Hello ALPHA members, we hope you are having a safe and fun winter, wherever you are in our beautiful state. As I think about winter, I think about joy, but I also think about the impacts of winter on lives, particularly those without a warm place to go.

In public health we talk about the social determinants of health often – this is access to social and economic opportunities that impact health. These include so many aspects of our lives, but in my current job the focus is homelessness. Without a home, an individual or family increases their risks for health complications dramatically, both mentally and physically. Health complications are also a major reason people find themselves experiencing homelessness. Health and homelessness are connected.

There are many compassionate and knowledgeable people around the state working in homelessness, but I wish there were more voices from public health. We have a unique knowledge set in terms of addressing issues in a population-based and systematic way. I believe that knowledge could be a tremendous help in ending homelessness.

In January, Governor Bill Walker will be holding a Housing Summit to discuss these important issues at a statewide level.

I hope to hear some of your voices there, emphasizing the importance of housing for improved health. If you are interested in further exploring the linkage between homelessness and health, please look at the website of National Health Care For The Homeless Council, www.nhchc.org.

Thank you for all each you do to improve the health and lives of Alaskans.

Happy winter!
Did you know that the Alaska Public Health Association (ALPHA) is an official Pick.Click.Give. organization?

Pick.Click.Give. provides an unprecedented opportunity to raise the level of awareness throughout Alaska about the power of individual giving, while providing a new opportunity for every Alaskan receiving a PFD to consider using it in a charitable way.

By giving through this program, you join others to become an important force in bettering our communities and state. When you make a donation from your PFD through Pick.Click.Give., you can make an impact by sharing just a little with a cause you care about.

ALPHA received $975 from Pick.Click.Give. contributions in 2015. Thank you so much for your contributions to ALPHA!

Join the APHA Campaign for Dental Health

Contributed by Janice Gray, RN, BSN, Alaska Heart Disease and Stroke Prevention Program Nurse Consultant II, Alaska Division of Public Health

As we celebrate the 70th anniversary of community water fluoridation we encourage our Affiliates to join the Campaign for Dental Health. CDH is a program of the American Academy of Pediatrics with support from the California Dental Association, Delta Dental of Minnesota Foundation, DentaQuest Foundation, The Pew Charitable Trusts and Washington Dental Service Foundation.

CDH was created to ensure people of all ages have access to the most effective, affordable and equitable way to protect teeth from decay — water fluoridation. Children with healthy mouths do better in school and are more likely to become happy and successful adults. We want our communities to make rational decisions about their health based on science, not fear. The goal of CDH’s work is to share the facts about oral health and preventive strategies like fluoride.

APHA was proud to join this broad network of oral health advocates, health professionals, child and family organizations and scientists. To learn more about the Campaign for Dental Health please visit www.ilikemyteeth.org.
2016 ALPHA Mini-Grants Available for National Public Health Week Activities

Contributed by Shawne Johnson, MPH, RN, BSN, Anchorage Itinerant Nurse Manager, Southwest Region, Alaska Division of Public Health

The Alaska Public Health Association (ALPHA) has a total of $1000 to award for two Alaska public health/health promotion activities during National Public Health Week. Up to $500 will be awarded to each of two successful applicants.

The theme for National Public Health Week, April 4-10, 2016 is Healthiest Nation 2030: Let’s make America the healthiest nation in one generation.

The ALPHA mini-grant website has information about how to apply for the grants. National Public Health Week grant activities can include community based health promotion activities and other gatherings to raise awareness of the important role of public health in improving health in Alaska.

The primary grant applicant must be a member of the Alaska Public Health Association (current membership dues paid). The funding can be received by an organization or an individual. Additionally, the application must include evidence of partnership for the proposed project. Evidence should be in the form of a letter (or letters) from a representative of the target population and/or from a representative of any agencies that are identified as partners.

The American Public Health Association creates planning, organizing and outreach materials that can be used during and after the week to raise awareness about this year’s theme.

The Alaska Public Health Association (ALPHA) is an affiliate of the American Public Health Association (APHA). Through our association with APHA, ALPHA is able to join forces with other affiliates across the nation in advocating for health and disease prevention. Since 1995, when the first full week of April was declared as National Public Health Week (NPHW), communities across the country have celebrated NPHW to recognize public health and highlight issues that are important to improving the public’s health.

Let us help you celebrate National Public Health Week in your community!
Take the ALPHA Membership Survey!

Contributed by Romy Mohelsky, MPH, Epidemiologist, Alaska Native Tribal Health Corporation

The Alaska Public Health Association (ALPHA) Development Committee is exploring potential activities to support career development and training for ALPHA members to ensure that Alaska has a qualified and diverse public health workforce.

We would greatly appreciate if you could complete the short (5 minute) survey in order to help us better understand members’ needs and gauge their interest in various activities.

Here is the link to the online survey:

Thank you very much for your participation!

2016 Alaska Public Health Nursing Conference

Contributed by Colleen McNulty, RN, BSN, Staff Development Nurse Consultant II, Public Health Nursing, Alaska Division of Public Health

Public Health Nursing: Power of the Past – Force for the Future

Our national educational and collegial conference will be held April 12 to 14, 2016. The Hotel Captain Cook in Anchorage, Alaska, will be the venue for both the conference and hotel accommodations. We will be sending out a call for proposals for breakout sessions soon. We will also have a poster session; more information on this opportunity will be sent closer to the event. Until then, save the dates!

Please send this SAVE THE DATE to all colleagues, friends, family, community, and tribal health care partners who might be interested in attending and participating as presenters in our

Public Health Nursing: Power of the Past – Force for the Future
Registration is now open for the 33rd Annual Alaska Health Summit taking place in Anchorage, February 2-4 at the Captain Cook Hotel. This year program, Health Across the Generations, is shaping up to be an exciting event.

**Plenary speakers include:**
- Commissioner Valerie Davidson
- Dr. Jay Butler
- Dr. Judith Monroe, CDC’s Office of State, Tribal, Local and Territorial Support
- Susan Johnson, Director of the US Department of Health and Human Services’ Region X
- Elaine Ryan, Vice President of State Advocacy and Strategy Integration, AARP’s Government Affairs Group
- Dr. Tom Hennessey, Dr. Cheryl Rosa, Bill Griffith, Brian Lefferts, Alaska’s rural Water and Sanitation Working Group
- Alaska Wellness Coalition
- Lead On! For Peace and Equality

Special events include a presentation on Medicaid expansion as part of the Alaska Public Health Association’s Annual Meeting, and a public form on legalization of marijuana. The Summit will close with a community café forum to solicit input from Alaska’s public health community.

Space for pre- and post-sessions is still available as well as exhibit space.

More information is available: [http://www.alaskapublichealth.org/health-summit/](http://www.alaskapublichealth.org/health-summit/)
From Prescription Opiates to Heroin Epidemic

Contributed by Jay C. Butler, MD, Chief Medical Officer and Director, Division of Public Health, Alaska Department of Health and Social Services

I rarely use the term "epidemic". Its meaning can be vague, and it is has been fodder for media hype. The CDC defines an epidemic as “an increase, often sudden, in the number of cases of a disease above what is normally expected.” By that definition, I have to agree with the headlines: we have an epidemic of disease and death caused by non-medical use of prescription opioids and heroin.

Nationally, the number of deaths caused by prescription opioid overdose has quadrupled since 1999 and the number of Americans dying from opioid overdose has exceeded the number killed in motor vehicle accidents since 2009. The latest data from the National Survey on Drug Use and Health (NSDUH) for 2003 to 2013 indicate that fewer Americans are using prescription opioids for non-medical purposes and fewer are initiating non-medical use. [1] But the trends are not all favorable--frequent use and prolonged use of prescription opioids have increased. Thus, while fewer Americans are using prescription opioids for non-medical purposes, patterns of use that increase the risk of overdose have continued to rise.

A second, related epidemic has also emerged: heroin. Heroin use in the U.S. increased by 63% from 2002 through 2013, and the number of heroin overdose deaths increased nearly four-fold.[2] Two factors appear to be driving the dramatic increase in heroin use and deaths. One is the increased availability and purity of heroin at costs that are much lower than in the past. The second is the dramatic increase in number of persons who have become addicted to opioids through prescription opioid pain relievers and who find heroin easier to obtain and prepare for administration and cheaper than prescription opioids.[3]

In multivariable analysis of persons with a history of other substance abuse or dependence, the odds of heroin use were 40-fold greater among those with opioid abuse or dependence, compared with <3-fold greater odds among those with marijuana and <2-fold greater odds among those with alcohol dependence.[2] Self injection of prescription opioids and heroin is increasing rates of hepatitis C virus infection among young adults and has caused an outbreak of human immunodeficiency virus (HIV) infection involving over 180 cases in a town of 4,000 in Indiana.[4,5]
Alaska has been in no way insulated from these national trends. In 2008 and 2009, the number of Alaskans dying of opioid overdose spiked at 80 or more each year. Since 2010, approximately 50 opioid overdose deaths have occurred each year.[6] Since 2008, the number of Alaskans who have been hospitalized for heroin poisoning doubled and the number who died of heroin overdose has more than tripled.[7]

The public health impact of prescription opioids and heroin is clear. What should be the public health response? Prevent, reduce, reverse:

- **Prevent** misuse of opioids through education and clinical guidelines on safe and appropriate management of pain.[8] Opioids play an important role in reducing acute pain and in comfort care. But evidence of improved outcomes in chronic pain through use of opioids is lacking.

- **Reduce** heroin use and non-medical use of prescription opioids by screening for opioid dependence and through increasing access to medical-assisted treatment which combines counseling with medication such as methadone, buprenorphine, or naltrexone to treat opioid addiction. According to the U.S. Department of Health and Human Services, health care providers wrote over 259 million prescriptions for opioid pain killers in 2012--that’s enough for every adult in the United States to have his or her own bottle. Experience to date indicate that prescription drug monitoring programs can reduce inappropriate prescribing and use of opioid pain relievers and can reduce health care costs.[9]

- **Reverse** the life-threatening respiratory depressing effects of opioid overdose through increased availability of naloxone, a rapidly acting opioid antagonist that can be life-saving.[10]

This three-pronged approach will require tripartite implementation by medical providers, behavioral health, and public health to reverse the triple epidemics of prescription non-medical opioid dependence, heroin overdose, and blood borne pathogen infections.

Heroin Health Information

- [Infographic: Heroin use Is on the Rise in the Last Frontier](http://www.dph.wa.gov/ehd/pep/epi/bulletins/heroin_impacts.pdf)
- [CDC Vital Signs: Today’s Heroin Epidemic: More people at risk, multiple drugs abused](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6402a1.htm)
- [CDC Vital Signs: Heroin Use Graphic](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6402a1.htm)

Citations

Tribal Health Programs in the Office of Medicaid and Health Care Policy

Contributed by Renee Gayhart, Tribal Health Project Coordinator, Office of the Commissioner, Alaska Department of Health and Social Services

Commissioner Davidson’s commitment to improved relationships between the Department of Health & Social Services, the Tribes, and the federal government has reinvigorated the role of the Tribal Health Program. On August 31st, U.S. Health & Human Services Secretary Sylvia Burwell announced that the Centers for Medicare and Medicaid Services (CMS) will be updating its policy on the availability 100% federal claiming activities related to transportation and referrals for Indian Health Service Beneficiaries who receive care at a Tribal Health facility. This announcement also elevated the need to cultivate and maintain long standing relationships and partnerships across the state. Improved working relations between the state, federal and tribal entities will result in improved health outcomes for Alaskans with the added benefit of state general fund savings.

The Tribal Health Program within the Alaska Division of Health Care Services (DHCS) focuses on Medicaid services provided through tribal health organizations statewide. The Tribal Health Program consists of two full time staff and is assisted by several other divisions and sections within DHCS. The offices are located in Juneau and Anchorage.

The partnership between the Tribal Health Program and statewide tribal health organizations is very strong. The Department of Health & Social Service’s relationship with the tribes demonstrates a commitment to improving the health status of Alaska Native people. The Tribal Health Program recognizes the importance of the tribal health care system in providing access to care as an essential component to the viability of the Medicaid program for all Alaskans.

The Tribal Health Program acts as a liaison between the tribal health organizations, Indian Health Services, Centers for Medicare and Medicaid Services and the State of Alaska Medicaid program in a number of ways:

♦ Tribal Health Program staff meet monthly with the tribal health organization’s to assist with Medicaid claims and Tribal travel concerns. The agenda offers time for hands on assistance with claim submissions, discussion of best practices for health care delivery systems, and allows the Tribal Health Program staff to help facilitate “real time” solutions to travel issues for Medicaid patients.

♦ Tribal Health Program staff members meet quarterly with Community Health Aids/Practitioners (CHAP) Directors to discuss patient care access and Medicaid claims coding issues. Additional Medicaid claim codes may be added to the system after the Tribal CHAP Directors review training, certification, and standards that dictate what each level of CHAP can provide for that service.
The Tribal Health Program staff meets quarterly with additional groups, such as the State/Tribal Medicaid Task Force (MTF), which reports to the biannual Alaska Native Health Board mega meeting which consists of board members from the Tribal Health Organizations. The MTF includes CEO’s, CFO’s and higher level program and finance representative to discuss patient care, policy changes, and billing issues at a more detailed level.

The Tribal Health Program coordinates various projects across the Department of Health and Social Services and within the DHCS. One of these projects is the Tribal Medicaid Administrative Claiming (TMAC) program which strengthens the partnership between DHCS and participating federally recognized Tribes and Tribal organizations, promotes access to Medicaid/Denali KidCare for Alaska Natives and American Indians, and reimburses the Tribes and Tribal health organizations for performing Medicaid outreach and linkage activities. It is hoped that TMAC activities will increase the enrollment and retention of Alaska Natives and American Indians in Medicaid and Denali KidCare.

In addition to assisting in outreach activities, the Tribal Health Program facilitates eligibility access to Tribal Health Organizations that have approved agreements with the state. This access enables approved individuals to monitor Medicaid application status and frequently assist with prioritizing application approval for an urgent medical need.

Overall the Tribal Health Program acts not only as a liaison to the Tribal Health Organizations across the state, we also liaise with each division and section within the department that works with the Tribes. We mainly cover the health organizations that provide medical services covered by Medicaid, however at times we work with social service organizations as well, since the rural areas are a combination of both health and social service providers.

**For more information:**

- Alaska Tribal Health Program
- Alaska Medicaid Expansion-The Healthy Alaska Plan
- Alaska Native Health Board
- Denali KidCare
On November 19, 2015, during the National Great American Smokeout Day, a day that encourages smokers to quit, the University of Alaska Anchorage (UAA) will become smoke and tobacco-free campus.

If you get a chance to visit UAA around this time, you will find posters, fliers, and banners all over campus with the following message:

“Breathe fresh air... Love fresh air... Embrace fresh air.”

Those are the words that define our passion as leaders of the UAA Smoke Free Task Force. Those are also words that remind us of one of the most important things in life that we often take for granted—air.

Becoming a smoke and tobacco-free campus was a long journey for us. It didn’t happen overnight. It started with a group of five students passionate about making a difference in the world.

As their mentor, I introduced the idea of making a difference close to home. After all, I asked them, “If we can’t change our own community, then how can we begin to change our world?”

Tobacco has claimed millions of lives around the world; included in those statistics are our own family, relatives, and friends.

The students felt a smoke-free campus was going to be a cause worth fighting. Specifically, they asked, “While our neighbors in the U-Med district, such as Providence Medical Center and Alaska Native Medical Center, have been tobacco-free for several years, then why don’t we have the same policy at UAA?”

For more than two-and-a-half years, these students would dedicate much of their time at UAA to address this problem.

On Dec. 11, 2014, the University of Alaska Board of Regents passed a comprehensive smoke and tobacco-free policy that must be implemented by all UA campuses by Dec. 30, 2015.
Our strategy to change UAA’s tobacco policy can be summed up in one word: “CARE”

C is for communication, ensuring that all of the messages we communicated to the UAA community and others were clear, accurate, and consistent. At every meeting or testimony we attended, we made sure we stayed on message.

A is for advocacy, making sure that we met with key stakeholders and decision makers at the university to let them know of the importance of having a smoke-free policy. Advocacy also meant partnering with key organizations like the American Lung Association, Alaska’s Tobacco Prevention and Control, various student organizations, numerous departments and colleges, among many others.

R is for resilience, which meant never giving up even though at times things were difficult. The opposition for the smoke-free policy at UAA was ever present. They constantly challenged us, and they even launched a negative campaign to counter our efforts. However, we stayed on course and remained positive with our campaign messages.

E is for evaluation, ensuring that all messages communicated or any advocacy conducted was grounded in research. We conducted literature review and web-based research related tobacco-free campuses. Moreover, we also collected data on knowledge, attitudes, and beliefs related to tobacco use among our UAA students, faculty, and staff. We made sure that our advocacy was balanced by sound science and theory.

Smoking cigarettes, e-cigarettes, and the use of smokeless tobacco products will now be prohibited on all UA campuses. The Board of Regents policy was a great victory for the students, faculty, and staff of the UAA Smoke Free Task Force.

As I reflect back on what we have accomplished, I’m reminded of Margaret Mead who once said, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

Our work doesn’t end on November 19. Our work continues as we attempt to make the implementation of the new smoke and tobacco-free policy a success. Our measure of success is the vision that everyone in the UAA community and their guests will respect and comply with the policy, and through that practice, eventually eliminate tobacco use on campus, protecting future generations of UAA students, faculty, and staff.

For more information:
- Alaska Tobacco Prevention and Control Program
- Alaska’s Tobacco Quitline | 1-800-QUIT-NOW
- Alaska - Campaign for Tobacco-Free Kids
Improving Indoor Air Quality in Rural Alaska Homes

Contributed by AJ Salkoski, MS, Senior Program Manager, Community Environment and Health Department, Alaska Native Tribal Health Consortium (ANTHC)

In 2008, Alaska Native Tribal Health Consortium (ANTHC) Environmental Health Services Department received a request from a pediatric pulmonologist at the Alaska Native Medical Center to investigate the home environments of children experiencing chronic respiratory illness. ANTHC developed a project with the primary aim to determine if home modification activities reduce the need for respiratory medical care among a high risk group of Alaska Native children. A secondary aim is to develop a model for addressing respiratory disease through home modification that can be replicated in other regions of Alaska, as well as on Tribal lands throughout the United States.

Each year, ANTHC has worked with regional/local tribal housing authorities, regional tribal health organizations, and local tribes to determine which communities have a combination of children with frequent and/or severe respiratory illness and housing with potential for poor indoor air quality. For the purpose of this project, frequent and/or severe respiratory illness is defined as a child that has been hospitalized at least once during the past 12 months or has visited the clinic at least four times in the previous 12 months for respiratory conditions. ANTHC has partnered with Tribal housing authorities to make low-cost improvements to those homes with the goal of improving the indoor air quality. The project has been funded by the Commission for Environmental Cooperation (CEC) and Housing and Urban Development (HUD).

The selected homes were monitored and assessed for air quality baselines and then modifications were made. Homes with leaky wood stoves received new replacement EPA certified wood stoves, as well as, education on how to properly use them. A combination of mechanical and/or passive vents were also installed in homes, and homeowners were provided with education about how and when to uses these vents.

MEASURING INTERVENTIONS
Home Modifications (2 weeks after modifications)
- Improving Ventilation
- Replacing Heating Devices
- Remediating excessive moisture damage

Education (1 year after modifications)
- Providing report cards of indoor air quality data from each home
- Respiratory Therapist Visit
- Postcards, Phone Calls, Site Visits

AIR SAMPLING MEASURES:
- Particulate Matter 2.5
- Volatile Organic Compounds
- Carbon Dioxide
- Temperature
- Relative Humidity
- Carbon Monoxide
Residents also received education about removing chemicals and cigarette smoke from indoors and proper wood burning practices. Over the course of the project, the residents received check-up phone calls, reminder post-cards, and educational visits from ANTHC staff members, which all served as tools to maintain and track progress. Along with education about impactful lifestyle changes and how best to utilize the modifications, residents were also provided with report cards with the results of the indoor air monitoring, CO2 monitors to self-check the adequacy of their ventilation, and mold and moisture booklets. Air quality in the homes was regularly monitored throughout the program to provide a record of progress.

Initial results show an improvement in air quality in regards to volatile organic compounds, particulate matter, and carbon dioxide. Lung health questionnaires completed with the families, to be verified by medical chart reviews, suggest fewer missed days of school, fewer hospitalizations, and fewer clinic visits for respiratory illness. ANTHC staff members will incorporate the principles and methods from this program’s work into a permanent program to use home modifications and education to improve the respiratory health of children in Alaska and throughout the United States.

For more information:

- Alaska Native Tribal Health Consortium
- Hot Topics in Alaska Native Health: Healthy Homes (Oct 2013)
- EPA Alaska Native Village Air Quality Fact Sheet Series: Indoor Air (April 2014)
Teen Dating Violence Prevention in Alaska: Fourth R for Healthy Relationships Program

Contributed by Katie Reilly, MPH, Adolescent Health Project Coordinator, Section of Women’s, Children’s, and Family Health, Alaska Division of Public Health

Intimate partner violence is a serious issue throughout the state of Alaska. According to the University of Alaska Anchorage Justice Center’s 2010 Alaska Victimization Survey, 59% of women in Alaska experienced physical abuse, sexual abuse, or both in their lifetimes. Among adult victims of rape, physical violence, and/or stalking by an intimate partner, many first experienced some form of partner violence at a young age, between 11- and 17-years-old (CDC Understanding Teen Dating Violence Fact Sheet, 2014).

In Alaska, 9% of traditional high school students and 15% of alternative school students report experiencing physical dating violence*, while approximately 11% of both traditional and alternative high school students report experiencing sexual violence** (Alaska YRBS, 2013). Therefore it is important to reach young people with violence prevention knowledge and skills early and often.

Alaska is taking a collaborative approach to address these high rates of violence by planning, implementing, and evaluating statewide healthy relationships programming in middle and secondary schools. One such program, the Fourth R for Healthy Relationships (where R stands for relationships), is a comprehensive school-based program designed to reduce violence, substance use, and other risk behaviors.

The program is based on the premise that relationship skills—such as communication, negotiation and decision-making skills—are as important to learn in school as the other three R’s (Reading, Writing, and Arithmetic). The program focuses on building healthy relationships and decision-making skills through interactive teaching methods such as role play.

The Fourth R emphasizes the five basic competencies of social and emotional learning:

- self-awareness
- self-management
- social awareness
- relationship skills
- responsible decision-making

There is growing evidence that social and emotional learning programs—such as the Fourth R—are associated with improved academic outcomes including:

- decreased absenteeism, suspensions and behavioral problems
- increases in grade point averages, standardized test scores and commitment to school.
The Fourth R curriculum was developed in Canada and has been adapted for use in Alaska. The core program contains 21-lessons designed to be facilitated by trained school teachers, counselors or nurses in 7-9th grade health and physical education classes. After-school program curricula are available as well. Age-appropriate lessons focus on important subjects such as: the impact of bullying and harassment, developing skills for healthy relationships, building skills to avoid pressure to use substances, and positive coping strategies.

The Fourth R is an evidence-based program listed on the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices (NREPP) and the Collaborative for Academic, Social and Emotional Learning (CASEL) Effective SEL Programs List. Also, a local program evaluation was conducted between 2011-2013. Researchers concluded that there is promise in the use of the Fourth R curriculum to improve awareness of dating abuse, attitudes related to different types of violence, and improved positive social support. For complete report, please visit: http://dps.alaska.gov/cdvsa/Prevention-Fourth-R.html.

To date, more than 75 schools in 20 districts have received Fourth R curricula materials, and over 300 school staff and community partners throughout Alaska have been trained to teach the Alaska Fourth R program in their schools.

The Alaska Fourth R implementation team consists of representatives from the Alaska Network on Domestic Violence and Sexual Assault, the Alaska Council on Domestic Violence and Sexual Assault, the Alaska Department of Education & Early Development (EED), and the Department of Health and Social Services (DHSS).

The Alaska EED coordinates with the DHSS to provide curriculum training for teachers interested in teaching the Fourth R. For more information or to schedule a Fourth R training, contact Patty Owen at Patricia.Owen@alaska.gov or Katie Reilly at Katie.Reilly@alaska.gov.

* Among students who dated or went out with someone during the past 12 months, the percentage who had been physically hurt on purpose by someone they were dating or going out with one or more times during the past 12 months.
** Among students who dated or went out with someone during the past 12 months, the percentage who had been forced by someone they were dating or going out to do sexual things that they did not want to one or more times during the past 12 months.

**Resources**
- [Alaska Family Violence Prevention Project](#)
- [Alaska Network on Domestic Violence and Sexual Assault](#)
- [Council on Domestic Violence and Sexual Assault](#)
- [The Fourth R - Strategies for Healthy Youth Relationships](#)
- [The Fourth R Program Fact Sheet](#)
Medicaid Expansion -
The Healthy Alaska Plan

Contributed by Janice Gray, RN, BSN, Alaska Heart Disease and Stroke Prevention Program Nurse Consultant II, Alaska Division of Public Health

This summer Alaska became the 29th state to expand Medicaid coverage for low-income residents providing thousands of Alaskans the opportunity to get the health care they need. Nearly 42,000 Alaskans between ages 19 and 64 are now eligible for health coverage.

Governor Bill Walker, Lt. Governor Byron Mallott, the Alaska Department of Health and Social Services Commissioner Valerie Davidson, and many others worked tirelessly to move Medicaid expansion forward.

Expansion has broad statewide support. In 2014 ALPHA passed a resolution supporting Alaska Medicaid expansion. Along with ALPHA, more than 150 other Alaska entities support expanding Medicaid coverage including health care providers, chambers of commerce, hospitals, tribal councils and corporations, nonprofits, professional organizations, business organizations, cities, boroughs, municipalities, faith-based organizations, and thousands of individual Alaskans.

On September 1, 2015, the newly eligible Alaskans began signing up for Medicaid coverage. More than 1000 people have signed up so far. As people continue to apply for coverage, expansion is projected to cut the number of uninsured Alaskans by half, improve access to preventive and primary care, improve access to substance abuse treatment and mental health counseling, and save lives.

Here’s who is newly eligible:

- Single adults earning up to $20,314 a year or less — that’s $9.76 an hour based on a 40-hour work week
- Married couples earning up to a combined income of $27,490 a year or less.

Federal funds added to the state budget through Medicaid expansion will pay for some health services currently paid for with state funds. One such benefit is the costs for health care for Alaskans in our corrections system; 100% of which currently is being paid for by the state.

Expanding Medicaid coverage was the right thing to do for the health of Alaskans.

Resources

- The Healthy Alaska Plan
- Alaska Medicaid Factsheet
- White Paper: Medicaid Expansion and the Alaska Department of Corrections
- RWJF Issue Brief: States Expanding Medicaid See Significant Budget Savings and Revenue Gains
- Who supports Medicaid Reform and Expansion?
- Medicaid expansion and senior healthcare
- Medicaid Redesign

We’re expanding Medicaid to cover more Alaskans.

Are you eligible?
Anchorage U.S. Quarantine Station

Contributed by Deandra J. Ingram, MPH, Quarantine Public Health Officer, CDC/OID/NCEZID

U.S. Quarantine Stations are part of a comprehensive Quarantine System that serves to limit the introduction of infectious diseases into the United States and to prevent their spread. U.S. Quarantine Stations are located at 20 ports of entry and land-border crossings where international travelers arrive. They are staffed with quarantine medical and public health officers from CDC.

Jurisdiction

The Centers for Disease Control and Prevention (CDC) operates a quarantine station in Anchorage. The station’s jurisdiction covers the international air, land, and sea ports of Alaska—a vast area larger than Texas, California, and Montana combined.

Quarantine Station Activities

♦ Respond to reports of illness or deaths on airplanes, maritime vessels, and land border crossings to ensure appropriate actions are taken.

♦ Conduct emergency preparedness planning, training, and exercises involving port and community partners, including hospitals, local health institutions, and law enforcement.

♦ Screen and enforce entry requirements for animals, etiologic agents, and vectors deemed to be of public health significance.

♦ Review medical records of migrants who will reside permanently in the United States. Notify state and local health departments of any migrants with specific medical conditions.

♦ Provide travelers with essential health information.

Unique Characteristics of Alaska

Alaska is located 9.5 hours from 90% of the world, borders with Canada, and is 55 miles from Russia. Alaska has a larger coastline than that of the continental United States. Native Tribal islands are located on international borders. Alaska is a landing zone for international MEDEVACs, emergencies, diversions, and corporate aviation traveling to and from the Far East. As northern sea ice melts, Alaska’s shipping market has seen growing international cruise and cargo maritime activity.

For more information:
♦ Anchorage U.S. Quarantine Station

2009-2010 Statistics: Anchorage Airport Arrivals

♦ 755 cargo flights per week (2nd largest cargo airport in the United States)

♦ ~90% of cargo between Asia and North America pass through Anchorage
# National Health Observances

Contributed by Sheli DeLaney, MA, Public Health Informaticist, Alaska Section of Public Health Nursing, Alaska Division of Public Health

Every month health care issues are recognized to increase awareness and hopefully improve health. Please visit the linked sites to learn more about these important topics and spread the word to your colleagues and the public.

Here are some of the many Health Observances coming up in the next few months:

## November
- American Diabetes Month
- COPD Awareness Month
- Diabetic Eye Disease Month
- Lung Cancer Awareness Month
- National Alzheimer's Disease Awareness Month
- National Hospice Palliative Care Month
- National Stomach Cancer Awareness Month
- Great American Smokeout (Nov 19)
- International Survivors of Suicide Day (Nov 21)
- National Family Health History Day (Nov 26)

## December
- Safe Toys and Gifts Month
- National Influenza Vaccination Week (Dec 6-12)
- World AIDS Day (Dec 1)

## January
- Cervical Health Awareness Month
- National Birth Defects Prevention Month
- National Radon Action Month
- National Stalking Awareness Month

## February
- American Heart Month
- National Children’s Dental Health Month
- World Cancer Day (Feb 4)
- National Wear Red Day (Feb 5)

## March
- National Colorectal Cancer Awareness Month
- National Nutrition Month
- National Poison Prevention Week (Mar 20-26)
- American Diabetes Alert Day (Mar 22)

## April
- Alcohol Awareness Month
- National Autism Awareness Month
- National Child Abuse Prevention Month
- National Distracted Driving Awareness Month
- National Minority Health Month
- Sexual Assault Awareness and Prevention Month
- National Public Health Week (Apr 4-10)

## May
- National Stroke Awareness Month
- National High Blood Pressure Education Month
- Melanoma/Skin Cancer Detection and Prevention Month
- Arthritis Awareness Month
- National Physical Fitness and Sports Month
- National Bike Month
- National Women’s Check Up Day (May 12)
- National Women’s Health Week (May 10-16)
- World No Tobacco Day (May 31)

## June
- Men’s Health Month
- National Safety Month
- Men’s Health Week (June 9-15)
2016 Alaska Food Festival & Conference


The next Alaska Food Policy Council Food Festival & Conference will be held February 26-28, 2016 in Anchorage!

Join a diverse group of Alaskans to learn about and celebrate many aspects of food at the second semi-annual Alaska Food Policy Council Food Festival & Conference. Topics include fish, farms, food security, local food, traditional food, nutrition, food business, food policy, cooking, canning, food storage, and gardening.

If you have ideas for a presentation, or you would like to be a vendor, sponsor or volunteer at the conference, please contact our conference planner, Melissa Heuer.

See what happened at the November 2014 Festival & Conference:

If you would like to take a look at the 2014 conference materials, please check out the links below:

♦ Alaska Food Festival & Conference Program
♦ Alaska Food Festival & Conference Speaker Bios
♦ Alaska Food Festival & Conference Presentations

About the Alaska Food Policy Council

The Alaska Food Policy Council is open to anyone interested in improving Alaska’s food systems. Today, over 175 agencies and individuals representing federal and state agencies, tribal entities, schools, university programs, farmers, fisheries, and food systems businesses are members of the AFPC. The role of the AFPC is to collaborate on mutually beneficial solutions to food systems problems. AFPC’s intent is to provide recommendations and information regarding comprehensive policies that improve Alaska’s food systems.
Alaska Public Health Association

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Alaska Public Health Association

Mission: Advancement of the public’s health.
Goal: Serve as a hub that connects all health groups in Alaska.
Core Values:
• Equity: All Alaskans have the right to live under conditions that promote and protect health.
• Integrity: Our actions will always be ethical and based on the best available information.
• Excellence: We will strive to be effective in all our undertakings.
• Leadership: We will forward a vision that inspires action.
Towards this end, ALPHA will:
• Work to identify, raise awareness about, and advocate for public health in Alaska;
• Strive to educate, guide and influence issues affecting the public’s health;
• Partner with other public health advocates on targeted initiatives;
• Advocate for and encourage public involvement in the Alaska public health process to improve public health outcomes;
• Participate in the development and advocacy of sound public health laws and policies, using best practices; and
• Promote efforts to develop and sustain the public health workforce.

The ALPHA and APHA Connection

Alaska Public Health Association (ALPHA) is an affiliated association of the American Public Health Association (APHA). Since 1918, we have collaborated with APHA to grow stronger as organizations, to share expertise, influence, and resources, and to advocate for common priorities at the local, state, and federal levels.

American Public Health Association (APHA) is the national voice of public health and champions the health of all people and all communities. They strengthen the profession of public health, promote best practices and share the latest public health research and information. APHA is the only organization that combines a 140-plus year perspective, the ability to influence federal policy to improve the public’s health and a member community from all public health disciplines and over 40 countries.