

the surrounding villages.
5. These look to be average goals. One of my comments relates to the substance abuse arena. More needs to be done in this area as far as screening and providing treatment. Dr. Chasnoff's approach to screening elicits good data and also provides support. Is this something that the state could look into and think about implementing? Women that use substances alcohol, prescription, illicit, cigarettes all have a profound impact on their personal health as well as their families.
6. No answer
7. Not sure if the emphasis on supporting Nurse Family Partnership programs was under women's health or infant/perinatal health. In any case, this is a wonderful program and would like to see the state support it more substantively.
8. More mental health services, community support services
9. No answer
10. Make cuts, not new programs.
11. I like that this is more a health centered plan. I think that school classes need to be mandatory to include planning meals, cooking healthy, relationships and friendships, caring for other's needs. For instance in the high schools here in Kenai we have a "caring for the Kenai" competition. I think that all high school children should have mandatory civic hours that they need to participate in that encompasses not only the outdoors and animals but each other, elderly, etc. Fostering the knowledge of loving and caring for each other and someone besides themselves is a vital link in them caring for a baby or family later in life. Math, reading, writing and caring should be our aim. And I think it is very important too that those children who are highly social are not only the ones that are focused on, the ones that are the hardest to live with and the quiet ones need to be helped as to where they fit in and that they are not "less than" because they are different. Teachers, parents the community plays a huge part in that. Let's start them young, helping, their community and each other.
12. No answer
13. More support for adequate time off for having a baby, cheaper day care options, breastfeeding support, cooking classes, space for play, equivalent pay, and education support.
14. Consider a smoking cessation program during pregnancy. Some programs provide a monetary reward for stopping smoking through pregnancy and 6 week follow-up to reduce the incidence of small for gestational age infants and the associated complications. The cost of the program is recovered by decreased neonatal medical costs. Consider parenting classes and assessment of home safety for pregnant women with social risk indicators
15. It ought to be voluntary to access women's health information for statistics, not mandatory.
16. would like to see something about weight management/healthy weights--with the recent study showing the percentage of obese women in the general population is HIGHER than men and increasing--we need to get this trend under control in 5 years or we may begin seeing higher incidences of obesity related morbidities (heart disease, stroke, diabetes, hypertension, certain cancers, depression...)
17. Cancer awareness event for the community. To work with the Diabetes coordinator, tobacco prevention, healthy eating and get appointments for pre cancer screening. To have an awards program for sign ups to come in for getting your Diabetes checked, wellness screening done, etc.
18. Better integrate violent crimes, rape and sexual assault statistic for better identifying regions that have a sever need for accessible health care and best demonstrate need for services. Monitor the former OCS Manager who previously made poor decisions regarding Alaska's

<p>Children but somehow then lands a job in Public Health promoting health issues. I am a women without medical coverage, no response regarding my application in over 4 months. So I have not had an annual wellness preventative exam. I am also a white women, having lived in rural Alaska in which I was turned about from dental services time and time again. Left with a mouth including 8 congenital missing teeth, and current baby teeth in my mouth. Multiple huge gaps and this is a known challenge in achieving professional presentation. Please do something so white children do not get ostracized in this manner in the future. Now I am to come up with \$15,000 out of pock even Obama Care will not cover it.</p>
<p>19. No answer</p>
<p>20. Some other states include information about access to services with applications/review forms for recipients of social services (food stamps, Medicaid, WIC, etc) and include information about Medicaid providers who perform these services with Medicaid reviews and authorizations. Information about women's health and family planning services is part of direct mail to recipients of any assistance program or to anyone who has applied for assistance.</p>
<p>21. A women play a very important role in any family, community and because health insurance plans are always changing for the good or bad we need to insure our women stay healthy on every level.</p>
<p>22. No answer</p>
<p>23. Include methodology for media as well as print for this plan. Partner with local phone, and media to help with PSA and media releases.</p>

<p>money is spent on safe sleep in this state. Once you know it's mostly happening in homes with bottle fed babies and substance abuse, wouldn't you work on changing those factors (prevention of substance abuse by supporting families and social-emotional learning, and promoting breastfeeding)?</p>
<p>8. free birth control</p>
<p>9. As far as education, I would like to see videos about safe sleep practices and smoking cessation especially during pregnancy, short education that can be used over and over again on a computer at the bedside or clinic room, but that is visually engaging and informative. I would like to see the "toolkit" be online and accessible thru smart devices, preferably the patients own.</p>
<p>10. Make cuts.</p>
<p>11. I would like to see incentives for those who are healthy and consequences (other than the state is going to pay for their children and themselves) for the unhealthy. We have so many classes and so much available for people to know what is healthy and what isn't. It is their choices that are making them obese and staying that way. The epidemic we see in our kids comes from the parents. If the parents have no consequences and do not take their own responsibility there is no amount of money and services that will change the health of them or their children. Build in an incentive to be healthy. Drop those from the program that are refusing to make any changes and take responsibility.</p>
<p>12. For the priority related to alcohol use during pregnancy, focusing on women who were trying to get pregnant seems to miss the mark. Could you instead focus on teen parents or somehow on more vulnerable women who might not know they shouldn't drink or understand the potential health effects from alcohol use during pregnancy? Another way to focus this could be to focus on women who use tobacco and address alcohol and tobacco use during pregnancy together.</p>
<p>13. food choices and supportive work environments</p>
<p>14. No answer</p>
<p>15. Again it ought to be voluntary to access persons health information not mandatory. Offer incentives to participate as you are invading privacy of Alaskans.</p>
<p>16. I do not see reference to recognition and mitigation of Neonatal Abstinence Syndrome (withdrawal in newborns from opioid dependent mothers). Increasingly, opioid pain medications are being utilized by pregnant women for the aches/pains common to pregnancy. Although they do not present as the stereotypical opiate addict (i.e. not necessarily heroin dependent)--these women are exposing the developing and maturing fetus to daily opioids via placental blood exchange, creating potentially dependent babies who withdraw immediately after delivery. I think this should be a measure in the reduction of substance use among families with objectives to educate mothers and prescribers/health care providers of the dangers of opioid dependency in pregnancy and how quickly/easily such can develop. Similar education should be developed to help these mothers understand that there are opportunities for treatment of themselves and their babies for opiate dependency. a measure could include reducing the number of babies reported with Neonatal Abstinence Syndrome by 50% would be great to quantify the number of pregnant women being prescribed opioids during pregnancy--but I honestly do not know how you would get that number</p>
<p>17. Outreach in the community of education for this. A lot of the natives that live in the villages out here in rural Alaska are miles apart and they have no transportation. So I suggest having more events in these villages where they</p>
<p>18. DHSS needs to do more with regard to pregnant mothers with OCS History. OCS is limited from helping these mothers with recovery resources if prior child case is already closed. This is one of the main reasons I do not wish to work for OCS. We would have no support internally</p>

<p>for offering further service referral, and follow-ups with these women, pregnant and signing off on relinquishment of parental rights. The pregnant drug addict would then walk out of court and onto the streets. One such case, the infant later died after multiple efforts to reach her, against supervisor advice, including resources referrals, welfare checks and case management. But had funding been available to offer her recovery services at the time of her relinquishment it seems she and the baby would have had a better chance.</p>
<p>19. The perinatal priority need seems to need strategies that specifically address substance misuse among families. Strategies 5.1, 5.3 focus on safe sleep, which includes advising against use of substances, however these strategies are listed as being introduced following birth only. As substance use is generally a chronic, ongoing "habit" and no related evidence-based approaches are listed as strategies, suggestion is to add evidence-based strategies for reducing substance use.</p>
<p>20. Increasing parent/caregiver resources, routine screening by WIC/pediatric providers, and including infant safety information for new parents is essential. Ensuring infants have a safe place to sleep and parents know best safe sleep practices before leaving the hospital would be beneficial. Information about crib/car seat safety could be made available with obstetric care/maternal services.</p>
<p>21. I work with OCS and any kind of action plan needs to always be there for our children. they are the future family, community leaders. And because they cannot speak for themselves someone needs to throughout the little life's.</p>
<p>22. No answer</p>
<p>23. Include methodology for media as well as print for this plan. Partner with local phone, and media to help with PSA and media releases.</p>

<p>foraging in each area for all seasons. As children grow older and have more ability have them take turns preparing and feeding those younger than themselves, or taking food gifts to elderly. Foster in them the love of good, whole foods. When the schools out for the summer, have a summer program for those children who want to come part time and weed, grow the garden and that they can take fresh vegetables home to their families. Have greenhouses in areas that have a late season and kids can start seeds and sell to the community to help fund their healthy foods in the next year.</p>
<p>12. No answer</p>
<p>13. Universal school meal programs, garden based education and farm to school programming, recess before lunch, recycling programs, and breakfast after the bell.</p>
<p>14. Consider behavior modification programs for childhood obesity.</p>
<p>15. No answer</p>
<p>16. No answer</p>
<p>17. Education outreach in the community.</p>
<p>18. More needs to be done with regard to parents meeting annual medical, dental and vision needs of their own children. Accessing public health clinics, instead of high end fancy medical offices. To many families, deliver one child with medical needs, then the entire family is instantaneously eligible for Medicaid this is a great disservice to the public where families are being made to endure unemployment so that their children can get medical. This is completely out of balance. If the family cannot afford the health care needs of the child, then the state needs to take custody and provide for that child alone, not blanket the entire family tree with Medicaid so they are look legit.</p>
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<p>schools, not any new age stuff, just self talk that can stop themselves from getting depressed. Learn to catch the signs that they are getting depressed. Learn that they are tired, hungry or angry and that they need to take care of those things and not lash out at those around them. How to walk away from a friendship that is unhealthy. how to talk to their friend about how they feel about something and how to listen to someone else. In the schools communication classes on respectful communication and honest listening should be a mandatory subject.</p>
<p>12. No answer</p>
<p>13. Universal school meal programs, garden based education and farm to school programming, recess before lunch, recycling programs, and breakfast after the bell.</p>
<p>14. Consider behavior modification programs for childhood obesity.</p>
<p>15. Health education and drug and alcohol ought to be taught in junior high, 7th A ND 8th grade. More treatment facilities ought to available for teens.</p>
<p>16. Adolescents need to be educated and encouraged to maintain a Primary Care Provider--with obesity on the rise in children/adolescents it becomes crucial to monitor for concurrent development of diabetes and hypertension (as well as educate on health habits and weight management). This is a tough population for PCPs to get into the office for such screening and intervention (they generally are healthy and do not need many immunizations, thus often not seen for entire adolescence!). Furthermore, adolescents usually progress to young adults (the group which seeks primary care the least)--this group needs to be educated on the life-long benefits of primary care for contraception, preventive medicine and mental well-being. A measure could include: percentage of Alaskan adolescents reporting seeing a primary care provider for a non-urgent matter in the last year; or percentage of Alaskan adolescents reporting 'yes' to the query "I have a primary care health provider that I can go to for health needs"</p>
<p>17. Outreach in the community.</p>
<p>18. I was mocked as a child about my dental and leaves me with continued insecurities. Our teens are particularly sensitive to their appears. Please help the youth needing ortho. I am a women without medical coverage, no response regarding my application in over 4 months. So I have not had an annual wellness preventative exam. I am also a white women, having lived in rural Alaska in which I was turned about from dental services time and time again. Left with a mouth including 8 congenital missing teeth, and current baby teeth in my mouth. Multiple huge gaps and this is a known challenge in achieving professional presentation. Please do something so white children do not get ostracized in this manner in the future. Now I am to come up with \$15,000 out of pock even Obama Care will not cover it.</p>
<p>19. No answer</p>
<p>20. No answer</p>
<p>21. I work with OCS and any kind of action plan needs to always be there for our children. They are the future family, community leaders. And because they cannot speak for themselves someone needs to throughout the little life's. I have worked with JYS for over 15.5 years now I've been with OCS for ten years. Because of the states problems with monies we need to make sure our adolescents voices are heard.</p>
<p>22. I believe that we need more transitional programs such as TLP to assist the children who are "aging" out of the system.</p>
<p>23. Include methodology for media as well as print for this plan.Partner with local phone, and media to help with PSA and media releases.</p>

responsibility to care for them.
12. No answer
13. No answer
14. No answer
15. No answer
16. No answer
17. Outreach in the community
18. More needs to be done with regard to parents meeting annual medical, dental and vision needs of their own children. Accessing public health clinics, instead of high end fancy medical offices. To many families, deliver one child with medical needs, then the entire family is instantaneously eligible for Medicaid this is a great disservice to the public where families are being made to endure unemployment so that their children can get medical. This is completely out of balance. If the family cannot afford the health care needs of the child, then the state needs to take custody and provide for that child alone, not blanket the entire family tree with Medicaid so they are look legit.
19. No answer
20. Access to care for special needs children is very difficult. Providers have lengthy wait lists and it is difficult to obtain Occupational Therapy, Speech Therapy, etc.
21. Over the years I worked with JYS and in every school in the Juneau area. Our children with special needs to be heard as well.
22. More funding for trainings
23. Include methodology for media as well as print for this plan. Partner with local phone, and media to help with PSA and media releases.

13. Garden based education, Prostart cooking classes, finding passion/talent and valuing all options not just academic, and social choices.
14. No answer
15. No answer
16. No answer
17. Education outreach in the community.
18. No answer
19. No answer
20. No answer
21. Any life course health needs to always include the health of our women, families, communities all over Alaska
22. No answer
23. Include methodology for media as well as print for this plan. Partner with local phone, and media to help with PSA and media releases.