

Introduction

Healthy Alaskans 2010 Volume I: Targets for Improved Health

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What is Healthy Alaskans 2010?

Healthy Alaskans 2010 is a framework for realizing a vision: healthy Alaskans in healthy communities. It is a plan that includes a set of targets for 2010 that, if achieved, would reflect improved health status since 2000. A planning process involving participants from across the state has produced the following set of goals, selected indicators and targets for those indicators. These provide a framework for action at the local and state level, and a way to address new problems with new measures.

The Executive Summary (published December, 2001) contains the introductory chapter and overview from Volume I as well as highlights of the chapters addressing twenty-six health topics in *Volume I: Targets for Improved Health of Alaskans*.

Volume II: Strategies for Improved Health will provide models and strategies for realizing the targets identified in Volume I. The third step in the planning process will be to outline action steps and policy recommendations for state government efforts to assist in achieving the targets.

Healthy Alaskans 2010 emerged from the Alaska Public Health Improvement Process, funded in part by the Robert Wood Johnson Turning Point grants. It is a state-focused adaptation of the national planning process called *Healthy People 2010*, sponsored by the United States Department of Health and Human Services.

The Alaska Department of Health and Social Services has reached out to develop partnerships for the review of needs and development of targets for improving health status and access to care. The Department requested that the Alaska Public Health Improvement Process Steering Committee guide the *Healthy Alaskan 2010* planning process. With broader membership, the group is now established as the Healthy Alaskans Partnership Council. One of the Council's core principles is that broad community participation ensures local ownership. The community guides the process - collective thinking ultimately results in more sustainable solutions to complex problems and builds the experience for responding to emerging needs. Collaboration and partnership with communities, Native health organizations, and health care workers are considered essential to mobilizing the state for achieving goals for longer and healthier lives.

Engaging people and their communities to improve health status means that all members of the community - individuals and organizations - are public health partners. Local governments in Alaska are not mandated to assume responsibilities for public health but may do so through local ordinance. At the present time (2002) only the North Slope Borough and the municipality of Anchorage have health powers and offer services similar to city and county governments elsewhere. Regional Native health corporations, community health centers, hospitals, emergency medical personnel, as well as non-profit organizations and care providers all do health promotion and prevention work in addition to providing treatment services. They are key partners for improving health of the population.

Background

Alaska's people and communities cope daily with challenges to maintain health and well-being. Information about trends in health status suggests that Alaskans have been able to solve many of their health problems. For example, we have reduced injuries and illnesses related to weather, work settings, and geographical isolation of communities. But as a stronger health care and prevention system makes progress on old problems like tuberculosis, and as sanitation systems improve access to safe water and waste disposal, new challenges appear. Increases in obesity, diabetes, heart disease, "baby bottle tooth decay," and suicides point to a need for changes in how we eat, exercise, and care for one another. Many communities across the state are engaged in local efforts to improve their quality of life, the health of residents, and their economic base - they have demonstrated commitment to "healthy Alaskans in healthy communities."

Nationally, "healthy people in healthy communities" has become the theme of modern health planning, with an expectation that state and federal government efforts will support local initiatives for improving health. Public health, defined by the World Health Organization as "the science and organization of promoting health, preventing disease, and prolonging life through the organized efforts of society," works with community members and their leadership, health care professionals and organizations, employers, schools and universities, and others.

In the last decade, the Alaska Department of Health and Social Services (DHSS) developed state health objectives for the year 2000 based on Healthy People 2000: National Health Promotion and Disease Preven-

tion Objectives. Healthy Alaskans 2000, published in 1994, presented a plan to assess the health status of Alaskans and identify key actions to be taken to make progress on certain health indicators in Healthy People 2000's Priority Health Areas.¹ In 1998 and in 2000, DHSS published reports on measurable progress toward the objectives, in the document *Health Status of Alaskans*. (www.hss.state.ak.us/dph/deu/publications/publications/)

Entering the new century, a national process set new health objectives for the nation. *Healthy People 2010: The National Health Promotion and Disease Prevention Initiative* provides an updated set of goals and new measures of health status. The new national document emphasizes links between individual health and community health. The physical and social environments in which people live, work, and play need to be taken into account. Beliefs, attitudes, and behaviors of everyone who lives in the community affect others and the community as a whole.

The national *Healthy People 2010*, like its predecessor, was developed through a broad consultation process, built on the best scientific knowledge and designed to measure trends over time. The two overarching goals of *Healthy People 2010* are:

- To help individuals of all ages increase life expectancy and improve their quality of life.
- To eliminate health disparities among different segments of the population.

Many states, including Alaska, have taken the opportunity to relate the national framework to their own issues. *Healthy Alaskans 2010 Volume I: Targets for Improved Health* will be used over the decade to track changes in health status of Alaskans. It serves as a framework for health policy development. It reflects Alaskans' priorities and objectives for improving health status, modifying exposures to health risks, strengthening health care services, and reducing environmental and occupational hazards. The twenty-six problem-specific chapters have been completed by the staff of DHSS, with assistance from other state agencies and from other health care organizations. The objectives and targets for each chapter were presented at a full-day workshop following the Alaska Public Health Association's December 2000 Health Summit.

The second volume, *Healthy Alaskans 2010 Volume II: Strategies for Improved Health*, identifies strategies for action to achieve the goals and objectives for health set in *Volume I*. The Department of Health and

Social Services Healthy Alaskans 2010 Action Plan will include steps DHSS will take to implement the strategic plan and reach the targets set for this decade. The action plan in Volume II will serve as a roadmap to a healthier Alaska, providing guidance for state action and services and for partners in this endeavor.

Purpose and Use of this Plan

Healthy Alaskans 2010 Volume I will:

- Serve as a framework for health policy development
- Identify best indicators of health status
- Provide a basis for tracking changes in health status of Alaskans over the next decade
- Set ambitious but achievable targets

The health status of a population can be tracked, analyzed, and improved through public health programs once a baseline point of reference is identified. The baseline may be the death rate, disease incidence or prevalence rate among a certain group of people. Trends in individual behaviors like smoking and binge drinking that can affect health in the short or long term can be measured through population-based sample surveys such as the Behavioral Risk Factor Surveillance Survey. Environmental conditions that are protective of good health or that pose threats to good health can also be tracked. The indicators recommended for tracking over the decade include all three types of measures: health status, behaviors that can affect health and wellness, and environmental factors. The indicators also include inventories of services, workforce, communications capabilities, and specific capacities of the public health infrastructure and the health services delivery system.

How to Use this Document

Following the introduction, *Healthy Alaskans 2010 Volume I* is divided into four main sections:

- *Health Promotion*
- *Health Protection*
- *Preventive Services and Access to Care*
- *Public Health Infrastructure*

Within each of these broad cluster areas are chapters (or focus areas) on more specific topics related to sets of health conditions or risk or protective factors (Table 1). The groupings reflect important conceptual common themes, but many chapters could have been

Table 1

Healthy Alaskans 2010 Focus Areas	
HEALTH PROMOTION	
1. Physical Activity and Fitness	5. Mental Health
2. Nutrition and Overweight	6. Educational and Community-based Programs
3. Tobacco Use	7. Health Communication
4. Substance Abuse	
HEALTH PROTECTION	
8. Injury Prevention	12. Food Safety
9. Violence and Abuse Prevention	13. Oral Health
10. Occupational Safety and Health	14. Vision and Hearing
11. Environmental Health	
PREVENTIVE SERVICES AND ACCESS TO CARE	
15. Access to Quality Health Care	21. Heart Disease and Stroke
16. Maternal, Infant and Child Health	22. Cancer
17. Family Planning	23. Diabetes
18. Immunizations and Infectious Diseases	24. Respiratory Diseases
19. HIV Infections and Sexually Transmitted Diseases	25. Disability and Secondary Conditions
20. Arthritis and Osteoporosis	
PUBLIC HEALTH INFRASTRUCTURE	
26. Public Health Infrastructure and Preparedness	
<ul style="list-style-type: none"> • Information and Data Systems • Public Health Workforce • Organizational Capabilities 	

included in another section as well. For example, the “tobacco use” chapter is included in the health promotion section, because of the current focus on developing awareness, discouraging early smoking, and encouraging smoking cessation, although some of the strategies for prevention include non-smoking ordinances for public places, tobacco taxes, and other options for state or local regulations that fall into the category of “health protection.”

Each chapter includes:

- ❖ Health goal for the year 2010
- ❖ Health Indicators and Targets for the Year 2010

Health indicators for 2010 are listed with the Alaska data source, the United States baseline data that corresponds to the Alaska data source, and the Alaska baseline and target for 2010. 1999 data is used as the baseline when available. In some cases, Alaska baselines for the indicators were not available at the time of this report. In those cases, efforts are needed to develop a system to collect baseline information, and the indicator is described as “developmental.” The national baselines, usually from *Healthy People 2010*, are meant to offer the reader a comparison of Alaska’s health status.

In some cases, we have calculated a national baseline from a source that provides a better comparison to the Alaska baseline than the *Healthy People 2010* data source for the national measure. For example, for the national process, sur-

veys may be available that provide information for the nation as a whole, but may not be able to provide reliable estimates for individual states.

For each indicator, the target for the year 2010 is noted. Targets represent a consensus of opinion from people in the field of where we want to be in 2010. They are meant to be a focus for action and to allow a meaningful way to measure and evaluate progress on the specific indicator.

❖ Chapter Narrative

- **Overview** - Basic information is presented on particular issues as well as national statistics and trends.
- **Issues and Trends in Alaska** - The issue or disease is described as it pertains to the health of Alaskans. This includes information on the extent of the problems in Alaska, including differences in groups by age, sex, race, and socioeconomic status, and trends as they relate to these health problems. Regional differences are not emphasized in this document (although they are noted in some chapters); however, data on geographical subdivisions are expected to be tracked where feasible in subsequent documents such as the periodic report on health status in Alaska.
- **Current Strategies and Resources** - This section describes programs and activities that deal with the health problems and diseases that are the focus of the chapter. Many of the programs described are state-funded or state-managed programs. Where community initiatives or Native Health Corporation programs were identified, they are summarized. However, the authors recognize that the list of current efforts for each chapter provides a partial overview rather than a comprehensive inventory of prevention, treatment, and rehabilitation activities.
- **Data Issues and Needs** - Major data gaps exist which restrict our ability to assess and monitor progress toward health goals. The Alaska baselines are sometimes the “best data available” that have to serve in the place of the data actually needed. In some cases, there is no established data source and thus the indicator is considered “developmental.” This section discusses the most critical data needs for the specific health problem or behavior.

- **Related Focus Areas** - This section acknowledges that most efforts to improve health status impact people’s lives in many ways; improvement in one area may well improve other areas of health. Some chapters such as Education and Community-based Programs, Access to Quality Care, and Health Communication have links with all of the chapter in *Healthy Alaskans 2010*.

Healthy Alaskans 2010 as a Work in Progress

Healthy Alaskans 2010 was developed through a participatory process. Numerous State of Alaska employees assisted by proposing health indicators and targets and by writing narratives. Some chapters had attention from a larger group of contributors than others because established governmental or public-private collaborative advisory committees already existed on certain health problems. The result is that many chapters focus on State of Alaska activities and strategies, rather than on non-governmental and community activities. A number of methods for soliciting advice and comment were used: *Healthy Alaskans 2010* indicators and targets were posted on the internet for a year, chapter drafts were posted and circulated to key contacts, and presentations were made at numerous meetings.

How to Use Healthy Alaskans 2010 Volume II: Strategies for Improved Health

Volume II, to be published in 2002, will be a resource for examples of model programs, “best practice” guidelines, and tools or performance measures that have worked in Alaska settings or show promise for being useful to Alaskan communities, employers, health care providers, educational institutions, and program managers as they seek to improve the health of the population. Appendices will include summaries and contact information about disease-specific planning documents and organizational strategic plans from Alaska’s many partners working for improved health. Additional references to data, grant programs, and model programs and practices will be listed. An Action Plan for the DHSS will identify programmatic and policy initiatives identified by the review of strategic issues, options and targets.

Endnotes

¹ Efforts recommended and supported by the plan included passage of the tobacco excise tax (passed October 1, 1997), and introduction or continuation of several data collection efforts (behavior risk factor surveillance, pregnancy risk assessment monitoring, trauma registry, traumatic brain injury registry, cancer registry, birth defects registry, and updated and expanded disease reporting in immunization programs).

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Key Websites for Reference and Data

AK Info	www.ak.org
Alaska Native Health Board	www.anhb.org
Alaska Native Tribal Health Consortium	www.anthc.org
Centers for Disease Control	www.cdc.gov
MAPP/Mobilizing for Action through Planning and Partnerships	www.naccho.org/tools.cfm
Medline Plus, National Library of Medicine	www.nlm.nih.gov/medlineplus/healthtopics.html
Municipality of Anchorage	
Dept. of Health and Human Services	www.ci.anchorage.ak.us/Health
State of Alaska	www.state.ak.us
State of Alaska Dept. of Health and Social Services	www.hss.state.ak.us
Turning Point Alaska	www.hss.state.ak.us/dph/deu/turningpoint/
U.S. Census Bureau	www.census.gov
2000 Census Data for Alaska	www.labor.state.ak.us/research/cgin/cen2000.htm