McLaughlin Youth Center

smoke-free as of November

Probably the most surprising thing about the new rule declaring McLaughlin Youth Center a “tobacco-free campus” as of Nov. 17, 2011, is that it didn’t happen years ago. But the history of the facility, which opened in 1968, is reflective of our country’s complicated relationship with cigarettes and smoking over the last few decades.

It’s hard to imagine in today’s health-conscious world, but not that long ago residents earned the privilege to smoke cigarettes as a reward for “good behavior.” Resident bathrooms had built-in cigarette lighters and parents could bring in cigarettes for the kids who earned them. The practice ended in 1984 as values about smoking were beginning to change.

Until about 1985, however, some employees were still smoking inside facility buildings. And the practice of allowing staff to smoke while counseling with youth — perhaps while leading a counseling session on addiction — was tolerated until 2003 (with the understanding that the cigarette was held outside a door and/or window). One can almost picture the eye-rolling a counselor might receive, holding forth on the dangers of addiction while smoking.

In fact, according to Pete Harrison, a unit supervisor at McLaughlin, in the last 10 years there were times when staff members would escort residents throughout the campus while smoking, leaving smoke drifting back into the faces of the youth behind them. As recently as 2010, the facility even had designated smoking areas that were positioned along walkways used by the residents.

Continued on page 6

Commissioner: ‘Prepare for the unexpected’

Survival is all about planning ahead

The Department of Health and Social Services is getting prepared, from the very top down.

Gov. Sean Parnell instructed Commissioner William Streur and the state’s other commissioners to build a personal emergency kit that’s ready for any type of disaster, be it earthquake, volcanic eruption or flood. “One of the Governor’s top priorities is the issue of disaster preparedness,” Streur said. “Disasters can affect Alaskans at any time. We need to be ready. We need to be prepared.”

Streur knows why certain items are so essential in an emergency kit: He’s seen what happens when they’re missing.

In 1992, Streur was living in Portland, Ore., and was deployed with the Portland Rescue Unit to southern Florida to help with the relief effort following Hurricane Andrew. Emergency response crews were setting up tents in areas of standing water. People went without electricity for days.

“I saw people with nothing,” Streur said. “The biggest thing we saw that people needed more than anything else was drinking water.”

Streur has put his kit together, and he’s encouraging his staff to build kits for their families.

Continued on page 7

Juvenile Justice brings youth back into the fold

Culture Camp in Nome

LEFT: Elder Alice Irrigo and a youth discuss “what it was like to live back then” at the Nome Youth Facility’s first-ever “Culture Camp,” Aug. 16–18, 2011. The camp, held in conjunction with local elders and the support of local Native corporations, took place at the Nome Youth Facility Fish Camp located on the Nome River a few miles from the facility.

Activities included fishing, swimming in the chilly Nome River, berry picking, a “talking circle” with the elders, games, discussions, self-reflection groups, dancing by the King Island Dancers and much more.

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WINTER UPDATE 2011–12

PROMOTING AND PROTECTING THE HEALTH AND WELL-BEING OF ALASKANS

VOLUME 8 NUMBER 1

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ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES
First electronic hospital health record incentive payment

The Alaska Medicaid Electronic Health Record (EHR) Incentive Program paid the first incentive payment to an eligible hospital, Alaska Regional Hospital, in the amount of $511,831.15 on Oct. 7, 2011. The program has also paid 40 eligible professionals and three eligible hospitals in the total amount of $2,465,323.97. Currently, 149 eligible professionals and 12 eligible hospitals have registered for the Incentive Program. Eligible professionals and hospitals can find out more information and register for the Alaska Medicaid EHR Incentive program at akarr incent or e.com.

Health Information Exchange

The Division of Health Care Services, Alaska eHealth Network (AeHN), and the Health Information Exchange (HIE) vendor Orion Health continue to work toward providing statewide access to Alaska’s HIE. Pilot sites were established in early 2011 and they began sending test data and conducting user acceptance testing.

Health Care Services’ Health Information Technologies office has been working to define how the Department of Health and Social Services will connect state databases and systems to the HIE. A workgroup has been established to help define the business processes and policies for privacy/security concerns associated with sharing state data.

Providers who would like to access secure messaging will be able to use Alaska’s Nationwide Health Information Network Direct model; this solution behaves like an Internet service provider. Direct is anticipated to be implemented by winter 2011-2012.

Providers who use the Direct solution will have access to Alaska’s HIE, but only to send secure messages. Those providers will have the ability to easily transition to full HIE capabilities when they are ready.

For more information, go to dhss.alaska.gov/hit/.

Alaska collaborates to better serve low-income children

Alaska is working on a federally-funded demonstration project with Oregon and West Virginia’s Medicaid programs to help improve the quality of health care for low-income children. Known as the Tri-State Child Health Improvement Consortium (TCHIC), the Alaska project has awarded grants to three provider organizations that are implementing or expanding the “medical home” aspects of their practices for improving children’s health.

The Alaska grantees are Illiulik Family Health Services in Unalaska, Peninsula Community Health Services in Soldotna and Kenai, and Southcentral Foundation in Anchorage. A major goal of this “medical home” approach is to improve integration of primary care, dental care, behavioral health services, and specialty care and follow-up needed by children enrolled in Medicaid and Denali KidCare.

In September, Alaska TCHIC hosted a learning collaborative for more than 60 providers and policymakers, and consortium leaders from Oregon and West Virginia, as well as staff and leadership of the national Child and Adolescent Health Measurement Initiative. The topic was Medical Home Practice Model and the Link to Quality Improvement.

More training is planned for the next four years of the project. The Alaska project is managed by the Health Planning and Systems Development section of the Division of Public Health, working with other divisions and sections.

For more information, go to: hps.state.ak.us/ahph/healthplanning/tchic.htm.

Pending legislation to protect vulnerable adults from financial exploitation a priority

Proposed legislation to add financial exploitation protections for vulnerable adults is high on the priority list for the Governor and the Department of Health and Social Services.

Committee Substitute House Bill 150 and Committee Substitute Senate Bill 86 are a collaborative effort between the Office of Elder Fraud (Department of Administration) and Adult Protective Services (Departments of Health and Social Services).

Both bills have been passed in their respective Judiciary committees, and both await a hearing in the House and Senate Finance Committees.

In fiscal year 2011, financial abuse was the second-highest type of abuse reported to Adult Protective Services. HB 150 allows the court to impose emergency conservatorships to help vulnerable individuals with their financial affairs; SB 86 concerns the imposition of financial protective orders, enabling victims and concerned parties to apply for a 20-day protective order to stop or prevent financial exploitation.

The bills also make nursing home and other health care facility employees mandatory reporters, as well as educators and school staff.

Medicaid Management Information System

New MMIS will be fully X12-Version 5010-compliant

The Medicaid Management Information System Design, Development and Implementation project team, the Division of Health Care Services, and the Affiliated Computer Services project team have successfully developed system changes for the Alaska Medicaid Legacy system in order to meet the federal 5010 implementation deadline of Jan. 1, 2012. The new MMIS — Alaska Medicaid Health Enterprise — will also be fully 5010-compliant upon completion.

The joint group, including the Division of Senior and Disability Services, created companion guides, and handled training efforts for trading partners and providers. The Alaska 5010 Legacy companion guides have a new look, in compliance with the Workgroup for Electronic Data Interchange (WEDI) 5010 templates. These guides have been designed to be a “companion” to the 5010 ASC X12 Standards for Electronic Data Interchange (EDI) Technical Report Type 3 guides (TR3s) and only contain information specific to Alaska Medicaid. These companion guides, resources, fact sheets and other 5010 readiness information can be accessed on Alaska’s fiscal agent website at www.medicaidalaska.com under the “HIPAA 5010” tab.

Once Enterprise is live, screens and processes will have a familiar 5010 transactions view and will support all mandated EDI transactions. Enterprise will also have the capability to readily implement any new federally-mandated HIPAA X12 updates to version 5010 or NCPDP D.0 transactions.

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

Anti-obesity message hits radio, television

Turn on the television or the radio and you’ll likely hear new public service announcements designed to encourage families to get out and play and be more physically active.

The Department of Health and Social Services has created a campaign called Play Every Day that encourages parents to play more with their children and establish early habits of being physically active. Physical activity is beneficial to the health of all children, but it also is a key ingredient to preventing childhood obesity, said Dr. Ward Hurlburt, Alaska’s chief medical officer.

“We know that about one out of every three children in Alaska weighs too much, and that some children show up for their first day of kindergarten overweight,” Hurlburt said. “Overweight children are more likely to become overweight adults and suffer from heart disease, high blood pressure, even certain cancers. Due to obesity, today’s children may be the first generation to have a shorter life expectancy than their parents’ generation.”

“We can fix this,” Hurlburt said. “Promoting more physical activity is just one way we can raise awareness of the obesity problem and hopefully change behaviors.”
New faces on Leadership Team

Commissioner William J. Streur recently welcomed three new faces to his Health and Social Services leadership team.

Nancy Rolfzen
Nancy Rolfzen was named Assistant Commissioner of Finance and Management Services. Rolfzen was the Administrative Operations Manager for the Office of Children’s Services since January 2006. She has 17 years’ experience with the state, 11 of them in administrative management. Rolfzen’s educational background is in business and law, with a degree in law sciences from the University of Alaska Southeast. Rolfzen is based in Juneau.

Ree Sailors
Also based in Juneau is Ree Sailors, who was named Deputy Commissioner for Family, Community and Integrated Services. She assumed her duties Nov. 1, after moving to Alaska from Arlington, Va.

Sailors most recently served as Program Director for the National Governors Association Center for Best Practices, where she was responsible for managing the Center’s Health Information Technology portfolio, providing policy assistance to the states on electronic health information exchange, and adoption and use of electronic health records.

Prior to her work for the National Governors Association, Sailors was Senior Health Policy Advisor in the Office of the Governor of Oregon. She has more than 30 years’ administrative experience in health-related matters. Sailors holds a master’s degree in social work from Florida State University with an emphasis in planning and administration.

Josh Applebee
Josh Applebee was named Deputy Director for Health Policy, and is based in Anchorage. Applebee’s legislative experience dates back to 2003 when he worked for Rep. Tom Anderson. Applebee has also worked for Rep. Bob Roses, and most recently for Sen. Kevin Meyer.

He served six years as staff for several House Standing Committees, two years with the Joint Legislative Budget and Audit Committee, and recently as staff to the Senate Majority Leader. Applebee holds a bachelor’s degree in business administration and economics from the University of Alaska Fairbanks.

Health Care Commission stresses value: putting the patient first

During 2011 the Alaska Health Care Commission continued work to identify innovative solutions for improving health care in Alaska, while digging deeper into understanding today’s health care challenges and rising costs.

The commission recently sent its 2011 report to Governor Parnell and the Legislature.

Among the commission’s greatest concerns are costs: financial access to health care for individual Alaskans; affordability of health insurance for Alaska employers; sustainability of public programs that pay for health care and support vulnerable Alaskans; and the long-term economic viability of Alaska health care providers.

A contracted study conducted by the Institute for Social and Economic Research at University of Alaska Anchorage found that spending for health care in Alaska continues to rise at rates much higher than general inflation, tripling since 1990 and jumping 40 percent between 2005 and 2010 to a new high of $7.3 billion in 2010. ISER projects that at current trends health care spending will double by 2020, reaching more than $14 billion annually.

Milliman Inc., an international health care actuarial consulting firm, also contracted by the commission, confirmed that Alaska prices for physician and hospital services are higher than in five other comparison states, and analyzed some of the factors driving higher prices.

The commission has been working to understand costs in order to avoid a future where the economy will no longer be able to support growing levels of spending. At that point the only remedy will be to cut care. The commission’s recommendations call for more transparency.

The commission’s recommendations call for more transparency.

by arming primary care clinicians with tools for coordinating care and managing chronic disease. It requires changing the way in which health care services are reimbursed, moving away from paying for fragmented silos of services toward paying for health outcomes and quality.

The commission’s 2011 recommendations for following this path include a strong call for more transparency regarding pricing and quality of health care, as well as a suggested approach to revising payment methods.

The commission also continued studying approaches to strengthening primary care, and recommended attributes associated with successful patient-centered medical home programs in other states that should be included in Alaska initiatives.

Finally, the commission continued its focus on prevention and made recommendations regarding the epidemic of obesity, declining immunization rates, and a number of behavioral health issues.

A copy of the commission’s 2011 report is available at: hss.state.ak.us/healthcommission/.
Governor, First Lady drop in for tea at Juneau Pioneer Home

Gov. Sean Parnell and his wife, Sandy, accepted an invitation from Juneau Pioneer Home residents to join them for tea on a beautiful July day. Shown shaking hands with the Governor is Ellis ‘Pete’ Bibb. “The Governor is doing a good job,” Bibb said.

‘A’ for improved children’s dental care Medicaid policies, but work remains

While Alaska is one of seven states achieving an “A” on the 2011 children’s dental report card from the Pew Center on the States, we still have work to do, said Dental Officer Brad Whistler.

“It is great that we received a nice grade on this report,” Dr. Whistler said, “but Alaska is losing ground on support of water fluoridation in urban communities — and there remain significant levels of dental decay among Alaska’s children.”

Whistler indicated less than half of children enrolled in Medicaid/Denali KidCare get an annual dental visit.

“One way to address these issues in young children is the Medicaid provision to reimburse trained medical providers to conduct oral evaluations and apply fluoride varnish to teeth with reversible enamel decay,” Whistler said. “This allows medical providers to provide a dental preventive service and refer young children with early dental needs.”

New Behavioral Health regulations clarify, standardize provider services

New Behavioral Health regulations, effective Oct. 1 and implemented Dec. 1, 2011, integrate services and provider standards for community-based mental health services and alcohol and drug treatment services into a single service delivery system.

Standardizing the regulations helps grantees provide more comprehensive treatment to patients with co-occurring mental health and substance use disorders. The project includes changes to Medicaid regulations governing the delivery and payment of those services.

The department has been working toward integration for more than five years. The Division of Behavioral Health collaborated with urban and rural providers, consumers, planning boards, and the Alaska Mental Health Trust Authority. The regulations were given public notice three times, and the department made numerous changes to the regulations in response to public comment.

Among key provisions, the new regulations include:

• moving all behavioral health grantee providers and private substance use treatment providers toward national accreditation;
• updating, replacing, and reorganizing all Medicaid eligibility, coverage, and payment regulations (7 AAC 100 - 7 AAC 160);
• expanding use of telemedicine and adding Medicaid coverage for screening and brief intervention services to treat alcohol abusers; and
• reducing the Medicaid requirement for on-site supervision by a psychiatrist at physician mental health clinics.

For more information and training materials, go to: www.hss.state.ak.us/dbh/bh-Regs.htm.

Waiver programs meet federal standards

Alaska has successfully worked with the Centers for Medicare and Medicaid Services to transform its Home and Community-Based Services Waiver programs over the past two years. In September, Deputy Commissioner Kimberli Puppe-Smart, Senior and Disabilities Services Director Duane Mayes and SDS Quality Chief Odette Jamieson shared their accomplishments at a federal conference.

SDS management:

• sped up work flow and application processing;
• broke down programs’ work silos;
• improved communication with providers and offered more training;
• developed performance standards;
• developed automated reports to monitor the standards; and
• asked employees to see their jobs not as a set of duties, but the question, “How can we improve the lives of, and services provided to, waiver participants?”

Student loan repayment program for health professionals in third year

Alaska’s SHARP loan repayment program (Supporting Health-care Access through loan Re-Payment) for health-care professionals currently has contracts with 39 medical professionals. Taking advantage of the program are two clinical psychologists, four licensed social workers, six counselors, four psychiatrists, six dentists, four nurse practitioners, three physician assistants and 10 physicians.

The federal-state loan program pays up to $35,000 a year toward student loans for physicians and dentists, and $20,000 per year for other eligible practitioners. The goal is to encourage health-care clinicians to work with underserved populations or in underserved areas. The program, which began in Alaska in 2009, has spent $441,639 to date.

Currently, SHARP is accepting applications from eligible health-care sites in “health profession shortage areas” (hpsaful.hrsa.gov) needing primary care, dental services and behavioral health practitioners.

The next open application period for practitioners is planned for late spring 2012; those who are interested should check the website in April for announcements: hss.state.ak.us/dph/healthplanning.
News briefs

New regs for emergency personnel communications

ew federal regulations go into effect Jan. 1, 2013, requiring emergency personnel to use a narrow bandwidth for radio communication.

The change is designed to allow more users within the same radio spectrum.

The regulations will impact first responders in state, federal and local agencies; hospitals; clinics; and search and rescue teams.

All radios (both handheld and mobile), pagers, repeaters, towers and base stations will need to be in compliance. Responders using the Alaska Land Mobile Radio System are already in compliance.

For more information, responders can contact Leon Morgan with the Alaska Division of Homeland Security and Emergency Management at leon.morgan@alaska.gov, 907-426-7118, or go to: ready.alaska.gov/interop.

State disburses grants to reduce alcohol abuse

The first year of a three-year grant, the state gave $2.13 million to reduce alcohol use by youth age 12–20, and heavy and binge drinking by adults age 21–44. Those categories cause Alaskans the most harm, through accidents, homicides, suicides, crime, domestic violence and more.

The community coalition grantees and the areas they serve are:

• Alaska Island Community Services: Wrangell, Petersburg
• Rural Alaska Community Action Program (Rural CAP) and Kakewak: Teller, Savoonga, Shishmareff
• Fairbanks Native Association: Fairbanks North Star Borough
• Cook Inlet Council on Alcohol and Drug Abuse (CICADA): Homer
• Yakutat Tlingit Tribe: Yakutat
• Southeast Alaska Regional Health Corporation (SEARHC): Angoon, Hoonah, Hydaburg, Kake and Klawock

Public Assistance earns federal bonus award

The Food and Nutrition Service has awarded Alaska a SNAP High Performance Award for accuracy in determining food stamp benefits to Alaska families in federal fiscal year 2010. Alaska is one of the top 10 best states for payment accuracy, and will receive a bonus of $232,898. SNAP is the federal acronym for the Supplemental Nutritional Assistance Program, which is known as the Food Stamp Program in Alaska.

New Emergency Programs section chief named

Elizabeth Robison is the new section chief of the Division of Public Health’s section of Emergency Programs. Robison first moved to Alaska in 1999, working with the Mental Health Trust Authority and implementing the Rural Outreach Program. Robison left Alaska in 2004 for stints with the Wyoming department of health and the National Health Service in England. Robison returned to Alaska in 2010 and was working with the DHSS Health Information Technology Program when she accepted the new position.

For more information, see www.dhs.state.ak.us/dph/emergency.

DHSS Stars

DANA KENT

Dana Kent, RD, IBCLC, has worked in Alaska’s Women, Infants and Children (WIC) nutrition programs for nearly 20 years, both at the local and state levels. She is currently the Clinic Operations/Breastfeeding Coordinator for the WIC State Program Office in Juneau. Kent has spent countless hours (both work and leisure) to support breast-feeding mothers. Kent is an International Breast-feeding Certified Lactation Consultant and she drafted Alaska’s breast-feeding policies under health care reform, which became law in 2010. Kent also created an Alaska WIC breast-feeding video in honor of October’s World Breastfeeding Month: www.youtube.com/watch?v=KY8kSj7H0w.

KODIAK PUBLIC HEALTH NURSE TEAM

This outstanding team of public health nurses — Elsa DeHart, Public Health Nurse III; Priscilla Johnson, Public Health Nurse I; Darsha Spalinger [photo not available], Public Health Nurse II; and Ann Ellington, Public Health Nurse II — is part of a grass roots action group called Healthy Tomorrows, which is committed to increasing the physical and mental wellness of the residents of the Kodiak archipelago. Healthy Tomorrows has created a number of programs and activities aimed at enabling Kodiak’s youth to make healthy lifestyle choices regarding weight, nutrition, drugs, alcohol and depression. Public Health Nursing has been involved since its inception, taking a lead role in strategic planning, participation on the core leadership team, work sessions, grant writing, health curriculum review, social marketing and implementation of community projects.

PENNY PIEPER

Penny Pieper, Public Health Nurse IV, co-founded with community partners the “Kids in the Kitchen” program in Bethel. This program teaches middle-school youth how to prepare nutritious meals. They learn about good nutrition, and the program also incorporates the use of traditional subsistence foods. More than 100 Bethel children have “graduated” from this popular program. Other villages are interested in starting similar programs. The community-building effort teaches sound nutrition, food safety, and food preparation skills that help prevent childhood obesity.

LORNA PLETNIKOFF

For over 20 years, Lorna Pletnikoff, Public Health Nurse III, has dedicated her career as a public health nurse to the communities she serves. Her devotion and ability to meet specific needs within a community are clearly recognized by the public as evidenced by this quote from Lorna’s 2011 Humanitarian of the Year Award from Alaska Head Start Association (ASHA): “[Lorna Pletnikoff] is a strong advocate for our children and assisted in the creation of the APIA (Aleutian Pribilof Island Association) Health Exam form, advised on APIA’s TB immunization requirements and is available to train both staff and parents on current health issues.”

JANET STROM

Janet Strom, Public Health Nurse III, received the 4th annual Janet Buness Award in recognition of the many years of medical service she has provided to Wrangell, and the caring, compassionate nature in which the service was provided. Strom is also involved in a number of other health-related organizations in the community, including the Healthy Wrangell Coalition, the Health Fair Committee and the Local Emergency Planning Committee. She has been a board representative of the Women in Safe Homes program for three years. The Buness award honors people who have made a significant impact on the health of the community.

Families First conference brings together public, private sector workers

Alaska families on temporary assistance often have complex family issues, and need help from multiple state divisions and other agencies to attain self-sufficiency. The Families First strategy was implemented by Health and Social Services, Division of Public Assistance, to help these families benefit from case coordination and information-sharing among those serving them.

The Alaskan Families Come First conference, sponsored by DHSS, took place in Anchorage Sept. 26–28, 2011. The conference was designed to support statewide public and private sector workers, who often share clients, by offering workshops in topics from brain injuries, employment supports and child care to prisoner reentry and nutrition. The 180 participants came from Ketchikan to Barrow and everywhere in between.

Families First coordinator Nathalie Miller addresses the conference.

DHSS Update

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But Harrison, who describes his line of work as “high school counselor meets football coach,” said that still didn’t eliminate the problem. He remembers losing an audience’s attention once as he gave a presentation, and looking behind him to see another staff member smoking on the porch outside the window. That was a turning point.

“This has been a crusade of mine,” said Harrison, who has never smoked. “I just wanted it gone. We preach healthy habits, healthy living, but we couldn’t do it ourselves for just eight hours a day.”

Besides, he added, “as mentors, we should represent what is best for the kids.”

And finally, more than 40 years after opening, no tobacco products are allowed on McLaughlin’s property. Harrison said that employees who still smoke will be given information about options — the nicotine patch, for example. And the facility might even host a smoking cessation group if there’s enough interest.

“Increasing the protective factors of parents around the state will promote safe children, strong families and ultimately is predicted to help reduce the overall rate of child maltreatment in Alaska,” Lawton said.

For more information: hss.state.ak.us/ocs/families.

Children’s Services is topic of Wasilla meeting

Health and Social Services Commissioner William Streur and Children’s Services Director Christy Lawton were among department representatives attending a community meeting June 30 in Wasilla. The meeting, organized by Mat-Su Rep. Wes Keller, was planned to give Valley residents a chance to air concerns about the work OCS workers were doing with local families.

About 80 people attended the two-hour, standing-room-only event, and more than 20 spoke and asked questions. Numerous others filled out forms provided by the department, asking for information about their own experiences with OCS and their input on how the division could improve.

Lawton and OCS staff followed up on many of the concerns in the days following the meeting.

In addition to Commissioner Streur and Lawton, those attending included Sen. Fred Dyson, and Southcentral Region Children’s Services Manager Tim Bolles.

OCS continues to work with staff to seek solutions and improvements. Future community collaboration and problem-solving opportunities will also be planned that enable the Mat-Su community to be a part of the solution as well, Lawton said.

New physicians fill Public Health ranks

2 join State Medical Examiner’s office, 1 joins epidemiology section

The State Medical Examiner’s office is fully staffed following the recent addition of a third pathologist. Dr. Meredith Lann joined the team in July, coming from the Southwestern Institute of Forensic Sciences in Dallas, Texas. Lann received both her bachelor and medical degrees in Texas and served her residency in Virginia and Colorado.

Dr. Gary Zientek joined the staff in October 2009. Zientek graduated from Wayne State University in Michigan and the University of Florida in Gainesville. He practiced forensic pathology in Virginia before coming to Alaska.

In the Section of Epidemiology, Dr. Michael Cooper filled the epidemiologist position vacated when Dr. Beth Funk retired. Cooper comes to Alaska from Vermont. After receiving his medical degree from Michigan State he served part of his residency in Bethel and later worked for the Maniilaq Health Corp. in Kotzebue. He also completed a Centers for Disease Control and Prevention Epidemic Intelligence Service fellowship in 2008.
PREPARED continued from page 1

Being prepared as a family means making sure every household has an emergency supply kit that will last at least seven days, Streur said. The kit should include at least the following:

- A week’s supply of food and water for each household member, including pets
- A battery-powered or hand-crank radio
- First-aid supplies (For a longer list of items, see the side story.)

Streur said he recommends that families buy a basic emergency kit from a sporting goods store and then add to it until they meet each family member’s needs.

In addition to collecting actual items, Streur reminded families to have cash on hand. Automated cash machines may not be working following emergencies. Families also need to have certain information ready. This includes Social Security numbers for each family member, meeting locations when people are separated following an emergency, contact numbers for family members, and instructions on how to find family members should they be unable to meet.

“Communication is critical,” Streur said. “You can’t stress that enough.”

Streur also recommended that families test out their preparedness plan to make sure everyone knows what it involves.

“Families should practice their plan,” he said. “Kids love it. Take the opportunity when you can.”

The state has several websites that guide families through the process of creating an emergency response plan and building an emergency kit. For more information, visit www.ready.alaska.gov/prepare and www.hss.state.ak.us/prepared. A plan for building a 7-day kit over time can be found at www.hss.state.ak.us/prepared/assets/DHSS-7Day.pdf.

Recommended items for a basic emergency supply kit

The Ready Alaska website provides this list of essentials:

- Water: one gallon of water per person per day for at least three days, for drinking and sanitation
- Food: at least a three-day supply of non-perishable food
- Battery-powered or hand-crank radio and a NOAA Weather Radio with tone alert and extra batteries
- Flashlight and extra batteries
- First aid kit
- Cold weather gear and blankets/sleeping bags
- Dust mask, to help filter contaminated air, and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Indoor-safe heat source, such as hand warmers, Sterno, emergency candles or propane/butane heat source labeled for indoor use
- Cell phone with chargers, inverter or solar charger

For additional items in emergency supply kits, visit ready.alaska.gov/prepare.

Children’s Services continues to improve, as required by feds

As of November 2011, the Office of Children’s Services (OCS) has completed all strategies and action steps required by a federal Child and Family Services review that was conducted in 2008 by the U.S. Administration for Children and Families.

The state has also met eight out of nine goals required in its Program Improvement Plan (PIP), with work still continuing on the final goal.

The goals, strategies and action steps in the PIP were all formulated to address areas needing improvement. The on-site review included an analysis of Alaska’s child welfare data and a Statewide Assessment developed by OCS; on-site reviews of 65 cases (from Anchorage, Juneau and Bethel); and interviews with local and state stakeholders.

OCS had two years to complete the action steps included in the PIP, with one additional year given to complete the goals. The final goal relates to improving services to youth who are aging out of foster care.

The improvement plan officially began on Dec. 1, 2009. The state has until November 2012 to complete the final goal. To meet that goal, the division will be

Alaska’s newborns get better start on life thanks to partnerships among state, providers, hospitals

Alaska babies between 0- and 28-days-old born in 2008 had the nation’s lowest mortality rate, according to the most recent available data from the Centers for Disease Control.

Working together over the last 30 years, Alaska’s health care providers, hospitals, and public health officials have developed a regionalized system of care that dramatically improved babies’ health during pregnancy and the weeks after birth. A statewide transport program and newborn intensive care units at hospitals caring for high-risk pregnant women and newborns significantly impacted Alaska’s rates.

Early prenatal care and screening for high-risk conditions — counseling against cigarette smoking, drinking alcohol, or using harmful drugs during and after pregnancy — resulted in more healthy weight, full-term babies.

“This shows how critical a statewide system of prenatal and newborn care is to assuring our mothers and newborns are healthy,” said Stephanie Birch, Section Chief for Women’s, Children’s and Family Health.

For more information, go to: www.hss.state.ak.us/dph/wcfh/perinatal.

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The Alaska Department of Health and Social Services awarded $307,910 to contractor CBC Construction of Sitka on Sept. 15, 2010, to make improvements to Totem Square, located in front of the Sitka Pioneer Home. As part of the safety upgrade, the unstable Baranov Totem Pole was brought down and restored. The restored pole was reinstalled Nov. 28, 2011.

The Totem Square land is owned by the Department of Natural Resources and, by memorandum of agreement, the Alaska Pioneer Homes is responsible for maintaining it.

The original intent for the totem was to commemorate the peace treaty that Alexander Andreyevich Baranov helped broker in 1805 after a battle between the Russians and the Tlingit Indians. The pole was commissioned by the U.S. Forest Service 135 years after this pivotal battle that ushered in the peace talks. The pole was a project of the Civilian Conservation Corps, a work program that was part of President Franklin D. Roosevelt’s New Deal, launched during the Depression to put people to work.

The current project brought the square up to safety codes, improved access for people with disabilities, upgraded a fence along the existing seawall, improved the drainage and added two sidewalks, new curbs, landscaping and lighting.