

WINTER UPDATE 2012-13

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

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Two histories of Alaska health now online

"I recommend that all who have an interest in health and public health history in Alaska read or at least peruse the 1954 'Alaska's Health: A Survey Report,' usually called 'The Parran Report.'"

—Ward B. Hurlburt, M.D., Chief Medical Officer, Alaska Department of Health and Social Services

The Department of Health and Social Services' Public Information Office recently digitized the text of two important historical documents on health in Alaska, and made them available online and to libraries statewide. Both documents are searchable.

"Alaska's Health: A Survey Report," known as the 1954 Parran Report, can be found at http://www.hss.state.ak.us/commissioner/PDF/Parran_Report.pdf.

The Parran Report is a survey of health conditions in the territory of Alaska that was undertaken in the summers of 1953 and 1954 by the University of Pittsburgh, Graduate School of Public Health. The survey was commissioned by the U.S. Department of the Interior, at the request of then-Governor and physician Ernest Gruening and the Alaska Legislature. It is called the "Parran Report" for Dr. Thomas Parran, who headed up the survey team.

The Department of Defense also was interested in the survey, and offered its cooperation, "because the health of Alaska's civilian population obviously has a bearing upon the health of the military forces stationed [in the territory]."



A Native Alaska woman and two girls talk with a nurse aboard the M/S Hygiene about tuberculosis, Alaska, ca. 1940-1960. (Photo courtesy Alaska State Library, Alaska Department of Health & Social Services Photograph Collection)

The survey team examined federal and territorial health programs, and those of private agencies, with "specific attention ... given to the health problems of the Alaska native population."

"For Alaska Native people health, educational, and economic status was inferior to much of today's developing world," says Ward B. Hurlburt, M.D., Chief Medical Officer, Alaska Department of Health and Social Services. "Infant and maternal mortality rates, average life expectancy, and educational achievement were in many ways comparable to the United States in 1900."

The report also contains comprehensive recommendations for improving health services in all sectors, and to all groups, statewide. "Some of the desperately needed changes recommended and foreseen came about quickly," Hurlburt says, "but others remain works in progress."

"A History of Health and Social Services in Alaska" (through 1993) can be found at http://www.hss.state.ak.us/commissioner/PDF/History_DHSS_1993.pdf.

The concise 29-page history of DHSS was published in 1993 when Ted Mala, M.D., MPH, was commissioner, and was dedicated to the centennial of public health nursing in Alaska. The following is from the dedication page:

"For over 100 years, nurses have been a dominant force in protecting and

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Alaska offers unique opportunities for epidemiologists Public Health officials investigate diseases not seen in other states

Epidemiologists like diseases. Diseases with almost unpronounceable names and histories that reach back to Egyptian mummies. Diseases that affect many and diseases that affect few. Epidemiologists study how diseases spread. They evaluate risks and prevention methods.

When you are an epidemiologist, "you want to be out there in the field doing the shoe-leather sleuthing that's characteristic of the profession," says Dr. Joe McLaughlin, chief epidemiologist for the state of Alaska. "We have many opportunities to do that type of work here in Alaska."



Dr. Brian Yablon, U.S. Centers for Disease Control and Prevention, Epidemic Intelligence Services officer on assignment with the department's section of epidemiology, prepares to interview a gold miner in Nome. The interview was one of 18 conducted during a recent screening of Nome gold miners for mercury exposure.

Dr. Brian Yablon came to Alaska to take advantage of these unique opportunities. As the Alaska Division of Public Health's current Epidemic Intelligence Services

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MMIS: Provider re-enrollment begins as Alaska-specific data set-up phase wraps

Provider re-enrollment required for Alaska Medicaid Health Enterprise, the new Medicaid Management Information System (MMIS), began in fall 2012.

Letters were mailed to all active providers to complete their re-enrollment using the expanded Provider Enrollment Portal (PEP), a secure and interactive website that had previously been used exclusively for new provider applications.

The portal contains data pre-populated from the legacy Medicaid system with online editing capabilities to streamline re-enrollment toward the implementation of the new MMIS.

Providers were also provided with computer-based and in-person training, learning portal reference aids and dedicated fiscal agent enrollment staff to answer questions and provide assistance.

Providers can learn more about the ongoing re-enrollment process at www.medicaidalaska.com.

Re-enrollment objectives include verifying current provider contact and billing information, validating existing affiliation and licensure information, obtaining additional data needed for the new MMIS, and fulfilling CMS certification requirements.

The current phase of the new MMIS — to develop Alaska-specific codes and Alaska claims payment functionality within the primary Enterprise MMIS system — wrapped up in late 2012. Progress continues in expanding the early Decision Support System for the department's ad hoc reporting needs. Testing of the new MMIS system also continues.

For more information about Alaska Medicaid Health Enterprise, go to www.alaskamedicaid.info.

Direct Secure Messaging shares data faster

Today, communication of health information among health care organizations, providers and patients is most often achieved by sending paper through the mail or fax. In 2012, the Department of Health and Social Services Health Information Technology office, along with Alaska eHealth Network, implemented Direct Secure Messaging.

Direct Secure Messaging is a service that supports secure, encrypted electronic communication between health care professionals and other organizations. It allows the user to attach documents similar to normal email. Direct Secure Messaging can improve an organization's business processes by more timely delivery, reduced paper usage and improved staff time management. As of September, Alaska reached a federal milestone when 183 Alaska organizations were actively using DSM.

Direct Secure Messaging can support health care professionals in sharing clinical data such as referrals, patient summaries, discharge summaries and lab results. Direct Secure Messaging can also support the ability of health care professionals to share clinical data with public health agencies, such as immunization registries, syndromic surveillance and other public health registries.

For more information about Direct Secure Messaging, go to: dhss.alaska.gov/HIT/Pages/Direct-Secure-Messaging.aspx and www.ak-ehealth.org.

Medicaid EHR Incentive Program: Stage 2 Rule

The U.S. Centers for Medicare and Medicaid Services (CMS) recently published a final rule that specifies the Stage 2 criteria for the Electronic Health Record (EHR) Incentive Payment program. All participating eligible professionals and hospitals must achieve "meaningful use" under the Stage 1 criteria before moving to Stage 2. The earliest that the Stage 2 criteria will be effective is in federal fiscal year 2013 for eligible hospitals or calendar year 2014 for eligible professionals.

The final rule changes do affect some of the Stage 1 criteria and took effect as early as Oct. 1, 2012, for eligible hospitals, or Jan. 1, 2013, for eligible professionals. Both eligible professionals and eligible hospitals will be able to use a new definition for determining Medicaid Enrolled Encounters to include service rendered on any one day to a Medicaid-enrolled individual regardless of payment liability. Additionally, Children's Health Insurance Program encounters can be included if they are a part of Title XIX expansion or part of Title XXI expansion.

More information about the Stage 2 Final Rule and changes to Stage 1 can be found on the Health Information Technology public website at: dhss.alaska.gov/hit.

Successful student loan repayment program for health professionals taking applications

Alaska's SHARP program is a "support-for-service" effort designed to help recruit and retain health care clinicians for work in Alaska, especially in areas having the most critical practitioner shortages. The program provides assistance in education loan repayment for those clinicians who meet the criteria.

Thus far, SHARP has contracted with 74 health care professionals, who are distributed across a broad range of primary care occupations: 37.8 percent in behavioral health (28), psychiatrists, psychologists, LCSWs, licensed professional counselors, and psychiatric

nurse specialists; 13.5 percent in oral health (10), dentists, and registered dental hygienists; and 48.7 percent in medical (36), physicians, nurse practitioners, nurses, physician assistants, and pharmacists. They are distributed across all regions of Alaska.

SHARP practitioners must work full time for at least two years for an organization federally recognized as serving an area or population with a health care shortage. In exchange, the federal-state loan program pays up to \$35,000 a year toward student loans for physicians, dentists and

pharmacists, and up to \$20,000 per year for the other eligible practitioners.

Funding is 50 percent federal and 50 percent non-federal, which includes the Alaska Mental Health Trust Authority and the state general fund. There are stiff penalties for not fulfilling the required commitment.

A much larger solicitation is planned beginning January 2013. Funding for this is derived from HB-78, which passed in May 2012. For more information, check the SHARP website at dhss.alaska.gov/dph/HealthPlanning/Pages/sharp.

Changes in Medicaid medication coverage

Effective Jan. 1, 2013, Alaska Medicaid will no longer cover prescriptions for benzodiazepines and barbiturates for dual-eligible recipients with both Medicaid and Medicare coverage, because the coverage will shift to the recipient's Medicare Part D plan.

The reason: benzodiazepines and barbiturates will no longer be excluded from coverage by Part D prescription drug plans.

Section 175 of the Medicare Improvements for Patients and Providers Act of 2008 amended section 1860D-2(e)(2) (A) of the Social Security Act to include, under Medicare Part D coverage, barbiturates used in the treatment of epilepsy and cancer, and benzodiazepines used to treat chronic mental health disorders.

If you have questions about this change, call Chad Hope, Medicaid pharmacy program manager, Alaska Department of Health and Social Services, at 907-334-2654.

Site helps seniors take meds correctly

Three-quarters of Americans don't take their medications as directed. Each year, that results in unnecessary health care spending of roughly \$200 billion and almost 125,000 deaths. To minimize this preventable problem in Alaska, the Division of Senior and Disabilities Services is developing a set of resources to help Alaska's seniors take their medications as directed. Seniors tend to take more medications and have more chronic health conditions than younger people.

The first part of the Alaska Medication Education project (aka Alaska Med Ed), a website at meded.alaska.gov, is finished and is now being tested with seniors.

The next part is a toolkit for small group classes on overcoming typical barriers to medication adherence, such as dealing with unpleasant side effects, having trouble keeping track of multiple medications and needing to avoid taking a medication with certain foods.

When both parts are finished and tested, they will be advertised statewide.

Business community learns about controlling health care costs

Author and former CEO John

Torinus Jr. visited Anchorage in October to address a crowd at a Commonwealth North luncheon, co-sponsored by the Alaska Health Commission, on the topic of health care costs for businesses. "Gaining control of medical expenditures had literally become a matter of survival for our manufacturing operations in the United States," he said.

The author of *The Company that Solved Health Care* talked about strategies his company implemented that successfully contained cost growth over the past decade.

Torinus also attended a post-luncheon meeting of the commission, which is concerned about hyperinflation in health care costs and the resulting impact on affordability and access to care. The commission is exploring the ways in which employers can participate in improving employee health and increasing quality and affordability of health care.

For the Alaska Health Care Commission's 2012 report, visit: hss.state.ak.us/healthcommission/docs.htm.



Wisconsin-based John Torinus, Jr., author of *The Company that Solved Health Care*, is shown addressing a Commonwealth North luncheon, co-sponsored by the Alaska Health Care Commission, on Oct. 11, 2012.

'Patient-Centered Medical Home' is one response to rising health care cost in Alaska

The Department of Health and Social Services is currently under contract with a consultant to evaluate the Patient-Centered Medical Home (PCMH) model of care delivery.

The PCMH model is one response to the rising cost curve for health care in Alaska.

The Medicaid program is experiencing higher rates of diabetes, cardiovascular disease, tobacco and substance abuse, obesity, and behavioral health issues. Lowering health care costs through improved quality and delivery of health care will increase savings and allow more

The project is directed at developing a strategy for the department to advance the PCMH model for Alaska's Medicaid program.

Alaskans to access health care coverage within a sustainable health care system.

The project is directed at developing a strategy for the department to advance the PCMH model for Alaska's Medicaid program and will be based on state needs, stakeholder input, and best practices demonstrated by established models elsewhere. The ultimate goal is producing a consistent result of effective, affordable care being delivered to the right person at the right time for the right price.

The anticipated contract period will be in effect between March 1, 2012, and Feb. 28, 2013.

Given that many other urban-based models are not applicable to rural and frontier sites, the year-long period is necessary to develop a model with measurable standards that Alaska can adopt. Upon delivery of the final report, the department should have a strategy to further the development of a PCMH model in Alaska.

Depending on the scope and number of demonstration sites, the department anticipates that it will take several years for private parties to fully transform the delivery system to a PCMH model.

Technology and additional workforce will be considered in assisting the transformation and integration of the PCMH model in Alaska.

For more information, contact Deputy Director of Health Care Policy Josh Applebee at 907-269-7848.

Sean Parnell
Governor



Respecting others and yourself

Choosing to respect members of our family and community is one part of the *Choose Respect* equation, but to truly *respond* with respect requires personal responsibility and a commitment to one's self and to each other. I encourage each of us to consider what we can do to model this respect for the people around us.

By taking good care of ourselves, mentally and physically, we provide a strong example to others in the workplace and the public we serve. I encourage you to set high standards for your emotional and physical health. Eat healthy, exercise, sleep well, and take time out to enjoy your favorite things and your loved ones. Together, these seemingly small steps can produce great changes and culminate in big rewards. Respecting yourself and those around you is a necessary and personal contribution to the culture of respect we all desire for Alaska.

Margaret Brodie assumes reins of Health Care Services division

Margaret Brodie was named director of the Division of Health Care Services, effective Oct. 26, 2012. The division is responsible for management of the fiscal agent, provider and recipient services, and all claims adjudication, as well as performance of physical medicine components.



Brodie

Brodie's background with the Department of Health and Social Services spans decades, beginning with the Division of Public Assistance, where she held various positions from 1990 to 2001. She has also worked for the departments of Education and Early Development and Natural Resources.

Brodie has been with Health Care Services since 2008, as a Medical Assistance Administrator IV, a Division Operations Manager, and most recently as Acting Director. She is a U.S. Air Force veteran, and holds a business degree from Trinity College in Vermont.

Health Insurance Exchange and Medicaid Expansion

Due to this publication's advance press time, we are unable to provide the most current information on Alaska's health insurance exchange and Medicaid expansion. The most recent information can be found in media releases on the Alaska Department of Health and Social Services homepage, www.hss.state.ak.us, under Headlines.

William J. Streur
Commissioner



Changing in real time

Hhealth care in Alaska is in a state of change. We have seen more change in the past year than in the last 20.

Since I became commissioner of Health and Social Services two years ago — and before that as deputy commissioner — I have overseen innovations in all our divisions as we prepare for the future.

Our department is making technological advances to increase efficiency and accuracy to best serve our clients. We are training our employees in the most up-to-date methods and working with other agencies statewide to provide more comprehensive services. We are keeping up with change in real time through constant innovation.

The future may be uncertain, but we will continue to meet it with confidence, always keeping in mind our mission, "to preserve and protect the health and well-being of Alaskans."

Alaska works with Oregon, West Virginia to improve quality of children's health care

The Alaska Department of Health and Social Services is collaborating with Oregon and West Virginia on the Tri-State Children's Health Improvement Consortium (T-CHIC) medical home pilot initiative to improve the quality of health care for children enrolled in Medicaid, including Denali KidCare.

T-CHIC is a Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Project funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

The T-CHIC project has three goals:

- Test quality measures that have been proposed by the federal government.
- Develop, adopt, and/or improve health information technology, electronic health records, and participation in health information exchanges.
- Demonstrate the effectiveness of practice-based models for improved care for children.

DHSS has awarded grants to three practice sites under the T-CHIC project: Iliuliuk Family and Health Services, Southcentral Foundation and Peninsula Community Health Services.

T-CHIC is sharing knowledge through a "learning collaborative" approach,

including public sessions, such as the post-Health Summit session in 2012 called *Implementing a Pediatric Medical Home-The Role of Care Coordination*.

"Care coordination" is a key feature of the medical home model that will result in better care, especially for children with special health-care needs. The grantees and the participants in the learning collaborative are exceedingly interested in best practices, tools, strategies for "virtual" care coordination where services are not locally available, and standards, expectations, and curriculum. Webinars are planned on prioritized topics such as identifying children with special health-care needs, using shared care plans, engaging the family, Direct Secure Messaging, and making best use of electronic health records and health information exchange for care management and for measuring quality improvement.

The 21 T-CHIC clinical demonstration sites in the three states are evaluating their progress through the Medical Home Office Report Tool, patient experience surveys, a CMS national evaluation, and other tools.

For more information on T-CHIC, go to: dhss.alaska.gov/dph/HealthPlanning/Pages/tchic.aspx. See also www.medicaid.gov/Medicaid-CHIP-Program-Information/Medicaid-and-CHIP-Program-Information.html.

Alaska recognized for Children's Health Insurance Program

In summer 2012, Alaska was one of seven states that received recognition from the National Governors' Association and Centers for Medicare and Medicaid Services for reporting on more than half of the 24 Children's Health Insurance Program Reauthorization Act (CHIPRA) children's core quality measures. The Department reported on 13.

The following are five examples of CHIPRA's core set of 24 quality measures that the department reported on:

- Percentage of live births weighing less than 2,500 grams
- Well-child visits between 0–15 months of life
- Eligibles who received preventive dental services
- Follow-up care for children prescribed attention deficit hyperactivity (ADHD) medication
- Follow-up after hospitalization for mental illness

Reporting of children's quality measures is the initial step in establishing a children's quality improvement process in Medicaid, including Denali KidCare. The next steps are to set state-level priorities, goals and objectives for children's quality improvement in Medicaid, and to demonstrate how the prioritized core measures and other children's health care quality information can be used to improve children's health outcomes at the state level.

Foster parents needed, especially Alaska Natives

Last September, 1,859 children in Alaska were in what is called "out of home" placement.

According to OCS, placement is the last option considered "when reasonable efforts to protect a child in her or his own home" have been exhausted. OCS says the ideal placement in such cases would be a relative's home. When that isn't possible, the child may be placed in a licensed foster home.

"There is always a need for licensed foster families around the state, so we can keep children in their home communities," said OCS Deputy Director Tracy Spartz Campbell. "We especially need more Alaska Native homes to ensure children's cultural continuity and allow them to remain connected to their families' traditions."

Foster parents undergo training and receive a stipend. Learn more by calling 1-800-478-7307 or go to hss.state.ak.us/ocs/FosterCare/ready.htm. Another way to help Alaska's children is by volunteering to be a Court Appointed Special Advocate. CASAs are needed to represent the best interests of children in court. Learn more at www.alaskacasa.org/.

Public disclosure rules for juvenile information eased

House Bill 343, sponsored by Rep. Cathy Muñoz at the request of the Department of Health and Social Services, simplifies public disclosure rules concerning juveniles. The bill, which passed the Alaska Legislature last session, had bipartisan support in the House and Senate.

HB 343 accomplishes three goals:

- Confirms that juvenile justice and child protection agencies can exchange information as needed to provide the best services for youth. Specifically, the bill ensures that the Division of Juvenile Justice and the Office of Children's Services are able to readily and easily collaborate to better serve their clients.
- Allows DJJ to develop regulations that can aid its ability to provide juvenile delinquency information to former juvenile clients and others who may need that information to assist in job searches, receive or provide medical care, and receive other benefits.
- Streamlines the law allowing the public to request information on certain juvenile offenders, maintaining the public's right to access information while making the law easier for DJJ staff and the public to understand.

According to DJJ Social Services Program Officer Tony Newman, HB 343 was "momentous" in clarifying information exchanges between his division and OCS. A vital component was the way in which it simplified previously complex public disclosure law.

"I'm thrilled we were able to get the public disclosure law streamlined," he said. "The new law makes it much more clear to our staff and the public when juvenile information can be disclosed."

New OCS unit travels state

The Office of Children's Services has a new unit — the OCS Travel Team — formed to deal with a very old problem.

The division has 26 field offices around the state, many with small staffs of just a few people. Add into the equation a high turnover rate — some estimates place it at 30 percent — and you run the risk of vacancies that could lead to delayed responses to families who need OCS services.

Consisting of five on-call workers who deploy on a two-week on/two-week off cycle, the travel team aims to fill those staffing gaps.

"The travel team is really exciting because it allows us the opportunity to deploy staff on short notice and fill the void until we can hire a permanent person," said OCS Field Administrator Travis Erickson.

The unit started up in 2012, deploying its first employee to Gakona in March.

News briefs

Flu season hits Alaska early

Although flu seasons are unpredictable, and each year is different from the others, one thing remains the same — getting the flu is no fun. The best way to protect yourself from the flu is by being vaccinated. The national Centers for Disease Control and Prevention recommends that everyone age 6 months and older be vaccinated against the flu. Though the flu has been reported in most regions of the state, it's not too late to get vaccinated. For everything you always wanted to know about the flu and flu vaccines, go to flu.alaska.gov.

Healthy Alaskans 2020 sets goals

What health issues are important to you and your community? Finding out is the goal of Healthy Alaskans 2020, a joint effort between the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium. Surveys completed by Alaskans will be used to set health goals for Alaska over the next decade. The initial survey ran September and October 2012. More than 1,700 Alaskans participated. Information from that survey will be refined and used as the basis for the second survey, which begins in January. To see the results or take the next survey, go to ha2020.alaska.gov and let your voice be heard.

Try the InstantAtlas Research Tool

Want an instant visualization of public health in Alaska? Try InstantAtlas, a mapping tool designed to display public surveillance data in a variety of formats. Information can be displayed as a graph, map, or an easy-to-use list of the data you need. You can highlight one geographical region of Alaska and see how it compares to other regions, or map a region from year to year. The information is presented in a way that makes it easy to understand health risks, disparities, and disease prevalence in Alaska.

Designated Alaska trauma centers increase in 2012

Eight hospitals in Alaska received the trauma center designation or re-designation in 2012. Trauma centers provide an organized and timely response to traumatic injury. Alaska now has 11 Level IV trauma centers. Alaska Native Medical Center in Anchorage is the only Level II trauma center in Alaska, the highest level designation currently appropriate for the state. Alaska has the third-highest trauma death rate in the nation. According to national data, seriously injured people have a 25-percent better chance of survival when they are treated at a designated trauma center versus a non-designated trauma center.

DHSS Stars



RHEA BOWMAN

McLaughlin Youth Center teacher **Rhea Bowman** has taught at the McLaughlin High School for the past 40 years and has dedicated her career to teaching delinquent youth. In July 2012, Bowman was given the prestigious "Lifetime Achievement Award" by the Correctional Education Association. When receiving her award in front of more than 25 other educators, Bowman shared her love of teaching and her belief that everyone can learn to read, and, if they do, it will change their lives.



GINA CARPENTER

Public Health Nurse III **Gina Carpenter**, Division of Public Health, Dillingham, received the 2012 Vaccinate Alaska Coalition Laurel Wood Lifetime Achievement Award in September 2012. Carpenter has been the driving force behind the stellar immunization rates in the Bristol Bay region for over a decade. With her presence in the region for almost 30 years, she has been instrumental in preventing disease in multiple generations of area residents in 32 remote villages.



LINDA CHAMBERLAIN

Public Health Specialist II **Linda Chamberlain, Ph.D.**, Division of Public Health, was named a YWCA/BP Woman of Achievement for leadership and excellence in professional and personal endeavors and contributions to the community. Chamberlain was recognized as a role model for thousands of women, providers, and colleagues with her nearly 20 years working on domestic violence leading the Alaska Family Violence Prevention Project.



KARA MCCOY

Public Health Nurse II **Kara McCoy**, Division of Public Health, Prince of Wales, received a 2012 Excellence in Immunization Award from the Vaccinate Alaska Coalition in September 2012 for her collaboration with local health care providers to assure all children have access to vaccine throughout the region. She has worked for more than nine years to assure that every family receives education, immunizations, and advocacy regarding their health and well-being.



ANN POTEMPA

Public Health Specialist II **Ann Potempa**, Division of Public Health, (formerly Public Information Officer, DHSS), led a new public health campaign, "Play Every Day," aimed at reducing childhood obesity. The project included preparing materials, messages, and public service announcements. The campaign increased participation in a physical activity challenge for elementary-age children statewide and received eight awards from the National Public Health Information Coalition. (See **Public Information Team** awards below for details.)



JESSICA ULLRICH

Protective Services Specialist IV **Jessica Ullrich** supervises the first Alaska Native Unit in the Office of Children's Services. Ullrich's initiative, drive and innovation have developed a team of specialists to work solely with Alaska Native families, focusing on ensuring that children are placed preferably with the partnership of the tribes. She has gone above and beyond to ensure that her staff receives training on historical trauma and cultural issues, and develops trusting relationships with the tribes OCS works with from an urban setting.



PUBLIC INFORMATION TEAM

The Department of Health and Social Services **Public Information Team** received 11 National Public Health Information Coalition 2012 awards for its work from July 2011 through June 2012 including — **Gold:** Play Every Day TV PSA "Statistics"; Play Every Day/Healthy Futures kickoff event media kit; Play Every Day pinwheel; and the McLaughlin Youth Center recruitment video. **Silver:** Play Every Day radio PSA "Statistics"; Press release "Red Tide"; and OCS recruitment video. **Bronze:** Play Every Day TV PSA "Father"; Birth Spacing radio PSA "Mom"; Nurse recruitment video; and crisis response "Fukushima radiation."

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promoting the health of Alaskans. The first professional nurse arrived in Bethel in 1893, three years before the first doctor arrived and 23 years before the first hospital was built in that area. Over the next ten years, nurses began working in Sitka, Skagway, Circle City and Nome.

"For many, the traveling nurse was the only source of health care. Carrying kits equipped with basic remedies, vaccines, sutures, forceps, and other paraphernalia, nurses traveled from one community to the next. Barrow to Ketchikan, the Aleutians to Canada and across the Interior on foot, by dog sled, river boats, steamship, and later by train, plane, and military vessel, itinerant nurses covered thousands of miles and provided health care to as many people as possible."

The text's sections include: the state of Health and Welfare prior to 1912; Endemic Health Problems and Indigenous Health Care; the Introduction to Western Disease; Territorial Health; and much, much more. The Public Information Office also added a list of all Commissioners, from Dr. C. Earl Albrecht in 1945 to the current William J. Streur in 2012.

Both online PDFs are bookmarked and easily searchable.

DHSS receives March of Dimes Award for reducing rate of pre-term births



March of Dimes Alaska State Director Janie Odgers presents Dr. Ward Hurlburt, Chief Medical Officer, and Stephanie Birch, Section Chief for Women's, Children's and Family Health, the Virginia Apgar Prematurity Campaign Award. The award recognizes the department for its efforts in helping to reduce the rate of preterm births. (Photo: left to right, Stephanie Birch, Dr. Ward Hurlburt and Janie Odgers.)

Department partners with 3 school districts to collect child obesity stats

The Kenai Peninsula Borough School District is the third school district in Alaska to partner with DHSS to track childhood obesity. The department has been working with the Anchorage School District since 2003 and the Matanuska-Susitna Borough School District since 2010. Analysis of student height and weight data collected over the last two school years shows around 36 percent of Kenai Peninsula public school students are overweight or obese. The percentage is the same as in the Anchorage School District, which saw a slight decrease, from 38 percent to 36 percent, when comparing the 2002–03 and 2010–11 school years. The Matanuska-Susitna district has shown the lowest rate at only 26 percent for the 2009–10 school year.



Alaska's own NHL star Scotty Gomez volunteered his time to do a TV Public Service Announcement for the department's "Play Every Day" campaign, an effort to reduce childhood obesity. Pictured with Gomez at the Ben Boeke Ice Arena, in Anchorage, are Public Information Officer II Laura Carpenter, left, and Public Health Specialist II Ann Potempa.

Alaska youth making healthier choices

Alaska teens are participating less in risky behaviors according to the most recent Youth Risk Behavior Survey. Alaska is doing better or the same as the nation on most measures. The biennial survey shows such behaviors as tobacco and drug use, sexual conduct and violence have either decreased or remained the same between 1995 and 2011. For example, 36.5 percent of high school students smoked in 1995 and 14.1 percent smoked in 2011. The survey is part of a national data system developed by the U.S. Centers for Disease Control and Prevention to assess and address health risks among high school students.

For more information, visit dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx.

Grants aid efforts to reduce youth suicide

Youth suicide prevention in Alaska got two boosts last fall:

- A \$1.4 million Garrett Lee Smith grant from the U.S. Substance Abuse and Mental Health Services Administration: Alaska's Youth Suicide Prevention Project will use it to fund training, education, link youth with community mental health, and promote the Careline suicide prevention line and other resources.
- \$450,000 from state legislators: The first project funded was free access to a Web-based suicide prevention training, Kognito At-Risk, for high school employees. The training was championed by Alaska's Association of Student Governments, Statewide Suicide Prevention Council and Department of Education & Early Development.

For more information on the Youth Suicide Prevention Project, visit: hss.state.ak.us/dbh/prevention.

Play Every Day campaign encourages families to raise healthy kids in Alaska

The Department of Health and Social Services launched a new public education campaign in 2012 that used multiple media and strategies to raise awareness about childhood obesity and promote the importance of being physically active as a family.

The campaign, called Play Every Day, ran media messages on television and radio, on buses, in movie theaters and social media. It also included a partnership with Healthy Futures, an Alaska-based organization that promotes physical activity among children through school-based challenges and community events.

Participation in the school-based challenges rose significantly in one year. In spring 2011 — before the partnership — 36 Alaska schools and 1,342 individual students completed the Healthy Futures physical activity challenge. In spring 2012 — during the partnership — 110 Alaska schools and almost 7,000 students completed the challenge.

The department contracted with a research firm to assess the effectiveness of the media messages in spring 2012. Of about 500 Alaska parents or guardians of children ages 18 or younger who were surveyed, 75 percent said they had heard media messages about getting children to be active in play. About half of parents who heard or thought they had heard these messages specifically recalled the campaign's main message about the importance of regular physical activity for good health: "Get out and play. Every day." About 60 percent of parents overall said they were trying to increase the physical activity level of their children, and most of these parents said the media messages made them want to be more active.

The department will continue the Play Every Day campaign (www.playeveryday.alaska.gov) in fiscal year 2013 and plans to evaluate its effectiveness.

Public health program gives recent graduates front-line experience, with no ‘busy work’

In addition to the Epidemic Intelligence Services program, the U.S. Centers for Disease Control and Prevention (CDC) also offers the Public Health Associate Program (PHAP), a training program geared toward recent baccalaureate graduates who are beginning a career in public health. Participants get front-line experience in state, tribal, local and territorial public health agencies.

The CDC assigned Maggie Grinnell to be the first PHAP associate in Alaska’s infectious diseases program. Grinnell received a bachelor’s degree in biology and recently worked in community health education in Chicago. In July, she began her two-year fellowship in Alaska. Her first year is at the state’s section of epidemiology and next year she will serve at the Anchorage Quarantine Station.

Dr. Louisa Castrodale, a veterinarian epidemiologist for the state, worked with staff at the Anchorage Quarantine Station to get a PHAP associate in infectious disease. “We wanted someone energetic and excited,” Castrodale said, adding that she got what she wanted with Grinnell. “She’s smart and motivated.”



Recent college graduate Maggie Grinnell is the first Public Health Associate in Alaska’s infectious disease program.

“I have lots of chances to learn,” Grinnell said. “My supervisors are interested in giving me meaningful projects, not busy work.” A main focus is tuberculosis. Alaska has the highest rate of tuberculosis in the country, and Grinnell is learning a lot about the disease and Alaska’s fight against it.

Grinnell also assists with investigations, collecting data and helping write reports. Other major projects deal with food and waterborne illness, hepatitis C, infectious disease response and preparedness activities.

PHAP began as a pilot program in 2007 and expanded nationally in 2010, hiring 65 associates in 2010 and 64 in 2011 who work across 26 states. Other PHAP associates in Alaska are Thao Le and Elizabeth Hoffer in the section of epidemiology’s environmental health program, and a fourth Alaska PHAP associate at the Anchorage Quarantine Station at the airport.

After her assignments with the state and quarantine station, Grinnell could return to school or work at the CDC or another public health organization. She might steer toward helping youth. “I’m excited about adolescent health,” she said. “I love working with teenagers.”

EPIDEMIOLOGISTS continued from page 1

officer, he investigates a variety of health concerns, including some particular to Alaska. The Epidemic Intelligence Services (EIS) offers a two-year fellowship in applied epidemiology through the federal Centers for Disease Control and Prevention (CDC). The training program includes surveillance projects, investigative work, complex statistical methodologies, biostatistics and presentations to scientific groups. The position in Alaska also offers a chance to lead investigations of outbreaks across the state, work collaboratively with colleagues who are passionate about their work, jog past the occasional moose, and fly in small bush planes that shake when the wind blows.

Within a few months of his August 2012 start date, Yablon had worked on the varicella (chicken pox) outbreak in Homer, given media interviews regarding the flu, participated in conference calls with CDC about the multi-state meningitis outbreak (no cases in Alaska as of this writing), and investigated cases of trichinosis, E. coli and infective endocarditis. He evaluated the state’s vaccine-preventable disease surveillance system and found ways to streamline and improve the

process. He’s also on his way to learning enough about foodborne botulism to become a national expert, as is the case for all EIS officers who have been assigned to Alaska’s section of epidemiology.

In August, Yablon and other health officials, including environmental public health program manager Ali Hamade, went to Nome to conduct voluntary screenings of gold miners for mercury exposure. The screenings were prompted by concerns that miners in Nome had been exposed to harmful levels of mercury fumes by cooking the mercury off of gold that they unearth. The health officials tested 18 people. “Only one result was above the level of health concern,” Hamade said. “However, that person did not experience any adverse health effects associated with mercury exposure that we are aware of.” Health officials will continue to investigate this ongoing concern.

Yablon also traveled to Toksook Bay in the Yukon-Kuskokwim Delta. In collaboration with CDC’s Arctic Investigations Program, he helped assess knowledge, attitudes and beliefs about hygiene to better understand

how to curb the high rates of skin infections and boils in the region.

The quality of the public health center in Nome and clinic in Toksook Bay surprised Yablon. He had never been to Alaska before last summer, and his image of rural health care was somewhat based on the television show “Northern Exposure.” When he visited the center and clinic, he was glad to learn “how modern and well-equipped they were, even in rural Alaska,” Yablon said. He had an idea of “a bigger disconnect between the city and village. It was a nice surprise to see good health care resources in villages.”

The EIS program will continue to give Yablon exposure to many different aspects of public health and an opportunity to do a wide range of activities. When he finishes the fellowship, he will be in good company with former EIS officers, including Drs. Joe McLaughlin, Michael Cooper, Paul Anderson and Louisa Castrodale, who are all currently with the state’s section of epidemiology. Together they can discover more about the diseases around us, from asthma to injury to the parasitic infection schistosomiasis.

Tribal/state collaboration improves child welfare for Native and American Indian families through building relationships

The Tribal/State Collaboration Group (TSCG) has been meeting since 1994, working to improve the child welfare system for Alaska Native or American Indian children and families.

The collaboration group is comprised of representatives from Tribes/Tribal Organizations, the Office of Children’s Services federal Region X, Casey Family Programs, and Guardian Ad Litem/Court Appointed Special Advocates. Its focus is to: decrease disproportionality in Alaska’s child welfare system, increase compliance with the Indian Child Welfare Act (ICWA), promote healthy racial and ethnic identity, and develop authentic partnerships. A number of efforts currently are under way.

Over the past year the collaboration group developed Tribal Foster Care Licensing Standards, allowing tribes to license their own foster homes and place children in tribal custody in these homes. Children’s Services has also increased efforts to increase compliance with the Indian Child Welfare Act through grants, regional and statewide training, and ongoing efforts to ensure this program remains of utmost priority.

OCS created the Alaska Native Family Services Unit in the Anchorage Region, focusing exclusively on ICWA cases in a way that helps to foster increased communication and partnership with Tribal workers statewide. This project was well-received and supported by tribal partners in the collaboration group.

TSCG is also collaborating with the Western and Pacific Child Welfare Implementation Center and the Alaska State Court Improvement Project on a four-year systems change initiative to decrease disproportionality through greater use of in-home services, more Native resource families, and more effective coordination with the courts.

“The TSCG is largely about building relationships and partnerships, and courageously working together to improve the outcomes for Alaskan Native families involved in the child welfare system,” said Natalie Powers, OCS program administrator and Tribal State Co-Chair member. “While there is much work to still do, it is exciting to see the progress that is being made.”

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- Alaska health history now online
- Disease detectives at work
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Thank you. catherine.stadem@alaska.gov.

Federal grant boosts adult abuse prevention program

The U.S. Administration on Aging has awarded the Elder Abuse Prevention Interventions Program Grant to the Alaska Adult Protective Services unit. The grant award is \$1.4 million over a three-year period. This is the first-ever grant applied for by APS, and the program is one of only eight award recipients across the United States.

Under this grant, APS will develop and operate an Elder Services Case Management section within APS to determine if Critical Time Intervention, an evidenced-based case management model, prevents elder abuse, neglect and exploitation.

The managers will serve seniors 60 or older who have either experienced — or are at high risk of — abuse, neglect or exploitation.

The APS Elder Services Case Management section will consist of three case managers, who will work in conjunction with APS Protective Service investigators and community partners to ensure the health, safety and well-being of vulnerable adults.

Spotlight on vulnerable adults

Many adult Alaskans are vulnerable — because of old age, a disability or health condition — to abuse, neglect, self-neglect or financial exploitation. Adult Protective Services helped thousands such adults last fiscal year, but only a fraction — about 1 in 5 — of such cases is reported.

In September, APS turned a spotlight on the problem: Gov. Sean Parnell agreed to name September “Vulnerable Adult Awareness Month.” APS held a resource fair for vulnerable adults, their friends and family, and providers. Experts gave a panel discussion, vendors manned booths, and Department of Health and Social Services Commissioner Bill Streur presented APS’s first-ever Community Commitment Award to Wells Fargo Bank Alaska for training employees to spot financial exploitation. For more information on Adult Protective Services, go to: www.hss.state.ak.us/dsds/aps.htm.

Pioneer Home resident: The ‘most important medicines in the world’

Love and laughter are the most important medicines in the world.
I can prove it with three words: Veterans Pioneer Home. Now how would I prove that?



Well, I live here and this is my home. I came here busted up, physically and mentally. A runner and an alcoholic, I had forgotten how to care, blind in one eye, deaf, lonely, etc. And above all, I had forgotten how to love.

Well, it's right here, these people care. RNs, Nurses, CNAs, Doctors, Social Worker, Maintenance staff, Housekeeping staff, Kitchen staff, etc, etc, etc.

And of course there are my fellow residents. There is a lady here, she recently turned 100 years old, can you imagine the stories she could tell, they all could tell? This is where the history really is, forget the books, these people wrote it.

Think they don't remember things? Ask any of them the name of their first love, their first car, start a conversation and you might be surprised.

For me, becoming a real part of this home started with a flower, sound odd? I guess it does. I gave this woman a rose, for what I have no idea, something ... what to do, something right, who knows? Well she couldn't talk but there was a certain look, a light in those eyes that brought some memory back. A lousy rose, can you imagine that?

Well that was the start of my getting well. We are now at 28 roses and going for more. I do it for one reason, Love! That's it, pure and simple.

Want to learn? Come on in, the door is open. I'm just starting to learn. Some of the employees have been here a long time, but guess what? They love their job. I saw a maintenance guy the other day walking through the TV room stop to hug some woman sitting there. Was that in his job description? I don't think so. The Pioneer Home employees care about their people.

I guess it all breaks down to two things: Can you give? Can you love? I couldn't awhile back, but — I can now!

—Written by an anonymous resident