

# Anchorage Health Department



**Anchorage  
Health  
Department**

**Municipal  
Manager**

**Anchorage  
Health  
Department**

**Director**

**Public  
Information  
Officer**

**Administration**

**Public Health**

**Clinical  
Services**

**Human  
Services**

**Housing  
Services**

## **Anchorage Health Department**

### **Description**

The Anchorage Health Department (AHD) protects and improves the public health, safety, and well-being of people in our community.

### **Department Services**

AHD is the local public health authority for the Municipality of Anchorage (MOA). AHD aligns and partners with the three MOA public safety agencies: Anchorage Police Department, Anchorage Fire Department, and Office of Emergency Management.

- Safeguard public health and safety by:
  - Preventing, diagnosing, investigating, and treating communicable diseases;
  - Adult and childhood immunizations;
  - Screenings and treatments for diseases and conditions such as Tuberculosis, sexually transmitted infections, and HIV/AIDS;
  - Epidemiology and surveillance for communicable diseases;
  - Providing population based primary prevention services focused on areas such as nutrition, chronic disease, and unintended pregnancy prevention;
  - Assuring a safety net of services for vulnerable residents including people experiencing homelessness, victims of domestic violence and sexual assault, seniors, persons experiencing disabilities, and clients of the Anchorage Safety Patrol and Safety Center;
  - Ensuring health equity and access to information and services, including rental and utility bill relief as well as low barrier emergency shelter for people experiencing homelessness and fleeing domestic violence situations; and
  - Monitoring, licensing, and enforcing regulations in municipal code regarding animal care and control, child care, and environmental health (air quality, food safety and sanitation, noise).
- Strengthen the community's ability to improve its own health and well-being by:
  - Informing, educating, and empowering people about health and human services issues such as aging, managing physical and mental disabilities, and assuring safe, affordable, and high quality though assessable childcare;
  - Mobilizing and funding community partnerships to identify and resolve public health issues like homelessness, Adverse Childhood Experiences, and early childhood education;
  - Distributing funding for accessible and affordable housing options for low and moderate-income families, including mobile home repairs; and
  - Developing evidence-based recommendations, plans, and policies that support system-level population health improvements such as substance misuse.
- Prepare and plan for coordinated public health emergency response capabilities by:
  - Supporting the delivery of mass care services (i.e. sheltering people and pets);
  - Augmenting mass casualty or medical surge response activities; and
  - Conducting rapid distribution of medications and vaccines during a disease outbreak.

## Divisions

- The Director oversees the Anchorage Health Department, including the direct supervision of the Deputy Director, Division Managers, Medical Officer, and Public Information Officer. The Director serves as staff representative for the Municipality on the Health & Human Services Commission and Assembly Health Policy Committee.
- The Administration Division is overseen by the Deputy Director and includes Administrative Support; Fiscal; and Grants and Contracts Management. This Division oversees the Animal Care and Control Program contract and provides staff representation for the Municipality on the Animal Control Advisory Board and the Senior Citizens Advisory Commission.
- The Human Services Division oversees the Child Care Licensing program; Community Safety and Development (HUD housing); Sexual Assault Response Team, and Senior Services and Emergency Outreach. This Division also oversees the Anchorage and Chugiak Senior Center Program contracts. The Division provides staff support to the Housing, Homeless, and Neighborhood Development Commission (HHAND).
- The Public Health Division oversees the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Emergency Preparedness and Response; and Environmental Health Services which includes Food Safety and Sanitation and Air Quality. The Division supports the Anchorage Women’s Commission, oversees the Anchorage Safety Center/Safety Patrol contract and the department Safety Program.
- The Housing Services Division oversees the Housing and Homeless Services; Alcohol Tax funding coordination; and the coordination of Community Resources. The Division oversees the implementation of grants and contracts associated with homelessness, emergency cold weather sheltering, substance misuse, early childhood education/prevention, and the Anchorage Domestic Violence and Sexual Assault Intervention Program. The Division provides staff representation for the Assembly Housing & Homelessness Committee.
- The Clinical Services Division oversees the Community Health Nursing Program, including the Reproductive Health Clinic; Disease Prevention and Control; and Health Information Management; Emerging Infectious Disease Program; and the Epidemiologist.

## Department Goals that Contribute to Achieving the Mayor’s Mission:



**Economic Recovery – Build a city that attracts and retains a talented workforce, is hospitable to entrepreneurs and business owners, provides a strong environment for economic growth, attract new and innovative industries to Anchorage, and expand the tourism opportunities of Southcentral Alaska.**

- Increase community and agency partnerships in public health initiatives.



**Increased Development – Work to streamline the Anchorage development process and provide incentives to bring capital projects to the city. Foster an atmosphere that welcomes business investment through stable taxes and restrained government spending.**

- Improve responsiveness to public health complaints.
- Reduce days non-compliant with federal air quality standards by monitoring key indicators and developing strategies to reduce air pollution.

- Improve public health in the community by maintaining surveillance systems that detect and provide a timely response to public health needs including infectious diseases.
- Improve public health of the next generation through education, counseling, and supporting infant breastfeeding.
- Improve the quality of life for Aging and Disability Resource Center clients through information referral and options counseling to support cost-effective decisions about long-term service and support needs.



**Exemplary Municipal Operations – Improve the efficiency and effectiveness of Municipal operations to deliver services faster and better.**

- Increase the well-being of children and the public through response to reports of child treatment concerns (abuse, neglect, injury, supervision, safety hazards, etc.) in childcare facilities.
- Improve response to animal-bites/attacks complaints in the Municipality.
- Maximize industry compliance with safe food handling practices by inspecting facilities and effectively enforcing regulations.
- Enhance readiness to respond to public health emergencies by training Anchorage Health Department staff as members of the Crisis Health Action Team (CHAT).

## Health Department Summary

	2022 Actuals Unaudited	2023 Revised	2024 Approved	24 v 23 % Chg
<b>Direct Cost by Division</b>				
HD Administration	4,175,359	4,565,902	4,693,240	2.79%
HD Director	395,218	610,916	617,479	1.07%
HD Human Services	4,373,806	6,299,228	5,790,453	(8.08%)
HD Public Health	2,247,478	3,532,764	3,519,345	(0.38%)
<b>Direct Cost Total</b>	<b>11,191,861</b>	<b>15,008,810</b>	<b>14,620,517</b>	<b>(2.59%)</b>
<b>Intragovernmental Charges</b>				
Charges by/to Other Departments	3,140,912	3,407,499	3,472,591	1.91%
<b>Function Cost Total</b>	<b>14,332,772</b>	<b>18,416,309</b>	<b>18,093,108</b>	<b>(1.75%)</b>
Program Generated Revenue	(1,707,979)	(2,157,873)	(2,157,826)	-
<b>Net Cost Total</b>	<b>12,624,793</b>	<b>16,258,436</b>	<b>15,935,282</b>	<b>(1.99%)</b>
<b>Direct Cost by Category</b>				
Salaries and Benefits	4,660,862	6,541,987	6,672,001	1.99%
Supplies	117,517	158,254	158,254	-
Travel	2,248	4,825	4,825	-
Contractual/Other Services	6,360,532	8,261,278	7,757,733	(6.10%)
Debt Service	18,453	18,778	4,016	(78.61%)
Equipment, Furnishings	32,249	23,688	23,688	-
<b>Direct Cost Total</b>	<b>11,191,861</b>	<b>15,008,810</b>	<b>14,620,517</b>	<b>(2.59%)</b>
<b>Position Summary as Budgeted</b>				
Full-Time	60	61	61	-
Part-Time	3	2	2	-
<b>Position Total</b>	<b>63</b>	<b>63</b>	<b>63</b>	<b>-</b>

## Health Reconciliation from 2023 Revised Budget to 2024 Approved Budget

	Direct Costs	Positions		
		FT	PT	Seas/T
<b>2023 Revised Budget</b>	15,008,810	60	2	-
<b>2023 One-Time Adjustments</b>				
- REVERSE - 2023 1Q Assembly Amendment 14B GG - ONE-TIME Housing and homelessness response - Direct grant to Catholic Social Services for 3rd Avenue Resource Center for operations	(500,000)	-	-	-
- REVERSE - 2023 1Q Assembly Amendment 23 GG - ONE-TIME Grant to the Anchorage Affordable Housing and Land Trust	(250,000)	-	-	-
<b>Debt Service Changes</b>				
- General Obligation (GO) Bonds	(14,762)	-	-	-
<b>Changes in Existing Programs/Funding for 2024</b>				
- Salaries and benefits adjustments	130,014	-	-	-
- Animal Shelter contractual increase	46,455	-	-	-
<b>2024 Continuation Level</b>	<b>14,420,517</b>	<b>60</b>	<b>2</b>	<b>-</b>
<b>2024 One-Time Adjustments</b>				
- Savings due to vacant positions	(345,225)	-	-	-
<b>2024 Proposed Budget Changes</b>				
- Anchorage Senior Center	50,000	-	-	-
<b>2024 Assembly Amendments</b>				
- 2024 Assembly Amendment #52, Line 3, Reverse all one-time labor savings	345,225	-	-	-
- 2024 Assembly Amendment #48, Chugiak Senior Center	150,000	-	-	-
<b>2024 Mayor Vetoes</b>				
- Strike: 2024 Assembly Amendment #52, Line 3, Reverse all one-time labor savings	(345,225)	-	-	-
<b>2024 Veto Overrides</b>				
- Override Strike: 2024 Assembly Amendment #52, Line 3, Reverse all one-time labor savings	345,225	-	-	-
<b>2024 Approved Budget</b>	<b>14,620,517</b>	<b>60</b>	<b>2</b>	<b>-</b>

This reconciliation represents the actual position counts. The position counts on the Department and Division reports may include positions that are budgeted in multiple fund centers, which may result in a position being counted multiple times.

## Alcoholic Beverages Retail Sales Tax Program

### Description

The net receipts from the alcoholic beverages retail sales tax, after payment of the costs of administration, collection, and audit to the municipality, are dedicated and shall be available to use only for:

- Funding for police, related criminal justice personnel, and first responders
- Funding to combat and address child abuse, sexual assault, and domestic violence
- Funding for substance misuse treatment, prevention programs, detoxification or long-term addiction recovery facilities, mental and behavioral health programs, and resources to prevent and address Anchorage's homelessness crisis.

Additional information is available in Appendix R.

### Department Services

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- **Homelessness, Mental Health & Substance Abuse – Reduce homelessness and improve community health**
  - Provide operational funding for a facility to shelter individuals with complex care needs.
  - Increase community and agency partnerships in homelessness.
  - Supporting the delivery of mass care services (i.e. sheltering people and pets).
  - Developing evidence-based recommendations, plans, and policies that support system-level population health improvements such as substance misuse.
  - Mobilizing and funding community partnerships to identify and resolve public health issues like homelessness, Adverse Childhood Experiences, and early childhood education.
  - Ensuring health equity and access to information and services, including rental and utility bill relief as well as low barrier emergency shelter for people experiencing homelessness and fleeing domestic violence situations.
  - Coordinate private/public partnerships around health issues.
- **Child Abuse/Sexual Assault and Domestic Violence – Early education to providers for child abuse, sexual assault, domestic violence prevention programs.**
  - Combat and address child abuse, sexual assault, and domestic violence.
  - Promote early childhood education through funding to Anchorage School District supporting developmentally appropriate, intentionally planned, preschool programs with a focus on young children, four and five years of age (not yet eligible for kindergarten) and their families.
  - Support community services to populations who disproportionately experience higher adverse childhood experiences (ACE) through grants to projects that reduce and prevent child maltreatment, sexual assault, and domestic violence.
  - Through subgrantees provide expanded supportive services for victims of violent crimes.

## Health Department Summary Alcohol Tax

	2022 Actuals Unaudited	2023 Revised	2024 Approved	24 v 23 % Chg
<b>Direct Cost by Division</b>				
HD Human Services	9,891,172	15,201,027	17,426,751	14.64%
<b>Direct Cost Total</b>	<b>9,891,172</b>	<b>15,201,027</b>	<b>17,426,751</b>	<b>14.64%</b>
<b>Intragovernmental Charges</b>				
Charges by/to Other Departments	6,593	6,577	6,928	5.34%
<b>Function Cost Total</b>	<b>9,897,765</b>	<b>15,207,604</b>	<b>17,433,679</b>	<b>14.64%</b>
<b>Net Cost Total</b>	<b>9,897,765</b>	<b>15,207,604</b>	<b>17,433,679</b>	<b>14.64%</b>
<b>Direct Cost by Category</b>				
Salaries and Benefits	643,607	669,736	697,035	4.08%
Supplies	10,081	44,616	44,616	-
Travel	-	-	-	-
Contractual/Other Services	9,237,484	14,486,675	16,685,100	15.18%
Debt Service	-	-	-	-
<b>Direct Cost Total</b>	<b>9,891,172</b>	<b>15,201,027</b>	<b>17,426,751</b>	<b>14.64%</b>
<b>Position Summary as Budgeted</b>				
Full-Time	5	5	5	-
Part-Time	-	-	-	-
<b>Position Total</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>-</b>

## Health Operating Grant and Alternative Funded Programs

Program	Fund Center	Award Amount	Expected Expenditures Thru 12/31/2023	Expected Expenditures in 2024	Expected Balance at End of 2024	Personnel			Program Expiration
						FT	PT	S/T	
<b>HUMAN SERVICES MATCHING GRANT</b> (State Grant-Direct includes Required Match from General Funds) Provide operating funds to various non-profit social services agencies providing essential human services based on recommendations developed by the Social Services Task Force.	224000	806,661	403,331	403,331	-	-	-	-	Jun-24
<b>Anchorage Animal Care and Control</b> (Restricted Contributions Grant from ASPCA) used for Spay/Neuter Program	225000	35,000	17,500	17,500	-	-	-	-	May-24
<b>WOMEN, INFANTS &amp; CHILDREN (WIC)</b> (State Grant - Revenue Pass Thru) Provide nutrition screening, education and supplemental food to low income pregnant, breastfeeding or postpartum women, infants and young children who are at nutritional risk.	232000	1,401,047	700,523	700,523	-	14.75	1.60	-	Jun-24
<b>HIV PREVENTION AND PARTNER</b> (State Grant - Revenue Pass Thru) Expand AIDS education outreach, testing of high-risk individuals, and HIV disease investigation.	246000	106,470	53,235	53,235	-	0.50	-	-	Jun-24
<b>PUBLIC HEALTH NURSING</b> (State Grant - Direct) Provide immunizations, prevention and control of communicable diseases (i.e. tuberculosis, measles, sexually transmitted diseases), reproductive health services and community outreach.	246000	3,918,154	1,959,077	1,959,077	-	29.15	2.00	-	Jun-24
<b>CHILD CARE LICENSING</b> (State Grant - Revenue Pass Thru) Provide for staff to enforce the state and municipal child care licensing regulations.	235000	1,674,661	837,330	837,330	-	12.00	-	-	Jun-24
<b>AIR QUALITY PUBLIC AWARENESS</b> (State Grant - Revenue Pass Thru) Provides funds from AK DOT/PF to prepare a public awareness campaign on ways to reduce winter air pollution.	256000	279,903	139,951	139,951	-	0.70	-	-	Mar-24
<b>EMERGENCY SOLUTIONS GRANT</b> (Federal Grant) Program provides funding to engage homeless individuals and families living on the streets, improve the quality and numbers of emergency shelters, provide essential services to shelter residents, prevent families and individuals from becoming homeless and rapid re-housing homeless families and individuals.	242000	151,146 155,133 163,790 166,518	12,000 3,100 - -	139,146 20,000 137,500 -	- 132,033 26,290 -	- 0.08 0.08 0.08	- - - -	- - - -	Jul-23 Oct-23 Feb-25 In Progress
<b>TEEN AND UNINTENDED PREGNANCY PREVENTION</b> (State Grant - Direct) This grant is designed to educate providers and/or young men and women about the prevention of unintended pregnancies. The main program goal is a reduction in the % of non-marital pregnancies through the prevention of unintended pregnancies.	246000	95,000	47,500	47,500	-	0.45	-	-	Jun-24
<b>PUBLIC HEALTH PREPAREDNESS AND RESPONSE FOR</b> (State Grant - Revenue Pass Thru) Provide for public health preparedness and response for bioterrorism, infectious diseases and other public health threats and emergency training and education.	240500	566,825	283,413	283,413	-	2.35	-	-	Jun-24
<b>AGING DISABILITY RESOURCE CENTER</b> (State Grant - Revenue Pass Thru and Direct) Provides for an integrated point of entry into the long-term care system. Information, assistance and options counseling on a complex system is provided to increase access and support for consumers.	233000	209,581	100,000	109,581	-	1.57	-	-	Jun-24
<b>ADRC MEDICAID ADMINISTRATIVE CLAIM PROGRAM</b> (State Grant - Revenue Pass Thru) Provide Medicaid Administrative reimbursable services to eligible individuals for the SOA Medicaid Administrative Claiming Program (MACP).	233000	601,718	300,859	300,859	-	4.14	-	-	Jun-24
<b>AHFC - CASE MANAGEMENT</b> (State Grant - Revenue Pass Thru) Provide Alaska Housing Finance Corporation with case management services for residents at Chugach View and Chugiak Manor public housing sites to enable elderly and/or disabled residents to remain independent in their homes.	233000	140,961	70,481	70,481	-	1.00	-	-	Jun-24
<b>SOA COVID-19 HEALTHY &amp; EQUITABLE COMMUNITIES GRANT</b> (State Grant - Revenue Pass Thru) Prescribed activities & strategies to promote and build healthy and equitable communities around the state with an emphasis on high risk, underserved population groups.	240500	4,077,206	2,038,603	2,038,603	-	-	-	-	May-24
<b>HUD CARES CV-1 CDBG</b> (Federal Grant) The funding for this grant was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to prevent, prepare for and respond to the COVID-19 Pandemic.	242000	1,070,086	394,420	133,739	541,927	1.20	-	-	Dec-25

**Health  
Operating Grant and Alternative Funded Programs**

Program	Fund Center	Award Amount	Expected Expenditures Thru 12/31/2023	Expected Expenditures in 2024	Expected Balance at End of 2024	Personnel			Program Expiration
						FT	PT	S/T	
<b>HUD CARES CV-1 ESG</b> (Federal Grant) Funding authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136 to prevent, prepare for and respond to the COVID-19 Pandemic among individuals and families who are homeless or are receiving homeless assistance.	242000	521,193	260,500	258,733	1,960	0.01	-	-	Sep-22
<b>HUD CARES CV-2 ESG</b> (Federal Grant) Funding authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136 to prevent, prepare for and respond to the COVID-19 Pandemic among individuals and families who are homeless or are receiving homeless assistance.	242000	3,774,024	1,887,012	1,885,312	1,700	0.04	-	-	Sep-23
<b>HUD CARES CV-3 CDBG</b> (Federal Grant) The funding for this grant was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to prevent, prepare for and respond to the COVID-19 Pandemic.	242000	1,991,655	56,795	1,219,000	715,860	2.00	-	-	Dec-25
<b>CDBG - COMMUNITY DEVELOPMENT BLOCK GRANT</b> (Federal Grant) Projects and activities benefit low income and homeless families, the jurisdiction's needs related to affordable housing, community development and homelessness. The overarching goal is to provide decent housing and suitable living environments and economic opportunities for low-income persons and families through all levels of government and for profit and non-profit agencies.	242000	2,712,172	2,669,694	26,827	15,651	-	-	-	Sep-23
		1,632,907	1,526,150	53,309	53,448	-	-	-	Sep-24
		1,742,968	1,572,350	98,618	72,000	2.25	-	-	Sep-25
		1,720,154	1,175,900	444,254	100,000	2.25	-	-	Sep-26
		1,818,770	637,000	956,770	225,000	2.25	-	-	Sep-27
		1,948,478	-	425,000	1,523,478	2.35	-	-	Sep-27
		1,872,494	-	-	1,872,494	2.25	-	-	Sep-23
<b>HOME - ARP 2021</b> Program to have HUD approvable allocation plan in conjunction with the priorities and goals of the 2018-2022 Consolidated Plan, to help meet the current housing and homelessness crisis now rather than the regular long term schedule of projects. With requirements of Home Program listed in 24 CFR with specified American Rescue Plan information. This is one time funds.	244000	2,713,359	-	-	-	1.50	-	-	In progress
<b>HOME - HOME INVESTMENT PARTNERSHIPS PROGRAM</b> (Federal Grant) Program designed to create affordable housing for low-income people the jurisdiction can use HOME funds for new construction of housing, housing rehabilitation, assistance to homebuyers, rental assistance, site acquisition, site improvements, relocation and Section 8 assistance.	242000	564,961	564,961	-	-	-	-	-	Sep-23
		850,239	820,239	30,000	-	-	-	-	Sep-24
		552,470	344,000	157,470	51,000	-	-	-	Sep-25
		1,020,985	725,000	265,985	30,000	-	-	-	Sep-26
		492,364	75,000	281,903	135,461	0.22	-	-	Sep-27
		857,961	290,000	427,961	140,000	-	-	-	Sep-28
		778,755	-	150,000	628,755	-	-	-	Sep-28
<b>HUD NATIONAL HOUSING TRUST FUND</b> (Federal Grant) Program for acquisition, new construction, rehabilitation and operating cost assistance for rental housing.	242000	490,247	456,379	33,868	-	0.24	-	-	Sep-23
<b>Total Grant and Alternative Operating Funding for Department</b>		<b>43,676,016</b>	<b>20,422,303</b>	<b>14,106,779</b>	<b>6,267,057</b>	<b>83.41</b>	<b>3.60</b>	<b>-</b>	
<b>Total General Government Operating Direct Cost for Department</b>				<b>14,620,517</b>		<b>60.00</b>	<b>2.00</b>	<b>-</b>	
<b>Total Operating Budget for Department</b>				<b>28,727,296</b>		<b>143.41</b>	<b>5.60</b>	<b>-</b>	

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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**Measure #1: Percentage of time Child Care Licensing responds to priority complaints within established timeframes.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Increase the well-being of children and the public by reducing the amount of time it takes to respond to priority reports of concern (complaints). Established program goal is to respond within 1 day for Priority 1 reports, 3 days for Priority 2 reports and 7 days for Priority 3 reports.

**Definition**

Provides a percentage of how Childcare Licensing responds to those complaints considered per internal policy to be Priority 1 (death, abuse, neglect, serious injury, possible permanent damage, or serious background clearance violation), Priority 2 (serious supervision problems, accidental or other injury, safety hazards, or harmful treatment), and Priority 3 (low or less immediate risk) complaints.

**Data Collection Method**

Program will maintain a monthly and annual report of complaints received by priority level.

**Frequency**

Quarterly and annually

**Measured By**

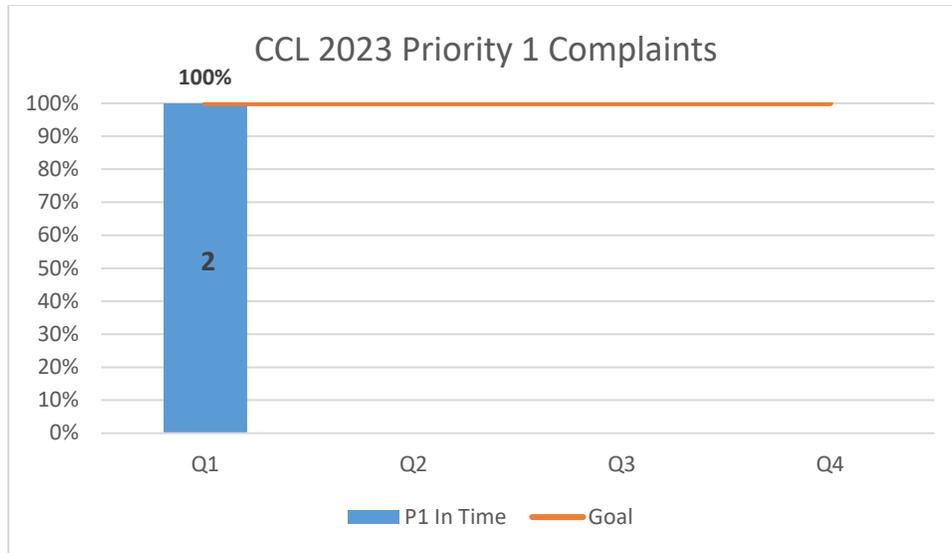
Program will maintain a record of complaints received, investigated and closed.

**Reporting**

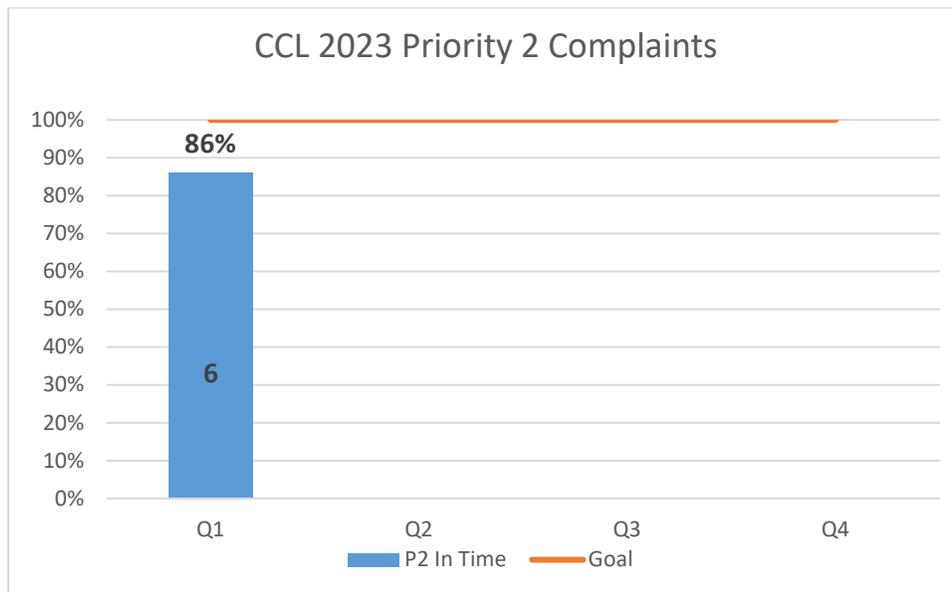
Program Supervisors will create and maintain a monthly and annual report of days it takes to respond to a complaint. This information will be provided to Division Manager and Department Leadership for review. Information will be presented as real data and converted per Section into percentages then the percentages will be averaged for a final overall percentage reported on the PVR form.

**Used By**

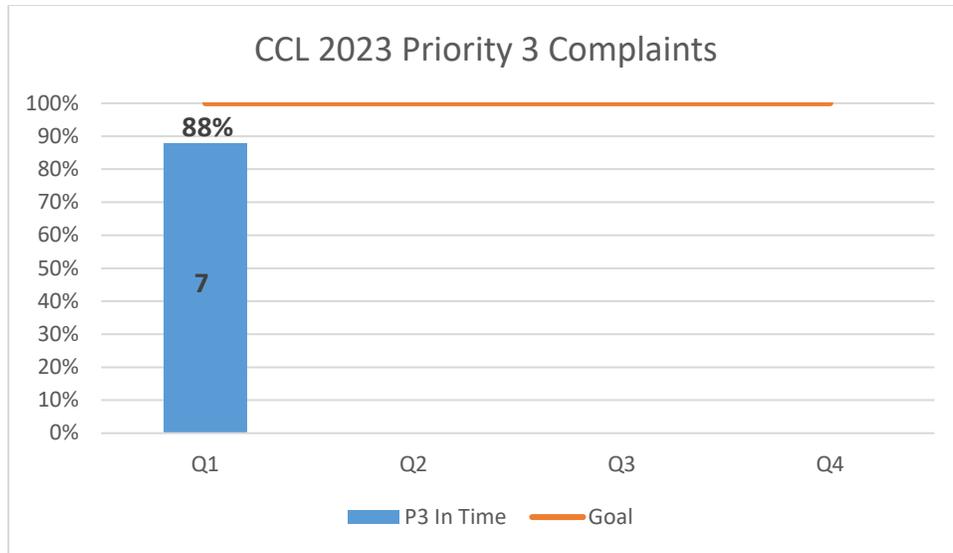
The Division Manager and Director will use the information to gain a clearer understanding of the complaint process and to identify bottlenecks to the process.



100%, 2 total [2 unlicensed, 2 conducted within required time frame] Priority 1 complaints (reports of death, abuse, neglect, or serious injury) were investigated within the goal of 24 hours this quarter.



86%, 7 total [6 Centers, 1 Home; 5 Centers, 1 Home conducted within required time frame] of Priority 2 complaints (reports of harm less than priority 1, serious supervision problems, accidental or other injury, safety hazards, or harmful treatment) were investigated within the goal of 72 hours.



88%, 8 total [4 Centers, 4 Homes; 4 Centers, 3 Homes conducted within required time frame] of Priority 3 complaints (reports of low or less immediate risk to children) met the goal of being investigated within 7 days.

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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**Measure #2: Average number of hours to respond to an animal related dog bite/attack complaint.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve response to the most serious animal-related complaint in the Municipality.

**Definition**

Provide a measure for the total number of requests for animal control enforcement services and the average response time for this priority category.

**Data Collection Method**

Anchorage Animal Care and Control Center (AACCC) facility operator maintains a database of daily requests for service and associated response times.

**Frequency**

Monthly and annually

**Measured By**

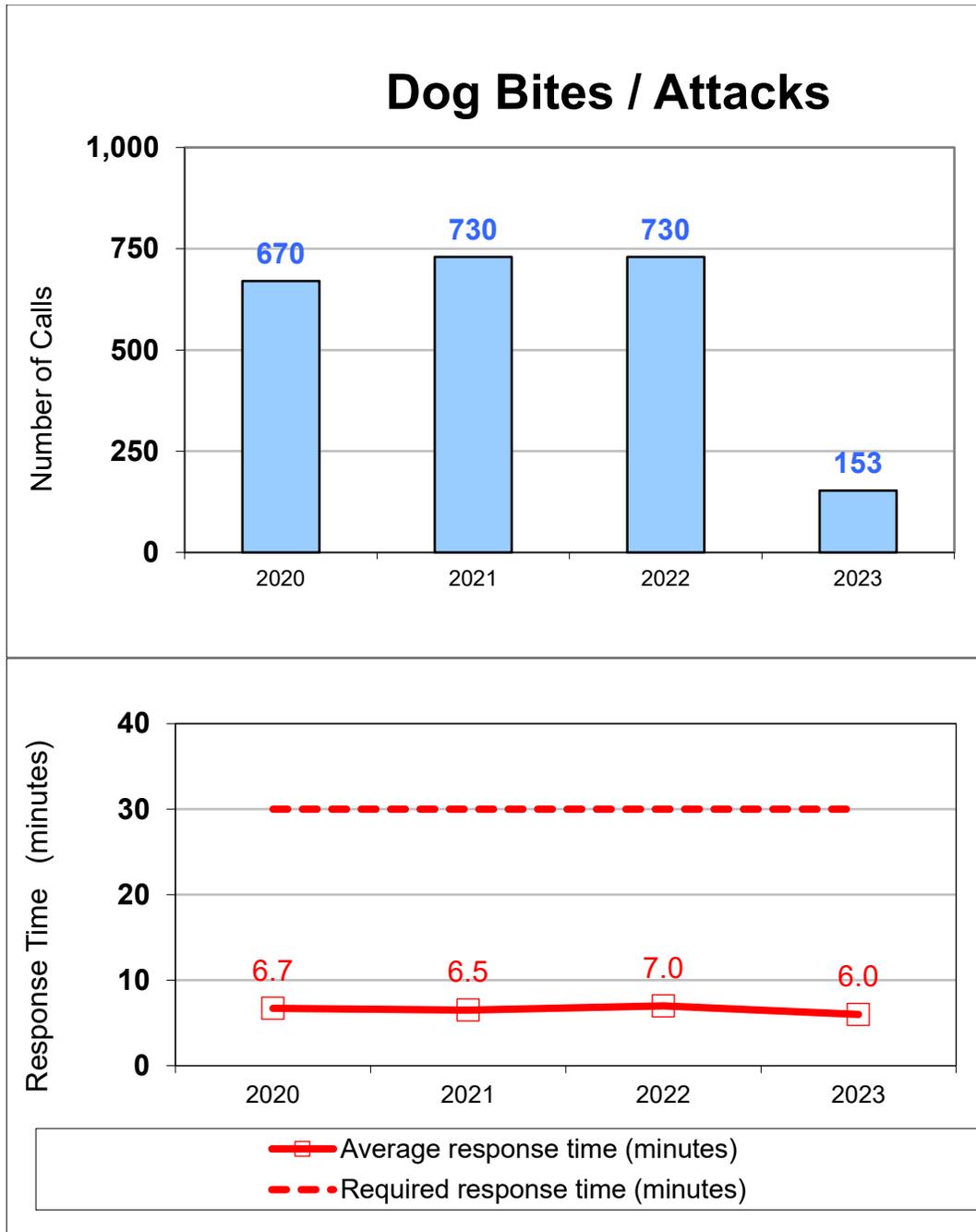
AACCC staff and officers

**Reporting**

The AHD Contract Administrator oversees monthly and annual reports received from AACCC contract operator. Reports are distributed to department management monthly and summarized annually.

**Used By**

Data will be used by AACCC facility operator and the Contract Administrator, Deputy Director and Director to review annual progress and to determine short and long-term priorities to maintain overall progress towards service goal.



Indicates the total number of calls received by Animal Care and Control for dog bites and/or attacks by year. The required average response time is thirty minutes (dotted line) and the actual response time by year (solid line). The required response time was consistently met or exceeded in Q1.

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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<p><b>Measure #3: Number of permitted food establishments inspected within the last 12 months.</b></p>
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**Type**

Effectiveness

**Accomplishment Goal Supported**

Under the Anchorage Food Code, the Department is charged with making a reasonable effort to inspect every permitted food establishment at least once per year. The U.S. Food and Drug Administration (FDA) recommends an inspection frequency of two times per year as a best practice to assure compliance with safe food handling and the prevention of food borne illnesses. There are approximately 1,800 permitted facilities in the municipality. AHD has 6 environmental health specialists on staff responsible for food facility inspections and other environmental health work including inspections of temporary events, retail marijuana facilities, pools, beauty and barbershops, and other facilities; responding to noise, pest/rodent, hotel mold, smoke/smoking, pesticide application, and other health related public concerns; and plan review of approximately 100 new facilities annually. With the number of permitted facilities and other environmental health duties, double the staff is needed to meet FDA guidelines. At least one additional inspector would add capacity to support inspection frequency and response to food borne illness outbreaks.

**Definition**

Provide a measure of the number of permitted food facility inspections completed compared to the number of inspections that should be completed by code and FDA.

**Data Collection Method**

Food Safety & Sanitation Program Manager will maintain a quarterly and annual year-to-date report of the number of routine permitted food facility inspections as well as the number of permitted food facilities. Data is collected in the Envision database.

**Frequency**

Quarterly and annually

**Measured By**

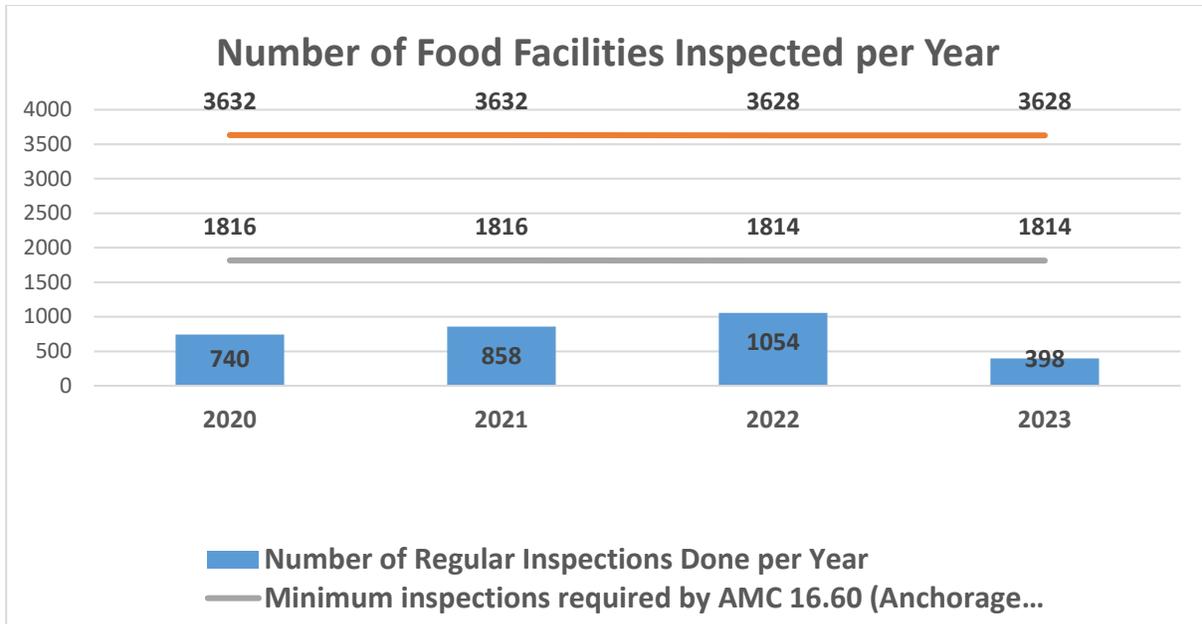
Food Safety and Sanitation Program Manager

**Reporting**

Food Safety & Sanitation Program Manager will develop and maintain a year-to-date report submitted quarterly and annually assess the number of routine permitted food facility inspections completed vs. the number of inspections required by local code and FDA best practices.

**Used By**

Division Manager and Director will use collected data and reports to assess the effectiveness of the inspection program.



Indicates the number of retail food inspections recommended by the FDA, required by municipal code, and accomplished each year. Inspections conducted remain less than recommendations/requirements. In Q1 2023, inspections were below quarterly average to meet those required by AMC 16.60.

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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**Measure #4: Number of Aging and Disability Resource Center (ADRC) clients who receive assistance to make informed, cost-effective decisions about their long-term service and support needs.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve the quality of life of ADRC clients who contact our office for information and referral and options counseling services.

**Definition**

Provides the number of ADRC clients who have contacted an ADRC Resource Specialist to learn about community long-term services and supports.

**Data Collection Method**

Provides the number of individuals (1) who contacted the ADRC for information and referral services and (2) the number of referrals made to other agencies that could provide the needed assistance.

**Frequency**

Quarterly

**Measured By**

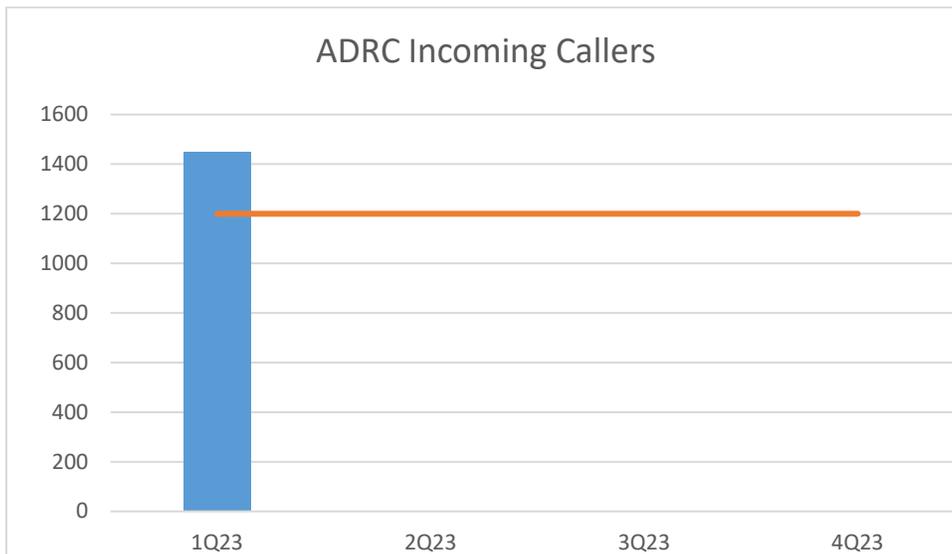
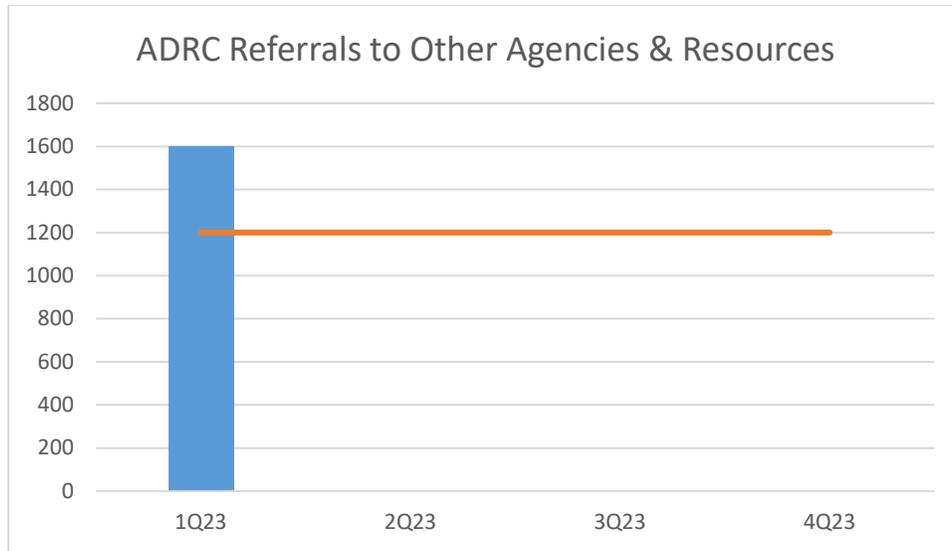
Quarterly reports obtained through grantor program reporting software.

**Reporting**

Senior Services Program Manager will generate quarterly reports from grantor program reporting software.

**Used By**

The Division Manager and Director will use the information to gain a clearer understanding of the level of success in providing ADRC clients with information, referral and long-term options counseling that can improve the client's long-term care situation.



The Aging and Disability Resource Center continues to improve quality of life for those who contact us. Senior & Disability Services, SOA has implemented new data entry requirements for all ADRC's. The total number of unduplicated incoming calls is now captured and is reflected in the ADRC Incoming Caller section of the report. This will replace the previous section of ADRC Consumers Provided Informational and Referral Services. Capturing all unduplicated incoming callers is a more accurate reflection of the work being accomplished in the ADRC.

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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**Measure #5: Average number of days for public health to contact community members with a reportable infectious disease.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve the public health of the community by maintaining surveillance systems that detect and provide a timely response to public health needs. As a part of response, Public Health staff will notify individuals who have tested positive or who are presumptively positive for reportable communicable diseases as soon as is possible in order to assure and/or refer for treatment.

**Definition**

Provides a measure of the percentage of cases where Public Health clients with a reportable infectious disease are contacted within 3 days of Public Health receiving the results. Program goal is 75%.

**Data Collection Method**

Public Health staff will monitor the length of time between the department's notification of infectious disease and notification of disease positive (or presumptive positive) individuals.

**Frequency**

Quarterly and annually

**Measured By**

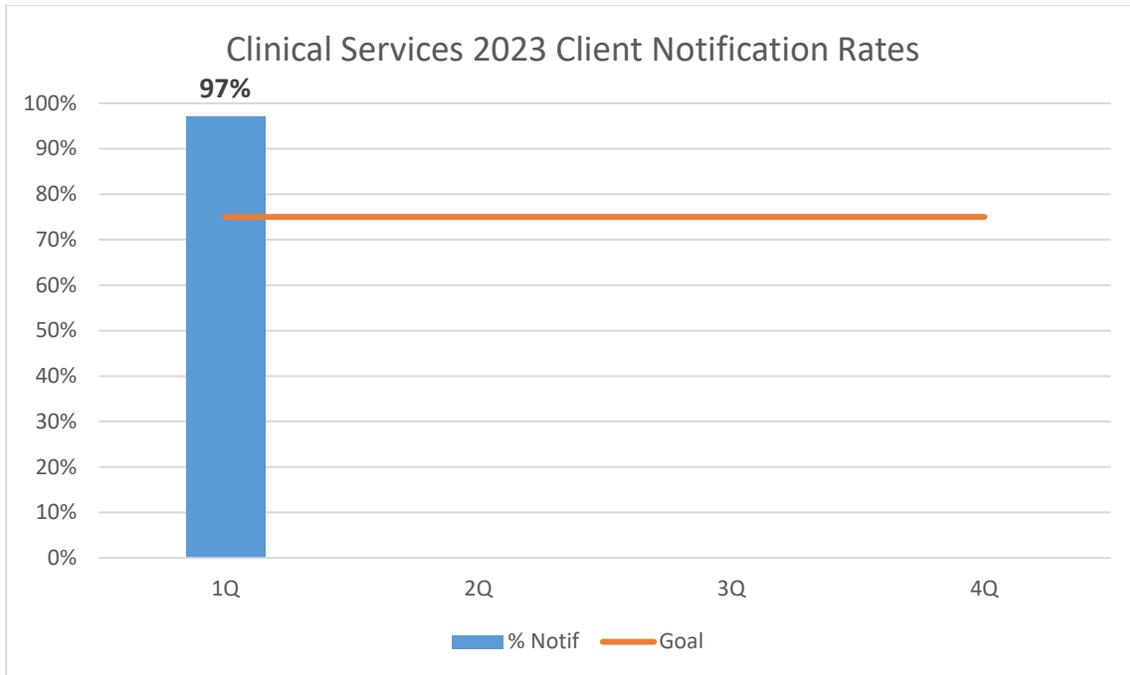
Program maintains database of contact time using the electronic medical records system INSIGHT, as well as other internal tracking systems used in partnership with the State of Alaska Department of Health and Social Services.

**Reporting**

Clinical Services Program Manager will create and maintain a quarterly report on the percentage of community members with a reportable infectious disease and the number of days to contact them. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

**Used By**

The Division Manager and Director will use the information to assess the effectiveness of staffing, and the ability of clinical services to respond to public health needs.



This graph shows the percentage of clients testing positive for reportable STIs who were notified of their results within three business days of receiving them. In the first quarter, 97% of clients were notified within three days. This rate substantially exceeds the target rate of 75% and reflects the diligence of Public Health staff.

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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**Measure #6: Average number of days public health investigates and ensures treatment of community members with a reportable infectious disease.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve public health of individuals and the community by maintaining surveillance systems that detect and timely respond to public health needs. As a part of response, Public Health staff will assure treatment of individuals who have tested positive or who are presumptively positive for reportable communicable diseases as soon as possible in order to prevent further spread of diseases.

**Definition**

Provides a measure of the percentage of cases where Public Health clients with a reportable infectious disease are investigated and treated within 14 days of initial contact by the department. Program goal is 85%.

**Data Collection Method**

Public Health Staff will monitor the length of time between the department's notification of infectious disease and treatment of disease positive (or presumptive positive) individuals.

**Frequency**

Quarterly and annually

**Measured By**

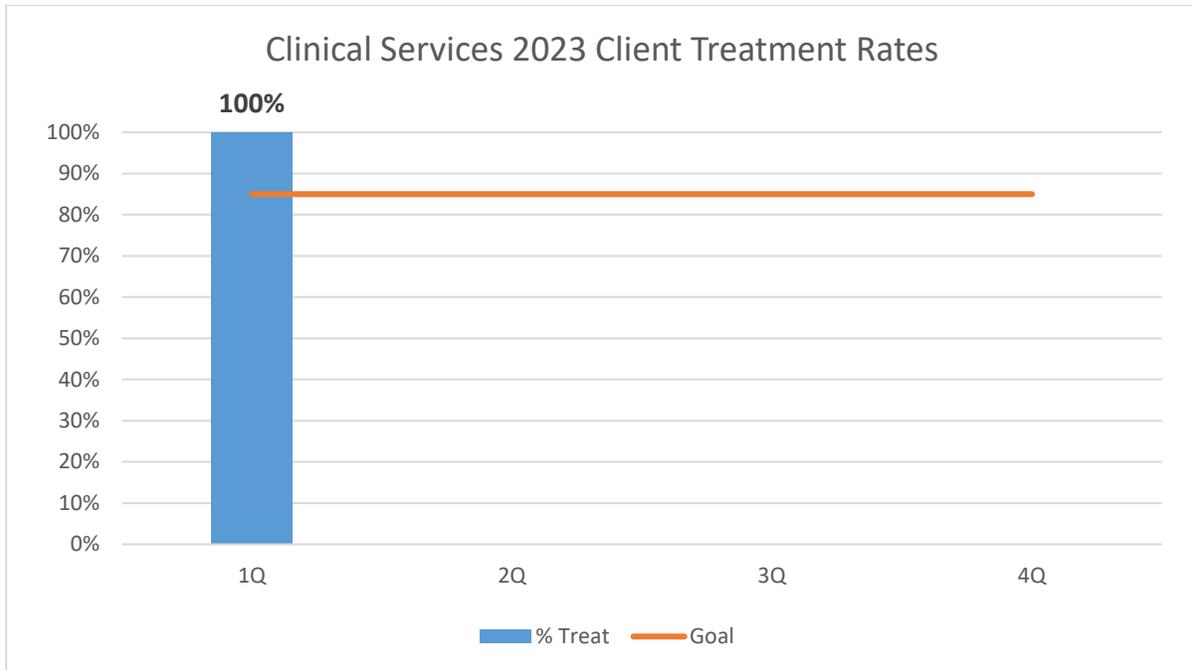
Program maintains database of contact time using the electronic medical record system INSIGHT, as well as other internal tracking systems used in partnership with the State of Alaska Department of Health and Social Services.

**Reporting**

Clinical Services Program Manager will create and maintain a quarterly report on the percentage of community members with a reportable infectious disease and the number of days to investigate and treat. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

**Used By**

The Division Manager and Director will use the information to assess the effectiveness of staffing, and the ability of clinical services to respond to public health needs.



This graph shows the percentage of clients testing positive for reportable STIs who received treatment within 14 business days of receiving their results. In the first quarter, 100% of clients were treated within 14 days. This rate substantially exceeds the target rate of 85% and reflects the diligence of Public Health staff.

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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<p><b>Measure #7: Percentage of Women, Infant and Children (WIC) participant's breastfeeding infants at initiation, 6 months and 12 months.</b></p>
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**Type**

Effectiveness

**Accomplishment Goal Supported**

Improve public health of the next generation through infant breastfeeding as a beneficial source of nutrition and protection against illnesses, allergies, obesity and Sudden Infant Death Syndrome. The American Academy of Pediatrics recommends new mothers breastfeed exclusively for approximately six months of an infant's life.

**Definition**

Provides a measure of the percent of WIC participants breastfeeding infants. The goal is for participants to align with the State of Alaska Healthy Alaskans 2020 goals to increase breastfeeding. This includes a breastfeeding initiation rate of 82%; a 6-month duration rate of 60%; and a 12-month duration rate of 34%.

**Data Collection Method**

WIC Staff will counsel 100% of pregnant women to breastfeed their infant and refer for support to WIC breastfeeding peer counselors (BFPC). Using the State of Alaska SPIRT software platform, counselors will document referral to BFPC and document at post-partum follow-up visits breastfeeding initiation and duration.

**Frequency**

Quarterly with an annual summary

**Measured By**

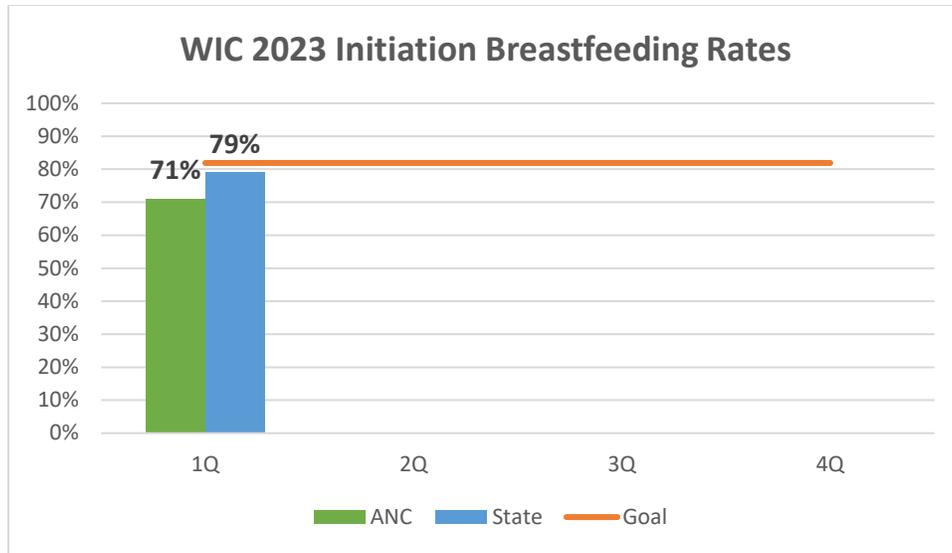
WIC Program Manager. The State of Alaska SPIRT software reports quarterly initiation, 6-month and 12-month breastfeeding duration rates of all WIC participants.

**Reporting**

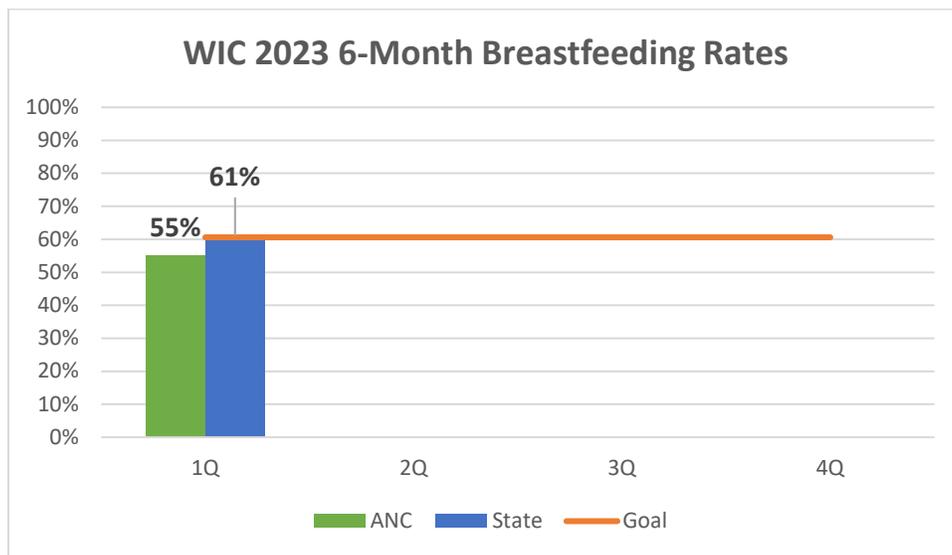
WIC Program Manager will create and maintain a quarterly report on the percentage of WIC participants. This information will be provided to Division Manager and Department Leadership for review. Information will be presented numerically and graphically.

**Used By**

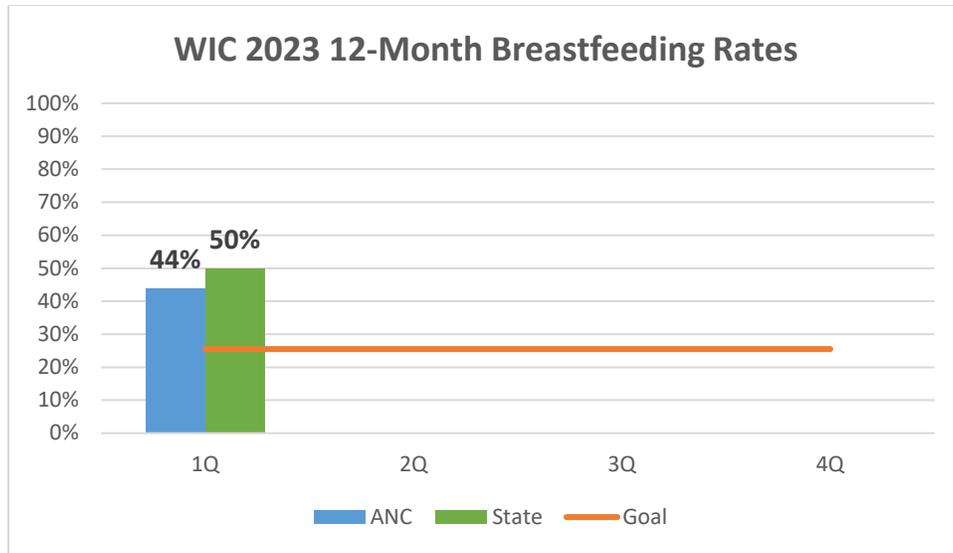
The Division Manager, Director, and WIC Manager will use the information to assess WIC counselor/BFPC effectiveness and make adjustments to the program to improve Anchorage WIC breastfeeding rates.



An 71% breastfeeding initiation rate was met for the 1st quarter by the WIC program, short of meeting the goal of 82%.



A 55% 6-month breastfeeding rate was met for the 1st quarter by the WIC program, under the goal of 60%.



A 44% 12-month breastfeeding rate was met for the 1st quarter by the WIC program, exceeding the goal of 25%.

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**Performance Measure Methodology Sheet**  
**Anchorage Health Department**

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**Measure #8: Percent of AHD staff serving as a Crisis Health Action Team (CHAT) member and trained to respond to a public health emergency.**

**Type**

Effectiveness

**Accomplishment Goal Supported**

CHAT members receive training about roles and responsibilities required of them in the event of a public health emergency or disaster response situation.

**Definition**

Provide a measure of the percentage of staff trained in emergency response procedures at any given time.

**Data Collection Method**

Emergency Preparedness Program Manager will maintain a quarterly and annual report of AHD staff trained as CHAT team members.

**Frequency**

Quarterly and annually

**Measured By**

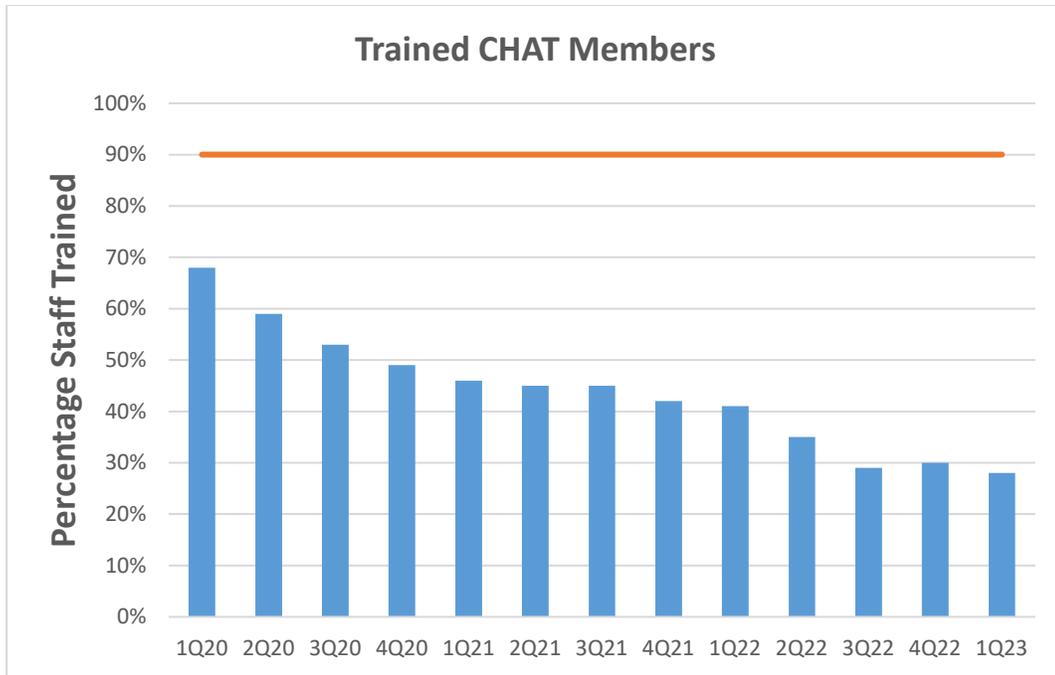
Emergency Preparedness Program Manager.

**Reporting**

Emergency Preparedness Program Manager will maintain a quarterly and annual report of AHD staff trained as CHAT team members.

**Used By**

Division Manager and Director will use collected data and reports to assess the effectiveness of the emergency preparedness program.



This graph represents the percentage of AHD employees that are CHAT trained. Additional training was not held during this quarter.

**PVR Measure WC: Managing Workers' Compensation Claims**

Reducing job-related injuries is a priority for the Administration by ensuring safe work conditions and safe practices. By instilling safe work practices, we ensure not only the safety of our employees but reduce the potential for injuries and property damage to the public. The Municipality is self-insured and every injury poses a financial burden on the public and the injured worker's family. It just makes good sense to WORK SAFE.

Results are tracked by monitoring monthly reports issued by the Risk Management Division.

