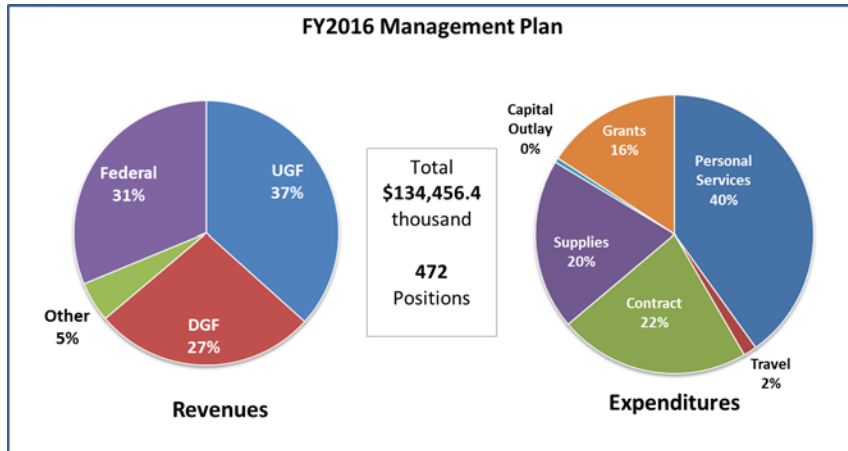




Division of Public Health

To protect and promote the health of Alaskans



Public health diagnosed and investigated over 70 outbreaks, including measles, Spice, botulism, influenza, tuberculosis, whooping cough, and hepatitis. Monitoring over 30 at-risk travelers for Ebola, and most recently, pregnant women potentially infected with the Zika virus, demonstrates the importance of intact surveillance and response systems and the critical roles of Epidemiology, Public Health Nursing, Labs, and Emergency Programs.

During a community-requested cancer cluster investigation for Yakutat, Alaska Cancer Registry staff found no evidence of environmental exposures causing cancer. Tribal leaders used this data to focus on increasing preventive screenings: 27% of the entire target population (women over 40) was screened in one month.

The Healthy Alaskans 2020 initiative published 75 high-level, evidence-based, health improvement strategies to achieve Alaska's 25 leading health improvement goals. Some state and key partner goals are underway, others are recommended but not currently funded. Joint efforts like these are particularly critical for Alaska's Winnable Battles: Decreasing tobacco use and nicotine dependence, decreasing colorectal and cervical cancer, increasing access to health care, improving child and adolescent health, decreasing infectious disease, and preventing poisoning and overdose. DPH leads and provides public health and medical support to multiagency efforts to improve the health of Alaskans.

Core Services

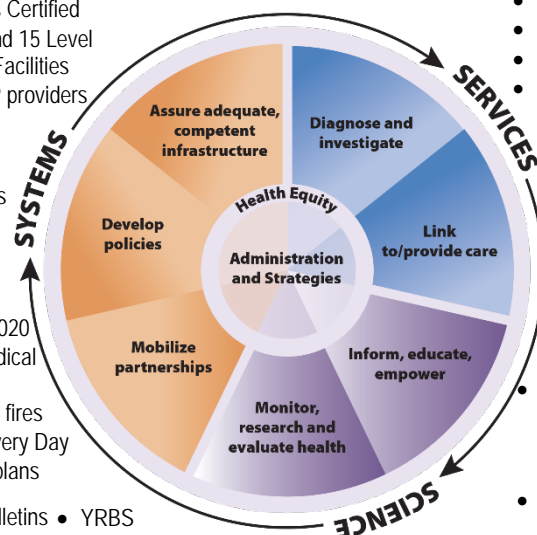
- Diagnose and Investigate health problems and health hazards in the community
- Inform, educate and empower people about health issues
- Mobilize partnerships and action to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Link people 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 and service effectiveness, accessibility and quality to identify and solve community health problems

- 25,928 Vital Records
- 2,651 EMTs Certified
- 2 Level II and 15 Level IV Trauma Facilities
- 154 SHARP providers

- Marijuana
- E-cigarettes
- Tobacco
- Opioids
- Safe sleep

- Healthy Alaskans 2020
- Public Health & Medical disaster response: Sockeye & Card St. fires
- 15,700 kids Play Every Day
- Community health plans

- 31 Epi Bulletins
- Vital statistics
- BRFSS
- YRBS
- 24 facilities (100%) Alaska Trauma Registry
- 43 facilities: Health Facility Data Reporting



- 70 outbreaks
- 183,800 lab tests
- 42% of deaths investigated
- Environmental exposure

- Specialty Clinics: Autism, Cleft Palate
- 76,000 client visits
- 33,340 immunizations
- 18,000 TB Screenings
- Breast/Cervical

- Cancer cluster: Yakutat tribal leaders use negative findings to increase cancer screenings
- 35 local tobacco policies adopted
- Increased chronic disease self-management

Sections and Key Partners:

Sections

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

Tribal, Public and Private Partners

- Alaska and Region X Hospitals
- Community Health Centers
- Federally Qualified Health Centers
- Primary care providers
- Tribal Health Organizations
- Communities, community coalitions
- Alaska State Hospital & Nursing Home Assn.
- Alaska Primary Care Association
- All Alaska Pediatric Partnership
- Funeral homes
- National, state, and local non-governmental organizations

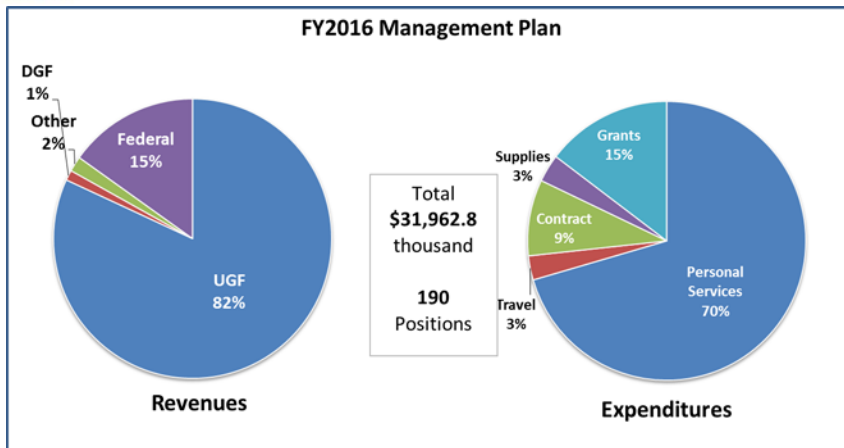
Federal

- Centers for Disease Control & Prevention
- Health Resources & Services Admin.
- US Dept. of Health & Human Services
- Office of the Assistant Secretary for Preparedness and Response
- Social Security Administration
- Veteran's Administration
- Bureau of Indian Affairs
- Alaskan/US Northern Commands/USCG
- Depts. of Justice (FBI) and Defense
- National Transportation Safety Board (NTSB)
- Federal Aviation Administration (FAA)



Public Health Nursing

Delivering public health nursing services to individuals, groups, communities, and systems



Public Health Nursing Statistics (FY15)

Services

Frequency

Individual PHN clinic visits to meet critical patient care gaps	76,004
Immunizations against infectious disease	41,893
Screening and Brief Intervention for Alcohol	9,300

Public Health Nurses (PHNs) saw 48,293 clients for a total of 76,004 clinic and itinerant nurse visits in over 280 communities statewide. PHNs responded to over 4,200 referrals from community partners. Staff reached 67,967 Alaskans through 2,118 community health promotion events, including immunization, emergency preparedness, Ebola, tuberculosis, sexually transmitted diseases, domestic violence, and obesity.

The PHNs *Screening and Brief Intervention for Alcohol Use* pilot project expanded to all public health centers. Of the 9,300 individuals screened, 28% were positive for risky alcohol use and received brief intervention. Domestic violence screening and brief intervention for 34,849 clients included additional services for 303 victims.

To protect Alaskans against tuberculosis, PHNs screened over 18,000 clients. PHNs provided 3,196 clients diagnosed with TB skilled monitoring, education, medication management in communities statewide. While Alaskans lag behind national immunization rates, PHNs provided 41,893 immunizations.

Partnerships:

State of Alaska

- ♦ Alaska Commission on Aging
- ♦ Alaska Pioneer Homes
- ♦ Alaska Mental Health Board
- ♦ Alaska Mental Health Trust
- ♦ Dept. of Commerce, Community and Economic Development
- ♦ Dept. of Corrections
- ♦ Dept. of Education and Early Development
- ♦ Dept. of Environmental Conservation
- ♦ Dept. of Health & Social Services
- ♦ Dept. of Labor and Workforce Development
- ♦ Governor's Advisory Board on Alcoholism and Drug Abuse
- ♦ Governor's Council on Disabilities and Special Education
- ♦ University of Alaska System

Tribal, Public and Private Entities

- ♦ Tribal health organizations
- ♦ Federally Qualified Health Centers
- ♦ North Slope Borough
- ♦ Manilaq Health Corporation
- ♦ Municipality of Anchorage – Dept. of Health and Social Services
- ♦ Private health care providers
- ♦ Community organizations
- ♦ Local school districts

Federal

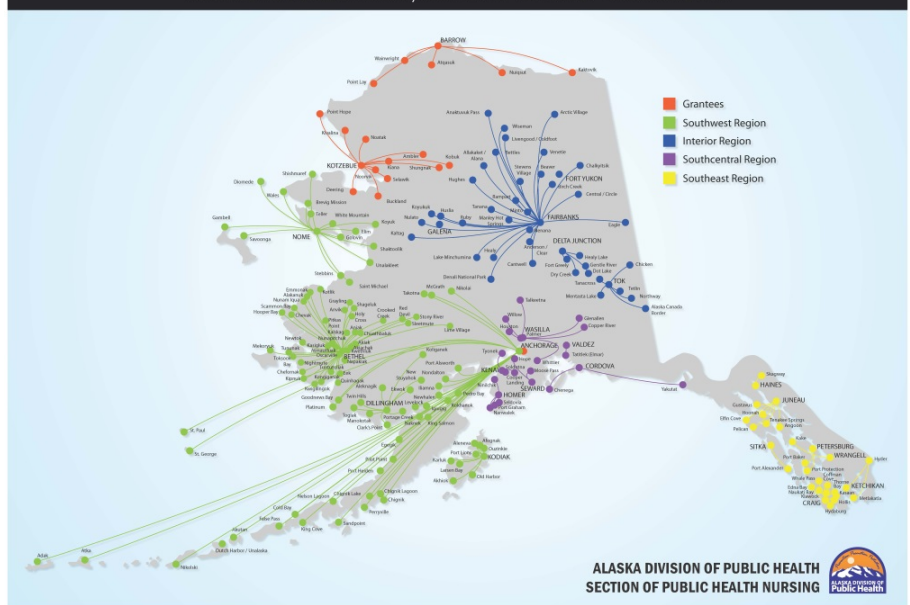
- ♦ USDA-Women's, Infants & Children's
- ♦ Centers for Disease Control

Core Services

- Link people to needed personal health services, and provide otherwise unavailable selected preventive care
- Identify and investigate community health problems and public health hazards
- Inform, educate, and empower people about issues of public health importance: prevention and control of infectious diseases, obesity, chronic disease, interpersonal/domestic violence, unintentional injury, and immunizations
- Mobilize community partnerships to identify and solve health problems
- Develop and implement plans that support individual and community health efforts to create healthy communities
- Evaluate effectiveness, accessibility, and quality of public health nursing services

PUBLIC HEALTH CENTERS AND ITINERANT PHN SERVICES MAP

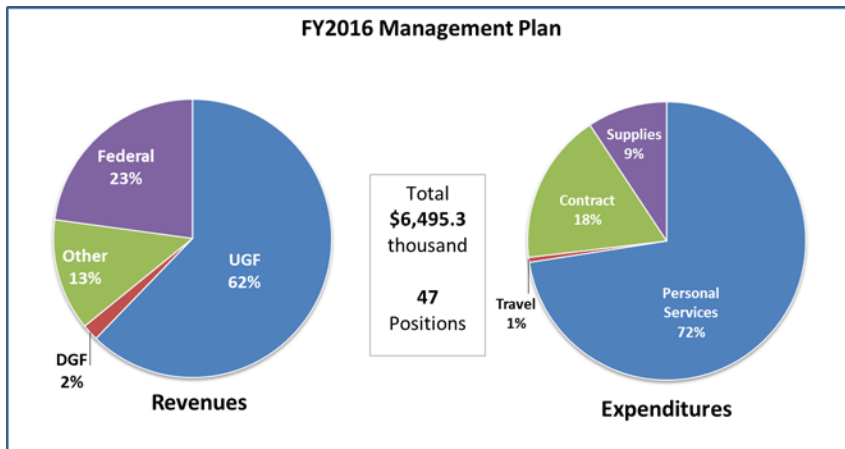
DIVISION OF PUBLIC HEALTH, SECTION OF NURSING – JANUARY 2014





Alaska State Public Health Laboratories (ASPHL)

Anchorage Laboratory and Fairbanks Virology Laboratory



State Labs: A First Line of Defense to Prevent the Spread of Communicable Diseases (selected statistics)

Test	Frequency	Test	Frequency
Total lab tests	183,805	Hepatitis	19,171
Botulism	49	Influenza	73,556
Tuberculosis	9,669	Whooping Cough	704
Sexually Transmitted Infections (STI)	53,065		

State Labs: High-Consequence Health & Safety Services Not Available in Alaska or the Private Sector

Service	Freq.
Special Pathogens/Bioterrorism	250
Emergency Toxicology	242
Heavy Metals	535
Radiation Safety	450
Clinical Laboratory Quality Assurance	670

ASPHL has 24-hour on-call staff for emergency toxicology and other life-saving, time-sensitive tests.

Core Functions:

- Monitor for emergence of infectious agents and investigate outbreaks
- Ensure and develop accurate, timely and cost-effective lab tests
- Oversee laboratory quality assurance throughout Alaska
- Maintain rapid emergency response lab capabilities
- Reduce exposure of Alaskans to unnecessary and possibly harmful radioactivity
- Collect and provide data essential to protect the health of Alaskans and support public health policy decisions



In 2015, one or more individuals tested positive for botulism in seven separate events. Rapid identification of the botulism source limited the number of individuals who become ill from exposure, often from fermented native foods.

The ASPHL is one of 50 labs in the nation approved to confirm Ebola diagnoses. Most recently, the lab is working with CDC to test for possible exposure to the Zika virus in women who may have been exposed during pregnancy while traveling.

In response to increased Spice use in Alaska, ASPHL developed capacity to test for THC and Spice, enhancing our ability to detect synthetic cannabinoids rapidly and at less cost than external lab testing.

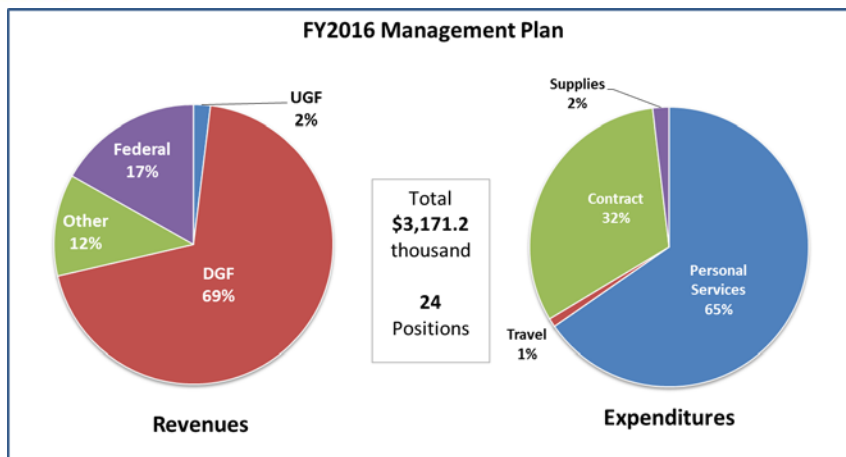
Lab Services:

- State of Alaska**
 - Department of Corrections
 - Public Safety
 - Environmental Conservation
 - Division of Public Health
 - Public Health Nursing
 - Epidemiology
 - Medical Examiners
 - Other Clients**
 - Hospitals
 - Clinics
 - Physician Offices
 - Free-standing Laboratories
 - Blood Bank
 - Veterinarians
 - University of Alaska
 - Local Governmental Agencies
 - Federal**
 - Laboratory Response Network (CDC)
 - Food Emergency Response Network (FDA; USDA)
 - Department of Justice (FBI)
 - Department of Defense
 - Department of Health & Human Services (CMS)
- Medicaid:** 47,328 tests (27.5%)
Total Tests: 172,102



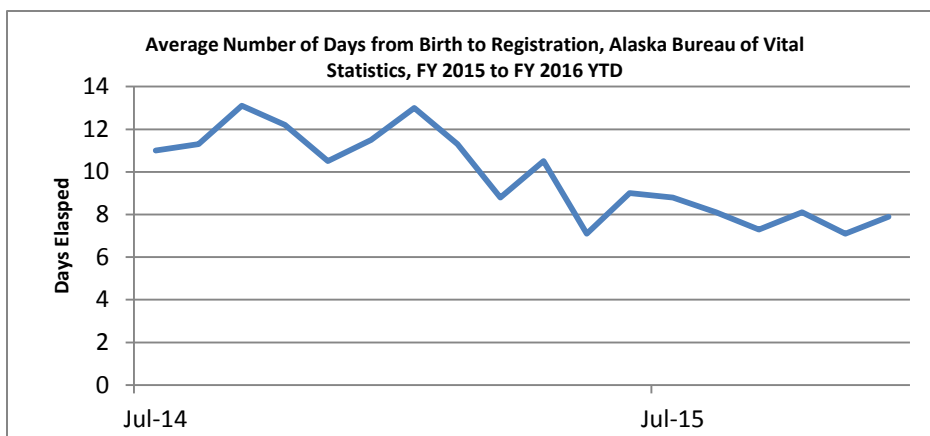
Bureau of Vital Statistics

Managing vital records and reporting statistics on the health of Alaskans



Key Statistics (FY2015)

Services	Frequency
Birth Registrations	11,310
Death Registrations	4,230
Marriage Registrations	5,710
Medical Marijuana cards issued	1,313
Paternities and Adoptions	4,678
Research Special Requests Completed	247



Since FY2014, days to register births have decreased 27% due to the successful implementation of the Electronic Vital Records System (EVRS).

Core Services

- Ensure accuracy and security of all vital records
- Provide public health data for health program analysis and for monitoring the health of Alaskans
- Process cultural, Tribal, and court adoptions and create substitute birth certificates for all adopted children

Key Partnerships:

State of Alaska

- ♦ Suicide Prevention Council
- ♦ State demographer
- ♦ Permanent Fund Division
- ♦ Cancer Registry
- ♦ Immunization Registry
- ♦ AK Violent Death Reporting System
- ♦ Maternal Child Health-Epidemiology
- ♦ Maternal-Infant Mortality Review Committee
- ♦ Div. of Senior & Disabilities Services
- ♦ Division of Public Health
- ♦ Chronic Disease Prevention and Health Promotion
- ♦ Emergency Programs
- ♦ Epidemiology
- ♦ Health Planning and Systems Development
- ♦ State Medical Examiner
- ♦ Public Health Nursing
- ♦ Women's, Children's, Family Health

Tribal, Public and Private Entities

- ♦ Alaska Native Tribal Health Consortium
- ♦ Hospitals
- ♦ Funeral homes
- ♦ Media Outlets

Federal

- ♦ National Center for Health Statistics
- ♦ Social Security Administration

The Bureau of Vital Statistics (BVS) is responsible for registering and maintaining all vital records occurring in the state of Alaska, including births, deaths, marriages, divorces, and other essential services including the Medical Marijuana Registry. All Alaskans depend on certified copies of vital records for the myriad of daily activities that require a legal identity. In special cases, BVS works with Alaskans without state birth records for proof of birth to appropriately establish their legal identities; adoptive families and children; aid in establishing paternity; and correct and amend records to ensure all Alaskans have access to timely, accurate vital records.

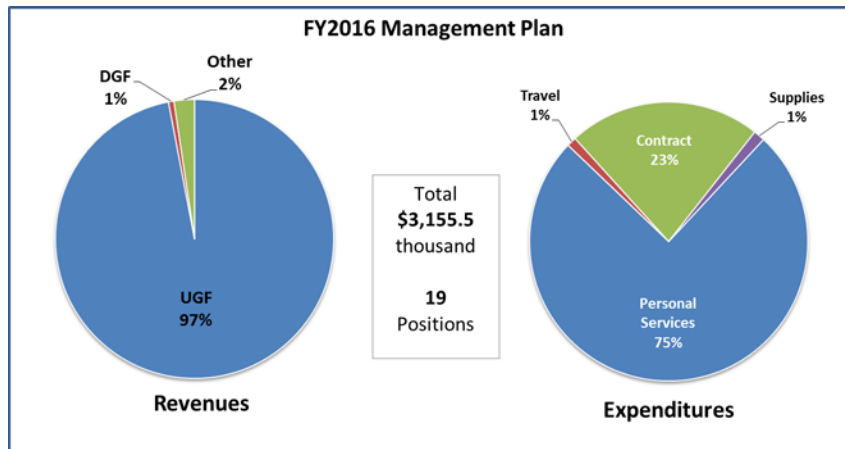
In 2015, the Bureau of Vital Statistics replaced its 25 year-old outdated, DOS-based information system. The new Electronic Vital Records System (EVRS) streamlines the registration process, improving timeliness and data quality of the registration system for death, fetal death, divorce, medical marijuana, induced termination of pregnancy, and marriage. The project was completed approximately one year earlier than expected and within budget.

The Bureau's primary funding source are program receipts derived from certificate fees, followed by other revenue-generating sources. Unrestricted General Fund expenditures provide death certificates for Veterans.



State Medical Examiner Office

Medical/legal investigative work related to unanticipated, sudden or violent deaths

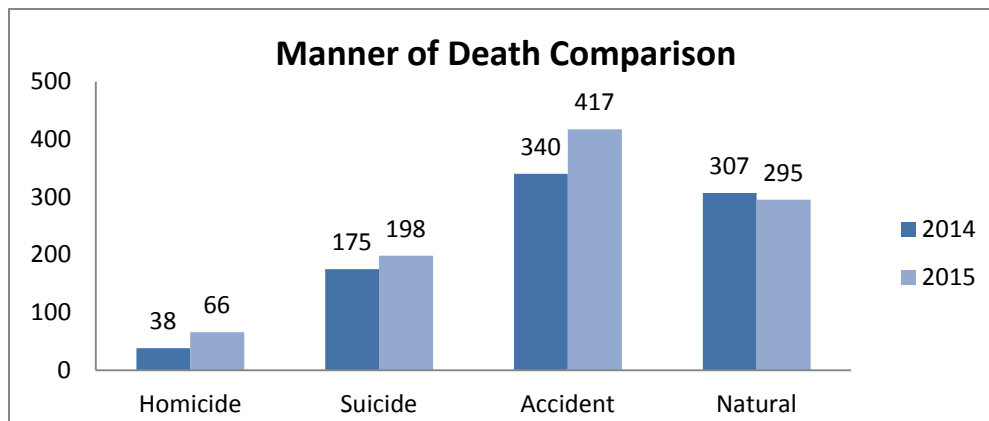


SMEO 2015 Statistics (preliminary data)*

Services

Services	Frequency
Reportable Cases (↑10%)	1,841
No Jurisdiction Assumed (↑8%)	792
Autopsies (↑8%)	587
Consult (no physical exam) (↑13%)	187
Inspections (External exam only) (↑18%)	265

Homicide rates increased 75% from 2014 to 2015. Only natural causes of death decreased.



Core Functions:

- Determine the cause and manner of death as provided in AS 12.65
- Provide medical evaluation in the investigation of deaths of concern to Alaska's public health, safety and welfare
- Investigate sudden, violent, and suspicious deaths
- Provide accurate identification of decedents under their jurisdiction and notify the next-of-kin
- Partner with health, law, law enforcement, and other partners to address homicide, suicide, infant mortality, and other issues
- Provide mass fatality services and jurisdictional support and training

The Medical Examiner plays a critical role in identifying potentially preventable causes of death. Ability to rule out or confirm the role of Spice or other contributing factors in recent deaths among the homeless population plays an ongoing role in addressing the recent spike in mortality.

Collaboration with Maternal Child Health Epidemiology, Office of Children's Services, and others helped identify sleeping conditions as a contributor to infant mortality and led to Alaska's Safe Sleep campaign.

For several years, the SMEO has worked to increase mass fatality capacity statewide, through statewide partnerships, interagency planning, community training, and acquisition of mass fatality trailers. That work proved invaluable following this summer's 9-victim plane crash in Ketchikan, in which SMEO, Emergency Programs, JBER, and US Coast Guard worked together to retrieve and transport victims at no cost to the state other than staff time. After receiving the bodies at midnight on Friday, SMEO staff worked all night to identify and process remains so that families could receive the remains by the following afternoon.

* CY2015 statistics

SMEO Partnerships:

State of Alaska

- Alaska State Troopers
- Department of Public Safety
- District/Defense Attorneys
- Rescue Coordination Center
- Division of Behavioral Health
- Office of Children's Services
- Division of Public Health
 - Emergency Programs
 - Epidemiology
 - Maternal Child Health
 - AK State Public Health Lab

Public and Private Entities

- Funeral Homes
- LifeAlaska
- Hospitals
- Physicians

Federal

- Joint Base Elmendorf-Richardson
- US Coast Guard
- National Transportation Safety Board (NTSB)
- Federal Aviation Administration (FAA)

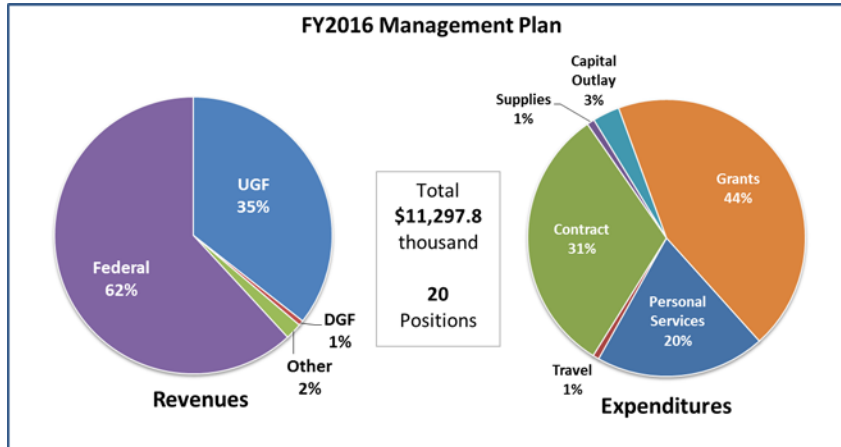
Fatality and Mortality Review

- Child Fatality Review Committee
- Maternal Infant Mortality Review (MIMR)



Emergency Programs

Protecting against and responding to public health emergencies and disasters; ensuring certified EMS first responders, and improving trauma capabilities statewide



Emergency Programs Statistics (2016)

Services	Frequency
Emergency Medical Services Personnel certified	2,651
Interdisciplinary trauma/mass casualty trainings	40
Designated trauma centers statewide	17
Public health and medical disaster preparedness trainings	63



Key Partnerships:

State of Alaska

- ♦ Alaska National Guard
- ♦ Alaska State Troopers
- ♦ Department of Public Safety
- ♦ Division of Homeland Security and Emergency Management
- ♦ Division of Behavioral Health
- ♦ Office of Children's Services
- ♦ Senior and Disabilities Services
- ♦ Alaska Council on EMS
- ♦ Division of Public Health
 - ♦ Alaska State Public Health Lab
 - ♦ Epidemiology
 - ♦ Public Health Nursing
 - ♦ State Medical Examiner
 - ♦ Women's, Children's, Family Health

Public, Private, and Non-Profit Entities

- ♦ Alaska and Region X hospitals
- ♦ Local jurisdictions
- ♦ Tribal Health Organizations
- ♦ EMS Regions
- ♦ Samaritan's Purse Disaster Response
- ♦ Non-governmental organizations

Federal

- ♦ Alaskan Command
- ♦ Office of the Assistant Secretary for Preparedness and Response
- ♦ Centers for Disease Control
- ♦ Federal Bureau of Investigation
- ♦ US Northern Command
- ♦ US Health and Human Services
- ♦ US Coast Guard

Core Services

- ♦ Mobilize and support public health and medical entities to prepare for natural disasters, mass casualty events, pandemic illness, and terrorist acts
- ♦ Ensure adequate and competent infrastructure for the emergency medical services (EMS) system
- ♦ Reduce preventable death and disability from trauma
- ♦ Monitor, research, and evaluate service effectiveness, accessibility, and quality of the emergency medical services, trauma system, and disaster preparedness

Emergency Programs coordinated DHSS response to the Sockeye and Card Street fires, providing medical and behavioral health support, essential medical supplies and equipment, coordination with assisted living and medical facilities, and support to individuals using durable medical equipment. The fires tested new models for partnering with local resources to provide immediate and ongoing behavioral health services.

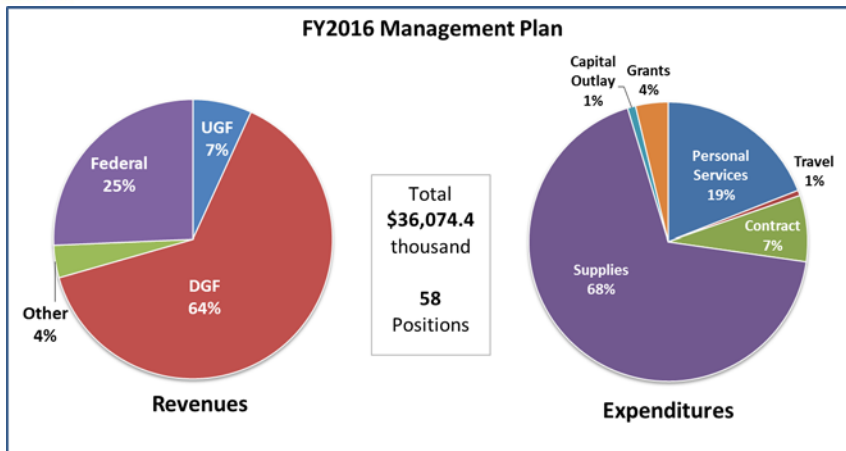
Full-scale disaster exercises tested two very different state functions. *Rock and a Hard Place* supported the evacuation of South Peninsula Hospital with staff, mobile communications, emergency operations center equipment, and mobile medical surge capacity. *Pills to Polar Bears* demonstrated statewide capacity to dispense medical countermeasures (antibiotics, antivirals, antitoxins, vaccines) to communities affected in biohazard events. Alaska is the first state to deploy a mobile team to distribute essential medications to first responders.

Alaska leads the nation in multidisciplinary trauma and response training for EMS, fire, and law enforcement to coordinate and expedite response to mass casualty incidents. In 2015, the EMS office developed a dispatcher certification and training program, fully implemented an electronic EMS certification, and recognized Alaska Native Medical Center as Alaska's first healthcare facility meeting Emergency Medical Services for Children assessment requirement for excellence in traumatic and emergent pediatric care.



Epidemiology

Keeping Alaskans safe from communicable diseases; injuries; and environmental, occupational, and other health hazards



Epidemiology Activities (CY2015)

Services	Frequency
Outbreak investigations and Infectious disease responses	70
Ebola response: 21-day monitoring of at-risk travelers	37
Epidemiology bulletins on diverse public health topics	31
http://www.dhss.alaska.gov/dph/Epi/Pages/bulletins/bltnidx.aspx	

Core Services

- Monitor communicable diseases, injuries environmental toxins, and violent deaths
- Diagnose and investigate disease clusters and outbreaks
- Inform, educate, and empower the public and key stakeholders on issues of public health importance
- Develop policies and mobilize partnerships that promote the health of Alaskans, such as on-time vaccination, communicable disease control, environmental hazard reduction, and violence/injury surveillance
- Link persons with HIV, tuberculosis, and other conditions of public health importance to needed

Selected Epidemiology Bulletins

Dog bite injuries
Spice Hospital Visits
Salmonella Outbreak
HPV Vaccine Update
Meningococcal Disease
Radon in Alaska
Occupational Lead Exposure
RSV Prevention
Influenza Updates
HCV/HIV Testing
STD Testing
E-cigarette Use and Exposure
TB Update
Cost of a TB Outbreak
HCV and STD Update
Health Impacts of Heroin Use
Trichinellosis Cases
Marijuana Use
Measles Case Report
Pertussis Outbreak
Chickenpox Update
PSP Update

Partnerships:

State of Alaska

- Alaska State Troopers
- Dept. of Environmental Conservation
- Office of the State Veterinarian
- Department of Fish and Game
- Department of Natural Resources
- Department of Public Safety
- Division of Behavioral Health
- Division of Public Health
- AK State Public Health Lab
- Chronic Disease Prevention
- Emergency Programs
- State Medical Examiner
- Women's, Children's, Family Health

Public and Private Entities

- Health Care Providers
- Laboratories
- Hospitals
- Local entities
- Municipality of Anchorage
- Vaccine coalitions
- Tribal Health Organizations
- AK Native Epidemiology Center

Federal

- Centers for Disease Control
- Agency for Toxic Substances and Disease Registry
- Bureau of Land Management
- Environmental Protection Agency
- Federal Energy Regulatory Comm.
- Military organizations
- US Army Corps of Engineers
- US Food and Drug Administration

Epidemiology brought its expertise in outbreak investigation and public health policy and education to substance use and abuse in FY16. The DPH Marijuana Workgroup created user-friendly web resources, while providing expertise related to legalization. Epidemiology also investigated a large outbreak of synthetic cannabinoid-related (Spice) emergency room visits in Anchorage, and created a spice health information website. Its comprehensive report on the health impacts of heroin in Alaska highlights the growing epidemic of heroin addiction and the broader issue of opioid abuse.

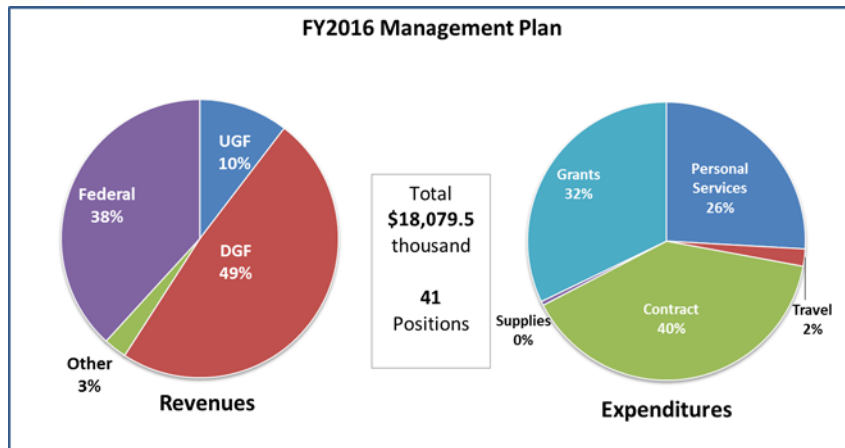
Epidemiology implemented the Alaska Vaccine Assessment Program (AVAP) this year, collecting \$4.9 million to purchase vaccines for insured Alaskans. Still in the early stages, the program is too new to affect Alaska's low immunization coverage rates for children under 3 years of age.

Tuberculosis remains a serious public health threat requiring substantial resources to control. A 2015 *Epidemiology Bulletin* calculates the direct costs of a 2013 outbreak in a Yukon-Kuskokwim Delta village at \$1,101,414. Alaska's chlamydia rates are consistently among the nation's highest, putting women of childbearing age at risk for pelvic inflammatory disease.



Chronic Disease Prevention and Health Promotion

Healthy and safe Alaskans



Key Partnerships:

State of Alaska

- ♦ Alaska Children's Trust
- ♦ Alaska Commission on Aging
- ♦ Alaska Network on Domestic Violence and Sexual Assault
- ♦ Dept. of Education & Early Dev.
- ♦ Department of Natural Resources
- ♦ University of Alaska
- ♦ Division of Public Health

Public and Private Entities

- ♦ Tribal health
- ♦ Federally Qualified Health Centers
- ♦ Health care providers
- ♦ Communities, community coalitions
- ♦ Healthy Futures
- ♦ Local school districts
- ♦ Diabetes education programs
- ♦ Local chapters of the Diabetes, Heart Association & Cancer Society
- ♦ Alaska Primary Care Association
- ♦ Alaska Pharmacists Association
- ♦ Alaska eHealth Network
- ♦ Alaska Tobacco Control Alliance
- ♦ Centers for Disease Control

Why Chronic Disease Prevention & Health Promotion is Key

More than half of Alaska adults report that they have one or more of the following: obesity, inactivity, smoking, history of diabetes, history of cardiovascular disease, or cancer. But how many are dealing with more than one?¹



3 out of 4 Alaskans Die from Chronic Diseases or Injuries

Costs to Alaska Annually

\$601 million = Tobacco Use (direct medical care and lost productivity)
\$459 million = Obesity (direct medical care) \$366 million = Cancer \$672 million = Heart disease and stroke
\$328 million = Diabetes \$438 million = Unintentional injuries

Core Services

- **Monitor, research, and evaluate** the health status and behaviors of Alaskans. Inform communities, partners, and public of findings
- **Mobilize partnerships** and action to address tobacco use and prevention of obesity, and to decrease heart disease and stroke, diabetes, cancer, and injuries
- **Develop and promote trauma-informed policies and plans** that reduce the occurrence and effects of chronic diseases and adverse childhood experiences (ACEs)
- **Inform, educate, and empower people** about health issues through health information campaigns
- **Improve community-clinical linkages** to ensure referral to programs that improve management of chronic conditions
- **Improve effective delivery** and use of clinical and other preventive services to prevent disease, detect diseases early, and reduce or eliminate risk factors

What We're Doing to Make a Difference

To date, CDPHP has supported 188 communities, tribes and schools to pass tobacco-free policies to help tobacco users quit and keep youth from starting. 35 of these are new or updated this year. CDPHP ensures communities have the most recent information on new tobacco products, including e-cigarettes, for policy development.

CDPHP response to community concerns led to a cancer cluster investigation that triggered an increase in preventive cancer screenings in Yakutat.

Public education campaigns improved parents' awareness of the health risks of sugary drinks, while CDPHP helped more than 15,700 elementary students get healthier by supporting school-based physical activity challenges in 160 schools from 36 districts.

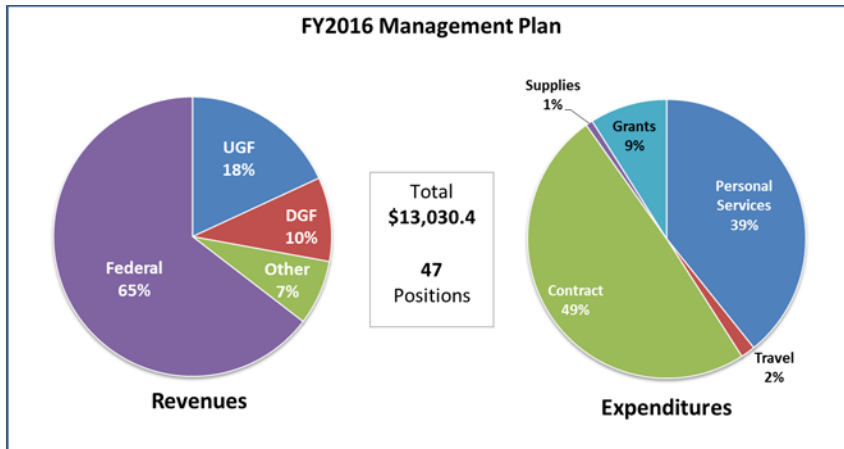
CDPHP efforts improved access to chronic disease self-management programs and diabetes prevention programs at the following communities: Seward, Anchorage, Juneau, Ketchikan, Bethel, and the Mat-Su. Other work improved diabetes, heart disease and cancer quality of care in health centers in Yakutat, Fort Yukon, Aniak, Wrangell, Homer, and Naknek.

Falls, particularly falls in the senior population, are one of Alaska's leading causes of injury. A 3.5% decrease in fall-related hospitalizations statewide followed training and interventions on fall prevention.



Women's, Children's and Family Health

Promoting optimum health outcomes for all Alaskan women, children, teens and their families

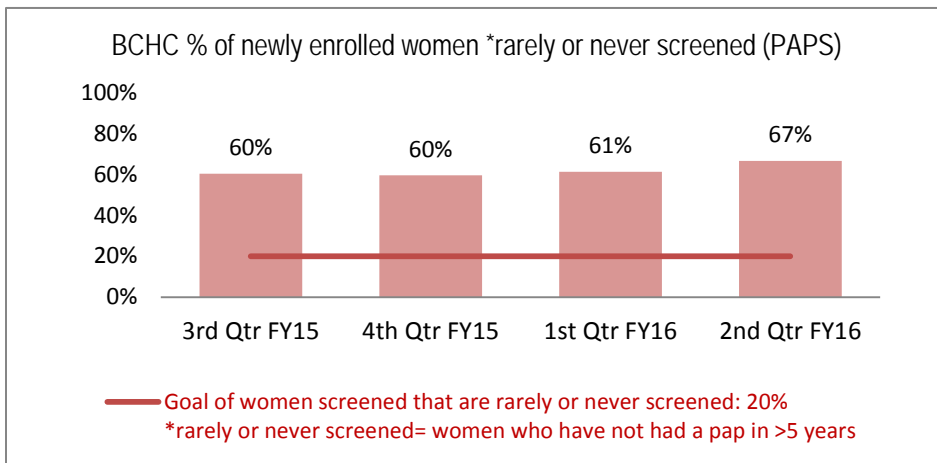


Key Statistics (2015)

Services

Frequency

Maternal, Infant, & Early Childhood Home Visiting clients: at risk women and children 191
Percent of Alaskan newborns received newborn metabolic screening 99.4



Key Partnerships:

State of Alaska

- Division of Public Health
- Division of Health Care Services (Medicaid/Denali KidCare, EPSDT)
- Division of Public Assistance (WIC)
- Office of Children's Services
- Division of Behavioral Health
- Department of Revenue (PFD)
- Department of Public Safety
- Dept. of Ed & Early Development
- Court system
- University of Alaska-Anchorage

Tribal, Public and Private Entities

- Alaska Native Tribal Health Consortium
- All Alaska Pediatric Partnership
- Alaska Chapters for the American Academies of Pediatrics and OB/GYN's
- Stone Soup Group
- Public Schools
- Health Care Providers and Birthing Facilities Statewide

Federal

- U.S. Department of Health and Human Services
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA), Maternal Child Health Bureau
- Administration for Children & Families

Core Services

- Monitor, research, and evaluate women's, maternal, child, and adolescent health status
- Inform, educate, and empower the public and key stakeholders about women, infant, children, and adolescent health issues
- Mobilize community partnerships to promote and implement primary prevention efforts for maternal, child, and family health
- Develop policies and plans that promote health and support community efforts for children and youth with special health care needs
- Link children and adolescents with special health care needs or chronic conditions with health services and assist with specialty clinical services in hard-to-reach communities
- Partner with health agencies to ensure public health infrastructure and health and safety laws related to maternal, child, and family health

In 2015, the Maternal Infant Mortality and Child Death Review Committee brought together 43 representatives from multiple agencies to conduct an expedited review of over 80 recent infant, child and maternal deaths. Reviewers identified 22 actionable recommendations to prevent future deaths. WCFH as the lead agency is implementing several key recommendations including an innovative safe sleep program. This approach is now a national model.

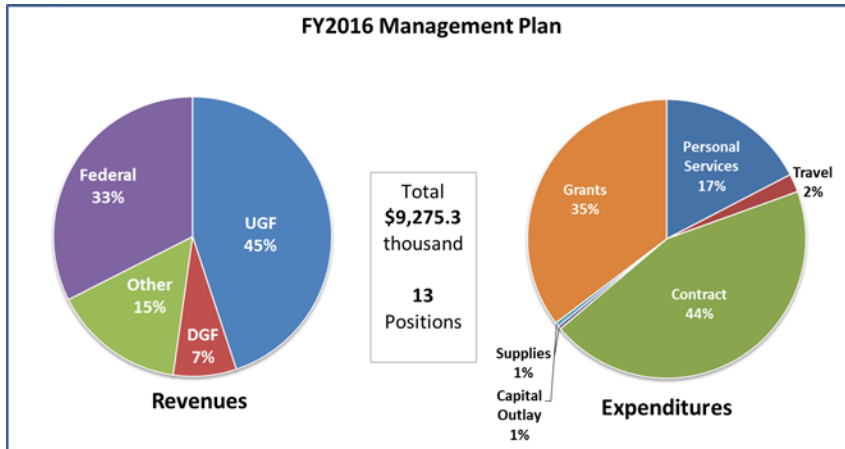
In 2015, the Maternal, Infant, & Early Childhood Home Visiting program provided maternal child health home visiting services to over 125 low-income first-time mothers in the Anchorage and Mat-Su Boroughs with demonstrated improvement in breastfeeding and child maltreatment for its clients.

Due to interventions and education, the teen birth rate in Alaska declined from a high of 64.3 births per 1,000 teens in 1991 to 27.8 in 2014.



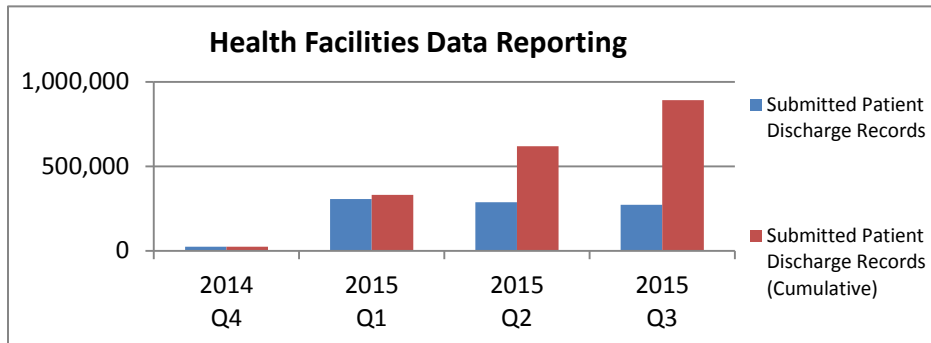
Health Planning and Systems Development

Strengthening statewide access to preventive, primary and acute care



Key 2015 Statistics

Services	Frequency
Health Care Providers serving patients in high needs areas through SHARP	154
Geographic areas designated as Health Professional Shortage Areas	57
Patient visits by Community Health Aides within the 13 organizations receiving Community Health Aide training and supervision grants	205,500



Core Services

- Mobilize partnerships and action to identify and solve health problems related to health care quality and infrastructure
- Develop policies that increase access to preventive, primary, and acute care
- Link people to needed personal health services and assure the provision of health care, when otherwise unavailable, through grant programs
- Ensure an adequate and competent public health infrastructure by developing the health care workforce
- Monitor, research, and evaluate health status and service effectiveness, accessibility and quality to identify and solve community health problems

Partnerships:

State of Alaska

- ♦ Dept. of Commerce, Community and Economic Development
- ♦ Dept. of Public Safety
- ♦ Dept. of Labor and Workforce Development
- ♦ University of Alaska
- ♦ Division of Behavioral Health
- ♦ Division of Health Care Services
- ♦ Division of Public Health
- ♦ Alaska eHealth Network
- ♦ Alaska Mental Health Trust Authority

Tribal, Public and Private Entities

- ♦ Tribal Health Organizations
- ♦ Community Health Centers
- ♦ Rural clinics
- ♦ Hospitals
- ♦ Primary care safety net providers
- ♦ Health care provider partners
- ♦ Alaska State Hospital and Nursing Home Association
- ♦ Alaska Primary Care Association
- ♦ All Alaska Pediatric Partnership
- ♦ Denali Commission
- ♦ Local wellness coalitions
- ♦ United Way
- ♦ Juneau Alliance for Mental Health

Federal

- ♦ Office of Rural Health
- ♦ Veteran's Administration
- ♦ Health Resources & Services Admin

In FY15, providers who had SHARP MOAs saw 164,000 patients, a 40% increase from FY2014. Alaska's unique needs have been incorporated into redesigned federal shortage designation methodology and systems to facilitate Alaska's Health Professional Shortage Area applications.

Seventeen hospitals received funding and training to improve quality of care to their patients, their operations, and financial status. 43 facilities (32 more than last year) submitted data to the Health Facility Data Reporting Program, representing health care charges totaling \$2.3 billion and providing more robust data with which to answer questions about health outcomes and reasons for hospitalizations in Alaska. Recently this has resulted in better data analysis on topics such as suicide, asthma, dental emergencies, boating injuries, opiates and other drug overdoses.

With support from the Community Health Aide Training and Supervision grant program, 170 community health aides successfully completed training in CHA Sessions III and IV, enabling them to bill Medicaid for their services.