

## **Alaska Department of Health & Social Services**

### **Summer Update 2012**

#### **Volume 8 Number 2**

### **Tackling childhood obesity in Alaska**

#### **First-ever health education campaign produced almost entirely in-house**

Dr. Ward Hurlburt, Chief Medical Officer and Director of the state Division of Public Health, doesn't mince words. "Obesity and overweight in children and adults is the dominant public health challenge as far out as we can see," Hurlburt tells everyone who will listen. "I think it will be a long-standing problem — and difficult to change."

Hurlburt, with more than five decades of medical service — much of it in Alaska — has his own observations as a baseline. "In 1961 in Dillingham, at Kanakanak Hospital, there was only one woman with diabetes," Hurlburt remembers. And it was rare to see adults, let alone children, who were overweight.

#### **Anatomy of a public health educational campaign**

Enter Karol Fink, manager of the state's Obesity Prevention and Control Program in the Section of Chronic Disease Prevention and Health Promotion, and Ann Potempa, a public information officer assigned to the Division of Public Health. They had the job of doing something about what many professionals see as a looming public health crisis.

Starting in mid-2011, their team planned and implemented a multi-faceted campaign to educate the public on childhood obesity. It would be the biggest health education campaign produced almost entirely in-house, and using social media, in the department's history. But first they had to answer a few questions.

#### **Confronting the problem**

The big questions were: 1) How does the obesity trend, especially in children, affect Alaska's overall health now and in the future?; 2) Does the government have an obligation to try to do anything about it?; and 3) Is it worth spending \$500,000 on the Department of Health and Social Services' 'Get Out and Play Every Day' education campaign?

#### **Trends**

Taking the questions in order: "If you are overweight or obese as an adolescent, the chance of being obese as an adult — with all the attendant illnesses and diseases — is much greater,"

Hurlburt says. "Direct medical costs in Alaska related to obesity come to about \$459 million — that's million — per year." About 25 percent of that cost is paid with funds through Medicare and Medicaid programs.

Based on data from Alaska school districts and the state's Women, Infants and Children (WIC) nutrition program, three in 10 Alaska children are overweight or obese. "This generation, born in the last 10 years, may be the first in history to live shorter lives than their parents," Hurlburt says.

#### **Government's obligation to public health**

The mission of the Department of Health and Social Services spells it out clearly: "to promote and protect the health and well-being of Alaskans."

Does that mean the government is going to follow us to Walmart to prevent us from buying a burger and a soft drink?, Hurlburt asks rhetorically. No, he answers emphatically. “Obesity is a public health and a society issue,” he says, “and the government has a rightful place in educating people, not coercing them.”

It makes sense for a state to strive to have the healthiest population as possible, Hurlburt says, which reduces the amount of money spent on illness, results in a healthy workforce, increases efficiency and reduces the cost of doing business.

Is health education worth the expenditure?

This question goes back to the estimated annual cost of obesity-related illness in Alaska: \$459 million. Spending less than 1 percent of that on public education made sense, and DHSS Commissioner Bill Streur agreed to investing \$500,000 in a childhood obesity campaign. The funding needed to be spent by June 30, 2012, the end of the state fiscal year.

Goals and strategy

Fink and Potempa had two main goals during the one-year campaign: 1) increase awareness about childhood obesity in Alaska and the importance of physical activity in maintaining health; and 2) increase children’s physical activity in an effort to establish lifetime habits.

To accomplish the first goal, the team coordinated two rounds of focus groups in Anchorage, Fairbanks and Bethel to ask parents of K-6 children about the barriers to being physically active, as well as the benefits.

The focus groups also tested a number of possible scripts for public service announcements created to educate Alaskans about childhood obesity and the importance of being physically active as a family.

Fink and Potempa incorporated what they learned into an education campaign that used multiple media. The department’s in-house public information team created three public service announcements that ran on TV and radio stations statewide; in movie theaters; paid ads that were displayed on the inside and outside of buses; and paid messages displayed online, including Facebook, Google and Pandora.

Finding a partner

To accomplish the second goal of increasing regular physical activity among Alaska children, Fink and Potempa looked for a partnership with an existing program in the private sector, and put out a Request for Proposals in fall 2011. “We didn’t need to reinvent the wheel,” Fink says. The bid went to Healthy Futures, which has a track record of working with K-6 schools to inspire more physical activity among Alaska kids. Healthy Futures is an Alaska-based, statewide grassroots initiative founded in 2003 by parents concerned with the growing obesity epidemic in Alaska.

Finding a campaign theme

The Healthy Futures standing mission gave DHSS a ready-made campaign theme: “Empower Alaska’s youth to build the habit of daily physical activity through two core programs, the Healthy Futures Activity Log and increasing youth attendance at community recreational events.”

The campaign team also contracted with an expert to conduct the focus groups held in Anchorage, Bethel and Fairbanks. Parents who participated in the focus groups in fall 2011 talked about the idea of encouraging “play” of all varieties with their children. From there, the team created the campaign’s primary name — “Play Every Day” and its new website,

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

Involving school children

Partnering with Healthy Futures, the department helped run a three-month physical activity challenge in Alaska schools. The challenge ran from February through April. To complete the challenge, participating children had to do at least 30 minutes of physical activity three days a week for four weeks in a row.

Children who logged their activities on a simple form and turned it in at school received a small prize from Healthy Futures that promoted being active (jump ropes, boomerangs, for example). Kids who completed all three Challenges — in February, March and April — were eligible to win three prizes and a chance to be entered in a drawing for a grand prize sports package. Healthy Futures will reward nine schools with the highest participation with grants to purchase health or physical activity equipment for the school.

Breaking down the costs

Here is the rough breakdown of how the \$500,000 was spent.

10 percent: Administration

25 percent: Healthy Futures subcontract

10 percent: Research/evaluation/focus groups

55 percent: Public education campaign (paid TV, radio, social media, printed publications; produced mostly in-house)

Meeting goals

The Play Every Day campaign exceeded its goal of school participation for the Healthy Futures Challenge. Fink, Potempa and Cindy Norquest, Healthy Futures program director, started the spring 2012 Challenge with the goal of 100 participating schools. In spring 2011, before the department partnered with Healthy Futures, 36 schools signed up for the Challenge and 1,342 children successfully logged their physical activity during at least one month of the Challenge. Working with DHSS, those numbers tripled. In spring 2012, 110 schools were participating in the Challenge with about 6,600 children successfully completing logs as of mid-May.

Measuring effectiveness of message

A final evaluation of the education campaign and statewide outreach efforts is currently in process. Look for details in Winter Update 2012.

## **Volunteer mentors make a difference for McLaughlin Youth Center residents**

For one 18-year-old resident of McLaughlin Youth Center in Anchorage, visiting day at the facility was just like many others — lonely. Then she asked for a mentor, a volunteer to work with her one-on-one.

The young woman wasn't sure what to expect from the relationship, although volunteers help out frequently and in many capacities at Juvenile Justice's oldest and largest detention and treatment center. For example, bankers offer classes on finance; an 82-year-old shares garden expertise; foster grandparents play cards with residents; religious volunteers lead church services; and a volunteer recently taught youths how to bake funnel cakes.

There's a wide spectrum of time investment from the volunteers, also. While some put in the extensive time needed to form lifelong bonds with a resident, others might simply hang out once in a while to visit with anyone who seems lonely. No special skills are required to be a volunteer at MYC, simply a willingness to be there for young people who could really use that presence in their lives.

“You don’t have to have a college degree, you don’t have to have anything special,” said Sidney Reynolds, an MYC supervisor who coordinates the volunteer program. “You just have to want to take some time to be here.”

It’s all part of the goal of “role-modeling pro-social behavior,” according to Russ Blocker, MYC Unit Supervisor. And while there are plenty of staff members already doing that as part of their jobs, the volunteers aren’t paid. According to the experts, that’s key.

“There’s a fundamental difference when someone chooses to be there as a volunteer,” said MYC Superintendent Dean Williams. “When you have someone who is there just to get to know you ... well, many youth just don’t have that in their lives.”

Volunteers, especially those who choose to fill positions of longer duration, do receive training. They are never alone in the process, and can rely on staff for advice and guidance all along the way.

To her surprise, what the young woman at the facility found in her mentor was a friend: Someone who was always available to talk about school, to play pool with on activity night, even to help her deal with her anger issues. But most important, perhaps, someone to just be there for her.

“She’s like the only person who comes to visit me,” the young woman said of the adult she expects will be in her life forever. “And she’s changed me. She’s motivated me not to ‘blow out’ anymore — like not to punch walls.”

The young woman resident who’s had such a positive experience with her mentor said her self-confidence has sky-rocketed, and she now plans to go to college and become a social worker. A fellow resident, a young man who credits his mentor with encouraging his interests in running and politics, agrees.

“Even the smallest amount of time a volunteer spends with you, it just means so much, you know?” he said.

That relationship between a volunteer and a youth “could change (the youth’s) life,” the young woman said.

“It could change both of their lives,” the young man added.

To learn more about volunteering, call McLaughlin Youth Center at 907-261-4399. View a DHSS video about MYC volunteers at <http://vimeo.com/35640602>.

## **WIC, seniors can use farmers’ markets**

It’s a growing summertime phenomenon. More and more farmers’ markets are sprouting up in many parts of the state — and although many of these independent producers accept WIC fresh produce coupons, only about 40 percent of those coupons get redeemed.

WIC is the USDA-funded Women, Infants and Children program that provides supplemental foods and nutrition education for low-income pregnant or postpartum women, and to infants and children up to age 5 who have a nutritional risk. In Alaska, WIC is administered by the Division of Public Assistance Family Nutrition Program.

“Farmers’ markets have fresh, locally grown, healthy fruits and vegetables,” says Sandy Harbanuk, Alaska WIC vendor coordinator, “and usually offer great value for the cost of the food — you get more for \$5 or \$10 than you would in a retail store.”

Fresh foods lose some of their nutrient values during the shipping process. Farmers’ markets bring food from the farm to the table much faster than produce shipped in from Outside. And farmers know their products — they can offer advice on cooking and storage, and often a sample to taste.

Seniors 60 and older who meet income guidelines (185 percent of federal poverty guidelines) are also eligible for the senior farmers' market program. Like WIC, this program also falls under the Family Nutrition Programs, and is available in areas where enough fresh vegetables and fruits are produced locally to provide for low-income residents.

Although the federal farmers' market program began in 1992, Alaska did not participate until 2000. "At that time, we authorized six markets and 14 farm stands in Kodiak, Anchorage, Eagle River, Mat-Su Valley and Fairbanks," said Alice Albrecht, project assistant with the Alaska WIC program. The seniors program started in Alaska in 2001.

"It's expanding every year," Albrecht said. "The farmers' markets are cropping up in places we haven't seen before. For example, Bethel, Sitka and Petersburg now have farmers' markets. There should be more than 100 farmers participating this year."

*For more information on the farmers' market program, go to:*

*<http://www.hss.state.ak.us/dpa/programs/nutri/WIC/default.htm> or call the WIC Program office at 907-465-3100.*

## **Health professionals take part in direct secure messaging**

The Department of Health and Social Services and Alaska eHealth Network are signing up Alaska health providers and state personnel to participate in a "health information exchange" by means of direct secure messaging. Direct secure messaging is a national standard for secure and meaningful exchange of personal health information between known entities.

"The implementation of direct secure messaging is a critical step in achieving the goals that the state committed to when we agreed to participate in the health information exchange program," says Paul Cartland, state health information technology coordinator.

The data, which may include referrals, laboratory results and discharge summaries, can be shared as images or as discrete data in a structured format similar to a database or spreadsheet. The overall purpose for sharing data is to improve the quality of care, transitions of care, and reduce redundant tests, Cartland explains.

The system is being used by providers in the state and is being piloted by state personnel. Participants in the exchange will benefit through better Health Insurance Portability and Accountability Act (HIPAA) compliance, reduced medical errors, fewer duplicate diagnostic procedures, less paper usage, less postage and more timely delivery.

*For more information, go to: <http://dhss.alaska.gov/hit/> and <http://www.ak-ehealth.org/>.*

## **New MMIS Data Warehouse / Decision Support System goes live**

The Data Warehouse/Decision Support System (DW/DSS) function of the new Medicaid Management Information System (MMIS), Alaska Medicaid Health Enterprise, is now live. The DW/DSS solution is fully Web-based and uses Cognos, an advanced query and reporting tool platform. This system allows the Department of Health and Social Services to advance to a new generation of data management with flexibility and scalability to support the Alaska Medical Assistance Program into the future.

The system provides integration with multiple data sources, offering a common platform for program analysis. Department staff can now generate custom analytic reports and queries without technical assistance from programmers. Medicaid information was converted from the legacy MMIS system and will be updated periodically as preparations continue toward full implementation of the new MMIS.

Accurate information is a critical component for successful implementation of Alaska Medicaid Health Enterprise. The department has launched an initiative to ensure that data conversion from the legacy system is being completed to successfully process claims in the new MMIS.

*For more information about Alaska Medicaid Health Enterprise and FAQs on the new DW/DSS being utilized by DHSS department staff, go to [www.alaskamedicaid.info](http://www.alaskamedicaid.info).*

## **Sean Parnell Governor**

### **Rebuilding the value of respect**

This past session, the Legislature passed two of our bills that will make Alaska safer for our families. HB 359 better protects our young people against sex trafficking, and SB 86 better protects vulnerable adults against having their property plundered.

In March, Alaskans in more than 120 communities across our great state, and in Washington, D.C., answered the call to Choose Respect. Thank you to Commissioner Streur and other Department of Health and Social Services staff who joined thousands of Alaskans as we stood up and spoke against domestic violence, sexual assault, and child sexual abuse in our homes and communities.

Together, we are rebuilding the importance of the traditional value of respect, and, by doing so, we build the foundation to end the epidemic of domestic violence and sexual assault that has plagued our state.

Together, we will create a stronger, healthier Alaska for current and future generations.

## **William J. Streur Commissioner**

### **Is there a better way?**

I have always believed that my primary responsibility as commissioner is to pose the hard questions.

I frequently tell my team of division directors and others in leadership: “Just saying we are doing well is not enough ... whether it be with kids in our custody, alcoholics in treatment, families in need of housing or food, or seniors in our nursing homes ... .”

Are the Alaskans in our care safe and well-cared-for? Is the care we give the right care, at the right time, and in the right place?

In other words, the department must be always accountable and show that we are. For that reason, we rely on strategies such as performance-based outcomes and client satisfaction surveys, among other things.

Even after we have answers that satisfy us, we keep asking, every day: “Is there a better way to do things?”

Our legacy will be our actions, not our words.

## **Health Care Commission update**

### **Can Alaska’s employers play a stronger role in containing health care costs?**

Private and public employers who provide health insurance for their employees are responsible for 40 percent of all health care spending in Alaska. High and growing health care costs take a bite out of the bottom line for businesses, make it harder to compete in a global market, and squeeze out funds that would otherwise be available for other priorities. Cost growth also

impacts coverage for employees, as employers look for cost savings through increasing the share employees pay toward their premiums, and raising their levels of co-payments and deductibles. Alaska has the highest average annual cost for employee health benefits in the nation. At \$11,926 per employee, Alaska employers pay twice what employers in the lowest-cost state pay. Between 2003 and 2010, the share Alaska employees contributed to a premium for family coverage increased from 17 percent to 22 percent.

A growing number of corporate leaders from across the country are not waiting for the government, health care systems, or health insurance companies to reform health care. They are taking the bull by the horns and implementing health care cost containment and quality improvement strategies in their companies. These companies' efforts are demonstrating results in their bottom line, as well as in the health and productivity of their employees.

Over the summer and into the fall, the Health Care Commission is learning from national experts and local business leaders about these strategies. The commission will include recommendations to the Governor and Legislature in its 2012 report to help the employers — who are footing the bill for the cost of health care in our state — take a bottom-up approach to health care reform.

### **‘Patient-Centered Medical Home’ pilot projects being considered**

In May 2011, Alaska's Medicaid Taskforce recommended the use of patient-centered medical homes as one way to address the growth of the Medicaid Program. The Department of Health and Social Services has contracted with Public Consulting Group for help developing the recommended pilot projects.

Alaska's pilot projects will integrate mental and physical health programs. Community-based primary care is often the first line of defense for detection and treatment of mental health issues. And it is often the first point of contact for identifying and treating individuals who otherwise might face stigma, cultural or other barriers to accessing traditional mental health services. Alaska's community clinics and health centers provide a wide range of mental health and behavioral health services. These services vary by clinic and range from highly developed and integrated systems of care to on-site mental health assessments and treatment, to reliance on Outside providers.

In exchange for providers doing more than the normal individualized treatment, Medicaid will provide reimbursement in addition to the established fee-for-enhanced-value services.

The program strategy developed by Public Consulting Group will be based on state needs, stakeholder input, and best practices — demonstrated on established models elsewhere — with the ultimate result of effective, affordable care being delivered timely and appropriately.

“Evaluations of this model in other states suggest significant savings result from a decrease in recipient hospitalizations and emergency department use,” says Josh Applebee, deputy director for Alaska's health care policy. “While the precise model of payment and delivery is yet to be developed in the state, we look forward to the success of the pilot projects in Alaska.”

*For more information, contact Josh Applebee at <mailto:josh.applebee@alaska.gov>, or 907-269-7848.*

### **The future of ‘Health Insurance Exchange’ in Alaska**

Under the Affordable Care Act, each state is required to create, implement and maintain an insurance exchange, or marketplace, where consumers (individuals and small employers) may go online to research, compare and purchase health insurance.

The Department of Health and Social Services has engaged a consultant to help map out an Alaska-specific exchange plan, and it is expected that decisions about the future of an exchange will be made in July.

Alaska is positioned to learn from other states' experiences to develop the type of exchange that will meet Alaska's unique health care environment.

Purposes and functions of an exchange

Health insurance exchanges offer consumers a choice of health plans, and focus on price competition and transparency. In addition to private coverage, the exchange is envisioned as an enrollment gateway for all Alaskans to obtain coverage, whether through Medicaid, Denali KidCare, or to qualify for insurance premium subsidies dependent upon personal level of income.

The future of the Affordable Care Act in the Supreme Court

Alaska joined 26 other states in challenging the constitutionality of the Affordable Care Act. The case was heard before the U.S. Supreme Court and the decision was expected by the end of June. "Alaska must await the Court's decision," says Josh Applebee, deputy director for Alaska's health care policy. "We are committed to increasing Alaskans' access to affordable care, and finding an Alaska solution to health insurance reform."

## **Recruitment videos available for viewing**

The Department of Health and Social Service has created three new recruitment videos: one for the Office of Children's Services, another for the Division of Public Assistance, and one focused on all forms of nursing in the department.

The videos depict a realistic portrayal of job duties, to serve as both a recruitment tool and a job preview. Realistic job previews allow applicants to self-select out of jobs they are not a good fit for, enabling the department to save money and time on training workers who may quit within the first few months.

The videos target three basic groups:

All forms of nursing and nurse aides

Child protection and social workers

Eligibility workers

See the videos at <http://www.hss.state.ak.us/Careers/>.

## **News Briefs ...**

### **More tsunami debris expected to hit shoreline**

First there was the derelict Japanese fishing boat that floated to Alaska. Then a soccer ball washed up on Middleton Island in the Gulf, followed by buoys, bottles and other junk on the beaches of Southcentral. This is just a tiny fraction of the estimated 5 million tons of debris washed out to sea by a tsunami generated during the March 2011 earthquake that struck the East Coast of Japan. Scientists estimate that approximately 70 percent of the debris sank.

Because most of the debris was washed to sea prior to the emergency at the Fukushima nuclear facility, scientists believe concerns about possible radiation from the debris to be unfounded.

According to a joint team of scientists and health officials from federal, state and Canadian agencies, the flotsam is expected to find its way onto West Coast beaches through 2014. Most of it is expected to land south of Alaska.

The National Oceanic and Atmospheric Administration is asking anyone finding suspected debris to notify them by email at [DisasterDebris@NOAA.gov](mailto:DisasterDebris@NOAA.gov). If debris appears to contain pollutants — such as petroleum products — contact the Alaska Department of Environmental Conservation in Anchorage at 269-7500 or in Juneau at 465-5340. Larger items that could be considered a shipping hazard should be reported to the Coast Guard.

*More information on tsunami debris is available at <http://disasterdebris.wordpress.com/>. For more information on how to be prepared in the event of a flood, earthquake, or other natural or man-made disaster go to: <http://ready.alaska.gov/prepare>.*

## **Training available for caregivers whose clients have behavior problems**

A new project is in place to help Alaska Medicaid clients whose aggressive and high risk behaviors make them difficult to support through current programs. The Complex Behavior Collaborative will help them live independently and avoid higher levels of care, such as Alaska Psychiatric Institute, jail or out-of-state care.

The project provides training and support for providers, clients and family members. Eligible clients have complex needs due to a combination of cognitive impairments such as dementia, traumatic brain injury, intellectual disabilities and chronic mental illness, and have exhausted standard treatment options.

The Collaborative is a joint effort of the divisions of Behavioral Health and Senior and Disabilities Services, the Alaska Mental Health Trust Authority, and others.

*For more information, visit [www.hss.state.ak.us/dbh](http://www.hss.state.ak.us/dbh) and go to Complex Behavior Collaborative, under Programs.*

## **DHSS Stars**

### **GUDRUN BERGVALL**

Gudrun Bergvall, Social Services Program Coordinator, Office of Children's Services. Gudrun Bergvall was the recipient of an Administration on Children, Youth and Families Commissioner's Award, presented in Washington, D.C. The prestigious national award was presented April 19 at the 18<sup>th</sup> National Conference on Child Abuse and Neglect. Bergvall was selected for this award because of the long-standing contributions she has made to Alaska's child welfare system for over two decades. Bergvall has fundamentally helped shape and develop the infrastructure of Alaska's child protection services through her tireless work in the areas of policy development, the Title IV-E program and the state office adoption unit.

### **BONNIE BETLEY**

Bonnie Betley, Public Health Nurse II, Division of Public Health. Bonnie Betley was named a Woman of Distinction 2012 by South Peninsula Haven House in Homer. The prestigious Woman of Distinction awards are presented annually to recognize and honor women who have made extraordinary contributions to improving the lives of women and girls. Betley is involved with a number of health and child development groups in Homer, including Mobilizing for Action Through Planning and Partnerships, Sprout Family Services, and she is co-chair of Families First in Homer, a Best Beginnings Partnership.

### **LINDA CHAMBERLAIN**

Linda Chamberlain, Ph.D., Public Health Specialist II, Division of Public Health. Linda Chamberlain was inducted into the Gamma Iota Chapter of the Delta Omega Honorary Society in Public Health at the University of Alaska Anchorage as an honorary member in 2012. Her selection was based on high academic standards and outstanding performance in scholarship, teaching, research and community service. Chamberlain is the founding director of the Alaska Family Violence Prevention Project, among other activities.

#### JO FISHER

Jo Fisher, Ph.D., Health Program Manager II, Division of Public Health. Citing the high incidence of fall-related injuries, hospitalizations and death, in just four months Jo Fisher developed a campaign to educate the public about falls. Working with partners from the Alaska Native Tribal Health Consortium and DHSS, the campaign includes public service announcements, a website, outreach to seniors and caregivers for screening, and educating providers on best practices.

#### KAREN MARTINEK

Karen Ann Martinek, Public Health Nurse V, nurse epidemiologist, Division of Public Health. Karen Ann Martinek's vision and determination were instrumental in the radical overhaul of the 2011 Tuberculosis Manual from the previous manual (2001), and represent the culmination of years of hard work and innovation. Although others, such as authors and editors Dr. Beth Funk, Dr. Bruce Chandler and Sue Anne Jenkerson, worked on the project, Martinek was responsible for compiling all the written and edited sections, and formatting all sections. A desire to help the state of Alaska and its partners better manage tuberculosis motivated her through many weekends and evening hours.

#### KARILEE PIETZ

KariLee Pietz, Social Services Program Officer, Office of Children's Services. KariLee Pietz has led the development and implementation of the Resource Family Advisory Board. The RFAB has provided invaluable assistance to OCS on the needs of resource families in Alaska, in the development of the resource family handbook, and other significant policy matters. The RFAB is working to become independent of Pietz' leadership, yet will continue to work in partnership with OCS on future resource family matters.

#### PATRICK REINHART

Patrick Reinhart, Program Coordinator, Governor's Council on Disabilities and Special Education. Patrick Reinhart has advocated for Alaskans with disabilities for 24 years, working to provide them with the means to live independently in rural areas. He recently received the national Earl Walden Award for Outstanding Achievement in Rural Advocacy for advancing rural independent living, not just in Alaska but nationally. Reinhart is a program coordinator with the Governor's Council on Disabilities and Special Education. The award, given by the national Association of Programs for Rural Independent Living, recognizes his leadership in three areas.

#### PUBLIC INFORMATION TEAM

The Department of Health and Social Services Public Information Team has won the following National Public Health Information Coalition 2011 awards for its work from July 2010 through June 2011: Print: DHSS external newsletter *Winter Update 2010*, Gold; Radio: *Flu in Any*

*Language, Gold; TV marketing: Foster Homes Needed PSA, Silver; Careline Suicide Prevention PSA, Bronze; Special audio-visual projects: Nurse Recruitment, Gold; Public Health STD/HIV Prevention Program, HIV 101, Bronze; Real-Time Risk Communication: Fukushima Radiation Response, Bronze.*

## SENIOR AND DISABILITIES SERVICES

The Division of Senior and Disabilities Services has won the 2012 Traumatic Brain Injury (TBI) “Big Strides Award” from the Health Resources and Services Administration (HRSA), the agency that administers federal TBI funds and provides technical assistance to the states. The award recognizes the division for building TBI partnerships and collaborations that have increased its influence within the state, all without current funding through a HRSA “TBI Implementation Partnership” grant.

## **New laws help protect Alaska’s vulnerable adults**

Loretta McKay of Eagle River didn’t understand why there were charges on her credit card bill that she hadn’t made. Then she caught her grandson withdrawing hundreds of dollars from an ATM with her card. She called the police. This sort of scenario happens all too often, says Adult Protective Services Manager Brenda Mahlatini, with the state Division of Senior and Disabilities Services.

This year the program expects 14,000 reports of concern. That includes both potential financial, physical and emotional abuse and neglect, and accidents in provider care.

Fortunately the state passed new laws to better help vulnerable adults who aren’t capable of securing their own safety and well-being. The term “vulnerable” can include young adults with an intellectual disability or brain injury, for example, or someone in middle age emotionally paralyzed by domestic violence, or seniors who are frail or have dementia. In part, the new laws allow protective workers to freeze bank accounts and set up emergency temporary conservatorships. In the past, such requests took so long in court there was sometimes nothing left to save, Mahlatini says.

“Stolen funds are hard to trace and recover,” says Scott Sterling in the state’s Office of Elder Fraud and Assistance, in the Department of Administration. “Prevention, in this area, is much better than cure.”

Despite a steadily increasing number of reports, Mahlatini stresses that maltreatment often goes unnoticed. Victims may be isolated and not have a way to reach out for help, or be too scared to try. Or they may not notice a family member or acquaintance is draining their bank account.

The laws also require more professionals to report possible harm, and expand the definition of harm to include “undue influence,” when people abuse a position of trust.

*For more information, call 1-800-478-9996 toll-free statewide or 269-3666 in Anchorage, or go to: [www.hss.state.ak.us/dsds/aps.htm](http://www.hss.state.ak.us/dsds/aps.htm).*

## **Many prefer own home, not a nursing home**

Even when people need a nursing-home level of care, many don’t want to leave their own home to go to a nursing home. That’s when state Medicaid programs can help. Eligible Alaskans can get the specialized care they need in their homes, or another non-institutional setting like an assisted living home in their community. That can save money and improve quality of life.

Department of Health and Social Services nurse Sam Cornell logs a lot of miles to assess people enrolled in or applying for the programs. So do the other 16 assessors in the state Division of Senior and Disabilities Services' Nursing Facility Level of Care unit. Many miles are covered in small planes; on one flight out of Dillingham, the plane Cornell was in started to fill with smoke after blowing a piston — everyone walked away from an emergency landing. The assessors also often travel by ATV, snowmachine and boat.

The travelling nurses use laptops as a mobile office. They pull up medical records in a secure online database, and submit paperwork to be processed by team members in Anchorage. Last year they processed more than 7,500 applications, renewals and updates.

Most clients, of course, are on the road system. Even in a city neighborhood, the job can have its urgent moments. One assessor arrived to look at a client's painful leg and realized the limb was red and swollen from a potentially fatal blood clot. She immediately contacted emergency responders.

*For more information on the Nursing Facility Level of Care unit, go to:*  
[www.hss.state.ak.us/dsds/nfloc.htm](http://www.hss.state.ak.us/dsds/nfloc.htm).

## **Eligibility Information System helps Tribes**

The Eligibility Information System project allows the family health resource staff of Tribal health organizations to determine, on-site, the Medicaid status of beneficiaries when they register to receive services at a facility. This allows Tribal staff to ensure that when the service is provided at the Tribal facility, and a claim submitted, that it will be processed instead of denied or delayed if the applicant was ineligible.

“The EIS project provides Tribal staff ‘read-only’ access to the state system so they have the ability to determine if their beneficiaries have Medicaid benefits and/or if a case is pending approval,” Renee Gayhart, Tribal health program manager, explains. “This also allows Tribal staff to help beneficiaries submit necessary outstanding paperwork to obtain and/or maintain their Medicaid benefits — as well as benefits for immediate family members within the household that may be eligible.”

While Tribal staff cannot make changes in EIS directly, they can forward information to the Division of Public Assistance eligibility technician who is stationed at Alaska Native Medical Center. The eligibility technician also serves Denali KidCare beneficiaries with rapid approval of applications.

Additionally, because the Alaska Medicaid program receives 100-percent federal match for services provided to American Indian or Alaska Native beneficiaries at Tribal health facilities, the DPA staff person on-site can accurately code and/or adjust race status in EIS when a Tribal staff member finds a beneficiary coded inaccurately.

*For more information on the EIS project, contact Aina Lenda at 907-269-7398, or email*  
[aina.lenda@alaska.gov](mailto:aina.lenda@alaska.gov).

## **Background check program streamlined**

Alaska was one of seven states selected in 2004 to participate in a federal pilot program to evaluate the effectiveness of implementing and conducting federal-level background checks on employees and providers who would have direct access to patients/residents of long term care facilities.

Using a fingerprint-based criminal history investigation and fitness determination program, the Background Check Program is responsible for improving the overall safety of vulnerable youth and adults in state-licensed or certified programs and facilities. The pilot program was made possible through a grant from the Centers for Medicare and Medicaid Services.

The pilot program proved a success, and, in June 2010, the CMS invited grant proposals for the National Background Check Program, making federal matching funds available to all states and U.S. territories. Alaska's Background Check Program led the way with this new nationwide incentive and was the first state to be awarded funding toward enhancing and streamlining current background check processes. Since June 2010, 16 additional states have become grant awardees.

As of March 2012, nearly 110,000 Alaska applications have been processed for a variety of applicants, including medical directors; mental health clinicians; nurse aides; nursing students; personal care workers; physicians; janitors; child care providers and many other positions. More than 3,500 facilities — including hospitals, nursing homes, child care centers, mental health facilities, and residential facilities, overseen by seven divisions under DHSS — process background checks through the program.

To date, positions most represented as having gone through the program consist of 23,275 personal care workers; 7,701 registered nurses; and 7,477 caregivers (which may include child care and residential). Positions with less volume include podiatrists with a total of six; 24 psychiatrists; 123 speech/language pathologists; and 54 medical directors.

The process for a background check includes screening applicants for any criminal history or other condition that may result in a barrier prohibiting them from working with the vulnerable under Alaska statutes and regulations.

To date, approximately 15,971 or 15 percent of applications have some type of criminal activity identified in their histories, and 3.5 percent of applicants have a barring crime or condition, which is slightly higher the national average of 3.3 percent. That percentage increased to 4.5 percent this fiscal year. The most common barring offenses are Assault IV, Theft III and Misconduct involving a Controlled Substance. The most egregious offenses processed through the BCP include murder, rape, sexual assault, sexual abuse of a minor, robbery and arson.

With grant funding and technical support, the BCP enhancements to date include: updated website and guide options; online confirmation of required forms; mass email capability; online credit card payment option; increased viability of electronic submission of fingerprint cards from hard copy cards; secure email receipt of fingerprint results from DPS from hard copy notices; FBI reduced fee for processing fingerprint results; and uniform processing of complete applications only.

*For more information on the Background Check Program, go to:*

<http://www.hss.state.ak.us/dhcs/CL/bgcheck/default.htm>.

## **Office of Children's Services launches first public newsletter**

The first-ever public newsletter from the Office of Children's Services went out to nearly 450 subscribers on March 1. Named the *Pipeline*, the newsletter is an effort to increase communication and transparency between OCS and the families it serves, foster parents, Tribal workers, stakeholders, and interested citizens. It will be published quarterly.

According to Division Director Christy Lawton, the newsletter will be focused on "topics we believe may be of the most interest, areas that are often misunderstood, and issues that are of local or national news interest that we may wish to weigh in on."

The first issue included an introduction to the OCS Senior Leadership Team, information about the Alaska Early Childhood Coordinating Council and an article on who mandatory reporters are in Alaska and what it means to be one. The issue can be accessed at:

<http://www.hss.state.ak.us/ocs/newsletter/201203/default.htm>.

In the first issue, Lawton wrote, “We are an agency that often gives the perception that we can do the work alone, that we don’t need outside help, and that we have large walls built up around us in an attempt to be secretive. I’m here to say that that is not the OCS of today, nor is it the OCS of tomorrow while I’m at the helm.

“We want to partner with you to serve our families in the most collaborative and effective manner necessary. We can’t do this work without you and how we do our work should not be a mystery.”

*Anyone wishing to subscribe to the newsletter may sign up via a link on the OCS state home page:*

[https://public.govdelivery.com/accounts/AKDHSS/subscriber/new?category\\_id=AKDHSS\\_C7C](https://public.govdelivery.com/accounts/AKDHSS/subscriber/new?category_id=AKDHSS_C7C)

*lick on the red envelope under Programs. Subscribers may easily unsubscribe whenever they want.*

## **Child abuse, domestic violence often found in same home**

### **Communication among agencies serves troubled families**

SAFTee — a collaboration among the Office of Children’s Services, domestic violence/sexual assault victim advocates, Tribal family services and others — has an ambitious and important vision statement: “By 2025, every child, woman and man in Alaska is safe in their own home and family.”

SAFTee stands for the Safe Alaska Family Team, a statewide project focused on improving the health and safety of Alaska’s children and the people who love and care for them. Team members have worked to develop goals and objectives, along with funding sources, for a pilot project on issues related to child welfare and domestic violence.

SAFTee is funded through a three-year federal grant to the Alaska Network on Domestic Violence and Sexual Assault for travel, technical assistance, cross training and for evaluation and testing of pilot practices implemented statewide and in pilot community teams. Alaska’s Council on Domestic Violence and Sexual Assault (CDVSA) is contracted by the Network to coordinate the project.

Dillingham, Fairbanks, Kodiak and Juneau are the four pilot sites planning and implementing the SAFTee project, chosen for their long history of positive working relationships among victim service programs, OCS, and Tribal programs.

“The collaboration between OCS, DV advocates, UAA, and the Council has strengthened our communication while also increasing mutual trust between our respective staff,” said Children’s Services Director Christy Lawton. “Being able to work toward creating this sense of mutual respect and understanding of our roles has only served to enhance the delivery of services to identified victims. OCS values the work of DV advocates and hopes to expand the SAFTee project statewide in the future.”

The issues of child abuse and domestic violence are often found in the same homes, CDVSA Program Coordinator Ann Rausch notes. She adds that SAFTee’s aim is to develop methods that will ease communication among agencies, and lessen conflict and confusion in order to achieve better outcomes for impacted families.

Collaborative efforts for the team include regular lunches, cross trainings, shared community projects and participation in Team Decision Making meetings. OCS has developed a desk reference for staff to use when working with families experiencing domestic violence to help them work with victims and perpetrators.

“It’s just wonderful to build relationships with people outside your own agency,” said Rausch. “Our differences can also be our strengths.”

The first year of the SAFTEE project focused on assessment, planning and development; the second on implementation of new, innovative, and/or collaborative practices; and the third on evaluating the efficacy and impact of those changes and identifying future opportunities and challenges.

*For more information on the project, contact Ann Rausch at 907-465-5015.*

## **OCS celebrates Improvement Plan**

During the week of Feb. 13, OCS hosted a celebration in Anchorage for stakeholders and staff to celebrate the completion of a two-year Program Improvement Plan. The plan incorporated key strategies and action steps designed to address areas needing improvement in Alaska’s child welfare system identified during a 2008 federal Child and Family Services Review conducted by the U.S. Administration for Children and Families. The plan entailed working with stakeholders and staff at all levels of the agency in order to accomplish numerous initiatives and strategies aimed at enhancing nine specific outcome areas related to safety, permanency and well-being of children in the child welfare system. OCS is demonstrating steady improvement in all nine areas as a result of these efforts.

## **Preventing falls is key to safety for seniors**

Falls are the No. 1 cause of non-fatal hospitalized injuries among Alaskans 65 and older, which prompted the state Division of Public Health to mount an education campaign in spring 2012 to raise awareness about preventing falls.

The campaign urges seniors on Medicare to visit their doctor for assessment, and to learn how to take precautions to prevent falls, which can result in injuries that put their independence at risk. Between 2005 and 2009, the Alaska Trauma Registry showed 3,356 cases of fall-related injuries that required hospitalization for older Alaskans. Of those, about 60 percent of the falls happened at home.

The division’s education campaign used radio, TV and social networking to spread the message that Medicare recipients can go to their health care provider and ask for a fall risk assessment. A provider will ask about medications, vision, balance and gait, safety items in the home, and regular exercise.

Dr. Ward Hurlburt, Alaska’s Chief Medical Officer and Director of the Division of Public Health, starred in a public service announcement that ran on TV and radio statewide. Hurlburt, who at 76 is also in the target age group for the campaign, is shown lifting weights and exercising at a local gym, saying, “Stay fit, stay healthy, stay independent.”

*For more information about the campaign, visit*

[http://www.hss.state.ak.us/dph/chronic/injury\\_prevention/falls/](http://www.hss.state.ak.us/dph/chronic/injury_prevention/falls/).

## **Pioneer Homes prepares for fast-growing aging population**

The national trend of a growing senior population — as Baby Boomers turn 60 — is magnified in Alaska, where Boomers thronged to jobs during the 1970s and 1980s and put down roots. Now Alaska has the nation's fastest-growing senior population. Every part of the state saw a growth rate of at least 30 percent in the last decade. The Mat-Su Borough's was an astounding 117.3 percent.

The trend is set to continue for the next 20 years, triggering demand for more aging services of all levels, from in-home assistance to assisted living and nursing home care.

From 2019–2034, the number of Alaskans with Alzheimer's disease and related dementia is projected to grow by 128 percent, compared to a 28-percent overall senior increase. To meet expected demand, the state's six Pioneer Homes are working to increase their capacity both overall and for residents with dementia. Applicants already have a wait of up to a year, and demand is rising. In March 2011, nearly 400 seniors were actively waiting to move in, with 3,100 more on an inactive waitlist. A year later, the inactive list was nearly 3,800. Rural areas will also need to develop more infrastructure to accommodate the elderly.

“As the baby boomer generation becomes seniors, Alaska should consider how to effectively and efficiently shore up the whole array of senior services, including the direct care workforce,” says Alaska Pioneer Homes Division Director David Cote.