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Description of document:	Correspondence and email from Governor Sarah Palin or the Office of the Governor in the office of the Director of the Alaska Governor's Advisory Board on Alcoholism and Drug Abuse, 2007 – 2008
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STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

SARAH PALIN, GOVERNOR

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October 31, 2008

Ref: Your September 14, 2008, request for information under the Freedom of Information Act

To comply with your September 14, 2008, request for information under Alaska Public Records Act, we are able at this point to provide the following in response to your request:

- Attached paper correspondence in PDF format

These documents are gathered in response to your requests of the following public officials within our department:

Millie Ryan
Bev Wooley
Ellie Fitzjarrald
Rod Moline
Kate Burkhart
Denise Daniello
Bill Hogan
Bill Streur
Pat Hefley

Most of these public officials who you made requests of within the Alaska Department of Health and Social Services did not have any paper correspondence with the governor's office. I have collected what was responsive to your request and have attached it.

Thank you for your patience as we collected these items. If you have any questions, please feel free to call or e-mail me.

Sincerely,



Clay Butcher
Director of Public Affairs
(907) 269-7867
clay.butcher@alaska.gov

**State of Alaska
Preventive Health and Health Services
Block Grant**

Application

Original Application for Fiscal Year 2008

Submitted by: Alaska

DUNS: 809386543

Printed 06/06/08 - 09:40 PM

Governor: Sarah Palin

State Health Officer: Jay Butler

Block Grant Coordinator: Jayne E. Andreen

CDC Application ID: 2008AKB01PRVS-000

Created on: 02/24/08

Submitted on: 06/06/08

Application Prepared for Transmission: Yes

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Executive Summary

The State of Alaska's Preventive Health and Health Services Block Grant Advisory Committee met in November 2007 to establish the priorities for Alaska's use of the FFY08 funding. The Committee identified the following parameters:

Increase/expand working relationships:

- Infiltrate across the life span and populations
- Improve collaboration efforts
- Provide leadership and follow-through
- Increase work with non-traditional partners.

Resources:

- Expand local capacity and ownership.
- Look for ways to develop volunteer capacity
- Share resources and linkages
- Support a central data repository

Prioritization:

- Increase marketability efforts for primary prevention
- De-institutionalize the model, marketing what we are doing.
- Increase the prioritization of health promotion and prevention
- Align primary prevention with strong cultural values.
- Find leadership that will be champions for the effort

Alaska's FFY08 funding will be used to continue realigning the focus of the statewide health promotion program. In addition to on-going services, this will be done by:

- Using sexual assault set-aside funds for developing pilot teen peer prevention efforts in two rural villages
- Coordinating community-based programming through advisory committees, task forces and associations at the state and national levels.
- Expanding improved community capacity for health assessment and planning through training and technical assistance.
- Fostering expanded clinical preventive services through the Steps to a Healthier SE Alaska and the Worksite Health Promotion Collaborative.
- Increasing health promotion workforce development through sponsoring and conducting training on a wide range of topics.

Statutory Information

Dates:

Public Hearing Date(s):
02/28/08

Advisory Committee Date(s):
11/20/07
02/28/08

Current Forms on File with CDC:

Certifications: Yes

Certifications and Assurances: Yes

Budget Information

**State of Alaska
Preventive Health and Health Services Block Grant**

Original Application for Fiscal Year 2008

Budget Detail	
Total Award (1+6)	\$332,961
A. Current Year Annual Basic	
1. Annual Basic Amount	\$317,609
2. Annual Basic Admin Cost	(\$31,760)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$285,849
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$15,352
7. Sex Offense Admin Cost	(\$1,530)
(8.) Sub-Total Sex Offense Set Aside	\$13,822
(9.) Total Current Year Available Amount (5+8)	\$299,671
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$299,671

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$285,849
Sex Offense Set Aside	\$13,822
Available Current Year PHHSBG Dollars	\$299,671
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year Dollars	\$0
C. Total Funds Available for Allocation	\$299,671

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL PHHSBG \$'s
Health Communication	11-3 Research and evaluation of communication programs	\$118,000	\$0	\$118,000
Sub-Total		\$118,000	\$0	\$118,000
Health Promotion	7-10 Community health promotion programs	\$167,849	\$0	\$167,849
Sub-Total		\$167,849	\$0	\$167,849
Sexual Assault Prevention	15-35 Rape or attempted rape	\$13,822	\$0	\$13,822
Sub-Total		\$13,822	\$0	\$13,822
GRAND TOTAL		\$299,671	\$0	\$299,671

**Programs, Health Objectives, and
Essential Services**

Service 1 - Monitor health status
Service 2 - Diagnose and investigate
Service 3 - Inform and educate
Service 4 - Mobilize partnerships
Service 5 - Develop policies and plans
Service 6 - Enforce laws and regulations
Service 7 - Link people to services
Service 8 - Assure competent workforce
Service 9 - Evaluate health programs
Service 10 - Research

**State of Alaska
Preventive Health and Health Services Block Grant**

Original Application for Fiscal Year 2008

State Program Title: Health Communication

State Program Strategy:

1. Program Purpose - The purpose of Health Communication is to improve the health and well being of Alaskans by promoting healthy lifestyles through social marketing and media strategies.
2. Strategic Partnerships - Health Communication is participating in the Governor's healthy lifestyle initiative in collaboration with the Governor's office, the Public Information office, the Chief Medical Officer, the Director of Public Health and staff. Other partners outside state government are being identified for participation.

In addition, Health Communication works across the Section of Chronic Disease Prevention and Health Promotion and in partnership with statewide and community coalitions such as Take Heart Alaska and Stroke Task Force, Alaskans Promoting Physical Activity, Eat Smart Public Education Committee, state agencies such as the Alaska Commission on Aging, Division of Senior and Disabilities Services, and Injury Prevention and statewide non-profits such as the Alaska Health Fair.

3. Focus on Activities –

Identify strategies and target audiences for the website to promote the Governor's healthy lifestyle initiative.

Disseminate quality health information through the Alaska Health Education Library Project for health providers.

Develop the Healthy Body...Healthy Brain campaign to focus on risk factors associated with cognitive decline.

3. Role of PHHSBG funds - The PHHSBG is the only source of funds for the Health Communication program.

4. Data - The BRFSS provides surveillance for monitoring health indicators.

The Alaska Health Education Library Project maintains a database of Alaska health resources and providers.

National Health Objective: HO 11-3 Research and evaluation of communication programs

State Health Objective(s):

Healthy Alaskans 2010 7-4 Ensure access to current health information including Alaska-focused websites such as AHELP that have easily understood, culturally relevant, reliable health information for providers and consumers

State Health Problem:

1. Prevalence – The Governor appointed the Health Care Strategies Council and recommendations call for the governor and the legislature to make a long-term commitment to elevating the discussion of health and health care to the statewide level. Planning is underway for the Governor's healthy lifestyle initiative. Physical activity and nutrition are both key components for a healthy lifestyle.

Quality information relevant to the unique needs of Alaska is the focus for Health Communications. Results from the *BRFSS* indicate that in 2005, 21% of Alaskans report no physical activity while the Healthy Alaskans 2010 target would be a reduction to 15%, and only 23% of Alaskans consume at least 5 servings of fruits and vegetables daily while the Healthy Alaskans 2010 target would be an increase to 30%.

2. Distribution - Alaskans' leisure time physical activity levels have remained consistent throughout the years of this survey with approximately one-fifth of adults reporting no leisure time physical activity. However, disparities exist for leisure time physical activity and decrease with increasing age as 1/3 of Alaskans over 65 years of age reported no leisure time physical activity in 2006.

Disparities also exist for obtaining health information on the internet between rural and urban areas and with increasing age. In 2004 the *Alaska Behavior Risk Factor Surveillance System* included state added questions regarding Health Communications and Sources of Health Information. *Visiting a website to learn about health* was lowest in rural areas (41% to 63-69% for rest of state) and lowest for persons over 65 years (34% to 61-69% for other ages.) *Source of most health information* was lowest from internet for rural areas (7% to 14-16% for rest of state) and highest from health care provider in rural areas (67% to 47-55% for rest of state) and radio/TV as a source goes up with age (8% to 28% for over 65 years.)

5. Related risk factors - Overweight status has remained relatively stable from 1991 to 2006 in both the US and Alaska; in 2006, nearly 40% of adult Alaskans met the definition of being overweight. Obesity has increased on a state and national level during this time period; in 2006, approximately one quarter of Alaskan adults met the definition for being obese.

6. Data sources – BRFSS

Target Population:

Target population 1:

Population Number: 670,520

Description:

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White

Age: All ages

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Target population 1:

Number: 71,000

Description:

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White

Age: 50-64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

ESSENTIAL SERVICES

Essential Service 2 - Diagnose and Investigate:

Desired Impact Objective:

Annual Activity Objective for Desired Impact Objective:

HO 7-12 Older adult participation in community health promotion activities

SMART Objective – Between 10/2006 and 09/2009, Health Communication will decrease the percent of adults over 65 who report no leisure time physical activity from 34% to 31%.

Activity – Provide technical assistance and resources to the Alaska Commission on Aging for developing the Healthy Body...Healthy Brain media campaign to promote physical activity and good nutrition to older adults. In addition to dissemination of print materials, presentations, and ads posted in newspapers, theatres and buses, radio ads will also be developed. Additional information, resources, downloadable materials and links will be identified and added to the ACoA website.

Essential Service 4 - Mobilize partnerships:

Desired Impact Objective:

Annual Activity Objective for Desired Impact Objective:

HO 7-12 Older adult participation in community health promotion activities

SMART Objective – Between 10/2006 and 09/2009, Health Communication will decrease the percent of adults over 65 who report no leisure time physical activity from 34% to 31%.

Activity – Identify partners and programs to increase physical activity as prioritized in the annual implementation plan for the ACoA State Plan for Services, developed in collaboration with over 22 statewide partners.

Essential Service 5 - Develop policies and plans:

HO 11-4 Quality of internet health information sources

SMART Objective – Between 2004 and 2010, Health Communication will increase the number of persons who visit an internet website to learn about health from 63% to 70%.

Activity – Participate in the Governor's healthy lifestyle initiative to identify target audiences and strategies for promoting health information on the internet.

Essential Service 8 - Assure competent workforce:

HO 11-4 Quality of internet health information sources

SMART Objective – Between 10/2007 and 9/2009, Health Communication will increase the number of programs that reflect best practice on AHELP from 0 to 2.

Activity – Collaborate with Diabetes program to promote the evaluation component on the AHELP website electronically through listserves, e-newsletters, and websites.

PROGRAM PROFILE

1. Program Title: Health Communication

2. Total Block Grant Funds to Program:

Current Year:

a. HO 11-3	<u>\$118,000</u>
Total:	\$118,000

Prior Year:

a. HO 11-3	<u>\$0</u>
Total:	\$0

3. Total Block Grant Funds to Local Entities for Program:

a. HO 11-3	<u>\$0</u>
Total:	\$0

4. Total FTE's for Program:

Number:

a. HO 11-3	<u>1.00</u>
Total:	1.00

Description (Optional): Health and Social Services Planner II is responsible for Health Communication.

<p align="center">HEALTH OBJECTIVE PROFILE for HO 11-3 Research and evaluation of communication programs</p>

5a. National Health Objective: 11-3 Research and evaluation of communication programs

Increase the proportion of health communication activities that include research and evaluation.
An operation definition has not been specified.

6a. State Health Objective(s):

Healthy Alaskans 2010 7-4 Ensure access to current health information including Alaska-focused websites such as AHELP that have easily understood, culturally relevant, reliable health information for providers and consumers

7a. Target and Disparate Population Numbers:

Target Number: 670,520
Disparate Number: 71,000

8a. HO Dollars/FTE's:

- (1). Total Current Year: \$118,000
- (2). Total Prior Year: \$0
- (3). Amount to Disparate Population: \$0
- (4). Number of FTE's for HO: 1.00
- (5). Amount of \$'s to Local Entities for HO: \$0

9a. Percent of Block Grant Funds Relative to Other State Health Department Funds for HO:

HO 11-3 100% - Total source of funding

10a. Block Grant Role:

HO 11-3 No other existing federal or state funds

Description (Optional): The PHHSBG provides funds to unite chronic disease prevention and health promotion programs with a coordinated message.

11a. 10 Essential Services

Essential Service 2 - Diagnose and Investigate
Essential Service 4 - Mobilize partnerships

Essential Service 5 - Develop policies and plans
Essential Service 8 - Assure competent workforce

State Program Title: Health Promotion

State Program Strategy:

The purpose of the Health Promotion Program is to improve the health and well-being of Alaskans by increasing the competency, skills, resources and effectiveness of community-based health promotion efforts throughout Alaska. The most effective community health promotion programs are comprehensive and are based on multiple intervention strategies that include education, as well as environmental and policy change. These strategies must be culturally relevant and designed to meet the specifics of the community they are intended to impact. A strong health promotion system includes schools, the workplace, health care sites and communities. These settings serve as channels for reaching the intended audience, as well as sites for applying strategies. These settings also provide the venue to intervene at the policy and environmental level to encourage and support healthy behavior.

Health Promotion works in conjunction with a wide range of state, regional and local partnerships, including cross collaboration with state and non-profit programs addressing cardiovascular health, diabetes, arthritis, physical activity, nutrition, obesity, women's health, cancer, public health nursing, primary care, rural health, the native health system, and education. The focus of program activities is to:

- Provide education, training opportunities, and technical assistance on health education, health promotion, and community development.
- Develop and support partnerships and collaboration with other statewide, regional, and local public health agencies in the public and private sectors, to improve the health status of Alaskans throughout the state.
- Advocate for statewide, regional, and local health promotion activities, policies, and resources.

The Division of Public Health is embarking on defining a new vision for responding to the health needs throughout Alaska. Health Promotion plays one of several key roles in developing this definition by promoting greater integration of health programming at the community level. Initiatives include:

- Coordinating community-based programming through advisory committees, task forces and associations at the state and national levels.
- Improving community capacity for health assessment and planning through training and technical assistance, and promotion of Mobilizing Action through Partnerships and Planning
- Fostering expanded clinical preventive services through the Worksite Health Promotion Collaborative and the Steps for a Healthier SE Alaska.
- Increasing health promotion workforce development through sponsoring and conducting training on a wide range of topics.

Health Promotion relies on several surveillance systems for identifying needs, as well as monitoring the outcome and impact of its programming. These include the Behavior Risk Factor Surveillance System, Youth Risk Behavior Survey, and the School Health Education Profile, as well as a wide range of specialized surveys conducted by the State of Alaska. The majority of the State Health Objective indicators, as well as the Desired Impact Objectives, are based on Healthy Alaskan 2010

indicators. Health Promotion uses the indicators most closely aligned with the risk behaviors contributing to the leading cases of death in Alaska; overweight and obesity, physical activity, nutrition and tobacco use.

The PHHS Block Grant is the only source of funds for this program.

National Health Objective: HO 7-10 Community health promotion programs

State Health Objective(s):

By 2010, increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

Indicators:

- **Healthy Alaskan 2010 1-1:** By 2010, reduce the proportion of adults who are physically inactive from 24% of the population to 15%. Baseline data source: 1998 BRFSS.
- **Healthy Alaskan 2010 2-1:** By 2010, reduce the proportion of Alaskan adults who are overweight from 41% to 30%, and obese from 20% to 18%. Baseline data source: 1999 BRFSS.
- **Healthy Alaskan 2010 3-8, 3-9:** By 2010, reduce the percentage of Alaskan adults who smoke cigarettes from 27% to 14%, and the percentage of Alaskan adults who use smokeless tobacco from 5% to 3%. Baseline data source: 1999 BRFSS.
- **Healthy Alaskan 2010 6-4:** By 2010, ensure that 25% of Alaskan K-12 schools incorporate at least 5 of the components of a coordinated school health program. Baseline: Developmental. Data Sources: Alaska School Health Education Profile, 1998
- **Healthy Alaskan 2010 6-6 (modified):** By 2010, increase the proportion of worksites employing 250 or more employees that offer their employees health screening and a supportive health environment from 43% to 68%. Baseline data source: Cardiovascular Health Physical Activity Inventory, 2004, unpublished.
- **Healthy Alaskan 2010 6-9:** By 2010, increase to 100% the proportion of hospitals and health care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community. Baseline Data: 83% of respondents provide community health education and health promotion, on at least an itinerant basis. Alaska Rural Primary Care Facility Needs Assessment, 2000.
- **Healthy Alaskan 2010 6-11:** By 2010, increase the proportion of communities with established health promotion programs to cover 75% of the state's population. Baseline: The community of Hoonah, initiated the first community-based health promotion program organized to address Healthy People 2000 in 1994.

State Health Problem:

Too many Alaskans are dying prematurely, suffering acute and extended illnesses and serious injuries, and living with long-term disabilities. The five leading causes of death in Alaska in 2000 were cancer, heart disease, unintentional injuries, cerebrovascular disease (stroke) and chronic lower respiratory diseases.

About half of all deaths occurring annually are attributable to modifiable behavioral risk factors such as uncontrolled hypertension and diabetes, smoking, physical inactivity, poor diet, alcohol abuse, violence, not using safety devices, and risky sexual behavior. Alaskans are particularly at risk for chronic disease and premature death because of the high prevalence of risk factors. According to the Alaska Behavioral Risk Factor Survey among Alaskan adults:

- 38% are overweight, BRFSS 2006

- 28% are obese, BRFSS 2006
- 24% smoke, BRFSS 2006
- 6% have diabetes, BRFSS 2006
- 17% engage in acute or binge drinking, BRFSS 2006
- 22% have high blood pressure, BRFSS 2005
- 21% do not engage in leisure time physical activity, BRFSS 2006
- 75% do not consume 5 fruits and vegetables a day, BRFSS 2006

In 1999, the statewide Alaska Public Health Improvement Process (APHIP) concluded that Alaska's public health system was informal and fragmented. Because financial and policy streams are disease specific, there is no formal mechanism to coordinate funding and policy to create a more coherent system. Resources for local public health are inadequate and training opportunities are limited. APHIP also identified that Alaska has inadequate resources for community planning and development. Capacity building through developing local and statewide partnerships, as well as support, is needed to assist local communities in addressing public health issues.

A strong health promotion and health education response is necessary for the public health system to effectively respond to the leading causes of premature death among Alaskans, reduce behavioral health risks and develop supportive policies and environments in order to increase Alaskan's years of healthy life.

Target Population:

The Health Promotion program targets all Alaskans.

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other

Age: All ages

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Description: The Health Promotion program targets all Alaskan residents.

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other

Age: All ages

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

ESSENTIAL SERVICES

Essential Service 1 - Monitor health status:

Desired Impact Objective 1: Healthy Alaskans 2010 26-11: By September 2009, the Health Promotion program will increase the proportion of communities that have established health assessment and priority setting processes from 55.6% of respondents to 70%. Baseline Data: Health Promotion Survey, 2004.

Annual Activity Objective 1.A: By December 2008, the Health Promotion program will assist 8 communities in conducting local health assessment and planning. Data Sources: Program records, training effectiveness tools, local collaboration assessment tool, local health plan quality index tool.

Annual Activity Objective 1.B: By December 2008, the Health Promotion program will conduct a minimum of 12 trainings on how to conduct community health assessment using Mobilizing Action through Partnerships and Prevention. Data Source: Program records, training effectiveness surveys.

Annual Activity Objective 1.C: By December 2008, the Health Promotion program will develop and implement a community health profile template for use by local communities. Data Source: Program records.

Annual Activity Objective 1.D: By December 2008, the Health Promotion program will investigate potential for posting community health profiles on the State of Alaska website. Data Source: Program records.

Annual Activity Objective 1.E: By December 2008, the Health Promotion program will disseminate the completed community health plans to state level categorical programs for potential use in strategic planning efforts. Indicators: Data source: Program records.

Essential Service 3 - Inform and Educate:

Desired Impact Objective 1: By September 2009, the Health Promotion program will increase the number of Alaskan adults who practice healthy behaviors by not using tobacco, eating 5 or more servings of fruits and vegetables and engaging in moderate physical activity from 12.2% to 15%. Baseline Data: BRFSS 2003.

Annual Activity Objectives 1.A: By December 2008, the Health Promotion Program will participate in the Take Heart Alaska Public Education Committee. Indicators: Number of materials distributed, number and value of media messages, number of publications produced and distributed, and number of web hits. Data source: program records.

Annual Activity Objective 1.B: By December 2008, the Health Promotion Program will participate in the coordinated media initiative within the Section of Chronic Disease Prevention and Health Promotion. Indicators: Number of materials distributed, number and value of media messages, number of publications produced and distributed, and number of web hits. Data source: program records.

Essential Service 4 - Mobilize partnerships:

Desired Impact Objective 1: Healthy Alaskans 2010 26-13 (modified): By September 2008, the Health Promotion program will increase and expand statewide partnerships for health promotion to ensure that all partners understand their responsibilities and hold each other accountable for our respective responsibilities to promote the health of Alaskans by developing an interagency council for sharing information and resources for community-based health promotion development. Baseline indicators: Developmental

Annual Activity Objectives 1.A: By December 2008, the Health Promotion program will increase awareness of health promotion and health education resources through increased partnerships.

Indicators: Number of meetings, number of partners in the partnerships, completion of plans for health promotion. Data Source: program records.

Annual Activity Objectives 1.B: By December 2008, the Health Promotion program will convene 2 meeting of the PHHS Block Grant Advisory Committee. Data Source: program records.

Annual Activity Objectives 1.C: By December 2008, the Health Promotion program will participate in the Alaska Health Education Consortium, Eat Smart Alaska, Take Heart Alaska, Arthritis Advisory Board, Worksite Health Promotion Collaborative, and Alaskans Addressing Asthma, DELTA Advisory Committee. Indicators: Number of meetings, number of partners in the partnerships, completion of plans for health promotion. Data Source: program records.

Annual Activity Objectives 1.D: By December 2008, the Health Promotion program will serve on the Board of the Alaska Public Health Association, and the Directors of Health Promotion and Education. Indicators: Number of meetings, number of partners in the partnerships, completion of plans for health promotion. Data Source: program records.

Annual Activity Objectives 1.E: By December 2008, the Health Promotion program will coordinate with the Diabetes Program, Comprehensive Cancer Program, Arthritis, Tobacco Prevention and Control, Physical Activity and Nutrition Program, Women's Health programs, Native Health Organizations, Steps for a Healthier Alaska – SEARHC, Community Wellness Advocates, Senior and Disabilities Services, Public Health Nursing Training/Technical Assistance, Public Health Training Institute, Public Health Training Network, Primary Care and Rural Health, Immunization, Oral Health. Indicators: Number of meetings, number of partners in the partnerships, completion of plans for health promotion. Data Source: program records.

Annual Activity Objectives 1.F: By December 2008, the Health Promotion program will facilitate a workgroup of state level agencies that provide community-based health promotion resources and training to improve networking and resource utilization. Indicators: Number of meetings, number of partners in the partnerships, completion of plans for health promotion. Data Source: program records.

Essential Service 5 - Develop policies and plans:

Desired Impact Objective 1: Healthy Alaskans 2010 26-11: By September 2009, the Health Promotion program will increase the proportion of communities that have established health assessment and priority setting processes from 55.6% of respondents to 70%. Baseline Data: Health Promotion Survey, 2004.

Annual Activity Objective 1.A: By December 2008, the Health Promotion program will assist 8 communities in conducting local health assessment and planning. Data Sources: Program records, training effectiveness tools, local coalition assessment tool, local health plan quality index tool.

Annual Activity Objective 1.B: By December 2008, the Health Promotion program will conduct a minimum of 12 trainings on how to conduct community health assessment using Mobilizing Action through Partnerships and Prevention. Data Source: Program records, training effectiveness surveys.

Annual Activity Objective 1.C: By December 2008, the Health Promotion program will develop and implement a community health profile template for use by local communities. Data Source: Program records.

Annual Activity Objective 1.D: By December 2008, the Health Promotion program will investigate potential for posting community health profiles on the State of Alaska website. Data Source: Program

records.

Annual Activity Objective 1.E: By December 2008, the Health Promotion program will disseminate the completed community health plans to state level categorical programs for potential use in strategic planning efforts. Data source: Program records.

Desired Impact Objective 2: By December 2008, the Health Promotion program will increase awareness of health promotion functions, and their relevance to public health programming.

Indicators: Number of trainings, knowledge change assessment change/ Data Source: Program records, training effectiveness tool.

Annual Activity Objective 2.A: By December 2008, the Health Promotion program will participate in health promotion planning with the Alaska Health Education Consortium, Alaska Public Health Association, Worksite Health Promotion Collaborative, Steps for a Healthier SE Alaska, and the Section of Chronic Disease Prevention and Health Promotion. Indicator: Number of meetings, completion of plans. Data Source: Program records.

Annual Activity Objective 2.B: By December 2008, the Health Promotion program will plan and co-facilitate strategic planning for Directors of Health Promotion and Education. Indicator: Completion of plan. Data Source: DHPE records.

Annual Activity Objective 2.C: By December 2008, the Health Promotion program will assist 8 communities in conducting local health assessment and planning. Data Sources: Program records, training effectiveness tools, local collaboration assessment tool, local health plan quality index tool.

Annual Activity Objective 2.D: By December 2008, the Health Promotion program will conduct a minimum of 12 trainings on how to conduct community health assessment using Mobilizing Action through Partnerships and Prevention. Data Source: Program records, training effectiveness surveys.

Annual Activity Objective 2.E: By December 2008, the Health Promotion program will facilitate the PHHS Block Grant Advisory Committee. Indicator: Completion of plan. Data source: program records.

Annual Activity Objectives 2.F: By December 2008, the Health Promotion program will facilitate a workgroup of state level agencies that provide community-based health promotion resources and training to improve networking and resource utilization. Indicators: Number of meetings, number of partners in the partnerships, completion of plans for health promotion. Data Source: program records.

Essential Service 7 - Link people to services:

Desired Impact Objective 1: Healthy Alaskans 2010 15-3: By September 2009, the Health Promotion program will increase the proportion from 10% to 13% Alaskan adults appropriately counseled to lose weight and 44% to 55% of current smokers appropriately counseled to quit by a health care provider about health behaviors within the last year. Data Source: BRFSS 2000

Annual Activity Objective 1.A: By December 2008, the Health Promotion Program will participate on the Steps for a Healthier SE Alaska Leadership Team that includes initiatives to increase worksite and health care provider preventive health capacity. Indicator: Number of meetings attended. Data source: Program records.

Annual Activity Objective 1.B: By December 2008, the Health Promotion Program will participate in the Section's Worksite Health Promotion Collaborative, supporting preventive health practices at the workplace. Indicator: Number of meetings, number of worksites, number of materials distributed, number of presentations. Data source: Program records.

Essential Service 8 - Assure competent workforce:

Desired Impact Objective 1: Healthy Alaskans 2010 26-11: By September 2009, the Health Promotion program will increase the proportion of communities that have established health assessment and priority setting processes from 55.6% of respondents to 70%. Baseline Data: Health Promotion Survey, 2004.

Annual Activity Objective1.A: By December 2008, the health promotion program will train 10 Community Wellness Advocates on social capital, logic models, and group facilitation. Indicators: Number of trainings, number of participants. Data Sources: Program records, post-event evaluations.

Annual Activity Objective1.B: By December 2008, the health promotion program will plan and conduct 7 health promotion track workshops and sessions for the Alaska Health Summit. Indicators: Number of trainings, number of participants, post-event evaluations.

Annual Activity Objective1.C: By December 2008, the health promotion program will conduct training, technical assistance and consultation for 9 communities for the Mobilizing Action through Partnerships and Planning. Indicators: Number of trainings, number of participants. Data source: program records, post-event evaluations.

Annual Activity Objective1.D: By December 2008, the health promotion program will present at statewide Public Health Nursing conferences. Indicators: Number of trainings, number of participants. Data source: Program records, post-event evaluations.

Annual Activity Objective1.E: By December 2008, the health promotion program will sponsor two Alaska Public Health Training Network broadcasts. Indicators: Number of trainings, number of participants. Data source: Program records, post-event evaluations.

PROGRAM PROFILE

1. Program Title: Health Promotion

2. Total Block Grant Funds to Program:

Current Year:

a. HO 7-10 \$167,849

Total: \$167,849

Prior Year:

a. HO 7-10 \$0

Total: \$0

3. Total Block Grant Funds to Local Entities for Program:

a. HO 7-10 \$0

Total: \$0

4. Total FTE's for Program:

Number:

a. HO 7-10 1.33

Total: 1.33

Description (Optional): The Block Grant funds all of the Health Program Manager III, who is responsible for program planning and oversight, consultation, facilitation of various groups and program implementation. The Block Grant funds .33 FTE of the Administrative Clerk, who provides administrative support to the program.

<p align="center">HEALTH OBJECTIVE PROFILE for HO 7-10 Community health promotion programs</p>

5a. National Health Objective: 7-10 Community health promotion programs

Increase the proportion of Tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple Healthy People 2010 focus areas. An operational definition has not been specified.

6a. State Health Objective(s):

By 2010, increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

Indicators:

- **Healthy Alaskan 2010 1-1:** By 2010, reduce the proportion of adults who are physically inactive from 24% of the population to 15%. Baseline data source: 1998 BRFSS.
- **Healthy Alaskan 2010 2-1:** By 2010, reduce the proportion of Alaskan adults who are overweight from 41% to 30%, and obese from 20% to 18%. Baseline data source: 1999 BRFSS.
- **Healthy Alaskan 2010 3-8, 3-9:** By 2010, reduce the percentage of Alaskan adults who smoke cigarettes from 27% to 14%, and the percentage of Alaskan adults who use smokeless tobacco from 5% to 3%. Baseline data source: 1999 BRFSS.
- **Healthy Alaskan 2010 6-4:** By 2010, ensure that 25% of Alaskan K-12 schools incorporate at least 5 of the components of a coordinated school health program. Baseline: Developmental. Data Sources: Alaska School Health Education Profile, 1998
- **Healthy Alaskan 2010 6-6 (modified):** By 2010, increase the proportion of worksites employing 250 or more employees that offer their employees health screening and a supportive health environment from 43% to 68%. Baseline data source: Cardiovascular Health Physical Activity Inventory, 2004, unpublished.
- **Healthy Alaskan 2010 6-9:** By 2010, increase to 100% the proportion of hospitals and health care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community. Baseline Data: 83% of respondents provide community health education and health promotion, on at least an itinerant basis. Alaska Rural Primary Care Facility Needs Assessment, 2000.
- **Healthy Alaskan 2010 6-11:** By 2010, increase the proportion of communities with established health promotion programs to cover 75% of the state's population. Baseline: The community of Hoonah, initiated the first community-based health promotion program organized to address Healthy People 2000 in 1994.

7a. Target and Disparate Population Numbers:

Target Number: 670,958

Disparate Number: 670,958

8a. HO Dollars/FTE's:

- (1). Total Current Year: \$167,849
- (2). Total Prior Year: \$0
- (3). Amount to Disparate Population: \$0
- (4). Number of FTE's for HO: 1.33
- (5). Amount of \$'s to Local Entities for HO: \$0

Description (Optional):

9a. Percent of Block Grant Funds Relative to Other State Health Department Funds for HO:

HO 7-10 100% - Total source of funding

10a. Block Grant Role:

HO 7-10 No other existing federal or state funds

Description (Optional): The Block Grant is the sole source of funding for Alaska's Health Promotion program. While some funding exists for community-based initiatives through categorical programs, this is the only source that focuses specifically on community-development from a health promotion perspective.

11a. 10 Essential Services

Essential Service 1 - Monitor health status
Essential Service 3 - Inform and Educate
Essential Service 4 - Mobilize partnerships
Essential Service 5 - Develop policies and plans
Essential Service 7 - Link people to services
Essential Service 8 - Assure competent workforce

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

By the year 2010, reduce the rate of sexual assault by 10%. (Baselines: UCR report for 2000 reflected a reported forcible sexual assault rate of 79.3 per 100,000 inhabitants in Alaska.)

State Health Problem:

Alaska's rate of reported forcible rape in 2006 of 76.0 rapes per 100,000 inhabitants is nearly 2.5 times higher than the national average of 30.0 (FBI *Uniform Crime Report* 2006). Since 1960, Alaska has ranked either first or in the top five in the nation for reported forcible rapes. Since it is estimated that only one in ten victims ever report sexual assault, these cases are but a small portion of the actual assaults taking place in our state. The number of incidents alone speaks to the need for these funds.

In addition to the sheer number of sexual assaults that occur, we must acknowledge the extensive and long-lasting damage it brings to the lives of victims. Victims are humiliated, terrorized, violated, confused, and ashamed. Sexual assault affects more of us than cancer, more of us than heart disease, and more of us than AIDS. It is a crime that crosses all ethnic, racial, religious, education and socio-economic lines.

The impacts of sexual assault ripple through every aspect of a victim's life; it affects family members, friends, co-workers and even future relationships. Victims feel alone and experience losses that are far-reaching. They often lose their jobs, their homes, their friends, their family, and their health. Sexual assault trauma often causes other concerns for a victim. These concerns range from increased substance abuse, difficulties with relationships, depression, infections, unwanted pregnancy, sexually transmitted diseases, and a variety of other health problems.

Prevention in the area of sexual assault is complex and focuses on motivating people to examine and change the societal factors that cause people, mostly men, to be perpetrators in the first place. Primary and secondary prevention efforts are designed to reduce the number of crimes that occur, increase awareness of the dynamics of sexual assault, and include public education programs that increase awareness of the incidents and impact of sexual assault and hold the community accountable for working toward an end to the violence.

Target Population:

Target population 1: Rural Residents in Juneau catchment area

Number: 1,500

Geographical Location: Rural areas outside Juneau, Alaska

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other

Age: 13-17 years, 18-24 years

Gender: Female and Male
Geography: Rural
Primarily Low Income: No

Disparate Population:

Target population 1: Rural Residents in Juneau catchment area
Number: 1,500
Geographical Location: Rural areas outside Juneau, Alaska

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other
Age: 13-17 years, 18-24 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: No

ESSENTIAL SERVICES

Essential Service 3 - Inform and Educate:

Desired Impact Objective: By September 30, 2010, teens in two rural communities in northern Southeast Alaska will have increased awareness of sexual assault in dating relationships and methods of prevention, which includes respecting each other in relationships and other changes in belief systems.

Baseline Data: Development
Data source: Pre and post belief system assessment

Annual Activity Objective for Desired Impact Objective 1:

1. By September 30, 2009, the AWARE Teen Outreach Advocate and trained teens will travel to two communities and provide peer education on sexual assault in dating relationships.
2. By September 30, 2009, AWARE Teen Outreach Advocate will meet with six teens in each community to identify strategies for primary prevention of sexual assault.

PROGRAM PROFILE

1. Program Title: Sexual Assault Prevention

2. Total Block Grant Funds to Program:

Current Year:

a. HO 15-35	<u>\$13,822</u>
Total:	\$13,822

Prior Year:

a. HO 15-35	<u>\$0</u>
Total:	\$0

3. Total Block Grant Funds to Local Entities for Program:

a. HO 15-35	<u>\$13,822</u>
Total:	\$13,822

4. Total FTE's for Program:

Number:

a. HO 15-35	<u>0.00</u>
Total:	0.00

Description (Optional):

HEALTH OBJECTIVE PROFILE for HO 15-35 Rape or attempted rape

5a. National Health Objective: 15-35 Rape or attempted rape

Reduce the annual rate of rape or attempted rape.

0.8 rapes or attempted rapes per 1,000 persons aged 12 years and older in 1998.

6a. State Health Objective(s):

By the year 2010, reduce the rate of sexual assault by 10%. (Baselines: UCR report for 2000 reflected a reported forcible sexual assault rate of 79.3 per 100,000 inhabitants in Alaska.)

7a. Target and Disparate Population Numbers:

Target Number: 1,500

Disparate Number: 1,500

8a. HO Dollars/FTE's:

(1). Total Current Year: \$13,822

(2). Total Prior Year: \$0

(3). Amount to Disparate Population: \$0

(4). Number of FTE's for HO: 0.00

(5). Amount of \$'s to Local Entities for HO: \$13,822

Description (Optional): Block grant funds will be used to provide funding to local entities to provide sexual assault awareness and prevention activities to youth and the general population.

9a. Percent of Block Grant Funds Relative to Other State Health Department Funds for HO:

HO 15-35 Less than 10% - Minimal source of funding

10a. Block Grant Role:


HO 15-35 Supplemental Funding

Description (Optional): The State receives several different federal grants to provide services to victims of domestic violence and sexual assault as well as prevention activities. Most of these funding sources do not separate out domestic violence and sexual assault. Block grant funds, along with Rape Prevention Education funds, supplement these other funds to ensure that some prevention activities are focused on sexual assault.

11a. 10 Essential Services

Essential Service 3 - Inform and Educate

TO FISCAL 7/20/07

TRAVEL AUTHORIZATION				State of Alaska		TRAVEL AUTHORIZATION NO. 06SC08-0121		DATE 6/27/2007	
NAME OF TRAVELER Ann Marie Bailey				TITLE Program Manager					
EMPLOYEE RESIDENCE ADDRESS 3601 C Street #722				CITY Anchorage		STATE AK		ZIP CODE 99503	
DEPARTMENT Health and Social Services		DIVISION Public Health		BARGAINING UNIT		WORK STATION ANCHORAGE			
PURPOSE OF TRIP Attend conference "Public Health Above 60 degrees latitude" in Yellowknife, NT, Canada									
PVN TAG05215		ESTIMATED COSTS \$2,300.00		TRANSPORTATION		PER DIEM		OTHER \$30.00	
CAR RENTAL APPROVAL 0									
ITINERARY		FROM Anchorage, AK		DEPARTURE DATE/TIME 7/11/07 5:00 AM		TO Yellowknife, NT, Canada		RETURN DATE/TIME 7/14/07 5:30 PM	
APPROVALS		DIVISION (IN STATE)		DATE		DEPARTMENT (OUT OF STATE)		DATE	
								GOVERNOR (OUT OF COUNTRY ONLY) See Attached	
ACTUAL COSTS									
DATE		EXPLANATION		MILES X RATE		MILEAGE OR CASH FARE		PER DIEM, OR LODGING	
								M&IE	
								OTHER	
07/11/07		Departed home @ 5:15 am							
07/11/07		Departed Anchorage, AK @ 8:00 am							
07/11/07		Arrived Yellowknife, NWT, CA @ 9:15 pm							
07/12-13/07		Attended conference							
07/14/07		Departed Yellowknife, NWT, CA @ 6:40 am							
07/14/07		Returned Anchorage, AK @ 2:23 pm							
07/14/07		Returned home @ 5:30 pm							
07/11-14/07		R/T Airfare						\$2,115.76	
07/14/07		Taxi, "City Cab, Ltd", Yellowknife, CA				\$15.00			
07/11-13/07		Lodging, The Explorer Hotel						\$524.70	
07/11-14/07		Parking, Ted Stevens Int'l Arpt							
7/11-13/07		Meals & IE (3 full days)						\$216.00	
07/14/07		Meals & IE (Breakfast & Lunch)						\$33.84	
CLAIMANT'S CERTIFICATION: The facts stated herein or on supporting documents are correct and in accordance with established travel regulations, and unused tickets were returned.				SUBTOTALS THIS PAGE		\$15.00		\$524.70	
CLAIMANT'S SIGNATURE: <i>Ann Marie Bailey</i> 7/20/07				DATE				TOTAL \$2,949.30	
APPROVAL SIGNATURE: <i>John F. ...</i>				DATE				TOTAL PAGE 2 \$0.00	
				PAGE 1 OF 1 PAGES				TOTAL TA PAGES \$2,949.30	
								TOTAL TERF \$2,824.46	
CTA, STR, WRNT OR TRIP TICKET NO.		ISSUED TO		AMOUNT		DATE		TRAVEL ADVANCE REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO \$	
								FINAL PAYMENT	
								WARRANT # \$124.84	
AMOUNT		SY		CC		PGM		LC	
ACCT								COMMENTS	
\$109.84		08		06311 701				72414 Meals & Incidentals	
\$15.00		08		06311 701				72412 Reimburse taxi	

For additional Financial Coding lines go to Continuation Sheet

02-027 (4/02)

\$2,330.00
Projected Travel Expense

Kenneth W. Southerland 907-269-3424
TA Prepared By (Name and Phone)

06-24-07 02:21pm From-DHSS COMMISSIONERS OFFICE

0074653060

T-298 P.03/14 F-538

State of Alaska		06-SC08-0124		6/27/2007	
NAME OF TRAVELER Ann Marie Bailey		Program Manager			
CITY/RESIDENCE ADDRESS 3601 C Street #722		CITY Anchorage	STATE AK	ZIP CODE 99503	
DEPARTMENT Health and Social Services	DIVISION Public Health	BUDGETARY UNIT		WORK STATION ANCHORAGE	
PURPOSE OF TRIP Attend conference "Public Health Above 60 Degrees Latitude" in Yellowknife, NT, Canada					
FAV TAC005215	TRANSPORTATION	PER DIEM	OTHER	CAR/RENTAL/ACTUAL	
			\$30.00	0	
FROM Anchorage, AK	DEPARTURE DATE/TIME 7/11/07 12:00 AM	TO Yellowknife, NT, Canada	RETURN DATE/TIME 7/13/07 12:00 AM		
PROVINCE (IF STATE)	DATE	DEPARTMENT (OUT OF STATE)	DATE	GOVERNANCE (OUT OF STATE)	
				7-3-07	
3 1 1 H N 5 I S					
CLAIMANT'S CERTIFICATION: Two lines must be entered on separate documents for correct filing in accordance with established travel regulations, and unused claims will be returned.		SUBTOTAL THIS PAGE			
		\$0.00		\$0.00	
CLAIMANT'S SIGNATURE		DATE		TOTAL	
				\$0.00	
APPROVAL SIGNATURE		DATE		TOTAL PAGE 2	
				\$0.00	
				TOTAL TA PAGES	
				\$0.00	
				TOTAL TRIP	
				\$0.00	
				TRAVEL ADVANCE REQUESTED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				WARRANTY	
				\$0.00	
OR	06311.807				

For additional travel charges, see 22 in Computation Sheet.

06-207 (1/07)

\$30.00

Projected Travel Expenses

Kenneth W. Southerland 907-269-3424

TA Prepared By (Name and Phone)

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

SARAH PALIN, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

MEMORANDUM

DATE: June 27, 2007
TO: Jay Butler, MD
Director, Division of Public Health
THRU: Andrea Fenaughty *AF*
Acting Chief, Section of Chronic Disease Prevention and Health Promotion
FROM: Anne Marie Bailey, RN, BSN, MS
Program Mgr, Cancer Prevention and Control
SUBJECT: Out-of-Country Travel – Conference “Public Health Above 60 degrees latitude

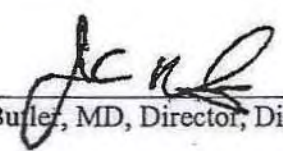
I am requesting permission to attend the subject conference, to be held July 12th thru July 13th. The conference will cover, among other subjects, cervical cancer prevention and HPV vaccine and colorectal cancer screening.

The cost of this trip will be paid from Federal grant dollars. The estimated cost of the trip is \$2,500.00.

Your favorable and prompt consideration is appreciated. Please let me know if you have any questions.

Thank you.

☒ Approved
☐ Disapproved


Jay C. Butler, MD, Director, Division of Public Health

JUNE 28, 2007
Date

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES**DIVISION OF PUBLIC HEALTH****SARAH PALIN, GOVERNOR**

P.O. BOX 110601

JUNEAU, ALASKA 99811-0601

PHONE: (907) 465-3030

FAX: (907) 465-3068

MEMORANDUM

DATE: June 27th, 2007

TO: Mike Nizich
Office of the Governor

THRU: Karleen Jackson *with for*
Commissioner
Department of Health and Social Services

FROM: Jay C. Butler, MD *JCB*
Director
Division of Public Health

SUBJECT: Out-of-Country Travel - Conference "Public Health above 60 degrees latitude"

We are requesting permission to travel Ann Marie Bailey to attend the conference "Public Health above 60 degrees latitude" in Yellowknife, NT, Canada. Among other topics, the conference will cover cervical cancer prevention and HPV vaccine, and colorectal cancer screening.

This trip will be paid for with Federal grant dollars. The approximate total cost will be \$2,500.00. There will be no reimbursement from outside agencies.

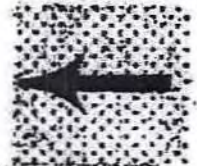
Your favorable and prompt consideration is appreciated. Please let me know if you have any questions.

Thank you.

☒ Approved
☐ Disapproved

Michael M. Nizich
Mike Nizich

7-3-07
Date



**SIGN
HERE**

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

SARAH PALIN, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

MEMORANDUM

DATE: June 6, 2008

TO: The Honorable Sarah Palin
Governor

THRU: Anna Kim
Special Staff Assistant
Office of the Governor

William H. Hogarth
Acting Commissioner

Jay C. Butler, MD
Medical Officer

FROM: Beverly K. Wooley
Director

SUBJECT:

FFY08 Preventive Health and Health Services Block Grant Application

Attached is the FFY08 Preventive Health and Health Services (PHHS) Block Grant application. This application requests a total of \$332,961 as allocated by Congress. Included in the total amount are \$317,609 and \$15,352 for mandated sexual assault prevention. Please note that this is a reduction of \$156,155, or a 32.9% decrease over the past six years. The President has recommended this grant be eliminated in FFY09.

In compliance with the requirements of the "Preventive Health Amendments of 1992" (Public Law 102-531), the attached lobbying/drug-free/debarment certification form needing your signature. The Certification and Assurance Statement can be signed by either you or the Governor. Please note that the remainder of the application is submitted electronically to the Centers for Disease Control and Prevention.

This application is for the Federal Fiscal Year of 2008, beginning October 1, 2007, and continues through September 30, 2008. We are allowed to expend the funds through September 30, 2009. It contains the following components, which are based on preventing and modifying risk factors associated with Healthy People 2010. It is the sole source of funding for Community Preventive Services.

1. Health Promotion Services

- a. **Healthy People 2010 Indicator 7-10:** Community Health Promotion Programs.
- b. **State Health Objective:** By 2010, increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.
- c. **Desired Outcomes:**

- i. Healthy Alaskans 2010 26-11: By September 2009, the Health Promotion program will increase the proportion of communities that have established health assessment and priority setting processes.
 - ii. By September 2009, the Health Promotion program will increase the number of Alaskan adults who practice healthy behaviors by not using tobacco, eating 5 or more servings of fruits and vegetables and engaging in moderate physical activity.
 - iii. By September 2008, the Health Promotion program will increase and expand statewide partnerships for health promotion to ensure that all partners understand their responsibilities and hold each other accountable for our respective responsibilities to promote the health of Alaskans by developing an interagency council for sharing information and resources for community-based health promotion development.
 - iv. By September 2009, the Health Promotion program will increase the proportion of communities that have established health assessment and priority setting processes.
 - v. By September 2009, the Health Promotion program will increase the proportion of Alaskan adults appropriately counseled to lose weight and current smokers appropriately counseled to quit by a health care provider about health behaviors within the last year.
- 2. **Sexual Assault Prevention** (RSA'd to the Council on Domestic Violence and Sexual Assault to provide grant funds to local programs for mandated youth prevention programs.)
 - a. **Healthy People 2010 Indicator 15-35:** Rape or attempted rape.
 - b. **State Health Objective:** By the year 2010, reduce the rate of sexual assault by 10%
 - c. **Desired Outcomes:**
 - i. By September 30, 2010, teens in two rural communities in northern Southeast Alaska will have increased awareness of sexual assault in dating relationships and methods of prevention, which includes respecting each other in relationships and other changes in belief systems.
- 3. **Health Communication:**
 - a. **HO 11-3** Research and evaluation of communication programs
 - b. **State Health Objective(s):** Healthy Alaskans 2010 7-4 Ensure access to current health information including Alaska-focused websites such as AHELP that have easily understood, culturally relevant, reliable health information for providers and consumers

Please feel free to contact me with any questions you may have concerning this application at 465-5729.

Enclosures

CERTIFICATION AND ASSURANCE STATEMENT

I certify that State of Alaska / Dept. of H+SS
(Name of State/Agency)

Under Section 1905 of the Public Health Service Act:

A. Agrees to use the funds allocated only as described under Section 1904(a)(1)(A) - (F).

B. Agrees to submit a State Plan as described under Section 1905(b)(1)-6(B).

C. Certifies that the Chief Health Officer of the state will conduct public hearings on the plan in a manner that facilitates comment from public and private entities.

D. Agrees that any revisions made to the state plan will be presented in public hearings and will submit a description of the revisions to the Secretary (CDC).

E. Agrees that an advisory committee will be established to develop a plan authorizing activities to be carried out with payments made to the state under Section 1903. This committee will be comprised of members representing the general public and local health services.

F. Agrees to collect and report data in accordance with Section 1906 to measure the extent of progress being made toward improving the health status for each population through the use of applicable uniform data sets and data items developed by the Secretary.

G. Agrees to maintain state expenditures for such activities at a level not less than the average level of such state expenditures for the 2-year period preceding the fiscal year for which the state is applying to receive payments under Section 1903.

H. Agrees to establish reasonable criteria to evaluate effective performance of entities receiving funds, and agrees to develop procedures for procedural and substantial independent state review of the failure by the state, to provide funds to any such entity receiving funds from the Preventive Health and Health Services Block Grant.

I. Agrees to permit and cooperate with federal investigations undertaken in accordance with Section 1907.

J. Agrees to have in effect a system to protect from inappropriate disclosures of patient and sex offence victim records maintained by the state in connection with an activity funded under this part or by any entity receiving payments from the allotment of the state under this part.

K. Agrees to provide participation and review opportunity by the officer of state government responsible for administration of the state highway safety program in the development of any state plan relating to emergency medical services as such plan relates to highway safety.

L. Certifications Regarding: Drug Free Workplace, Lobbying, and Environmental Tobacco Smoke are incorporated by reference into this Statement from CDC Form 0.1246(E).

Signature:

Governor

Sarah Palin, Governor
(Print signature)

(Date)

Signature by the Governor will be evidence that the State will abide by the terms and conditions of the Certifications and Assurances for the duration of the elected term of service of the Governor.

All other signatures of Cabinet level officials who are designated by the Governor must be signed each year.

CERTIFICATION AND ASSURANCE STATEMENT

I certify that State of Alaska, Department of Health & Social Services
(Name of State Agency)

Under Section 1905 of the Public Health Service Act:

A. Agree to use the funds allocated only as described under Section 1904(a)(1)(A) – (F).

B. Agrees to submit a State Plan as described under Section 1905(b)(1)-6(B).

C. Certifies that the Chief Health Officer of the state will conduct public hearings on the plan in a manner that facilitates comment from public and private entities.

D. Agrees that any revisions made to the state plan will be presented in public hearings and will submit a description of the revisions to the Secretary (CDC).

E. Agrees that an advisory committee will be established to develop a plan authorizing activities to be carried out with payments made to the state under Section 1903. This committee will be comprised of members representing the general public and local health services.

F. Agrees to collect and report data in accordance with Section 1906 to measure the extent of progress being made toward improving health status for each population through the use of applicable uniform data sets and data items developed by the Secretary.

G. Agrees to maintain state expenditures for such activities at a level not less than the average level of such state expenditures for the 2-year period preceding the fiscal year for which the state is applying to receive payments under Section 1903.

H. Agrees to establish reasonable criteria to evaluate effective performance of entities receiving funds, and agrees to develop procedures for procedural and substantial independent state review of the failure by the state, to provide funds to any such entity receiving funds from the Preventive Health and Health Services Block Grant.

I. Agrees to permit and cooperate with federal investigations undertaken in accordance with Section 1907.

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriate funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form).
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL:

Buddy K Woolley

TITLE:

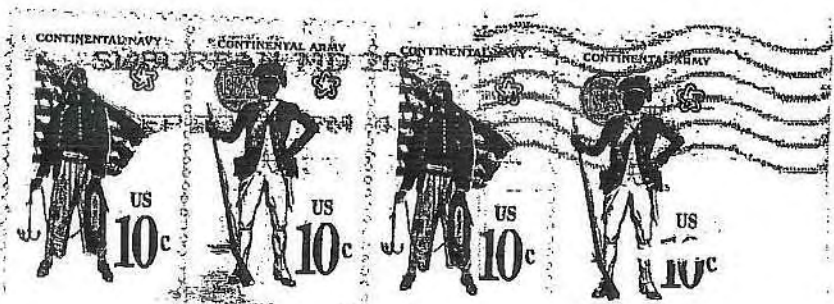
Director of Public Health

APPLICANT ORGANIZATION:

State of Alaska, DHSS, PHN

DATE SUBMITTED:

6/12/08



Kate Burkhardt
Executive Director
Governor's Advisory Board on Alcoholism
and Drug Abuse
431 N. Franklin Street Suite 203

9300141141

Wichita, Kansas 67201

SARAH PALIN
GOVERNOR
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STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

June 13, 2008

Mr. Eric Holland, Chair
Advisory Board on Alcoholism and Drug Abuse
P.O. Box 110608
Juneau, AK 99811

Dear Mr. Holland:

Thank you for writing regarding the FY2009 budget for the state of Alaska. I recently signed the operating and capital budgets with approximately \$268 million in reductions through line-item veto.

My budget goals have been very clear: to slow the growth of government, live within our means, and save for the future. The operating and capital budgets presented for legislative consideration this past session were designed to meet these goals. My priorities for funding include basic government services for life, health, public safety, transportation, infrastructure development, and education. Funding was also included for projects with the ability to maximize and leverage federal and other funds. I have consistently advocated that we save for the future so that as revenues from oil production decline, we will be able to provide for essential and basic needs of Alaskans.

The budget item you wrote about, Alaska community health centers, was funded in the final budgets. You may want to review the information on the enacted operating and capital budget on the Office of Management and Budget's website.

Public participation is an essential element of the budget process. Thank you for taking the time to comment on the budget.

Sincerely,

A handwritten signature of Sarah Palin in black ink, written in a cursive style.

Sarah Palin
Governor

SARAH PALIN
GOVERNOR
GOVERNOR@GOV.STATE.AK.US



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STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU
August 3, 2007

Ms. Andrea Schmook, Chair
Alaska Mental Health Board
Mr. Lonnie Walters, Chair
Advisory Board on Alcoholism and Drug Abuse
P.O. Box 110608
Juneau, AK 99811-0608

Dear Ms. Schmook and Mr. Walters:

Thank you for the letter you recently sent to the Governor on behalf of the state planning boards. I have been asked to respond to your letter. I appreciate the boards' willingness to report public testimony from Bethel regarding lack of access to substance abuse treatment. Knowing what we do about the impact of behavioral health problems on Alaskans statewide, the Department of Health and Social Services takes this testimony seriously.

I appreciate your strong efforts to advocate for improved access to treatment. The Division of Behavioral Health continues to support the development and implementation of culturally competent, community-based treatment that keeps Alaskans as close to their homes and families as possible. The division's focus is to ensure, through the development of a performance-based funding system, that grantees make the very most of the resources they do have to provide quality treatment. We are aware, however, that many grantees have substantial waiting lists and that treatment is not as accessible for some Alaskans as we would like.

The department will continue to work with the Governor and the Legislature to educate policymakers about statewide needs and to address funding issues. The Division of Behavioral Health's current initiative to assemble detailed information about the impact of substance abuse, the unmet need for services, and the gaps in the treatment continuum, will be of great assistance in our efforts to further expand access to treatment.

I encourage you to continue advocating for vulnerable Alaskans with behavioral health needs, who may not be heard without your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Anna Kim".

Anna Kim
Special Staff Assistant

Burkhart, Kate (HSS)

From: Bailey, Frank T (GOV)
Sent: Monday, January 28, 2008 2:21 PM
To: Kim, Anna C (GOV)
Cc: Burkhart, Kate (HSS); Saddler, Daniel R (GOV)
Subject: RE: Boards and Commissions under H&SS

Thanks Anna,

31st would be the day for me. Any time after noon works fine.

Look forward to meeting you Kate!

F

From: Kim, Anna C (GOV)
Sent: Monday, January 28, 2008 2:11 PM
To: Bailey, Frank T (GOV)
Cc: Burkhart, Kate (HSS); Saddler, Daniel R (GOV)
Subject: Boards and Commissions under H&SS

Frank,

Kate Burkhart the new ED of the AMH and ABADA boards may come to see you while you are in Juneau. Jacob stated you would be in Juneau until the 31st. Kate may have suggestions on reappointing members to her boards that she would like to discuss with you.

Thanks, Anna

Anna Clark Kim
Special Staff Assistant
Office of the Governor

9/26/2008