Division of Public Health

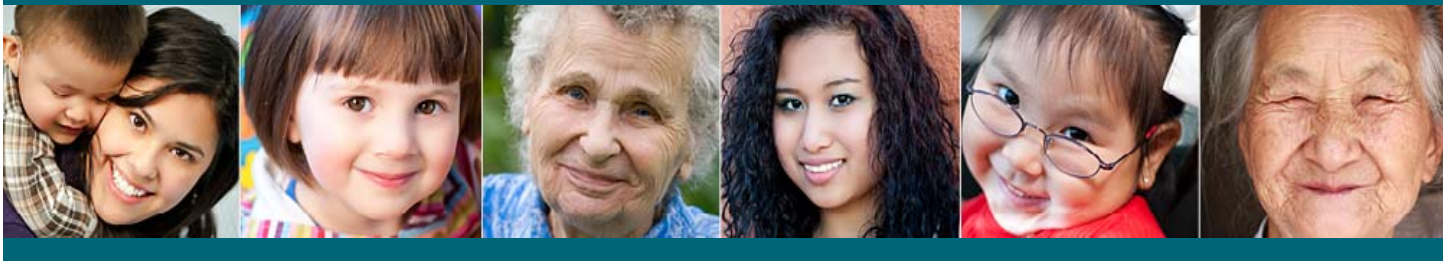
Mission: To protect and promote the health of Alaskans.

House Finance Subcommittee/Health & Social Services

February 20, 2013

Handouts

A. Strategic Plan & Top priorities
B. FY2014 Governor's Amended Budget
C. Alaska Obesity Facts: No. 1 Children's Health Issue
D. The Real Cost of Tobacco in Alaska
E. Conditions Reportable to Public Health
F. 10 Reasons to Fluoridate Public Water
G. Leading Causes of Injuries
H. Chronic Disease in Alaska
I. Division Dashboards (December 2012)



Mission

Protect and Promote the Health of Alaskans

Outcomes

Reduce Preventable Death, Disease and Injury	Improve Population Health Through Partnerships and Linkages	Improve Population Health Through Provision of Services	Sustain Efficient and Effective Public Health System Infrastructure	Produce and Release Meaningful and Timely Public Health Data
Diagnose and investigate health problems and health hazards in the community	Diagnose and investigate health problems and health hazards in the community	Diagnose and investigate health problems and health hazards in the community	Diagnose and investigate health problems and health hazards in the community	Diagnose and investigate health problems and health hazards in the community
Inform, educate and empower people about health issues	Inform, educate and empower people about health issues		Mobilize partnerships and action to identify and solve health problems	Inform, educate and empower people about health issues
Mobilize partnerships and action to identify and solve health problems	Develop policies and plans that support individual and community health efforts		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
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		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
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		Assure adequate and competent public health infrastructure and enforcement of health and safety laws/regulations	Monitor, research and evaluate health status and service effectiveness, accessibility and quality to identify and solve community health problems
			Monitor, research and evaluate health status and service effectiveness, accessibility and quality to identify and solve community health problems	

Cross-cutting Key Activities

Values

Accountability: We are committed to responsible use of human, financial and environmental resources

Respect: We provide services without discrimination or judgment

Human Potential: We are committed to developing each Alaskan's potential as a healthy individual, as well as fostering strong, healthy communities

Integrity: We are honest and ethical in all we do

Scientific Excellence: We are committed to adding to and contributing to the body of scientific knowledge and using the best available knowledge and data to set p.ublic health policy

Mission

Protect and Promote the Health of Alaskans

2013 Priorities

Obesity Prevention and Control

Tobacco Use Prevention and Control

Infectious Disease

Community Water Fluoridation

Injury Prevention

Public Health Infrastructure

Handout B

Division of Public Health

Mission: To protect and promote the health of Alaskans.

ALASKA DIVISION OF Public Health

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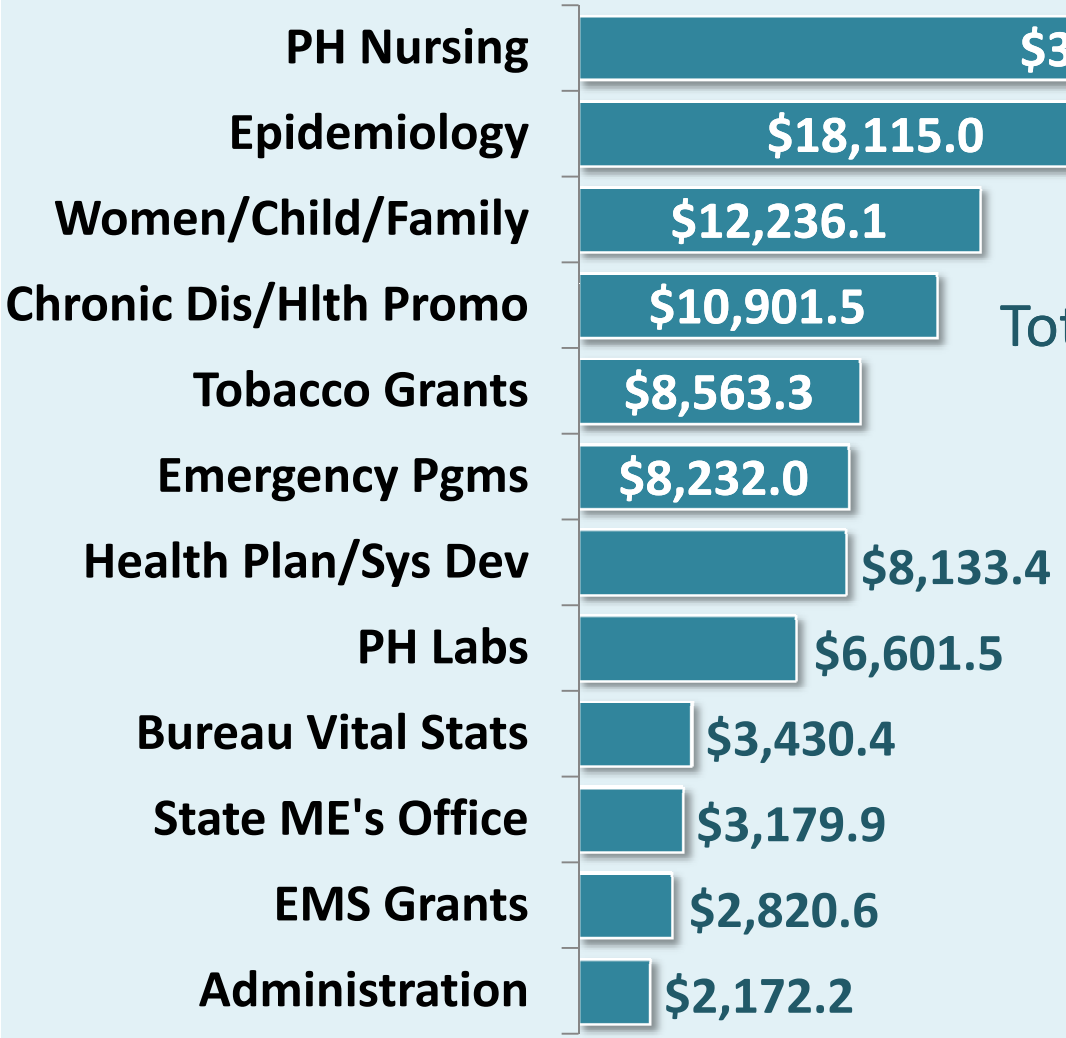
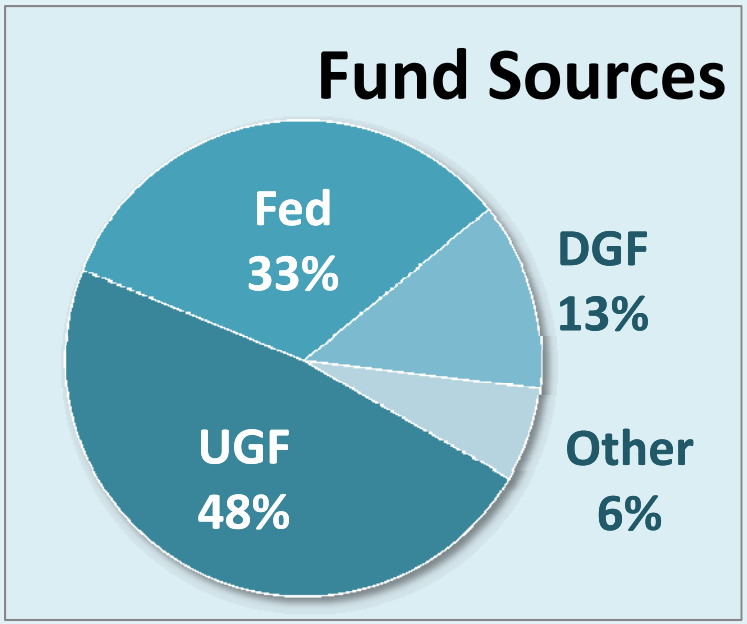


FY2014 Governor's Amended Budget

Total: $117,584.4 / 502 positions



Handout B

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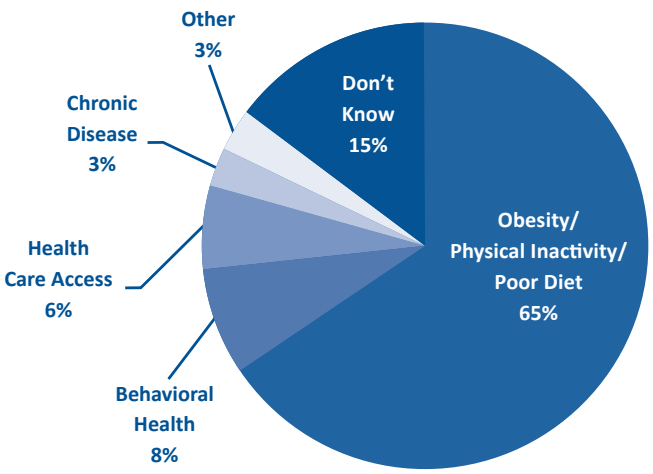
Alaska Obesity Facts: No. 1 Children's Health Issue

Obesity is the No. 1 Children's Health Issue, Say Alaskans

Parents and other adults have many concerns about the health of Alaska's children. Yet nearly two-thirds of adults spontaneously identified overweight, obesity, physical inactivity and poor nutrition as the most pressing children's health issues.

Alaskan's Choice For Top Children's Health Issue



Source: Alaska BRFSS, 2010[1]

- The No. 1 children's health issue identified by Alaska adults is obesity, or obesity risk factors such as poor diet and lack of physical activity.
- Behavioral health concerns include suicide; depression; and drug, alcohol, and tobacco abuse.
- Health care access concerns include the inability to find a doctor or specialist for a child or inability for a child to receive preventative services like hearing screens and vaccines.
- Chronic disease concerns such as diabetes, heart disease, and asthma.

An Epidemic of Epic Size

"The impact of the obesity epidemic is reflected in a sobering national projection. Public health experts suggest, due to obesity, today's children will be the first generation to live a shorter life than their parents."

Ward Hurlburt, MD, MPH
Alaska's Chief Medical Officer

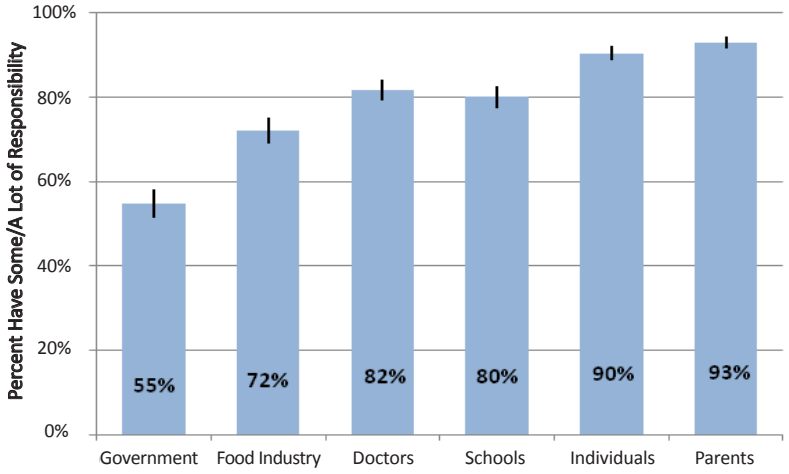
Alaskans Are Right to Be Concerned About Obesity, Physical Inactivity & Poor Nutrition

- In three statewide surveys of specific populations of Alaska children, between 35% and 40% of 2- to 5-year-olds were classified as either overweight or obese.[2, 3, 4]
- Only 18% of Alaska high school students attended PE daily in an average week.[5]
- 49% of Alaska high school youth drank at least one sugar sweetened beverage every day.[5]
- For good health, students should be physically active for at least 60 minutes every day.[5] Only 21% of Alaska high school students meet this criterion.[5]
- Nationally, one-third of obese preschool children and about half of obese school-age children become overweight adults.[6]
- Some medical conditions associated with obesity in adults have been diagnosed in obese children, including type 2 diabetes, high blood pressure, high blood cholesterol, fatty liver, sleep apnea, and musculoskeletal and psychosocial disorders.[7]

Alaska Obesity Facts: No. 1 Children's Health Issue

Alaskan's Opinions on Who is Responsible for Addressing Obesity

- In 2009, over 90% of Alaska adults said parents and individuals have some level of responsibility for addressing obesity.[1]
- In addition, 80% of Alaska adults reported some responsibility lies with the schools, and 55% said the government has some or a lot of responsibility for addressing obesity.[1]
- When asked how the government should address obesity, 79% of Alaska adults supported a government-funded obesity prevention media campaign.[8]



What Can Alaska Schools, Worksites & Communities Do?

- **Schools:** Restrict availability, portion size and marketing of less healthy food and beverages; provide all children with quality PE.
- **Worksites:** Provide programs for employees that improve diet and opportunities for physical activity.
- **Communities**: Establish community coalitions to promote environmental and policy change for active and healthy living.

What Can Health Care Providers Do?

- Assess all children for obesity risk, physical inactivity, and poor nutrition at least annually.
- Provide families with obesity prevention, physical activity and good nutrition messages.

What Can Individuals Do?

- Eat meals together as a family.
- Reduce consumption of soda and juices with added sugars.
- Eat more fruits, vegetables, whole grains, and lean proteins.
- Choose water and low-fat or non-fat dairy products.
- Limit television time to no more than two hours per day.
- Be more physically active.

What Can State Government Do?

- Help communities identify behaviors that increase the risk for obesity, physical inactivity and poor nutrition.
- Provide the public with education through a statewide media campaign to promote physical activity, good nutrition, and healthy weight.

References

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2. Alaska Department of Health and Social Services, Alaska Division of Public Health, Maternal and Child Health Epidemiology Unit. Alaska Childhood Understanding Behavior Survey (CUBS). Personal Communication with Margaret Young on 8/31/11.
3. Eberling, S., Results of the 2010/2011 Survey of Alaskan Kindergarten Children, a report prepared for the Alaska Oral Health Program, July 2011.
4. Alaska Department of Health and Social Services, Division of Public Assistance, Family Nutrition Programs, height and weight data extract from the AKWIC Management Information System Nutrition Report, 2010.
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7. U.S. DHHS. The Surgeon General's Vision for a Healthy and Fit Nation. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General. January 2010.
8. Fenaughty A, Fink K, Peck D, Wells R, Utermohle C, Peterson E. "The Burden of Overweight and Obesity in Alaska, Summary Report." December 2009. Anchorage, AK: Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services.

Produced by the State of Alaska Department of Health and Social Services
Obesity Prevention and Control Program, January 2012
www.hss.state.ak.us/dph/chronic/obesity

THE REAL COST OF TOBACCO IN ALASKA

Approximately 31 million packs of cigarettes are sold in Alaska each year, with about $279 million in sales ($9 per pack). Another $20 million is spent annually by cigarette manufacturers to advertise and promote tobacco sales in Alaska alone. Tobacco tax has been raised over the years, most recently in 2008 to $2 per pack.[2]

This may seem like a system that pays for itself. The real cost of tobacco, however, is much higher. Every pack of cigarettes purchased in Alaska costs the state $19 in healthcare costs and lost productivity due to premature death. That adds up to approximately $579 million in costs each year: Alaska spends $348 million in direct medical expenditures such as emergency care and treatment for chronic diseases related to tobacco use. Alaska's economy also suffers an estimated $231 million in lost productivity due to premature death and years of life lost because of tobacco use. That is almost eight times the amount of tobacco tax revenue the state receives each year.

These numbers do not include the estimated hours lost due to illness or poor health, nor do they include the health complications or premature deaths of those exposed to secondhand smoke. The real cost is certainly higher, and represents a significant portion of Alaska's rising healthcare budget. Adults who rely on state-funded Medicaid are much more likely to smoke, and approximately 35 percent of Medicaid recipients are current tobacco users.

Tobacco addiction also incurs a high human cost, contributing to the death of approximately 600 Alaskans each year, or about one out of five deaths. Children who are exposed to tobacco smoke in their homes are more likely to suffer from asthma and long-term respiratory problems. Young people who start smoking early in life will find it difficult to quit when they are older. Low income adults are more likely to smoke than those with higher incomes, and they are least able to afford this expensive and harmful habit. Alaska Native people are also harmed disproportionately by tobacco use: Alaska Native adults smoke at twice the rate of non-Natives. Prevalence among Alaska Native youth has decreased significantly in recent years, but Alaska Native youth continue to start using tobacco earlier in life than other Alaskans.

2 Current tobacco rates as of 2012: 100 mills per cigarette ($2.00 per pack of 20) and 75 percent of the established wholesale cost of all other tobacco products.

Working Together, Reaching Further

Vision: For all Alaskans to live healthy and tobacco-free lives.

Mission: Provide leadership, effectively coordinate resources and promote efforts that support Alaskans with living healthy and tobacco-free lives.

Alaska's Tobacco Prevention and Control Program has made significant progress. Cigarette sales have declined by 50 percent between 1996 and 2010. Adult prevalence decreased by 25 percent and high school students' prevalence has dropped by 60 percent as well. As a result, Alaska has saved over $400 million in healthcare costs.

Addressing tobacco use and its consequences requires a comprehensive approach. Tobacco prevention and control efforts are supported in Alaska by a variety of public- and private-sector partners, who work to improve the public's health and prevent unnecessary loss of life, health, time and resources. Volunteers, community associations, policymakers, advocates and state public health staff share a passionate commitment to ending tobacco use in Alaska.

The State of Alaska Tobacco Prevention and Control (TPC) Program provides support and coordination to partners to ensure financial and human resources dedicated to tobacco prevention and control are used effectively and as intended. Key partners include the Alaska Tobacco Control Alliance (ATCA), Alaskans for Tobacco-free Kids (ATFK), and the many healthcare organizations, schools, communities, non-profit organizations and private businesses that support a tobacco-free Alaska.

Conditions Reportable to Public Health

Section of Epidemiology • Division of Public Health
Department of Health and Social Services
State of Alaska

Infectious Diseases Reportable by Health Care Providers

Acquired immunodeficiency syndrome (AIDS)
Anthrax
Botulism
Brucellosis
Campylobacteriosis
Chancroid
Chlamydia trachomatis infection
Cholera (see *Vibrio*)
Cryptosporidiosis
Cyclosporiasis
Diphtheria
Echinococcosis
Escherichia coli O157:H7 infection
Giardiasis
Gonorrhea
Haemophilus influenzae invasive disease
Hemorrhagic fever
Hepatitis (type A, B, or C)
Human immunodeficiency virus (HIV) infection
Legionellosis (Legionnaires' disease or Pontiac Fever)
Leprosy (Hansen Disease)
Listeriosis
Lyme disease
Malaria
Measles
Meningococcal invasive disease
Mumps
Paralytic shellfish poisoning
Pertussis (whooping cough)
Plague
Poliomyelitis
Prion diseases
Psittacosis
Q fever
Rabies
Rheumatic fever
Rubella
Salmonellosis
Severe acute respiratory syndrome (SARS)
Shigellosis
Smallpox
Streptococcus agalactiae (Group B streptococcus), invasive disease
Streptococcus pneumoniae (pneumococcus), invasive disease
Streptococcus pyogenes (Group A streptococcus), invasive disease and streptococcal toxic shock syndrome
Suspected novel strains of influenza virus
Syphilis
Tetanus
Trichinosis (trichinellosis)
Tuberculosis
Tularemia
Typhoid fever
Varicella (chickenpox)
Vibrio infection, including cholera
West Nile virus infection
Yellow fever
Yersiniosis

An unusual number or clustering of diseases or other conditions of public health importance

Reports should be made as soon as possible and must be made within five working days after first discovering or suspecting the existence of the disease. Call the Rapid Telephonic Reporting System at 1-907-561-4234 (Anchorage) or 1-800-478-1700 (statewide).

Diseases shown in bold are public health emergencies that, if suspected or diagnosed, must be reported immediately by calling 1-907-269-8000 during business hours or 1-800-478-0084 after hours.

Fluoridation
Tap in to
Your Health

10 Reasons to Fluoridate Public Water

Single most effective public health measure to prevent tooth decay. The Centers for Disease Control and Prevention (CDC) has proclaimed community water fluoridation one of 10 great public health achievements of the 20th century.

Natural. Fluoride is already present in all water sources, even the oceans. Water fluoridation is simply the adjustment of fluoride that occurs naturally to a recommended level for preventing tooth decay.

Similar to fortifying other foods and beverages. Water that has been fluoridated is similar to fortifying salt with iodine, milk with vitamin D, orange juice with calcium and bread with folic acid.

Prevents dental disease. It is the most efficient way to prevent one of the most common childhood diseases – dental decay. An estimated 51 million school hours are lost each year due to dental-related illness.

Protects all ages against cavities. Studies show that community water fluoridation prevents at least 25 percent of tooth decay in children and adults, even in an era with widespread availability of fluoride from other sources, such as fluoride toothpaste.

Safe and effective. For more than 65 years, the best available scientific evidence consistently indicates that community water fluoridation is safe and effective.

Saves money. The average lifetime cost per person to fluoridate a water supply is less than the cost of one dental filling. For most cities, every $1 invested in water fluoridation saves $38 in dental treatment costs.

Recognized by more than 100 organizations. The American Dental Association (ADA) as well as the Centers for Disease Control and Prevention, the American Medical Association, the World Health Organization and more than 125 national and international organizations recognize the public health benefits of water fluoridation for preventing dental decay.

Availability of fluoridation continues to grow. In 2010, 73.9 percent of the U.S. population on public water systems (204.3 million people) received fluoridated water. This is an increase of almost nine percent from 2000. The Healthy People 2020 goal is for 79.6 percent of the population on public water systems to have access to fluoridated water.

Endorsed by the American Dental Association. One of the most widely respected sources for information regarding fluoridation and fluoride is the American Dental Association. Learn more on the ADA's website at ADA.org/fluoride.

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10 Leading Causes of Non-Fatal Hospitalized Injuries, Alaska Residents 2007-2011, All Races, Both Sexes, Disposition: All Cases

	Age Group (Years)												
Rank	**<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 84	Falls 259	Falls 213	Falls 210	Suicide 556	Suicide 486	Suicide 632	Falls 709	Falls 1162	Falls 1310	Falls 1039	Falls 1173	Falls 856
2	Assault 33	Poisoning 133	Bicycle 58	ATV 101	MV Traffic 220 Falls 220	Assault 297	Falls 507	Suicide 486	Suicide 380	MV Traffic 191	MV Traffic 110	MV Traffic 68	MV Traffic 15
3	Substance Burn 21	Substance Burn 44	Playground Fall 53	Suicide 97	Assault 147	MV Traffic 267	Assault 430	Assault 320	MV Traffic 271	Suicide 133	Suicide 29	Suicide 16	Accidentally Struck 10
4	Suffocation 11 Poisoning 11	Accidentally Struck 31	ATV 26 Accidentally Struck 26	Bicycle 88	ATV 129	Falls 264	MV Traffic 298	MV Traffic 232	Assault 263	Assault 93	Accidentally Struck 19 Cut 19 Snow Machine 19 Fire/Flames 19	Accidentally Struck 15	
5	Foreign Object 9	Suffocation 25	Pedestrian 24	Sports 65	Sports 116	ATV 107	ATV 124	ATV 121	ATV 102	Bicycle 44	ATV 18 Assault 18 Hypothermia Frostbite 18	ATV 10 Assault 10	
6		MV Traffic 23	MV Traffic 22 Cut 22	MV Traffic 49	Snow Machine 93	Snow Machine 89	Snow Machine 117	Snow Machine 101	Bicycle 85	Cut 42	Pedestrian 17	Strain 7	
7		Pedestrian 22	Dog Bite 17	Snow Machine 32	Poisoning 84	Cut 56	Cut 79	Cut 74	Cut 72	Hypothermia Frostbite 37 Machinery 37	Machinery 14	Fire/Flames 6 Hypothermia Frostbite 6 Pedestrian 6	
8		Foreign Object 19 Dog Bite 19 Assault 19	Poisoning 13	Poisoning 30	Bicycle 56	Accidentally Struck 42	Accidentally Struck 62	Accidentally Struck 52	Snow Machine 71	ATV 36	Bicycle 13		
9		Playground Fall 18	Snow Machine 12 Substance Burn 12	Playground Fall 26	Pedestrian 26	Sports 38	Sports 53	Bicycle 50	Accidentally Struck 70	Strain 31	Airplane 11		
10		Cut 16	Sledding 10	Accidentally Struck 20	Cut 25	Bicycle 35	Bicycle 44	Machinery 44	Pedestrian 62	Snow Machine 30	Strain 10		

Source: Division Public Health, Dept. Health & Social Services, Alaska Trauma Registry: Admitted to the hospital for 24 hours or greater. Occurrences less than 5 not listed. Created November 23, 2011

10 Leading Causes of Fatal Injuries in Alaska by Age Group, 2007-2011

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, 24	Assault, 7	Fire, 8	Motor Vehicle Traffic Acc., 10	Intentional Self Harm, 196	Intentional Self-Harm, 146	Poisoning, 136	Poisoning, 190	Intentional Self-Harm, 93	Intentional Self-Harm, 36	Falls (excludes playground eqp.), 35	Falls (excludes playground eqp.), 20
2	Assault, 8	Fire, 5 Motor Vehicle Traffic Acc., 5	Drowning, 6	Intentional Self-Harm, 6	Motor Vehicle Traffic Acc., 86	Poisoning, 117	Intentional Self-Harm, 115	Intentional Self-Harm, 144	Poisoning, 61	Motor Vehicle Traffic Acc., 25	Intentional Self-Harm, 15	Intentional Self-Harm, 9
3				Drowning, 5 Unintentional Firearm, 5	Poisoning, 63	Motor Vehicle Traffic Acc., 41	Motor Vehicle Traffic Acc., 42	Motor Vehicle Traffic Acc., 55	Motor Vehicle Traffic Acc., 40	Falls (excludes playground eqp.), 17	Suffocation, 10	Motor Vehicle Traffic Acc., 8 Suffocation, 8
4					Assault, 43	Assault, 29	Assault, 41	Drowning, 31	Assault, 15 Drowning, 15 Falls (expludes playground eqp.), 15	Poisoning, 16	Motor Vehicle Traffic Acc., 7	
5					Drowning, 27 Snow machine, 27	Drowning, 24	Drowning, 34	Assault, 28	Aircraft, 12	Drowning, 9		
6					Frostbite/Hypothermia, 11	Snow machine, 17	Snow machine, 15	Frostbite/Hypothermia, 20	Frostbite/Hypothermia, 10	Aircraft, 8		
7					ATV, 8	Frostbite/Hypothermia, 12	Aircraft, 12	Falls (excludes playground eqp.), 18	Pedestrian, 7	Assault, 5		
8					Aircraft, 6	Aircraft, 10	Frostbite/Hypothermia, 11	Aircraft, 17	Suffocation, 6 Fire, 6	Frostbite/Hy;pothermia, 5 Suffocation, 5		
9					Falls (excludes playground eqp.), 5 Pedestrian, 5	Fire, 8	Falls (excludes playground eqp.), 10	Fire, 12 Pedestrian, 12				
10						Falls (excludes playground eqp.), 7	ATV, 8	Suffocation, 11				

Footnotes: *Causes with less than 5 deaths are not shown. Table reflects the number of deaths to AK residents regardless of the place of occurrence (i.e. some of these deaths may have occurred outside of Alaska.) Source: Alaska Bureau of Vital Statistics; Last updated on 11/28/2012

CHRONIC DISEASE IN ALASKA
2012 Brief Report

Chronic diseases—such as cancer, heart disease, stroke, arthritis, asthma and diabetes—are among the most prevalent, costly, and preventable of all health problems. This annual *Brief Report* is intended to provide a snapshot of the burden of chronic disease in Alaska. For more detailed information on chronic disease burden and steps being taken by the Section of Chronic Disease Prevention and Health Promotion to impact chronic disease, visit: http://www.hss.state.ak.us/dph/chronic.

Chronic Disease Morbidity and Mortality

Cancer

Cancer is the leading cause of death in Alaska.

- 25% of all deaths in Alaska in 2009 were due to cancer. (Alaska Bureau of Vital Statistics [ABVS])
- The most commonly diagnosed cancers in Alaska are: (1) breast, (2) prostate, (3) lung, and (4) colorectal. These four cancers account for 53% of all cancer cases. (AK Cancer Registry [ACR], 2009)

Heart Disease and Stroke

- Heart disease and stroke are the 2nd and 5th leading causes of death in Alaska. (ABVS, 2009)
- In 2009 in Alaska, heart disease accounted for 20% of deaths; stroke accounted for 5%. (ABVS)
- In 2009, 26% of adults in Alaska reported having high blood pressure, and 35% of those tested reported having high blood cholesterol. (Behavioral Surveillance Risk Factor System [BRFSS])

Diabetes

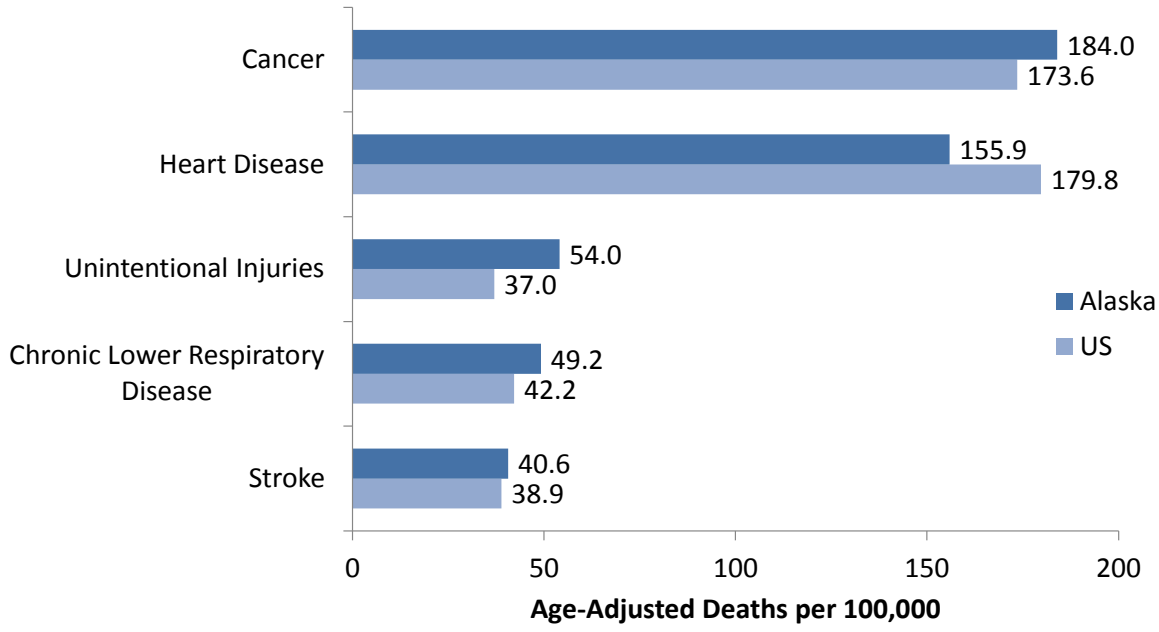
In 2009, diabetes was the 8th leading cause of death in Alaska (ABVS) and 7th in the US. Likely to be underreported as a cause of death, the risk of death among people with diabetes is about twice that of people without diabetes of similar age.

- 84 Alaskans died from diabetes mellitus in 2009. (ABVS)
- In 2009, 6% of adults in Alaska reported being diagnosed with non-pregnancy related diabetes. (BRFSS)

Arthritis

- Arthritis is the most common cause of disability in the US, affecting more than 50 million Americans. (National Health Interview Survey, 2007-2009)
- In 2009, 23% of adults in Alaska reported being diagnosed with arthritis.

5 Most Common Causes of Death, Alaska Compared with United States, 2009



Data Sources: Alaska Bureau of Vital Statistics (AK);
National Center for Health Statistics (US; preliminary)

Chronic Disease Risk Factors

Four healthy lifestyle factors—never smoking, maintaining a healthy weight, exercising regularly and following a healthy diet—together appear to be associated with as much as an 80 percent reduction in the risk of developing the most common and deadly chronic diseases.[1] Conversely, engaging in tobacco use, being inactive, having a poor diet, and being overweight or obese greatly increase the likelihood that one will develop, have reduced quality of life from, and ultimately die from a chronic disease.

Nutrition, Physical Activity, and Obesity

In the past 30 years, the prevalence of overweight and obesity has increased sharply for both adults and children.[2,3] Physical inactivity and unhealthy eating contribute to overweight and obesity and a number of chronic diseases, including some cancers, cardiovascular disease, and diabetes.[4]

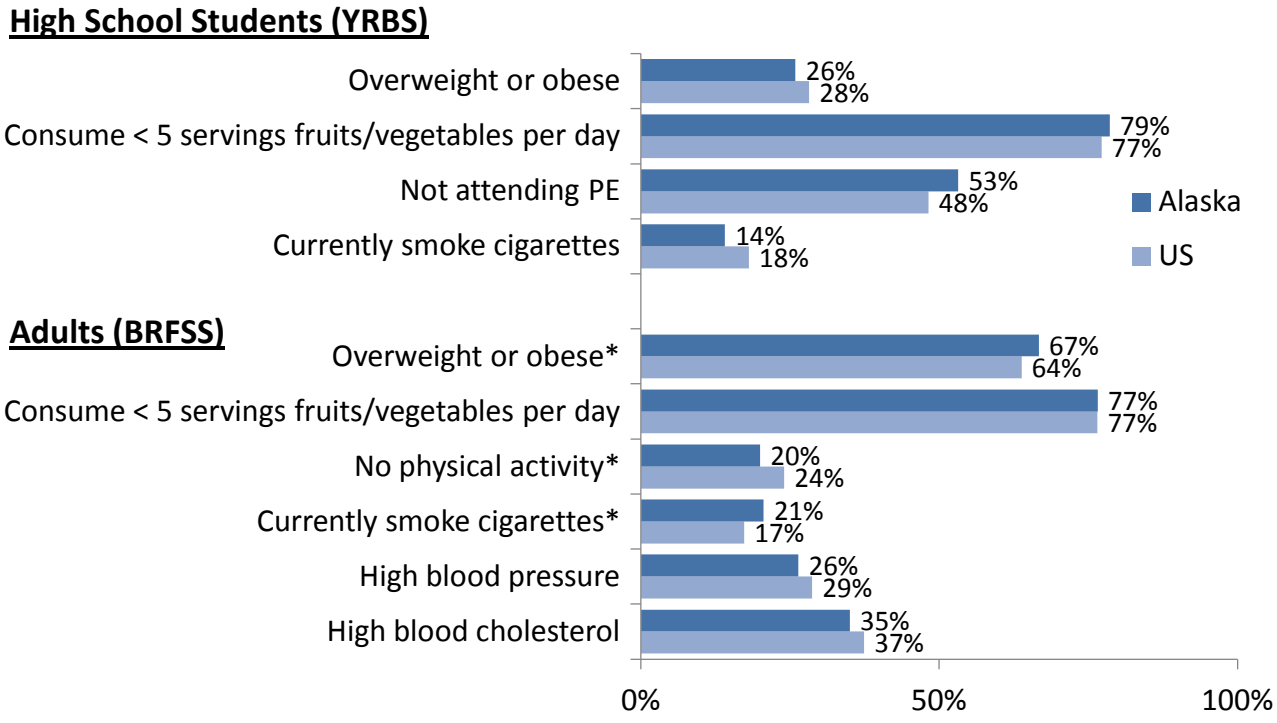
- 67% of Alaska adults (2010 BRFSS) and 26% of Alaska high school students (2011 Youth Risk Behavior Survey [YRBS]) were overweight or obese, based on self-reported height and weight.
- 79% of high school students (2011 YRBS) and 77% of adults (2009 BRFSS) in Alaska consumed fewer than 5 servings of fruits and vegetables per day.
- 53% of Alaska high school students did not attend PE class in the past week. (2011 YRBS)

Tobacco

Tobacco use is the leading cause of preventable disease and death in the United States.[5] The use of tobacco products (both cigarettes and smokeless tobacco products, such as chewing tobacco) is responsible for 30% of all cancer deaths, 21% of all coronary heart disease deaths, and 18% of all stroke deaths.[6] For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.[7]

- 21% of adults (2010 BRFSS) and 14% of high school students (2011 YRBS) in Alaska currently smoke.

Chronic Disease Risk Factors, Alaska Compared with United States, YRBS (2011) and BRFSS[1]



[1]2009 data except 2010 where noted with an *

Chronic Disease Preventive Services

Access to health services includes gaining entry into the health care system, accessing a health care location where needed services are provided, and finding a health care provider with whom the patient can communicate and trust.[8] Access to health care impacts everything from prevention of disease and disability, quality of life, and life expectancy. Among the health care services one can access are clinical preventive services, such as routine disease screening and scheduled immunizations. Optimal provision of these services can both prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, and early death.[9]

No Health Care Coverage

Uninsured adults are less likely than insured adults to receive preventive services or screenings, such as mammograms, pap smears, or prostate screening. In turn, inadequate prevention and screening increase the likelihood of preventable illness, missed diagnoses, and delays in treatment.[10-12]

- In 2010, 19% of adults aged 18-64 in Alaska reported having no health care coverage. (BRFSS)

Early Detection

Uncontrolled blood glucose increases the risks for heart disease, stroke, kidney disease, blindness and amputation.

- In 2010, 46% of Alaska adults had not had a blood glucose test in the past 3 years.

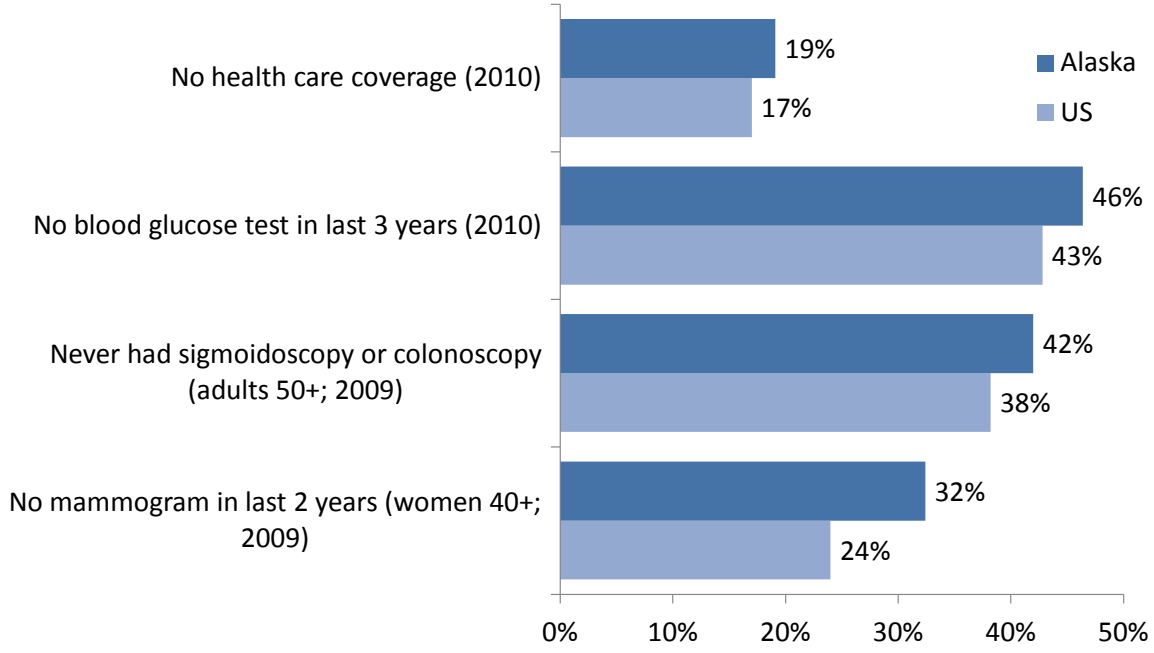
Mammography is a screening method that has been shown to reduce mortality due to breast cancer by approximately 20-25% over 10 years among women 40 years and over.

- In 2009, 32% of women in Alaska aged 40 years or older reported not having had a mammogram within the last 2 years (which was the recommendation at the time).

Up to 60% of deaths from colorectal cancer could be prevented if persons aged 50 and older were screened regularly. Colorectal cancer can be prevented by removing precancerous polyps or abnormal growths, which can be identified during a sigmoidoscopy or colonoscopy.

- In 2009, among Alaskans aged 50 years or older 42% reported never having had a sigmoidoscopy or colonoscopy. (BRFSS)

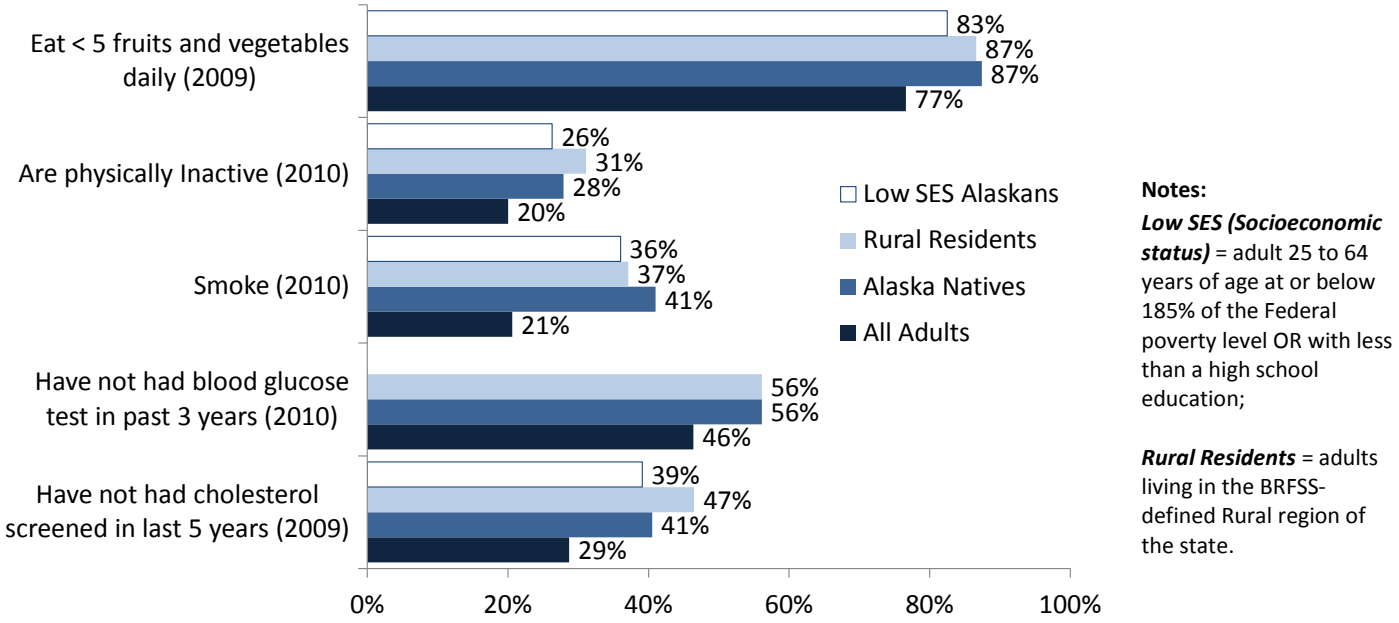
Preventive Services, Alaska Compared with United States, BRFSS



HEALTH INEQUITY IN CHRONIC DISEASE AND RELATED RISK FACTORS

Scientific evidence suggests that social and economic conditions drive population health to an equal or greater degree as do individual choice, genetic make-up, and access to health care.[13] Consequently, to prevent chronic disease and optimize the health of all Alaskans, the focus of public health must extend beyond healthy behaviors and health insurance to address health equity. Health equity is achieved when every person has the opportunity to "attain his or her full health potential."[14]

Chronic Disease Risk Factors and Preventive Services, All Alaska Adults Compared with Select Populations, BRFSS



Notes:

Low SES (Socioeconomic status) = adult 25 to 64 years of age at or below 185% of the Federal poverty level OR with less than a high school education;

Rural Residents = adults living in the BRFSS-defined Rural region of the state.

Such disparity in risk factors translates to disparities in chronic disease morbidity and mortality. For example:

- In 2009, the Alaska Native age-adjusted rate of death from stroke, chronic lower respiratory disease, heart disease, and cancer (all sites) was 1.4 to 2.1 times that of their White peers. (Alaska Bureau of Vital Statistics)
- Age-adjusted all-site cancer mortality rates are highest in the northern and western regions of Alaska, and lowest in southeast Alaska. (NCI, CDC, State Cancer Profiles, 2005-2009)

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This report can be accessed on the web at: **www.hss.state.ak.us/dph/chronic/2012_cdbriefreport.pdf**

Partnerships





Our Mission:

To protect and promote the health of Alaskans

Our Vision:

Alaskans enjoy optimum health and safety through achieving greater public, community and personal responsibility for healthy conditions and choices.

Our Values:

Accountability – We are committed to responsible use of human, financial and environmental resources.

Respect – We provide services without discrimination or judgment.

Human Potential – We are committed to developing each Alaskan's potential as a healthy individual, as well as fostering strong, healthy communities.

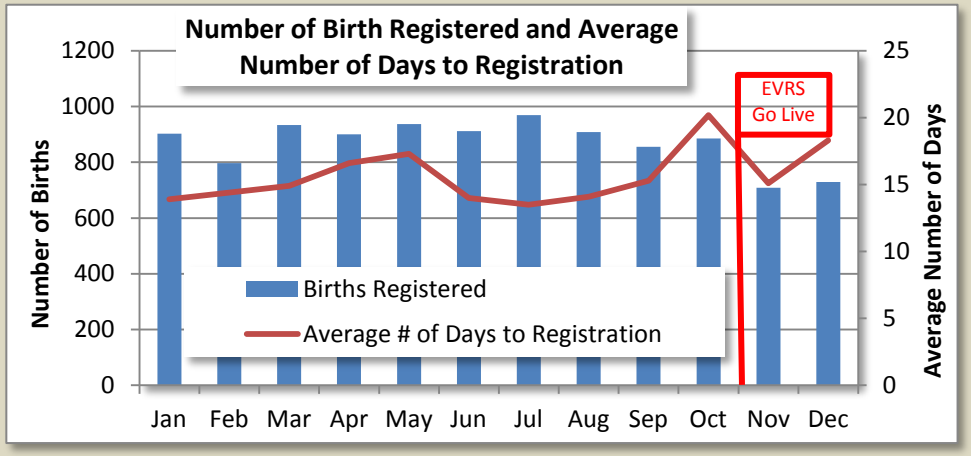
Integrity – We are honest and ethical in all we do.

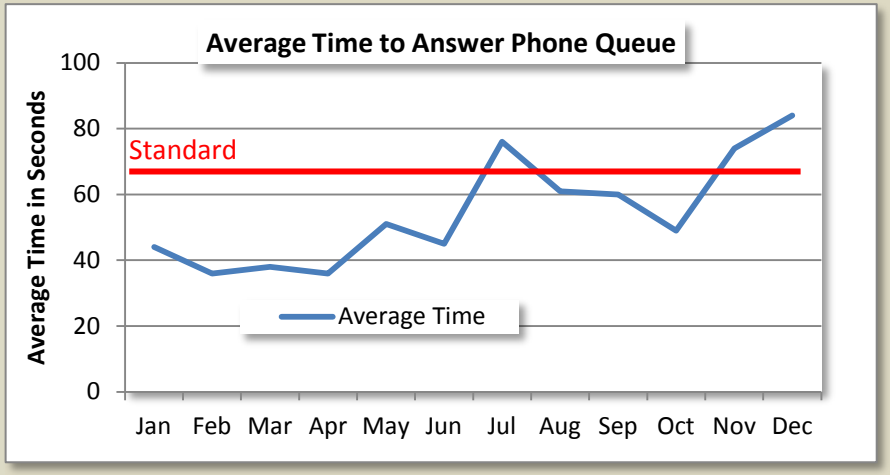
Scientific Excellence – We are committed to adding to and contributing to the body of scientific knowledge and using the best available knowledge and data to set public health policy.

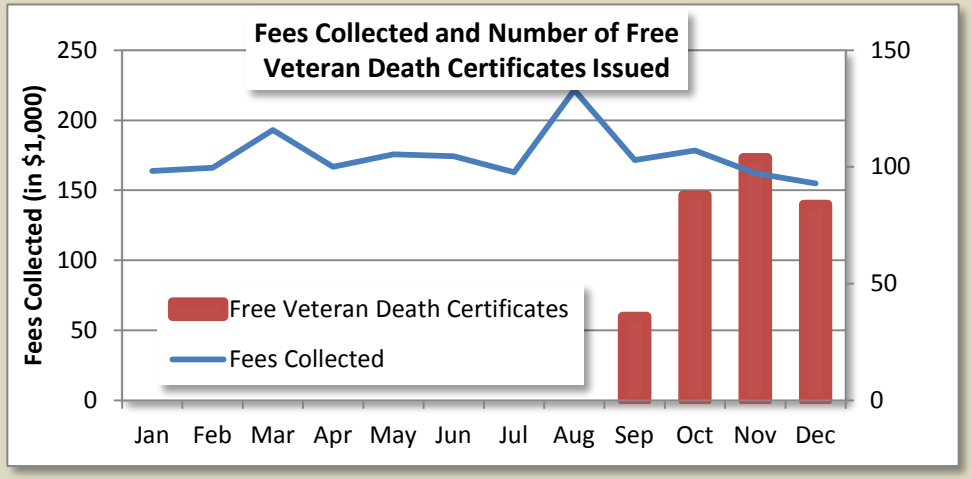
Partnerships

Key Performance Indicators

Births Registered	729
Average Time to Registration	18.3 days
Fees Collected	$155,433
Average Time to Answer Phone Queue	84 seconds
Free Veteran Death Certificates Issued	84







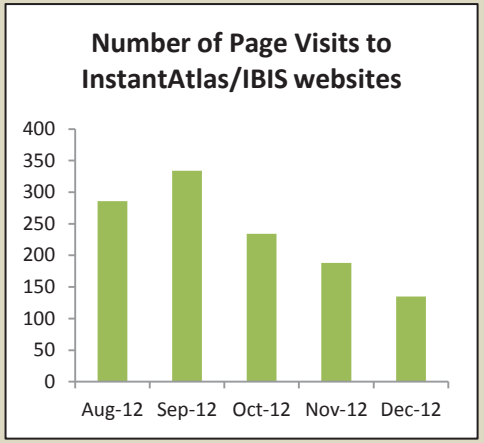
Department of Health & Social Services

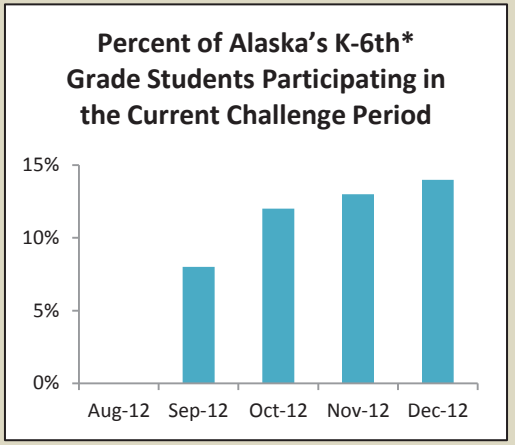
December 2012

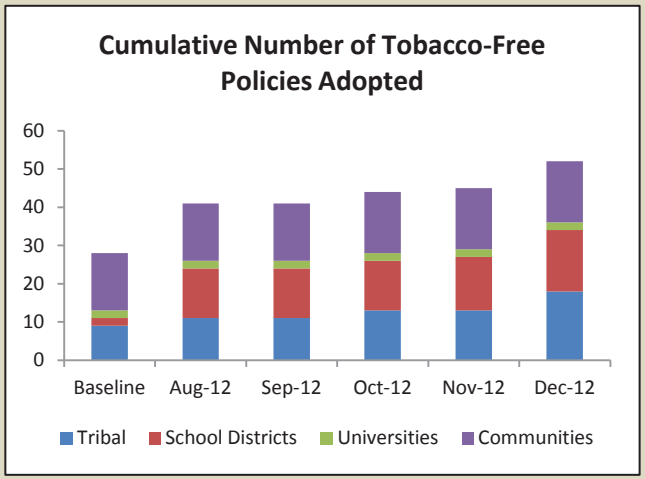
Public Health

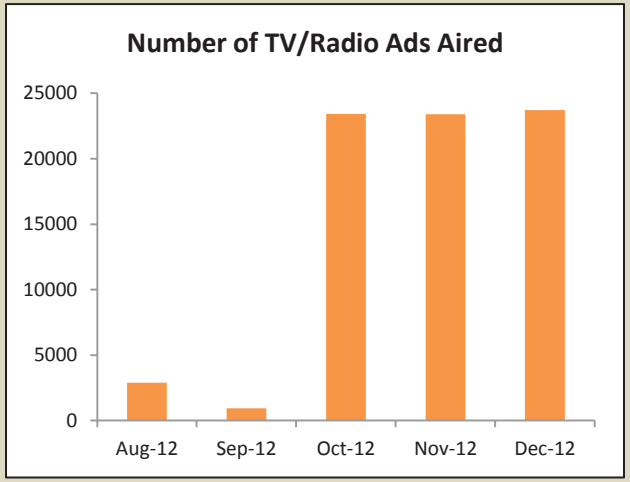
Key Performance Indicators

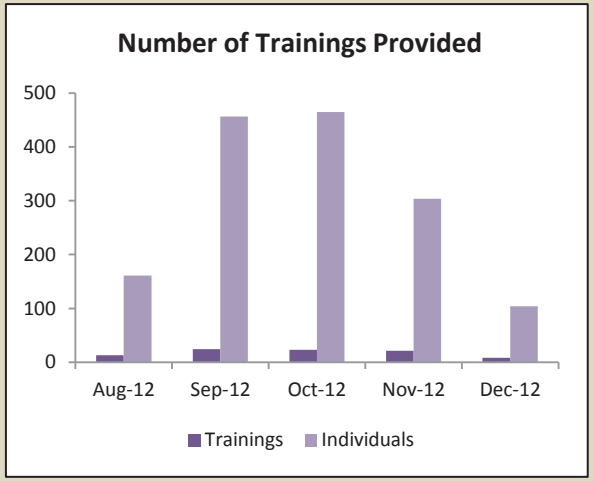
Visits to InstantAtlas/IBIS Websites	135	
Percent of Alaska's K-6th* Grade Students Participating in the Current Challenge Period	14%	
Tobacco-Free Policies Adopted	7	
Tobacco TV/Radio Ads Aired	Spots 23704	
Trainings Provided	Total 8	Individuals 104











Partnerships

Chronic Disease Prevention & Health Promotion

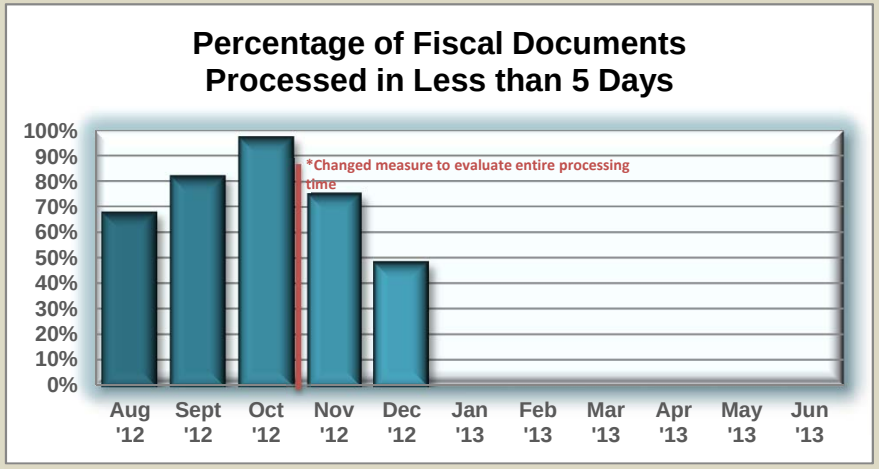
Department of Health & Social Services

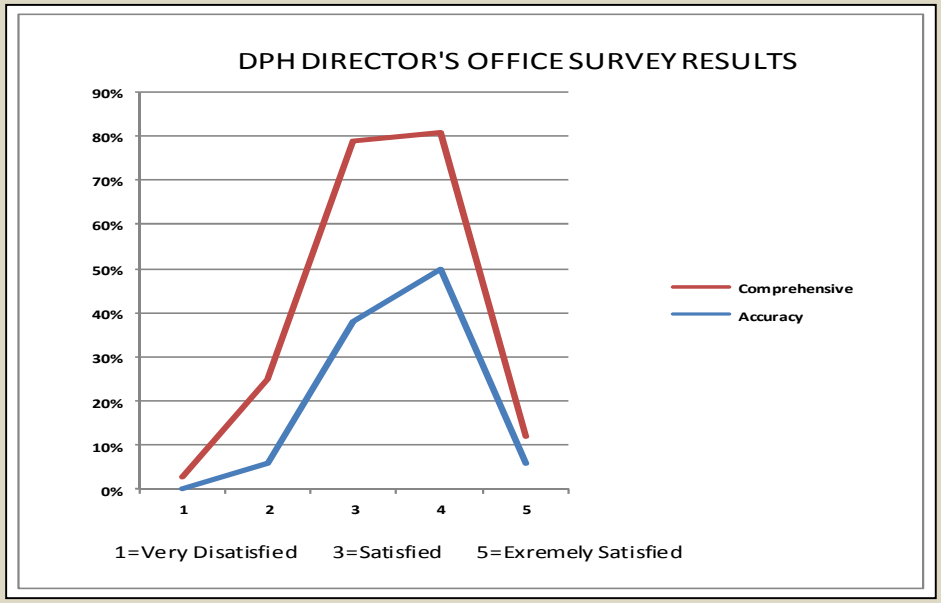
December 2012

Public Health

Key Performance Indicators

Ratio Recruiting Activities to Applications Received for Workforce Unit Recruitments	0.1%
Fiscal Documents Processed within 5 Days	48.1%
Customers Satisfied or Extremely Satisfied with Accuracy of Information Requested	94.0%
Customers Satisfied or Extremely Satisfied with Comprehensiveness of Information Provided	78.0%
Procurement Violations for the Division	0





Director's Office - Administrative Services

Partnerships

Department of Health & Social Services

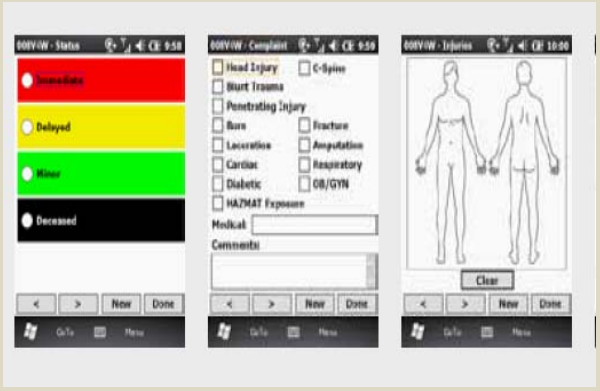
Public Health

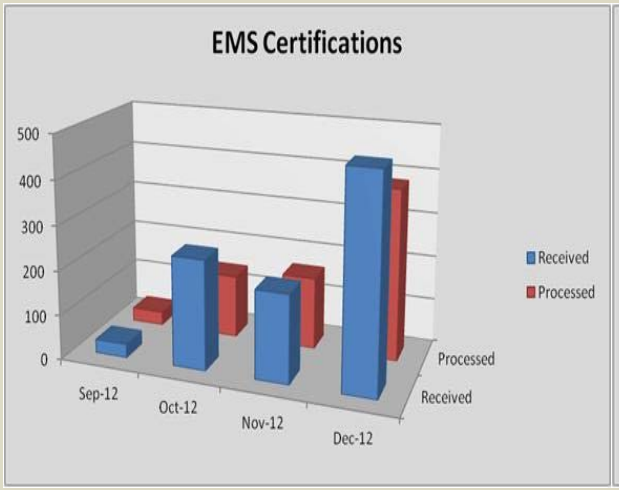
December 2012

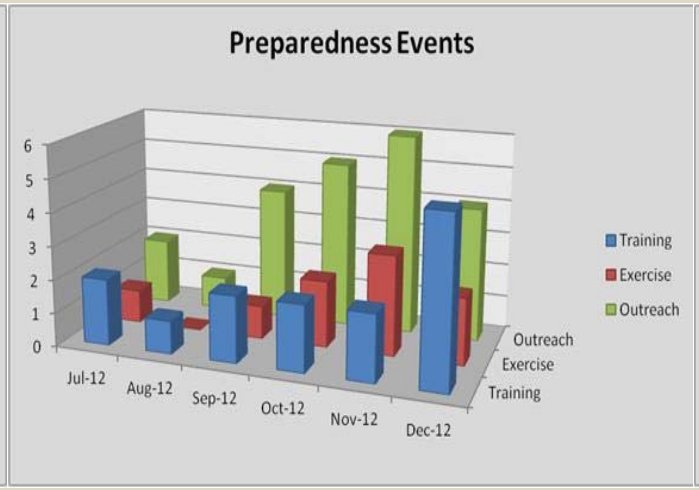
Key Performance Indicators

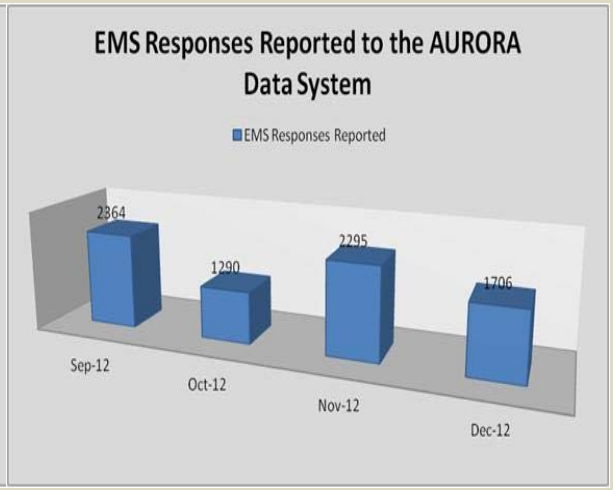
EMS Responses Reported to the AURORA Data System	1706 (54%)
EMS Certification Applications Received and Processed	475 received; 383 processed
Designated Trauma Centers	12
Agencies Using ATR Data for Injury Surveillance Reports	15
Preparedness exercises and outreach activities designed, conducted or supported	11

State of Alaska Common Operating Picture Platform Options









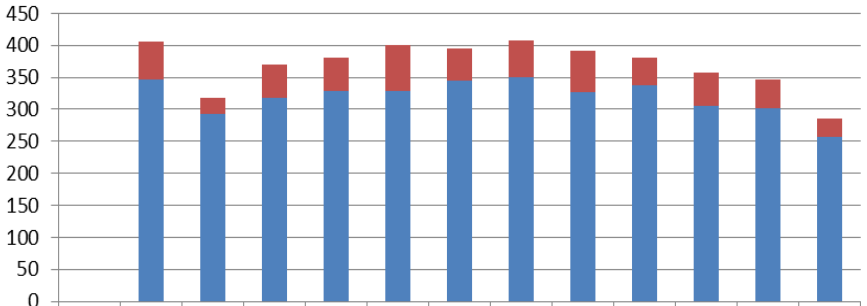
Partnerships

Emergency Programs

Key Performance Indicators

Children 19-35 months active in VacTrAK and completed 4-3-1-3-3-1-4 series	4144/10045 (41.3%)
People who received partner services from HIV/STD Program DIS Staff	Dec: 256; Jan-Dec: 4,386
TB Patients who start treatment within 7 days of AFB smear testing positive	Dec: 2 of 2; Jan-Dec: 22 of 28 (79%)
Violent Death Incidents entered/updated in the Alaska Violent Death Reporting System	Dec: 32; Jan-Dec: 1,734
Formal reports generated and released to stakeholders outside of DHSS	4

Figure. HIV/STD Program DIS Encounters by Month -- Alaska, 2012



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Interviews	59	25	52	52	72	51	58	65	43	52	45	30
Field Records	347	293	318	329	328	344	350	326	338	306	302	256

Figure. Violent death incidents entered/updated in the Alaska Violent Death Reporting System, Jan.-Dec. 2012

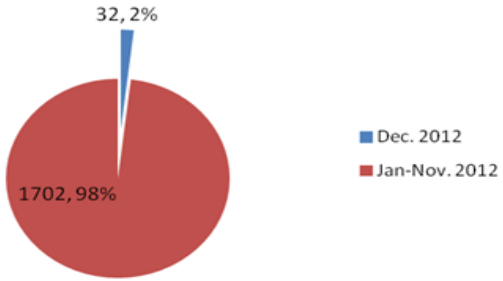
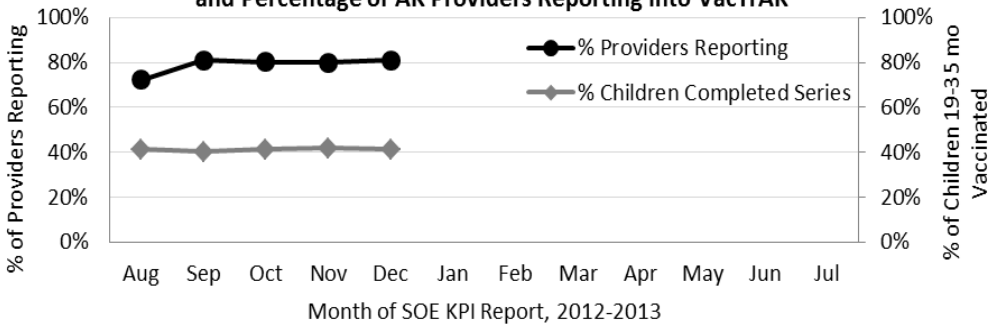


Figure. Percentage of AK Children Aged 19-35 Months Fully Vaccinated and Percentage of AK Providers Reporting into VacTrAK



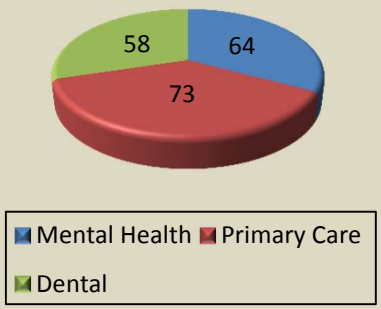
Department of Health & Social Services

December 2012

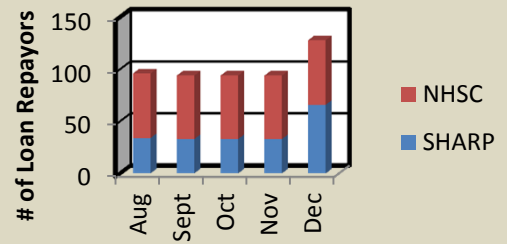
Public Health

Key Performance Indicators	Dec-12
Health Professional Shortage Area Designations (HPSAs)	172
Loan Repayers in AK Health Care Sites	128
Healthy Alaskans 2020 Communications with External Entities	398
Workforce Assessment and Development Activities (other than LR Placements)	168
Technical Assistance Events Provided to Grantees and other Organizations	18

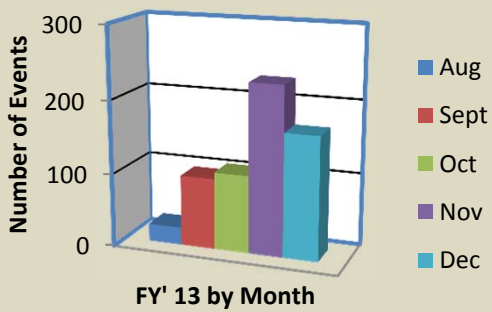
Alaska HPSAs



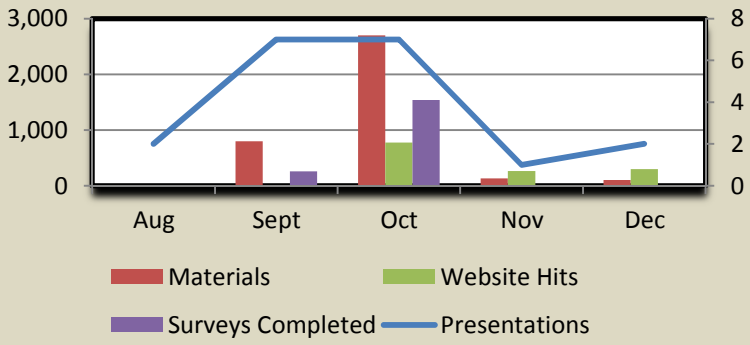
Alaska Loan Repayors



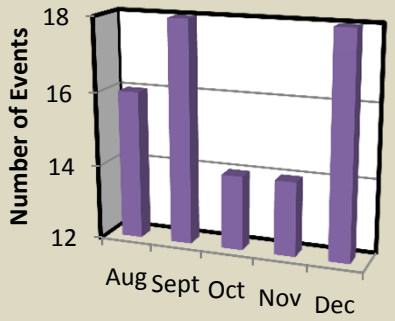
Workforce Activities



HA2020 Communications



HPSD TA



Partnerships

Health Planning & Systems Development

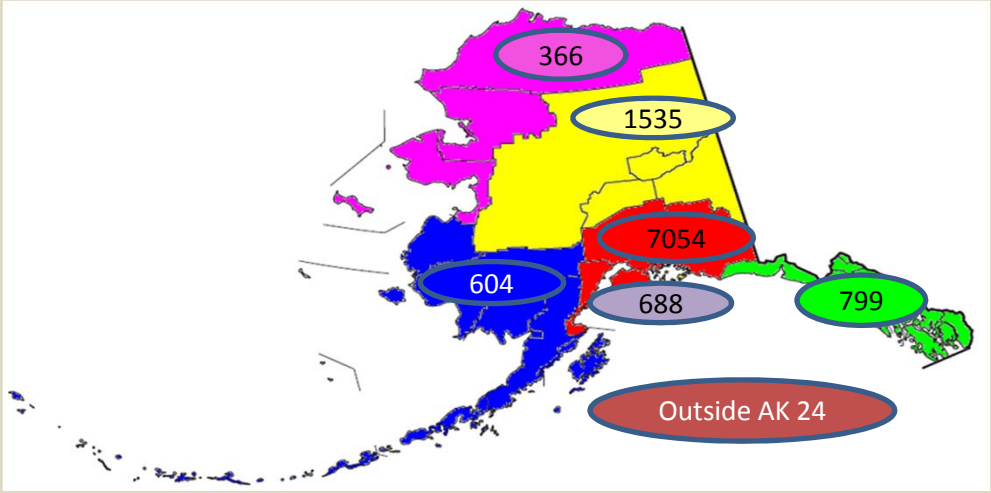
Department of Health & Social Services

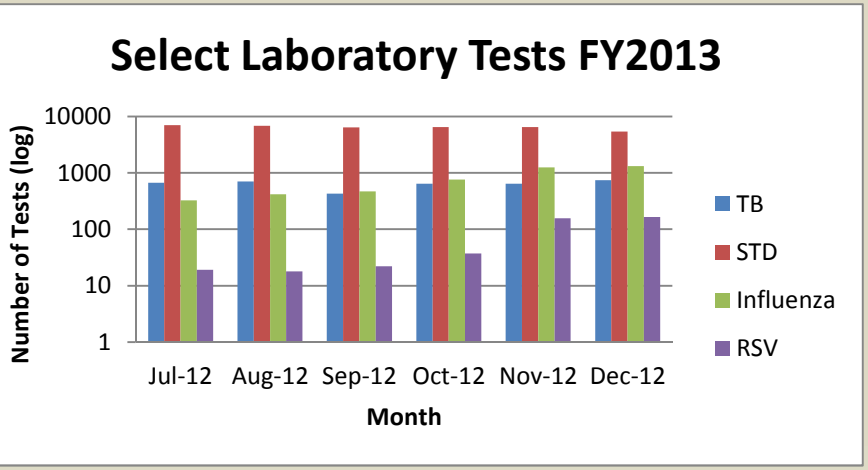
December 2012

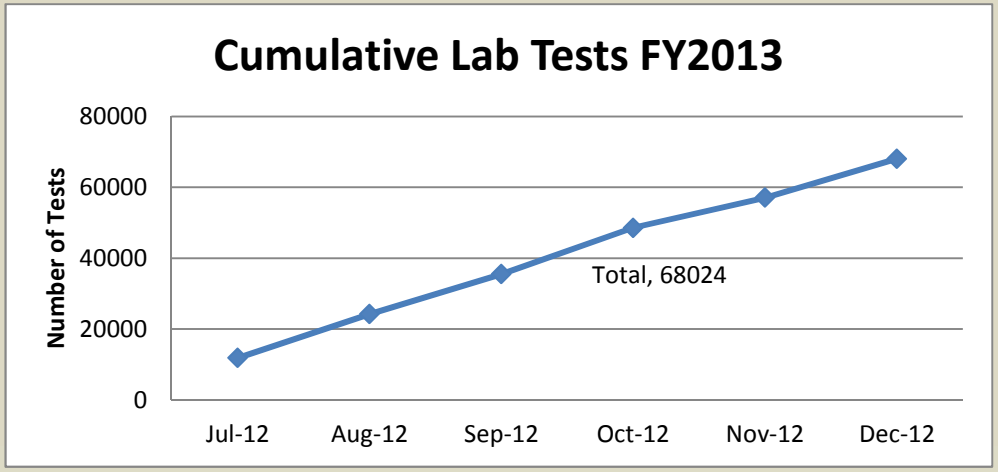
Public Health

Key Performance Indicators

Total Tests Completed	10976
Tuberculosis Tests Completed	744
STD Tests Completed	5405
Influenza Tests Completed	1322
RSV Tests Completed	164







Laboratories

Partnerships

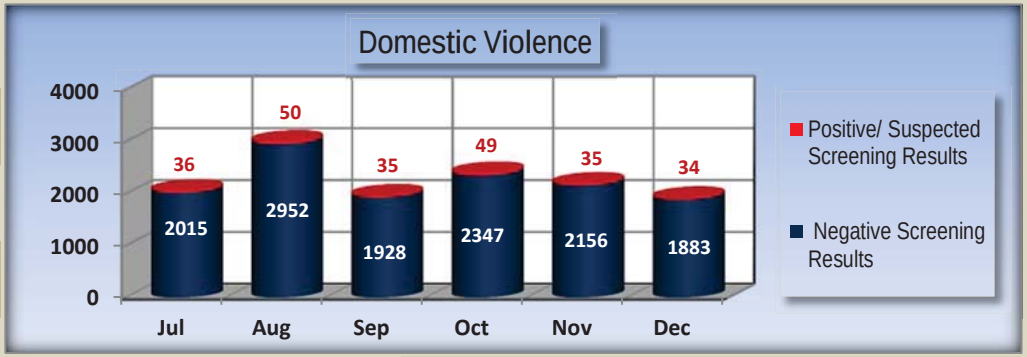
Department of Health & Social Services

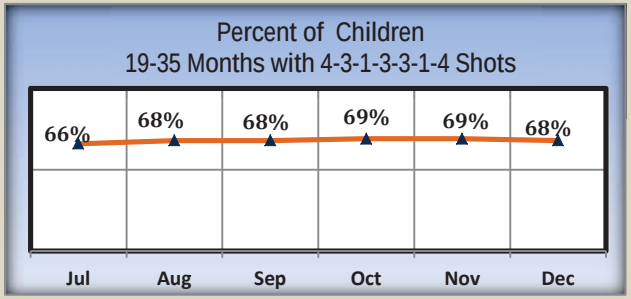
Public Health

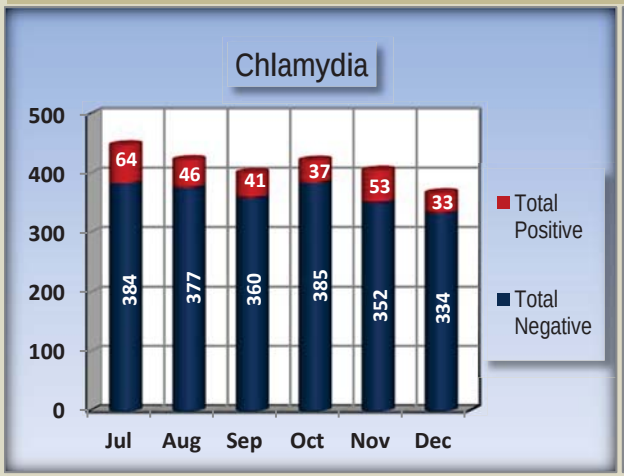
December 2012

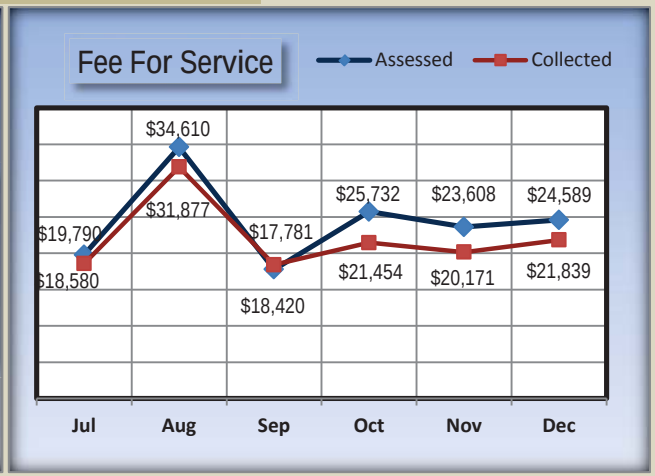
Key Performance Indicators

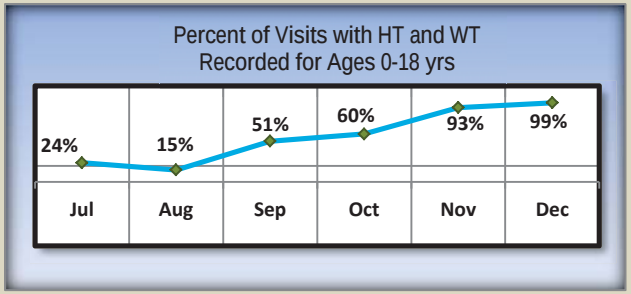
Domestic Violence Screening Results	Negative 1883	Positive 34
Chlamydia Screening Results	Negative 334	Positive 33
Fees Collected	$21,839	
Percent of Children 19-35 Months with 4-3-1-3-3-1-4 Shots	68%	
Percent of Visits with HT and WT Recorded for Ages 0-18 years	99%	









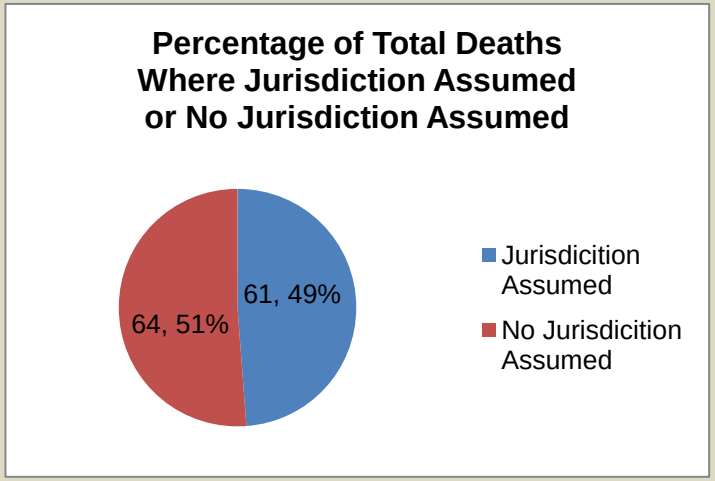


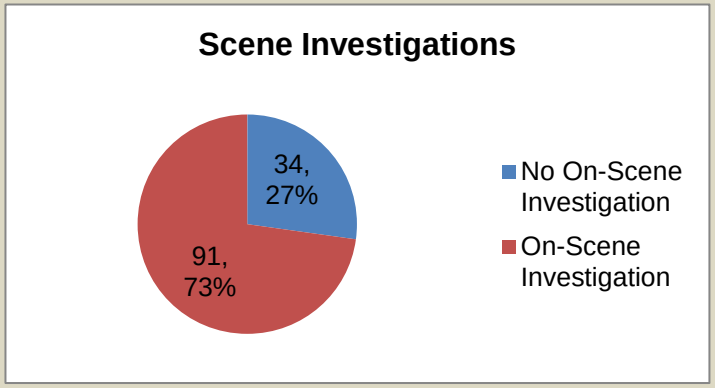
Public Health Nursing

Partnerships

Key Performance Indicators

Investigative Reports/Narratives Completed within 24 Hours of Initial Call	66 / 88%
Death Certificates Signed within 24 Hours or Next Working Day after Completion	77 / 87%
Documents Completed Within 5 Working Days after Case Closure and Request Received	82 / 95%
Autopsy Reports Completed within 30 Days after Toxicology Report Received	68 / 94%





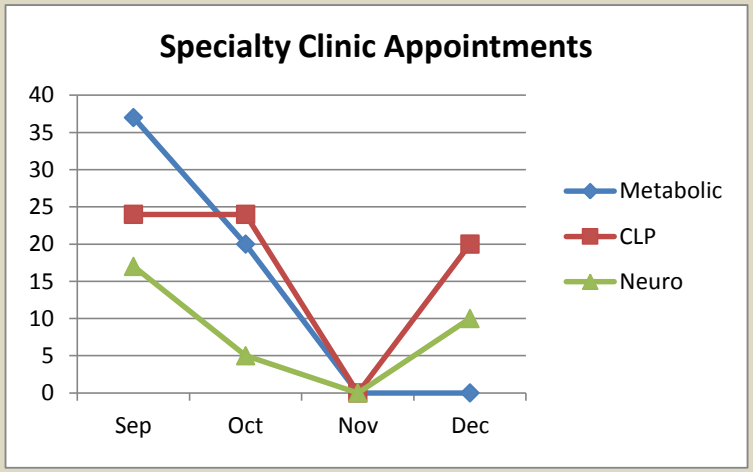
Department of Health & Social Services

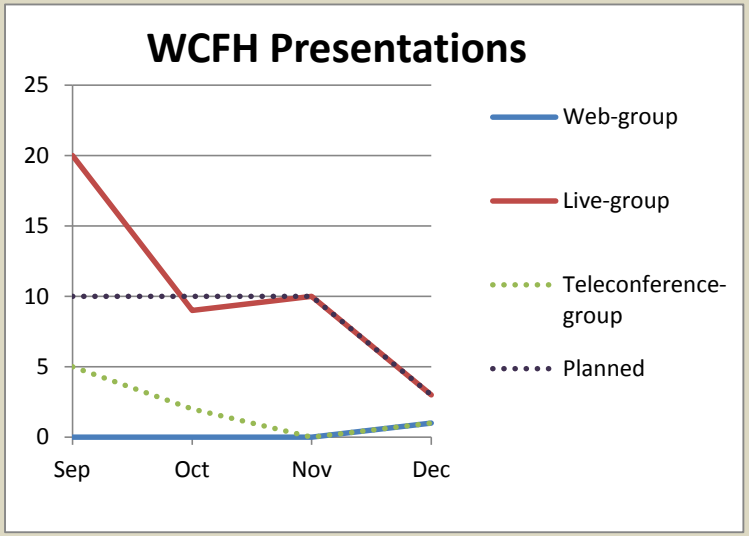
Public Health

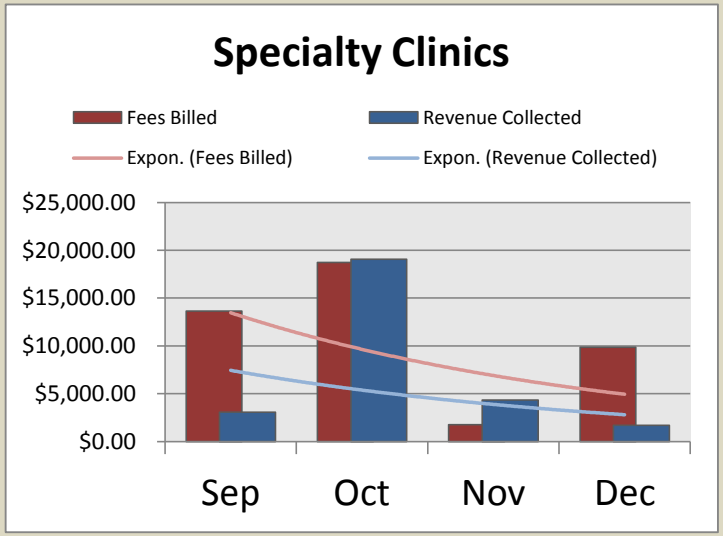
December 2012

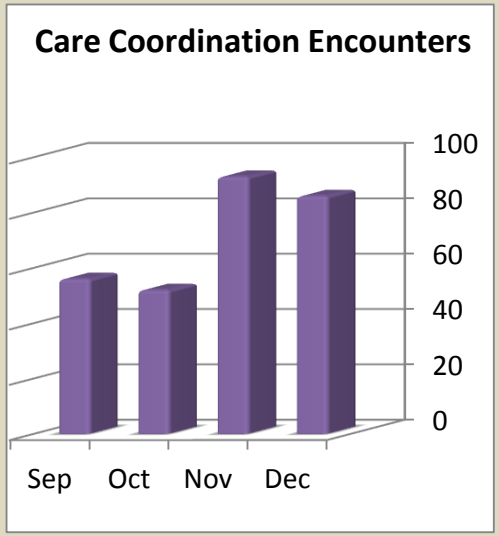
Key Performance Indicators

Completed Ped. Specialty Clinic Appointments	30
Presentations Conducted by the WCFH Staff	3
Fees Collected at Ped. Specialty Clinics	$1,702.59
Encounters Made by the Pediatric Medical Home Care Coordinators	86









Partnerships

Women's, Children's, & Family Health