



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

**FY2011 BUDGET RECOMMENDATION AND OVERVIEW MATERIALS**  
**Presented to Joint Appropriations Committee**  
**January 19, 2010**

# **DEPARTMENT OF HEALTH MISSION STATEMENT**

**The mission of the South Dakota Department of Health is to:**

- Promote, protect, and improve the health and well-being of all South Dakotans

# SOUTH DAKOTA DEPARTMENT OF HEALTH

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**STATE EPIDEMIOLOGIST**  
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**DIVISION OF HEALTH SYSTEMS DEV. AND REGULATION**  
Tom Martinec

DATA, STATISTICS, AND VITAL RECORDS

CHIROPRACTIC EXAMINERS

DISEASE PREVENTION

LICENSURE AND CERTIFICATION

PUBLIC HEALTH LABORATORY

DENTISTRY

FAMILY HEALTH

HEALTH PROTECTION

FINANCIAL MANAGEMENT  
Kari Weisbeck

HEARING AID DISPENSERS

FUNERAL SERVICE

MEDICAL AND OSTEO EXAM.

NURSING

NURSING HOME ADMIN.

PROGRAM SERVICES

OPTOMETRY

PHARMACY

PODIATRY EXAMINERS

CORRECTIONAL HEALTH

PHARMACY

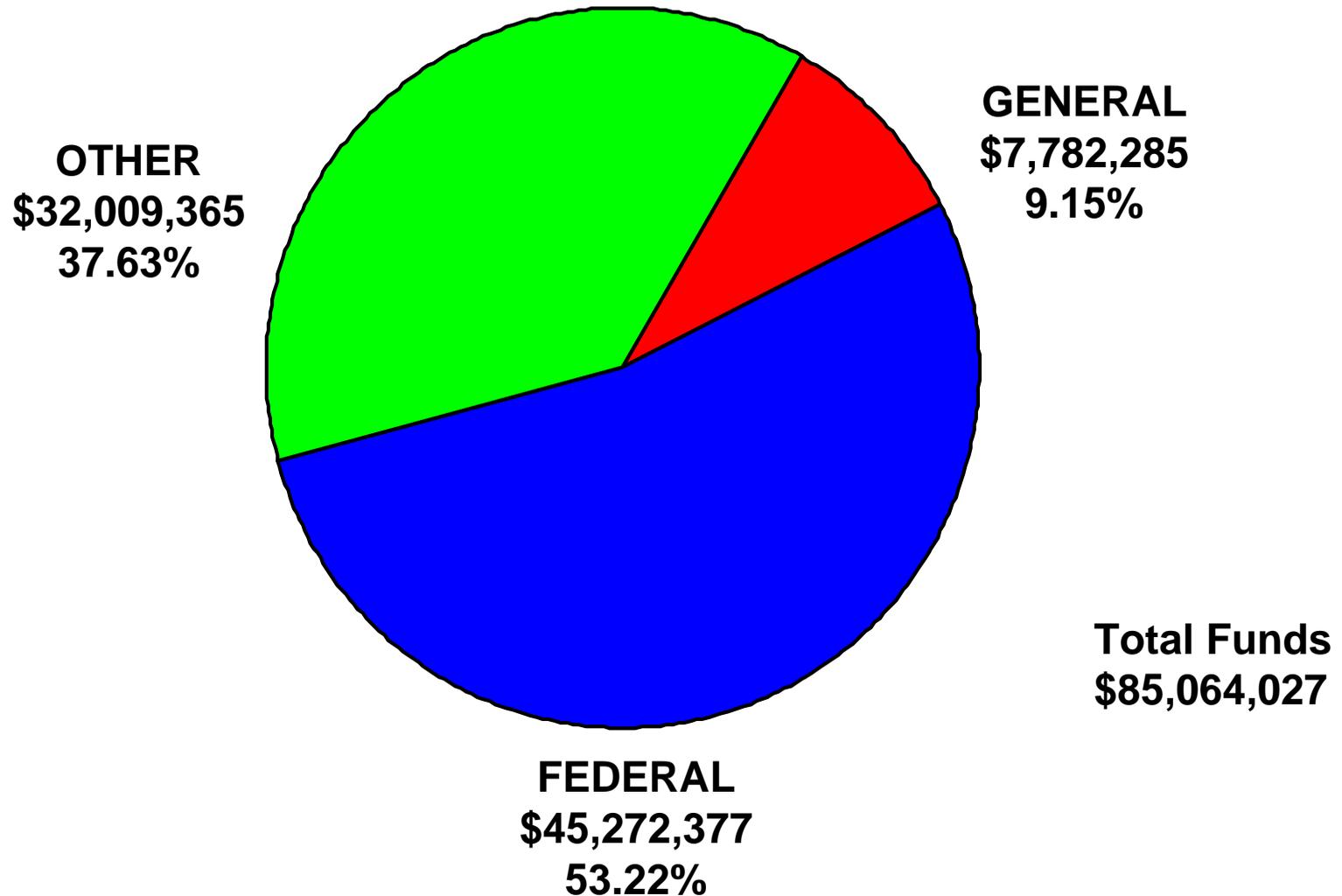
PODIATRY EXAMINERS

HEALTH PROMOTION

RURAL HEALTH

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

# DEPARTMENT OF HEALTH FY11 FUNDING SOURCES



# DEPARTMENT OF HEALTH

## FY2011 GOVERNOR RECOMMENDED BUDGET

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	<u>FTE</u>	<u>General</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
<b>FY2010 Budget Base</b>	<b>405.2</b>	<b>\$7,762,876</b>	<b>\$39,939,225</b>	<b>\$31,733,982</b>	<b>\$79,436,083</b>
<b>Expansion/Reduction</b>					
<i>Increase/Decrease</i>					
Health Administration	<b>(1.0)</b>	3,781	(12,308)	(16,201)	(24,728)
Health Systems Regulation and Development	<b>(1.0)</b>	8,299	2,768,988		2,777,287
Health and Medical Services	<b>(1.0)</b>	7,329	2,113,903	2,907	2,124,139
Laboratory Services	<b>(1.0)</b>		1,923	(32,021)	(30,098)
Correctional Health				205,599	205,599
Tobacco Prevention and Control			460,646		460,646
Informational Budgets for DOH Boards				115,099	115,099
<b>Inflation/Expansion-Reduction Total</b>	<b>(4.0)</b>	<b>19,409</b>	<b>5,333,152</b>	<b>275,383</b>	<b>5,627,944</b>
<b>Total FY2011 Recommended Budget</b>	<b>401.2</b>	<b>7,782,285</b>	<b>45,272,377</b>	<b>32,009,365</b>	<b>85,064,027</b>

# FTE Reductions

## FY11 Governor Recommendation

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	<u>FTE</u>	<u>General</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
Health Administration					
<i>Policy Analyst</i>	(1.0)		(18,044)	(18,044)	(36,088)
Health Systems Regulation and Development					
<i>Public Health Advisor</i>	(1.0)		(46,858)		(46,858)
Health and Medical Services					
<i>Service Delivery Specialist</i>	(1.0)	(4,121)	(34,539)	(5,751)	(44,411)
Laboratory Services					
<i>Senior Chemist</i>	(1.0)			(39,971)	(39,971)
<b>Reduction Total</b>	<b>(4.0)</b>	<b>(4,121)</b>	<b>(99,441)</b>	<b>(63,766)</b>	<b>(167,328)</b>



# South Dakota Department of Health 2020

Promote, protect, and improve the health and well-being of all South Dakotans

## Improve Birth Outcomes and Health of Infants, Children and Adolescents in South Dakota

- ❖ Increase awareness of the importance of healthy lifestyle choices among women of childbearing age
- ❖ Improve South Dakota's age-appropriate immunization rate
- ❖ Reduce risky behaviors among children and adolescents

### Key Performance Measures

- Reduce infant mortality rate from 8.3 per 1,000 births in 2008 to 6.0 by 2020
- Increase proportion of pregnant women who receive prenatal care in the first trimester from 68.9% in 2008 to 75% by 2020
- Increase percent of two-year olds who are age-appropriately immunized from 83.3% in 2008 to 90% by 2020
- Reverse trend and reduce the percent of school-age children & adolescents who are obese from 16.6% in the 2008-09 school year to 14% by 2020
- Reduce teen pregnancy rate from 21 per 1,000 teens age 15-17 in 2008 to 15 by 2020
- Reduce the percentage of youth in grades 9-12 who currently smoke from 25% in 2007 to 18% by 2020

## Improve the Health Behaviors of South Dakotans to Reduce Chronic Disease (i.e., heart disease, cancer, stroke, diabetes)

- ❖ Work with partners to implement statewide plans to reduce the burden of chronic disease
- ❖ Help South Dakotans across the lifespan to be physically active, eat healthy and be tobacco free
- ❖ Increase the number of people screened for chronic disease (i.e., mammograms, Pap smears, colorectal cancer, diabetes, cholesterol, hypertension, etc.)

### Key Performance Measures

- Reverse the trend and reduce the percent of adults who are obese from 28.1% in 2008 to 23% by 2020
- Increase the percent of adults who are physically active on a regular basis from 47.8% in 2007 to 57% by 2020
- Reverse the trend and increase the percent of adults who eat 5 fruits & vegetables a day from 18.6% in 2007 to 25% by 2020
- Reduce the percent of adults who smoke cigarettes from 17.5% in 2008 to 15% in 2020
- Increase the number of adults over age 50 who have had colorectal screening from 71.4% in 2008 to 85% by 2020

**Guiding Principles**  
 Reduce Health Disparities  
 Maximize Use of Technology  
 Emphasize Customer Service  
 Work in Partnership

## Strengthen the Health Care Delivery System in South Dakota

- ❖ Provide effective oversight and assistance to assure quality health facilities, professionals and services
- ❖ Sustain essential healthcare services in rural and underserved areas
- ❖ Provide effective coordination of health information technology (HIT) and health information exchange (HIE) efforts among public and private stakeholders

### Key Performance Measures

- Increase the number of Scrubs health career camp attendees from 877 in 2009 to 1,500 by 2020
- Increase the percent of South Dakota nursing facilities that participate in resident-directed or person-centered care from 69% in 2009 to 80% by 2020
- Maintain a closure rate of zero for rural hospitals determined to be "access critical"
- Increase the percentage of hospitals and clinics that are meaningful users of electronic health records from 32% in 2008 to 90% by 2020
- Increase the percentage of hospitals and clinics participating in the statewide health information exchange to 60% by 2020

## Strengthen South Dakota's Response to Current and Emerging Public Health Threats

- ❖ Maintain and improve the identification and assessment of current and emerging public health threats
- ❖ Enhance the state's capacity to effectively coordinate the response to current and emerging public health threats
- ❖ Establish a dedicated environmental health program within the Department of Health to respond to environmental health issues

### Key Performance Measures

- Increase the rate of disease reporting electronically from 50% of reports in 2009 to 90% by 2015
- Double the number of healthcare volunteers registered in SERV-SD from 640 in 2009 to 1,280 by 2020
- Increase the expertise of DOH environmental health staff by achieving 100% of staff meeting the qualifications of being a Registered Environmental Health Specialist according to the National Environmental Health Association by 2020

## Strategies for Achieving 2020 Objectives

### Improve Birth Outcomes and Health of Infants, Children and Adolescents in South Dakota

- ❖ Increase awareness of the importance of healthy lifestyle choices to women of child bearing age (*Darlene Bergeleen*)
  - Promote the importance of prenatal care for South Dakota mothers
  - Maintain collaboration between public programs serving pregnant women and primary care providers to improve birth outcomes
  - Enhance activities and increase public awareness regarding the dangers of tobacco use by pregnant women and exposure to secondhand smoke
- ❖ Improve South Dakota's age-appropriate immunization rate (*Bonnie Jameson*)
  - Educate providers and the public about the importance of immunizations
  - Enhance the immunization registry to allow for real-time access to immunization data for all public and private immunization providers in the state
  - Utilize non-traditional avenues for providing childhood immunizations
- ❖ Reduce risky behaviors among children and adolescents (*Kayla Tinker*)
  - Promote activities directed at reducing the incidence of childhood obesity
  - Enhance activities designed to reduce rates of pregnancy and sexually transmitted diseases among adolescents
  - Enhance activities and increase public awareness to reduce the use of tobacco products among children and adolescents
  - Enhance partnerships/collaboration with other state agencies to address risky behaviors (i.e., suicide, motor vehicle crashes, etc.)

### Improve the Health Behaviors of South Dakotans to Reduce Chronic Disease (i.e., heart disease, cancer, stroke, diabetes)

- ❖ Work with partners to implement statewide plans to reduce the burden of chronic disease (*Linda Ahrendt*)
  - Develop and implement policies and environmental changes to support healthy behaviors and manage chronic disease
  - Engage additional partners (i.e., health providers, communities, service organizations, etc.) to expand the reach and impact of state chronic disease plans
- ❖ Help South Dakotans across the lifespan to be physically active, eat healthy, and be tobacco free (*Kristin Biskeborn*)
  - Utilize current communication methods and technology to market and promote programs to help South Dakotans live healthier lives
  - Enhance efforts to provide technical assistance and resources for individuals, families, communities, schools, employers, and health care providers to promote healthy behaviors and prevent chronic disease
- ❖ Increase the number of people screened for chronic diseases (i.e., mammograms, Pap smears, colorectal screening, diabetes, cholesterol, hypertension, etc.) (*Norma Schmidt*)
  - Increase public awareness of the importance of chronic disease screenings
  - Work with partners to assure accessibility to chronic disease screening for all South Dakotans

### Strengthen the Healthcare Delivery System in South Dakota

- ❖ Provide effective oversight and assistance to assure quality health facilities, professionals, and services (*Bob Stahl*)
  - Assure healthcare facilities meet minimum standards for quality
  - Enhance technical assistance, training, and resources for healthcare facilities and providers to meet identified needs
  - Assure information regarding healthcare facilities, providers, and services is available to the public in a coordinated, understandable, and easily accessible manner
  - Increase coordination with health professional licensing boards to address quality of care and access to care issues
- ❖ Sustain essential healthcare services in rural and underserved areas (*Sandi Durick/Halley Lee*)
  - Build and sustain South Dakota's healthcare workforce
  - Promote and support healthcare planning at the community level to assure an integrated approach to healthcare
  - Promote and develop innovative primary care delivery models in rural areas
  - Develop and implement quality improvement programming and services
  - Assist healthcare organizations identify resources for operation, maintenance, and replacement of healthcare facilities
- ❖ Provide effective coordination of HIT/HIE efforts among public and private stakeholders (*Kevin DeWald/Ken Doppenberg*)
  - Encourage adoption and meaningful use of electronic health records through use of federal incentive programs
  - Promote the formation and use of a regional center to advance HIT adoption among providers
  - Link Critical Access Hospitals with educational and technical assistance resources for implementation of health information systems

### Strengthen South Dakota's Response to Current and Emerging Public Health Threats

- ❖ Maintain and improve the identification and assessment of current and emerging public health threats (*Lon Kightlinger*)
  - Develop and maintain State Public Health Laboratory proficiency in all applicable Laboratory Response Network procedures
  - Increase electronic disease reporting and maintain continuing functional electronic laboratory reporting competency within the Department of Health
- ❖ Enhance the state's capacity to effectively coordinate the response to current and emerging public health threats (*Bill Chalcraft*)
  - Improve the Department of Health's ability to electronically monitor and track response efforts and interventions
  - Identify, coordinate, and train the state, local, private, and volunteer public health workforce
- ❖ Establish a dedicated environmental health program within the Department of Health to respond to environmental health issues (*Clark Hepper/Mike Smith*)
  - Develop key capacity to respond to current and emerging environmental health issues (i.e., lead, mold, indoor air, nuisance investigations, etc.)
  - Identify, train, and maintain staff proficient in dealing with environmental health issues

# H1N1 Question

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*“What are the ‘lessons learned’ from this year’s H1N1 vaccination program?”*

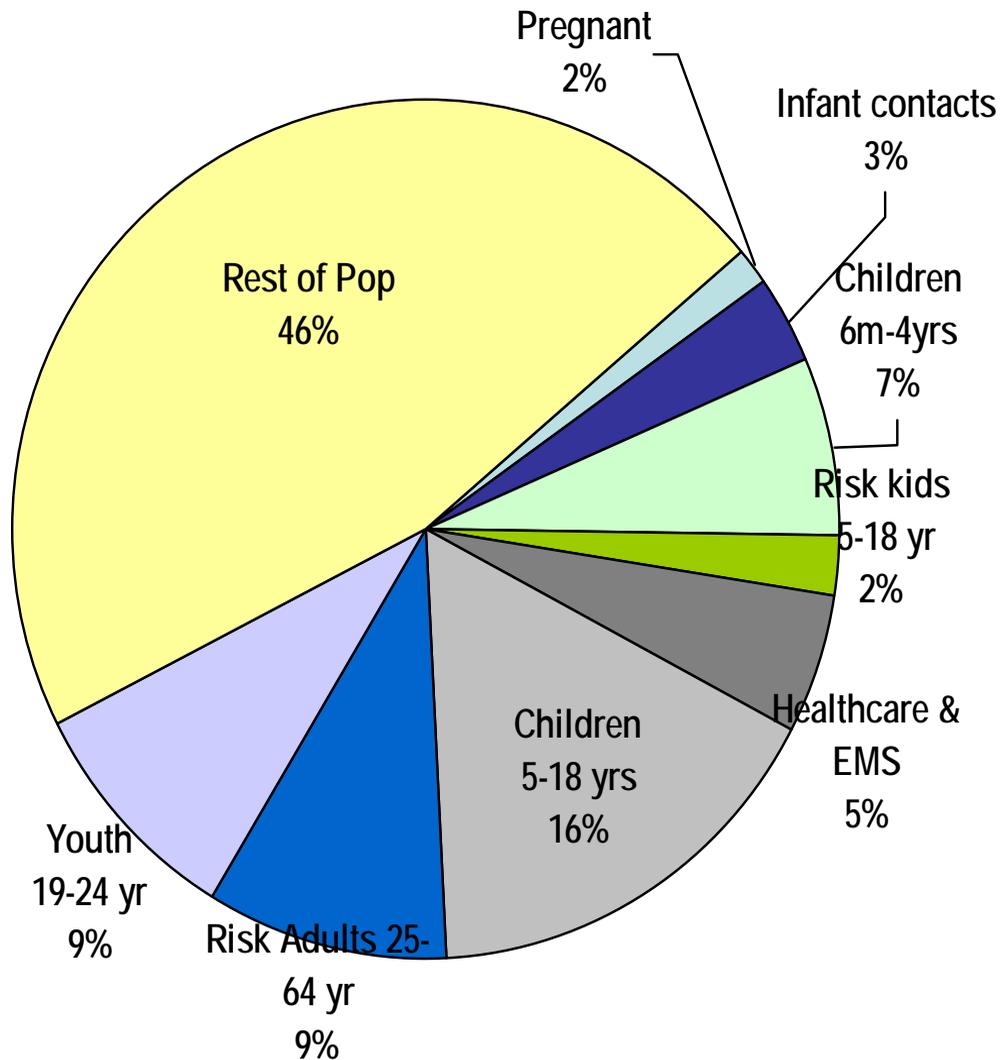
# Pandemic Influenza Planning

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- Pandemic Influenza Summit held in March 2006 to begin planning efforts to respond to pandemic influenza; South Dakota Pandemic Influenza Plan released in August 2006
- Since 2006, the Department of Health has awarded \$1,665,618 (over 3 years) in pandemic influenza community planning grants to health care entities and city/county/tribal governments to support local pandemic influenza planning
- H1N1 influenza confirmed in South Dakota in late April 2009
- Immediately began working with health systems, hospitals, physicians, clinics, communities, schools, universities, state agencies, tribal governments, and IHS, etc. to coordinate South Dakota's response to H1N1 pandemic influenza

# H1N1 Vaccination target groups estimates, South Dakota

(based on ACIP [www.cdc.gov/mmwr/pdf/rr/rr58e0821.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr58e0821.pdf) )



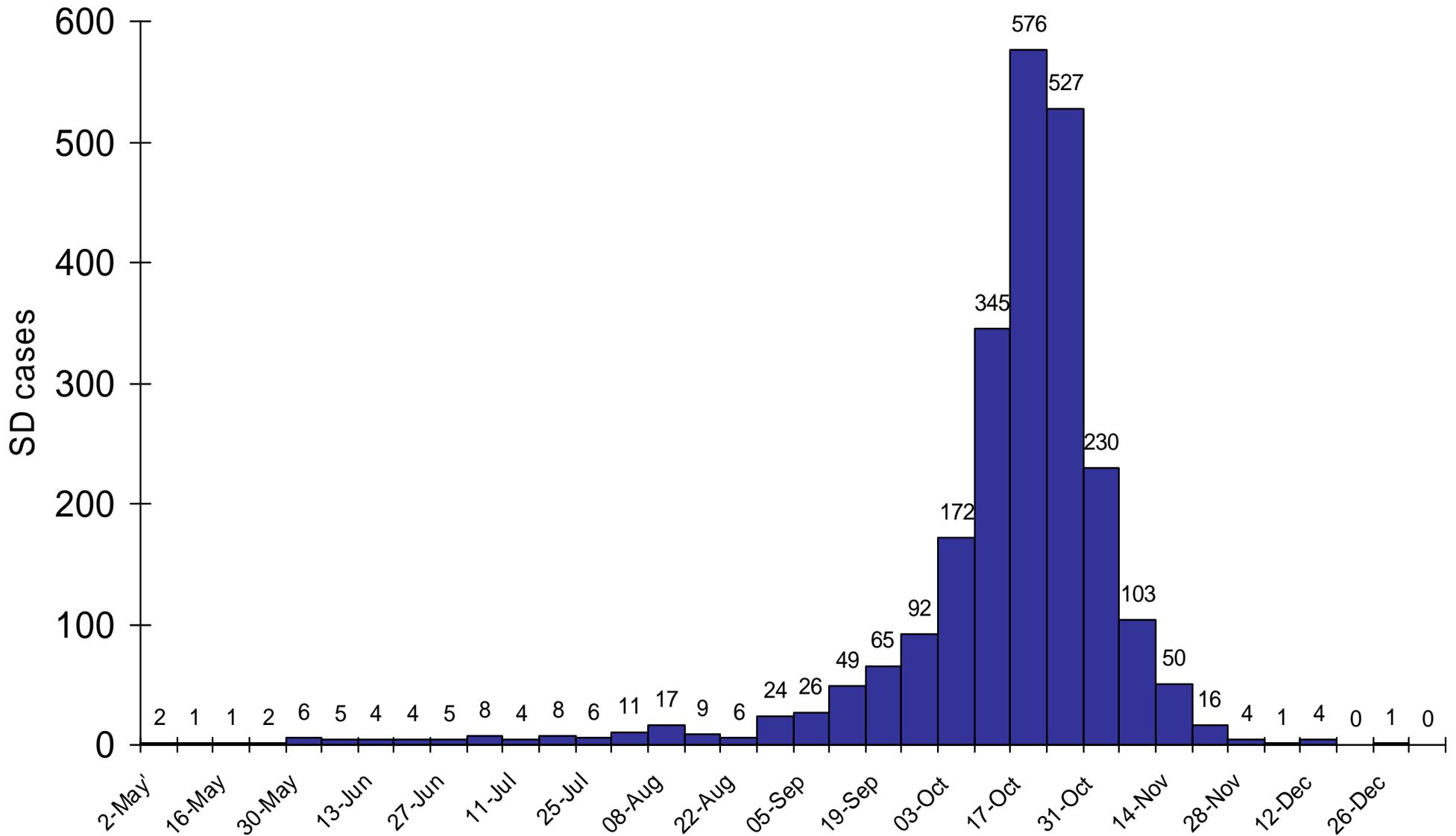
F i r s t	Pregnant	12,200
	Contacts of infants <6m	26,000
	Children 6m-4yrs	52,400
	Children 5-18 yrs High Risk	19,000
	Healthcare workers & EMS	42,000
S e c o n d	Children 5 - 18 yrs	131,700
	Adults High risk 25-64 yrs	76,000
	Youth 19- 24 yrs	71,800
Rest of Population		372,900
<b>TOTAL</b>		<b>804,000</b>

# 2009- 2010 South Dakota H1N1 Vaccination Campaign

1 <sup>st</sup> target pop: 151,600 2 <sup>nd</sup> target pop: 279,500 Total pop: 804,000	First tier groups					Second tier groups			Rest of Population
	Pregnant Women	Contacts of infants <6m	Children 6m-4yrs	Children 5-18 yrs High Risk	Healthcare & EMS	Children 5 - 18 yrs	Adults High risk 25-64 yrs	Youth 19- 24 yrs	
	12,200	26,000	52,400	19,000	42,000	131,700	76,000	71,800	
PODs		X	X	X	X	X		X	X
DOH clinics	X	X	X	X		X	X	X	X
Hospitals					X				
Clinics & Health Centers	X	X	X	X		X	X	X	X
Schools or Colleges						X		X	
Ambulance/ Fire Halls					X EMS				
Home Health Agencies							X home bound		
Travel Teams		X	X	X		X		X	



# South Dakota confirmed H1N1 cases by week, 2009-2010



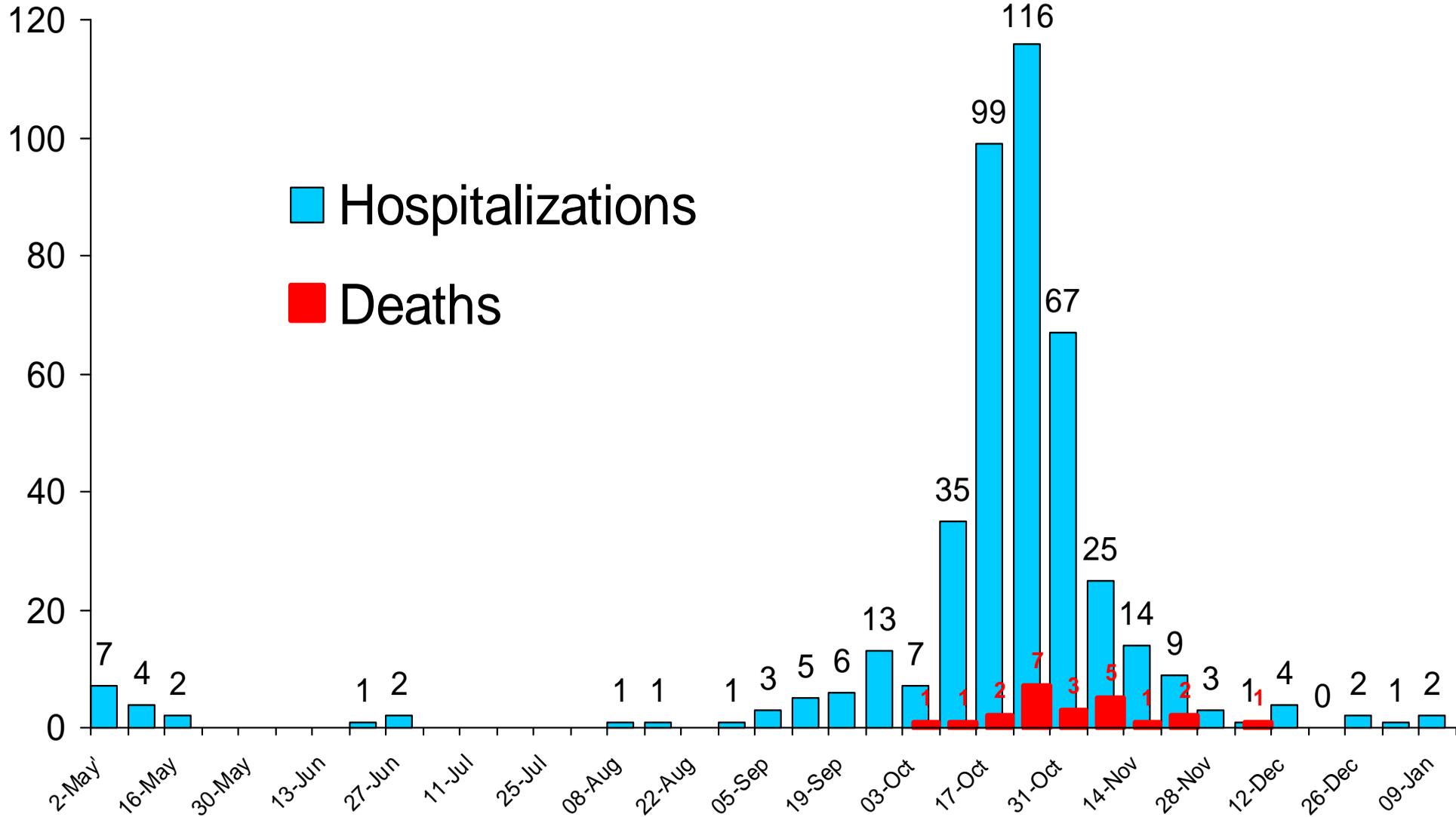
# Age distribution of influenza-associated deaths and hospitalizations, and confirmed\* cases, South Dakota

(cumulative to-date for 2009-2010 season)

<b>Age Group</b>	<b>Deaths (%)</b>	<b>Hospitalized (%)</b>	<b>Confirmed* cases (%)</b>
<b>0-9 yrs</b>	<b>1 (4%)</b>	<b>166 (39%)</b>	<b>1,021 (45%)</b>
<b>10-19 yrs</b>	<b>1 (4%)</b>	<b>38 (9%)</b>	<b>540 (24%)</b>
<b>20-29 yrs</b>	<b>2 (9%)</b>	<b>47 (11%)</b>	<b>311 (14%)</b>
<b>30-39 yrs</b>	<b>2 (9%)</b>	<b>24 (6%)</b>	<b>133 (6%)</b>
<b>40-49 yrs</b>	<b>5 (22%)</b>	<b>38 (9%)</b>	<b>108 (5%)</b>
<b>50-59 yrs</b>	<b>3 (13%)</b>	<b>49 (12%)</b>	<b>92 (4%)</b>
<b>60-69 yrs</b>	<b>5 (22%)</b>	<b>33 (8%)</b>	<b>42 (2%)</b>
<b>70 + yrs</b>	<b>4 (17%)</b>	<b>27 (7%)</b>	<b>25 (1%)</b>
<b>TOTAL</b>	<b>23</b>	<b>422</b>	<b>2,272</b>

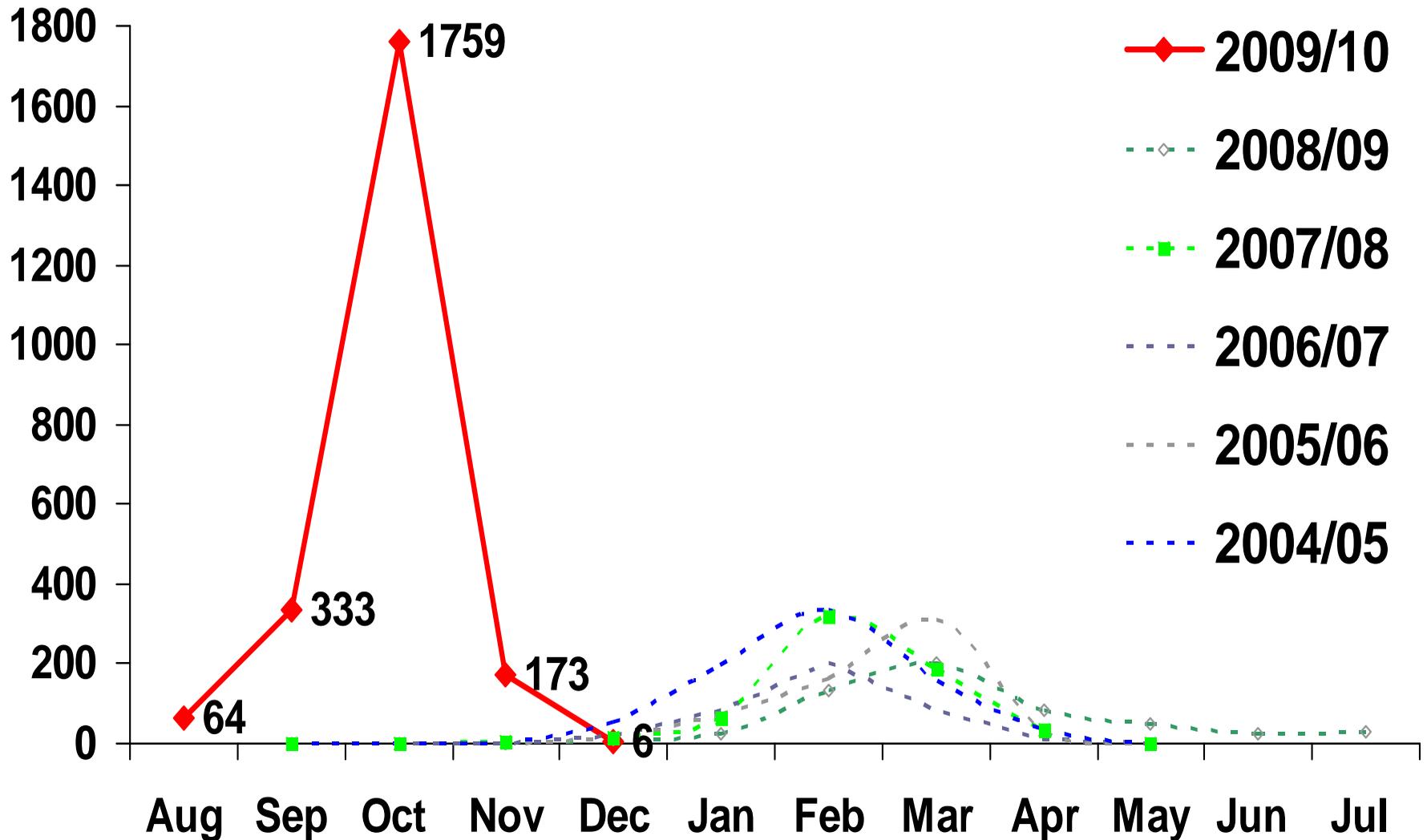
\* Confirmed by PCR, culture or DFA

# South Dakota influenza hospitalizations and deaths by week, 2009-2010



# South Dakota Influenza Confirmed Cases, 2004-2010

Note: 2009-10 data is provisional as of 2 Jan. 2010



# South Dakota

## H1N1 Vaccine Allocation and Distribution

	Weekly Allocation
Week 1 (Sept. 28)	4,900
Week 2 (Oct. 5)	12,300
Week 3 (Oct. 12)	15,600
Week 4 (Oct. 19)	14,500
Week 5 (Oct. 26)	26,600
Week 6 (Nov. 2)	34,500
Week 7 (Nov. 9)	17,800
Week 8 (Nov. 16)	20,800
Week 9 (Nov. 23)	19,700
Week 10 (Nov. 30)	26,600
Week 11 (Dec. 7)	39,000
Week 12 (Dec. 14)	85,900
Week 13 (Dec. 21)	19,700
Week 14 (Dec. 28)	31,500
Week 15 (Jan. 4)	35,600
<b>Total Doses Received</b>	<b>405,000</b>



Distributed H1N1 vaccine to enrolled providers including:

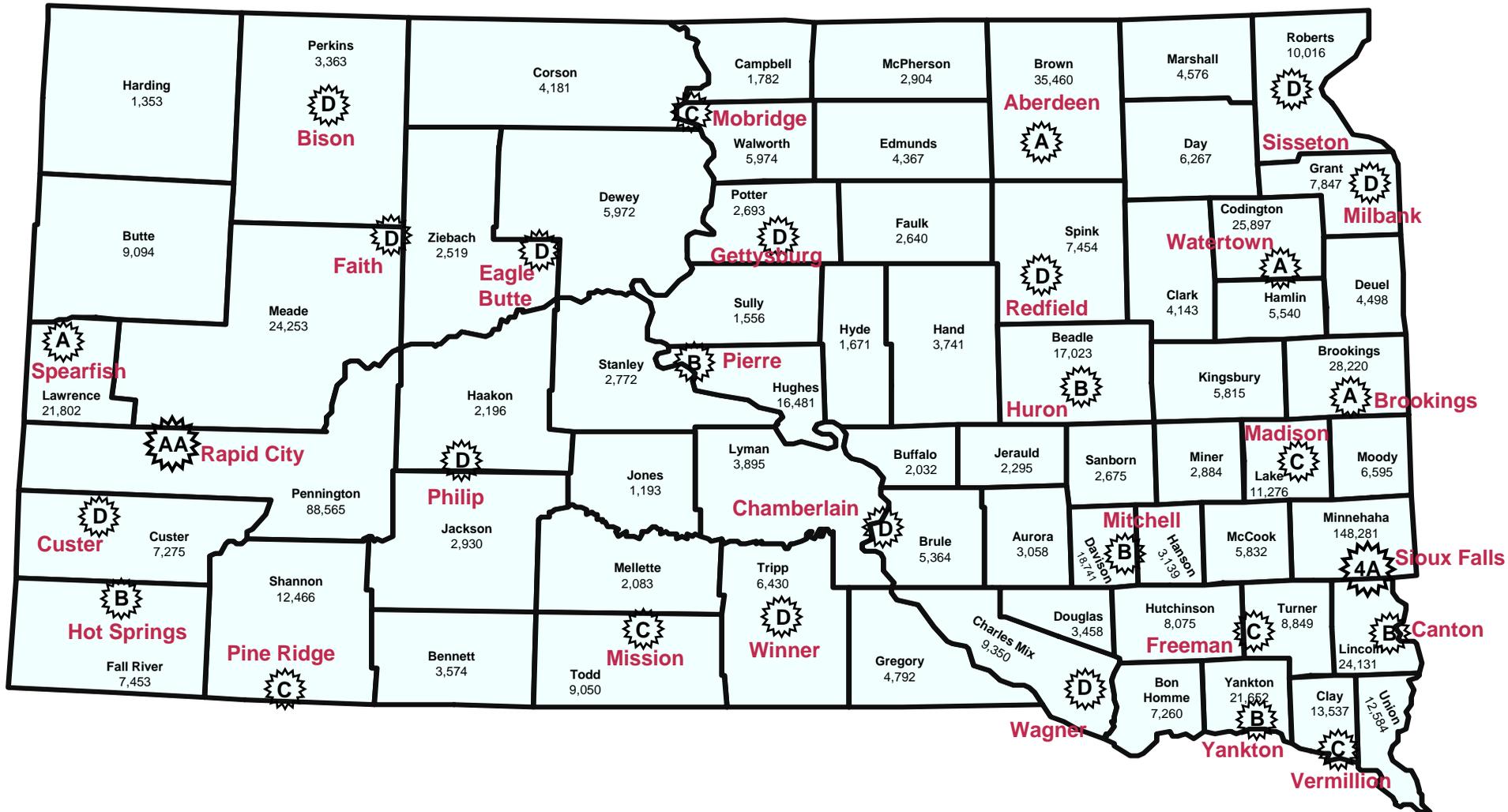
- Clinics – 274
- Hospitals – 52
- IHS – 13
- Long Term Care Facilities – 206
- Pharmacies – 60
- Other – 20
- **TOTAL - 625**

# H1N1 Public Vaccination Event Partners



# H1N1 POD Jurisdictions

(Current as of Jan 12, 2010)



POD Sizes (# Treated in 48 hrs): "A" = 50,000 "B" = 30,000 "C" = 20,000 "D" = 10,000

# H1N1 Public Vaccination Events

(306 events\*)

Aberdeen	Alexandria	Allen	Alpena	Arlington	Artesian	Augustana	Avon
Baltic	Belle Fourche	Blunt	Bonesteel	Bowdle	Brandon	Britton	Brookings
Buffalo	Burke	Canistota	Canton	Castlewood	Centerville	Chamberlain	Chelsea
Clark	Clear Lake	Colman	Cresbard	Custer	Dakota Dunes	Dakota State	Deadwood
Dell Rapids	DeSmet	DuPree	Eagle Butte	Eden	Elk Point	Ellsworth	Emery
Ethan	Eureka	Faulkton	Flandreau	Forestburg	Frederick	Freeman	Ft. Pierre
Ft. Thompson	Garretson	Gettysburg	Gregory	Groton	Harrisburg	Hartford	Hayti
Hazel	Hecla	Highmore	Hill City	Hot Springs	Hoven	Howard	Hurley
Huron	Ipswich	Iroquois	Kadoka	Kimball	Lake Andes	Lake City	Lake Preston
Langford	Lemmon	Lennox	Leola	Letcher	Loneman	Lower Brule	McIntosh
Madison	Manderson	Martin	Milbank	Miller	Mission	Mitchell	Mitchell Tech
Mobridge	Montrose	Murdo	New Holland	New Underwood	Northern State	Oglala	Onida
Orient	Parker	Parkston	Philip	Pierre	Pine Ridge	Plankinton	Platte
Porcupine	Presentation Coll.	Presho	Rapid City	Red Shirt	Redfield	Rockyford	Roscoe
Rosebud	Salem	Scotland	SDSMT	SDSU	Seneca	Sioux Falls	SF College
Sisseton	Spearfish	Springfield	St. Francis	Stickney	Sturgis	Tabor	Tea
Timber Lake	Tripp	Tyndall	USD	USDSU/SE Tech	Veblen	Vermillion	Viborg
Wagner	Wakonda	Wakpala	Wall	Warner	Watertown	Webster	Wecota
Wess. Springs	White Lake	White River	Wilmot	Winner	Wolsey	Woonsocket	Yankton

\*as of Jan. 8, 2009

Oct. 28, 2009 through Jan. 30, 2010



# H1N1 Pandemic Influenza

## Lessons Learned

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- Advanced planning was very beneficial
- Early, consistent, and regular communication with healthcare partners was critical to a successful response
- Distribution of vaccine from central location (DOH) was key
- Public/private vaccination effort was very effective – allowed vaccinations to be offered in a wide variety of locations and settings
- Points of dispensing (POD) communities demonstrated they were willing and able to conduct large scale vaccination events
- Experience conducting vaccination clinics for children as part of seasonal flu vaccine initiative served as a good model for H1N1 clinics
- Pre-existing stockpiles of critical supplies, equipment, and pharmaceuticals left DOH well positioned to handle wide-spread and spot shortages
- Use of DOH “strike teams” to reach remote areas of the state without healthcare services
- Utilization of partner state agencies worked well
- Ability of DOH to ship large quantities of vaccine and supplies quickly

# H1N1 Pandemic Influenza

## Lessons Learned

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- Had this been a more severe illness, limited quantities of vaccine would have made security at vaccination events and during vaccine transport a bigger issue
- Inventory tracking system of stockpiles of critical supplies, equipment, and pharmaceuticals can be improved upon
- Immunization registry needs to be upgraded to allow for more detailed analysis at regional and local level
- Shipping vaccine during cold weather presents challenges due to potential of frozen vaccine
- Variety of vaccination types, doses, dosages, etc. was confusing for providers and public
- Be prepared to be surprised

# H1N1 Supplemental Federal Funds

## FY11 Governor Recommended

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- FY10 GB amendment: 15.0 FTE & \$5,000,000 federal expenditure authority
- FY11 Request: \$2,800,000 federal expenditure authority
- Total H1N1 supplemental federal grant = \$6,715,800

# Child Immunization Question

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*“What is the status and outlook regarding the child immunization program?”*

# Childhood Immunizations

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## 2009 Legislative Session

- FY10 Governor Recommendation included \$438,783 increase (all other funds)
  - \$500,000 tobacco interest
  - (\$61,217) general funds which eliminated funding for HPV

## Spring 2009

- DOH received \$586,057 in ARRA funding
  - Allowed DOH to maintain HPV as a universal vaccine for FY10 as well as cover the increased costs of other universal vaccines (i.e., varicella)

# Childhood Immunizations

## FY11 Governor Recommendation

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- Maintain Immunization Program \$3,078,685
- Available Funding
  - Federal \$1,389,685
  - General \$1,089,000
- Immunization Shortfall \$ 600,000
  
- One time use of Tobacco Fund
  - ARRA dollars available to the Tobacco program will free up \$585,200
  - Tobacco Prevention & Control program resources remain level

# Childhood Immunizations

## South Dakota Immunization Program Public/Private Partnership

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- DOH purchases vaccine
- Public clinics provide 10% of childhood vaccinations
- Private Sector: Provides 90% of vaccinations given in South Dakota
- As a result of this public/private partnership, South Dakota has one of the highest immunizations rates in the nation



### Universal:

- Diphtheria
- Tetanus
- Whooping Cough
- Polio
- Measles
- Mumps
- German measles
- Chicken Pox
- Influenza
- Hepatitis B
- Haemophilus influenza type b
- HPV (one time ARRA funds for FY10)

### VFC only:

- Hepatitis A
- Meningococcal Pneumonia
- Meningitis
- Rotavirus
- HPV (FY11 and beyond)

# Correctional Healthcare

## FY11 Governor Recommendation

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**FY10 Base Budget** **\$14,577,210**

**Personal Services**

- An increase of \$29,272 for health insurance **\$ 29,272**

**Medical Services**

- An increase of \$176,327 is recommended in the area of outsourced services. **\$ 176,327**

**FY11 Recommended Other Funds Increase** **\$ 205,599**

**Total FY11 Recommended Budget** **\$14,782,809**

# Top 25 Inmates Expenses using Out-Sourced Services July 1, 2008 – June 30, 2009

			<b>Diagnosis</b>
1	\$	224,542.03	HIV and Hep C
2	\$	177,119.50	Non hodgkin lymphoma
3	\$	129,533.18	Coronary artery bypass surgery
4	\$	108,389.73	Stroke
5	\$	102,006.73	Nasal fracture & C5 & C6 subluxation
6	\$	84,493.68	Chemotherapy for lymphoma
7	\$	67,684.31	Hospitalization r/t bowel obstruction and abscess
8	\$	61,433.86	Hospitalization r/t bowel obstruction and abscess
9	\$	58,867.75	Liver failure; hepatitis
10	\$	58,113.02	Multiple facial fractures
11	\$	56,260.77	Cardiac
12	\$	54,570.20	Seizure disorder
13	\$	54,449.23	Renal failure
14	\$	49,509.22	ER and hospitalizations due to injury
15	\$	46,271.37	Diskectomy and fusion
16	\$	46,198.03	ER and hospitalizations due to injury
17	\$	37,452.94	HIV
18	\$	34,945.72	Lens implant
19	\$	32,216.25	Rectal surgery
20	\$	32,164.42	Post surgical infection
21	\$	30,554.27	Cardiac
22	\$	29,935.82	Hepatitis
23	\$	29,228.27	HIV
24	\$	28,930.90	Total knee replacement
25	\$	28,681.23	Multiple ER visits, due to suicide attempt
<b>Grand Total</b>	<b>\$</b>	<b>1,663,552.41</b>	

# Colorectal Cancer Authority

## FY11 Governor Recommendation

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- \$600,000 Federal Authority for CDC Grant
- Purpose: Develop a statewide colorectal screening program
  - Provide screening services to populations of need
  - Raise awareness with the goal of increasing colorectal screening rates for individuals 50 years of age and older

# DEPARTMENT OF HEALTH

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Tobacco Prevention and Control			460,646		460,646
Informational Budgets for DOH Boards				115,099	115,099
<b>Inflation/Expansion-Reduction Total</b>	<b>(4.0)</b>	<b>19,409</b>	<b>5,333,152</b>	<b>275,383</b>	<b>5,627,944</b>
<b>Total FY2011 Recommended Budget</b>	<b>401.2</b>	<b>7,782,285</b>	<b>45,272,377</b>	<b>32,009,365</b>	<b>85,064,027</b>