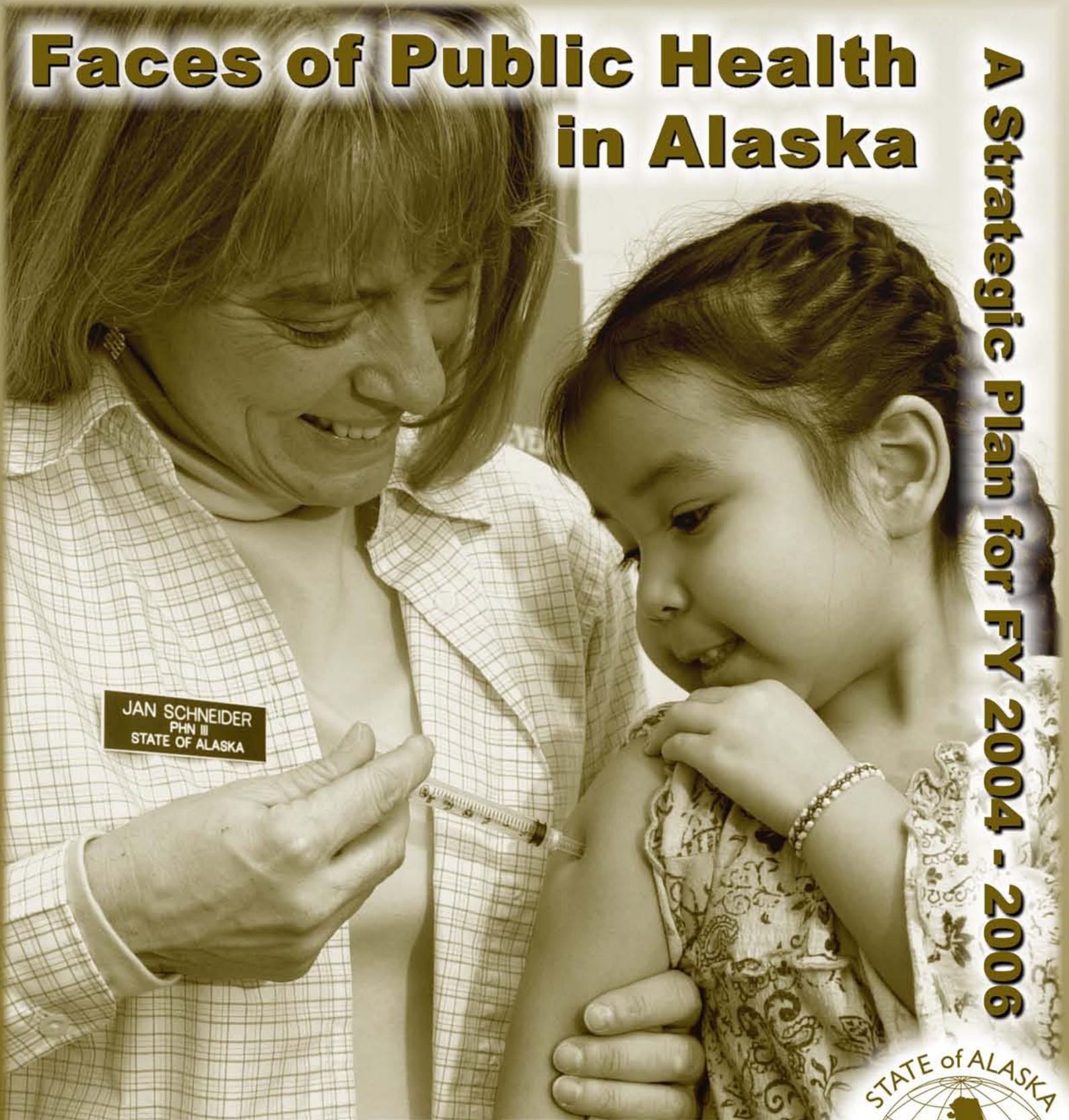


Faces of Public Health in Alaska

A Strategic Plan for FY 2004 - 2006





Division of Public Health
Strategic Plan
2004 - 2006
1st ed.

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State of Alaska

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Welcome

Dear Alaskan:

We are proud to share with you this important Strategic Plan for the state Division of Public Health (DPH). In the following pages, you will discover the details of our commitment to protecting and promoting the public's health in Alaska.

This publication is not destined for the dusty shelves of the state bureaucracy. We view it as a working, living document that will be used every day by the professionals who manage the Division of Public Health. It contains very specific goals, objectives and strategies - along with measures DPH will use to hold itself accountable and mark its progress. This plan will govern the Division's work for the next 2½ years, and be updated as we re-evaluate the needs of the public health community in Alaska.

There is much to be proud of already. In these pages, you will see brief accounts of the great public health work already being achieved in Alaska. Thanks to the dedicated professionals working in the Division - and to outstanding partnerships with other providers and health organizations - there is great success to build upon. That is exactly the intent of this document, and it is why we asked experts from inside and outside government to help us develop this Strategic Plan.

Please look it over. We believe this plan will help us build on past successes and move forward toward our shared goal of a healthier and safer Alaska.

Sincerely,



Joel Gilbertson



Doug Bruce



*Joel Gilbertson, Commissioner
Dept. of Health & Social Services*

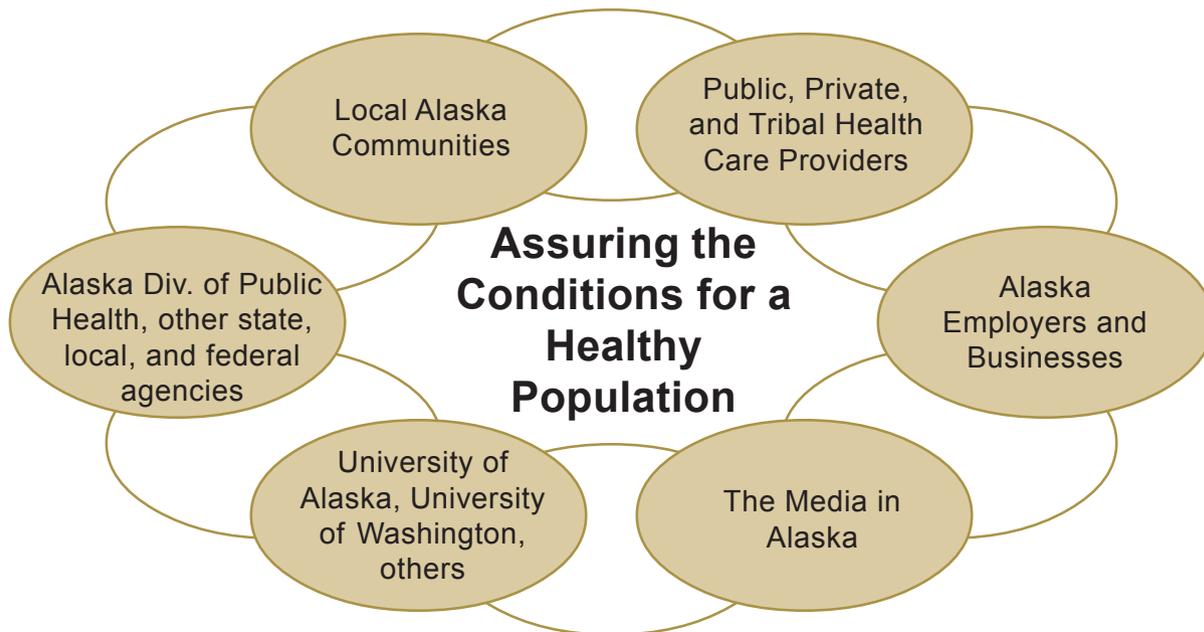
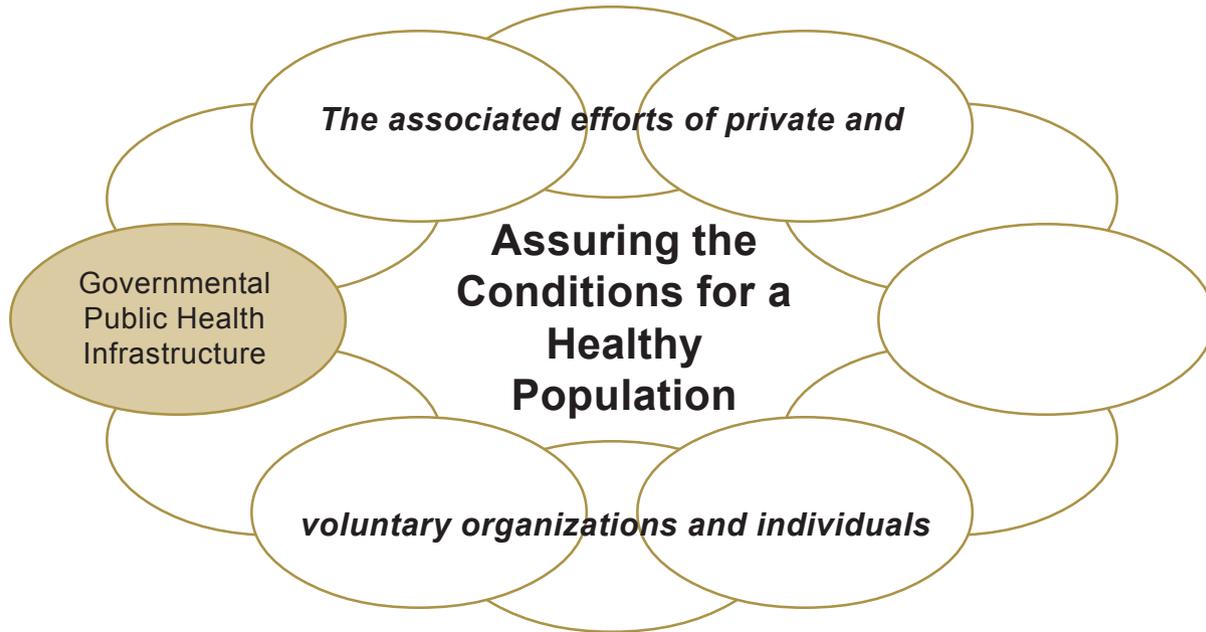


*Doug Bruce, Director
Division of Public Health*

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The Public Health System in Alaska - an Overview



The nation's public health system is comprised of federal, state and local government agencies working with public and private entities to promote and protect the public's health. The U.S. Constitution reserves to the states the primary authority and legal responsibility to protect the health of the population, however, no one component of the public health system can function to maximum effectiveness without its partners. By recognizing these important relationships, the key players in the Alaska public health system can coordinate their decisions and actions to produce informed, strategic and deliberate efforts to positively affect health outcomes. (Modeled on "*The Future of the Public's Health in the 21st Century*," published in 2003 by the Institute of Medicine of the National Academies, P. 30.)

Challenges Facing Alaska's Public Health System

Protecting and promoting the public health in Alaska is a big job that seems to get bigger every day as increased demands tax a system whose needs for resources and infrastructure are ever growing. The Alaska Division of Public Health believes a critical step toward continued progress is identifying these challenges and preparing to address them.

Alaska needs to address emerging infectious diseases, access to care, stronger injury prevention efforts, control of chronic diseases, issues with public health infrastructure and other problems such as teen pregnancy and sexually transmitted diseases. Here is a very general summary:

Access to care

- Transportation is hindered by geography and remote locations, weather, and lack of roads;
- Physicians are not readily available in remote areas of Alaska;
- Telemedicine is an exciting possible solution but not yet universally available with real-time capabilities.

Injury prevention

- Alaska's rate of non-intentional injury is the highest in the nation;
- Occupational hazards remain high in the fishing, timber and other key industries;
- All-terrain vehicles, guns and other common tools of Alaska life increase injury risks.

Diseases and other health issues

- Infectious diseases, such as SARS, present new challenges;
- Alcoholism and other substance abuse hurts people and increases government costs in all corners of Alaska;
- Suicide prevention remains a major goal as rates, especially in rural Alaska, far exceed national averages;
- Tobacco use remains too high;
- As in other states, cancer, heart and obesity problems abound;
- Sexually transmitted diseases are too common - Alaska's Chlamydia rate is the nation's highest;
- The teen pregnancy rate remains too high.

Health systems infrastructure

- Lack of training and education opportunities in Alaska result in a shortage of available healthcare professionals;
- Bioterrorism preparedness efforts are straining the entire system.



*(Stephanie Massay,
Public Health Microbiologist)*

Fairbanks lab is early warning site for national flu season

As they prepare for the flu season in the United States, national public health officials have learned to look north to see what's coming. That's because the Alaska State Public Health Laboratories usually are the first to isolate the latest strains of influenza headed south.

Alaska is a crossroads of international travel, which intensifies with the summer tourism season.

“Since influenza and other emerging respiratory viruses such as SARS originate in the orient, it makes sense to use Alaska’s geographic proximity and utilize our scientific capacity as an early warning center for these diseases,” says Dr. Bernd Jilly, who runs the State Public Health Laboratories. “We are lucky to have high-grade facilities in Fairbanks and Anchorage to handle these threats.”

The Fairbanks laboratory is responsible for influenza surveillance. For example, in the summer of 2003 the Fairbanks lab performed tests on about two dozen influenza A cultures. The isolates were sent to a reference laboratory operated by the World Health Organization and Centers for Disease Control, where strains of A/Panama and A/Korea influenza were identified.

Decisions about which strains are included in the national flu vaccine for 2003-04 were based in part on these findings.

Alaska Division of Public Health - an Overview

The Alaska Division of Public Health is one of the largest operating divisions within the largest department - Health and Social Services - in Alaska state government. Our programs and services reach people in every corner of Alaska, from the biggest cities to the smallest villages.

The principal responsibility of the Division is to assure access to quality care and to protect and promote the physical health of all people in the state, playing a major role in helping the Department of Health and Social Services carry out its mission “to promote and protect the well-being of Alaskans.”

Unlike the county or city health department model so common in the rest of the country, Alaska's Division of Public Health is the primary - and, often, the only - public health presence in many communities. The Division runs 20 public health centers throughout Alaska and, together with 4 other clinics it funds with operating grants, serves some 250 communities. The Division enjoys a close working relationship and professional collaboration with the Municipality of Anchorage and North Slope Borough health departments and tribal health organizations around the state.

Our employees and programs are known throughout Alaska. While the Division's base operations are found in Alaska's larger communities, Public Health Nurses staff the front lines in towns and villages everywhere. The principal reason for this strong local public health presence is disease control.

Our three major areas of focus reflect the geographic diversity of the Division's operations:

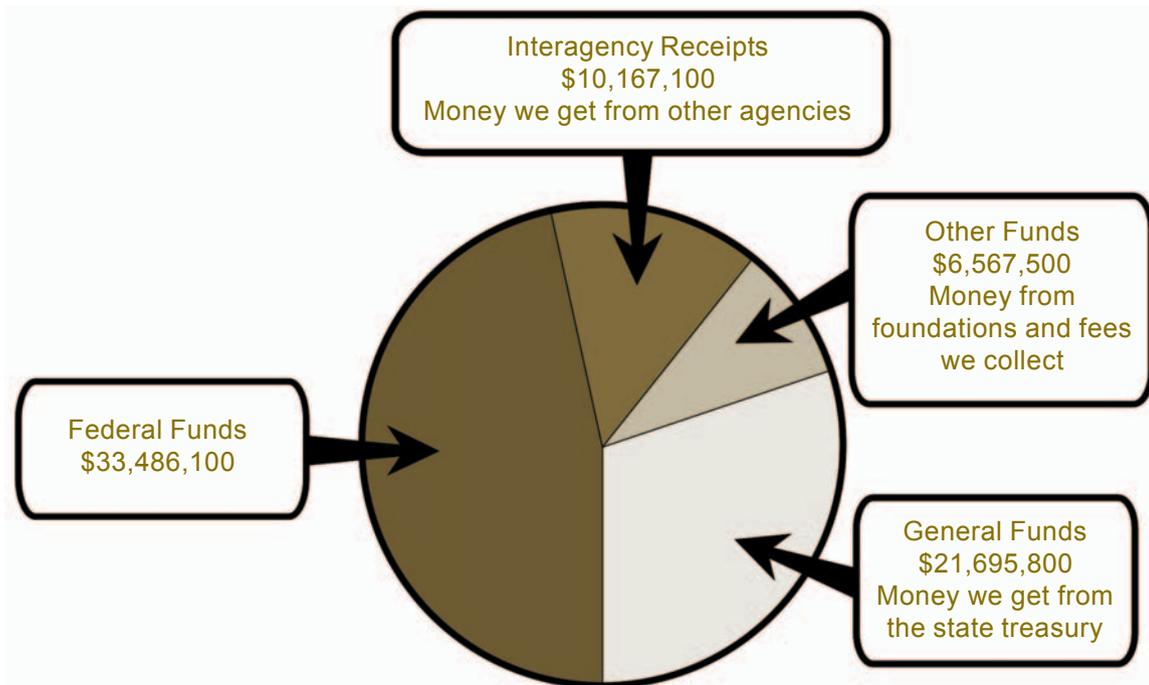
- [Assuring health access, delivery, quality and systems support](#) - Programs such as Emergency Medical Services support and Primary & Rural Health Care Services are based primarily in Juneau; the Section of Laboratories operates in Anchorage and Fairbanks; the State Medical Examiner is housed in Anchorage; and Public Health Nursing is headquartered in Juneau but has a presence in communities statewide.
- [Collecting and utilizing health data for disease and injury prevention](#) - Injury prevention and surveillance programs and vital records are Juneau-based; the Section of Epidemiology provides surveillance of infectious and chronic diseases and environmental health hazards from Anchorage.
- [Promoting healthy choices for individuals and communities](#) - Efforts to control chronic diseases, control and prevent tobacco use, and promote good health are based in Juneau and Anchorage, as are preventative care services coordinated through Public Health Nursing; the Juneau-based injury control unit provides a strong focus on injury prevention and, like our other outreach and education programs, has a statewide impact.

The Alaska Division of Public Health continues to move forward to carry out its critical responsibilities in challenging times. Working together with federal health agencies, the Denali Commission, local communities and tribal health organizations, we are making a difference in the lives of all Alaskans.

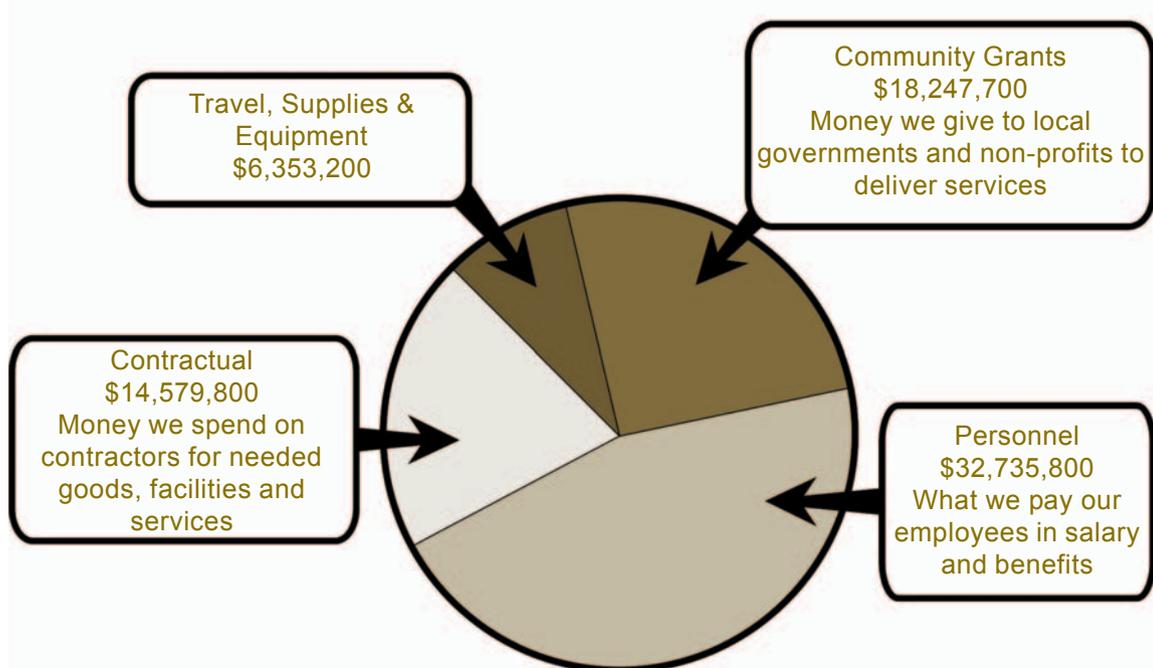
Division of Public Health - FY '04 Budget

Where Our Funding Comes From - July 1, 2003 to June 30, 2004

Total \$71,916,500



How Our Funds Are Spent - July 1, 2003 to June 30, 2004



“The past gives us experience and memories; the present gives us challenges and opportunities; the future gives us vision and hope.”
~ William Arthur Ward

Alaska Division of Public Health - Mission and Organization

Our Mission

“To provide through partnerships and direct delivery the necessary services for the accessibility, protection and promotion of health for all people in Alaska that individuals, organizations or communities, acting alone, cannot provide.”

How are we organized to Serve?

We have three major areas of focus:

Promote healthy choices for individuals and communities

Chronic Disease Section*

- Chronic Disease Unit
- Tobacco Prevention & Control Unit
- Health Promotion Unit

Health Systems Support Section*

- Injury Control & Prevention Unit

Public Health Nursing Section

Public Health Centers/Regional Clinics - 20 public health centers and 4 public health grantee centers serving 250 communities

- Chronic Disease & Preventative Care Services

* new section under development

Assure health access, delivery, quality and systems support

Health Systems Support Section*

- Certification & Licensing Unit
- Certificate of Need & Planning Unit
- Primary & Rural Health Care Services Unit
- Emergency Medical Services Support Unit
- Injury Control & Prevention Unit

Public Health Nursing Section

Public Health Centers/Regional Clinics - 20 public health centers and 4 public health grantee centers serving 250 communities

- Maternal Child Family Care and Clinical Prevention Services

Laboratories Section

Reference and diagnostic laboratory services provided for:

- virology
- microbiology
- mycology
- serology
- parasitology
- biomonitoring
- toxicology

* new section under development

Collect and utilize health data for disease and injury prevention

Health Systems Support Section*

- Injury Control & Prevention Unit

Epidemiology Section

- Infectious Disease Unit
- HIV – STD Unit
- Environmental Health Unit
- Maternal Child Health Epi Unit

Public Health Nursing Section

Public Health Centers/Regional Clinics - 20 public health centers and 4 public health grantee centers serving 250 communities

- Community-based Disease Control & Community Health Assessment & Mobilization

Laboratories Section

Reference and diagnostic laboratory services

Bureau of Vital Statistics

Recording & Registering Vital Events

State Medical Examiner

Medical and Legal Investigative Work

* new section under development

Alaska Division of Public Health - Vision and Values



(Jada Neck with Jan Schneider, Public Health Nurse)

Plane crash no problem for nurse - it's time for those shots

A crash landing on a Western Alaska village airstrip in January 2003 was hardly a distraction for Bethel-based Public Health Nurse Jan Schneider. She just walked to the nearby clinic and started giving immunizations.

"I went to the clinic to call my supervisor to tell her what happened, and it turned out they really needed some help," Schneider says.

The mishap took place in Kipnuk when an aircraft lost traction on the icy runway. After skidding on the ice, the nose-wheel snapped and the plane came to a halt in a snow bank on the side of the airstrip.

No one seemed hurt, but it would be at least a couple hours before another plane could pick up the stranded passengers. Schneider had been on her way to Kwigillingok but ended up treating children in Kipnuk.

The school was enforcing the state's no-shots, no-school immunization law and the clinic was swamped with families needing shots. Schneider pitched in until the next plane arrived.

After a requested checkup at the Bethel hospital later that day (she was fine), Schneider was on the next morning's flight to Kwigillingok. And, just like the day before, the first stop was Kipnuk.

How would we describe the future of Public Health in Alaska?

Our Vision

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

What can you expect our employees' performance and behavior to show?

Our Values

- **Accountability:** *We take pride in providing services that meet the public health needs of Alaskans and achieve our public health goals. We seek community input on priorities to ensure our programs and efforts make a difference in the life of Alaskans. We strive to continually improve accessibility and effectiveness of public health programs. We are dedicated to excellence through the use of up-to-date technology, state of the art tools, and best practices for the Division of Public Health. We are committed to responsible use of human, financial, and environmental resources.*
- **Respect:** *We work toward building positive relationships and mutual respect with the general public, our organizational partners, and our co-workers. We recognize the importance of diversity, cultural sensitivity, collaboration, teamwork, and social justice. 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. We appreciate the worth and encourage growth in each person. We recognize the importance of our own workforce and the value of balancing personal and work commitments. We acknowledge that we are in partnership with Alaskans in striving for the greatest quality of life and health.*
- **Integrity:** *We are honest and ethical in all we do. We do not take ethical or professional shortcuts. Our interactions at all levels of society and within the Division need to reflect these high standards. We set appropriate boundaries for our staff and programs in order to ensure the professional integrity of the Division and the safety of our workforce. We value the trust of the public, our organizational partners, and employees of the Division, and actively work to earn and maintain that trust.*
- **Scientific Excellence:** *We are committed to contributing to the body of scientific knowledge and using the best available knowledge and data to set public health policy.*

Alaska Division of Public Health - Managing Goals

“There are risks and costs to a program of action, but they are far less than the long-range risks and costs of comfortable inaction.”

~ John F. Kennedy

What is going to be our method of achieving our goals?

What is Performance Management?

Performance Management is the practice of actively using performance data to improve the public's health. It can be carried out at the program, organization, community and state levels. A dynamic performance management **system** has four essential components:

- *Performance Standards*
- *Performance Measures*
- *Reporting of Progress*
- *Quality Improvement*

Why Develop a Performance Management System?

To support and accelerate the maximization of public health practice effectiveness. This will require:

- *more than measurement alone*
- *more than standards alone*
- *continuous integration of all four Performance Management components*

To empower public health management with data, knowledge, and the capacity to advance efforts related to:

- *policy development*
- *program design and evaluation*
- *quality improvement*

What goals do we need to achieve to accomplish the desired future?

1. Prevent and control epidemics and the spread of infectious disease
2. Prevent and control injuries
3. Prevent and control chronic disease and disabilities
4. Respond to public health emergencies, disasters and terrorist attack
5. Assure access to early preventative services and quality health care
6. Protect against environmental hazards impacting human health
7. Ensure effective and efficient management and administration of public health programs and services

Goal 1:

Prevent and Control Epidemics and the Spread of Infectious Disease



(Martin Buser; Iditarod Champion)

'Race to Vaccinate' highlights the importance of immunization

The Division of Public Health and the Vaccinate Alaska Coalition are getting help from Alaska dog-racing celebrities – two and four-legged – in their efforts to increase childhood immunizations.

The award-winning “*I Did It By Two*” campaign coincides with the Iditarod Trail Sled Dog Race from Anchorage to Nome. This program is a natural link with the Iditarod, which commemorates the lifesaving relay of diphtheria serum to Nome in 1925.

For the race start, mushers outfit their dogs with “*I Did It By Two*” jackets reinforcing the critical importance of timely immunizations for children from birth through 2 years of age. Each musher's race bib displays the “Race to Vaccinate” slogan to convey a message about the significance of immunization in disease prevention efforts.

Four-time Iditarod champion Martin Buser and mushers Jon Little and Paul Gebhardt speak throughout Alaska about the crucial role of immunizations in lifelong good health.

(continued on page 11)

Objective No. 1:

Comprehensive screening and surveillance systems are in place to detect occurrences of epidemics and spread of infectious diseases, in particular tuberculosis, hepatitis C, and sexually transmitted diseases (STD's).

Strategies:

- a) Tuberculosis (TB):
 - ◆ Identify all active cases and ensure completion of an adequate course of curative treatment.
 - ◆ Identify, screen, and place on appropriate preventive therapy all close contacts of pulmonary cases, if clinically indicated; follow for therapy completion.
- b) Hepatitis C (HVC):
 - ◆ Pursue confirmatory testing capacity to ensure an adequate course of treatment and to reduce the risk of transmitting HVC to others.
- c) Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) and Sexually Transmitted Disease (STD):
 - ◆ Assist infected individuals access to medical care/treatment, as well as case management and supportive services, as appropriate.
 - ◆ Provide partner follow-up services to newly reported/newly diagnosed persons, with ongoing follow-up, as needed.
- d) Assure that all health providers have current knowledge about Alaska's statute on reportable diseases and the mechanism for reporting disease.
- e) Develop and implement procedures to audit the timeliness and completeness of reports of notifiable conditions.
- f) Develop electronic laboratory reporting for all clinical laboratories servicing the state.
- g) Ensure the availability of diagnostic laboratory screening and testing.

Measures:

- ◆ The rate of TB in Alaska is equal to or less than 6.8 cases per 100,000.
- ◆ At least 75 percent of all named contacts to a TB case will be evaluated.
- ◆ The rate of people with a positive HVC test is less than 100 per 100,000.
- ◆ The rate of Chlamydia infection is less than 590 cases per 100,000; the rate of gonorrhea infection is less than 95 cases per 100,000; and the 5 year average incidence rate of AIDS cases in Alaska is less than 3 cases per 100,000.

Goal 1:

Prevent and Control Epidemics and the Spread of Infectious Disease

- ◆ At least 98 percent of gonorrhea and Chlamydia cases will complete treatment consistent with CDC's STD Treatment Guidelines.
- ◆ At least 80 percent of persons identified as contacts to STD or HIV cases will receive appropriate treatment (as defined by CDC's STD Treatment Guidelines) and, if infected, will be interviewed for partners.
- ◆ The rate of persons with tuberculosis completing treatment regimens is 95 percent.
- ◆ Procedures to audit the timeliness and completeness of reports of notifiable conditions developed and implemented by June 2005.

Objective No. 2:

An efficient statewide population immunization program supported by a cost-effective distribution system is in place to deliver vaccines for vaccine preventable diseases in a timely manner.

Strategies:

- a) Examine the timeliness and completeness of the reporting of vaccine preventable diseases.
- b) Educate providers and laboratories about reporting vaccine preventable diseases.
- c) Establish procedures to track and audit the timeliness and completeness of reports of notifiable conditions.
- d) Maintain and develop systems for delivery of needed statewide vaccinations with related procedures for tracking vaccine inventory, vaccine distribution, and preventable vaccine wastage.
- e) Develop and implement procedures to audit clinic and provider reports on vaccine preventable diseases, and childcare and school reports on vaccine preventable diseases.
- f) Provide effective public (parent) education and promotional programs for childhood vaccination.
- g) Provide immunization education to health care providers statewide.

Measures:

- ◆ The rates of diphtheria, measles, poliomyelitis, rubella, and tetanus is 0 cases per 100,000.
- ◆ The rates of pertussis, *Haemophilus influenza b* (Hib), and mumps is less than 8 cases per 100,000.
- ◆ Procedures to audit clinic and provider reports on vaccine preventable diseases, and childcare and school reports on vaccine preventable diseases developed and implemented by June 2005.
- ◆ 80 percent of 2 year olds are fully immunized.
- ◆ 90 percent of children attending childcare facilities are in compliance with immunization requirements.



'Race to Vaccinate' highlights the importance of immunization (continued)

"The Division of Public Health, in collaboration with the Vaccinate Alaska Coalition, is extremely proud of all of these efforts to ensure that Alaska's children are protected against vaccine-preventable diseases," says Doreen Stangel, education and training coordinator in DPH's Alaska Immunization Program.

In recognition of this highly successful campaign, the Vaccinate Alaska Coalition and DPH received a 2003 Excellence in Immunization Award from the National Partnership for Immunization.

The alliance between DPH and the Vaccinate Alaska Coalition brings together private and public health care providers, the Iditarod Trail Committee, community service organizations, media outlets, and concerned citizens.

Goal 1:

Prevent and Control Epidemics and the Spread of Infectious Disease



(Penny Lehmann & Nancy Cavanaugh,
Public Health Nurses)

Nurses go to great depths to solve public health mystery

Public health nurses will do anything to get to the bottom of a case. In Sitka five years ago, that meant checking garbage dumpsters to find “stink eggs” – a traditional concoction of fish eggs and seal oil – contaminated with botulism.

Public Health Nurses Penny Lehmann and Nancy Cavanaugh were asked to follow up on a case of botulism in a Juneau woman whose likely exposure was at a dinner party in Sitka.

After finding out that the dinner host was in the hospital in Sitka for a respiratory problem, the nurses interviewed him. He reported carefully preparing “stink eggs” by fermenting them in Tupperware on top of the refrigerator.

To prevent further exposures and to confirm the source of botulism, the nurses went in search of the Tupperware that was thrown away “in a dumpster.”

Armed with biohazard bags and gloves, they walked along Katlian Street peering in dumpster after dumpster until they found the Tupperware full of ripe “stink eggs.”

Testing confirmed botulism toxin in the container. “It was a good example of what they call ‘gumshoe epidemiology,’” Lehmann says.

The man was treated, avoiding the onset of more serious symptoms. Others who attended the dinner party were tracked down and checked for signs of potential botulism poisoning.

- ◆ 99 percent of children attending schools are in compliance with immunization requirements.
- ◆ A minimum of two *Epidemiology Bulletins* issued per month.

Objective No. 3:

Review legal authority for disease reporting, investigation, isolation/quarantine, and contact investigation to assure public health authority is well defined in State statutes and regulations.

Strategies:

- a) Work with the Legislature to review/update public health laws to ensure that new emerging infectious diseases or acts of bioterrorism are reported rapidly, treated appropriately and, when appropriate, isolated to prevent additional disease transmission.
- b) Ensure timely and complete contact investigations when appropriate.
- c) Ensure that access to state-of-the-art laboratory testing and protocols are available.
- d) Develop strategic plans to rapidly respond to new emerging infectious diseases, including SARS, West Nile Virus, pandemic influenza, and smallpox.
- e) Partner with state agencies and health care providers statewide to review, revise, and expand a state implementation plan focusing on new emerging infectious diseases and acts of bioterrorism.

Measures:

- ◆ Review/update of Alaska's public health laws with the Legislature to be completed by June 2004.
- ◆ Updated, comprehensive public health legislation ensuring that new emerging infectious diseases or acts of bioterrorism are reported rapidly, treated appropriately and, when appropriate, isolated to prevent additional disease transmission passed into law no later than FY06.
- ◆ Alaska rate for specified newly emerging infectious diseases or diseases resulting from bioterrorism will be no greater than the national rate.
- ◆ 90 percent of persons with an emerging infectious disease or a disease due to bioterrorism will be evaluated and appropriately treated. 100 percent of those known to be infectious to others will be appropriately isolated.

Goal 2:

Prevent and Control Injuries

Objective:

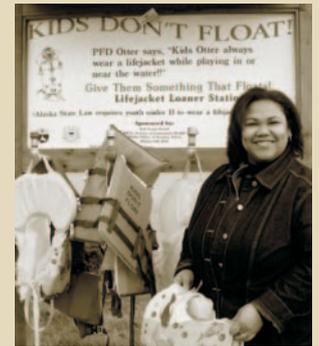
Ensure the public benefits from reductions in suffering, death and disability due to injuries.

Strategies:

- a) Conduct surveillance of injury related behaviors and conditions.
- b) Document Alaska's best practices in injury prevention.
- c) Educate Alaskans and policymakers about injury prevention measures.
- d) Partner with key agencies throughout Alaska to develop, implement and maintain services and programs that increase prevention activities such as child safety seat inspection.
- e) Maintain occupational injury surveillance activities/surveys and disseminate occupational injury prevention recommendations.
- f) Maintain domestic violence prevention activities, including educating medical providers regarding signs of and response to evidence of family violence.
- g) Continue to develop Alaska's statewide trauma care system.
- h) Establish and maintain a violent death surveillance system and disseminate prevention recommendations to reduce deaths among at-risk populations.

Measures:

- ◆ The unintentional injury death rate is 50 incidences or less per 100,000.
- ◆ The number of Alaskan workers who die from occupational injuries is 10 incidences or less per 100,000.
- ◆ Alaskan population consistently using seat belts is 80 percent.
- ◆ Alaska households surveyed reporting firearms in the house kept loaded and unlocked is less than 10 percent.
- ◆ Percent of pregnant women in Alaska who were physically abused during pregnancy is less than 5 percent annually.
- ◆ At least 25 percent of Alaska's hospitals will be certified as trauma centers by December 2005.
- ◆ An Alaskan Violent Death Surveillance System will be established by April 2004.



(Maria Bailey, Administrative Clerk)

'Kids Don't Float' buoys lifesaving efforts

A White Mountain boy stopped by the new *Kids Don't Float* loaner station just before beginning a day on the water in August 2003. That decision saved his life.

Less than eight hours earlier, the new station – with water safety information and loaner lifejackets – had been installed. The 15-year-old boy borrowed a personal flotation device and later flipped his boat in the icy river. He likely would have drowned in the cold, swift current if not for the borrowed lifejacket.

The story is the latest in a long list of “saves” recorded by the *Kids Don't Float* program, launched in 1997 by the U.S. Coast Guard, Alaska Safe Kids Coalition, State Office of Boating Safety, and the Alaska Division of Public Health. It is coordinated today in DPH's Injury Prevention Office.

Maria Bailey, the key contact for *Kids Don't Float*, says there are now 348 loaner stations in 142 communities around Alaska - and the number keeps growing.

So does the list of success stories. *Kids Don't Float* lifejackets have saved at least six other Alaska children from drowning over the past five years.

“Injuries are preventable and the *Kids Don't Float* Program is an obvious idea - having loaner personal flotation devices readily available near docks and harbors throughout Alaska,” says Bailey. “This program works! Thanks to all the dedicated people across the state.”

Goal 3:

Prevent and Control Chronic Disease and Disabilities



(Vicki Muzik-O'Brien, KFMJ 99.9)

Anti-smoking campaign helps woman kick the habit

Ketchikan radio director Vicki Muzik-O'Brien remembers the exact moment she decided to quit smoking for good.

It was 10 am on July 23, 2003. She was in the station's control room when an anti-smoking spot – one of many public service ads placed using funds from the national tobacco settlement – hit the airwaves.

"I was sitting alone in the studio and I had the volume up louder than normal," says Muzik-O'Brien. "The ad came on again and I just stopped and said, 'Oh my God.'"

The ad, titled "Aorta," graphically describes the physiological impacts of cigarette smoke on the lungs and arteries.

"This spot was the straw that 'broke the Camel's back,'" Muzik-O'Brien wrote in a thank you note to DPH. "I decided to quit smoking - and have actually done so successfully! I can honestly say those spots, and that one in particular, made the decision for me. So, THANK YOU!"

Muzik-O'Brien quit before while pregnant with her son, but started again when he had medical problems. Finally, after constant encouragement from her husband and thoughts of her son having to see her old and sick from smoking, the "Aorta" ad hit home. She said she heard that ad and other anti-smoking spots for weeks, noting that it often takes frequent repetition before the message finally sinks in.

Objective:

Ensure the public benefits from reductions in death and disability due to chronic disease.

Strategies:

- a) Assess statewide health status and determinant indicators to monitor chronic disease and risk factor trends in the population.
- b) Reduce the major modifiable risk factors for cardiovascular disease with a specific focus on:
 - ◆ Tobacco use
 - ◆ High cholesterol
 - ◆ Obesity
 - ◆ Diabetes
 - ◆ High blood pressure
- c) Reduce the major modifiable risk factors for the leading cancers and increase use of proven, appropriate cancer screening tests:
 - ◆ Breast cancer
 - ◆ Colorectal cancer
 - ◆ Cervical cancer
- d) Compile information on the leading causes of chronic disease in Alaska.
- e) Educate the public about activities that reduce health risks and promote good health.
- f) Link at-risk populations with screening services where available and provide screening services if necessary.
- g) Link at-risk populations with treatment services.

Measures:

- ◆ The number of Alaskan adults who smoke is less than 25 percent of the adult population.
- ◆ The number of high school youth in Alaska defined as current smokers is less than 19 percent.
- ◆ By 2010 the rate of coronary heart disease in Alaska is 120 incidences or less per 100,000.
- ◆ By 2010 the number of lung cancer deaths in Alaska is 50 incidences or less per 100,000.
- ◆ The rate of death due to diabetes in Alaska is 70 incidences or less per 100,000.
- ◆ Realize a 4.3 percent decrease in the number of overweight and obese adults in Alaska by June 2005.
- ◆ Alaskans diagnosed with diabetes who receive formal diabetes education annually is 60 percent.
- ◆ Alaskans having their blood pressure checked at least every two years is 95 percent of the state's adult population.
- ◆ Alaskans having their cholesterol checked at least every five years is 75 percent of the state's adult population.

Goal 4:

Respond To Public Health Emergencies, Disasters and Terrorist Attack

Objective:

Minimize the loss of life and suffering resulting from public health emergencies, natural disasters, and terrorist attacks.

Strategies:

- a) Maintain an inter-agency workgroup to prepare the Division of Public Health and Alaska's public health system partners to respond to disasters through development of a Public Health Emergency Operations Plan.
- b) Develop, evaluate, adjust, and implement exercise plans.
- c) Develop and maintain surveillance and communication response systems to detect bioterrorist, chemical and radiological attacks, and other public health emergencies.
- d) Communicate with medical providers and the public via intra/internet to post plans, planning guidance, and examples of best practices in the event of a public health emergency.

Measures:

- ◆ By June 2005, the public health emergency operations plan, with tabletop exercises to test the plan, is completed, analyzed, and in place.
- ◆ By June 2006, 75 percent of all Division of Public Health staff and public health system partners trained in disaster response techniques and procedures.
- ◆ By June 2007, 25 percent of all Division of Public Health staff and partners have participated in a disaster response exercise.

SARS scares test response, reveal human side of healthcare system

Several suspected cases of Severe Acute Respiratory Syndrome (SARS) tested the preparedness of Alaska's public health system in the summer of 2003.

The DPH Section of Epidemiology played a leading role in assessing patient symptoms, advising hospital staff of treatment protocols, communicating information to health care providers and the public, and was the link between Alaska hospitals and federal and international health organizations.

In May, a co-pilot on a cargo flight originating in China entered Providence Alaska Medical Center with SARS-like symptoms. In June, an elderly Canadian cruise ship passenger was flown from Skagway to Juneau's Bartlett Regional Hospital with similar symptoms.

As it turned out, neither patient was diagnosed with SARS but both were kept in isolation for 10 days. Medical staff implemented careful infection control procedures as they cared for the patients and collected specimens for the Centers for Disease Control.

“Public Health – I feel like they are always there,” says Jan Beauchamp, infection control coordinator at Bartlett. “You can do all sorts of planning, but when it happens you're suddenly on the spot.”

The response of hospital staff was professional and humane. At Bartlett, nurses and doctors were required to wear full protective garb, including respirator face masks and goggles. To help the elderly patient know who they were, the Bartlett staff showed her Polaroids of themselves whenever they entered the room.

“They were completely gowned up, so it was a considerate way to put more of a human face on the care she was getting,” Beauchamp says.



(Kim Corrette, Nurse - Bartlett Regional Hospital)

Goal 5:

Assure Access to Early Preventative Services and Quality Health Care



(Sgt. Ken Greenleaf)

State training, personal heroism a vital combination

A December 2002 snowmachine trip into the mountains near Gulkana would have ended in tragedy if not for the personal heroism and state Emergency Medical Services training of Army Staff Sgt. Ken Greenleaf.

Greenleaf risked his life and employed his state-certified EMT-III skills to rescue an injured snowmachiner stranded in darkness and below-freezing temperatures.

His heroism earned Greenleaf the Soldier's Medal, and a Governor's EMS Award. Greenleaf was stationed at Fort Wainwright as part of the Army's 68th Medical Company air ambulance unit, a state-certified medevac team.

DPH's Section of Community Health and Emergency Medical Services coordinates and certifies training for emergency providers and rescue teams throughout Alaska.

The snowmachiner, suffering from hypothermia and a back injury, had already been stranded for several hours when the Army's Blackhawk helicopter landed as close as it could to the mountainside. Greenleaf twice fell off snowmachines trying to climb the steep ridge and finally hiked two hours and 1,000 feet up through thigh-deep, avalanche-prone snow to reach the victim.

He treated the man and, with the help of snowmachiners waiting below, successfully lowered him back down the ridge to the helicopter. The man survived.

Objective No. 1:

Ensure that Alaskans have access to early preventive services and quality health care.

Strategies:

- a) Assess the availability of health care services in Alaskan communities.
- b) Monitor Alaskans' health insurance coverage.
- c) Work closely with public health programs and health care providers to provide appropriate epidemiological information (based on analyses of surveillance data) for use in targeting prevention efforts.
- d) Continue population-based surveillance for birth defects and Fetal Alcohol Syndrome.
- e) Link at-risk populations to needed health care services.
- f) Continue health care workforce development, recruitment and retention efforts with the Alaska Department of Labor and Workforce Development, the University of Alaska, and the Denali Commission.
- g) Develop and refine measures to ensure services for Alaska's vulnerable populations (women and children) and underserved communities.
- h) Maintain training and certification of EMS providers in all regions of Alaska.
- i) Maintain certification of ground and air medical services and trauma centers.

Measures:

- ◆ 90 percent of Alaska's adult population report they have a usual place to go for care if sick or needing advice about health.
- ◆ 75 percent of pregnant Alaskan women receive adequate prenatal care.
- ◆ By June 2006 the number of communities with severe health care shortages as defined by low provider to population ratios (determined by federal Health Professional Shortage Area designations) will decrease by 10 percent.
- ◆ The number of certified air medical services incorporating all seven EMS regions statewide is no fewer than 20.
- ◆ The number of certified ground ambulance services incorporating all seven EMS regions and supporting subregions statewide is no fewer than 80.
- ◆ Less than 10 infants per 10,000 live births will be affected by preventable neural tube defects.

Goal 5:

Assure Access to Early Preventative Services and Quality Health Care

Objective No. 2:

Increase focus, communication, collaboration, and internal funding alignment on core public health issues to aggressively support the Administration's partnership with the tribal health care delivery system to maximize federal Medicaid funding, and other private and public providers to improve the health care of all Alaskans.

Strategies:

- a) Continue to assess the adequacy and capacity of the state's public health infrastructure through a review of existing programs and services to redirect whenever possible services or service capacity to the tribal health care delivery system and/or other private or public providers.
- b) Collaborate with the federal Department of Health and Human Services, the Indian Health Service, and the Denali Commission to develop an approach to fund identified gaps in the public health system, and an allocation proposal for the most cost effective deployment of health facilities operational and capital improvement funding.
- c) Determine what roadblocks exist to furthering the expansion of the tribal and other important health care delivery systems.
- d) Develop, expand, or create partnerships within the state's health care delivery system to deliver services in a manner that reduces general fund expenditures.

Measures:

- ◆ Establish a minimum of one pilot project for cross-program and cross-agency collaboration supporting the infrastructure development of the tribal health care delivery system, and one other health care provider delivery system by June 2005, and a minimum of two additional projects by June 2006.
- ◆ Develop partnerships that transition selective preventive services for DPH clients to other health care providers.
- ◆ Alignment information will be incorporated into the Division's FY06 budget proposal.



(Jonathon Solomon Jr., Volunteer)

Smoke alarm project is a proven lifesaver

A winter night in Fort Yukon could have been the last for the Carroll family but a smoke alarm – newly installed as part of a DPH project – saved the day.

The Carroll's oil furnace had malfunctioned and was beginning to fill the small home with deadly smoke while everyone slept. When the alarm sounded, the family was able to safely get out in time.

They survived because of the efforts of Mayor Vickie Thomas, community volunteers Paul Solomon III, Jonathon Solomon Jr. and Sammy Solomon and a coalition of agencies including the Tanana Chiefs Conference (TCC) and the Section of Community Health and Emergency Medical Services (CHEMS) Fire-Related Injury Prevention Program.

Participating communities canvas local homes, install free smoke alarms and offer training and fire prevention tips.

"I got a call from the Carroll family and she said that without the new alarm they wouldn't have woken," says Mayor Thomas.

"This is a very important program that saves lives in Alaska," says Mary Krom, health program manager in CHEMS. "It's surprising how many homes have smoke alarms that don't work – or none at all. We work with local communities to get the word out and distribute smoke alarms."

Last year, more than 2,300 smoke alarms were provided to homes in Alaska through the smoke alarm project.

Goal 6:

Protect Against Environmental Hazards Impacting Human Health



*(Sue Anne Jenkinson,
Nurse Epidemiologist)*

Epidemiological probe protects students, keeps lead levels on target

Cooperation between DPH's Environmental Public Health program and the Tanana Valley Sportsman's Association is keeping student shooters on Fairbanks area rifle teams safe from lead poisoning.

When a shooting range supervisor in Tok was found to have high blood lead levels, DPH investigated. Testing started on high school rifle teams in the Fairbanks area. Blood lead tests of student shooters at some ranges came back at two or three times the safe amount for children but were reduced before medical treatment was necessary.

Dust created by lead bullets hitting walls, and from firing weapons can be inhaled or ingested after sticking to skin or clothing. Poor cleanup makes the problem worse.

The sportsman's association voluntarily closed its indoor range, ordered an environmental study and is raising funds to remodel and re-open a safer facility. "We had safety concerns ourselves and now we are going about getting them addressed," says Max Lyon, president of the association. "The topic was unpleasant but it was handled professionally (by DPH)."

The epidemiological investigation led to better education, regular testing and – most important – cooperation that is keeping students and families protected from the dangers of lead poisoning.

Objective:

Ensure the public is protected against environmental hazards that impact human health.

Strategies:

- a) Develop, maintain and strengthen surveillance of exposures to environmental hazards.
- b) Develop laboratory capacity to measure human specimens for heavy metals, persistent organic pollutants (POPs), cotinine, and other chemicals.
- c) Provide medical, toxicological, and public health expertise to individuals and communities to enable them to take informed actions to reduce hazards from environmental exposures.
- d) Develop credible, science-based Alaska-specific information about environmental exposure levels and potential impact to human health.
- e) Maintain and strengthen radiological health program.
- f) Implement the Environmental Public Health Nursing Initiative.

Measures:

- ◆ Develop and implement protocols to test biomonitoring program participants, and a process and time frame for measuring/monitoring those participants tested having unsafe levels of environmental toxins by June 2005.
- ◆ 10% of Alaskan pregnant women are tested for mercury exposure annually.
- ◆ 25% of all radiological services and machines in Alaska are inspected and tested annually.
- ◆ 20% of Alaska's middle and high schools will offer environmental public health education curricula in FY 2006.



Athabascan Woman Preparing Salmon For Drying At Fishing Camp
© John Hyde, Alaska Division of Tourism

Goal 7:

Ensure Effective and Efficient Management and Administration of Public Health

Objective:

Ensure effective and efficient management and administration of the public health system in Alaska.

Strategies:

- a) Successfully implement Executive Order 108 relating to the consolidation of the Department's certification and licensing programs / responsibilities and work with the Department of Law to rewrite a minimalist statutory framework for those programs.
- b) As part of the state's commitment to improving the health status of all Alaskans, provide management support to improve the systems associated with the maintenance of appropriate and adequate capacity to:
 - ◆ Monitor the status of public health in Alaska;
 - ◆ Diagnose and investigate health problems;
 - ◆ Educate Alaskans about health issues;
 - ◆ Mobilize state and community partners to identify and solve health problems;
 - ◆ Develop and implement plans to support health protection and improvement;
 - ◆ Enforce laws and regulations that protect health and ensure safety;
 - ◆ Link Alaskans to needed personal health care services, and assure provision of health care when otherwise unavailable;
 - ◆ Assure a competent public health workforce;
 - ◆ Evaluate personal and population-based health services;
 - ◆ Research for innovative solutions to health problems.
- c) Agree on a process and frequency for performance measurement on an ongoing basis.
- d) Develop an interim system to collect and report on performance measurement data.
- e) Actively support the department's efforts to effectively consolidate the grants/contracts and information technology functions.
- f) Develop, utilize and update on an annual basis the division's strategic plan to assure ongoing alignment with the department's public health system priorities.
- g) Review the division's management structure, internal processes, regulations and administrative requirements to maximize efficiencies in providing access to early preventative services and quality health care.

Measures:

- ◆ Phase One of the certification and licensing consolidation in the Division of Public Health (licensing functions relating to health and medical services) will be fully implemented in FY05.
- ◆ Phase Two of the certification and licensing consolidation in the Division of Public Health (licensing functions relating to "social services" such as foster care licensing and child care licensing) will be fully implemented in FY06.
- ◆ A comprehensive rewrite of the certification and licensing regulations with active stakeholder involvement will be completed on or before June 2005.
- ◆ The Alaska Public Health System will be evaluated against National Public Health Performance Standards at least once every three years.
- ◆ The number of performance measures established by June 30, 2004.
- ◆ The number of programs identified for process improvement by June 30, 2004.



(Terry Ahrens, Administrative Supervisor)

Keeping an official record of life on the Last Frontier

Whether Alaskans are stuck at foreign borders, hitting a roadblock on their way to the altar or just need to prove their child is the legal age for Little League, the state's Bureau of Vital Statistics (BVS) can help.

'Vital Stats' issues legal documentation including birth certificates, marriage licenses and adoption records. It also helps Alaskans with the need to show legal ID, says Section Chief Al Zangri.

The work is important but often routine – the bureau issues about 70,000 certified copies of legal documents each year. But sometimes the circumstances and hours of operation are far from normal.

Like the time a Juneau couple was set for their big weekend wedding and had taken care of every detail – except picking up their marriage license. Without one, you can't get married in Alaska.

"It dawned on them too late, so they found Al's number and called him on a Saturday," says Terry Ahrens, now in the Anchorage office. "He called me and picked me up and we went in and got them their license ... I'm glad to do it.

After all, we work for the public."

Often the requests are more dire: helping Alaska firefighters stuck without birth certificates at the border and unable to get to a blaze in British Columbia; replacing documents for Alaska families who lost everything in the Big Lake fire; assisting a Fairbanks woman stuck in Mexico with no ID after she was robbed.

Conclusion - Moving Forward



(Blair and Garrett Ramsdell)

Car seat program reduces injuries, saves lives

Two years ago, Blair Ramsdell took part in a Juneau Public Health Center project offering free child car seats and car seat checks.

She says her two boys are alive today because of it.

Ramsdell, her boyfriend and her sons – toddler Tristan and infant Garrett – were involved in a four-car pileup in December 2002. The damage to the car was drastic and Ramsdell was injured, but the boys were unhurt in their safety seats.

“They save your babies’ lives,” Ramsdell told the Juneau newspaper. “I don’t even know how they survived that.”

Public Health Nurse Colleen McNulty, who helps run the car-seat training and education program in Juneau, says parents should contact their local Public Health Center to have seats they already own checked out or to see if they are eligible for low-cost car seats.

“Making sure little ones are buckled in is the law, but you should take a few minutes to have us look over your seat, how it’s being used and if it’s the right fit for your children,” McNulty says.

More than 2,200 child passenger seats were distributed in Alaska last year through Public Health Nursing and the DPH Injury Prevention Program in the Section of Community Health and Emergency Medical Services

As the Division of Public Health moves ahead in the years to come, we will do so with an overarching commitment to building a healthier and safer Alaska.

It won't be easy. Challenges abound, not the least of which is maintaining adequate public health infrastructure in an era of declining resources.

We know we are up to the challenge. This Strategic Plan is a working blueprint that lays the management foundation for growth and change within the Division of Public Health. We are proud of the approach it describes, and intend to subscribe to it wholeheartedly.

Yet the biggest reason for our optimism is a professional workforce dedicated to improved public health. The employees within the Division boast a wealth of experience and a commitment to the well being of the people of Alaska.

It is refreshing to be part of a committed organization whose members strive to do their jobs every day according to the values outlined in this plan: accountability for their work, respect for the public they serve, a commitment to developing human potential, integrity and honesty in all that they do, and dedication to using – and adding to – the base of scientific excellence in their fields.

Our public health partners throughout the state – local, regional and tribal health organizations – are equally committed to success. They are equally strong in their desire to improve health outcomes for the people they serve. That is why we incorporated their ideas into the development of this plan.

Our shared mission is clear. Together, we will move forward to make Alaska an even healthier place to live, work and raise a family.

“Progress is impossible without change, and those who cannot change their minds cannot change anything.”

~ George Bernard Shaw

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*"The significant problems we face cannot be solved
at the same level of thinking we were at when we created them."
~ Albert Einstein*



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