

State of Alaska FY2017 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 2015

Public Health conducted 70 outbreak investigations and significant infectious disease health responses, including investigations related to multiple community and institutional respiratory and foodborne illness outbreaks. As part of its Ebola response, epidemiologists monitored over 30 at-risk travelers during their 21 day monitoring period. Emergency Programs coordinated the Department of Health and Social Services response to the Sockeye and Card Street fires, in which the department provided medical and behavioral health support, essential medical supplies and equipment, coordination with assisted living and medical facilities, and identification of and support for individuals requiring durable medical equipment. The state-led "Pills to Polar Bears" full-scale disaster exercise with partners from multiple agencies provided critical information on ways to sustain and improve statewide capacity to dispense medical countermeasures, including antibiotics, antiviral drugs, antitoxins, and vaccines to treat affected communities in biohazard events. Alaska is the first state to develop and deploy a mobile Point of Dispensing team to distribute essential medication to its first responders.

The Healthy Alaskans 2020 initiative published 75 high-level, evidence-based, health improvement strategies to achieve Alaska's 25 leading health improvement goals. While some state and key partner activities are underway, others are recommended but not currently funded. The Alaska Cancer Registry conducted a community-requested cancer cluster investigation for Yakutat. Staff found no evidence of environmental exposures causing cancer. Tribal leaders used this data to focus on increasing healthy behaviors and preventive screenings. As a result, 27 percent of the entire target population (women over 40) was screened in one month.

Public health nurses administered over 33,340 immunizations, screened more than 18,000 clients for tuberculosis, and provided over 76,000 individual client visits. Public health laboratories performed 183,800 tests, providing on-call services around the clock where immediate results can provide life-saving information. The Bureau of Vital Statistics registered Alaska's 11,310 births, 4,230 deaths, and 5,710 marriages. Bureau staff processed 3,880 paternities and 798 adoptions. The State Medical Examiner's Office investigated 42 percent of Alaska's 1,763 deaths, providing critical information to families, law enforcement, and public health through 574 autopsies, 247 inspections, and 170 consultations. A total of forty-three facilities (hospitals, ambulatory surgery centers and nursing facilities) submitted data to the newly mandated Health Facility Data Reporting program. Thirty-two facilities participated for the first time. Alaska now has 17 of its 24 acute care hospitals as designated Trauma Centers, including a second Level II Trauma Center, Providence Alaska Medical Center.

Key RDU Challenges

- Opioid overdose has emerged as a significant public health issue because of misuse of prescription pain relievers and greatly increased availability of relatively low-cost heroin. To better understand its impact in Alaska, the Division of Public Health initiated work on a comprehensive report on heroin use. At current levels, Alaska lacks the capacity to provide services for clients ready for treatment. Left unchecked, this and other substance abuse issues will overwhelm the already taxed combined efforts of behavioral and public health.
- The health effects of retail marijuana are unknown. While the Division of Public Health has played a lead role in mitigating potential negative health effects of legal marijuana sales, no new resources have been allocated to this activity.
- During early FY2016, Public Health began investigating an apparent significant increase in synthetic cannabinoid-related emergency department visits in Anchorage. Bringing the public health arsenal of tools and strategies for identifying the sources of outbreaks and interventions to this and other substance abuse, is a new challenge for public health as it works in collaboration with behavioral health and primary care.
- Tobacco and nicotine use remains a significant health problem, with increasing concerns surrounding e-cigarettes and other increasingly popular forms of nicotine. Despite progress, Alaska remains in the top 20 percent in the nation in smoking prevalence, and only roughly half the population is protected from exposure to secondhand smoke. Electronic cigarettes are rapidly becoming a common method of using nicotine and other substances, particularly among teens.
- Obesity remains a preventable public health issue. The Play Every Day campaign has had a demonstrable effect, but it will require continued commitment, partnership, and resources to change the fact that approximately three of every 10 Alaskan children are overweight, resulting in annual obesity-related medical expenses estimated at \$459 million. About 25 percent of that cost is paid through Medicare and Medicaid programs.
- Infectious diseases remain a threat despite the availability of immunization against many potentially deadly diseases. Alaska's immunization coverage rates for children under three years of age are consistently among the lowest in the country, with the highest rate of parents declining to immunize their children. The Alaska Vaccination Assessment Program (AVAP) has increased the availability of vaccines and the division continues efforts to provide accurate, unbiased information to the public about the benefits of vaccination and the increased risks to individual and public health when vaccination rates decrease.
- Fall-related hospitalizations in older adults are down 3.5 percent from FY2014, an important reduction because falls are the leading cause of non-fatal hospitalizations for all ages. Unintentional injury from all causes is the third leading cause of death in Alaska and the number one leading cause of death for ages one to 44 years.
- Aging infrastructure is inefficient and perpetuates organizational silos that hamper service integration and effectiveness. Investments in replacement data systems and specialized equipment focus on the highest priority issues but are primarily contingent on available federal funding.

Significant Changes in Results to be Delivered in FY2017

No changes in results to be delivered.

Contact Information

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**Public Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2015 Actuals				FY2016 Management Plan				FY2017 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
Formula Expenditures None.												
Non-Formula Expenditures												
Health Planning & Systems Develo	3,040.2	1,077.4	1,969.1	6,086.7	3,273.5	1,420.2	2,510.4	7,204.1	3,273.5	1,420.2	2,510.4	7,204.1
Nursing	27,115.9	271.3	4,298.1	31,685.3	26,559.1	565.2	4,838.5	31,962.8	26,559.1	565.2	4,838.5	31,962.8
Women, Children and Family Health	3,991.0	534.1	8,097.0	12,622.1	3,631.4	982.8	8,416.2	13,030.4	3,631.4	907.8	8,416.2	12,955.4
Public Health Admin Svcs	1,151.1	60.8	571.5	1,783.4	1,057.7	284.6	571.9	1,914.2	2,040.3	284.6	868.2	3,193.1
Emergency Programs	5,014.7	56.2	3,366.9	8,437.8	4,087.2	219.8	6,990.8	11,297.8	4,087.2	219.8	6,990.8	11,297.8
Chronic Disease Prev/Hlth Promo	11,986.8	587.7	4,911.5	17,486.0	10,688.0	486.1	6,905.4	18,079.5	10,313.0	486.1	6,905.4	17,704.5
Epidemiology	7,762.9	779.6	9,622.7	18,165.2	25,454.8	1,358.9	9,260.7	36,074.4	24,824.8	1,358.9	9,260.7	35,444.4
Bureau of Vital Statistics	1,819.4	307.6	533.0	2,660.0	2,262.7	375.2	533.3	3,171.2	2,262.7	375.2	533.3	3,171.2
State Medical Examiner	3,108.7	12.4	0.0	3,121.1	3,080.5	75.0	0.0	3,155.5	3,080.5	75.0	0.0	3,155.5
Public Health Laboratories	5,833.4	587.8	1,743.3	8,164.5	4,166.1	845.3	1,483.9	6,495.3	4,166.1	845.3	1,483.9	6,495.3
Community Health Grants	1,653.9	0.0	0.0	1,653.9	1,571.2	0.0	500.0	2,071.2	1,571.2	0.0	500.0	2,071.2
Totals	72,478.0	4,274.9	35,113.1	111,866.0	85,832.2	6,613.1	42,011.1	134,456.4	85,809.8	6,538.1	42,307.4	134,655.3

Public Health
Summary of RDU Budget Changes by Component
From FY2016 Management Plan to FY2017 Governor

All dollars shown in thousands

	<u>Unrestricted Gen (UGF)</u>	<u>Designated Gen (DGF)</u>	<u>Other Funds</u>	<u>Federal Funds</u>	<u>Total Funds</u>
FY2016 Management Plan	49,295.5	36,536.7	6,613.1	42,011.1	134,456.4
One-time items:					
-Health Planning & Systems Develo	0.0	0.0	-240.0	0.0	-240.0
-Women, Children and Family Healt	0.0	0.0	-75.0	0.0	-75.0
-Chronic Disease Prev/Hlth Promo	0.0	0.0	-10.0	0.0	-10.0
Adjustments which continue current level of service:					
-Health Planning & Systems Develo	0.0	0.0	240.0	0.0	240.0
-Public Health Admin Svcs	982.6	0.0	0.0	296.3	1,278.9
-Chronic Disease Prev/Hlth Promo	0.0	0.0	10.0	0.0	10.0
Proposed budget decreases:					
-Chronic Disease Prev/Hlth Promo	0.0	-375.0	0.0	0.0	-375.0
-Epidemiology	-630.0	0.0	0.0	0.0	-630.0
FY2017 Governor	49,648.1	36,161.7	6,538.1	42,307.4	134,655.3