Hello ALPHA members. As I am writing you the Legislature is in special session to finalize the budget. What an intense session it has been for everyone – and certainly for all of us that prioritize health in our communities. We have seen drastic reductions in prevention and other key public health areas.

In this same time period, I personally took a new job transitioning from more traditional government public health to the non-profit sector, and a focus on issues related to poverty. In that transition, I see a strong role for us as public health experts in bringing our practice of using science in approaching incredibly complex issues. In this intense and bleak fiscal environment, that public health approach is more needed than ever.

At this moment, the fate of the Medicaid expansion bill is not yet decided. What I have seen in an effort to pass this bill though is a grassroots effort that has inspired people all over the state around health care. I hope that it passes, as do the majority of Alaskans.

I feel like ALPHA has an opportunity to build on the interest and passion that the discussions about Medicaid expansion have started, and broaden the conversation to other health issues. I hope that all of our membership will continue to work together to support Medicaid expansion and prevention and public health.

Our ALPHA Board is in the midst of updating our strategic plan, and being a voice for public health and health issues is a key part of the new plan, as it has been in the past.

Thank you to all of our membership for what you do every day to contribute to the health of Alaskans.
2016 ALPHA Health Summit

Contributed by Jayne Andreen, Community Health Improvement Program Manager, Alaska Section of Health Planning and Systems Development

Mark your calendars for the 2016 Health Summit taking place in Anchorage on February 2-4 at the Captain Cook Hotel.

This year’s theme is “Health Across the Generations” and will incorporate five tracks:

- Interdisciplines and Partnerships
- Policy and Advocacy
- Research and Evaluation
- Social and Economic Determinants of Health
- Health Promotion, Communication and Education

The call for proposals will go out in June.

As in the past, pre- and post-Summit sessions will be available for groups to have workshops and meetings on February 1 and February 5.

The planning committee has begun meeting, but there is always room for more volunteers.

Please contact alaskahealthsummit@gmail.com to express your interest in working on this exciting annual event!

Youngest Attendee at the 2015 ALPHA Health Summit

ALPHA Past President, Masayo Nishiyama, attended the 2015 ALPHA Public Health Summit with the youngest participant, her two-month-old daughter, Maya.

Perhaps Maya will follow in her mom’s footsteps and be a member of the next generation of public health leaders.
29th Legislature Update - 2015 Session

Contributed by Alison Kulas, MSPH, Alaska Tobacco Prevention & Control Program Manager, Alaska Division of Public Health

January 19, 2015 marked the first year of the 29th Legislative session. Over 60 bills related to public health were filed so far this session. Of those, we saw 5 bills passed: HB01-An Act Declaring the Arctic Policy of the State, HB04-Automated External Defibrillators, HB123-Establishing a Marijuana Control Board, SB71-Vaccine Administration by Pharmacists, and HCR09-Congenital Diaphragmatic Hernia Action Day.

There was much discussion over Medicaid Expansion and Reform and Marijuana Regulation but the topics remain debatable. Other notable bills including SB99-Alcohol Beverage Control (a rewrite to Title IV Provisions), HB75-Local Municipal Control of Marijuana, and SB1-Statewide Smokefree Workplaces remain in play awaiting January 19, 2016.

Around 8pm on Sunday, April 26, 2015 both the House and the Senate “gaveled out” to close this year’s session. Governor Walker issued a proclamation for a special session immediately following the regular session. The Governor requested the Legislature remain in Juneau to address three unresolved issues: HB44-Sexual Assault Prevention Programs or “Erin’s Law,” HB148-Medicaid Assistance Coverage Reform, and Making/amending appropriations for the operating budget and loan program expenses of State government.

Special Session

HB 44 - “Erin’s Law”

This session, there are four different versions of “Erin’s Law” for including sexual assault prevention programs in schools. HB44 received the most traction and passed the House on April 18, 2015. It is now referred to the Senate Education committee where it awaits it’s next hearing. You can view the bill at http://www.akleg.gov/basis/Bill/Detail/29?Root=HB%20%2044

HB 148 and SB 78 - Medicaid Expansion and Reform

Medicaid expansion was one of the key platforms for Governor Walker’s election. By the request of the legislature, the Governor introduced two bills HB148 and SB78 which both moved from their respective Health and Social Services committees and sit in the Finance committees. You can find out more about the administration’s position and resources, including videos of Alaskans sharing their stories, at http://gov.alaska.gov/Walker/priorities/accessible-healthcare.html

State Operating Budget

An amended budget was passed by both the Senate and the House, but failed to fully fund the budget. The legislature could tap into the Constitutional Budget Reserve, but failed the ¾ vote needed to do so. The Governor submitted a new budget for the bodies to consider, restoring his original cut to education (a lesser, $32 million cut) among other items. You can see his FY16 Special Session budget at https://www.omb.alaska.gov/html/budget-report/fy-2016-budget/special-session.html

Following the Legislature and Legislation

- You can always track legislation or find your legislators at akleg.gov or view hearings on akl.tv and 360north.org.
- For information on marijuana and public health, visit marijuana.dhss.alaska.gov.
Healthy Alaskans 2020 (HA2020) is Alaska’s statewide health improvement initiative driven by the collaborative work of the many sectors, agencies, and communities working towards common goals to improve health and ensure health equity for all Alaskans. This initiative is co-sponsored by the State of Alaska, Department of Health and Social Services and the Alaska Native Tribal Health Consortium. Many organizations and partners throughout the state have steered this process including twelve strategy workgroups, comprised of 120 experts representing Alaska’s broad public health system.

Recently, the document *Strategies, Actions, and Key Partners to Reach our 25 Health Improvement Goals* was finalized. This document is a compilation of 75 high-level, evidence-based, health improvement strategies that support achievement of Alaska’s 25 Leading Health Indicators (LHIs). This resource also identifies Key Partners from across Alaska who are contributing to the health of Alaskans through specific actions. The HA2020 Leadership would like to thank the ALPHA membership, as well as others throughout Alaska, who provided input during the public comment period.

In moving forward with implementing HA2020, Key Partners will be essential in helping to identify leaders to assist in coordinating work around each of the 25 LHIs. This work will include providing guidance around implementation, selecting common measures to follow progress, and communicating the work of HA2020. Additionally, HA2020 will work to identify and map existing community health improvement groups and other coalitions throughout the state.

This process will help to:

- Create an effective and efficient mechanism to disseminate information, identify community activities related to HA2020 and evaluate health improvement efforts that impact the 25 Leading Health Indicators.
- Optimize efforts, align resources and create synergy to build strong, equitable and sustainable communities.

HA2020 continues to build the understanding that the work is shared and its success is dependent on the collaborative efforts of everyone working throughout the state of Alaska to promote health equity and improve the health of all Alaskans.

- For more information and to see how your work aligns with HA2020, please visit [www.HA2020.alaska.gov](http://www.HA2020.alaska.gov).
- Also, please feel free to contact us with questions or comments at [healthyalaskans@alaska.gov](mailto:healthyalaskans@alaska.gov).
- To track the 25 Leading Health Indicators through AK-IBIS visit [http://ibis.dhss.alaska.gov/indicator/index/Categorized.html](http://ibis.dhss.alaska.gov/indicator/index/Categorized.html).
Alaska Cancer Program Making a Difference in Yakutat

Contributed by David O’Brien, PhD, GISP, Alaska Cancer Registry Data Analyst, Comprehensive Cancer Prevention and Control Program, Alaska Division of Public Health

In June 2014, Joe Sarcone of the Agency for Toxic Substances and Disease Registry (ATSDR), U.S. Department of Health and Human Services, contacted the Alaska Cancer Program about a cancer concern voiced by the community of Yakutat. In response to this request, the Alaska Comprehensive Cancer Prevention and Control Program launched a study of cancer incidence and mortality of this area.

The community has expressed concerns about apparent elevated rates of illnesses, including cancer, and that such illnesses may be caused by wastes left behind from former military installations on the nearby Ankau Saltchucks of the Phipps Peninsula. That area has been traditionally used as a source of subsistence food for the Yakutat community. Yakutat also operated a seasonal Culture Camp there through 2003 to teach children about traditional Tlingit way of life and subsistence foods.

The cancer study resulted in three reports. The first two involved calculating the number of expected cancer cases for incidence and mortality from 1996-2011 and compared them to the number of observed cases reported by healthcare providers over the same time period. The difference between the number of expected and observed cases was small and not statistically significant. The third report reviewed the number of cancer incidence and mortality cases per year as well as the types of cancers. The distribution of cases by year appears to be random and there does not appear to be a high number of uncommon cancers, so the number and types of cancer cases in Yakutat does not appear to be unusual.

Several Alaska Cancer Program staff (Kelly Tschida, Julia Thorsness, Judy Brockhouse, and David O’Brien) presented the results of the study to the community of Yakutat at a community meeting on Wednesday August 27, 2014, via teleconference. Mr. Sarcone was present in Yakutat and moderated the meeting. The presentation was followed by a question and answer period. The community had a very positive reception to the study results. A positive outcome of the study was that the tribal leaders of the Yakutat Tlingit Tribe decided to shift their attention from trying to find causes of cancer in their community to screening and early detection of cancer in their community.

SEARHC (Southeast Alaska Regional Health Consortium) was contacted to check on the availability of screening technology for Yakutat. Unfortunately the mobile mammography unit at Bartlett Regional Hospital in Juneau is no longer functional. However, SEARHC decided to arrange for and fund the transportation of a mobile mammography unit from the Breast Cancer Detection Center of Alaska in Fairbanks via vehicle and ferry for use in Yakutat. It is planned to continue to send the unit to Yakutat on an annual basis.

Alaska Resources for Diabetes Management: Diabetes Self-Management Programs

Contributed by Nelly Ayala, RN, MSN, Diabetes Prevention and Control Program Nurse Consultant, Alaska Division of Public Health

Approximately 29.1 million people in the United States have diabetes.\(^1\) This means one out of every 11 Americans has diabetes. Of those with diabetes, one out of four does not know he or she has the disease.\(^2\)

How does diabetes impact Alaska? About 37,000 residents — or 7 percent of Alaskans — have diabetes. The areas seeing the most diabetes cases follow, from highest to lowest: Anchorage, the Mat-Su Borough, Fairbanks, and Kenai.\(^3\)

One way to help your clients and decrease diabetes in Alaska is by using preventive and management resources already available in your community. The American Diabetes Association (ADA) recommends diabetes self-management education (DSME) because it has been shown to improve health outcomes for diabetics and results in significant health care cost savings for the patient long term.\(^1\)

The cost savings for Alaskans is also significant. A recent study indicated a 21.7 percent reduction in annual Medicaid spending for beneficiaries who attended at least one DSME class. This means that if all diabetic beneficiaries attended one DSME class, Alaska could have almost $36 million less in Medicaid costs (2014).\(^3\)

**Diabetics participating in DSME will learn:**
1) techniques to deal with a wide array of symptoms related to diabetes
2) appropriate exercise
3) healthy eating
4) appropriate use of medication
5) working more effectively with health care providers

Diabetics will be empowered and have the ability to carry out their self-management program.\(^4\)

To find a certified DSME program near you go to American Diabetes Assn - Diabetes Pro or visit the Alaska Diabetes Prevention and Control Program home page.

There are other programs available for chronic disease clients. The abundance of abbreviations used in program names, however, makes it difficult to keep track of the availability of programs and their benefits. Please see Table 1 on page 7 to learn more about these programs.

References:

Contributed by Nelly Ayala, RN, MSN, Diabetes Prevention and Control Program Nurse Consultant, Alaska Division of Public Health
Choosing Between Diabetes Self-Management Programs

Contact Nelly Ayala, RN, MSN, Alaska Diabetes Prevention and Control Program Manager | 907-269-8035

Table 1. Alaska programs to support self-management for people with diabetes and prediabetes

<table>
<thead>
<tr>
<th>Diabetes Self-Management Education (DSME)</th>
<th>Stanford’s Diabetes Self-Management Program (DSMP)</th>
<th>Stanford’s Chronic Disease Self-Management Program (CDSMP)</th>
<th>National Diabetes Prevention Program (NDPP) or (DPP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific to Diabetes</strong></td>
<td><strong>Specific to Diabetes</strong></td>
<td><strong>Addresses All Chronic Conditions</strong></td>
<td><strong>Specific to Prediabetes &amp; those at high risk for Type 2 diabetes</strong></td>
</tr>
<tr>
<td>DEEP available in Anchorage and Mat-Su; Other DSME available throughout Alaska</td>
<td>Available in parts of Alaska</td>
<td>Available in parts of Alaska</td>
<td>Available in Anchorage (YMCA and UAF Extension) and Juneau (Bartlett Regional Hospital)</td>
</tr>
<tr>
<td>Participants all have diabetes; family members welcome</td>
<td>Participants all have diabetes; family and others who assist can attend</td>
<td>Participants have a variety of chronic conditions; family and others who assist can attend</td>
<td>Participants have a diagnosis of prediabetes, or are at high risk for type 2 diabetes</td>
</tr>
<tr>
<td>Focusses on knowledge/skills</td>
<td>Focusses on action planning/ problem solving</td>
<td>Focusses on action planning/ problem solving</td>
<td>Focusses on nutrition, physical activity, stress management</td>
</tr>
<tr>
<td>Licensed Health Professional (Nurse, dietian, and/or a certified diabetes educator, or a lifestyle coach)</td>
<td>Two lay leaders (at least one with diabetes)</td>
<td>Two lay leaders (at least one who has a chronic condition)</td>
<td>Lifestyle coach, can be a lay leader or Licensed Health Professional</td>
</tr>
<tr>
<td>Focusses on the medical management of the disease</td>
<td>Focusses on management of lifestyle behaviors &amp; emotional management</td>
<td>Focusses on management of lifestyle behaviors &amp; emotional management</td>
<td>Focusses on lifestyle change (nutrition, physical activity)</td>
</tr>
<tr>
<td>10 hours (1-2 hours individual counseling; 8-9 hours in a group)</td>
<td>15 hours, all in group (2.5 hours/ week for 6 weeks; ~5 hours of diabetes &quot;content&quot;)</td>
<td>15 hours, all in group (2.5 hours/ week for 6 weeks)</td>
<td>16 core sessions (1 hour/week, 16 weeks); up to 6-8 post-core sessions (1 hour/month)</td>
</tr>
<tr>
<td>There is variation among ADA recognized/AADE accredited DSME/T program content</td>
<td>No variation in content; scripted &amp; timed content &amp; processes for each session; random control trial tested</td>
<td>No variation in content; scripted &amp; timed content and processes for each session; random control trial tested</td>
<td>Follows standardized curriculum: either CDC or YMCA of the USA model</td>
</tr>
<tr>
<td>Content areas include:</td>
<td>Content areas include:</td>
<td>Content areas include:</td>
<td>Content areas include:</td>
</tr>
<tr>
<td>• Diabetes disease process and treatment options</td>
<td>• Diabetes disease process and treatment options</td>
<td>• Techniques to deal with problems such as fatigue, pain, difficult emotions</td>
<td>• Fat/Kcal</td>
</tr>
<tr>
<td>• Incorporating nutrition management, physical activity, &amp; utilizing medications</td>
<td>• Incorporating nutrition management, physical activity, &amp; utilizing medications</td>
<td>• Physical activity</td>
<td>• Healthy eating</td>
</tr>
<tr>
<td>• Monitoring blood glucose &amp; using results to improve control</td>
<td>• Monitoring blood glucose &amp; using results to improve control</td>
<td>• Appropriate use of medications</td>
<td>• Physical activity</td>
</tr>
<tr>
<td>• Preventing, detecting, &amp; treating acute &amp; chronic complications</td>
<td>• Preventing, detecting, &amp; treating acute &amp; chronic complications</td>
<td>• Communicating effectively with family, friends, &amp; health professionals</td>
<td>• Problem solving</td>
</tr>
<tr>
<td>• Goal setting &amp; problem solving</td>
<td>• Goal setting &amp; problem solving</td>
<td>• Healthy eating, weight management</td>
<td>• Taking charge of your environment</td>
</tr>
<tr>
<td>• Integrating psychosocial adjustment</td>
<td>• Integrating psychosocial adjustment</td>
<td>• Decision making</td>
<td>• Difficulties of lifestyle change</td>
</tr>
<tr>
<td>• Pre-conception care &amp; management during pregnancy (if applicable)</td>
<td></td>
<td></td>
<td>• Stress management</td>
</tr>
<tr>
<td>Currently there are no uniform outcome measures for ADA recognized DSME/T programs</td>
<td>Uniform content &amp; processes allow for quality assurance data aggregation across programs in different geographic areas. Reduced A1C demonstrated.</td>
<td>Uniform content &amp; processes allow for evaluative data aggregation across programs in different geographic areas. Improved self-efficacy demonstrated.</td>
<td>Weight and physical activity minutes are tracked and reported to CDC or YMCA of the USA</td>
</tr>
</tbody>
</table>

This table is being used with permission by the Vermont and New Hampshire Departments of Health.

AK revision 5/2015
Health Equity Matters

Contributed by Dana Diehl, Tobacco Prevention & Control Program Manager, Alaska Native Tribal Health Corporation (ANTHC)

Spotlight on Health Equity

Imagine a community where every person has a good paying job, a decent education, affordable and adequate health care, transportation, safe and affordable housing, and no history of trauma or institutional racism. This is an image that can lead to health equity for a community.

According to the Centers for Disease Control and Prevention, health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Unfortunately, in communities across the nation and in Alaska, health disparities are a reality that place an enormous burden on society. From addressing underlying issues that lead to poverty, to collaborating with housing providers to increase access to affordable housing, everyone in the community can play a role in moving a health equity agenda forward.

In 2013, the Association of State and Territorial Health Officials released five key strategies to promote health equity across health agencies and communities.[1] Alaska has already begun to incorporate these ideas:

- Healthy Alaskans 2020 included poverty and education measures — two of the most important predictors of an individual’s health — as part of the top 25 health priorities for Alaska.
- The Section of Chronic Disease Prevention and Health Promotion formed a Health Equity Group (HEG) to formalize how the Section could play a role in achieving health equity in Alaska. The HEG focused initially on developing a health equity values statement, a policy integrating health equity concepts into all requests for proposals in outgoing grants and contracts, and a Health Equity 101 training for all staff members.

Actions such as these have the potential to create a culture where health inequities are no longer acceptable.

Sources:
1. Role of the State and Territorial Health Official in Promoting Health Equity, Association of State and Territorial Health Officials, 2013.

Adapted from: CDPHP Collaborative News - Spotlight on Health Equity - April 2015

Image credit: adapted from an image adapted by the City of Portland, Oregon, Office of Equity and Human Rights from this original graphic.
Where Are the Data?

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

Public health surveillance and the resulting data provides one of the cornerstones on which we base our public health work. Having access to accurate and meaningful data is critical to making these informed decisions.

So where can we find the data?

Data sources are becoming easier to access, but we need to know how to find them. Here are some links to Alaska public health data sources that you can customize to meet your needs.

Informed Alaskans

The State of Alaska Department of Health and Social Services’ Indicator-Based Information System for Public Health AK-IBIS is a database and query system that provides statistical numerical data as well as context on the health status of Alaskans and the state of Alaska’s health care system. Provides access to graphs and reports that include the Healthy Alaskans 2020 Leading Health Indicators.

Alaska InstantAtlas™ Health Maps provides access to customized graphs, charts, and maps using state, regional, and community health data from the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBS) surveys, reportable infectious diseases, and more.

To learn more about Informed Alaskans, email: Charles J. Utermohle or call: 907.269.8030

Community Commons

Community Commons provides access to data, tools, and stories to improve communities and inspire change. The homepage features the latest community stories and strategies and the blog allows you to search for topics that interest you.

The Map Gallery is a great place to browse and open maps created by users of the Commons. The gallery contains just a few examples of the over 1,200 maps already saved and shared. You can create your own community level maps on a variety of health, social, economic, education, environmental and civic data sets.

More Data Places:

- Alaska Native Tribal Health Consortium (ANTHC) Epidemiology Center - Alaska Native health data.
- CDC Community Health Assessment Data and Benchmarks - State and community level health datasets.
- HealthData.Gov - Searchable links to 1938 national datasets from CDC, NIH, FDA, CMS, and many more.
- Americas Health Rankings - Alaska - State specific overall rankings, strengths, challenges and highlights.
- County Health Rankings & Roadmaps - Alaska - County level health rankings data from the RWJF.
Interagency Collaboration Addresses Radiation Concerns about Alaska Traditional Foods

Contributed by Ali Hamade, PhD, DABT, Environmental Public Health Program Manager, Alaska Section of Epidemiology

The nuclear accident in Japan in March 2011 caused widespread concern about traditional foods safety particularly in Alaska and Pacific states. Alaska state, tribal, and federal agencies responded immediately with outreach materials. However, misinformation from non-agency sources and a lack of testing of traditional foods for Fukushima-related radionuclides led many to doubt the safety of Alaska seafood.

In response, in December 2013, the State of Alaska initiated and currently manages an interagency workgroup that aims to address community concerns about Fukushima-related potential radiation contamination of seafood, water, air, and sediment.

The workgroup aims to identify work done to address these concerns, share available radiation monitoring data, and discuss future monitoring and health education steps.

This workgroup includes participants from many local, tribal, and federal agencies; all Pacific states; Guam; and Canada. Engaging these stakeholders has been helpful for data sharing and resource consolidation.

The international workgroup has also fostered U.S. Food and Drug Administration (FDA) testing of Alaska fish for radionuclides that has been helpful to inform Alaskans and other U.S. residents about the safety of Alaska seafood that is a main component of the global seafood market and of paramount importance to Alaskans.

The FDA testing did not detect any Fukushima-related radionuclides in Alaska fish.

The fruits of this workgroup have been crowned many times over in outreach activities and positive feedback from Alaskans. In addition, most recently, the State of Alaska (particularly staff from the Departments of Health and Social Services (DHSS) and Environmental Conservation (DEC) and the FDA Seattle office were notified that they would be recognized with the prestigious “Group Recognition Award” at the 55th Annual FDA Honor Awards Ceremony for their collaboration on fish sampling and analysis.

This is a great example of interagency collaboration to address public health needs and concerns.

For more information:
- Alaska Department of Conservation Fukushima Radiation Concerns in Alaska
- Alaska Section of Epidemiology Environmental Public Health Program
- Woods Hole Oceanographic Institution Center for Marine and Environmental Radioactivity

Photo credit: Alaska Department of Fish and Game Subsistence Fishing web page
Updates on the UAA Department of Health Sciences and MPH Program

Contributed by Nancy A. Nix, MD, MPH&TM, MEd, CHES, Assistant Professor of Public Health, University of Alaska Anchorage

There have been many changes stirring in the Department of Health Sciences at the University of Alaska Anchorage (UAA). In January of this year, there was a planned transition of leadership for the Department of Health Sciences and the Master of Public Health (MPH) Program.

Jenny Miller, DrPH, MS, MPH is the new chair of the Department, which includes a graduate degree in public health, two bachelor degrees in health sciences and a MEDEX Physician Assistant Program, as well as a minor in public health.

Masters of Public Health (MPH) Program

The Master of Public Health (MPH) Program, with Liz Hodges Snyder, PhD, MPH as the new Program Coordinator, is accredited by the Council on Education for Public Health (CEPH). It was one of the first MPH programs in the nation to be entirely online. Currently, there are 98 students enrolled.

Bachelor of Science Health Science (BSHS) Program

The new Bachelor of Science Health Science (BSHS) Program has two available tracks degree: for pre-professionals and for health education. Rhonda Johnson, DrPH, MPH, FNP is the interim BSHS Program Coordinator until mid-August when Corrie Whitmore, PhD, MS will step into the position.

The bachelor’s degree physician assistant (PA) program is MEDEX Northwest, which is an affiliate with the University of Washington (UW) School of Medicine. All of the PA students spend their first quarter in Seattle; then their next three quarters of coursework is at their respective sites, such as a cohort in Anchorage. This is followed by a clinical year with placements at sites throughout the state. An 18-credit minor in public health is also available to UAA students.

We’ve Moved!

In addition to all of these internal changes, our offices also had to relocate from the Diplomacy Building near the Alaska Native Medical Center to the building on Bragaw Street, just north of East High School. Our physical address is now: 1901 Bragaw Street, 2nd Floor, Suite 220, Anchorage, AK 99508. So, as everyone is settling in, summer courses are beginning and faculty research and community service continue.

For more information:
- UAA Department of Health Sciences: [http://www.uaa.alaska.edu/healthsciences/](http://www.uaa.alaska.edu/healthsciences/)
- UAA MPH Program: [http://www.uaa.alaska.edu/healthsciences/mph/index.cfm](http://www.uaa.alaska.edu/healthsciences/mph/index.cfm)
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:

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

June
- National Scleroderma Awareness Month
- Men’s Health Month
- National Safety Month
- National Congenital Cytomegalovirus Awareness Month
- Men’s Health Week (June 9-15)

August
- National Breastfeeding Month
- National Immunization Awareness Month
- Cataract Awareness Month
- Children’s Eye Health and Safety Month
- World Breastfeeding Week (August 1-7)

September
- Ovarian Cancer Awareness Month
- National Childhood Obesity Awareness Month
- Fruits & Veggies—More Matters Month
- National Cholesterol Education Month
- National Suicide Prevention Week (Sept 6-12)
- National Women’s Health and Fitness Day (Sept 24)
- National Youth Suicide Prevention Day (Sept 10)

October
- National Breast Cancer Awareness Month
- National Domestic Violence Awareness Month
- Day of the Girl (Oct 11)
- National Mammography Day (Oct 16)

November
- American Diabetes Month
- National Family Caregivers Month

December
- World AIDS Day (Dec 1)
American Public Health Association News

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

APHA’s 2015 Annual Meeting and Exposition

APHA is off to Chicago in 2015 for the 143rd Annual Meeting and Exposition (October 31-November 4). The meeting brings together more than 12,000 of your colleagues from across the U.S. and around the world to network, educate and share experiences.

**Theme: Health in All Policies**

The environments in which people live, work, learn and play have a tremendous impact on their health. Responsibility for the social determinants of health falls to many nontraditional health partners, such as housing, transportation, education, air quality, parks, criminal justice, energy, and employment agencies. Public health agencies and organizations will need to work with those who are best positioned to create policies (legal and regulatory) and practices that promote healthy communities and environments and secure the many co-benefits that can be attained through healthy public policy.

APHA Annual Meeting registration opens June 2.

New APHA Health Equity Report

The American Public Health Association has published, Better Health Through Equity: Case Studies in Reframing Public Health Work (2015) (PDF) which highlights state and local efforts from health agencies and one Tribal Nation across Colorado, Oregon, Texas, Virginia and Wisconsin to address the root causes of health inequities. Those root causes include racism and unequal distribution and access to resources such as a living wage, health care and quality education and housing. The report features the stories of the health agencies as they shifted their thinking and their work from focusing on health disparities to advancing health equity.

APHA adopts 16 new Policy Statements at 2014 Annual Meeting

The American Public Health Association adopted 16 new policy statements at its 142nd Annual Meeting and Exposition in New Orleans covering topics including public health and legalized marijuana, Ebola and emerging infectious diseases, bullying for LGBT youth, the regulation of e-cigarettes, comprehensive sex education for young people, young children and dietary guidelines, veterans and mental health services, breast cancer and its relationship to occupation, and social determinants of behavioral health.

Full text of the 2014 APHA policy statements is available here.
The Alaska Public Health Association ALPHA awards were presented at the Health Summit on January 29, 2015.

- **Alaska Meritorious Health Service Awards:** Ward Hurlburt, MD, MPH & Corlis Taylor, MPH
- **Alaska Health Achievement Awards:** David O’Brien, PhD & the Municipality of Anchorage Dept. of Health and Human Services Disease Prevention and Control Public Health Nurses
- **ALPHA Award for Short Term Service:** Healthy Alaskans 2020
- **Alaska Community Service Awards for Health:** THRIVE Mat-Su & Iliuliuk Family & Health Services Clinic
- **Barbara Berger Excellence in Public Health Award:** Anchorage Neighborhood Health Center

**Congratulations to all the deserving winners!**

**Alaska Meritorious Health Service Awards**
Ward Hurlburt, MD, MPH
Corlis Taylor, MPH
Accepted by her daughter

**Alaska Health Achievement Award**
David O’Brien, PhD
Municipality of Anchorage Dept. of Health and Human Services Disease Prevention and Control Public Health Nurses

**ALPHA awards provide an opportunity to recognize our colleagues and acknowledge their contribution to the Alaska Public Health Association and to public health in Alaska.**
2015 ALPHA Award Winners

*Alaska Community Service Award for Health*
- **THRIVE Mat-Su**

*Alaska Community Service Award for Health*
- **Iliuliuk Family and Health Services Clinic**

*Awards were presented by Lisa Aquino, MPH, ALPHA President*

*Barbara Berger Excellence in Public Health Award*
- **Anchorage Neighborhood Health Center**

*ALPHA Award for Short Term Service*
- **Healthy Alaskans 2020**
Alaska Public Health Association

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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

Contributed by Masayo Nishiyama, MSN, MPH, Nurse Manager Juneau Public Health Center, Alaska Division of Public Health

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.