

## Public Health Nursing in Alaska Operationalizing 3.0

Timothy A Struna  
Section Chief  
Public Health Nursing  
State of Alaska  
May 1, 2018

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## Conference Learning Outcomes

- Demonstrate how local public health can incorporate principles of Public Health 3.0 and social determinants of health into their workforce training programs.
- Describe ways to develop nurse leaders who promote building a culture of health in their communities.
- Discuss ways states are integrating social determinants, equity, and culture of health concepts into nursing curricula.
- Provide strategies for public health departments to form active cross-sector partnerships with community stakeholders.
- Identify how to establish and assess prevention initiatives targeting social determinants of health and health equity.
- Discuss evaluation strategies for primary prevention initiatives at the community level.
- Discuss ways communities have incorporated health equity into all policy concepts in community life and development.
- Explore innovative models for organizational funding of expanding public health core infrastructure and community work.
- Discuss environmental and human health consequences of climate change.

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## Presentation Description

Public Health 3.0 provides public health nursing with an opportunity to demonstrate its capacity to improve population health. This presentation describes the steps taken in Alaska to implement the full scope of population-based care, lesson learned and opportunities to demonstrate and communicate the value of population-based public health nursing services.

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## Presentation Learning Outcomes

- Explain at least 2 reasons why the Section of Public Health Nursing shifted practice from primarily Individual based clinical care to population-based care
- Describe at least 2 components of the infrastructure the Section of Public Health Nursing built to assure population-based care
- Discuss at least 2 examples of lesson learned and opportunities for the future

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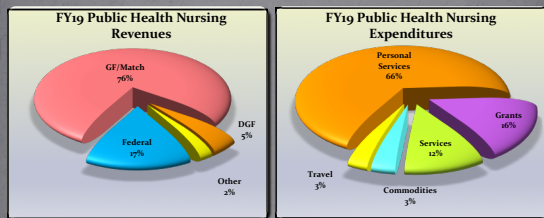
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## Funding



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## State of Alaska Constitution

### Article 7 – Health, Education and Welfare Section 4. Public Health

The legislature shall provide for the promotion and protection of public health

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## Alaska Statutes

Alaska Statute - Sec. 18.15.395. Definitions.  
(10) "essential public health services and functions" mean services and functions to

- (A) monitor health status to identify and solve community health problems;
- (B) investigate and diagnose health problems and health hazards in the community;
- (C) inform and educate individuals about and empower them to deal with health issues;
- (D) mobilize public and private sector collaboration and action to identify and solve health problems;
- (E) develop policies, plans, and programs that support individual and community health efforts;
- (F) enforce statutes and regulations of this state that protect health and ensure safety;
- (G) link individuals to needed health services and facilitate the provision of health care when otherwise unavailable;
- (H) ensure a competent public health workforce;
- (I) evaluate effectiveness, accessibility, and quality of personal and population-based health services;
- (J) research for new insights and innovative solutions to health problems

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## Alaska Statutes

Alaska Statute - Sec. 44.29.020. Duties of department.  
(a) The Department of Health and Social Services shall administer the state programs of public health and social services, including  
(3) public health nursing services;

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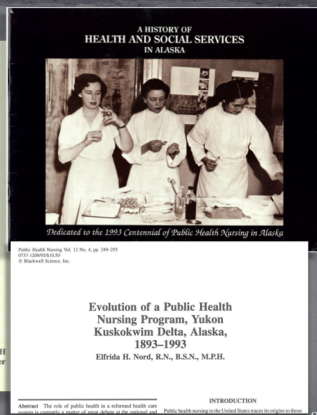
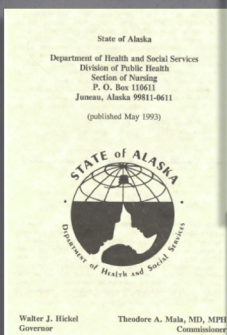
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As we celebrate 100 years of Public Health Nursing in the Nation, it seems appropriate to bring the focus closer to home and also celebrate 100 Years of Public Health Nursing in Alaska. In celebrating the history of public health nursing in Alaska, one reflects on the many dauntless nurses who provided services to the communities of Alaska, the events and people that shaped the profession, and the technological advances that influenced programs and policies. This booklet was prepared to provide a brief overview of what was -- and continues to be -- a challenging, fascinating, rewarding, and vitally important part of Alaska. It is dedicated to all friends of public health nursing -- past, present, and future.

*Elfrida Nord*  
Elfrida Nord, Chief  
Public Health Nursing  
May 1993

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"The 'official' event which marks the beginning of public health nursing in this country was the founding of the first organized public health agency or settlement house in New York City in 1893. This agency went beyond the individual efforts of community nurses of previous times and began a large scale national movement to assure that 'public health nurses' would be available to those in need. The vision of this movement came from Ms. Lillian Wald, a nurse, and the founder of the Henry Street Settlement in 1893 - the first district nursing agency in the United States. It was Ms. Wald, with her sense of calling, exceptional political and organizational skills, and tireless leadership, who brought together the people, resources and caring that became the phrase that she herself coined: the 'public health nurse'." (excerpted from *A Century of Caring*)

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#### The First Hundred Years in Alaska

**1893** The first professional nurse, Miss Philippine King, came from Philadelphia to the Moravian Mission at Bethel in July. She worked at Ougavik, Bethel, and Carmel for a period of eight years. Health care in general was a problem accentuated by great distance, severe climate, poor transportation, and small populations. Physicians needed hospitals and staff to be really effective. The first physician didn't come to the area until 1896 and it was 23 years before the first hospital was built in the area.

**1893 - 1916** Miss King was soon followed by other missionary nurses and rugged individuals who nursed in mining camps, the missions, and in Native villages. They worked in "modern" hospitals, in log cabins and often in the patient's home. They had their dispensaries in their kitchens, on dog sleds, in boats and any other locations at their disposal.

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1922 A Field Representative of the Pacific Division, American Red Cross Nursing was assigned in Juneau in July. For a period of four years attempts were made to establish Public Health Nursing Services in Seward, Anchorage, Fairbanks, Juneau and Wrangell. The Red Cross Bureau of Public Health Nursing was established in 1912 for the purpose of promoting public health nursing in rural communities at the request of Miss Lillian Wald. The American Red Cross involvement sky-rocketed after World War I, reaching its peak in 1921. Reorganization at the national level and difficulties in recruitment and supervision of nurses in Alaska led to a rapid lack of commitment to the Territory which had none of the public health infrastructure found in other parts of the nation.

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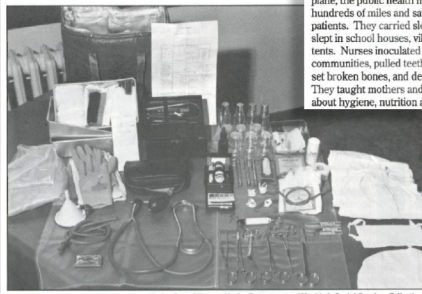
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From Barrow to Ketchikan, the Aleutians to Canada by foot, steamship, train, and plane, the public health nurses traveled hundreds of miles and saw thousands of patients. They carried sleeping bags and slept in school houses, village homes, and tents. Nurses inoculated entire communities, pulled teeth, sutured wounds, set broken bones, and delivered babies. They taught mothers and Native midwives about hygiene, nutrition and basic first aid.

Alaska State Library, Alaska Department of Health & Social Services Collection

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By 1938, the Department of Health had two physicians, eleven public health nurses, one public health engineer, a sanitarian, two laboratory technicians, and a clerical staff of five. The Commissioner and his three deputies were part-time employees as were the four Orthopedic Surgeons in Seattle and a part-time vital statistics clerk.

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**1943** The Division of Public Health Nursing was established on August 1. The Division was administered by Public Health Nurse Director, Dorothy Whitney, under the direction of the Territorial Director of Health. The Division was supported by funds allocated to the Territorial Health Department by the Legislature, the Children's Bureau and the United States Public Health Service.



Dorothy Whitney

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*The Parran Report  
Impacts Alaskan  
Native Health Care (1953)*

**T**he structure of Native Health Service was largely a result of the report on the health of Alaska, called the Parran Report. The report highlighted the inadequacy of the health care delivery system to the Native population. The committee made several recommendations which dramatically influenced health care in Alaska. The Alaska Native Service Anchorage Hospital should be staffed, opened and operated immediately, environmental health should be improved, health nutrition and preventive medicine all of the Native villages should be addressed. The recommendations of the committee rested on the premise that every Alaskan was entitled to the same assurance of life and health which was the right of every American citizen.

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*Floating Health Centers*

**I**n March of 1946, the M/V Hygiene, dubbed the "Shot Ship" by children, sailed from Southeast Alaska's Hyder near Ketchikan, up Cook Inlet and Prince William Sound, west past Dutch Harbor to Alaska and Nikolski and up through the Bering Sea serving most of the coastal villages west and south of Nome. The floating health center provided public health care, medical,



Alaska State  
Library, Alaska  
Department of  
Health & Social  
Services  
Collection

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**1959** Alaska became the 49th State on January 3. The first State Legislature combined Health, Welfare and Juvenile Institutions under a new department with four divisions. The Board of Health and Commissioner of Health posts were abolished and their functions and duties transferred to the new Department of Health and Welfare. The Division of Public Health Nursing became the Section of Nursing within the Division of Public Health.

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Public health nursing services continue to be the largest direct operation, with approximately 100 public health nurses in 22 locations throughout the state. They provide a comprehensive public health nursing program and serve as field agents for the majority of the other public health programs such as the handicapped children's program, maternal and child health programs, environmentally and sexually transmitted diseases, and immunizations. Nurses work closely with programs of the Alaska Area Native Health Service and Native Regional Health Corporations, visiting isolated communities without a health care facility or Community Health Aide. Their role has changed from general practice to a specialized provider of preventive health care services.

A new type of health worker spells relief for itinerant nursing in some of the rural communities. The Community Health Aides provide primary care in the village. They report to physicians by radio, keep the village drug and medical supplies, and monitor the health status of the people in their community.

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The State Public Health staff in Bethel has grown from one PHN in 1949 to 16 PHNs and six support staff members in 1994. PHNs still cope with less-than-optimal living conditions; federal, state, and tribal bureaucracy, cultural diversity; harsh climate; never-ending health and social problems; and frequent travel by small plane carrying all of their supplies. The health care system works at the local level due to caring individuals working together for the client, in spite of many natural and man-made obstacles. Who knows what changes the future holds for the Y-K Delta as the nation wrestles with health care and public health reform? The complexity may increase or decrease, but one thing is almost certain—public health nurses need to be considered an essential component of a reformed public health system serving the Y-K Delta residents. As Crandall (1993) so aptly stated:

Their entrée is assured, their service welcome, their friendship is accepted, their advice is trusted. We can employ them to do our work and to carry our message.

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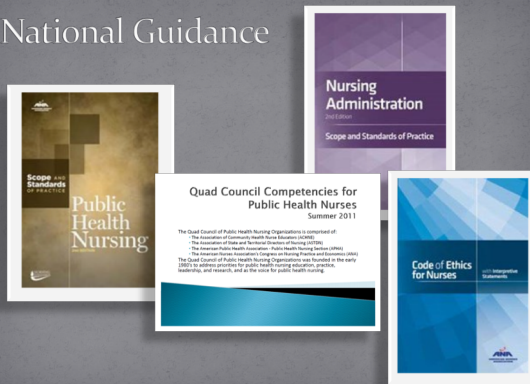


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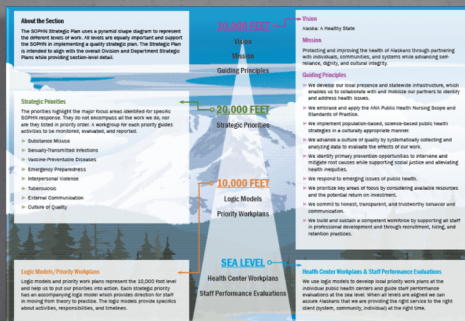
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## National Guidance

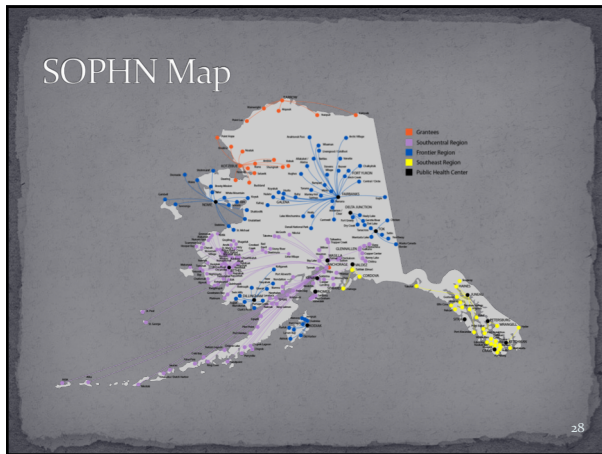


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## Strategic Plan



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### State Guidance

Public Health Nursing Homepage

Library

- Manuals
- Statewide Trainings
- Calendar
- State of Alaska Public Health Nursing Website
- SharePoint HELPER
- Recycle Bin
- All Site Content

SharePoint HELPER

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SharePoint HELPER

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Health Nursing  
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All Site Content

**PHN Role with Systems**

The system level interventions demonstrate examples of how public health nurses can influence organizations, policies, laws and power structures that impact health. One example of a system focused PHN role would be working with the Department of Transportation on safe built environments to encourage physical activity and positively impact health outcomes for a community, e.g. lighted bike paths to facilitate and increase use of bicycles as both a mean of transportation and healthy exercise.

**PHN Role with Communities**

The community level interventions demonstrate ways that public health nurses can impact community norms, attitudes, awareness, practices and behaviors with actions directed toward entire populations or target groups. An example of a community focused PHN role would be working with a local immunization coalition in a collaborative approach to increase immunization rates in a given community.

**PHN Role with Individuals**

The individual level interventions show examples of how public health nurses can help effect the knowledge, attitudes, beliefs, practices and behaviors of individuals. The individual is identified as belonging to a population-at-risk and the public health nursing intervention may be directed at the individual alone or as part of a family, class or group. An example of an individual level practice role would be educating and counseling tobacco users on the health impact of tobacco on themselves and those close to them, and to provide those interested in making a change information about cessation opportunities and resources they can access.

17 Immunization and Vaccine Preventable Diseases 2017.04.05

18 Impetigo 2013.03.22

19 Infant and Child 2017.12.19

20 Injury Prevention 2013.05.22

21 Intimate Partner Violence 2014.02.19

Modified By

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## State Guidance

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SharePoint HELPERS

Recycle Bin

All Site Content

**Functional Area Title: Infectious Disease Prevention and Control**

**Essential – 8%**

**Immunization Services Duty Statement**

**Individual**

1. Provide immunizations, following the state immunization schedule, guidelines and informed consent procedures where no other provider is available.
2. Provide education and counseling to parents of children receiving immunizations
3. Follow guidelines for administering, storing and handling of vaccines
4. Document adverse reactions on the Vaccine Adverse Event Reporting System (VAERS) form
5. See Community Assessment and Development

**Community**

6. Promote public awareness for the need to immunize against vaccine preventable diseases
7. Provide consultation and education to the public regarding current immunization practices
8. Review immunization reports at least quarterly and assess need to initiate activities to increase immunization rates – see Community Assessment and Development
9. Facilitate and coordinate multi organizational response activities in the wake of infectious disease outbreaks

**Systems**

10. Assure the provision of immunizations through sustainable local immunization programs
11. Participate in statewide annual and periodic immunization campaigns
12. Provide consultation and education to providers regarding current immunization practices; participate in coordination activities to deliver immunization services through other providers
13. Assess the need for a local Immunization Coalition and facilitate meetings if indicated – see Community Assessment and Development

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## Public Health 3.0

- Chief Health Strategist for their communities
- structured, cross-sector partnerships
- accreditation should be enhanced
- actionable data
- Funding for public health should be enhanced and substantially modified

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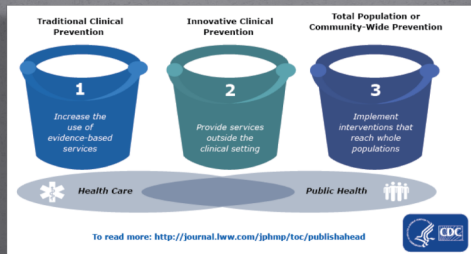
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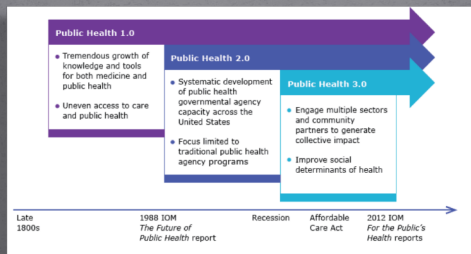
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## Public Health 3.0



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## Public Health 3.0



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## Intent Language

### Public Health

- Nursing
- Intent
- It is the intent of the legislature that public health nursing develop a three-year plan to contract with community health centers and/or other health care providers to realize efficiencies while offering similar levels of services. The Department shall present the three-year phased plan to the finance committee co-chairs and the Legislative Finance Division by January 30, 2018.

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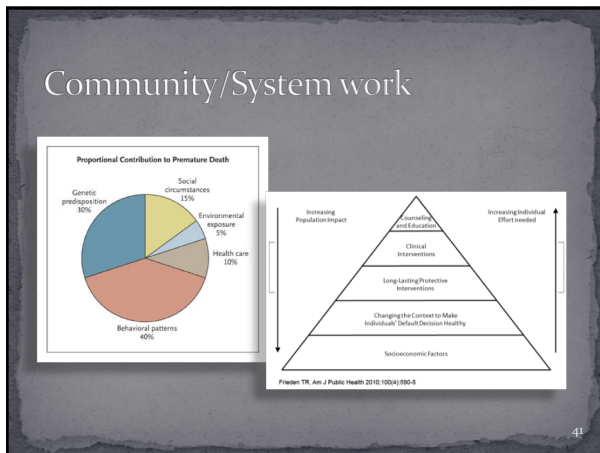
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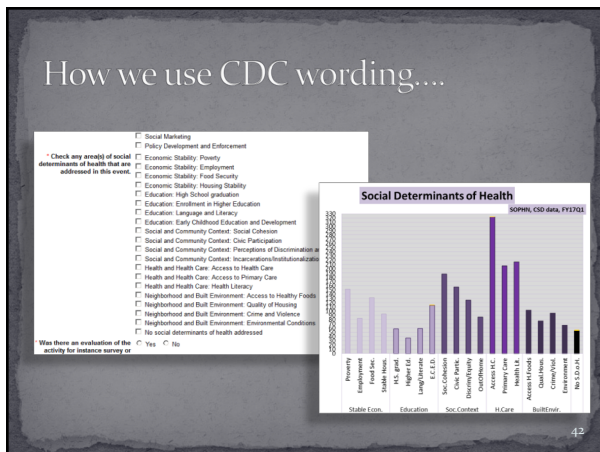
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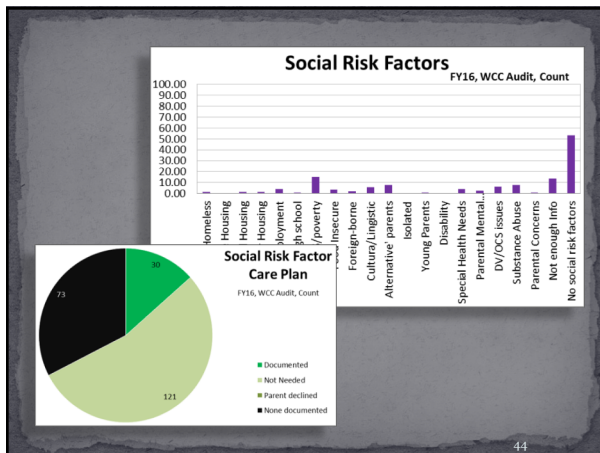
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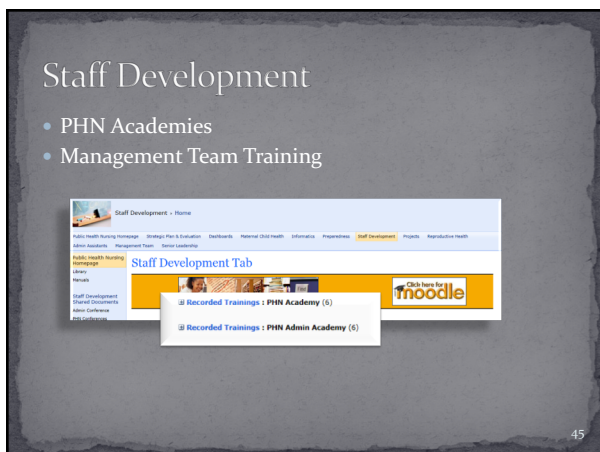
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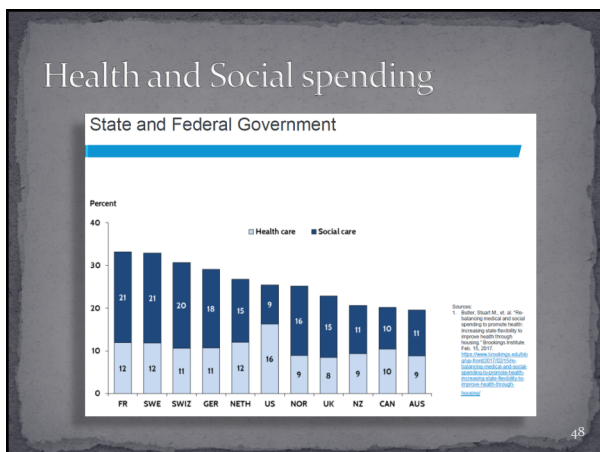
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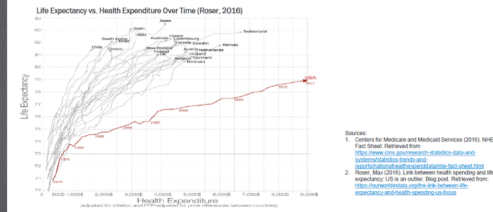
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## Return on our investment

### State and Federal Government

The U.S. spends more money on health care than any other country, with federal, state and local governments accounting for 45.8% of total spend (CMS, 2015), yet performs the worst:



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## Public Health – Background

- **Status of Nations Public Health system**
  - Institute of Medicine (IOM) 1988 report 'The Future of Public Health'
  - IOM report in 2003 'Who Will Keep the Public Healthy?'
  - IOM report in 2012 'For the Public's Health: Investing in a Healthier Future'

## Code of Ethics for Nurses

- **Ethics, human rights, and nursing converge as a formidable instrument for social justice...**
- Through community organizations and groups, nurses
  - educate the public;
  - facilitate informed choice;
  - identify conditions and circumstances that contribute to illness, injury and disease, fosters healthy life styles;
  - participate in the institutional and legislative efforts to promote health.
- Nurses collaborate to address barriers to health - by engaging in open discussion, education, public debate, and legislative action.

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## Telling our story...

Protecting public health is constitutionally mandated. The Commission strongly supports continued funding at appropriate levels for public health services to protect vulnerable Alaskans and to ensure healthy communities as we recognize that public health services cannot be sustained solely on user fees. Thank you for sponsoring CSHB 215.

Sincerely,



David A. Blacketer  
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello  
ACoA Executive Director

Cc: Representative Les Gara, Vice Chair  
Representative Dan Ortiz  
Representative Scott Kawasaki  
Representative Tammie Wilson  
Representative Jason Glenn

Representative Steve Thompson  
Representative David Guttenberg  
Representative Lance Pruitt  
Representative Cathy Tilton  
Representative Mark Neuman, Alternate  
Representative Louise Stutes, Alternate

PHN work statewide to provide: Community resources connections, Well child exams for children 0-6, Home visiting services for high-risk families, Identify, refer, and follow-up for children experiencing physical, developmental, or social-emotional disorders. Family education, Immunizations, Breastfeeding.

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## Telling our story...

**Bethel:**

PHNs assured the availability of flu vaccine to seniors at the OPEN POD (point of dispensing) exercise in Bethel by advocating and working with the City of Bethel Transportation Department to ensure bus service was available to and from senior housing for this event.

**Angoon:**

Itinerant PHN gave a presentation to Seniors at the Senior Center in Angoon on orthostatic hypotension and fall prevention in collaboration with the Salvation Army who provides some easy exercise instruction at the Senior Center.

**Mat-Su:**

Itinerant PHN working with director of Upper Su Valley Pantry (Talkeetna, Trapper Creek) and local stores about future projects to provide fresh fruits and vegetables throughout the winter months to seniors in particular.

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## Telling our story...Individual

PHNs work statewide to provide:

- Community resources connections
- Well child exams for children 0-6
- Home visiting services for high-risk families
- Identify, refer, and follow-up for children experiencing physical, developmental, or social-emotional disorders
- Family education
- Immunizations
- Breastfeeding

**2017 early childhood efforts:**

24,537	Child/family visits
81%	DV screening/education/referral
1,884	Pregnancy and postpartum
824	Well Child screening
1,560	Developmental screening
6,874	Immunizations child 5 years <
88	Referrals to OCS
657	Follow-up to provider referrals

**Individuals and Families**

Community Systems

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## Telling our story...Community/System

**PHNs work statewide to:**

- Educate on developmental assets, health, wellness, and life skills
- Strengthen community-based efforts to support parents
- Partner locally so kids grow, thrive in healthy communities
- Advocate for resiliency-based approaches to local health challenges
- Lead/participate in health coalitions
- Help collect/use needs assessments and critical health data

**2017 early childhood efforts:**

- 1,525 community events related to children engaging 62,395 community members
- Work with 7,396 local partners statewide



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Friday, February 16th, 2018 7:45am

Sitka, Alaska (KINY) In a 5-2 vote the Assembly decided not to hold a public referendum on the use of fluoride in Sitkans drinking water.

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## THE FUTURE OF PUBLIC HEALTH NURSING

It is certain that public health nurses will continue to play an essential role in providing for the health care of all Alaskans. What exactly will the future bring? We don't know. We do know that the future belongs to those with a vision. What is your vision for the future of public health nursing in Alaska? The next chapter belongs to you...

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