

HJR

30

Sponsor Statement HJR 30

The growing cost of health care to every person, business and government in Alaska and the growing number of *under* or *uninsured* citizens requires immediate relief. That relief will not come from the current proposed budget. The two billion dollars requested for FY07 HSS budget will be spent predominately on chronic health problems.

A large percentage of chronic health conditions come from poor habits, often chosen at a young age. Preventative health services, a way to stop the progressive damage from those habits, are not available for many. Bad health habits such as lack of exercise, overeating, drug/alcohol abuse, and smoking actually cost us all.

This complicated problem could be dealt with simply. A huge percentage of our costs (both financially and socially) are created by poor behavioral choices. Building healthy habits is not always easy, but often works best when we have the support of others.

This resolution, known as 'the Prevention Compact', is an invitation to Alaskan governments, organizations, and every man, woman and child in the state. All are invited to join in a statewide discussion, person-to-person and group-to-group, to share lessons and wisdom learned in preventing the increase of health risks. The idea is to get individuals and groups to develop their own strategies for promoting healthy habits and to share that knowledge in helping others develop theirs.

Good habits require nurturing and persistence. They can't be adopted and achieved overnight. The Prevention Compact dedicates the rest of the year 2006 for Alaskans to join the Compact. It sets 2007 as the year when hundreds or thousands of habits for health take hold.

This bill has no fiscal note because it relies totally on each member to make their own choice(s), and to share their own knowledge.

24-LS1557F

Mischel

4/4/06

CS FOR HOUSE JOINT RESOLUTION NO. 30()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY**Offered:****Referred:****Sponsor(s): REPRESENTATIVES CISSNA, Gruenberg, Kerttula, Moses**

A RESOLUTION

1 **Relating to public health and a prevention compact.**

2 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 **WHEREAS** this state continues to lead the nation in negative health indicators,
4 including tobacco use and alcohol abuse; and

5 **WHEREAS** state residents continue to rank poorly in rates of obesity and lack of
6 physical activity compared to other states, and these negative indicators can lead to long-term
7 illnesses, such as heart disease, diabetes, and other diseases that require costly and ongoing
8 health care; and

9 **WHEREAS** the state ranks second in the nation in per capita public health costs; the
10 state spent over \$1,000,000,000 on health-related costs in 2005, and, despite these substantial
11 expenditures on health care, the state still has a low ranking in the overall health of its
12 population; and

13 **WHEREAS**, under the current system, the state's health care costs continue to rise,
14 often resulting in lower expenditures for standard preventative health measures; and

15 **WHEREAS** the state must develop a health care strategy that provides opportunities
16 to advance the quality and accessibility of health care so that the overall health of state

1 residents will be improved; and

2 **WHEREAS** the state has a high rate of uninsured residents who often cannot afford
3 preventative health care programs or medical assistance when sick, and these behavioral
4 patterns can result in a higher incidence of long-term illness that often leads to catastrophic
5 levels of debt; and

6 **WHEREAS** the high number of uninsured residents in the state translates into poor
7 physical and financial health; and

8 **WHEREAS** medical training in the state for health care providers is not sufficiently
9 funded to produce qualified health care workers to occupy the many unfilled health care
10 professional positions statewide; as a result, medical practitioners and health care workers are
11 recruited from outside of the state to fill these positions, thus depriving the state's present and
12 future health care workers of good careers and well-paying jobs; and

13 **WHEREAS** there is an increasing need for translators who can communicate with
14 patients for whom English is a second language, and the lack of qualified translators creates
15 barriers to receiving adequate medical treatment;

16 **BE IT RESOLVED** that the Alaska State Legislature invites state departments, all
17 local governments, private and nonprofit businesses, and individuals to join in forming the
18 Alaska 2007 Prevention Compact; and be it

19 **FURTHER RESOLVED** that each compact member may voluntarily craft and
20 promote the member's own health preventative or curative initiative in the arena of the
21 member's unique experience or interest, that the compact member's plans and efforts will be
22 reported as voluntary presentations by private and public media and Internet websites, and
23 that the method and content of the initiatives, as well as the method of promotion, will be at
24 the discretion of each individual member.

25 **COPIES** of this resolution shall be sent to the Honorable William Noll,
26 Commissioner, Department of Commerce, Community, and Economic Development; the
27 Honorable Marc Antrim, Commissioner, Department of Corrections; the Honorable Roger
28 Sampson, Commissioner, Department of Education and Early Development; the Honorable
29 Karleen Jackson, Commissioner, Department of Health and Social Services; the Honorable
30 William Tandeske, Commissioner, Department of Public Safety; the Honorable Mark R.
31 Hamilton, President, University of Alaska; Richard I. Mauer, Chair, State Board of Education

1 and Early Development; Elaine P. Maimon, Chancellor, University of Alaska Anchorage;
2 Steve Jones, Chancellor, University of Alaska Fairbanks; John R. Pugh, Chancellor,
3 University of Alaska Southeast; Douglas North, President, Alaska Pacific University;
4 Stephanie Wheeler, Executive Director, Alaska Office of Faith-based Initiatives; Brenda
5 Moore, Alaska Office of Faith-based Initiatives; the Honorable Stanley Mack, Mayor of the
6 Aleutians East Borough; the Honorable Mark Begich, Mayor of the Municipality of
7 Anchorage; the Honorable Michael Swain, Sr., Mayor of the Bristol Bay Borough; the
8 Honorable David Talerico, Mayor of the Denali Borough; the Honorable Jim Whitaker,
9 Mayor of the Fairbanks North Star Borough; the Honorable Fred Shields, Mayor of the
10 Haines Borough; the Honorable Bruce Botelho, Mayor of the City and Borough of Juneau; the
11 Honorable John Williams, Mayor of the Kenai Peninsula Borough; the Honorable Joe
12 Williams, Mayor of the Ketchikan Gateway Borough; the Honorable Jerome Selby, Mayor of
13 the Kodiak Island Borough; the Honorable Glen Alsworth, Sr., Mayor of the Lake and
14 Peninsula Borough; the Honorable Timothy Anderson, Mayor of the Matanuska-Susitna
15 Borough; the Honorable Edward Itta Sr., Mayor of the North Slope Borough; the Honorable
16 Roswell Schaeffer, Sr., Mayor of the Northwest Arctic Borough; the Honorable Marko
17 Dapcevich, Mayor of the City and Borough of Sitka; the Honorable Dave Stone, Mayor of the
18 City and Borough of Yakutat; Paul Sherry, Chief Executive Officer, Alaska Native Tribal
19 Health Consortium; Carolyn Crowder, Health Director, Aleutian/Pribilof Islands Association;
20 Eben Hopson, Jr., Executive Director, Arctic Slope Native Association; Robert J. Clark,
21 President and Chief Executive Officer, Bristol Bay Area Health Corporation; Patrick M.
22 Anderson, Executive Director, Chugachmiut; Julie Bator, Health Director, Copper River
23 Native Association; Lona Marioneax-Ibanitoru, Council of Athabascan Tribal Governments;
24 Chris Devlin, Executive Director, Eastern Aleutian Tribes, Inc.; Karen Bachman-Carter,
25 Health Administrator, Ketchikan Indian Community; Wendy Tisland, Health Director,
26 Kodiak Area Native Association; Helen Bolen, President, Maniilaq Association; Rachel
27 Askren, Metlakatla Indian Country; Wilson Justin, Executive Vice-President and Health
28 Director, Mt. Sanford Tribal Consortium; Violet Rice, Health Director, Native Village of
29 Eklutna; Casandra Trenton, Health Director, Native Village of Tyonek; Sarah Stokes, Health
30 Director, Ninilchik Village Traditional Council; Joe Cladouhos, President and Chief
31 Executive Officer, Norton Sound Health Corporation; Crystal Collier, Executive Director,

1 Seldovia Village Tribe; Ileen Sylvester, Vice-President, Executive and Tribal Services,
2 Southcentral Foundation; Ken Brewer, Health Director, Southeast Alaska Regional Health
3 Consortium; Josephine A. Huntington, Health Director, Tanana Chiefs Conference; Gene
4 Peltola, President and Chief Executive Officer, Yukon-Kuskokwim Health Corporation;
5 Benna Hughey, IHS Health Program Director, Valdez Native Tribe; David Talerico,
6 President, Alaska Municipal League; Tim Bourcy, First Vice-President, Alaska Municipal
7 League; Tim Beck, Second Vice-President, Alaska Municipal League; Joan Fisher, President,
8 Alaska Primary Care Association, Inc.; Marilyn Kasmar, Executive Director, Alaska Primary
9 Care Association, Inc.; Rod Betit, President, Alaska State Hospital and Nursing Home
10 Association; Linda Fink, Vice-President, Alaska State Hospital and Nursing Home
11 Association; Brian Saylor, President, Alaska Public Health Association; Don Smith,
12 President, Alaska Academy of Physician Assistants; Ashley Marquardt, President-Elect,
13 Alaska Academy of Physician Assistants; Cathy Giessel, Alaska Nurse Practitioner
14 Association; Michael Ford, Legislative Liaison, Alaska Native Health Board; and the
15 Honorable Ted Stevens and the Honorable Lisa Murkowski, U.S. Senators, and the Honorable
16 Don Young, U.S. Representative, members of the Alaska delegation in Congress.

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HJR 30
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: ALL
 Title Relating to public health and a prevention RDU All RDUs
compact. Component All Components
 Sponsor Cissna, Gruenberg, Kerttula, Moses
 Requester Health, Education & Social Services Component No. _____

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Since participation is voluntary, any additional cost of participation in the Compact would be covered by the department's existing budget. As such, this legislation would not have a significant impact on any state agency.

Prepared by: John Boucher Phone 465-4677
 Division Governor's Office of Management and Budget Date/Time 3/29/2006 4:00pm
 Approved by: Cheryl Frasca, Director Date 3/30/2006
 Agency Governor's Office of Management and Budget

SNAPSHOT

Alaska

Overall Rank: 30

Change: 

Strengths:

- High per capita public health spending
- Low percentage of children in poverty
- Low rate of cardiovascular deaths

Challenges:

- Limited access to adequate prenatal care
- Low immunization coverage
- High prevalence of smoking

Significant Changes:

- In the past year, the rate of uninsured population declined by 10%
- In the past year, immunization coverage decreased by 6%
- Since 1990, the incidence of infectious disease decreased by 83%
- Since 1990, the infant mortality rate declined by 39%

RANKING: Alaska is 30th this year; it was 24th in 2004.

STRENGTHS: Strengths include high per capita public health spending at \$482 per person, a low percentage of children in poverty at 12.0 percent of persons under age 18, a low total mortality rate at 795.4 deaths per 100,000 population and a low rate of cardiovascular deaths at 275.1 deaths per 100,000 population.

CHALLENGES: Challenges include limited access to adequate prenatal care with 66.5 percent of pregnant women receiving adequate prenatal care, low immunization coverage with 75.3 percent of children ages 19 to 35 months receiving complete immunizations, a low high school graduation rate with 60.7 percent of incoming ninth graders who graduate within four years and a high prevalence of smoking at 24.8 percent of the population.

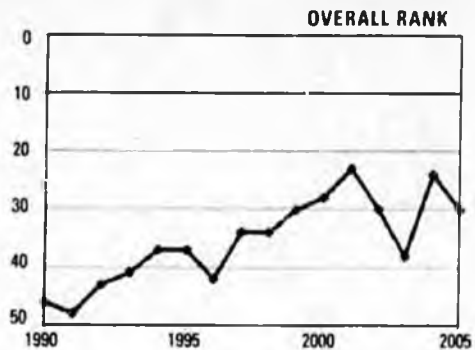
SIGNIFICANT CHANGES:

- ↓ In the past year, the rate of uninsured population decreased from 18.9 percent to 17.0 percent.
- ↓ In the past year, immunization coverage declined from 79.7 percent to 75.3 percent of children ages 19 to 35 months receiving complete immunizations.
- ↓ Since 1990, the incidence of infectious disease decreased from 92.2 to 15.9 cases per 100,000 population.
- ↓ Since 1990, the infant mortality rate declined from 10.6 to 6.5 deaths per 1,000 live births.

HEALTH DISPARITIES: In Alaska, the infant mortality rate varies from a low of 5.1 deaths per 1,000 live births for non-Hispanic whites to a high of 11.2 deaths for American Indians/Alaskan Natives. Cholesterol screening within the past five years is more extensive for non-Hispanic blacks, at 87.1 percent of the population age 18 and older, and less extensive for American Indians/Alaskan Natives, at 57.6 percent.

TEEN PREGNANCY: Births per 1,000 teenage females decreased 40.2 percent from 66.0 births in 1991 to 39.5 births in 2002. If this decline hadn't occurred, there would be an additional 9.4 percent of children under age 6 in poverty in 2002.

STATE HEALTH DEPARTMENT WFB SITE: health.hss.state.ak.us/



	2005		2004		1990	
	DATA	RANK	DATA	RANK	DATA	RANK
RISK FACTORS—PERSONAL BEHAVIORS						
Prevalence of Smoking (Percent of population)	24.8	42	26.2	46	34.3	47
Motor Vehicle Deaths (Deaths per 100,000,000 miles driven)	2.0	39	1.9	38	2.3	21
Prevalence of Obesity (Percent of population)	23.6	30	23.5	29	13.4	42
High School Graduation (Percent of incoming ninth graders)	60.7	42	60.7	42	73.6	33
RISK FACTORS—COMMUNITY ENVIRONMENT						
Violent Crime (Offenses per 100,000 population)	635↑	44	563	39	455	29
Lack of Health Insurance (Percent without health insurance)	17.0↓	38	18.9	44	17.6	40
Infectious Disease (Cases per 100,000 population)	15.9	24	15.3	20	92.2	47
Children in Poverty (Percent of persons under age 18)	12.0	11	11.2	8	16.6	18
Occupational Fatalities (Deaths per 100,000 workers)	10.1↓	47	15.3	46	22.3*	48
RISK FACTORS—HEALTH POLICIES						
Per Capita Public Health Spending (\$ per person)	\$482↑	2	\$443	2	—	—
Adequacy of Prenatal Care (Percent of pregnant women)	66.5	47	64.7	46	—	—
Immunization Coverage (Percent of children ages 19 to 35 months)	75.3↓	45	79.7	27	—	—
OUTCOMES						
Limited Activity Days (Days in previous 30 days)	2.0	16	1.7	7	1.8*	1
Cardiovascular Deaths (Deaths per 100,000 population)	275.1	5	289.4	7	345.6	5
Cancer Deaths (Deaths per 100,000 population)	198.0	16	191.8	7	203.6	31
Total Mortality (Deaths per 100,000 population)	795.4	8	799.4	9	876.4	23
Infant Mortality (Deaths per 1,000 live births)	6.5↑	25	5.9	12	10.6	33
Premature Death (Years lost per 100,000 population)	8,119	35	8,147	36	9,304	41
OVERALL RANK		30		24		46

The impact of lifestyle and prevention

First and foremost, this is an issue of individual responsibility. This means that each of us is ultimately responsible for our own health, how we eat, exercise and live. Nevertheless, many collective societal educational and social efforts can help further acceptance of this individual responsibility through application of sound health maintenance principles.

Our society is not used to facing the facts of collective issues. They are not part of the national or state non-Native psyche. Currently, the health care industry plugs holes in the dike that are the result of unhealthy lifestyles. We need to go way upstream and focus on prevention.

Fortunately, we can learn from the positive example of reduction of smoking in America. Much remains to be done. Today's limited but meaningful success is the result of a long-term effort that lasted over a generation. Extensive public education, warning labels, laws banning smoking in public places and a consistent message from the health care community ultimately resulted in societal changes that now appear to have gained a self-reinforcing life of their own.

1. **Plan a "walkable community."**
 - a. Land use designed to facilitate walking and biking can encourage cardiovascular health. Maintaining safe municipal trail systems, seasonal bike paths, and cleared wintertime walkways permit citizens to practice healthful life habits year around.
 - b. Enlightened city planning and architecture can promote a more active lifestyle.
 - c. As public demand for exercise opportunities grow, their inclusion in real estate development and city planning can improve property values.
2. **The role of public health as community educator and provider.** Municipal health departments need to serve many more people than those who seek care at the clinic. Promoting wellness and healthful living habits to the entire community is an essential part of the public health mission. This portion of the mission needs to be funded adequately in the budget.
3. **The importance of physical education in the schools— (not a "frill")** It is important to teach children about the relationship between health, diet and exercise. Not every child will want to join a sports team, but learning to be responsible for their own health by incorporating physical activity into their daily lives is an important health lesson that cannot be ignored.
4. **Eliminate internal inconsistencies and conflicts between programs and objectives.** For example, eliminate financial incentives in schools to promote unhealthy foods. Provide a financial alternative to schools that have come to rely upon income from selling junk foods in the schools.

5. **Incentivize healthy behaviors through workplace activities.** Convince the Top 49 Alaska businesses to educate their employees on healthy lifestyles and offer healthful workplace activities. The Top 49 businesses would represent a large percentage of the Alaska population not already covered by Federal or Alaska Native health care systems. Encourage a **Top 49 Health Summit** to facilitate understanding and participation of these large Alaska businesses.
6. Develop intervention programs for **promoting the traditional rural diet.**
7. **Reconsider rural access to dentistry as part of the study.** Many rural communities lack a sufficient population to support construction of a simple dental facility to house a full time dental practice. The investment required to maintain a facility for use by an itinerant dentist would likely need to be made by the community, possibly partnering with the state. Lack of roads prevents the use of mobile dental clinics that are used in other remote locations worldwide.
8. **Reduce the critical shortage of facilities for alcohol and drug detox, and psychiatric facilities. The lack of services these facilities provide can increase costs in the long run.** Persons affected by alcohol and drug use, and the accidents they cause, account for a significant portion of the population needing care in hospital emergency rooms and psychiatric facilities. Yet Alaska has too few beds to treat those in need of drug and alcohol recovery. As a result we are forced to tolerate that burden of higher healthcare costs. Detox beds make good economic and health policy sense.
9. Find ways to incorporate **U.S Task Force on Preventive Health** recommendations into medical practices, schools, work environments and homes.
10. **Continue the Institute of Circumpolar Health Studies** to analyze common problems and look for solutions that will work for all circumpolar peoples. Similar environments and cultures may result in shared knowledge that can benefit those in northern latitudes. Many health issues in Alaska relate to weather, the environment, subsistence food quantity and quality, potable water and sanitation issues. These are issues shared by other circumpolar peoples. Alliances with other circumpolar countries, and organizations like the Institute for Circumpolar Health Studies may provide new insights in resolving some of these issues.

PF Dividends (line 25). This is spending to pay dividends to the residents of Alaska from a share of the Permanent Fund investment earnings. The dividend amount is based on the previous five-year average of PF statutory net income.

PF Inflation Proofing and Transfers (line 26). This spending is for the annual transfer from earnings to the Permanent Fund principal sufficient to offset the impact of inflation during the previous calendar year.

Table 1

Formula Programs			
FY 05 Authorized vs. FY 06 Proposed			
All Fund Sources			
Agency	Program	FY 05 Authorized	FY 06 Proposed
DOA	Elected Public Officers Retirement System Benefits	1,493.9	1,493.9
	Unlicensed Vessel Participant Annuity Retirement Plan	75.0	75.0
	Subtotal	1,568.9	1,568.9
Education	Foundation Program*	776,862.3	624,313.6
	Pupil Transportation	53,567.2	54,093.2
	Boarding Home Grants	186.9	186.9
	Youth in Detention	1,100.0	1,100.0
	Special Schools*	6,946.3	7,894.7
	Subtotal	838,642.7	687,587.4
*Note: In FY 06, \$62,068.4 Foundation funding and \$425.1 Special Schools proposed in legislation separate from operating budget bill.			
DHSS	Alaska Temporary Assistance Program	44,771.8	41,071.8
	General Relief Assistance	1,499.0	1,355.4
	Adult Public Assistance	57,161.4	58,087.0
	Senior Care	14,711.1	7,719.4
	Permanent Fund Dividend Hold Harmless	15,949.9	12,884.7
	Child Care Benefits	46,003.1	47,288.1
	Tribal Assistance Programs	8,381.4	8,381.4
	Behavioral Health Medicaid Services	118,328.6	144,072.5
	Medicaid Services	649,258.2	671,732.1
	Medicaid School Based Admin Claims	6,239.3	6,239.3
	Catastrophic and Chronic Illness Assistance (AS 47.08)	1,471.0	1,471.0
	Subsidized Adoptions & Guardianship	19,732.9	21,711.6
	Foster Care Base Rate	10,322.5	10,245.9
	Foster Care Augmented Rate	2,126.1	2,126.1
	Foster Care Special Need	3,822.0	3,462.0
	Children's Medicaid Services	10,851.7	10,851.7
Senior and Disabilities Medicaid Services	191,291.2	248,624.3	
	Subtotal	1,281,921.2	1,297,324.3
DCED	National Program Receipts	15,830.0	15,030.0
	Fisheries Business Tax	1,600.0	1,600.0
	Alaska Energy Authority Power Cost Equalization	15,700.0	20,730.0
	Subtotal	33,130.0	37,360.0
DMVA	Retirement Benefits	1,996.8	2,053.8
	Total	2,077,257.6	2,226,694.4
	General Funds**	1,150,927.0	1,260,979.3
	Federal Funds	776,266.2	821,743.5
	Other Funds	148,064.3	143,971.6
**Notes: FY 06 includes \$62,483.5 in legislation separate from the operating budget bill.			

FY2006 Budget Changes

FY06 Budget

The Department of Health and Social Services (DHSS) faced tremendous challenges in the last few years to provide a balance between reducing the reliance on state general funds and providing services to vulnerable populations.

In FY04 DHSS reduced general fund expenditures by \$120 million in decrements and again in FY05 general fund reductions totaled \$46.7 million. In over two fiscal years the department saved over \$166 million. The reductions in the previous years were based on finding efficiencies, cost containment and refinancing so that services to clients would not have to be eliminated. Continuing to reduce general fund expenditures at the pace set in FY04 and FY05 would result in elimination of programs and cuts to services for vulnerable populations because efficiencies gained by the reorganization have been realized and there is little additional general fund savings that can now be taken in FY06.

In the FY06 budget the current Administration is not willing to sacrifice services to the poorest and weakest clients by eliminating programs. Our goal is to provide increases and enhance services that meet the outcomes established by the department. In addition, our emphasis in FY06 is to focus on continuing to fund treatment or prevention and early intervention as strategies rather than just high-end expenditures.

Proposed budget for 2006 compared to 2005

	2005	2006 Proposed
DHSS budget		
General Fund	\$ 530.6 million	\$ 616.3 million
Federal Funds	935.2 million	989.8 million
Other Funds	212.5 million	206.1 million
Total	\$ 1.678 billion	\$ 1.813 billion
Increased Federal revenue		54.5 million
Increased General Fund		86.3 million

Budget Strategies

Increases to maintain services: The Department recommends an increase of over \$72 million in general funds to maintain the current level of service in a number of programs. Included in this are: 1) Increased fuel costs to 24 hour facilities, which will cost the department \$121.5; 2) \$2.7 million to maintain services for Fetal Alcohol Syndrome Diagnostic teams, Human Service Community Matching Grant program, the Alaska Poison Control service, the current Breast and Cervical Cancer screening program (an expansion is

Alaska slips to 30th in ranking of nation's healthiest states

The Associated Press

(Published: December 12, 2005)

ANCHORAGE, Alaska (AP) - Limited access to prenatal care, low immunization rates and a high prevalence of smoking caused Alaska to drop six spots in a ranking of the nation's healthiest states released Monday.

Alaska was ranked 30th in the 2005 America's Health Rankings, issued annually by United Health Foundation with the American Public Health Association and Partnership for Prevention.

"I think the data is accurately represented," said Dick Mandsager, director of the state Division of Public Health. "The issues they highlight are issues that we've been trying to raise attention to, too."

The report ranks states based on smoking rates, motor vehicle deaths, obesity rates, violent crime, health insurance coverage, poverty rates, public health spending and similar categories.

Minnesota was ranked as the healthiest state, followed by Vermont, New Hampshire, Utah and Hawaii.

Mississippi was named the least healthy state, with Louisiana, Tennessee, South Carolina and Arkansas rounding out the bottom five.

The survey dropped Alaska from 24th place last year because of a number of challenges.

A third of pregnant Alaska women have limited access to adequate prenatal care, the survey says.

It also cited Alaska's low immunization coverage, with 75.3 percent of children ages 19 months to 35 months receiving complete immunizations.

Other negatives cited by the study were Alaska's low high school graduation rate, with 60.7 percent of incoming ninth graders who graduate within four years, and Alaska's high smoking rate. The survey says one out of every four Alaskans light up.

The survey also noted health disparities in the state. For instance, the infant mortality rate varies from a low of 5.1 deaths per 1,000 live births for non-Hispanic whites, to a high of 11.2 deaths for Alaska Natives/American Indians.

Mandsager said this is a "helpful reflector of where we are," and that "we need to pay attention to the health of the whole population of the state, whether you have insurance or not."

The survey also noted strengths for the state, including the high per capita public health spending at \$482 per person. That ranked Alaska second in the nation behind Hawaii; the U.S. average was \$162.

Other positives in the report included a low percentage of children in poverty, 12 percent.

The report noted that births per 1,000 teenage females decreased 20.2 percent, from 66 births in 1991 to 39.5 births in 2002. It notes that if this decline had not occurred, there would be an additional 9.4 percent of children under age 6 in poverty in 2002.

Other strengths noted in the report was a low total mortality rate of 795.4 per 100,000 population, and a low rate of cardiovascular deaths at 275.1 deaths per 100,000 population.

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