

# **State of Alaska FY2019 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.

### Results

(Additional performance information is available on the web at <https://omb.alaska.gov/results>.)

#### Core Services

- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- Mobilize partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure adequate and competent public health infrastructure and enforcement of health and safety laws/regulations.
- Monitor, research and evaluate health status and service effectiveness, accessibility and quality to identify and solve community health problems.

#### Measures by Core Service

(Additional performance information is available on the web at <https://omb.alaska.gov/results>.)

1. Diagnose and investigate health problems and health hazards in the community.
2. Inform, educate and empower people about health issues.
3. Mobilize partnerships and action to identify and solve health problems.
4. Develop policies and plans that support individual and community health efforts.
5. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
6. Assure adequate and competent public health infrastructure and enforcement of health and safety laws/regulations.
7. Monitor, research and evaluate health status and service effectiveness, accessibility and quality to identify and solve community health problems.

### Major RDU Accomplishments in 2017

#### Serve as Alaska's chief strategists for existing and emerging public health issues:

- The Division of Public Health policies and programs continued to be informed by the Division of Public Health Strategic Plan, including work to accomplish six Alaska Winnable Battles – critical areas where we can make significant progress improving the health of Alaskans. Progress on the six Winnable Battles – decrease infectious disease; prevent poisoning and overdose; increase access to health care; improve child and adolescent health; decrease colorectal and cervical cancer; and decrease tobacco use and nicotine dependence – is highlighted throughout this document.
- Healthy Alaskans 2020 data indicate Alaska has met or is on target to meet 19 of its 25 goals (Leading Health Indicators) for improving the health of all Alaskans. Strategic priorities have been selected to maximize outcomes over the next few years to close out Healthy Alaskans 2020 and prepare for the iterative process of Healthy Alaskans 2030 development.
- **Prevent poisoning and overdose**

- The Division of Public Health Director and Department of Health and Social Services Chief Medical Officer served as the Incident Commander for the Governor's 2017 Alaska Opioid Response, implementing the Incident Command System to integrate opioid response efforts across departments and implement Administrative Order 283. This strategy addresses the opioid epidemic with a multi-pronged approach, as a health issue, a criminal justice issue, a public safety and an educational issue, and a medical practice issue. In FY2016, no long-term resources were available in the Division of Public Health to support such an integrated effort; In FY2017, a combination of state and federal resources were allocated to support substance misuse, including opioids and marijuana.
- The Division of Public Health worked with the Governor's office, Department of Health and Social Services Chief Medical Officer, and Department of Health and Social Services Public Information Team to provide public education to prevent and reduce opioid misuse and abuse, including new television public service announcements, print materials, and online resources.
- The Division of Public Health has continued to play a lead role in mitigating potential negative health effects of legal marijuana sales and promoting responsible marijuana use. Two television public service announcements, as well as print and online materials focused on the health concerns linked with driving and marijuana use and the potential dangers of consuming marijuana edibles.
- **Increase access to health care**
  - School districts struggle to meet the medical needs of all children with chronic conditions during the school day. The school health nurse consultant helped to create the Licensed Practical Nurses as Assistant School Nurse Protocol approved by the Alaska Board of Nursing in May 2017. This allows schools to hire Licensed Practical Nurses as Assistant School Nurses who can provide a higher level of health service than an unlicensed school staff person.
- **Decrease Tobacco use and nicotine dependence**
  - Tobacco Prevention and Control community grantees continued to increase the number of tribal tobacco-free policies; the percent of tribes with comprehensive tobacco-free policies (59%) is now greater than the percent without such policies. Alaska has met its Healthy Alaskans 2020 Target (80%) for the percentage of adolescents who have not used tobacco on one or more of the past 30 days (81.6%). The percentage of adults who currently do not smoke cigarettes is on target for reaching 83% by 2020.

### **Protect life, health, and safety through core public health functions:**

- **Decrease infectious disease**
  - The Sections of Epidemiology and Public Health Nursing conducted more than 40 outbreak investigations and significant infectious disease health responses, including a trichinellosis outbreak associated with consumption of walrus meat in northern Alaska, a mumps outbreak in Anchorage, an outbreak of invasive Group A Streptococcal infections among homeless persons in Anchorage, two large tuberculosis contact investigations at fish processing worksites, and a human immunodeficiency virus (HIV) outbreak in a rural village.
  - Epidemiology staff performed 1,792 human immunodeficiency virus (HIV) rapid tests, newly identifying eight persons living with the human immunodeficiency virus; linked 61 individuals to human immunodeficiency virus medical care.
- **Prevent poisoning and overdose**
  - Project HOPE distributed 5,916 opioid reversing naloxone (Narcan) kits during FY2017, providing training on Narcan through Department of Health and Social Services-provided instruction or training by approved local and regional Opioid Response Programs. Project HOPE trained and approved 63 Opioid Response Programs that help ensure Narcan training and distribution at the local level. Project HOPE also distributed 22,470 drug disposal bags, enabling individuals and organizations to safely dispose of unused opioid and other prescription medications.
  - Public Health Nursing led rapid implementation of Project HOPE across all 16 Public Health Centers. Staff partnered with local police and various social services agencies, in addition to serving individual clients, to distribute over 270 naloxone kits to persons in rural communities in the first months of operation. Their outreach contributed to the recruitment of 63 local and regional Opioid Response Programs trained and equipped to distribute naloxone. Public Health Nurses also distributed 9,500 drug disposal bags.
  - Public Health Laboratories partnered with the Section of Epidemiology and the State Medical Examiner's Office to provide surveillance testing of used syringes and "overflow" testing of forensic samples to support the State Crime Lab. Public Health Laboratories also partnered with state child advocacy organizations to provide trace analysis of drug exposures in the protection of young children.

- The State Medical Examiner's Office ensured toxicology tests on all suspected drug overdose deaths, ensuring a high standard of quality to inform drug overdose surveillance and response.
- Nationally, Alaska is one of the few states that reports the actual drug causing the overdose on death certificates.
- Epidemiology collected data on more than 285 violent or overdose deaths, including abstraction of autopsy/police investigation reports, contributing to our understanding of the opioid epidemic.
- Public Health Nurses completed Screening and Brief Intervention for Alcohol (SBIRT) in over 7,700 clients, finding that 25 percent of those screened were positive for risky alcohol use.
- The Section of Women, Children, and Family Health launched the 4Ps Plus project at four statewide hospitals. 4Ps Plus is a validated tool for clinicians to screen all mothers presenting for delivery for opioids, marijuana, tobacco, and alcohol use as well as mental health concerns, intimate partner violence, and desired timing for subsequent pregnancy. In FY2017, over 250 pregnant women were screened.
- The Section of Epidemiology conducted follow-ups on approximately 60 children with elevated blood lead levels.
- The Section of Epidemiology addressed environmental issues, including investigation of poly- and per-fluorinated alkyl substances (PFAS) exposures at four contaminated sites.
- A total of 6,421 individuals had their concerns about potential poisoning managed through the Alaska Poison Control Hotline.
- The State Medical Examiner's Office investigated 1,836 cases, in which jurisdiction was assumed for 1,051 cases. A total of 612 cases were autopsied, with inspections for 225 cases. The office consulted on 214 cases.
- **Increase access to health care**
  - Public health nurses presented at or participated in community health functions to improve population health by reaching over 100,000 people across the state in events including immunization, tuberculosis screening and prevention, sexually transmitted disease prevention, obesity prevention, interpersonal violence education, emergency preparedness, substance abuse, and other events relating to health assessment and improvement.
  - Public health nurses provided 40,039 individual client visits and more than 16,000 immunizations targeting individuals and families unable to access preventative or infectious disease related health care. They screened 10,955 individuals for tuberculosis and provided 2,327 visits to 379 individuals for follow-up care. Over 160 clients were started on tuberculosis medication requiring intensive case management services.
  - The Alaska Public Health Laboratories performed 206,164 laboratory tests. Several tests, including hepatitis C and respiratory virus tests, offered more diagnostic and epidemiological specificity, improving subsequent patient care and increasing our understanding of infectious outbreaks.
  - Emergency Medical Services (EMS) certified 2,087 prehospital providers, instructors and dispatchers and recertified 56 of 102 licensed ground and air ambulance services.
  - Emergency Programs provided 183 trainings to approximately 2,274 individuals, increasing attendees' ability to respond to public health and medical disasters and active shooter events. Law enforcement has credited the Trauma Unit's bleeding control training with nine lives saved.
- **Improve child and adolescent health.**
  - The Newborn Bloodspot Screening program successfully worked with birthing facilities and other partners to increase the timeliness and quality of specimens sent to the screening lab. The quality of specimens improved from an unsatisfactory rate of 4.27 percent in 2016 to 1.5 percent as of June 2017. The Early Hearing Detection and Intervention program also decreased the number of children with an abnormal screen who do not receive follow-up care from a high of 79.2 percent in CY2009 to 26.8 percent in CY2015.
  - The Kids Don't Float program is now implemented in 203 communities throughout the state with 543 active loaner boards throughout Alaska for recreational water users to borrow life jackets.

**Serve as the trusted source of health information**

- The Bureau of Vital Statistics published the 2015 Vital Statistics Annual Report, informing Alaskans and health programs of public health threats and successes throughout the state during 2015. This report is published annually each fall under statute.
- The Bureau of Vital Statistics issued certified copies of certificates to 44,816 individual customers; registered Alaska's 11,213 births, 46 delayed births, 4,520 deaths, 5,272 marriages, and 2,942 divorces; and issued 1,084 Medical Marijuana Registry cards. The section also completed 3,680 paternities, 1,267 amendments/corrections, and 570 adoptions. Of the 67,754 total certificates issued, 2,855 (four percent) were issued to families of veterans free of charge.

- The Bureau of Vital Statistics responded to and completed over 1,000 standing and ad hoc data analysis requests, while the Alaska Trauma Registry completed 14 standing and 42 ad hoc data analysis requests. These analyses enabled state, federal, tribal, and external agencies to expedite business processes, aid in reporting, and support program development.
- Published the first Health Facilities Data Reporting Program (previously Hospital Discharge) annual report.
- Made public health data more accessible. Multiple Division of Public Health programs increased access to surveillance data and efficiency of data dissemination by expanding information available through the Alaska Indicator-Based Information System, the InstantAtlas geographic information system, and queryable datasets in an effort to make public health information more readily available and able to inform public health program efforts. Epidemiology published web-based visual graphics for reporting/mapping firearm injury hospitalizations and deaths.
- **Decrease Infectious Disease**
  - Published over 28 *Epidemiology Bulletins and Recommendations and Reports* on topics such as the history of tuberculosis in Alaska and the Group A Strep outbreak.
- **Prevent poisoning and overdose**
  - Issued 14 *2017 Alaska Opioid Response Situation Reports* for the Governor's Office, in which opioid activities across departments, and occurring locally, are tracked and reported.
  - Continued assessment of substance use as a contributory factor to suicide through the Division of Public Health Suicide Toxicology Project.
- **Improve child and adolescent health.**
  - Fully implemented the Alaska Longitudinal Child Abuse and Neglect Linkage project, which integrates multiple Department data sources for a representative sample of births occurring in Alaska to measure the incidence and impact of child maltreatment in Alaska over time. The data have contributed to policy changes, such as the Medicaid Waiver Demonstration project.
  - The Obesity Prevention and Control Program and the Play Every Day campaign established a successful partnership with the Oral Health Program in the Section of Women, Children, and Family Health; the Centers for Disease Control and Prevention; and the Alaska Dental Society to develop new public education materials to reduce sugary drink consumption and create a new evidence-based brief intervention for dental providers to use with Alaska families during dental visits.
- **Decrease colorectal and cervical cancer**
  - The Alaska Cancer Registry received national recognition for 16 of the last 17 years for meeting the highest standards for complete, timely and accurate Alaska cancer data. With an estimated 33,340 cancer survivors in Alaska and approximately 3,000 additional residents diagnosed with cancer every year, high quality data is essential to understand the burden of cancer, find ways to protect Alaskans from getting cancer, and improve treatment for individuals with cancer.
  - The Breast and Cervical Health Check Program used ArcGIS mapping technology to identify communities in the state with the highest proportion of low income women who are rarely (more than 5 years since last screening) or never screened for cervical cancer, and used YWCA's patient navigators to provide health education information, relief for barriers to accessing services (e.g., referrals to low cost child care, transportation vouchers, appointment scheduling, etc.), and referral to local providers for screening.
  - The Comprehensive Cancer Control Program collaborated with statewide partners to educate the public and providers, support patient navigation, and increase access to screenings for colorectal cancer. As a result, 60 percent of all Alaska adults now meet the colorectal cancer screening guidelines and 66.4 percent of Alaska Native adults meet those same guidelines, a five percent increase since 2008 for all Alaskan adults and nine percent increase for Alaska Native adults.
  - The Breast and Cervical Health Check program identified two partners, Alaska Primary Care Association and Pinnacle Integrated Medicine, to increase cervical cancer screening rates using electronic health record reminder systems to impact low income patients who do not seek screening services without outreach.

**Strengthen essential public health infrastructure, services, and partnerships**

- Chronic Disease Prevention and Health Promotion worked to improve control of hypertension, increase referrals to Diabetes Self-Management Programs, and increase screenings for cancer in Federally Qualified Health Centers by providing Quality Improvement training and ongoing coaching to change policies and adopt evidenced-based protocols. The project involved 11 selected Federally Qualified Health Centers encompassing 104 Community Health Centers, involving 7,701 patients with high blood pressure, 2,395 patients with diabetes, 9,616 patients screened for colorectal cancer, and 12,277 patients screened for cervical cancer.

- Chronic Disease Prevention and Health Promotion expanded diabetes and cardiovascular disease medication management and counseling by Alaska pharmacists by providing American Pharmacists Association certificate trainings in five communities. Since 2015, 64 Alaskan pharmacists have been trained in Cardiovascular Disease Risk Management, 121 in Diabetes Management, and 46 in Heart Failure Management.
- **Improve access to care**
  - Health Emergency Response Operations worked with multiple local, state, and federal partners in the Frozen Contagion full-scale exercise that tested and validated transport of a highly infectious disease patient from a remote community to Anchorage to receive a higher level of care.
  - Coordinated 14 open and two closed Point of Dispensing Memoranda of Agreement that impact 80,719 Alaskans to ensure they would receive timely medical countermeasures in a pandemic or radiological event.
  - The Office of Healthcare Access coordinated with stakeholders and critical access hospitals to promote quality reporting data for healthcare system improvement, operational and financial improvement, addressing community health needs and integrating Emergency Medical Services, improving processes and efficiencies, and integrating innovative healthcare models.
- **Improve child and adolescent health**
  - Women, Children and Family Health partnered with a local pediatric practice and the Anchorage School District to improve care coordination for children with complex medical conditions.
  - Women, Children, and Family Health partnered with tribal health to update infant safe sleep messaging to reflect new American Academy of Pediatrics' guidelines and risk reduction messaging, including the use of substances.

## Key RDU Challenges

- The work to protect the public health of Alaskans involves geographic, cultural, lifestyle, fiscal, and other factors. Improving population health requires an investment in upstream factors that address the conditions in places where Alaskans live, learn, work, and play. These interventions focus on changing the context to make healthy choices easier and require a widespread, long-term, competent, and collaborative commitment from a wide array of key local stakeholders.
- The ability to identify, assess, and evaluate emerging public health issues hinges on information and our ability to share that information appropriately internally and externally. Information Technology is an increasingly important tool in public health and keeping pace with data systems, specialized equipment, and associated policies is critical to achieving our mission.
- Public Health must provide leadership as necessary to ensure a qualified and available public health workforce. Although health care jobs are the fastest growing occupational sector of this decade, the division and our partners statewide are challenged to attract and retain highly skilled professionals. At the division, this especially affects scientists and highly skilled professionals in the public health labs, public health nursing, and epidemiology, leaving critical positions vacant and reducing the capacity to positively affect public health.
- **Decrease infectious disease**
  - Vaccine-preventable diseases such as mumps and measles are not diseases of the past. When individuals have never seen these diseases and the devastation they can cause, they have less concern about the need for immunization. Communicating that these diseases are only a plane ride away – or even closer to home – continues to be a challenge.
  - Sexually transmitted diseases are a substantial health challenge nationwide, and Alaska's rates of chlamydia and gonorrhea are high. Left untreated, they put men, women, and infants at risk for severe lifelong health outcomes. Preventing, identifying, and treating sexually transmitted diseases remain a priority for public health in Alaska.
  - Laboratory tests in public health continue to evolve and improve, increasing the ability of medical providers to successfully treat individuals and limit the spread of disease. However, associated costs and technology requirements outpace funding, potentially jeopardizing Alaska's ability to test for sexually transmitted infections, tuberculosis, hepatitis, and the human immunodeficiency virus (HIV), infectious diseases for which Alaskans have some of the highest rates nationally.
- **Prevent poisoning and overdose**
  - The issues surrounding opioids and substances of misuse are complex and will require multi-pronged strategies. The process will not be solved quickly and will require partnerships and sustained collaboration at the local, state, and federal levels.

- Neonatal Abstinence Syndrome related to maternal prenatal opioid use, sleep-related infant deaths associated with intoxicated parents, Fetal Alcohol Spectrum Disorders, and child maltreatment have life-long effects.
- Alaska lacks sufficient treatment and recovery options for individuals seeking opioid treatment and for clients found at risk during Alcohol Screening and Brief Interventions.
- The range of health risks due to environmental exposures, including air pollution, heavy metals, mining, hazardous waste, contaminated sites, and schools are challenging to adequately assess
- **Improve child and adolescent health**
  - Adverse childhood experiences are major risk factors for leading causes of illness and death as well as poor quality of life. The higher the number of adverse childhood experiences a person has, the more likely they experience poor health later in life. The 2013-2015 Alaska Behavioral Risk Factor Surveillance System found that 22.2 percent of Alaskans had at least one adverse childhood experience, while 19.5 percent reported four or more. Substance misuse, child maltreatment, and interpersonal violence are some of the major risk factors difficult but critical to address.
  - Reducing infant mortality, including infant deaths in the sleep environment, will continue as a challenge. Coordinated efforts continue through specific initiatives such as outreach and education on safe sleep to birthing facilities, health care providers, and other community agencies and partners.
  - The complex reasons for overweight and obesity are challenging and pervasive. Public Health addresses obesity by making it easier for Alaskans to engage in healthy behaviors where they live, learn, work, and play: schools, churches, child care settings, health care, workplaces, and communities. Understanding why obesity impacts some Alaskans more than others and how to improve community-clinical linkages are essential for success, but proven interventions are scarce and the evidence-base is still developing.
- **Decrease tobacco use and nicotine dependence**
  - Significant differences in tobacco use continue, impacting Alaska Native people, and Alaskans who struggle financially to a greater extent than Alaskans overall. In addition, more high school students use e-cigarettes than traditional combustible cigarettes, and e-cigarette use is increasing among adults. Because the potential harms of these unregulated devices are still being investigated and their use has been adopted so quickly, understanding and clearly communicating risks is challenging.
- **Increase access to health care**
  - Local, state, and federal gaps identified in preparedness exercises will take years to fully address, and while the partnerships and commitment required to enhance emergency preparedness continue to strengthen, progress requires continued work with critical partners at local, state, federal, and non-governmental levels.
  - Alaska's Emergency Medical Services (EMS) system must address the evolving and increasingly complex emergency medical services system, including sustainable funding for paid and volunteer services, enhanced training reflective of today's clinical advancements, implementation of national standards, and recruitment and retention. An inclusive and integrated trauma system, including prehospital and hospital providers, is essential to improve patient outcomes and the quality of care.
  - Potential changes to the Affordable Care Act and uncertainty in federal funding and requirements may jeopardize access to health care throughout Alaska.

## **Significant Changes in Results to be Delivered in FY2019**

- Progress Report: In FY2017, the Division of Public Health led the 2017 Alaska Opioid Response, implementing the multi-agency Incident Command System in support of Administrative Order 283. The Division of Public Health successfully sought opioid-specific grants from the Centers for Disease Control and Prevention (CDC) and partnered with the Division of Behavioral Health to obtain Substance Abuse and Mental Health Services Administration (SAMHSA) funding to prevent prescription drug and opioid overdose-related deaths. The passage of SB 91 in March 2017 enabled the Division of Public Health to implement Project HOPE and distribute 5,916 opioid reversal agent naloxone kits statewide to first responders and the general public. The Division of Public Health administered two additional Centers for Centers for Disease Control and Prevention grants that supported more rapid analysis and dissemination of opioid-related data and operations of the Alaska Prescription Drug Monitoring Program.
- In FY2019, opioid response efforts will be under the Division of Public Health Director/Department of Health and Social Services Chief Medical Officer in the Office of Substance Misuse and

Addiction Prevention.

Contact Information
<p><b>Contact:</b> Shawnda O'Brien, Assistant Commissioner <b>Phone:</b> (907) 465-1630 <b>Fax:</b> (907) 465-2499 <b>E-mail:</b> shawnda.obrien@alaska.gov</p>



**Public Health  
RDU Financial Summary by Component**

*All dollars shown in thousands*

	FY2017 Actuals				FY2018 Management Plan				FY2019 Governor			
	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds
<b>Formula Expenditures</b> None.												
<b>Non-Formula Expenditures</b>												
Health Planning & Systems Develo	2,697.8	204.9	1,766.5	4,669.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nursing	22,991.6	263.5	3,582.0	26,837.1	24,128.9	564.4	4,949.5	29,642.8	23,807.8	564.4	4,958.4	29,330.6
Women, Children and Family Health	4,099.8	174.0	8,223.7	12,497.5	3,737.6	758.3	9,077.4	13,573.3	3,741.2	759.0	9,089.4	13,589.6
Public Health Admin Svcs	1,139.1	1.8	455.5	1,596.4	1,850.1	1,285.0	600.2	3,735.3	2,170.4	1,286.4	601.5	4,058.3
Emergency Programs	1,201.4	484.9	4,360.4	6,046.7	2,219.1	531.0	8,339.4	11,089.5	2,472.4	491.0	8,344.8	11,308.2
Chronic Disease Prev/Hlth Promo	10,832.1	449.8	4,573.4	15,855.3	10,271.6	486.5	6,956.0	17,714.1	9,904.0	587.2	6,860.5	17,351.7
Epidemiology	7,023.9	1,019.9	9,955.8	17,999.6	12,751.6	2,085.0	9,332.5	24,169.1	12,755.3	2,085.3	9,350.3	24,190.9
Bureau of Vital Statistics	2,510.8	160.5	323.6	2,994.9	2,493.2	484.9	644.6	3,622.7	2,500.9	525.8	645.1	3,671.8
Emergency Medical Svcs Grants	3,191.8	0.0	0.0	3,191.8	3,033.7	0.0	0.0	3,033.7	3,033.7	0.0	0.0	3,033.7
State Medical Examiner	3,122.7	12.9	0.0	3,135.6	3,132.6	75.0	10.0	3,217.6	3,139.0	75.0	10.0	3,224.0
Public Health Laboratories	3,986.4	876.1	2,352.3	7,214.8	4,867.4	845.7	1,526.7	7,239.8	4,876.9	847.6	1,529.1	7,253.6
Community Health Grants	610.1	0.0	0.0	610.1	250.0	0.0	0.0	250.0	0.0	0.0	0.0	0.0
<b>Totals</b>	<b>63,407.5</b>	<b>3,648.3</b>	<b>35,593.2</b>	<b>102,649.0</b>	<b>68,735.8</b>	<b>7,115.8</b>	<b>41,436.3</b>	<b>117,287.9</b>	<b>68,401.6</b>	<b>7,221.7</b>	<b>41,389.1</b>	<b>117,012.4</b>

**Public Health**  
**Summary of RDU Budget Changes by Component**  
**From FY2018 Management Plan to FY2019 Governor**

*All dollars shown in thousands*

	<u>Unrestricted</u> <u>Gen (UGF)</u>	<u>Designated</u> <u>Gen (DGF)</u>	<u>Other Funds</u>	<u>Federal</u> <u>Funds</u>	<u>Total Funds</u>
<b>FY2018 Management Plan</b>	<b>42,931.1</b>	<b>25,804.7</b>	<b>7,115.8</b>	<b>41,436.3</b>	<b>117,287.9</b>
<b>One-time items:</b>					
-Nursing	-1,136.8	0.0	0.0	0.0	-1,136.8
-Emergency Programs	0.0	0.0	-240.0	0.0	-240.0
-Chronic Disease Prev/Hlth Promo	0.0	0.0	-10.0	0.0	-10.0
<b>Adjustments which continue current level of service:</b>					
-Nursing	815.0	0.7	0.0	8.9	824.6
-Women, Children and Family Healt	1.5	2.1	0.7	12.0	16.3
-Public Health Admin Svcs	320.3	0.0	1.4	1.3	323.0
-Emergency Programs	253.3	0.0	200.0	5.4	458.7
-Chronic Disease Prev/Hlth Promo	4.3	3.1	110.7	-95.5	22.6
-Epidemiology	3.7	0.0	0.3	17.8	21.8
-Bureau of Vital Statistics	0.3	7.4	40.9	0.5	49.1
-State Medical Examiner	6.4	0.0	0.0	0.0	6.4
-Public Health Laboratories	9.5	0.0	1.9	2.4	13.8
-Community Health Grants	-250.0	0.0	0.0	0.0	-250.0
<b>Proposed budget decreases:</b>					
-Chronic Disease Prev/Hlth Promo	0.0	-375.0	0.0	0.0	-375.0
<b>FY2019 Governor</b>	<b>42,958.6</b>	<b>25,443.0</b>	<b>7,221.7</b>	<b>41,389.1</b>	<b>117,012.4</b>