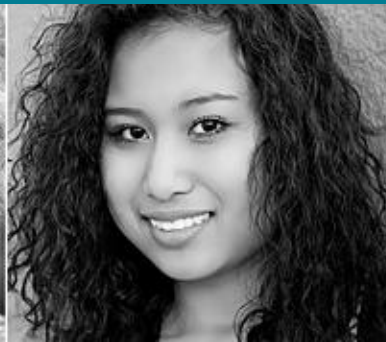




Innovation & Change

Division of Public Health
Ward B. Hurlburt, M.D., MPH, Chief Medical Officer

2013



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2

Overview

- Mission
- Core Services
- Organization
- 10-Yr Look Back
- Services Provided
- Accomplishments
- FY13 Status
- Challenges
- FY14 Budget
- Performance Measures

Budget Overview, pages 313-348



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3

MISSION

**To protect and promote
the health of Alaskans.**

*“The Legislature shall provide for
the promotion and protection of
public health.”*

-- Constitution of the State of
Alaska, Article 7.4



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7 CORE SERVICES

1. **Diagnose and investigate** health problems and health hazards in the community.
2. **Inform, educate and empower** people about health issues.
3. **Mobilize community partnerships** and action to identify and solve health problems.

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7 CORE SERVICES

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.

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7 CORE SERVICES

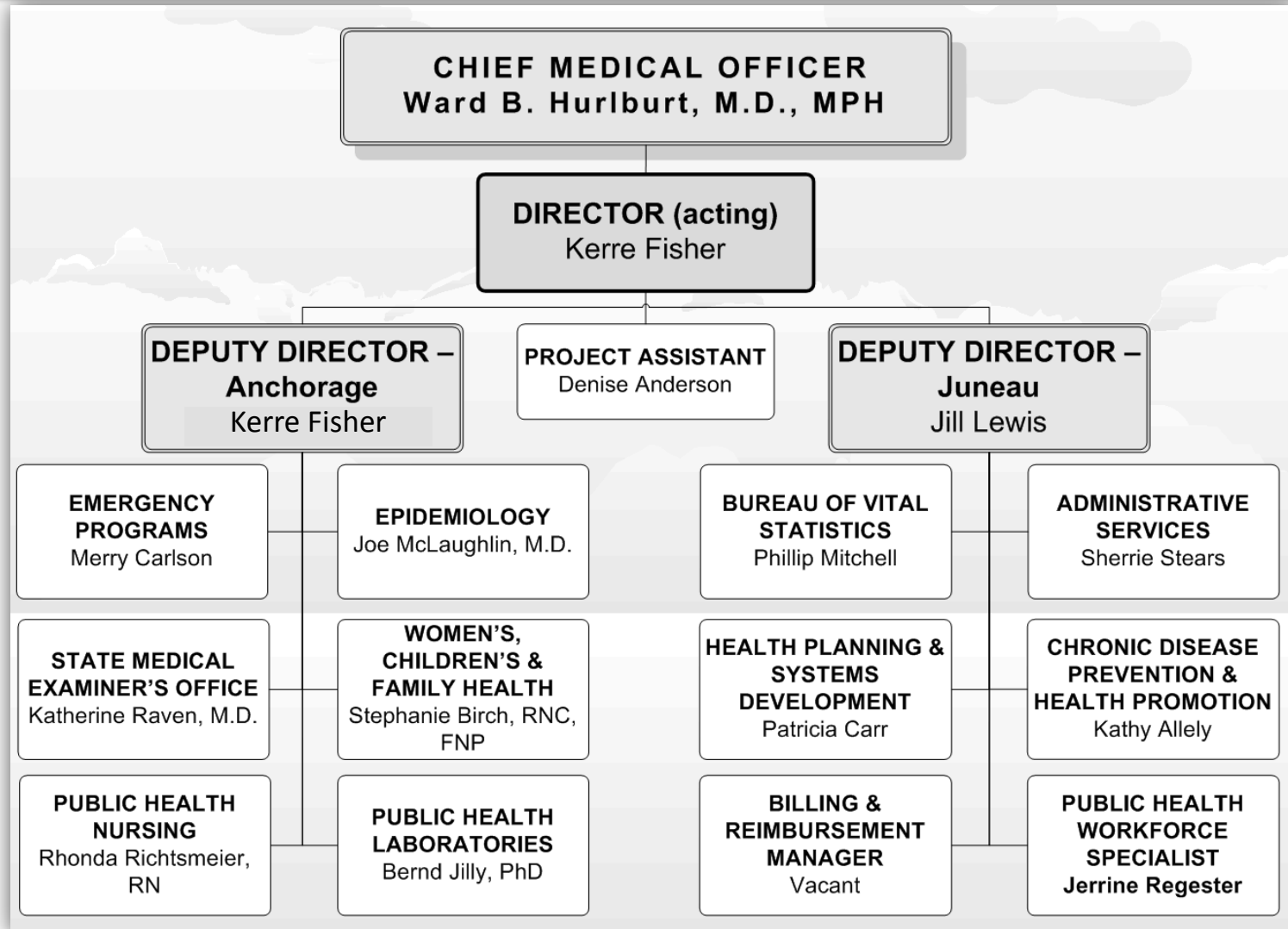
6. **Assure** adequate and competent public health infrastructure **and enforce** health and safety laws/regulations.
7. **Monitor, research, and evaluate** health status and service effectiveness, accessibility and quality to identify and solve community health problems.

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Legislative Finance's 10-Year Look Back



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(GF Only)
(\$ Thousands)

FY12:
 --Reduce PH Nurse vacancies: \$1.75m
 --Norton Sound PH Svcs Transfer: \$450.0

Health Plan & Systems Development: \$4.2 million
 FY13: Medical Providers Loan Repayment Program: \$2.8 million

Epidemiology: Up \$5.3m (203%)
 FY13: State Immunization Program: \$5.1 million

PH Grantees Stabilization: \$3.7m
 --FY11: \$1m
 --FY12: \$1.75m
 --FY13: \$990.0 GF


Legend:

- Nursing
- Tobacco Prevention and Control
- Epidemiology
- Public Health Laboratories
- Health Plan & Systems Develop
- Women, Children Family Health
- Chronic Disease Prev/Hlth Prom
- State Medical Examiner
- Emergency Medical Svcs Grants
- Bureau of Vital Statistics
- Public Health Admin Svcs
- Emergency Programs
- Injury Prevention/EMS

- Reduce PH Nurse vacancies: \$1.75m
- Norton Sound PH Svcs Transfer: \$450

FY13: State Immunization Program: \$5.1 million

Health Plan & Systems Development: \$4.2 million
FY13: Medical Providers Loan Repayment Program: \$2.8 million

-  Nursing
-  Tobacco Prevention and Control
-  Epidemiology
-  Public Health Laboratories
-  Health Plan & Systems Develop
-  Women, Children Family Health
-  Chronic Disease Prev/Hlth Prom
-  State Medical Examiner
-  Emergency Medical Svcs Grants
-  Bureau of Vital Statistics
-  Public Health Admin Svcs
-  Emergency Programs
-  Injury Prevention/EMS

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Services Provided

Budget Overview, p. 316-319



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Public Health Nursing

- Infectious disease investigation and control.
- Maternal, child & adolescent health.
- Prevention and health promotion.
- Community health assessment & planning.
- Public health emergency preparedness.



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Epidemiology

- Infectious disease and tuberculosis control; outbreak response.
- Immunization & vaccine distribution.
- HIV & sexually transmitted disease control & prevention.
- Environmental public health.
- Injury analysis & reporting.
- Public health alerts and bulletins.



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Women's, Children's and Family Health

- Breast and cervical cancer screening.
- Family planning grants to communities.
- Genetic and specialty clinics for inherited, chromosomal, or birth defects.
- Infant screening and testing of newborns for hearing & metabolic disorders.
- Oral health program.



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Chronic Disease Prevention and Health Promotion

- Chronic disease prevention and control for obesity, tobacco use, cancer, diabetes, heart disease, and stroke.
- School health.
- Behavioral risk factor surveys.
- Health promotion.
- Injury prevention.



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Emergency Programs

- Emergency planning, preparedness and disaster recovery.
- Trauma center designation and trauma training.
- Emergency Medical Services certifications.
- Code Blue emergency response equipment.
- Alaska Trauma Registry and EMS patient care reports.



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Health Planning and Systems Development

- Healthcare delivery, access, and technology.
- Healthcare workforce development and loan repayment.
- Healthcare facility planning, quality improvement, financing, and reimbursement strategies.
- Community Health Aide training.



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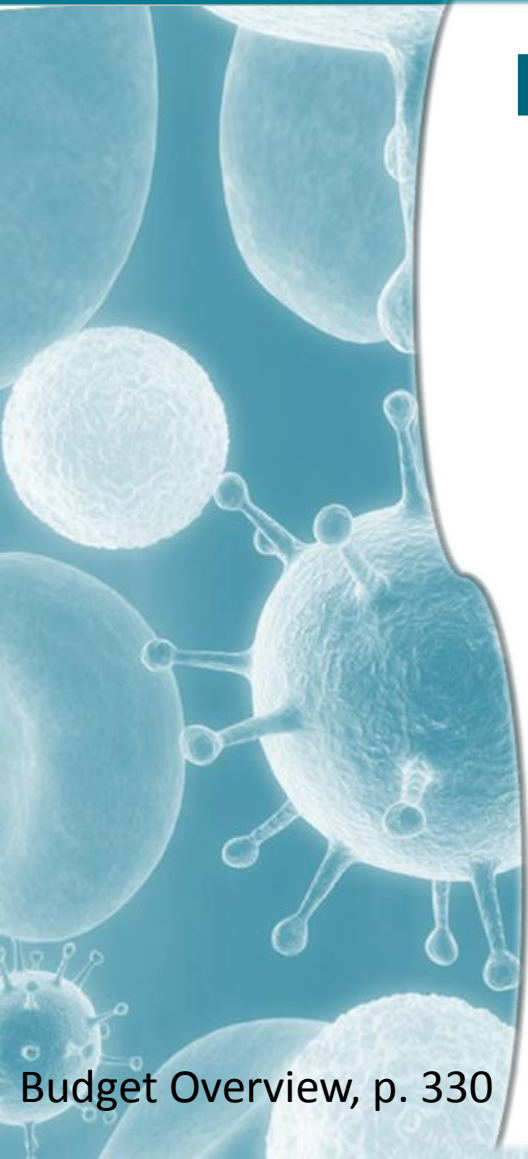
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Public Health Laboratories

- Laboratory testing, identification & monitoring of microbiologic and viral pathogens.
- Analysis of toxic chemical exposures.
- Oversight of quality assurance for Alaska's clinical labs.
- Safe use of radiation sources.
- Detection and identification of biothreat agents.



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Bureau of Vital Statistics

- Birth certificates.
- Death certificates and burial transit.
- Marriage licenses and certificates.
- Divorce certificates.
- Reports of adoptions.
- Medical marijuana registry.
- Health data and statistics.



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State Medical Examiner's Office

- Unanticipated, sudden or violent death investigations and autopsies.
- Cause and manner of death determinations.
- Law enforcement and courts system consultations.
- Child death reviews with Child Fatality Review Team.



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FY2012 Accomplishments

Budget Overview, p. 320-330



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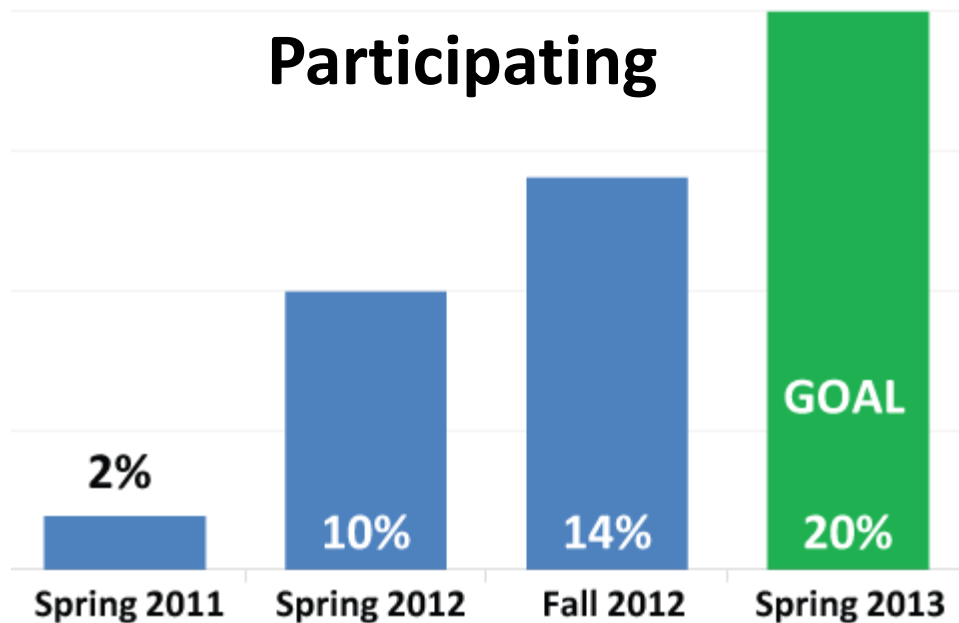


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HEALTHY FUTURES CHALLENGE

1. Be active 30 min. a day, 3 days a week.
2. Record play for 4 weeks.
3. Get prizes!

Percent of Students Participating



Get out and Play. Every day.



*Raising healthy kids
in Alaska!*

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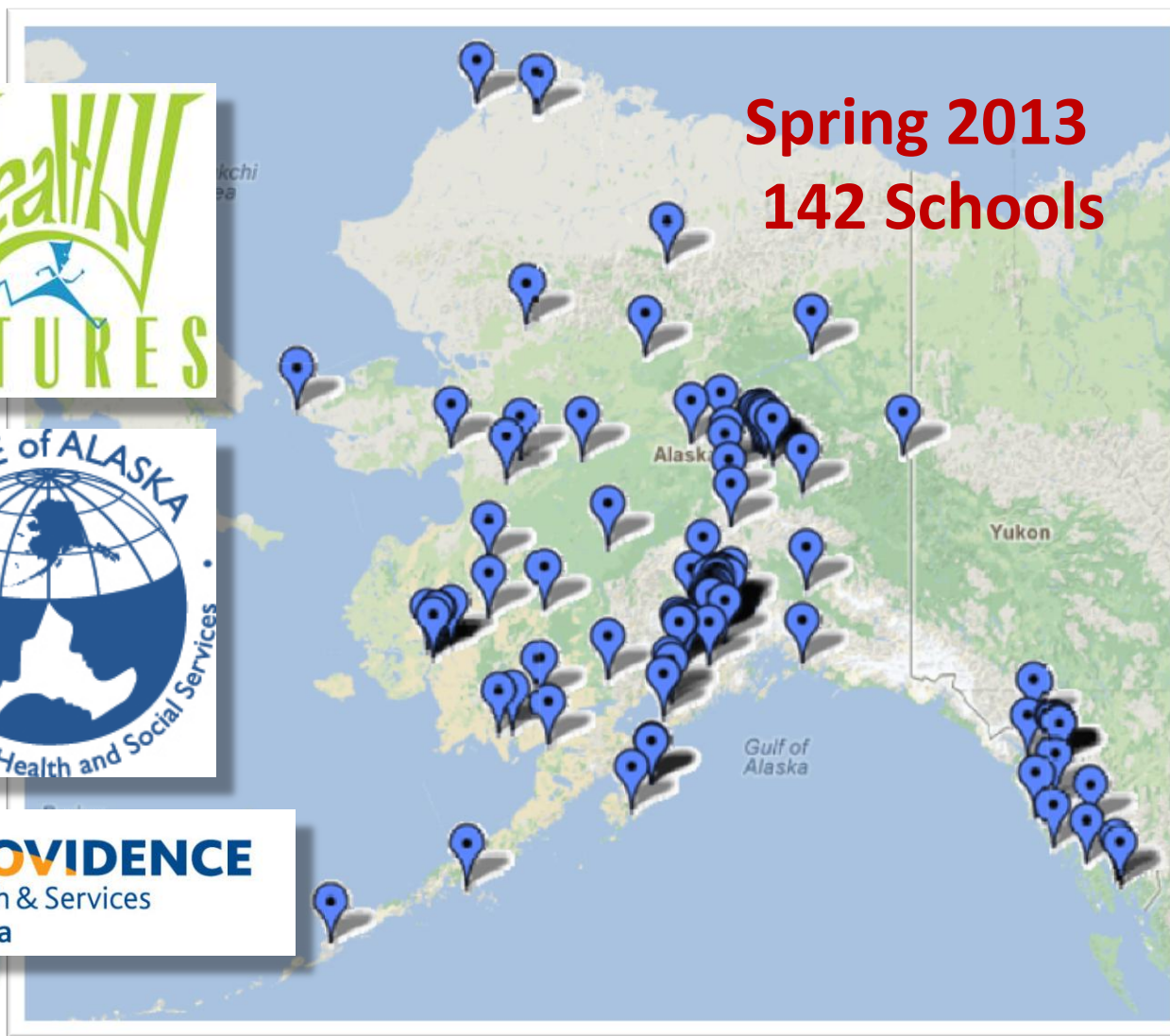
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Spring 2013
142 Schools



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TOBACCO PREVENTION AND CONTROL

Smoking On the Decline

#9

- High School Students
 - Overall ↓ from 37% (1995) to 14% (2011).
 - AK Native ↓ from 60% (1995) to 26% (2011).
- Adults
 - Overall ↓ from 28% (1996) to 21% (2010).

#35

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24

Immunization Rates Improving

- Two-year olds fully immunized
 - **#39** rank among states, improved from #42.
 - **69%** of Alaska 2-year olds are fully immunized, up from 66%.
 - Alaska Natives generally have higher immunization rates.
- **7%** “opt-out” rate highest in U.S. and climbing.



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FY2013 STATUS UPDATE

Budget Increments

- Increased funding for Nursing grantees \$1,100.0 GF/Fed
- Immunization for Children & Seniors: \$700.0 GF/Fed
- Loan Repayment Program Expansion: \$380.0 GF/MHTAAR
- Chlamydia Media Campaign, Testing & Therapy: \$360.0 GF

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FY2013 STATUS UPDATE

Fiscal Notes

- State Immunization Program (HB310): \$4,496.0 GF
- Medical Providers Incentive/Loan Repay (HB78): \$2,842.9
GF/GF Pgm
- Naturally Occurring Asbestos (HB258): \$21.3 GF

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Challenges & Top Priorities

Budget Overview, p. 335-341



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Obesity is the dominant public health problem today.

- Medical complications; premature death.
- Eclipses tobacco in terms of medical costs.
- Challenge is to address physical, social, and economic environment that makes it easy to be inactive while making it harder to be active.



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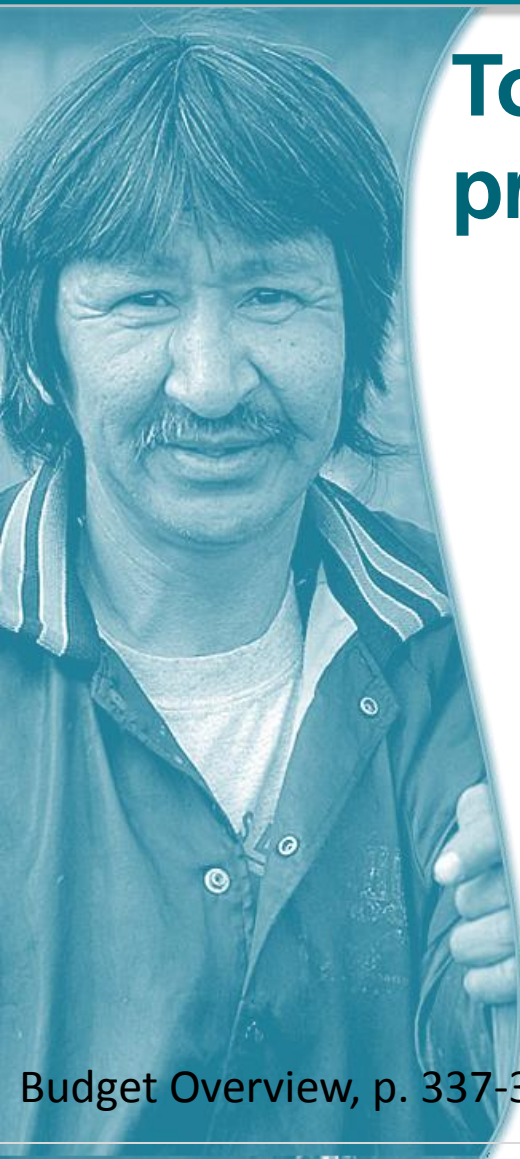
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Tobacco remains a significant health problem.

- 600 Alaska deaths annually; nearly \$500 million in medical costs & lost productivity.
- Disproportionately affects Alaska Natives.
- Smokeless tobacco rates higher than national average.



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30

Infectious Disease is still a threat

- Low rate of immunizations for children under age 2.
- High rates of sexually transmitted diseases and tuberculosis.
- Alaska's role as transportation and tourism hub increases the challenge as people come here from around the world.



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Maintaining Community Water Fluoridation is a challenge

- One of the top ten public health accomplishments of 20th century.
- Alaska Native children without fluoride water have 2x more decay.
- Losing ground with fluoridated public water systems.
 - 67% of population in 2006
 - 55% of population in 2011



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Unintentional injury 3rd leading cause of death in Alaska.

- #1 leading cause of death for ages 1 to 44 years.
- Falls are leading cause of non-fatal hospitalizations for all ages.
- 90% of drowning fatalities were not wearing a life jacket.
- Largely preventable with education and expertise from prevention specialists.

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Investing in Public Health infrastructure makes sense

- It generally costs less to keep someone well than treat them when they are sick.
- Efficiencies gained when aging data systems are replaced and new data systems facilitate service integration.
- Health systems need to be expanded to be truly statewide.



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FY2014 Budget Requests

- Loan Repayment: \$200.0 MHTAAR
- Autism Workforce Development Capacity Building: \$75.0 MHTAAR
- Replace Lost Revenue from Free Death Certificates for Deceased Veterans (HB129): \$75.0 GF

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	#	Appropriation	Allocation	Description	Subcommittee Notes					Funding Information				
332	53	Public Health	Health Planning and Systems Development	MH Trust Workforce Dev - Grant 1383.06 Loan Repayment						1092		MHTAAR		200.0
395														
	54	Public Health	Women, Children and Family Health	MH Trust: Gov Cncl - Grant 3505.02 Autism Workforce Development Capacity Building						1092		MHTAAR		75.0
396														
	55	Public Health	Bureau of Vital Statistics	Replace Lost Revenue from Issuing Free Death Certificates for Deceased Veterans (HB129)						1004		Gen Fund		75.0
397														

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2013 Legislature - Operating Budget Transaction Compare - Governor Structure Between Adj Base and Gov

Numbers and Language
Differences
Agencies: H&SS
Appropriations: Public Health

Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health													
Health Planning and Systems Development													
MH Trust Workforce Dev - Grant 1383.06 Loan Repayment	Gov	IncM	200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0
This request for \$200.0 is for use as one component of the required "non-federal match-funding." For FY2014, this proposed continuation of SHARP will field another estimated 16-22 program practitioners, via the following resources: DHSS \$200.0; AMHTA \$200.0. The entire amount is for practitioner loan repayments, with none requested for administration.													
1092 MHTAAR (Other)			200.0										
* Allocation Difference *			200.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0	0	0

Women, Children and Family Health

MH Trust: Gov Cnd - Grant 3505.02 Autism Workforce Development Capacity Building

National standards projects have identified Applied Behavior Analysis (ABA) as the primary evidence-based intervention that is most likely to improve the quality of life for children and families experiencing autism spectrum disorders (ASD), provided by a nationally certified Board Certified Behavior Analyst (BCBA). Alaska currently has 7 BCBA's (3 certified within the last month). This project has recruited 12 individuals who are currently halfway through their post master's degree course work and have begun the 1,500 hour supervised field experience component. This project will increase the number of BCBA's and form a group that will supervise future cohorts of students. Other activities to increase workforce capacity include the implementation of an entry-level (degree and paraprofessional) workforce development structure that is responsive to the direct service provider role for services that support children and youth with ASD and to continue the delivery of the annual ASD Summer Institute that includes two tracks: 1) Early Intensive Behavioral Interventions (EIBI) and 2) Autism and the Transition to Adulthood.

Becoming a Board Certified Behavior Analyst is a long, difficult, and expensive process that includes completing a 15-credit post master's degree Behavior Analyst Certification Board (BACB) approved curriculum and a 1,500 hour supervised field experience. The capacity building program has already doubled the number of BCBA's that are in the pipeline for certification by FY13/FY14. In addition to the time commitment and expense, the lack of homegrown BCBA's requires students to contract with out-of-state supervisors. This increases the burden, time and expense on the student. The current autism workforce development capacity building program will use the existing cohort of students as supervisors once they complete their certification, thereby increasing opportunities for others to follow in their footsteps and decreasing the expense of the program. In short, the more BCBA's that we can produce the more we will be able to produce.

Funding will be used for the following activities:

1. Student recruitment - Continue recruitment efforts to sufficiently increase in-state professionals. Current activities include educating the larger service community and developing a pool of interested candidates. Continuation of this structure will further the workforce capacity development in Alaska.
2. Student financial support - Student expenses for the completion of the BCBA can run from \$20.0 - \$30.0. This is a deterrent to increasing the number of individuals who have this certification. By providing partial support the number of Alaskans willing to participate in this program has increased. In return for this financial support all

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2013 Legislature - Operating Budget Transaction Compare - Governor Structure Between Adj Base and Gov

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Agency: Department of Health and Social Services

	Column	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
Public Health (continued)													
Women, Children and Family Health (continued)													
MH Trust: Gov Cncl - Grant 3505.02 Autism Workforce Development Capacity Building (continued)													
students have agreed to provide supervision services to other Alaskans seeking BCBA certification at no cost. This will result in a "snowball effect" increasing the number of qualified professionals at no further expense to the program.													
3. Student field coordination support - Coordination of the field experience component of this certification is another important strategy for increasing the number of BCBAs in Alaska. In the first 2 years of this program, a distance-based supervision curriculum has been developed and is being used to guide the first cohort of students. This system will be available to future cohorts and supervisors to guide their efforts and help to ensure a highly qualified workforce. Additionally, due to Alaska's geographic realities this distance based system will continue to be useful even if Alaska has a sufficient number of homegrown BCBAs to provide supervision services in-state.													
1092 MHTAAR (Other)			75.0										
* Allocation Difference *			75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
Bureau of Vital Statistics													
Replace Lost Revenue from Issuing Free Death Certificates for Deceased Veterans (HB129)	Gov	Inc	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
The HB 129 Fiscal note for HSS for \$75.0 GF and (\$75.0) GF/Prgm, was not included in Section 2 so was not received by the Department.													
This request is to replace the lost revenues from issuing free death certificates to veterans as a result of the passage of HB129 in the 27th Legislature. The fiscal note estimated the fiscal impact will be approximately \$75.0 for the first year the legislation is in effect (\$25 x 3,000 certified copies, assuming just 750 families will request on average of four certificates each in the first year), increasing to \$100.0 by year 5 (\$25 x 4,000 certified copies) as more people become aware of the new benefit provided by this law. The Bureau will experience a greater loss of revenue if this bill generates more than four requests per death, or if the number of decedents who are veterans exceeds 1000 in a year.													
<note by Amanda Ryder on Wed Dec 19 17:25:39 -0900 2012 > My recollection is that LFD found it extremely difficult to justify this increase.													
1004 Gen Fund (UGF)			75.0										
* Allocation Difference *			75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
** Appropriation Difference **			350.0	0.0	0.0	350.0	0.0	0.0	0.0	0.0	0	0	0
*** Agency Difference ***			350.0	0.0	0.0	350.0	0.0	0.0	0.0	0.0	0	0	0
**** All Agencies Difference ****			350.0	0.0	0.0	350.0	0.0	0.0	0.0	0.0	0	0	0

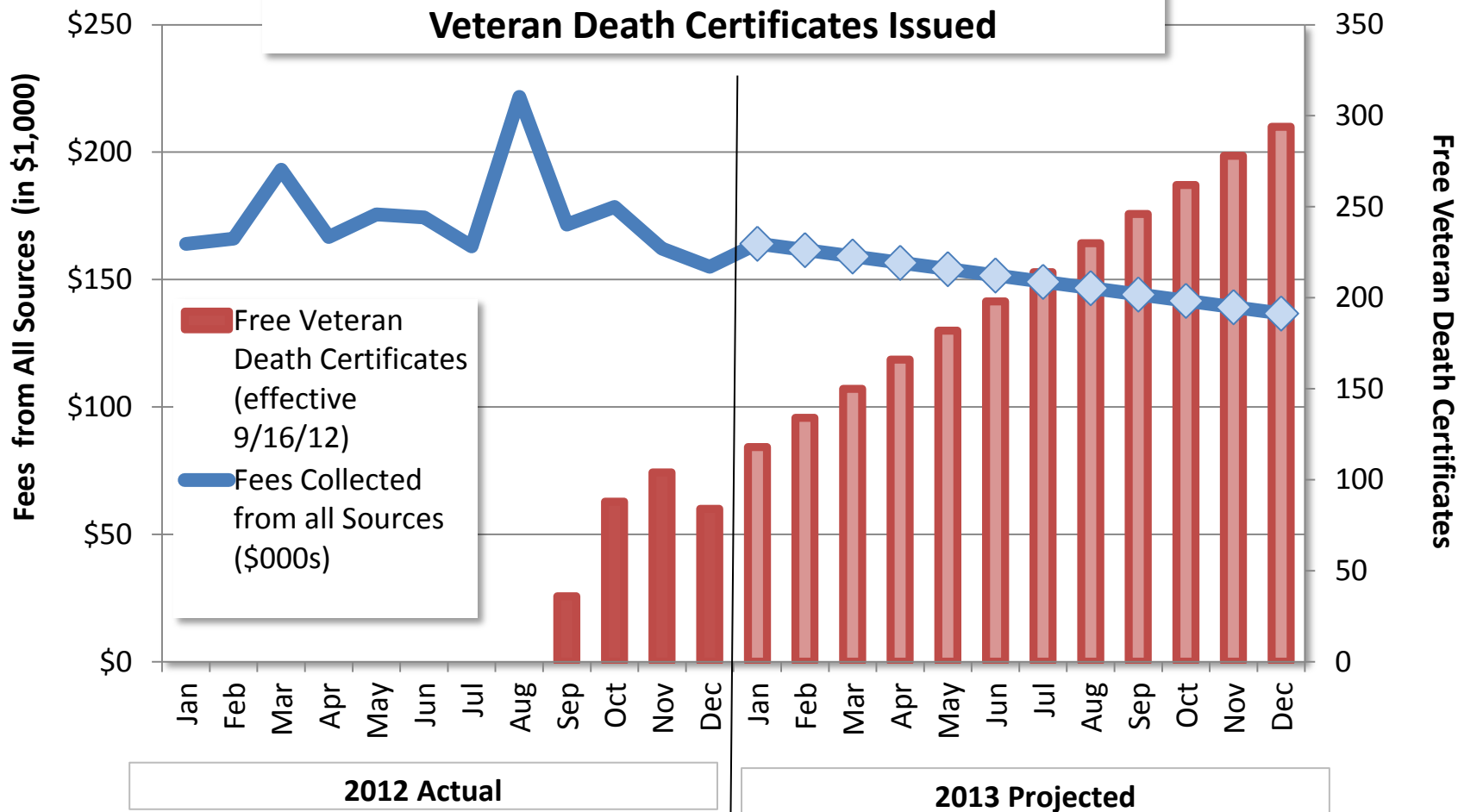
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Fees Collected from All Sources and Number of Free Veteran Death Certificates Issued



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Performance Measures



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HSS/Public Health Alignment

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HSS PRIORITY I: HEALTH & WELLNESS ACROSS THE LIFESPAN		
<u>CORE SERVICE:</u> Protect & promote the health of Alaskans.	<u>CORE SERVICE:</u> Provide quality of life in a safe living environment for Alaskans.	
Primary	Secondary	
HSS PRIORITY II: HEALTH CARE ACCESS, DELIVERY & VALUE		
<u>CORE SERVICE:</u> Manage health care coverage for Alaskans in need.	<u>CORE SERVICE:</u> Facilitate access to affordable health care for Alaskans.	
Secondary	Secondary	
HSS PRIORITY III: SAFE & RESPONSIBLE INDIVIDUALS, FAMILIES & COMMUNITIES		
<u>CORE SERVICE:</u> Strengthen Alaska families.	<u>CORE SERVICE:</u> Protect vulnerable Alaskans.	<u>CORE SERVICE:</u> Promote personal responsibility and accountable decisions by Alaskans.
Secondary	Secondary	Secondary

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Priority I – HEALTH & WELLNESS ACROSS THE LIFESPAN

CORE SERVICE	EFFECTIVENESS MEASURE	EFFICIENCY MEASURE
Protect and promote the health of Alaskans	Percent of Alaskans who are immunized.	Cost per immunization.
	Percent of school-age children who are overweight/obese.	Cost per child of physical education campaign.
	Rate of tobacco use by age group.	Cost per capita of Tobacco Prevention & Control program.
	Percent of Alaskans who receive preventive health screenings.	Cost per client for screening.
	Percent of non-fatal injuries requiring hospitalization.	Cost of per capita of emergency medical services.
	Percent of communities that identify and address local health problems.	Cost per community of technical assistance.

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Priority II – Health Care Access, Delivery & Value

CORE SERVICE	EFFECTIVENESS MEASURE	EFFICIENCY MEASURE
Facilitate access to affordable health care for Alaskans	Percent of Alaskans with access to a regular primary care provider.	Cost per capita to provide health care services.

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Priority III – Safe & Responsible Individuals, Families & Communities

CORE SERVICE	EFFECTIVENESS MEASURE	EFFICIENCY MEASURE
Promote personal responsibility and accountable decisions by Alaskans	Percent of clients with chronic disease enrolled in self-management programs.	Cost per client for self-management services.
	Rate of domestic/interpersonal violence referrals to local shelters.	Cost per referral.
	Percent of communities that have participated in disaster preparedness activities.	Cost per participant for disaster preparedness training.

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Thank you ...



Questions?