



ALASKA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding 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. PHHS Block Grant dollars fund two different Alaska health programs and are the sole source of funding for community-based health promotion programs.

PHHS Block Grant funds allow Alaska to use dollars **where** we need them, **when** we need them to protect the public's health. The Alaska Division of Public Health is embarking on defining a new vision for responding to the health needs throughout Alaska. In aligning itself with this new direction, the State of Alaska Advisory Committee identified as priorities for the fiscal year (FY)2005 program the need to increase the number of healthy communities by developing a comprehensive approach to training, technical assistance, and evaluation thereby increasing community readiness for change and focusing on risk factors rather than disease-specific silos. As mandated by the federal set-aside, some funds are reserved for the sexual assault prevention program. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Monitoring the Health Status

One function is to monitor the health status of Alaskans by maintaining, providing training on and distributing copies of *Healthy Alaskans 2010*, a statewide 10-year framework for health policy development and programming.



Community Development

Another function of Community Preventive Services is community development, which is being addressed through the development and implementation of a training and technical assistance program on community organization, health assessment and planning. Community development is further supported through the award of seven competitive community-based grants in FY2005 for a total of \$97,500 for programs targeting risk behaviors related to physical activity, nutrition, and cardiovascular health.



Health Information

A third function is increasing professional and public awareness of health information resources and primary prevention capacity across risk factors. Twenty-seven training sessions were provided to 1,921 individuals. Five current health topics were added to or updated on the Division of Public Health's Web site in FY2005. These health topics included healthy nutrition, pain management, immunization, blood pressure awareness, and arthritis.



Rape or Attempted Rape—Sexual Assault Prevention

PHHS Block Grant funds are used to provide a community-based grant to Standing Together Against Rape, who used the funding to provide 322 presentations to 5,508 youths between the ages of 13–24, and 3,310 professionals and community members.

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Stepping Out for Health on the Kenai Peninsula

Issue:

"Two years ago...I could barely walk down the street—about 100 yards or so—to the mailbox without becoming winded. My hips and knees would yelp in pain and anger from this short walk." As shared by this Central Kenai Peninsula woman in Alaska, obesity is impacting the health and quality of life of too many Alaskans every day, affecting hundreds of thousands of adults. It is a major contributor to heart disease, diabetes, arthritis, and certain types of cancer, with national costs reaching approximately \$117 billion in 2000. As elsewhere in the country, almost two-thirds of all Alaskans are overweight or obese. Only 28% of Alaskan adults aged 18 years and older engage in regular, preferably daily, moderate physical activity for at least 30 minutes per day, and 24% of that same group are physically inactive (BRFSS, 1998).

Intervention:

The Central Peninsula General Hospital (CPGH) in Soldotna, Alaska, decided to do something about the high rate of overweight and obesity in their community. With \$30,000 from Alaska's Preventive Health and Health Services Block Grant, they developed and implemented a 10,000 steps a day program from July 1, 2003, through June 30, 2005. Adults aged 18 years and older, living on the Central Kenai Peninsula, were the intended target audience for these services. During the initial screening participants signed an agreement attesting that they would, to the best of their ability—

- Work toward achieving and maintaining 10,000 steps a day using the provided step-counters.
- Maintain a daily record of their steps.
- Provide weekly reports of their steps as well as monthly reports of their weight and blood pressure (if they had a known history of high blood pressure).
- Attend quarterly scheduled program events and screenings.



Impact:

CPGH expected to serve 100 participants during the first year, but were overwhelmed with the response. Eventually, thanks to increased resource support from the CPGH administration, 393 people were registered for the program over the two years. By the end of the program (June 30, 2005)

- 51% of those who registered actually completed the program.
- A total of 396,236,886 steps, equivalent to 198,118 miles were logged.
- 68% of those who completed the program stated they currently exercised at least three days per week, 30 or more minutes a day.
- 133 participants (62%) reported a loss in weight totaling 1,099 pounds.
- Most of the remaining 49% participants dropped out of the program during the winter months when cold weather and snow and ice made outside walking difficult.

While these statistics addressed the overall impact of the program on the participants, the most telling stories come from the participants. The woman quoted at the top of this page had this to say, "Thank you once again for coming into my life when you did...I am getting much stronger...and that is such a blessing!...In October 2002 I weighed 336 pounds...am now at 253...Life is good and I just wanted to thank you and your staff there for helping to set me on this path."

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