

**State of Alaska**  
**FY2007 Governor's Operating Budget**

**Department of Health and Social Services**  
**Women, Children and Family Health**  
**Component Budget Summary**

**Component: Women, Children and Family Health****Contribution to Department's Mission**

The Department's mission is to promote and protect the health and well being of Alaskans. The mission of the Section of Women, Children and Family Health is to promote optimum health outcomes for all Alaskan women, children and their families by: Providing leadership and coordination with primary health care providers and public entities within the state's health care systems to develop infrastructure and access to health services; and delivering preventative, rehabilitative and educational services targeting women, children and families.

**Core Services**

Major program components address four primary populations: pregnant women and infants; women across the lifespan; children and adolescents; and children with special health care needs. The oral health program is inclusive of all adults and children. Specifically the programs in WCFH are divided into three units:

**Women's Health Unit**

- Breast and Cervical Health Check (BCHC)
- Family Planning
- Perinatal Health

**Children's Health Unit**

- Oral Health for Children and Adults
- Newborn Metabolic Screening
- Early Hearing Detection, Treatment and Intervention Program
- Specialty Clinics
- Genetics and Metabolic Clinics

**MCH Epidemiology Unit**

- Pregnancy Risk Assessment and Monitoring program
- Maternal and Infant Mortality Review Committee
- Alaska Birth Defects Registry
- Fetal Alcohol and Surveillance
- MCH Indicators
- State Systems Development Initiative
- Heliobacter Pylori Research program

WCFH core services utilize the core public health MCH pyramid as a guide. The core services outlined within the four levels of the pyramid include:

- Infrastructure-building activities, including needs assessment; evaluation; planning; policy development; quality assurance monitoring; training and applied research.
- Population-building activities, including newborn metabolic and hearing screening; immunizations; sudden infant death counseling; shaken baby prevention; oral health; injury prevention; nutrition; outreach and public education.
- Enabling activities, which include translations services; outreach and health education; family support and navigation services; purchase of health insurance; case management and coordination with Medicaid; and collaboration with the Women, Infants and Children program (WIC) and early intervention services.
- Direct health service activities such as genetics and newborn metabolic clinics; specialty clinics such as neurology, neurodevelopmental and cleft lip and palate clinics; family planning services; and breast and cervical cancer screening services.

## FY2007 Resources Allocated to Achieve Results

<b>FY2007 Component Budget: \$7,632,200</b>	<b>Personnel:</b>	
	Full time	42
	Part time	1
	<b>Total</b>	<b>43</b>

### Key Component Challenges

#### Women's Health

##### Breast and Cervical Health Check (BCHC)

An increasing caseload and static funding will be this program's greatest challenge. Close monitoring of the number of claims processed, expenditures, and enrollment on a monthly basis through the first quarter of FY06 will allow us to predict future growth potential for the remainder of the fiscal year. Decisions on adjusting eligibility guidelines will be determined before the end of the calendar year. The ability to recruit new medical providers in areas of the state that have scant coverage will be a challenge. If the demand for the BCHC services continue at the current rate the program may need to limit enrollment to women ages 30 and above to respond to the increased demand. If this happens it will no longer be operating in congruence with the other four National Breast & Cervical Cancer Early Detection programs funded in Alaska and operated by native health corporations (Southcentral Foundation, Arctic Slope Native Association, Yukon-Kuskokwim Health Corporation, and Southeast Alaska Tribal Health Consortium). Each of these organizations enroll women ages 18 and up.

Addressing the technology gap between the emerging new technology in laboratory and diagnostic imaging and the program's resources and policies will continue to be a challenge. For example, for at least 3 years, the CDC has not supported the program in reimbursing for new liquid-based Pap smears, so laboratories and medical providers must choose between providing this service at a financial loss or providing a different product/service to lower income clients than to privately insured clients.

##### Family Planning

An ongoing challenge continues to be the rapidly increasing costs of pharmaceuticals. In addition, there may be a need for additional nurse practitioner (ANP) contracts for family planning (FP) services administered through this component. A reduction in availability of family planning services across the state has resulted in an increase in out-of-wedlock and teen births in some areas of the state.

#### Children's Health

##### Newborn Metabolic Screening

The program continues to work with providers who do not support a first specimen to be drawn prior to discharge from a hospital although this number has sharply decreased over the last year. Education about the confirmatory testing process, including proper specimen collection and shipment to the appropriate testing facility, will be a focus this year. In addition, the advisory committee will decide whether to include Cystic Fibrosis in the screening panel once the vendor, Oregon Public Health Lab, makes its decision. If this addition occurs, an increase in fees will be needed.

##### Pediatric Specialty Clinics

Maintaining equity in access to services for children with special health care needs continues to be a challenge in the face of declining dollars. Development of an infrastructure that will support privatization of services and yet maintain quality and access outside of the major urban areas will require long-term planning and a base of ongoing financial support.

##### Genetics and Birth Defects Clinics

Most states have enacted genetics laws to restrict health insurance discrimination, but Alaska has not. Patients and physicians have increasing concerns about discrimination (insurance, employment) based on genetic test results, a genetic diagnosis, and confidentiality of genetic information, and this impedes uses of genetic services.

### Oral Health for Children and Adults

Oral health screenings by the Indian Health Service in 1991 and 1999 demonstrated high rates of oral disease (e.g., dental decay) in child and adult Native populations. These issues are compounded by limited access to dental services, small water systems and lack of certified water operators for fluoridation of drinking water, and diets that promote dental decay (such as high consumption of soda). Further, the Alaska dental labor force is aging and many dentists are nearing retirement.

Access to dental services under the Medicaid/Denali KidCare program is limited in a number of urban areas in Alaska.

Water fluoridation, while acknowledged as one of the ten major public health achievements of the 20<sup>th</sup> century, still faces active opposition in some communities.

### **MCH Epidemiology**

Key programs that provide critical maternal-child data, such as the Pregnancy Risk Assessment and Monitoring System (PRAMS), Maternal Infant Mortality Review (MIMR), Child Death Review Team, and Birth Defects/FAS surveillance, are facing funding shortfalls from federal funding sources. In addition, there is a high demand for data analysis for maternal-child issues in such areas such as asthma, child abuse, statutory rape, teen and out-of-wedlock pregnancies, preterm and low birth weights, and neonatal infections.

## **Significant Changes in Results to be Delivered in FY2007**

### **Women's Health**

WCFH, in collaboration with the Division of Public Assistance, will resume a statewide public information campaign and professional educational effort to reduce the incidences of statutory rape.

### **Children's Health**

A genetics services consortium with agreements between the Division of Public Health, private medical providers and the major perinatal and pediatric centers in the state will be established to offer more comprehensive genetic counseling and medical genetics services.

Working with the Alaska Mental Health Trust Authority, the Department is encouraging statutory change to convert the Adult Medicaid Dental Program to a preventive model. In addition, during FY06 and FY07, a water fluoridation program will be developed as well as a dental sealant program targeting high-risk school age children.

### **MCH Epidemiology**

During the later half of FY06 and into FY07 a survey of mothers of toddlers will be initiated using the same survey framework as the Pregnancy Risk Assessment and Monitoring (PRAMS) system. This survey will provide a wealth of health, education and developmental information to be used in program evaluations and as health status indicators. There are currently no other sources of information being collected in this manner for this population.

The Maternal Infant Mortality Review and Child Death Review committees will publish the results of their reviews.

## **Major Component Accomplishments in 2005**

This component was created in FY06. FY05 accomplishments for most programs now budgeted in Women, Children and Family Health, can be found in Health Care Services, Women and Adolescents Services component.

## **Statutory and Regulatory Authority**

AS 08.36.271	Dentist Permits for Isolated Areas
AS 09.25.120	Public Records
AS 18.05.010-070	Administration of Public Health and Related Laws
AS 18.15.200	Disease Control
AS 18.16.010	Regulation of Abortions
AS18.50.010/.30/.40	Vital Statistics Act
AS 44.29.020	Department of Health & Social Services
AS 47.20	Services for Developmentally Delayed or Disabled Children

7AAC27.005-.900      Preventative Medical Services (Include Birth Defects Registry)  
7AAC 78.010-.320      Grant Programs  
7AAC 27,500-590      Screening of Newborns and Children for Metabolic Disorders

**Contact Information**

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**Women, Children and Family Health  
Component Financial Summary**

*All dollars shown in thousands*

	<b>FY2005 Actuals</b>	<b>FY2006 Management Plan</b>	<b>FY2007 Governor</b>
<b>Non-Formula Program:</b>			
<b>Component Expenditures:</b>			
71000 Personal Services	0.0	3,287.3	3,602.6
72000 Travel	0.0	132.9	132.9
73000 Services	0.0	3,296.4	3,296.4
74000 Commodities	0.0	182.8	182.8
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	0.0	417.5	417.5
78000 Miscellaneous	0.0	0.0	0.0
<b>Expenditure Totals</b>	<b>0.0</b>	<b>7,316.9</b>	<b>7,632.2</b>
<b>Funding Sources:</b>			
1002 Federal Receipts	0.0	4,776.0	4,992.7
1003 General Fund Match	0.0	356.6	358.3
1004 General Fund Receipts	0.0	686.0	779.2
1007 Inter-Agency Receipts	0.0	735.6	735.6
1156 Receipt Supported Services	0.0	762.7	766.4
<b>Funding Totals</b>	<b>0.0</b>	<b>7,316.9</b>	<b>7,632.2</b>

**Estimated Revenue Collections**

<b>Description</b>	<b>Master Revenue Account</b>	<b>FY2005 Actuals</b>	<b>FY2006 Managem nt Plan</b>	<b>FY2007 Governor</b>
<b><u>Unrestricted Revenues</u></b>				
None.		0.0	0.0	0.0
<b>Unrestricted Total</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b><u>Restricted Revenues</u></b>				
Federal Receipts	51010	0.0	4,776.0	4,992.7
Interagency Receipts	51015	0.0	735.6	735.6
Receipt Supported Services	51073	0.0	762.7	766.4
<b>Restricted Total</b>		<b>0.0</b>	<b>6,274.3</b>	<b>6,494.7</b>
<b>Total Estimated Revenues</b>		<b>0.0</b>	<b>6,274.3</b>	<b>6,494.7</b>

**Summary of Component Budget Changes  
From FY2006 Management Plan to FY2007 Governor**

*All dollars shown in thousands*

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
<b>FY2006 Management Plan</b>	<b>1,042.6</b>	<b>4,776.0</b>	<b>1,498.3</b>	<b>7,316.9</b>
<b>Adjustments which will continue current level of service:</b>				
-Transfer in funding for positions from Information Technology	51.7	51.7	0.0	103.4
-FY 07 Wage Increases for Bargaining Units and Non-Covered Employees	15.4	43.7	1.0	60.1
-FY 07 Health Insurance Cost Increases for Bargaining Units and Non-Covered Employees	1.9	5.2	0.2	7.3
-FY 07 Retirement Systems Cost Increase	17.1	90.7	1.9	109.7
<b>Proposed budget increases:</b>				
-Risk Management Self-Insurance Funding Increase	8.8	25.4	0.6	34.8
<b>FY2007 Governor</b>	<b>1,137.5</b>	<b>4,992.7</b>	<b>1,502.0</b>	<b>7,632.2</b>

**Women, Children and Family Health  
Personal Services Information**

Authorized Positions		Personal Services Costs		
	<u>FY2006</u> <u>Management</u> <u>Plan</u>	<u>FY2007</u> <u>Governor</u>		
Full-time	42	42	Annual Salaries	2,334,188
Part-time	1	1	COLA	64,027
Nonpermanent	2	2	Premium Pay	0
			Annual Benefits	1,316,235
			<i>Less 3.01% Vacancy Factor</i>	(111,850)
			Lump Sum Premium Pay	0
<b>Totals</b>	<b>45</b>	<b>45</b>	<b>Total Personal Services</b>	<b>3,602,600</b>

**Position Classification Summary**

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
Accounting Clerk I	1	0	0	0	1
Accounting Tech II	1	0	0	0	1
Administrative Clerk II	3	0	0	0	3
Administrative Clerk III	4	0	0	0	4
Administrative Supervisor	1	0	0	0	1
Health Program Associate	5	0	0	0	5
Health Program Mgr I	2	0	0	0	2
Health Program Mgr II	9	0	0	0	9
Health Program Mgr III	2	0	1	0	3
Health Program Mgr IV	1	0	0	0	1
Nurse Consultant I	1	0	0	0	1
Nurse Consultant II	3	0	0	0	3
Public Health Spec II	8	0	0	0	8
Research Analyst I	1	0	0	0	1
Staff Physician	1	0	0	0	1
Statistical Clerk	1	0	0	0	1
<b>Totals</b>	<b>44</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>45</b>