

# **State of Alaska FY2020 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 2018

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

- The Division of Public Health policies and programs continue 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: 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.
- Healthy Alaskans 2020, Alaska's state health improvement plan, tracking indicate Alaska has met or is on target to meet 19 of its 25 goals 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.

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

- Project HOPE (Harm Reduction, Overdose Prevention and Education) distributed 15,592 opioid reversing

naloxone (Narcan) kits during FY2018 and approved 92 Opioid Response Programs that help ensure Narcan training and distribution at the local level. Project HOPE also distributed 36,083 drug disposal bags, enabling individuals and organizations to safely dispose of unused opioid and other prescription medications.

- Enhanced screening and identification of cause of death related to opioids and other substances of misuse. According to the Centers for Disease Control and Prevention, nationally, Alaska is one of a few states that report the actual drug causing the overdose on death certificates. The State Medical Examiner mandates toxicology testing on all deaths examined at the Medical Examiner's Office, ensuring a high standard of quality to inform drug overdose surveillance and response.
- Public health nurses provided 39,230 clinical visits targeting individuals and families unable to access preventative or infectious disease related health care, thus preventing further disease spread, diminishing quality of life, and overall health care costs. Over 100,000 people across the state participated in community health functions and events presented by Nursing.
- The Alaska Newborn Bloodspot Screening program made significant programmatic changes to be able to meet the national standards for timeliness of results reporting, including regulatory changes and a change in lab providers, which took effect on July 1, 2018. In September 2018, 97 percent of Alaska's newborns had complete results within 7 days of birth, exceeding the national goal of 95 percent. In FY2017, less than one percent of infants in Alaska met that standard. Alaska is one of only a handful of states meeting that criteria.

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

- Published 23 *Epidemiology Bulletins and Recommendations and Reports* on a wide range of public health topics, including tuberculosis among homeless persons, the health impacts of alcohol misuse, health impacts of opioid use, and updated vitamin D screening and supplementation recommendations for Alaska. Health Analytics and Vital Records published 14 publications in 2018 on topics of importance to public health including leading causes of mortality and hospitalizations; drug overdose mortality, emergency department visits and hospitalizations; and injury, suicide, and homicide mortality.
- The Alaska Cancer Registry received the Registry of Distinction certification from the Centers for Disease Control and Prevention's National Program of Cancer Registries, and the highest level of certification available (Gold Standard) from the North American Association of Central Cancer Registries.

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

- Partnering with Centers for Disease Control and Prevention (CDC) and the State of Washington, we monitor for possible antibiotic resistance of gonorrhea bacteria — an emergent concern. Responding to a continuing gonorrhea and syphilis outbreaks, testing workload for syphilis doubled in FY2018.
- The Division of Public Health sent four Alaska nurses in response to a request from North Carolina in the wake of Hurricane Florence. The experiences the nurses received staffing emergency shelters will better prepare Alaska for the next public health and medical emergency. This was the first time another state accepted Alaska's offer from Alaska for medical support through the national Emergency Management Assistance Compact.
- The Tobacco Prevention and Control Program, Heart Disease and Stroke Prevention Program, and Diabetes Prevention and Control Program worked with the Division of Health Care Services on the Centers for Disease Control and Prevention's 6|18 initiative to improve health outcomes and reduce Medicaid costs related to high blood pressure and diabetes. The 6|18 initiative targets the six most costly health conditions and offers 18 proven interventions to combat them.

### **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 FY2020**

- The 2018 Legislature passed SB104, creating a marijuana use education treatment program that includes community-based after-school youth services grant program; public education; monitoring health status and attitudes of youth and adults related to marijuana; training plan for professionals; and substance abuse screening, brief intervention, and referral to treatment.

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

**Public Health  
RDU Financial Summary by Component**

*All dollars shown in thousands*

	FY2018 Actuals				FY2019 Management Plan				FY2020 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>												
Nursing	23,124.3	68.3	3,311.7	26,504.3	23,208.8	564.4	5,001.1	28,774.3	23,359.1	565.2	5,093.4	29,017.7
Women, Children and Family Health	5,565.6	1,297.4	6,682.9	13,545.9	4,228.0	809.0	9,129.6	14,166.6	4,260.7	818.6	9,220.1	14,299.4
Public Health Admin Svcs	2,171.0	1,605.5	444.7	4,221.2	2,955.0	1,305.0	609.6	4,869.6	4,920.5	2,330.4	3,453.6	10,704.5
Emergency Programs	3,896.0	181.3	5,620.8	9,698.1	2,484.8	491.0	7,871.3	10,847.1	2,516.4	492.6	7,912.6	10,921.6
Chronic Disease Prev/Hlth Promo	10,123.0	411.6	4,468.8	15,003.4	9,945.3	591.4	6,361.0	16,897.7	10,002.5	585.3	6,395.1	16,982.9
Epidemiology	11,127.3	821.3	9,325.6	21,274.2	12,766.5	2,268.4	9,433.7	24,468.6	12,793.2	2,269.1	9,589.2	24,651.5
Bureau of Vital Statistics	2,509.0	285.9	431.0	3,225.9	2,856.1	525.8	1,399.6	4,781.5	2,910.0	529.5	1,415.9	4,855.4
Emergency Medical Svcs Grants	389.9	0.0	309.6	699.5	3,033.7	0.0	310.0	3,343.7	3,033.7	0.0	310.0	3,343.7
State Medical Examiner	3,255.7	74.5	0.0	3,330.2	3,156.6	75.0	10.0	3,241.6	3,201.9	75.0	10.0	3,286.9
Public Health Laboratories	4,058.5	561.6	2,009.8	6,629.9	4,929.4	619.8	1,552.4	7,101.6	5,002.7	637.2	1,575.8	7,215.7
Community Health Grants	45.5	0.0	0.0	45.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Totals</b>	<b>66,265.8</b>	<b>5,307.4</b>	<b>32,604.9</b>	<b>104,178.1</b>	<b>69,564.2</b>	<b>7,249.8</b>	<b>41,678.3</b>	<b>118,492.3</b>	<b>72,000.7</b>	<b>8,302.9</b>	<b>44,975.7</b>	<b>125,279.3</b>

**Public Health**  
**Summary of RDU Budget Changes by Component**  
**From FY2019 Management Plan to FY2020 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>FY2019 Management Plan</b>	<b>43,304.4</b>	<b>26,259.8</b>	<b>7,249.8</b>	<b>41,678.3</b>	<b>118,492.3</b>
<b>One-time items:</b>					
-Nursing	-757.9	0.0	0.0	0.0	-757.9
-Public Health Admin Svcs	0.0	-760.0	0.0	0.0	-760.0
-Emergency Programs	0.0	0.0	-200.0	0.0	-200.0
-Chronic Disease Prev/Hlth Promo	0.0	0.0	-10.0	0.0	-10.0
-Bureau of Vital Statistics	0.0	0.0	-40.0	0.0	-40.0
<b>Adjustments which continue current level of service:</b>					
-Nursing	907.5	0.7	0.8	92.3	1,001.3
-Women, Children and Family Health	18.9	13.8	9.6	90.5	132.8
-Public Health Admin Svcs	11.9	3.6	25.4	14.0	54.9
-Emergency Programs	31.4	0.2	201.6	41.3	274.5
-Chronic Disease Prev/Hlth Promo	41.7	15.5	3.9	34.1	95.2
-Epidemiology	26.7	0.0	0.7	155.5	182.9
-Bureau of Vital Statistics	2.7	51.2	43.7	16.3	113.9
-State Medical Examiner	45.3	0.0	0.0	0.0	45.3
-Public Health Laboratories	73.0	0.3	17.4	23.4	114.1
<b>Proposed budget increases:</b>					
-Public Health Admin Svcs	0.0	2,910.0	1,000.0	2,830.0	6,740.0
<b>Proposed budget decreases:</b>					
-Public Health Admin Svcs	-200.0	0.0	0.0	0.0	-200.0
<b>FY2020 Governor</b>	<b>43,505.6</b>	<b>28,495.1</b>	<b>8,302.9</b>	<b>44,975.7</b>	<b>125,279.3</b>