

1981

QUESTION-
AIRE

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT

**Health, Education and
Social Services Committee**

Charlie Parr, Chairman
Terry Stimson, Vice-Chairman
Vic Fischer
Tim Kelly
Mike Colletta



Official Business

Alaska State Legislature
Senate

Pouch V
State Capitol
Juneau, Alaska 99811
465-4907
465-4908

June 1981

Dear Sir or Madam:

Health care issues and the cost of providing health services has become a national concern. Proposed changes in Federal funding and regulations makes this an appropriate time to reconsider the health systems in Alaska.

To this end, the Senate HESS Committee is investigating many health issues in preparation for the 1982 Legislative Session.

The Committee would appreciate your cooperation in promptly returning this questionnaire to the above address. Any further comments you wish to make on any health care topics will be welcomed and fully considered.

Sincerely,

A handwritten signature in cursive script that reads "Charles H. Parr".

Charles H. Parr

Chairman

HEALTH CARE

1. Is the health care you need available? _____ If no, explain _____

2. Do you have transportation problems in receiving health care? _____
In emergency situations? _____
3. Does your community have emergency medical services? _____ Does it
function efficiently? _____
4. How does your family spend its health care dollars? (Estimate the
percentage for each area)
_____ Medication
_____ Physician office call
_____ Hospital emergency room
_____ Hospital Inpatient
_____ Dentist
_____ Optometrist/Opticians
_____ Long term care facility
_____ Insurance
_____ Other _____

HEALTH CARE COSTS

1. The rising cost of health care has become a national concern, do
you personally find health care affordable? _____
2. What do you feel are the major reasons for the rising costs of
health care? (Number in order of importance)
_____ Inflation
_____ Increase in number of health personnel
_____ New medical technology
_____ Salaries of health professionals
_____ Population increases
_____ Hospitals
_____ New Services
_____ Insurance
_____ Government health programs (Medicare and Medicaid)
_____ Other _____

3. Do you have any suggestions on how the state of Alaska can curtail the cost of health care? _____

HEALTH PLANNING

1. Health Planning is currently 70% funded by the Federal Government, with the money to cease in 1983. Do you think the state should continue maintain funding of our three Health Systems Agencies (HSAs) _____

2. Have you had any personal contact with your HSA? _____ In what capacity? _____

3. Are there any health care areas you feel need attention in planning? _____

HEALTH INSURANCE

1. Do you have health insurance? _____ If yes, is it _____ employment related _____ private, _____ Medicare, _____ Medicaid, _____ other.

2. Does your insurance require _____ Copayments _____ Deductibles.

3. Check the types of coverage applicable to your insurance plan:

_____ Hospital expense

_____ Surgical expense

_____ Physician expense

_____ Major Medical

_____ Disability income (_____ longterm, _____ shortterm)

_____ Dental

_____ Optical

_____ Prescription drugs

_____ Other _____

4. Does your insurance pay for the types of medical services you use? _____

_____ Are you satisfied with your plan? _____

5. Do you think insurance rates are reasonable? _____

GENERAL

Please indicate which of the following services are available in your

community in the left column. If the service is not available, but there is a need for it, please check the right column

- Family Planning
- Alternative birthing center
- Physician doing home deliveries
- Nurse midwife
- Lay midwife
- Homemaker/Home Health Services
- Long term care (nursing home) for the elderly and disabled
- Community services for the mentally ill
- Community services for the alcohol/drug dependent
- Preventive health services
- Hospice (services for the terminally ill)
- Health education in the public school curriculum

Are there any further comments you would like to make on any health care issues?

Name _____ Occupation _____
Address _____

(Personal information is optional, however it would be helpful to know where you live. Thank you)

GENERAL

1. Where do the people who use the services of your facility live? (List by community or region of the state, and the percentage of the total number served) _____

2. Seasonal fluctuation of admissions is of prime concern in Alaska, please list occupancy rates by month:
Jan. _____ Apr. _____ July _____ Oct. _____
Feb. _____ May _____ Aug. _____ Nov. _____
Mar. _____ June _____ Sept. _____ Dec. _____

3. Does your facility comply with current Fire/Life Safety codes? _____
If no, please describe _____
Do you have any other concerns about the physical structure of your facility? _____

4. Are there any significant shortages of health personnel in your facility? _____
In your community? _____

5. Do you expect a significant impact on your annual budget with HB 131 raising Revenue Sharing to \$250,000? _____
What are the major reasons for your annual shortfall? _____

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? _____ If so, what type? _____
Results? _____

2. What is your estimation of the major causes of health care cost escalation? (number in order of importance)
_____ High overhead vs low occupancy rates.
_____ New medical technology.
_____ Increases in staff salaries.
_____ Population increases.
_____ Increase in health manpower.

_____ Retrospective reimbursement by third party payers.

_____ Addition of new services.

_____ (other) _____.

3. Do you feel that Certificate of Need has had any impact on cost containment? (please explain) _____

Has C.O.N. had any other direct effects on your facility? _____

Please explain _____

Has CON fostered better cooperation between facilities? _____

HEALTH PLANNING

1. Are you involved with your HSA? _____ To what extent? _____

2. Do you feel that the catchment area of your HSA is meaningful? _____

If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state?

_____ Would you like to see the HSA restructured? _____

How? _____

Would you like to see their priorities changed? How? _____

4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement? (please specify)

Private Insurance? _____

Medicare? _____

Medicaid? _____

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

THE COMMUNITY

1. Do you feel your facility adequately meets local needs for the mentally ill:
Inpatient? _____
Outpatient? _____

2. Are there other services in the community for the mentally ill?
_____ What needs of this group are not met locally that you feel are necessary? _____

3. Do you feel your facility adequately meets local needs for the drug and alcohol addict:
Inpatient? _____
Outpatient? _____

4. Are there other services in the community for the drug and alcohol addict?
_____ What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
_____ Preventive Health
_____ Health Education
_____ Supervised volunteer program
_____ Birthing center
_____ Hospice
_____ Support groups for individuals/families with specific health problems
_____ other _____

BUDGET

1. What is your overall budget (1980) _____.

2. What funding do you receive from the local level? _____,
Ratio to total _____.

3. What funding do you receive from the state level? _____.

Ratio to total _____.

SPECIAL SERVICES

Please indicate what special services are offered at your facility and the rate charged for that service.

| SERVICE | RATE |
|--------------------------------|-------|
| _____ Electroencephalography | _____ |
| _____ Diagnostic Radioisotope | _____ |
| _____ CAT Scanner | _____ |
| _____ Radioisotope Therapy | _____ |
| _____ Radium Therapy | _____ |
| _____ Cobalt Therapy | _____ |
| _____ Chemotherapy | _____ |
| _____ Audiology | _____ |
| _____ Clinical Psychologist | _____ |
| _____ Family Planning | _____ |
| _____ Open Heart Surgery | _____ |
| _____ Inpatient Renal Dialysis | _____ |
| _____ Inhalation Therapy | _____ |
| _____ Abortion (Inpatient) | _____ |
| _____ Abortion (Outpatient) | _____ |
| _____ Alcohol Detoxification | _____ |
| _____ Occupational Therapy | _____ |
| _____ Physical Therapy | _____ |
| _____ Speech Therapy | _____ |

What daily rate do you charge for the following rooms:

| | |
|------------------------|-------|
| Semi-private | _____ |
| Pediatric Unit | _____ |
| Intensive Care Unit | _____ |
| Intensive Cardiac Care | _____ |
| Inpatient Psychiatric | _____ |
| Obstetric Unit | _____ |
| Nursery | _____ |
| Premature Nursery | _____ |

Thank you for your time in preparing this form, and we will welcome any other comments you wish to make on any health care issue.

Name of Community: _____ Population: _____

Census Area Code: _____ HSA: _____ Reg. Corp. : _____

Who may be contacted for additional information in the future about this clinic/health center? (For example: Mayor, Community Health Aide, Public Health Nurse, etc.)

| | |
|------------------------------|------------------------------|
| _____ | _____ |
| name | name |
| _____ | _____ |
| mailing address | mailing address |
| _____ / _____ | _____ / _____ |
| phone number/radio call sign | phone number/radio call sign |

1. Does the community have a clinic, health center, first aid station, or other building space used for health purposes?

no yes (which? _____)

2. If the answer above was 'yes', where is it?

in a separate building. Its name : _____

in a home. Owner's name : _____

as part of another building. Name of building: _____

3. What other purpose is the building used for?

library city offices other (describe: _____)

school meeting hall

4. If the clinic/health center serves nearby communities or settlements, please describe the area and population served (in addition to the population listed above for the community itself):

5. Who owns the clinic/health center?

village/community Regional Corporation
 State of Alaska Other
 Alaska Area Native Health Service (name: _____)

6. Who operates the clinic/health center?

village/community

Regional Corporation

State of Alaska

Other
(Name: _____)

Alaska Area Native Health Service

7. How much is spent each month for clinic/health center:

\$ _____ utilities

\$ _____ rent or mortgage payments

\$ _____ building maintenance

\$ _____ janitorial service

\$ _____ savings for repair/replacement

\$ _____ medical supplies

\$ _____ health staff

\$ _____ other staff

\$ _____ other costs (describe: _____)

The TOTAL of the above is \$ _____ per month.

8. Where does the money come for running the clinic/health center?

(please put number '1' in the box where the most money comes from, number '2' in the box where the next highest amount comes from, etc.)

fees for service

Medicaid

Alaska Area Native Health Service

Other Federal

State of Alaska

Health Insurance

Other (describe: _____)

9. To what referral center (centers) or community (communities) does this community relate to:

10. Staff who work at the clinic/health center.

In Column I is a list of health care staff. If any of these staff live in the community, please tell how many in Column II. Put half-time positions as "1/2". If the community is visited on a regular basis by others, please tell how often in Column III.

| Column I | Column II | Column III |
|---------------------------------|----------------------------|----------------------------------------------------------------------------------------------|
| Description of Staff | Number Living in Community | If Visiting Service Only, How Often is Community Visited? (once a month, twice a year, etc.) |
| Community Health Aide | | |
| Alternate Community Health Aide | | |
| Emergency Medical Technician I | | |
| Emergency Medical Technician II | | |
| Physician | | |
| Physician Assistant | | |
| Nurse Practitioner | | |
| Public Health Nurse | | |
| Registered Nurse | | |
| Homemaker | | |
| Traditional Healer | | |
| Dentist | | |
| Mental Health Worker | | |
| Audiologist (hearing) | | |
| Sanitarian | | |
| Vision (sight) Specialist | | |
| Pharmacist | | |
| Other: | | |
| Other: | | |

11. Services available in village on daily or weekly basis:

- Basic life support (emergency medical service)
- Primary care
- Preventive care
 - pre-natal
 - well baby
 - immunizations
 - nutrition (WIC, etc)
 - health education and promotion
- environmental health (sanitarian)
- audiology
- vision screening
- tuberculosis control
- venereal disease control
- Pharmaceutical (drugs available)
- Laboratory
- Dental
- Mental health
- Substance abuse (alcohol and drug)
- Home health care
- Homemaker
- Emergency transportation (ambulance, etc.)

12. How do you communicate with referral centers?

- phone, in village
number _____
- radio, in village
call sign _____
- phone, in clinic
number _____
- radio, in clinic
call sign _____

Reliability is:

- good fair poor

Reliability is:

- good fair poor

13. What are the ways most often used to send patients to regional medical centers? (Please put number '1' in the box for the way used most often, number '2' in the box for the way used next most often, etc.)

- Scheduled Air Carrier
- Air Charter
- Military Air Resuce/
U.S. Coast Guard
- Other (describe: _____)
- Ambulance or Car, Road System
- Boat or Ferry
- Sno-Machine or Sled

14. Is the clinic/health center located in a part of the community that is easy to get to for all residents?

- yes
- no

Any comment? _____

15. Where do you send cases that you cannot handle? _____

16. Water Supply.

A. Water for the clinic comes from:

- a community water supply system
- a separate water supply source that serves ONLY the clinic (for example, a well, roof rainwater collection system, creek, etc.)
Please describe: _____

B. Water is:

- piped to the building
- hand-carried to the building

C. Water is made pure by chlorination:

- yes
- no

D. Water is filtered or treated:

- yes
- no

E. The water supply system:

- works well
- needs repair
- needs replacement

F. Is there always a supply of water at the clinic all year and is there enough of it to meet clinic needs?

- good
- fair
- poor

G. Please list any major problems in the water supply:

17. Washing and Toilet Facilities.

A. Kind and number of plumbing fixtures at the clinic/health center:

Washing fixtures:

shower/bath tub
how many? _____

sink with running
water
how many? _____

basin with pail
how many? _____

Toilet fixtures:

water flush toilet
how many? _____

chemical toilet or honey bucket
how many? _____

NO toilet in clinic/health center

B. The plumbing fixtures:

work well

need repair

need replacement

C. How well do the type and number of fixtures meet the needs of the clinic/health center?

good

fair

poor

D. Please list any major problems with the plumbing:

18. Heating.

A. Type of heat:

woodstove

oil furnace

gas furnace

electric

other (describe: _____)

none

B. The heating system

works well

needs repair

needs replacement

C. How good a job does the heating system do in keeping all parts of the clinic/health center warm during the winter?

good

fair

poor

D. Please list any major problems with the heating system:

19. Electrical System.

A. The electricity at the clinic comes from

- a community power plant
- a generator at the clinic
- NO electricity at the clinic

C. Electrical outlets are grounded:

- yes
- no

B. The electrical system is

- 110 volts
- 220 volts

D. The fuse box on the wall has:

- screw-in fuses
- circuit breakers (switches)

E. The source of electrical power is:

- hydro
- fuel oil
- gas
- other (describe: _____)

F. The electrical system:

- works well
- need's repair
- needs replacement

G. How regular is the electricity and is there enough of it?

- good
- fair
- poor

H. Please list any major problems in the electrical system:

20. Fire Detection and Extinguishing Equipment.

yes no

- a smoke detector is installed in the clinic
- a hand operated fire extinguisher is provided in the clinic
- an automatic fire extinguishing system is installed in the clinic
- these items are checked and inspected at least once a year

21. Please list any fire or safety hazards in the clinic/health center:

22. Condition of building.

In this table, please make a check mark in one of the empty spaces for each part of the building that best tells about that part. For example, if the roof has some minor leaks, then a check mark would be made in the column "needs some repair" on the line for "Roof".

| Part of Building | good condition | needs some repair | needs major repair | needs replacement |
|------------------|----------------|-------------------|--------------------|-------------------|
| Foundation | | | | |
| Floor | | | | |
| Walls | | | | |
| Ceiling | | | | |
| Roof | | | | |
| Purches & Stairs | | | | |
| Doors & Windows | | | | |

Please make any comments about the condition of the building in this space:

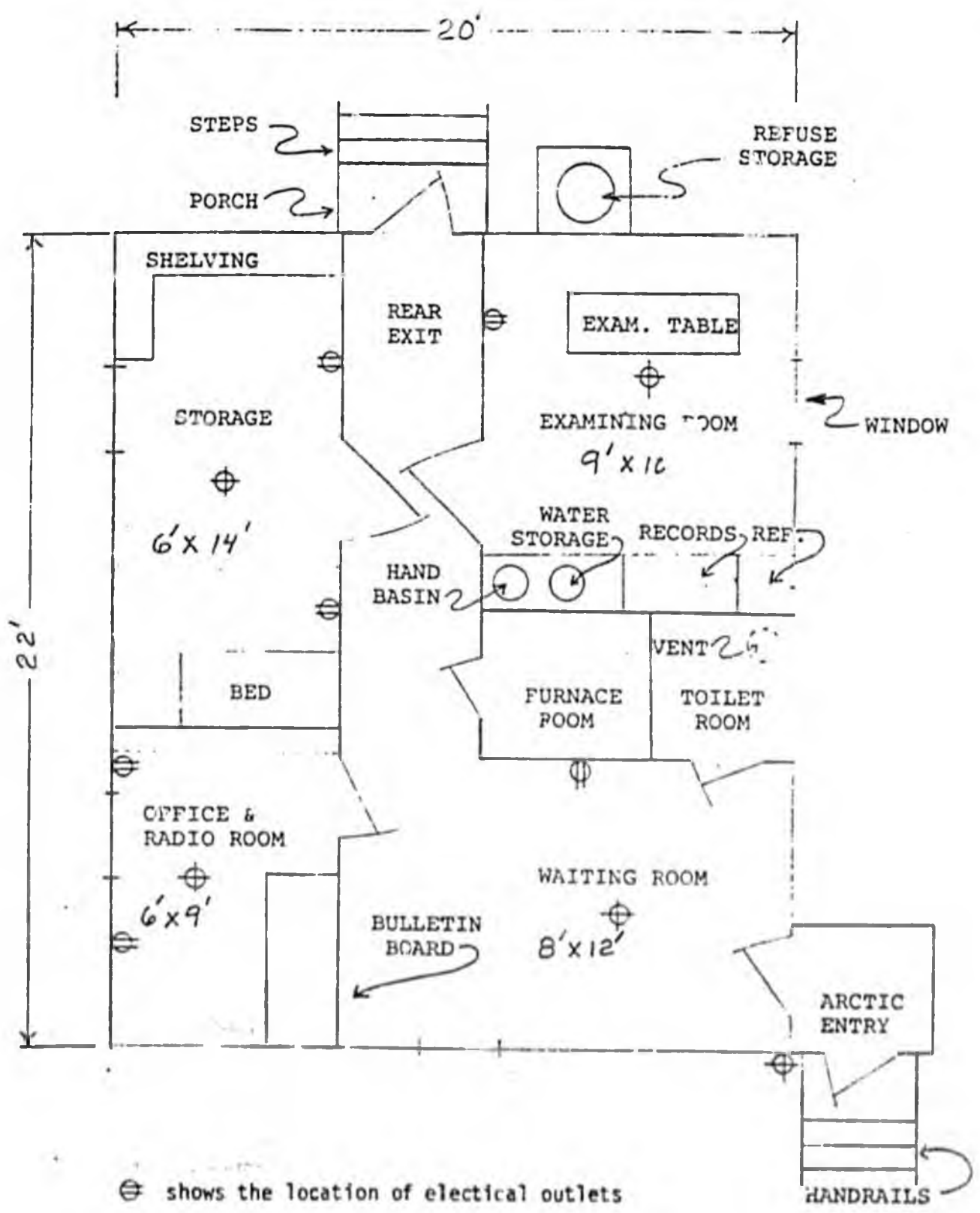
23. How old is the building? _____ years.

In the spaces below, please list the years that any major remodeling or additions were made to the clinic/health center and describe any changes that were made to the building:

| Year | Description of Remodeling/Additions |
|------|-------------------------------------|
| | |
| | |
| | |
| | |
| | |

CLINIC/HEALTH CENTER
FLOOR PLAN

FLOOR PLAN DRAWING EXAMPLE



⊖ shows the location of electrical outlets
⊕ shows the location of electrical lights

PROFESSIONAL QUESTIONNAIRE _____

HEALTH CARE COSTS

1. What is your estimation of the major causes of health care cost escalation? (number in order of importance)

Inflation _____

New Technology _____

Hospital Services _____

Population increases _____

Increase in health manpower _____

Retrospective method of insurance payment _____

Government health programs (Medicare and Medicaid) _____

New Services _____

2. Do you see any need for changes in service, delivery or utilization of:
Hospitals _____

Clinics _____

Long term care _____

PROFESSIONAL 2.

3. Do you have any comments on HB 41(State Comprehensive Health Plan)?

4. From your professional viewpoint, can you envision any activities the state can pursue to control health expenditures?

HEALTH PLANNING

1. The Federal Government plans to discontinue funding health planning agencies(HSAs) by 1983, do you think the state should continue funding our three HSAs?

_____ YES _____ NO _____ NO RESPONSE
_____ DON'T KNOW

2. Have you had any personal contact with your HSA? _____ YES

_____ NO _____ NO RESPONSE. In what capacity?

3. Do you think your HSA does a fair representation of your profession?

_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN

4. Do you see any needs for restructuring state health planning?

_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN

PROFESSIONAL 3.

What issues need more attention?

5. Is the catchment area of your HSA meaningful? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN

If no, how would you envision redefinition?

PROFESSIONAL

1. Have you had any contact with the Board that regulates your profession?
_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN

Does the Board function efficiently? _____ YES _____ NO
_____ NO RESPONSE _____ UNKNOWN. If no, please explain:

2. Do you perform services in your occupation as defined by law and
regulation? _____ YES _____ NO _____ NO RESPONSE.
What changes would you want to see in the regulation of your profession?

3. Have you participated in professional continuing education?
_____ YES _____ NO _____ NO RESPONSE

PROFESSIONAL 4

Do you feel that continuing education should be required for all health care professionals? _____ YES _____ NO
_____ NO RESPONSE _____ UNKNOWN.

4. Have you had any contact with the Division of Occupational licensing?
_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN
Do you feel they function efficiently? _____ YES _____ NO
_____ NO RESPONSE _____ UNKNOWN.

5. Do you feel that the wage/salary you receive is commensurate with your professional education and preparation? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.

6. Are there conditions affecting your profession that you think are unique to Alaska? _____ YES _____ NO _____ UNKNOWN
_____ NO RESPONSE. COMMENTS: _____

7. Do you feel there is a shortage of health care providers in your area?
_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN.
If yes, in what fields? _____

8. Do you see an increased need for para-professionals? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.
Please explain: _____

GENERAL

1. Is health care accessible in your area? _____ YES _____ NO
_____ NO RESPONSE _____ UNKNOWN. Explain:

PROFESSIONAL 5.

Is transportation to health care facilities a problem? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.

2. What health services are not available? _____

3. Are Emergency Medical Services available? _____ YES _____ NO
_____ NO RESPONSE _____ UNKNOWN. Do they function
efficiently _____ YES _____ NO _____ NO RESPONSE
_____ UNKNOWN.

4. Does your area have an alternative birthing center? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.
If no, is there a demand for one? _____ YES _____ NO
_____ NO RESPONSE _____ UNKNOWN.

5. Does any doctor in your area do home deliveries? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.

6. Are there practicing midwives in your community? _____ nurse-midwife
_____ lay midwife. Should the state license lay midwives?
_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN.

7. Have you had any contact with Homemaker/Home Health Services?
_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN.
If unavailable, is there a demand for it? _____ YES _____ NO
_____ NO RESPONSE _____ UNKNOWN. Any comments on this
service as a viable alternative to institutionalization?

8. Does your community provide services for the mentally ill? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.

What needs of this group are not met locally that you feel are necessary?

9. Does your community provide services for the alcohol/drug dependent?
_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN.

What needs of this group are not met locally that you feel are necessary?

10. Is there a Preventive Health program in your area? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.

Is it available to everyone? _____ YES _____ NO

_____ NO RESPONSE _____ UNKNOWN. What services are provided?

What services are needed?

11. Is Family Planning available in your community? _____ YES
_____ NO _____ NO RESPONSE _____ UNKNOWN.

12. Is Health Education in your local school district curriculum?

_____ YES _____ NO _____ NO RESPONSE _____ UNKNOWN

PHYSICIAN ONLY

Response to HB 327, licensing Naturopathic Practitioners

NO RESPONSE

UNKNOWN

Have you had any contact with the rural health delivery? _____ YES

NO

NO RESPONSE

UNKNOWN.

COMMENTS:

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.

Upper Koryukuk

| | | |
|----------------|--------------------------------------|--------------------|
| Arctic village | Central | Healy |
| Beaver | Chukkyitsik | Indian Mt. |
| Birch Creek | Circle | Murley Hot Springs |
| Campion | Duvar | McKinley Natl. Pk. |
| Castroville | Evansville | Ninto |
| Rampart | Stevens Village | Scuttrana |
| Takatna | Ullida | Urbelci mine |
| Uctei | Ullakut - Kuslia - Kaltag - Anderson | |
| Ruby - Tanana | Neloto Hughes | |

Umanqell - Pitov.

| | |
|-----------|----------------|
| Kake | Port Alexander |
| Kupreanof | |

Wide Hampton

| | | | |
|-------------|-------------|--------------|---------------|
| Alakanuk. | Chuvak. | Emmenace | Fortuna ledge |
| Harpers Bay | Kayak | Mtn. Village | Russ Mission |
| St. Mary's | Scammon Bay | Pitua Pt. | |

Val - Cord.

| | | | | |
|---------------|--------------|----------|----------|-------|
| Tonsina | Fortuna | Tatitlek | Alana | Peyou |
| h. Tonsina | Mintostalake | Ullkara | Ullakara | |
| Ullama | Eyak | Ullakara | Ullama | |
| Copper Center | | | | |

SE FRXS

| | | | |
|------------|----------------|----------|--------------|
| Pig Delta | Chicken | Kat Lake | Edge Village |
| Healy Lake | Ft. Greely | Yak | Tanacross |
| No. Uway | Delta Junction | | |

St - Ang - Yak

| | | | |
|--------------|----------|--------|---------|
| Tuxuk Spring | Hookah | Piscan | Klukwan |
| Elfen Cove | Gustavus | | |

Pitka

Outer Kotch

Prince of Wales Craig Hydraburg Kasaan Klawock

North Slope

Anaktuvut Pass Barrow Point Hope
Prudhoe Bay Atkasook Cape Lisburne
Plover Bay.

Nome

Brewer Mission Promede Galovin Koguk
St. Michael Savoonga Anaktovik Shishmaref
Stebbins Unalakleet Wales Mt. Mtn.
Arkimville Ft. Clarence

Mat. En

Havstru Palmer Ussilla Willow
Jutro Badenburgerutte Montana

Kotivak

Karsen Bay Sia Harbor Cuzgenic Port Lions
Karluk

Kaluk

Postak Katylone Anuklee

Possible subjects for research papers

General

1. Historical perspective: main diseases, availability of key med prof & facilities. Graphs, time-line chart
2. Hospitals: results of questionnaire. Key determinants of profit or loss. Occupancy figures by month. Status as to meeting fire & safety codes. Catchment areas (on map).
3. EMS: key gaps geographically (on map), in communications, in transportation, in trained personnel. Above brief from Mark. Summary of good samaritan problem, liability insurance problem.
4. Summary of Battelle reports to mid-September. (Copies of full reports for each member, key summary to ~~the~~ reports).
5. Lay midwives: summary of problem. Will doctors do home delivery? Birthing centers? How other states handle licensing, etc.
6. Preventive medicine: education (schools), clinics, pre-natal, well-baby, HMO's, immunizations. How compare with other states? Water/sewer?
7. Indian Health Service (FY 82) - services not available, transportation (?), facilities and their capabilities (map?)
- 8.

HEALTH CARE

3. Does your community have an emergency med. function? Do it frequently?

1. Do the health care you need available? _____

If no, explain _____

2. Do you have transportation problems in receiving health care? _____ In emergency situations? _____

The rising cost of health care has become a national concern, do you personally find health care affordable? _____

4. What health care services do you use? _____

(number in response of personal use)

drugs or other medications

physician office call

emergency ~~room~~ ^{family} room

dentist

public health clinic

family planning

hospital (inpatient)

long term care facility (nursing home)

optometrist/optician

other _____

HEALTH CARE COSTS

2. What do you feel are the major reasons for the rise in health care costs? (number in order of importance)

inflation

increase in health personnel

new medical technology

salaries of health professionals

population increase

hospitals

new services

insurance

government health programs (Medicare)

other _____

3 Do you have any comments on how the state of Alaska can curtail the rise in health care expenditures? _____

HEALTH PLANNING

Health Planning in Alaska is currently 75% funded by the Federal government, and this funding will be cut by 1983.

There are three Health Systems Agencies (HSA's) in Alaska: Northern, SE & SE.

1. Do you think the State should continue funding for health planning? _____
2. Have you had any personal contact with your HSA? _____ In what capacity? _____
3. Are there any ~~other~~ health care services you feel deserve priority in planning? _____
Comments: _____

HEALTH INSURANCE

1. Do you have health insurance? _____
If yes, in what: _____ employment related
private, _____ Medicare, _____ Medicaid
other.
2. Does your insurance require _____ deductibles
_____ copayments?
3. Check the type(s) of coverage applicable to your insurance plan:
 _____ hospital expense
 _____ surgical expense
 _____ pharmaceuticals
 _____ major medical
 _____ disability income (_____ short term _____ long term)
 _____ dental
 _____ prescribed drugs _____ optical
 _____ other _____
 _____ satisfied? _____

