AK. Native Health Board

2-24-94

Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION AND SOCIAL SERVICES

DATE: 2/24/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:
ALASKA NATIVE HEALTH BOARD
* HB 320: PUBLIC SCHOOL HEALTH & SAFETY EDUCATION
* HB 336: MINORS LOITERING CRIMES W/ GUNS AND KNIVES
* INDICATES FIRST BODY W MEETING)

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
Deborah Erickson	DHSS/Div. of Public Health	P.O. Box 110610 Juneau, AK 99811	99811		465-3090	(Y)	N	HB 320
Joseph Dexter	NSHC/ANHB	Box 916 Nome	99762		443 3311	(Y)	N	ANH PRIORITIES
Anne Walk	ANHB ✓	1345 Rudakof Circle Ste 206 Anc 99508			337-0028	(Y)	N	ANHB Prior. HB 320
Andy Jimmie	ANHB	" "				Y	N	HB 332
Robert J. Clark	ANTHS	" "				Y	N	"
Tamara Lee		P.O. Box 9822 SMC Ketchikan AK 99901		(MESSAGE) 247-2410		(Y)	N	HB336
Etta Kaneen		P.C. Box 207 KING COVE AK 99612	99612	497-2263		(Y)	N	320
Pete De Soya	ALHIV	174 S. Franklin #208 Juneau	99801	4635688		(Y)	N	HB 320
Mildred Prime	ALHIV	Same as above	99801	4635688		(Y)	N	HB 320
Boyce V	ALHIV					(Y)	N	
DANIELLE KUAGAZ V	ALHIV	same as above	99801			(Y)	N	HB 320

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Alyssa Campbell ✓	ALHIV	174 S Franklin #208 Juneau	99801	4635688		(Y)	N	HB 320
Ziff THROWELL ✓	"	"	"	"		(Y)	N	HB 320
LORRI WILSON ✓	"	"	"	"		(Y)	N	HB 320
ALEXIS ROBERTS PEER ED ALHIV ✓	"	"	"	"		(Y)	N	HB 320
JANELLE BILLINGSLEA PEER ED ALHIV ✓	"	"	"	"		(Y)	N	HB 320
MIKE COLE PEER ED ALHIV ✓	"	"	"	"		(Y)	N	HB 320
VINCE BARRY	DOE		99802			Y	N	
Helen Moshkins								
Kathy Faris	AK Nurses Assoc.	Wasilla, AK 701 E. Regard 99654		376-5341		(Y)	N	HB 320
Marvin S. FARIS	MAT-SU School Dist	Palmer High School Palmer, AK	99645	376-7182		(Y)	N	HB 320
						Y	N	
						Y	N	

ALASKA NATIVE HEALTH BOARD

STATE LEGISLATIVE PRIORITIES FOR FISCAL YEAR 1995

I. *PUBLIC POLICY LEGISLATION PRIORITIES*

A. State health care reform

B. Public health services enhancement

C. Mandatory school health education

D. An increase in tobacco taxes

E. Loan forgiveness for health professionals

II. *CAPITAL PROJECT APPROPRIATIONS PRIORITIES*

A. Rural village water and sanitation facilities

B. Village clinic construction and replacement

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A. Home and community based services

B. Health promotion and disease prevention

C. Mental health and substance abuse services

D. Support for physician assistant training and compensation

E. UAA Masters in Social Work degree

SUMMARY OF RECOMMENDATIONS
ALASKA NATIVE HEALTH BOARD
STATE LEGISLATIVE PRIORITIES FOR FISCAL YEAR 1995

I. PUBLIC POLICY LEGISLATION PRIORITIES

A. State health care reform

It is essential that the State of Alaska enact legislation in 1994 to establish the framework for health care reform in Alaska. Alaska has the opportunity to provide for universal coverage and cost containment in a manner that will fit Alaska's unique health care system and needs. The Alaska Native Health Board supports the authorization in 1994 of an "Alaska Health Authority" to be charged with developing a plan of action for the state. This plan should be based on a single-payer system. It should leave intact the Indian Health Service system for the provision of health services to Alaska Natives, while involving the Alaska Native health community in the design of the state's overall health system.

B. Public health services enhancement

The Alaska Native Health Board endorses the legislation introduced by Representative Joe Sitton (H.B.332) and its companion bill (S.B.259) to describe in statute the public health responsibilities of the state of Alaska, to create a public health commission, and to develop a comprehensive plan for providing public health services for the residents of Alaska.

C. Mandatory school health education curriculum

The 1993 legislature was successful in securing passage of legislation urging all school districts in the state to implement a comprehensive school health education curriculum. Despite the Governor's veto, the need remains to ensure that all school-age children in the state receive the basic information essential to maintain personal hygiene, respond to emergency medical conditions, prevent disease, and develop healthy lifestyles. Failure to implement such a curriculum on a mandatory basis will be more costly over the long run than the expense of providing this effort. The Alaska Native Health Board supports passage of H.B.320.

D. Supporting an increase in state tobacco taxes

Alaska has the sixth highest smoking rate in the United States, and the highest level of use of smokeless tobacco. Cancer has outstripped heart disease as the top killer of Alaskans. Raising tobacco taxes has the double benefit of raising revenues for the state while reducing the demand for tobacco, especially among younger Alaskans. The Alaska Native Health Board endorses the Governor's initiative, but recommends that the tax be increased to $1.00 per pack of cigarettes.

E. Loan forgiveness for health professionals

Alaska continues to experience a serious need to recruit and maintain an adequate number of health care professionals statewide. Special needs exist in rural Alaska, where recruitment and retention are more difficult and the need for Alaska Native health professionals is well-demonstrated. We support Senator Ellis' bill (S.B.235) authorizing the forgiveness of state loans to health professionals in exchange for service in the state.

II. CAPITAL PROJECT APPROPRIATIONS PRIORITIES

A. Rural village water and sanitation facilities

For the third year in a row, the Alaska Native Health Board considers the construction and rehabilitation of village water and sanitation systems to be the highest priority for capital projects legislation. In 1993 significant progress was made in improving coordination with federal and state agencies and securing a long-term committment of funding from both sources to address rural Alaska's $1 billion unmet need. The Alaska Native Health Board endorses the recommendation of the Department of Environmental Conservation to maintain an annual commitment of at least $25 million for construction projects in rural Alaskan villages.

B. Village clinic construction and replacement

The Alaska Native Health Board maintains the vision that all villages in Alaska will have adequate community health clinics. We endorse appropriations in response to needs identified by individual rural communities for clinic construction and rehabilitation as an overall capital improvement budget priority. Renewal of a special $500,000 appropriation to the Department of Environmental Conservation will ensure that all village clinics will have piped water and sewer service before the year 2000.

(those clinics who are not hooked up already)

III. HEALTH PROGRAM OPERATIONS PRIORITIES

A. Home and community-based services

In 1993 the Department of Health and Social Services was successful in securing federal waivers to allow the use of Medicaid funds for providing home and community based services in Alaska. Unfortunately, Medicaid funding limitations have delayed the implementation of these new authorities. The Alaska Native Health Board recognizes that, in the long run, home and community based care will reduce the need for institutional services and result in dramatic cost savings for the state. We urge the legislature to provide the Medical Assistance funding necessary for the enhancement of these services in FY1995, and to support the Governor's bill (S.B.249 and H.B. 377) for assisted living services.

B. Health promotion and disease prevention

While health promotion and disease prevention initiatives are responsible for less than one percent of health expenditures in the state, they hold the greatest promise for long-term reduction of mortality, illness, and injury for Alaskans. Through such efforts as passage of the public health legislation and school health education legislation identified above, and through the maintenance and enhancement of funding for current Department of Health and Social Services initiatives, the legislature will provide a strong foundation for long-term health status improvement and medical care cost containment.

C. Mental health and substance abuse services

The State of Alaska made great strides in the late 1980s to develop a comprehensive array of community mental health and substance abuse facilities and services throughout Alaska. It is essential to continue efforts to resolve the Mental Health Lands Trust so that sustained state funding remains available for the services currently provided. Of particular concern is the provision of adequate resources to reduce dependency on the Alaska Psychiatric Institute by allowing rural hospitals to provide inpatient psychiatric services without financial risk.

D. Physician assistant training and compensation

Alaska has become increasingly reliant on physician assistants for providing comprehensive ambulatory care services, especially in many rural communities which lack physician services. The Alaska Native Health Board endorses legislation (S.B.231

and H.B. 341) which will allow and enhance reimbursement for physician assistant services.

Over the past two years the Southeast Alaska Regional Health Corporation has been successful in establishing the first program for training physician assistants in Alaska in conjunction with the University of Washington. The Alaska Native Health Board urges the legislature to provide the financial support necessary to maintain this effort.

E. Masters in Social Work degree at University of Alaska

The University of Alaska Anchorage has been successful in securing support for beginning a Masters in Social Work degree program in Anchorage. The Alaska Native Health Board endorses approval by the legislature of $260,000 for implementing this program in FY1995.

BRIEFING PAPER: ALASKA HEALTH CARE REFORM

Alaska needs to join the growing number of states undertaking the reform of their health care systems. Alaska's health care costs are increasing at staggering rates, and over 75,000 Alaskans have no source of health care coverage.

While most Alaska Natives are included in the benefits system of the Indian Health Service, there are many health services that the Indian Health Service does not provide (such as long-term care) or does not adequately cover. The facilities operated by the regional Alaska Native non-profit health organizations are impacted by service demands of non-insured Alaskans in rural areas, and our resources for purchase of specialized care in the private sector cannot keep up with the increasing costs of such services.

Consequently, the Alaska Native Health Board has been an active participant throughout 1993 in the discussions designed to develop an Alaska-specific solution to our health care crisis.

We concur with both the findings of the ad-hoc committee and the governor that Alaska must put in place its own system of health care reform before a federal mandate is imposed. We urge the Alaska State Legislature to act this session to establish an "Alaska Health Authority" empowered to develop the specifics of a reformed system for consideration in the 1995 legislative session.

We support the concept of a single-payer system which recognizes the need to retain the separate federal medical programs of the Veterans Administration, CHAMPUS, and the Indian Health Service.

The Alaska Native health community is prepared to actively participate with the new Health Authority to ensure that the Alaska Native health system is efficiently and effectively coordinated with the system designed by the state in conjunction with the private sector medical community, the insurance industry, business, and labor.

The Alaska Native Health Board will be submitting specific recommendations concerning the bills which come before the legislature as the session progresses.

BRIEFING PAPER: ENHANCING PUBLIC HEALTH SERVICES

The Alaska Native Health Board was actively involved in a series of meetings in 1993 devoted to the promotion and protection of public health services in Alaska. These included the public health policy conference at the University of Alaska-Fairbanks, the Alaska Health Summit at the Egan Center in Anchorage, and several follow-up meetings with the State of Alaska and other public health agencies.

We share the concern of Representative Joe Sitton that, although the Alaska State Constitution mandates the protection of the health of the public, there has never been formal action to address this protection through state statutes. Furthermore, the essential public health services required by Alaskans should be clearly defined and well-coordinated through a long-term services plan.

The Alaska Native Health Board supports the concept of the formation of a permanent state board or commission to oversee this planning process and address coordination of services. Public health services in Alaska are provided through multiple agencies including the State Department of Health and Social Services, the Indian Health Service, borough and city health departments, and the regional Alaska Native health organizations. The efficiency of these services will be enhanced through proper oversight and coordination.

The reform of the health care system in Alaska must provide for the maintenance of essential public health services.

The Alaska Native Health Board endorses passage of S.B. 259 and H.B. 332 during this legislative session, and is prepared to actively participate in the formation of the commission and the development of a long-term public health services plan.

BRIEFING PAPER: MANDATORY COMPREHENSIVE SCHOOL HEALTH EDUCATION

Health services in Alaska are based to a large extent on crisis intervention and the medical model, which waits until problems become serious before resources are committed. The result is unnecessary suffering, a huge financial burden on individuals and society, and self-destructive patterns of behavior that are resistant to change.

Alaska's primary health problems are behavior-based. They include substance abuse, mental health disorders, suicide, tobacco use, sexually transmitted diseases, unintentional injury, drownings, child abuse, domestic violence, and increasingly HIV.

Whereas we have greatly expanded the availability of clinical services throughout Alaska, medical personnel alone cannot reverse the trends of these diseases and conditions. The Alaska Native Health Board beleives in the old adage that "an ounce of prevention is worth a pound of cure."

One important key to success in addressing behavioral problems in our society lies in the education system. Positive behaviors learned at an early age will have life-long benefits. While a health education emphasis is applied in Headstart programs in Alaska, our elementary and high schools generally fail to provide comprehensive education for our youth regarding personal and family health.

School districts complain that the resources are not adequate and that other curricula must be prioritized, yet our school spending levels outstrip any other state. While conservative parents argue that sex education should not be taught in schools, our STD and teen pregnancy rates are among the highest in the country.

Health education focuses on many non-controversial areas, including personal hygiene, personal safety and injury prevention, knowledge of diseases, first aid and CPR. Sex education can be modified to meet parental concerns in each school district.

Health education is inexpensive relative to many other curricula, and will save millions of dollars in long-term medical care and other societal costs if implemented. School districts will not institute more than cursory programs unless mandated by the State of Alaska. Your mandate is requested.

BRIEFING PAPER: SUPPORTING AN INCREASE IN TOBACCO TAXES

An Anchorage Daily News headline in October, 1993 delivered a chilling message that has become all too common throughout the United States of America: "Cancer top killer in state: Officials blame tobacco for rise." This should come as no surprise in Alaska, with the sixth highest smoking rate in the U.S. The previous "top killer" in Alaska was heart disease, which is often attributable to smoking as well. Rates of smokeless tobacco use in Alaska are the highest in the United States, leading to early nicotine addiction among hundreds of youth each year and placing users at high risk for cancer of the mouth and other disease.

The good new about tobacco-related death and disease is that they are is entirely preventable. In addition, lawmakers have at their disposal a powerful tool to significantly reduce demand for tobacco while actually raising revenues: that is, raising tobacco taxes.

Governor Hickel is to be commended for his recent proposal to raise Alaska's cigarette tax by 14 cents a pack (to 42 cents). However, consideration of the magnitude of the problem, the effectiveness of taxation, and levels of taxation in Alaska as compared to other states and countries quickly reveals that a 14 cent increase is not nearly enough. Consider the facts:

- Smoking claims more lives in the U.S. each year than alcohol, cocaine, heroin, auto accidents, homicide, and suicide **combined**.

- Smoking is seldom an informed choice. Almost all new users are children and teens who are most susceptible to advertising. Most adults smoke not by choice but from addiction.

- Tobacco is the only consumer product that kills when used exactly as prescribed.

- More Americans will die from second-hand smoke this year than from AIDS. Children whose parents smoke are at high risk of asthma, bronchitis, pneumonia, otitis media, and sudden infant death syndrome.

- Smoking causes approximately one out of every six deaths in Alaska. Alaska's health care costs attributable to smoking in 1989 were estimated at $34.1 million for persons 35 and older. Alaskans spend over $105 million each year on tobacco.

- Alaska Natives have one of the highest smoking rates in the nation, averaging nearly 50% among both men and women.

- Rates of smokeless tobacco use in Alaska are also highest among Alaska Natives.

- Alaska Natives have the highest cancer death rate of any Native group in the country. The most common cancer is lung cancer.

Since Canada raised its cigarette taxes in the late 1980s from an average of 46 cents per pack to $3.27 per pack, teen smoking has been reduced by two-thirds and total cigarette consumption has fallen faster than anywhere in the world.

A recent Gallup poll revealed that most smokers want to quit, and 86 percent said they would try to quit if cigarette prices rose to $5.00 per pack.

With our current tax of 29 cents per pack, Alaska ranks 23rd out of the 50 states in taxation levels, while the United States ranks last among 18 developed nations in cigarette taxes.

The Alaska Native Health Board strongly urges the legislature to raise Alaska's cigarette tax to $1.00 per pack or higher. We also urge the state to use a portion of the revenues to fund a permanent Office of Tobacco Control within the Division of Public Health.

BRIEFING PAPER: LOAN FORGIVENESS FOR HEALTH PROFESSIONALS

The regional Alaska Native health organizations currently constitute a $150,000,000 industry in rural Alaska. These organizations are responsible for the operation and management of six hospitals, numerous health centers, and a wide spectrum of community health programs.

The success of these organizations is critically dependent on their ability to attract and retain qualified health care professionals, including physicians, mid-level practitioners, dentists, nurses, pharmacists, radiology and laboratory technicians, and sanitarians. Many of the individuals currently employed were recruited from outside of the state and have a tenure of two years or less.

Alaska Natives currently represent less than 10 percent of the health care professionals serving with these organizations. While this number is increasing, one of the most significant barriers to successful placement of Alaska Natives in health professions is the high cost of medical education.

Often Alaska Natives who successfully complete courses of study in the lower 48 states end up practicing outside of Alaska or in urban areas because of the need to generate an adequate income to repay student loans.

The Alaska Native Health Board believes that more Alaskans will pursue the health professions, and that more Alaskan health professionals will return to serve in rural Alaska if the onus of repayment is relieved.

Passage of the legislation submitted by Senator Johnny Ellis, S.B.235, will provide the relief that is needed. This will ensure that Alaska's investment in health professional education is rewarded by attracting and retaining Alaskans in service to essential health programs throughout the state.

BRIEFING PAPER: RURAL VILLAGE WATER AND SANITATION FACILITIES

1994 marks the third year that the Alaska Native Health Board has placed village water and sanitation facilities at the top of its priority list for capital appropriations by the Alaska State Legislature.

We commend the legislature for the landmark actions of the 1993 session in approving nearly $44 million for construction and rehabilitation of facilities in rural communities.

We believe that substantial progress was made administratively in 1993 in addressing the $1 billion unmet need in these areas. The Departments of Envrironmental Conservation and Community and Natural Resources participated in a year-long joint effort with federal agencies to clearly substantiate the needs, improve coordination on construction prioritization and implementation, improve protocols for working with city and tribal governments, provide training for community system operators, and address such difficult issues as the need for subsidizing operational costs.

The Alaska Native Health Board in turn has taken the lead in organizing a Rural Alaska Sanitation Coalition, which will bring together rural health agency representatives and community government representatives to work cooperatively with state and federal agency personnel to continue this work in 1994 and 1995. We will be co-sponsoring a sanitation summit meeting in conjunction with the Alaska State Rural Development Council in Anchorage March 14-18, 1994, and urge attendance by legislators.

The most important ingredient in the long-range solution is a commitment by the State of Alaska to a ten-year schedule of construction equally matched by federal funds. The Department of Environmental Conservation is recommending an FY1995 capital appropriation of $25 million to address the needs in the communities highest on its priority listing. While a ten-year schedule will require a commitment of $50 million per year, we applaud DEC's initiative and urge the legislature's support.

Over 100 communities in rural Alaska still use honeybuckets for their waste management. Many sewage lagoons and community solid waste sites are out of compliance with federal and state standards. Rural Alaska will continue to face sanitation-related diseases such as Hepatitis A and meningitis until piped water and sewer are available in these communities.

BRIEFING PAPER: VILLAGE CLINIC CONSTRUCTION AND REPLACEMENT

Over 400 Community Health Aides serve as the backbone of rural Alaska's health care program. Substantial improvements in the numbers, compensation, and training levels of Community Health Aides have been accomplished in the past three years as the result of increased program support by the Indian Health Service. However, many community clinics continue to be substandard, lacking adequate equipment, heating sources, handicapped access, adequate lighting, storage space, and, most importantly, access to safe water and sanitation.

Most community health clinics in rural Alaska are owned and operated by local governments through leases with the Indian Health Service. The only source of financing for replacing or upgrading these facilities is through DCRA grant sources or designated capital appropriations.

The Alaska Native Health Board applauds the Alaska State Legislature for the appropriations made in 1993 for the upgrade of many facilities. Community governments which prioritize the safety and adequacy of their community health clinics deserve the continuing support of the legislature in meeting these needs.

The Alaska Native Health Board also requests the continuation of the annual appropriation of $500,000 begun two years ago to address the need to provide for piped water and sewer service to all village health clinics. Over the past two years this allocation has met approximately one-half of the needs identified by the state and the Indian Health Service. We need to fulfill the objective of safe water supply in all rural clinics by the year 2000.

BRIEFING PAPER: HOME AND COMMUNITY BASED SERVICES

Last year the Alaska Native Health Board urged the State of Alaska to secure waivers from the U.S. Department of Health and Human Services to implement Project CHOICE. We are pleased that these waivers have been granted and that the program is now underway. The costs of institutional care for elderly and disabled Alaskans are the highest in the United States. Alaska's elderly population will continue to grow at an accelerating rate (94 percent in the last decade). It is essential that the State of Alaska undertake every effort to seek means for providing for the health and social needs of our elderly and disabled through non-institutional approaches in the coming years.

The technology for de-institutionalization is rapidly improving through the investments being made in home health care in the lower 48 states. This technology must be replicated in Alaska, and special efforts must be made to make it available in rural areas. Many of the regional Alaska Native health organizations are investing in the identification and training for home health aides and personal care providers and are seeking to convert available facilities for extended care services. Many rural Alaska communities are proposing low-cost alternatives through the offering of such programs as home-delivered or group meal programs, respite care, personal care/chore services, adult day care and group homes, case management, and assisted living services.

Investments by the State of Alaska in programs such as these will ensure that elderly and disabled rural Alaskans can stay in their home communities where their quality of life is better and their longevity will be enhanced. Such an investment will reduce the demand for the construction of higher-cost facilities in both urban and rural Alaska, and reduce the burden on Medicaid, GRM, and private insurance resources for financing these services.

It should be the goal of state policy makers to ensure a full continuum of care to meet the needs of all Alaskans, regardless of income or Medicaid eligibility. We encourage close scrutiny of the September 1993 reports released by the Older Alaskans Commission, entitled "A Blueprint for Home-Based Long-Term Care for the Elderly in Alaska" and 'Long-Term Care Alternatives for Alaska's Elderly: 1993 and Beyond." The Alaska Native Health Board urges full funding for the Division of Medical Assistance appropriation for these services, and support the Governor's bill for assisted living (S.B.249 and H.B. 377). We urge the Legislature to work with the Older Alaskans Commission and regional Alaska Native health organizations to help close the large gaps in services to rural and Alaska Native elders. Such efforts will ultimately benefit not only our elders, but all Alaskans.

BRIEFING PAPER: HEALTH PROMOTION AND DISEASE PREVENTION

A dramatic shift in causes of death among Alaska Natives has been seen in the last 50 years. In 1950, almost 46 percent of Alaska Native deaths were from infections, while 11.3 percent were due to suicides, homicides, and unintentional injuries. Today, infections account for only 1.2 percent of deaths while suicides, homicides, and unintentional injuries (including drownings, aircraft and motor vehicle accidents, fires, and injuries related to alcohol and other drugs) now account for almost one-third of all Native deaths. Deaths from heart disease and cancer have increased from 12.4 percent of the total in 1950 to 31.8 percent today. Like suicide, homicide, and injury, cancer and heart disease are largely preventable through healthy lifestyle choices.

The 1993 report of the Alaska Health Resources and Access Task Force is unequivocal in its call for greater State investment in health promotion and disease prevention to address these behavioral health issues. This report cited the American Public Health Association's ranking of Alaska as 44th among the states in healthy behaviors.

The Department of Health and Social Services initiated an Office of Prevention under the Cowper administration; unfortunately this initiative was cancelled by Dr. Ted Mala. This administration has also reduced the number of public health nurses located in rural Alaska. The few programs that are currently in place need to be maintained and strengthened, including the BRU grant awards to the regional non-profit Alaska Native health organizations.

The Alaska Native Health Board strongly endorses the community health promotion grant program administered by the Division of Public Health using the federal Preventive Health and Health Services block grant. Programs such as the Rural Human Services Project and the Community Suicide Prevention grant program are essential to turning around rural Alaska's behavioral health problems. Programs which provide family counseling, alcohol-free community activities, aftercare services from persons returning from treatment, FAS and AIDS education and prevention, parenting skills training, smoking cessation services, and nutrition education are in critical need in most rural Alaska communities.

The resources of the Indian Health Service alone are not adequate to provide these programs. Continued support from the State of Alaska will ensure that future generations of Alaskans will be healthier and more productive citizens.

BRIEFING PAPER: MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

The investment made by the State of Alaska over the past ten years in the establishment and growth of comprehensive mental health and substance abuse treatment facilities and services is finally paying off.

The Alaska Native Health Board believes that sustained education efforts regarding these problems, combined with an increased commitment on behalf of the Alaska Native leadership, is resulting in a growing desire to address these problems by families and communities to seek assistance and change in their lives.

Rural and Alaska Native organizations have invested more of our available resources to establish the types of programs which are proving successful, including recovery camps, halfway houses, and youth treatment programs. Alaska Natives have increasingly become committed to receiving the training necessary to provide these services for ourselves in our communities.

Now that the state revenue crisis is intensifying, the pressures to reduce funding for these programs will increase. Because of the nature of the problems they address, the need to sustain these programs over a ten to 20-year time frame is essential. If Alaska is to reduce the long-term demand for corrections facilities and programs, for psychiatric institutions, and for inpatient medical facilities, community-based prevention and treatment programs must be sustained.

The revenue stream required for their support is available through the Mental Health Lands Trust settlement. We urge the Alaska State Legislature to undertake all necessary actions to ensure the conclusion of this settlement in 1994. We further recommend close consideration of the recommendations of the Alaska Mental Health Board and the new strategic plan of the Division of Alcoholism and Drug Abuse for other approaches to resolving these difficult issues.

The Alaska Native Health Board requests that these community mental health and substance abuse programs be maintained at current levels in FY1995, and allowed to become successful in achieving our objectives of sobriety and wellness in the Alaska Native community.

BRIEFING PAPER: SUPPORT FOR PHYSICIAN ASSISTANT TRAINING AND COMPENSATION

In 1992 the Alaska Native Health Board endorsed the proposal by the Southeast Alaska Regional Health Corporation to initiate an in-state training program for physician assistants. In 1993 this program became a reality, and has helped increase the availability of Alaska-trained mid-level practitioners.

Physician assistants are in increasing demand throughout Alaska and are becoming an essential feature of the rural Alaska health care system.

Physician assistants meet the need for outpatient services in communities which are too large to be served by Comunity Health Aides but are too small to attract physicians as local health care providers. Under the preceptorship of urban-based physicians, they can provide a more comprehensive array of pharmaceuticals, coordinate medical evacuations, diagnose and refer more complex medical cases, and provide clinical support for Community Health Aides in surrounding communities. It is also substantially less expensive for rural communities to support physician assistants than physicians.

The University of Washington and the WAMI Medical Education Program have demonstrated that physician assistants who are trained in Alaska are more likely to return to practice in Alaska. In addition, the in-state training offered in Sitka is generally preferred by Alaska Natives over lower-48 based training.

State funding for continuation of the SEARHC physician assistant training program at Sitka is essential to maintain this program in future years of operation.

The Alaska Native Health Board also endorses legislation extending Medicaid reimbursement for more of the services provided by physician assistants in rural Alaska (S.B.231 and H.B. 341). Such reimbursement will increase the viability of subregional health centers operated by local governments and reduce the demand on Medicaid for payment of travel costs for referral to treatment in urban facilities.

BRIEFING PAPER: SUPPORTING THE MASTERS IN SOCIAL WORK PROGRAM AT THE UNIVERSITY OF ALASKA–ANCHORAGE

Last year the Alaska Native Health Board encouraged the Alaska State Legislature to support the development of a Masters in Social Work Degree Program at the University of Alaska in Anchorage. This program has now been authorized and has enrolled 30 students.

There is a high demand for social workers throughout the state. Our regional health and social services organizations require MSW degree social workers to be in compliance with federal and state regulations for program operations. Other agencies demanding qualified MSW candidates include the Division of Family and Youth Services and community mental health centers.

The availability of an Alaska-based program increases the ability of Alaska Natives to secure this degree both in terms of affordability and access. Eleven percent of the University of Alaska's Bachelors in Social Work graduates are Alaska Natives, and many seek to achieve a masters degree.

The program increases the tuition revenues of the University of Alaska system, capturing resources that would otherwise go to outside educational institutions.

The program includes the requirement for students to provide 14,800 hours per year of voluntary placement in Alaska health and social service agencies, enhancing the services of these agencies and increasing the familiarization of the students with Alaska's unique program demands.

The UAA Masters In Social Work degree program needs a second year commitment of $260,000 from the Alaska State Legislature to maintain its operations. The Alaska Native Health Board strongly endorses this investment.

SEARHC / 93

SOUTHEAST
ALASKA
REGIONAL
HEALTH
CORPORATION

Accreditation with Commendation

Celebrating

national recognition

for quality patient care

SEARHC / 93

Inside:

President's message

Dear Friends,

Early in 1993, we received good news from the Joint Commission on Accreditation of Healthcare Organizations. The Joint Commission not only renewed our hospital and clinic accreditation but also awarded both facilities their prized *Commendation* citation.

With this kind of national recognition, SEARHC patients can be assured that their health corporation is providing a level of care that meets and exceeds all standards for excellence set by the health care industry.

Later in 1993, we again received positive feedback about the quality of our services. The Commission on Accreditation of Rehabilitation Facilities (CARF) awarded national accreditation to our Raven's Way adolescent substance abuse treatment program. CARF certification is a major milestone for our youth program, which we started just four years ago.

Such recognition of our patient care is especially important to us as we prepare to assume management responsibilities for the Indian Health Service Ketchikan Clinic. Our goal is to make this same quality of care available for the Native people of the Ketchikan area. We look forward, in 1994, to finally welcoming our brothers and sisters in Ketchikan to the SEARHC family.

Sincerely,

Ethel Lund

Ethel Lund, *President*

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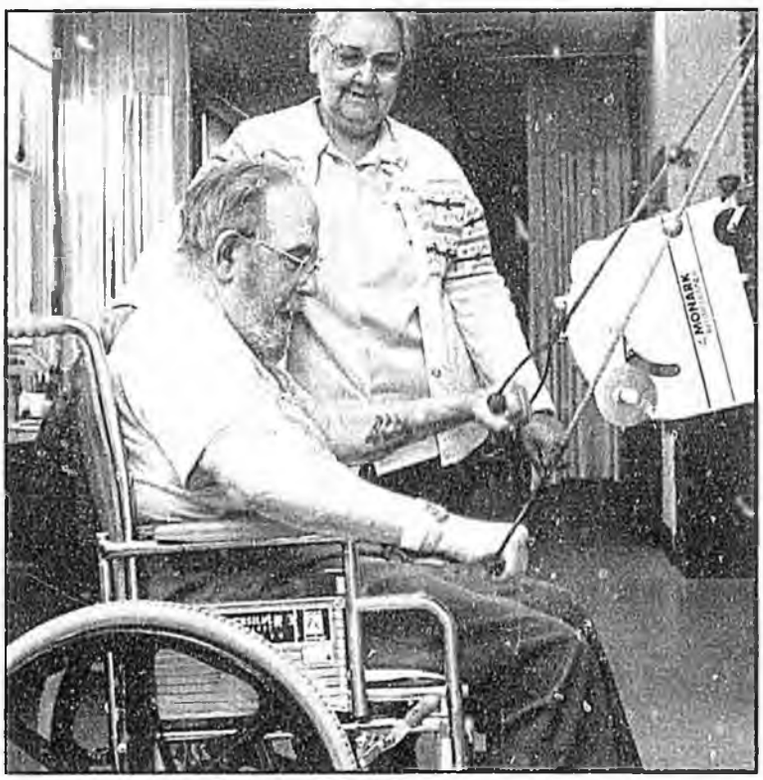
Celebrating accreditation

The nation's leading hospital accrediting body—the Joint Commission on Accreditation of Healthcare Organizations—in 1993 awarded SEARHC Mt. Edgecumbe Hospital *Accreditation with Commendation.*

A Joint Commission commendation is the most prestigious rating a hospital can receive. Only 6% of hospitals nationwide have achieved this status. Our overall

Mt. Edgecumbe Hospital was rated among the best in the nation

score in the Joint Commission review was the highest ever achieved by an Indian Health Service or tribally-administered IHS hospital. To qualify for a Joint Commission commendation a hospital cannot have even one serious deficiency during the extensive on-site review. This award is not possible without a total team effort and a high level of performance by many different services.



In a separate review by the Joint Commission, our hospital's Chemical Dependency Unit (formerly Alcoholism Therapy Services) was also found to be free of major deficiencies. The reviewers praised the program as being "ahead of the power curve" when compared to similar hospital services nationwide.

Celebrating accreditation

(CONTINUED)

Our Juneau clinic was the first in Alaska to receive a perfect accreditation review score

SEARHC Juneau Medical-Dental Clinic has also been awarded the Joint Commission *Accreditation with Commendation*. The Juneau Clinic is the first medical clinic in Alaska ever to receive a perfect score of 100 in all areas of the accreditation review.

The evaluation by the Joint Commission is a voluntary process that hospitals and other health care facilities undergo once every three years. While most hospitals seek accreditation, fewer outpatient clinics participate in the review process. SEARHC's Juneau Clinic is one of just four accredited clinics in Alaska.

During the review, the Joint Commission scrutinizes every part of a facility's operations, including medical records, safety procedures, staff credentials, and quality assurance. One of the Joint Commission reviewers told SEARHC Juneau staff, "You have done more with quality assurance than any other clinic I've surveyed. Your staff is clearly committed to quality patient care."

Our youth treatment program was first of its kind in the state to be awarded national accreditation

In 1993 our Sitka-based Raven's Way program became the first youth substance abuse treatment program of its kind in Alaska to receive national accreditation. Raven's Way is a free-standing, or non-hospital based, treatment program. After an exhaustive on-site evaluation of the program the Commission on Accreditation of Rehabilitation Facilities (CARF) found that Raven's Way meets the "high standards of performance" the organization has set for treatment programs nationally.

Four years ago, we took on the challenge of demonstrating a new concept in treatment—one based on the "experiential" (outdoor) education model. CARF was impressed with this model and said in its report, "The utilization of the natural environment to develop self-sufficiency and self-esteem via kayaking, hiking, and related activities is commendable."

CARF also commended us for the expansions we have made to our program over the past several years. The report notes: "[SEARHC] has wisely developed and implemented a comprehensive treatment program which addresses the physical, social, psychological, cultural, and spiritual needs of the persons served."

2

Joining hands with Ketchikan

SEARHC is scheduled to assume management of the Indian Health Service (IHS) Ketchikan Clinic in the coming year. A resolution passed last year by the Ketchikan Indian Corporation (KIC) ended a decade of uncertainty about the future administration of the clinic—which provides medical services to the Native people of Ketchikan, Saxman, and Prince of Wales Island.

IHS indicated several years ago a willingness to contract for tribal operation of the Ketchikan Clinic. After studying the matter, KIC determined that it would be most beneficial for the tribe to take advantage of SEARHC's experience and expertise in Native health care. Tribal councils in Saxman and the Prince of Wales communities of Klawock, Craig, Kasaan, and Hydaburg have also endorsed SEARHC management of the clinic.

We are pleased that the Ketchikan clinic will now be transferred to Native management and that health services for the Native people of Southeast will now be unified. Tribal management of health services for SEARHC communities has meant more local autonomy, greater flexibility in management, and improved patient services.

Our goal is to raise the level of care at the Ketchikan Clinic over the next five years to that of the corporation's Juneau and Sitka facilities. The clinic in Ketchikan has been underfunded by the federal government for many years, and we hope to attract additional resources for the facility.

In the coming year we will begin to manage the Indian Health Service Ketchikan Clinic

3

Breaking new ground

In the fall of 1993, SEARHC welcomed students arriving for the first in-state training program for physician assistants. Guest speaker Health and Social Services Commissioner Ted Mala told the 12 students—all of whom are from Alaska—that there is a tremendous need for physician assistants (PAs) in the state and that they are on the leading edge of a growing movement. "I expect PAs to play a major role in national health care reform," he stated. Training PAs, we believe, is the most efficient way to meet the health needs of underserved rural Alaska communities.

This year we helped start the first physician assistant training in Alaska

To launch this exciting new program, SEARHC brought together a coalition of health and education agencies. In addition to SEARHC, other members of the coalition are: MEDEX Northwest Physician Assistant Training Program (University of Washington), University of Alaska Southeast (Sitka), and Yukon Kuskokwim Health Corporation.

The Alaska PA training center is based in Sitka and uses SEARHC and UAS facilities. The program is a satellite campus of MEDEX Northwest—the only PA training program in the Pacific Northwest. A major focus of the new Alaska program is to recruit Community Health Aides to prepare for PA certification.

One of the reasons PA training will play a big role in health care reform is that the cost and time investment needed to train a PA is just a fraction of what is required to train a doctor. Additionally, PAs are also much more likely than medical school graduates to return to their home region when they complete their training.

Our Juneau clinic was awarded a special federal grant to promote Native teen health

The SEARHC Juneau Clinic in cooperation with Juneau School District and the Juneau Public Health Center last year opened the first in-school teen health clinic in Alaska. This year we received a federal grant to expand our teen clinic hours, add a mental health component, and extend our services into the classroom to do health promotion work and into the community to reach school drop-outs.

In the second year of the project we will start teen support groups dealing with substance abuse, teen sex, and family issues. We also want to include drumming and other traditional healing practices in these "talking circles" and involve elders from the community.

As part of our Juneau teen health project, we recently completed a video production entitled *Precious Boundaries*. The video, which deals with teen sexuality issues and features students from Juneau-Douglas High School, has been widely distributed throughout the state.

These outreach efforts have been in direct response to the high priority our communities have given to addressing teen pregnancy, suicide, substance abuse, and other health-related problems facing Native adolescents.

4

Drawing from the past

We began a traditional healing program that is being led by our Council of Elders

SEARHC celebrated the arrival of its new inter-tribal drum at a dedication ceremony last fall in Sitka. The "big drum," which is considerably larger than most Southeast Native dance drums, has been given the name "Haa Shagoon," (Spirit of our Ancestors).

Drumming has traditionally played an important role in Native wellness. The drum will be available for use at Mt. Edgecumbe Hospital and in the Southeast communities. It joins the SEARHC healing robe and the recently built sweat lodge at Mt. Edgecumbe Hospital as a part of the SEARHC traditional healing program.

The intent of this initiative is to recognize and respect the important role that spiritual healing plays in Native wellness. The robe is being used regularly by the SEARHC Chemical Dependency Unit (formerly ATS) and Raven's Way youth treatment program.

To provide guidance for the new program, SEARHC has asked Nora and Richard Dauenhauer, Walter Austin, Cyrus Peck, Jr., and Nels Lawson, Sr. to serve as a Council of Elders.

Looking to the future

Several years ago we were one of the first Indian Health Service contractors to apply the principles of Total Quality Management (TQM) to the operation of a health care facility. This new management approach has been highly successful for many leading corporations nationwide. But the use of TQM in the health care industry has been limited.

Over the past two years we have successfully adapted the quality management approach to the Native health care work environment. We created our own brand of TQM—which we call SEARHC Quality Management (SQM)—to improve our programs and services.

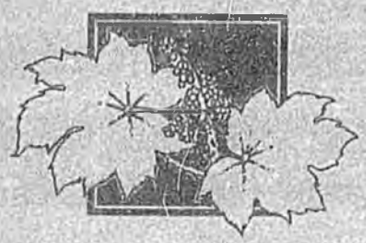
We are using the newest Quality Management techniques to solve major community health problems

This year we embarked on another quality management innovation—applying SQM techniques to finding better solutions to the leading health concerns of our communities. We are now forming a number of new SQM teams—each focusing on one of the critical Native health issues identified in our Strategic Health Plan.

These SQM teams are looking into such health status issues as HIV/AIDS, diabetes, substance abuse, dental health, and unintentional injuries. Each team draws on the expertise of a variety of our staff members and involves key individuals in the communities as needed.

SOUTHEAST ALASKA REGIONAL HEALTH CORPORATION

SEARHC



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