pesticides and trace heavy metals <u>Status #1:</u> Target exceeded in 2007, with 75% of testing methods validated by CLIA</p>
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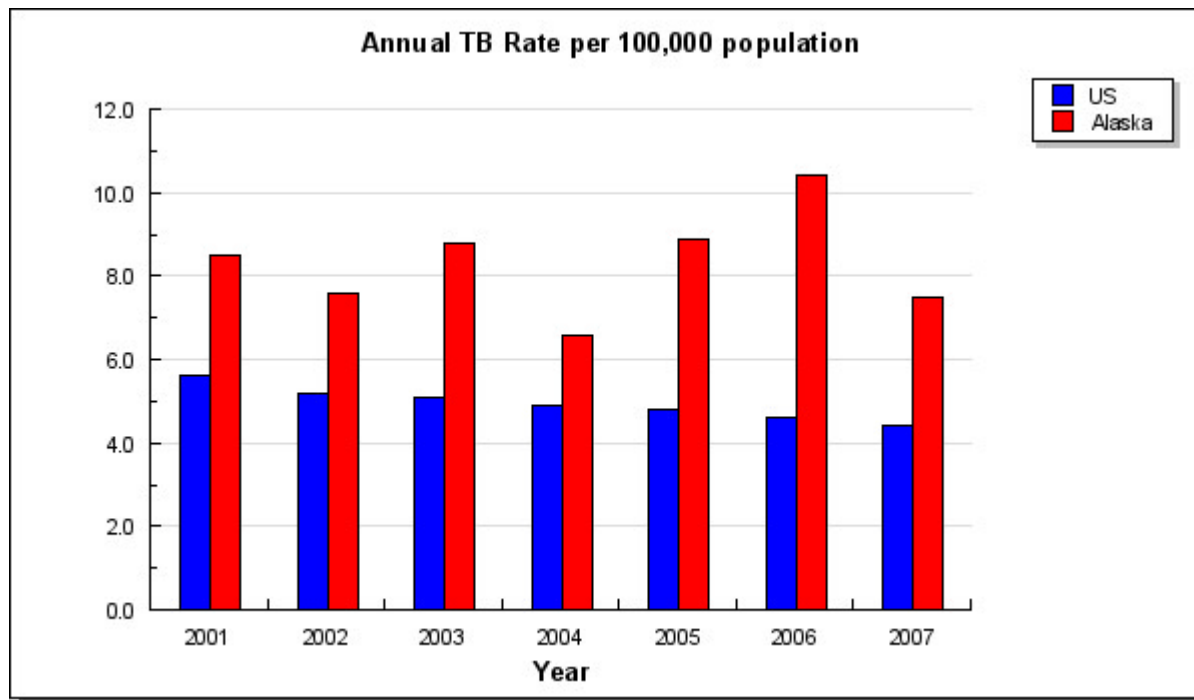
FY2010 Resources Allocated to Achieve Results								
<p>FY2010 Results Delivery Unit Budget: \$98,428,100</p>	<p>Personnel:</p>	<table> <tr> <td>Full time</td> <td style="text-align: right;">512</td> </tr> <tr> <td>Part time</td> <td style="text-align: right;">16</td> </tr> <tr> <td>Total</td> <td style="text-align: right; border-top: 1px solid black;">528</td> </tr> </table>	Full time	512	Part time	16	Total	528
Full time	512							
Part time	16							
Total	528							

Performance

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

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

Status #1: For 2007, Alaska had third-worst TB rate in the nation



Annual TB Rate per 100,000 population

Year	US	Alaska
2007	4.4 -4.35%	7.5 -27.88%
2006	4.6 -4.17%	10.4 +16.85%
2005	4.8 -2.04%	8.9 +34.85%
2004	4.9 -3.92%	6.6 -25%
2003	5.1 -1.92%	8.8 +15.79%
2002	5.2 -7.14%	7.6 -10.59%
2001	5.6	8.5

Analysis of results and challenges: Tuberculosis (TB) 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. In 2005 and 2006 Alaska had the highest rate of TB of the 50 states. This was the result of a large outbreak among the homeless in Anchorage. For 2007, Alaska has the third-highest TB rate in the country. 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. Despite the recent outbreaks, the rate of TB in Alaska began to decline again in 2007 and has shown a downward trend over the past 12 months.

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

Status #2: Alaska's chlamydia rate is still on the rise up from 676 to 733 or more than 8% in 2007, and up from 657 to 676 or 2.89% in 2006 per 100,000 population.

Chlamydia rate per 100,000 of population

Year	Alaska	U.S.
2007	733 +8.43%	N/A
2006	676 +2.89%	348 +4.5%
2005	657 +8.77%	333 +4.06%
2004	604 +0.33%	320 +5.26%
2003	602 +1.52%	304 +5.19%
2002	593 +36.95%	289 +5.09%
2001	433 +5.61%	275 +9.56%
2000	410 +35.31%	251 +1.62%
1999	303	247

Methodology: National data for 2007 available from CDC in November

Analysis of results and challenges: Sexually transmitted infections remain major causes of illness in Alaska and may cause serious health consequences. Some diseases once under control have recently reemerged, such as syphilis. As well, 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

Status #3: Coronary Heart Disease (CHD) rate is below the target for each year since 2004 which is 120 deaths per 100,000 population.

Coronary Heart Disease death rate per 100,000

Year	Alaska	US
2006	80.9 -10.8%	N/A
2005	90.7 -4.22%	149.8 -0.47%
2004	94.7 -25.2%	150.5 -7.61%
2003	126.6 +7.29%	162.9 -4.68%
2002	118 -13.62%	170.9 -3.88%
2001	136.6 -0.8%	177.8 -4.77%
2000	137.7 +4.71%	186.7 -4.06%
1999	131.5	194.6

Methodology: 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: Nationally, heart disease is the leading cause of death. An estimated 12 million men and women in the U.S. have a history of coronary heart disease, the most common form of heart disease. In 2005, more than 445,000 people died of coronary heart disease in the U.S.. 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 some time in their lives.

Heart disease is the second leading cause of death in Alaska, and cerebrovascular disease (stroke) is the fourth. 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 is 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 162/100,000 population

Status #4: Rate has declined each year since 2000 but cancer still the Number 1 killer in Alaska

Cancer death rate per 100,000 of population

Year	Alaska	US
2006	167.8 -1.12%	N/A
2005	169.7 -7.77%	183.8 -1.08%
2004	184.0 -1.97%	185.8 -2.26%
2003	187.7 -0.9%	190.1 -1.76%
2002	189.4 -1.46%	193.5 -1.28%
2001	192.2 -8.3%	196.0 -1.8%
2000	209.6 +8.88%	199.6 -0.6%
1999	192.5	200.8

Methodology: 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 a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Anyone can develop cancer and as the risk of being diagnosed with cancer increases with age, most cases occur in adults who are middle-aged or older. In the United States, cancer accounts for one of every four deaths; half of all men and one-third of all women will develop cancer during their lifetimes.

While cancer is the second-leading cause of death in the United States, it is the leading cause of death in Alaska. Over the past ten 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. Although some cancer risk factors are not modifiable, such as age, heredity and sex, it is estimated that up to fifty percent of all cancer deaths may be prevented through eliminating and reducing specific unhealthy behaviors. Goals around prevention, early detection and treatment are the focus of the Alaska Comprehensive Cancer Control Plan, a collaboratively-developed roadmap of how statewide partners are "Working Together for a Cancer-Free Alaska."

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

Status #5: Death rate caused by unintentional injuries is 52.2 per 100,000 population, above the 50/100,000 target but dropping 12% from 2002 to 2006

Unintentional injury death rate per 100,000 population

Year	Alaska	US
2006	52.2 +3.16%	N/A
2005	50.6 -8.17%	38.1 +4.1%
2004	55.1 -0.36%	36.6 -1.61%
2003	55.3 -6.59%	37.2 +0.81%
2002	59.2 -3.11%	36.9 +3.65%
2001	61.1 -4.38%	35.6 +2.01%
2000	63.9 +11.13%	34.9 -1.13%
1999	57.5	35.3

Methodology: 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 Alaska's high prevalence, the toll 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. Cancer and heart disease are the leading causes of death among the elderly, but 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 programs are two examples of successful activities. DPH's Injury Control program will continue to partner with others and to use data analysis 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

Status #1: 2006 rate still below target percentage because of some difficult cases

% of Persons with TB Completing Treatment Regimen

Year	Annual
2007	NA*
2006	90%
2005	92%
2004	86%
2003	93%
2002	93%

Methodology: *TB treatment requires 6-9 months for completion. 2007 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. However, some TB patients are difficult to locate, are uncompliant or have medical complications that don't allow them to receive full treatment within the allotted time period. 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

Status #2: In 2007, percent of Alaskans getting adequate treatment exceeded target

% of Chlamydia cases prescribed adequate treatment

Year	Annual
2007	99.8%
2006	97.9%
2005	99.8%
2004	99.6%
2003	99.5%

Analysis of results and challenges: 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, the majority of cases are ultimately treated in a manner consistent with the national guidelines. Challenges include maintaining resources necessary to conduct necessary follow up and carefully monitoring disease trends to identify emerging problems.

There were a total of 4,911 reported chlamydia cases in 2007, compared to 4,528 in 2006. A small number of cases don't get adequate treatment, due primarily to individuals refusing treatment or an inability to locate them.

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

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

Status #1: 51% decline in youth smoking over 12 years, bringing 2007 prevalence rate within 1 percentage point of target

Prevalence of cigarette smoking in Alaska youth in past 30 days (per YRBS survey)

Year	Alaska	US
2007	17.8	20.0 -13.04%
2005	NA	23.0 +5.02%
2003	19.2	21.9 -23.16%
2001	NA	28.5 -18.1%
1999	NA	34.8

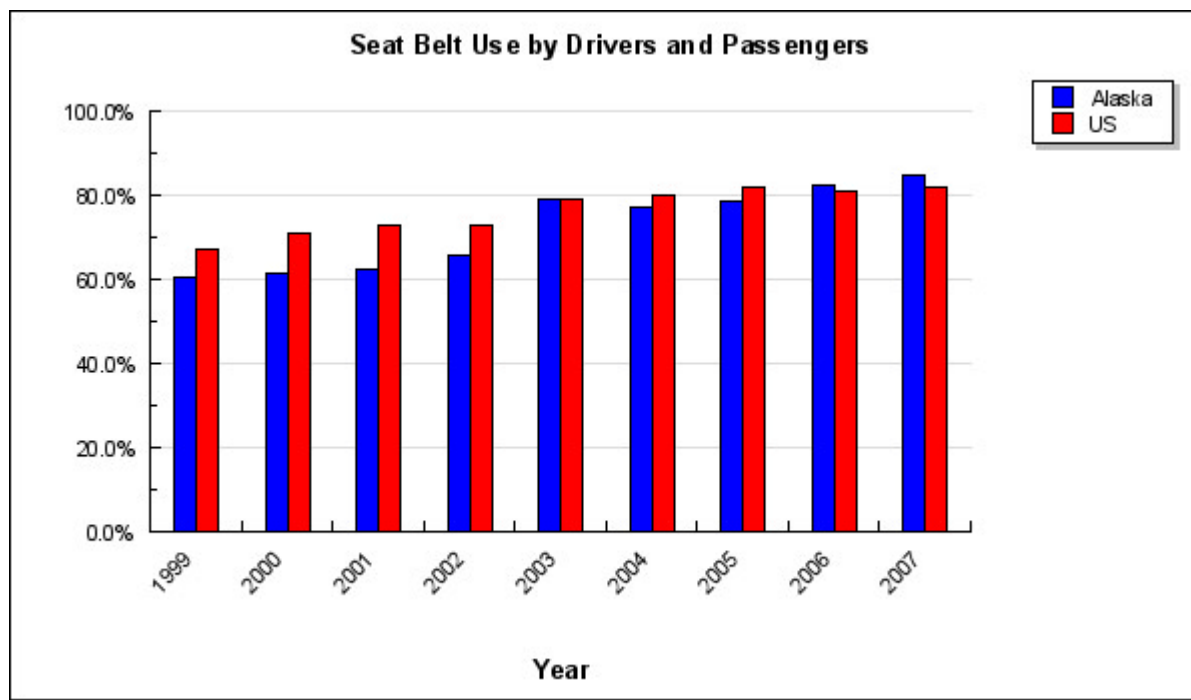
Methodology: Data is collected every other year. Alaska data not released in years when a statistically valid sample is not available. U.S. data will be reported when released by the CDC.

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. 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 are 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.

The Healthy Alaskans 2010 target is 17.0%.

A3: Strategy - Reduce suffering, death and disability due to injuries.**Target #1:** Increase seatbelt use to 80%**Status #1:** Alaska has exceeded target since mandatory law took effect in 2006

Methodology: Alaska Highway Safety Office and U.S. National Occupant Protection Use Survey (NOPUS-2007)

Seat Belt Use by Drivers and Passengers

Year	Alaska	US
2007	85.0%	82%
2006	82.4%	81%
2005	78.4%	82%
2004	77.0%	80%
2003	78.9%	79%
2002	65.8%	73%
2001	62.6%	73%
2000	61.3%	71%
1999	60.6%	67%

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.

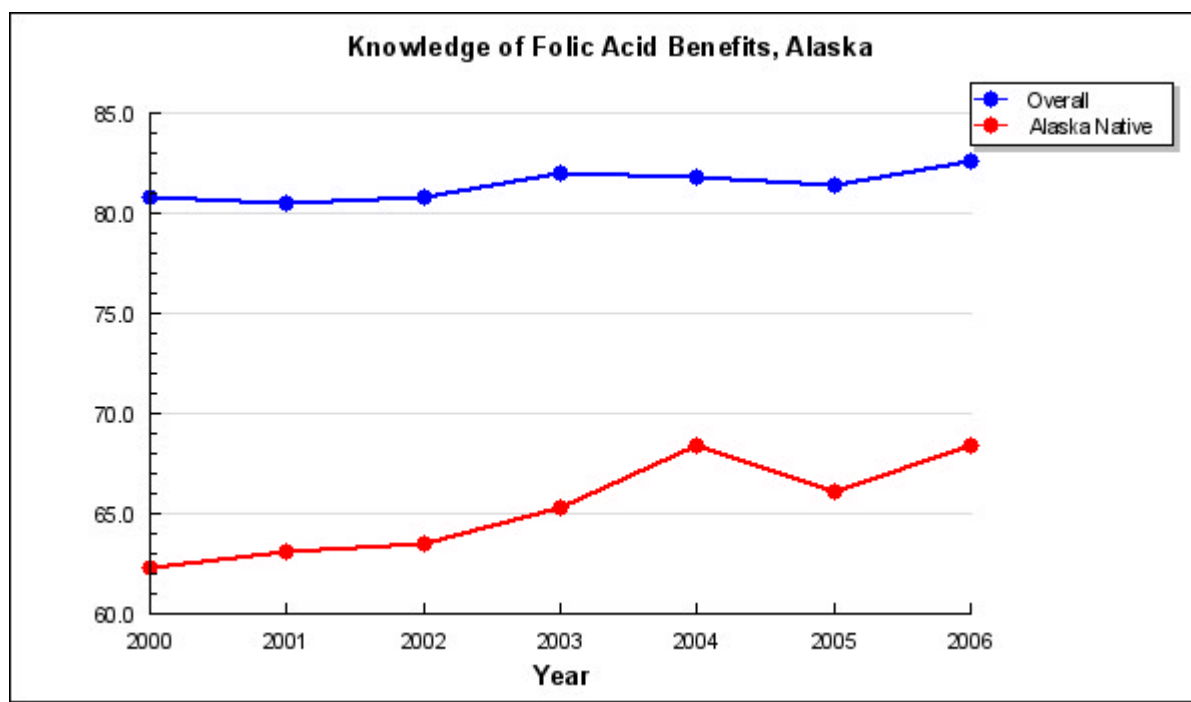
Alaska's mandatory seatbelt law took effect in 2006. In addition, efforts are ongoing to increase seatbelt use through public information messages and other targeted activities.

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.

Status #1: In 2006, more slow progress in increasing knowledge of folic acid benefits



Knowledge of Folic Acid Benefits, Alaska

Year	Overall	Alaska Native
2006	82.6 +1.47%	68.4 +3.48%
2005	81.4 -0.49%	66.1 -3.36%
2004	81.8 -0.24%	68.4 +4.75%
2003	82.0 +1.49%	65.3 +2.83%
2002	80.8 +0.37%	63.5 +0.63%
2001	80.5 -0.37%	63.1 +1.28%
2000	80.8	62.3

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 83%.

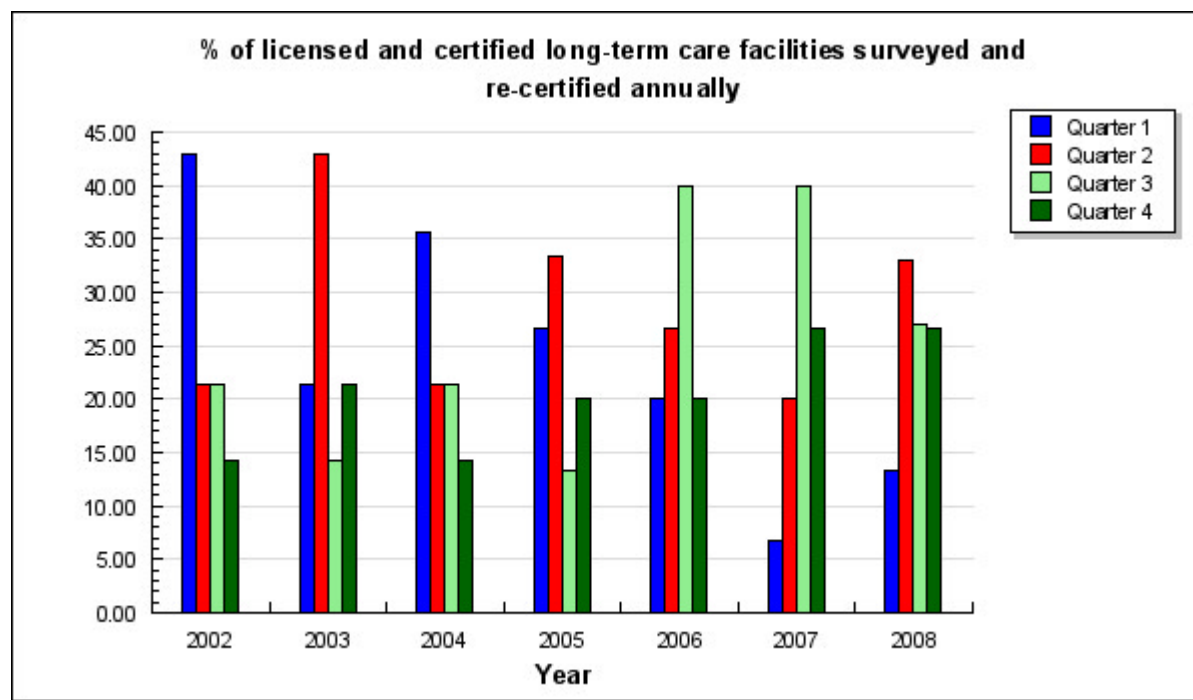
The proportion of Alaska Native mothers who know about the benefits of folic acid steadily increased to 68.4% in 2004, fell slightly to 66.1% the following year, and then rose again to 68.4%. While the prevalence of folic acid knowledge among Alaska Native mothers of newborns was still substantially 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

Status #2: In FY2008, state consistently met licensure survey timelines



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

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2008	13.33	33	27	26.67	100%
2007	6.67	20	40	26.67	93.34%
2006	20	26.7	40	20	106.7%
2005	26.67	33.33	13.33	20	93.33%
2004	35.71	21.43	21.43	14.29	92.86%
2003	21.43	42.86	14.29	21.43	100%
2002	42.86	21.43	21.43	14.29	100%

Analysis of results and challenges: The annual required schedule for nursing home licensure surveys is driven by the federal Medicare certification survey scheduling mandate. The two surveys are always conducted simultaneously. The Center for Medicare and Medicaid Services (CMS) requires that long-term care (LTC) surveys are to be completed within a 9- to 15-month period with an average not to exceed 12.9 months. The Section of Certification and Licensing has consistently met federal and state certification and licensing LTC survey percentage requirements for licensed and certified long-term care facilities within the 9- to 15-month period. 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

Status #1: Target exceeded - in FY2008 one-third of all DPH staff receiving preparedness training

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

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	177				34%
FY 2007	27	106	17	31	35%
FY 2006				144*	28%
FY 2005			70	103	27%

Methodology: *177 Division of Public Health staff received disaster preparedness training in FY2008. Quarterly numbers were not available.

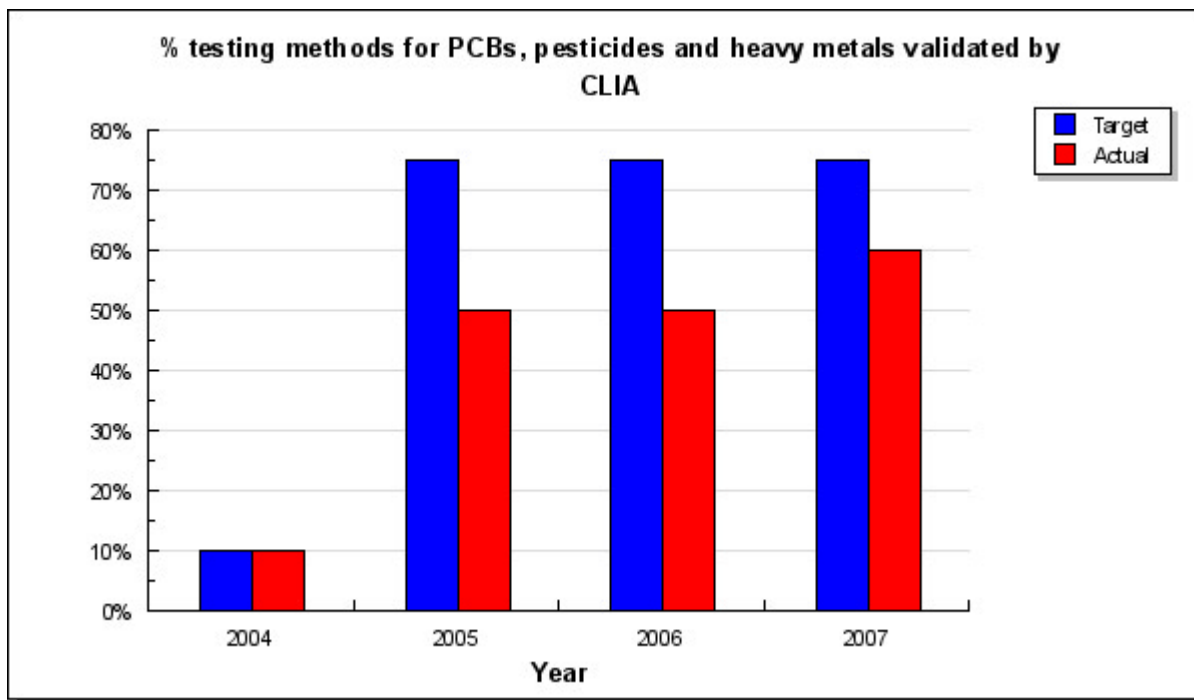
Analysis of results and challenges: Disaster response training for Division of Public Health (DPH) staff is enabling DPH to carry out its role in disaster response operations. Training is the critical link between planning and action, and permits all concerned to maintain a common knowledge base.

The FY08 percentage reflects the following: 520 total DPH positions, with an estimated 177 individuals receiving disaster preparedness training, a total of 34 percent trained. This meets the division goal of 25 percent annually. However, when only filled positions are considered (approximately 425), then the total of DPH-trained staff for FY08 to date increases to 42 percent. New tracking software should come online soon.

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

Status #1: Target exceeded in 2007, with 75% of testing methods validated by CLIA

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

Year	Target	Actual
2007	75%	60%
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 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 preventing chronic disease and promoting good health, fighting infectious disease, 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, the fight against chronic diseases is critical: three of every five deaths in Alaska are linked to chronic diseases. The primary risk factors for such diseases are obesity, poor diet, lack of exercise and tobacco use. As federal funding shrinks for disease prevention and health promotion programs – and with little commitment of state general fund dollars to these programs to date – 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. Another major challenge is the fight against infectious disease, 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 role as a transportation and tourism crossroads exacerbates the challenge as people from around the world come to our state. In addition, there is an urgent and ever-present 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 to build on progress made by reducing adult and youth smoking in Alaska; efforts must continue to lessen the negative impact of tobacco on all Alaskans.
- Working within the division and with health partners around the state to increase the number of children who are fully immunized.
- Providing timely and relevant information to Alaskans wishing to improve their health; such information is essential for people wishing to take personal responsibility in the areas of health and wellness. DHSS, led by DPH, began work in 2007 on developing a healthy living initiative. This work has reached a critical juncture that requires funding if progress is to continue. This goal is to build a comprehensive, interactive Website that will encourage and inspire Alaskans to make healthy choices about nutrition, physical activity, tobacco use and other topics.
- Continuing to build 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.
- 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.
- Providing accurate and timely advice to Alaskans regarding fish consumption and protecting the fishing industry by dispelling misconceptions about chemical contaminants in Alaska seafood.
- Establishing the Alaska Health Care Commission to serve as the state health planning and coordinating body, and to provide recommendations for and foster the development of a comprehensive statewide health care policy and a strategy for improving the health of Alaskans.

Significant Changes in Results to be Delivered in FY2010

- Through its Obesity Prevention and Control program and with requested funding, DPH for the first time will tackle the epidemic of childhood obesity in Alaska in a comprehensive manner based on the successful tobacco control model.

- The new Fairbanks virology lab is scheduled to begin operations in January 2009. Move-in was to begin in December 2008. With requested funding for FY2010, the new lab will be fully operational and properly staffed.
- Health Planning and Infrastructure, currently housed in the DPH will be relocated to Health Care Service in FY2010.
- The Health Facility Survey program, currently housed in the Certification and Licensing component, will relocate to Health Care Services in FY2010.

Major RDU Accomplishments in 2008

As the result of an initiative led by DPH and DHSS staff, Alaska finished No. 1 in the national President's Fitness Challenge – nearly 3,000 Alaskans went to a website, signed up to exercise at least 5 times a week – and followed through. The governor in July was presented a national award by U.S. Health and Human Services Secretary Mike Leavitt.

Reported a greatly reduced percentage of adult smokers in Alaska. Based on 2007 Behavioral Risk Factor Surveillance System (BRFSS) data, the percentage of adult smokers has declined by one-fifth since 1996 to 21.5 percent, a statistically significant decrease. This represents more than 27,000 fewer smokers and is expected to result in almost 8,000 fewer tobacco-related deaths and \$300 million in averted medical costs.

Provided new and much faster emergency ethylene glycol testing for hospitals to determine if Alaskans have consumed anti-freeze or are suffering only from alcohol poisoning. This offers round-the-clock emergency support for Alaska hospitals and 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. So far this testing has saved the state nearly \$1 million in unneeded treatment costs. Additionally, because of the much faster diagnosis at least one patient was saved from having an unnecessary kidney transplant.

The Breast and Cervical Health Check Program continued its lifesaving work. Since its inception, the program has provided nearly 77,000 cancer screenings to nearly 36,000 individual women who are medically underserved. Of those women, 232 cases of breast cancer, more than 30 cases of cervical cancer and nearly 1,900 pre-cancerous conditions have been diagnosed.

Fielded more than 10,000 calls to the Alaska Poison Control System and gave critical advice to Alaskans and their health providers.

Established 48 new Kids Don't Float life-jacket loaner sites, bringing the total to 514 active sites statewide.

Distributed 1,896 new smoke alarms to 13 communities in Alaska.

Public Health Nurses provided 110,234 health care visits to 66,220 patients (including 35,101 children), administered 114 newborn hearing screenings, gave 83,625 doses of vaccine, administered and read 17,066 tests for tuberculosis and screened 15,242 people for evidence of domestic violence.

Continued statewide efforts to raise public awareness of the need to help teens engage in healthy relationships and avoid the life-limiting challenges posed by unintended pregnancy, sexually-transmitted infections, relationship violence and sexual coercion. These efforts included airing of television and radio PSAs and conducting trainings aimed at helping clinicians and other professionals working with youth to develop counseling and education skills.

The Background Check program processed more than 37,000 applications since implementation in March 2006 and protected vulnerable Alaskans by disqualifying over 900 individuals from becoming service providers because of barring criminal conditions. In FY2008 alone, approximately 400 people were disqualified from working with vulnerable Alaskans.

Maintained licensure and inspection for over 750 residential child, assisted living and health care facilities in Alaska.

In collaboration with Department of Education and Early Development, trained over 130 childcare providers to improve physical activity and nutrition for preschool children and families in Juneau, Anchorage, Fairbanks, Nome, Mat-Su and Homer.

Investigated an outbreak of *Campylobacter* infection in collaboration with the Department of Environmental Conservation. More than 60 individuals with laboratory-confirmed illness were identified and several required hospitalization. Disease notification, treatment, and prevention strategies were communicated to residents and health care providers throughout Alaska via health alert messaging, an Epi Bulletin, and the media.

Investigated an outbreak of adenovirus 14 that sickened more than 40 people in communities on Prince of Wales Island. Disease notification and prevention strategies were communicated to Prince of Wales Island residents and health care providers.

In partnership with the Alaska Department of Natural Resources, began development of procedures to assess the health impacts of proposed large-scale natural resource development projects. Participated on an interagency workgroup to develop a health impact assessment for the Red Dog mine expansion, excerpts of which will appear in the Supplemental Environmental Impact Statement for the project.

Implemented *VacTrAK*, a secure Internet-based Immunization Information System and a companion Disease Surveillance Management System.

Published 28 Epidemiology *Bulletins* to inform health care providers and the public of important investigations, concerns, or alerts regarding health issues.

The Section of Epidemiology responded to 194 after-hours calls through the emergency phone number; all were responded to within 10 minutes.

Continued adding to the number of public health statistics reports that are published on the Bureau of Vital Statistics 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>.

With legislative support, received significant funding for essential EMS equipment and vehicles under the Alaska Code Blue project – 35 rural communities received new equipment.

The State Medical Examiner's Office completed 238 autopsies in FY2008.

The Preparedness Program opened its emergency operations center in February 2008 to respond to children suffering from Respiratory Syncytial Virus in the Yukon-Kuskokwim Delta area. The team coordinated operations and resource requests. Ultimately, 17 children were medevaced from Bethel for treatment, and dozens more were treated locally. There were no deaths and no children had to be transported out of state for treatment.

Mass dispensing clinic exercises were held in Valdez, Fairbanks, Delta Junction, Pelican, Kodiak, Nome, Bethel and Juneau. These exercises, where thousands of people responded to simulated or actual dispensing of vaccines, were developed to test Alaska's capability to distribute mass prophylaxis and to organize citizen preparedness and participation.

Contact Information

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**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2008 Actuals				FY2009 Management Plan				FY2010 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												
Injury Prev/EMS	0.0	0.0	0.0	0.0	1,002.4	4,380.8	1,074.9	6,458.1	1,083.8	1,936.3	1,076.4	4,096.5
Nursing	11,420.2	2,699.6	8,728.7	22,848.5	12,877.7	3,101.7	9,146.4	25,125.8	13,153.0	3,107.1	9,448.8	25,708.9
Women, Children and Family Health	1,153.8	4,609.1	1,788.4	7,551.3	1,448.9	6,428.4	1,784.1	9,661.4	1,991.1	6,501.9	1,686.3	10,179.3
Public Health Admin Svcs	0.0	2,620.8	0.0	2,620.8	505.8	2,281.8	114.7	2,902.3	1,229.9	2,347.5	210.5	3,787.9
Preparedness Program	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4,500.8	0.0	4,500.8
Certification and Licensing	1,322.0	2,690.0	1,319.5	5,331.5	1,315.7	3,640.1	1,699.4	6,655.2	1,140.0	2,565.3	1,699.4	5,404.7
Health Planning & Infrastructure	0.0	0.0	0.0	0.0	402.7	3,349.0	205.5	3,957.2	0.0	0.0	0.0	0.0
Chronic Disease Prev/Hlth Promo	706.6	3,515.3	932.4	5,154.3	588.5	5,317.0	1,319.0	7,224.5	2,199.8	5,405.6	1,480.9	9,086.3
Epidemiology	1,690.4	8,486.9	321.0	10,498.3	2,191.9	8,548.3	759.5	11,499.7	2,216.2	7,733.5	849.3	10,799.0
Bureau of Vital Statistics	0.0	252.7	2,083.6	2,336.3	87.6	312.8	2,145.5	2,545.9	89.0	327.3	2,262.9	2,679.2
Community Health/EMS Services	1,164.1	4,201.5	1,662.5	7,028.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Health Grants	1,690.1	0.0	0.0	1,690.1	4,414.6	0.0	0.0	4,414.6	3,587.7	0.0	0.0	3,587.7
Emergency Medical Svcs Grants	2,060.7	0.0	0.0	2,060.7	2,062.1	0.0	0.0	2,062.1	2,329.5	0.0	0.0	2,329.5
State Medical Examiner	1,840.1	6.0	8.8	1,854.9	2,042.6	0.0	10.0	2,052.6	2,223.4	11.0	10.0	2,244.4

**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2008 Actuals				FY2009 Management Plan				FY2010 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
Public Health Laboratories	3,883.4	1,370.5	255.1	5,509.0	3,905.9	1,902.2	746.5	6,554.6	4,315.3	1,605.7	689.6	6,610.6
Tobacco Prevention and Control	0.0	0.0	5,850.9	5,850.9	0.0	0.0	6,858.3	6,858.3	0.0	0.0	7,413.3	7,413.3
Totals	26,931.4	30,452.4	22,950.9	80,334.7	32,846.4	39,262.1	25,863.8	97,972.3	35,558.7	36,042.0	26,827.4	98,428.1

Public Health
Summary of RDU Budget Changes by Component
From FY2009 Management Plan to FY2010 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2009 Management Plan	32,846.4	39,262.1	25,863.8	97,972.3
Adjustments which will continue current level of service:				
-Injury Prev/EMS	81.4	-2,444.5	1.5	-2,361.6
-Nursing	275.3	5.4	302.4	583.1
-Women, Children and Family Health	11.9	73.5	-222.8	-137.4
-Public Health Admin Svcs	224.1	65.7	95.8	385.6
-Preparedness Program	0.0	4,500.8	0.0	4,500.8
-Certification and Licensing	-175.7	-1,074.8	0.0	-1,250.5
-Chronic Disease Prev/Hlth Promo	10.1	88.6	71.9	170.6
-Epidemiology	24.3	-814.8	89.8	-700.7
-Bureau of Vital Statistics	1.4	14.5	117.4	133.3
-Community Health Grants	-1,000.0	0.0	0.0	-1,000.0
-State Medical Examiner	180.8	11.0	0.0	191.8
-Public Health Laboratories	153.4	-296.5	-56.9	-200.0
Proposed budget increases:				
-Women, Children and Family Health	530.3	0.0	125.0	655.3
-Public Health Admin Svcs	500.0	0.0	0.0	500.0
-Chronic Disease Prev/Hlth Promo	1,601.2	0.0	90.0	1,691.2
-Community Health Grants	173.1	0.0	0.0	173.1
-Emergency Medical Svcs Grants	267.4	0.0	0.0	267.4
-Public Health Laboratories	256.0	0.0	0.0	256.0
-Tobacco Prevention and Control	0.0	0.0	555.0	555.0
FY2010 Governor	35,558.7	36,042.0	26,827.4	98,428.1