

**AK
NATIVE
HEALTH
BOARD**

2/20/01,

2/19/02

Community and Regional Affairs Committee

8AM

Tuesday, 2/20/01

Capitol 124

Representative Carl Morgan, Jr. and Representative Kevin Meyer, Co-Chairs

1. Call to Order

Today's date is February 20, 2001

The time is 8:08

2. Roll Call - (Quorum - need 4)

- ✓ Representative Meyer, Co-Chair
- ✓ Representative Morgan, Co-Chair
- ✓ Representative Guess
- ✓ Representative Halcro
- Representative Kerttula
- Representative Murkowski
- ✓ Representative Scalzi

3. Purpose of the Meeting

- Purpose of today's committee is to hear House Concurrent Resolution No. 1, "Relating to establishing a Task Force on a Statewide Comprehensive Energy Plan" AND to hear a brief overview from the Alaska Native Health Board on legislative priorities for 2001.
- We will first hear HCR 1, then from the Alaska Native Health Board.
- The Alaska Native Health Board portion of today's hearing is being teleconferenced.
- Invite Representative Berkowitz to the table. Questions/Comments from Committee Members as necessary.

4. Others wishing to testify on HCR 1.

5. Committee Action on HCR 1.

6.. Alaska Native Health Board is represented by Robert Clark, President and CEO of Bristol Bay Area Health Corporation. (THERE MAY BE OTHERS WHO WILL JOIN MR. CLARK IN GIVING TESTIMONY). The testimony is on runway lighting in Rural Alaska and Rural Sanitation.

6. Invite Mr. Clark (and others?) to the table for their presentation.

7. The Administration may wish to address the committee on Alaska Native Health Board Topics. Ask the Administration Representative to the table. (The Administration may have teleconference participants.)

8. Other Business/Next Meeting

9. Adjournment

**HOUSE COMMUNITY & REGIONAL AFFAIRS
Presentation Material**

**By
Alaska Native Health Board Representatives**

**February 19, 2002
9:30a**

OPENING REMARKS

Good Morning Mr. Chairman, Representative Carl Morgan, and all of the House Community & Regional Affairs Committee Members. On behalf of the full board of directors of the Alaska Native Health Board, we thank you for providing us the opportunity to provide you an overview of some of the Alaska Native Health Board 2002 & 2003 Statewide Priorities.

As you may already know, the Alaska Native Health Board is the Statewide Native Health Advocacy Organization with membership to include all 638 Compact members, large and small across our Great State. We represent a well-organized, complicated and intricate health care system that many, many Alaska residents, Native & Non-Native rely on for their daily health care. The Board uses a comprehensive definition of health, which includes water and sewer, infrastructure, prevention and education. We feel strongly that all matters concerning Alaska Natives, Rural Alaska and all public health matters affect our ability to deliver the best health care possible and thus, we come before you today to discuss rural sanitation, runway lights in rural Alaska and other concerns such as Power Cost Equalization, borough formation, municipal taxes and other matters placing restrictions and additional costs to our communities that already are dealing with less than desired economies of scale.

RURAL SANITATION

Mr. Chairman and Committee Members, the most significant needs in rural Alaska with respect to water and sewer systems and solid waste management include the need to:

1. To have the ability to plan and pay for on-going operation and maintenance systems. To do this we must maintain state-funded programs, such as the Remote Maintenance Worker (RMW) and Rural Utility Business Advisor Program (RUBA).

The Alaska Native Health Board encourages the legislature and state government to look at creative alternatives for increasing the capacity of the RUBA program by supporting contractual or partnership relationships with organizations that can provide the needed training and assistance to rural communities. ANHB would be happy to assist in this effort and provide advice, technical support as well as a communication network unlike any currently existing in the State.

ANHB further encourages the legislature to increase funding to an adequate level to meet demand. Our populations are growing, current systems must be maintained to keep up with the growth and expansion and old systems are being replaced with more complicated systems that require higher levels of expertise and technical abilities.

The Alaska Department of Environmental Conservation's Remote Maintenance Worker Program assists rural communities with:

- Sanitation facility operation and maintenance
- Operator and utility manager training
- Emergency troubleshooting
- Repair of water and wastewater systems,
- And Sanitation facility project assistance.

2. Mr. Chairman, we must also have the technical, financial, and managerial capacity to plan for the sanitation needs so that communities can manage and operate their systems in an effective manner for the expected life of the system. Without this, the investment the State and our organizations have made or will make will be put in jeopardy. The Alaska Native Health Board has a long-standing committee, The Rural Alaska Sanitation Coalition or RASC as you may know them, that has the ability to advise us, the State, the Governor's Rural Sanitation Council and others interested in what they have to offer in regards to Statewide planning, financial funding availability and expert, rural sanitation management. Alaska Native Health Board encourages the State Legislators to support the continued funding for RASC through the Alaska Housing Finance Corporation.
3. We must also have adequate funding and financial support to plan, design, construct, and operate and maintain community based rural sanitation projects for sewer and water infrastructure systems and solid waste management. For these efforts, the Alaska Native Health Board requests State Legislators to take action on:
 - Support the Governor's Council on Rural Sanitation's efforts to recognize the need for separate funding for solid waste management in communities throughout Alaska.
 - Designate funding for solid and hazardous waste management and projects that does not compete or take away from existing funding for rural sanitation.

IMPLEMENT RURAL COMMUNITY RUNWAY LIGHTS

As you know, Mr. Chairman and Committee members, and probably as you or your family members have experienced in rural Alaska there are many communities without adequate runways, runway lights, let alone Medevac capability. We urge State Legislators to prioritize and plan for placing runway lights, beacons, and instrument approach lights in the remote communities with runways.

The dependency on rural Alaska runways was emphasized on September 11, 2001. The Alaska Statewide Health Care Delivery System was crippled when the 'no-flight regulation' was implemented due to the terrorist attacks on the United States. In order to implement an effective Statewide Emergency Preparedness Plan, basic needs such as runway lights should be provided to ensure that residents in rural Alaska are provided Medevac service when life and death situations occur.

Over 200 Alaska communities do not have road access to the nearest inpatient medical facilities. Over 1/2 of the user population within the Alaska Area Native Health Service live in these rural communities. The lack of adequate runway lights is one of the most critical factors affecting aviation access to these communities.

There are 202 Alaskan communities that rely entirely on air transport to the nearest inpatient medical facilities. Runway lights are provided at 113 airports at these remote communities. There are beacons at 94 of the airports. 12 airports have instrument approach lights. There are not lights at 63 airports.

The Alaska Native Health Board requests the State Legislature to become a partner in advocating and funding Alaska's Rural Community Airports. It truly is a life and death matter.

CURRENT LEGISLATION BEING CONSIDERED

OPPOSITION OF SENATE BILL 184, "An Act relating to user contributions toward the cost of construction of certain water and sewage facilities"

Senate Bill 184 changes current law that prohibits the State from requiring a local match from communities that receive Village Safe Water grant funds. It states that a "contribution toward the cost of the construction of a facility may be required from its users" and it does not include provisions or directions for which communities may or may not be charged a match.

It would allow the Legislature to impose a match requirement on communities through the budget process. You and I both know that user fees in rural communities are often extremely high and represent a substantial and continuing contribution toward the cost of sanitation facilities.

Substantial federal and state funds are available to construct Village Safe Water Program (VSW) projects. Communities who contribute will move nearer the top of the list while low-income rural communities with environmental and public health concerns will not be funded.

The Village Safe Water funding should be based on public health need and not the ability of a community to pay. Our villages frequently contribute land, lodging, facilities, equipment, and easements for the projects but have little opportunity to generate a local cash match. The cost savings to the State would be small and burdensome on already taxed areas of our State.

Alaska Native Health Board urges you to oppose Senate Bill 184.

OPPOSITION OF SENATE BILL 185, An act relating to the basis for determining eligibility for and the amount of power cost equalization payments."

We lost ground last year already. It no longer funds schools or in home businesses because of the action taken last year by the State Legislature. On top of that, we lost hours. It went from 750 hours to 500 hours. And now they're telling us they want to cut it more? We have high costs of fuel, prices have gone up and this causes operation costs to go up and the logical thing would be to increase PCE because of these costs. The Alaska Native Health Board urges you to oppose Senate Bill 185.

OPPOSITION OF SENATE BILL 83, "An act relating to construction of highways by the Department of transportation and Public Facilities"

Senate Bill 83 would prohibit the use of force accounting on DOT road projects exceeding \$500,000. We understand that the Senate Finance Committee introduced this bill because of concerns that force accounting is being used to get around the competitive bid process.

The DEC and DOT & PF jointly fund many sanitation projects. If Senate Bill 83 passes, a community could no longer choose to manage the whole project with force accounting. There would need to be two projects – a competitively bid road portion and a force account utility construction portion. All of the efficiencies gained by combining the projects would be lost.

Economically this will provide few opportunities for local hire and less opportunity for local residents to learn the construction trade.

OPPOSITION OF SENATE BILL 48, "which establishes a procedure to analyze and mandate borough formation"

Senate Bill 48 does not provide local residents the opportunity to vote, even in an advisory capacity, on borough formation and it will force newly formed boroughs to generate revenue (taxes). We all know that many rural areas now in the Unorganized Borough operate on a subsistence economy and do not have an adequate tax base to generate revenues.

It is also important for ANHB to state that when Borough formation discussions occur, the residents in the communities that could be affected are not notified or provided information in regards to these discussions.

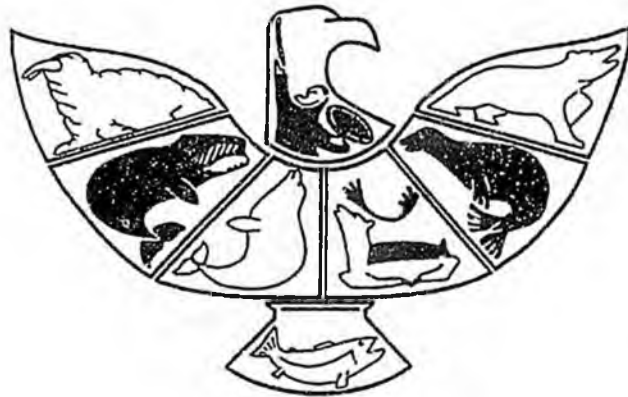
The Alaska Native Health Board requests you to Oppose Senate Bill 48.

OPPOSITION OF SENATE BILL 186, "An act relating to municipal taxes on oil and gas production and pipeline property; establishing a limit on the general obligation debt that may be authorized and issued by home rule and general law municipalities."

First of all this bill is targeting one specific area in Alaska and in particular it being a rural area makes it even more discouraging. This kind of action supports even more the opposition of SB 48. SB 186 creates adverse effects on the residents of the North Slope Borough. The North Slope Borough has financed a wide range of public facilities for its citizens including schools, water and sewer, health clinics, fire protection and other basic infrastructure. North Slope Borough is the only proposed borough that would subject to reductions in oil and gas property taxing capability. Additionally, it limits the amount of money North Slope Borough could borrow in the future.

SB 186 could lead to extreme financial hardship for the North Slope Borough. In order to pay its debt new construction would stop, facilities

would not be maintained and local employment opportunities would be reduced. Any funds generated for the State budget would come at the expense of the North Slope Borough. The Alaska Native Health Board strongly urges you to oppose SB 186.



Alaska Native Health Board

2.26.01 2.19.02

STATE LEGISLATIVE PRIORITIES

2002



Alaska Native Health Board

3700 Woodland Dr. Ste. 500
Anchorage, Alaska 99517

Phone: (907) 562-6006
FAX: (907) 563-2001

February 5, 2002

Dear Legislator:

The Alaska Native Health Board (ANHB) is a statewide non-profit corporation established for the purpose of "promoting the spiritual, physical, mental, social and cultural well-being and pride of Alaska Native people." The members of the Board of Directors of ANHB represent the Alaska Native regional and village health providers throughout Alaska. In many cases, these providers are the only health care provider for the region, serving both Alaska Natives and non-Natives, who would otherwise have virtually no access to health care services.

The ANHB Board of Directors appreciates this annual opportunity to advise you of the most pressing needs that we identified. As an elected representative, you are in a position to positively affect the health and well being of Alaska residents, including the more than 149,000 Alaska Native residents. In the materials that follow, we identify briefly important initiatives that need your support that:

- (1) Are most critical to sustaining the infrastructure of health communities;
- (2) Will have the most positive affect; and
- (3) Maximize Federal funding.

Your commitment to these important initiatives is critical. We look forward to meeting with you regarding the issues we identified and those that may be of special concern to you.

For further information, please contact our President/CEO, Cynthia J. Navarrette.

Sincerely,

H. Sally Smith
Chair

*Jeanie
Trudy*
743-6112
229-1405

ALEUTIAN/PRIIBLOF ISLANDS ASSOCIATION
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
ARCTIC SLOPE NATIVE ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION
EASTERN ALIUTIAN TRIBES

KETCHIKAN INDIAN COMMUNITY
KODIAK AREA NATIVE ASSOCIATION
MANILAQ ASSOCIATION
MT. SANFORD TRIBAL CONSORTIUM
METLAKATLA INDIAN COMMUNITY
NATIVE VILLAGE OF EKLUTNA
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL

NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
SOUTH CENTRAL FOUNDATION
TANANA CHIEFS CONFERENCE
VALDEZ NATIVE TRIBE
YUKON-KUSKOKWIM HEALTH CORPORATION

CONTINUED RURAL SANITATION FUNDING

The most significant needs in rural Alaska with respect to water and sewer systems and solid waste management are the following:¹

1. To have the ability to plan and pay for on-going operation and maintenance of systems by maintaining state-funded programs, such as the Remote Maintenance Worker (RMW) and Rural Utility Business Advisor Program (RUBA).
2. To have the technical, financial, and managerial capacity to plan for the sanitation needs so that communities can manage and operate their systems in an effective manner for the expected life of the systems.
3. To have adequate funding and financial support to plan, design, construct, and operate and maintain community based rural sanitation projects for sewer and water infrastructures systems and solid waste and solid waste management.

1. The Alaska Native Health Board encourages the legislature and state government to look at creative alternatives for increasing the capacity of the RUBA program by supporting contractual or partnership relationships with organizations that can provide the needed training and assistance to rural communities.

ANHB further encourages the legislature to increase funding to an adequate level to meet demand.² The Alaska Department of Environmental Conservation's Remote Maintenance Worker Program assists rural communities with:

- Sanitation facility operation and maintenance
- Operator and utility manager training,
- Emergency troubleshooting,
- Repair of water and wastewater systems,
- And sanitation facility project assistance.

2. Alaska Native Health Board encourages State Legislators to support the continued funding of RASC through the Alaska Housing Finance Corporation.

3. Alaska Native Health Board requests State legislators to take the following actions:

- Support the Governor's Council on Rural Sanitation's efforts to recognize the need for separate funding for solid waste management in communities throughout Alaska.³
- Designate funding for solid and hazardous waste management and projects that does not compete or take away from existing funding for rural sanitation.

¹ State of Alaska, Department of Environmental Conservation and Dept. of Community & Economic Development

² State of Alaska, Department of Environmental Conservation

³ State of Alaska, Department of Environmental Conservation

IMPLEMENT RURAL COMMUNITY RUNWAY LIGHTS

Alaska Native Health Board urges State Legislators to prioritize and plan for placing runway lights, beacons, and instrument approach lights in the remote communities with run ways.

The dependency on rural Alaska runways was emphasized on September 11, 2001. The Alaska Statewide Health Care Delivery System was crippled when the 'no-flight regulation' was implemented due to the terrorist attacks on the United States.

In order to implement an effective Statewide Emergency Preparedness Plan, basic needs such as runway lights should be provided to ensure that residents in rural Alaska are provided Medevac service when life and death events take place.

Over 200 Alaska communities do not have road access to the nearest inpatient medical facilities. Over ½ of the user population within the Alaska Area Native Health Service live in these rural communities. The lack of adequate runway lights is one of the most critical factors affecting aviation access to these communities.

There are 202 Alaskan communities that rely entirely on air transport to the nearest inpatient medial facilities. Runway lights are provided at 113 airports at these remote communities. There are beacons at 94 of the airports. 12 airports have instrument approach lights. ~~There are no lights at 63 airports.~~⁴

The Alaska Native Health Board requests the State Legislature to become a partner in advocating and funding Alaska's Rural Community Airports.

The Alaska Native Health Board requests a 50% Alaska State Match to the FAA's committed \$10,000,000 to improve and bring all Rural Community airports up to Medevac capability.

⁴ Federal Aviation Administration, Report to House and Senate Appropriations Committee, March 2001

MAINTAIN MEDICAID PROGRAM FUNDING

The Alaska Native Health Board requests the Alaska State Legislature to maintain current levels of funding in the Medicaid Program.

The Medicaid Program is not out of control. It is a large cost in every State, second only to Public Schools. To save the Alaska Legislature money by reducing the Medicaid Program would actively harm people receiving care – either by eliminating services for adults, or cutting reimbursement to providers, which will reduce access. Medicaid provides insurance to individuals and families that have no other access to health care services. Reducing the program would be a huge detriment to the health of Alaskan citizens.

Additionally, there is the economic impact that would be imposed on private health care providers to consider. 17% of the employees within the private sector are funded due to the Medicaid Program. Realistically, Medicaid within the State of Alaska's is not a comparatively generous program.

IHS Beneficiaries are a large user of the Medicaid Program. The State of Alaska receives 100% reimbursement from the Federal Government for IHS Beneficiaries that utilize Medicaid. This results in broader user access to a non-IHS Beneficiary population. Additionally, ~~the IHS Beneficiary who utilizes the Medicaid Program actually has a positive impact on our States economy because the federally reimbursed dollars create jobs in the private health care sector that may not be otherwise available.~~⁵

⁵ Written Testimony for the Healthcare and Welfare Reform Subcommittee, November 8, 2001, Wasilla, Alaska

MAINTAIN DENALI KID CARE PROGRAM

The Alaska Native Health Board supports the Denali KidCare program run by the Department of Health and Social Services and requests the Legislature to fully fund this program.

Congress enacted the State Children's Health Insurance Program (SCHIP) in August 1997 to help States provide health coverage to children and pregnant women in low income working families. The parents of many of these children work for small employers who cannot afford to offer their employees health insurance coverage.

- Uninsured children in low-income families get sick more often from preventable and infectious illnesses such as conjunctivitis and ear infections.
- They also suffer more often from serious dental problems and chronic medical conditions such as asthma and diabetes.
- Uninsured pregnant women are less likely to receive necessary pre-natal care. Left untreated problems can have serious long-term effects.
- Parents of sick children face nearly insurmountable barriers to continuing to work.

Insurance coverage is a critical step to preventing these bad outcomes. Using the Federal SCHIP funding and supplementing it with general funds is a smart way to subsidize small businesses and to protect our most valuable resource – our children.⁶

Additionally, the ANHB supports the Governors budget request of \$3.7 million for child health initiatives through the Smart Start package.

The package includes improvements in fighting teenage tobacco use, stopping child abuse and neglect, promoting early literacy and Head Start, and stopping young Alaskans from drinking, using inhalants and committing suicide.⁷

"My children, your children, the next generation, deserve at least the same opportunities we have had in this great land. We cannot let denial or lack of gumption foul their future."⁸

~ Governor Tony Knowles

⁶ State of Alaska, Department of Health & Social Services, Denali KidCare

⁷ State of the State, Special Edition Talking Points, January 16, 2002, State of Alaska Website

⁸ Gov. Tony Knowles, 2002 State of the State Address Jan. 16, 2002

SUPPORT FOR LONG-TERM CARE FOR ELDERS

Alaska Native Health Board requests that the legislature support this program through:

- **An increase in funding to state housing programs for senior and special needs housing projects;**
- **increasing or at least maintaining funding for services to elders through the Alaska Commission on Aging programs and Personal Care Services programs;**
- **Additional funding for Medicaid waiver services; and,**
- **Increase funding allocations for the state Personal Care Services program to allow for higher pay and benefit packages for workers.**

The State of Alaska Division of Senior Services program for Rural Long-Term Care Development is attempting to address this need. This program, funded by the Alaska Mental Health Trust Authority and the Robert Wood Johnson Foundation, is working with communities to develop assisted living homes in some of the larger regional and subregional villages so elders can remain closer to home.⁹

The program is funded through the next 2-3 years. The primary goals are to:

- Increase the number of assisted living homes in rural areas
- Ensure a broad availability of other home and community based statewide
- Ensure a quality long-term care workforce statewide

The benefits to the State of Alaska and our rural communities are:

- More cost effective than placement in a skilled nursing home
- Keep elders nearer to community and family, which maintain community cohesiveness and increase the elders' well being
- Economic development in our rural communities through sustainable jobs for village residents

⁹ State of Alaska, Dept. of Administration, Division of Senior Services

SUPPORT BEHAVIORAL HEALTH SERVICES PROGRAMS

The Alaska Native Health Board encourages the State of Alaska to support the implementation of the Behavioral Health Services program into Rural Alaska Communities.

The Alaska Native people living in rural Alaska need behavioral health services, which can be provided by a generalist provider having basic training and experience across substance abuse and mental health. Historically, these services have been made available through providers who are not from the area and in many instances unfamiliar with local cultural and spiritual practices and beliefs. They are unaware of cultural and spiritual based healing practices and as a result can unknowingly harm those in need and seeking services.

The goal is to utilize the Community Health Aide Program (CHA/P) as a model for creating curriculum and certification processes for a Behavioral Health Aide Program (BHA). A training curriculum would be developed to address knowledge base and services needs in rural Alaska. The goal is to develop Tribally managed and directed training centers using a collaborative effort of the Tribal health Programs; the University of Alaska – Fairbanks, Rural Human Services; and other training resources, such as the Counselor Academy.

The BHA program will be included in the Community Health Aide Program as a specialty area of certification for village based behavioral health services throughout rural Alaska. Including BHA with the CHA/P Certification will provide stability and the standardization of qualifications for staffing and scope of practice. The village based health services delivery team will be expanded to include behavior health services needed in rural Alaska. It would also allow for specialized evaluation of BHAs for certification under the federally recognized certification program already in place. Individuals with expertise in behavior health will need to be added to the certification board to support and enhance that process.¹⁰

Additionally, the ANHB supports Governor Knowles budget request for an \$8.3 million increase for alcohol abuse related-funding.

“Since 1994 the State of Alaska, Division of Alcohol and Drug Abuse has been conducting and participating in a significant level of federal and state funded research, with resources provided by the Department of Health and Human Services, Center for Substance Abuse Treatment Agency as well as by the State.

The federally funded research efforts, or needs assessment, have been designed to determine the prevalence, severity and needs for treatment of Alaska’s substance abuse problems.”

The report provided the following findings:

- 1) Alaska is among the states with the nation’s most severe rates of alcohol problems;

¹⁰ Behavioral Health Aide Workgroup Concept, Scott Prinz, Alaska Native Tribal Health Consortium, January 2002

- 2) Alaska experiences the fifth most severe rate of alcohol problems in the nation – based on DEATH, ARREST, and TREATMENT DATA;
- 3) Alaska holds the dubious distinction of being ranked first in deaths with an explicit mention of alcohol; thirteenth for deaths due to alcoholic cirrhosis, tenth nationally in DUI arrests, thirteenth in motor vehicle fatalities with blood alcohol levels greater than .10%;
- 4) Alaska was rated first nationally in mothers of newborns who admitted to having 3-4 drinks per week, fourth in binge drinking (5 or more drinks at least once in the past month); and second in chronic drinking (60 or more drinks per month);
- 5) Alcohol and dependency problems appear to be most severe in the BRFSS (Center for Disease Control Behavioral Risk Factor Survey) regions identified as Southeast and Bush Alaska;
- 6) Lifetime dependency is estimated at approximately 50% higher among Alaska Natives and Native Americans than among whites;
- 7) Alaska Natives and Native Americans evidenced marijuana dependency at a rate nearly double that of whites;
- 8) Native Alaskans showed a prevalence of amphetamine dependency four times greater than among whites;
- 9) Marijuana dependence appears to be most pronounced in the roadless areas of the State described as “the Bush” region – one of the four Alaska demographic subdivisions used for studies routinely conducted for the Center for Disease Control and other agencies by the Alaska Section of Epidemiology;
- 10) 2.5% of Bush residents can be described as having a lifetime diagnosis of marijuana dependence or abuse, while Statewide the diagnosis is estimated to apply to 1.1% of the population;

Need for Treatment

- 1) The estimated need for alcohol and drug treatment are greatest in the Bush and Southeast BRFSS regions; and,
- 2) The need for drug or combined dependency treatment appears to be greatest in the Bush BRFSS regions.¹¹

¹¹ “A Summary of Recent Findings Regarding Substance Abuse in Alaska.” Prepared by the Division of Alcoholism and Drug Abuse, Department of Health and Social Services, State of Alaska.

SUICIDE PREVENTION

The Alaska Native Health Board requests that the Legislature increase funding to address the high rate of Suicide in the Alaskan population through prevention.

Suicide Deaths

Alaska has one of the highest suicide death rates in the US. The overall state rate has shown no decline during the 1990s and has not reached the goal of 25% reduction. The state rate is approximately twice that of the US rate. **Suicide rates are highest among Alaska Natives and among young men.**

During 1990-94, there was an average of **46 suicides per year** within the Alaska Native community.¹² **This breaks down to a suicide in the Native community every 8 days.** 69% of all suicides by Alaska Natives were committed by persons younger than 30. 49% were 20-29 year olds, and 20% were 19 years and less.¹³

The suicide rates for Alaska Native youth is nine times (120.8) than the over all rate for youth (All Races) in the US (13.3).¹⁴

Alaska Natives are over-represented among Alaskans with Serious Emotional Disturbance and Serious Mental Illness. Although Alaska Natives comprise 16.5% of the Alaska population, they comprise 25.9% of individuals served by the Community Mental Health Center grantees. Alaska Natives were also over-represented among the other service providers, including the Department of Corrections, Alaska Psychiatric Institute and Medicaid.

The suicide rate for Alaska Natives is **274% higher than the national average.** The **Alaska Native Suicide rate is 117% higher than any other American Indian group.**¹⁵ The highest suicide death rates are found in Yukon-Koyukuk census area, Northwest Arctic Borough and Wade Hampton Census Area. The suicide death rate in Yukon-Koyukuk census area is 5.3 times the state rate, which is twice the national rate.

The Alaska Mental Health Board has identified Rural Services as one of four "critical need spheres" required continued planning and increased budgeting. The Board would like to expand the village-based service delivery system that currently exists in some villages.¹⁶

The Alaska Native Health Board supports the newly formed Statewide Suicide Prevention Council.¹⁷

¹² State of Alaska, Community-Based Suicide Prevention Program

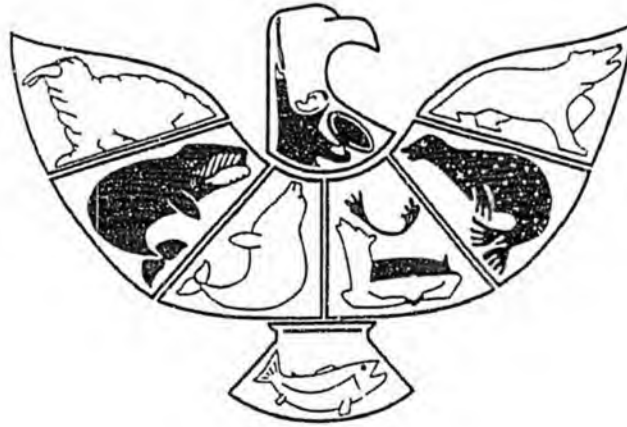
¹³ Alaska Bureau of Vital Statistics

¹⁴ IHS website, Key Facts about Alaska Natives, www.ihs.gov/alaskaAO/dpehs/special_reports/facts/adults.asp

¹⁵ UAA, Dept. of Political Science, Who Cares? Alcohol, Drugs, and Mental Illness in Alaska Native Villages, May 2001

¹⁶ "Health Status in Alaska, A Data Report for the Alaska Public Health Improvement Process," Alaska division of Public Health, Alaska Public Health Improvement Process, and Prepared by the Health Status Assessment Team.

¹⁷ CS FOR SENATE BILL NO. 198(HES) "An Act establishing the Statewide Suicide Prevention Council; and providing for an effective date." Chapter 84, SLA 2001 Effective Date: 07/04/01

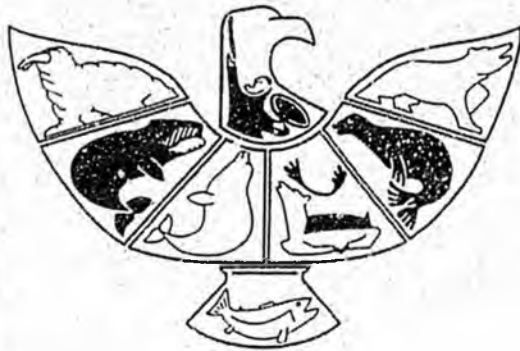


Alaska Native Health Board

2.20.01 - 2.19.02

STATE LEGISLATIVE PRIORITIES

2001



Alaska Native Health Board

4201 Tudor Centre Dr., Suite 105
Anchorage, Alaska 99508

Phone: (907) 562-6006
FAX: (907) 563-2001

February 15, 2001

Dear Legislator:

The Alaska Native Health Board (ANHB) is a statewide non-profit corporation established for the purpose of "promoting the spiritual, physical, mental, social and cultural well-being and pride of Alaska Native people." The members of the Board of Directors of ANHB represent the Alaska Native regional and village health providers throughout Alaska. In many cases, these providers are the only health care provider for the region, serving both Alaska Natives and non-Natives, who would otherwise have virtually no access to health care services.

The Board appreciates this annual opportunity to advise you regarding the most pressing needs that we have identified. As an elected representative, you are in a position to positively affect the health and well-being of Alaska residents, including the more than 105,000 Alaska Native residents. In the materials that follow, we identify briefly important initiatives that need your support that:

- (1) are most critical to sustaining the infrastructure of health communities;
- (2) will have the most positive effect; and
- (3) maximize Federal funding.

Thus, we urge your support for

- (A) continued implementation of the Rural Sanitation special emphasis this year on increasing funding for the Rural Utility Business Advisor Program (RUBA) and the Remote Maintenance Worker (RMW) Program, and
- (B) long-term care for elders in rural areas through increase in funding to state housing programs, increased or maintaining services to elders, and additional Medicaid dollars for waived services.

Your commitment to these important initiatives is critical to their success. We look forward to meeting with you regarding the issues we have identified and those that may be of special concern to you.

For further information on any material included in this publication, please contact our CEO, Cynthia Navarrette.

Sincerely,

H. Sally Smith
Chair

ALEUTIAN/PRIPILOF ISLANDS ASSOCIATION
ARCTIC SLOPE NATIVE ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION
EASTERN ALEUTIAN TRIBES
KETCHIKAN INDIAN COMMUNITY
VALDEZ NATIVE TRIBE

MANILAQ ASSOCIATION
METLAKATLA INDIAN COMMUNITY
MT. SANFORD TRIBAL CONSORTIUM
NATIVE VILLAGE OF EKLUTNA
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL
KODIAK AREA NATIVE ASSOCIATION

NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTH CENTRAL FOUNDATION
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION
NORTH SLOPE BOROUGH

Alaska Native Health Board

STATE LEGISLATIVE PRIORITIES 2001

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I. SUMMARY OF HIGHEST PRIORITY INITIATIVES

A. RURAL SANITATION

The most significant needs in rural Alaska with respect to water and sewer systems and solid waste management are the following:¹

1. To have the ability to plan for and pay for **on-going operation and maintenance of systems** by maintaining state-funded programs, such as the Remote Maintenance Worker (RMW) and Rural Utility Business Advisor Program (RUBA).
2. To have the **technical, financial, and managerial capacity to plan for the sanitation needs** of the community so that communities can manage and operate their systems in an effective manner for the expected life of the systems.
3. To have **adequate funding and financial support** to plan, design, construct, and operate and maintain community based rural sanitation projects for sewer and water infrastructures systems and solid waste and solid waste management.

1. RURAL UTILITY BUSINESS ADVISOR PROGRAM (RUBA)

There is still a continuing need to **increase the number of RUBA positions available** to assist rural communities with their water and sewer and sanitation utility systems management.

Funds for the program come from both the U.S. Environmental Protection Agency and the State of Alaska.² EPA funding is matched by state funding, from the legislature. The RUBA staff travels to communities and assists with developing or improving local utility management systems. RUBA is one of the few programs to provide direct assistance to rural communities needing help with their utility systems. Current staff levels do not provide for adequate partnering to provide technical assistance to all rural communities in need.

There is a need for ongoing utility management to be conducted at regional levels. The RUBA staff conducts regional workshops that provide valuable training opportunities for operators and local utility managers. The number of staff available to conduct these training workshops is limited, yet the demand for these workshops continues to increase. The RUBA program needs to be expanded or other programs need to be developed to provide this type of training.

We encourage the legislature and state government to look at creative alternatives for increasing the capacity of the RUBA program by supporting contractual or partnership relationships with organizations that can provide the needed training and assistance to rural communities.

¹ State of Alaska, Department of Environmental Conservation and Dept. of Community & Economic Development

² State of Alaska, Department of Community & Economic Development

2. REMOTE MAINTENANCE WORKER PROGRAM (RMW)

State funding should be increased to an adequate level to meet demand.³ The Alaska Department of Environmental Conservation's Remote Maintenance Worker Program assists rural communities with:

- sanitation facility operation and maintenance
- operator and utility manager training,
- emergency troubleshooting,
- repair of water and wastewater systems,
- and sanitation facility project assistance.

The RMW program continues to be underfunded and cannot keep up with the demand for RMW positions.

These positions are needed for several reasons including:

- 1) communities continue to need more assistance as more complicated systems are constructed in communities that require more intensive upkeep to maintain proper performance levels;
- 2) more communities are trying to properly operate and maintain their systems but cannot afford to do so without outside technical assistance and support and the RMW's often provide these type of services; and
- 3) the overall cost of working and living in rural Alaska continues to increase so the cost of maintaining the program is increasing annually, although funding has stayed flat over the last several years.

Local water and wastewater system operators and their communities depend on the RMW program to provide trained operators that can provide local assistance when problems arise and that can also train people to adequately maintain community systems. *Technical assistance to rural communities will be seriously impacted if the RMW program does not receive adequate funding to operate and provide technical assistance to rural communities.*

3. RURAL ALASKA SANITATION COALITION (RASC) FUNDING

Alaska Native Health Board encourages State Legislators to support the continued funding of RASC through the Alaska Housing Finance Corporation.

Over the last five years, RASC has been funded by the Alaska Housing Finance Corporation (AHFC) through a grant supported by funds from AHFC's supplemental housing program funds. In October 2000, RASC and Alaska Native Health Board were notified that funding for RASC could no longer be made using supplemental housing funds. AHFC recognizes the importance of RASC as a statewide coalition that is committed to bringing about positive long-term change in the

³ State of Alaska, Department of Environmental Conservation

substandard water, sewer, solid waste, and related environmental health conditions existing in Alaska villages.⁴

AHFC wishes to continue to support RASC and has included RASC in its FY2002 operating budget request to the legislature.

The Governor's Council of Rural Sanitation passed a resolution in December 2000 supporting the continued funding of RASC through Alaska Native Health Board.

4. SOLID WASTE MANAGEMENT

Solid waste management is a **critical environmental problem** throughout rural Alaska. Most rural communities have open dumps that do not meet federal or state regulatory requirements and standards. Open dumps can contaminate drinking water sources, help spread infectious diseases, and caused other hazards to local residents.

Limited funding is provided to solid and hazardous waste management or projects. Under the present system, most funding is available only for rural sanitation projects and infrastructure operations and maintenance. The need for solid waste management competes with the needs for water and sewer systems. From a public health standpoint, water and sewer improvements take priority over solid waste improvements and management. Limited funding is available from the U.S Environmental Protection Agency for tribes under the agency's Indian General Assistance Program (IGAP) and other EPA grant programs. In addition, Alaska Native Health Board offers small grants to tribes through the EPA's Alaska Solid Waste Management Demonstration Grant's Project. These grant programs do not begin to cover the need for funding for solid and hazardous waste management in rural Alaska.

The cost of constructing a new landfill is typically in the hundreds of thousands of dollars and does not include the cost of operating and maintaining the new landfill or closing the old open dumpsite. There is a significant need for funding for solid waste management and projects for communities in rural Alaska.

Alaska Native Health Board requests State legislators to take the following actions:

- *Support the Governor's Council on Rural Sanitation's efforts to recognize the need for separate funding for solid waste management in communities throughout Alaska.⁵*
- *Designate funding for solid and hazardous waste management and projects that does not compete or take away from existing funding for rural sanitation.*

⁴ Alaska Native Health Board, Rural Alaska Sanitation Coalition

⁵ State of Alaska, Department of Environmental Conservation

B. LIGHTS FOR RUNWAYS

Alaska Native Health Board urges State Legislators to prioritize and plan for placing runway lights, beacons, and instrument approach lights in the remote communities with runways.

More than 200 Alaska communities do not have road access to the nearest inpatient medical facilities. More than one-half of the people served by the Alaska Area Native Health Service live in these rural and remote communities. One of the most critical factors affecting aviation access to these communities is runway lights.

There are 202 Alaskan communities that rely **entirely** on air transport to the nearest inpatient medical facilities. There are airport lights at 113 airports at these remote communities. There are beacons at 94 of the airports. Twelve airports have instrument approach lights. There are **NO** lights at 63 airports.⁶

C. MAINTAIN DENALI KID CARE

The Alaska Native Health Board supports the maintenance of the Denali KidCare program by the Department of Health and Social Services and urges the Legislature to fully fund this program.

The State Children's Health Insurance Program (SCHIP) was enacted by Congress in August 1997 to help States provide health coverage to children and pregnant women in low income working families. The parents of many of these children work for small employers who cannot afford to offer their employees health insurance coverage.

- Uninsured children in low-income families get sick more often from preventable and infectious illnesses such as conjunctivitis and ear infections.
- They also suffer more often from serious dental problems and chronic medical conditions such as asthma and diabetes.
- Uninsured pregnant women are less likely to receive necessary pre-natal care. Left untreated problems can have serious long-term effects.
- Parents of sick children face nearly insurmountable barriers to continuing to work.

Insurance coverage is a critical step to preventing these bad outcomes. Using the Federal SCHIP funding and supplementing it with general funds is a smart way to subsidize small businesses and to protect our most valuable resource – our children.⁷

⁶ Federal Aviation Administration, Report to House and Senate Appropriations Committee, March 2001

⁷ State of Alaska, Department of Health & Social Services, Denali KidCare

D. SUPPORT FOR LONG-TERM CARE FOR ELDERS IN RURAL AREAS

The State of Alaska Division of Senior Services program for Rural Long-Term Care Development is attempting to address this need. This program, funded by the Alaska Mental Health Trust Authority and the Robert Wood Johnson Foundation, is working with communities to develop assisted living homes in some of the larger regional and subregional villages so elders can remain closer to home.⁸

The program is funded through the next 2-3 years. The primary goals are to:

- increase the number of assisted living homes in rural areas
- ensure a broad availability of other home and community based services through adequate wages and benefits to in-home workers

The benefits to the State of Alaska and our rural communities are:

- more cost effective than placement in a skilled nursing home
- keep elders nearer to community and family, which will increase the elders' well-being
- economic development in our rural communities through full-time long-term jobs for village residents

Alaska Native Health Board recommends that the legislature support this program through:

- **an increase in funding to state housing programs for senior and special needs housing projects**
- **increasing or at least maintaining funding for services to elders through the Alaska Commission on Aging programs and Personal Care Services programs**
- **additional Medicaid dollars for waived services**

⁸ State of Alaska, Dept. of Administration, Division of Senior Services

II. MAINTAIN/IMPROVE FUNDING FOR PREVENTION

A. Violence Against Native Women and Children

The Alaska Native Health Board recognizes the need for an innovative, statewide effort to reduce the incidence of violence and its pervasive effects among Alaska Natives. This proposed Alaska Native Violence Prevention effort engage key stakeholders leveraged by national supports, community strengths, and cultural traditions in a comprehensive effort to culminate the many facets which contribute to violence. Prevention and early treatment can be facilitated by enhancing and extending the roles and skills of Alaska partners for our communities to address the complex family and community needs related to violence prevention and intervention.

For example, Alaska Native Health Board appreciates the Municipality of Anchorage's efforts to:

- establish a shelter for all single women in Anchorage, focusing particularly on Alaska Native women**
- provide short-term advocacy to help Native women and children find temporary housing**
- provide longer-term assistance to help women purchase their own home**
- expand the "safe home" concept to establish safe houses for victimized women**
- develop a sponsorship program for Alaska Native women needing support in Anchorage**
- provide intensive job training designed specifically for Alaska Native Women**
- establish a Victim Assistance Center to coordinate with existing services and provide a safe haven for physically or sexually assaulted Alaska Native women and their children.**

The Alaska Native Health Board requests State Legislators to support education and awareness activities in all areas of domestic violence: sexual, physical, and mental.

Our recommendations are to:

- a. develop and implement a public awareness campaign focusing on safety, which targets two groups: the general public and Alaska Native women.**
- b. support the Anchorage Municipality's efforts to provide Travelers' Aid at the Airport for Natives coming in from rural areas**
- c. establish a Native Community Center which is open nights and weekends, providing Alaska Natives a drug free and safe environment for socializing**

B. Tobacco Control

The Alaska Native Health Board urges the legislature to develop a statewide comprehensive tobacco control program.

The statewide Alaska Tobacco Control Alliance, which includes the Alaska Native Health Board, has identified the need for \$8.1 million/year as the minimum level of funding needed for a comprehensive statewide tobacco control program. Currently only \$1.6 million is being spent by the legislature on tobacco prevention efforts.⁹

A comprehensive statewide plan would include:

- advertising campaign that illustrates the deadly impact of tobacco
- enforcement measures to keep tobacco out of the hands of children
- cessation services
- school and community based tobacco prevention programs

Smoking is the leading cause of preventable death in the United States. Approximately 500 Alaskans die each year from tobacco-related causes.

- Alaska Natives suffer 23.2% of smoking related deaths, although Alaska Native comprise only 16.5% of the states population
- Over 40% of Alaska Natives use tobacco
- At least 1/3 of all cancer deaths are due to cigarette smoking
- 7% of infant deaths are due to smoking from causes including spontaneous abortion, low birth weight and Sudden Infant Death Syndrome
- Medical expenditures attributable to smoking are estimated at **\$154 million/year***
- The total state and federal tax burden from tobacco-caused health costs in Alaska are estimated at \$70 million per year*

***These costs are 100% preventable!**

Alaska will receive \$816 million over the course of 25 years as a result of joining the multi-state settlement with the tobacco industry. *As a priority, a meaningful portion of these funds should be used to prevent and treat the staggering tobacco-caused addiction, disease and death that gave rise to the litigation in the first place.*

⁹ The Alaska Tobacco Control Program: A Plan for the Future, March 1999

C. Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effect (FAE)

In the seventeen years since Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) were identified in the United States, several thousand papers have been written describing the clinical signs and how children are damaged from prenatal exposure to alcohol.

It could be argued that intervention strategies cannot be devised until we have clearly defined the problems of children and the mechanisms which underlie them. The needs of the children and their families demand that intervention strategies be tested now.¹⁰

One of the major efforts is to develop a broad, multi-strategic approach to public education and statewide effort to better educate our service providers about identification and service delivery interventions by funding programs such as:¹¹

- Community level awareness
- Regional level training of service providers

The Alaska Native Health Board urges State Legislators to support our efforts to improve our system of service delivery to individuals affected by prenatal exposure to alcohol and to prevent future alcohol-affected births.

D. HIV/AIDS Prevention

HIV prevention in the state of Alaska is woefully inadequate given the virtual size to the State of Alaska, the transient nature of Alaskans, and an alarming increase in the Alaska Native population becoming infected.

According to a 1999 Estimated Alaska Population by Race/Ethnicity, Alaska Native men 14% of the population, yet Alaska Native men comprise 16% of all known HIV/AIDS cases in the State of Alaska. While Alaska Native Women constitute 16% of the population, they have a disproportionately higher rate of HIV/AIDS making up 38% of those infected.¹² From 1995 to 1999, Alaska Native Females represent 50% of all new AIDS cases¹³

Resources for effective prevention outreach activities are few and the identified need is great. The Alaska HIV Prevention Planning Group has identified Alaska Natives as a target population. Women are especially identified as being risk. There are few organizations that target Alaska Natives specifically for HIV Prevention Outreach Activities. Rural HIV preventions have few resources and even fewer organizations that target our people.

The Alaska Native Health Board encourages State Legislators to support the allocation of more resources within the state that will provide at least minimal outreach prevention/education to Alaska Natives, in both urban and rural communities.

¹⁰ *Fantastic Antone Succeeds*, Kleinfeld/Wescott, University of Alaska Press 1993

¹¹ State of Alaska, Dept. of Health & Social Services

¹² State of Alaska, Department of Labor and Workforce Development

¹³ State of Alaska, Division of Public Health