



RI Office of Management and Budget

Performance Report

RI Department of Health

May 24, 2013

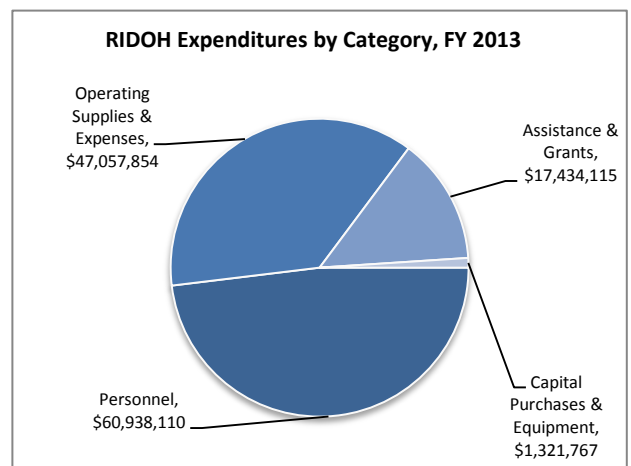
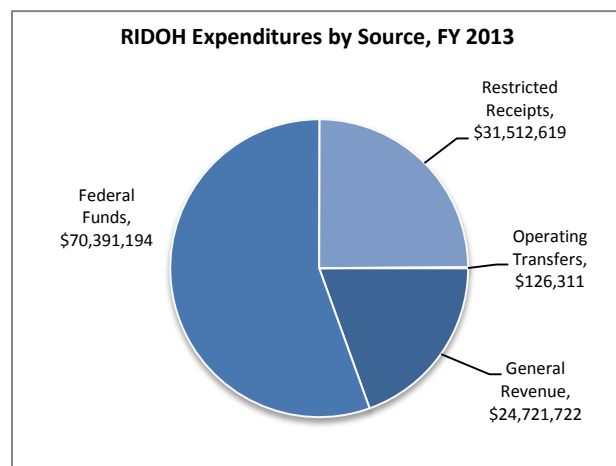
The mission of the Rhode Island Department of Health (RIDOH) is to prevent disease and to protect and promote the health and safety of the people of Rhode Island. In Fiscal Year 2013, it has 498 approved full-time equivalent (FTE) employees distributed within seven units: Central Management; Office of the State Medical Examiner; Environmental and Health Services Regulation; Health Laboratories; Public Health Information; Community, Family Health and Equity; and Infectious Disease and Epidemiology.

Health Budget – Fiscal Year 2013

The majority of RIDOH’s expenditures in FY 2013 come from federal funds (55.5 percent), followed by restricted receipts (24.9 percent) and general revenue (19.5 percent). RIDOH’s largest category of expenditure is personnel (48.1 percent) followed by operating expenses (37.1 percent) and assistance and grants (13.8 percent). The tables and charts below illustrate budgeted expenditures in FY 2013.¹

| Source | Amount | Percentage |
|---------------------|----------------------|---------------|
| General Revenue | \$24,721,722 | 19.5% |
| Federal Funds | 70,391,194 | 55.5% |
| Restricted Receipts | 31,512,619 | 24.9% |
| Operating Transfers | 126,311 | 0.1% |
| Total | \$126,751,846 | 100.0% |

| Category | Amount | Percentage |
|-------------------------------|----------------------|---------------|
| Personnel | \$60,938,110 | 48.1% |
| Operating Supplies & Expenses | 47,057,854 | 37.1% |
| Assistance & Grants | 17,434,115 | 13.8% |
| Capital Purchases & Equipment | 1,321,767 | 1.0% |
| Total | \$126,751,846 | 100.0% |

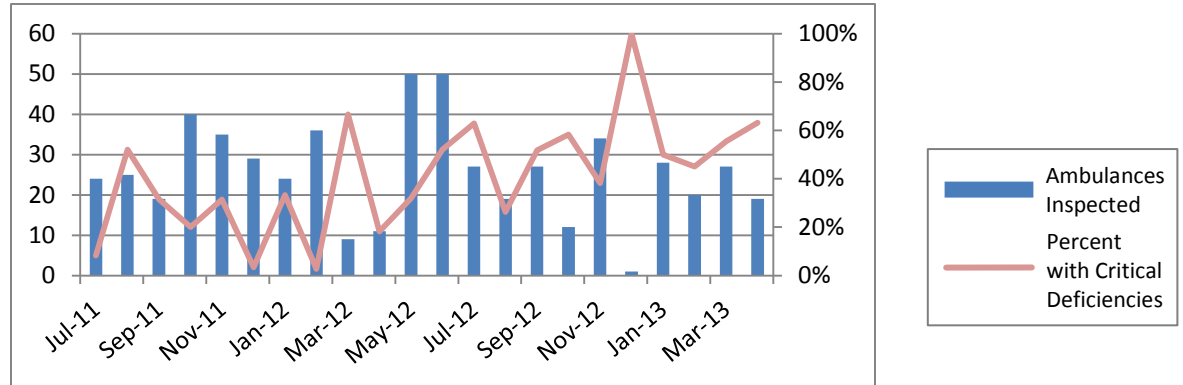


¹ Budget data are based on Governor Chafee’s FY 2013 revised budget request, submitted January 16, 2013. Additional budget information for RIDOH is available at http://www.budget.ri.gov/Documents/CurrentFY/BudgetVolumell/3_Department%20of%20Health.pdf.

AMBULANCE INSPECTIONS

The Division of Emergency Medical Services routinely inspects ambulances for compliance with the minimum equipment list and general state of repair. Certain items are considered essential equipment and, if missing, the ambulance is determined to have a critical ("immediate") deficiency.

Figure A: Number of Ambulances Inspected and Percent with Critical Deficiencies



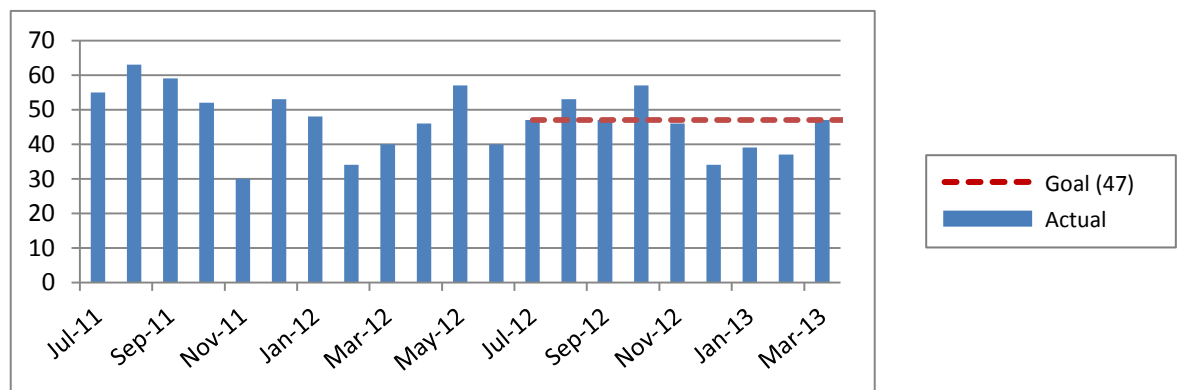
Key Points:

- The Division aims to reduce the number of immediate deficiencies per each inspection, as well as other deficiencies, through strong enforcement.
- RIDOH's goal is for less than 25.0 percent of ambulances to have immediate deficiencies. In FY 2012, 28.4 percent had at least one immediate deficiency; that rate increased to 50.0 percent in the first ten months of FY 2013. (Note that the number of inspections varies each month, leading to some volatility in percentage of deficiencies.)

DNA TESTING

The State Health Laboratories support law enforcement agencies and the judicial system in Rhode Island by providing DNA testing services to help solve and adjudicate the most serious crimes, such as murders, sexual assaults, etc.

Figure B: Number of DNA Evidence Submissions Received for Testing



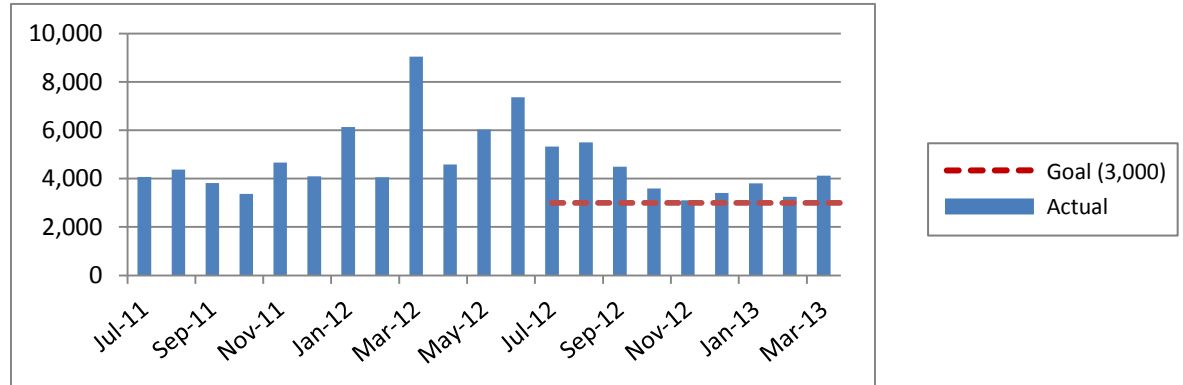
Key Points:

- Increasingly, DNA testing is requested to help solve property crimes, resulting in a higher demand for these services.
- Each submission (or "case") usually includes multiple items to be tested.

HEALTH INFORMATION LINE

The HEALTH Information Line is the central telephone number for the public to call with questions about RIDOH programs and services such as vital records or professional licensing.

Figure C: Total Number of Calls to the HEALTH Information Line



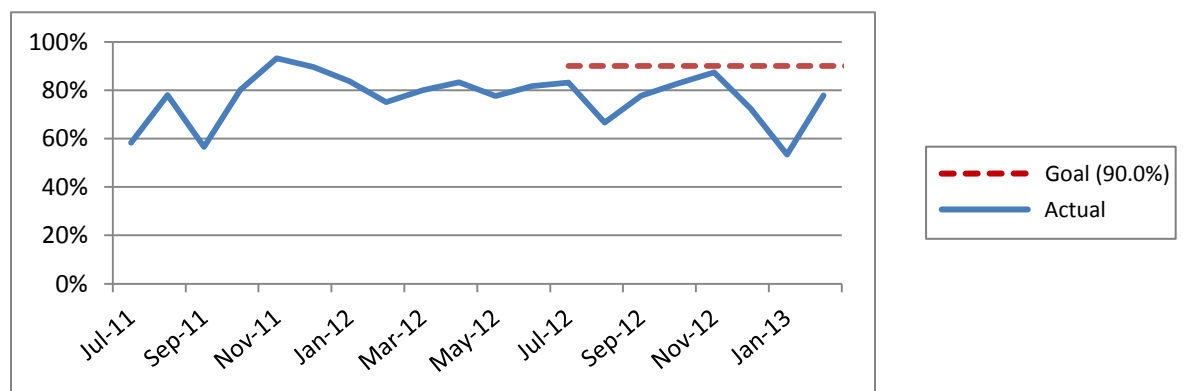
Key Points:

- RIDOH’s goal is to reduce current call volume as part of a broader effort to improve other forms of communication (i.e., online information).

BIRTH FILINGS

When birth certificates are filed within 30 days of a child's birth, parents may obtain benefits and services for the child in a timely manner. These benefits include health insurance, Social Security number and passport.

Figure D: Percent of Births Filed Electronically within 30 Days of Birth



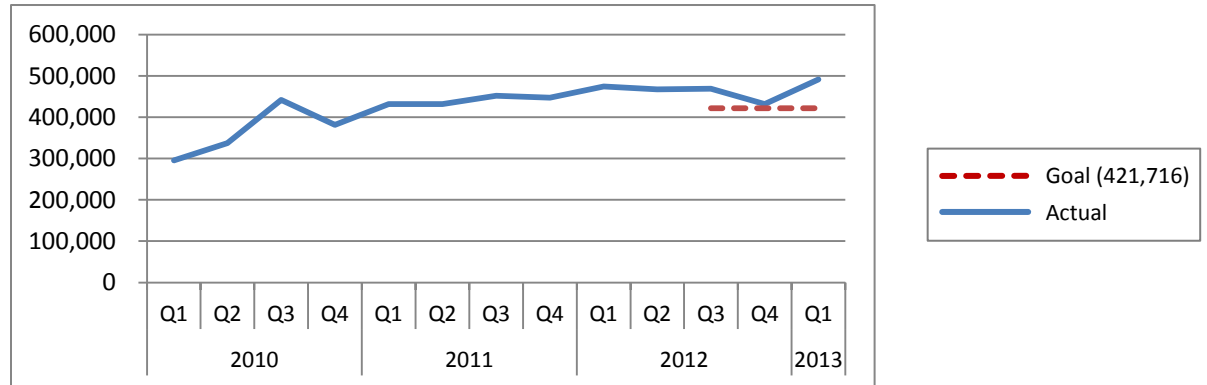
Key Points:

- The use of quality improvement methods along with an upgrade to a web-based electronic birth system is expected to move the program to the proposed goal of 95.0 percent of births filed within 30 days by the end of fiscal year 2014.

KIDSNET

KIDSNET is a web-based system that collects and shares information about children's preventive health care – such as immunizations and lead screening – with authorized health care providers.

Figure E: Number of Quarterly Hits on KIDSNET



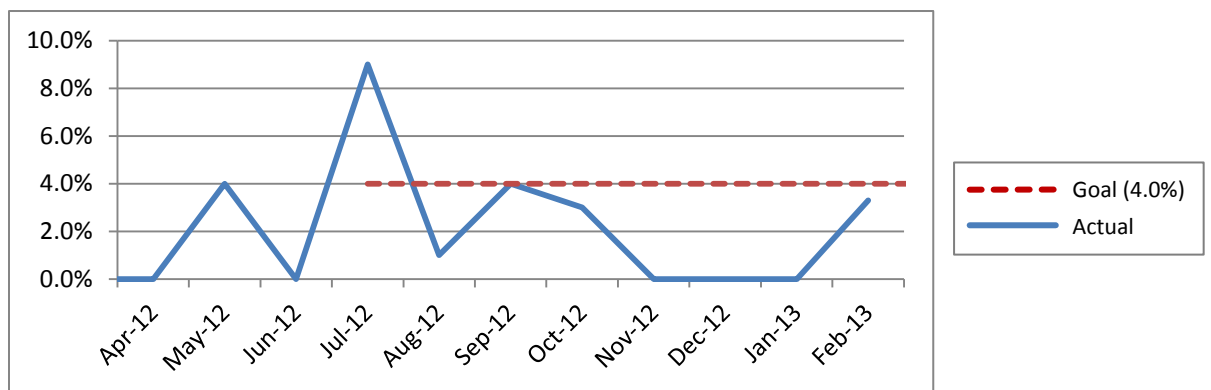
Key Points:

- Accessing information from KIDSNET helps doctors coordinate patient care and ensure that their patients receive important public health services.
- Use of KIDSNET has increased steadily since its inception and is an indication of the important partnership between public health and primary health care.

BREAST SCREENINGS

The RI Women's Cancer Screening Program provides free breast and cervical cancer screening services, including mammograms, for Rhode Island women who are 40 and older, uninsured or underinsured, and with incomes at or less than 250 percent of the poverty level.

Figure F: Percent of Abnormal Screenings with Final Diagnosis Taking Greater than 60 Days



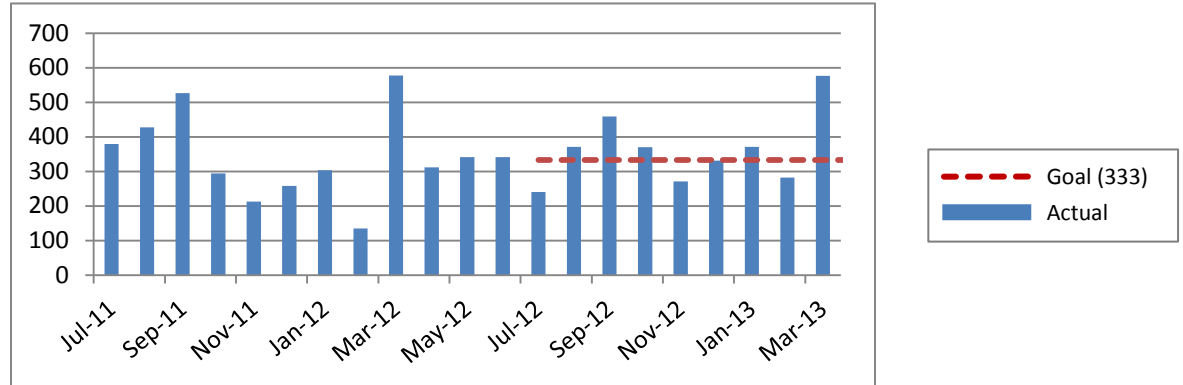
Key Points:

- Timely diagnostic follow-up of abnormal screening results helps ensure early detection and treatment, thereby reducing the illness and death associated with breast cancer.
- RIDOH seeks to ensure that diagnoses are completed within 60 days of screening for all but 4.0 percent of the total – a target that was achieved consistently between August and February 2013.

DRINKING WATER TESTING

State Health Laboratories provide a wide variety of tests for public drinking water suppliers throughout the state to help ascertain that public water is safe to drink.

Figure G: Number of Drinking Water Tests Performed



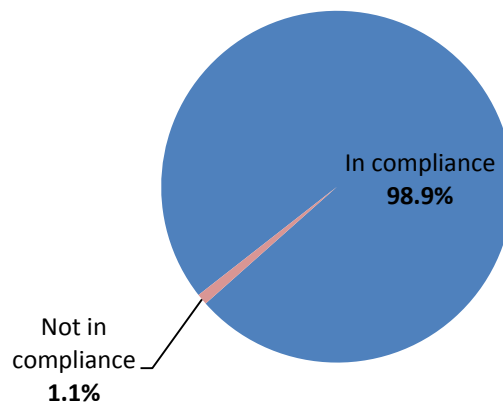
Key Points:

- The number of tests performed varies according to regulatory surveillance requirements for any given year, with every third year requiring more tests than the other two years in the compliance cycle.
- Many drinking water tests yield results for a large number of chemical contaminants, so the number of individual test results reported to public water systems are much greater than the numbers in the graph.

PUBLIC WATER SYSTEMS

This measure includes Rhode Islanders that receive drinking water in their homes, excepting those served by private wells. Only health-based violations are included. Public water systems are monitored by RIDOH's Public Drinking Water Program

Figure H: Percent of Public Water Systems in Compliance with Requirements as of February 2013



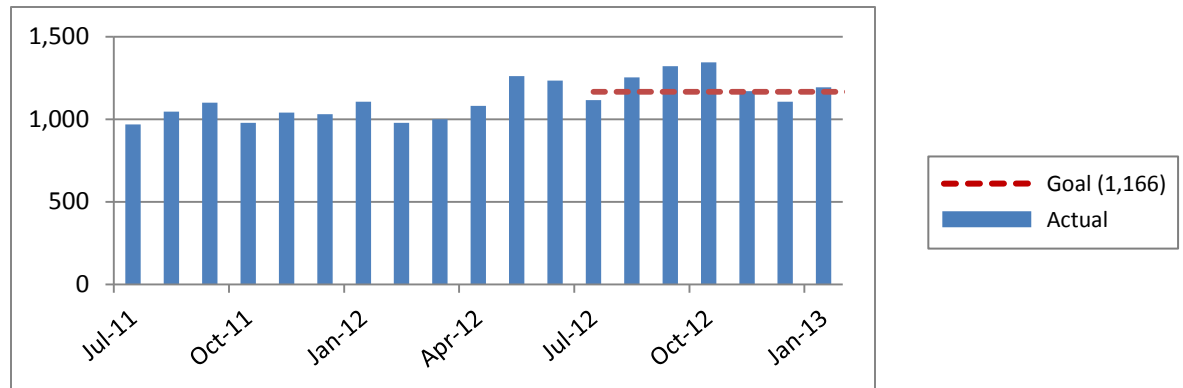
Key Points:

- Performance targets are set by the U.S. Environmental Protection Agency (EPA) and tend to increase annually, except when regulatory modifications reset the baseline.
- In recent months, the City of Newport exceeded the allowable standard for by-products created as part of the water disinfection process. A new treatment plant is being built to alleviate this problem. As of February 2013, Newport was the only community water violation.

HIV SCREENINGS

This measure helps RIDOH track the number of HIV screenings among at-risk populations, such as patients of Community Health Centers and inmates at the Rhode Island Adult Correctional Institute.

Figure I: Number of HIV Tests Performed at the State Health Laboratories



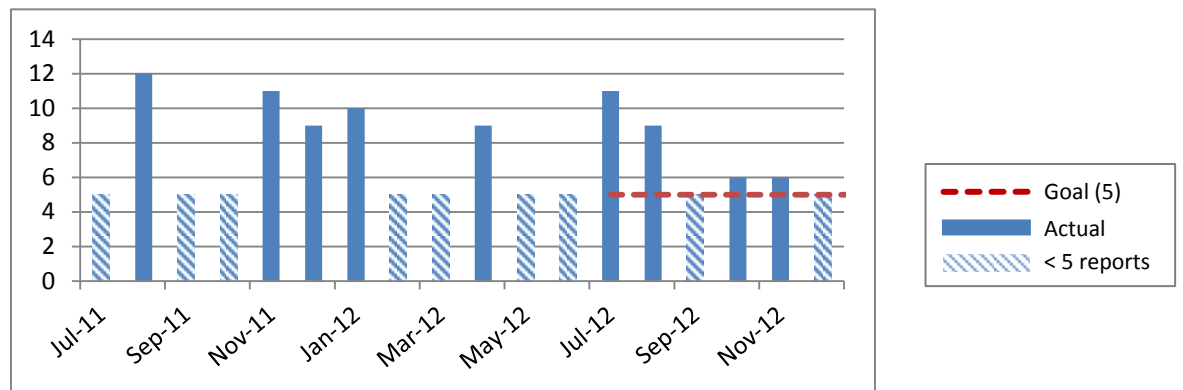
Key Points:

- Frequent testing for Human Immunodeficiency Virus (HIV) is an important component of RIDOH's efforts to reduce the number of new HIV infections in the state (see measure below).

NEW HIV CASES

The HIV/AIDS program works to identify new HIV cases and follow up existing cases currently in care. The HIV prevention program promotes healthy behaviors, testing and promoting care for positive HIV patients to reduce transmission thereby reducing new incidence of HIV cases.

Figure J: Number of New HIV/AIDS Cases



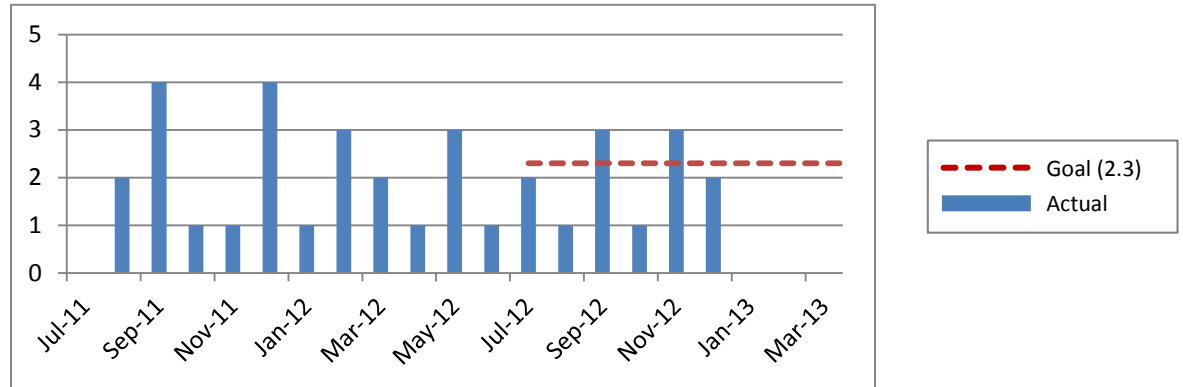
Key Points:

- Rhode Island reported 97 new cases of HIV in 2011 and 77 (provisional) in 2012 – an estimated 20.6 percent reduction in the number of new cases. RIDOH set targets of 60 new cases in 2013 and 40 in 2014.
- Note: Following protocol established by the Centers for Disease Control and Prevention (CDC), when the monthly number of new cases is fewer than five, it is reported as five to protect patient confidentiality. (In such cases, bars for monthly data are shaded.)

NEW TUBERCULOSIS CASES

The case rate for tuberculosis (TB) has remained fairly steady over the last several years. New cases of tuberculosis have a significant impact on public health resources.

Figure K: Number of Newly Diagnosed Cases of TB per 100,000 Individuals



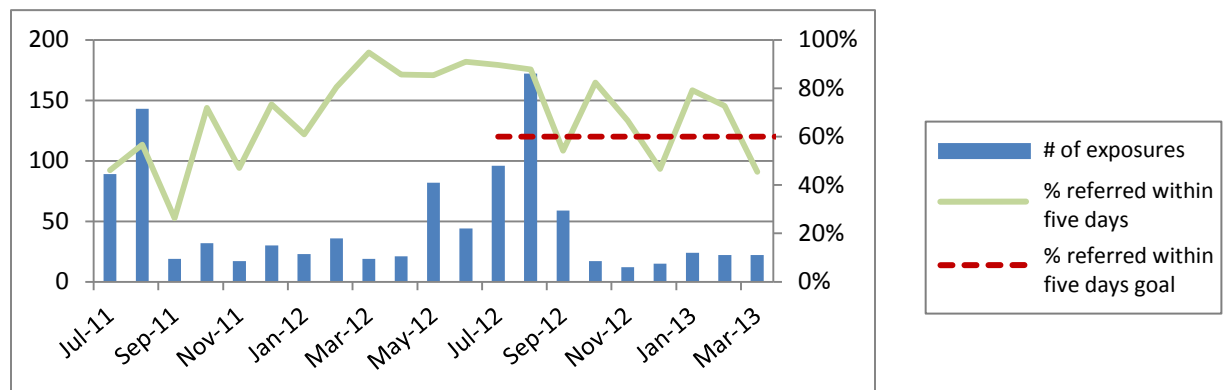
Key Points:

- When an individual contracts TB, he/she receives daily home visits for observation. On average, this care is needed for nine months to ensure adherence to therapy and cure.
- Each case of TB requires active community monitoring and follow-up testing and treatment for those that may become infected.

RABIES EXPOSURE

Rabies is a fatal disease. RIDOH has a comprehensive case management program to prevent human rabies.

Figure L: Number of Individuals Potentially Exposed to Rabies and Percent Referred for Vaccine within Five Days



Key Points:

- If someone is exposed to a potentially rabid animal, RIDOH conducts a risk assessment and, when appropriate, offers post-exposure prophylaxis vaccine, which will protect an individual from developing rabies. The goal is to promptly offer post-exposure prophylaxis to everyone who needs it in order to prevent as many deaths as possible.
- In FY 2012, 66.5 percent of individuals exposed were referred to vaccine within five days. In the first nine months of FY 2013, 79.9 percent were referred within five days.

PERFORMANCE HIGHLIGHT

Food and Restaurant Inspections

Office of Food Protection

The mission of RIDOH’s Office of Food Protection is “to protect and promote public health and prevent disease by assuring the safety and quality of the food supply.” One of the office’s most prominent responsibilities is inspecting restaurants, food stores, and other food establishments to ensure compliance with state safety standards. The importance of food inspections was highlighted after salmonella contamination at Johnston’s DeFusco’s Bakery in February 2011 sickened dozens and led to four deaths. In response, Governor Lincoln D. Chafee, the Executive Office of Health and Human Services and the Department of Health developed a plan to increase staffing at the Office of Food Inspection, which has led to a rise in the number of inspections and a decline in the number of complaints.

Rhode Island currently has 7,398 licensed establishments requiring food inspections. The U.S. Food and Drug Administration (FDA) recommends that establishments be inspected between one and four times per year, depending on risk level. FDA also estimates that a food inspector may be expected to complete 280 to 320 inspections annually. In February 2011, the Office of Food Protection had seven staff inspectors; even at an average caseload of 487 inspections at that time, the Office could not inspect every establishment at least once per year. Governor Chafee proposed gradually increasing staffing by six positions per year over two years. As of April 2013, the Office of Food Protection had sixteen inspectors for field visits and was in the process of hiring three more.

The Office conducts four main types of inspections: routine inspections, inspections for the opening of new restaurants or other food facilities, inspections resulting from complaints, and follow-up inspections. With the advent of additional inspectors, the Office of Food Protection has increased the total number of inspections by 27.4 percent from 3,872 in calendar year 2011 to 4,934 in 2012. As seen in the table above, routine inspections have increased 32.0 percent because of increased staffing. Also noteworthy is the decline in complaint inspections by 16.2%, which illustrates that more frequent routine inspections have likely led to fewer complaints.

| Annual Food Inspections, 2011 - 2012 | | | |
|--------------------------------------|--------------|--------------|---------------|
| | 2011 | 2012 | % Change |
| Routine Inspections | 2,093 | 2,763 | 32.0% |
| Opening Inspections | 579 | 776 | 34.0% |
| Complaints Inspections | 462 | 387 | -16.2% |
| Follow up Inspections | 738 | 1,008 | 36.6% |
| Total | 3,872 | 4,934 | 27.4% |

NOTE: While the number of inspections increased between 2011 and 2012, the percentage change in inspections is lower than the percentage change in staff. According to the Office of Food Inspection, new food inspectors require at least six months of training before conducting most inspections. As a result, the number of inspections will continue to increase as staff complete training – with a target of at least 6,000 inspections in FY 2013.

