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COMMITTEE REPORT

HOUSE

(7)

FURTHER: FINANCE

2/20/85

Date: 3 MARCH 1985

Mr. Speaker:

The Committee on HEALTH, EDUCATION AND SOCIAL SERVICES has had HP 215

"An Act relating to state assistance for community health aide programs; and providing for an effective date."

under consideration and reports it back as follows:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for HP 215 same title
 new title
- and recommends do pass
- AND attaches a "Letter of Intent" New Fiscal Note
 Zero Fiscal Note Attached
- reports it back without recommendation
- referred to the _____ Committee

MEMBERS SIGNING
DO PASS

David W. Chapman

W. G. Shumaker

Edwin L. Taylor

John H. Hurrell

MEMBERS HAVING
OTHER RECOMMENDATIONS:

John H. Hurrell (do. pass)

CHAIRMAN

W. G. Shumaker Co-Chair

POSITION PAPER

HOUSE BILL NO. 215

For "An Act relating to state assistance for community health aide programs; and providing for an effective date".

This bill provides for expansion of financial assistance to nonprofit health organizations for training and supervision of community health aides (CHA) or skilled medical observers. Funding will be provided through a two phased formula that allocates: 1) a \$30,000 base for each regional corporation serving more than 4,000 square miles plus \$8,000 for each primary CHA or similar individual who averages at least 20 hours of service a week; 2) for local entities providing services to less than 4,000 square miles, funding provided through this formula would be limited to \$8,000 per CHA or skilled medical observer. The bill also establishes a Community Health Aide Grant Account in the Department and requires the Department to request full funding each year to meet the allocations outlined above.

BACKGROUND

Community Health Aide

Community health aides provide primary health care to approximately 37,000 to 40,000 people in rural communities. A CHA is a community based medical paraprofessional who provides limited diagnostic and treatment services through standing orders or in radio/telephone consultation with Indian Health Service (IHS) or health corporation physicians. Health care training of a CHA is based on a standardized curriculum consisting of three basic sessions plus a preceptorship with a supervising physician at a medical center, periodic on-the-job training with a supervisor/instructor and continuing education sessions. Supervisor/ instructors are employed by the corporations and are generally mid-level practitioners or registered nurses who conduct site visits one to three times per year for continuing education, skills evaluation and administration. In addition, state public health nurses provide education and support during their itinerant visits.

The number of CHAs per village varies with population size ranging from a half-time equivalent to a maximum of three. In addition to the primary CHA, alternates are also assigned to provide relief support and coverage during the absence of the primaries. Training for alternate aides varies widely with minimum standards that range from emergency trauma technician skills to completion of the first basic training session.

Historically the CHA program has been sponsored and funded by the federal IHS. This program was begun in 1967 although the concept and practices have a longer history. Until recently, financial support for the program rested solely with the federal government which contracted with regional or local corporations. Starting in FY 82, selected health corporations received designated state grants through direct legislative appropriation for support of CHA supervision and training.

This trend has continued through the current fiscal year with approximately \$1,040,000 being used to support programs administered by the Yukon-Kuskokwim Health Corporation, the Norton Sound Health Corporation, the Maniilaq Association, the Tanana Chiefs Conference, the Southeast Alaska Regional Health Corporation, the Aleutian/Pribilof Island Association, the Bristol Bay Area Health Corporation, the North Pacific Rim and the Copper River Native Association. The FY 86 Governor's Budget request maintains these grants, provides expansion of services to all twelve regional corporations and improves the level of training in selected underfunded corporation areas.

Skilled Medical Observers

This bill provides for support of individuals with training similar to that of a CHA as defined by this Department. It should be noted that a crucial aspect of the CHA program is its interaction with IHS which assures medical supervision, patient referral and quality control that are necessary elements of health care. Duplication of the IHS system is not feasible in terms of costs and legal constraints for all parties involved. A pilot project for skilled medical observers is being developed by the Southeast Alaska Regional Health Corporation under a grant from this Department. While this project is not a replication of CHA services, it does offer a degree of similarity in that it is a means of providing limited primary care in isolated rural communities.

RECOMMENDATIONS

As currently written, the bill will restrict the base grant amount of \$30,000 to nonprofit corporations or home rule boroughs providing services to a rural area of at least 4,000 square miles. Because of the close relationships of the CHA programs to existing health corporations and IHS service unit facilities, the Department would prefer to see the base grants restricted to the existing corporations and the North Slope Borough which employed at least three health aides on July 1, 1984. This would tend to discourage fragmentation of the program.

Because the skilled medical observer program exists only as a pilot project at this time, the Department would prefer not to have a statutory requirement that it be funded until its feasibility and utility can be demonstrated. The FY 86 Governor's Budget includes funds for the continuation of the pilot project. Funds are intended primarily for training, start-up costs, and supervision. It is anticipated that many observers will be volunteers so the requirement for a minimum work week or paid status would be unduly restrictive.

Two specific amendments are suggested for Section 18.28.030. On line 23, the words "or contracts" should be inserted after the word "grants" to make this section consistent with Section 18.28.020 (3). Secondly, the Department requests that on line 17, the words "request an appropriation of that amount from" be changed to read "report that amount to".

POSITION

The Department of Health and Social Services recognizes the value of community health aide and similar programs in providing primary medical care in rural communities and, with the adoption of the recommendations mentioned above, strongly supports the enhancement of supervision and training as provided by this bill.

Recommended by: *Daniel Bruce for*
Robert I. Fraser, M.D.
Director
Division of Public Health

Date: *2/25/85*

Approved by: *John R. Pugh*
John R. Pugh
Commissioner
Department of Health and
Social Services

Date: *2/26/85*

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: HB 215
 Title: Assistance for Community Health Aide Programs
 Sponsor: Rep. Herrmann, et al.,
 Requestor: _____
 Date of Request: 2/22/85

FISCAL DETAIL

Agency Affected: Dept. of Hlth. & Soc. Serv.
 Program Category Affected: Public Health
 BRU, Program or Subprogram(s) Affected: _____
Hlth. Grants, BRU/ Comm. Hlth. Grants
St. Hlth. Ser, BRU/ Admin. Ser.

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES		0	0	0	0	0
200 TRAVEL		4.0	4.2	4.4	4.5	4.6
300 CONTRACTUAL		.8	.8	.9	.9	1.0
400 SUPPLIES		.1	.1	.2	.2	.2
500 EQUIPMENT		0	0	0	0	0
600 LAND & STRUCTURES		0	0	0	0	0
700 GRANTS, CLAIMS		456.3	496.3	576.3	656.3	656.3
800 MISCELLANEOUS						
TOTAL OPERATING		461.2	501.4	581.8	661.9	571.1

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND		461.2	501.4	581.8	661.9	571.1
FEDERAL FUNDS						
OTHER						
TOTAL		461.2	501.4	581.8	661.9	571.1

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

See attached.

Prepared By: Robert I Fraser, M.D.
 Division: Public Health

Phone: 465-3090
 Date: 2/25/85

Approved by Commissioner: [Signature]
 Agency: Department of Health & Social Services

Date: 2/27/85 *jcc*

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Fiscal Analysis

HB 215

State Assistance for Community Health Aide Programs

Assumptions

FY 87 through FY 90 grant line estimates are based upon an incremental growth of the skilled medical observer from \$40.0 in FY 86 to \$80.0 in FY 87, \$160.0 in FY 88, and \$240.0 in FY 89. The proposed incremental growth in the number of the skilled medical observer program is based upon the assumption that approximately 30 communities could qualify for this program. Travel, contractual and supplies lines incorporates a 4% inflation adjustment for FY 87 through FY 90.

Program Summary

This program will require an additional general fund appropriation of \$456.3 in the grants line for Health Grants BRU, Community Health Grants Component in FY 86. In addition, \$4.0 for travel, \$.8 for communications, and \$.1 for supplies associated with grant development and administration is requested for the State Health Services BRU, Administrative Services Component.

Computation

State assistance to community health aide programs as specified in HB 215 would require a total general fund appropriation of \$2,240.0 in FY 86. This calculation is based upon the following formula considerations.

(1) \$30.0 per regional corporation to be used for expenses of conducting a community health aide program x 12 Corporations	\$ 360.0
(2) \$8.0 per each primary community health aide x 230 Aides	1,840.0
(3) \$8.0 per skilled medical observer pilot project for an anticipated 5 Southeast Alaska communities	40.0
	<u>\$2,240.0</u>

The projected costs are based on incorporating the total amount requested in the Governor's FY 86 Operating Budget as an offset for this bill. The current FY 86 budget for this program is as follows:

Health Grants BRU, Community Health Grants Component	\$1,413.3
Norton Sound BRU, Health Services Component	103.8
Maniilaq BRU, Health Services Component	<u>266.6</u>
Total FY 86 Governor's Budget	\$1,783.7

Economic Impact

Not applicable

Impact on Local Government

Not applicable

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Deborah L. Greenberg, Legislative Aide

DATE: March 4, 1985

SUBJECT: Background Information on the Community Health Aide Program
and House Bill 215

A Community Health Aide, or CHA, is a para-professional health care provider who provides primary health care services in rural Alaska.

The CHAs are the link between rural communities and the appropriate health care back-up system. In many communities, the CHA is the only health care provider. They make the initial assessment of what kind of health problem a patient is having, and by working under the supervision of an Indian Health Service Physician, or other medical professional, may administer certain drugs, put in stitches, help deliver babies, or handle emergency health problems.

Most importantly, the Community Health Aides constitute the brigade of health care workers who work actively throughout rural Alaska to fight the spread of diseases such as hepatitis B, hepatitis A, and tuberculosis. Although the Community Health Aide Program is a rural health care program for communities with limited health care professionals, the work of Community Health Aides benefits the whole state. Preventing outbreaks of disease in rural areas, is an important factor in preventing statewide epidemics of contagious diseases.

As local people, the Community Health Aides can operate swiftly and effectively in reaching rural residents to administer vaccines. As local residents familiar with the problems in the communities where they work, the CHAs can break the ground in educating rural residents about how to prevent health problems and disease. For example, their role in preventive health care and health care education has helped decrease the incidence in infants of otitis media, which is a middle ear infection.

To become certified a Community Health Aide must complete three ten-week academic courses, serve in the field under the supervision of a physician, or other trained medical professional, and complete a rigorous examination. The courses are given at the Alaska Area Native Health Service in Anchorage, at the Norton Sound Health Corporation in Nome, and at the Kuskokwim Community College in Bethel.

The courses include learning how to make initial assessments of a medical situation, the administering of primary health care, and some training in handling emergency situations.

The problems with certification are that it takes too long to complete all the steps. A CHA may complete the first course, and then it might not be another year or two before there is enough funding to send a CHA back for the second and third course.

Representative Herrmann
March 4, 1985
Page Two

There are more delays in completing the "preceptorship", or the field internship, because of a lack of funds for the supervising physicians or other trained health care professionals to travel and oversee the CHAs. By practicing without certification, the State can not be assured of providing an acceptable level of health care to rural areas.

The other problem with not being certified, is that CHAs often work under a great deal of pressure, and without the proper training it leads to a great deal of frustration that leads to a high rate of turn-over among CHAs. The turn-over rate can lead to long period where a community has no health care personnel available. Bringing on someone new requires training them again.

Currently there are about 227 CHAs in the State and less than half of them are certified. These CHAs serve over 40,000 residents of all ethnic backgrounds in about 171 rural communities throughout the State.

The bill and the funding it provides would help solve the problems with the CHA program. Funding would be adequate to send CHAs in for courses and training in a timely fashion. By providing monies for physicians and other trained personnel to travel to rural areas it would be possible for CHAs to complete their preceptorships, receive the training they need and operate more effectively because of the supervision. In short the funds could pay for the necessary tuition and travel, for supervision and for alternate community health aides.

Federal funds have never been adequate for a CHA to complete the training, preceptorship, and pass the exam in an expeditious fashion. The State funds do not replace federal funds but help do what the federal funds have never done.

Currently there is a lack of standardization in the Community Health Aide Program throughout the State. There is a disparity between those regions who have been able to secure funding to get CHAs through the certification process, and those who have not. There is a disparity between those regions who have been able to secure state funding for alternates and those who have not.

House Bill 215 helps overcome this disparity by providing an equitable funding formula. Under the provisions of the bill the funds that were previously made available to only a few regions will now be shared among all the regions.

The bill would allow the state regulate Community Health Aides, and at the same time increase their level of performance by providing the funds necessary for CHAs to achieve certification.

MEMORANDUM

TO: Representative Adelheid Herrmann

FROM: Deborah L. Greenberg

DATE: February 19, 1985

SUBJECT: Summary and purpose of the 1985 Community Health Aide Legislation

The problem with the Community Health Aide Program is that Community Health Aides (CHAs), who are local people at the forefront of providing primary health care in rural areas, are not able to complete the minimum training for certification.

This is because of a lack of funds for supervision, and a lack of funds to get CHAs trained in an reasonable period of time. This is a big problem because it means that people are practicing as Community Health Aides without the benefit of the minimum available training, and therefore individuals dependent upon their services could be receiving a higher standard of health care delivery.

A lack of training makes the job of a health aide more complicated and stressful and this leads to high turn-over. Periods of high-turnover may mean that no one is available to help people in remote areas with even the most basic health problems.

Federal Indian Health Service funds have never provided for adequate supervision and adequate training of CHAs in a reasonable period of time. This is why health organizations have pursued State funding. These State funds however do not replace federal funds.

The Community Health Aide Bill provides \$30,000 to each of the 12 Regional Health Corporations who administer health care throughout rural Alaska. Previously only 6 of the 12 Regional Health Organizations received state funding for training health aides. The bill establishes an equitable funding formula, and reflects a compromise reached by the 12 Regional Health Directors.

In addition there is an \$8,000 allocation for each CHA in each of the 12 regional corporations and in each of the three Local Health Organizations in Yakutat, Tyonek, and Metlakatla, respectively. These funds cover training and supervision of CHAs and compensation for alternate health aides who take over in the absence of a CHA.

The allocation of \$8,000 per health aide is also made available to a couple of remote communities who historically have not been covered under the Indian Health Service Program, for example, Thorn Bay and Port Alexander.

The fiscal note for the bill will be about \$450,000, which is about 550,000 less than last year's version. The Bill includes a provision freeing the state from any responsibility from injuries that may occur as result of providing these funds.

The CHA program has proved to be a very good way of providing low cost health services to remote and rural areas. The program is low cost for the State and for its recipients. The bill and funds are needed to ensure that an acceptable standard of health care is provided to the state's rural residents.

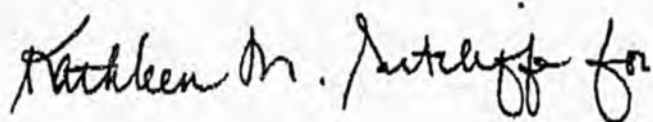
BACKUP AND LETTERS OF SUPPORT FROM 1985

The Honorable Max Gruenberg
Co-Chairman House HESS
Page Two
March 4, 1985

While most of us cannot be physically present for the Tuesday HESS hearing of HB 215, we are in unanimous agreement that a strong Community Health Aide program is the critical link in and an essential prerequisite for the success of every component of the rural health care delivery system.

The passage of House Bill 215 will assure that all rural Alaskans receive the high quality medical care that they deserve.

Sincerely,



Association of Regional Health Directors

Niles Cesar, President
Association of Regional Health Directors

Association of Regional Health Directors
of Alaska

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Jennifer Biusquet, Health Director

Copper River Health Department
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Ms. Billie Peters, Health Director

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Willie Wolf, Health Director

Manilaq Association
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Nina Dahl, Health Director

The North Pacific Rim
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Dick Rolland, Health Director

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Mike Stackhouse, Health Director

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Carolyn Michels, Health Director

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Niles Cesar, President

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George Peratrovich, Health Director

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Diane Silimperi, M.D.
Medical Director

ALASKA FEDERATION OF NATIVES, INC.
1984 ANNUAL CONVENTION

RESOLUTION NO. 84-34

TITLE: COMMUNITY HEALTH AIDE TRAINING

WHEREAS, the Alaska Community Health Aides are the backbone of health care delivery in rural and bush Alaska; and

WHEREAS, Community Health Aides provide services to approximately 40,000 Alaska residents, Native and non-Native alike; and

WHEREAS, Non-Native people are not being served by Community Health Aides when no other services are available, thereby reducing resources potentially available to Native beneficiaries; and

WHEREAS, current training levels for Community Health Aides are unequal throughout Alaska; and

WHEREAS, the State of Alaska, through its public health agents, has asserted the desirability of the State in supporting the efforts of the Community Health Aide Program for the purpose of maintaining high quality, equitable care to all Alaska residents; and

WHEREAS, the State of Alaska has already committed philosophically and financially, to support Community Health Aide Training in about half the State, thereby creating inequity and lack of stability in the State's relationship with that program,

NOW THEREFORE BE IT RESOLVED that the Alaska Federation of Natives supports passage of legislation which would provide equitable financial support for Community Health Aide training and supervision throughout the State of Alaska.

RESOLUTIONS COMMITTEE RECOMMENDATION: DO PASS

CONVENTION ACTION: PASSED



STATE OF ALASKA

MAR 02 1985

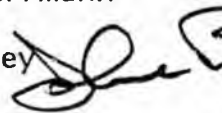
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REPRESENTATIVE JOHNE BINKLEY

MEMORANDUM

TO: Representative Adelheid Herrmann
FROM: Representative Johne Binkley 
DATE: March 1, 1985
RE: House Bill 215 - Community Health Aides

Attached is a copy of information we received just yesterday from the Yukon-Kuskokwim Health Corporation which will serve as back-up for House Bill 215 concerning community health aides. If you have questions please feel free to call my offices.



FEB 28 1985

Yukon-Kuskokwim Health Corporation

"Fostering Native Self-Determination in Primary Care, Prevention and Health Promotion"

February 20, 1985

Representative John Binkley
Capitol Room 501
State Capitol
Pouch V
Juneau, Ak 99811

Dear Representative Binkley;

We appreciate the time and consideration given to our presentation on February 14th, as well as your attendance at the Bush Caucus meeting with the Area Regional Health Directors.

As you are aware, the passage of the Health Aide Bill is critical to the survival of our Community Health Aide Program. Your support of this Bill would constitute a significant contribution toward its legislative passage. However, as we described to you, were the Bill to fail, our Program would, nonetheless, require State funding for its maintenance. We are, therefore, submitting the enclosed proposal per our discussion on Feb. 14th. Thank you for your attention to this matter which clearly has the potential to seriously jeopardize the health care service provided to the people of the YK Delta. If additional questions should arise, please let us know.

Respectfully,

Diana R. Silimperi

Diana R. Silimperi MD
Medical Director

George Peratrovich

George Peratrovich
Executive Director

Enclosure

YUKON KUSKOKWIM HEALTH CORPORATION
COMMUNITY HEALTH AIDE PROGRAM

Submitted: February, 1985
D. Silimperi MD
Medical Director
G. Peratovich
Executive Director

Table of Contents

Introduction.....	1
Regional and Statewide Impact of YKHC's Community Health Aide Program.....	2
Objectives.....	2
Mandate for Health.....	2
Funding Clarification.....	3
Preventative Savings.....	3
Evaluation Mechanisms.....	4
Conclusion.....	4
Budget.....	5

Introduction

The Community Health Aide Program (CHAP) is the foundation of all rural primary health care in the Yukon-Kuskokwim (YK) Delta. Scattered over the 75,000 sq. mile of the Delta are 48 village clinics (including 1 mid-level subregional clinic) that serve 18,000 people. The Yukon Kuskokwim Health Corporation (YKHC) employs 120 Community Health Aides (CHAs), primaries and alternates, to staff the clinics. The village-based CHAs provide acute health care for all age groups. They also serve the chronically ill, do basic health education and counseling, well child care, preventative medicine, and are the first-responders to village-based emergencies and trauma. All health programs, from Mental Health to Maternal Child Health or Emergency Medical Services, depend upon the CHA for the delivery of effective health care in the village.

A strong Community Health Aide Program is, thus, an essential prerequisite for the success of every component of the rural health system. Because of its role as the critical lynchpin in the rural primary health system, the Community Health Aide Program should be given top priority when considering funding proportionment. This proposal requests financial resources to ensure the survival of the Community Health Aide Program for the YK Delta.

Regional and Statewide Impact of YKHC's Community Health Aide Program

The essential role of YKHC's CHAP in the delivery of primary health care to the villages of the YK Delta is outlined above. What may not be so obvious, is the impact which the program has beyond the parameters of its own region. YKHC's Community Health Aide Program is unique because of its ability to utilize another regional resource, the Kuskokwim Community College.

Health Aide Training (HAT) instructors from the College are responsible for teaching the basic CHA 12-week core curriculum. Our Community Health Aide Program closely integrates skilled basic CHA instruction with later supervision in the field. The Coordinators of both arms of the Community Health Aide Program, Health Aide Training (HAT-KCC) and Health Aide Services (HAS-YKHC), work together under the direction of YKHC's Medical Director to insure appropriate reinforcement and supervision of basic training concepts while the CHA is practicing in the village clinic. The integration of training and supervision offered by our Program is crucial for quality assurance of village-based health care, but also serves as an example for other Health Corporations. Furthermore, our Program is one of three regional Training Centers for CHAs in the state. The Community Health Aide Program teaching manuals developed by our staff have been used by other Health Corporations throughout the state as examples of consistent, accurate CHA instruction materials. In a similar manner, the development of the Supervisor-Instructor (SI) program (called Coordinator-Instructor Program in other regions) has resulted in the creation of a specialized SI orientation, SI training workshops and village trip assessment tools which the Corporation has shared with CHAP's in other regions of Alaska. The SI Program is an important component in the ongoing process of quality assurance and field supervision of the CHAs. To qualify to be an SI, one must have attained certification as a Community Health Practitioner (CHP). Mid-level training (Physician Assistant or Family Nurse Practitioner) is desirable. The SIs are assigned to specific village clinics and make regular field trips to identify CHA support and training needs.

They are a key member of the village "health team" (Physician, State Public Health Nurse, Village CHAs, and SI) and function as the liaison or intermediary between the various team members. They also communicate closely with the HAT staff in order to identify those particular areas of training requiring reinforcement or attention in the field. Because of the SI Program, the CHAs receive regular and pertinent field instruction which insures the delivery of quality health care to the people of the YK Delta. And, because many of the materials or methods developed for YKHC's Supervisor-Instructor Program are used by other Health Corporations, this Program contributes to the quality of health care in other portions of the state as well as the YK Delta.

In addition to training, YK's Community Health Aide Program also utilizes the Kuskokwim Community College's resources in its "bridging" program. This relatively new program is specially designed to provide Community Health Aides with an adequate foundation of math and language skills to allow them to readily pursue advanced mid-level training in a program such as Medex. In accordance with its mission statement, YKHC is "fostering Native self-determination in primary care, prevention and health promotion," through the bridging program. In the future, it is anticipated that the blend of resources which KCC and YKHC possess will be utilized to develop long-distance health delivery mechanisms with applications in both training and direct care.

Objectives

The Chief objectives of this proposal are to:

- I. Maintain a team of 8 trained and qualified practitioners, called Supervisor-Instructors, to provide ongoing field instruction and supervision to the village-based CHAs in order to guarantee quality health care service to the people of the YK Delta;
- II. Provide the necessary teaching equipment and materials for this team of Supervisor-Instructors to utilize during the field instruction of CHAs;
- III. Develop and produce advanced CHA training workshops (beyond the Basic Training level) in order to equip CHAs with specialized clinical skills needed in the full practice of primary health care;
- IV. Provide "Refresher" instruction to CHAs trained or certified more than 3 yr. in the past in order to guarantee similar performance standards among all practicing CHAs;
- V. Provide per diem and transportation costs for CHAs to attend Basic CHA training in Bethel leading toward certification as qualified Community Health Practitioners; and
- VI. Decrease future health costs for acute and chronic health care through the creation and maintenance of an effective primary health care delivery system staffed by CHAs.

Mandate for Health

The people of the YK Delta have made it clear that they perceive village health care as a chief concern. Furthermore, the Board of Directors of the Health Corporation has designated primary health care as one of the main corporate priorities. This proposal is thus grounded on the expressed priorities of the people of the YK Delta. The funding requested is essential to guarantee the continuation of the level and quality of primary health care services offered

by the YKHC's Community Health Aide Program. Without this money, neither the Supervisor-Instructor Program or Health Aide Training can be adequately maintained. Both quantity and quality of health care service will decline.

Funding Clarification

Currently, the Federal Government pays for the salaries and benefits of the primary CHAs. This proposal has no intention of lessening the degree of Federal support, nor of minimizing the ongoing Federal responsibility to the Native people of Alaska. However, Federal funding does not cover the costs of the Supervisor-Instructor Program or of Health Aide Training. In past years, Federal "Carry-Over" funds within other YKHC programs have been utilized to maintain the Community Health Aide Program (Training and Services) and the developing Supervisor-Instructor Program. However, this next year "Carry-Over" money will not be available. These expenses have never been covered by the Federal budget. During FY'85, the State provided YKHC with a modest amount of support for CHA travel and per diem costs during Basic Health Aide Training in Bethel, as well as support for part of the Supervisor-Instructor Program.

Without additional State funds, we cannot maintain our Supervisor-Instructor Program which is critical for assuring quality CHA service. The ongoing field instruction, supervision and support provided by the SIs contribute both to CHA skill and spirit! The SIs also act as important intermediaries between all members of the village "health team", thus assuring optimal service by each health care provider. The requested funds are also necessary to maintain essential Health Aide Training. YKHC's Basic Training costs are for tuition, travel and per diem. The increase in Basic Training costs noted in this proposal's request (over FY'85 costs) is due to higher transportation expenditures caused by inflation. Basic Training consists of three (3) sessions, each 3-4 weeks in duration, plus a 2-week clinical preceptorship. As its title indicates, this instruction provides merely the foundation or core training for CHAs. The development of higher level, more specialized courses is also necessary for a CHA to ultimately obtain the skills required for the only primary health care provider in the village. Maternal Child Health and Mental Health have been targeted as the first two areas requiring significant instruction beyond Basic Training. In addition, because of large improvements in the standards of our Health Aide Training Program over the last 3 years, we are faced with the need to offer a "Refresher" skills course to Community Health Practitioners. The discrepancy in skills between those more recently trained CHPs and past graduates is becoming increasingly apparent and requires immediate attention. None of these essential training workshops beyond the Basic Training level are included in current IHS or State CHAP funding.

Without the requested funding, we cannot continue our Supervisor-Instructor Program nor offer essential training (Basic and Advanced) to our CHAs. Both the Supervisor-Instructor Program and training are critical if the people of the YK Delta are to continue to receive quality health care service.

Preventative Savings

The creation of an effective, quality rural health delivery system maintained through qualified CHAs who receive Basic and Advanced Clinical Training in Bethel (HAS and HAT), as well as ongoing field instruction and supervision (SI Program) should ultimately result in significant reductions in overall health care costs. For example, adequate prenatal care reduces the risk of complicated pregnancies likely to result in high-risk infants requiring expensive perinatal hospitalization; early outpatient treatment of minor symptoms in the chronically ill, especially those with chronic lung or heart disease, reduces the

frequency and duration of more intensive, inpatient hospitalizations; and well-child care programs such as immunizations for Diptheria, Pertussis, Tetanus or Hepatitis B significantly decrease the likelihood of serious childhood illnesses requiring hospitalization and resulting in long-term sequelae. These are just a few of the ways in which an effective Community Health Aide Program can contribute to decreasing future health care costs - costs often borne by the State.

Evaluation

The overall effectiveness of the Supervisor-Instructor program will be constantly monitored and evaluated by the Medical Director and the Coordinators of Health Aide Training and Health Aide Services. Individual Supervisor-Instructor performance will also be evaluated on a regular basis through a review of village trip reports, standard CHA evaluations of Supervisor-Instructors, CHA skill improvements, and assessments of Supervisor-Instructor problem-solving abilities. Various teaching tools developed for the Supervisor-Instructors, as well as the SI workshops will be evaluated at the conclusion of each session of use or presentation. All Health Aide Training courses, Basic or Advanced/Refresher will be evaluated in a standard fashion at their conclusion. CHAs' performances at the completion of a course and, later, in field practice are also used to reflect the effectiveness of the training program. Basic statistics regarding the number of SI village trips, number of CHAs or SIs attending training, number of CHA patient encounters, and when possible, significant changing trends in morbidity and mortality (presumably related to CHA interventions) will be tabulated regularly and made available to the State. An annual examination of goals, objectives and tasks will be performed for the entire Community Health Aide Program (HAT and HAS) by the Medical Director.

Conclusion

The Corporation recognizes that the Federal Government has a commitment to the Native people of Alaska regarding health care. Currently, Federal funds are used to pay CHA salaries and benefits. They do not adequately provide for the Supervisor-Instructor Program or Health Aide Training - two critical components of the Community Health Aide Program that insure the delivery of quality health care to the people of the YK Delta. Without the requested State funding, the quantity and quality of health care in the Delta will be decreased.

The people of the YK Delta have designated primary health care to be a priority concern. The Community Health Aide Program is the foundation for all primary health care in the villages. Therefore, this proposal carries the mandate of the people in the request for financial resources to ensure the survival of the Community Health Aide Program for the YK Delta.

MAR 01 1988

*****MATR-0060*****FEB. 28*****MARTIE/MATSU*****

TO: ALL LEGISLATORS
FROM: JACK DIDRICKSON
BOX 712
PALMER 99645

RE: ~~HB 91~~

I AGREE WITH THE PROPOSAL, BUT I PREFER THAT STATE EMPLOYEES
BE INCLUDED.

TO: ALL LEGISLATORS
FR: JANET STROM
BOX 346
BETHEL, AK. 99559 PH: 543-4238
RE: ~~HB 215~~

~~PLEASE SUPPORT THE COMMUNITY HEALTH AIDE BILL~~ AND THE CIGARETTE
EXCISE TAX BILL WITH PROVISIONS THAT THE MONEY WILL BE USED FOR
HEALTH PROMOTION. I ALSO WOULD LIKE YOU TO SUPPORT THE OPEN
CONTAINER BILL AND THE HAPPY HOUR BILL.

THANK YOU.

FROM: TOM PITZKE
3840 PATRICIA LANE
ANCHORAGE, AK. 99504 (H) 337-0155

RE: ~~STATE FINANCES~~

PUT THE HOT COALS TO THE SEAT OF GOVERNOR SHEFFIELD AND MAKE HIM
DO SOMETHING ABOUT THE CROOKS THAT LAUNDERED STATE MONEY INTO
THEIR POCKETS, BECAUSE OF POLITICAL FAVORITISM WHICH LEAD TO THE
PAYOFFS.

MAR 01 1985

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* DELIVER TO: LIJNU
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* ORIGINAL
* SENT: 03/01/85 TIME: 13:15
* FROM: LIODLG
* SUBJECT: PUBLIC OPINION MESSAGE
* PRINT DATE: 03/01/85 TIME: 13:15
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TO: THE MEMBERS OF THE ALASKA STATE SENATE
 THE MEMBERS OF THE ALASKA STATE HOUSE OF REPRESENTATIVES

FROM: EMMA AYOJIAK-CARLOS, MAYOR
 CITY OF TOGIAK, BOX 99, TOGIAK, ALASKA 99678.

SUBJECT: HB215 AND HEALTH BOARD FUNDING

CITY OF TOGIAK SUPPORTS THE TWO INITIATIVES THAT NEED TO SEE ACTION BY THE LEGISLATURE - THE COMMUNITY HEALTH AID BILL - HB 215 AND A REQUEST FROM THE ALASKA NATIVE HEALTH BOARD FOR FUNDING IN THE AMOUNT OF \$225,000.. I URGE YOUR FULLEST SUPPORT FOR BOTH. THANK YOU.

MSR © MBF v Patents 3,016,308, 3,479,877 Moore Business Forms, Inc

11 J

BACKUP AND LETTERS OF SUPPORT FROM 1984

St. Paul

St. George

Aleutian/Pribilof Islands Association, Inc.

1689 C Street
Anchorage, Alaska 99501
Phone (907) 276-2700



POSITION PAPER BY THE ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION IN REGARD TO HOUSE BILL 548: An Act Relating to State Assistance for Community Health Aide Programs

Introduction

The Aleutian/Pribilof Islands Association is the regional non-profit arm of the Aleut Corporation. As the largest non-profit organization in the region, A/PIA delivers a broad spectrum of health, education, training, regional planning, public safety and social services to the approximately 6,000 people who inhabit the Aleutian/Pribilof Islands communities.

The purpose of this position paper is to provide supportive information in regard to House Bill 548: "An Act relating to State Assistance for Community Health Aide Programs."

Aleutian/Pribilof Islands Region

The Aleutian/Pribilof Islands comprise a 128,000 square mile triangular area stretching from Sand Point to Atka to the Pribilof Islands. This region includes 11 communities separated from each other by water or mountains: three first class cities, three second class cities and five traditional villages. The permanent population varies due to the transient nature of the fishing industry; however the permanent population is estimated at approximately 6,000 people: 30-35% Natives, 65-70% non-Native.

This region has been described by the U.S. Coast Guard as having the worst weather in the world. The region is known as the birthplace of the winds. Rain, fog, rapidly changing cloud covers and poor visibility conditions make even the shortest air flights a 50/50 proposition and subject to delays, possibly for days at a time.

Health Status

Accidents and violence accounted for over 31% of deaths in the Aleutian census area in 1981. For the period 1976-1980

accidents were the leading cause of death for the age groups from five through 44 years. From age 45 and over, the leading causes of death were malignant neoplasms and heart disease.

Current Aleutian/Pribilof Health Care System

Under contract with the Indian Health Service (AANHS) the Aleutian/Pribilof Islands Association has been providing primary health care services through the use of Community Health Aides (CHA's) for eight years. CHA's provide medical care to residents in seven Aleutian/Pribilof Islands communities: Akutan, Atka, False Pass, King Cove, Nikolski, Sand Point and St. George. The CHA provides emergency care, acute and chronic disease care and follow-up, health surveillance and health promotion activities. CHA's work under standing orders and protocols and communicate by village telephone with AANHS physicians in Anchorage. In addition they are supervised by the CHA Supervisor/Coordinator, an employee of A/PIA. Services to the residents of Unalaska are provided by a private Doctor of Osteopathy. Services to residents of St. Paul are provided by a Physicians Assistant directly funded by the AANHS. There are no formal health care providers in Nelson Lagoon or Cold Bay.

Our contract with AANHS provides funding for health aide salaries and benefits, the CHA supervisor salary and benefits, supervisory travel funds, general program supplies, and other program operating costs such as telephone, rent, etc. The AANHS provides medications for CHA use. A/PIA's current level of funding only allows us to pay CHA's for working a 4.5 hour day, 5 day week. Health Aides are "on call" 24 hours per day: we can only pay them for 4.5 hours. In addition, our current level of funding only allows for one yearly CHA Supervisor/Coordinator trip to each community to monitor CHA activities. There is generally no funding to provide yearly continuing medical education for CHA's beyond basic training. (AANHS provides the 10 week basic training program.) There is generally no funding to train alternate CHA's. Alternate CHA's work in the primary CHA's absence. The alternate generally receives on-the-job training by the primary CHA or by the CHA Supervisor/Coordinator during a supervisory visit to the community.

Need for State Support

Traditionally the CHA program was funded solely by the Federal government and was designed to provide health care services to rural Alaska Natives. In recent years, however, CHA's have been providing an increasing number of services to non-Natives as increasing numbers of non-Natives have moved to rural villages. In many communities, including many Aleutian/Pribilof Island communities, the CHA is the only medical care provider and is morally and legally mandated to provide services to those non-Natives in need. The demands

on our CHA's have increased in the past few years. The demand is constant; however, the demand for services seriously increases during various fishing seasons. In FY'82, the State recognized the need for State support of the Community Health Aide program by funding two programs. In FY'83 the support was increased: four programs were funded. And in FY'84 seven programs are currently being funded. The State funding has allowed health corporations to ensure a high quality of medical care by providing for additional supervisory visits by the CHA Supervisor/Coordinator, by providing for additional continuing medical education or training sessions and by providing for some basic education or training for alternate CHA's.

Community Health Aides are the sole frontline primary medical care providers for many people, Native and non-Native in rural Alaska. Their role and level of responsibility in providing services to rural residents justifies our concern for adequate continuing medical education or training, adequate supervision and support. Basic training provides the CHA with the essential skills and knowledge required to deliver primary care in a safe and acceptable manner. However, supervision and continuing medical education is imperative to assure ongoing quality care. CHA's cannot work in a vacuum. On-going performance evaluation is important to assure high standards of care; attendance at continuing education sessions is also important to assure high standards of care.

The State has recognized the need for supplementing federal CHA program funds to ensure quality health care provision by providing funding to seven regional health corporations in FY'84. Since there are more than seven CHA programs in our state, there appears to be an inequitable distribution of funds.

All regional CHA programs are faced with limited federal funding. House Bill, 548 will allow for the equitable distribution of funding to all providers of CHA services. House Bill 548 will provide the funds necessary to provide for the adequate supervision and ongoing training of the major health providers to rural Alaskans. We at A/PIA urge passage of HB 548 for the maintenance and delivery of quality health care to all Alaskans.

Association of Regional Health Directors
of Alaska



Aleutian/Pribilof Islands Assoc., Inc.
1689 "C" Street, Second Floor
Anchorage, Alaska 99501
(907) 276-2700

Bristol Bay Area Health Corp.
P.O. Box 10235
Dillingham, Alaska 99576
(907) 842-5101

Cook Inlet Native Assoc.
670 W. Fireweed Lane
Anchorage, Alaska 99503
(907) 278-4641

Copper River Health Dept.
Drawer H
Copper Center, Alaska 99573
(907) 822-5241

Kodiak Area Native Assoc.
P.O. Box 172
Kodiak, Alaska 99615
(907) 486-5726

Naniilaq Assoc.
P.O. Box 255
Kotzebue, Alaska 99752
(907) 442-3313

The North Pacific Rim
303 W. Northern Lights Blvd.
Suite 203
Anchorage, Alaska 99502
(907) 276-2121

North Slope Borough Health
and Social Services Agency
P.O. Box 69
Barrow, Alaska 99723
(907) 852-3999

Norton Sound Health Corp.
P.O. Box 966
Nome, Alaska 99762
(907) 443-5411

Southeast Alaska Regional Health Corp.
P.O. Box 2800
Juneau, Alaska 99603
(907) 789-2131

Tanana Chiefs Conference, Inc.
1321 - 21st Avenue
Fairbanks, Alaska 99701
(907) 452-2446

Yukon-Kuskokwim Health Corp.
P.O. Box 528
Bethel, Alaska 99559
(907) 543-3221

March 5, 1984

The Honorable Adelheid Herrmann
Alaska State Legislature
Pouch V (MS 3100) Juneau, Alaska 99811

Dear Adelheid:

On behalf of the Association of Regional Health Directors I would like to thank you for all the work you have done on HB 548. The Association of Regional Health Directors, along with the Alaska Native Health Board has been struggling to develop such a bill for three years now. It is only through your efforts that I feel that we were able to bring this work to fruition and on behalf all the corporations I would like to thank you.

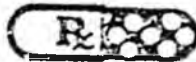
I will continue to coordinate with Denny DeGross and press politically for this bill. I appreciate any information which you may have which you think would be helpful or any areas where we can provide additional assistance to ensure the passage of this bill.

Again, thank you for all your hard work. It is appreciated.

Cordially,

David Mather, Chairman
Association of Regional Health Directors

cc: Denny DeGross, ANHB



ALAKANUK HEALTH CENTER

P. O. BOX 85 - ALAKANUK, ALASKA 99554 - (907) 238-3210

March 22, 1964

Vern Huribert
Mile 40 Holitna River
Eleetmute, Alaska 99566

Dear Mr. Huribert:

I am writing in support of the House Bill No. 248.

I've been a health aide for twenty years and have never seen a bill like it. If there was ever a bill concerning health care in the villages, no one has ever sent me one.

Being a health aide takes a lot of time. We are on call twenty four hours a day. We get paid for the six hours that we spend in the clinic. Sometimes emergencies take hours, but we don't get paid for that. Sometimes we work and stay over night whenever the hospital is, but we don't get paid for that either. We put that down as compensation and what we don't even have time to take off a lot of times. In phone and citizenside band keeps me busy giving medical advice and a lunch break or in the evenings.

Being a health aide takes a lot of patience, not just patience, but a whole lot of it. One must be cheerful, patient, strong, understanding, and have respect for every patient. One must know how to listen, reason, and talk to an one that needs it. Honesty is the most important. Start with ourselves and then to our patients and to all our other professionals. Some people are demanding. In fact, everyone is demanding. Patients demand immediate treatment, doctors demand something else. We in between, have to be strong enough to tell what the doctor demands, and what we believe is the best care for that particular illness.

In villages, we are the only health care providers. We deal with every type of physical care, from the simple cause of helping care for terminal illness, from the simple diseases, from to very unpleasant things.

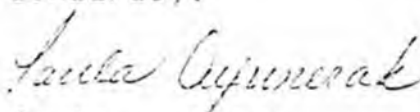
Don't mistake me for the secretary of the health care

Mr. Vern Hulbert
Page 2
March 23, 1964

provider, I get very depressed or emotionally upset sometimes. I can take so much at times, as any other normal human being can, and my husband is very good at taking all that.

I think House Bill No. 548 is the best thing that was ever written, and I hope it will be passed. I have full support for it.

Sincerely,



Paula Hyunarak
Community Health Practitioner

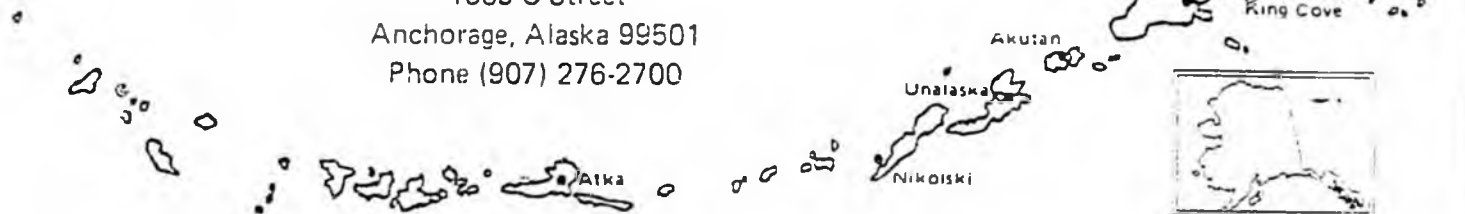
cc > Adelheid Herrmann
Mike W. Miller
Richard Schultz
Milo Fritz
Robert H. Bettisworth
Peter Goll
Jack McBride

St. Paul
St. George

APR 6 1984

Aleutian/Pribilof Islands Association, Inc.

1689 C Street
Anchorage, Alaska 99501
Phone (907) 276-2700



April 6, 1984

The Honorable Adelheid Herrmann
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Adelheid:

I am writing to thank you and your staff for all the time and effort you put into the development and passage of HB 548.

We believe this bill will benefit all of the residents of our region. It is good to know that some people recognize the importance of providing quality health care to rural Alaskans.

Once again, we applaud your good work.

Sincerely,

Kathleen M. Sutcliffe
Health Director

BRISTOL BAY AREA HOSPITAL

P.O. Box 10235
DILLINGHAM, ALASKA 99576

PHONE: (907) 842-6201
842-5202

March 1, 1984

Representative Adelheid Herrmann
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Representative Herrmann,

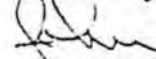
It was very generous of you to allow us the time to discuss our concerns with you on the afternoon of the 28th of February. We were very pleased to be able to present our proposal in such detail, while giving you an update on the progress of the Bristol Bay Area Hospital.

As we discussed, our main concerns include the \$80,000 proposal for a new portable X-ray machine and a portable Ultra-sound machine for the Bristol Bay Area Hospital. While it is late in legislative year, we hope that this request can be added on to an existing bill in the form of an amendment or put on a capital equipment listing.

My other concerns for this current legislative year include supporting SSHB 19, repelling the certificate of need program, that is currently in the Senate HESS committee; supporting HB 548, State assistance for community health aide programs, currently in the House HESS committee and finally strongly opposing SB 460, an act renaming and expanding the functions of the Medicaid Rate Commission and providing for the regulation of rates charged for services provided health facilities.

As I indicated to you at our meeting, these issues are important to the Bristol Bay Area Hospital and we are hoping for your support. If there is anything that I can do to help in your reelection, please feel free to write or call.

Sincerely,



John H. Dumbolton
Administrator

MAR 14 1984

TO: Representative Adelheid Herrmann, District 26
Representative Mae Tischer, Chair, HESS Committee
Senator Bob Mulcahy, District N

FROM: Maddy Chu, CHAP Program, Bristol Bay Area Health
Corporation, Dillingham, Alaska 99576

SUBJECT: HB 548, Community Health Aid Program

Urge your support of HB548 and that it be moved from the HESS Committee and on to the floor for passage.

Health Aides provide basic level health care in remote areas of Alaska. This is a service required by all rural or village residents. To ensure high quality care, on-going training and continuing education should be provided on an annual basis.

Health Aides are responsible for primary care and emergency care. The responsibilities extend over a 24 hour a day period. Vacations and personal time are usually planned secondary to the job responsibilities. Health Aides require a stable, supportive administrative staff at the home Native health corporation and consistent field supervision.

The role, function and liability status of Health Aides in the 1980's needs to be updated. Salaries should be commensurate with responsibilities.

Maddy Chu
CHAP Field Coordinator
(District 26, Bristol Bay Health Corp.)

FEB 23 1984

BRISTOL BAY AREA HEALTH CORPORATION

P.O. Box 10235
DILLINGHAM, ALASKA 99576

February 24, 1984

PHONE: (907) 842-5266
(907) 842-5267

Representative Adelheid Herrmann
Room 212-B
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Adelheid:

On February 23, 1984, Bristol Bay Area Health Corporation's Executive Committee met and passed a motion in full support of HB548 regarding Community Health Aides.

As you are aware, BBAHC's Executive Committee represents 32 villages in the Bristol Bay Area and is the Board of Trustees for our 29 bed hospital.

Our organization has in excess of 70 people on our payroll in the community Health Aide Program (includes alternates and trainers/supervisors) that take care of the majority of our stable population of approximately 6000 people (Natives and non-Natives). The worth of our CHA's has been recognized statewide, nation wide and world wide. It only makes sense that the State of Alaska become involved in assisting this fine program and helping IHS and the regional health corporations so that everyone may continue to benefit from their fine services.

We remain available to assist in any way we can to help have the proposed HB548 become reality on an on-going basis.

Yours in health.

Sincerely yours,



Robert J. Clark
Executive Director

RJC:sf

cc: BBAHC Board of Directors

Alaska Native Health Board
1135 West 8th Avenue, Suite 2
Anchorage, Alaska 99501

Senator Bob Mulcahy
Room 512-C
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

AFN, Inc.
411 West 4th Avenue
Anchorage, Alaska 99510

North Slope Borough Health and Social Services Agency

Box 69
Barrow, Alaska 99723

(907) 852-3999
(907) 852-3065

22 March 1984

Adelheid Herrmann
Alaska State Representative
Pouch V
Juneau, Alaska 99811
Attention: Debra Greenberg

Dear Representative Herrmann;

I would like to take this opportunity on behalf of the North Slope Borough Health & Social Services Agency to express our support of House Bill 548. Our Health Aides put in 24-hour on call coverage, seven days a week in order to alleviate pain and illness. This statement of State Support for the work they perform is greatly appreciated.

Since the bill, as currently written, appears to eliminate the North Slope Borough from consideration, I understand that you are taking steps to substitute or add language that would admit our Municipal Status.

The Borough is not a Non Profit Corporation as stated in paragraph 18.28.040 (2), nor are we a tribal organization.....paragraph 18.28.050 (2)(A). The North Slope Borough is a Home Rule Borough and a municipal corporation.

Sincerely,

Michael R. Stackhouse

Michael Stackhouse
Director
Health & Social Services Agency
North Slope Borough

cc: MS files
LB files
Files

LB:MS:hl



KODIAK AREA NATIVE ASSOCIATION

Post Office Box 1277 - Kodiak, Alaska 99615-1277 - Phone (907) 486-5725

March 14, 1984

Aidelaïd Herman
Chairperson Bush Caucus
Committee
Pouch V
Juneau, Alaska
99811

To The Honorable Aidelaïd Herman,

This letter is in reference to HB 548 regarding Community Health Aides.

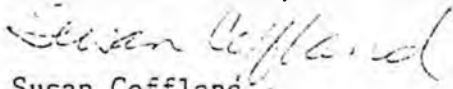
The Community Health Aide Program is the central and most crucial aspect of health care in rural Alaska. The Community Health Aides have been and continues to be of vital importance to their people since they are the first person to assist the patient in rural communities.

Medical technology and knowledge is continually developing and changing, so our health aides must continue to grow in knowledge in order to keep up with current trends in medicine and thereby provide the most optimum care for the patient. Continuing Education programs are the most efficient way to provide training on medical technology changes to the Community Health Aides. Funding for supervision and training programs is needed to have the health aides provide optimum recognition and care of medical problems.

The Kodiak Area Native Association supports House Bill 548 and hope members of the House will support it and thereby the medical needs of rural Alaska.

Sincerely,

KODIAK AREA NATIVE ASSOCIATION
Gordon L. Pullar, President.


Susan Coffland,
Health Director

YUKON-KUSKOKWIM HEALTH CORPORATION

P.O. Box 528
Bethel, Alaska 99559
(907) 543-3321

Representative Tony Vaska
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

March 12, 1984

Dear Representative Vaska:

The Otitis Media/Special Ear Program would like to extend its support of House Bill No. 548.

From our visits to the villages and discussions with the health aides, poor salaries and lack of training are the two main areas of job dissatisfaction. Funding of House Bill 548 would specifically address these areas and hopefully decrease the present health aide attrition rate.

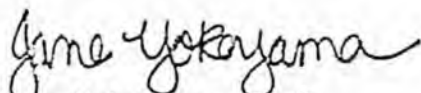
As a Bethel - based health program which travels to villages in the Yukon - Kuskokwim area, we can appreciate the tremendous responsibilities and workload placed on our health aides. Often, they work evenings to help visiting hospital and YKHC staff and receive no monetary compensation. Health aides in the Yukon - Kuskokwim area are the lowest paid in the state. Due to the high turnover, we see primary and alternate health aides having to provide medical care with little or no training. All too often, partially trained health aides quit in frustration and the vicious cycle begins again. Last year the attrition rate for health aides in this area was 27%! This year our program found itself meeting new health aides with little or no training on ear exams in over a third of the villages we visited.


By channeling more funds into training and salaries, health aide satisfaction will increase, the attrition rate will drop, and better medical care will be received in the villages. In addition, the overall cost for health aide services and training will decrease due to fewer new health aides needing to be trained.

We strongly urge you to support House Bill 548.

If you have any questions, please do not hesitate to call.

Sincerely,


Jane Yokoyama, PA-C
Otology Specialist


Jesse Gunlik
Ear Program Assistant
Otitis Media/Special Ear Project



DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

March 2, 1984

ALASKA AREA NATIVE HEALTH SERVICE
BOX 7-741
ANCHORAGE, ALASKA 99510

Refer to: A-D (A-CHAP)

Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services
Pouch H-01
Juneau, Alaska 99811



Dear Commissioner Smith:

I have just reviewed HB 548, "An act relating to state assistance for Community Health Aide Programs; and providing for an effective date." I would like to go on record as supporting this significant legislation in terms of the Community Health Aide Program (CHAP).

As Director of the Alaska Area Native Health Service, I have come to know and appreciate the importance of the CHAP in helping to make possible an improved health status of Alaskan Natives. Community Health Aides (CHAs) are located in 171 isolated communities, from Point Hope to Kasaan. They provide year round primary health care coverage. Not only does this coverage consist of emergency and acute care, it also embraces a wide range of health surveillance and other preventive activities. Drugs may be administered by a CHA under a physician's direction. The CHA, then, represents the front line in the delivery of health care, the link between village residents and the appropriate health care backup system.

The foundation of the CHAP is formed by a consistent training program, which includes a published curriculum and skills list. Using established guidelines and tested approaches to training, health care professionals, whether in the training centers or the field, are better able to relate to training needs of the CHAs. CHA certification is offered to those CHAs who are able to acquire the skills and successfully meet other training requirements. Certification is a milestone for a CHA in the acquisition of specified competencies, and it indicates that a CHA may practice safely with an high level of independence. The term "practitioner" is often used when referring to CHAs who have reached the certificate level.

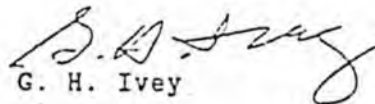
Commissioner Smith
Community Health Aide Program
March 2, 1984

Page 2

The difficulty of making appropriate health care accessible and cost-effective to sparsely populated and widely scattered villages remains an acute problem in many countries. The achievements of the CHAP in helping to reduce this health care service gap in rural Alaska has repeatedly been recognized and acknowledged by health care professionals. The CHAP has been regarded by the World Health Organization as a model program because of its success in utilizing the village resident in improving his own health status.

With the passage of HB 548, significant resources will be made available. From the viewpoint of AANHS, the strong funding assistance proposed in the bill is welcomed and encouraged. This bill will allow not only for program maintenance but also for continued growth and improvement. Passage of this bill will also see the State of Alaska making a much-appreciated budget commitment to the overall program. It is apparent that if the configuration of well-trained CHAs providing primary health care services from small rural clinics is to be maintained and enhanced, the combined resources of the State of Alaska, the Regional Health Corporations, and AANHS will be required.

Sincerely,



G. H. Ivey
Director

Alaska Area Native Health Service

H6 5 13
PO Box 346
Bethel, Alaska 99559

February 21, 1984

FEB 27 1984

Tony Vaska
Pouch V-M/S 3100
Juneau, Alaska 99811

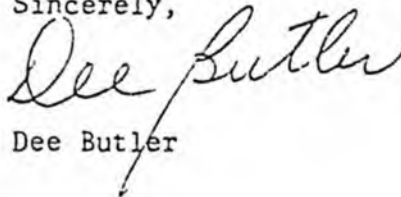
Dear Mr. Vaska:

Health Aides are the very foundation of health care on the Delta. Responsibility for their patients falls on their shoulders 24 hours a day, 7 days a week. As important as health aides are to the Delta's medical program, their remuneration would indicate the opposite to be true.

Health Aide turnover is frequent. The state loses money when trained Health Aides quit their positions because financial rewards do not compensate for stress felt on their jobs.

I would encourage you to support greater funding of the health aide program to 1) make training available to a greater number of applicants, and 2) to increase the health aide pay scale to more accurately reflect the demands of the position.

Sincerely,



Dee Butler

MAR 14 1984

AVCP

Association of Village Council Presidents
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

AVCP RESOLUTION IN SUPPORT OF PROPOSED LEGISLATION TO
PROVIDE FUNDS FOR SALARY INCREASE AND TRAINING OF COMMUNITY
HEALTH AIDES IN THE STATE OF ALASKA.....

- WHEREAS, the Community Health Aide Program (CHAP) is the mainstay and the key element to an effectively functioning health system in Rural Alaska and particularly in the Yukon-Kuskokwim Delta;
- WHEREAS, the Yukon Kuskokwim Health Corporation Community Health Aide Program is the largest program in the entire State of Alaska, comprised of about 130 health aides and 12 administrative/supervisory employees, serving the primary health care needs of around 13 000 inhabitants in 48 villages in the Yukon-Kuskokwim Delta, excluding Bethel;
- WHEREAS, for the past fifteen years of its formal existence, the Community Health Aide Program in the Yukon-Kuskokwim Delta had distinguished itself in accomplishing the original goals and objectives aside from its being constantly aware of its original mandate and mission;
- WHEREAS, the individual health aide in each Yukon-Kuskokwim village had contributed immensely and is committed to the delivery of quality primary health care to each and every villager now and in the future;
- WHEREAS, the winds of change that affect us all place increasing demands on the entire health system including the Community Health Aide Program which makes it necessary to provide more stability in the administration and supervision of health aides and more training to our health aides in order to meet newer and more sophisticated demands from, wants and needs of the villagers;
- WHEREAS, to accomplish the above, there is a crying need for all types of support from all of us living here in the Yukon-Kuskokwim Delta and from other sectors outside of the Delta;
- WHEREAS, moral and human services support for each individual health aide are essential and are within the capabilities of each one of us;
- WHEREAS, it is well documented that our health aides in the Yukon-Kuskokwim Delta are the lowest paid health care providers

AVCP

Association of Village Council Presidents
P. O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

COMMUNITY HEALTH AIDE PROGRAM (CHAP)

RESOLUTION # 83-10-04

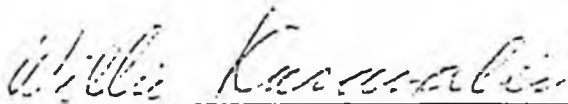
in the entire State of Alaska and the lowest paid health aides among the 12 native health corporation Community Health Aide Programs;

WHEREAS, The Regional Health Directors of the 12 native health corporations are in the process of developing a bill through the State legislature to address these inequities in the Community Health Aide salary structures and the Community Health Aide Training needs on a Statewide basis;

NOW THEREFORE BE IT RESOLVED that AVCP fully support the intent, the thrust and the content of the above-named legislative proposal;

AND BE IT FURTHER RESOLVED that AVCP fully support and encourages any and all individual and/or collective efforts to provide needed human services, moral, financial and other forms of support for our health aides which would surely redound to the benefit of each and every inhabitant in the Yukon-Kuskokwim Delta Region.

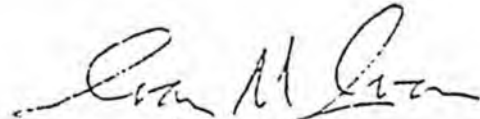
Passed and approved this 14 day of October, 1983



Willie Kasayulie, Chairman

10/14/83

DATE



Ivan M. Ivan, President

10/14/83

DATE SIGNED



**South Central
Health Planning and Development, Inc.**

1135 West Eighth Avenue • Suite 1 • Anchorage, Alaska 99501

(907) 278-3631

February 29, 1984

Honorable Adelheid Herrmann
Alaska State House of
Representatives
Pouch V
Juneau, Alaska 99811

Dear Representative Herrmann:

Re: HB 548 Relating to Community Health Aide Training and Support

The full Board of South Central Health Planning and Development, Inc., met on February 25, 1984. The proposed bill to provide funding for Community Health Aide training was discussed fully. A motion to support the concepts of HB 548 was passed unanimously.

The Community Health Aide program continues to be the most effective, least costly, and best accepted health care service in rural Alaska. I urge you to act expediently to support this Bill.

Sincerely,

Steve Lesko
President

Attachment

SL/ab

SOUTH CENTRAL HEALTH PLANNING AND DEVELOPMENT, INC.

PRESENT STATUS OF FULL BOARD MEMBERS

Subarea #1 - Aleutian Chain

Consumer: Marie Osterback
P.O. Box 156
Sand Point, Alaska 99661
Home: 383-2363

Subarea #2 - Municipality of Anchorage

Provider: Sharon Anderson
112 Fish Hatchery Road
Eagle River, Alaska 99577
Home: 468-9064
Work: 276-1131 (ext. 330)

Consumer: Laura Lee Calhoon
Star Route A, Box 20461
Anchorage, Alaska 99507
Home: 344-7463
Work: 276-1333

Provider: Bill Faulkner
2011 Atwood Drive
Anchorage, Alaska 99503
Home: 272-5091
Work: 272-2557

Consumer: Peter Gallagher
1766 Morningtide
Anchorage, Alaska 99501
Home: 279-4197
Work: 786-1426

Provider: Steve Lesko
6417 Blackberry
Anchorage, Alaska 99502
Home: 243-7438
Work: 274-1581

Consumer: Lillie McGarvey
4200o Tahoe Drive
Anchorage, Alaska 99502
Home: 243-1078

Consumer: Bonnie McGee
4812 Sundi Drive
Anchorage, Alaska 99502
Home: 243-5566

Consumer: Julie Miller
3701 Eureka, Space 57A
Anchorage, Alaska 99503
Phone: 276-1800 (TTY)
Home: 561-0588

Consumer: Bill Orfitelli
P.O. Box 42327
Anchorage, Alaska 99509
Work: 345-2813

Vacant Seat 2-1C
Vacant Seat 2-2C
Vacant Seat 2-3C
Vacant Seat 2-2P
Vacant Seat 2-4P
Vacant Seat 2-6P
Vacant Seat 2-7P

Subarea #3 - Bristol Bay

Provider: Bob Appel
Box 2779
Dillingham, Alaska 99576
Home: 842-5214
Work: 842-5266

Subarea #4 - Cook Inlet

Consumer: Karen Carpenter
Star Route, Box 40
Anchor Point, Alaska 99556
Home: 235-6381

Consumer: Rose Ida Hendricks
P.O. Box 874471
Wasilla, Alaska 99687
Home: 376-3334
Work: 376-3334/562-3146

Consumer: Gloria Okeson
Box 86
Palmer, Alaska 99645
Home: 745-3091

Provider: Beth Taeschner
Box: 56
Soldotna, Alaska 99669
Home: 262-4287
Work: 262-4344

Consumer: Robert Niebrugge
P.O. Box 365
Glennallen, Alaska 99568
Home: 822-3256
Work: 822-3823

Subarea #6 = Kodiak Island

Provider: Daniel Van Wieringen
P.O. Box 1167
Kodiak, Alaska 99615
Home: 486-5959
Work: 486-3281

Subarea #6 = North Pacific Rim

Provider: Jonathan Sewall
Box 1184
Seward, Alaska 99664
Home: 224-3577
Work: 224-5205 (ext. 207)

Subarea #7 = Norton Sound

Provider: Carolyn Michels
P.O. Box 966
Nome, Alaska 99762
Home: 443-2026
Work: 443-5411 (ext 202)

Subarea #7 = Yukon-Kuskokwim

Consumer: Louise Charles
P.O. Box 663
Bethel, Alaska 99559
Home: 543-2954

Provider: George Peratrovich
P.O. Box 528
Bethel, Alaska 99559
Home: 543-2478
Work: 543-3321

IHS Representational Liaison

Diane Muri
Alaska Area Native Health Service
Box 7-741
Anchorage, Alaska 99510
Work: 265-3312

Military Representational Liaison

Colonel Lester Parker
Hospital Administrator
Elmendorf AFB Hospital
Elmendorf, Alaska 99506
Work: 205-9312

TO: SENATOR BOB MULCAHY ⁴
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: JANET NORMAN, COMMUNITY HEALTH AIDE, P.O. BOX 116, NAKNEK, ALASKA
99633

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: IMOGENE GARDINER, COMMUNITY HEALTH AIDE, CLARKS POINT, ALASKA 99569

SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

SENT BY A.M. SORENSEN, DLG LIO

4

MSG 84-00021541 PRY 1 03/07/84 09:34:24 ORIG: LI00 IN= 0004 OUT= 0032
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIR. OF THE HESS COMMITTEE
FROM: MARGARET K. ECHUCK, COMMUNITY HEALTH AIDE, GEN. DEL. PLATINUM,
ALASKA 99651
SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING
YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811
FROM: LYDIA SCHOUTEN, COMMUNITY HEALTH AIDE, GOODNEWS BAY, ALASKA 99569
SUBJECT: HOUSE BILL 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB 548. I FEEL THAT THIS IS AN
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM
SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811
FROM: HELEN C. GROAT, COMMUNITY HEALTH AIDE, GEN. DEL. NAKNEK, ALASKA
99633
SUBJECT: HOUSE BILL 548

I SUPPORT HOUSEBILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE
IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF
THE HESS COMMITTEE AND PASSED.

021601 PRTY 1 03/07/94 08:57 56 ORIG: L100 IN# 0002 OUT# 0003
FROM ANITA MAY, DILLINGHAM TO: JUNEAU INFORMATION
TARGET: LUHK SUBJ: PUBLIC OPINION MESSAGES

SENATOR MULCAHY
REPRESENTATIVE HERRMANN
REPRESENTATIVE MAY TISCHER, HESS CHAIRPERSON
POUCH V, JUNEAU, ALASKA 99811

FROM: VIRGINIA ALECK, COMMUNITY HEALTH AIDE, CHIGNIK LAKE, ALASKA 99502
SUBJECT: HB 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSEBILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR MULCAHY
REPRESENTATIVE HERRMANN
REPRESENTATIVE MAE TISCHER, HESS CHAIRPERSON
POUCH V, JUNEAU, ALASKA 99811

FROM: WASSELIA NICKOLAI, PRIMARY COMMUNITY HEALTH AIDE, EKWOK, ALASKA 99580

SUBJECT: HB 548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSEBILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR MULCAHY
REPRESENTATIVE HERRMANN
REPRESENTATIVE MAE TISCHER, HESS COMMITTEE CHAIR.

FROM: TATANIA KAPATOK, COMMUNITY HEALTH AIDE, KOLIGANEK, ALASKA 99576

SUBJECT: HB 548

PLEASE SUPPORT HOUSE BILL 548. I FEEL THAT THIS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, HESS COMMITTEE CHAIRPERSON

FROM: ANNIE WILSON, COMMUNITY HEALTH AIDE, IGUIGIG, ALASKA 99613

SUBJECT: HB548

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

SENT BY A.M. SORENSEN, DLG L10

MSG 94-00021703 PRTY 1 03/07/84 11:10:41 ORIG: L100 IN= 0005 OUT= 0051
FROM: ANNA MAY, DILLINGHAM TO: JUNEAU INFORMATION
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGES

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIRPERSON OF THE HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: CHARLES AARONS, M.D., DILLINGHAM, ALASKA 99576 (MEDICAL OFFICER AT
BRISTOL BAY AREA HOSP., 1978-82. PRIVATE PRACTICE, DILLINGHAM,
1982-PRESENT.

SUBJECT: HOUSE BILL 548

C.H.A.'S ARE ESSENTIAL FOR ME TO PROVIDE GOOD HEALTH CARE TO MY PATIENTS IN
VILLAGES, NATIVE AND NON-NATIVE. THIS INVESTMENT IS BETTER THAN PRACTICALLY
ANY OTHER ASPECT OF RURAL HEALTH CARE. HOSPITAL BASED PROGRAM SPENDING IS OF
LITTLE HELP TO - MAJORITY OF RURAL ALASKA RESIDENTS WITHOUT ADEQUATE C.H.A.
TRAINING, FUNDING.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIR PERSON OF THE HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: DENISE J. SMITH ROBERTS, PHYSICIANS ASSISTANT, GEN. DEL. DILLINGHAM,
ALASKA 99576 (SOUTH NAKNEK COMMUNITY HEALTH AIDE & PHYSICIANS ASS'T.)

SUBJECT: HOUSE BILL 548

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE
IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF
THE HESS COMMITTEE AND PASSED. THANK YOU.

SENT BY A.M. SORENSEN, DLG L10

MSG 24-00020260 PRTY 1 03/02/84 15:09:43 ORIG: LIOO IN= 0007 OUT= 0102
FROM: DOROTHY IN DILLINGHAM TO: JUREAU INFORMATION
TARGET: LJHK SUBJ: PUBLIC OPINION MESSAGE

3

TO: REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER

SENATOR BOB MULCAHY

FROM: BOB APPEL, DIRECTOR OF COMMUNITY HEALTH SERVICES,
BRISTOL BAY AREA HEALTH CORPORATION, BOX 10236, DILLINGHAM,
ALASKA 99576

SUBJECT: HB548 COMMUNITY HEALTH AIDE PROGRAM

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HB548 THE BILL PROVIDING FUNDING FOR
COMMUNITY HEALTH AIDE PROGRAMS. I FEEL THAT THIS BILL WILL BE OF BENEFIT
TO HEALTH CARE IN ALL OF RURAL ALASKA, AND THAT IT IS AN IMPORTANT BILL.

HELP IN GETTING IT MOVED OUT OF THE HOUSE AND
PASSED INTO LAW.

THANKS.

SENT BY D. LARSON, DLG. LIO

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: WENDY LAWLER, BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

TO: SENATOR MULCAHY
REPRESENTATIVE ~~HERRMANN~~
REPRESENTATIVE TISCHER, CHAIR. HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: SADIE HAKENHULL, BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

TO: SENATOR MULCAHY
REPRESENTATIVE ~~HERRMANN~~
REPRESENTATIVE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: LAURA GORMAN, BOX 315, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ~~HERRMANN~~
REPRESENTATIVE MAE TISCHER, CHAIR., HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: NANCY WITTERHOLT, M.P.H., BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

SENT BY ANNA MAY SORENSEN, DLG LIO

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIR, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: RON PERKINS, BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID ~~HERRMANN~~
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811

FROM: JACKIE KNUTSEN, BOX 187, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID ~~HERRMANN~~
REPRESENTATIVE MAE TISCHER
POUCH V, JUNEAU, ALASKA 99811

FROM: RUSSELL NELSON, BOX 85, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS SUPPORT FOR HOUSE BILL 548. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP ON THIS BILL.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID ~~HERRMANN~~
REPRESENTATIVE MAE TISCHER
POUCH V, JUNEAU, ALASKA 99811

FROM: PANDY BECK, R.N., BOX 10235, ~~DILLINGHAM~~, ALASKA 99576

SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

MSG 84-00022338 PRY 1 03/08/84 13:57:49 ORIG: LI00 IN= 0002 OUT= 0104
TO: ANNA HAY, DILLINGHAM TO: JUNEAU INFORMATION
TARGETS LHM JRM PUBLIC OPINION MESSAGES

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID HERRMANN
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811
FROM: ANN. N. COSKEY, BOX 10235, ~~DILLINGHAM~~, ALASKA 99576
SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR HOUSE BILL 548. I FEEL THAT THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID ~~HERRMANN~~
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811
FROM: CORY C. SUCHMAN, P.O. BOX 2823, ~~DILLINGHAM~~, ALASKA 99576
~~HOUSE BILL 548~~

I SUPPORT HOUSEBILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. PLEASE HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID ~~HERRMANN~~
REPRESENTATIVE MAE TISCHER, CHAIRPERSON, HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811
FROM: THOMAS TILDEN, BOX 10152, ~~DILLINGHAM~~, ALASKA 99576
SUBJECT: ~~HOUSE BILL 548~~

I SUPPORT HOUSE BILL 548. THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I AM SEEKING YOUR HELP IN GETTING THIS BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED. THANK YOU.

TO: SENATOR BOB MULCAHY
REPRESENTATIVE ADELHEID ~~HERRMANN~~
REPRESENTATIVE MAE TISCHER, CHAIR., HESS COMMITTEE
POUCH V, JUNEAU, ALASKA 99811
FROM: MARY CLARK, BOX 2792, ~~DILLINGHAM~~, ALASKA 99576
SUBJECT: ~~HOUSE BILL 548~~

I WOULD LIKE TO EXPRESS MY SUPPORT FOR THIS BILL. I FEEL THIS IS AN IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. PLEASE HELP TO GET THE BILL MOVED OUT OF THE HESS COMMITTEE AND PASSED.

~~THE HOUSE OF REPRESENTATIVES~~
~~COMMITTEE ON LABOR AND HUMAN RESOURCES~~
~~ALABAMA~~

IT IS VERY IMPORTANT TO PEOPLE IN OUR AREA

REPRESENTATIVE HERRMANN, DISTRICT 24
REPRESENTATIVE FISHER, CHAIR, HESS COMMITTEE
SENATOR MULLANY, DISTRICT 11

KENNETH CROOKS, DENTIST, BRISTOL DAY AFTER HOSPITAL
BOX 10235, DIBLINGHAM, ALABAMA 36526 - 843 10235

COMMUNITY HEALTH AIDE PROGRAM ASSISTANCE TO 500

TO BE EXPRESSED BY SUPPORTED. HRS 518 RELATING TO COMMUNITY HEALTH
THE BILL WOULD BE SUBMITTED TO THE HOUSE OF REPRESENTATIVES
I AM SURE YOU WILL DO WHAT YOU CAN TO SEE THAT THIS BILL IS PASSED
LEGISLATIVE THIS SESSION. THANK YOU FOR YOUR HELP.

REPRESENTATIVE HERRMANN, DISTRICT 24
REPRESENTATIVE FISHER, CHAIR, HESS COMMITTEE
SENATOR MULLANY, DISTRICT 11

FROM: DONNA J. TROYER, NIAACCP LAB SUPERVISOR, BRISTOL DAY
AREA HOSPITAL, BOX 10235, DIBLINGHAM, ALABAMA 36526

HE 542

~~THIS BILL IS IMPORTANT AND BENEFICIAL TO THE AREA~~
~~AND THE RURAL ALABAMA. URGE YOUR SUPPORT AND YOUR HELP IN SEEING THAT~~
~~THIS BILL IS MOVED OUT OF THE HESS COMMITTEE AND ON TO PASS THIS SESSION.~~

ALABAMA LEGISLATURE

TO: MARY J. BIZZOBA 09/11/84 09:11:23 (MSGID: 3114) (P: 1) (S: 0007)
FROM: J. SELLERMAN
SUBJECT: RE: OPINION MESSAGES

4
REPRESS/REALIVE--HERRMANN DISTRICT 22
REPRESENTATIVE FISCHER, CHAIR OF THE REST OF--OFFICE
LEGISLATOR MURPHY, DISTRICT 11

FROM: IAN WILSON, MD, BRISTOL BAY ANIA HOSPITAL BOX 1115
PINEBLUFFS PLACKA 99576 - PHONE 842-5101

SUBJECT: HB 548

~~THE MESSAGE IS TO EXPRESS MY SUPPORT FOR HB 548. I FEEL THAT THIS IS A VERY
IMPORTANT BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I
WILL MAKE AN APPEARANCE IN GETTING THE BILL MOVED OUT OF THE BILL COMMITTEE
AND INTO TRACK 100.~~

TO: REPRESENTATIVE HERRMANN, DISTRICT 22
REPRESENTATIVE FISCHER, CHAIR, REST COMMITTEE
LEGISLATOR MURPHY, DISTRICT 11

FROM: JANICE M. WILSON, ASSISTANT ADMINISTRATOR, BRISTOL BAY ANIA
HOSPITAL, BOX 10055, BILLINGHAM, ALASKA - P- 842-5101

SUBJECT: HB 548

THE MESSAGE IS TO EXPRESS MY SUPPORT FOR HB 548. THIS BILL IS VERY
IMPORTANT AND WOULD BENEFIT THE WELL-BEING OF THOSE IN RURAL ALASKA.
I WILL MAKE AN APPEARANCE IN GETTING THE BILL MOVED OUT OF THE BILL
COMMITTEE AND INTO TRACK 100.

TO: REPRESENTATIVE HERRMANN, DISTRICT 22
REPRESENTATIVE FISCHER, CHAIR, REST COMMITTEE
LEGISLATOR MURPHY, DISTRICT 11

FROM: JANICE M. WILSON, ASSISTANT ADMINISTRATOR, BRISTOL BAY ANIA HOSPITAL

SUBJECT: HB 548

THE MESSAGE IS TO EXPRESS MY SUPPORT FOR HB 548 AND THAT I WILL MAKE AN APPEARANCE
IN GETTING THE BILL MOVED OUT OF THE BILL COMMITTEE AND INTO TRACK 100.
I WILL MAKE AN APPEARANCE IN GETTING THE BILL MOVED OUT OF THE BILL
COMMITTEE AND INTO TRACK 100.

105 84-0001-170 1071 05/14/84 11:33:04 ORIG L 01 P 01007 LIT= 0124
TO: DOROTHY IN DILLINGHAM TO: BUREAU INFORMATION
SUBJECT- LHM LHM PUBLIC OPINION MESSAGES

4

TO: REPRESENTATIVE ADELHEID HERRMANN, DISTRICT 26
REPRESENTATIVE MAE FISCHER, CHAIR, HESS COMMITTEE
SENATOR BOB MULCAHY, DISTRICT 4
FROM: JAMES RICKARD, BOX 10235
DILLINGHAM, ALASKA 99576
SUBJ: H9548, COMMUNITY HEALTH AID PROGRAM

1
WOULD LIKE TO EXPRESS MY SUPPORT FOR H9548. I FEEL THAT THIS IS AN IMPORTANT
BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA. I WOULD HELP IN
MOVING THE BILL OUT OF THE HESS COMMITTEE AND URGE PASSAGE.

MSG 14-00024350 FTTH 1 03/14/84 11:41:53 ORIG: LIO IN# 0008 OLT# 0053
FRU. 100 DTHY IN DILLINGHAM TO: JUNEAU INFO
TARGET LJO# SUBJ: PUBLIC OPINION MESSAGE

REPRESENTATIVE ABELHEID HERRMANN, DISTRICT 10
REPRESENTATIVE PAE TISCHER, CHAIR, HESE COMMITTEE

SENATOR BOB MULLAHY, DISTRICT 4

JAMES RICHARD, BOX 10235, ~~DILLINGHAM~~ ALASKA 99576

10543, COMMUNIT HEALTH AID PROGRAM

~~WOMEN'S TRUST EXPRESS THE SUPPORT OF HR 2192. I FEEL THAT THIS IS A~~
~~GOOD BILL THAT BENEFITS HEALTH CARE IN ALL OF RURAL ALASKA~~
~~PLEASE HELP IN GETTING THIS BILL MOVED OUT OF THE HOUSE~~
~~ASAP AND ON IT BECOME LAW. THANK YOU.~~

END
JUN 14 1984
DILLINGHAM, ALASKA, 99576

YUKON-KUSKOKWIM HEALTH CORPORATION

P.O. Box 528
Bethel, Alaska 99559
(907) 543-3321

March 7, 1984

Dear Sirs;

The the super. users and administrators of more than
one hundred thousand community health aides in the Y-K- Delta
wish to request your full support of House Bill #548.
The training and support of CHA's which this bill addresses
is, we feel, as equally as important as the actual provision
of direct health services. The fact too, that in your own way,
your support of this Bill as Legislators is a wonderful
way of providing much-needed support for each and
every health aide in the State of Alaska.

Thank you very much and Sincerely!

R. Lee Pinn, M.D.
Mary K. Kenna, S/P
Lillian Andrew, S/P
Mary C. Nauwal, S/C
Robin He
Barbara Petrovich

Mary Wassilie CHA
Pilot Station, Alaska
99650

Representative
Hartlbert
Juneau, Alaska

3/8/84

I am in support of
House bill 548

Thank you

Mary Wassilie
CHA
Pilot Station,
Alaska

rec'd 3/13/84

HB 548 = Community Health Aide Program

1/27 HESS

Annie Greene

Petit Station.

3/8/84.

Representative Herbert.
Juneau, Alaska.

Dear Sir,

I am in support of
House bill number 548.

Thank you.

Annie Greene. P.S.

CHA

Alaska State Legislature

MAR 14 1984

COMMITTEES

Co-Chairman — Use Resources
Committee
Chairman — REAA Budget Oversight
Committee
Member — House State Affairs
DCT — Finance Sub Committee



House of Representatives

Dick Shultz

While in Session:
Pouch V
State Capitol
Juneau Alaska 99811
Phone (907) 465-4951
465-4940

Home - P.O. Box 355
Delta Junction, Alaska 99737

March 13, 1984

Lorraine Jackson, Treasurer
Copper River Native Association
Drawer H
Copper Center, Alaska 99573

Dear Lorraine:

Thank you for your support on House Bill 548. I do support the bill (I am one of the co-sponsors). The bill has had a fairly "bumpy" time in the HESS Committee and is now being reviewed by Representative Hermanne and her office staff. I believe that when it comes to the Committee for its next hearing--I understand about 3 weeks from now--we should have an acceptable bill.

I do know the Health Aid Programs in the Rural Areas have decreased the amount of work treating patients at the local hospitals--especially in the Glennallen area. Previous to the work of the Village Health Clinics the work load of the doctors at Faith Hospital was becoming a worry to many residents of the area. Doctors in rural areas are always overworked and understaffed and any relief from their work load is beneficial to everyone.

Thank you for your input and I will follow and support HB 548.

Sincerely,

A handwritten signature in cursive script that reads "Dick".

Representative Dick Shultz

DS/spp

cc: Representative Hermanne

Anvik

Feb 21, 1983

Health Aide Service

YKHE

Bethel, Ak.

I'm writing this letter to support
Bill ⁵⁴⁸ ~~438~~ ^{HA}. I'm the health aide of Anvik since
1965. I don't have a alt. HA. as of ~~now~~ now. I
work 7 d's a wk. on stand by 24 hrs a day.
I make a little over \$850.00 a mo. Sometime
that is not enough to feed my family.
I feel like I'm under payed.

Agnis Kruger

3/15/84

Dear Tony Vaska,

I would like to suggest that you
vote for House Bill #548. I'm

Health aides do not get nearly
enough money for what they do & for
the responsibility that they carry.
Voting "yes" would mean better pay
and therefore better quality health aides
& possibly due to good quality care we
could save lives. This bill is very
important to many residents in the
T-K delta. Please vote yes for House
Bill #548

Sincerely,

Hudi Halverson R.D.H.