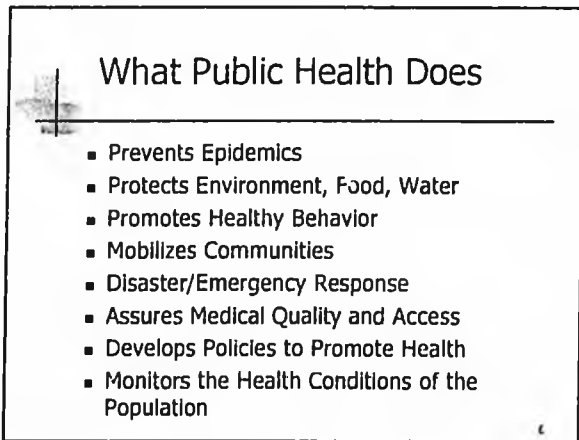
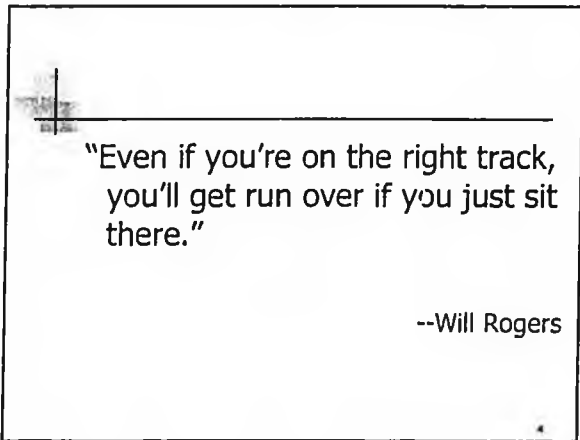
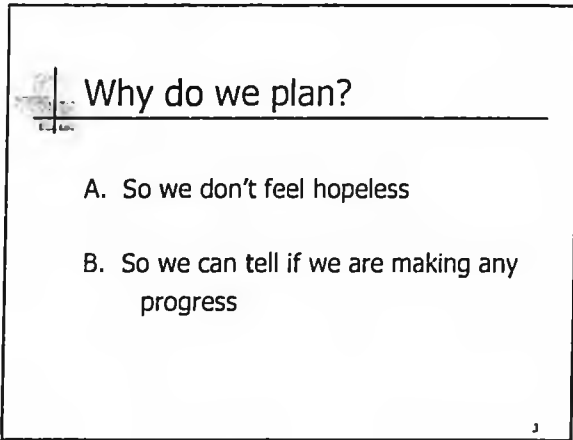
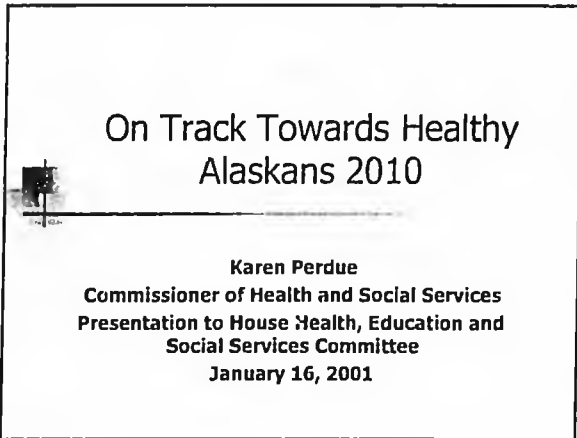
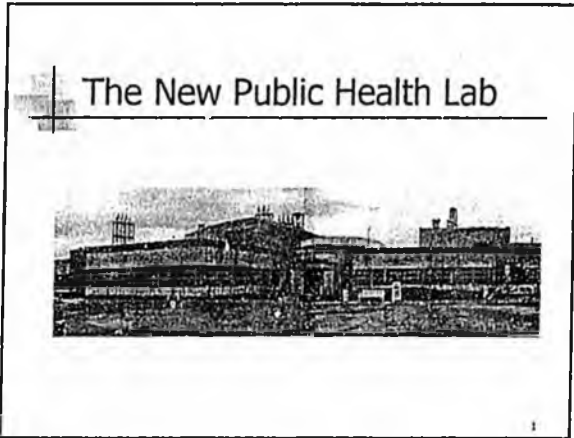


OVERVIEW

DIV.

PUBLIC

HEALTH



It used to be harder to get data and to do everything...

7



8



9

Measuring Health Status – Limitations of Current Data

- "Small number" constraints
- Community data vs. statewide data
- Hospital Data: only for trauma
- Technology: emerging

10

How Have we Done?

Compared with the national average:

Alaska is BETTER for 6 of 19
ABOUT THE SAME for 6 of 19
Alaska is WORSE for 7 of 19

11

Analysis of Alaska Trends

- RIGHT DIRECTION for 12 of 19
- No consistent change for 4 of 19
- WRONG DIRECTION for 3 of 19

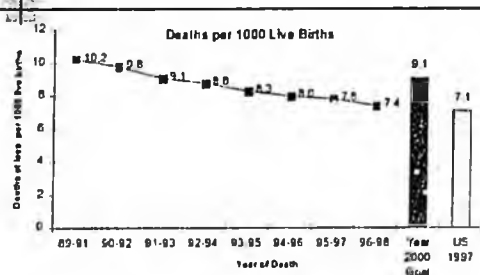
12

Trends in 19 Alaska Health Status Indicators

Infant Mortality $\uparrow\downarrow$	Children in Poverty \uparrow
Overall Mortality \uparrow	Lung Cancer $\ominus\downarrow$
Work-related Mortality $\uparrow\downarrow$	
Unintentional Injury $\uparrow\downarrow$	Stroke $\ominus\oplus$
Motor Vehicle Crash Deaths $\uparrow\downarrow$	Air Quality $\ominus\oplus$
Breast Cancer $\uparrow\downarrow$	Suicide Mortality $\ominus\oplus$
Coronary Heart Disease $\uparrow\downarrow$	Homicide $\ominus\oplus$
AIDS $\uparrow\downarrow$	Tuberculosis $\cup\oplus$
Measles $\uparrow\downarrow$	Prenatal Care $\cup\oplus$
Teen Birth Rate $\uparrow\downarrow$	Low birth weight $\cup\oplus$
\downarrow Healthy Alaska 2000 target met	\oplus Healthy Alaska 2000 target not met
AK Trend: \uparrow Better \ominus Same \cup Worse	

Let's look at some of 19 indicators we have been tracking since 1990

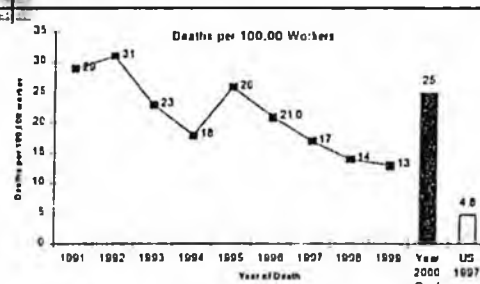
Infant Mortality Rate Alaska 1990-98*



*Data source: Alaska Bureau of Vital Statistics; rate per 1000 live births, 3-year running average

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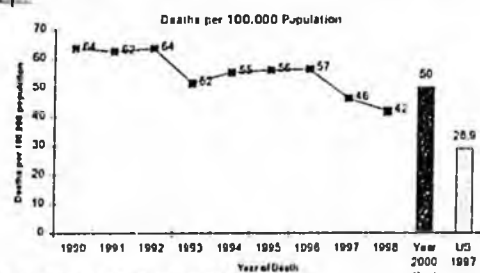
Work-Related Mortality Rate Alaska 1990-99*



*Data source: Section of Labor and Pr., rate per 100,000 workers

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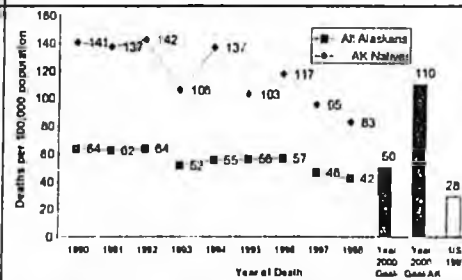
Unintentional Injury Mortality Rate Alaska 1990-98



*Data source: Alaska Bureau of Vital Statistics; rate per 100,000 population; age adj. and to US 1992 population; ICD-9 codes 800-949

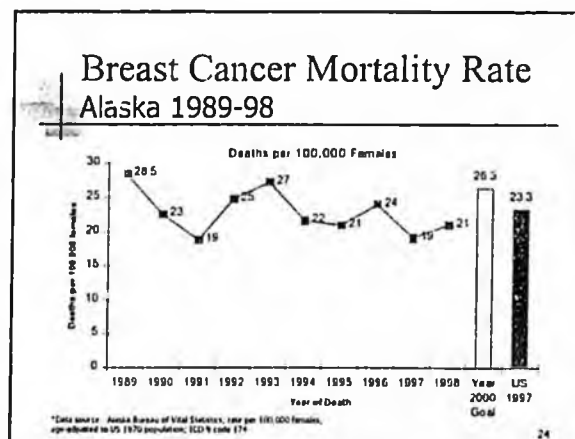
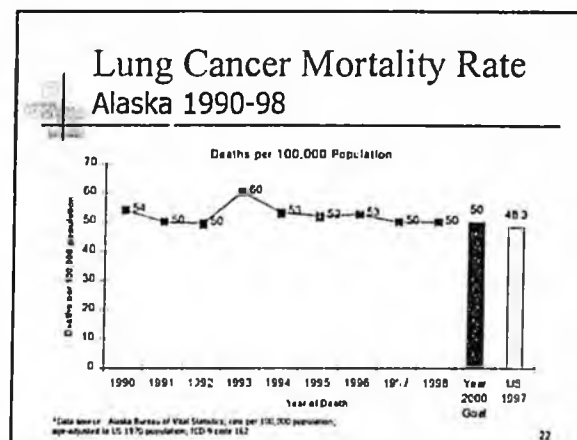
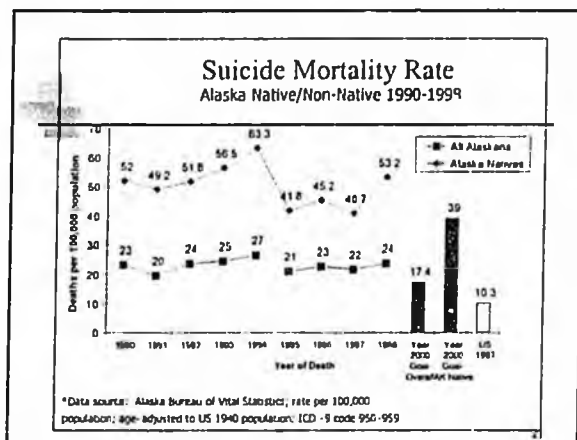
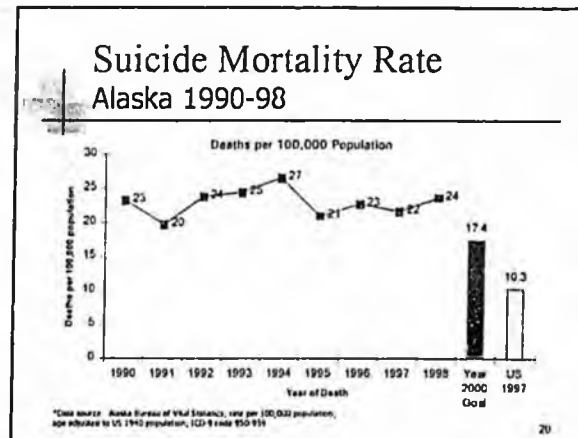
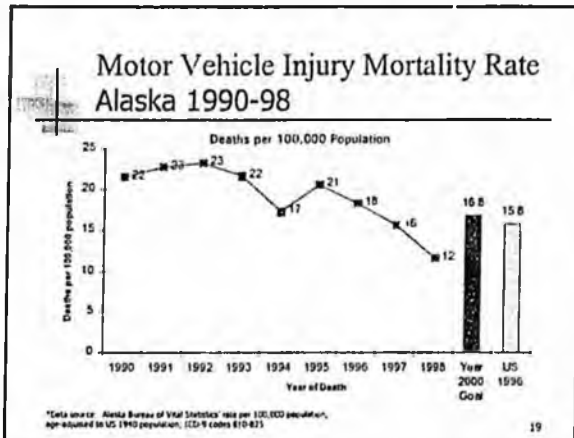
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Unintentional Injury Mortality Rate Alaska Native/Non-Native 1990-1998

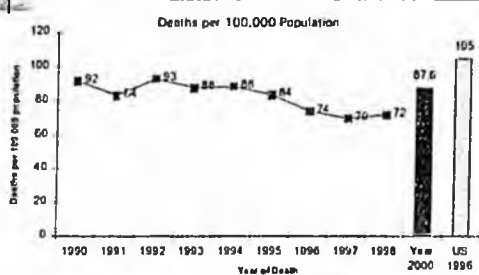


*Data source: Alaska Bureau of Vital Statistics; rate per 100,000 adjusted to US 1990 population; ICD-9 codes 800-949

18



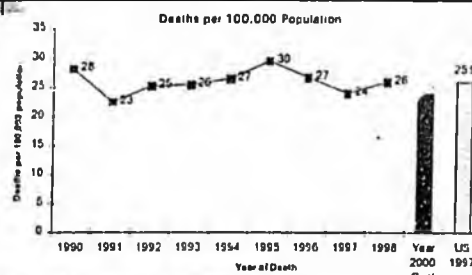
Coronary Heart Disease Mortality Rate Alaska 1990-98



*Data source: Alaska Bureau of Vital Statistics; rate per 100,000 population, age-adjusted to US 1940 population; ICD-9 codes 410-414, 415.1

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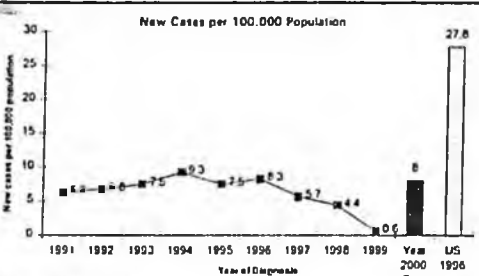
Stroke Mortality Rate Alaska 1990-98



*Data source: Alaska Bureau of Vital Statistics; rate per 100,000 population, age-adjusted to US 1940 population; ICD-9 codes 430-438

26

AIDS Incidence Rate* Alaska 1991-99



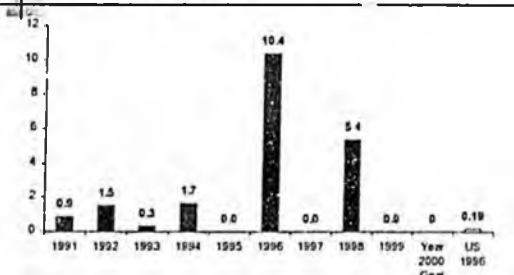
*Data source: Section of Epidemiology

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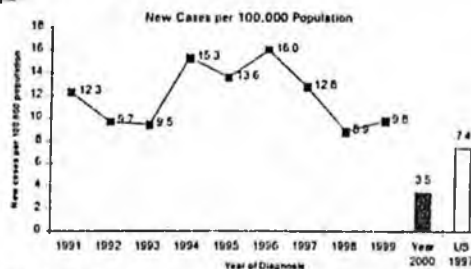
Measles Incidence Rate Alaska 1990-99



*Data source: Section of Epidemiology

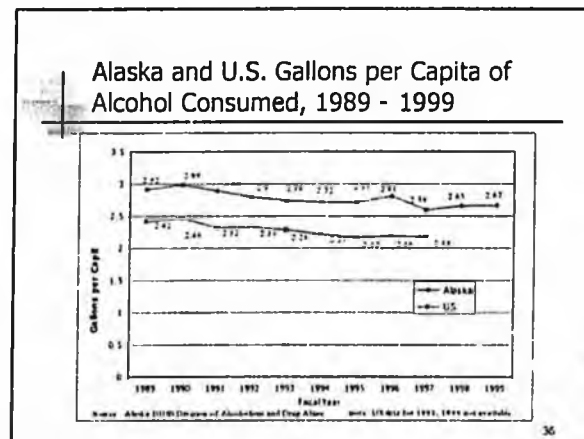
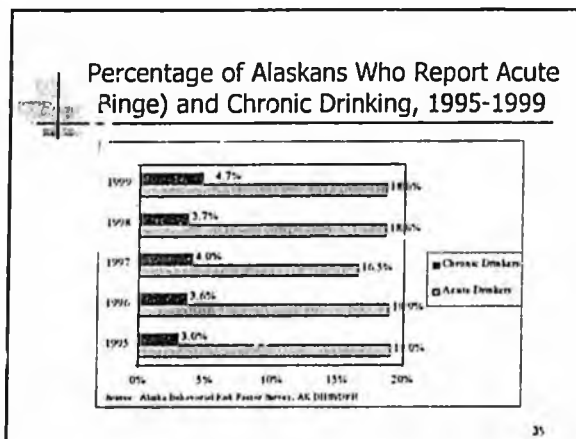
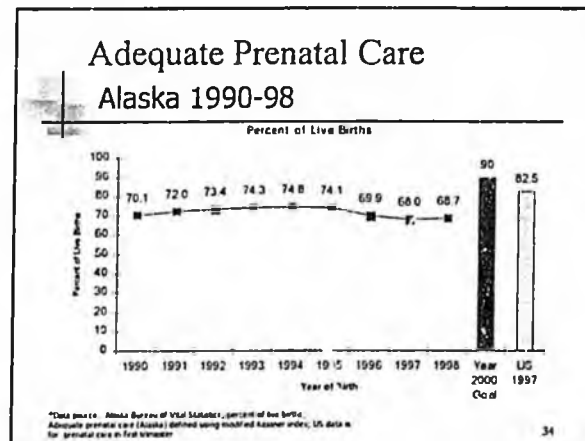
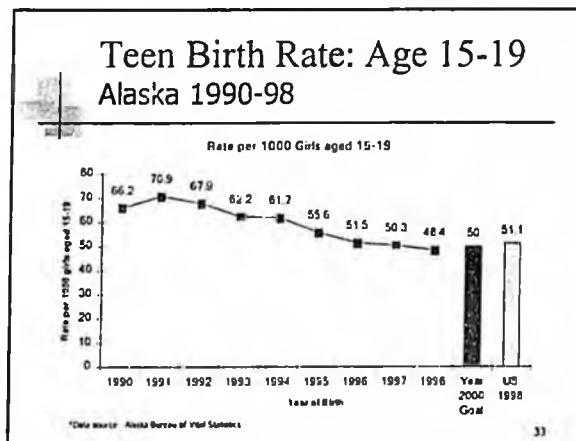
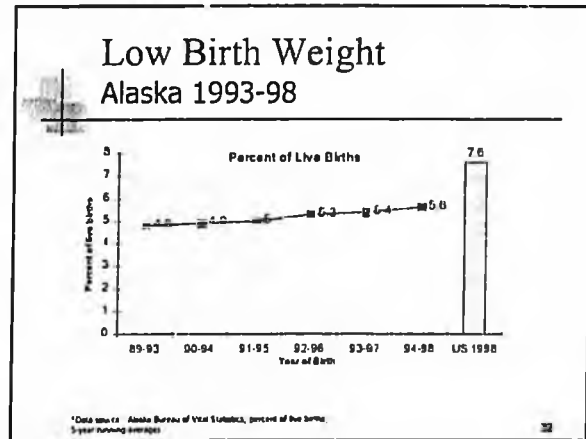
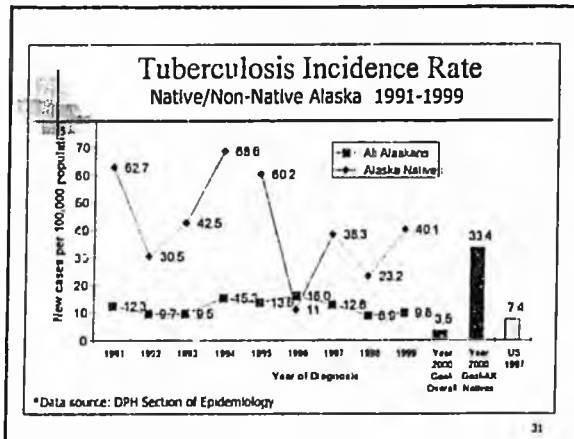
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Tuberculosis Incidence Rate Alaska 1991-99

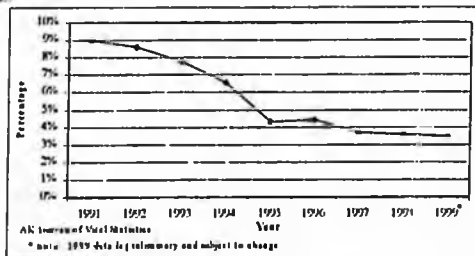


*Data source: Section of Epidemiology

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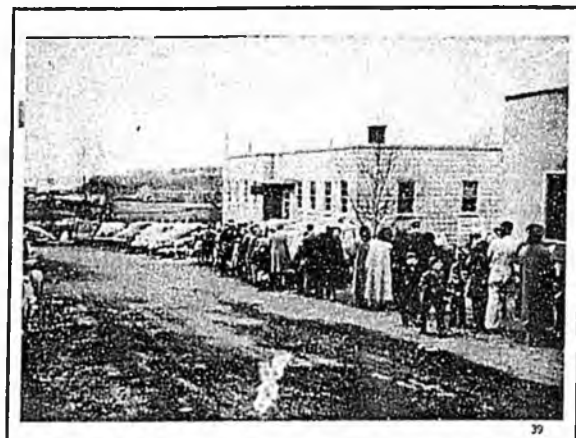
Percentage of Women Reporting Alcohol Consumption During Pregnancy



Healthy Alaskans 2010

What should our targets be?

What actions are needed to hit the targets?

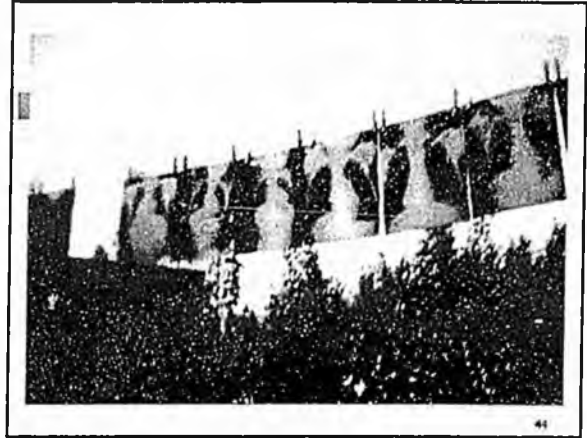
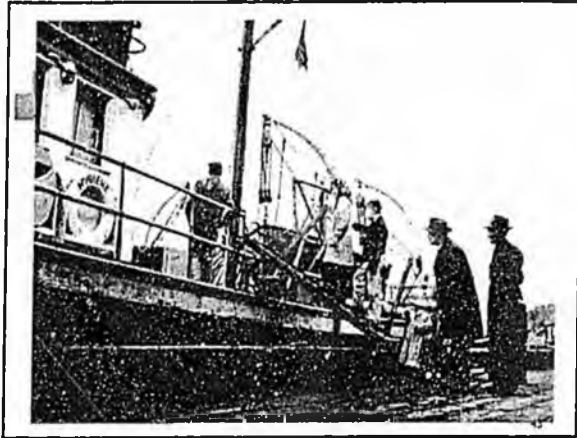


Strengthen our Public Health System



Challenges New and Old

- Tuberculosis
- New Immunization Schedule
- STDs
- Hepatitis C
- Viral and Bacterial Outbreaks
- Environmental Contaminants



Governor Knowles is Proposing

Back to Basics

\$2.281 million to beef up public health

Back to Basics: A Disease Control Initiative

A comprehensive, multi-disciplinary disease control effort

- using nursing, labs and epidemiology expertise
- breaking the cycle of exposure, infection and disease related to TB, Hepatitis, STDs and other communicable diseases in Alaska.



Division of Public Health Overview

Presented to Health, Education and Social Services Committee
January 18, 2001

www.hss.state.ak.us/dph/dph_home.htm

Introduction to the Division

Mission

The mission of the Division of Public Health is to preserve and promote the state's public health.

Description of the Division

The Division of Public Health strives to use the best available scientific knowledge to set public health policy and ensure provision of services that guarantee the health of all Alaskans so they can live full lives with optimum well being.

The Division promotes the health and quality of life of all Alaskans by preventing and controlling disease, birth defects, injury, disability and death resulting from interactions between people and their environment. The Division carries out its mission through a range of activities and services centered on the core public health functions of assessment, policy development and assurance.

The Division's activities and services are primarily "population-based" and focus on achieving and preserving the health and well-being of entire communities or populations rather than on the provision of individual medical care. The Division's professional staff monitor and assess the health status of Alaskans through the collection and analysis of vital statistics, risk factor data and data on disease and injury. The Division uses this data and other scientific information and expertise to develop, implement and evaluate strategies, programs and services to inform the public and advise policy makers about health issues. These activities enable citizens and policy makers to make sound policy decisions to prevent and reduce health problems, promote good health and avoid costs.

Populations Served:

The Division of Public Health (DPH) serves the **population of the State of Alaska: 626,932**, according to the April 1, 2000 Census count, living in 320 communities and areas.

In addition, DPH works to protect the health and safety of over **two million** visitors a year to the state, and approximately **70,000 non-resident workers** per year.

The duty to protect the health of the public requires cooperation with other states and nations, because threats to public health like tuberculosis, persistent organic pollutants, and bioterrorism know no borders. DPH serves as both the state and local health agency except for the areas covered by the two areas with "local health departments," Anchorage Municipality and North Slope Borough.

Services:

Public Health provides prevention, health promotion, protection and treatment services directly to individuals, families and communities, and through grantee organizations and contractual arrangements.

DPH also ensures the capacity of systems to protect the public's health: monitor health care and public health workforce availability, training and quality assurance; provide surveillance and monitoring of disease and injury; provide data and educational information so that communities and citizens can make informed choices.

In addition to addressing systems issues and providing many population-based services, DPH has responsibility for serving subgroups of the general population who have special needs, such as Medicaid-enrolled children and other special populations at risk of illness or injury.

Organizational Components:

Structurally the Division is organized into the following Sections, Bureaus or Offices, which design, direct, deliver and evaluate all programs and services within the Division:

- Epidemiology
- Public Health Nursing
- Maternal, Child and Family Health
- Laboratories
- State Medical Examiner
- Vital Statistics
- Emergency Medical Services and Community Health
- Medicaid Services
- Data and Evaluation

The Code Blue Project

Resuscitating Emergency Medical Services in Alaska

Brief History: During the past decade, a crisis has quietly developed in rural Alaskan EMS programs resulting in some services closing their doors and others downgrading the level of emergency medical care they are capable of providing. These EMS agencies are essential components of the rural emergency health care and transportation systems. The Code Blue Project was initiated by the Department of Health and Social Services in 1999 as an attempt to quantify the unmet needs of rural emergency medical services agencies. The development and continuing evolution of the Code Blue project involves a partnership between the department, the Regional and subarea EMS offices, local communities, and others, such as the Alaska Council on Emergency Medical Services. The Code Blue Database includes EMS needs supported by Regional EMS agencies and represents a "snapshot" of documented needs in rural Alaska.

Funding Sources: The need to reinvigorate emergency medical services agencies in Alaska is urgent and worsens with time. Agencies such as the Denali Commission, the United States Department of Agriculture (USDA) and the Rasmuson Foundation have been contacted as potential sources of funds. Governor Knowles is including \$533,000 in his proposed capital budget for improving EMS and matching other funding sources. We continue to look diligently for other sources of funding.

Recent Activities: We have spent considerable time working with the Regional EMS Offices to refine our database and reporting systems to be able to more accurately estimate costs and matching funds based on different funding scenarios. Fields related to: USDA funding eligibility and levels; Primary Care Facility priority levels; and "distressed community" designations based on draft Denali Commission and preliminary USDA criteria, have been included. Data have been migrated from a simple spreadsheet to an Access database system. A system for updating and prioritizing equipment needs has been developed. The next update of the database is scheduled for February 2001.

Items Included: Equipment for patient transportation (ambulances and transport vehicles), patient care, training, and communications are contained within the Code Blue list. The Code Blue database does not include the costs of essential EMS related training that also has been identified.

Estimated Costs: The costs included are the best estimates available at the time of publication.

Local Match: We support the concept of local matching funds and we believe that many communities within the Code Blue Project are capable of generating reasonable amounts of matching funds if given adequate time. Other communities, however, such as those which are significantly economically distressed, based on USDA or Denali Commission Criteria, are not likely to be able to find matching funds, since their available funding is used for mission critical EMS operations (e.g. gasoline, vehicle maintenance, insurance, etc.). The maximum amount of funding from the USDA for a project is 75%.

Code Blue Database - 1/2001	
<u>Equipment</u>	<u>Cost</u>
Patient Care Equipment	\$644,829
Training Equipment	\$254,300
Radio Repeaters	\$350,000
Communications Equipment	\$688,330
Ambulances	\$3,450,000
Emergency Vehicles	\$1,302,500
<u>Other</u>	<u>\$15,000</u>
Total	\$6,729,959

Consequently, the community's share of a \$150,000 ambulance would be \$37,500. Many small communities simply don't have the financial resources to amass these funds.

Applications for Funding under the Code Blue Project: There are well over a hundred emergency medical services agencies in Alaska ranging from small first responder squads to extremely sophisticated, paramedic staffed, urban EMS systems. The Alaska EMS System is divided into seven regions. The Regional EMS Offices are either 501(c)(3) non-profit organizations, or are within Native Health Corporations or are incorporated into a borough government. The regional EMS offices have been in place for years (some over 20) and are uniquely qualified to apply for and manage funds received under the Code Blue Project.

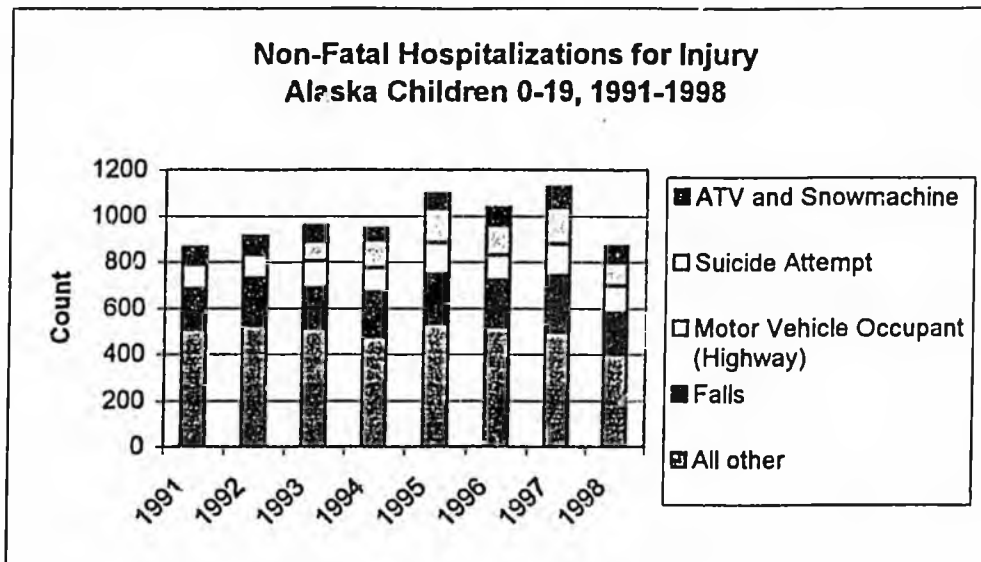
Importance of Funding: It is likely that the problems in rural emergency medical services will increase in frequency and severity if there is not a substantial influx of resources to provide the equipment, training and support necessary for volunteer EMS personnel to do their jobs in a safe and effective manner. Agencies can play an important role in helping improve rural emergency medical care by providing funding to purchase essential equipment and which also can be used as match for other funding sources.

Since many rural EMS squads in Alaska respond to more calls from people from other parts of Alaska or visitors from out-of-state than from local residents, it is in our collective best interests to ensure that we have effective emergency medical services available 24 hours a day, seven days a week, throughout the state.

Division of Public Health Injury Prevention Activities

- On going surveillance with the Trauma Registry.
- Developing four injury prevention booklets for children.
- Helmet use PSAs.
- Supporting development of "prevention response teams" at the health corporation level to assist communities, after a significant injury or illness, in developing programs to prevent further occurrences of the same or similar event.
- Injury prevention training at the annual EMS symposium to encourage EMS involvement in local programs.
- Child passenger safety – training car seat inspectors and car seat checks in local communities.
- Kids Don't Float – 235 personal floatation device loaner sites around Alaska.
- Smoke alarm installation project targeting Anchorage and Y-K Delta.
- Support local injury prevention efforts through Safe Kids coalitions in 7 communities.
- Support local injury prevention efforts in Alaska Native Health Corporations.
- Observational study of helmet use for riders on bicycles, ATVs, and snowmachines.
- Co-sponsor bicycle "rodeos" for kids.

Alaska Trauma Registry, non-fatal, hospitalized injuries, AK residents, Age 0-19, 1991-1998
 Poisonings were collected beginning July, 1993



Trauma Hospitalizations	1991	1992	1993	1994	1995	1996	1997	1998
All other	507	524	513	474	531	519	496	399
Falls	175	203	172	194	215	199	244	180
Motor Vehicle Occupant	106	106	118	105	138	112	138	118
Suicide Attempt	11	15	87	122	146	128	159	99
ATV and Snowmachine	64	65	69	52	66	77	88	74

Source: Alaska Trauma Registry



Trauma Hc Rates per Thousand Children 0-19	1996	1998	FY2002 Target
Intentional	82.6	83.3	74
Unintentional	416.8	410.4	375
Total	499.4	493.7	449

Alaska Trauma Registry, non-fatal, hospitalized injuries, AK residents, Age 0-19, 1991-1998
 Poisonings were collected beginning July, 1993

	1991	1992	1993	1994	1995	1996	1997	1998
Motor Vehicle Occupant on Highway	106	106	118	105	138	112	138	118
Snowmachine	15	29	29	20	28	38	34	32
All-Terrain Vehicle	49	36	40	32	38	39	54	42
Pedestrian	23	31	25	21	37	26	24	21
Bicycle	56	55	40	30	47	52	60	43
Water Transport	5	5	5	8	4	7	4	9
Airplane	2	0	4	0	0	0	0	0
Falls	175	203	172	194	215	199	244	180
Fire	15	13	13	25	22	19	16	5
Frostbite/Hypothermia	7	2	4	9	12	4	6	2
Dogbite	23	14	16	12	16	28	16	17
Near Drowning	12	5	6	9	2	3	5	4
Suffocation	7	5	11	4	9	1	12	1
Eyepoke	3	3	2	4	3	3	9	0
Struck by Person/Object (accidently)	40	53	54	39	53	60	31	28
Caught between Objects	10	20	12	3	12	7	9	8
Machinery	3	7	10	9	6	7	10	4
Cut	41	33	31	30	22	26	29	24
Explosion	8	5	9	5	13	6	6	2
Unintentional Firearm	10	26	17	17	16	17	12	13
Burn (hot substance)	27	30	30	19	22	25	15	12
Strain	3	0	5	7	7	7	5	3
Suicide Attempt	11	15	87	122	146	128	159	99
Assault	48	48	47	50	61	43	36	43
Other Animal Injury	4	4	6	4	4	1	6	3
Animal Ride	7	12	2	2	2	2	2	5
Swallowing Foreign Body	21	16	21	18	9	18	20	12
Sledding	33	21	11	17	16	18	17	13
Playground Equipment Fall	41	41	37	24	26	41	31	20
Sports	50	62	55	60	43	56	49	52
Accidental Poisoning	1	0	24	36	48	32	52	30
Other	7	13	16	12	19	10	14	25
Total	863	913	959	947	1096	1035	1125	870

Frontier Health

Problem:

Alaska experiences multiple health and health care delivery challenges that are in many ways unique from the rest of the United States. Alaska has over 300 communities. Approximately 25 percent of all Alaskans, and 46 percent of Native Alaskans, live in communities of less than 1,000 people. Nearly one-quarter of the State's population lives in towns and villages that are reachable only by boat or aircraft. Despite its size, Alaska ranks 47th among the 50 states in road miles and approximately 75 percent of Alaska communities are not connected by road to a community with a hospital. In 1998, Alaska averaged 1.09 persons per square mile compared to 76.36 persons per square mile nationally. The Frontier Health Project will address service delivery and health system issues facing Alaska as a frontier state.

Mission:

The project mission is to assure access to basic quality health care services for all who live and work in rural and remote Alaska, through a collaborative effort geared to strengthening the rural health care service delivery system utilizing HRSA funding and field office support.

This project will support HRSA's goals of assuring 100% access to health care and 0% health disparities. In accordance with HRSA's goals, this project will improve the health of rural Alaskans by assuring equitable access to comprehensive, quality health care. Implementation of state level initiatives under this project will utilize HRSA's strategies of: 1) eliminating barriers to care; 2) assuring quality of care; and, 3) improving public health and health care systems.

Goals:

1. To enhance and maximize the health care delivery system in Alaska by using existing HRSA resources in a more flexible and expansive manner to leverage additional public and private resources.
2. To provide a vehicle for the receipt of demonstration funding to test options for improving the delivery of primary and other health services in a frontier state.
3. To work collaboratively with the HRSA Region X Field Office and HRSA Administrator's Management Team, in order to enhance HRSA's effectiveness in supporting a frontier state in achieving its health care objectives.
4. To develop, test and evaluate, in conjunction with HRSA staff, methodologies which will enable federal funding agencies to better support frontier states in delivering health care by expanding criteria to enable them to compete with the more populous states and areas for long-term service delivery grant funds.

5. To increase and enhance the connection between HRSA funded service delivery initiatives and the HCFA funded reimbursement systems in order to maximize access to care for rural Alaskans.

Specific Project Objectives/Activities:

The Alaska Department of Health and Social Services will, in partnership with HRSA, through a cooperative agreement, work to enhance and support the Alaska health care delivery system, in order to improve access to care for rural Alaskans. These activities will be carried out in the following broad categories:

- **Increasing collaborative health service delivery planning and systems development.** Staff supported with funding from this cooperative agreement will work with staff of the various HRSA funded programs and services within and outside the Department and with other local, state, tribal, regional and national level health care providers and funder entities to increase collaborative planning, funding and implementation efforts focused on frontier service delivery.
- **Increasing the ability of frontier states, like Alaska, to access long-term federal funding for building and maintaining the rural health care infrastructure and supporting access to basic health care.** By serving as a pilot state, Alaska has the potential to assist the federal agencies in identifying ways to expand grant programs so that frontier states can access sustainable federal funding for essential work. Current grant programs are frequently unavailable to frontier states, due to small numbers and large geographical areas requiring substantial travel.
- **Identifying, utilizing and documenting the benefits related to having a Field Office team assigned to assist states in HRSA related activities.** The newly developed and assigned field office state technical assistance teams are being asked to relate to and interact with their assigned states in new and more comprehensive ways. The State of Alaska has the potential to assist HRSA in systematically developing and clarifying appropriate roles and responsibilities that will help the teams be effective and in evaluating the impact of the teams in helping states achieve their goals related to maximizing HRSA resources and partnering within the state.
- **Identifying and implementing creative methodologies for increasing the efficiency and effectiveness of the health care infrastructure in rural Alaska using all available public and private resources.** The staff funded by a cooperative agreement would provide technical assistance to community groups, service delivery agencies and funders to increase opportunities for collaboration and to share information which can assist these entities in engaging in more cost effective and innovative activities.

YOUNG CHILDREN ARE VULNERABLE AND A HIGH PRIORITY

Numbers of children born with significant congenital problems:

- Birth defects are a leading cause of neonatal death in Alaska. About 20 infants die each year from a congenital birth defect.
- An average of 1600 children are born each year with *any* type of reportable birth defect.
- Over 400 children are born each year with at least one of the *major* congenital defects.
- The most common birth defects in Alaska are congenital heart defects (about 150 births per year).
- About 25 children are born each year with cleft lip and palate.
- 15 children are born every year with Down Syndrome.
- Seven babies are born each year with a neural tube defect.
- An estimated 30 - 40 children are born each year with significant congenital hearing loss.
- 10 -14 children are born every year with fetal alcohol syndrome.

Children's physical and behavioral health issues:

- At least 250 Alaska Medicaid children are hospitalized for asthma each year
- Only 42% of EPSDT children receive appropriate dental services. Just 19% of Alaska children are estimated to have received at least one dental sealant by the time they reach 3rd grade.
- 17% of Alaska children suffer from anemia - over twice the rate of US children as a whole.
- 7% of Alaska children in infant learning programs have significant behavioral health issues.
- 843 Medicaid recipients under age 21 were on medication for ADHD in 1999.
- 3.4% of children in grades 7-12 dropped out of school in the 1997-98 school year.
- 9% of Alaskan infants are born to mothers who report binge drinking.

Childhood exposures to health risks:

- Children in Alaska are exposed to environmental health hazards at a high rate: In Alaska households where children are living, over one quarter are exposed to cigarette smoke, 18% to binge drinking and 3% to chronic alcohol use.
- As many as one quarter of middle school students and 37% of high school students smoke cigarettes!
- 20% of middle school and 22% of high school students have abused inhalants at some time in their lives.
- Almost half of children in grades 9-12 report using alcohol.

- 1 to 2 % of children under age 18 suffer some form of abuse or neglect each year in Alaska.

MCH Programs that serve young children:

- The following MCFH Programs assess the extent of various problems affecting young children and provide epidemiological data for program planning and evaluation:
 - Maternal Infant Mortality Review
 - Pregnancy Risk Assessment Monitoring System
 - Alaska Birth Defects Registry
 - Alaska Fetal Alcohol Syndrome Surveillance Project
- The following MCFH programs enable or directly provide services to young children:
 - WIC
 - Early Intervention/Infant Learning Program
 - Newborn Hearing Screening
 - Newborn Metabolic Screening
 - Genetics Clinics
 - Specialty Clinics - Cardiac, Neurodevelopmental and Cleft Lip/Palate
 - Health Care Program for Children with Special Needs (HCP-CSN)
 - Healthy Families Home Visitation Program
 - Alaska Family Violence Prevention Program

The Alaska WIC Program Is A Success

- WIC provides free nutritious foods, health screening and referrals, and nutrition education to low income childbearing women, infants and children up to five.
- It is a proven prevention program that saves millions of healthcare dollars.
- The number of people served has doubled in seven years, totaling 43,646 in SFY00.
- During this period, costs have been reduced and service quality and accessibility to services by hard-to-reach populations has significantly improved.
- This was accomplished through innovative changes to federal and state regulations and procedures, and the development of new community partnerships.
- These improvements resulted in the Alaska WIC Program receiving a USDA award for being the outstanding WIC program in the nation in 2000.

At the federal level, Alaska can now convert unused food funds previously returned to the federal government to funding for providing clinic services in bush Alaska. We now substitute salmon for tuna and dried eggs on the WIC food list, exclude COLA for income documentation for military families, and waived the requirement for a street address to establish proof of residency for people in bush areas. Medicaid now provides funds for bus tokens in urban areas to assist families in keeping their WIC appointments.

Because of the high cost of WIC mailed food boxes and complaints about damaged and spoiled food in the boxes, two aggressive efforts were initiated to recruit additional village stores as WIC vendors, and to create a WIC vendor advisory council. As a result, the number of WIC vendors has doubled from 112 in 1994 to 225 in 2000, and today less than 1,000 participants (4%) receive mailed food boxes, down from 25% just six years ago. Small village stores are greatly helped by the increased revenue. The amount of money spent in the private economy of Alaska for WIC foods has tripled from about \$5 million to \$15 million. By increasing the participant caseload and partnering with vendors, the average cost of participant food packages has been cut almost in half since 1994. Current average costs are \$38/month, very close to the \$32/month western region state average.

A new computer system was put into operation in 1998. WIC's old cumbersome 5-page application form has been streamlined to a 2-page family or individual application form. A new shortened and more efficient electronic grant process is replacing the cumbersome process that required proposers to develop very lengthy grant applications every two years. Recruitment and retention of WIC nutritionists in Alaska is a chronic problem, but a new distance learning program has been successful in allowing talented WIC

support staff to meet requirements to certify participants. Students use written distance learning modules, take a nutrition course through correspondence or on the Internet, and use Alaska WIC materials and self-grading exams on the Internet. Our first two students graduated in November 2000. In remote clinics that experience high professional staff turnover, these new WIC certifiers will play a significant role in providing continuity to our remote clinics.

Children in Alaska have double the rate of anemia of the rest of the US. Anemic children are often tired and have difficulty in school. It is hard to get children to take iron drops because of the taste. WIC is currently testing the effectiveness of low cost iron fortified chocolate milk in the Y/K area. If it is effective, we will add this to our WIC food list.

In the past six years WIC has opened three new agencies and nine new clinics. A new partnership with the military has resulted in a new clinic site coordinated with military health services in Anchorage, for which WIC and the military share service costs. WIC already has two military clinics on bases in Fairbanks.

The Alaska WIC Farmers' Market Nutrition Program was piloted in Fairbanks in 1998, and expanded to Anchorage, Wasilla/Palmer, Dillingham, Kodiak, Kenai in 2000. WIC participants are given \$20 worth of coupons which they exchange for Alaskan grown produce at local Farmers' Markets. This program has significantly increased fruit and vegetable consumption of WIC participants as well as expanded the awareness and sales of Alaskan grown produce. This year we received a grant for a similar Senior Farmers' Market pilot program, for the Anchorage and Mat-Su Valley areas. It will be operated this summer through United Way in cooperation with local senior centers.

WIC is pilot testing a WIC immunization voucher incentive program in Barrow. Public health nurses provide the WIC nutritionist with a list of children who are not up to date on their immunizations. When these children's parents come for their WIC appointment, they are issued only one month's WIC vouchers instead of the usual three months, and referred for immunizations. They can start receiving three-month sets of WIC vouchers once they get their child started on the needed immunizations. This is proving successful in raising immunization rates.

Special Initiatives/Efforts

- 1. Breast and Cervical Cancer Treatment Bill-**This is an option recently made available by the federal government to allow states the option of having Medicaid pay the treatment costs for women who have found they have either breast or cervical cancer through the federally funded breast and cervical cancer screening program for low-income women (those below 250% of poverty) and have no insurance to cover such treatment. A bill has been introduced to have Alaska exercise that option. It is a great dis-incentive for women without insurance to be screened, if they know that if cancer is found, they have no source of funding to pay for the needed treatment.
- 2. Workforce Development Initiative-**Due to the increasing difficulty in recruiting and retaining a high quality public health workforce, we are partnering with the University of Washington and other states in the Northwest to determine effective strategies to ensure public health workers in Alaska continue to be highly skilled and available to serve the public.
- 3. Opening the New Public Health Lab and Medical Examiner Facility-**This month staff are moving into the new, state of the art, public health laboratory and medical examiner facility in Anchorage. Staff of both programs will now be able to do their work in a safer environment, more efficiently, do more complex work and better serve the public in a number of ways. The grand opening is January 26 at 11 am.
- 4. Healthy Alaskans 2010-**The Division is managing, on behalf of the Department, a planning effort that will, over the next year, finish defining health goals for the state for the next 10 years. This effort, involving hundreds of Alaskans statewide, will establish a framework for achieving and benchmarks for measuring the success of the state in improving the overall health and well-being of it's citizens.



COMMITTEE:
HEALTH, EDUCATION & SOCIAL
SERVICES

DATE: January 18, 2001

Subject of meeting:

Overview of Medical Issues in AK
Presented by Dr Donald Palmisano
Brd of Trustees, AK State Medical Assoc
Continuation of Discussion of the Div
of Public Health Issues
Overview: Division of Medical Asst
Public Health & Medical Problems in AK
Solutions the State is Applying

SIGN-IN

PLEASE PRINT!

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Kieran Pearson	" "	465-3090	" "	✓
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