8.9

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

WILLIAM A. EGAN, GOVERNOR

OFFICE OF THE COMMISSIONER

POUCH H — JUNEAU 99801

November 1, 1974

☐ Adrain	☐ Gant	☐ Macgowan	☐ Schoen
☐ Berg	☐ Johns	☐ Martz	☐ President
☐ Bullard	☐ Johnson	☐ McAffee	☐ Accounting
☐ Chapman	☐ Jones	☐ Misra	☐ Promo.
☑ Dietrich	☐ Lamott	☐ Partridge	☑ Chron

Proj. Sec 15Pf

Elizabeth Dietrich, Project Manager
Lester Gorsline Associates
P. O. Box 6276
Terra Linda, California 94903

Dear Ms. Dietrich:

Thank you for your letters of July 17 and September 30, 1974. Because of the scope of this study it was necessary for my staff to review it in depth. Unfortunately, it was received during the time when individuals most concerned were engaged in preparing the FY 1976 budget request, hence the delay in respondi to your request for corrections and comments.

The attached report was prepared by the Division of Public Health following a review of the study by the Office of the Director as well as the Sections of Nursing, Laboratories, and Communicable Diseases and the Regional Health Officer for the Southcentral Region. Many of the comments relate to similar comments made at the August 16, 1973 Finance Study Task Force meeting, at which Dr. Tower and Mrs. Fleek were present.

It was our understanding that this was to be only a study of expenditures in the Bethel area, therefore, we had no realization that the original intent included speculating about what specific contractual services Yukon-Kuskokwim Health Corporation might assume as is done on pages 25 - 29 of the study. Hopefully, some of the misstatements of fact can be revised through an errata page, after you have studied the attached report.

I am very sorry to inform you that Mr. McClain suffered a fatal heart attack on October 11, 1974. He had appeared to be recovering very satisfactorily so his death was quite sudden and unexpected. I know you will be as disheartened at this news as we were.

Sincerely,

Frederick McGinnis

Frederick McGinnis
Commissioner

FM: LMJ: bal
cc: Yukon-Kuskokwim Health Corporation
Division of Public Health
Enc: As stated

COMMENTS ON EXPENDITURE STUDY FOR HEALTH SERVICES
(PREPARED BY LESTER GORSLINE ASSOCIATES FOR THE
YUKON-KUSKOKWIM HEALTH CORPORATION)

GENERAL

The Lester Gorsline Associates draft report only covers a part of the problem associated with the delivery of medical/health care to the Bethel area. It covers the expenditure of funds and assumes that these funds can be readily transferred to corporations. It ignores the question of legal authority to delegate health responsibilities and funds to a non-governmental unit. This is a fundamental question and must be resolved. Furthermore, delegation of health responsibility needs to be clearly spelled out and defined so that there is a coordinated health care program and not emphasis only on those services that are "highly visible". There must be a balance between programs and not fragmentation or selectivity.

The report emphasizes services to the Alaskan Native and ignores the population characteristics of the Bethel area. If state money is to be used for contractual services, will YKHC provide services to all persons regardless of race? Will the non-native have equal rights? There is a minority group of approximately 3,000 non-natives that must be equally covered and any agreement must include this group.

In the assumption that the local groups will have great leeway in determining local health needs, the report overlooks the mandated services required for federal funds and specific state services. There can be local input, but on the expenditure of funds it will be limited.

In proposing contractual arrangements for specific services, the report neglects to resolve questions regarding the structure of YKHC and its managerial abilities to provide the essential long-range continuity to the selected programs. Will the employees meet all state requirements and will the corporation provide the required personnel standards? Will YKHC establish an auditable accounting system so that the state can meet all of the legal obligations, both state and federal? Furthermore, in return for managing the contracts, what will be the direct and indirect costs charged to the state?

There are many other points the report doesn't cover in its attempt to justify funds for selected "visible" services. There should be an overriding concern for a coordinated health care program embodying preventive services that can be developed within the framework of local government. The fragmentation of health services as proposed would be a disservice to the area and might hamper the development of local health units. Areas that need emphasis are environmental health and health education and these are overlooked in the report.

In considering contracting with local health agencies, a tradition of maturity in the organization, continuity and stability of professionally qualified people, and experience in administering health services would seem to be needed. In the Greater Anchorage Area Borough, this tradition and prerequisites have been met. In the Fairbanks area, it is likely to be met in the near future. For rural Alaska, it still seems in the future.

The study proves again the fallacy of statistics, their collection and utilization. It would be fair to conclude that the Bethel area, for its populace, over the years has received and continues to receive a proportion of Division of Public Health expenditures greater on a per capita basis than other population groups of the state in recognition of their need. The report does not reflect this fact.

SPECIFIC

Page 28 of the report under the heading of Public Health Nurses states "YKHC could contract with the State to have these funds granted to the Corporation so that it would be possible for the Public Health Nurses---for hiring them, for determing what activities they would perform, where they would work, etc.", referring to the funds presently supporting nursing services for the Bethel area. In theory, the activities performed by the Public Health Nurses are determined by the Department; in fact, many of the duties and activities carried out by the Public Health Nurses are dictated by the necessity to comply with federal regulations, state law, or requirements of other state agencies. If the state chose to contract out the Nursing services for the Bethel area, the same services would have to be continued, either through specific contract requirements or through the state continuing the staffing of special program areas. Very little leeway would be left to YKHC for "determining what services" they would perform.

Page 31. The statement that YKHC could assume the public health nursing functions with no addition to their present staffing seems to indicate a serious lack of understanding of the public health nursing services. At present staffing level, YKHC is not able to provide adequate health aide training, let alone public health nursing. Retaining staff seems to have been an even more serious problem for YKHC than for DHSS.

Page 43. It is not clear why the special project in family planning in Bethel is considered funded through Rural Nursing Service.

Page 44, paragraph 1, an assumption is made that since the General Nursing budget category is primarily urban and "the Natives in these communities seek care with the hospitals and clinics of the Native Health Service, no portion of the costs for General Nursing Services should be attributed to Alaskan Natives". In reality, a very high percent of the cases in urban areas are Natives.

Page 44. The conclusion about costs for Administrative and Support services is very confusing.

An obvious inaccuracy is the exclusion of Regional Office expenses in administration of rural nursing in the Bethel area. Actually, during 1973, much of the administrative support for Bethel Itinerant Nursing was from the Southcentral Regional Office as well as from Central Office.

Page 44. The report implies that either the Fairbanks Health Center is entirely supported by tuberculosis funds, which it is not, or that tuberculosis services are provided through the Center to only non-natives since the report states that AANHS provides tuberculosis services to natives.

Page 45-46. There are many errors of omission in both the tuberculosis and community health portions of this page. The majority of costs of TB drugs in the Bethel area was borne by the state program. The x-ray surveillance programs in the Bethel villages amounted to a significant portion of the overall tuberculosis budget. No mention was made of the inhalation therapy equipment and time spent in training, or the proportion of the budget spent in interpretation of x-rays and consultations to Bethel Hospital. Similarly, the costs for venereal disease and immunizations were totally erroneous.

Page 46. The very low figure of $500 for Environmental Health services in the Bethel area must be an inaccuracy since that much would be spent on a single extended trip into the Bethel area by SCRO sanitarian John Kuhn. Actually, Mr. Kuhn has made repeated trips into the Bethel area, and again, some of the cost of the SCRO Office should be prorated to the Bethel area.

Page 46-47. Cost analysis on EPSDT is based on too limited an information base to be accurate.

Page 47. In reference to the Communicative Disorders program, the report states "The program places first priority on serving Native children who have a high incidence of preventable or correctable hearing handicaps." This is not so. The program places first priority on areas with high incidence of otitis media. The fact that these are also primarily native areas is incidental.

Page 49. The evaluations under the heading "Laboratories" were incorrect, since in one category the tuberculosis surveillance program estimated four to five hundred cultures a month coming from the Bethel area and this represents better than 25 percent of the tuberculosis cultures processed throughout the state.

Page 54. Comprehensive Health Planning does not have responsibility for certifying health facilities to receive Medicare reimbursements nor are they responsible for the licensing of health facilities. Both functions are the responsibility of the Division of Public Health, Health Facilities Certification and Licensing Section.

Page 57. Analysis of costs of nursing services in the Bethel area are inaccurate. The same is true for the other sections of the Division of Public Health (see previous comments).

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

8.9x
Dr. David Spencer Strep

March 14, 1975

3-26
$42-K

WORKING PLAN FOR A STATEWIDE STREPTOCOCCAL/RHEUMATIC FEVER CONTROL PROGRAM

Background of Problem

Infection of the throat or skin by the Streptococcus germ (Strep), if untreated with antibiotics, will lead to complications of acute rheumatic fever, glomerulonephritis, or Sydenham's Chorea in 1 to 3 percent of the cases. While this percent of complications is low, the basic number of Strep infections is quite high and, therefore, the late complications occur in significant numbers and should be prevented if possible. Prevention of these late complications is accomplished by administration of a 10-day course of antibiotics, one of the best known efficacious areas of medical therapeutics at this time. A preventive program in this area must be based on a readily available throat and skin culture procedure, which is designed to detect individuals harboring Group A Streptococcus infections.

At this time in Alaska there is the following limited availability of culturing facilities:

(a) The pilot project run for several years by the Center for Disease Control which is now being maintained in part by the Yukon-Kuskokwim Health Corporation.

(b) Alaska's three Regional Public Health Laboratories.

(c) Private clinical laboratories.

At the present time, there is no statewide educational or promotion work being done in this area.

The total number of persons with previous rheumatic fever and subsequent cardiac disability is impossible to determine on a statewide basis because of lack of a statewide health information system. Based on similar population groups elsewhere a reasonable estimate of the number of new persons with acute rheumatic fever occurring in the 95,700 white population age 5-19 years of the State would be 10-12 persons yearly. More reliable incidence figures are available for the Alaskan Native Population of the State whose health care is coordinated through the Alaska Native Health Service. Based on careful chart reviews and intensive physician surveillance, the incidence from 1968 through 1973 of proven cases of rheumatic fever among Alaskan Natives age 5-19 years is known to be 10 cases per year in a

population of 22,000. Those cases that can be expected to occur this year due to the lack of a statewide action plan could nearly all be prevented at considerable cost saving if the following action plan were operational.

For each 10 cases of rheumatic fever, 1 case of rheumatic heart disease develops. The lifetime cost for medical care for one person with rheumatic heart disease which has gone undetected until appearance of cardiac symptoms is $60,000. This estimate does not take into account the loss of productivity or the ill health and early death of a family member afflicted by this crippling condition. Even with modern open heart surgery these cases are rehabilitated only to a moderate degree having a limited life expectancy with artificial heart valves. The cost to the State as a whole, if nothing further is provided for prevention of these diseases, is easily calculated.

Action Plan for Control of Streptococcal Infection and Prevention of Rheumatic Fever.

This is a cooperative venture involving six agencies among whom there is now a spirit of cooperation and coordination. The program can be divided into four basic components.

Component #1. Registry of Persons with previous rheumatic fever.

The Registry of Human Impairments is a component of the State of Alaska Division of Public Health in the Office of Health Programs Support. It provides a roster of persons with impairments, as mandated by Alaska Statute, and appropriately could include those individuals with rheumatic fever. The system could be adapted to embody surveillance of these individuals to ensure needed monthly medications. Thus, technological resources could be used to facilitate regular prophylactic medication to prevent recurrent episodes of rheumatic fever.

Component #2. Statewide availability of cultures for symptomatic individuals (sore throats or skin infections).

A. Cultures to detect Group A Strep.

This component will be a continuing responsibility of a large number of primary service laboratories throughout the State. These laboratories include the three State Public Health Regional Laboratories (see Fiscal Supplement), the U.S. Public Health Service Unit laboratories, special laboratories (mentioned below in Component #3) run by the Alaska Federation of Natives or the Regional Health Corporations, and private clinical laboratories throughout the State. Each of these primary service laboratories will be encouraged to increase their capability to perform Strep cultures to determine if the Group A Strep is present or not. They will rapidly report

all positive cultures to the health provider who requested the culture. Effective therapy must be instituted in all cases before ten days have elapsed from the start of the patient's symptoms. The earlier the treatment, the greater the assurance of preventing subsequent complications.

B. Reference, typing, laboratory consultation and training.

A centralized laboratory service will be located in the State of Alaska Southcentral Regional Laboratory-Anchorage. Confirmation of all positive isolates from the statewide program and selective M-T typing to determine the epidemic potential of the new Strep infections will be available. Training, consultation and proficiency testing for quality control and standardization of procedures will be a function of the central laboratory.

C. Epidemiologist service.

The Governor's budget request includes funding of an Epidemiologist position. This person would devote a portion of his time analyzing the results of the culture program and designing action plans for any Strep epidemics which are emerging. The Center of Disease Control can provide technical assistance in this area until the State position has been created.

Component #3. Surveillance program of asymptomatic individuals in high-risk regions.

AFN $50K per year next 3 years

Only a portion of Strep infections will cause a person to feel sick. Even from these asymptomatic infections rheumatic fever can also arise. Therefore, in high prevalence areas a Strep Surveillance Program has been demonstrated to be effective in locating additional cases. The Alaska Federation of Natives has agreed to continue the pilot Strep Surveillance Program started by the Center for Disease Control and to expand it to include appropriate high-risk groups in the three coastal Service Units of the State. This program involves a regular sampling of school children in villages where the incidence of Streptococcal infection and subsequent rheumatic fever is extraordinarily high. This program will be periodically analyzed as to its cost effectiveness in preventing cases of rheumatic fever.

Component #4. Educational campaign.

The goals of the educational effort will be:

(1) To create an awareness in the population at large that proper treatment of Strep infections can prevent subsequent complications and that only a culture can reliably determine the

presence of a Strep infection.

(2) To fully acquaint all the providers of medical care regarding the foregoing components of this program and regarding proper management of Strep infections and their sequelae.

This educational campaign will be conducted by the Alaska Heart Association in conjunction with the Health Education Units of the State Division of Public Health and the Alaska Native Health Service.

FISCAL SUPPLEMENT A

Additional Resources Necessary for FY 1976 Implementation

	(Thousands)
Component #1	
Increased funding for commodities will provide for additional computer time and supplies.	3.0
Component #2	
A. Increased supplies of forms and transport kits for the three State Regional Labs functioning as primary service labs.	12.0
Increased supply of penicillin for case treatment.	1.0
Additional communication costs for rapid reporting of positive cases.	5.0
Increased travel for consultation and training.	1.0
B. Additional resource needed is one additional position, a Microbiologist II, $16,500 plus benefits 18% (3,000).	19.5
Increased supplies for reference and typing work.	1.0
TOTAL	42.5

Added into
HSS - Div. of Public Health

Comp. #3

MCH - $85,935

8.92

Alaska State Legislature

Senate

JUNEAU, ALASKA

May 19, 1975

Dan Rounds
Planning and Development
Yukon-Kuskokwim Health Corporation
Box 528
Bethel, Alaska 99559

Dear Dan:

Thank you for your letter analyzing the shortcomings of SB 54 and recommending changes to improve the bill.

I appreciate your evaluation and assure you that if the bill comes out of committee, it will include many of the changes you recommend.

Sincerely,

George Hohman
State Senator

ld

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

April 2, 1975

892

The Honorable George Hohman
Alaska State Senator
Senate Office Building
Pouch V
Juneau, Alaska 99801

Dear George:

We have reviewed Senate Bill #54. Some of the comments include concern over the definition of health facilities, the repayment plan, length of appropriation, and the restriction to use of funds by municipalities only.

Our comments are quite similar to the position paper developed by Jerry Madden, State Health Services Co-ordinator.

George Neck has approached yourself and the Department of Health and Social Services on many occasions to obtain funds to develop small village built clinics. He has consistently been told that no funds had ever been appropriated under section AS. 18.25. Now, along comes a bill that puts money into this section but instead of it being used for construction it is earmarked for:

1. Municipalities thus excluding small villages that are unincorporated.
2. Operational loans to the exclusion of construction loans.

Our recommendations would be to either expand the bill in scope or kill it. If we do expand the bill's scope suggestions for changes include:

1. Allow the funds to be used for construction, modernization and equiping as well as operating health facilities.

2. Expand the qualifications to include loans to unorganized villages as established under the land claims act who have health aides and are elibible for I.H.S.'s village build clinic program.

3. Defining health facility to include the Prematernal Home, Day Care Center, and Receiving Home as well as village built clinics.

4. Repayment should not include interest or it should be spelled out as to how much the interest rate is and/or how it will be determined.

5. The repayment period should be negotiable up to 20 years depending on the conditions at the Health Facility. Presently, the V.B.C.'s have repayment periods of up to 12 to 16 years including interest.

6. Change the existing legislation (AS. 18.25) to allow for loans as well as grants.

7. Include a bad debt clause to allow the State to cover a percent of the bad debts according to whether or not the facility is serving a poverty level population.

8. Do not limit or stipulate that repayment is based solely on revenue sharing. Federal Revenue Sharing for example has run out and there is opposition by O.M.B. to continue it.

9. The funds can be obligated over a three year period but the repayment should not be limited to three years.

If you can get the above changes the funds could be used for these types of projects in the A.V.C.P. area:

1. Ten more village built clinics (See Attached List). A total estimated cost of $130,000.00.

2. Prematernal Home/Day Care/Receiving Home.

3. District Health Center.

    a. Mountain Village/St. Mary's.
    b. Aniak (Modernization).
    c. Coast (Nelson Island).
    d. Others unknown.

The district health centers concept is in its developing stages and is open. By next year we could have a complete picture for funding district health centers the following two years.

Hope these ideas will help formulate a better bill.

Sincerely,

Dan Rounds

Dan Rounds
Planning &
Development

DR/aj

cc: George Neck
Alvin S. Ivanoff
Project Directors

ATTACHMENT

Additional Clinics To Be Built In The Bethel Service Unit Region.

Crooked Creek	$16000
Grayling	16000
Upper Kalskag	16000
Lime Village	6000
Newtok	16000
Nightmute	16000
Red Devil	6000
Shageluk	16000
Sheldons Point	16000
Stony River	6000
	$130,000

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

✓892

April 1, 1975

Dear [redacted]:

[redacted] of [redacted], Alaska has applied for the position of Eye Care Assistant with the Yukon-Kuskokwim Health Corporation.

Your name was given as a reference. Please comment on the general qualifications, performance and character of this applicant to the degree with which you are familiar.

Enclosed is a self-addressed, stamped envelope for your convenience.

Sincerely,

Doris C. Green

Doris C. Green
Administrative Director

DCG/ap

5-60 Mk file Kwethluk

Alaska State Legislature

Senate

JUNEAU, ALASKA

May 19, 1975

Doris Green
Administrative Director
Yukon-Kuskokwim Health Corporation
Box 528
Bethel, Alaska 99559

Dear Doris:

Thank you for your letter regarding the application for employment of Alexie Alexie of Kwethluk.

It has been my experience that Alexie Alexie is a reliable individual who has personal pride in the timely accomplishments of tasks. I can recommend Alexie as a person who pays attention to detail and can be trusted with responsibility.

Thank you.

Sincerely,

George Hohman
State Senator

ld

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

YKHC S 92

December 31, 1974

Dr. Donald Freedman
Dept. of Health & Social Services
Pouch H
Juneau, Alaska 99801

Dear Dr. Freedman:

Enclosed is the final draft of our M.C.H. Proposal to the State for funding of our present M.C.H. Program and for its expansion.

We are seeking to have the program incorporated into the State plan.

Our local legislators will be seeking funds for the project in FY-1976. Please include the project in your State plan for FY-1977.

The Program has been possible only through the Co-operative efforts of the Bethel Public Health Nurses, the Indian Health Service, and the Yukon-Kuskokwim Health Corporation.

We await for your support of this much needed program in the Yukon-Kuskokwim Delta.

Cordially,

Alvin S. Ivanoff /a.j.

Alvin S. Ivanoff
Executive Director

ASI/aj

Enclosure

cc: Dr. Spence, Dept. of Health & Social Services
Dr. Elizizabeth Towers, Reg. Health Officer
Dr. Hurwitz, I.H.S., Bethel
Mr. Frank Estes, I.H.S., Bethel
Ms. Jeanette A. Pitcherella, P.H.N. Supervisor, Bethel
Mr. Carl Jack, A.F.N.
Dr. Brenneman, I.H.S., Bethel
Sen. George Hohman
Rep. Philip Guy

I. INTRODUCTION

The Bethel Service Unit is located in the Southwestern part of Alaska in the Yukon-Kuskokwim delta. There are 52 Eskimo villages in this area of 75,000 square miles. Native Americans who live in the villages make their living primarily by subsistence hunting and fishing. The majority of villagers do not have a high school education and speak primarily in Native tongue. They have been relatively isolated from the rest of the world until recently when radio and television arrived in the area and began service. Medical services are supplied by the Indian Health Service, the Yukon-Kuskokwim Health Corporation and the State Itinerant Nursing Service. The IHS hospital is a 42 - bed facility with an active inpatient and obstetrical services and an even more active outpatient service. The average daily outpatient load is 115 patient visits per day. YKHC contributes some direct medical services such as Eye Refractions, Community Health Representatives, Maternal and Child Health and Strep Surveillance Programs, but is primarily a planning organization working in conjunction with the State and Federal services to provide direction for the development of Health Care in the area. The State supplies Public Health Nurses who make visits to the villages about 3 - 4 times a year. A profile of Yukon-Kuskokwim area is attached in Appendix i.

II. JUSTIFICATION FOR CONCENTRATED EFFORT ON INFANT & CHILD HEALTH

There are approximately 350 births per year in the Bethel Service Unit. 292 of these take place in the hospital at Bethel, about 50 of these take place in the Anchorage hospital and approximately 10 - 20 take place in the village. Last year, of the 250 births which took place in Bethel hospital, 6.5% were small for dates or premature infants.

The infant mortality rate which is reported in deaths per thousand births was 50 - 100 deaths in the 1960's. (See Appendix ii for statistics). Over the years, this rate has come down and in 1970, the rate was 24.5. The reasons that mortality rate has fallen over the years are many. The Prime reason may be attributed to the introduction of family planning. Prior to 1966 family planning could not legally be provided to Alaskan Natives by the I.H.S. The effect of family planning was to reduce unwanted births especially births to women who have large families. Appendix ii - graph 3 indicates the drop in the number of births/1000 population to mothers with more than five children. As the birth rate dropped in the large famlies the number of infant deaths dropped because mothers with five and six children have a higher infant mortality rate. Other factors influencing the infant deaths include the following: The Prematernal Home which houses pregnant women until they deliver their babies in the hospital was built in 1968. The pediatrician was assigned to the hospital at around this time also. There has been a gradual increase in doctors and in hospital staff over the years and there are more Public Health Nurse visits to the villages. The house in the villages have been improving in quality over the years and there are less adult deaths from tuberculosis. There are many unknown factors which have contributed to the decrease in infant mortality. In 1970, the infant mortality rate was recorded as 24.5. The rate still remains higher than the rest of the state. The Bethel infant mortality rate is 35% higher than the U.S. rate which has fluctuated around 18 infant deaths per 1,000 live births. The reasons that the infant mortality rate remains higher for Alaskan Natives than for rest of the State are multiple. There are higher number of low birth weight babies born to Alaskan Natives. 6.5% of births at Bethel Hospital are noted to be low birth weight whereas, the general rate of Alaskan non-natives is 5.8%. There is also a high incidence of infectious illnesses which contribute to many infant deaths.

Although the infant death rate is subsiding the infant morbidity rate remains high and is perhaps the prime reason for an MCH Program. The high morbidity and mortality are from infectious diseases such as viral pneumonias, bacterial meningitis, otitis, strep throat and bacterial pneumonias. Overcrowded and inadequate housing compounds the problem of the spread of infectious diseases. Inferior nutrition which is manifest in nutritional anemias, particularly iron deficiency anemia, has been reported to be up to 50% of all school children in some villages. There is inadequate patient understanding of intercurrent illnesses and in treatment of simple and more complicated diseases. Patients are unable to participate in caring for themselves because they have a significant lack of understanding of their own disease process and of the medications which are prescribed for them. Children with chronic diseases are sometimes lost to follow-up because parents did not understand the importance of medical follow-up for these conditions and because of a diversified medical system with an inadequate method for monitoring chronic illnesses in children. All of these problems result in increased hospitalization. The Bethel area has a high admission rate of 724 patient days per thousand persons ages 0-14. This is triple the US average. The hospitalization rate of children 0-5 is 10 times the rate experienced by the Kaizer Permanente Health System in California.

Maternal health, too, is below the norm. In a prenatal survey table 10&11 by the State of Alaska in 1973, it was noted that women hospitalized in the I.H.S. hospitals and women on public assistance have fewer prenatal visits before the third trimester of pregnancy. Indeed, there are many mothers who have delivered at Bethel hospital who have had no prenatal care in the first two trimesters of their pregnancy. Their first physical examination is usually conducted in the outpatient department of the hospital prior to their entering the Prematernal Home. This is usually 4 weeks or less before their estimated date of confinement.

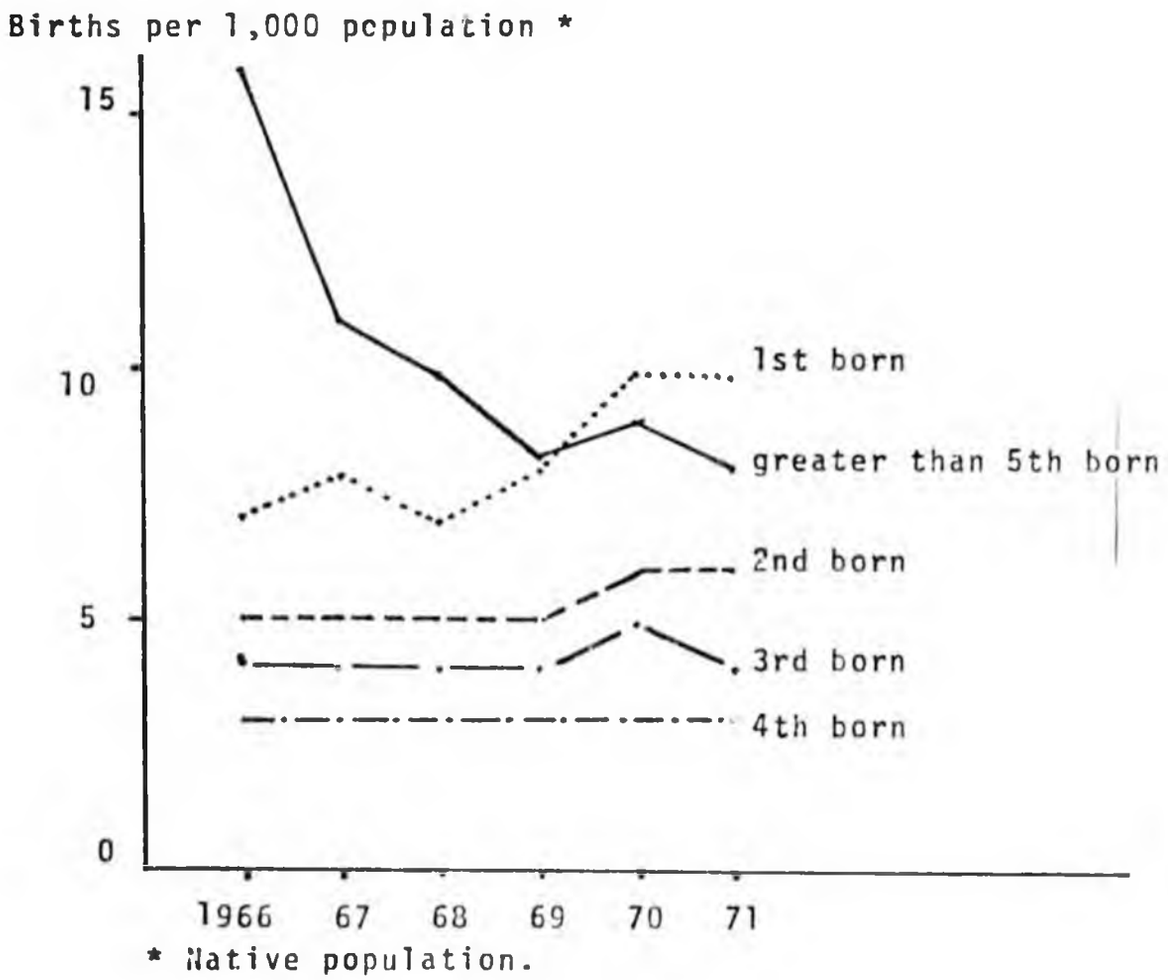
There appears to be a greater number of high risk obstetrical patients in this area as compared to other areas. In July, of 1974, there were 65 persons classified as high risk. This accounted for 61% of the 107 prenatal patients at that time. More recently, the percentage of high risk prenatal patients has been approximately 52%. There are a large number of grand multiparous women who have had more than five pregnancies who are designated high risk patients. There are also a large number of women who are over 30 who are still bearing children; they too, are high risk. There are a significant number of women who have had previous problems with deliveries. Problems such as: breach presentations, premature births, toxemia and previous abortions are classified as high risk and are frequently found in the Bethel area prenatal patient population. Another major group of patients who are determined to be high risk are those that have postpartum complications. Postpartum bleeding is seen with particular frequency in grand multiparous women.

III. PRESENT MCH PROGRAM

In order to deal with the high infant mortality and morbidity and the large number of high risk pregnancies that exist in the Bethel Service Unit, a coordinated effort was undertaken by the PHS Hospital, YKHC, and Bethel Itinerant Nursing to try to respond to these needs. A Maternal & Child Health Program was established (See appendix ii outline of MCH System). It is coordinated by a Nurse Midwife who reviews charts of all pregnant patients and assigns risk according to the previous history and physical exam.

GRAPH 3

BIRTH RATE AND ORDER OF BIRTH



* Native population.

Table 10

Percentage Distribution of Patients by Number of Medical Checkups and Date of First Checkup for Each Source of Payment for Hospitalization
Prenatal Care Survey, Alaska, January-June, 1973

Date of First Checkup and Number of Checkups	Source of Payment						
	Self	Insurance	Govt. Hosp.	Pub. Asst.	Other	Not Reported	Total
Before 3rd Month	65.4	72.5	48.8	41.7	48.5	54.2	58.3
1-2	2.0	0.8	1.3	2.8	2.2	5.1	1.7
3-4	2.4	0.8	1.6	4.2	3.0	3.4	1.8
5 or more	59.3	70.0	44.2	33.3	42.5	45.7	53.6
Not reported	1.7	0.9	1.2	1.4	0.8		1.2
3rd-6th Month	33.1	26.5	45.7	43.0	43.2	28.8	37.2
1-2	0.7	0.2	3.8	2.8	3.7	1.7	2.1
3-4	3.7	0.8	4.8	9.7	6.7	1.7	3.7
5 or more	28.4	25.1	35.7	30.5	32.8	22.0	30.6
Not reported	0.3	0.4	1.4			3.4	0.8
7th Month or Later	1.5	1.0	2.8	11.1	5.3	3.4	2.5
1-2			0.6	2.8	1.5		0.4
3-4	0.3	0.2	1.3	6.9	3.0		0.9
5 or more	1.2	0.8	0.6	1.4	0.8	3.4	1.1
Not reported			0.3				0.1
Not Reported			2.7	4.2	3.0	13.6	2.0
0			2.1		2.2	8.5	1.4
1-2			0.1				0.1
3-4						3.4	0.1
5 or more			0.1				0.1
Not reported			0.4	4.2	0.8	1.7	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 11

Percent of Low-Weight Births and Percent of Mothers With 5 or More Medical Checkups Starting Before 3rd Month of Pregnancy, by Type of Hospital Control, Prenatal Care Survey, Alaska, January-June, 1973

Type of Hospital Control	% of Births ≤ 2500 gr.	% of Mothers with 5 or more checkups starting before 3rd month
Non-governmental, nonprofit, non-church	4.2	61.6
Church operated	6.5	55.7
Public Health Service Indian Service	7.9	41.0
City	4.7	55.3
Military	6.8	48.1
Other	7.1	53.6
TOTAL	6.2	53.6

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPARTMENT OF LABOR

OFFICE OF THE COMMISSIONER / P. O. BOX 1149— JUNEAU 99801

February 28, 1975

8-92

Senator George Hohman, Chairman
Senate Health Education and Social
Services Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear George:

In response to Department of Labor letter dated February 17, 1975 to Dan Boyette of Yukon-Kuskokwim Health Corporation and our telecon on February 27, 1975, the following positions, locations and dollar amounts expended in Southwest Alaska are enclosed for your use.

I trust this information will satisfy your request.

Sincerely,

Ed Orbeck

Edmund N. Orbeck
Commissioner

Enclosures (3)

1. Public Employment Programs, Southwest AK
2. CETA Programs, Southwest AK
3. Ltr, dtd 2/17/75, Orbeck to Boyette

cc: Dan Boyette, Community Liaison
Yukon-Kuskokwim Health Corp.
P. O. Box 528
Bethel, Alaska 99559

PUBLIC EMPLOYMENT PROGRAM

SOUTHWEST ALASKA

Sub-Grantee	Location	Position	Dollar Amount
Bethel	Bethel	1 policeman-dogcatcher	$8,330
Community & Regional Affairs	Aklomuit	1 public service aide	$8,330
	Unakleet	public serv. aide	$8,330
	Emmomak	public serv. aide	$8,330
Military Affairs	Bethel	Manpower Rep. Aide	$4,165
	Holy Cross	Manpower Rep. Aide	$4,165
	Mekoryuk	Manpower Rep. Aide	$4,165
TOTAL			$45,815.

CETA Programs
Southwest Alaska

Community	Basic Emergency Employment Program	Operation Mainstream	NYC In School	NYC Out of School
Atmautluak				2 Teachers aides
Chefornak			1 Maintenance 1 Teachers aide	
Chevak	$ 1,785.00 Teachers aide			
Dillingham			5 Office Workers 2 Maintenance 3 Teachers aides	
Eek	10,000.00 Clinic/Community Hall			
Bethel		$64,000.00 Public Works	45*	1*
Sheldon Point			2 Photo Lab Assist.	1 Teachers Aide
Tooksook Bay				1 Teachers Aide
Tuntutuliak			2 Teachers Aides	
Tuluksak				1 Teachers Aide
Greyling			1 Maintenance	1 Office Worker
Mekoryuk	2,480.00 Community Hall 1,785.00 Headstart Aide			
Mt. Village	1,785.00 Headstart Aide			
Nunapitchuk	6,190.00 Community Worker		1 Maintenance 1 Office Worker	

* positions include Library Assistants, Teachers Aides, Maintenance, Recreation Department Aide, Office Workers

Community	Basic Emergency Employment Program	Operation Mainstream	NYC In School	NYC Out of School
Nondalton				1 Teachers Aide
Sand Point	$10,000.00 Road Construction			
Shageluk			1 Teachers Aide 1 Office Worker	
Pitka's Point				1 Teachers Aide
Perryville			1 Office Worker 1 Maintenance	1 Teachers Aide
Goodnews Bay			1 Maintenance	
Fortuna Ledge	1,785.00 Headstart Aide			
Hooper Bay	1,785.00 Headstart Aide			
Kasigluk	3,352.00 City Worker 1,785.00 Headstart Aide			1 Teachers Aide
Koliginak				1 School Cook
Kongiginak				1 School Cook
Kwethluk	1,785.00 Headstart Aide			
King Cove			2 Maintenance	1 Teachers Aide
Kwigillingok	6,000.00 Headstart Aide			
TOTAL PROGRAMS DOLLARS	$50,517.00	$64,000	$23,848.30	$ 8,820.32

8.92

TO: Interested Parties

FROM: Dan Rounds, YKHC; Lyman Hoffman, YKHC; Dr. George Brenneman, PHS, and Frank Estes, PHS

SUBJECT: Emergency Medical Services in the Yukon-Kuskokwim Area

We attended an emergency medical care workshop sponsored by the State of Alaska January 6, 7 & 8.

The federal government has made available some funds for developing "Emergency Medical Services System". Before any region, city or borough can obtain funds a State plan has to be developed by March 31 of this year. The meeting was called to identify E.M.S. needs throughout the state and to obtain recommendations from interested parties on the direction which the State should go.

The outcome of the meetings was a series of recommendations to the State:

1. Establish a responsible organization in the Office of Governor, with medical direction, at a level of effectiveness appropriate to provide necessary leadership, co-ordination and support for an effective Emergency Patient Care System.

2. The State functions should include:

   - management through contracts
   - planning
   - coordination
   - consolidation of resources
   - setting of standards
   - technical assistance to regions

3. Establishment of regional E.M.S. service areas (Bethel Service Unit is one area).

4. Establishment of E.M.S. councils in each region to plan adequate E.M.S. services with the state.

Each region developed a list of needs and priorities for there regions. The needs and priorities had to address the fifteen mandatory requirements for an effective E.M.S. system (federal guidelines). The attached pages are a summary of the needs and priorities which the four of us agreed upon.

YKHC will be having an executive meeting January 21st and we will discuss a formation of a council.

Could you please submit other names or agencies which could be a part of the E.M.S. council? Dan Rounds will coordinate with the states in regards to E.M.S. activities in the Bethel area please contact him for more information and/or additional needs which you may have identified in regards to an emergency medical system in the Y-K area.

Once an interum council is established we can meet to further discuss the E.M.S. Act, the state plan, and what options we have in the Y-K area.

cc: Nora Guinn, Bethel
Chief Winjim, Bethel
Mike Stitchik
Bill Coates, FAA, Bethel
Mike Daniels, Wien, Bethel
Col. Donald Shantz, Bethel
Loren Campbell, State Troopers, Bethel
A.B Weinberg, Regional High School Superintendent, Bethel
Harold Napoleon, Executive Director, Yupiktak Bista, Bethel
Noah Jack, Yupiktak Bista, Bethel
Bill Mudd, BIA, Bethel
Dwight Leftner, RCA Manager, Bethel
Robert Cole, E.M.S. Coordinator, State of Alaska, Juneau
Paula Ayunerak, President, Health Aide Association, Alakanuk
Senator George Hohman, Juneau ✓
Representative Phillip Guy, Kwethluk
Mayor Edward Hoffman, Bethel

PRIORITIES FOR DEVELOPING
AN EFFECTIVE EMERGENCY PATIENT
CARE SERVICES SYSTEM
-YUKON-KUSKOKWIM AREA-

PRIORITY I: DEVELOPING AN ADEQUATE COMMUNICATIONS NETWORK IN THE Y-K AREA

A. Develop a regional communications center (dispatch and coordination during emergencies both medical and non-medical).

B. Reliable 24 hour communications to and from each village.

C. Integrate the Bethel communications modes into a region-wide communications center (A above).

PRIORITY II: TRAINING PRIMARY E.M.S. PROVIDERS

A. E.M.T. workshop for Health Aides.

B. E.M.T. training for other E.M.S. personnel.

C. E.M.T. training program in Bethel for ongoing training of Health Aides, Police, Ambulance Drivers, etc.

PRIORITY III: IMPROVED TRANSPORTATION SERVICES

A. Organize existing services to more effectively transport people during emergency situation.

B. Develop an adequate E.M.S. transport service for the City of Bethel.

PRIORITY I : UTILIZATION OF PUBLIC AGENCIES

A. Develop a protocol and plan for coordinating the existing public agencies during emergencies both medical and non-medical and during disasters.

PRIORITY V: COMMUNITY DISASTER PLAN

A. Determine which agencies are responsible for various services during disaster based on above plan.

PRIORITY VI: CONSUMER EMERGENCY SELF HELP AND PREVENTION PROGRAM

PRIORITY VII: Remaining 15 points not in priority order (manpower, facilities, critical care units, consumer participation, provision for transfer, standardized record system, and independent evaluation).

1. Manpower Resources: Teachers, Health Aides, Village Police, 1 District PA (Aniak), National Guard 26 villages, PHN, Bush pilots, Physicians, ER 24 hrs, Hospital divers.

NEEDS

1. More training and awareness.
2. Emergency care training for health aides and ambulance drivers.
3. EMS dispatch coordinator.

2. Training.

NEEDS

1. Consumer health education.
2. In service Educators of M.D.'s & nurses.
3. EMS training, health aides, bush pilots, ambulance drivers, police, firemen.

3. Communication Resources: KYUK, local TV & Radio; SSB radio, BIA, SOS, PHS, Wein, RCA; Telephone in some villages, teletype in Bethel, FISH & GAME.

NEEDS

1. Intervillage 24 have communcation.
2. Reliable village to EMS center communication.
3. Intravillage communication.
4. Communication dispatch center for villages and Bethel.
5. Adequate hospital paging system.

4. Transportation: seasonal - boats, snow machine, automobile (frozen rivers); Airplane; National Guard, helicopter at times.

NEEDS

1. All weather 24 hr. runways in all village.
2. Adequate village and ground transportation.
3. Adequately equipped airplanes.
4. Enforcement of FAA regulations.
5. Helicopter service would eliminate many of runway needs.
6. Adequately equipped Bethel ambulance.

5. Facilities Resources: Village Clinics #38, District Health Center #1, Hospital & 24 hr. E.R.

NEEDS

1. Additional 11 village clinics.
2. Adequately equipped & stocked clinics.
3. Establish number of District health centers needed & if holding beds are indicated.
4. Coordination center for communcations.

6. Access to Critical Care Units - Major problem or need is to define what types of problems should be transferred. Critical care of some types of problem are better taken care of rather than risk transfer. Yet the frequency of critical care problems needing care in Bethel doesn't require special units or staffing.

7. Utilization of Public Safety Agencies - Major need to develop a plan. Use now just happens. Also very few villages have five departments.

8. Consumer Participation - Write EMS system into existing Health Board organization.

9. Accessibility to Care without Ability to Pay.

IHS System - Major need is funding so that physicians are not making medical decisions on the basis of funding availability.

10. Provision for Transfer of Patients on Continuing Care Resources: Air service; Hospital vehicles.

NEEDS

1. More drivers so that patients will not wait at the airport.
2. Improve sensitivity of some Anchorage institutions to Bush needs - transportation irregularities, need for feed back information.

11. Standardization of Medical Record Keeping: Village records, hospital records, ER logs, surgery logs, police logs, FAA logs, ambulance records, ANMC records.

NEEDS

1. Consistent record accepted by all levels of providers.

12. Consumer Information & Education Resources: KYUK TV & Radio, Health aides, schools, PHN's, dental educators, M.D.'s, YKHC Health Education, KCC, Coast Guard, Fire Dept. Bethel, IHS Health Ed.

NEEDS

1. Develop appropriate Educational materials language, culturally and environmentally suitable.
2. Identify areas of needs.
3. Identify, coordinate & utilize resources.
4. Develop methods of delivery.

13. Independent Evaluation: State system, CCHA.

NEEDS

1. Identify objectives.
2. Determination of outcome & method of measurement.

14. Disaster Planning Resources: CAP, FAA, C.D., RCA, Hospital, National Guard, KYUK FISH & GAME

NEEDS

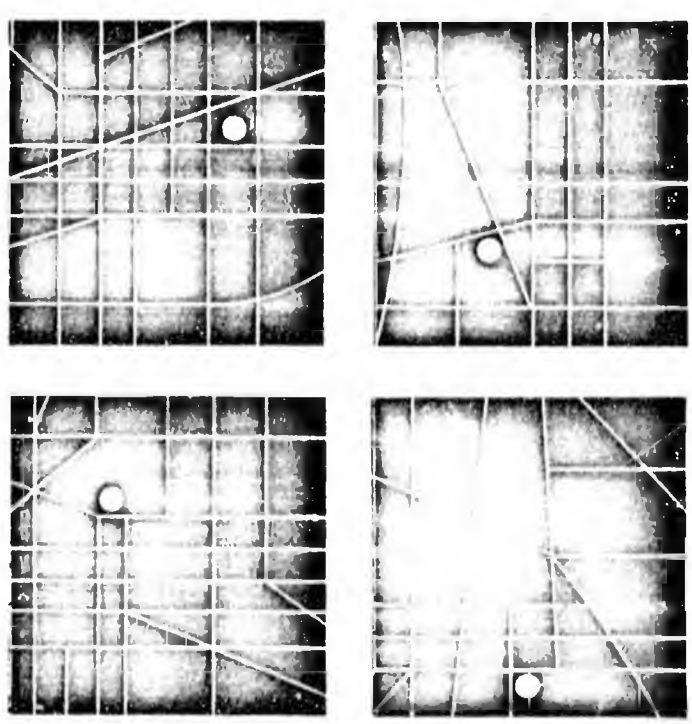
1. Identify most likely disasters example: flood, rabies, ariplane crash.
2. Need to have community involvement.
3. Need for regional plan.
4. Identify responsible coordinating agency.

15. Mutual Aide Agreements - Kanakanak Hospital, Nome Hospital, Anchorage & Fairbanks Hospitals.

NEEDS

1. Develop formed agreements.

WHAT IS AN EMERGENCY MEDICAL SERVICES SYSTEM?



DHEW Publication No. (HSA) 75-2002

As passed by Congress and signed by President Nixon last year, the Emergency Medical Services Systems Act has the purpose of offering States, counties, and communities across the Nation encouragement to improve those services through Federal financial support, technical assistance, and other support.

The principles of the EMSS Act and the methods by which States and communities can seek Federal assistance are contained in a companion leaflet to this one, titled "The Emergency Medical Services Systems Act," available at any of the ten regional offices of the Department of HEW.

This leaflet is to present a more detailed description, taken directly from the EMSS Act, of the component parts of a complete emergency medical services system. Although potential applicants for grants under the EMSS Act will note from the "EMSS Program Guidelines," also available from HEW regional offices, that in some cases applicants may assert that one or more components are not applicable in their own situation, they should be aware of all components listed in the law.

Potential applicants should also know that the regulations concerning EMSS grants, reprinted from the Federal Register, and also available from the regional offices, contain an even fuller description of the components.

The EMSS Act's general description is as follows:

An "emergency medical services system" means a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services in an appropriate geographical area under emergency conditions (occurring either as a result of the patient's condition or of natural disasters or similar situations) and which is administered by a public or nonprofit entity which has the authority and the resources to provide effective administration of the system.

Descriptions of the component parts are as follows:

An emergency medical services system shall—

1. Include an adequate number of health professions, allied health professions, and other health personnel, including ambulance personnel, with appropriate training and experience. This means sufficient numbers of such personnel to provide emergency medical services on a 24-hour basis within the service area of the system.

2. Provide for its personnel appropriate training (including clinical training) and continuing education programs which are coordinated with other programs in the system's service area which provide similar training and education, and emphasize recruitment and necessary training of veterans of the Armed Forces with military training and experience in health care fields and of appropriate public safety personnel in such area.

"Continuing education" means courses which improve job-specific skills and knowledge, such as refresher courses and seminars, and to which personnel devote more than 24 hours per year.

"Appropriate public safety personnel" includes police, firemen, and other public employees charged with maintaining public safety.

3. Join the personnel, facilities, and equipment of the system by a central communica-

tions system so that requests for emergency health care services will be handled by a communications facility which utilizes emergency medical telephonic screening; utilizes the universal emergency telephone number 911; and will have direct communication connections and interconnections with the personnel, facilities, and equipment of the system and with other emergency medical services systems.

A "central communications system" includes a system command and control center which is responsible for establishing those communication channels and providing those public resources essential to the most effective and efficient emergency medical services management of the immediate problem, and which has the necessary equipment and facilities to permit immediate interchange of information essential for the system's resource management and control. The essentials of such a communications center are that (A) all requests for system response are directed to the center; (B) all system resource response is directed from the center; and (C) all system liaison with other public safety and emergency response system is coordinated from the center.

4. Include an adequate number of necessary ground, air, and water vehicles and other transportation facilities to meet the individual characteristics of the system's service area. Such vehicles and facilities must meet appropriate standards relating to location, design, performance, and equipment; and the operators and other personnel for such vehicles and facilities must meet appropriate training and experience requirements.

5. Include an adequate number of easily accessible emergency medical services facilities which are collectively capable of providing services on a continuous basis, which have appropriate standards relating to capacity, location, personnel, and equipment, and which are coordinated with other health care facilities of the system.

6. Provide access (including appropriate transportation) to specialized critical medical care units in the system's service area, or, if there are no such units or an inadequate number of them in such area, provide access to such units in neighboring areas if access to such units is feasible in terms of time and distance.

"Appropriate transportation" means a vehicle equipped to enable the emergency medical technician or more highly trained personnel to administer to the patient's intransit needs.

"Specialized critical medical care units" include intensive care units, burn centers, spinal cord centers, and detoxification centers.

7. Provide for the effective utilization of the personnel, facilities, and equipment of each public safety agency providing emergency services in the system's service area. "Effective utilization" of personnel, facilities, and equipment of public safety agencies means the integration of public safety agencies into standard and disaster operating procedures of the areawide system, including the shared use of personnel and equipment suited to use in medical emergencies, such as helicopters and rescue boats.

8. Be organized in a manner that provides persons who reside in the system's service area and who have no professional training or financial interest in the provision of health care with an adequate opportunity to participate in the making of policy for the system.

9. Provide, without prior inquiry as to ability to pay, necessary emergency medical services to all patients requiring such services.

10. Provide for transfer of patients to facilities and programs which offer such followup care and rehabilitation as is necessary to effect the maximum recovery of the patient.

"Followup care and rehabilitation" includes physical and psychiatric care and vocational rehabilitation.

11. Provide for a standardized patient recordkeeping system, which records shall cover the treatment of the patient from initial entry into the system through his discharge from it, and shall be consistent with ensuing patient records used in followup care and rehabilitation of the patient. A "standardized patient recordkeeping system" means uniform records and forms throughout the emergency medical services system's service area, such as standard forms of ambulance and emergency department use which are integrated into the patient care record, discharge summary, and followup records.

12. Provide programs of public education and information in the system's service area (taking into account the needs of visitors to, as well as residents of, that area to know or be able to learn immediately the means of obtaining emergency medical services) which programs stress the general dissemination of information regarding appropriate methods of medical self-help and first-aid and regarding the availability of first-aid training programs in the area.

13. Provide for periodic, comprehensive, and independent review and evaluation of the extent and quality of the emergency health care services provided in the system's service area. "Independent review" means review by persons not associated with the emergency medical services system and not residing or working within the service area of such system or within the State or States in which the service area of such system is located.

14. Have a plan to assure that the system will be capable of providing emergency medical services in the system's service area during mass casualties, natural disasters or national emergencies.

15. Provide for the establishment of appropriate arrangements with emergency medical services systems or similar entities serving neighboring areas for the provision of emergency medical services on a reciprocal basis where access to such services would be more appropriate and effective in terms of the services available, time and distance. Arrangements among emergency medical services systems or similar entities serving neighboring areas shall be written agreements, signed by individuals authorized to act for the respective parties with respect to such agreements, and reviewed and reevaluated at least once a year.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services Administration
Bureau of Medical Services
Division of Emergency Medical Services

GPO 881-365

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 12, 1975

8.92

Dr. Bill Larson, Chairperson
Health Planning & Resource
Development Task Force
Anchorage C.H.P.
1135 West 8th, Suite 9
Anchorage, Alaska 99501

Dear Dr. Larson:

We would like to clarify YKHC's position in regards to the development of health services areas and agencies (H.S.A.) in the State of Alaska.

Our letter of March 4 was somewhat ambiguous in regards to the establishment of HSA's in Alaska. We would have preferred to have two HSA's one metropolitan and one non-metropolitan. Such an arrangement would insure proper attention to bush planning through regional health corporations.

However, because of the patient flow patterns and the regulations contained in the national health resource planning act an arrangement around a non-metropolitan and metropolitan basis would not be accepted.

In lieu of our ideal arrangement we support the establishment of three HSA's provided that:

1. Regional health corporations are the vehicle used in planning for bush needs.
2. Regional health corporations have an effective voice in both the three HSA's and the Statewide planning agency.

We hope this letter will clarify our position.

Cordially,

Alvin S. Ivanoff/ck

Alvin S. Ivanoff
Executive Director

cc: Project Directors
George Hohman
Phillip Guy
Martin Moore
Frank Estes
Carl Jack
Hal Janneck

ASI/ck

Quinhagak Village Council
Quinhagak, Alaska 99655
Resolution 75-01

5.46

Whereas, the Quinhagak Village Council has determined that there is an erosion problem.

Whereas, the BIA school is near the erosion, and needs to be moved, or stay put when erosion is stopped.

Whereas, The Quinhagak Village Council urge that Upiktak Bista, Inc, Pepresentatives, and Senators look for means to find funds, or have District Corps of Engineers take care of the erosion.

Therefore be it resolved that the Quinhagak Village Council urge that all organazations look for solution and means to stop the erosion.

Approved and passed this 17th day of January, 1975.

Peter Williams
President, Quinhagak Village Council

Albert Atserisk
Secretary, Quinhagak Village Council

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 536
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

April 3, 1974

892 4KHC

Honorable Senator Allan Bible
Chairman of the Senate Subcommittee
on Interior and Related Agencies
Washington, D. C.

Dear Mr. Chairman:

Alex Nick, President of the Bethel Service Unit Native Health Board and Board Member of the Yukon-Kuskokwim Health Corporation, Dan Rounds staffmember of YKHC and myself are present today to represent the residents of the Yukon-Kuskokwim Area. We would like to give testimony concerning first, a new Indian Health Service Hospital for the Bethel Service Unit and secondly, a special program-package increasing IHS staff in the Bethel Service Unit prior to the opening of the new hospital.

Very briefly, we are requesting a new IHS hospital for Bethel to replace an inadequate facility, to allow expansion of ambulatory services, to develop new inpatient, outpatient and field services, not now available, and to bring to the Bethel Service Unit a proper staffing-level which meets current IHS standards. The new hospital will cost $25.5 million in addition to the $600,000 appropriated in FY 74 for architectural planning.

To insure the successful implementation of the new hospital programs we are also requesting that Congress appropriate money for staff housing and authorize IHS to operate or contract for transient patient quarters.

The second request is for Cong to support a staff-increase for the Bethel Service Unit and housing for staff. The new hospital staffing-level will be implemented after construction. We are asking to have a few of the new staffing positions added now. The current hospital is understaffed, given existing work loads and present IHS standards. The second request will entail an appropriation of $2,320,742, to the Indian Health Service. The details of the two requests are outlined in our attached testimony.

Thank you for your interest and past support to the residents of the Yukon-Kuskokwim area.

Cordially,

Alvin S. Ivanoff
Executive Director

ASI/pt

I. INTRODUCTION

We are here to testify on behalf of the residents of the Yukon-Kuskokwim area. Last year the Appropriation Subcommittee on Interior and related agencies heard testimony from the Yukon-Kuskokwim Health Corporation concerning the cooperative planning it has been involved in over the past years. Based on that testimony the subcommittee supported a $600,000 appropriation for architectural planning for one component of our Health Master Plan, a new hospital in Bethel. We wish to extend our thanks to the subcommittee for their support. Our last testimony indicated that we would be seeking additional funds in 1975 for hospital construction. We are appearing today to follow up on our past request and to make a plea for the early acquistion of key staff prior to the completion of the hospital.

II. NEW HOSPITAL

The residents of the area are united in their request for a new hospital. The attached resolutions indicate the concern of the residents in this connection.

The Yukon-Kuskokwim area includes 85,000 square miles of delta land in Southwest Alaska.

There are over 52 villages with a combined population of 14,000 to 15,000 people. The Bethel IHS Hospital is a key resource for the villages. It is not only a referral center but a training center and staging ground for itinerate field health specialists who visit villages. Next to the village health aides who serve as primary health providers in the villages the Indian Health Service hospital constitutes the next most important element in our health system.

It has been recognized for a number of years by the people of the area and by the Indian Health Service that the Indian Health Service hospital in Bethel is inadequate. Many patients who could be treated in Bethel, if services were available, now have to be flown to Anchorage for care. The existing facility itself, due to primarily its age, its poor design and the rigorous climate is expensive to maintain. In the past four years $2,000,000 has been expended just to keep the facility open and operable. It should be emphasized that these funds are used just to keep the facility operating at its present level and does not allow for any increase in services.

At one time it was hoped that we could phase construction adjacent to the present hospital. Ambulatory Care Services were to be in the first phase. Such an approach would focus on our most immediate needs for outpatient services and increased pathology and X-ray services. The Army Corps of Engineers, however revised their estimate that the present hospital site would be free from river eriosion for 40 years. It appears now that the present site may be threatened within the next 20 years. The phased construction was thus abandoned in light of this forecast. We must now build an entirely new hospital to avoid the threat of river erosion to the present hospital.

The new hospital is also required to meet the increasing demand for outpatient services. The outpatient load has gone from 23,000 visits per year to 26,000 visits between 1964 and 1973. Indian Health Service and Yukon-Kuskokwim Health Corporation have projected a need for 40,000 outpatient visits in 1985 to serve the projected population of 15,000 native persons and 2,000 non-native persons. Additional space and manpower are required to meet the projected work load.

The new hospital will increase the bed size from 42 to 50 to allow more patients to be taken care in Bethel rather than Anchorage. Mental health, minor surgery, and some medical problems which now are referred to Anchorage will, in the new hospital, be treated in Bethel. The new hospital will thus be needed to increase the surgical capacity in Bethel and to offer mental health inpatient and certain medical facilities not now available because of staff or space.

Perhaps the most important need which the new hospital will fullfil is to bring the health system in the Bethel Service Unit up to IHS standards of care. The number of doctors per OPD visits and inpatient days is far below IHS standards. Likewise nursing and other support functions do not meet current standards of care. With the present under-staffed conditions the quality of care is much lower than it should be. There is poor follow-up of patients. A few programs to monitor high risk groups infants and chronic disabled persons have been attempted but fall short due to the lack of staff time. The follow-up to village health aides is again poor due to slow processing of patient-encounter information. Nursing care for OB and critically ill persons is dangerously low. The dental program also suffers due to staff shortages. The dental program cannot offer the breadth and quantity of services needed by the residents. Adult care has been reduced to mostly emergency patients. There are needs for prosthetics which are not being met. The present staff is over worked and underpaid. Under-staffing also results in reduced medical encounter time in the outpatient areas.

On the positive side however the hospital staff has been reorganized for coverage of the OPD department, the radio network for villages and on the wards. Screeners, either nurse extenders or physician assistants, are being used to meet the high demand of minor problems not requiring physician consultation or problems referred back by a physician. The inpatients have more consistent care due to a revised staffing pattern. There are many other examples of ingenious attempts to cover weaknesses in the present system.

The last major need for the new hospital is to obtain services which are not now available due to staff or space limitations. These urgently needed services consist of mental health outpatient and field activities, physical therapy, health education and new training programs. A core interagency mental health program is now co-sponsored by IHS and YKHC. There are more demands for field and outpatient consultation. The mental health program is attempting to develop positive programs and activities designed to prevent the development of mental health problems and to give people other activities to offset self-damaging behavior such as excessive drinking. Physical therapy services are provided marginally now by OPD nurses. Because of the high accident-rate, TB-rate and respiratory problems an active program for physical therapy is required. Training of health "para-professionals" has focused on training of health aides. New programs are needed in nursing (LPN), mental health, and maintenance training for parap-professionals trained in programs outside of Bethel. The new hospital will have space available to undertake both clinical and didactic training.

Currently IHS is revising the program for the new hospital. They are updating the planning done conjointly by the YKHC, the Alaska Native Health Service and the State of Alaska. The revisions take into account new data concerning the past utilization of outpatient and inpatient services, the fact that the present hospital has a high probability of being washed into the river within 20 to 40 years, and the fact that the health aides currently practicing in each village will be backed up by district health clinics.

The revised program plan will be completed within two months at which time an architect will be commissioned to design the new hospital. The $600.000 appropriated this year will not allow the architect to complete the design documents. The architect will only be able to complete schematic plans (floor plans, site plan, and elevations) and arrive at a gross maximum price by early spring.

We would like to request the additional planning money and the construction money to enable the hospital designs to be completed and to start construction on a fast track schedule next summer. The cost for the additional planning and construction will be 25.5 million dollars.

The cost of tne new hospital are quite high compared to the lower forty-eight. We are all familiar with the fact that hospital construction is generally higher tha other types of construction due to strict fire and safety codes built-in equipment, special ventilation, extra wide circulation corridors and other special mechanical support systems. In Alaska these costs increase expotentially due to the climate, the nature of the construction industry, the lack of local materials and a short construction season.

Bethel is in an extremely harsh environment with a 200 to 400 foot thick layer of permafrost underlying the tundra, temperatures from 60° above zero to 40° below zero and winds of 40 to 60 mph which drive the effective temperature down to -75°. Special foundations are required to maintain a stable building and prevent the freezing and thawing of surface ground from damaging the buildings. The buildings require special design features such as insulated utilidors or plumbing in the ceiling rather than in the floor. It also requires more insulation. The short summer season requires close scheduling and more manpower. The competition for manpower during summer months drains the existing construction/manpower pool in Alaska. As a result high wages can be asked for by construction workers due to their limited supply.

Bethel is also located in an area void of natural materials that are needed to construct a hospital under current fire code standards. Because it is isolated from other areas (1 hour flying time for Anchorage by jet) materials and equipment have to be shipped in from Seattle.

Generally speaking construction costs in Bethel have been 2.4 times those in the lower 48 as compared to Anchorage which is 1.7 times lower 48 costs.

In order to assure the successful operation of the new hospital and its new programs two other needs have to be met. First, housing for staff, and second, transient care for patients who fly in from the 40-50 remote villages whose only means of transportation are weekly or bi-weekly mail planes or air-charter services if emergency conditions exist.

Staff housing is still required in Bethel. The community has a shortage of housing and cannot now support the additional need for 129 new housing units. The new staffing level will require 250 persons, an increase of 125 persons above the present staff. The new position will create a need for 87 new housing units if housing is made available for 70% of the new staff. There is an additional need for replacing 42 of the existing 58 units since the maintenance costs are excessive and the buildings are outliving their usefulness.

The Board of YKHC wishes to express its concerns over how the Federal Government might discharge its responsibility to supply housing for the hospital employees. In most rural areas the federal government has had to resort to building housing "complex" to support a federal activity. The problem with this approach is that federal employees become isolated from the community. A housing compound is created. The isolation establishes an undue barrier to the mixing of hospital staff with the community.

To overcome the problems associated with housing compounds we would urge Congress to authorize Indian Health Services to guarantee leases. With a guarantee lease authority we feel confident that the Bethel community can develop the necessary housing. If it is not possible to grant IHS this authority, we would urge the Federal Government to build the houses in the community. This will require either acquisition of city or Bethel Native Association Land.

If the lease authority is granted we estimate that the cost of the leased housing units would be around $800 a month based on current leases and utility costs. Part of the cost would be covered by the staff. At a rate of $800 per month the yearly lease contract for 129 units would be $1.24 million. If the housing is constructed and owned by IHS it will cost about $62,000/unit or $8 million dollars plus maintenance costs.

Our second concern is that we need to provide transient facilities for patients coming from the villages. Because of infrequent flight schedules or poor weather many times village patients are required to stay over past their discharge from the inpatient or outpatient department. Presently these patients are kept in the hospital. A few people can stay in board and care homes that are inadequate to meet the demand. Many patients are sent to Bethel for diagnostic work-up and then treatment. Often this results in overnight stays. The board and care program has contracts with a group home and with individual families. The families often live in over crowded housing adding additional burdens when a patient stays overnight. Many patients are assigned to a family but get lost and have delays in getting back to the hospital. The Board feels a need to develop more housing for transient patients so they do not take up valuable bed space and to meet the over demand for transient care.

The transient care need can be met by either granting Indian Health Service the authority to run such a center in Bethel. Our first priority, contracting with a local agency or organization would cost approximately $30/person/pay or $164,250/year. Our second priority would be to use 20 beds of the old hospital as a transient facility for the next 10 to 20 years at which time other sources of transient care could be available. IHS should be consulted as to the costs of the second option.

III. 1975 REQUIREMENTS FOR HEALTH SERVICES IN THE YUKON-KUSKOKWIM AREA

In addition to the new hsopital we are requesting support of a special program package for 1975. The attached document "1975 Requirements of Health Services in the Yukon-Kuskokwim Area" describes our needs for additional staff prior to the oepning of the new hospital. We are asking to add some new positions which will come with the hospital. Since the present hospital is under staffed, it can easily accomodate the staff asked for in our 1975 program package. An acceptance of the program package will hasten acquisition of services and increase the quality of services.

The Boards of the Yukon-Kuskokwim Health Corporation and the Alaska Native Health Service have requested funds for the following program packages:

Priority 1: Ambulatory Care Package - $972,868; 18 new personnel and 14 housing units.

Priority 2: Field Health Package - $490,435; 6 new personnel and 4 housing units.

Priority 3: Dental and Medical Records Package - $332,019; 5 new personnel and 3 housing units.

Priority 4: In-Patient Nursing Package - $402,685; 8 new personnel and 6 housing units.

Priority 5: Support Services Package - $122,785; 1 new personnel and 2 housing units.

Total: $2,320,742; 37 new personnel and 29 housing units.

The additional staff level will be consistent with the staffing level of the new hospital. Appendix C - p. 22 of the attached program plan illustrated the types of staff being added and compares the 1975 level with the estimated 1985 level.

We hope the sub-committee gives the hospital, the housing and a 1975 staff increase support and funding.

BOARD OF DIRECTORS
YUKON-KSUKOKWIM HEALTH CORPORATION
BOX 528
BETHEL, ALASKA 99559

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P.O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

November 26, 1974

892 YKHC

Dr. Frederick McGinnis
Commissioner, State of Alaska
Dept. of Health & Social Services
Pouch H
Juneau, AK 99801

Dear Dr. McGinnis:

We have reviewed the State's comments in regard to our finance study. I have discussed the issues which you brought up with my staff and I concur with their findings (see enclosed letters).

I would like to point out to you that YKHC has been involved in Health Aide Training, Community Development and in general health education for a number of years. Naturally, I will defend and support the different programs in which the Indian Health Service, State of Alaska and YKHC have been working on together. I believe our working relationship can be improved and strengthened by mutually agreeing upon some of these issues, i.e., area of responsibility in designing, implementing and funding of these important and needed programs. Generally speaking, I might add that YKHC's over-all intent is to organize and coordinate these programs with the in-put from various agencies and direct in-put from our native board members. The people of our area need to feel that they have a part in identifying these problems and find a means to correct them.

In the future we want to have the responsibility to run our own health programs. I feel we must begin now in working towards the goal of local management and operation of various health services.

I can be available to further discuss these matters with you at your convenience.

Sincerely,

Alvin S. Ivanoff by M.C.

Alvin S. Ivanoff
Executive Director

ASI/mc

Enclosures

cc: Libby Dietrich, Lester Gorsline Associates

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
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November 25, 1974

Commissioner Frederick McGinnis
Department of Health & Social Services
Pouch H
Juneau, Alaska 99801

Dear Commissioner McGinnis:

We would like to thank the State of Alaska for its participation in our finance study.

Your letter Nov. 1, 1974 leaves us somewhat confused since the data for the most part was prepared by your staff.

I believe that we all recognize the difficulties associated with analysis of the State's accounting system which does not identify cost by geographic areas. Please feel free to offer additional information which you feel represents the cost of Health Services in the Yukon-Kuskokwim area. Any additional information with the appropriate back up will be added.

One of your concerns focused on the concept of the State contracting with non-profit organizations for the delivery of services. We are aware of your legitimate concerns. You will recall that when I visited you and your staff in July of 1973 that you made it clear that the State was not going to contract services on a blanket basis and that many obstacles and requirements would have to be met. You also indicated that the State was however, open to discussing contracting. We believe that your intentions and ours have been reached in regards to the study. The examples which are presented in the study are nothing more than examples. The finance study does not negate your statement. It is a tool for discussion by our board. We will make the board aware of your concerns.

You also mentioned that we may have not covered all of the State's expenditures. If you recall we talked about the subject in July and late in August with Dr. Tower and Fran Fleek. The scope was limited to medical and health expenditures. We jointly reviewed the divisions and elements which were to be investigated. All the elements identified with your staff were investigated with the exception of social services which was less "easy" to define (i.e. figure out what was to be considered as social services). Within this scope of investigation we have worked with your staff to obtain the estimates and in some cases the best guesstimate of expenses which could be allocated to Bethel residents.

You have our commitment not to use this study unfairly. We all recognize that health expenditures change. In fact the I.H.S., Y.K.H.C., and the State have increased their expenditures in 1974. The State in particular has increased the visits of its consultants and technician in the Bethel area. Margaret Crawford for one has spent a lot of time as a consultant to assist in the establishment of the first phase of a comprehensive maternal and child health. Many other persons have helped to further the cooperative effort of delivery of preventive and curative health services.

We think the study can be used positively by your department to improve on the services which you provide:

1. The document could be used as a tool to obtain additional funds for expansion of existing state programs. You could use this to lobby with the legislature for increases in your budget for Bethel services.

2. The report could also be used to show the legislature that there is a desire and interest in contracting and decentralizing health services. I am sure many of your staff members are frustrated at being so far removed from the problems and people being served. Contracting would shift a lot of the day to day management away from the central offices to thus free up time for your staff to spend in consulting, evaluation, and assistance at the local level.

I believe that we can all recognize the need to decentralize. We differ however in the choice of method and the time table. An insistence on contracting with local governmental entities is laudable but unrealistic in the near future for certain bush areas. In our area specifically, a regional government is still down the road. Do we or should we withhold the advantages of decentralization until then? We would say no. YKHC could be a vehicle, with the aid of the State, for increasing services and decentralizing some of the State's existing programs and new programs in the bush such as sanitation, MCH and preventive health services. In fact we have had an on-going contract for preventive dental services for several years and just recently completed a contract with the state for a family planning-female health program. We have been satisfied with our contractural relationship to date and would like to expand it.

One method which we have informally been using is to develop new programs through our federal funds. We then refine the program and prove its efficacy then negotiate it's "transfer" to state funding. Such a model would be advantageous to the state. One could actually "see" the project and could be shown that it was operated and managed in accordance with professionally acceptable standards. I believe that such a method would overcome many of your concerns. The maternal and child health & streptococcal surveillance programs are two examples. We have developed the programs and are now seeking "permanent" funding.

We hope in the future that you will not look so disfavorably at contracting and decentralization, especially with Rural Health Corporations.

We have worked with Lester Gorsline Associates in preparing more specific responses to your questions. They will be forwarded to your office shortly.

In the near future we should meet to discuss the study and our present proposals to contract with your department to finance a streptococcal surveillance program and a maternal and child health project. We have also enclosed a brochure describing our activities. We hope the brochure will bring you up to date on our activities and the problems which we are trying to address.

Cordially,

Dan Rounds

Dan Rounds
Technical Assistant

DR/c'c

YUKON-KUSKOKWIM HEALTH CORPORATION
AFFILIATE OF ALASKA FEDERATION OF NATIVES
P. O. BOX 528
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November 22, 1974

Dr. Frederick McGinnis
Commissioner, State of Alaska
Dept. of Health & Social Services
Pouch H
Juneau, Alaska 99801

Dear Dr. McGinnis:

A copy of your letter of November 1, to Ms. Elizabeth Dietrich of Lester Gorsline Associates, and the attached report prepared by the Division of Public Health, was recently passed to me for review and comment.

As Supervisor of Health Aide Education for YKHC, I was principally interested in comments concerning the area of my responsibility. My attention was therefore attracted to the following statement, which occurs on page 2 of the report:

> "At present staffing levels, YKHC is not able to provide adequate health-aide training, let alone public health nursing".

I do not wish to make any comment on the final phrase of this statement, since it pertains to the discussion of a matter which is outside the sphere of my work. What I do take exception to, however, is the glib assertion made that training provided by YKHC to health aides is inadequate.

I am sure it is understandable to you that such a comment, appearing without justification in a report not even connected with health-aide education, should be disturbing to me as it is indicative of an assumption that must be current among members of your staff. Both as an individual and as a member of YKHC staff, I challenge the validity of this categorical statement which merits clarification from those persons who made it.

I submit that, on the contrary, YKHC is providing and has provided very adequate health aide training since the inception of the program. It is a matter of record that of those aides currently employed by the corporation:

- 5 aides have received an 8 month course of training
- 23 aides have completed three sessions of basic training each of three weeks duration
- 11 aides have completed two sessions of basic training each of three weeks duration
- 13 have completed one session of basic training of three weeks duration.

Since 1970, when training began, a total of 20 3-week training sessions have been held in Bethel. I consider it worthy of note that 10 of these sessions were held during the period from November 1973 to November 1974, despite "present levels of staffing". Thus, since I have been actively associated with the program, exactly half of the total training sessions have been carried out, in a period of twelve months.

Thus, it would appear, that judged on the basis of frequency, YKHC is maintaining an adequate effort. Constant effort has been made to ensure that the quality of training offered was also of high standard. Our program has been aligned in consultation with other training organizations through the medium of the Planning and Advisory Committee for Health Aide Programs in Alaska, on which, incidentally, the Section of Nursing of the Department of Health and Social Services is represented.

I am very much aware that the YKHC Health Aide Education Program has attracted much adverse comment, much of which I consider to be irresponsible. Seeking to expand and elevate the health aide's role, this department has acted as a change-agent and innovator, in its quest to ensure proper education and eventual recognition of the health aide. For reasons which are not immediately apparent, but which seem to have their origin in institutional rivalries, personal animosities and other subjective areas, this program has received more than its fair share of uninformed criticism. In the absence of any truly objective evaluation of the program, I am very concerned that it should be popularly assumed by members of the Division of Public Health that this corporation and this program in particular are furnishing a sub-standard service. Judged on the basis of health-aide performance, alone, I doubt very seriously whether any other area of the State has a better record than does the Bethel area.

It is an undoubted fact that the training program has, since its inception been plagued by a high turnover of staff. During the past summer, particularly, the situation became critical for a short time. It is indeed difficult to identify and recruit motivated, mature and experienced persons who are suited to working with health aides and who are willing to make a substantial commitment to the program in terms of length of engagement.

This, however, is a problem which is not confinedmerely to YKHC. In a recent report from the Indian Health Service, it was admitted that "the greatest single problem facing the IHS is that of personnel retention and recruitment and it is a problem which threatens to become critical in the very near future". It is stated in the report that the turnover is 75% every two years, throughout the US Public Health Service in general.

The high rate of attrition among health-aides themselves, further complicates the task of their education in the Bethel region and adds to the sense of frustration which has to be borne as a natural corollary of the job.

The program is at present staffed as follows:

Supervisor, Health Aide Education
2 Consultants M.D. (former Director of the program)
Clinical Director M.D. (Pediatrician)
2 Instructors (seeking registration in Alaska)

In addition, two Yupik-speaking members of the staff are preparing as first-aid instructors while acting as Field Health Coordinators.

The teaching staff is further augmented by the active participation of two members of the University of Alaska Cooperative Extension Service (English, Nutrition), the YKHC/PHS Female Health Practitioner and MCH Coordinator, the YKHC Health Educator (M.S.), the YKHC/PHS psychiatrist and members of the YKHC Mental Health Department, Dental Health Department and Community Liaisons and Health Aide Services Department. Study of the combined curricula vitarum of these resources would indicate that the program has access to a considerable degree of expertise and experience.

No doubt, next year again we shall be faced with the problem of recruiting new staff and adapting to changes in staff in other agencies, with all that is entailed in terms of reorganization, orientation and even compromise. However this may be, I am confident that classes of an adequate quality and of adequate frequency will be provided and that in addition we shall continue to plan and produce advanced educational modules in the form of specialized workshops for health aides who have completed the basic part of their training.

Having in the past successfully directed health aide training in Morocco and Algeria for the League of Red Cross Societies and more recently in Libya for an American Oil Company, I feel that I can personally attest to the fact that training offered in Bethel is in fact adequate.

I have written at length, and I am afraid somewhat tediously and I ask your indulgence. I am proud of the achievement of our program over the last twelve months and feel that it is to the department's credit that it has overcome so many obstacles and has surpassed in many ways the achievement of other years. I feel that I owe it to myself and to those working with me and to the corporation as a whole not to let such comments pass unchallenged. I would hope that any such statement, destined to be read by a number of persons without direct knowledge of the program should be backed up by solid fact and not be based on hearsay.

In conclusion, I would be grateful if you would kindly communicate my concern to these responsible for formulating the report.

Yours sincerely,

John Rich
Supervisor, Health Aide Education

JR/ck

ALASKA FEDERATION OF NATIVES, INC.
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PHONE (907) 274-3611

Integrity, Pride in Heritage, Progress

Health Affairs Division

April 16, 1975

Dr. Phillip S. Brachman, M.D.
Director, Bureau of Epidemiology
Center for Disease Control
Atlanta, Georgia

Dear Dr. Brachman:

As you are aware, CDC and AFN, Inc. have jointly supported the regionalized pilot project designed to reduce streptococcal disease in remote areas of Alaska. Through efforts of the Alaska Ad Hoc Committee for the Prevention of Rheumatic Fever, all health agencies serving the State have become aware of the need for a statewide program to reduce rates of rheumatic fever and rheumatic heart disease. We strongly agree with the Ad Hoc Committee recommendation that a medical director or administrator be assigned to the program to launch and coordinate the effort. At a meeting with the Committee on April 4, 1975, Dr. David Spence, Chief, Maternal and Child Health Section, Division of Public Health, Alaska Department of Health & Social Services, outlined a program and budget for State participation in streptococcal surveillance. Unfortunately, those components supported by Dr. Spence do not include funds for management. The amount of surveillance data generated will need careful attention and laboratories will be located in diverse remote locations.

If the legislators agree to increase State participation, $55,290 of CDC funds currently used for the demonstration project will be eventually released. We hope that CDC will not entirely abandon this effort and will continue to provide leadership by making funds available to provide a medical director. At a meeting of the Association of Regional Health Directors in Anchorage on May 7, 1975, you told us of the possibility that year-end monies might be available from CDC for such a purpose. Could you supply the Streptococcal Surveillance Program with either a medical director or the $27,000 needed to hire such a person?

Since your return to Atlanta, we hope that you have looked furthur into this possibility.

Sincerely,

ALASKA FEDERATION OF NATIVES, INC.

Carl Jack

Carl Jack, Director
Health Affairs Division

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
FAMILY HEALTH SECTION

POUCH H06B 99811
POUCH H-JUNEAU 99801

April 11, 1975

The Honorable George Hohman
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hohman:

Re: Draft Technical Working Plan
for a Statewide Streptococcal/
Rheumatic Fever Control Program
-Expansion of 3/14/75 Plan
-Revised Fiscal Supplement B

This letter is a supplement to and technical expansion of my March 14, 1975 memo. Since that time negotiations have been conducted among agencies Alaska Federation of Natives (AFN), Center for Disease Control (CDC), Alaska Native Health Service (ANHS), and Division of Public Health (DPH) concerned with permanent establishment of a sound statewide plan. This letter synthesizes these negotiations and details the fiscal needs for FY 76.

As a matter of clarification, the CDC Alaska Branch has spearheaded the interest in the problem in Alaska through epidemiologic studies and pilot projects in strep surveillance. This agency however cannot conduct any ongoing control program. At this juncture in time it is necessary for health agencies with in-state responsibilities to select the components of CDC's activity which should be continued.

Very truly yours,

Donald K. Freedman, M.D., M.P.H.
Director of Public Health

DKF:co

Attachments - Components 1, 2, 3, and 4

Component #1 REGISTRY

- Use mailback cards (similar to the State's immunization program) which give each health care provider a convenient method to track patients needing monthly prophylaxis.

- Perhaps establish the same day each month statewide for injections. For example, the first Monday of each month could be "prophylaxis day". Health Aides, physicians, and PHNs could easily keep track of patients expected on that day.

- The anticipated number of cases would be in the range of 500 Natives and 500 non-Natives.

Component #2 SYMPTOMATIC CULTURES

Ready availability of and complete accessability to strep cultures for symptomatic individuals throughout the entire State is the key component of this control program. All providers of health care from the newest Community Health Aide to the oldest physician in subspecialty medicine will have to be fully informed about all four components of the program (see Component #4). All primary service laboratories will have to be fully informed, with particular emphasis on Components #2 and #3.

The following assumptions are the basis of planning for FY 76 implementation of Component #2:

(A) Number of cultures:

0.3 strep cultures/person (all ages)/year is the expected number of cultures (0.3)(330,000 pop.est.)=100,000 strep cultures/year by primary service labs.

(B) Expected positivity rate: 20% by Bacitracin disc method.
As a screening technique for Lancefield Group A, Bacitracin discs are 98% sensitive (a few false neg.) and 90% specific (some false pos.)

(C) Distribution of culture workload among all primary service laboratories:

	Number of cultures (in thousands)	
	Current Load (estimates) FY 75	Anticipated Capability FY 76
1. Service Unit Hospital Labs		
Anchorage	1.0	1.0
Mt. Edgecumbe	0.2	1.0
Kanakanak	0.5	3.0
Bethel (see below)	0	0
Kotzebue	0.5	3.0
Barrow	0.2	1.0
Tanana	0.5	2.0
Subtotal	2.9	11.0

2. YKHC Strep Lab in Bethel to serve entire Bethel Service Unit symptomatic needs		1.0	10.0	
	Subtotal	1.0		10.0
3. Private Clinical Laboratories:				
In existing hospitals				
Military (2)		2.0	6.0	
Nome (1)		0.2	0.5	
Anchorage (2)		4.0	8.0	
Fairbanks (1)		1.0	2.0	
Smaller hospitals (6)		1.2	2.5	
	Subtotal	8.4		19.0
Independent laboratory services (outside of hospitals)				
Fairbanks		1.0	4.0	
Anchorage		2.0	8.0	
	Subtotal	3.0		12.0
4. State Regional Labs				
Northern		2.0	12.0	
Southcentral		4.0	24.0	
Southeastern		2.0	12.0	
	Subtotal	8.0		48.0
	GRAND TOTAL	23.3		100.0

(D) Expected workload of reference and typing to be done entirely at the Southcentral Regional Lab:

	(Thousands of Specimens)
All positives (20% of total) - FA technique for grouping and serologic technique for typing.	20.0
Negatives for quality control (5% sample) FA technique.	4.0

Proficiency testing and continuing education support of the primary laboratories throughout the state will be a joint effort by the Southcentral Regional Lab and by the CDC in Atlanta through their proficiency testing section.

(E) Administrative and epidemiological workload - This workload will have to be shared by all responsible agencies as personnel are available to be assigned.

Component #3 SURVEILLANCE CULTURES

The State recognizes the need to continue the strep surveillance work of school children in all twelve villages where the CDC pilot project has been started, in order to ascertain the cost/benefit analysis of this approach to control.

Currently the comparison is to "no organized program". After implementation of components #1, #2 and #4 of this plan the comparison will take three years to collect meaningful data on which programatic decisions can be made.

- The YKHC Lab in Bethel will continue the surveillance in the 4 remote villages in the Bethel Service Unit plus the City of Bethel, using the State reference lab for serologic typing service.

- The State will assume the surveillance for the other 8 remote villages (80 children/village)(8 villages)(9 months/year)= 4,560 cultures. Half of these would be done in the Northern and half in the South-central Regional Lab.

Component #4 EDUCATIONAL CAMPAIGN

This will be a well coordinated effort of all health education agencies (IHS, State, Heart Association). Cooperation of news media will be cultivated.

It is envisioned this will be an intensive, "saturation type" effort in late summer and early fall of 1975, with an ongoing maintainence or "refresher" effort throughout the years. There are many innovative techniques that can be used, e.g. have film distribution companies, which send entertainment films to the villages of Alaska, splice in a leader (supplied by the State) telling about the need for getting a culture done by the Village Aide when a sore throat or skin infection is present.

REVISED FISCAL SUPPLEMENT B
4/9/75

Additional Resources for Division of Public Health Necessary for FY 76 Implementation

(Thousands of dollars)

Component #1

Increased funding for commodities will provide for additional computer time and supplies.	3.0

Component #2

A. Increased supplies of forms and transport kits for the three State Regional Labs functioning as primary service labs.	20.0
Increased supply of penicillin for case treatment	1.0
Additional communication costs for rapid reporting of positive cases, e.g. teletype, telephone	7.5
Increased travel for consultation and training.	5.0
B. Additional resource needed is one additional position, a Microbiologist II, $16,500 plus benefits 18% (3.0).	19.5
Increased supplies for reference and typing work.	6.0
TOTAL	62.0

STREP-RHEUMATIC FEVER

OBJECTIVES:

To initiate a program of streptococcal control and care of patients with rheumatic disease so the following objectives will be accomplished within five years of full implementation of program:

A. To reduce the weekly prevalence rate of Group A streptococcal throat infection to below 10% in the Bethel, Kanakanak and Kotzebue Service Units (communities in these service units presently run an average prevalence of 22%).

B. To prevent or permit prompt control of streptococcal epidemics through continual surveillance of high risk populations.

C. To reduce the Alaska Native annual rheumatic fever incidence to no more than 10 per 100,000.

D. To provide timely, continuing and systematic specialized cardiac evaluation and care to persons identified as having had acute rheumatic fever and/or rheumatic heart disease. (This population now consists of 460 individuals distributed throughout the State).

STATEMENT OF THE PROBLEM:

The relationships of acute streptococcal infections to acute rheumatic fever and to the subsequent development of rheumatic heart disease are well known. Streptococcal infections (which may be so mild that they cause no symptoms) are followed in up to three percent of the cases by an attack of acute rheumatic fever. One attack of rheumatic fever may do little or no damage to the heart but the first attack makes the patient more vulnerable to repeated attacks of rheumatic fever. Rheumatic fever may occur as a very severe, very painful, and very dangerous disease or it (like the streptococcal infections) may be so mild that it causes little or no symptoms and is not diagnosed. However, each subsequent attack of rheumatic fever adds further damage to the heart. This damage may progress to the point that the patient is incapacitated. Some patients require cardiac surgery to repair damaged valves. Such surgery is painful, costly, and while it helps many patients a great deal, it seldom allows the patient to achieve a perfectly normal life.

Many years of carefully controlled experiments conducted in other settings have proved conclusively that appropriate and timely penicillin therapy not only cures the streptococcal infection, it also prevents rheumatic fever. Further, there is proof that patients who have had previous attacks of rheumatic fever will have subsequent attacks prevented by appropriate penicillin prophlaxis.

Therefore, both acute rheumatic fever and rheumatic heart disease are properly classified as preventible diseases. In spite of this knowledge there are presently 460 Alaska Natives identified as having had acute rheumatic fever and/or rheumatic heart disease (Alaska Health Information System, Chronic Disease Registry). The life time medical care costs of these patients averages $60,000 per patient. Therefore, these 460 patients represent an obligation for twenty seven million, six hundred thousand dollars in health care costs.

ACHIEVEMENTS:

Because of the high rates of rheumatic fever, a cooperative study (AFN, IHS, CDC, ADH) was begun in January 1971 to study the epidemiology of streptococcal disease and to develop a control program for this population. Longitudinal surveillance techniques similar to those used in the successful projects in Wyoming and Colorado were modified for use in Alaska. Results of the pilot study conducted for one semester in schools of two villages during 1971 have been published, as have results of the first full year of operation in nine villages, 1971-72. A summary of the first three years of experience in nine and then twelve villages is also available.

At the beginning of each of the past three school years in these villages, the streptococcal prevalence has averaged 26%, 15% and 31%. Each year the prevalence was subsequently reduced to ten percent or below. In addition, the rates in these villages have always been below those found in other villages cultured during the school year comparison. The program also detected numerous epidemics so that special control measures could be undertaken. The ability of such a program to reduce streptococcal prevalence in Alaska has now been demonstrated.

ACTION STEPS:

Secondary Prevention (prevention of recurrences)

1) Establish ongoing funding for the rheumatic fever registry. (July 1, 1975).

2) Complete the programming required to monitor the recommended system providing monthly penicillin prophylaxis to patients with previous rheumatic fever in order to prevent recurrences. (January 1, 1976).

3) Inform health care personnel of the availability, importance and usefulness of the registry and establish surveillance to detect new cases to be added to the registry. (September 1, 1975).

4) Initiate screening programs of persons in the highest risk age groups for evidence of undetected rheumatic heart disease, evaluate their clinical status, place them on prophylaxis, then add them to the registry. (September 1, 1975).

Primary Prevention (prevention of first attack)

1) Establish ongoing funding for the Yukon-Kuskokwim streptococcal laboratory in Bethel sufficient to allow it to serve the Bethel Service Unit. (July 1, 1975).

2) Establish a regional laboratory in Nome sufficient to process cultures for the Norton Sound Area. (September 1, 1976).

3) Establish a regional laboratory in Kanakanak sufficient to process cultures from the Bristol Bay Area. (September 1, 1977).

4) Complete the modification of the role of the present AFN streptococcal laboratory so that it can provide cultures for patients with sore throats where unavailable in the remaining areas of the State, and to provide reference support for the three regional laboratories. (September 1, 1977).

5) Strengthen and document reporting and surveillance procedures. (July 1, 1975).

6) Conduct investigation of apparent epidemics so that they may be controlled. (July 1, 1975).

Proposed Budget:	FY 76	FY 77	FY 78
Personal Services	$ 124,543.00	$ 150,793.00	$ 177,043.00
Personal Service Benefits	28,645	34,682	41,948
Travel	8,130	6,830	8,580
Transportation of Things	6,520	3,820	8,120
Rent, Communication and Utilities	13,775	22,775	31,475
Other Contractual Services	4,700	8,300	9,400
Supplies	23,387	46,773	70,160
Equipment	34,325	21,325	21,325
TOTAL	$ 228,600.00	$ 291,298.00	$ 363,981.00

	FY 76	FY 77	FY 78
Personal Service			
Central Staff:			
Project Director	27,270	27,270	27,270
Secretary	10,625	10,625	10,625
Screening Technician	4,748	4,748	4,748
Central Laboratory:			
Technician	16,800	16,800	16,800
Assistant	9,450	9,450	9,450
Yukon-Kuskokwim Laboratory:			
2 Technicians	33,600	33,600	33,600
1 Assistant	12,500	12,500	12,500
2 Clerk-Typists	19,000	19,000	19,000
Norton Sound Laboratory:			
Technician		16,800	16,800
Assistant		9,450	9,450
Bristol Bay Laboratory:			
Technician			16,800
Assistant			9,450
Total	124,543	150,793	177,043
Personal Service Benefits	16,191	19,603	24,244
Fringe (13%)			
Merit and cost of living (10%)	12,454	15,079	17,704
Total	28,645	34,682	41,948
Travel			
Central Staff	1,950	1,000	1,950
Health Aide Training	2,100	1,950	2,150
Epidemic Investigations	1,080	1,080	1,080
Heart Murmur Screening	3,000	2,800	3,400
Total	8,130		8,580
Transportation of Things			
Shipping-household goods	3,500		3,500
Postage	3,020	3,820	4,620
Total	6,520	3,820	8,120

	FY 76	FY 77	FY 78
Rent, Communications and Utilities			
Rent	6,000	12,000	18,000
Telephone	1,800	2,400	2,700
Utilities	4,800	7,200	9,600
Data Processing Equipment	1,175	1,175	1,175
	13,775	22,775	31,475
Other Contractural Services			
Consultant		1,250	
Custodian	1,200	1,800	2,400
Photocopy and Printing	2,000	3,000	4,000
Insurance	1,500	2,250	3,000
	4,700	8,300	9,400
Supplies			
Laboratory	19,530	39,060	58,590
Forms, Stationery, Duplicating	1,617	3,233	4,850
Postage	2,240	4,480	6,720
	23,387	46,773	70,160
Equipment			
Autoclave	13,000		
Basic Laboratory Equipment		5,625	5,625
Laboratory Furniture		5,800	5,800
Additonal Laboratory Equipment	5,300	5,300	5,300
Maintenance and Repair	600	600	600
	28,900	17,325	17,325
GRAND TOTAL	$ 228,600.00	$ 291,298.00	$ 363,981.00

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
FAMILY HEALTH SECTION

POUCH H06B 99811
~~POUCH H-JUNEAU 99801~~

April 11, 1975

The Honorable George Hohman
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Hohman:

Re: Draft Technical Working Plan
for a Statewide Streptococcal/
Rheumatic Fever Control Program
-Expansion of 3/14/75 Plan
-Revised Fiscal Supplement B

This letter is a supplement to and technical expansion of my March 14, 1975 memo. Since that time negotiations have been conducted among agencies Alaska Federation of Natives (AFN), Center for Disease Control (CDC), Alaska Native Health Service (ANHS), and Division of Public Health (DPH) concerned with permanent establishment of a sound statewide plan. This letter synthesizes these negotiations and details the fiscal needs for FY 76.

As a matter of clarification, the CDC Alaska Branch has spearheaded the interest in the problem in Alaska through epidemiologic studies and pilot projects in strep surveillance. This agency however cannot conduct any ongoing control program. At this juncture in time it is necessary for health agencies with in-state responsibilities to select the components of CDC's activity which should be continued.

Very truly yours,

Donald K. Freedman

Donald K. Freedman, M.D., M.P.H.
Director of Public Health

DKF:eo

Attachments - Components 1, 2, 3, and 4

cc: Representative Phillip Guy

Component #1 REGISTRY

- Use mailback cards (similar to the State's immunization program) which give each health care provider a convenient method to track patients needing monthly prophylaxis.

- Perhaps establish the same day each month statewide for injections. For example, the first Monday of each month could be "prophylaxis day". Health Aides, physicians, and PHNs could easily keep track of patients expected on that day.

- The anticipated number of cases would be in the range of 500 Natives and 500 non-Natives.

Component #2 SYMPTOMATIC CULTURES

Ready availability of and complete accessability to strep cultures for symptomatic individuals throughout the entire State is the key component of this control program. All providers of health care from the newest Community Health Aide to the oldest physician in subspecialty medicine will have to be fully informed about all four components of the program (see Component #4). All primary service laboratories will have to be fully informed, with particular emphasis on Components #2 and #3.

The following assumptions are the basis of planning for FY 76 implementation of Component #2:

(A) Number of cultures:

0.3 strep cultures/person (all ages)/year is the expected number of cultures (0.3)(330,000 pop.est.)=100,000 strep cultures/year by primary service labs.

(B) Expected positivity rate: 20% by Bacitracin disc method.
As a screening technique for Lancefield Group A, Bacitracin discs are 98% sensitive (a few false neg.) and 90% specific (some false pos.)

(C) Distribution of culture workload among all primary service laboratories:

	Number of cultures (in thousands)	
	Current Load (estimates) FY 75	Anticipated Capability FY 76
1. Service Unit Hospital Labs		
Anchorage	1.0	1.0
Mt. Edgecumbe	0.2	1.0
Kanakanak	0.5	3.0
Bethel (see below)	0	0
Kotzebue	0.5	3.0
Barrow	0.2	1.0
Tanana	0.5	2.0
Subtotal	2.9	11.0

2. YKHC Strep Lab in Bethel to serve entire Bethel Service Unit symptomatic needs		1.0	10.0	
	Subtotal	1.0		10.0
3. Private Clinical Laboratories:				
In existing hospitals				
Military (2)		2.0	6.0	
Nome (1)		0.2	0.5	
Anchorage (2)		4.0	8.0	
Fairbanks (1)		1.0	2.0	
Smaller hospitals (6)		1.2	2.5	
	Subtotal	8.4		19.0
Independent laboratory services (outside of hospitals)				
Fairbanks		1.0	4.0	
Anchorage		2.0	8.0	
	Subtotal	3.0		12.0
4. State Regional Labs				
Northern		2.0	12.0	
Southcentral		4.0	24.0	
Southeastern		2.0	12.0	
	Subtotal	8.0		48.0
	GRAND TOTAL	23.3		100.0

(D) Expected workload of reference and typing to be done entirely at the Southcentral Regional Lab:

	(Thousands of Specimens)
All positives (20% of total) - FA technique for grouping and serologic technique for typing.	20.0
Negatives for quality control (5% sample) FA technique.	4.0

Proficiency testing and continuing education support of the primary laboratories throughout the state will be a joint effort by the Southcentral Regional Lab and by the CDC in Atlanta through their proficiency testing section.

(E) Administrative and epidemiological workload - This workload will have to be shared by all responsible agencies as personnel are available to be assigned.

Component #3 SURVEILLANCE CULTURES

The State recognizes the need to continue the strep surveillance work of school children in all twelve villages where the CDC pilot project has been started, in order to ascertain the cost/benefit analysis of this approach to control.

Currently the comparison is to "no organized program". After implementation of components #1, #2 and #4 of this plan the comparison will take three years to collect meaningful data on which programatic decisions can be made.

- The YKHC Lab in Bethel will continue the surveillance in the 4 remote villages in the Bethel Service Unit plus the City of Bethel, using the State reference lab for serologic typing service.

- The State will assume the surveillance for the other 8 remote villages (80 children/village)(8 villages)(9 months/year)= 4,560 cultures. Half of these would be done in the Northern and half in the South-central Regional Lab.

Component #4 EDUCATIONAL CAMPAIGN

This will be a well coordinated effort of all health education agencies (IHS, State, Heart Association). Cooperation of news media will be cultivated.

It is envisioned this will be an intensive, "saturation type" effort in late summer and early fall of 1975, with an ongoing maintainence or "refresher" effort throughout the years. There are many innovative techniques that can be used, e.g. have film distribution companies, which send entertainment films to the villages of Alaska, splice in a leader (supplied by the State) telling about the need for getting a culture done by the Village Aide when a sore throat or skin infection is present.

REVISED FISCAL SUPPLEMENT B
4/9/75

Additional Resources for Division of Public Health Necessary for FY 76 Implementation

(Thousands of dollars)

Component #1

Increased funding for commodities will provide for additional computer time and supplies.	3.0

Component #2

A. Increased supplies ~~of~~ forms and transport kits for the three State Regional Labs functioning as primary service labs.	20.0
Increased supply of penicillin for case treatment	1.0
Additional communication costs for rapid reporting of positive cases, e.g. teletype, telephone	7.5
Increased travel for consultation and training.	5.0
B. Additional resource needed is one additional position, a Microbiologist II, $16,500 plus benefits 18% (3.0).	19.5
Increased supplies for reference and typing work.	6.0
TOTAL	62.0

Memo: George

From: Eric

re: YKHC priorities

PRIORITIES:

1) Strep program

2) MCH (Maternal and Child Health)

3) Mental Health

1) Strept program

After meeting with Hohman and YKHC, H & S S decided to revise their original strept request.(this is still a supplemental, but revised upward from a $42,500 figure--not included in H & S S budget). The increase would account for current CDC operation in certain villages. YKHC asked that we insure HSS did revise plan. Question as to who should ask for appropriation, you or Gov.

2) MCH

They are asking for ~~a~~ $85,000. Says he can revise down 1 public health nurse worth about $19,000 and still have effective program.

~~3)~~x+3) Mental Health

No money from HSS available.

Only way to provide funds this year might be through SB 24 or SB 54.

Asked Rounds to mail us his ~~final know~~ decisions from this trip.

Memo: George

From: Eric

Re: KYUK 3/31

PROBLEM Rosie called from KYUK, concerned about translators. She says KYUK needs $100,000 to complete their translator program--$30,000 to complete whats started, and $70,000 to reach the coast -villages.

OPTIONS

The telecommunications authority bill would be able to fund the translators, according to Weatherly-- he mentioned it specifically.

If that does not look like it will go, the rationale could be developed that Kuskokwim Community College is developing an intructional television model that may very well be utilized by the entire state in creating an educational delivery system. In order to reach the maximum number of people, and really provide a service that would allow education to take place at home, the translators should be installed to reach every possible village in the area. $100,000 is little compared the cost necessary for people to move out of their village and attend community college-- it is impossible for most, and expensive.

MEDIA We should get together and do a news show for KYUK soon...

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 536
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

MEMORANDUM

TO: Below Listed People DATE: March 31, 1975

FROM: Dan Rounds

SUBJECT: State Role in Rheumatic Heart Disease Prevention

BACKGROUND

The State of Alaska has been approached by the special Ad-Hoc task force for Streptococcal Surveillance and Rheumatic Heart Disease Prevention to take on a more active role in these two areas. The state responded with a proposal to take responsibility for an A.R.F. registry, Symtomatic culturing of all residents of the state, and establishment of a reference lab to serve as backup to all state labs for M/T typing and epidemiological studies. Y.K.H.C. has also approached the state to fund the first phase of a monthly Streptococcal Disease Surveillance Program in the Yukon-Kuskokwim area. Our request is a part of an overall push by Y.K.H.C. to obtain alternative funds for our existing programs to release A.F.N. funds now being used by Y.K.H.C. to other regions.

MEETING WITH STATE MARCH 27-28, 1975

We meet with the State to discuss their proposal (copy enclosed) and our own. The conclusions reached were that the proposal to the legislature would be revised to have the state:

1. Develop and manage a registry for acute rheumatic fever patients.

2. Provide Symptomatic cultures to all residents (i.e. All villages that I.H.S. labs could not handle)

3. Provide a reference lab that would do:
   a. M/T typing of a sample of symptomatics and monthly surveillance villages.

   b. Proficiency testing of regional and private labs to determine on a sample basis the number of false readings of both negative and positive bacitracian disc.

   c. Interpretation of M/T typing and positive cultures To determine if epidemics are occuring in a given population.

   d. In service training of new and existing lab technicians to maintain high profeciency in grouping of throat cultures.

4. Continue monthly surveillance of 8 of 12 villages which C.D.C. has been surveying to be able to judge the long term effects of the monthly surveillance on a community to reduce or eliminate acute rheumatic fever and rheumatic heart disease.

5. Program management

   a. Accept leadership for the entire statewide program (shared with C.D.C.)

   b. Provide a statewide education program to consumers and providers in regards to strept and rheumatic heart disease as well as explaining the new program

   c. Consultation to labs and special surveillance programs (Kotzebue/ Nome, Bethel and Dillingham areas)

   d. Review statistics on symptomatics and surveillance projects.

   e. Manage the A.R.F. registry to insure all persons receive monthly prophylaxis.

The only question now is how much additional funds will be required for the state to provide an expanded program. Dr. Spence is writing up a draft program that will describe the state's program and a budget showing the total cost of the program and the new monies that would be required by the state. This information will be given to the Ad-Hoc Committee Thursday & Friday to review and approv (April 3 & 4)

If the State's proposal can meet the requirements of the Ad-Hoc Committee all the functions now provided by A.F.N. through its contract with C.D.C. would be taken over by the state. The A.F.N. contract would then be renegotiated and used to fund the symptomatic culturing of the entire Bethel Service Unit and to continue the monthly surveillance in 4 villages and the city of Bethel.

The results would be the partial implementation of the statewide strep-rheumatic fever program package for 1976.

Essentially the state is willing to initiate the statewide activities now. The more intensive monthly surveillance of strept in the Kotzebue, Nome, Bethel, and Dillingham areas would be left up to the Indian Health Services for the immediate future with possible state funding at a later date.

cc: Lillian McGarvey
Joseph J. Notaro
Martha Wilson
David Templin
Peter Nakamura
Medical Epidemiologists, Dr. Barrett
George Holman
Philip Guy
Carl Jack
Dr. Spence, D.H.& ISS
Dr. Freedman, D.H.& ISS
Commissioner Williamson D.H. ISS

DR/ap

Cat. File
Comp. Health
Pl...

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

(2)

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 4, 1975

Dr. Bill Larson
Chairperson, Health Planning and Resource
Development Task Force
Anchorage Comprehensive Health Planning
Anchorage, Alaska

Dear Dr. Larson,

The Yukon-Kuskokwim Health Corporation has been designated as a unofficial Health Planning Agency by the state and federal government. Y.K.H.C. along with other Rural-Bush Health Corporations are concerned about the proposed three health service areas your Task Force is proposing.

We are interested in continuing our comprehensive health planning. We find it exceedingly hard being removed from the main stream to obtain meaningful state participation in planning. We wish to impress upon you and your committee our concerns. We want and demand a voice in the Health Service Agencies being developed to cover the Y-K area. We must have the authority for planning primary and secondary health services which impact on the people of South Western Alaska.

The arrangement of the state into three health planning areas effectively dilutes the impact that the bush areas can have on shaping the direction of the health system in Bush Alaska. Our board has discussed the matter at our Board meeting February 25. The attached resolution expresses our position.

We can not for example continue to have "State" plans developed via telephone calls once every six months. We anticipate a close working relationship with the Anchorage H.S.A. now being proposed. We also anticipate having an effective voice in the Anchorage H.S.A. and the Statewide Health Planning. We have developed a forum for discussing health needs and solutions but without active participation by the proposed Anchorage H.S.A. and Statewide Health Council neither of our activities will have a favorable impact on the health of the people residing in the Yukon-Kuskokwim Delta's.

Cordially,

Alvin S. Ivanoff
Executive Director

cc: Project Directors (5)
George Hohman
Phillip Guy
Martin Moore
Frank Estes
Carl Jack

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2503

Introduced: February 25, 1975

Board of Directors Resolution #75-3

RESOLUTION CONCERNING HEALTH SERVICE AGENCY IN ALASKA.

WHEREAS, the Federal Government passed the National Health Planning and resources development act of 1974 which establishes one or more health service area (s) in Alaska and a Health Service Agency in each area to develop an area health plan; allocate Federal construction funds for health facilities; co-ordi te the implementation of the regional plan and review and approve or disapprove applicants for many Federal funds and,

WHEREAS, the association of Regional Health Directors and a State Task Force have recommended establishing three H.S.A.for Alaska north (Fairbanks); central (Anchorage); and southeast (Juneau); and,

WHEREAS, the Rural Health Corporations under A.F.N. are developing plans to provide comprehensive health services to the residents of bush Alaska; and,

WHEREAS, Y.K.H.C. and Norton Sound have been unofficial comprehensive health planning agencies in the past and newer corporations are already planning for bush health needs; be it,

RESOLVED, that Y.K.H.C. wants to go on record as being the agency responsible for health planning in the Y-K area and as such should have the deligated authority under the Anchorage H.S.A. to provide the federally mandated services in co-operation w' h the Anchorage H.S.A. staff; and be it further,

RESOLVED, that Y.K.H.C.'s planning activities in regard to the H.S.A. activities should be subsidized by the Anchorage H.S.A.

Adopted in Bethel, Alaska on the 27th day of Feb., 1975.

Signed by: Rae Barton
President

Respond

YUKON-KUSKOKWIM HEALTH CORPORATION

File YKHC

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 4, 1975

Mr. Edward Hoffman
AVCP President
Bethel, Alaska 99559

Dear Mr. Hoffman,

Last year Y.K.H.C., A.V.C.P., A.N.H.B., and villages wrote to our Congressional Delegation to obtain money for the new hospital now being planned for Bethel.

No new funds have been appropriated for the new I.H.S. hospital. We still do not have a guarantee that the new hospital will be built. We need to have congress appropriate $1.5 million for the completion of the architectural design documents and for the construction and installation of the piles. Without the additional funds we will have another paper plan that will be sitting on the shelves. The $600,000 appropriated in 1974 is being spent now. By June the funds will be used up. We need the additional funds to maintain the construction schedule. Without the additional funds we will delay construction a year or more.

The attached resolution has been sent to the Congressional Delegation from Alaska. We are requesting your support and would urge you to write our Congressional Delegation for support of this resolution.

Cordially,

Alvin S. Ivanoff
Executive Director

cc: Bethel City Council, c/o Andy Edge
K.Y.U.K., Jim Croll
Martin Moore
Ray Christiansen, Calista
A.F.N. Health Corporations

a. Claude Demientieff, Tanana
b. Don Neilson, Bristol Bay
c. Dennis Tiepleman, Kotzebue
d. Caleb Pungowiyi, Norton Sound
e. Frank Peterson, Kodiak

Carl Jack, A F.N.
Lillian McGarvey, A.N.H.B.
Village Council Presidents, A.V.C.P. Region
George Hohman
Phillip Guy

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

Introduced: February 25, 1975

Board of Directors Resolution #75-1

RESOLUTION CONCERNING THE REPLACEMENT I.H.S. HOSPITAL IN BETHEL, ALASKA.

WHEREAS, the Indian Health Service and Congress have recognized a need to replace the I.H.S. hospital in Bethel, by appropriating $600,000 for partial architectural planning for the new hospital; and,

WHEREAS, additional funds for completion of the architectural planning and for the construction, shipping, and installation of the pilings have not been included in I.H.S. Budget for Fiscal Year 1976; and,

WHEREAS, the project schedule for the new hospital requires planning funds and piling funds to be appropriated in April of 1975; and,

WHEREAS, the thermal pilings need to be constructed this spring and summer for shipment this fall and installation during the winter when the ground is frozen.

WHEREAS, the delay in construction funds will increase the cost of the facility by 18% or approximately five million dollars; and,

WHEREAS, the I.H.S. and Y.K.H.C. need assurance that the hospital will be built so we can proceed with the development of housing, a transient patient facility and manpower for the new hospital prior to its opening; therefore be it

RESOLVED, that the Board of Directors of the Yukon-Kuskokwim Health Corporation urge Congress to take the following actions to insure the timely construction of a replacement hospital in Bethel:

1. Appropriate $1.5 million to the I.H.S. FY-1976 budget for the completion of architectural design documents for the replacement hospital and for the construction, shipping, and installation of the piles for the hospital.

2. Provide the I.H.S. and residents of the Y-K area with a guarantee that Congress does intend to construct a replacement hospital.

3. Pass the proposed legislation which would authorize I.H.S. to lease houses in remote areas as an alternative to federal construction of housing.

Adopted in Bethel, Alaska on the 27th day of Feburary, 1975.

Signed by: Ron Beetle
President

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P.O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 12, 1975

Mr. Martin Moore
Governor's Office
P.O. Box 466
Bethel, Alaska 99559

Dear Martin:

Enclosed are YKHC's proposals to the State of Alaska.

These proposals are greatly needed since YKHC is expecting to cut back programs now funded through AFN. Our AFN funds are developmental funds to be used throughout the State. YKHC now uses 39% of the funds spent for six corporations. We will begin to develop a "phase out" plan with the other health corporations.

The strept proposal is having a rough go of it. The State DH & SS is not supporting it out of their own interest.

We hope these proposals will give you some ideas on the area's needs.

Cordially,

Alvin S. Ivanoff/ck

Alvin S. Ivanoff
Executive Director

Enclosures: MCH & Strept Proposals

ASI/ck

P.S. The Mental Health proposals are not included since copies have already been forwarded to you.

cc: Phillip Guy
George Hohman ✓

STATE OF ALASKA / WILLIAM A. EGAN, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF COMPREHENSIVE PLANNING / POUCH H-JUNEAU 99801

October 1, 1974

Mr. Alvin S. Ivanoff
Executive Director
Yukon-Kuskokwim Health Corp.
Box 528
Bethel, Alaska 99559

Re: Bethel Health Center

Dear Mr. Ivanoff:

Thank you for your letter of September 20, 1974 relative to the Bethel Health Center.

As you know, planning for the new Public Health Hospital is getting under way with meetings between the architects, Public Health and YKHC beginning on October 7, 1974. The program for this new facility details the integration of all Bethel Primary Health Providers under one roof. Space will be provided for field health activities which includes the State itinerant care programs for outlying villages and preventative care to the Bethel District natives.

However, an interim health facility is needed to house the Bethel Health Clinic and its programs for the local population. The itinerant program staff will continue to be housed in a rental facility until space becomes available in the new hospital.

The State of Alaska desires to place the Bethel Health Clinic in the most convenient location in Bethel that will provide good access for all patrons of the clinic and its staff. The funds available for this facility make it imperative that it be located on state land, a donated site, or on Federal land occupied under a long term lease permit. Three sites have been proposed:

1. Immediately adjacent to the existing hospital occupied under a use permit from the Federal government. However, the hospital could not accomodate this additional load on their sewer system. Also the future use and maintenance of the old hospital has not been established.

2. The clinic could be located in Bethel Heights on state land adjacent to adequate utilities. However, objections were raised by the staff that it was too remote from the hospital area and much of the town of Bethel.

3. The current choice of site is located near the existing hospital immediately west of the highway. This places the clinic on Federal land but adjacent to both the existing hospital and the new hospital site. This area will be served by the new sewer line which is currently under construction by the City of Bethel under a grant of $195,000 of Federal funds. The new sewer line will connect the hospital with the existing sewer system in Bethel Heights.

It is hoped that the exact site can be pinpointed by Federal authorities after the conference and preliminary site investigations during the week of October 7, 1974. We can then secure approvals of all parties concerned and proceed with the design and construction of the Bethel Health Clinic.

Please feel free to contact me if I can be of service in any way.

Sincerely,

Walter C. Moyle

Walter C. Moyle, Architect
Health Facilities Development

WCM:llb

cc: Jerry Madden
Dr. Freedman
Commissioner McGinnis
Sen. George Hohman
Rep. Phillip Guy
Dr. Elizabeth Towers
Ms. Jeanette Pitcherella
Mr. Loren Cameron
Ray Estess
Ray Hamman

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 545-2506
(907) 543-2508

September 20, 1974

Dr. Donald Freedman
Division of Public Health
State of Alaska
Department of Health
Pouch H
Juneau, Alaska 99801

Dear Dr. Freedman:

For the past few years we have been engaged in a co-operative process of determining the needs of the Yukon-Kuskokwim area for integrated health facilities in Bethel.

In March of 1972 the $320,000.00 bond passed for a State Health Facility in Bethel was held pending the completion of the integrated Health Facility. The intention being combining the State funds with the Indian Health Service to build the first phase of a Comprehensive Health Facility. All parties involved are still committed to the goal of the integrated facility.

Since 1972 two important events have occured:

1. Planning activities indicate that because of river erosion the proposed facility could not be built in phases. As a result the $320,000.00 would have to be held until funding was available for a total complex.

2. O.E.O. funds which were to be matched with the State were compounded. Our present contract with H.E.W. expressly prohibits use of our funds for construction projects.

The effects of these two events have been a delay in building the integrated facility. The buying power of the $320,000.00 has been reduced due to inflation. Your office brought this fact to our attention in June of 1973. At our August meeting the Board agreed to have the $320,000.00 released to build and interim Health Facility for the State.

The conditions were:

" The Board of Directors has also approved the spending of the $320,000.00 State bond on an Interim Health Facility which will house the Itinerate Public Health Nurses and the Bethel Public Health Clinic. The approval was granted with the understanding that the Interim Facility was to be located next to the

hospital on a site that would be reviewed and approved by both Yukon-Kuskokwim Health Corporation and the Native Health Board of Directors; that the Interim Facility be converted to another use upon completion of the New Health Facility and that the construction of the New Facility (State Facility) does not hamper the eventual integration of the three Primary Health Providers in one common facility with shared support services."

The Board's understanding was transmitted through the State's Represenative on our board, Dr. Tower, and through our report to at the State Comprehensive Health Planning meeting of October, 1973.

Since that time we have had informal meetings but no definite plan for the facility and no policy on the future integration of the State Activities into the Proposed Health and Hospital Facility in Bethel.

We are meeting with the Architects who are designing the new hospital on October 7, 1974. We would like you to notify us of the State's position and present a plan to our board that discusses how you will meet the conditional requirements set forth in the above quote. As the State's Comprehensive Health Planning body in this region the board needs to be kept informed and must approve the State's plan before work begins.

Cordially,

Alvin S. Ivanoff
Executive Director

ASI/aj

cc: Commissioner Fredrick McGinnis
Sen. George Hohman
Rep. Phillip Guy
Dr. Elizabeth Towers
Ms. Jeanette Pitcherella
Mr. Loren Cameron
Mr. Walter Hoyle

YUKON-KUSKOKWIM HEALTH CORPORATION
AFFILIATE OF ALASKA FEDERATION OF NATIVES
P. O. BOX ~~536~~ 528
BETHEL, ALASKA 99559

543-2506
543-2508

October 21, 1974

Dwight Lefner
R.C.A. Manager
Bethel, Alaska 99559

Dear Dwight,

The Yukon-Kuskokwim Health Corporation is evaluating the Emergency Medical System in the A.V.C.P. region.

So far the number one problem seems to be good communications between the villages and Bethel.

We would like some informaiton concerning R.C.A.'s present operations.

1. What kind of phone service is available to the villages?
2. Can the system allow other telephones in a village?
3. How much would another phone in a village run if it was only used for health and was a private line just to the hospital?
4. How are the present phones financed by a village?
5. Is the system capable of having conference calls among a group of villages?

Could you also give us a picture of when R.C.A. expects to have a phone in each village.

Thanks for your efforts.

Cordially,

Dan Rounds
Technical
Assistant

DR/aj

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

April 29, 1974

Don Letterman
Region X, D.H.E.W.
1321 Second Avenue
Seattle, Washington 98101

Dear Mr. Letterman,

The Yukon-Kuskokwim Health Corporation has been working with the Alaska Federation of Natives Health Affairs Staff in regards to the Emergency Medical Service applications.

Alaska Federation of Natives is submitting a proposal to you. The attached letter indicates our support of the request. Alaska Federation of Natives Health Affairs should be considered as our spoksmen and representative in regards to Emergency Medical Service activities.

Please give the Alaska Federation of Natives request attention and priority. Voice communications is the number one weak link in Emergency Medical Service systems in rural Alaska.

Cordially,

Alvin S. Ivanoff
Executive Director

ASI:aj

Enclosure

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P.O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

April 29, 1974

Mr. Carl Jack, Director
A.F.N. Health Affairs
1675 "C" Street
Anchorage, Alaska 99501

Mr. Jack:

The Yukon-Kuskokwim Health Corporation wishes to go on record supporting the efforts of the A.F.N. Health rights program to acquire funds to develop medical and emergency communications system to the rural villages in Alaska. In the Yukon-Kuskokwim area with its fifty or more villages spread over 75,000 square miles the voice communications between villages and the hospital located in Bethel is the critical link in our E.M.S. system.

The Yukon-Kuskokwim area has at least one health aide per village. By the end of 1975 all villages will have had at least one aide complete the health aide training course. It is also expected that all villages can within the next year or so have a P. H. S. approved clinic. The present and only hospital in the area operated by the Indian Health Service is scheduled to be replaced thus assuring an adequate referral center in Bethel. Emergency transportation from villages is done via air plane. To date the I.H.S. has supported financially evacuation of emergency cases. The hospital refers any persons with critical problems requiring intensive surgery to its Anchorage facility.

All in all our E.M.S. system is fairly sound. The major weak link is in the voice communications from the villages to Bethel. Adverse weather often prohibits clear transmission and receiving. Many villages also do not have single side band readio's in their clinics. I.H.S. has obtained funds for improving voice communications. They have approximately $240,000 set aside. Unfortunately, the money can only buy satellite receivers/transmitters for an estimated 16 out of our 50 to 55 villages.

Our activities next year will focus on a joint evaluation of the existing E.M.S. activities in the Yukon-Kuskokwim area. This need will be accomplished through our own resources, with other agencies, and with the back up of an E.M.S. specialist from A.F.N. and/or the State of Alaska.

The acquisition of static free voice communications will overcome the major barrier to an adequate E.M.S. system in the Yukon-Kuskowkim area of Alaska.

The attached pages give a brief description of the area and description of the programs and services.

Cordially,

Alvin S. Ivanoff
Executive Director

cc: Edward Hoffman, A.V.C.P.

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 536
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

MEMORANDUM

TO: Village People, Council Members, etc. **DATE:**

FROM:

SUBJECT: EMS System

Questions concerning accidents and emergencies which take place in the villages:

1. Are accidents and emergencies a problem in your village? If yes what kinds of emergencies does your village have?

2. When a person does have an emergency problem have they been taken care of o.k.?

3. What problems do you have when you try to get help from Bethel?

4. What types of emergencies problems could people avoid themselves.

5. Are there some accidents which you would want to know more about how to avoid them? If yes, what do you want to have more knowledge about?

VILLAGE: _____

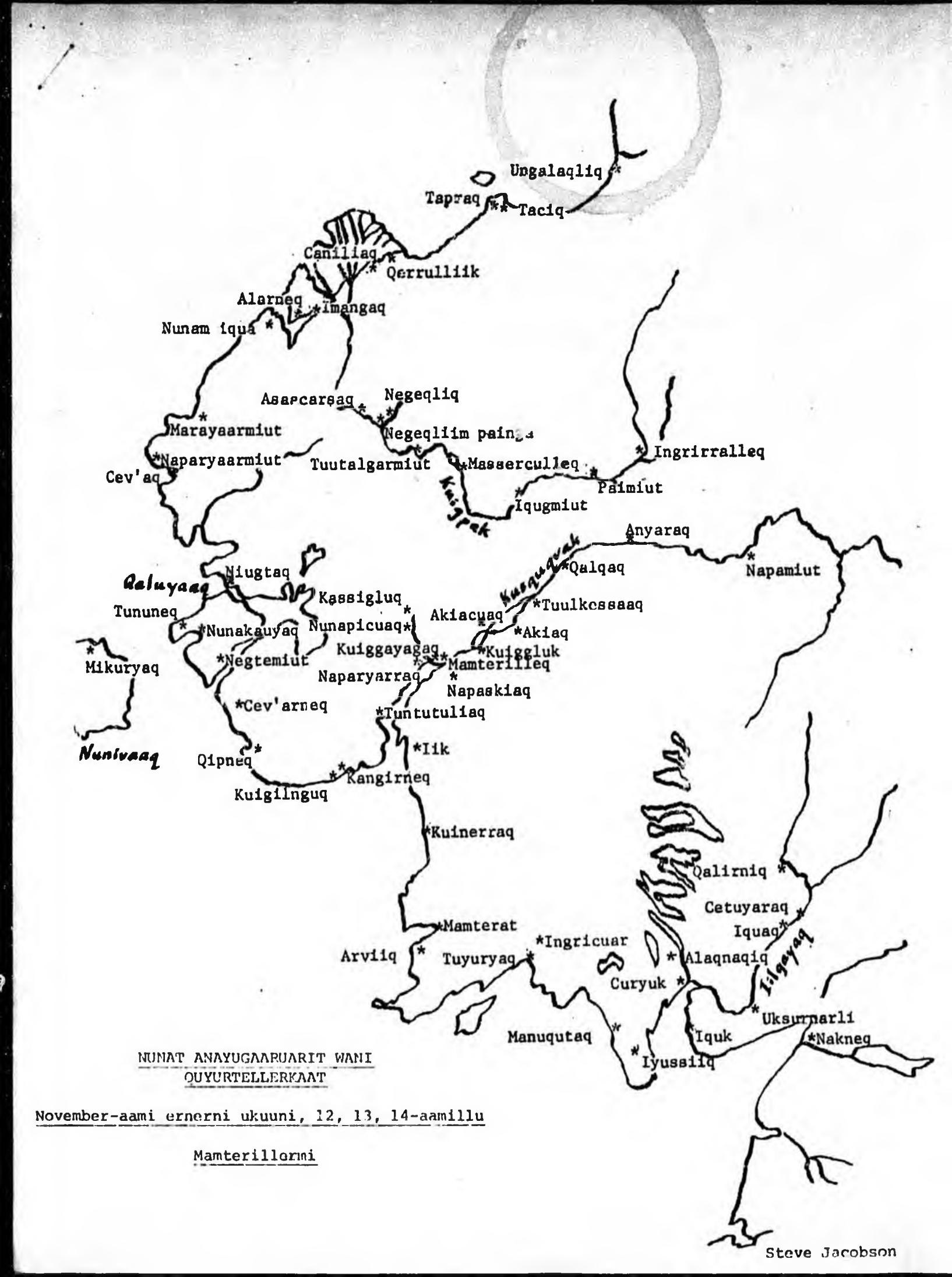
NAME: _____

RESULTS OF
EMERGENCY
QUESTIONS.

VILLAGE	1. Accident Problems	2. Taken care off O.k	3. Problems when try to Reach BETHEL	4. Avoidable Problems.	5. Education About EMERGENCIES
CHAUTHBALK	Occasionally	Some times problem.	None		Gun safety
KALSKAG	-Sprained ankles. -Broken legs and arms.	Yes	Radio no contact	-Stay away from alchol. -Burns -Gun safety -Moving machines.	-Elect appliance.
MT. VILLAGE	No	Yes if plane comes quick.	-Poor radio comm. -Bad weather	-	-Boating -Prevention film
?	Not too often	Yes except for 3	-Need radio in clinic instead of in school 1/4 mile away	Not understood	Not understood
ST MARYS (3 PEOPLE)	- CUTS - BROKEN BONES	YES W/ HEALTH AID	- POOR COMM - RADIO/PHONE TOO FAR FROM CLINIC - PHS HOSP NOT MONITORED WELL - RADIO NOT MANNED	AVOID DRINK ADVENTURES WHILE RIDING	- NONE AT PRESENT - MOST AVOIDABLE ARE AVOIDED -How to help people with breathing problems.
GRAYLING	-Broken arms. -CUTS -Miscarrage	Yes	Radio contract	-Drowning -Drinking problems.	

YUPIKTAK BISTA, INC. MANPOWER TRAINING PROGRAM

PROGRAM NAME	LOCATION OF TRAINING	APPROXIMATE DATE OF TRAINING	EXPLANATION
Pumphouse Maintenance	Bethel Pump Station	Begin January	Training in the maintenance & repair of a pumphouse system. Especially valuable training for Villages with PHS water systems.
Village Corporation Management	Bethel & selected Villages, KCC	Begin January	Training in how to manage a Village Corporation. Organization staffing, financing, etc. Valuable training for all Village Corporations.
Village Corporation Clerical/Bookkeeping	Bethel & selected Villages, KCC	Begin January	Training for Village residents who need clerical & bookkeeping skills for Native Corporations & Municipal Government tasks. Typing, filing, letter writing, record keeping, etc..
Surveying	Bethel/KCC	Begin January	A two semester program in land surveying instrument training. Many job opportunities resulting from land selection under Alaska Native Claims Settlement Act.
Radio/Television Ombudsman	Bethel,KCC,KYUK	Begin January	Training at KYUK Bethel in general radio/TV broadcasting techniques, Program Management, camera operation, announcing, station maintenance, etc..
Maintenance Technician	Bethel, KCC	Begin January	General training in a variety of maintenance skills including building repair, basic carpentry, small engine repair, Heating Plants, welding, basic electricity, refrigerator & sanitation systems.
Licensed Practical Nursing	Bethel, KCC	Begin February	One year professional training in nursing. Completion of program will lead to certification by State Board of Nursing as a Licensed Practical Nurse.
Land Resource Management	Bethel, KCC	Begin January	Degree program in land management and natural resource planning. Impact of the Alaska Native Claims Settlement Act on land resource management in AVCP/Calista Region.
Teacher Aides, St. Mary's School District	Bethel, KCC, St. Mary's	Begin January	In-service training for teacher aides and their supervisor teachers. Training can lead to an Associate Degree in Education.
Clerk Typist	Bethel, KCC	Begin January	Certificate program offered by Kuskokwim Community College for people seeking employment in clerical areas. Typing, bookkeeping, office machines, etc..
Clerk-Steno	Bethel, KCC	Begin January	Certificate program offered by KCC for people seeking employment in the secretarial areas. Typing, shorthand, filing,etc
Bookkeeping	Bethel, KCC	Begin January	Certificate program offered by KCC for people seeking employment as Bookkeepers. Typing, bookkeeping, taxes, Accounting, etc..
Business and Management	Bethel, KCC	Begin January	Degree program offered by KCC as an introduction to small and middlescale business operation. Management, finance, accounting, and personal administration.



NUNAT ANAYUGAARUARIT WANI
OUYURTELLERKAAT

November-aami ernerni ukuuni, 12, 13, 14-aamillu

Mamterillermi

Steve Jacobson

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS, INCORPORATED

CONVENTION

November 12, 13, 14, 1974
Bethel, Alaska

AGENDA

November 12, 1974

I.	Invocation	Reverend J. Nelson
	Roll Call	Secretary
	Reading of Minutes	Secretary
	Approval of Minutes	
	Approval of Agenda	
	Introduction of Guests	Edward Hoffman, Sr. AV CP President
II.	Yupiktak Bista, Inc., Report	Harold D. Napoleon Executive Director
	a) BIA Contract Proposal	S. Bobo Dean Office of General Counsel
	b) Educational Options	Nat Cole, Assistant Commissioner, Department of Education Jack Chenowith, Community & Regional Affairs, Division of Local Government Assist. Rich Gutherie, Analyst Legislative Finance Committee Emal Kowalczyk, BIA Assistant Area Director
	c) BIA Educational Objectives	Peter Three Stars Bethel Agency Superintendent
	d) Yupik Language Center	Paschal Afcan, Director
	e) Dormitory - Boarding Home Programs	Sig Knudsen, Dorm Director Francine Gillins, Boarding Home Coordinator
	f) Manpower Training Program	Frederick J. Ali Manpower Coordinator

November 13, 1974

I. Call to Order ---------- Edward Hoffman, Sr.
President, AVCP

II. Creation of AVCP Housing Authority
Ratification of Commissioners
George Morgan - Kalskag
George Sipary - St. Mary's
Daniel Stevens, Sr. - Andreafski
Edward Hoffman, Sr. - Bethel
Rueben Hill - Hooper Bay ---------- Harold Napoleon
Executive Director
AVCP Housing Authority

III. Yupiktak Bista, Inc./YKHC Merger ---------- Edward Hoffman, Sr.
President, AVCP

IV: AVCP/Bureau of Sport Fisheries & Wildlife/Calista
Management Agreement ---------- Edward Hoffman, Sr.
President, AVCP

Richard Hensil
Native Liason Coordinator
Bureau of Sport Fisheries
& Wildlife

Cal Linsinck
Refuge Manager
Clarence Rhodes National
Wildlife Refuge

Calista Representative

A) Election of Board for Agreement

V: Lunch

VI: Land Selection Status ---------- Lou Lively
Land Department
Calista Corporation

Nelson Angapak
Land Department
Calista Corporation

VII: Department of Community & Regional Affairs
Division of Rural Development Assistance ---------- Jim Sanders
Field Coordinator, RDA

VIII: National Guard Training on Village Claims ---------- Lt. Colonel Shantz
Alaska National Guard

November 14, 1974

I. Call to Order	Edward Hoffman, Sr. President, AVCP
II: Commercial Fishing Limited Entry Report	Harry Carter Fisheries Entry Commission
III: Fish and Game, D-2 Bill	Harold Sparcks David Friday Liz Newton Nunam Kitlutsisti
IV: Pre-Maternal Home	Mary Ellen Croll Director
V: Lunch	
VI: Land Allotment Status	Joe Labay Bill Mattice Bureau of Indian Affairs
VII: Air Transportation in Rural Alaska	Civil Aeronautics Board Alaska Transportation Commission
VIII: Village Reports	
XI: Resolutions	
X: Adjournment	

IV. MISSION AND GOALS

A. MISSION

People have decided to work together in the area of health for a specific reason. They feel that their work will help reduce the discomfort of illness and disabling conditions and reduce the sorrow of premature death. They all share a common cause of wanting to help an individual to create for himself a life that is full of hope and relatively free of disability. They also work to enhance a person's ability to meet his own needs and, with the help of his friends, to be independent.

It is proposed that organizations should also have a similar common cause or mission. It is recommended by the consultants that all health organizations such as Y.K.H.C. and P.H.S. recognize their common base as being:

> "Assurance of the highest health and well-being status which will help an individual to live comfortably in his environment, and to change his his environment to meet his needs."

Once all organizations have accepted or recognized their common mission each organization's activities must be viewed in terms of its ability to contribute to the well-being of an individual. This mission will not change in the future. The means, goals, or directions which organizations take to accomplish this mission will, however, change as the environment changes and as the organization accomplishes some of its specific goals.

Such a broad mission implies many things. For one it implies that "good health" is a composite of many activities and actions and as such the goals should reflect the broad activities or areas of interest which most significantly contribute to one's well-being. The mission also implies that success will be measured by the degree of cooperation which can be built between interested parties.

B. GOALS

If we agree that the common mission of community service organizations is to create the highest level of well-being, the question is: "What direction does the community work towards to change its level of well-being or health?" These directions are actions that when taken will change a person's habits or his environment for the better. Community service organizations can choose from a variety of directions. These directions should, however, begin to deal with the issues and problems which we have identified and effect measurable changes in the well-being of the community.

From our findings it is apparent that there are three major goals which together have the best chance of increasing the health and well-being of the residents of the Yukon-Kuskokwim area. They are:

Community Development

To foster community economic and social developments. Specific activities which may accomplish this are:

- arts and crafts
- community organization
- housing projects
- small business development
- sanitation and water
- fishing co-operative
- co-operative food stores

Human Resource Development

To develop an appropriate education and learning system to meet the unique requirements of native and non-native persons living in the Yukon-Kuskokwim area. Specific activities which may accomplish this are:

- community college

- in-service training programs
- revised elementary/secondary school program

Health Resource System

Make accessible to the residents of the Yukon-Kuskokwim area a locally responsive comprehensive health resource system which offers a full range of services in the areas of:

- Primary Prevention

  Interventions aimed at avoiding or postponing the appearance of disability in the population (i.e., activities such as diet, environmental health, immunization, etc.)

- Secondary Prevention and Treatment

  Early detection and treatment of mild disability before the illness cycle reaches critical stages (i.e., problems of colds, flu, dental care, early stages of otitis media, etc.)

- Tertiary Prevention and Treatment

  Treatment of acute disabilities and rehabilitation to prevent prolongation of an illness and to restore a person to his accustomed level of functioning (i.e., vascular surgery, in-patient care in Bethel and at Anchorage, major surgery, etc.)

YUKON-KUSKOKWIM HEALTH CORPORATIO

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528 52
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

August 30, 1974

Robert Woodward
E.M.S. Co-ordinator
Division of Public Health
State Dept. of Health & Welfare
MacKay Building
Anchorage, Alaska 99501

Dear Mr. Woodward:

Yukon-Kuskokwim Health Corporation will not be able to attend the meeting on September 5, 1974 to discuss Emergency Medical Service needs in rural Alaska.

The people in the Bethel area are very concerned about the high accident rate and the problems of obtaining Emergency Medical Services beyond the services provided by the villages health aides.

Our letter to Carl Jack on April 29, 1974 still states our position on Emergency Medical Service needs in the Bethel Service Unit (attached).

Since April we have learned more about our Emergency Medical Service system.

The negative findings have been:

1. Lack of equipment for village clinics for certain emergency problems such as shock and heart problems.
2. Need to intensify our emergency training for the health aides.
3. A disfunctional ambulance and communications in the city of Bethel.
4. Lack of training for ambulance personnel at the Public Health Service hospital.

The positive findings are:

1. The increased awareness of Bethel area people to the problem of accidents.
2. Desire and participation of the local radio station in the area of accident prevention and awareness.
3. Expansion of Yukon-Kuskokwim Health Corporation's Health Education Program to focus on accidents.
4. Discovery of a 24 hour "all weather" helicopter stationed in Bethel year around by the national guard.

Our intentions are to continue to evaluate and refine our Emergency Medical system and to seek funds to rectify deficiencies in our system.

We look forward to developing a joint statewide emergency medical system.

Cordially,

Dan Rounds/aj

Dan Rounds
Technical
Assistant

DR/aj

cc: Alvin S. Ivanoff
Carl Jack
Joe Notaro
Frank Estes

ALASKA FEDERATION OF NATIVES, INC.

1675 C STREET
ANCHORAGE, ALASKA 99501
PHONE (907) 274-3611

Integrity, Pride in Heritage, Progress

Health Affairs Division

February 10, 1975

Bob Frazier, M. D.
Section of Center for Disease Control
State of Alaska
Juneau, Alaska 99801

Dear Dr. Frazier:

The relationship of acute streptococcal infection to rheumatic fever and to the subsequent development of rheumatic heart disease is well known. There are high rates of rheumatic fever among Alaska Natives.

Since January 1971, the Health Affairs Division of AFN, Inc. has participated along with federal agencies in a project designed to study the epidemiology of streptococcal disease and to develop a control program. Presently, this study has been limited to certain villages in the western coast of Alaska.

The results of this study has led to the formation of the Alaska Ad Hoc Committee on the prevention of rheumatic fever and to the conclusion that an expanded statewide program should be seriously considered.

Therefore, the Alaska Department of Health and Social Services is cordially invited to meet with: the Alaska Federation of Natives, Inc.; Association of Regional Health Directors; Indian Health Service and the Center for Disease Control on this very subject. The meeting has been scheduled for March 3, 1975 at 1:30 p. m. in the AFN, Inc. Conference Room.

The purpose of the meeting will be to: 1 - Briefly review the findings of the present project; 2 - Stimulate increased collaboration among the Alaska Department of Health and Social Services and those presently involved; 3 - Review comments and suggestions for a state-wide prevention program.

I'll be looking foward to seeing you and thank you for your cooperation.

Sincerely,

Carl Jack, Director
Health Affairs Division

cc: Bob Allen, Alaska Heart Association, Anchorage
Mickey Eisenberg, State of Alaska, Anchorage
Thomas Bender, M. D., Chief, Center for Disease Control, Anchorage
David Spence, M. D., Section of Family Health, Juneau
Frank Pauls, M. D., Chief, Public Health Laboratory, Juneau
Donald Freedman, M. D., Director, Health and Social Services, Juneau

Enclosure The Honorable Susan Sullivan, House of Representatives, Juneau
The Honorable George Hohman, Senator, Juneau

JN: ms

2/24/75 mtg c Dr. Pauls
Bare Bones of Strep Surveilence

— There will be increasing demand for laboratory support services at the local level - for the immediate needs

— state, would then serve a more centralized role of reference, training and more specialized

[illegible] - State or CDC has a strong role

Synthesis as of 3/4/75 AM

State

Registry - [illegible]

[illegible] everyone [illegible]

PHN [illegible] health centers - would be involved [illegible] [illegible] as well as [illegible]

Screening symptomatic - a) Reference + training - for typing [illegible]

b) 1° culturing [illegible] with notification of [illegible]

c) Supplies

352,000 / 100,000 × .3 = 30,000 × .4 = 12,000

52,000 × 0.3 [illegible] / yr

I Epidemiologist - [illegible] is [illegible] of time necessary to [illegible]

* what is [illegible] willingness to commit [illegible] establishment of questions and follow it.

AFN

Initial surveilence efforts - future of these efforts should be determined on a [illegible] [illegible] as long as cost effective

PHS / Reg Corp. - "Primary Care" - all symptomatic [illegible] be done as close to home as possible [illegible] back to

Private practitioner [illegible] reporting of Rheumatic [illegible] Typing, [illegible]

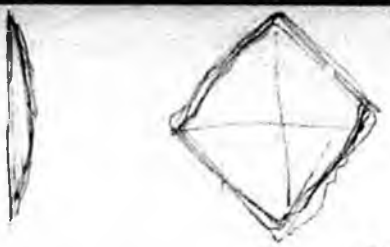
CDC

technical - epidemiologist service until * above has been clarified
- typing + reference until * above

Private practitioners - may [illegible] [illegible] that only handling [illegible]

Alaska Heart Assoc - assisting in education effort in urban area.

DETAILED BUDGET BREAKDOWN



	FY 76	FY 77	FY 78
Personal Service			
Central Staff:			
Project Director	27,270	27,270	27,270
Secretary	10,625	10,625	10,625
Screening Technician	4,748	4,748	4,748
Central Laboratory:			
Technician	16,800	16,800	16,800
Assistant	9,450	9,450	9,450
Yukon-Kuskokwim Laboratory:			
2 Technicians	33,600	33,600	33,600
1 Assistant	12,500	12,500	12,500
2 Clerk-Typists	19,000	19,000	19,000
Norton Sound Laboratory:			
Technician		16,800	16,800
Assistant		9,450	9,450
Bristol Bay Laboratory:			
Technician			16,800
Assistant			9,450
Total	124,543	150,793	177,043
Personal Service Benefits	16,191	19,603	24,244
Fringe (13%)			
Merit and cost of living (10%)	12,454	15,079	17,704
Total	28,645	34,682	41,948
Travel			
Central Staff	1,950	1,000	1,950
Health Aide Training	2,100	1,950	2,150
Epidemic Investigations	1,080	1,080	1,080
Heart Murmur Screening	3,000	2,800	3,400
Total	8,130		8,580
Transportation of Things			
Shipping-household goods	3,500		3,500
Postage	3,020	3,820	4,620
Total	6,520	3,820	8,120

	FY 76	FY 77	FY 78
Rent, Communications and Utilities			
Rent	6,000	12,000	18,000
Telephone	1,800	2,400	2,700
Utilities	4,800	7,200	9,600
Data Processing Equipment	1,175	1,175	1,175
	13,775	22,775	31,475
Other Contractural Services			
Consultant		1,250	
Custodian	1,200	1,800	2,400
Photocopy and Printing	2,000	3,000	4,000
Insurance	1,500	2,250	3,000
	4,700	8,300	9,400
Supplies			
Laboratory	19,530	39,060	58,590
Forms, Stationery, Duplicating	1,617	3,233	4,850
Postage	2,240	4,480	6,720
	23,387	46,773	70,160
Equipment			
Autoclave	13,000		
Basic Laboratory Equipment		5,625	5,625
Laboratory Furniture		5,800	5,800
Additonal Laboratory Equipment	5,300	5,300	5,300
Maintenance and Repair	600	600	600
	28,900	17,325	17,325
GRAND TOTAL	$ 228,600.00	$ 291,298.00	$ 363,981.00

silica gel swab allowed to grow in ... infusion, incubate, then put into agar tube & then pour into plate followed ... makes 600 pours/day ... with other support & expert ...

Sources AFU federal funds 50,000 50,000 50,000

STREP-RHEUMATIC FEVER

OBJECTIVES:

To initiate a program of streptococcal control and care of patients with rheumatic disease so the following objectives will be accomplished within five years of full implementation of program:

A. To reduce the weekly prevalence rate of Group A streptococcal throat infection to below 10% in the Bethel, Kanakanak and Kotzebue Service Units (communities in these service units presently run an average prevalence of 22%). — is this a year round average — or when-worst Derived?

B. To prevent or permit prompt control of streptococcal epidemics through continual surveillance of high risk populations.

C. To reduce the Alaska Native annual rheumatic fever incidence to no more than 10 per 100,000.

D. To provide timely, continuing and systematic specialized cardiac evaluation and care to persons identified as having had acute rheumatic fever and/or rheumatic heart disease. (This population now consists of 460 individuals distributed throughout the State).

STATEMENT OF THE PROBLEM:

The relationships of acute streptococcal infections to acute rheumatic fever and to the subsequent development of rheumatic heart disease are well known. Streptococcal infections (which may be so mild that they cause no symptoms) are followed in up to three percent of the cases by an attack of acute rheumatic fever. One attack of rheumatic fever may do little or no damage to the heart but the first attack makes the patient more vulnerable to repeated attacks of rheumatic fever. Rheumatic fever may occur as a very severe, very painful, and very dangerous disease or it (like the streptococcal infections) may be so mild that it causes little or no symptoms and is not diagnosed. However, each subsequent attack of rheumatic fever adds further damage to the heart. This damage may progress to the point that the patient is incapacitated. Some patients require cardiac surgery to repair damaged valves. Such surgery is painful, costly, and while it helps many patients a great deal, it seldom allows the patient to achieve a perfectly normal life.

Many years of carefully controlled experiments conducted in other settings have proved conclusively that appropriate and timely penicillin therapy not only cures the streptococcal infection, it also prevents rheumatic fever. Further, there is proof that patients who have had previous attacks of rheumatic fever will have subsequent attacks prevented by appropriate penicillin prophlaxis.

Therefore, both acute rheumatic fever and rheumatic heart disease are properly classified as preventible diseases. In spite of this knowledge there are presently 460 Alaska Natives identified as having had acute rheumatic fever and/or rheumatic heart disease (Alaska Health Information System, Chronic Disease Registry). The life time medical care costs of these patients averages $60,000 per patient. Therefore, these 460 patients represent an obligation for twenty seven million, six hundred thousand dollars in health care costs.

ACHIEVEMENTS:

Because of the high rates of rheumatic fever, a cooperative study (AFN, IHS, CDC, ADH) was begun in January 1971 to study the epidemiology of streptococcal disease and to develop a control program for this population. Longitudinal surveillance techniques similar to those used in the successful projects in Wyoming and Colorado were modified for use in Alaska. Results of the pilot study conducted for one semester in schools of two villages during 1971 have been published, as have results of the first full year of operation in nine villages, 1971-72. A summary of the first three years of experience in nine and then twelve villages is also available.

At the beginning of each of the past three school years in these villages, the streptococcal prevalence has averaged 26%, 15% and 31%. Each year the prevalence was subsequently reduced to ten percent or below. In addition, the rates in these villages have always been below those found in other villages cultured during the school year comparison. The program also detected numerous epidemics so that special control measures could be undertaken. The ability of such a program to reduce streptococcal prevalence in Alaska has now been demonstrated.

ACTION STEPS:

Secondary Prevention (prevention of recurrences)

1) Establish ongoing funding for the rheumatic fever registry. (July 1, 1975).

2) Complete the programming required to monitor the recommended system providing monthly penicillin prophylaxis to patients with previous rheumatic fever in order to prevent recurrences. (January 1, 1976).

3) Inform health care personnel of the availability, importance and usefulness of the registry and establish surveillance to detect new cases to be added to the registry. (September 1, 1975).

4) Initiate screening programs of persons in the highest risk age groups for evidence of undetected rheumatic heart disease, evaluate their clinical status, place them on prophylaxis, then add them to the registry. (September 1, 1975).

Primary Prevention (prevention of first attack)

1) Establish ongoing funding for the Yukon-Kuskokwim streptococcal laboratory in Bethel sufficient to allow it to serve the Bethel Service Unit. (July 1, 1975).

2) Establish a regional laboratory in Nome sufficient to process cultures for the Norton Sound Area. (September 1, 1976).

3) Establish a regional laboratory in Kanakanak sufficient to process cultures from the Bristol Bay Area. (September 1, 1977).

4) Complete the modification of the role of the present AFN streptococcal laboratory so that it can provide cultures for patients with sore throats where unavailable in the remaining areas of the State, and to provide reference support for the three regional laboratories. (September 1, 1977).

5) Strengthen and document reporting and surveillance procedures. (July 1, 1975).

6) Conduct investigation of apparent epidemics so that they may be controlled. (July 1, 1975).

Proposed Budget:	FY 76	FY 77	FY 78
Personal Services	$ 124,543.00	$ 150,793.00	$ 177,043.00
Personal Service Benefits	28,645	34,682	41,948
Travel	8,130	6,830	8,580
Transportation of Things	6,520	3,820	8,120
Rent, Communication and Utilities	13,775	22,775	31,475
Other Contractual Services	4,700	8,300	9,400
Supplies	23,387	46,773	70,160
Equipment	34,325	21,325	21,325
TOTAL	$ 228,600.00	$ 291,298.00	$ 363,981.00

02-0018

STATE
of ALASKA

MEMORANDUM

5.32 +
8.90 (1 1/2 use)
8.0

TO: SEE ATTACHED LIST

DATE : April 28, 1975

FROM: Francis S.L. Williamson, Commissioner
Department of Health and Social Services

SUBJECT: Regional Reorganization

Your letter has been read with considerable interest.

The points you articulated in your letter, such as getting regional offices closer to the districts, more effective utilization of rural staff, and more realistic spans of control are certainly compatible with and will be pursued by my staff throughout my tenure in office. It is my understanding that similar proposals have been submitted in past years. Perhaps now with the collective wisdom of professionals in the field, the opportunity is now here to provide a more flexible rural social service delivery system.

I assure you that every effort will be made to promote Native Alaskans into managerial and policy-making positions. It is my firm belief that persons reared in a specific culture are better understood and served by others from the same cultural background. I also understand that the offices presently staffed by Alaskan Natives are functioning well and that residents of those areas are pleased with the services they are receiving.

Another option which is being studied is the expansion of purchase of services. Under this type of arrangement we could contract with the various Native Regional Corporations for providing social services to residents of their respective areas. I have already met in Juneau with members of the AFN and Native Regional Health Corporations. A meeting has been set in early July to further identify what the corporations can do in conjunction with the state to meet health service delivery in rural Alaska.

There are a number of options open to us at this point and, as you may know, the consulting firm of Touche Ross is currently conducting a comprehensive study of the Division of Family and Children Services, designed to reduce central office management obstacles and provide for increased efficiency in assistance payments operations.

We will certainly want to consider their recommendations carefully before proceeding with any major reorganization of the division, both in central office and throughout the State. I have, however, taken the liberty of sharing your

suggestions and have discussed them with Mr. Gustafson of Touch Ross and am seriously considering the Bethel-Nome restructuring you have suggested.

I realize that I have not had the opportunity to travel to rural Alaska to meet you and others relating to departmental business. It is my intention when the session ends to visit all areas of the State to introduce and acquaint myself with the many problems and issues confronting us. I hope the opportunity presents itself so that we may collectively discuss the intent of your communication and other related ideas.

I sincerely appreciated your memo. Your thoughts and concerns are most welcome.

Panny Alexi , Aniak District Office
Andrew Beaver, Dwigillingok District Office
Andrew Brown, Mountain Village District Office
Carl Berger, Kotzebue District Office
Frances Degnan, Unalakleet District Office
Arthur Holmberg, Nome District Office
James Leonard, Bethel District Office
Michael Price, Bethel District Office
Lucy Sparck, Bethel District Office

August 22, 1974

STREPTOCOCCAL SURVEILLANCE PROGRAM

INTRODUCTION

Starting in 1971 the Center for Disease Control (C.D.C.) has been developing a project to determine the prevalence of streptococcal disease in various villages in Alaska, including nine villages in the Bethel Service Unit. The purpose of such surveillance is early detection of an increase in streptococcal disease so that children may be treated to prevent the development of Rheumatic Heart Disease. This program has been successful in reducing the prevalence of streptoccocci in school children in these villages.

The laboratory work has been performed in the C.D.C. laboratories in Anchorage and it is proposed that this be shifted to Bethel.

PROBLEM

The annual rate of rheumatic fever in this area is 67/100,000 which means that we can expect 1 - 2 cases per year in Bethel. Rheumatic heart disease is a chronic disease often leading to damaged heart valves and sometime requiring open heart surgery for the replacement of valves. In addition the person who has had rheumatic fever will have to take penicillin each month to prevent further attacks of the disease. The lifetime cost for each case of rheumatic fever is $39,950.00. This does not take into account the lost productivity and early death. Therefore, the cost savings of a prevention program is significant.

PROPOSAL

It is proposed that streptococcal surveillance be started for 1,200 school children in Bethel. The school children have been singled out since the high risk group is from 5 years to 19 years. The children would be cultured once each month and the cultures would be carried through testing for bacitracin sensitivity. Those children with positive cultures would be treated. The bacitracin positive isolates would be sampled to determine the Group M types in order to assess the entrance of an epidemic strain into the community.

YKHC is offering financial assistance to begin a streptococcal surveillance program this fall. The Indian Health Service Hospital has requested funds to undertake a streptococcal program for Bethel and other villages in the Bethel Service Unit. When the Indian Health Service obtains the funds the YKHC program will be taken over by the Indian Health Service Hospital. Until such time however, YKHC will fund the program with Indian Health Service providing a project director.

PROJECT DESIGN

1. Approval - The streptococcal surveillance program involves the routine screening of children in the Elementry Middle, and High Schools. Children who have streptococcus will require medication. Because the program involves treatment we will require the approval of not only the YKHC Board but the School Board and parents of each child. After the School Board has approved

the project a unified permission slip authorizing a child to participate in the strept. surveillance, dental care, and other health care activities will be developed and approved by the School Boards and Health Professionals. The approved permission slips will be given to each teacher to hand out to the children. Returned permission slips will be given to the microbiologist who will compare class registration to permissions lips received to determine the children without permission slips. The microbiologist would then direct the Community Health Representatives to make Home Visits to families who do not want to participate or have not responded. The C.H.R's would discuss the Streptococcal Program with each family as well as the Dental Program and other programs requiring parental consent. If families cannot be contacted the School Boards will have to determine if we should continue with the project. Only children with parental approval will be in the streptococcal program.

2. Surveillance Procedure - Based on a profile of children in each classroom the Elementry, Middle, and High School children would be divided into four groupings of classrooms. Each child in a group would be assigned a code number to be used through out the year. Each week one of the four groups would be tested by C.H.R.'s and a Public Health Nurse to determine if they have a streptococcal infection. Children not tested in their assigned group because they are absence could be added to the following weeks group. Any children already exhibiting signs of streptococcus infection as determined by teachers and/or the school nurse would also be tested. After four weeks the entire school population in Bethel would have been surveyed.

   When the prevalence of streptococcal isolates rise to a predetermined level, for example 20 or 30 percent, more than one group could be surveyed and treated or the entire school population could be treated prophylacticly. Other criteria such as 50% or more "M" types appearing in the positive cases would also be used to determine if an epidemic has started and whether it warrants a concentrated effort to treat or screens the school population. This decision will be made by the project director Dr. Hurwitz, the microbiologist and C.D.C. officials.

3. Laboratory - After the C.H.R.'s take the throat swabs they will be given to the laboratory for analysis. The swabs are received in metal foil packets containing silica gel, each with the cultured child's identifying code number. The desiccated swabs are incubated 4-6 hours at 37°C in Todd-Hewit broth. A loopful of the broth is added to 15 cc of melted neopep[illegible]e agar with 5% sheep blood and pour plates made. After incubation at 37°C for 18 hours, Betahemolytic colonies are picked and subcultured on quartered neopeptonesheep blood agar plates with bacitracin discs. After 24 hours incubation at 37°C, presuptive group A determination is made. Total time through the laboratory should not exceed three days.

   Positive cultures would be transmitted to the C.D.C. laboratory in Anchorage for "M" and "T" typing to determine if an epidemic is begining. The number of positives transferred to C.D.C. in Anchorage would be determined by C.D.C. and the project director.

4. Treatment - Individuals that respond positively to the streptoccal tests would be treated whether or not they are symptomatic. The test and treatment must be completed within 10 days to assure that a child does not develop rheumatic heart disease. The laboratory results would be given to the school nurse who would administer the treatment to each positive child. If a child cannot be located or is absent at school the treatment would be given by the Public

Health Nurse with assistance from C.H.R.'s. Treatment would conform to current American Heart Association Recommendations:

a. Children over age 10.	1.2 million units LA bicillin IM (Benzathine Penicillin G.).
b. Children age 10 and younger.	600,000 units LA bicillin IM. (Benzathine Penicillin).

Allergic children would be given 250 mg erythromycin four times daily for 10 days.

Every child treated would have a card or record of treatment which would be returned to the laboratory for cross checking to make sure that all positive children actually were treated.

During an epidemic the treatment would have to be accelerated. Backup personnel consisting of Itinerate Public Health Nurses and available hospital staff would be called to assist the school nurses. The state may also be able to bring in other nurses to help stem an epidemic. During an epidemic all activities would be co-ordinated by the project director Dr. Hurwitz.

5. Records - Records will consist of:

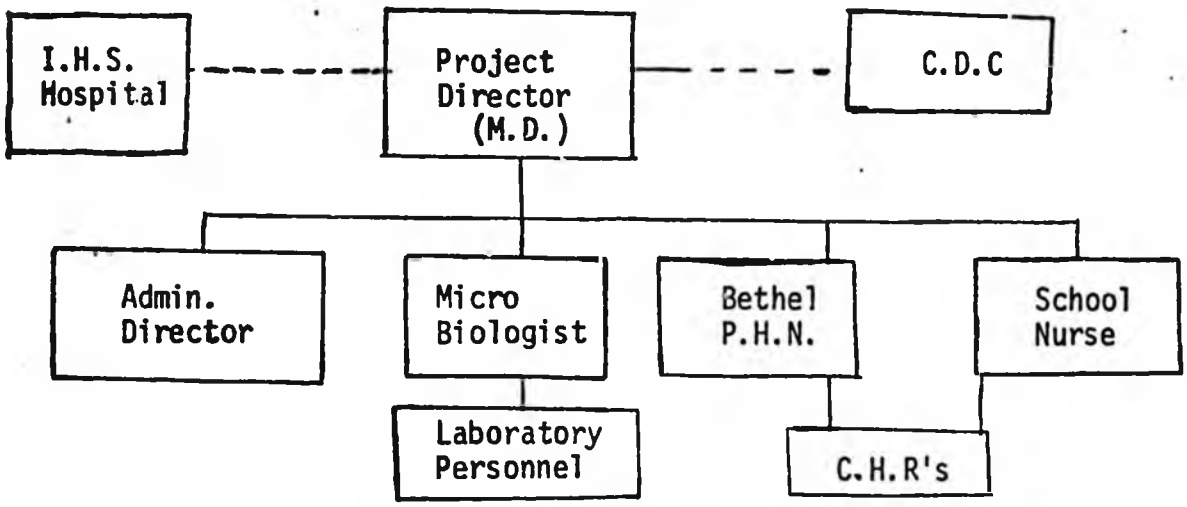
   a. Permission slips on each child.

   b. List of individuals in each group. The list would be developed initially by C.D.C., the microbiologist, school nurses and school administration. After initial set up of each group the C.H.R.'s would be given a roster and stick'um labels coded by number and group. Any revisions would be co-ordinated by the project director. The list would also include information on whether a child is allergic to penicillin.

   c. Treatment card and/or test card. - The results of the tests would be entered on a card or roster. All positive cards or a roster would be given to the school nurses who would do the follow-up treatment. The cards or roster would be returned to the lab.

Each week the culture results would be tabulated so that point prevalence of Group A strep can be calculated.

6. Organization - The project will be headed by the Indian Health Service Project Director, Dr. Robert Hurwitz. A microbiologist and clerk would operate the laboratory and maintain records. The School Nurses would co-ordinate the surveillance activities of the C.H.R.'s and would administer the treatment for any positives. The C.H.R.'s would collect throat swabs, assist the Public Health Nurse in Home Visits to treat absent children and would help obtain permission slips. The Center for Disease Control will act as technical consultants and will evaluate the program. An organizational chart appears on the next page.


I.H.S. Hospital
Project Director (M.D.)
C.D.C
Admin. Director
Micro Biologist
Bethel P.H.N.
School Nurse
Laboratory Personnel
C.H.R's

Component 2b Reference Lab

1. Will the State be able to take over all the functions which C.D.C. is providing to programs such as Y.K.H.C.'s Streptococcal Surveillance Program in Bethel?

    a. Review positive and negative cultures for quality control.
    b. M/T typing on a selected basis.
    c. Analysis of positive cultures and M/T types to determine epidemics and to evaluate the programs impact.
    d. Send results to villages and health providers within three days of receiving cultures if there are signs of an epidemic or if false positives and negatives are found.

2. Will the costs you have been able to identify in your budget allow for an intensive consulting and training function to labs and providers such as Y.K.H.C.?

Component 2c Epidemiologist

1. How can the State give the necessary leadership with a 1/2 time director?
2. Since the State has not taken leadership in this program a full time director would seem necessary. It might even be more profitable to contract with C.D.C. for all Statewide activity since they have shown an interest and a good track record in the field of prevention of A.R.F.

Component #4 Education

This needs a lot of attention especially among private practitioners. We also need to instruct people who are taking throat swabs. The Bethel project shows that the incidence varies when a provider swabs carefully. The number of positive cultures increases when certain providers swab throats. This a minor point, but without obtaining good cultures the rest of the program will fail.

We look forward to developing the memorandum into an effective program throughout the State. We also expect the State to fund our surveillance project which is being jeopardized by recent budget cuts. Contrary to your statement we feel that a regular monthly surveillance of children in our area is manditory to control streptococcal epidemics and rhuematic heart disease.

Cordially,

Don Rounds

Don Rounds
Planning &
Development

DR:aj

cc: George Hohman
Philip Guy
Pat Porter, YKHC
Dr. Brenneman, Bethel
Dr. Bender, C.D.C.
Dr. Martha Wilson, ANMC
Joe Navaro, A.F.N.

Yukon-Kuskokwim Health Corporation
Bethel, Alaska.

Kuskokwim Community College
University of Alaska
Bethel, Alaska.

LETTER OF AFFILIATION

PREAMBLE

Federal policy, as expressed in the Comprehensive Employment and Training Act and as reflected in the Alaska Native Health Care Policy Statement, have laid strong emphasis on the urgent need for developing Native health manpower.

Particularly in the Bethel Service Unit, is this need apparent, in view of projections made for building and staffing a new Hospital, the possible development of Regional Health Centers and the likelihood that certain direct services, at present operated by federal and state agencies will eventually be controlled by the regional health corporation. If self-determination in health matters is to become a reality, there is an acute need to train, in the immediate future, health workers native to the region.

The Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College recognize this need and propose to develop jointly a Health Career and Education Division of the College to serve the residents of the Yukon-Kuskokwim area.

Stated in formal terms, the agreement is that, in order to more effectively address the needs of the residents of the Yukon-Kuskokwim Delta region in Health Manpower Planning, Health Careers Training and Career Development, the Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College, University of Alaska, do hereby agree to jointly establish and maintain a Health Careers and Education Division of the College.

GOALS

The goals implied in this affiliation and mutually agreed, are as follows:

1. To develop a health manpower plan and strategy for the training and education of residents of the Yukon-Kuskokwim area, in the field of health care,

2. To implement health training and education programs in accordance with the aforementioned health manpower plan. Initially, training/education activities will be centered around the Health Aide Education Program and the Licenced Practical Nurse Program, already established.

3. To provide health institutions in the Yukon-Kuskokwim area with leadership in regard to the implementation of the proposed health manpower plan,

4. To consult with local health agencies with regard to their needs for in-service training and continuing education of their employees,

5. To develop and implement a comprehensive Health Careers Program in order to assist high school students, college students and others achieve their educational needs in relation to health acreers,

6. To develop health career skills and knowledges in local residents, with a view to minimizing high turnover of personnel and assuring adequate health manpower resources for programs operating in the Yukon-Kuskokwim area.

POLICY ADVISORY COMMITTEE

In order that the above goals may be fulfilled, a Policy Advisory Committee shall be formed to guide and advise the Health Careers and Education Division of the College. This Committee shall consult, advise and set general policy in accordance with the requirements or recommendations of the University of Alaska, the Planning and Advisory Committee for Health Aide Programs in Alaska, the State Board of Nursing, or of such other authorities as may, from time to time be concerned in the type of health career training offered by the Division.

The Policy Advisory Committee shall serve as a Standing Committee of the Board of Directors of the Yukon-Kuskokwim Health Corporation and shall advise the Board on matters affecting health manpower and health careers. This Committee shall also serve as an advisory body to the Kuskokwim Community College, exclusively in the domain of health training or education.

The Committee shall have the prime responsibility for the development of health manpower programs in the Yukon-Kuskokwim area, on behalf of the Board of Directors of the Yukon-Kuskokwim Health Corporation.

The Director of the Health Careers and Education Division of the College shall receive general guidance from the Committee in accordance with their acknowledged joint responsibility for meeting the needs of the health system for local manpower. Both shall respect the academic and professional requirements of the University and other accrediting bodies. It shall be mutually recognized that responsibility in academic areas shall remain exclusively within the province of the University.

The Policy Advisory Committee shall be composed of a minimum of eight persons designated by the following agencies and organizations:

Yukon-Kuskokwim Health Corporation

Executive Director
President, Board of Directors
Medical Director

Kuskokwim Community College

Director of the College
Chairperson, KCC Advisory Board

Yupigtak Bista

Executive Director

State Public Health Nurses

Director, Bethel Itinerant Nurses

Indian Health Service

Clinical Director

It shall be expressly agreed that members of the Committee may, at their sole discretion, appoint designees to represent their views at meetings of the Committee.

Meetings of the Policy Advisory Committee sha be quarterly. At such meetings, review will be made of quartedy reports supplied by the Director of Health Careers and Education. The Committee shall provide a forum for the exchange of views and ideas on the development of a health manpower plan for the region. It shall sanction any major change in policy, work-plan or direction of the Health Careers and Education Division.

FINANCE AND PERSONNEL

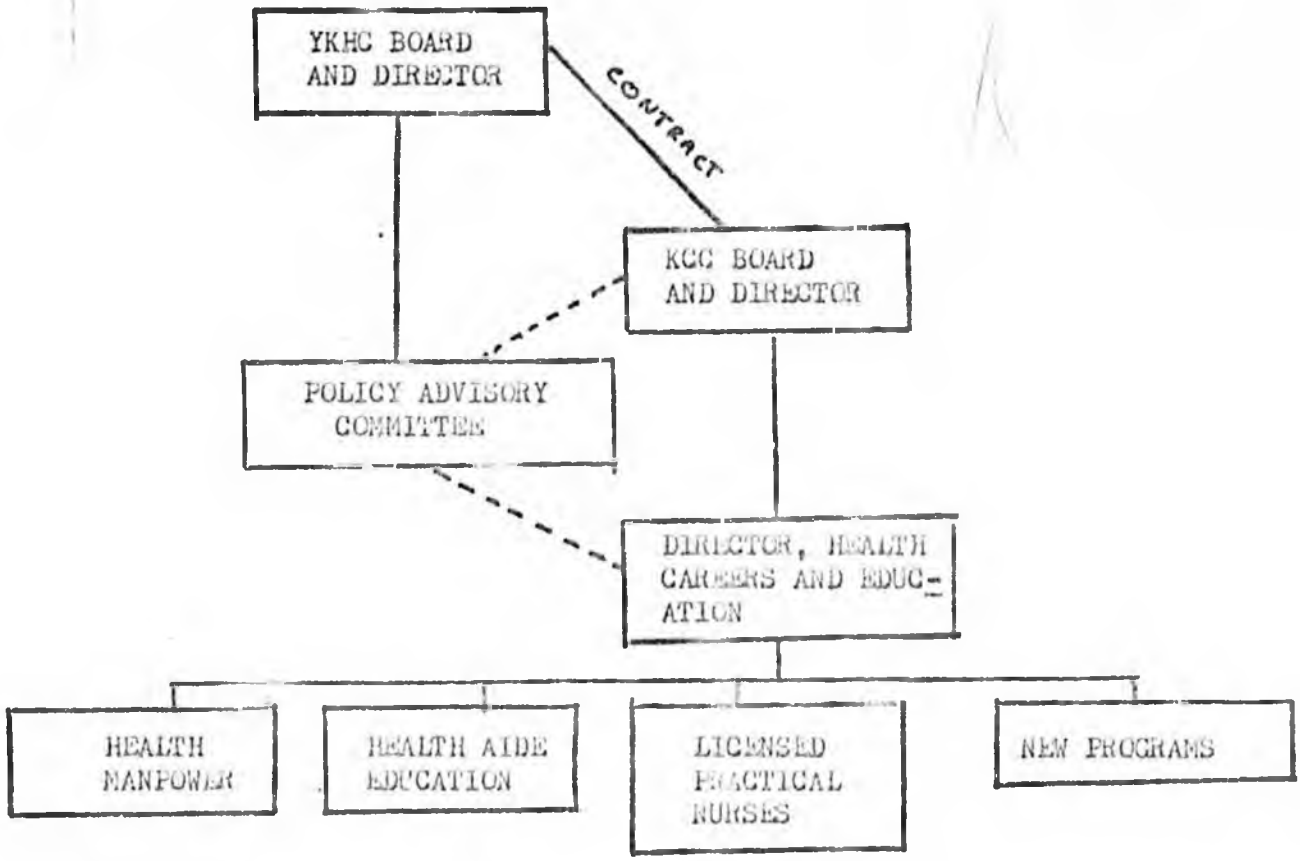
The Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College shall combine portions of their resources to implement and maintain a Health Careers and Education Division of the college and will seek additional funds to ensure success of the program. The Kuskokwim Community College shall be recognized as the administrative body through which all funds shall be funneled. The Yukon-Kuskokwim Health Corporation and other agencies, if they so decide, shall make available to the Kuskokwim Community College in-kind services and other resources to assist in the development and maintenance of the Division.

The Policy Advisory Committee shall review funds available from all sources applicable to health career training in the Yukon-Kuskokwim area and shall channel them through the Kuskokwim Community College.

Personnel of the Yukon-Kuskokwim Health Corporation, the Kuskokwim Community College and, in some cases, from other agencies will be made available to participate, where appropriate, in health training and education programs. Full-time instructional and administrative staff shall, however, be members of the University faculty and administrative structure. They would be responsible to the Director of the Division, who would himself be a faculty member. In certain instances, part-time instructors would be considered members of the university faculty, even though not employees of the College.

ORGANIZATION

The Health Careers and Education Division shall be organized as follows:



ROLES AND RESPONSIBILITIES

Through the medium of the Policy Advisory Committee, the Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College will unite their efforts, aware to the needs of the region and its population and recognizant of the special expertise that each organization possesses in different, but related, fields of endeavor. Although the following list of roles and responsibilities is not intended to be restrictive or exclusive, it will serve as an indication of the major areas in which each party will generally contribute:

Yukon-Kuskokwim Health Corporation:

Identify health manpower needs

Review of programs and activities developed to meet health manpower and career needs

Evaluate training and education programs in terms of their impact on the health system

Assist the Division in the review of student and graduate performance

Seek funds for the implementation and maintenance of new and existing programs

Delegate to the Kuskokwim Community College the operation and administration of the Health Careers and Education programs already in existence or to be developed jointly through the Policy Advisory Committee

On an in-kind and time-available basis, make available to the Health Careers and Education Division, such members of the corporation staff as may be required to assist in the development or implementation of programs sponsored by the Policy Advisory Committee.

Kuskokwim Community College:

Identify health manpower needs

Validitate all training and education programs conducted by the Health Careers and Education Division and attest to their academic integrity

Evaluate such programs in terms of academic standards and in terms of their impact on the community

Evaluate and accredit graduates from such programs

Ensure the operation, adminsitration and refinement of all programs it is agreed to implement jointly through the Policy Advisory Committee

Seek funds to implement and maintain new or existing programs

Assume fiscal control of the Health Careers and Education Division

Preserve intact the academic integrity of the College and reserve the right not to implement recommendations of the Policy Advisory Committee in cases where there is conflict with University standards or requirements

Ensure that all programs developed within the Health Careers and Education Division with a view to accreditation by recognized certifying bodies, maintain the standards set forth by such bodies

CONSIDERATIONS:

In order to fulfil the goals herein stated, the Yukon-Kuskokwim Health Corporation and the Kuskowkim Community College agree to affiliate for the purpose of developing and implementing a Health Careers and Education Division of the college. The duly authorized signatures of the representatives of both parties will bind the agreement as herein stated. Both parties do hereby agree to work together in the manner stated in this agreement.

This agreement will become effective at the date of signature by both parties and shall continue until such time as either of the parties submits a written notice of withdrawal, at which time, the agreement shall be terminated sixty days following receipt of the notice of withdrawal.

This agreement does not obligate the funds of either the Yukon-Kuskokwim Health Corporation, nor the Kuskokwim Community College. Separate contracts will be written to transfer funds required to implement all or part of this agreement. In consideration of the above conditions, the Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College do hereby agree to affiliate for the purposes expressed in this agreement.

For the Yukon-Kuskokwim Health Corporation		For the Kuskokwim Community College University of Alaska	
Name	_____	Name	_____
Title	_____	Title	_____
Date	_____	Date	_____

STATE OF ALASKA

WILLIAM A. EGAN, GOVERNOR

DEPARTMENT OF HEALTH AND WELFARE

DIVISION OF PUBLIC HEALTH

Family Health Section
CHILD HEALTH SECTION
POUCH H - JUNEAU 99801
Pouch H 06B

September 3, 1974

R. E. Aloysius, Supervisor
Dental Program
Yukon-Kuskokwim Health Corporation
P.O. Box 528
Bethel, Alaska 99559

Dear Mr. Aloysius:

Attached is a copy of the fully-executed contract Number 06-2670 for the purpose of providing dental services to the children in the Bethel area.

If you have any questions or we can be of further assistance, please do not hesitate to contact our office.

Sincerely,

Barbara J. Miklos

Barbara J. Miklos
Research Analyst

BJM/lb

CONTRACTOR'S COPY

Department of Health and Social Services

State of Alaska

CONTRACT FOR SERVICES

This contract, effective as of the 1st day of July, 19 74, between the State of Alaska, Department of Health and Social Services, (which will be hereinafter called the "State"), and Yukon-Kuskokwim Health Corporation, (hereinafter called the "Contractor").

WITNESSETH that:

Whereas, the State is entering into this contract by direct negotiation and not by competitive bids because this is a contract for professional services;

Whereas, the Contractor is willing to undertake the performance of this cont under the terms of this contract;

Whereas, the Department of Health and Social Services has the authority to enter into this contract by AS 44.29.020;

NOW THEREFORE, the Parties hereto agree as follows:

Article I. The Service to be Performed.

Provide dental services to children in the Bethel area.
Refer to appendix A

Article II. The Period for Performance.

The period of performance under this contract shall commence on July 1, 1974, and expire on June 30, 1975. Performance may be extended for additional periods by the mutual written agreement of the parties.

Article III. Consideration.

(a) In full consideration of the Contractor's performance hereunder, and subject to the documentary evidence requirements set forth in (b) below, the State shall pay the Contractor

Pay $6,666 in September, November and February, Fiscal Year 1975. Payment will be made upon receipt of authorized billings in triplicate.

(b) Before any payment can be made under the terms of this contract, it will be necessary for the Contractor to provide documentary proof of payment of taxes, and if appropriate, evidence of an Alaskan Business License and coverage under Alaska's Workmen's Compensation Act. The Contractor agrees to furnish with his initial billing copy(s) of the following documents:

(1) SA Dept. of Revenue Form DR 600 E.S. (Declaration of Estimated Alaska Income Taxes) or SA Dept. of Revenue Form DR 700 W (Corporation Estimated Income Tax Worksheet) or SA Dept. of Revenue Form 06-654 (Affidavit of Estimated Taxes).

(2) SA Dept. of Revenue Form DR BL-1 (Alaska Business License) or SA Dept of Revenue Form DR BL 2 (Business License Application.

(3) Letter or other documentary proof from insurance carrier or the Alaska Workmen's Compensation Board attesting to the fact that the firm has the required coverage under AS 23.30.

Article IV. Additional Contract Provisions.

Appendix B attached hereto and made a part hereof sets forth additional general contract provisions of this contract.

Article V. Changes

Appendix C attached hereto and made a part hereof, sets forth any changes or additions that were made in this contract prior to its execution. (If Appendix C is not attached hereto, there have been no such changes or additions.)

IN WITNESS WHEREOF, the parties have executed this contract.

Contractor:

By: Alvin L. Strauss

Executive Director

Official Title

Date: 6 August 1974

Recommended for Approval:

By: Duard L. Freudenberger

Director, Division of Public Health

Date: 8/16/74

Department of Health & Social Services Approval:

John J. Dalton M.D.

Medical Assistance

8/21/74

Frederick McGinnis

Commissioner

Date: 8/27/74

CERTIFIED TRUE COPY:

Louis N. Patrianakos, Contract Officer
Dept. of Health & Social Services
State of Alaska

State of Alaska Approval:

M. K. Coleman

Department of Administration

Date: 8/30/74

NOTE: In affixing signatures to the above it is expressly understood and agreed that this contract shall not be binding on either party until it has been finally approved and signed by the Department of Administration, State of Alaska (See AS 37.05.220).

06-5266 (Revised)
May 1972

DISTRIBUTION		FISCAL DATA
Contractor	( )	Total amount of contract not to exceed $20,000
State Agency	( )	Program or Activity Family Health (MCH)
Administration	( )	Account Code 06-31-1-624

Budgeted funds are available for the period and purpose of this expenditure

D/Thrift

State Agency Accountant

(If contractor is a corporation, the following certificate shall be executed by the secretary or assistant secretary.)

I, Joseph Lovell, certify that I am the President Secretary of the corporation named as Contractor in the attached contract; that Alvin S. Beran, who signed said contract on behalf of the Contractor, was then Executive Director of said corporation, that said contract was duly signed for and in behalf of said corporation by authority of its governing body, and is within the scope of its corporate powers.

(Corporate Seal)

APPENDIX A - SERVICES TO BE PERFORMED

(Continuation of Article I)

1. Provision of Dental Health Educator services to Bethel and six surrounding villages.

2. Purchase of educational materials.

3. Submission of annual narrative and statistical report to the Department of Health and Social Services.

4. Contract renewable if legislature appropriates further funding.

APPENDIX B

Article B - 1. Definitions.

(a) The term "Contracting Officer" as used herein means the person executing this contract on behalf of the State and includes a duly appointed successor or authorized representative.

(b) The term "Department" means the Department which has executed this contract for the State of Alaska.

Article B - 2. Inspection and Reports.

(a) The Department shall have the right to inspect, in such manner and at all reasonable times as it deems appropriate, all activities of the Contractor arising in the course of its undertakings under this contract.

(b) The Contractor shall make progress and other reports in such manner and at such times as the Department may reasonably require.

Article B - 3. State Saved Harmless.

The Contractor shall hold and save the State, its officers, agents and employees, harmless from liability of any nature or kind, including costs and expenses, for or on account of any or all suits or damages of any character whatsoever resulting from injuries or damages sustained by any person or persons or property by virtue of performance of this contract.

Article B - 4. Equal Employment Opportunity.

(a) The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, age, or sex. The Contractor will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, national origin, ancestry, age, or sex. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruiting advertising; layoff or termination, rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

(b) The Contractor shall state, in all solicitations or advertisements for employees to work on State of Alaska contract jobs, that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, age, or sex.

(c) The Contractor will send to each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding a notice advising the said labor union or workers' representative of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to all employees and applicants for employment.

(d) The Contractor will include the provisions of Paragraphs (a) through (c) of this Section in every contract, and will require the inclusion of those provisions in every sub-contract entered into by any of its sub-contractors, so that such provisions will be binding upon each sub-contractor, as the case may be. For the purpose of including such provisions in any construction, maintenance, or service contract or sub-contract, as required hereby, the term "Contractor" and the term "Sub-Contractor" may be changed to reflect appropriately the name or designation of the parties of such contract or sub-contract.

(e) The Contractor agrees that he will fully cooperate with the office or agency of the State of Alaska which seeks to deal with the problem of unlawful or invidious discrimination, and with all other State efforts to guarantee fair employment practices under this contract, and said Contractor will promptly comply with all requests and directions from the State Commission for Human Rights or any of its officers or agents relating to prevention of discriminatory employment practice.

(e) Full cooperation as expressed in clause (c) foregoing shall include, but not be limited to, being a witness in any proceeding involving questions of unlawful or invidious discrimination if such is deemed necessary by any official or agency of the State of Alaska, permitting employees of said Contractor to be witnesses or complainants in any proceeding involving questions of unlawful or invidious discrimination, if such is deemed necessary by any official or agency of the State of Alaska, participating in meetings, submitting periodic reports on the equal employment aspects of present and future employment, assisting in inspection of the construction site, and promptly complying with all State directives deemed essential by any office or agency of the State of Alaska to insure compliance with all Federal and State laws, regulations and policies pertaining to the prevention of discriminatory employment practices.

(f) Failure to perform any of the above agreements pertaining to equal employment opportunities shall be deemed a material breach of the contract.

The responsible officer overseeing compliance with such fair practice and non-discrimination provision shall be the executive head of such department or other agency of the State of Alaska as is a party to the contract. Such responsible officer shall report to the State Commission for Human Rights whenever discriminatory practices are brought to his attention.

Article B - 5. Termination.

The Contracting Officer, by written notice, may terminate this contract, in whole or in part, when it is in the best interest of the State. The State shall be liable only for payment in accordance with the payment provisions of this contract for services rendered prior to the effective date of termination.

Article B - 6. No Assignment.

The Contractor shall not assign this contract, nor any part thereof, nor any right to any of the monies to be paid him hereunder, nor shall any part of the work done or materials furnished under said contract be sublet, except with the written consent of the Contracting Officer.

Article B - 7. No Additional Work.

No claim for additional services, not specifically herein provided, done or furnished by the Contractor, will be allowed by the Commissioner or the head of the agency, nor shall the Contractor do any work or furnish any material not covered by the contract, unless such work is ordered in writing by the contracting officer.

Article B - 8. Independent Contractor.

The Contractor, and any agents and employees of the Contractor, shall act in an independent capacity and not as officers or employees or agents of the State in the performance of this contract.

Article B - 9. Availability of Appropriation.

This Agreement is subject to the availability of appropriation by the State.

Article B - 10. Conformity with Federal Regulations.

Notwithstanding any other provisions of this contract, it is expressly understood that during any wage/price freeze imposed by Executive order or Federal Legislation the rates paid will be determined in accordance with federal guidelines.

No retroactive payment will be made at the termination of the wage/price freeze unless such payment is consistent with federal guidelines.

Article B - 11. [illegible]

The Contractor, [illegible] to the provisions of the Alaska Workmen's Compensation Act (AS [illegible]), shall [illegible] evidence, [illegible] by the insurance carrier, of current [illegible] workmen's compensation insurance with an insurance company or association authorized to [illegible] workmen's compensation insurance in the State of Alaska or proof, [illegible] by the Alaska Workmen's Compensation Board, of a current certificate of self-insurance [illegible] by the Alaska Workmen's Compensation Board. If the Contractor fails to maintain proper workmen's compensation coverage, the State shall implement the provisions of AS [illegible](c).

Article B - 12. Payment of Taxes.

As a condition of performance of this contract, the contractor shall pay all Federal, State, and local taxes incurred by the contractor, subcontractor or other persons in the performance of this contract, and proof of payment of these taxes is a condition precedent to payment by the State under this contract.

APPENDIX C - CHANGES

(Continuation of Article V)

1. Appendix A provision #1 should read "Provision of Dental Health Educator services to Bethel."

Reason for this is that the Bethel Dental Health Educator has a heavy work load and the Dental Health Education are provided to the outside villages by YKHC personnel.

Approval as to form

Department of Law

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
FAMILY HEALTH SECTION

POUCH H06B 99811
JUNEAU 99811

March 17, 1975

Rec'd 3-21-75

Robert Aloysius, Supervisor
Dental Programs
Yukon-Kuskokwim Health Corporation
P.O. Box 528
Bethel, Alaska 99559

Dear Mr. Aloysius:

Thank you for your letter of March 4, 1975, giving a narrative description of your program and a fiscal report through February 28, 1975.

The last billing that we have received from you is dated February 7, 1975, in which you billed for $6,666 to cover services performed during the months of December, January and February. Payment of that billing brings the amount available for FY 1975 down to $2. Further funds will be available only on renewed legislative appropriation and would be available July 1, 1975, if authorized by the current Legislature.

I am sorry that I did not have a chance to meet with you personally when I was in Bethel last month, but I heard good reports from all quarters regarding your program. I will look forward to meeting you personally if you come to Juneau or the next time I get a chance to go to Bethel.

As I review our files here in the Section of Family Health on the $20,000 per year appropriation that has come to YKHC for the past three years, I am left uncertain as to which specific villages have received personal services from the dental health educators. Have the same villages received service from the start or has your program moved from village to village?

Do you have evaluation capability that would allow us to assess the program effectiveness and look into the question of covering all villages with such a program of dental health education?

Finally, could you send me the name and address of the University that you expect to be utilizing this spring for education in preventive dentistry

for your dental health educators? My interest stems from the fact that we are setting up a dental health program in the Russian village of Nikolaevsk on the Kenai Peninsula and will be looking for a similar program in preventive dentistry for someone from that community.

Sincerely yours,

David A. Spence, M.D.

David A. Spence, M.D., M.P.H., Chief
Section of Family Health

DAS/lb

cc: Ms. Dorothy Redfern, Region X
Dr. John Stolpe, AANHS

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P.O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 4, 1975

Dr. David Spence, M.D.
Chief, Family Health Section
Division of Public Health
Pouch H-06B
Juneau, Alaska 99801

Dear Dr. Spence,

Following is a narrative of the attached expenditures list for contract number 06-2670. The purpose of the contract is to provide dental services to the Bethel area.

Personnel Services - are for the Dental Health Educator stationed in Bethel. She provides topical flouride applications and instructional services to the school children in the Bethel school system. During tooth brushing to clean teeth for and applying topical flourides she gives instruction on proper tooth cleaning procedures. Ways of preventing dental diseases is the main topic emphasized during this instruction. Effort is made to do topicals at least three times a year on the children who have approval from parents or guardians. Topicals are not given to children without parental or guardian approval.

Health Supplies - are for toothbrushes, dental floss, disclosing tablets prophy paste and trays for the gelatin topical fluoride. We usually order these supplies in June so as to have them by the time school opens in late August of the new school year.

Dental Contract - monies are used for services performed at the State/PHS/YKHC dental clinic at the Regional High School. Students from all over the Y-K area attend the BRHS and services are rendered to them at the clinic instead of using the monies at the village level. The students are here. Dr. Carpenter, the only local private dentist does the work and usually starts in March of each year, after he has completed his field trips for the PHS dental services branch.

Trainee Expense - is a tuition fee paid to a University that specializes in preventive dentistry. Each year, in April or May, the Bethel DHE along with the other YKHC DHE's attends a week long course in the L-48 in new methods of reaching out to clientele (motivation) and new techniques in dental disease prevention.

The Housing Expense - is a subidy that all YKHC employees are entitled to, due to the high cost of rentals in Bethel.

Travel and Per Diem - are for the DHE when she travels to the L-48 for the week long training session in dental disease prevention.

Some of the figures under the amount used to date are not accurate, because a lot of bills have not been received and are therefore not accountable.

If there are any questions on anything, please feel free to call or write me.

Sincerely,

R. E. Aloysius

Robert E. Aloysius
Supervisor
Dental Programs

REA/aj

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

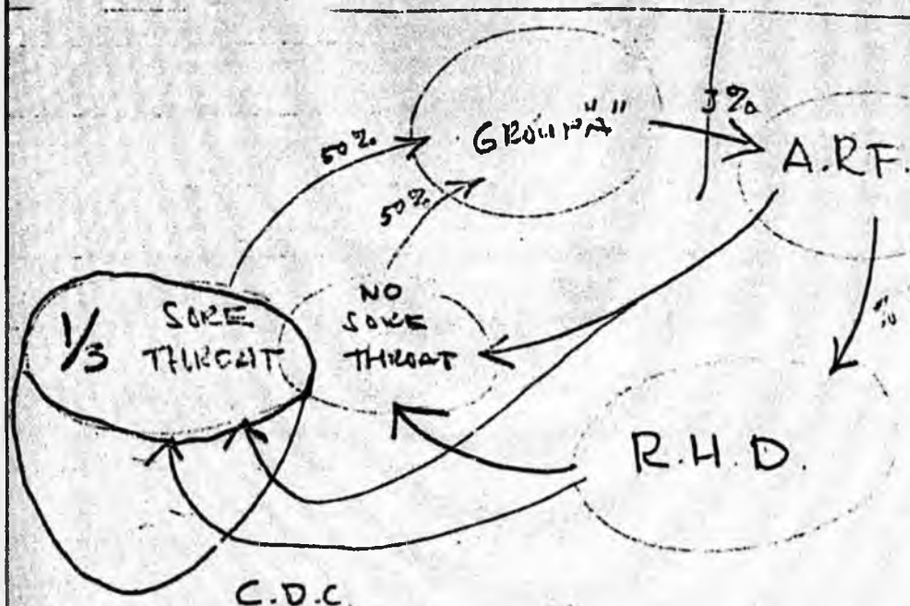
P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

February 28, 1975

STATE OF ALASKA GRANT July 1, 1974 to June 30, 1975

CONTRACT NUMBER 06-2670 To Provide Dental Services to Children In The Bethel Area.

Expenditures	Total Budget	Amount Used to Date
Personnel Services		
Salaries & Wages	$8,623.00	$6,503.59
Payroll Tax/Comp. Ins.	827.00	387.22
Group Insurance	293.00	163.28
Expendible Supplies		
Health Supplies	1,050.00	0
Consultants & Contracts		
Dental	5,232.00	0
Other Direct Expenses		
Trainee Expense	100.00	0
Housing Expense	3,000.00	2,020.55
Travel		
Comm'l Air Transportation	700.00	0
Per Diem	175.00	0
TOTALS	$20,000.00	$9,074.64



1/5 SURVEILL
4 • SYMPTOMATIC
3 • EPIDEMIC
2 • FOLLOW UP ON RHEUM
1 • SCREEN FOR R.H.D

TO LATE IF CARDIAC DAMAGE

(3:5)

① M TIPIBLE WITH GIVE ENOUGH WEAPONS.

② "C" IN PIP NEVER HAVE "A" WITH SE IMMUNOLOGICAL DEFENCE.

③ EPIDEMICS ARE IMPORTANT TO CONTROL. EPIDEMICS RHEUMATIC FEVER ATTACKS.

Br

Gordis, L., Effectiveness of Comprehensive-Care Programs in Preventing Rheumatic Fever: New England Journal of Medicine, 289:331, 1973.

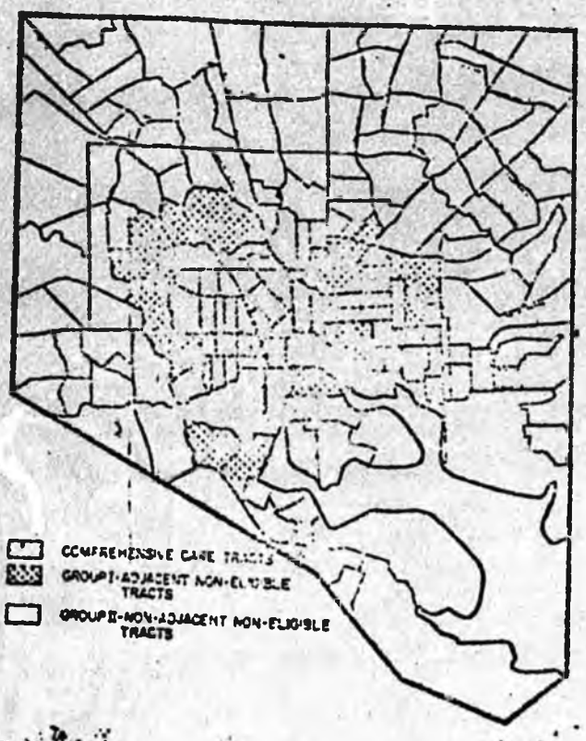


Figure 1. Map of Baltimore Showing Comprehensive-Care Census Tracts and Comparative Groupings of Noneligible Tracts.

Table 3. Changes in Incidence of Rheumatic Fever in the Study Populations Eligible for Comprehensive-Care Programs (CCP) and Those Not Eligible.

Census Tract	1960-1964			1968-1970			Net Change
	No. of cases	1960 population	Annual incidence (rate)	No. of cases	1970 population	Annual incidence (rate)	%
Eligible	51	38,022	26.8	11	34,609	10.6	−60.4
Not eligible.							
Adjacent to CCP	21	23,212	18.1	13	28,400	15.3	−15.5
Not adjacent	5	12,284	8.1	18	41,071	14.6	+80.0
All not eligible	26	35,496	14.6	31	69,477	14.9	+ 2.0

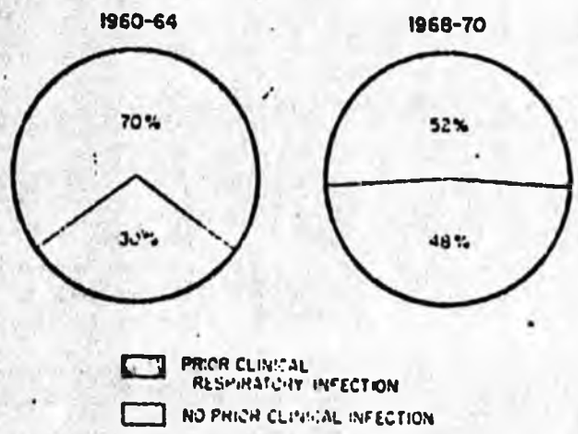


Figure 2. Changes in the Proportion of First Attacks of Rheumatic Fever Preceded by Clinical Respiratory Infection.

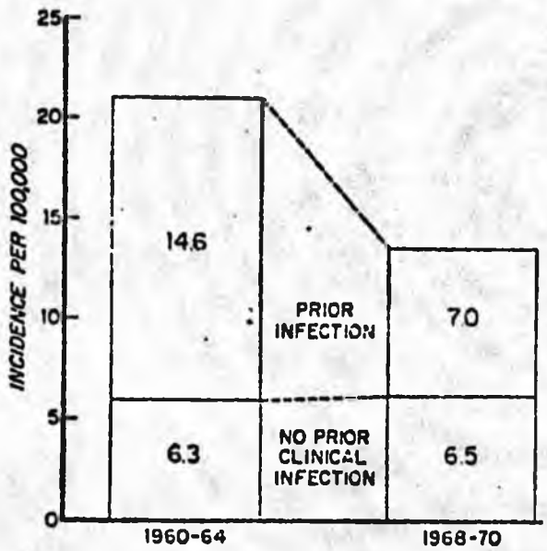


Figure 3. Changes in the Annual Incidence of First Attacks of Rheumatic Fever in Relation to Preceding Clinical Respiratory Infection.

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 19, 1975

NCK
Mental Health
D. Sina

Dr. Donald K. Freedman
Division of Public Health
Pouch H
Juneau, Alaska 99801

Dear Dr. Freedman:

We are very pleased that the State is considering taking action in regards to a Statewide Preventive Streptococcal and Rheumatic Heart Disease Program.

We have some questions in regards to the States activities as proposed in your memorandum of March 14, 1975.

Component #1 Registry for A.R.F. Patients

1. How do all health providers input into the registry?
2. Who and how will the registry information get back to the P.H.N.'s, health aides, and physicians to follow-up?
3. Who will be monitoring the patients on the registry to make sure that treatment was in fact given on a monthly basis?
4. Will you need more funds to make sure the registry is used?

Component 2a Lab. for Symptomatic's

1. The State already provides this service:

   a. How much do you now spend on processing symptomatic cultures?
   b. How many cultures are you performing?

2. If additional monies are needed, it is assumed that you are not meeting the demand for processing symptomatics. Where is this new demand coming from? Rural, Urban, or Bush?

3. If you do expand your lab as indicated in the memorandum can you process symptomatics from rural villages which have no lab back-up?

4. If you do process more symptomatics do you have the staff to monitor the positive patients making sure they are treated within 10 days?