

State of Alaska FY2003 Governor's Operating Budget

Department of Health and Social Services Epidemiology Component Budget Summary

Component: Epidemiology

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Component Mission

To provide surveillance, epidemic response, investigation and control of acute and chronic diseases and injuries through defining causal factors, identifying and directing control measures and providing a basis for policy for development, program planning and evaluation.

Component Services Provided

- Provide trained public health professional services for partner notification and contact identification, education, diagnosis, treatment, and tracking for tuberculosis, HIV, STD, and other infectious diseases that can be transmitted from person to person.
- Establish and maintain a system of direct disease reporting to the Section of Epidemiology from laboratories.
- Assure adequacy of immunization outreach and access to vaccinations to insure that all Alaska children receive vaccinations to be in compliance with new daycare and school immunization requirements.
- Support Alaska school districts as they worked to implement the Youth Risk Behavior Survey (YRBS) under new constraints.
- Develop educational curriculum regarding Arctic environmental contaminants and continue measurements of exposure levels of Alaskans contaminants.
- Maintain all existing programs and meet federal grant objectives and state outcome measures for Immunization, Tuberculosis, Sexually Transmitted Diseases, HIV/AIDS, Diabetes, Cancer, Heart Disease, Injury Prevention, Surveillance, Environmental Health Risk Assessment, Epidemic Response, Occupational Injury Prevention, Lead, Arthritis.
- Continue to develop and improve existing data systems to support surveillance, provide an accurate picture of the health status of Alaskans, and enable improved evaluation of program activities.
- Increase cooperative activities with Sections in Division of Public Health, with other divisions within DHSS, and with other agencies with health missions in Alaska.
- Maintain medical and epidemiological expertise needed to accomplish mission.
- Develop public health guidelines for consumption of subsistence foods.

Component Goals and Strategies

The Section of Epidemiology's goal of providing surveillance, epidemic response, investigation, and control of acute and chronic diseases and injuries is attained through defining causal factors, identifying and directing control measures, and providing a basis for policy development, program planning and evaluation.

"A foundation stone for public health activities is an assessment and surveillance capacity that identifies problems, provides data to assist in decisions about appropriate actions and monitors progress." Epidemiology has long been considered the essential science of public health, and a strong assessment and surveillance system based on epidemiological principles is a fundamental part of a technically competent public health system.

Key Component Issues for FY2002 – 2003

Insuring that the funding is available for responses to bioterrorism, disease outbreaks, and control of emerging infectious

diseases.

Continuing to insure that all children are immunized on time.

Supporting development of consensus guidelines for consumption of subsistence foods and commercial seafood. Implement biomonitoring for mercury, pesticides, and PCBs.

Major Component Accomplishments in 2001

In FY01 the TB Program successfully responded to and managed major TB outbreaks in several areas of the state, particularly in Anchorage and Southwest Alaska.

New statewide immunization requirements for child care facilities and schools

Awarded Emerging Infections grant (Epi-Lab Capacity grant) from CDC to enhance influenza surveillance and develop hepatitis C program for Alaska

Provided TB screening and recommendations for Spring Creek Correctional Facility in Seward when 14 new TB skin test positive inmates were discovered.

Getting Back to Basics: In FY 2001, the HIV/STD Program continued to expand STD screening and partner notification activities consistent with the Back to Basics Initiative. Increases in carefully targeted chlamydia urine screening and increased disease investigation activities have increased the total numbers of STD cases diagnosed: chlamydia cases were up 36% in 2000 over 1999, gonorrhea cases were up 20% in 2000 over 1999, and case numbers are even higher in 2001.

Developed a new HIV Prevention Plan: The HIV Prevention Planning Group and HIV/STD Program staff jointly developed the *2001-2003 Alaska HIV Prevention Plan*. The new Plan offers strategies and recommendations for HIV prevention activities statewide, and received a highly favorable review from our federal funding agency.

Clarified and simplified applications for State HIV/STD Program grants: HIV/STD Program staff combined multiple federal funding sources into one simplified grant to the Municipality of Anchorage for disease intervention in the Anchorage area, activities for which the Municipality was the only eligible applicant. HIV/STD Program staff also completely reworked HIV Prevention RFPs, focusing applicants for FY 2002 funding on specific priorities identified in the *2001-2003 Alaska HIV Prevention Plan* using a set format designed to help the Program meet new federal funding agency requirements.

The Alaska Cancer Registry was awarded gold certification by the national standard setting organization, North American Association of Central Cancer Registries, for meeting standards in data quality, timeliness and completeness of 1998 data.

The Alaska Cancer Registry is beta-testing a central cancer registry software developed by IMPAC Medical Systems. Several states are anxiously awaiting our results as there are few software programs available for central registries and all have their problems.

The Alaska Diabetes Control Program partnered with the Alaska Professional Review Organization, the Institute for Health Care Improvement, the American Diabetes Association, and the Alaska Native Tribal Health Consortium to establish the Alaska Diabetes Collaborative. Participants of the Alaska Diabetes Collaborative worked together for 13 months to implement a model of care for people with chronic conditions, targeting diabetes. Participants shared ideas and knowledge, learned and applied methodology for organizational change, implemented a chronic disease management model, and measured progress and success. Nine primary care clinical practice teams participated in the Collaborative.

During fiscal year 2001, the Arthritis Program entered its second year of a two-year cooperative agreement with the Centers for Disease Control and Prevention. Major accomplishments during this period include:

- An arthritis needs assessment was conducted, surveying both health care providers and people with arthritis providing a fuller picture of how arthritis affects the lives of Alaskans.

- The Arthritis Advisory Group was established and helped develop a five-year statewide planning document to decrease the burden of arthritis and osteoporosis in Alaska.
- The Arthritis Program has partnered with other state agencies and nonprofit organizations to increase arthritis awareness and to increase the availability of self-management programs for people with arthritis.
- The Arthritis Program worked with the Arthritis Foundation, Washington/Alaska chapter to write a successful grant application to support instructor training workshops for arthritis self-management courses.
- Working with numerous tribal, University of Alaska, regional health corporations and state agency partners, reviewed current local and national scientific data with respect to mercury in fish and national fish consumption advisories. Based on science, developed a consensus statement which provides recommendations for fish consumption in Alaska.
- DHSS & Department of Education and Early Development (DEED) entered into a formal Memorandum of Agreement (MOA) in November 2000 to develop curriculum materials targeting the 20 districts classified by DEED as “rural or remote”. The MOA calls for DHSS & DEED to collaborate with Alaska Native Health Board, University of Alaska – Fairbanks and the Alaska Native Science Commission to develop materials dealing with contaminants in the food chain while stressing the nutritional and cultural benefits of the subsistence diet.
- Working with individual school districts (Anchorage School District, Kenai Peninsula) to provide classroom materials and teacher training in support of a science curriculum dealing with environmental health risks.
- Performed site- related health consultation and health education activities throughout the State. Examples include responding to a fuel spill at Pedro Bay school, review of a Tokotna water system for PCE, a fuel spill near a Nanwalek school, a benzene concern in McGrath, and the review of the Ketchikan Health Assessment.
- Provided epidemiological and toxicological expertise in review of study results, study designs and summary reports in an effort to offer an objective, Alaskan-based assessment of current science. Examples include:
 - Human Exposure Evaluation of Chemical Contaminants in Seafoods Collected in the Vicinity of Tyonek, Seldovia, Port Graham and Nanwalek in Cook Inlet, Alaska (EPA)
 - National Fish Advisories (EPA,FDA)
 - Brain Food – What women should know about mercury contamination of fish (US PIRG)
 - ADEC’s fish monitoring program – PCB analysis (ADEC)
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- Provided technical assistance, coordination and/or took a leadership role in activities related to the assessment of subsistence food safety to ensure complementary work effort, avoidance of duplication and coordinated activities within state agencies. For example:
 - Facilitated coordination of Alaska lab activity with State of Alaska partners (University of Alaska, ADEC, DHSS)
 - Participated as an invited guest at the Alaska Native Contaminants workshop – a coordinated effort by Alaska Native Science Commission, Alaska Native Health Board and Alaska Inter-Tribal Council
 - Actively participated on the state agency response team regarding lead contamination from Red Dog Mine activities. EPHP reviewed all available data and issued a report regarding human health impacts from Red Dog Mine activities in the area
 - Participated in the national forum on contaminants in fish
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- Responded to situations involving lead contamination of drinking water supplies in two public schools (Pitkas Point, Kalifornsky Beach). The response involved participating in environmental investigations and blood lead testing of 295 students/staff to ensure that no person was lead poisoned. Laboratory analyses were negative for lead poisoning. The lead exposure source was corrected.
- Maintained the statewide blood lead surveillance system for children and adults to enable identification of any person with an elevated blood lead level. If an elevated blood lead level(s) is identified, response activities are implemented (case management and environmental investigation) to determine the exposure source and follow up blood lead testing as necessary.
- Through an amendment to the state regulations, new requirements were established requiring hepatitis A and B immunization for all Alaska children in grades K-12. Children in child care facilities also were required to receive

hepatitis A and B, as well as varicella (chickenpox) and Hib (Haemophilus influenzae type b). This massive undertaking was accomplished through partnerships between public health, private providers, and school and child care facility personnel. Final enforcement of the new requirements began in SFY 02.

- Alaska maintained its universal vaccine distribution program, through which vaccines worth over \$5 million were provided for Alaska children and adults. Vaccines were distributed to both public and private medical providers.
- Through a unique program utilizing college interns, the Immunization Program conducted individual clinic assessments for private providers throughout the state. Clinics received individualized feedback on their immunization coverage levels, and program staff members offered one-on-one educational opportunities. A quality assurance review of vaccine storage and handling procedures also was conducted during each visit.
- Education and training of Alaska immunization providers was emphasized through the statewide presentation of several satellite courses from the Centers for Disease Control and Prevention. In addition, throughout the year immunization program staff presented training for provider groups throughout the state.

Statutory and Regulatory Authority

AS 09.65.121	Actions, Immunities, Defenses and Duties
AS 09-25.120	Evidence, Presumptions, Public Records and Privileges
AS 14.07.020	Administration of Public Schools
AS 14.30	Pupils and Educational Programs for Pupils
AS 18.05.010-.070	Administration of Public Health and Related Laws
AS 18.60.010 & .030	Safety
AS 18.15.120 - 320	Disease Control
AS 44.29.020	Department of Health & Social Services
AS 47.35.010	Child Care Facilities, Child Placement Agencies, Child Treatment Facilities, Foster Homes, and Maternity Homes
4 AAC 06.055	Government of Schools - Immunizations Required
4 AAC 60.115	Pre-Elementary Schools - Immunizations Required
7AAC 12.650	Employee Health Program
7AAC 27.005-.900	Preventative Medical Services
7AAC 50.450,.455	Health in Care Facilities
7AAC 75.220	Health Care Facilities - General Employment
7 AAC 78.010-.320	Grant Programs
13 AAC 08.025	Medical Standards

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Component Financial Summary

All dollars in thousands

Non-Formula Program:	FY2001 Actuals	FY2002 Authorized	FY2003 Governor
Component Expenditures:			
71000 Personal Services	4,201.4	4,206.4	5,338.5
72000 Travel	310.7	278.1	383.1
73000 Contractual	1,485.7	1,069.7	1,846.3
74000 Supplies	959.4	758.3	908.3
75000 Equipment	61.1	80.0	80.0
76000 Land/Buildings	0.0	0.0	0.0
77000 Grants, Claims	1,288.6	4,785.8	3,086.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	8,306.9	11,178.3	11,642.2
Funding Sources:			
1002 Federal Receipts	5,887.8	8,510.9	8,615.4
1004 General Fund Receipts	2,028.1	2,299.8	2,549.2
1007 Inter-Agency Receipts	320.0	317.6	427.6
1053 Investment Loss Trust Fund	7.3	0.0	0.0
1108 Statutory Designated Program Receipts	63.7	50.0	50.0
Funding Totals	8,306.9	11,178.3	11,642.2

Estimated Revenue Collections

Description	Master Revenue Account	FY2001 Actuals	FY2002 Authorized	FY2002 Cash Estimate	FY2003 Governor	FY2004 Forecast
Unrestricted Revenues						
None.		0.0	0.0	0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0	0.0	0.0
Restricted Revenues						
Federal Receipts	51010	5,887.8	8,510.9	8,510.9	8,615.4	8,615.4
Interagency Receipts	51015	320.0	317.6	317.6	427.6	321.5
Statutory Designated Program Receipts	51063	63.7	50.0	50.0	50.0	50.0
Investment Loss Trust Fund	51393	7.3	0.0	0.0	0.0	0.0
Restricted Total		6,278.8	8,878.5	8,878.5	9,093.0	8,986.9
Total Estimated Revenues		6,278.8	8,878.5	8,878.5	9,093.0	8,986.9

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Proposed Changes in Levels of Service for FY2003

The division is requesting an increment in the amount of \$200.0 to be able to provide scientifically credible public health advice about environmental contaminants in subsistence foods. These issues have emerged as a major issue for Alaska subsistence consumers using traditionally harvested foods, primarily fish.

The Section is also requesting four increments in the Homeland Security Component that will become part of the services provided by the section that will deal with the possibility of any bio-terrorism activity.

These four increments are as follows:

1. Back to Basics for On-going Bioterrorism- \$258.0. This increment will add 2 positions that will deal exclusively with bioterrorism activity.
2. Back to Basics- \$450.0. This increment will allow the epidemiology staff to carry out more comprehensive infectious disease prevention and control work to protect the public's health. In addition, because of what happened on 9/11, the skills and capacity needed to combat unusual infectious diseases are essential to combat a terrorism attack using an infectious agent.
3. State Pharmacist- \$104.8. This increment will allow us to fund a full time pharmacist that would be responsible for a Divisional pharmacy that would handle all drugs used by public health on a routine basis (immunizations, tuberculosis medications, antibiotics, and other drugs needed to respond to a bioterrorism attack).
4. Medical Crisis Action Team (MCAT)- \$30.0. In the event of a weapon of mass destruction attack, especially a bioterrorism event, we would need additional physician capacity to manage the clinical part of any response. We would establish a contract for these services.

Summary of Component Budget Changes

From FY2002 Authorized to FY2003 Governor

All dollars in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2002 Authorized	2,299.8	8,510.9	367.6	11,178.3
Adjustments which will continue current level of service:				
-Year 3 Labor Costs - Net Change from FY2002	49.4	104.5	0.0	153.9
Proposed budget increases:				
-Increase Interagency Receipt Authorization	0.0	0.0	110.0	110.0
-Public Health Evaluation of Environmental Contaminants	200.0	0.0	0.0	200.0
FY2003 Governor	2,549.2	8,615.4	477.6	11,642.2

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Personal Services Information

	Authorized Positions	Personal Services Costs		
	<u>FY2002</u> <u>Authorized</u>	<u>FY2003</u> <u>Governor</u>		
Full-time	64	73	Annual Salaries	4,142,824
Part-time	2	0	COLA	107,737
Nonpermanent	0	0	Premium Pay	101,687
			Annual Benefits	1,388,012
			<i>Less 7.00% Vacancy Factor</i>	(401,760)
			Lump Sum Premium Pay	0
Totals	66	73	Total Personal Services	5,338,500

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Administrative Assistant	1	0	0	0	1
Administrative Clerk II	9	0	0	0	9
Administrative Clerk III	9	0	0	0	9
Analyst/Programmer IV	6	0	0	0	6
Education Specialist I	1	0	0	0	1
Health Program Mgr II	3	0	0	0	3
Health Program Mgr III	6	0	0	0	6
Medical Officer	4	0	0	0	4
Micro/Network Spec II	1	0	0	0	1
Micro/Network Tech II	1	0	0	0	1
Prog Coordinator	1	0	0	0	1
Project Manager	2	0	0	0	2
Public Health Spec I	9	0	0	0	9
Public Health Spec II	18	0	0	0	18
Publications Tech II	1	0	0	0	1
State Epidemiologist	1	0	0	0	1
Totals	73	0	0	0	73