

STATE OF ALASKA | DEPARTMENT OF HEALTH AND SOCIAL SERVICES

ALASKA DIVISION OF PUBLIC HEALTH STRATEGIC PLAN: 2013-2017



ACCOUNTABILITY RESPECT HUMAN POTENTIAL INTEGRITY SCIENTIFIC EXCELLENCE



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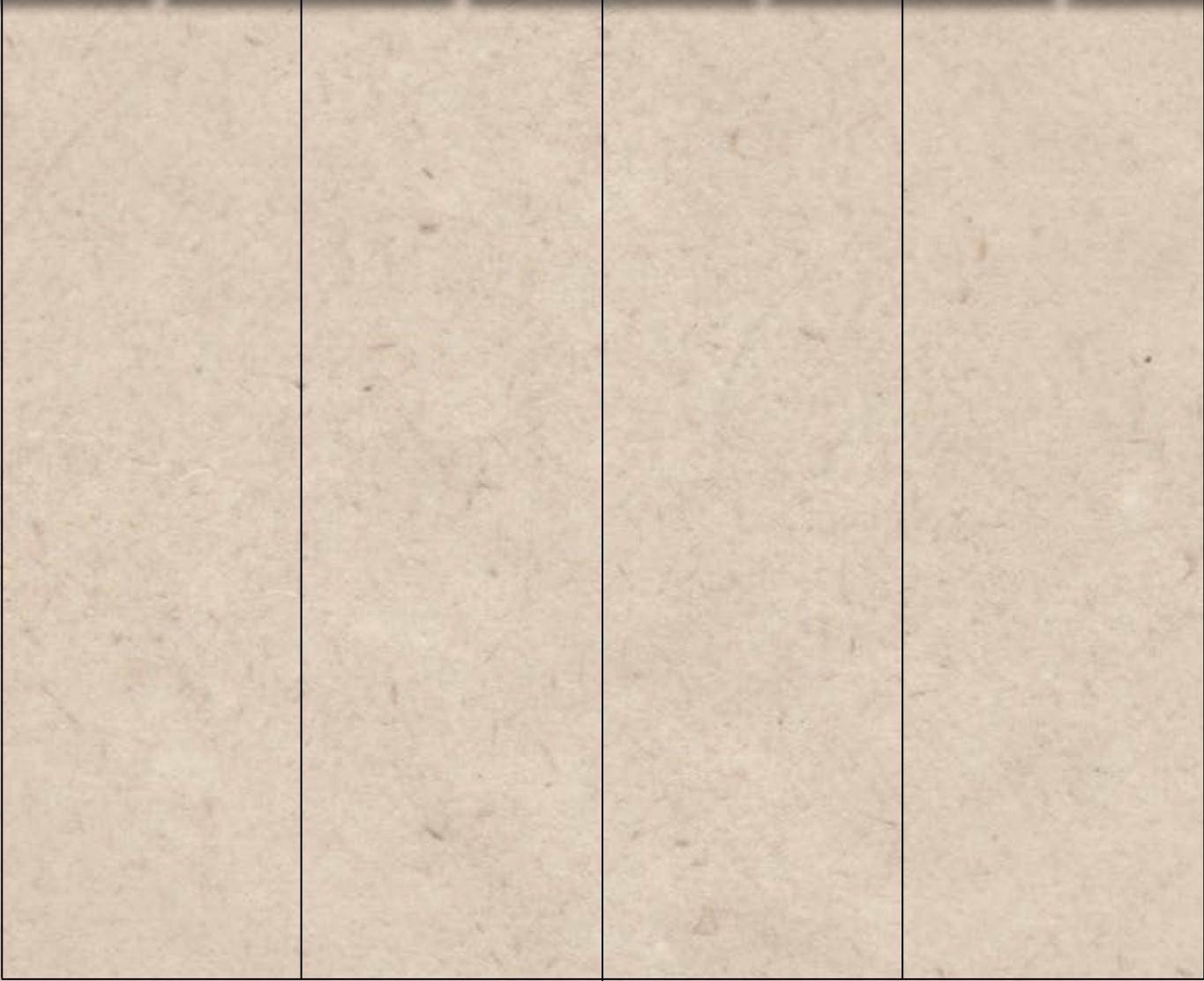
DHSS PRIORITY I: HEALTH AND WELLNESS ACROSS THE LIFESPAN		
DHSS CORE SERVICE: Promote and protect the health of Alaskans.	DHSS CORE SERVICE: Provide quality of life in a safe living environment for Alaskans.	
DPH ROLE: PRIMARY	DPH ROLE: SECONDARY	
DHSS PRIORITY II: HEALTH CARE ACCESS, DELIVERY AND VALUE		
DHSS CORE SERVICE: Manage health care coverage for Alaskans in need.	DHSS CORE SERVICE: Facilitate access to affordable health care for Alaskans.	
DPH ROLE: SECONDARY	DPH ROLE: SECONDARY	
DHSS PRIORITY III: SAFE AND RESPONSIBLE INDIVIDUALS, FAMILIES AND COMMUNITIES		
DHSS CORE SERVICE: Strengthen Alaska families.	DHSS CORE SERVICE: Protect vulnerable Alaskans.	DHSS CORE SERVICE: Promote responsibility and accountable decisions by Alaskans.
DPH ROLE: SECONDARY	DPH ROLE: SECONDARY	DPH ROLE: SECONDARY

MISSION: PROTECT AND PROMOTE THE HEALTH OF ALASKANS

↑
OUTCOMES
↓

- A** Reduce Preventable Death, Disease and Injury
- B** Improve Population Health Through Partnerships and Linkages
- C** Improve Population Health Through Provision of Services
- D** Sustain Efficient and Effective Public Health System Infrastructure
- E** Produce and Release Meaningful and Timely Public Health Data

↑
CROSS-CUTTING ESSENTIAL SERVICES
↓



VALUES: ACCOUNTABILITY, RESPECT, HUMAN POTENTIAL, INTEGRITY, SCIENTIFIC EXCELLENCE



MISSION, VISION AND VALUES

THE MISSION OF PUBLIC HEALTH

To protect and promote the health of Alaskans.

THE VISION OF PUBLIC HEALTH

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

THE VALUES OF PUBLIC HEALTH

- *Accountability* – We are committed to responsible use of human, financial and environmental resources.
- *Respect* – 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.
- *Integrity* – We are honest and ethical in all we do.
- *Scientific Excellence* – We are committed to adding to and contributing to the body of scientific knowledge and using the best available knowledge and data to set public health policy.

CANCER

Cancer is the leading cause of death in Alaska.

- 24% of all deaths in Alaska in 2011 were due to cancer. (Alaska Bureau of Vital Statistics [ABVS])
- The most commonly diagnosed cancers in Alaska are: (1) breast, (2) prostate, (3) lung, and (4) colorectal. These four cancers account for 52% of all cancer cases. (AK Cancer Registry [ACR], 2010)

HEART DISEASE AND STROKE

- Heart disease and stroke are the 2nd and 5th leading causes of death in Alaska. (ABVS, 2011)
- In 2011 in Alaska, heart disease accounted for 19% of deaths; stroke accounted for 4%. (ABVS)
- In 2011, 30% of adults in Alaska reported having high blood pressure, and 35% of those tested reported having high blood cholesterol. (Behavioral Surveillance Risk Factor System)

DIABETES

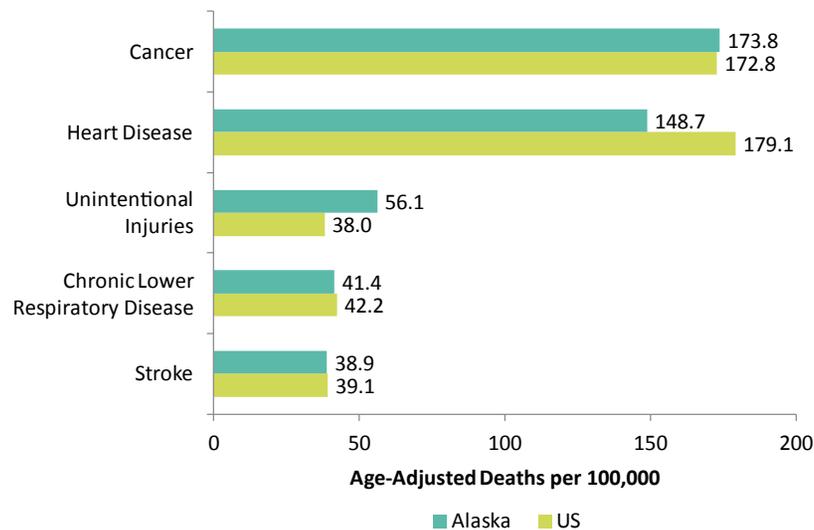
In 2011, diabetes was the 7th leading cause of death in Alaska. (ABVS) Likely to be underreported as a cause of death, the risk of death among people with diabetes is about twice that of people without diabetes of similar age.

- 106 Alaskans died from diabetes mellitus in 2011. (ABVS)
- In 2012, 7% of adults in Alaska reported being diagnosed with non-pregnancy related diabetes. (Behavioral Risk Factor Surveillance System)

ARTHRITIS

- Arthritis is the most common cause of disability in the US, affecting more than 50 million Americans. (National Health Interview Survey, 2007-2009)
- In 2012, 23% of adults in Alaska reported being diagnosed with arthritis.

5 MOST COMMON CAUSES OF DEATH, ALASKA (2011) COMPARED WITH UNITED STATES (2010)



Source: Alaska Bureau of Vital Statistics

2012 TOP TEN INFECTIOUS DISEASE RATES IN ALASKA

Disease	Rate	Count
<i>Chlamydia trachomatis</i> infection	748.60	5482
Gonorrhea	99.82	731
Pertussis	48.61	356
Pneumococcal invasive disease	19.12	140
Giardiasis	13.11	96
Campylobacteriosis	12.70	93
Tuberculosis	9.01	66
Salmonellosis	8.06	59
Chicken pox	7.92	58
GAS invasive disease	7.37	54

10 LEADING CAUSES OF FATAL INJURIES IN ALASKA BY AGE GROUP, 2006-2010

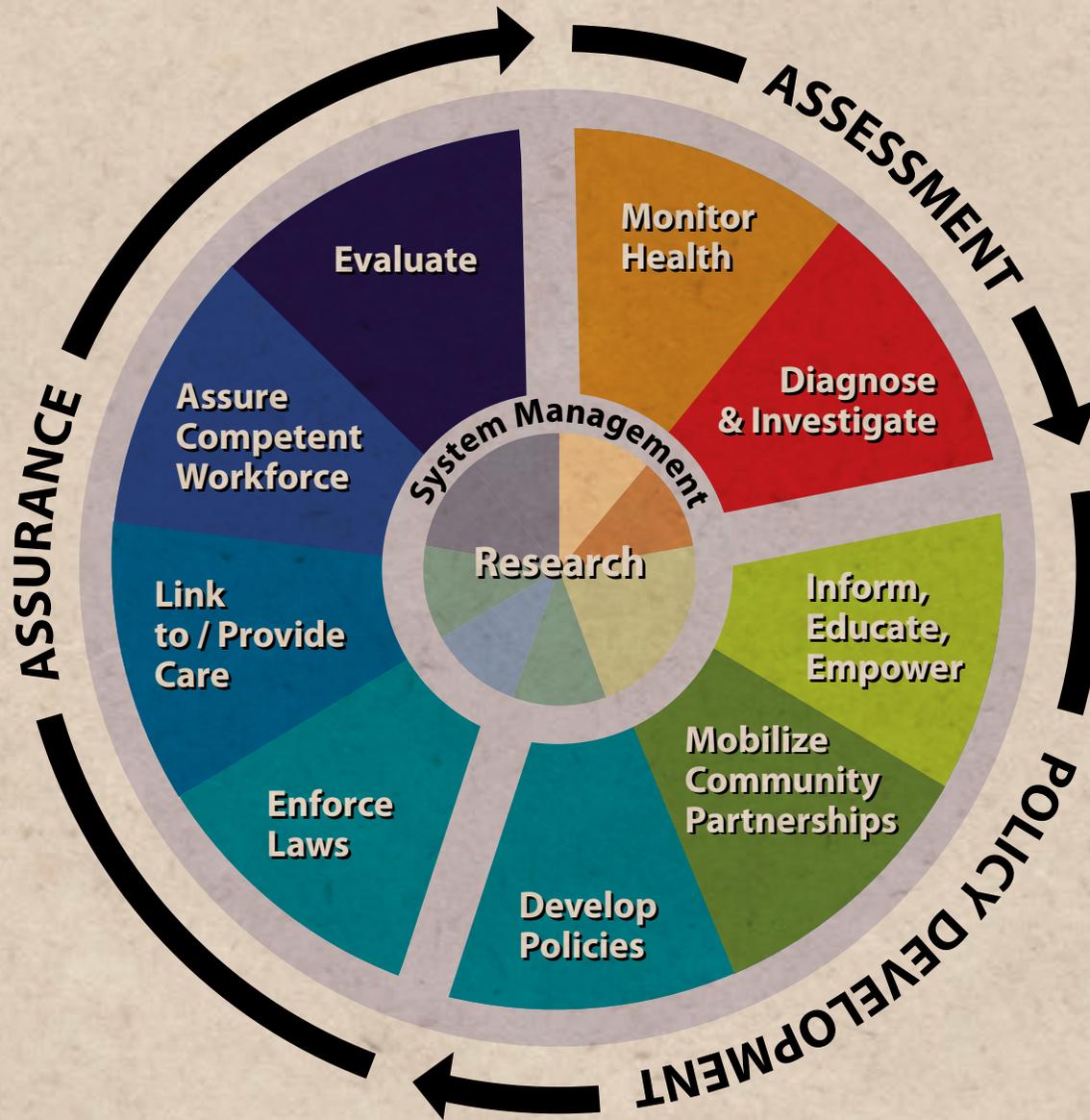
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
1	Suffocation, 32	Assault, 5	Drowning, 8	Motor Vehicle Traffic Accidents, 10	Intentional Self-Harm, 200	Intentional Self-Harm, 136	Poisoning, 130	Poisoning, 170	Intentional Self-Harm, 94	Intentional Self-Harm, 32	Falls (excludes playground equipment), 38	Falls (excludes playground equipment), 19	
		Fire, 5											
2	Assault, 7		Fire, 7	Intentional Self-Harm, 9	Motor Vehicle Traffic Accidents, 85	Poisoning, 102	Intentional Self-Harm, 116	Intentional Self-Harm, 140	Poisoning, 47	Motor Vehicle Traffic Accidents, 27	Intentional Self-Harm, 14	Intentional Self-Harm, 10	
			Motor Vehicle Traffic Accidents, 7										
3				"Drowning, 5 Unintentional Firearm, 5"	Poisoning, 60	Motor Vehicle Traffic Accidents, 46	Motor Vehicle Traffic Accidents, 46	Motor Vehicle Traffic Accidents, 53	Motor Vehicle Traffic Accidents, 45	Falls (excludes playground equipment), 15	Suffocation, 9	Motor Vehicle Traffic Accidents, 6	
										Poisoning, 15			Suffocation, 6
4					Assault, 46	Assault, 36	Assault, 44	Drowning, 32	Aircraft, 14	Drowning, 10	Motor Vehicle Traffic Accidents, 6		
									Drowning, 14				
5					Drowning, 23	Drowning, 25	Drowning, 33	Assault, 30	Falls (excludes playground equipment), 13	Suffocation, 6	Frostbite/Hypothermia, 5		
											Poisoning, 5		
6					Snow machine, 22	Snow machine, 15	Snow machine, 14	Falls (excludes playground equipment), 18	Assault, 12				
								Frostbite/Hypothermia, 18					
7					Frostbite/Hypothermia, 12	Aircraft, 13	Frostbite/Hypothermia, 13	Aircraft, 15	Frostbite/Hypothermia, 8				
									Pedestrian, 8				
8					ATV, 10	Falls (excludes playground equipment), 9	Aircraft, 11	Fire, 11	Suffocation, 7				
													Frostbite/Hypothermia, 9
													Fire, 9
9					Aircraft, 7	Avalanche/Landslide, 7	ATV, 10	Suffocation, 10	Fire, 5				
					Pedestrian, 7								
10						Pedestrian, 5	Falls (excludes playground equipment), 9	Snow machine, 9					

Footnotes: *Causes with less than 5 deaths are not shown. Table reflects the number of deaths to AK residents regardless of the place of occurrence (i.e. some of these deaths probably occurred outside of Alaska.) Source: Alaska Bureau of Vital Statistics; Last updated on 05/22/2012

10 LEADING CAUSES OF NON-FATAL HOSPITALIZED INJURIES BY AGE GROUP, 2007-2011

Rank	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1	Falls, 84	Falls, 259	Falls, 213	Falls, 210	Suicide, 556	Suicide, 486	Suicide, 632	Falls, 709	Falls, 1162	Falls, 1310	Falls, 1039	Falls, 1173	Falls, 856
2	Assault, 33	Poisoning, 133	Bicycle, 58	ATV, 101	MV Traffic, 220 Falls, 220	Assault, 297	Falls, 507	Suicide, 486	Suicide, 380	MV Traffic, 191	MV Traffic, 110	MV Traffic, 68	MV Traffic, 15
3	Substance Burn, 21	Substance Burn, 44	Playground Fall, 53	Suicide, 97	Assault, 147	MV Traffic, 26	Assault, 430	Assault, 320	MV Traffic, 27	Suicide, 133	Suicide, 29	Suicide, 16	Accidentally Struck, 10
4	Suffocation, 11	Accidentally Struck, 31	ATV, 26	Bicycle, 88	ATV, 129	Falls, 264	MV Traffic, 298	MV Traffic, 232	Assault, 263	Assault, 93	Accidentally Struck, 19	Accidentally Struck, 15	
	Poisoning, 11		Accidentally Struck, 26								Cut, 19		
											Snow Machine, 19		
											Fire/Flames, 19		
5	Foreign Object, 9	Suffocation, 25	Pedestrian, 24	Sports, 65	Sports, 116	ATV, 107	ATV, 124	ATV, 121	ATV, 102	Bicycle, 44	ATV, 18	ATV, 10	
											Assault, 18		
											Hypothermia Frostbite, 18		Assault, 10
6	MV Traffic, 23	MV Traffic, 22 Cut, 22	MV Traffic, 49	Snow Machine, 93	Snow Machine, 89	Snow Machine, 117	Snow Machine, 101	Bicycle, 85	Cut, 42	Pedestrian, 17	Strain, 7		
7	Pedestrian, 22	Dog Bite, 17	Snow Machine, 32	Poisoning, 84	Cut, 56	Cut, 79	Cut, 74	Cut, 72	Hypothermia Frostbite, 37	Machinery, 14	Fire/Flames, 6		
											Hypothermia Frostbite, 6		
									Machinery, 37		Pedestrian, 6		
8		Foreign Object, 19	Poisoning, 13	Poisoning, 30	Bicycle, 56	Accidentally Struck, 42	Accidentally Struck, 62	Accidentally Struck, 52	Snow Machine, 71	ATV, 36	Bicycle, 13		
		Dog Bite, 19											
		Assault, 19											
9		Playground Fall, 18	Snow Machine, 12	Playground Fall, 26	Pedestrian, 26	Sports, 38	Sports, 53	Bicycle, 50	Accidentally Struck, 70	Strain, 31	Airplane, 11		
			Substance Burn, 12										
10		Cut, 16	Sledding, 10	Accidentally Struck, 20	Cut, 25	Bicycle, 35	Bicycle, 44	Machinery, 44	Pedestrian, 62	Snow Machine, 30	Strain, 10		

Footnotes: *Causes with less than 5 deaths are not shown. Table reflects the number of deaths to AK residents regardless of the place of occurrence (i.e. some of these deaths probably occurred outside of Alaska.) Source: Alaska Bureau of Vital Statistics; Last updated on 05/22/2012





ESSENTIAL SERVICE #1
DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND
HEALTH HAZARDS IN THE COMMUNITY



**ESSENTIAL SERVICE #1
DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY**

Outcome A

Reduce preventable death, disease and injury

Goal Targets

1.A.1. By 2015, at least 10% of vaginal specimens received from all populations for Aptima™ Gonorrhea/*Chlamydia* testing will also be screened for *Trichomonas vaginalis* infection.

By 2017 – HPV testing will also be offered

1.A.2. By 2015, responder agencies will receive preliminary results within 2 hours (6 for definitive) for chemical agents and 6 hours (48 for definitive) for biological agents for at least 90% of samples.

By 2017 – Continue for 90% of samples

1.A.3. By 2015, 85% of Alaska patients with tuberculosis with positive acid-fast bacilli smears will begin appropriate treatment within 7 days of specimen collection.

By 2017 – 87%

1.A.4. By 2015, the *Chlamydia* rate will be decreased by 7.5%.

By 2017 – 10%

1.A.5. By 2015, the gonorrhea rate will be decreased by 7.5%.

By 2017 – 10%

Sources	Baselines
Laboratory Information Management System database	0% in 2011
Laboratory Information Management System database	90% in 2011
TB Grant Report	77% in 2012
Epi Bulletin	805 per 100,000 in 2012
Epi Bulletin	138 per 100,000 in 2012

Continued ...

**ESSENTIAL SERVICE #1
DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY**

Outcome B

Improve population health through partnerships and linkages

Goal Targets

1.B.1. By 2015, responders will receive a response to biological or chemical emergencies/threats within 2 hours of notification.

By 2017 – 1 hour

Sources

Internal data

Baselines

Average 4 hours in 2011

1.B.2. By 2015, the use of telehealth technology will be utilized in a minimum of 8 communities/clinics in SE Alaska to provide mental health services to veterans.

By 2017 - Continue 8 communities

Rural Veterans Health Access Program annual reports

0 in 2012

1.B.3. By 2015, 95% of all childhood deaths (State Medical Examiner’s Office Cases) that occurred in the preceding month will be reviewed by the Child Fatality Review Team for accurate cause and manner of death.

By 2017 – 98%

Child Fatality Review records and worksheets/SMEO database

0% in 2012

1.B.4. By 2015, reduce the percentage of male children ages 6-19 referred to pediatric neurodevelopmental outreach clinics from 27%; female to 16%.

By 2017 – Male 22%; Female 11%

Providence Neurodevelopmental Clinic annual report

Males – 35% in 2011
Females – 24% in 2011

1.B.5. By 2015, the percentage of women ages 50-64 receiving mammograms will increase to 75%.

By 2017 – 78%

Behavioral Risk Factor Surveillance System

72% in 2010

1.B.6. By 2015, increase health screenings as appropriate for age and risk factors for chronic diseases by 3%.

By 2017 – 5%

Behavioral Risk Factor Surveillance System (exact screenings yet to be selected by Clinical Screening Task Force)

For ages 18+: Blood Sugar test in last 3 years = 54%
Cholesterol checked in last 5 years = 71%
Asked (in past year) if they smoke = 79% -
Pap for women 21+ every three years = 83.2%. Mammogram in past 2 yrs for 50 and older = 72.7%

1.B.7. Continue 99% screening rate for newborn metabolic and newborn hearing prior to hospital discharge.

Newborn Metabolic and Newborn Hearing Surveillance System

99% in 2011

Continued ...

**ESSENTIAL SERVICE #1
DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY**

Outcome C

Improve population health through provision of services

Goal Targets

1.C.1. By 2015, three additional regions (Kenai, Juneau and Fairbanks) will receive on-scene medico-legal death investigation services.

By 2017 – Continue coverage and evaluate needs

1.C.2. Continue access to 100% of Alaskan women of childbearing age will continue to receive free hair mercury (Hg) monitoring and advice and strategies to reduce their mercury exposure.

Sources	Baselines
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Review of contracts for area	1 in 2012
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Environmental Public Health Program Hair Hg Database	100% in 2012
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Outcome D

Sustain efficient and effective public health system infrastructure

Goal Targets

1.D.1. By 2015, at least 20% of Alaska health care providers serving the “underserved population” will have access to rapid, low-cost HPV testing using the Aptima™ system.

By 2017 – 30%

1.D.2. By 2015, two Tri-State Child Health Improvement Consortium clinical grantees will improve Medical Home Index scores by 20% over baseline.

By 2017 – maintain 25% over baseline

Sources	Baselines
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Laboratory Information Management System database	0% in 2011
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Tri-State Child Health Improvement Consortium Medical Home Office Report Tool, Module 3: Pediatric medical Home Index	Baseline to be documented in FY13
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Continued ...

**ESSENTIAL SERVICE #1
DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY**

Outcome E

Produce and release meaningful and timely public health data

Goal Targets

1.E.1. By 2015, lab clients will experience a 15% shorter report turn-around time on TB and STD tests results.

By 2017 – 20% reduction from 2011 times

1.E.2. By 2015, 90% of State Medical Examiner Office-jurisdiction deaths shall have completed death certificates within 3 days after determination of cause and manner.

By 2017 – Continue 90%

1.E.3. Maintain status of 100% of Alaskans reporting foodborne illness outbreaks will be interviewed and entered into the National Outbreak Reporting System (NORS).

1.E.4. By 2015, 25% of intentional injury decedents will have a law enforcement report that documents whether or not domestic violence was a contributing factor to their death.

By 2017 – 30%

1.E.5. By 2015, 50% of all communities potentially affected by large natural resource development projects will have their health concerns addressed in environmental impact statements through a Health Impact Assessment.

By 2017 – 75%

Sources

Laboratory Information Management System database

State Medical Examiner Office database

NORS Database

Alaska Violent Death Reporting System

HIA Program

Baselines

Reports sent out within 24 hours of final results in 2011

~ 90% in 2012

100% in 2012

<5% in 2012

<20% in 2012



ESSENTIAL SERVICE #2
INFORM, EDUCATE AND EMPOWER PEOPLE
ABOUT HEALTH ISSUES



**ESSENTIAL SERVICE #2
INFORM, EDUCATE AND EMPOWER PEOPLE ABOUT HEALTH ISSUES**

Outcome A

Reduce preventable death, disease and injury

Goal Targets

2.A.1. By 2015, 4.1% of women who recently had a live born infant will indicate that they experienced intimate partner violence during pregnancy.

By 2017 – 3.7%

Sources

Alaska Pregnancy Risk Assessment Monitoring System

Baselines

5.1% in 2010

2.A.2. By 2015, the prevalence of women who use tobacco during the last three months of pregnancy will decrease to 14.8%.

By 2017 – 13.8%

Alaska Pregnancy Risk Assessment Monitoring System

16.8% in 2010

2.A.3. By 2015, 75% of 19 to 35 month olds will be fully immunized for the series 4:3:1:3:3:1:4.

By 2017 – 80%

CDC National Immunization Survey

67.7% in 2011

2.A.4. By 2015, reverse the trend in childhood overweight/ obesity in two Alaska school districts.

By 2017 – 5 districts

School district-measured height and weight (BMI)

2 in 2011

2.A.5. By 2015, falls requiring hospitalization among adults 65 and over will remain stable.

By 2017 – decrease by 5%

Alaska Trauma Registry

TBD

2.A.6. By 2015, youth smoking prevalence will remain at 14%.

By 2017 – decrease to 13%

Youth Risk Behavior Survey

14% in 2011

2.A.7. By 2015, adult smoking prevalence will remain at 21%.

By 2017 – decrease to 20%

Behavioral Risk Factor Surveillance System

21% in 2010

Continued ...

**ESSENTIAL SERVICE #2
INFORM, EDUCATE AND EMPOWER PEOPLE ABOUT HEALTH ISSUES**

Outcome B

Improve population health through partnerships and linkages

Goal Targets

2.B.1. By 2015, the rate of teen births to girls 15-17 years old will decrease to 15 per 1,000.

By 2017 – 14 per 1,000

2.B.2. Continue 100% of the children and adults with elevated blood lead levels reported to public health will receive follow-up services to reduce or eliminate their lead exposure.

Sources

Bureau of Vital Statistics

Internal reporting

Baselines

16.3 per 1,000 in 2010

100% in 2012

Outcome E

Produce and release meaningful and timely public health data

Goal Targets

2.E.1. By 2015, 25% of mothers of 3-year-old children will indicate that they have ever delayed or decided not to get immunizations for their child.

By 2017 – 23%

Sources

Alaska Childhood Understanding Behaviors Survey

Baselines

28% in 2010



ESSENTIAL SERVICE #3

MOBILIZE PARTNERSHIPS AND ACTION TO IDENTIFY AND SOLVE HEALTH PROBLEMS



**ESSENTIAL SERVICE #3
MOBILIZE PARTNERSHIPS AND ACTION TO IDENTIFY AND SOLVE HEALTH PROBLEMS**

Outcome A

Reduce preventable death, disease and injury

Goal Targets

3.A.1. By 2015, 75% of 19 to 35 month olds will be fully immunized for the series 4:3:1:3:3:1:4

By 2017 – 80%

3.A.2. By 2015, reverse the trend in childhood overweight/obesity in two Alaskan school districts.

By 2017 – 5 districts

3.A.3. By 2015, tobacco use among young adults, people of low socio-economic status, and Alaska Natives will decrease by 3%.

By 2017 – 5%

3.A.4. By 2015, 51% of Alaskans served by community water systems will have access to optimally fluoridated water.

By 2017 – 55%

Sources

CDC National Immunization Survey

School district-measured height and weight (BMI)

Behavioral Risk Factor Surveillance System

Drinking Water Operator reports in the Water Fluoridation Reporting System

Baselines

67.7% in 2011

2 in 2011

In 2010: 32% for young adults; 31% for low socioeconomic status adults; 41% for Alaskan Native adults

44.6% in 2011

Outcome D

Sustain efficient and effective public health system infrastructure

Goal Targets

3.D.1. By 2015, 3 more communities' law enforcement, EMS and fire department agencies will be trained in mass fatality response procedures pertaining to the State Medical Examiner's Office.

By 2017 – 6 more

3.D.2. By 2015, 40% of acute care facilities will be linked to a statewide Computer Aid Dispatch (CAD) to facilitate rapid triage and transport of patients in a mass casualty incident.

By 2017 – 100%

Sources

Mass fatality yearly review

CAD system

Baselines

Average 1.5/yr of planning

0% in 2012



ESSENTIAL SERVICE #4
DEVELOP POLICIES AND PLANS THAT SUPPORT
INDIVIDUAL AND COMMUNITY HEALTH EFFORTS



ESSENTIAL SERVICE #4
DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

Outcome A

Reduce preventable death, disease and injury

Goal Targets

4.A.1. By 2015, 75% of 19 to 35 month olds will be fully immunized for the series 4:3:1:3:3:1:4.

By 2017 – 80%

4.A.2. By 2015, reverse the trend in childhood overweight/obesity in two Alaska school districts.

By 2017 – 5 districts

4.A.3. By 2015, 51% of Alaskans served by community water systems will have access to optimally fluoridated water.

By 2017 – 55%

Sources

CDC National Immunization Survey

School district-measured height and weight (BMI)

Drinking Water Operator reports in the Water Fluoridation Reporting System (WFRS)

Baselines

67.7% in 2011

2 in 2011

44.6% in 2011

Outcome B

Improve population health through partnerships and linkages

Goal Targets

4.B.1. By 2015, 1 community will have finalized patient movement plans for mass casualty events and 10 will have finalized Point of Distribution plans.

By 2017 – 2 communities for mass casualty; 20 for Point of Distribution plans.

Sources

Reported by receipt of plans from the communities

Baselines

0 patient movement plans and 2 Point of Distribution plans in 2012

Continued ...

**ESSENTIAL SERVICE #4
DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS**

Outcome D

Sustain efficient and effective public health system infrastructure

Goal Targets

4.D.1. By 2015, the state will be fully able to respond to a mass fatality incident.

By 2017 – Capability will be tested with a full scale exercise

4.D.2. By 2015, 40% of the 30 identified acute care and skilled nursing health-care facilities will have finalized emergency operations plans.

By 2017 – 75%

Sources

Review and participation in mass fatality exercises. Review yearly policies procedures

Reported by receipt of plans from the healthcare facilities.

Baselines

~75% in 2012

33% in 2012



ESSENTIAL SERVICE #5

LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES
AND ASSURE THE PROVISION OF HEALTH CARE
WHEN OTHERWISE UNAVAILABLE



ESSENTIAL SERVICE #5
LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTH CARE
WHEN OTHERWISE UNAVAILABLE

Outcome A											
Reduce preventable death, disease and injury	Goal Targets										
	5.A.1. By 2015, 75% of 19 to 35 month olds will be fully immunized for the series 4:3:1:3:3:1:4. By 2017 – 80%										
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #808080; color: white;">Sources</th> <th style="background-color: #808080; color: white;">Baselines</th> </tr> </thead> <tbody> <tr> <td>CDC National Immunization Survey</td> <td>67.7% in 2011</td> </tr> </tbody> </table>	Sources	Baselines	CDC National Immunization Survey	67.7% in 2011						
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CDC National Immunization Survey	67.7% in 2011										
Outcome B											
Improve population health through partnerships and linkages	Goal Targets										
	5.B.1. By 2015, 100 first-time low-income mothers will be enrolled and receiving services in the Maternal Infant Early Childhood Home Visiting program and 50 eligible women will be enrolled and receiving services in the Healthy Start program. By 2017 – continue serving present clients										
	5.B.2. By 2015, the use of telehealth technology will be utilized in a minimum of 8 communities/clinics in SE Alaska to provide mental health services to veterans. By 2017 – continue 8 communities										
	5.B.3. By 2015, 20% more non-tribal health care facilities will become VA approved vendors and/or have an agreement in place with the VA. By 2017 – maintain current facilities										
	5.B.4. By 2015, 12 Alaska Community Health Centers will continue to provide services through the Senior Access program. By 2017 – maintain 12 Community Health Centers										
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #808080; color: white;">Sources</th> <th style="background-color: #808080; color: white;">Baselines</th> </tr> </thead> <tbody> <tr> <td>Healthy Start data system; Maternal Infant Early Childhood Home Visiting data system</td> <td>0 in 2011</td> </tr> <tr> <td>Rural Veterans Health Access Program annual reports.</td> <td>0 in 2012</td> </tr> <tr> <td>Rural Veterans Health Access Program annual reports. Veterans Administration database/reporting system of VA approved vendors.</td> <td>TBD</td> </tr> <tr> <td>Senior Access Program tracking system. DHSS Grants and Contracts eGrants.</td> <td>12 in 2012</td> </tr> </tbody> </table>	Sources	Baselines	Healthy Start data system; Maternal Infant Early Childhood Home Visiting data system	0 in 2011	Rural Veterans Health Access Program annual reports.	0 in 2012	Rural Veterans Health Access Program annual reports. Veterans Administration database/reporting system of VA approved vendors.	TBD	Senior Access Program tracking system. DHSS Grants and Contracts eGrants.	12 in 2012
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Rural Veterans Health Access Program annual reports. Veterans Administration database/reporting system of VA approved vendors.	TBD										
Senior Access Program tracking system. DHSS Grants and Contracts eGrants.	12 in 2012										

Continued ...

ESSENTIAL SERVICE #5
LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTH CARE
WHEN OTHERWISE UNAVAILABLE

Outcome D		
Sustain efficient and effective public health system infrastructure	Goal Targets	
	5.D.1. By 2015, two Tri-State Child Health Improvement Consortium clinical grantees will improve Medical Home Index scores by 20% over baseline.	Sources
	By 2017 – maintain 25% over baseline	
	5.D.2. By 2015, 80% of acute care facilities will be verified as designated trauma centers.	Baselines
By 2017 – 100%		
	Tri-State Child Health Improvement Consortium Medical Home Office Report Tool, Module 3: Pediatric Medical Home Index	TBD in 2013
	Alaska Trauma Systems Review Committee	50% in 2012

Outcome E		
Produce and release meaningful and timely public health data	Goal Targets	
	5.E.1. By 2015, health facilities directory/community/EMS directory online will be accessed at least 200 times per month.	Sources
	By 2017 – maintain 200	
	5.E.2. By 2015, 90% of Alaska newborns will have birth certificates registered and available for certified copies within 10 days of birth.	Baselines
	By 2017 – maintain 90%	
	5.E.3. By 2015, 80% of Alaska decedents will have death certificates registered and available for certified copies within 14 days of death.	Bureau's electronic registration system
By 2017 – maintain 80%	Bureau's electronic registration system	37% in 2011
	Bureau's electronic registration system	38% in 2011



ESSENTIAL SERVICE #6
ASSURE ADEQUATE AND COMPETENT PUBLIC HEALTH
INFRASTRUCTURE AND ENFORCEMENT OF HEALTH
AND SAFETY LAWS/REGULATIONS



**ESSENTIAL SERVICE #6
ASSURE ADEQUATE AND COMPETENT PUBLIC HEALTH INFRASTRUCTURE AND ENFORCEMENT OF HEALTH
AND SAFETY LAWS/REGULATIONS**

Outcome B

Improve population health through partnerships and linkages

Goal Targets

6.B.1. By 2015, 60% more clients will receive care from Alaska’s SHARP loan repayment program participating clinicians.

By 2017 – 200% more than baseline

Sources

SHARP Program records including reporting forms from clinicians.

Baselines

TBD in 2012

Continued ...

**ESSENTIAL SERVICE #6
ASSURE ADEQUATE AND COMPETENT PUBLIC HEALTH INFRASTRUCTURE AND ENFORCEMENT OF HEALTH
AND SAFETY LAWS/REGULATIONS**

Outcome D

Sustain efficient and effective public health system infrastructure

Goal Targets

6.D.1. By 2015, at least 100 physician office labs will receive Clinical Laboratory Improvement Amendments regulation training.

By 2017 – additional 50

Sources

Internal data

Baselines

0 in 2011

6.D.2. By 2015, 1/3 of registered facilities will be inspected for compliance of new radiological health regulations.

By 2017 – additional 1/3

Internal data

0 in 2011

6.D.3. By 2015, 140 providers will be trained in Rural Trauma Team Development Course.

By 2017 – 260

Trauma Unit, Alaska Trauma Systems Review Committee

74 in 2012

6.D.4. By 2015, 1200 EMS providers will receive pediatric training.

By 2017 – 1800

Web-based certification system

Not yet available

6.D.5. By 2015, 90% of EMTs will be certified within four weeks of receipt of a completed application.

By 2017 – 100%

Web-based certification system

Not yet available

6.D.6. By 2015, the Tri-State Child Health Improvement Consortium clinical demonstration sites will improve screening, access to care and coordination of care, quality improvement, and use of electronic health records, by at least 15% above baseline.

By 2017 – at least 20%

Tri-State Child Health Improvement Consortium Medical Home Office Report Tool

TBD in 2013

6.D.7. By 2015, 80% of acute care facilities will be verified as designated trauma centers.

By 2017 – 100%

Trauma Unit, Alaska Trauma Systems Review Committee

50% in 2012

6.D.8. By 2015, 40% of acute care facilities will be linked to a statewide Computer Aid Dispatch (CAD) to facilitate rapid triage and transport of patients in a mass casualty incident.

By 2017 – 100%

CAD System

0% in 2012

Continued ...

**ESSENTIAL SERVICE #6
ASSURE ADEQUATE AND COMPETENT PUBLIC HEALTH INFRASTRUCTURE AND ENFORCEMENT OF HEALTH
AND SAFETY LAWS/REGULATIONS**

Outcome E

Produce and release meaningful and timely public health data

Goal Targets

6.E.1. By 2015, 50% of reporters will report electronically to Alaska Birth Defects Registry through a web-based interface.

By 2017 – 65%

Sources

Alaska Birth Defects Registry

Baselines

0% in 2012



ESSENTIAL SERVICE #7
MONITOR, RESEARCH AND EVALUATE HEALTH STATUS
AND SERVICE EFFECTIVENESS, ACCESSIBILITY
AND QUALITY TO IDENTIFY AND SOLVE
COMMUNITY HEALTH PROBLEMS

ESSENTIAL SERVICE #7
MONITOR, RESEARCH AND EVALUATE HEALTH STATUS AND SERVICE EFFECTIVENESS, ACCESSIBILITY
AND QUALITY TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

Outcome D

Sustain efficient and effective public health system infrastructure

Goal Targets

7.D.1. By 2015, 8 hospitals will participate in the Medicare Beneficiary Quality Improvement Program.

By 2017 - 9 hospitals

7.D.2. By 2015, the Tri-State Child Health Improvement Consortium clinical demonstration sites will improve access to care and coordination of care, quality improvement, screening, and use of electronic health records, by at least 15% above baseline.

By 2017 – at least 20%

7.D.3. By 2015, 80% of acute care facilities will be verified as designated trauma centers.

By 2017 – 100%

Sources

Rural Hospital Flexibility Program annual progress report. Hospital/DHSS Flex MOAs. HRSA database.

Tri-State Child Health Improvement Consortium Medical Home Office Report Tool.

Trauma Unit, Alaska Trauma Systems Review Committee

Baselines

5 in 2012

TBD in 2013

50% in 2012

ESSENTIAL SERVICE #7
MONITOR, RESEARCH AND EVALUATE HEALTH STATUS AND SERVICE EFFECTIVENESS, ACCESSIBILITY
AND QUALITY TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

Outcome E

Produce and release meaningful and timely public health data

Goal Targets

7.E.1. By 2015, 18 agencies will use Alaska Trauma Registry data to provide annual injury surveillance reports for strategies and prevention in Alaska.

By 2017 – 20

7.E.2. By 2015, 80% of all Alaska decedents’ death records will be electronically registered.

By 2017 – maintain 80%

7.E.3. By 2015, implement 3 data sources (Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, and Cancer Registry) within Instant Atlas and the Indicator-Based Information System for Public Health.

By 2017 - 5 data sources

7.E.4. By 2015, 90% of audiologists will report diagnostic data within one month of diagnosis.

By 2017 – 95%

Sources

Baselines

Trauma Unit Alaska Trauma Registry Program Manager

12 in 2012

Bureau’s Electronic Registration System

38% in 2011

Systems operating and available on State website

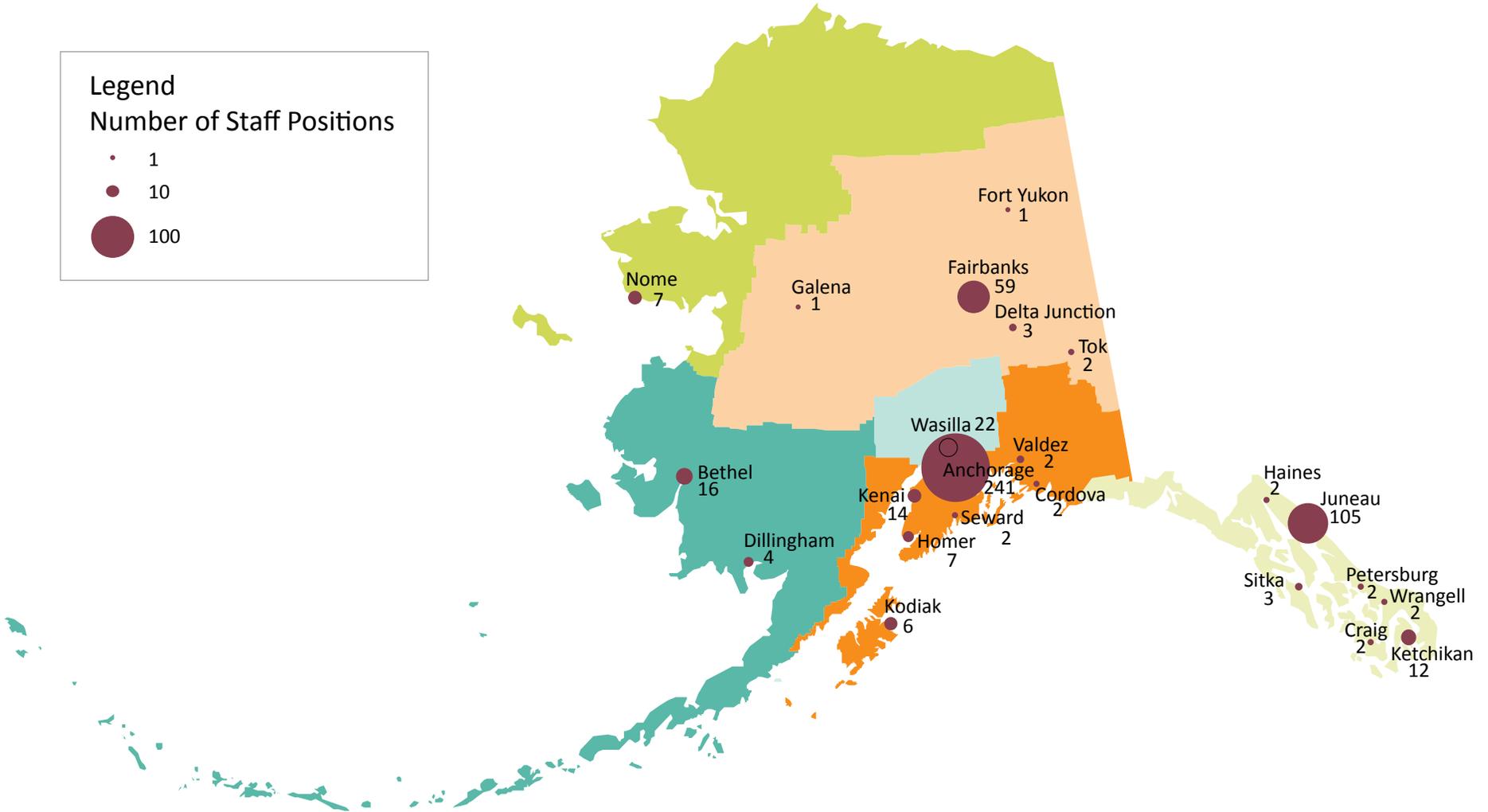
0 in 2011

Newborn Hearing Screening Data Base

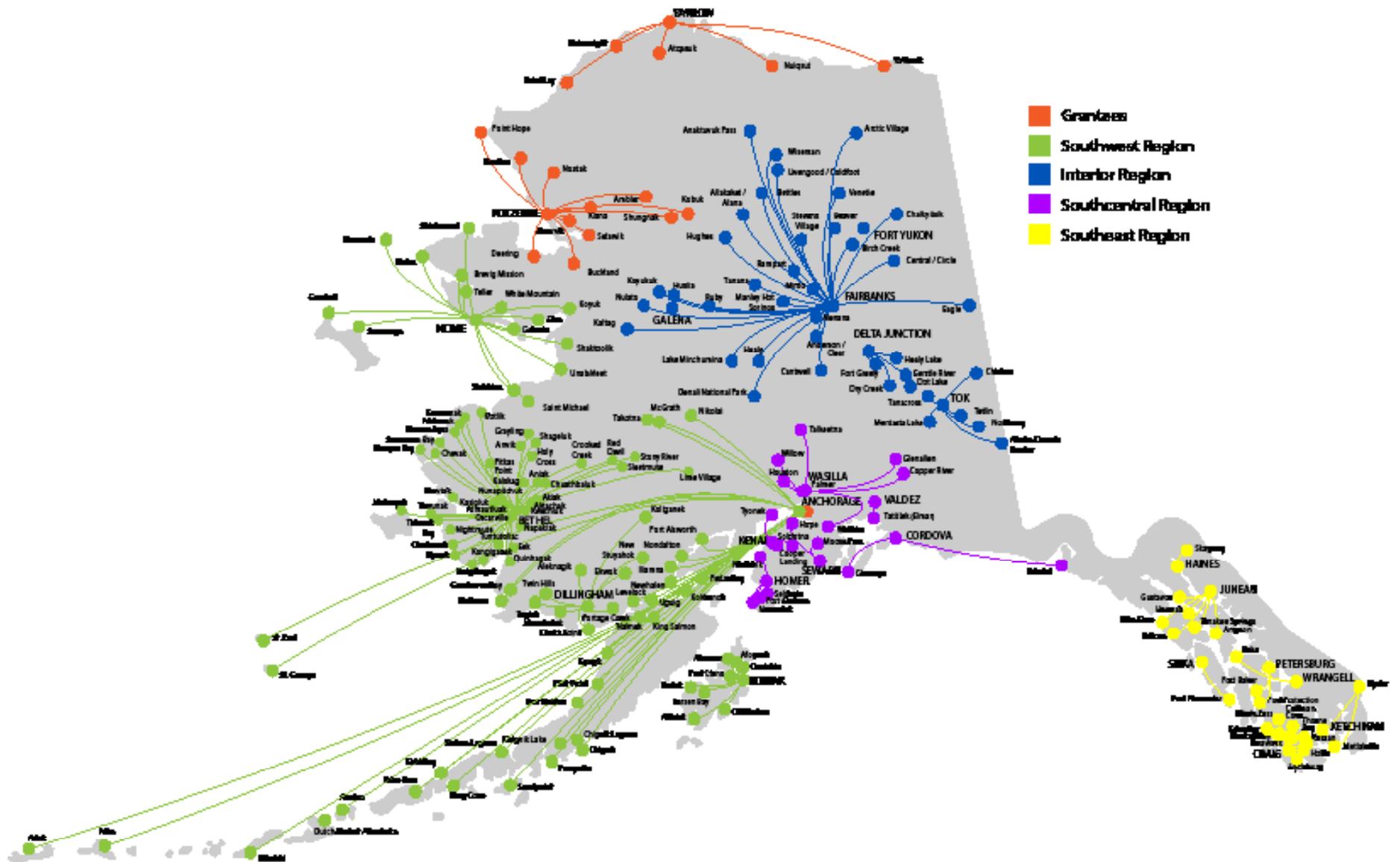
75% in 2011



PUBLIC HEALTH STAFF POSITIONS

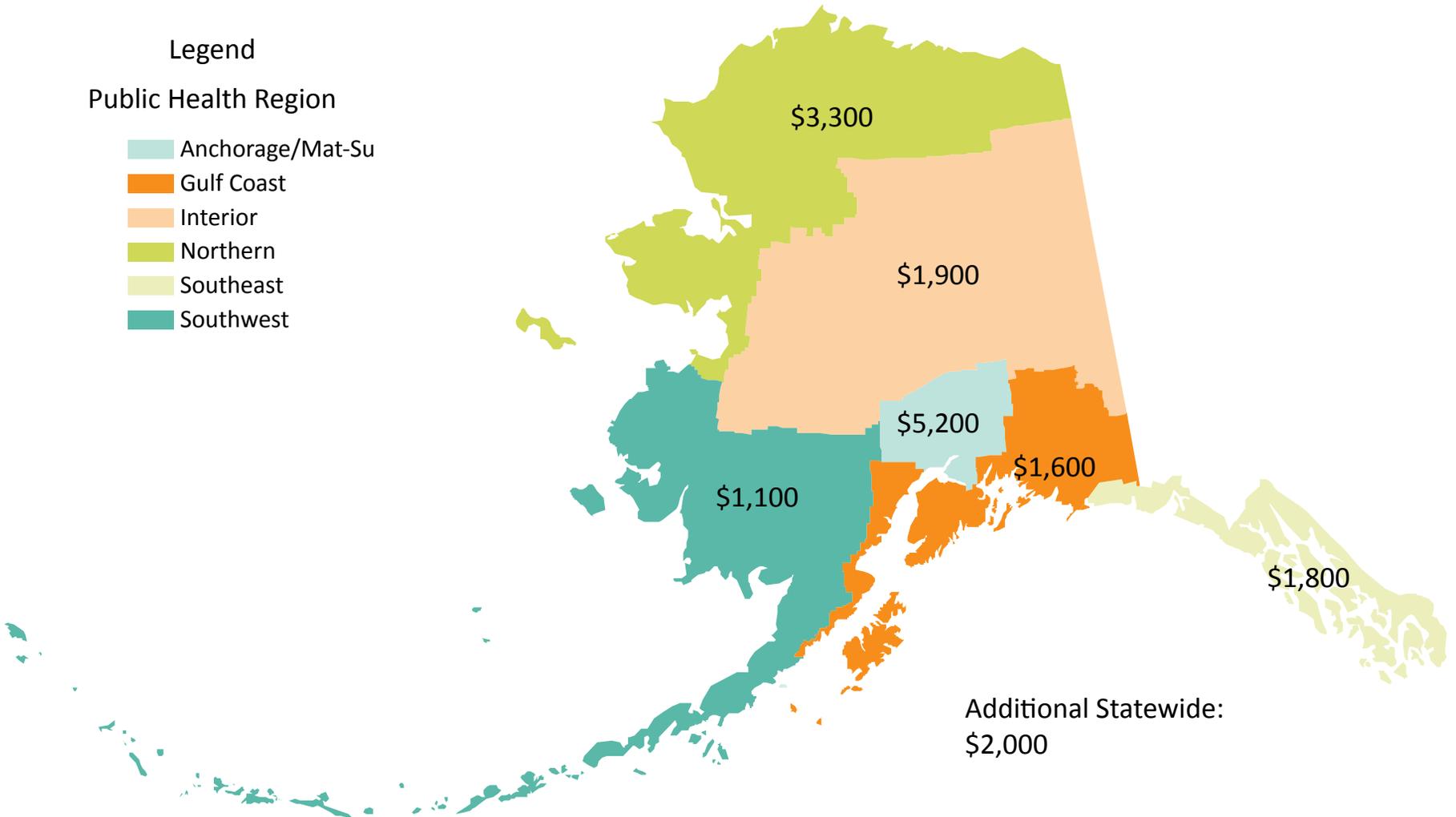


PUBLIC HEALTH NURSING HUBS AND ITINERANT LOCATIONS

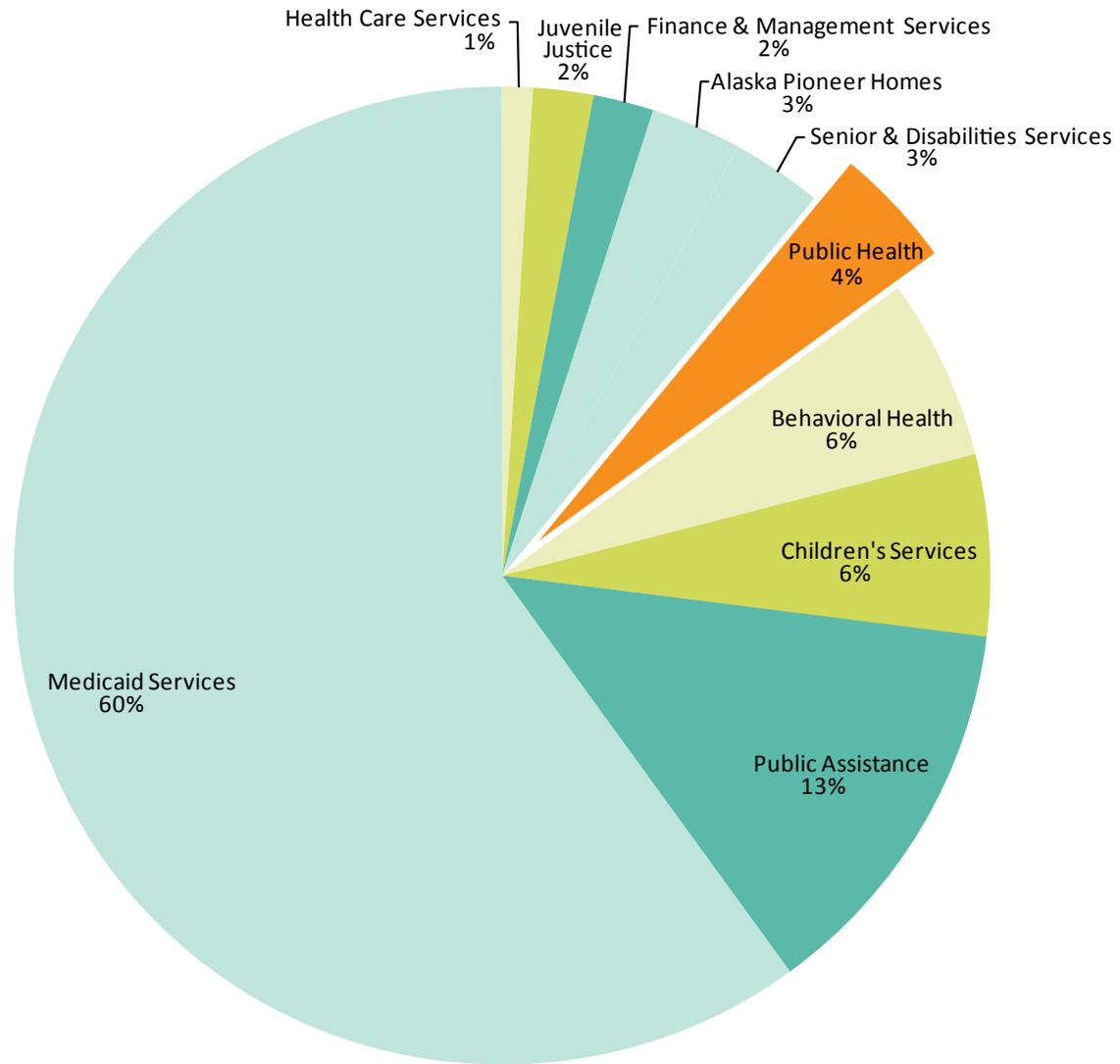


PUBLIC HEALTH GRANTS BY REGION, IN THOUSANDS

- Legend
- Public Health Region
- Anchorage/Mat-Su
 - Gulf Coast
 - Interior
 - Northern
 - Southeast
 - Southwest

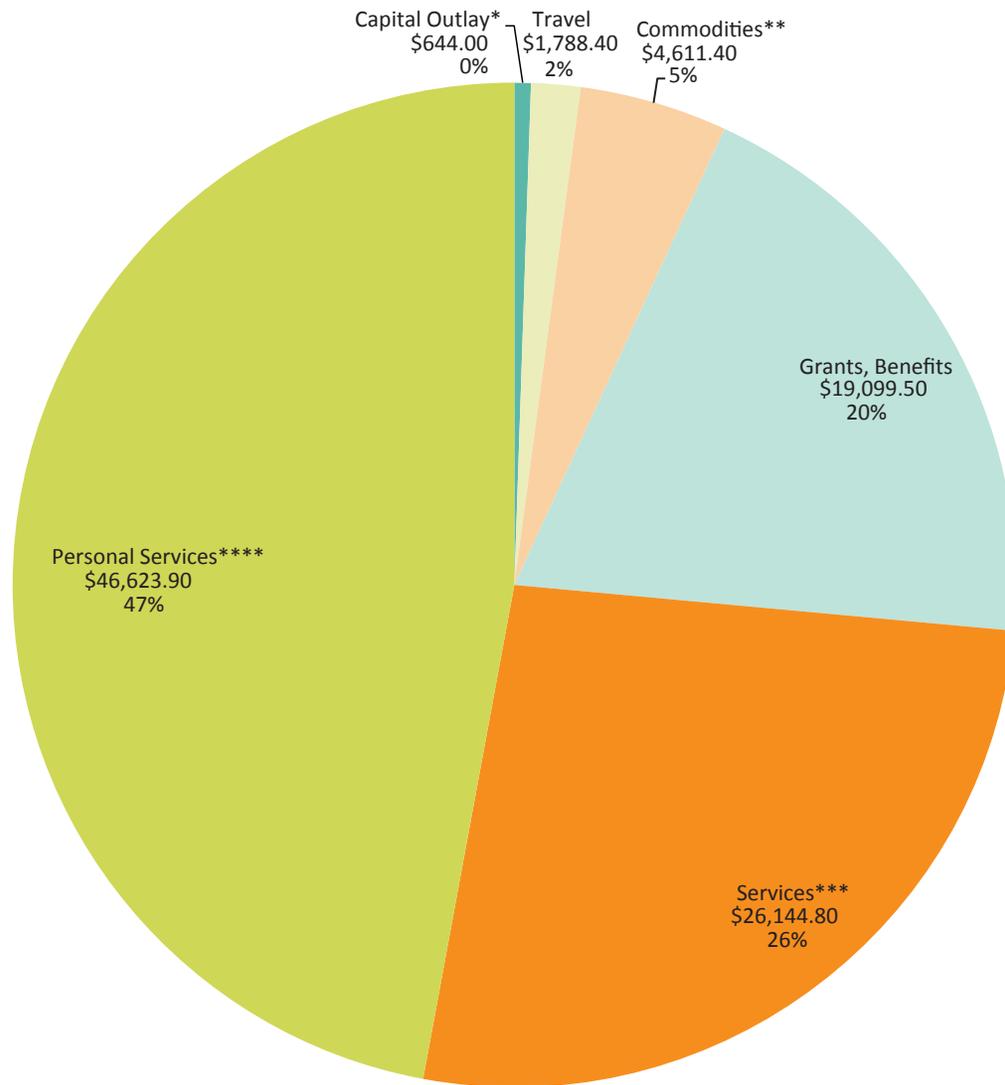


FY12 HEALTH & SOCIAL SERVICES EXPENDITURES BY DIVISION



FY12 DIVISION OF PUBLIC HEALTH EXPENDITURES BY CATEGORY

- * Equipment Purchases >\$5000
- ** Supplies
- *** Contractual Services
- **** Staff Pay & Benefits



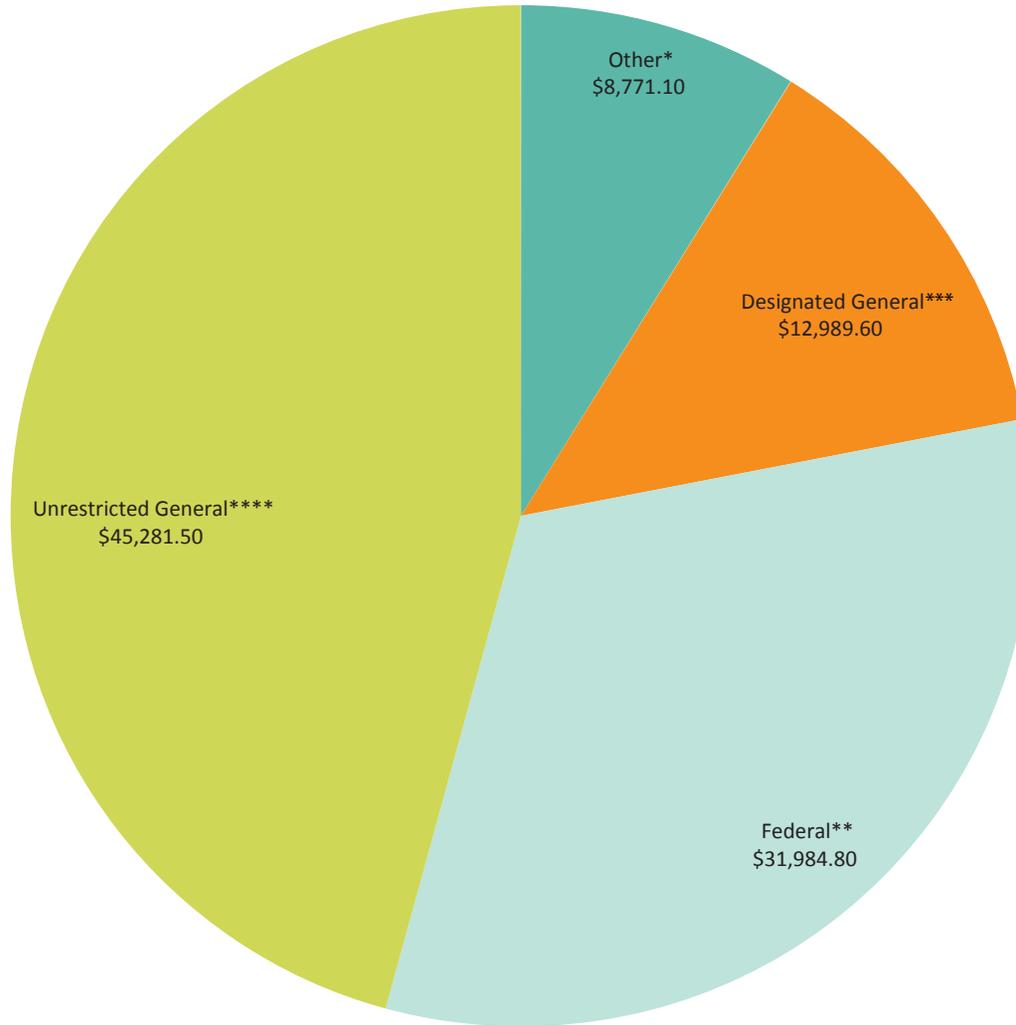
FY12 DIVISION OF PUBLIC HEALTH REVENUE

* Authorized collectibles/
authorization to collect funds;
Tobacco Education/Cessation;
authorization to collect funds to
go into the General Fund.

** Authorization by State
to spend GF for federally
reimbursable services; American
Recovery & Reinvestment Act

*** Servicing RSAs (receiving
funds); Capital Budget funds;
Mental Health Trust Authority
Authorized Receipts; statutorily-
designated program receipts

**** Funds designated by
the legislature to be matched
to federal grant dollars; state
dollars to be used when no
other funding is available;
Mental Health funds match



DHSS PRIORITIES

<http://hss.alaska.gov/publications/priorities.pdf>

DHSS KEY PERFORMANCE INDICATORS

<http://omb.alaska.gov/html/performance/program-indicators.html?p=67&r=1>

HEALTHY ALASKANS 2020

<http://hss.alaska.gov/dph/ha2020/default.htm>

ALASKA CENTER FOR HEALTH DATA & STATISTICS

<http://www.hss.state.ak.us/dph/infocenter/default.htm>

ALASKA DEMOGRAPHICS

<http://almis.labor.state.ak.us/pop/estimates/pub/popover.pdf>