Division of Public Health

Mission To protect and promote the health of Alaskans

Page 362 in the DHSS FY2013 Budget Overview Book (BOB)

CORE SERVICES

Page 363 in BOB

- **Diagnose** and investigate health problems and health hazards in the community.
- **Inform**, educate and empower people about health issues.
- **Mobilize** community 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, service effectiveness, accessibility, and quality to identify and solve community health problems.

Effectiveness Measures

Young children aged 19-35 months receive all vaccines recommended by CDC.

Page 400 in BOB

Reduce the percentage of high school students in Alaska who use any tobacco products.

Page 397 in BOB

Efficiency Measures

Increase the number of Health Impact Assessments performed on new large-scale development projects in Alaska.

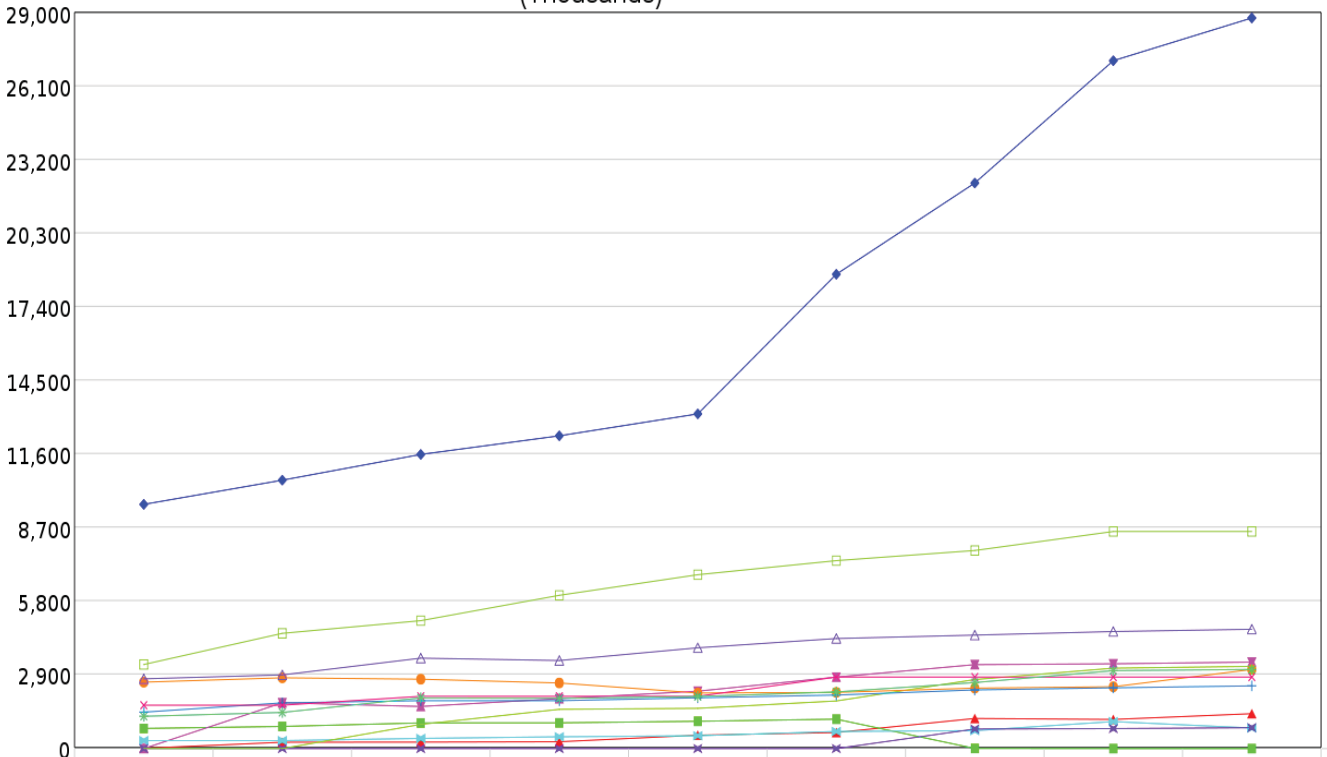
Page 405 in BOB

Reduce the prevalence of overweight and obesity.

Page 394 in BOB

Multi-year Allocation Summary - Operating Budget - FY 2013 Governor Structure
Department of Health and Social Services
Public Health Appropriation
(Thousands)

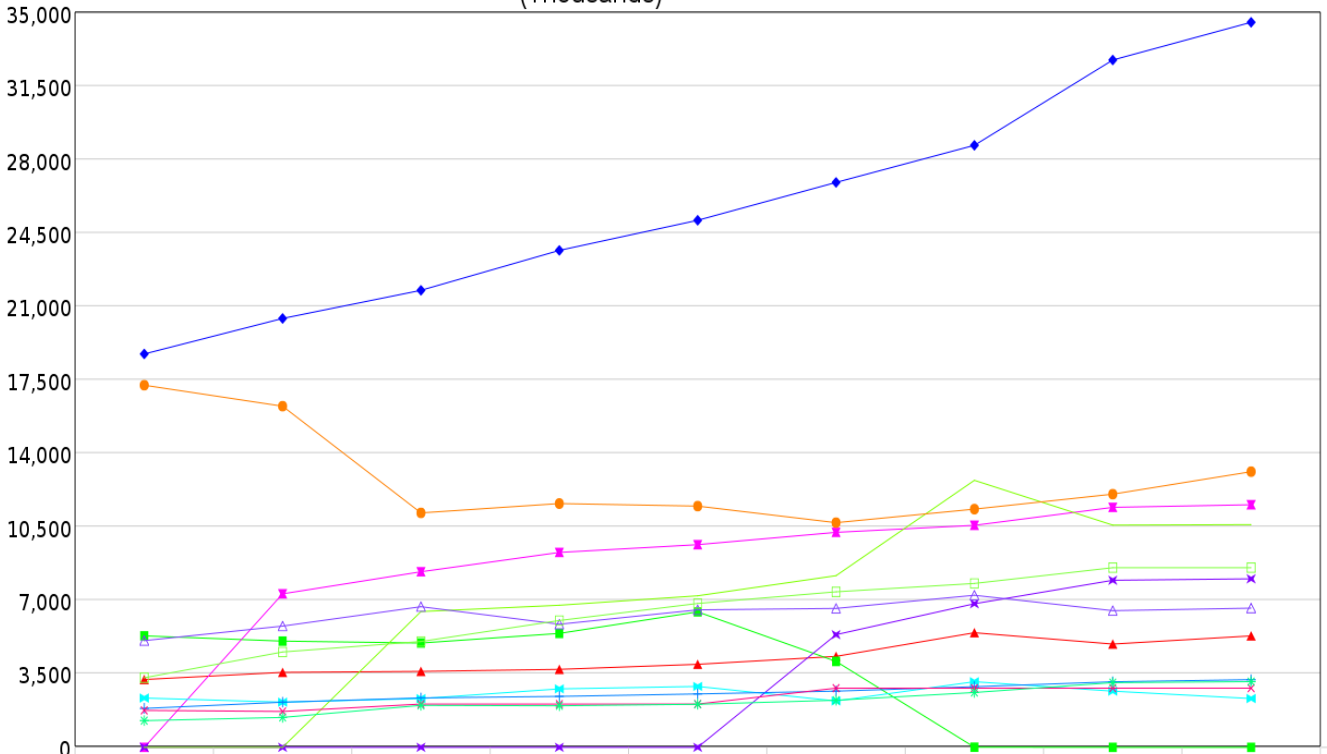
Numbers and Language
Fund Groups: General Funds



	05MgtPln	06MgtPln	07MgtPln	08MgtPln	09MgtPln	10MgtPln	11MgtPln	12MgtPln	Gov	05MgtPln to Gov	
Health Plan & Systems Develop	10.7	249.3	255.4	269.2	528.2	632.6	1,187.2	1,149.3	1,375.8	1,365.1	>999 %
Injury Prevention/EMS	793.9	872.7	1,011.8	1,015.3	1,076.8	1,159.7	4.9	0.0	0.0	-793.9	-100.0 %
Nursing	9,632.7	10,587.1	11,602.8	12,336.9	13,201.9	18,708.9	22,308.8	27,134.0	28,820.0	19,187.3	199.2 %
Women, Children Family Health	0.0	1,805.3	1,661.1	1,967.2	2,263.8	2,819.3	3,310.9	3,344.0	3,411.2	3,411.2	>999 %
Public Health Admin Svcs	313.8	313.6	400.6	464.7	505.8	673.9	707.7	1,064.5	810.8	497.0	158.4 %
Emergency Programs	0.0	0.0	0.0	0.0	0.0	0.0	770.5	788.3	823.4	823.4	>999 %
Chronic Disease Prev/Hlth Prom	0.0	0.0	954.0	1,547.9	1,586.9	1,877.6	2,722.2	3,171.7	3,241.8	3,241.8	>999 %
Epidemiology	2,619.8	2,791.4	2,736.2	2,587.2	2,191.9	2,216.2	2,384.3	2,438.8	3,119.8	500.0	19.1 %
Bureau of Vital Statistics	1,436.1	1,802.9	1,889.0	1,888.9	2,002.4	2,110.9	2,313.3	2,396.3	2,473.1	1,037.0	72.2 %
Emergency Medical Svcs Grants	1,710.1	1,710.1	2,062.1	2,062.1	2,062.1	2,820.6	2,820.6	2,820.6	2,820.6	1,110.5	64.9 %
State Medical Examiner	1,272.4	1,425.5	1,999.6	1,982.0	2,052.6	2,233.4	2,603.4	3,073.5	3,120.8	1,848.4	145.3 %
Public Health Laboratories	2,750.8	2,905.6	3,566.8	3,473.1	3,975.1	4,340.5	4,475.9	4,616.7	4,706.2	1,955.4	71.1 %
Tobacco Prevention and Control	3,315.3	4,545.3	5,045.3	6,045.3	6,858.3	7,413.3	7,813.3	8,563.3	8,563.3	5,248.0	158.3 %
Total	23,855.6	29,008.8	33,184.7	35,639.8	38,305.8	47,006.9	53,423.0	60,561.0	63,286.8	39,431.2	165.3 %

Multi-year Allocation Summary - Operating Budget - FY 2013 Governor Structure
Department of Health and Social Services
Public Health Appropriation
(Thousands)

Numbers and Language



	05MgtPln	06MgtPln	07MgtPln	08MgtPln	09MgtPln	10MgtPln	11MgtPln	12MgtPln	Gov	05MgtPln to Gov	
Health Plan & Systems Develop	3,232.5	3,573.3	3,620.8	3,717.3	3,957.2	4,336.5	5,464.1	4,922.8	5,312.1	2,079.6	64.3 %
Injury Prevention/EMS	5,314.2	5,063.3	4,972.1	5,430.9	6,458.1	4,096.5	6.0	0.0	0.0	-5,314.2	-100.0 %
Nursing	18,752.9	20,446.4	21,787.2	23,689.9	25,125.8	26,931.1	28,700.3	32,766.3	34,565.0	15,812.1	84.3 %
Women, Children Family Health	0.0	7,316.9	8,370.0	9,291.5	9,661.4	10,248.2	10,584.0	11,439.9	11,564.7	11,564.7	>999 %
Public Health Admin Svcs	2,349.1	2,153.2	2,322.2	2,786.0	2,902.3	2,210.2	3,129.0	2,678.1	2,325.8	-23.3	-1.0 %
Emergency Programs	0.0	0.0	0.0	0.0	0.0	5,371.9	6,844.5	7,963.8	8,033.4	8,033.4	>999 %
Chronic Disease Prev/Hlth Prom	0.0	0.0	6,472.6	6,772.9	7,224.5	8,182.8	12,728.3	10,594.3	10,617.2	10,617.2	>999 %
Epidemiology	17,263.7	16,262.9	11,176.3	11,621.2	11,499.7	10,709.4	11,356.3	12,069.1	13,140.9	-4,122.8	-23.9 %
Bureau of Vital Statistics	1,854.7	2,151.0	2,355.6	2,428.3	2,545.9	2,679.2	2,889.8	3,125.8	3,225.7	1,371.0	73.9 %
Emergency Medical Svcs Grants	1,760.1	1,710.1	2,062.1	2,062.1	2,062.1	2,820.6	2,820.6	2,820.6	2,820.6	1,060.5	60.3 %
State Medical Examiner	1,272.4	1,425.5	1,999.6	1,982.0	2,052.6	2,244.4	2,614.4	3,084.5	3,131.8	1,859.4	146.1 %
Public Health Laboratories	5,086.7	5,779.4	6,704.6	5,867.9	6,554.6	6,622.6	7,249.8	6,515.5	6,635.2	1,548.5	30.4 %
Tobacco Prevention and Control	3,315.3	4,545.3	5,045.3	6,045.3	6,858.3	7,413.3	7,813.3	8,563.3	8,563.3	5,248.0	158.3 %
Total	60,201.6	70,427.3	76,888.4	81,695.3	86,902.5	93,866.7	102,200.4	106,544.0	109,935.7	49,734.1	82.6 %

Introduction to the Division of Public Health

Mission

To protect and promote the health of Alaskans.

Overview

The Division of Public Health is the state's lead public health agency. Its work is best described by the "3Ps" – Prevention, Promotion and Protection – because Public Health is responsible for operating programs that: prevent infections, injuries and chronic diseases; promote healthy living and quality health care; and protect all Alaskans. The division plays a significant role in making sure that Alaska is ready to effectively respond to emergencies, including natural disasters, emerging disease threats, and bioterrorism.

The division's core functions are far-reaching and focus on a myriad of services and activities as part of the overall continuum of health in Alaska. The division carries out its functions through programs that primarily focus on the health of all of Alaska's residents and visitors ("population-based").

In Alaska, the public health system is largely the responsibility of the state. The Municipality of Anchorage assumes some direct health powers and, to a lesser extent, so does the North Slope Borough. However, throughout the remainder of the state, the Division of Public Health fulfills both state and local public health functions. To assist in meeting this challenge, division provides funding through grants and contracts for many of our partners: local public health agencies, community- and tribal-based organizations, educational institutions, and non-profit agencies. Together, we focus on the core services that protect the public's health and advance the health status of individuals and communities. When we do our jobs well together – preventing illness and injury, promoting good health, and protecting everyone – Alaska is a better place for all people to live, work, and play.

Public Health employees actively work with communities and organizations to build capacity and sustainability among health systems and assure access to quality health care services, often acting as a liaison between federal, state, and private organizations in the areas of health planning and service delivery. In addition, the division engages in activities to ensure emergency medical services personnel are qualified and properly equipped. Medical and legal investigative work related to unanticipated, sudden, or violent death is also provided by Public Health.

The division also works with a variety of organizations and individuals across the state to develop and implement health promotion strategies and community action plans for preventing and reducing the burden of chronic diseases. Promoting healthy behaviors by educating the public and supporting community actions to reduce health risks and injuries has proven effective.

In an effort to eliminate health disparities, outreach activities are conducted to link high-risk and disadvantaged people to needed services.

To protect people from disease, division employees conduct disease surveillance and outbreak investigation. In an effort to control communicable diseases and prevent epidemics, the division provides treatment consultation, case management and laboratory testing services.

Professional staff monitors and assesses health status through the collection and analysis of: vital statistics; behavioral risk factors, disease, and injury data; and forensic data from postmortem examinations. This information, along with other scientific information and expertise, is used to improve program services, develop health recommendations, and inform future policy decisions.

Core Services

The division provides services that help achieve its mission of protecting and promoting the health of the public. The seven key public health activities are:

- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- Mobilize community 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, service effectiveness, accessibility, and quality to identify and solve community health problems.

Public Health is organized into 10 sections:

- Administrative Services
- Bureau of Vital Statistics
- Chronic Disease Prevention and Health Promotion
- Emergency Programs
- Epidemiology
- Health Planning and Systems Development
- Public Health Laboratories
- Public Health Nursing
- State Medical Examiner's Office
- Women's, Children's and Family Health

In FY2011, the Section of Certification and Licensing was transferred from Public Health to Health Care Services, and Health Planning and Systems Development was transferred from Health Care Services to Public Health. This was an organizational shift to better align programs with the department's strategic plan. The core services that these sections provide did not change.

Services Provided

Unlike other areas of health care that deal with patients individually, in Public Health the entire community is our patient. Public Health touches the lives of Alaskans from "cradle to grave" and there are no better examples of that than the services of the Bureau of Vital Statistics and State Medical Examiner's Office.

The Bureau of Vital Statistics is responsible for the registration, certification, security, and protection of permanent records of vital events (births, deaths, marriage, divorce, and adoptions), maintaining the medical marijuana registry, and receiving reports of induced terminations of pregnancy. In addition to providing a valuable legal registration and documentation service to all Alaska residents, the Bureau provides research and analysis of vital events data in support of the development of public health policy.

The State Medical Examiner's Office is another program that supports all core public health services. As a key element of the public health mission to prevent injury, disease and death, the State Medical Examiner's Office investigates unanticipated, sudden, or violent deaths. Activities include providing an accurate, legally-defensible determination of the cause and manner of death, and conducting a comprehensive medico-legal death investigation.

Infectious Disease and Epidemic Prevention and Control

The Epidemiology, Nursing, and Laboratories sections work collaboratively as a team to monitor, prevent, and protect against the spread of infectious disease. Major areas of activity include vaccine-preventable diseases (e.g., measles, pertussis, hepatitis, influenza, etc.), tuberculosis, sexually-transmitted infections, gastrointestinal diseases, botulism, rabies, paralytic shellfish poisoning, and waterborne diseases. In addition, the division is constantly vigilant for other new or unusual diseases that would constitute a public health emergency, such as the 2009 H1N1 strain of influenza virus.

To prevent and control infectious diseases, the division's medical epidemiologists conduct surveillance primarily through the receipt and analysis of disease reports from health care providers and clinical laboratories across the state. For over 30 years the Alaska Immunization Program has provided free vaccines to health care providers; however, recent reductions in federal funding have meant that Public Health has had to make fewer free vaccines available. Public health nurses serve as the front line workforce of public health within

local communities to identify the presence and source of disease, respond to outbreaks, educate the community on how to prevent and treat disease, provide immunizations, conduct partner notification and investigation services for sexually-transmitted infection, and coordinate with local health care providers. The division's public health laboratories provide analytical and technical laboratory testing necessary for the diagnosis of infectious disease, as well as training, consultation, and reference testing for clinical laboratories throughout the state.

Injury Prevention Control and Emergency Medical Services

The Emergency Programs, Epidemiology, and Chronic Disease Prevention and Health Promotion sections work to prevent injuries by identifying causal factors and implementing prevention policies and strategies. Examples of some of the specific areas of activity include poisoning prevention, water safety, child passenger safety, fire-related injury prevention, fall prevention, and family violence prevention. The Emergency Programs section works to ensure the availability and quality of the emergency medical services (EMS) in Alaska by certifying emergency medical personnel and ambulance services, designating trauma centers, providing trauma training to rural communities, and administering state and federal grants that provide operational and capital equipment support for EMS systems across the state.

Other sections of Public Health contribute to injury prevention as well. For example, public health nurses work in communities throughout Alaska to educate residents about injury prevention, screen for domestic violence, and provide needed care and referral for identified victims of abuse.

Chronic Disease Prevention and Control

The Section of Chronic Disease Prevention and Health Promotion focuses on the prevention and control of diabetes, cancer, heart disease and stroke, obesity, and tobacco use. The section works with schools and local communities to educate the public and health professionals; collaborates with communities and partners to plan, implement and evaluate evidence-based strategies and interventions; advocates for the prevention and control of chronic diseases; and promotes healthy lifestyles. The Tobacco Prevention and Control unit funds an extensive tobacco counter-marketing media campaign, the Alaska Tobacco Quit Line (a service that provides tobacco cessation coaching and nicotine replacement therapy), and grantees which focus on tobacco cessation, school-based tobacco prevention, and community-level policy and environmental change. The Youth Risk Behavior Survey and the Behavioral Risk Factor Surveillance System collect, interpret, and disseminate population-based data on the health status of youth and adults. The data are used not only by the

section, but also by many state agencies, local governments, school districts, and other organizations for program planning and tracking progress toward health goals.

Other Public Health sections contribute to chronic disease prevention and control as well. For example, public health nurses organize and staff local senior clinics to help seniors monitor their weight and care for a variety of chronic conditions. The section of Women, Children and Family Health administers the Alaska Breast and Cervical Health Check program to provide breast and cervical cancer screenings to women who do not have financial access to these services.

Public Health Emergency Preparedness and Response

The division works to ensure that Alaskans are protected in the event of a public health emergency – whether natural (such as pandemic influenza) or manmade. The section of Emergency Programs collaborates with local, state, federal, tribal and private industry partners as well as Alaska's healthcare facilities, emergency medical and trauma systems to ensure everyone is prepared to respond to a medical disaster or public health emergency. Public health nurses provide leadership in community disaster and bioterrorism response activities; medical epidemiologists develop policies and plans for improved detection and control of a wide range of possible public health emergencies; and laboratory scientists ensure timely detection and diagnosis of epidemic, biological, or chemical agents of terror.

Access to Early Preventive Services and Quality Health Care

Alaska public health nurses deliver essential public health services in communities and villages across the state. Direct clinical and preventive services are provided in 23 community public health centers and through itinerant visits to 250 communities statewide. Services include well-child exams, tuberculosis screening, sexually transmitted disease screening and treatment, HIV testing and prevention counseling, immunizations, family planning, pregnancy testing, prenatal monitoring, postpartum and other home visits, and school screenings. Public health nurses also link individuals to needed health care services at the local level.

The Women's, Children's and Family Health section works with health care and community support service providers to improve health outcomes and assure that the health care system infrastructure meets the needs of families. Access to preventive and other health care services is provided through breast and cervical cancer screening, family planning, genetic and specialty clinics, newborn metabolic and hearing screening, and oral health.

The Health Planning and Systems Development section works with communities and organizations to assure access to quality primary and acute health care services in Alaska. The section assures quality care is provided through state and federally funded programs that strengthen health care access with a focus on rural areas and underserved populations. Statewide health planning helps sustain organized and efficient health care delivery in Alaska. The section provides technical assistance and other resources to hospitals, primary care delivery sites, and other community organizations regarding health care delivery, workforce, financing and reimbursement, and facilities.

Protecting Human Health from Environmental Hazards

Public Health works in close partnership with the Department of Environmental Conservation's Division of Environmental Health, which has the primary regulatory role in environmental health protection in the state. Also, in collaboration with the Department of Natural Resources, the division has a program to assess the health impacts of proposed large-scale natural resource development projects. At the local level, public health nurses coordinate community-based environmental hazard identification and response, while at the statewide-level, the Section of Epidemiology evaluates the possible hazards to human health associated with the presence of hazardous substances in the environment. Activities include providing medical consultation in response to hazardous substance emergency events and at sites that contain hazardous substances; developing studies on subsistence food safety; bio-monitoring of mercury from fish consumption; screening for lead; and providing public information and outreach regarding environmental health hazards. The Section of Emergency Programs provides education and training throughout the state on all hazards response for pre-hospital and acute care facilities and works with many federal, state, and local partners to develop a comprehensive approach to hazard response.

Annual Statistical Summary of Services Provided in FY2011

Many of the services and programs delivered by the Division of Public Health serve the population as a whole, rather than individuals, so statistics on individual services do not always reflect an accurate picture of the division's work. Activities such as disease-outbreak response, preparation and dissemination of epidemiology bulletins to all health practitioners in the state, planning and development of health systems, and prevention campaigns, such as those to influence children not to smoke, are but a few examples of Public Health efforts to protect, promote, and improve the health of hundreds of thousands of Alaskans every day. Some of the results from FY2010 are provided below.

Infectious Disease and Epidemic Prevention and Control

- Distributed 375,300 doses of vaccine; of those, 130,000 were distributed by public health nurses.
- Shipped 10,275 vials containing 102,750 doses of PPD to test for tuberculosis.
- The laboratory received and processed 175,554 total tests:
    - STD tests: 94,450
    - Hepatitis tests: 30,601
    - Tuberculosis tests: 10,825
    - Toxicology tests: 767
    - Viral tests: 28,386
    - Other various tests: 10,525
- Published 33 Epidemiology Bulletins informing health care providers and the public of important investigations, concerns, and alerts regarding health issues.
- Approximately 2,500 referrals were received from local hospitals, outpatient care providers, schools, correctional facilities, and from DHSS Offices of Children's Services and Section of Epidemiology requesting public health nursing follow-up on a variety of health and safety concerns, including maternal/child health issues, epidemiological investigations, sexually transmitted diseases, and tuberculosis.
- Public health nurses started 197 patients on medication to treat Tuberculosis and provided the care coordination needed to both treat the disease and protect the health of the patient.
- Public health nurses administered more than 55,000 immunizations.

Major Accomplishments

- Immunization coverage rates in 19 to 35 month olds went from 49th to 42nd in state ranking (2009 to 2010).
- Sponsored statewide provider education conference where national and local experts presented innovative and practical ideas to effectively communicate: evidence-based vaccine safety information to hesitant parents; how to reduce or eliminate costly loss

of vaccine; and strategies to increase immunization coverage and to protect all Alaskans against vaccine-preventable disease.

- Investigated and helped control an outbreak of *Campylobacter* infection associated with consumption of raw milk.
- Decreased the number of gonorrhea cases reported by 23% in the first three quarters of 2011. Investigated and controlled an ongoing, large-scale outbreak of gonorrhea infection that affected more than 200 individuals across the state. Provided disease notification and prevention strategies; collaborated with public and private health providers; and evaluated ways to control sexually transmitted infections, including the use of expedited partner therapy to reduce transmission of gonorrhea and other sexually transmitted diseases.
- The state's immunization registry, VacTrAK, has 131 providers participating; 56% of Alaska residents had at least one vaccine recorded in VacTrAK, up from 45% in 2010.

Injury Prevention Control and Emergency Medical Services

- The Poison Prevention and Control Program reported 8,945 calls to the Alaska Poison Control System and distributed 12,752 poison prevention and information resources statewide.
- Kids Don't Float drowning prevention program added 15 sites, totaling 595 active sites and education centers in 257 communities statewide.

- Certified 2,790 emergency medical personnel, 284 instructors, and 50 ambulance services.
- 47 communities received essential EMS equipment and vehicles under the Alaska Code Blue project.
- Four Alaska hospitals were re-designated as Level IV Trauma Centers – Yukon-Kuskokwim Health Corporation, Norton Sound Regional Hospital, Sitka Community Hospital, and Mt. Edgecumbe Hospital. Alaska Native Medical Center continues to maintain its Level II Trauma designation. Eight additional hospitals received trauma designation consultation visits.
- Screening for interpersonal/domestic violence identified 464 clients with positive screening results and an additional 144 with suspect screening results. These individuals were provided appropriate referral, education, and counseling regarding protection of themselves and any children in the household. In addition, 86 referrals were made to the Office of Children's Services for suspected child abuse, child neglect, or sexual offense against a minor.

- The Injury Surveillance Programs continues to work with DHSS data managers and analysts across multiple professional disciplines to maintain an epidemiologic profile that identifies and reviews state-level data pertaining to alcohol, illicit drug, tobacco use, and outcomes highly associated with substance use and abuse. The profile ensures the continued availability of data on consumption, consequence, and contributory factors and

evaluates longevity of the measures as useful indicators of substance abuse and prevention activities and trends.

Major Accomplishments

- Nineteen lives have been saved to date by direct use of personal floatation devices from Kids Don't Float.
- In close collaboration with the Alaska Native Tribal Health Consortium Injury Prevention, established an injury and violence prevention 'supercoalition' of 60 statewide coalitions and programs. The Alaska Violence and Injury Prevention group will assess existing injury and violence prevention efforts across Alaska to better align resources for greater impact, as well as address gaps in services across Alaska.

Chronic Disease Prevention and Control

- The Obesity Prevention and Control Program partnered with the Matanuska-Susitna Borough School District to identify the obesity prevention strategies implemented by the district and to determine the impact of those strategies. The prevalence of overweight and obesity of the student population significantly declined during the last seven years. This is the first documented decline in overweight and obesity prevalence in any school district in Alaska.
- Training was provided to 50 health professionals and community members to become chronic disease self-management leaders. Training was provided to 50 existing course leaders to become re-certified as course leaders.
- The Alaska Family Violence Prevention Project provided training and technical assistance to more than 700 service providers on the health effects of domestic violence on women and children and best practices for assessment, intervention, and prevention.
- One new community was added to the cessation interventions program.

Major Accomplishments

- The Alaska Cancer Registry met the 12 month standard established by the CDC's/National Program of Central Cancer Registries for data completeness, for the first time since its inception in 1996. This was achieved by only 44% of the funded states.

- The Alaska Family Violence Prevention Project developed and launched a new training module on sexual assault and reproductive coercion for health care providers in 2011 that includes scripted screening tools, harm reduction practices, and safety cards.
- Overall youth tobacco use prevalence is at an all time low of 16%, which is statistically significant and lower than the US average.
- A School Nursing Advisory Committee completed guidelines for conducting health assessments in schools including weight and body mass index calculations. Guidelines for infection control management and vision screening were initiated. The School Nursing Consultant continues to contribute significantly to the Department of Education and Early Development's work with school nurses statewide on obesity reduction efforts for school-aged children.

Public Health Emergency Preparedness and Response

- Conducted 11 interagency emergency preparedness exercises and three community-wide preparedness outreach workshops focusing on mass casualty and mass fatality planning.
- The Laboratory tested 57 samples suspected of containing biological threat agents and 85 samples from botulism outbreaks. Alaska consistently has the highest rate of food-borne botulism in the country.

Major Accomplishments

- Successfully launched the AK Respond program for electronic registration of all types of volunteer health professionals for disaster assignments. AK Responder is built on the Alaska Nurse Alert System, which has registered and deployed volunteer nurses to assist in response to public health emergencies since 2005. Currently, AK Respond has 570 responders registered in the registry.
- Increased capacity to respond to local community needs with a Statewide Medical Reserve Corps (MRC) Coordinator and 4 local MRCs in Anchorage, Ketchikan, and the Kenai Peninsula Borough.
- Collaborated with statewide law enforcement in a full scale security/medical distribution exercise around a Strategic National Stockpile deployment to Alaska.

- Point of Dispensing planning processes in local communities increased the ability to vaccinate every Alaskan so that medical countermeasures can be distributed to all Alaskans in a timely manner.

Access to Early Preventive Services and Quality Health Care

- Alaska's public health nurses provided more than 83,300 health care visits in FY2011; 47,512 of these were to children and youth ages birth to 19 years.
- Nursing made more than 1,700 postpartum home visits to new mothers and babies needing follow-up.
- 99.9 percent of all newborn children were screened for over 30 metabolic conditions, and 92 percent of all babies were screened for newborn hearing loss.
- 49 children were seen for screening and diagnosis of autism spectrum disorder in ten communities. Fourteen children ages 0 to 5 received a diagnosis of autism or other neurodevelopmental disorders and were referred to specialists.

Major Accomplishments

- Provided 878 technical assistance encounters on health care services and funding to over 98 different community-based organizations and health care organizations.
- Increased the health care workforce through direct loan repayment awards for 14 health care professionals in FY2010 and 12 more health care professionals in FY2011. Supported another 77 health professionals receiving National Health Service Corps federal loan repayment and three federally funded scholars.
- Over $400.0 in grants to 12 community health centers for improving access to primary care for those 65 years of age and over.
- Provided technical assistance to 28 individuals and organizations regarding federal funding to expand health centers in Alaska.

Protecting Human Health from Environmental Hazards

- Conducted follow-up investigations on 3 cases of childhood and 10 cases of adult elevated blood lead levels. Investigated and helped control an occupational lead exposure problem at a geochemical laboratory.
- Investigated and helped control one of the largest recognized outbreaks of paralytic shellfish poisoning in Alaska.

Major Accomplishments

- Published the Health Impact Assessment Toolkit, which provides detailed technical guidance for HIA in Alaska.
- Completed a health impact assessment on the Point Thompson project, and approached completion of an HIA for the Wishbone Hill Coal Mine.
- Performed baseline health assessments on the Chuitna Coal Mine and the Donlin Creek Gold Mine.
- Assisted with the DHSS response to the 2011 earthquake and tsunami in Japan by providing information to the public about radiation exposure risks from the failed Fukushima Daiichi nuclear power plant. The Laboratory Radiation Health Specialist and laboratory response staff provided factual, scientific information for public reporting and real-time monitoring of radiation data.
- Addressed community health concerns about potential exposure to the chemical sulfolane detected in hundreds of private drinking wells in the North Pole area.

Other Division of Public Health Statistical Information

- 77% of cases were transported to the State Medical Examiner's Office for further examination. The Office performed 511 autopsies and 264 inspections.
- In FY2011, the Bureau of Vital Statistics processed:
  - Births: 11,697
  - Deaths: 3,888
  - Registered Marriages: 5,631
  - Marriage licenses issued: 4,357
  - Divorces: 3,393
  - Adoptions of Alaska-born children processed: 740
  - Establishments of paternity of Alaska-born children processed: 3,381
  - Applications for the Medical Marijuana Registry processed: 354
  - Funds for the Alaska Children's Trust from heirloom birth and marriage certificates: $25,000.

- A focus on improving public health clinic flow and efficiency over the past two years is beginning to show positive results. Improvements in clinic management and efficiency noted in several of the public health centers include:

    - Replacing open "walk-in" time for patients in clinic schedules with scheduled appointments. This has resulted in availability of "same day" appointments for those who need them, appointment slots for clients to be seen over the lunch hour, and extended clinic hours in some public health centers.
    - Adjustment of the types of appointments available, for example increasing appointments for immunizations, STD and family planning, thus increasing access to better meet the needs of our at risk population.
    - Improved check-in and check-out paper processes resulting in decreased congestion at the client registration desk and increased privacy for clients.
    - Decreased client wait time; May 2011 Customer Satisfaction Survey results showed that 86% of clients waited less than 15 minutes to see a public health nurse and 99% reported that they could obtain an appointment at the time they wanted.

Major Accomplishments

- Awarded the Paul Coverdell Forensic Science Improvement Grant, which funded forensic training for pathologists and investigative staff, DEXIS portable dental x-ray equipment, digital photography equipment, new computers and software for the office, new server and autopsy equipment and supplies.
- The State Medical Examiner's Office collaborated with the U.S. Consumer Product Safety Commission to publish a warning on infant sleep-positioners to help reduce the number of cases of Sudden Infant Death Syndrome (SIDS).
- The Chief Medical Examiner, Investigator Supervisor, and Operations Administrator presented lectures to law enforcement, hospital staff, fire department, and paramedics in rural Alaska.
- Improved financial controls that resulted in better fiscal accountability such as annual spending plans, more frequent projections, quarterly reviews of cost allocations, and increased training and coaching of program staff and managers in budgeting and finance.

List of Primary Programs and Statutory Responsibilities

Statutes

AS 08.36	Business and Professions -- Dentistry
AS 08.64	Business and Professions -- Medicine
AS 08.65	Business and Professions -- Direct-entry Midwives
AS 08.68	Business and Professions -- Nursing
AS 08.80	Business and Professions – Pharmacists and Pharmacies
AS 09.55.060	Special Actions and Proceedings
AS 09.65.090, 095, 100	Actions, Immunities, Defenses and Duties
AS 09.65.161	Immunity for Disclosure of Required Health Care Data
AS 11.41.434-.440	Sexual Abuse of a Minor
AS 11.81.430	Use of Force, Special Relationships
AS 12.55.155	Sentencing and Probation
AS 12.65	Death Investigations and Medical Examinations
AS 13.52.010-.395	Health Care Decisions Act
AS 14.07.020	Duties of the Department of Education and Early Development
AS 14.30.065-.127, 191, 231	Physical Examinations and Screening Examinations
AS 17.37.030	Medical Use of Marijuana
AS 18.05.010-.070	Administration of Public Health and Related Laws
AS 18.07	Health, Safety and Housing, Certificate of Need Program
AS 18.08.010-.200, .900	Emergency Medical Services
AS 18.15.120-.138	Public Health Authority and Powers
AS 18.16.010	Regulation of Abortions
AS 18.23	Patient Records
AS 18.25	Assistance to Hospitals and Health Facilities
AS 18.28	State Assistance for Community Health Aide Programs
AS 18.50	Vital Statistics Act
AS 18.60.475-545	Radiation Protection
AS 18.60.880-.890	Health Care Protections
AS 25.05.071-.391	Alaska Marriage Code
AS 25.20.025	Parent and Child
AS 25.23.160 - 170	Adoption
AS 26.23	Alaska Disaster Act
AS 37.05.146	Receipts for Fees for Business Licenses for Tobacco Products
AS 37.05.580	Tobacco Use Education and Cessation Fund
AS 40.25.120, .125	Public Records: Exceptions and Disclosures
AS 44.29	Department of Health and Social Services
AS 44.62	Administrative Procedure Act
AS 47.07	Medical Assistance for Needy Persons
AS 47.17.020	Child Protection-Persons Required to Report
AS 47.20	Services for Developmentally Delayed or Disabled Children
AS 47.20.300-390	Newborn and Infant Hearing Screening, Tracking, and Intervention Program
AS 47.30.660	Comprehensive Integrated Mental Health Plan

Regulations

4 AAC 06.055	Immunizations
4 AAC 60.100	Pre-elementary Schools – Immunizations Required
7 AAC 05.110 - 990	Vital Records
7 AAC 07.010	Health and Social Services Certificate of Need
7 AAC 12.009	Free Standing Birthing Centers
7 AAC 12.450	Frontier Extended Stay Clinic
7 AAC 12.650	Employee Health Program
7 AAC 12.810	Laboratory Safety
7 AAC 16.010 – 090	Do Not Resuscitate Protocol and Identification
7 AAC 18	Radioactive Materials
7 AAC 26.280, 390, 710	Emergency Medical Services
7 AAC 27	Preventative Medical Services
7 AAC 35	Embalming and Other Post-Mortem Services
7 AAC 43	Medical Assistance
7 AAC 50.450, .455	Health in Child Care Facilities and Full Time Care Facilities
7 AAC 57.550	Health
7 AAC 75.220	Assisted Living Homes
7 AAC 78.010 - 320	Grant Programs
7 AAC 80	Fees for Department Services
7 AAC 105-160	Medicaid Coverage and Payment
12 AAC 40	State Medical Board
12 AAC 44	Board of Nursing
12 AAC 52	Board of Pharmacy
13 AAC 08.025	Medical Standards – School Bus Drivers' Health Screening
14 AAC .012-.014	Certified Direct-entry Mid-wives
18 AAC 31.300	Disease Transmission
18 AAC 80	Drinking Water
22 AAC 05	Physical Examination for Children

Federal authority

Title X	Family Planning Program
Title XVIII	Medicare
Title XIX	Medicaid
Title XXI	Children's Health Insurance Program (CHIP)
P.L. 104-191	Health Insurance Portability and Accountability Act of 1996 (HIPAA)
P.L. 107-56	Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT Act)
P.L. 107-188	Public Health Security and Bioterrorism Act of 2002
P.L. 111-5	American Recovery and Reinvestment Act of 2009 (ARRA), including Health Information Technology for Economic and Clinical Health (HITECH) Act
9 CFR 2.31	Institutional Animal Care and Use Committee
10 CFR	Nuclear Regulatory Commission – Authority to Regulate
21 CFR 900	Mammography Quality Standards – Authority to Inspect
42 CFR 72-73	Possession, Use and Transfer of Select Agents and Toxins
42 CFR 493	Public Health Laboratory Requirements

Division of Public Health

Budget Overview Table

Division of Public Health	FY2012	FY2013 Gov	Difference
Unrestricted General Funds	$46,878.8	$49,504.0	$2,625.2
Designated General Funds	13,682.2	13,782.8	100.6
Federal Funds	38,796.9	38,917.0	120.1
Other Funds	7,186.1	7,731.9	545.8
Total	**$106,544**	**$109,935.7**	**$3,391.7**

Budget Requests

Stabilize Funding to Public Health Nursing Grantees-Phase III: $1,100.0 ($990.0 GF/ $110.0 Federal)

This $1,100.0 is Phase III of a series of requests to stabilize funding to public health nursing grantees. Phase III provides the three public health nursing grant program recipients with the state grant funding needed to maintain services at their current level without local subsidies. It assures that the three grantees continue to provide public health nursing services for their geographic areas, including the prevention, control, and treatment of infectious diseases such as tuberculosis, sexually transmitted diseases, and vaccine preventable diseases; public health preparedness and response to pandemic flu, new emerging infectious disease, and public health disasters; preventing injury and chronic disease; and assuring access to care for children and vulnerable adults.

The Division of Public Health currently provides direct public health nursing services to all communities in Alaska except those served by three grantees (Maniilaq Association, North Slope Borough and the Municipality of Anchorage). These grantees are part of the essential public health safety net for Alaska. Maniilaq and North Slope Borough serve a combined 14,160 people in 16 villages covering more than 125,000 square miles. The Municipality of Anchorage serves 42% of the State's population.

Current grants are inadequate. Until the Division of Public Health began efforts to stabilize grantee funding beginning with the FY2011 budget, the grantees had gone decades with little or no increased funding for public health nursing services. Meanwhile costs for travel, facility operations, and supplies rose significantly, increasing the financial burden on the grantees. Grantee public health nurse salaries have not kept pace with State salaries and the rural areas suffer from chronic public health nurse shortages. Even with increments of $1 million for FY2011 (Phase I) and $1.75 million for FY2012 (Phase II), grantees still must subsidize operations with $1,300.0 of local funding. The remainder of the state receives public health nursing services without the requirement of locally subsidized funding.

Basic public health services have dwindled. The Municipality of Anchorage discontinued its well child and home visiting programs in 2004, removing child rearing education and support for young, high needs families. The overall public health nursing service level of Anchorage is much less than the level supported for the rest of the state. The North Slope Borough public health nurses no longer can focus on pregnancy prevention in the schools, provide prenatal or parenting education, nor offer other health education classes. The Maniilaq Association has been unable to fill vacant public health nurse positions due to their low salaries and as a result has struggled to provide adequate basic public health nursing services to the people in that area. The public health nursing service level of Anchorage is much less than the level supported for the rest of the state either through grants or operated directly. With Phase I and II funds, North Slope was able to increase salaries for their public health nurses, making salaries more competitive. Maniilaq Association also gave a raise to their nurses. The Municipality of Anchorage used some of the funds for interpreter services, tuberculosis-related lab tests and x-rays.

The grantees' inability to meet basic public health needs affects the health of all Alaskans. If not funded we expect to see a continued decline in public health service delivery in these regions, accompanied by an increased rise in public health problems. In addition, supporting the grantees by keeping their public health nursing programs local keeps these jobs in the communities, helps to support other local jobs that support these staff positions, and keeps the income related to these jobs in the local economy as well.

The Municipality of Anchorage has expressed an interest in discontinuing these services as they cannot afford to continue to support their public health program. This would mean the state would be required to assume direct provision of these services at a significant increase in cost to the state. This is not unprecedented as Norton Sound Health Corporation was a grantee until July 2012 when they returned responsibility for provision of public health nursing services to the State as a result of chronic underfunding.

NATIONAL STANDARD	1 : 5,000
ALASKA DIVISION OF PUBLIC HEALTH	
Interior Region	1 : 4,319
South Central Region	1 : 6,174
Southwest Region	1 : 3,023
Southeast Region	1 : 3,103
GRANTEES	
Municipality of Anchorage	1 : 20,041
Maniilaq Association	1 : 2,693
North Slope Borough	1 : 1,475

If the Municipality of Anchorage returned public health nursing responsibilities back to the state it would have catastrophic consequences for all Alaskans. Assuming responsibility for Municipality's population of nearly 300,000 or 42% of the state population would double the workload of the Section of Public Health Nursing, significantly impact the workload of the rest of the Division of Public Health, and more than double the cost of providing public health services to this population at even the current level. It would cost the State more than it currently costs the Municipality for the same services because of the higher state salaries and higher administrative costs within the state system.

These consequences would bring a significant impact upon the State's ability to protect our citizens from public health threats such as infectious disease outbreak, reduce the promotion of health and well-being through services such as domestic violence screening, and bring devastating fiscal consequences to the State budget.

Immunizations for Children and Seniors $700.0 ($630.0 GF/$70.0 Federal)

This $700.0 proposal is to purchase sufficient vaccine to maintain distribution levels for the highest priority populations.

1. Pediatric vaccine ($325.0): Continue universal coverage for children age 19-35 months.
2. Adult vaccine ($375.0): Restore influenza and pneumococcal vaccine for adults age 65 and up who do not have other resources.

In 2009, Alaska ranked 49th in the nation in the National Immunization Survey for overall vaccine coverage rates for children aged 19-35 months. A strong immunization program is essential to prevent and control vaccine-preventable diseases. For over 30 years the Division of Public Health has supported a "universal" vaccine program, distributing at no cost all recommended pediatric and selected adult vaccines to public and private providers in Alaska using federal funds.

Federal vaccine funds decreased. A universal vaccine policy has become increasingly difficult to sustain with a steadily increasing number of new vaccine recommendations, rapidly rising vaccine costs, and reduced federal funding. Costs have risen almost seven-fold in the last 10 years. The CDC will be reducing the state's pediatric vaccine funds by almost $4 million by 2013.

Adult vaccines eliminated; pediatric vaccines threatened. The Division decided to continue pediatric/adolescent vaccine distribution to the extent possible with decreasing funds. Pediatric vaccines will be prioritized to assure full access to those vaccines required for school and child care attendance (DTaP, Tdap, polio, hepatitis A, hepatitis B, Hib, MMR) as remaining funds allow. Adults are believed to be more likely to have alternate venues in which to obtain vaccines, as well as greater opportunities for coverage through private insurance or Medicare. As of January 2011, adult vaccines that historically have been provided by the state (i.e., influenza, pneumococcal, tetanus/diphtheria) were discontinued to public and private sector providers.

Appropriate and timely use of vaccines saves lives and health care dollars. Without funding for immunizations, children and seniors may not get the vaccinations they need to protect them from potentially life-threatening diseases.

MH Trust Workforce Dev - Grant 1383.05 Loan Repayment: $400.0 ($200.0 GF-MH/$200.0 MHTAAR)

This request is a continuation of the SHARP program. For FY2012, this proposed increment will field an estimated 16 to 22 health care practitioners. The entire amount is for practitioner loan repayments, with none requested for administration.

Alaska's "Supporting Health Care Access [through loan] Re-Payment" (SHARP) program is a loan repayment program designed to help recruit and retain healthcare clinicians in Alaska, especially in those areas having the most critical practitioner shortages. The program provides assistance in education loan repayment for those clinicians who provide healthcare to disadvantaged populations. Considerable evidence nationwide indicates that healthcare practitioners are finishing their training programs with substantial educational debt. Further, many of these providers are quite willing to work in high-need areas with high-need populations if agencies can help relieve this debt in return. Nationally, this workforce "support-for-service" strategy has been shown repeatedly to increase both recruitment and retention.

MH Trust: Cont - Grant 120.08 Comprehensive Integrated Mental Health Plan: $120.0 MHTAAR

The Comprehensive Integrated Mental Health Program Plan (Comprehensive Plan) is the outcome of a legislatively mandated planning process between the Department of Health and Social Services, the Trust, and the four beneficiary advisory boards. The Trust currently provides funding to DHSS for the development of the Comprehensive Plan, *Moving Forward 2006-2011*, and annual updates to the indicators in the plan. The plan is used to measure status of beneficiary-related indicators and guide program evolution and service delivery; it contributes significantly to the establishment of funding priorities. The Comprehensive Plan is developed within a results-based framework that will assist policymakers in identifying beneficiary needs and determining service effectiveness.

MH Trust: Workforce Development-1452.02 Autism Capacity Building: $75.0 MHTAAR

This $100.0 proposal is a continuation of the Capacity Building for Autism Intervention project supported by the Alaska Mental Health Trust. Funds will be used to continue a Reimbursable Services Agreement with University of Alaska Center for Human Development to train individuals on effective early autism intervention services. UAA has successfully developed relationships with a major university outside the state to offer master's level education in the area of applied behavioral analysis and other evidence-based interventions.

Currently there is not enough capacity within the workforce to offer evidence-based intensive services for children diagnosed with autism spectrum disorder. On average more than 160 children are diagnosed annually. There are not adequate services available to refer families for assistance in behavior management, social/emotional regulation, or language development.

Children diagnosed with autism spectrum disorders have few resources available in the state for intensive intervention that helps them acquire communication and language skills, learn to regulate their behaviors, develop social skills, and in the long run be successful in school and the employment world. By providing training, a cadre of professionals and paraprofessionals will be available to deliver intensive autism intervention soon after a child is diagnosed and early in a child's life when research shows intervention has the greatest impact. Children without interventions require significantly more special education supports when they enter school and are not able to reach their full potential.

Challenges

As the Division of Public Health works to protect and promote the health of Alaskans, challenges abound in the general categories of preventing chronic disease and promoting good health, fighting infectious disease, preventing injuries, improving outcomes for children, and protecting vulnerable Alaskans. In each of these categories, progress will continue through the right mix of necessary investments in the division's programs, expanded partnerships with the entire public health community, and the recruitment and retention of expert, dedicated staff.

Obesity Prevention and Control

Overweight and obesity[4] is our dominant public health problem. This largely avoidable disease affects Alaskans of all ages, from all areas of the state, across all levels of education and income, and of all racial and ethnic backgrounds. The dramatic increase in overweight and obesity prevalence that occurred over the past 18 years will have lasting financial and health impacts on Alaskan families, communities, businesses, and the healthcare system for decades to come.

The Magnitude of the Problem

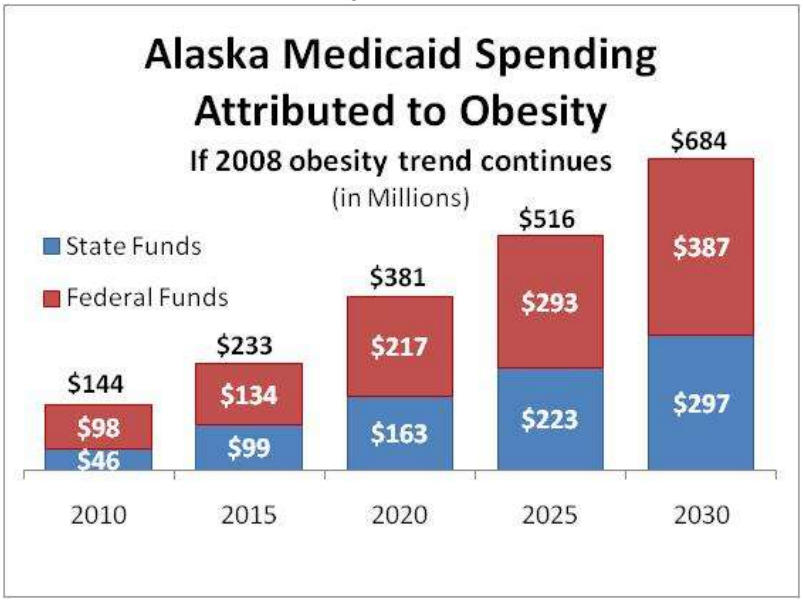
- Americans are blind to the obesity epidemic.
    - 30% of overweight Americans believe they are of "normal" size.
    - 70% of obese Americans believe they are simply overweight.
    - 60% of morbidly obese Americans believe they are merely overweight.
    - The average American consumes 50 gallons each year of sugar sweetened beverages.
- Obesity and overweight rates remain alarmingly high among Alaska young people and adults.
    - 65% of Alaska adults are overweight or obese.
    - As many as 40% of Alaska's children are overweight or obese.
- Medical complications of obesity are predicted to overtake tobacco as the leading cause of premature death. It has already eclipsed tobacco in terms of medical costs.
- Adult obesity prevalence has doubled from 13% in 1991 to 26% in 2009.
- Rates of U. S. childhood overweight and obesity have tripled over the past four decades.
- One-third of all American children born in 2000 are expected to develop diabetes during their lifetime (primarily related to overweight/obesity).
- More than one quarter of all Americans ages 17 – 24 are unqualified for military service because they are too heavy.
- Obesity and inactivity cause 365,000 premature deaths a year in the U.S.
- Obesity is predicted to shorten life expectancy in the U.S. by two to five years by 2050.

[4] Overweight and obesity are determined by calculating BMI from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and it is used to screen for weight categories that may lead to health problems. A five foot five inch woman weighing more than 180 pounds would be considered obese. A five foot ten inch man weighing more than 209 pounds would be considered obese.

The Economic Cost is Immense

The total economic cost of overweight and obesity is staggering and is a key driver of unsustainable health care costs.

- In the U.S. and Canada the combined cost for medical costs, lost productivity, and disability is $300 billion annually. The total economic cost for Alaska is estimated to be $947 million annually.
- Direct medical spending in the U.S. on obesity alone is $147 billion. For Alaska it is $477 million.
- Direct medical spending on obesity of $477 million exceeds Alaska's tobacco-related medical costs of $380 million.
- Alaska's Medicaid obesity-related costs could reach $684 million by 2030 if obesity prevalence increases as predicted by the Trust for America's Health.



  - In 2008, 12% of Medicaid spending goes toward obesity-related costs. That number will grow to 16% by 2018.
  - If the obesity rate could be held to the 2008 level (26%) projected costs would be $508 million, saving $176 million dollars by 2030. The State of Alaska experiences about $10.3 million annually in total economic costs related to obesity and overweight among its employees.
  - Obese people spent $1,429 per person more on medical costs compared to normal weight people in 2006.
- Americans purchased an additional $2.8 billion in automobile gasoline in 2005 due to extra body weight in vehicles compared with 1960.

Alaska's Response: A decades-long process we must embark on now

Sixty-two percent of Alaskans believe that the government has some and/or a lot of responsibility for addressing obesity. Investing in obesity prevention and control makes sense financially because investments in a healthier Alaska now will save healthcare dollars in the years to come.

- The biggest challenge to reversing this trend will be addressing the physical, social, and economic environment that makes it easy to take in excess calories while making it harder to be physically active enough to burn those extra calories. To be successful in reducing obesity and obesity-related disparities, government, communities, and individuals need to work together to create population-wide and targeted policy and environmental changes. The Department of Health and Social Services, Division of Public Health is already engaged in several limited initiatives mostly financed with one-time sources.

Strategies

- The Department of Health and Social Services directed $500.0 in one-time funds to the obesity prevention program for a statewide media campaign that will mobilize the actions of families and community members to ensure kids have opportunities to be physically active, and are active every day. The media campaign will deliver strategic, culturally appropriate, and high-impact messages integrated into the overall state obesity prevention program effort. The campaign includes: paid television, radio, print, website, and web-based advertising at the state and local levels; media advocacy through public relations efforts; and the sponsorship of local events to promote physical activity.
- Capital funding of $430.0 allocated in FY2012 is being used to increase the amount of quality PE taught statewide through the provision of technical assistance, resources, professional development to school districts, support of the Alaska Food Policy Council, and professional development for more school nurses, PE, health and other teachers on health, PE, and evidence-based curricula.
- A grant program to school districts to hire staff to implement high quality recess, sports programs, after-school physical activity clubs, walk to school campaigns is planned when sustainable funding is identified.

Tobacco Prevention and Control

Tobacco remains a significant public health problem in Alaska, killing nearly 600 people annually and generating almost $500 million in medical costs and lost productivity each year. Alaska has made considerable progress in reducing the burden of tobacco use by implementing a sustained, comprehensive tobacco prevention and control program that includes a tobacco quitline, media, community programs, and grants to schools and healthcare organizations. Since the inception of the program, adult smoking rates have declined significantly and youth smoking rates have been cut in half.

Despite the progress made, tobacco use remains a critical health issue in Alaska and disproportionately affects Alaska Natives, individuals of low socioeconomic status, and rural residents. Forty-one percent of Alaska Natives adults smoke, compared to the state average of 22%. Alaska Native youth are also more likely to smoke than their non-Native peers (32% vs. 13%). Smoking prevalence among adults of lower socioeconomic status is 38%, and 36% of adults living in rural areas report being current smokers. Smokeless tobacco use rates are also of great concern. Alaskan adults use smokeless tobacco at a higher rate (5%), than the rest of the country (3%), and Alaska's youth smokeless tobacco rate of 10% is higher than the national average of 8%. Smokeless tobacco use rates are especially high within the Alaska Native population, where 15% of men, 8% of women, and 17% of high school students use smokeless tobacco. Extreme regional disparities in smokeless tobacco use rates exist as well, with 23% of adults in Southwest Alaska reporting smokeless tobacco use.

Over the past 10 years, Alaska has engaged in successful strategies to reduce the disease and premature death caused by tobacco use and secondhand smoke. Alaska's 2009 overall adult smoking rate (19 percent) was below the national average (21 percent). The overall youth

smoking rate has dropped by over 50 percent between 1995 (37 percent) and 2009 (16 percent), below the national rate of 20 percent. Today in Alaska more tobacco users want to quit, more smokers and non-smokers agree that everyone has the right to breathe smoke-free air, and more Alaska communities have adopted laws to protect workers from the toxins in secondhand smoke.

Strategies

- Comprehensive local smoke-free workplace policies now protect 53 percent of Alaskans.
- Tobacco product price increases, - tobacco taxes - at the state and local level help dissuade kids from starting.
- Enforcement of laws that reduce illegal sales of tobacco to children.
- Statewide cessation support systems help tobacco users quit.
- Sustained statewide multi-media counter-marketing campaigns inform and motivate Alaskans.
- Community and school efforts create tobacco-free environments.

Infectious Disease

Another major challenge is the fight against infectious disease, with new diseases discovered regularly and old scourges still lingering. Alaska must remain prepared for the threat of avian influenza, while continuing to battle long-familiar diseases such as tuberculosis. Alaska's role as a transportation and tourism crossroads exacerbates the challenge as people from around the world come to our state. Of particular concern is the low rate of immunization for children under age two.

Strategies

- Expand efforts to improve Alaska's childhood immunization rates by working within the division and with health partners around the state to increase the number of children who are fully immunized.
- Provide effective public (parent) education and promotional programs for childhood vaccination.
- The section of Public Health Nursing purchased 10,000 doses of adult influenza vaccine, primarily for the elderly and those at high risk for complications from the flu who visit the public health clinics.
- A national flu vaccine manufacturer is giving 20,000 doses of adult flu vaccine to the state Division of Public Health. The division is in turn making the vaccine available free of charge to organization or providers to administer to adults who have not yet been vaccinated against influenza.

Community Water Fluoridation

Alaska is losing ground on the population served by public water systems with optimally fluoridated water. In 2006, the percentage of Alaskans on public water systems with fluoridated water was slightly above 67%. Since that time the percentage has been decreasing. With Fairbanks and Palmer discontinuing fluoridation in 2011 that percentage will be about 55%.

Community water fluoridation is recognized by the U.S. Centers for Disease Control and Prevention as one of the top ten public health accomplishments of the 20th century for its role in reducing tooth decay in the second half of the century. Although other fluoride-containing products are available, including fluoridated toothpaste, adjusting naturally occurring levels of fluoride in drinking water to an optimal level remains the most equitable and cost-effective method of reducing dental decay within a community. A 2008 study of dental decay in rural Alaska Native children found:

- Four-to-five year old Alaska Native children living in non-fluoridated villages had an average of 2.6 times more decayed or filled baby (primary) teeth than those living in fluoridated villages.
- Alaska Native children aged 12-15 years living in non-fluoridated villages had 2.1 times more decayed, missing or filled adult (permanent teeth) than those living in fluoridated villages.

Despite the cost-effectiveness of water fluoridation in reducing dental decay, the local government role in this public health intervention has come under question in a number of Alaska communities over the past five years. While some communities have voted to retain or implement water fluoridation, larger communities that have decided against continued fluoridation include Juneau, Fairbanks, and most recently Palmer. Evidence from the literature is that these local decisions will result in increased dental decay experienced by Alaskans, contribute to rising dental expenditures in Medicaid, and disproportionately affect those with the least resources to access dental care.

Strategies

- Continue to support communities which have the infrastructure to implement water fluoridation.
- Continue to provide information in response to health and safety concerns put forth by water fluoridation opponents.
- The division will analyze Medicaid dental claims to assess and report on variation in dental procedures for optimally fluoridated and non-fluoridated Alaska communities.
- Other states have enacted legislation mandating water fluoridation in communities of a certain size.

Injury Prevention

Unintentional injuries are the leading cause of death for ages one to 44 years and the third leading cause of death overall. Falls are the leading cause of non-fatal hospitalized injuries for all ages and fatal injuries for those over 75 years of age. During 2004 to 2007, the Alaska Native unintentional injury death rate was twice as high as for Alaska non-Natives. Local, tribal, and statewide infrastructure is insufficient to address the various types of preventable injuries. Fatal injuries are not an inevitable consequence of life. They are a public health problem that is largely preventable through consistent support and expertise from prevention specialists.

Strategies

- Co-convened by the Division of Public Health and the Alaska Native Tribal Health Consortium, the Violence and Injury Prevention Program (AKVIP) is a statewide group of injury prevention coalition members created to assess and build the capacity to prevent and control injuries and injury-related deaths. AKVIP plans to develop a comprehensive injury and violence prevention and control plan for Alaska.
- Provide education and programming strategies to decrease the rate of older adult fall-related injuries and deaths.
- Alaska's drowning fatality rate holds 4 -5 times the national average. Over 90% of the victims were not wearing a life jacket. Creating accessibility to life jackets and water safety education increases the awareness of the impacts of drowning.
- Brain injury is the result of the five leading causes of hospitalization (highway motor vehicle crash injuries, falls, assaults, all-terrain vehicle, and snow machine crash injuries). Increase the public's knowledge through education on age-appropriate and properly fitted restraints, and safe riding and helmet use.

10 Leading Causes of Non-Fatal Hospitalized Injuries, All injuries, by Age Group, 2005-2009

Rank	Age Group												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Falls 93	Falls 254	Falls 224	Falls 213	Suicide 661	Suicide 606	Suicide 713	Falls 816	Falls 1259	Falls 1233	Falls 998	Falls 1156	Falls 796
2	Assault 27	Poisoning 139	Fall from playground 75	ATV 111	MV Traffic 267	Assault 347	Falls 555	Suicide 610	Suicide 444	MV Traffic 200	MV Traffic 90	MV Traffic 76	MV Traffic 9
3	Burn 18	Burn 53	Bicycle 60	Suicide 95	Falls 245	MV Traffic 305	Assault 419	Assault 338	MV Traffic 296	Suicide 132	Acc. Struck 25	Acc. Struck 24	Acc. Struck 8
4	Swallow Object 13	Acc. Struck 43	ATV 33	Bicycle 90	Assault 170	Falls 272	MV Traffic 308	MV Traffic 247	Assault 256	Assault 92	Suicide 24	ATV 18	Hypothermia/Frostbite 6
5	Suffocation 12 Poisoning 12	Swallow Object 30	Acc. Struck 31	Sports 85	ATV 148	ATV 111	Snow machine 126	ATV 127	ATV 95	Acc. Struck 50	Cut 22	Suicide 16	
6	MV Traffic 7	Pedestrian 26	Pedestrian 29	MV Traffic 65	Poisoning 141	Snow machine 92	Cut 118	Snow machine 115	Acc. Struck 88	Machinery 44	Hypothermia / Frostbite 20	Hypothermia/Frostbite 11	
7	Acc. Struck 5	Dog Bite 24 Suffocation 24	Cut 21 / Dog Bite 21 / MV Traffic 21	Poisoning 44	Sports 130	Cut 79	ATV 107	Cut 95	Snow machine 84 Cut 84	Cut 42	ATV 18 Fire/Flame 18	Assault 10	
8		Fall from playground 22	Sledding 16	Snow machine 39	Snow machine 117	Sports 56	Sports 84	Acc. Struck 74	Bicycle 79	ATV 34 Bicycle 34	Snow machine 17	Fire 6 / Ped. 6 / Spt 6	
9		Assault 19	Sports 15	Acc. Struck 32	Bicycle 74	Acc. Struck 44	Acc. Struck 65	Sports 54	Pedestrian 57	Hypothermia /Frostbite 33 Pedestrian 33	Pedestrian 16		
10		MV Traffic 18	Poisoning 13	Fall from playground 31	Acc. Struck 33	Acc. Firearm 31	Bicycle 44	Bicycle 53	Fire/Flame 52 Machinery 52	Strain 30	Sports 15		

Source: Division of Public Health, Dept. of Health & Social Services, Alaska Trauma Registry: Admitted to the hospital for 24 hours or greater. Occurrences less than 5 not listed. Created January 4, 2011

10 Leading Causes of Fatal Injuries in Alaska by Age Group, 2005-2009

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Suffocation 41	MV Traffic 6	Drowning 8	MV Traffic 12	Suicide 179	Suicide 130	Suicide 132	Poisoning 156	Suicide 82	Suicide 26	Falls 31	Falls 15
2	Assault 6	Fire 8	Fire 7	Suicide 7	MV Traffic 87	Poisoning 93	Poisoning 118	Suicide 136	MV Traffic 39 Poisoning 39	MV Traffic 25	Suicide 13	Suicide 10
3			MV Traffic 6	Poisoning 5	Poisoning 59	MV Traffic 57	MV Traffic 51	MV Traffic 56	Drowning 13	Falls 15	Suffocation 8	Suffocation 6
4					Assault 47	Assault 36	Assault 41	Assault 29	Assault 12	Poisoning 12	MV Traffic 7	
5					Drowning 27	Drowning 28	Drowning 39	Drowning 27	Aircraft 11 Falls 11	Fire 5	Hypothermia/ Frostbite 5 Poisoning 5	
6					Snow machine 19	Snow machine 17	Snow machine 14	Hypothermia/ Frostbite 22	Pedestrian 8			
7					ATV 16	Falls 10 Fire 10 Hypothermia/ Frostbite 10	ATV 13	Falls 15	Hypothermia/ Frostbite 7 Suffocation 7			
8					Hypothermia/Frostbite 12	Avalanche/ Landslides 7	Hypothermia/ Frostbite 11	Fire 13	Fire 6			
9					Fire 7	Aircraft 6	Pedestrian 10	Pedestrian 12				
10					Aircraft 6		Aircraft 9	Aircraft 8 Snow machine 8				

Source: Division of Public Health, Dept. of Health & Social Services, Alaska Bureau of Vital Statistics, occurrences less than 5 not listed. * ATV and snow machine deaths may be included in drowning death counts; pedestrian, bicycle, ATV, and snow machine deaths may be included in MV Traffic death counts. Poisonings include accidental poisoning by exposure to alcohol. Created January 4, 2011

Public Health Infrastructure

As federal funding shrinks – and with little commitment of state general funds for these programs to date – a major challenge for the division is to continue its work to protect and promote the health of Alaskans with existing resources. Investing in Public Health's infrastructure makes sense financially because investments in a healthier Alaska now will save healthcare dollars in the years to come.

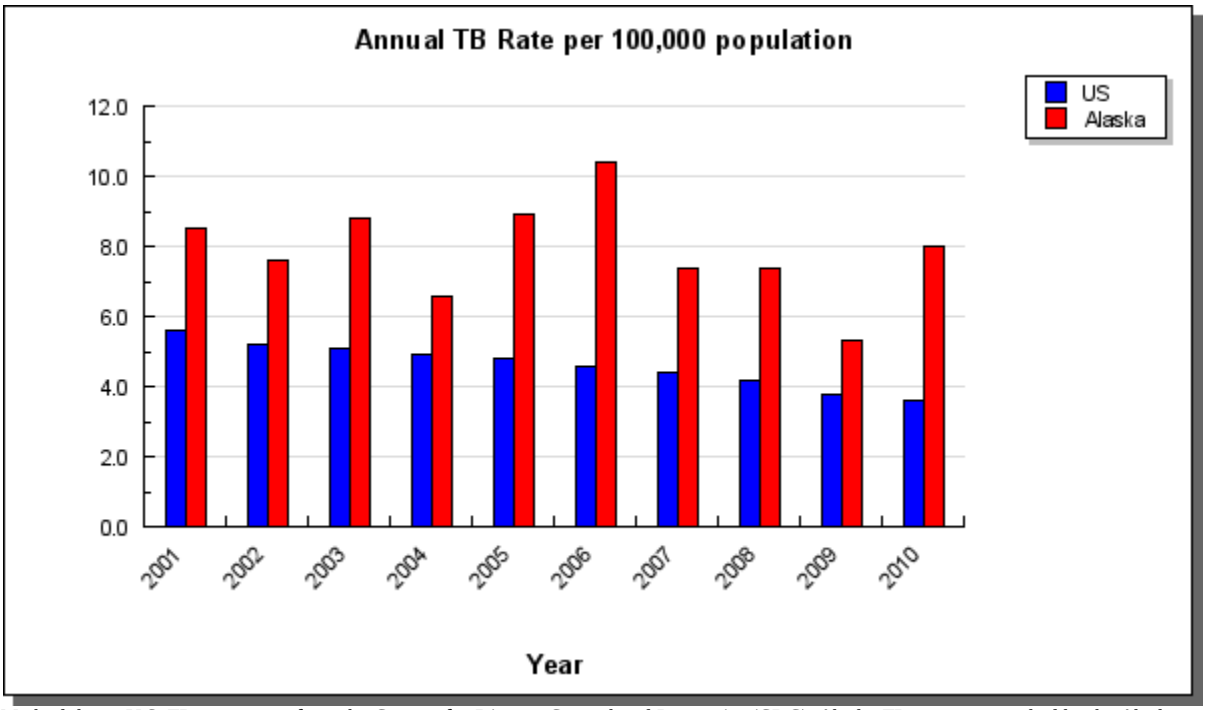
Strategies

- Stabilize funding for essential public health services:
    - Infectious Disease and Epidemic Prevention and Control
    - Injury Prevention Control and Emergency Medical Services
    - Chronic Disease Prevention and Control
    - Public Health Emergency Preparedness and Response
    - Access to Early Preventive Services and Quality Health Care
    - Protecting Human Health from Environmental Hazards
- Improve public health information technology to support and foster the development of comprehensive statewide health care policies and strategies for improving the health of Alaskans. Aging data systems, such as the electronic vital records system, need to be replaced. New systems need be developed where no infrastructure exists (such as integrated emergency medical services personnel and service certifications). Current databases need to be reconfigured for electronic health records and the statewide health information exchange.

- Continue leadership with the Alaska Health Care Commission to improve the quality, accessibility, and affordability of health care in the state.
- Expand the number of Alaska hospitals that undergo trauma system certification and designation.
- Continue with the State Medical Examiner's Office reforms to better serve statewide needs.

A: Result - Healthy people in healthy communities.

Target #1: Reduce Alaska's tuberculosis (TB) rate.
Status #1: The target to reduce Alaska's tuberculosis (TB) rate was not met. The 2010 rate of tuberculosis was 8.0 cases/100,000 population, a 51% increase from 2009.



Methodology: U.S. TB rates come from the Centers for Disease Control and Prevention(CDC). Alaska TB rates are tracked by the Alaska TB program in the Section of Epidemiology, Division of Public Health. Data is kept in the AK Stars and Infectious Disease Electronic Data System. This data was reported in the Annual TB report. (See Website below)

Annual TB Rate per 100,000 population

Year	US	Alaska
2010	03.6 -5.26%	08.0 +50.94%
2009	3.8 -9.52%	5.3 -28.38%
2008	4.2 -4.55%	7.4 0%
2007	4.4 -4.35%	7.4 -28.85%
2006	4.6 -4.17%	10.4 +16.85%
2005	4.8 -2.04%	8.9 +34.85%
2004	4.9 -3.92%	6.6 -25%
2003	5.1 -1.92%	8.8 +15.79%
2002	5.2 -7.14%	7.6 -10.59%
2001	5.6	8.5

Analysis of results and challenges: Tuberculosis (TB) has been a longstanding problem in Alaska and was listed as the cause of death for 36% of all Alaskan Natives who died from 1926-1930. Major efforts, utilizing 10% of the entire 1946 territorial budget and additional federal resources, led to one of the state's most visible public health successes - major reductions in TB. Tremendous inroads have been made to control TB in Alaska, although periodic outbreaks, usually in rural Alaska, have taxed both local and state resources. In 2000, Alaska had the highest rate of TB of any state in the country and additional funding was needed to effectively control two large outbreaks. In 2004, a multi-village outbreak involving Bethel and several surrounding Yukon-Kuskokwim villages again required additional public health resources and enhanced local response efforts. Unrelated to that outbreak, four Alaskans died with TB in 2004 because of delayed diagnosis and treatment. In 2005 and 2006 Alaska had the highest rate of TB of the 50 states. This was the result of a large outbreak among the homeless in Anchorage. In subsequent years, Alaska continued to have one of the highest TB rates in the nation; for 2010, Alaska had the second highest rate. Periodic outbreaks that occur primarily in small remote villages inhabited by Alaska Natives often contribute to large fluctuations in annual TB case rates. On an ongoing basis, even when there are no outbreaks, significant resources are needed to do the TB case finding, diagnostic tests and treatment follow-up necessary to keep this disease in check. In addition, for every person with TB, there are, on average, 10 people who were exposed and must also be found, evaluated, and often treated as well. The Sections of Epidemiology, Nursing and Laboratories are essential partners in preventing and controlling tuberculosis in Alaska.

Alaska's population is small, so even a small change in the number of cases can dramatically affect the statewide rate. Despite the recent outbreaks, the rate of TB in Alaska has been in decline since 1970 and was the lowest ever reported in 2009. Because of a high rate of latent TB infection among residents, and Alaska's location as a global crossroads that attracts travelers, seasonal workers, and new families, rates of TB are expected to fluctuate and remain higher than the national average over the next generation. TB remains deeply entrenched in many regions of Alaska, while the homeless and foreign-born residents also suffer disproportionate rates of the

disease. To control the ongoing challenge of TB, the department needs a strong and multi-pronged public health team of professionals knowledgeable about current issues of TB control as well as a strong public health nursing force. Such expertise will always be necessary if the disease once called the "Scourge of Alaska" is to be controlled and eventually eliminated

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Target #2: Reduce Alaska's unintentional injury death rate.
Status #2: The 2009 death rate caused by unintentional injuries was 54.0 per 100,000 population, slightly lower than the 2008 rate of 54.7; however it did not meet the Healthy Alaskans 2010 target of 31.0 per 100,000 population.

Unintentional injury death rate per 100,000 population

Year	Alaska	US
2009	53.9 -1.46%	N/A
2008	54.7 -4.54%	N/A
2007	57.3 +9.98%	N/A
2006	52.1 +2.96%	40.6 +2.27%
2005	50.6 -8.00%	39.7 +4.2%
2004	55.0 -0.54%	38.1 +1.33%
2003	55.3 -6.59%	37.6 +1.62%
2002	59.2 -3.11%	37.0 +3.64%
2001	61.1 -4.38%	35.7 +2.59%
2000	63.9 +11.13%	34.8 -0.85%
1999	57.5	35.1

Methodology: Age-Adjusted Rate.
Source: Alaska Bureau of Vital Statistics (Alaska); U.S. Center for Disease Control and Prevention, National Center for Health Statistics, Web-Based Injury Statistics Query and Reporting System (US).

Analysis of results and challenges: Injuries are a significant public health and social services problem because of Alaska's high prevalence, the toll on the young and the high cost in terms of resources and suffering. Alaska has one of the highest injury rates in the nation. Both the intrinsic hazards of the Alaska environment and low rates of protective behavior contribute to injuries. Unintentional injuries are the third leading cause of death in Alaska. Cancer and heart disease are the leading causes of death among the elderly, but injuries are the leading cause of death in children and young adults. The Division of Public Health along with its many partners continues to see the benefits of injury prevention programs and will keep working towards a reduction of injury-related deaths. Public Health injury prevention programs such as "Kids Don't Float," "Child Passenger Safety," "Helmet Safety," and "Poison Prevention" are a few examples of successful injury-prevention activities in Alaska. Injury Surveillance and Prevention Programs, working collaboratively with its statewide network of prevention partners, continue to use data and proven data driven prevention strategies to sustain a progressively downward trend to meet and maintain its goal to reduce unintentional injury-related deaths.

Target #3: Reduce prevalence of overweight and obesity.
Status #3: The overall target to reduce prevalence of overweight and obesity was not met. The rate of overweight/obese high school students in 2009 was 26.2%, down from 27.3% in 2007; however, the Department's Healthy Alaskans 2010 target of 17% for high school students was not met. The rate of overweight/obese adults in 2010 was 66.7%, up from 65.02% in 2009. The Department's Healthy Alaskans 2010 target of 48% for adults was not met.

Prevalence of Overweight and Obesity

Year	High School Students-AK	High School Students-US	Adults-AK	Adults-US
2009	26.2%	27.8%	65.0%	64.1%
2007	27.3%	28.8%	66.0%	63.0%
2005	N/A	28.8%	63.4%	61.5%
2003	25.4%	26.9%	60.8%	60.0%
2001	N/A	24.1%	63.3%	59.1%

Methodology: The source for High School Students is Alaska and US Youth Risk Behavior Survey (YRBS) data. YRBS data are collected every other year. Alaska data not released in years when a statistically valid sample is not available. The source for Adults is Alaska and US Behavioral Risk Factor Surveillance System (BRFSS) data. Section of Chronic Disease Prevention and Health Promotion, Division of Public Health.

Analysis of results and challenges: Obesity has become a major health problem for Alaskans and Americans. About a third of the adult population is now obese and an additional one-third is overweight.[1] Obesity is expensive. It is estimated medical complications of obesity cost Alaska's economy $477 million a year in direct medical expenditures (E.A. Finkelstein, personal communication, July 2009). The spread of the obesity epidemic has been equally, if not more, severe among children and adolescents. Since 1980, the national overweight and obesity rates have tripled for youth, with 34% of two to 19 year olds above a normal weight (above the 85th percentile).[2] The impact of the obesity epidemic is reflected in the nation's concurrent epidemics of diabetes, heart disease, and other chronic diseases, and has even lead to the projection that, due to obesity, today's children may be the first generation to have a shorter life expectancy than their parents' generation.[3]

Neither the youth nor the adult Healthy Alaskans 2010 target for overweight and obesity will be met. Limitations with these data are that: (a) both youth and adult measures are self-reported and as such underestimate true overweight and obesity prevalence; (b) YRBS data are only available for 3 years in the last decade, making trend assessment challenging; and (c) BRFSS data on prevalence of overweight and obesity combined mask trends in prevalence of obesity; Alaska adult obesity rates have increased 23% from 2001 to 2010.

[1] Flegal KM, Carroll MD, Ogden CL, Curtin LR. Prevalence and trends in obesity among US adults, 1999-2008. JAMA. 2010 Jan 20;303(3):235-41.
[2] Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM. Prevalence of high body mass index in US children and adolescents, 2007-2008. JAMA. 2010 Jan 20;303(3):242-9.
[3] Olshansky SJ, Passaro DJ, Hershow RC et al. A potential decline in life expectancy in the United States in the 21st century. NEJM 2005;352(11):1138-45.

Target #4: Increase the prevalence of pregnant women who receive adequate prenatal care to at least 75%.

Status #4: The 75% target was last met in 2003. Since then, the percentage of women receiving adequate prenatal care, as measured by the Kotelchuck Index, has decreased steadily. In 2009, 67% of women with a live birth met the criteria of receiving adequate prenatal care.

Analysis of results and challenges: There is a disparity in access to prenatal care. In 2008, 39% of mothers on Medicaid reported having no prenatal care or having started care after the first trimester, compared to 15% of non-Medicaid mothers. Adequacy of prenatal care can be measured by the Adequacy of Prenatal Care Utilization Index (APNCU). This index combines information about the month prenatal care began and the number of prenatal care visits made compared to the number recommended by the American College of Obstetricians and Gynecologists. "Adequate Plus" rating means prenatal care began by the 4th month and 110% or more of the recommended visits were made. "Adequate" rating means care began by the 4th month and 80% - 109% of the recommended visits were made. Prenatal health care services must be available, accessible, affordable, and of high quality, including use of evidence-based interventions. The type of health care provider seen, insurance status, early recognition of pregnancy and ability to find prenatal care locally may affect the level of prenatal care coverage in a population. Prenatal care providers should offer education and counseling that has been demonstrated to alter behaviors affecting maternal and infant health, as well providing evidence-based strategies for reducing risks and insuring a safe pregnancy and delivery.

Target #5: Reduce cases of vaccine-preventable disease in Alaska.

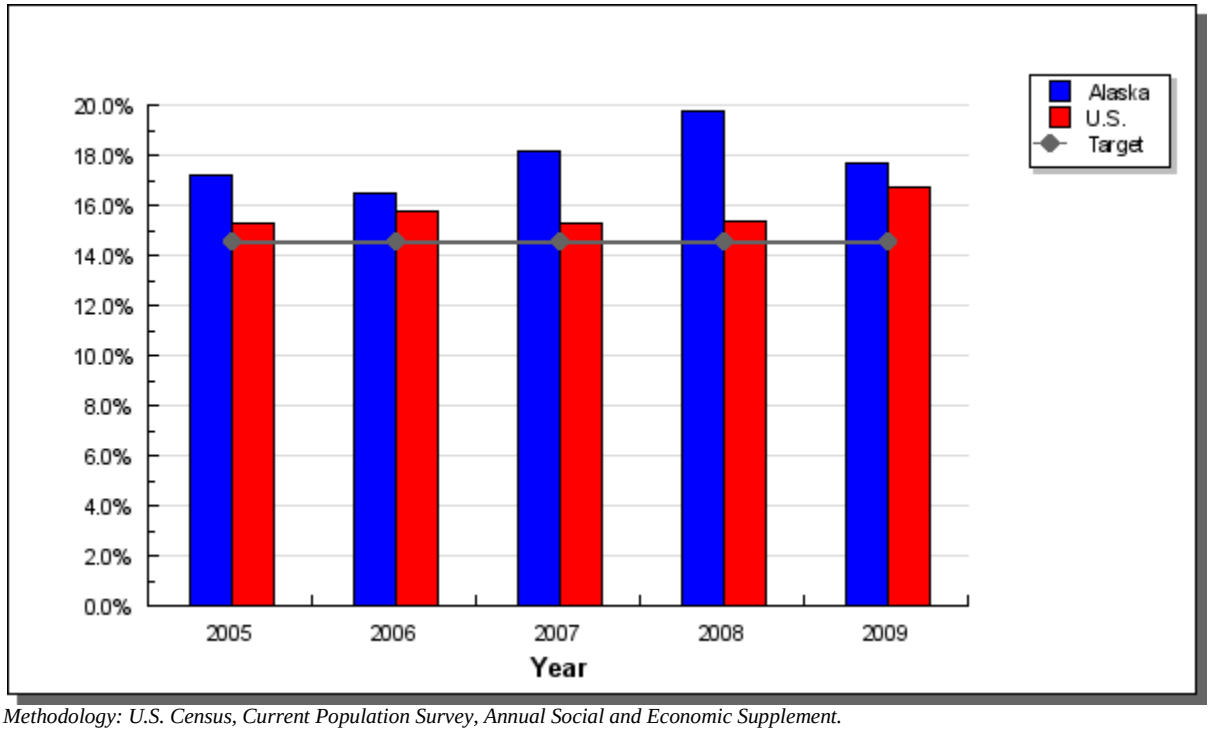
Status #5: The number of reportable conditions that are vaccine-preventable in 2010 was 99, a decrease from 128 in 2009. However, it did not meet the Healthy Alaskans 2010 target of zero cases.

Analysis of results and challenges: Despite substantial progress due to the implementation of vaccines, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the US currently target 17 vaccine-preventable diseases across the lifespan. Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Although childhood immunization programs clearly provide a very high return on investment we are faced with new challenges. Understandably, vaccine safety gets more public attention than vaccination effectiveness and these misguided safety concerns have led to a fall in vaccination coverage, causing the re-emergence of pertussis and measles. Alaska communities with pockets of unvaccinated and under vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases. In addition, due to an increased opportunity for global travel many cases of vaccine-preventable diseases are imported from countries with lower immunization rates and this decrease in immunization coverage rates has led to an ongoing potential for outbreaks of vaccine-preventable disease. The number of cases cited for 2010 and 2009 are reported from the Annual Infectious Disease Report released in Epidemiology Bulletins. The conditions included in these reported cases are: chickenpox, hepatitis A and B, measles, mumps, pertussis, and rubella (haemophilus influenzae, meningococcal and pneumococcal invasive diseases were not included since not all serotypes are vaccine-preventable).

Target #6: Increase number of adults who visited a dentist in the last year.
Status #6: The number of adults who visited a dentist in 2008 was 65.3% of the Alaska adult population. During 2010 the percentage of Alaskan adults that visited a dentist increased slightly to 68.3%. However, this percentage is still far below the target of 80% set for 2010.

Analysis of results and challenges: The 80% target for adults receiving a dental service in the past year is an aggressive goal. Routine dental care offers the opportunity for provision of preventive dental services and to address treatment needs before they progress to more severe and costly treatment. Common cited reasons for failure to access dental care include: lack of dental coverage, cost of dental care, fear of dental procedures and misperceptions related to utilization of dental services on a problem-focused basis. Private dental participation in Medicaid is an oft-cited reason for lack of access to individuals enrolled in Medicaid.

Target #7: Reduce the rate of uninsured Alaskans to less than 14.6%.
Status #7: The target to reduce the rate of uninsured Alaskans to less than 14.6% was not met but is improving. In 2009, the rate of uninsured Alaskans was 17.7%, down from 19.8% in 2008. (Source: U.S. Census Bureau, Current Population Survey for Alaska)



Methodology: U.S. Census, Current Population Survey, Annual Social and Economic Supplement.

Year	Alaska	U.S.	Target
2009	17.7%	16.7%	14.6%
2008	19.8%	15.4%	14.6%
2007	18.2%	15.3%	14.6%
2006	16.5%	15.8%	14.6%
2005	17.2%	15.3%	14.6%

Target #8: Increase the number of active, licensed health care providers in Alaska in proportion to population growth.

Status #8: The target to increase the ratio of active licensed healthcare providers in Alaska in proportion to the population growth has not been met. The ratio of active physicians to Alaska residents decreased slightly, with 1 physician per 424 residents as of July 1, 2011, as compared to 1 per 405 residents during 2010.

Ratio of Active Licensed Healthcare Providers

Year	Alaska
2011	1:424
2010	1:405

Methodology: Alaska Occupational Licensing (downloaded 8/3/11).

Analysis of results and challenges: The number of physicians increased by eight, but with the 2010 census the Alaska population was adjusted to a higher number than predicted, thus the ratio of physicians to population was lower.

Target #9: Reduce the percentage of high school students in Alaska who use any tobacco products.

Status #9: The target to reduce the percentage of high school students in Alaska who use any tobacco products was not met. Also, the Department's Healthy Alaskans 2010 target of 20% was not met. 25.2% of high school students used tobacco products in 2009, up from 24.1% in 2007, but below the 25.7% national average.

Prevalence of Tobacco Use in Alaska Youth in Past 30 Days (Per YRBS Survey)

Year	Alaska	US	Healthy AK 2010 Target
2009	25.2%	26.0%	20%
2007	24.1%	25.7%	20%
2005	N/A	28.4%	20%
2003	24.8%	27.5%	20%
2001	N/A	33.9%	20%
1999	N/A	40.2%	20%

Methodology: Alaska and US Youth Risk Behavior Survey (YRBS) data. YRBS data are collected every other year. Alaska data not released in years when a statistically valid sample is not available.

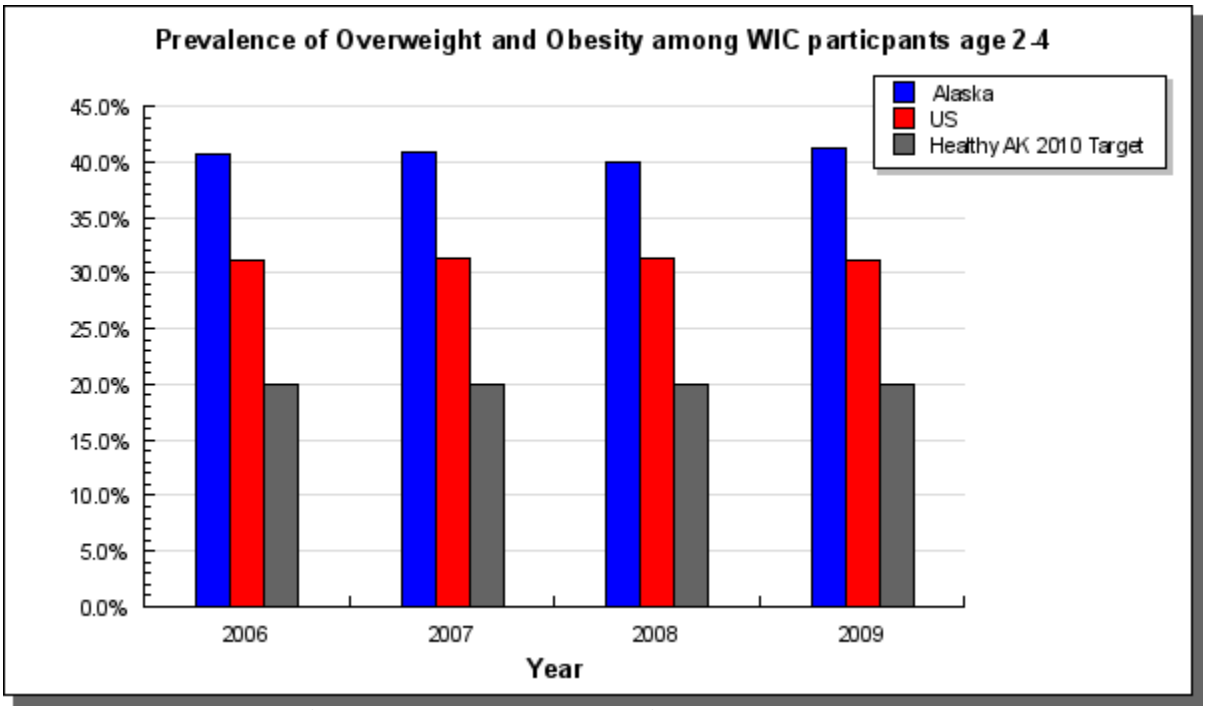
Analysis of results and challenges: Many Alaskans are currently at risk for developing cardiovascular disease due to such risk factors as smoking, being overweight, poor diet, sedentary lifestyle, high blood pressure and cholesterol, and lack of preventive health screening. Smokers' risk of heart attack is more than twice that of nonsmokers. Chronic exposure to environmental tobacco smoke (second-hand smoke) also increases the risk of heart disease. Cigarette smoking is also an important risk factor for stroke.

Tobacco is a leading cause of preventable disease and death in the United States. The majority of Alaska smokers (almost 80%) began smoking between the ages of 10 and 20. Alaskans have been working to decrease youth tobacco use through increasing the tax on tobacco products, education of young people, enforcement of laws restricting sales to minors, and a statewide ban on self-service tobacco displays.

In 1995, 37% of Alaska youth reported smoking at least once in the last thirty days, compared with 19.2% in 2003, 17.8% in 2007, and 15.7% in 2009. The Healthy Alaskans 2010 target for youth cigarette smoking is 17.0%. Data are available from the Youth Risk Behavior Survey when enough Alaska schools participate to give results that can be generalized to the high school population as a whole in the state. This was the case only in 1995, 2003, 2007, and 2009. Surveys occurred in other years; however, schools did not have enough participants to provide statewide results. It is the goal of the Division of Public Health to continue to work with schools to collect a representative sample every other year.

A1: Strategy - Prevention and Health Promotion

Target #1: Less than 20% of children aged 2 to 5 served by WIC are overweight or obese.
Status #1: In 2009, 41% of children aged 2 to 4 served by WIC were overweight or obese. This does not meet the Healthy Alaskans 2010 target of less than 20% overweight or obese WIC children.



Methodology: Alaska Department of Health and Social Services, Division of Public Assistance, Family Nutrition Programs, WIC program data (Alaska) and Pediatric Nutrition Surveillance System (PedNSS) Reports (US). PedNSS is a child-based public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition programs. The Alaska WIC Program does not contribute data to the PedNSS database.

Prevalence of Overweight and Obesity among WIC particpants age 2-4

Year	Alaska	US	Healthy AK 2010 Target
2009	41.2%	31.1%	20%
2008	40.0%	31.3%	20%
2007	40.8%	31.3%	20%
2006	40.6%	31.2%	20%

Analysis of results and challenges: An increasing number of children and adolescents will enter adulthood overweight or obese and with serious health risks. Since 1980, the national overweight and obesity rates have tripled for youth, with 34% of two to 19 year olds above a normal weight (above the 85th percentile).[1] In 2009, 41% of children aged 2 to 4 served by the Women, Infants and Children Program (WIC) were overweight or obese. This is over twice the Healthy Alaskans 2010 target of less than 20% overweight or obese WIC children. Statewide representative data for children younger than high school age are not available. The WIC Program collects height and weight records for low income children age 2 to 4 served by their program. These data are not representative of all Alaskan children in these age groups, but provide the best estimate of childhood overweight and obesity in Alaska.

In an effort to improve the nutrition and nutrition-related outcomes—such as obesity—among WIC participants, the Alaska WIC Program implemented the New Food Packages (NFP) and Value Enhanced Nutrition Assessment (VENA) on October 1, 2009 and Participant Centered Services (PCS) on October 1, 2010. Updated WIC food packages include fruits and vegetables, fresh, frozen or canned; soy milk and tofu as milk alternatives; whole grains such as cereals and breads. The NFP provide less milk, eggs, and juice. VENA and PCS are promising client centered approaches to help WIC participants make positive nutrition and health related behaviors changes. WIC continues to implement and use Alaska WIC Nutrition Reports for quality assurance and program planning.

[1]Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM. Prevalence of high body mass index in US children and adolescents, 2007-2008. JAMA. 2010 Jan 20;303(3):242-9.

A2: Strategy - Reduce the risk of epidemics and the spread of infectious disease.

Target #1: 95% of persons with tuberculosis (TB) will complete adequate treatment within one year of beginning treatment.

Status #1: In 2009, 88% of persons with tuberculosis (TB) completed adequate treatment within one year; this was a slight increase from the previous year but still below the target rate of 95%, primarily due to some difficult cases.

% of Persons with TB Completing Treatment Regimen

Year	Annual
2009	88%
2008	87%
2007	90%
2006	90%
2005	92%
2004	86%
2003	93%
2002	93%

*Methodology: Alaska Tuberculosis Control Program, Section of Epidemiology, Division of Public Health. *Analysis excludes cases who died before or during treatment or for whom less than 12 months of treatment is recommended.*

Analysis of results and challenges: The highest priority for TB control is to ensure that persons with the disease are diagnosed early and complete curative therapy. If treatment is not continued for a sufficient length of time, people with TB become ill and contagious again, sometimes with resistant TB the second time. However, some TB patients are difficult to locate, are

noncompliant or have medical complications that don't allow them to receive full treatment within the allotted time period. Completion of therapy is essential to prevent transmission of the disease as well as to prevent the development of drug-resistant TB. The measurement of completion of therapy is an important indicator of the effectiveness of community TB control efforts.

Target #2: Young children between 19 and 35 months of age receive all vaccines recommended by the Centers for Disease Control and Prevention (CDC).
Status #2: The target for young children to receive all vaccines was not met, as 56.6% of these children received vaccines in 2009, down from 69.2% in 2008.

Vaccination Rates for Children Age 2-5

Year	Rate
2009	56.6%
2008	69.2%

Methodology: VacTrAK immunization information system, Section of Epidemiology, Division of Public Health.

Analysis of results and challenges: The National Immunization Survey began gathering information about the immunization status of 2-year-old children during the second half of 1994. Over the years, both Alaska and the nation as a whole have significantly increased immunization rates among young children. From 1995 – 2009, Alaska has ranked as low as 49th and as high as 27th among the 50 states. Examination of NIS coverage data over the years is made more complex because the standard being assessed is revised periodically. However, in 2009, the national average for completion of the 4/3/1/0/3/1/4 ("0" = Hib series), which was excluded from the 2009 analysis due to a national shortage of this vaccine that year) standard series was 70.5%, while Alaska's coverage rate was 56.6%. With this coverage rate, Alaska ranked 49th among all states.

Alaska ranked below the U.S. average for all standard series vaccines included in the 2009 ranking. Of particular concern, Alaska ranked 48th in the country for 1+ MMR (85.2%) and 50th for 1+ varicella (76.0%). Alaska also ranked in the bottom 10% of states for completion of 4+ DTaP and 3+ rotavirus vaccines.

Although coverage rates in Alaska are well below the target indicators we have seen improvements in some areas. Alaska did relatively well in provision of vaccines against hepatitis A and B, as well as pneumococcal and haemophilus influenza B invasive disease. In addition, Alaska is well above the national average for birth dose of hepatitis B. There are numerous challenges to increasing immunization rates, including the increasingly complex schedule and vaccine safety concerns.

A4: Strategy - Reduce suffering, death, and disability due to injuries.

Target #1: Reduce the number of Alaskans who die from drowning each year.
Status #1: The 2009 death rate due to unintentional drowning was 2.6 per 100,000 population, lower than 2008 rate of 4.2. Alaska's drowning rates are consistently 3 to 4 times higher than comparable US rates.

Unintentional Drownings per 100,000 persons

Year	Alaska	US
2009	2.6 -38.1%	N/A
2008	4.2 +7.69%	N/A
2007	3.9 +25.81%	1.1 -8.33%
2006	3.1 -20.51%	1.2 0%
2005	3.9 -18.75%	1.2 +9.09%
2004	4.8 +50%	1.1 0%
2003	3.2	1.1

Methodology: Age-adjusted mortality rates from Alaska Bureau of Vital Statistics (Alaska) and CDC's Web-based Injury Statistics Query and Reporting System (US).

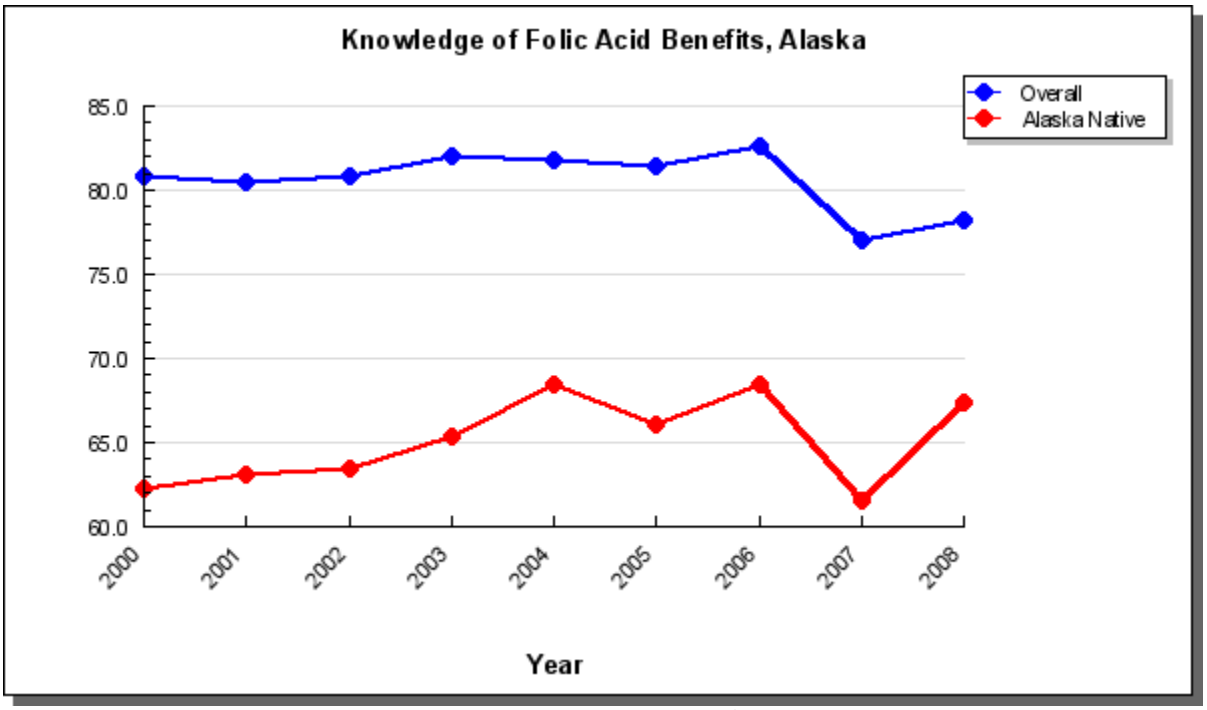
Analysis of results and challenges: During 2001-2009, 221 unintentional drowning deaths occurred in Alaska, of which 80% were non-occupational; the average annual fatality rate was 3.7 deaths per 100,000 Alaskans. In a study of documented unintentional drowning victims for incidents that occurred in Alaska from 2000 to 2006, the majority of drowning victims were male (86%), 45% Alaska Native, and 40% occurred in the Southwest region of Alaska.[1] The majority of child drowning deaths in this study (55 of 71) occurred in open bodies of water (lakes, rivers, oceans), comparable to other states. Alaska children share many risk factors with children in other states, including not using PFDs, being subject to the risky behavior of supervising adults, and caregiver's over-confidence about children's safety awareness and abilities. Alcohol involvement has also been a factor in numerous fatal incidents involving child victims. For those cases with documentation on alcohol use, 33% of non-occupational drowning deaths, including 78% of those involved with all-terrain vehicle crashes, were associated with alcohol consumption. Only 17% of non-occupational drowning victims who were boating wore a Personal Flotation Device (PFD).

Calculating a 5-year moving averages (used to evaluate small annual numbers), rates overall have remained relative constant. However, the incidence and prevalence for drowning deaths in 2009 was at its lowest in a ten-year period. Boating in Alaska can be a normal form of daily transportation between home and community, as well as a common recreational activity. Increased law enforcement of Boating Under the Influence (BUI), public service communications on adult PFD use, and grassroots drowning prevention projects such as the Kids Don't Float supporting community-sponsored life jacket loan stations may be plausible reasons for the dramatic reduction.

[1] Strayer HD, Lucas DL, Hull-Jilly DC, Lincoln JM. Drowning in Alaska: progress and persistent problems. Int J Circumpolar Health. 2010 Jun;69(3):253-64.

Target #1: At least 95% of three-year olds receive an annual well-child checkup or physical exam.

Status #1: In 2009, 87.5% of mothers of three-year old toddlers reported that their child had seen a health care provider for routine medical care.



Methodology: Alaska Childhood Understanding Behaviors Survey (CUBS), Section of Women's, Children's and Family Health.

Well-Child Visits

Year	Alaska	Target
2009	87.5%	95%

Analysis of results and challenges: While most children have received check-ups, there are gaps in particular types of services. According to Alaska Childhood Understanding Behaviors Survey (CUBS), 51% of three year olds have never been to see a dentist or dental care provider. The current recommendation by the American Academy of Pediatric Dentistry and other professional medical organizations is a dental exam by age one. Among EPSDT (early, periodic, screening, diagnosis and treatment) eligible children ages 6-9 enrolled in Medicaid, only 58% received any dental services during the year. Diagnosis and treatment of mental health among children under 5 years is a growing concern and additional workforce capacity is needed. Another serious gap is subspecialty services for children and youth with special health care needs. The Maternal Child Health Title V Block Grant funding is used to provide outreach clinics for genetics counseling, metabolic disorders treatment, neurodevelopmental screening and cleft lip and palate.

Target #2: At least 95% of children 0-18 years of age have continuous health insurance coverage during the year.

Status #2: The target of at least 95% of children 0-18 years of age have continuous health insurance coverage during the year was not met. In 2009, 88% of children 0-18 years of age had continuous health insurance coverage. At least 17% of three-year old toddlers had experienced a gap in health insurance coverage since they were born.

Continuous Health Insurance Coverage, Age 0-18

Year	Alaska	Target
2009	88%	95%

Methodology: Alaska Childhood Understanding Behaviors Survey (CUBS), Section of Women's, Children and Family Health.

Analysis of results and challenges: The proportion of children 0-18 years of age lacking health insurance has increased over 30% from 2005-2009. The challenge is to find ways to increase coverage in a fiscally responsible manner. In 2010 Alaska was one of only nine states to receive a federal bonus payment for increasing enrollment of eligible low income children to Medicaid. Denali KidCare is a State of Alaska program designed to ensure that children and teens of both working and non-working families can have the health insurance they need. Denali KidCare provides excellent health insurance coverage for children and teens through age 18, and for pregnant women who meet income guidelines. Access to quality care is important as well. Alaska is collaborating with Oregon and West Virginia in a tri-state child helath improvement consortium (T-CHIC) demonstration project to improve quality of care by implementing a patient-centered care delivery model and developing health information technology. Source: Henry Kaiser Family Foundation and Alaska Childhood Understanding Behaviors Survey (CUBS).

A6: Strategy - Emergency response planning and preparedness

Target #1: At least 25 percent of Alaska's hospitals will be certified as trauma centers at the recommended level.

Status #1: In 2010, 21%, or 5 of the 24 acute care facilities in Alaska achieved designation as trauma centers. This rate was unchanged from 2008. This percentage did not meet the Healthy Alaskans 2010 target of 100% trauma designation of all acute care facilities

Designated Trauma Centers as of January 2010

Year	Designated	Target
2010	21%	25%

Methodology: Alaska Trauma Services System, Section of Emergency Programs. There are 24 hospitals in Alaska.

Analysis of results and challenges: There is currently one Level II and four Level IV trauma centers in Alaska. With the passage of HB 168 in June 2010, there has been a robust 90% participation in the trauma designation process. Currently 17 of 19 acute care facilities have requested trauma designation packets to evaluate or initiate trauma designation.

An inclusive trauma system is a network of definitive care facilities providing a spectrum of care for injured patients. All levels of trauma centers (Level I-IV) cooperate in care of injured patients to improve patient care and outcomes, effectively utilize limited resources, and minimize variations in care provided in all locations. Extensive data through the National Trauma Data

Bank demonstrates nationally there is a 25% increase in survival rates of seriously injured patients that are treated at a designated trauma center versus a nondesignated trauma center. Incentives, such as the Alaska Trauma Care Fund, are provided to acute care facilities to seek state or nationally recognized accreditation in areas that contribute to overall improvement to the Alaska Trauma System. The Alaska Trauma Registry collects data from all 24 acute care facilities to assess system performance and to improve quality of care through performance improvement and quality assurance. The voluntary contribution of the non- designated facilities to the Alaska Trauma Registry provides comprehensive data to our state and national stakeholders to measure patient outcomes. The revision of the State Trauma System Plan brings the organized, systematic approach to trauma care with clear descriptions of the system design components necessary to have an integrated and inclusive trauma system and is used to guide system implementation and management. The lead agency has developed and implemented a statewide multidisciplinary trauma system committee to provide overall guidance to trauma system planning and implementation strategies. The committee meets regularly and is instrumental in providing guidance to the lead agency. Trauma System Leadership implements and regularly reviews the Alaska Trauma System, system performance, and determines the need for system modifications and development. One of the greatest challenges to the Alaska Trauma System is the lack of public information and education programs that heighten public awareness of trauma as a disease and the need for a trauma care system. Another challenge for Alaska's trauma system is the lack of motivation from physicians to support hospital-based efforts to build an integrated trauma system. A 2004 Harris poll found that 94% of Americans feel it is extremely or very important to be treated at a trauma center in the event of a life-threatening injury. Nearly nine in ten Americans (87%) think it is extremely or very important for an ambulance to take them to a trauma center in the event of a life threatening injury, even if it is not the closest hospital. Nine in ten Americans (90%) indicate it is extremely or very important for their state to have a trauma system. This lack of awareness, paired with underserved regions with too few trauma centers, impedes the development of trauma care in Alaska.

Target #2: Increase the number of certified air medical services statewide to at least 20.
Status #2: In FY 2011 there are 19 Certified Air Medical Services operating in the State of Alaska. This represents an increase of two services from FY 2010 but remains below the target of 20.

Certified Air Medical Services

Fiscal Year	Alaska	Target
FY 2011	19 +11.76%	20 0%
FY 2010	17	20

Methodology: EMS Certification Unit, Section of Emergency Programs.

Analysis of results and challenges: The target of 20 certified Air Medical Services in the State of Alaska appears to be close to being met. That being said, as 50% of Certified Ambulance Services (including air and ground medical services) expire on any given year, the number is subject to constant fluctuation and change based on applications for recertification received. In addition, the increase of two services appears to be a result a market forces as opposed to any specific activity engaged in by the EMS Unit to promote or increase the number of Air Medical Services to 20 in the State of Alaska.

A7: Strategy - Reduce Alaskans' exposure to environmental human health hazards.

Target #1: Increase the number of health impact assessments (HIAs) performed on new large-scale development projects in Alaska.

Status #1: During 2010, the Alaska HIA Program worked on seven HIAs for several large-scale natural resource development projects. The Alaska Department of Health and Social Services established an HIA Program in July 2010.

Health Impact Assessments

Year	Alaska
2010	7

Methodology: Alaska Health Impact Assessment Program, Section of Epidemiology.

Analysis of results and challenges: HIA work began in Alaska during 2004 when the North Slope Borough conducted two HIAs for resource development projects on the North Slope. In 2008, a conference on HIA was held in Anchorage and included experts from federal agencies, including CDC, state and local governments, regional health corporations, the Alaska Native Tribal Health Consortium, and expert HIA practitioners from the international arena. Conference attendees established a working group that developed a toolkit to provide technical guidance for Alaska-specific HIA practice. Working group participants also identified a clear need for one agency to maintain and update the HIA toolkit, respond to public feedback, and to lead ongoing efforts to develop Alaska's capacity for HIA. In response to this need and with support from partners, the Alaska Department of Health and Social Services established an HIA Program in July 2010. During 2010, The Alaska HIA Program worked on seven HIAs for several large-scale natural resource development projects. HIAs are not legally required in Alaska; rather, they are seen as one aspect of a "best practices" approach to responsible development.

The HIA Program will continue work on current projects listed above, identify new needs for HIAs, and initiate new HIA projects as funds become available. The HIA Program will continue to develop policies for data collection, data reporting, and communication that will make the program more effective and efficient over time. The HIA Program will also continue oversight and editing of the HIA Toolkit. Health Impact Assessment involves a web of partnerships and stakeholder interests and the HIA program will intentionally cultivate these vital connections on a local, statewide, and national level. HIA is a rapidly developing field and the HIA program will continually seek cutting edge strategies for data gathering, data presentation, and community involvement.

The HIA process exists in a complex socio-cultural and political environment and so one key challenge is to maintain the neutrality and objectivity of the HIA process. In addition, HIA occurs in the presence of significant data gaps and so another key challenge is to find improved scientific evidence for analysis and decision making. Current HIA funding in Alaska focuses on large scale development projects, so the HIA program will continue to seek opportunities to identify funding streams for HIAs involving urban planning, urban policies, and public programs.

A8: Strategy - Health care workforce

Target #1: Decrease by 10 percent the number of communities with severe health care shortages as defined by low provider to population ratios (determined by federal Health Professional Shortage Area designations).

Status #1: The target was not met. Alaska regained one geographical primary care HPSA due to physician departure.

Analysis of results and challenges: There was an increase in the number of physicians working in Health Professional Shortage Areas (HPSAs) through loan repayment programs. However they are not "counted" for HPSA provider count until they complete their loan repayment placements and remain permanently.

FY2013 Governor's Request Increment and Decrement Fund Breakout

DHSS FY2013 Governor's Request for Public Health General and Other Funds (Increase, Decrease and OTI Items Only)					
Item	UGF	DGF	Federal	Other	Total
Unrealized Authority	$ -	$ -	$ (300.0)	$ -	$ (300.0)
Immunization for Children and Seniors	$ 630.0	$ -	$ 70.0	$ -	$ 700.0
MH Trust: Gov Cncl - Grant 3505.01 Autism Workforce Development Capacity Building	$ -	$ -	$ -	$ 75.0	$ 75.0
Stabilize Funding for Public Health Nursing Grantees Phase 3	$ 990.0	$ -	$ 110.0	$ -	$ 1,100.0
MH Trust Workforce Dev - Grant 1383.05 Loan Repayment	$ 200.0	$ -	$ -	$ 200.0	$ 400.0
MH Trust: Cont - Grant 120.08 Comprehensive Integrated Mental Health Plan	$ -	$ -	$ -	$ 120.0	$ 120.0
Public Health Data System Project	$ -	$ -	$ -	$ 300.0	$ 300.0
Reverse American Recovery and Reinvestment Act (ARRA) Funding for Prevention and Wellness	$ -	$ -	$ (141.3)	$ -	$ (141.3)
Reverse August FY2012 Fuel/Utility Cost Increase Funding Distribution from the Office of the Governor	$ (35.4)	$ -	$ -	$ -	$ (35.4)
Reverse FY2012 Mental Health Trust Recommendation	$ -	$ -	$ -	$ 400.8	$ 400.8
Reverse Transfer Public Health Nursing Services from Norton Sound Health Corporation to the Division of Public Health	$ (30.0)	$ -	$ -	$ -	$ (30.0)
Public Health Total	***$ 1,754.6***	***$ -***	***$ (261.3)***	***$ 1,095.8***	***$ 2,589.1***