



Health Department Fiscal Year 2019 Budget Testimony

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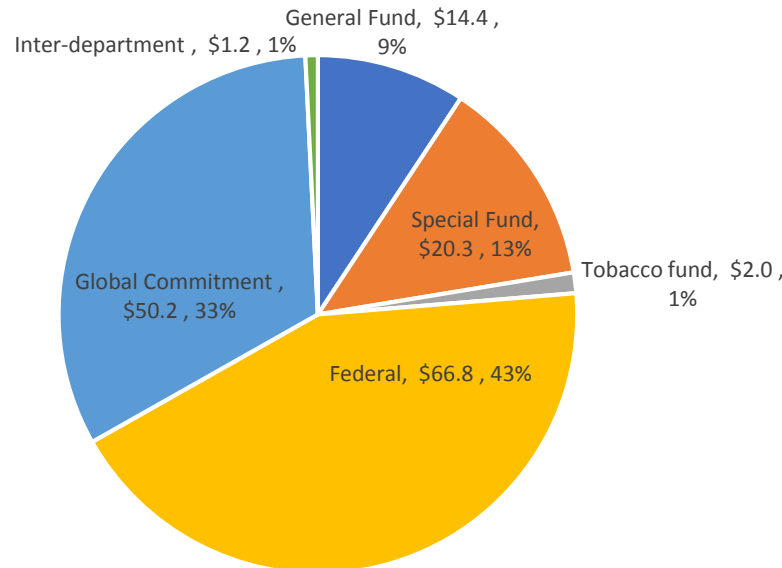
Healthy Vermonters Living in Healthy Communities

Mission:

Protect and Promote the best health for all Vermonters

- Vermont # 3 health ranking in U.S.
- Recommended budget \$154.8 million
- Overall budget up 1%
- State funding down 0.7%

Health Department Recommendation



Agency of Human Services Department of Health FY 2019 Governor's Recommend Budget

UNITED HEALTH FOUNDATION | AMERICA'S HEALTH RANKINGS* 2017

Vermont

Top 10 rankings for:

- High immunization rate
- Low crime rate
- Low uninsured rate

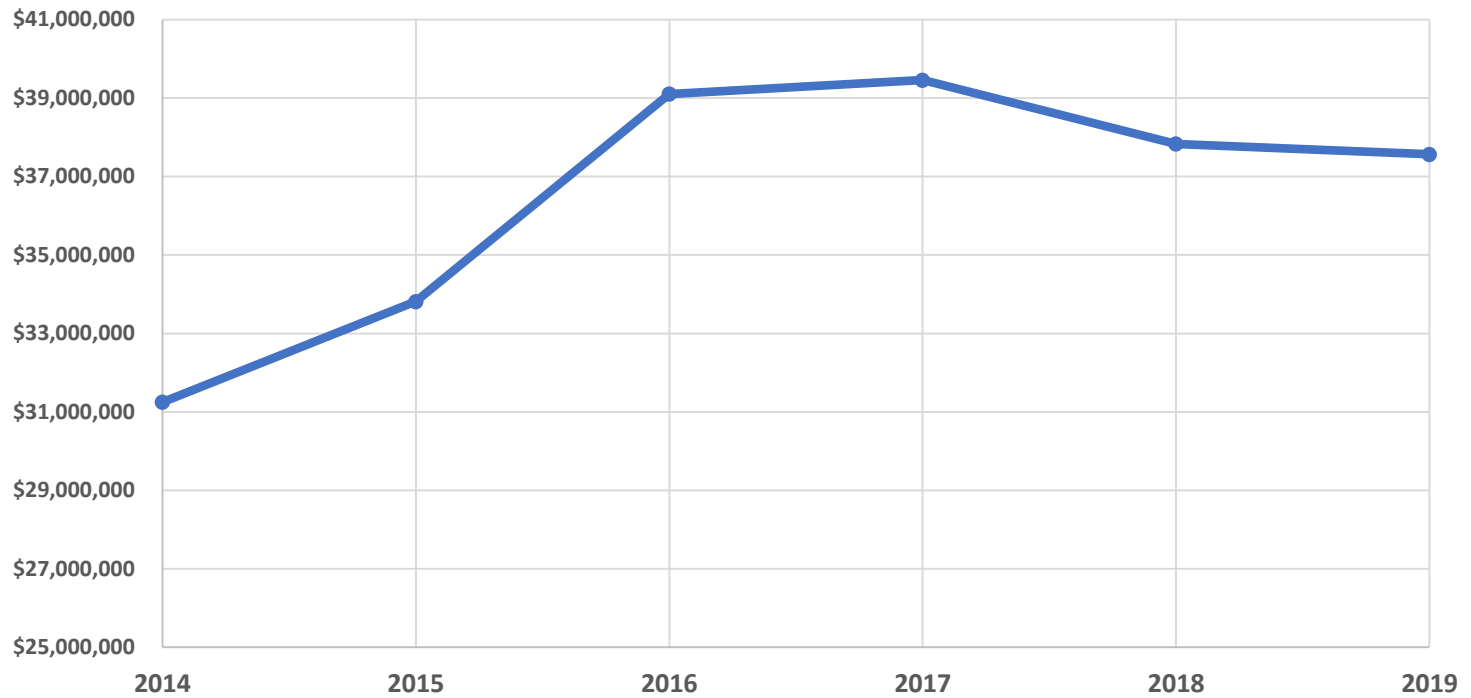
Areas of concern:

- Excessive drinking
- Adult smoking
- Health disparity



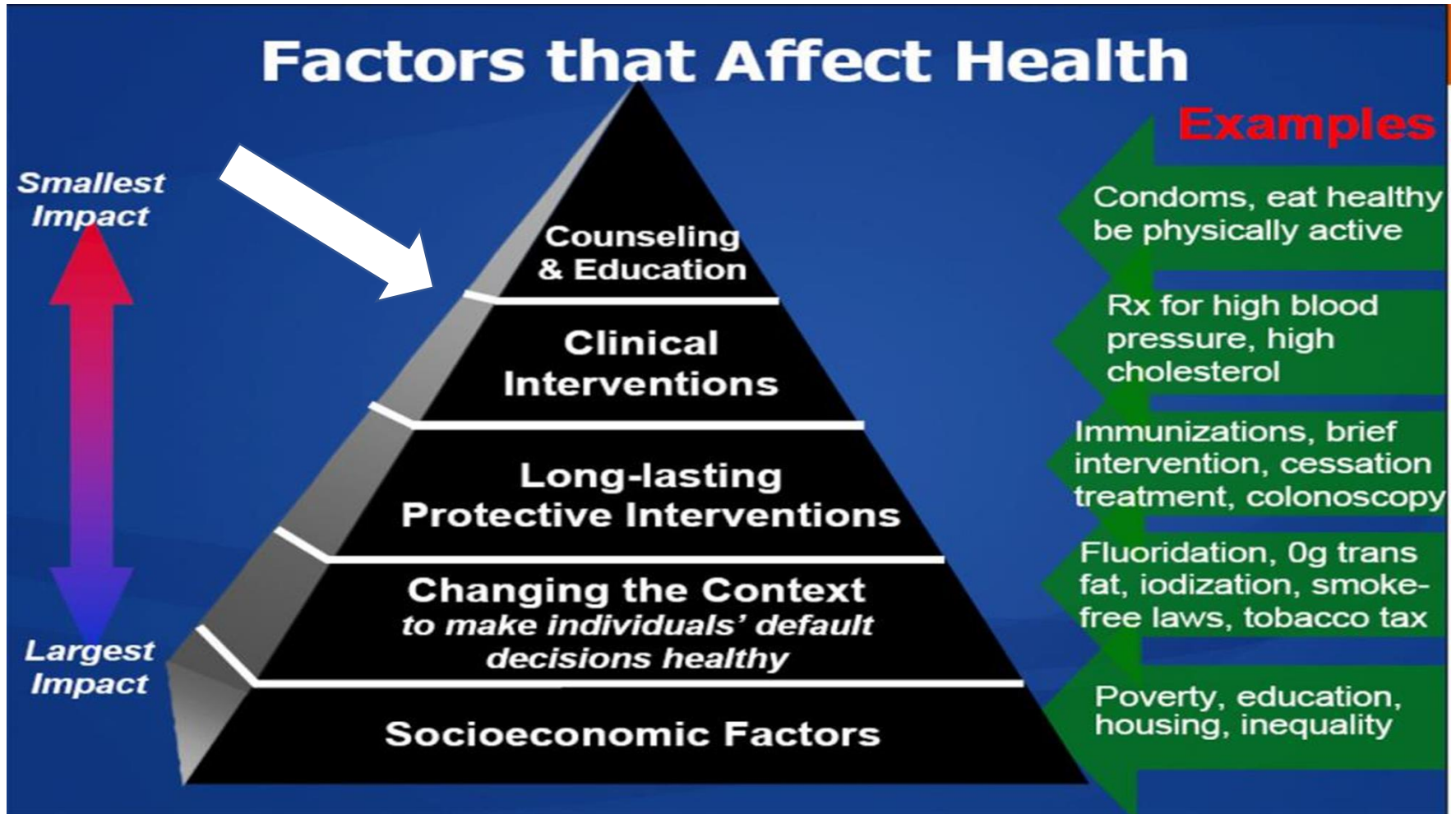
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State \$ Budget by Fiscal Year

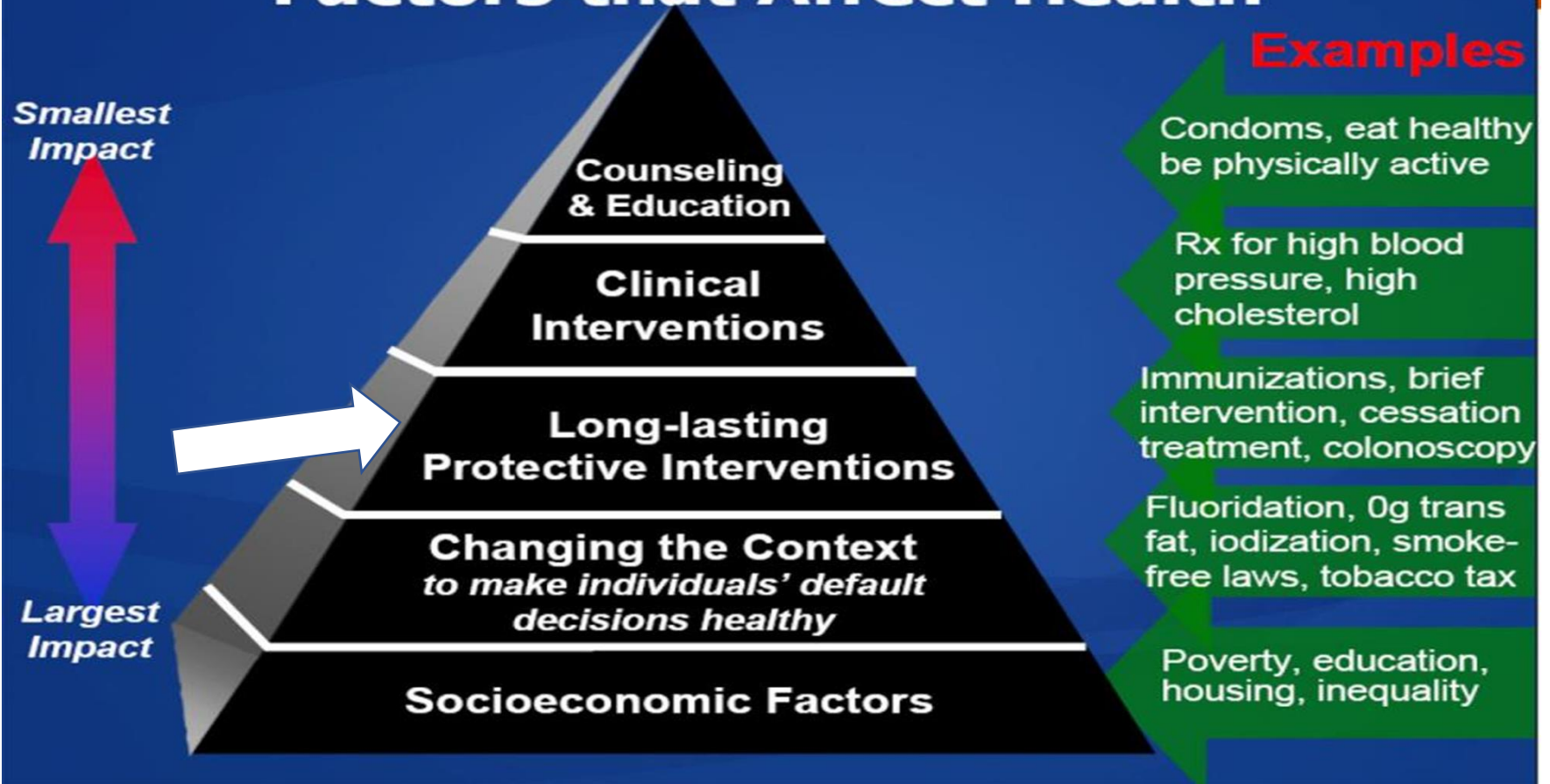


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Factors that Affect Health



Factors that Affect Health



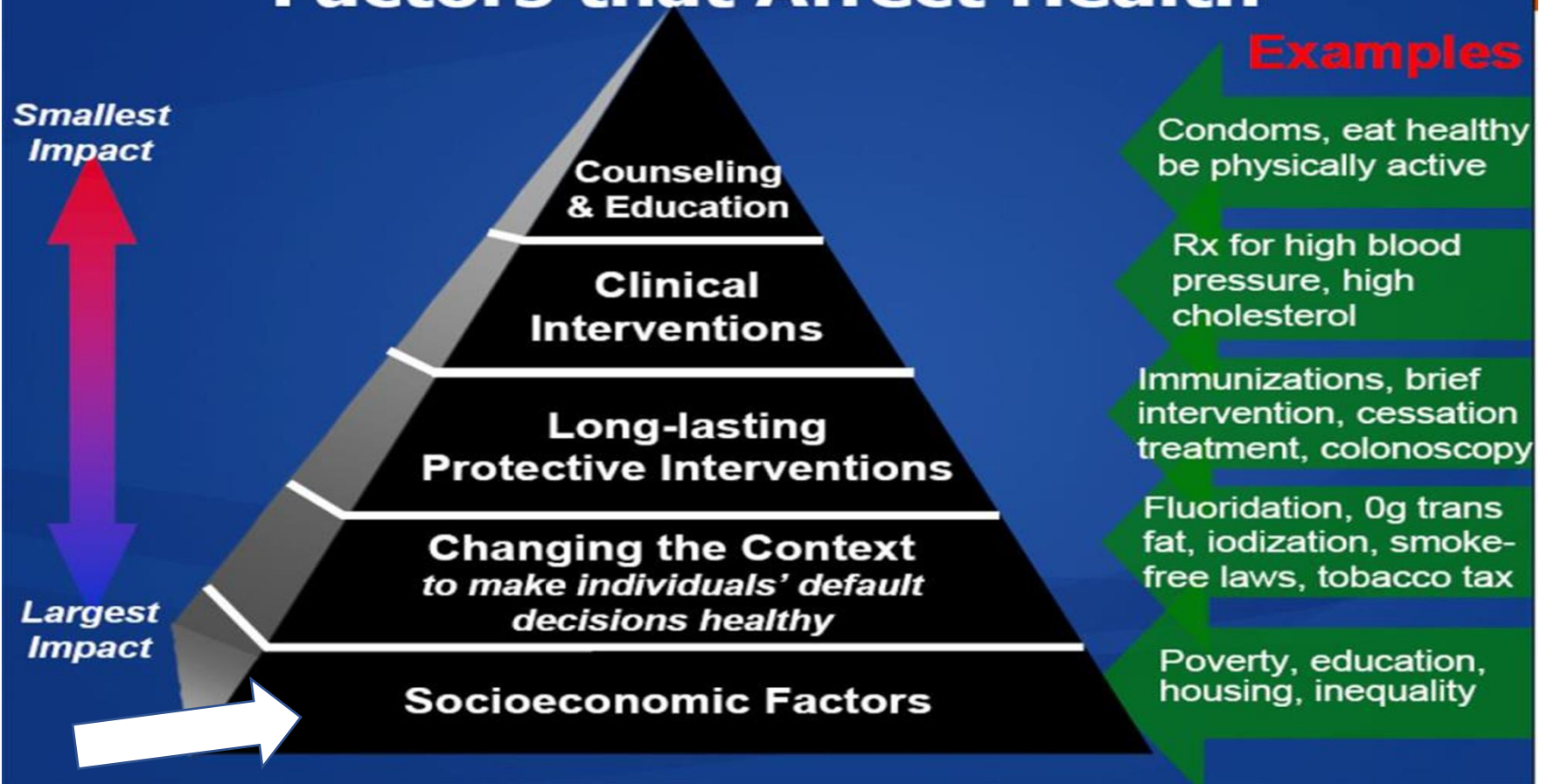
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Health and Equity Framework



Core Values: **Equity** • **Affordability** • **Access**

Factors that Affect Health



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- The New Definition of Public Health
- Beyond:
 - Preventing epidemics
 - Containing environmental hazards
 - Encouraging healthy behaviors
- “Building a new generation of intersectoral partnerships that draw on the perspectives and resources of diverse communities and actively engage them in health action”

[The Future of the Public's Health in the 21st Century, IOM](#)

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Foundational Public Health Services Model

Version 1.0, March 2014



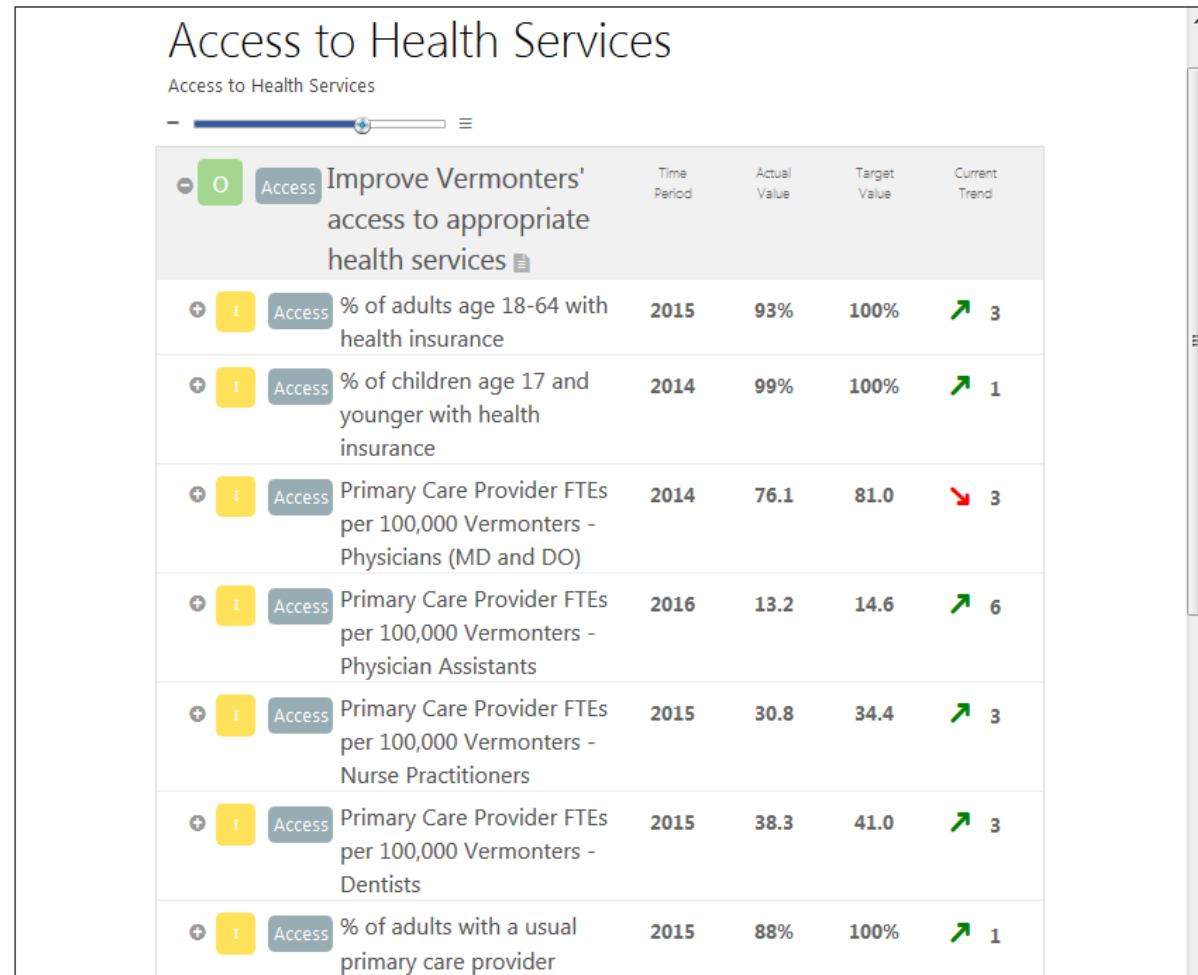
Agency of Human Services Department of Health FY 2019 Governor's Recommend Budget

	GF	SF	IdptT	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Admin & Support - As Passed FY18	2,646,995	1,640,781	45,000	6,606,306	72,274	3,406,445	14,417,801
other changes:							
FY18 after other changes	0	0	0	0	0	0	0
Total after FY18 other changes	2,646,995	1,640,781	45,000	6,606,306	72,274	3,406,445	14,417,801
FY18 after other changes							
Personal Services:							
Management savings reduction Worker's comp (BAA item)	(21,113)						(21,113)
Salary and Fringe Increase	137,054	198,161		(91,044)		(301,390)	(57,219)
Decrease Salary and Benefits for IT Positions (22) to ADS	(561,351)	(89,817)		(1,302,335)		(291,902)	(2,245,405)
Other net Personal Service account changes	86,768	(47,892)		(101,424)		62,548	0
							0
Operating Expenses:							
Management savings reduction VISION (BAA item)	(3,550)						(3,550)
Management savings reduction Travel (BAA item)	(2,070)						(2,070)
Net Operating Expense account changes	(264,046)	(47,833)		(5,177)		203,260	(113,796)
Decrease Operating Expenses for IT Positions to ADS	(11,000)	(1,760)		(25,520)		(5,720)	(44,000)
Decrease Internal Service Funds for IT Positions to ADS	(8,200)	(1,313)		(19,025)		(4,264)	(32,802)
Increase for ADS Billed Services	580,551	92,890		1,346,880		301,886	2,322,207
							0
Grants:							
Health Professional Loan Repayment Program						(667,000)	(667,000)
Net Grant account changes	6,532	(5,402)		(1,130)			0
Technical adjustment between GC and GC Investment					(72,274)	72,274	0
FY19 Changes	(60,425)	97,034	0	(198,775)	(72,274)	(630,308)	(864,748)
FY19 Gov Recommended	2,586,570	1,737,815	45,000	6,407,531	0	2,776,137	13,553,053

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ACCESS TO HEALTH SERVICES SCORECARD

Access to health services is about more than having health insurance. The scorecard reflects how we are doing with access to care.



<http://www.healthvermont.gov/scorecard-health-services-access>

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- Maintain Funding to UVM AHEC for:

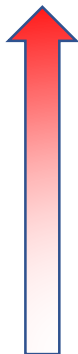
- | | |
|-------------------------|-----------|
| • Program Support | \$500,000 |
| • Physician Recruitment | \$ 62,000 |
| • Academic Detailing | \$460,000 |

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- **Eliminate Funding for Loan Repayment \$667,000**
 - Programs are intended to improve access to primary care in rural and underserved areas.
 - Financial incentives offered to recruit and retain providers.
 - Insufficient data nationally to assess effectiveness.
 - In Vermont, few awards going to providers in underserved areas.

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Educational Loan Repayment Program primary care awards 2012-2016:



	Population per FTE	Total Providers	MD	Nursing
Higher need	>3500	5	2	3
	3-3,500	2	2	0
	2,400-3,000	6	1	5
	1,500-2,400	143	41	102
Lower need	<1500	277	105	172
	Total	433	151	282

Population per FTE ratios form the basis of HRSA's Health Professional Shortage Areas (HPSA), which in turn form the basis of the work in the Office of Rural Health. Only four MD's out of 151 have been placed in two tiers of pop to FTE ratio that would actually qualify as HPAs, over the last 5 years.

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Questions about Administration Appropriation?

Agency of Human Services Department of Health FY 2019 Governor's Recommend Budget

Public Health Appropriation

	GF	SF	Tob	ldptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Public Health - As Passed FY18	8,567,428	17,443,570	1,088,918	974,446	25,000	44,857,697	2,181,433	10,370,196	85,508,688
Personal Services:									
Salary and Fringe Increase	413,493	31,398		77,384		1,068,644		337,369	1,928,288
WIC Program Personal Services Savings								(250,000)	(250,000)
Epi/Lab/Stats Personal Services Savings	(100,000)							(150,000)	(250,000)
Other net Personal Service account changes	(112,981)	(28,546)	194,000	95,433		(395,644)		(332,793)	(580,531)
									0
Operating Expenses:									0
Net Operating Expense account changes	621,036	(171,874)	19,937	(243,670)		176,720		280,050	682,199
									0
Grants:									0
Net Grant account funding changes	95,000	94,107	(213,937)	216,407		145,697			337,274
Technical adjustment between GC and GC Investment							(1,250,000)	1,250,000	0
FY19 Changes	916,548	(74,915)	0	145,554	0	995,417	(1,250,000)	1,134,626	1,867,230
FY19 Gov Recommended	9,483,976	17,368,655	1,088,918	1,120,000	25,000	45,853,114	931,433	11,504,822	87,375,918

Agency of Human Services Department of Health FY 2019 Governor's Recommend Budget

FOUNDATIONAL AREAS

Programs/Activities Specific to a Health Department and/or Community's Needs				
Communicable Disease Control	Chronic Disease and Injury Prevention	Environmental Public Health	Maternal, Child, and Family Health	Access to and Linkage with Clinical Care

FOUNDATIONAL PUBLIC HEALTH SERVICES

- **Assessment** (including Surveillance; Epidemiology; and Laboratory Capacity)
- **All Hazards Preparedness/Response**
- **Policy Development/Support**
- **Communications**
- **Community Partnership Development**
- **Organizational Competencies** (including Leadership/Governance; Health Equity; Accountability/Performance Management; Quality Improvement; Information Technology; Human Resources; Financial Management; and Legal)

FOUNDATIONAL CAPABILITIES

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- Current Service budget increases about 6%.
- Need offsetting reductions of about \$ 750,000.

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Department of Health
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	Invmnt GCF	TOTAL
VDH Public Health - As Passed FY18	10,370,196	85,508,688
Personal Services:		
WIC Program Personal Services Savings	(250,000)	(250,000)

- WIC - Special Supplemental Nutrition Program for Women, Infants, and Children
 - Food benefit 100% federal funds
 - Program service 74% federal & 26% GC
 - 4% cut in program service spending
 - No changes to program eligibility or benefits

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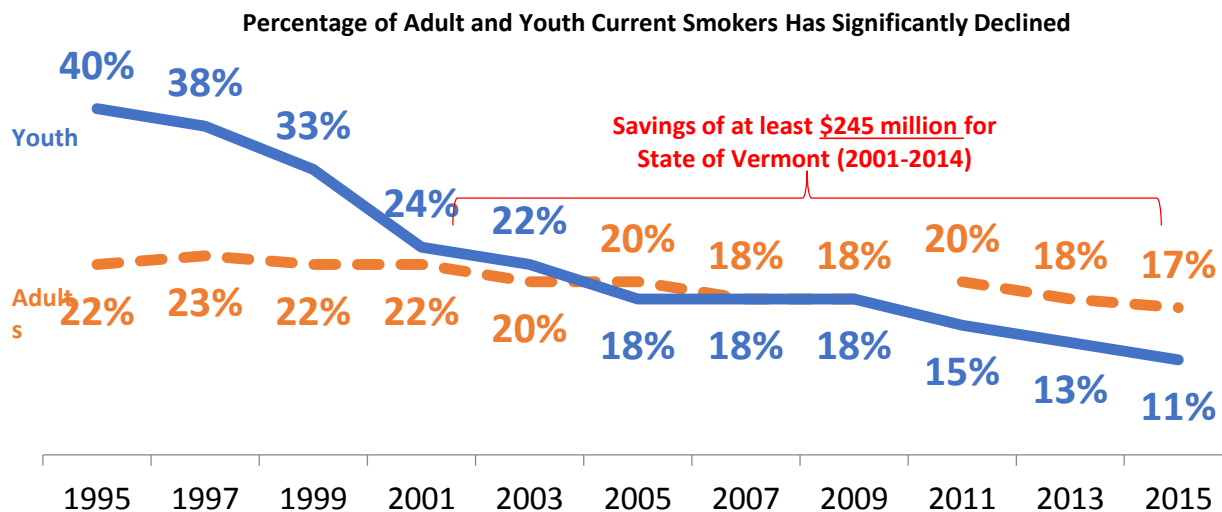
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- Health Surveillance program savings
 - Epidemiology
 - Public Health Statistics
 - Public Health Laboratory
- Funded as Global Commitment Investment
- 3% reduction in \$8.4 million budget

Agency of Human Services Department of Health FY 2019 Governor's Recommend Budget

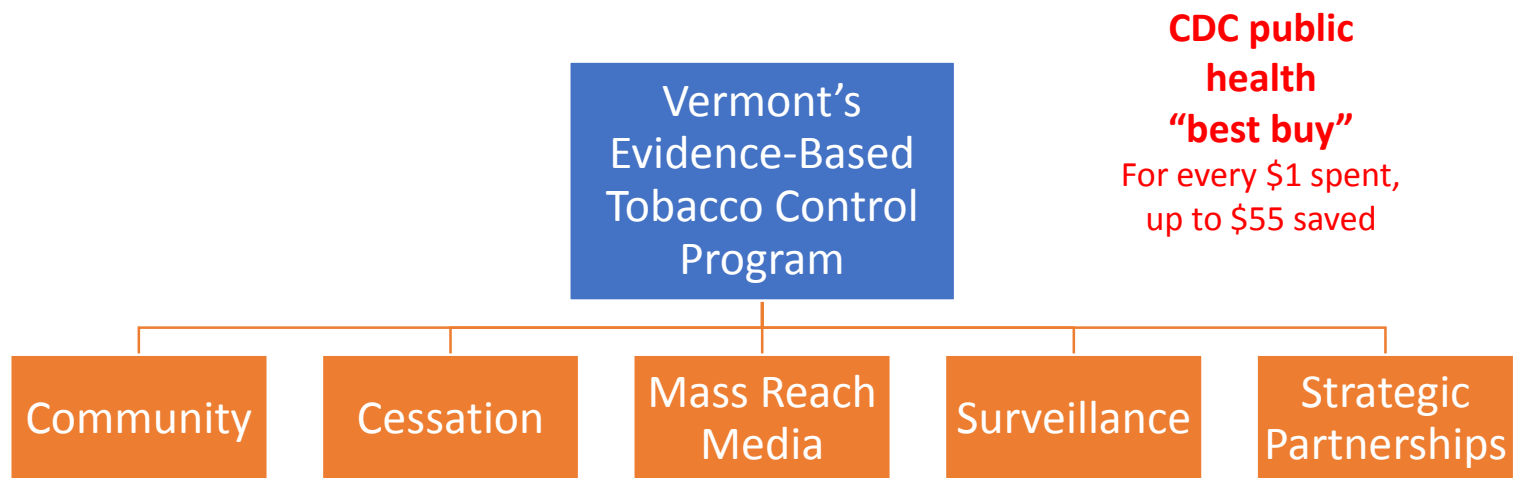
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- \$210,000 savings in “capped federal grants”
 - 63 active federal grants in appropriation
 - 3-5% reductions in capped grant spending
 - No direct client service programs affected



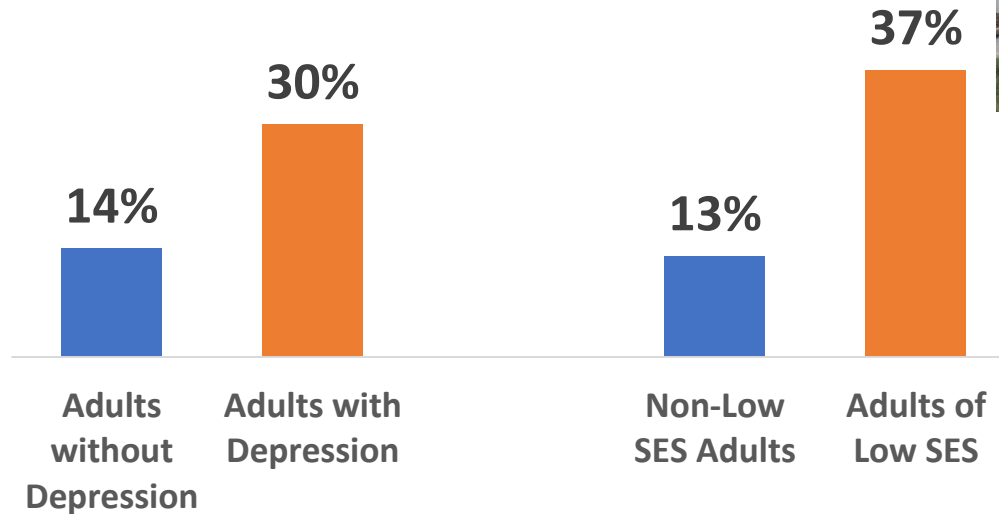
Source: VT BRFSS & YRBS, 1995 – 2015

*Adult data on this page are age adjusted to the U.S. 2000 population. Comparisons between adult (BRFSS) data collected in 2011 and later and that from earlier years should be made with caution due to changes in survey methodology.





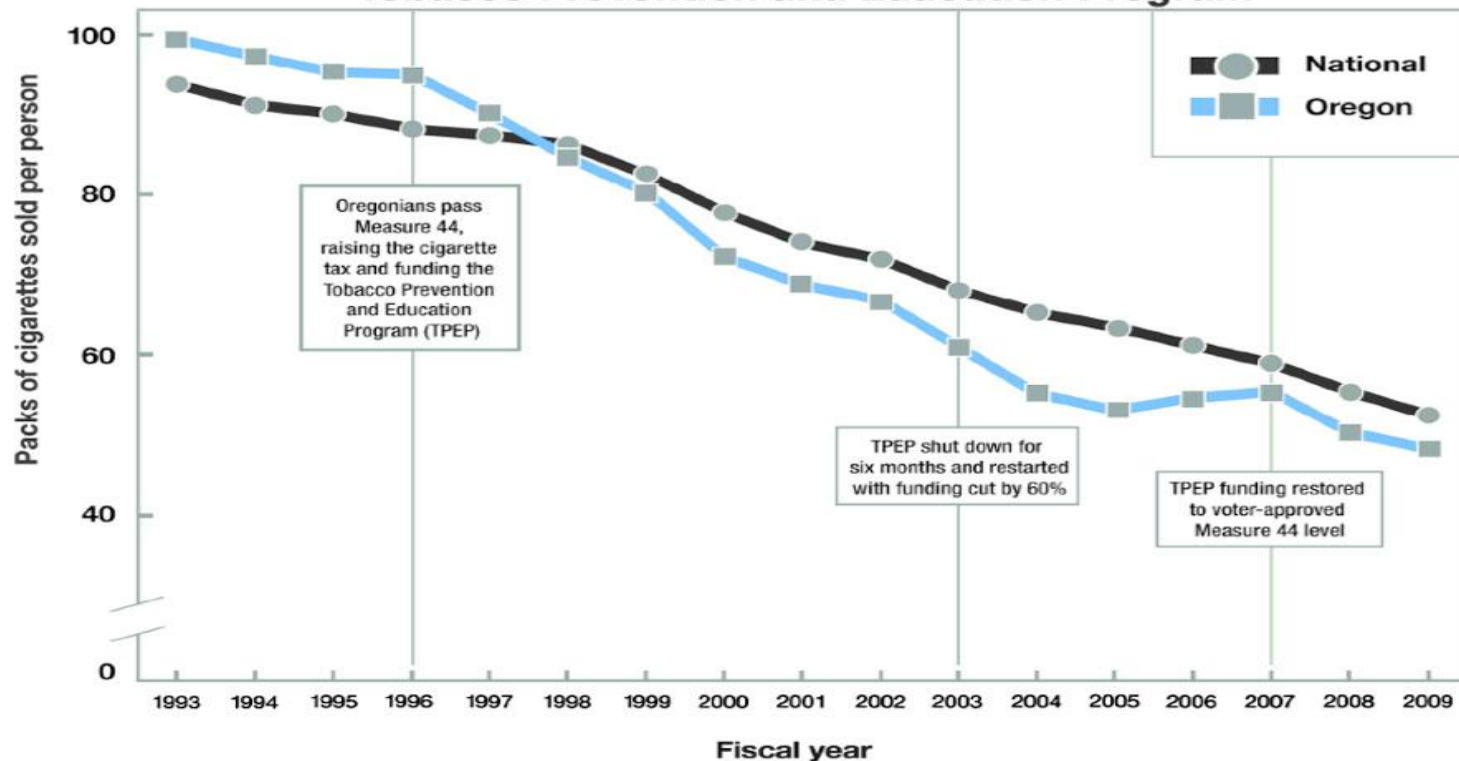
Adult Current Smoking Rates Are Significantly Higher in Certain Populations



Data Source: 2016 BRFSS
^Data are age-adjusted to the U.S. 2000 population

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Oregon cigarette consumption trends and Implementation of the Tobacco Prevention and Education Program



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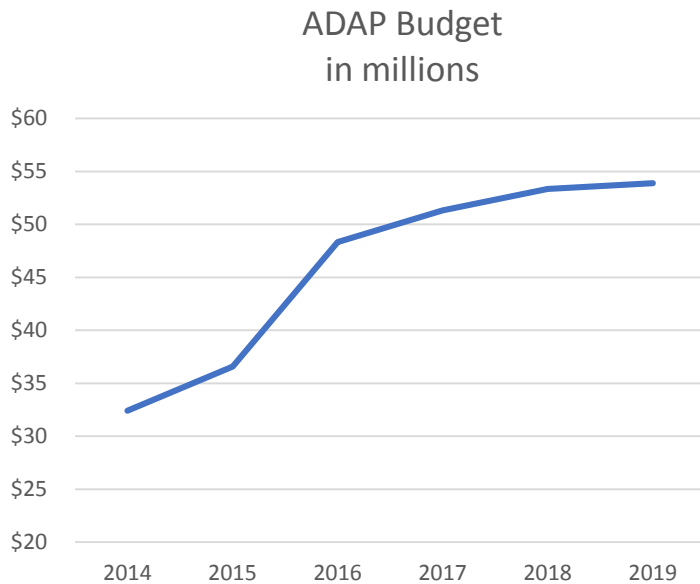
Public Health Appropriation Questions?

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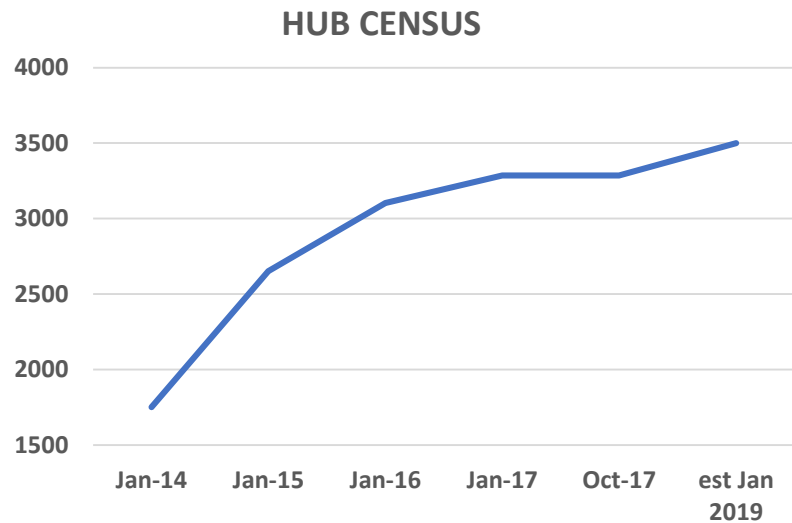
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FY18 after other changes	0	0	0	0	0	0	0
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FY18 after other changes							
Personal Services:							
Salary and Fringe Increase	211,917	31,425		370,397		(146,888)	466,851
Other net Personal Service account changes		(19,444)		17,444			(2,000)
							0
Operating Expenses:							0
Net Operating Expense account change	(17,000)	43,500		20,324			46,824
							0
Grants:							0
Net Grant account funding changes	(800,000)	23,720		889,684	(113,404)		0
Technical adjustment between GC and GC Investment					(2,300,000)	2,300,000	0
Transfer funding to VDH For ADAP portion of IFS in NCSS (AHS net-neutral)					44,750		44,750
FY19 Changes	(605,083)	79,201	0	1,297,849	(2,368,654)	2,153,112	556,425
FY19 Gov Recommended	2,303,452	1,163,962	949,917	14,495,543	29,165,239	5,814,234	53,892,347

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- ADAP Budget

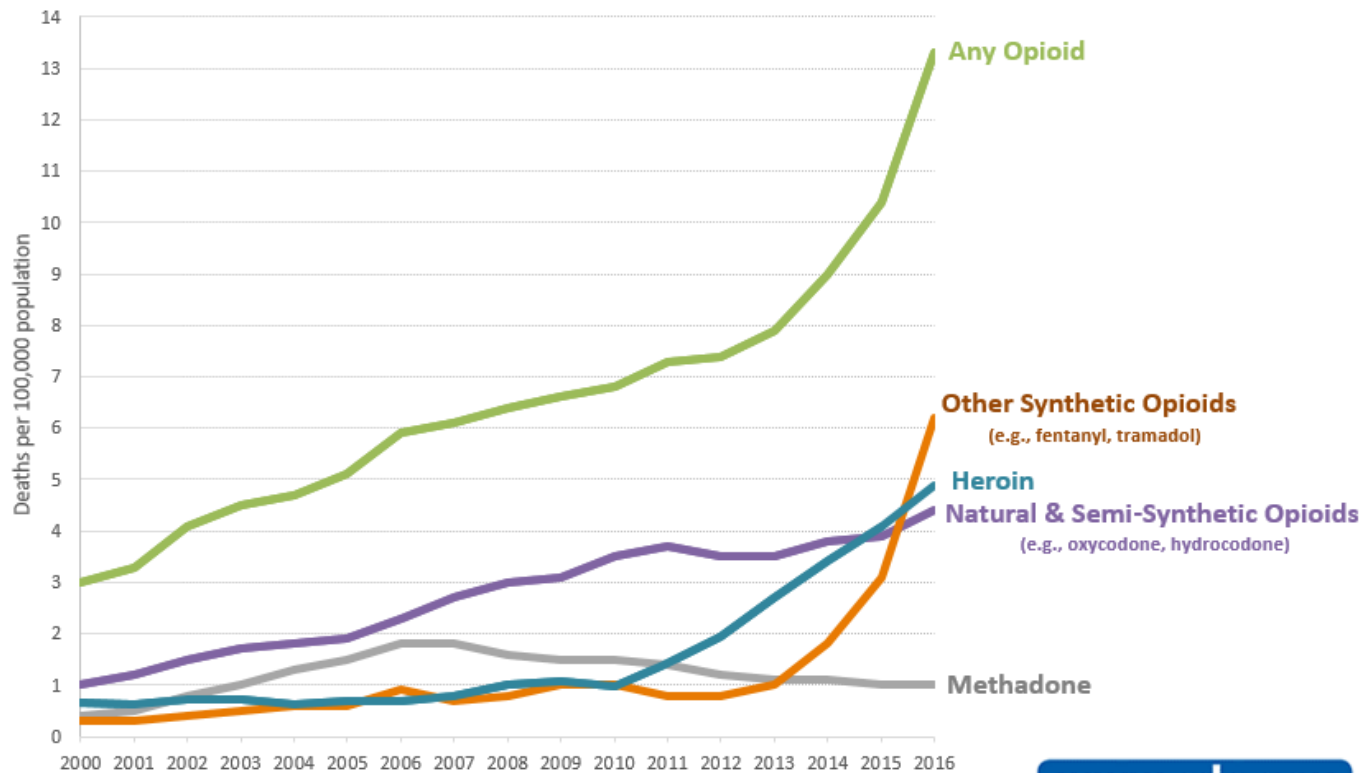


- Hub Census



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Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

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- Comprehensive approach to opioid epidemic
 - Expanded treatment options
 - Opioid prescribing rule
 - Opioid overdose prevention program
 - Prescription drug disposal program
 - Academic detailing on chronic pain management
 - Support for those in recovery

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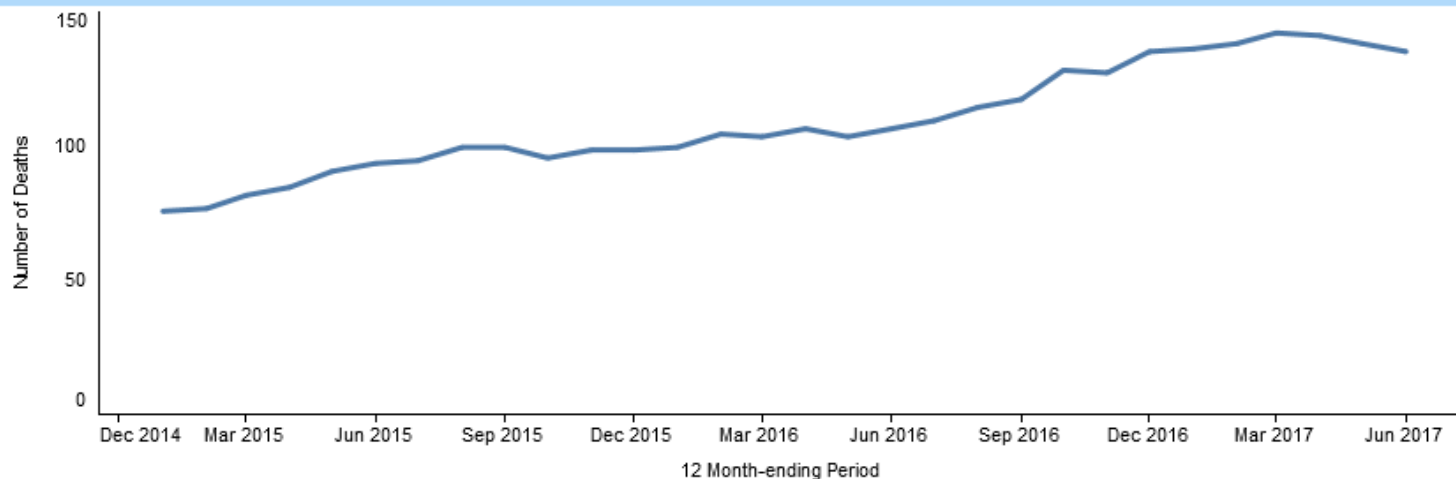
12 Month-ending Provisional Counts of Drug Overdose Deaths

Based on data available for analysis on: January 7, 2018

Select Jurisdiction

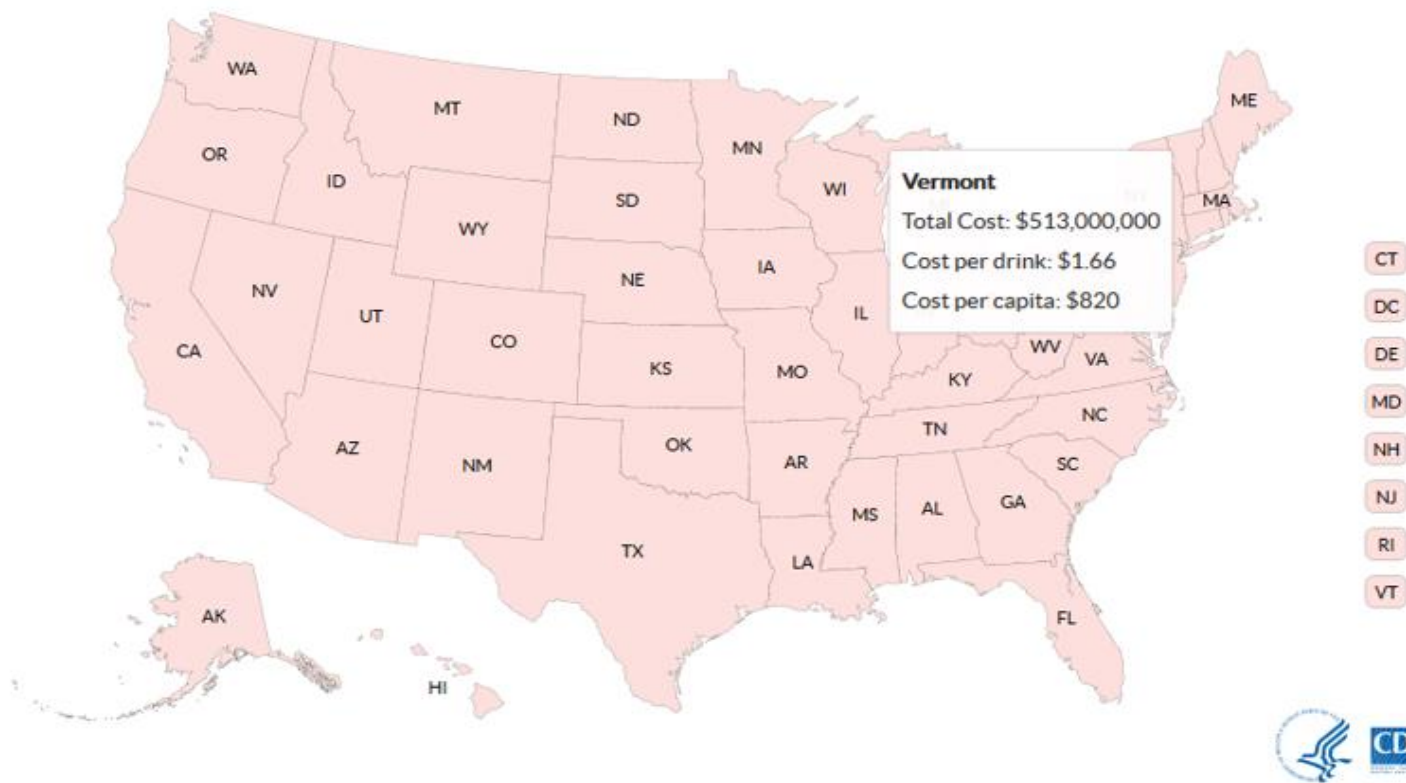
Vermont

Figure 1. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Vermont

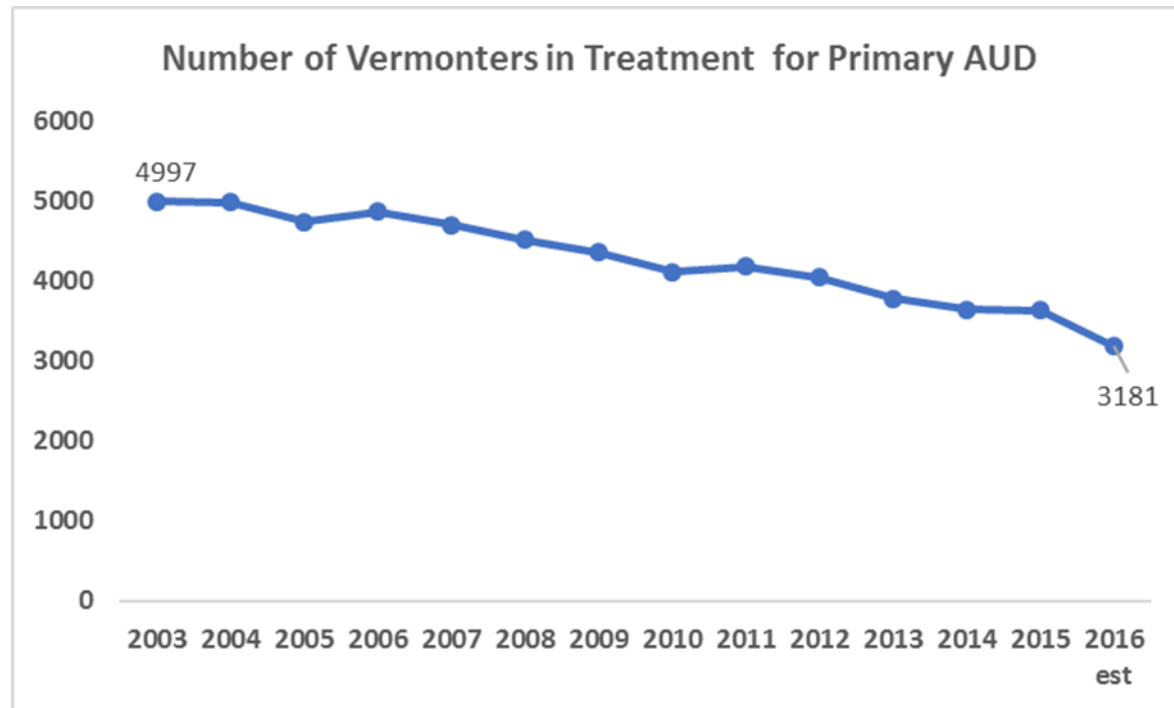


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Costs of Excessive Alcohol Consumption by State

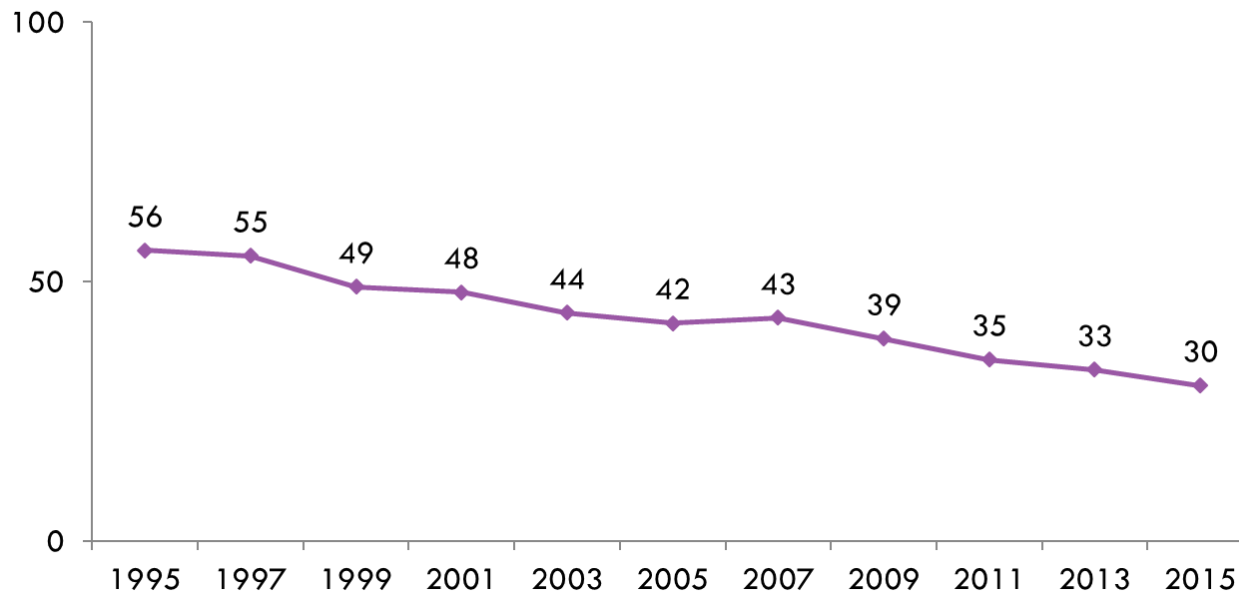


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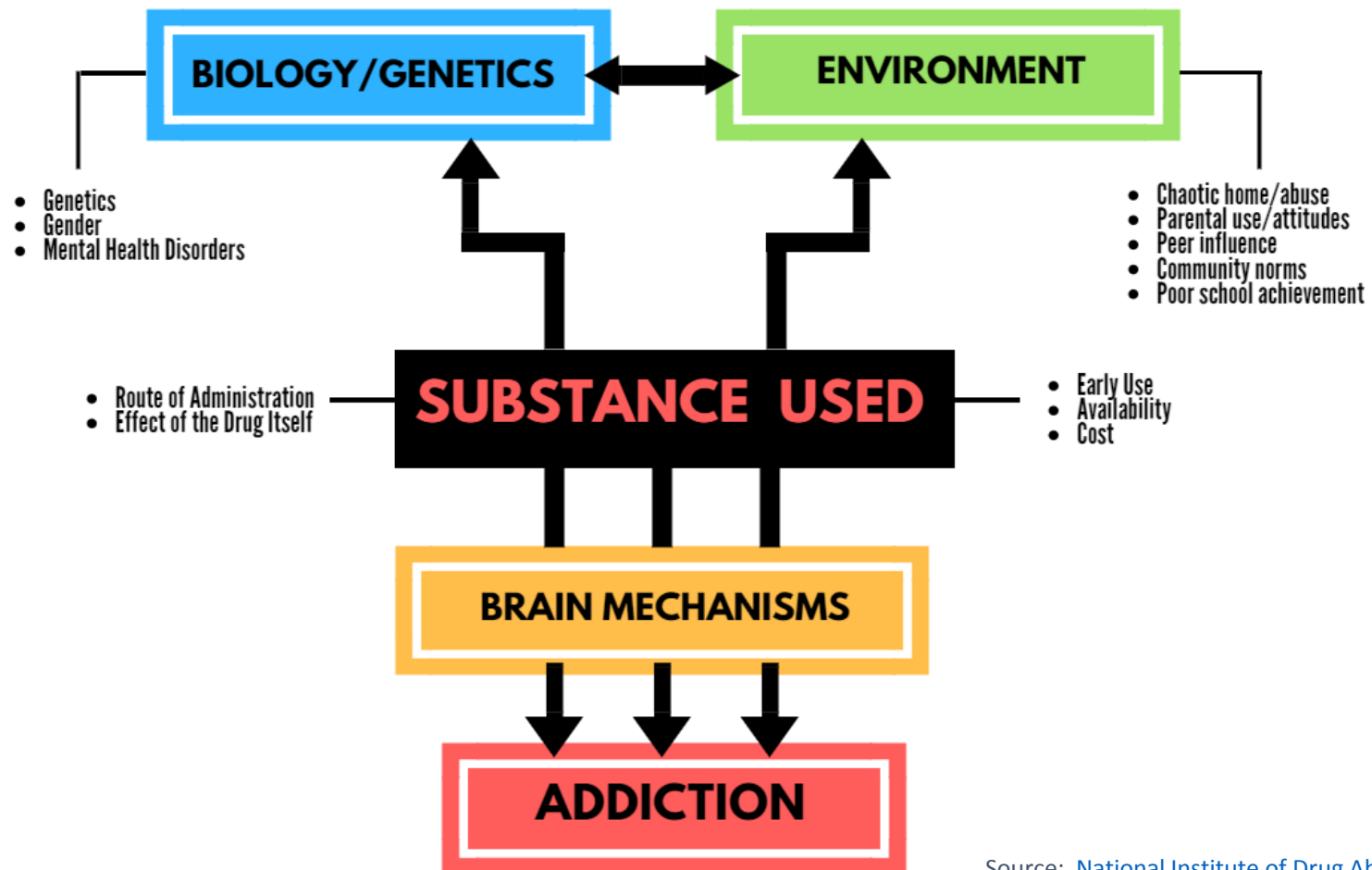


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Percent of high school students who consumed at least one drink of alcohol on one or more days during the past 30 days



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Source: [National Institute of Drug Abuse](#)

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Risk Factors	Protective Factors
Aggressive behavior in childhood	Good self-control
Lack of parental supervision	Parental monitoring & support
Poor social skills	Positive relationships
Drug experimentation	Academic Competence
Availability of drugs at school	School anti-drug policies
Community poverty	Neighborhood pride

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Data briefs, reports, or other publications on alcohol and drug use topics, including heroin and opioids, marijuana, and overall substance abuse in Vermont is available at:

<http://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports>

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Questions?

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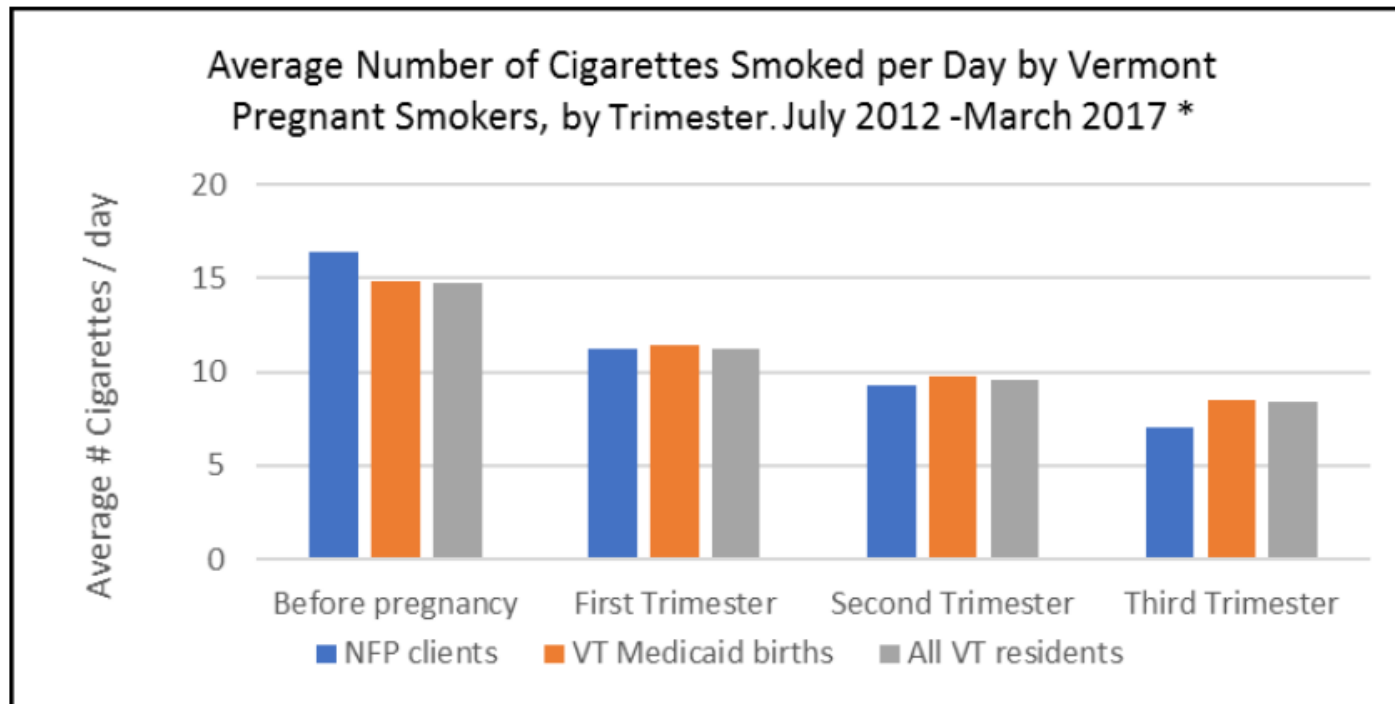
Vermont Department of Health Helping Women Who Smoke During Pregnancy to Quit

Goals	Actions	Results
Increase Capacity to Have the Conversation	Training to Providers and Community Partners	35 medical and community providers in Rutland were trained in SCRIPT and Brief Tobacco Intervention.
	Provide speakers for UVMHC Grand Rounds	Two Grand Rounds to UVMHC OB/GYN providers: October 2017 and February 2018.
	Digital Promotion of 802Quits to OB/GYNs	Promotion of pregnancy quit benefit in 2017 resulted in a 32% increase in visits to 802Quits website.
Provide Resources to Women	Quitline is available 24/7 and offers up to \$65 incentives for pregnant women	20 pregnant clients enrolled with the Quitline in 2017. Quitlines are effective at helping people to quit, including in rural areas and for e-cigs.
	Nurse Family Partnership (NFP) makes home visits to first-time moms	NFP served 326 women in 2017. Thirty six percent of women who smoked at intake no longer smoked at 12 months.
Incentivize Healthy Behavior Change	The Health Department launched a pilot project in Rutland with incentives offered for up to \$1,115 each for 30 participants from early 2018 through May 2019	Rutland has a higher than average smoking rate among pregnant women in Vermont. Health's Divisions of Maternal and Child Health, Health Promotion and Disease Prevention, and Local Health Offices are partnering with UVM's Center on Behavior and Health in a community setting.
	UVM's Center on Behavior and Health is a leader in this work and a key partner on this project	If effective, the Health Department will continue this program in Rutland and expand to other communities.

E.312 (b)(3) The Commissioner shall report to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare during fiscal year 2019 budget testimony on the progress made toward reducing the rates of pregnant women who smoke during pregnancy...

Agency of Human Services Department of Health FY 2019 Governor's Recommend Budget

Evidence-based home visiting has been shown nationally in randomized control trials to be an effective strategy for reducing smoking amongst pregnant women. In Vermont, Medicaid-eligible pregnant women enrolled in the Nurse-Family Partnership (NFP) program are significantly more likely to quit smoking than other women whose birth was paid by Medicaid. 29% of women who enrolled in NFP between 2012 and 2017 quit smoking during pregnancy compared with 20% of women with deliveries paid by Medicaid.



E.312 (b)(3) The Commissioner shall report to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare during fiscal year 2019 budget testimony on the progress made toward reducing the rates of pregnant women who smoke during pregnancy...

[NFP data brief](#)

Agency of Human Services Department of Health FY 2019 Governor's Recommend Budget



Vermont Department of Health Increasing WIC Program Participation

Goals	Actions	Results
Increase Number of Eligible Families Who Enroll in WIC	Digital media campaign	Average 1-5 requests daily from new families seeking WIC services through email link in Facebook and Google ads.
	Collaboration with Medicaid	Local offices receive monthly list of WIC-eligible individuals from Medicaid and reach out to encourage families to enroll. Pregnant women and children who receive Medicaid have automatic financial eligibility for WIC.
	Collaboration with DCF Foster Care & Adoption Programs	Promotion of WIC to new foster parents increased the number of foster children who receive WIC at initial placement, collaboration with DCF at the local level has decreased the number of foster children who lose WIC when they move between households. Foster children are automatically eligible for WIC.
Retain Current WIC Participants	Texting program for appointment reminders	Many WIC families prefer to receive communication by text instead of letter or phone. Text reminders have decreased the number of families leaving WIC because they missed appointments.
	Co-location of WIC services with Medical Home and Child Care	Providing WIC enrollment and services where families receive other care reduces barriers to WIC participation. Newport, St. Johnsbury & Middlebury local offices have improved retention rates using this method.

E.312 (b)(3) The Commissioner shall report to the House Committees on Appropriations and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare during fiscal year 2019 budget testimony on the progress made toward improving the number of eligible WIC clients who enroll for services.