AFTERWORD

THEMES
The stories presented in this volume are, first and foremost, Alaskan stories. Our history, our place and our people are at their heart. The Alaskans who tell the stories share the knowledge and experience of how they have wrestled with problems in their own Alaskan communities. Their intent is to help other Alaskans pursue healthier, happier, and safer lives.

This collection of stories is a strategic plan that emphasizes process. Strategic planning—like teaching and learning through stories—is an ongoing, dynamic and collaborative process. Both require the exchange of examples, ideas, perspectives, concerns, imagination and understanding. These stories are to be read, retold, examined and discussed to help others find or invent the solutions that work for them. This plan is an invitation to other communities and other Alaskans to share their stories, to join an Alaskan talking circle.

The stories in this volume were selected for diversity of issues and locations. They share many links to each other. Common themes include the importance of:

- Community
- Elders
- Traditional knowledge
- New knowledge
- Collaboration
- Leadership, and
- Local ownership of both the problems and solutions.

Alaska is a place of dramatic change. We see social, political, economic and cultural changes animating and complicating many of the issues that run through the stories.

In the paragraphs below we examine a few common threads: the nature of public health and of problem solving in Alaska; the varied contributions of children and adolescents; and the settings in which these stories might find a useful home.

Public Health
The problems and solutions explored in these stories are what we call “public health” issues. The United Nations World Health Organization defines individual health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” These stories suggest that Alaskan communities see public health in similarly broad terms. The health status of the community—however broadly or narrowly we choose to define community—is not just its collective physical health; it also embraces economic, environmental, social and spiritual dimensions of life.

*Family Spirit Gathering* is not just about child abuse and family placement. It is about how communities can reconnect with a meaningful past and mitigate the effects of social, cultural and physical trauma.

*Difficult Decisions* is not just about controlling the sale of alcohol in Barrow. It is an examination of the fundamental values of a growing multi-ethnic community, of its visions of the future and of how people go about caring for each other.
A Safe Harbor in Hard Times is not just about getting out of the rain when you’ve been down and out. It is about how important it is to health to be a member of a community and to be treated with dignity and respect, especially after the normal flow of a healthy life has been severely disrupted.

These are only a few examples of the important aspects of public health highlighted by stories in this volume.

**Problem Solving**

Public health problem solving requires collaboration. All parties to a problem must be involved to understand the issues and fashion a workable solution. Successful problem solving involves collaboration among local communities and, regional, tribal, state or federal agencies.

Successful solutions often come when “outside” agencies respond positively to community initiatives and when communities propose and participate in solutions that meet local conditions. Sometimes the initial impetus for solving a problem comes from outside the community, sometimes from within.

In *7 Generations* we saw villages frustrated and apathetic in the face of new problems rooted in new lifestyles and unfamiliar materials. The State of Alaska’s emphasis on its enforcement authority failed to engage people in environmental health improvement. Providing technical assistance was a vital step in the right direction. Promoting local ownership and understanding of the problems and solutions led to establishment of successful collaboration between the State of Alaska and over 180 rural communities.

*Family Spirit Gathering* is a federally funded and state administered program. The program seeks to find culturally appropriate strategies for dealing with domestic violence and substance abuse that often lead to child placements outside the home. A Kongiganak elder redesigned the program to increase its chances for success. In Napakiak, we saw Yup’ik Elder Peter Jacob Sr. hug a Bethel based State social worker at their first Family Spirit Gathering. In doing so he bridged a bitter gulf created by past failures to collaborate. Through this simple and instructive gesture he made future cooperation in building a healthier community possible.

Successful public health problem solving requires collaboration among diverse people at the local level as well. These groups take on many different forms depending on the nature of the problem, the skills of the individuals and the type of community.

In *Tradition of Learning* we see that all village factions had to agree to participate as a Policy Steering Committee for local substance abuse counseling to succeed. Whatever differences might have been, they were put aside for the common good.

In *Don’t Give Up*, a spontaneous pedestrian bike path coalition turned around a construction project in a few weeks. The project was years in the making and nearly completed on the ground. The State road construction team demonstrated spontaneity as well by taking on the project at the last moment with no plans, formal budget or formal rights of way in hand. They completed the path a few days before the snows came.

In *Creating Healthy Communities*, Sitka human service agencies had to learn to collaborate in order to understand and effect health systems change. A successful collaborative grant writing committee spawned a steering committee for their Sitka Turning Point Towards Health Partnership. These successes in turn have led to a comfortable system of collaborative leadership that sustains cooperative efforts.
There are no one-size-fits-all solutions to public health problems in Alaska. Alaska’s size, vast distances, climatic extremes, sparse infrastructure and local histories of boom, bust and trauma confound solutions designed for other places in the United States. Providing basic modern medical services is therefore always a creative challenge.

In *Community Health Aides* we see how Alaska invented a unique health care worker to provide health services in the villages. Community health aides are also culture brokers and linguists. Many are community members by birth. They fight epidemics and manage emergencies. They provide preventive and primary care services and enable visiting specialists do the most for the community under severely limiting conditions.

*Helping Community Hospitals* describes a federal program to stabilize and assist rural hospitals. The generally low census and remote location of many rural hospitals increase the cost of providing essential services. Some hospitals struggle with seasonal variations in workload when tourists, fish processors and fishing crews increase the population of small communities. The Rural Hospital Flexibility Program provides cost-based reimbursement rates for Critical Access Hospitals and provides technical assistance to small hospitals and clinics throughout the state.

**Young People and the Future of Healthy Alaskan Communities**

Many of our stories highlight the important roles that young people play in the health of our communities. The health, safety and happiness of our children are often key motivators for health improvements. But the young people also appear in our stories contributors to the public health. In the *Spirit of Youth* chapter, young people take on significant community health challenges. They perform extraordinary life saving deeds as Dragon Slayers in Aniak. They create a skateboard park in Homer and in doing so mastered many public processes and replaced the negative public image of “skateboard punks.” In Anchorage, a high school student turns her sister’s tragic death into an opportunity to teach other kids about the dangers of abusive relationship. Two sisters in high school invent an Ice Crawler robot to move across thin ice to people trapped in icy lakes.

In Kake, the high school Youth Court helps teens re-direct their lives in positive directions. In the Bristol Bay Area, teen volunteers work with the Helping Hands program to help elders at the end of life. They do chores and provide respite care. They assist elders in recording traditional knowledge and life experiences in journals. Their volunteer work allows elders to close their lives sharing and teaching and providing a legacy for family and community.

In the *Dumpster Art* story a class of Bethel sixth graders took on the health dangers of second hand smoke. They painted a bright red dumpster with a cigarette smoking skull at a key intersection so nobody could miss the message. They also created editorial cartoons, wrote letters to the editor, did radio advertisements, organized a parade, testified at City Council and Chamber of Commerce meetings, and even presented awards to smoke-free businesses. They led their community to pass the state’s first ordinance to control dangerous second hand smoke in public places.

And let’s not forget how important school children are in villages if you want action on an issue. Explain an issue to the forth grade class and the city council will be ready to take it up the following day … just ask any water treatment plant operator in a village that has had a 7 Generations class.
Settings for Using This Plan

*Creating Healthy Communities: An Alaskan Talking Circle* is about the processes involved in dealing with public health issues in Alaska. Public policy makers, lawmakers, administrators, program managers, researchers and planners should find these stories valuable in deepening their understanding of public health. Teachers may use these stories in high school, college and graduate school classes to give students a better general understanding of challenges in Alaskan communities. Similarly, these stories can focus discussion in human service council meetings, workshops and conferences, or in other less formal settings where a detailed, shared example can focus and stimulate discussion.

The sections that follow the story in each chapter suggest ways to further explore the issues. They are not meant to constrain discussion. Teachers and other users are urged broaden or sharpen their inquiry to meet their own needs and interests.

We hope that this adventure in using stories as the vehicle for public health strategic planning stimulates further interest in using stories to teach, plan and foster mutual understanding of the challenges facing Alaskans.

**Conclusion**

This collection of stories suggests that the solutions to our public health issues must be made not just for our community today, but for the future, for those who are not yet members of the community. Alaskans want a future that includes elders who pass along their knowledge in an environment that promotes health. We seek lifestyles in which violence is not a solution, alcohol abuse isn’t a problem, and good habits and healthy choices for eating, drinking and exercising are the norm. We work for communities where health care services are accessible and where community members join together to help each other overcome difficulties and make a safe, happy and healthy life.

Public health efforts focus on assuring the conditions under which people can be healthy. There are many ways to promote health and prevent disease through organized, scientifically based, community efforts. This volume contains only a handful of stories about the public health challenges and about the creative solutions that work in Alaska. There are many more stories to be told about other strategies that work. We hope that Alaskans will find a way to collect and share these stories, to celebrate their achievements, and to spread their knowledge and experience.
CORE PRINCIPLES FOR HEALTHY ALASKANS 2010 STRATEGIC PLANNING
Adopted by the Healthy Alaskans Partnership Council March 2001

1. **Partnerships and collaborative efforts** including community groups and citizens, health care providers, and state and local officials are important and effective for implementing changes to improve public health at the community and at the state level.

2. **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.

3. **Readily available data relevant to communities** (and instruction in data use) will support community involvement.

4. “**Best practices**” that are comprehensive, sustainable, and accountable should be identified wherever possible for the benefit of all communities, and all partners.

5. Build on existing **assets** and **relationships** to the extent possible—including **involving children and youth, elders**, and other specific groups likely to be affected by changes or by programs, or who have specific needs. Community engagement offers the best opportunity to strengthen protective factors and to reduce risk factors.

6. Strategies are needed for **underserved rural areas and populations**, especially addressing **health and public health workforce** in those locations, and ensuring equal access to health services for all (e.g. people with limited English proficiency, traditional belief systems).

7. Programs and activities should be **coordinated and linked** with parallel and mutually supportive prevention initiatives, planning, and research efforts in the Native health care system, and in other public and private domains (economic development, education, behavioral health, etc.).

8. **Systems analysis** and needs assessments at state and community levels, as well as research, will help ensure alignment of strategies with community needs, assets and desires. They also provide the basis for realistic implementation strategies. (Systems analysis means examination of inputs, processes and outputs or results, and includes the environmental conditions that affect how the system of interest works. A systems approach implies that one is aware of multiple relationships and factors that can affect outcome or output, as opposed to a single cause model, and it suggests that the components and their relationships to one another can be examined, and modified to effect a change in results.)

9. **Outcome measures and indicator tracking** will be critical tools for measuring progress, managing programs, and refining policies. Based on consensus indicators, data help show the public and policymakers both accomplishments and areas where existing programs are not accomplishing hoped-for goals.

10. Stable and adequate resources for the **public health infrastructure** are a good public investment. Public health infrastructure is defined in Healthy People 2010 as “the resources needed to deliver the essential public health services to every community—people who work in the field of public health, information and communication systems used to collect and disseminate accurate data, and public health organizations at the State and local levels in the front lines of public health.”
ABOUT HEALTHY ALASKANS 2010
(Adapted from the Introduction to Volume I)

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 a set of goals, selected indicators, and targets for those indicators, published in December 2001 as Volume I: Targets for Improved Health. These provide a framework for action at the local and state level, and a way to address new problems with new measures.

Volume II: Creating Healthy Communities contains diverse examples of strategies that can help Alaska realize the targets identified in Volume I. The examples in this volume could be expanded upon in the future, if there is interest, and if resources can be found to continue the effort.

Volume III: References and Resources contains summaries of statewide health planning documents, cross-referencing materials, and an extensive list of acronyms and abbreviations that are used often, or at least occasionally, by people in public health.

All three volumes as well as additional resource material (as it is produced), such as the Alaska Health Profiles Online, are posted to the Alaska Division of Public Health website at www.hss.state.ak.us/dph/deu.

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. Representatives from four “Turning Point” communities have been involved throughout the planning process.

The Alaska Public Health Improvement Process Steering Committee set ten goals (1999 Report) that have guided the Healthy Alaskans 2010 planning work:

1. Assure access to public health information for communities, policy makers, and the general public.
2. Assure a well-trained, competent public health workforce.
3. Develop a strong legal framework for Alaska’s public health system.
4. Assure accountability for the public’s health.
5. Assure sufficient, stable funding for public health action.
6. Assure effective communication capabilities in the public health system.
7. Increase public input in statewide policy decisions.
8. Engage communities to solve local health problems.
9. Increase personal responsibility for individual health.
10. Improve interagency communication, coordination, and collaboration among state public health, mental health, substance abuse and environmental health agencies.

In 2000, the Alaska Department of Health and Social Services acknowledged the contributions of the partnership that had worked so effectively to develop the vision and goals for the Alaska Public Health Improvement Process (APHIP). The Department asked the APHIP Steering Committee to become 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 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. As shown in the stories in this book, youth, elders, volunteers, community leaders, and state workers from many departments are all key partners for improving the health of the population.

**Healthy Alaskans Partnership Council (2002)**


Other citizens have attended the Council’s quarterly meetings, given ideas to staff at other conferences and meetings, and communicated by phone or email with ideas and comments.

In addition to advising the Department of Health and Social Services as it develops the state health planning materials, the Healthy Alaskans Partnership Council continues the oversight of the Alaska Public Health Improvement Process implementation grant from the Robert Wood Johnson Foundation. The focus of the implementation grant is the first goal listed above from the APHIP: *to assure access to public health information for communities, policy makers, and the general public.* Development of the Alaska Public Health Information System includes (a) making more data and publications easily accessible (primarily through website posting and cross-referencing, and also through developing new routine reports for publication), (b) posting regional health status profiles, and (c) developing online systems for requesting data through interactive queries of some of the key databases.
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<th>Healthy Alaskans 2010 Volume II Stories</th>
<th>National Healthy People 2010 Linked Chapters</th>
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**8. Injury Prevention**

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**9. Violence and Abuse Prevention**

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**10. Occupational Safety and Health**

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5. Easing the End of Life Journey  
9. Creating Healthy Communities  
10. Strengthening Community Care  
11. Helping Community Hospitals  
12. Community Health Aides  
13. A Safe Harbor  
1. Access to Quality Health Services | Alaska Telehealth Advisory Commission  
Commission Department of Administration, Assisted Living Quality Coalition  
Alaska Human Resource Investment Council (AHRIC)  
University of Alaska Statewide Vocational/Technical Education Advisory (UASVTEAC)  
Long-Term Care Implementation Team, Bureau of Primary Health Care (BPHC)  
National Health Service Corp (NHSC)  
U.S. Department of Health and Human Services  
Alaska Primary Care Association  
Denali Commission, Alaska Center for Rural Health | Maternal, Child & Family Health  
5 Year Plan  
In-Step  
A Shared Vision II  
Building Blocks  
Alaska Native Statewide Health Plan  
Alaska’s Adolescents  
Results Within Our Reach  
Alaska Native Tribal Health Consortium Strategic Plan  
Year 2000 Childhood Immunization Initiative  
Public Health Nursing Long Range Plan  
Tuberculosis Control In Alaska  
Alaska’s Comprehensive FAS Project |
11. Helping Community Hospitals  
14. Spirit of Youth | Association of Alaska School Boards  
American Academy of Pediatrics  
Alaska Breastfeeding Coalition  
National SIDS Resource Center  
National Maternal and Child Health Clearinghouse  
Injury Prevention Center  
SAFE KIDS | Alaska Adolescents  
Invest in our Children  
Building Blocks  
Maternal, Child & Family Health  
5 Year Plan  
Alaska’s Comprehensive FAS Project |
| 17. Family Planning                   | 9. Creating Healthy Communities        | Association of Alaska School Boards  
Planned Parenthood | Alaska Adolescents  
Invest in our Children  
Building Blocks  
Maternal, Child & Family Health  
5 Year Plan  
Alaska’s Comprehensive FAS Project |
| 18. Immunizations and Infectious Diseases | 7. Dumpster Art  
12. Community Health Aides | CDC’s Arctic Investigations Program  
Department of Corrections  
Anchorage Department of Health and Human Services | Year 2000 Childhood Immunization Initiative  
Public Health and Hospital Preparedness and Response Program  
Tuberculosis Control In Alaska  
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## Healthy Alaskans 2010 Activities and Resources by Chapter

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| 21. Heart Disease and Stroke | 8. Don’t Give Up 5. Easing the End of Life Journey | 12. Heart Disease and Stroke | American Heart Association Alaska Affiliate Eat Smart Alaska! Take Heart Alaska Coalition American Red Cross Alaska Emergency Medical Services System Alaska Tobacco Control Alliance State Diabetes Coalition | Take Heart Alaska Eat Smart Plan |
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### 23. Diabetes

- 8. Don’t Give Up Easing the End of Life Journey
- 12. Community Health Aides

- 5. Diabetes


- Diabetes Prevention and Control Plan
- Take Heart Alaska
- Eat Smart Plan

### 24. Respiratory Diseases

- 8. Don’t Give Up Easing the End of Life Journey

- 24. Respiratory Diseases

- Arctic Investigations Unit National Heart, Lung, and Blood Institute
- American Lung Association National Lung Health Education Program

- Alaska Tobacco Control Plan – Alaska Native Statewide Health Plan - Disabilities and Special Education - State Health Plan for Alaska - Tuberculosis Control for Alaska

### 25. Disability and Secondary Conditions

- 8. Don’t Give Up Easing the End of Life Journey

- 6. Disability and Secondary Conditions

- Alaska Division of Vocational Rehabilitation
- Assistive Technology Library of Alaska
- Disability Rights and Education Defense Fund
- Assistive Technologies of Alaska

- State Plan for Independent Living
- State Health Plan for Alaska (1984)

### PUBLIC HEALTH INFRASTRUCTURE

<table>
<thead>
<tr>
<th>Public Health Infrastructure</th>
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<tbody>
<tr>
<td>2. A Tradition of Learning</td>
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<td>3. 7 Generations</td>
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<td>4. Family Spirit Gathering</td>
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- 23. Public Health Infrastructure

- Alaska Injury Prevention Plan - Alaska Native Statewide Health Plan - Alaska Public Health Improvement Plan
- Alaska Rural Health Plan - AFCHAN Master Operating Plan - Alaska Trauma Systems Plan - Alaska Native Tribal Health Consortium Strategic Plan