

ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILE
2197 SCOMM 86: HEALTH RESOURCES & ACCESS TASK FORCE, 1991-93 8672

Alaska State Hospital Nursing Home Association Data Collection

Question Number	FACILITY NAME Fairbanks Memorial Hospital	Percent of Total	(A) Revenues	(B) Contract	(C) Actual	(D) % of net
			At the Full Charge Rate	Allowances Discounts	Collections (Net Revenue)	Revenues to Full Charges
	SOURCE OF REVENUES (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue)	Full Charges
	Uncompensated Care					
1(A)	Charity care	1 %	492,000	492,000	0	0.00 %
1(B)	Bad debts	2 %	1,136,227	1,136,227	0	0.00 %
1(C)	Hill Burton free care		0	0	0	
	Federal Payers					
2	Medicaid	12 %	5,431,972	1,761,687	3,670,285	67.57 %
3	Medicare	19 %	9,104,600	2,418,410	6,686,190	73.44 %
4	Indian Health Service	7 %	3,119,688	77,401	2,342,287	75.08 %
5	Champus	2 %	968,211	0	968,211	100.00 %
6	Veterans' Administration	4 %	1,995,045	27,045	1,968,000	98.64 %
7	Other	5 %	2,326,064	274,670	2,051,394	88.19 %
	Private Payers					
8	Blue Cross	5 %	2,167,178	26,944	2,138,234	98.66 %
9	Commercial Insurance	34 %	16,039,716	84,481	15,955,235	99.47 %
10	Paid by Patient	9 %	4,278,030	5,040	4,272,990	99.88 %
11 (A)	Subtotal 1990 charges for services	100 %	47,058,731	7,005,905	40,052,826	85.11 %
	Explanation:					
	Unknown		-5,000		-5,000	
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		47,053,731	7,005,905	40,047,826	85.11 %
12 (A)	Total 1990 operating costs		38,743,293	N/A		
12 (B)	Depreciation included in operating costs		349,148	N/A		
	Other sources of operating revenues					
13	State Government			N/A		
	Revenue Sharing		139,871	N/A		
	Other (explain) "Other operating revenue"		1,535,019	N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues (explain) "Interest income med waste disposal, miscellaneous"		82,097	N/A		
14 (A)	Amount of your outstanding general obligation debt		0	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		N/A	N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government		N/A	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		82.34 %			
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Alaska State Hospital Nursing Home Association Data Collection

Question Number	FACILITY NAME: Heritage Place	Percent of Total Charges	(A) Revenues At the full Charge Rate	(B) Contract Allowances Discounts	(C) Actual Collections (Net Revenue)	(D) % of net Revenues to Full Charges
SOURCE OF REVENUES (Fiscal year ended during 1990)						
Uncompensated Care						
1 (A)	Charity care	0%	0	0	0	
1 (B)	Bad debts	0%	8,254	8,254	0	0.00%
1 (C)	Hill Burton free care	0%	0		0	
Federal Payers						
2	Medicaid	87%	2,496,065	688,265	1,807,800	72.43%
3	Medicare	8%	243,277	28,012	215,265	88.49%
4	Indian Health Service	0%	0		0	
5	Champus	3%	96,000	45,566	50,434	52.54%
6	Veterans' Administration	0%	0		0	
7	Other	0%	0		0	
Private Payers						
8	Blue Cross	0%	4,000	1,401	2,599	64.98%
9	Commercial Insurance	0%	0		0	
10	Paid by Patient	1%	24,146	11,497	12,649	52.39%
11 (A)	Subtotal 1990 charges for services	100%	2,871,742	782,995	2,088,747	72.73%
Explanation						
11 (B)	Other Payer					
11 (C)	Total 1990 charges for services		2,871,742	782,995	2,088,747	72.73%
12 (A)	Total 1990 operating costs		2,183,235	N/A		
12 (B)	Depreciation included in operating costs		163,634	N/A		
Other sources of operating revenues						
13	State Government			N/A		
	Revenue Sharing		46,777	N/A		
	Other (explain)			N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues			N/A		
14 (A)	Amount of your outstanding general obligation debt		3,206,714	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		Other	N/A		
15 (A)	Debt service paid by your facility in FY 90		501,660	N/A		
15 (B)	Debt service paid by third party:					
	Local Government		0	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		76.02%			
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Alaska State Hospital Nursing Home Association Data Collection

Question Number	FACILITY NAME: Humana Hospital - Alaska	Percent of Total	(A) Revenues At the full Charge Rate	(B) Contract Allowances Discounts	(C) Actual Collections (Net Revenue)	(D) % of net Revenues to Full Charges
SOURCE OF REVENUES (Fiscal year ended during 1990)						
Uncompensated Care						
1 (A)	Charity care		Unavailable		0	
1 (B)	Bad debts	6 %	4,832,276	4,832,276	0	0.00 %
1 (C)	Hill Burton free care	0 %			0	
Federal Payers						
2	Medicaid	14 %	11,840,266	6,446,834	5,393,432	45.55 %
3	Medicare	16 %	13,981,425	5,891,303	8,090,122	57.86 %
4	Indian Health Service	0 %			0	
5	Champus	0 %			0	
6	Veterans' Administration	0 %			0	
7	Other	0 %		3,468,225	-3,468,225	
Private Payers						
8	Blue Cross	6 %	5,407,376		5,407,376	
9	Commercial Insurance	58 %	49,737,530		49,737,530	
10	Paid by Patient	0 %			0	
11 (A)	Subtotal 1990 charges for services	100 %	85,798,873	20,638,638	65,160,235	75.95 %
Explanation:						
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		85,798,873	20,638,638	65,160,235	75.95 %
12 (A)	Total 1990 operating costs		57,427,624	N/A		
12 (B)	Depreciation included in operating costs		4,993,486	N/A		
Other sources of operating revenues						
13	State Government			N/A		
	Revenue Sharing		0	N/A		
	Other (explain) _____		847,438	N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues			N/A		
14 (A)	Amount of your outstanding general obligation debt			N/A		
14 (B)	Type of debt (taxable, tax exempt, other)			N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government			N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		66.93 %			
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Alaska State Hospital Nursing Home Association Data Collection

Question Number	FACILITY NAME: Ketchikan General Hospital	Percent of Total Charges	(A) Revenues At the full Charge Rate	(B) Contract Allowances Discounts	(C) Actual Collections (Net Revenue)	(D) % of net Revenues to Full Charges
Uncompensated Care						
1 (A)	Charity care	0 %	13,542	13,542	0	0.00%
1 (B)	Bad debts	5 %	811,515	811,515	0	0.00%
1 (C)	Hill Burton free care	1 %	168,717	168,717	0	0.00%
Federal Payers						
2	Medicaid	0 %			0	
3	Medicare	0 %			0	
4	Indian Health Service	0 %			0	
5	Champus	0 %			0	
6	Veterans' Administration	0 %			0	
7	Unknown per facility	94 %	14,519,332	956,093	13,563,239	93.42%
Private Payers						
8	Blue Cross	0 %			0	
9	Commercial Insurance	0 %			0	
10	Paid by Patient	0 %			0	
11 (A)	Subtotal 1990 charges for services	100 %	15,513,106	1,949,867	13,563,239	87.43%
Explanation:						
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		15,513,106	1,949,867	13,563,239	87.43%
12 (A)	Total 1990 operating costs		13,669,525	N/A		
12 (B)	Depreciation included in operating costs		589,327	N/A		
Other sources of operating revenues						
13	State Government			N/A		
	Revenue Sharing		123,055	N/A		
	Other (explain)		0	N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues		456,485	N/A		
14 (A)	Amount of your outstanding general obligation debt		900,000	N/A		
14 (B)	Type of debt -- Private Contract			N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:					
	Local Government		0	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		88.12 %			
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Alaska State Hospital Nursing Home Association Data Collection

FACILITY NAME: Kodiak Island Hospital		Percent	(A) Revenues	(B) Contract	(C) Actual	(D) % of net
Question		of Total	At the full	Allowances	Collections	Revenues to
Number	SOURCE OF REVENUES (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue)	Full Charges
	Uncompensated Care					
1 (A)	Charity care		0	0	0	
1 (B)	Bad debts	8 %	657,264	657,264	0	0.00 %
1 (C)	Hill Burton free care	2 %	165,986	165,986	0	0.00 %
	Federal Payers					
2	Medicaid	21 %	1,763,813	110,123	1,653,690	93.76 %
3	Medicare	9 %	743,157	18,063	725,094	97.57 %
4	Indian Health Service	2 %	164,653		164,653	100.00 %
5	Champus	7 %	605,936		605,936	100.00 %
6	Veterans' Administration	4 %	324,650		324,650	100.00 %
7	Other	3 %	248,095	94,019	154,076	62.10 %
	Private Payers					
8	Blue Cross	6 %	463,450		463,450	100.00 %
9	Commercial Insurance	20 %	1,616,920		1,616,920	100.00 %
10	Paid by Patient	18 %	1,456,464		1,456,464	100.00 %
11 (A)	Subtotal 1990 charges for services	100 %	8,210,388	1,045,455	7,164,933	87.27 %
	Explanation					
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		8,210,388	1,045,455	7,164,933	87.27 %
12 (A)	Total 1990 operating costs		7,664,113	N/A		
12 (B)	Depreciation included in operating costs		339,388	N/A		
	Other sources of operating revenues					
13	State Government			N/A		
	Revenue Sharing		134,450	N/A		
	Other (explain) _____		0	N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues "Interest & Cafeteria"		328,008	N/A		
14 (A)	Amount of your outstanding general obligation debt		0	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)			N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government			N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		93.35 %			
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Alaska State Hospital and Nursing Home Association Data Collection

Question Number	FACILITY NAME: Mary Conrad Center	Percent of Total Charges	(A) Revenues At the full Charge Rate	(B) Contract Allowances Discounts	(C) Actual Collections (Net Revenue)	(D) % of net Revenues to Full Charges
Uncompensated Care						
1 (A)	Charity care	0 %	0	0	0	
1 (B)	Bad debts	1 %	53,237	53,237	0	0.00 %
1 (C)	Hill Burton free care	0 %	0	0	0	
Federal Payers						
2	Medicaid	95 %	7,120,415	172,787	6,947,628	97.57 %
3	Medicare	0 %	0		0	
4	Indian Health Service	0 %	0		0	
5	Champus	0 %	0		0	
6	Veterans' Administration	0 %	0		0	
7	Other	0 %	0		0	
Private Payers						
8	Blue Cross	0 %			0	
9	Commercial Insurance	0 %			0	
10	Paid by Patient	4 %	297,655	0	297,655	100.00 %
11 (A)	Subtotal 1990 charges for services	100 %	7,471,307	226,024	7,245,283	96.97 %
Explanation:						
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		7,471,307	226,024	7,245,283	96.97 %
12 (A)	Total 1990 operating costs		6,043,738	N/A		
12 (B)	Depreciation included in operating costs		974,936	N/A		
Other sources of operating revenues						
13	State Government			N/A		
	Revenue Sharing		0	N/A		
	Other (explain):		0	N/A		
	Local Government		0	N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues			N/A		
	Interest income & beauty shop		45,921			
14 (A)	Amount of your outstanding general obligation debt		8,678,888	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		Bond	N/A		
15 (A)	Debt service paid by your facility in FY 90		569,403	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government			N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		80.89 %			
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Alaska State Hospital Nursing Home Association Data Collection

FACILITY NAME: Our Lady of Compassion Care Center		Percent	(A) Revenues	(B) Contract	(C) Actual	(D) % of net
Question		of Total	At the full	Allowances	Collections	Revenues to
Number	SOURCE OF REVENUES (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue	Full Charges
Uncompensated Care						
1 (A)	Charity care	1 %	128,000	128,000	0	
1 (B)	Bad debts	0 %	53,000	53,000	0	
1 (C)	Hill Burton free care	0 %	0		0	
Federal Payers						
2	Medicaid	84 %	16,734,000	5,207,000	11,527,000	68.88 %
3	Medicare	4 %	846,000	371,000	475,000	56.15 %
4	Indian Health Service	0 %	0		0	
5	Champus	0 %	0		0	
6	Veterans' Administration	3 %	654,000	132,000	522,000	79.82 %
7	Other	0 %	0		0	
Private Payers						
8	Blue Cross	0 %	0		0	
9	Commercial Insurance - ALL	3 %	648,000	3,000	645,000	99.54 %
10	Paid by Patient	4 %	778,000	0	778,000	100.00 %
11 (A)	Subtotal 1990 charges for services	100 %	19,841,000	5,894,000	13,947,000	70.29 %
Explanation:						
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		19,841,000	5,894,000	13,947,000	70.29 %
12 (A)	Total 1990 operating costs		13,130,000	N/A		
12 (B)	Depreciation included in operating costs		983,000	N/A		
Other sources of operating revenues						
13	State Government			N/A		
	Revenue Sharing			N/A		
	Other (explain) _____			N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues *Cost Recoveries &		0	N/A		
	Undesignated Investment Income		130,000			
14 (A)	Amount of your outstanding general obligation debt		17,703,000	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		Tax exempt	N/A		
15 (A)	Debt service paid by your facility in FY 90		2,020,000	N/A		
15 (B)	Debt service paid by third party:					
	Local Government		N/A	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		66.18 %			
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Alaska State Hospital Nursing Home Association Data Collection

FACILITY NAME: Petersburg General Hospital		Percent	(A) Revenues	(B) Contract	(C) Actual	(D) % of net
Question		of Total	At the Full	Allowances	Collections	Revenues to
Number	SOURCE OF REVENUES: (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue)	Full Charges
	Uncompensated Care					
1 (A)	Charity care	0.00%	0	0	0	
1 (B)	Bad debts	1.23%	28,900	28,900	0	0.00%
1 (C)	Hill Burton free care	0.11%	2,627	2,627	0	0.00%
	Federal Payers					
2	Medicaid	55%	1,304,104	55,170	1,248,934	95.77%
3	Medicare	12%	287,905	177,754	110,151	38.26%
4	Indian Health Service	2%	36,445	823	35,622	97.74%
5	Champus, Coast Guard & V.A.	2%	55,261	14,302	40,959	74.12%
6		0%		3,717	-3,717	-100.00%
7	Other	0%	0		0	
	Private Payers					
8	Blue Cross, & Other Commercial Insurers	19%	451,578		451,578	100.00%
9					0	
10	Paid by Patient	8%	190,092		190,092	100.00%
11 (A)	Subtotal 1990 charges for services	100%	2,356,912	283,293	2,073,619	87.98%
	Explanation:					
	Unknown					
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		2,356,912	283,293	2,073,619	87.98%
12 (A)	Total 1990 operating costs		2,469,069	N/A		
12 (B)	Depreciation included in operating costs		525,233	N/A		
	Other sources of operating revenues					
13	State Government			N/A		
	Revenue Sharing		127,670	N/A		
	Other (explain):			N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues "Miscellaneous"		42,880	N/A		
14 (A)	Amount of your outstanding general obligation debt		0	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		N/A	N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government		N/A	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Charge ratio (12A / 11C)		104.76%			
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Alaska State Hospital Nursing Home Association Data Collection

FACILITY NAME: Providence Hospital		Percent	(A) Revenues	(B) Contract	(C) Actual	(D) % of net
Question		of Total	At the Full	Allowances	Collections	Revenues to
Number	SOURCE OF REVENUES: (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue)	Full Charges
	Uncompensated Care					
1 (A)	Charity care	3 %	4,544,604	4,544,604	0	0.00%
1 (B)	Bad debts	3 %	5,921,054	5,921,054	0	0.00%
1 (C)	Hill Burton free care	1 %	1,015,884	1,015,884	0	0.00%
	Federal Payers					
2	Medicaid	19 %	32,090,000	15,556,778	16,533,222	51.52%
3	Medicare	16 %	27,903,000	10,480,433	17,422,567	62.44%
4	Indian Health Service	1 %	1,900,000	0	1,900,000	100.00%
5	Champus	3 %	5,827,000	1,884,718	3,942,282	67.66%
6	Veterans' Administration	5 %	9,379,000	656,000	8,723,000	93.01%
7	Other	0 %	0		0	
	Private Payers					
8	Blue Cross	4 %	6,500,000	975,000	5,525,000	85.00%
9	Commercial Insurance	37 %	63,002,593	327,000	62,675,593	99.48%
10	Paid by Patient	8 %	14,388,458	1,299,529	13,088,929	90.97%
11 (A)	Subtotal 1990 charges for services	100 %	172,471,593	42,661,000	129,810,593	75.26%
	Explanation					
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		172,471,593	42,661,000	129,810,593	75.26%
12 (A)	Total 1990 operating costs		119,920,000	N/A		
12 (B)	Depreciation Included in operating costs		10,614,000	N/A		
	Other sources of operating revenues					
13	State Government			N/A		
	Revenue Sharing		140,000	N/A		
	Other (explain) _____		0	N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues (explain)			N/A		
14 (A)	Amount of your outstanding general obligation debt		71,270,759	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		Tax Exempt	N/A		
15 (A)	Debt service paid by your facility in FY 90		8,988,000	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government		N/A	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		69.53%			
	Questions or Comments? Contact:					
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	Juneau, Alaska 99801					
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Alaska State Hospital Nursing Home Association Data Collection

FACILITY NAME: Seward General Hospital		Percent	(A) Revenues	(B) Contract	(C) Actual	(D) % of net
Question	of Total	At the Full	Allowances	Collections	Revenues to	
Number	SOURCE OF REVENUES: (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue)	Full Charges
	Uncompensated Care					
1(A)	Charity care		0	0	0	
1(B)	Bad debts		0	0	0	
1(C)	Hill Burton free care		0	0	0	
	Federal Payers					
2.	Medicaid	10%	238,619	66,084	172,535	72.31%
3.	Medicare	27%	616,978	38,350	578,628	93.78%
4.	Indian Health Service	0%			0	
5.	Champus	0%			0	
6.	Veterans' Administration & Ak Native Health Service	8%	193,925	6,387	187,538	96.71%
7.	Other	0%			0	
	Private Payers					
8.	Blue Cross	5%	112,875	0	112,875	100.00%
9.	Commercial Insurance	31%	708,924	10,739	698,185	98.49%
10.	Paid by Patient	19%	433,687	128,500	305,187	70.37%
11 (A)	Subtotal 1990 charges for services	100%	2,305,008	250,060	2,054,948	89.15%
	Explanation:					
	Unknown					
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		2,305,008	250,060	2,054,948	89.15%
12 (A)	Total 1990 operating costs		2,558,612	N/A		
12 (B)	Depreciation included in operating costs		81,788	N/A		
	Other sources of operating revenues					
13	State Government			N/A		
	Revenue Sharing		182,485	N/A		
	Other (explain)			N/A		
	Local Government			N/A		
	Taxation		453,280	N/A		
	General Fund			N/A		
	Other non service revenues (explain)			N/A		
14 (A)	Amount of your outstanding general obligation debt		0	N/A		
14 (B)	Type of debt (Capital Leases)		103,874	N/A		
15 (A)	Debt service paid by your facility in FY 90		31,419	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government		N/A	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16.	FY '90 Cost to Full Charge ratio (12A / 11C)		111.00%			
	Questions or Comments? Contact:					
	Garney M. Peska, CPA					
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	Alaska State Hospital & Nursing Home Association					
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	Juneau, Alaska 99801					
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Alaska State Hospital Nursing Home Association Data Collection

FACILITY NAME: Sitka Community Hospital		Percent	(A)Revenues	(B)Contract	(C)Actual	(D)% of net
Question	of Total	At the Full	Allowances	Collections	Revenues to	
Number	SOURCE OF REVENUES: (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue	Full Charges
	Uncompensated Care					
1(A)	Charity care		0	0	0	
1(B)	Bad debts	4 %	176,853	176,853	0	0.00%
1(C)	Hill Burton free care		0	0	0	
	Federal Payers					
2.	Medicaid	8 %	340,981	28,395	312,586	91.67%
3.	Medicare	22 %	996,065	60,985	935,080	93.88%
4.	Indian Health Service	0 %	0		0	
5.	Champus	0 %	0		0	
6.	Veterans' Administration	0 %	0		0	
7.	Other ("State of Ak, Indian Health, VA")	5 %	245,407		245,407	100.00%
	Private Payers					
8.	Blue Cross	0 %	0		0	
9.	Commercial Insurance	53 %	2,395,076	264	2,394,812	99.99%
10.	Paid by Patient	8 %	378,972		378,972	100.00%
11 (A)	Subtotal 1990 charges for services	100%	4,533,354	266,497	4,266,857	94.12%
	Explanation:					
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		4,533,354	266,497	4,266,857	94.12%
12 (A)	Total 1990 operating costs		4,638,705	N/A		
12 (B)	Depreciation included in operating costs		461,499	N/A		
	Other sources of operating revenues					
13	State Government			N/A		
	Revenue Sharing		250,000	N/A		
	Other (explain) "Other operating revenue"			N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues (explain) Interest Income		88,073	N/A		
	Miscellaneous		90,958			
14 (A)	Amount of your outstanding general obligation debt		0	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		N/A	N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government		272,200	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16.	FY '90 Cost to Full Charge ratio (12A / 11C)		102.32%			
	Questions or Comments? Contact:					
	Garrey M. Peska, CPA					
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	Juneau, Alaska 99801					
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Alaska State Hospital Nursing Home Association Data Collection

FACILITY NAME: St. Anns Nursing Home		Percent	(A)Revenue	(B)Contract	(C)Actual	(D)% of net
Question		of Total	At the Full	Allowances	Collections	Revenues to
Number	SOURCE OF REVENUES: (Fiscal year ended during 1990)	Charges	Charge Rate	Discounts	(Net Revenue	Full Charges
	Uncompensated Care					
1 (A)	Charity care		0	0	0	
1 (B)	Bad debts		0	0	0	
1 (C)	Hill Burton free care		0	0	0	
	Federal Payers					
2.	Medicaid	98%	3,397,205	354,065	3,043,140	89.58%
3.	Medicare	0%	0		0	
4.	Indian Health Service	0%	0		0	
5.	Champus	0%	0		0	
6.	Veterans' Administration	0%	6,161	761	5,400	87.65%
7.	Other	0%	0		0	
	Private Payers					
8.	Blue Cross	0%	0		0	
9.	Commercial Insurance	0%	0		0	
10.	Paid by Patient	2%	78,067		78,067	100.00%
11 (A)	Subtotal 1990 charges for services	100%	3,481,433	354,826	3,126,607	89.81%
	Explanation:					
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		3,481,433	354,826	3,126,607	89.81%
12 (A)	Total 1990 operating costs		2,756,675	N/A		
12 (B)	Depreciation included in operating costs		46,780	N/A		
	Other sources of operating revenues					
13	State Government			N/A		
	Revenue Sharing			N/A		
	Other (explain)_____			N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues (explain) Interest Income		55,336	N/A		
	Miscellaneous 4,173. Cafeteria 8,573.		12,746			
14 (A)	Amount of your outstanding general obligation debt		78,954	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		Tax Exempt	N/A		
15 (A)	Debt service paid by your facility in FY 90		24,000	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government		N/A	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		79.18%			
	Questions or Comments? Contact:					
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Alaska State Hospital Nursing Home Association Data Collection

Question Number	FACILITY NAME	Percent of Total Charges	(A) Revenues At the full Charge Rate	(B) Contract Allowances Discounts	(C) Actual Collections (Net Revenue)	(D) % of net Revenues to Full Charges
Wesley Rehabilitation & Care Center						
SOURCE OF REVENUES: (Fiscal year ended during 1990)						
Uncompensated Care						
1(A)	Charity care	1 %	21,405	21,405	0	0.00%
1(B)	Bad debts	3 %	101,204	101,204	0	0.00%
1(C)	Hill Burton free care	0 %	0		0	
Federal Payers						
2	Medicaid	86 %	2,760,516	302,149	2,458,367	89.05%
3	Medicare	0 %	0		0	
4	Indian Health Service	0 %	0		0	
5	Champus	0 %	0		0	
6	Veterans' Administration	1 %	42,240	6,746	35,494	84.03%
7	Other	2 %	70,188	10,116	60,072	
Private Payers						
8	Blue Cross	0 %	0		0	
9	Commercial Insurance	0 %	0		0	
10	Paid by Patient	7 %	211,051	681	210,380	99.68%
11 (A)	Subtotal 1990 charges for services	100%	3,206,614	442,301	2,764,313	86.21%
Explanation:						
11 (B)	Other Payer:					
11 (C)	Total 1990 charges for services		3,206,614	442,301	2,764,313	86.21%
12 (A)	Total 1990 operating costs		2,963,525	N/A		
12 (B)	Depreciation included in operating costs		916,902	N/A		
Other sources of operating revenues						
13	State Government			N/A		
	Revenue Sharing		69,937	N/A		
	Other (explain) "In-Kind Rent Contribution"		129,600	N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues			N/A		
14 (A)	Amount of your outstanding general obligation debt		0	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		N/A	N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government			N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16	FY '90 Cost to Full Charge ratio (12A / 11C)		92.42%			
Questions or Comments? Contact:						
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Alaska State Hospital Nursing Home Association Data Collection

Question Number	FACILITY NAME: Wrangell General Hospital SOURCE OF REVENUES: (Fiscal year ended during 1990)	Percent of Total Charges	(A) Revenues At the full Charge Rate	(B) Contract Allowances Discounts	(C) Actual Collections (Net Revenue)	(D) % of net Revenues to Full Charges
Uncompensated Care						
1 (A)	Charity care	8 %	199,901	199,901	0	
1 (B)	Bad debts	5 %	141,436	141,436	0	
1 (C)	Hill Burton free care	2 %	50,949	50,949	0	
Federal Payers						
2.	Medicaid	31 %	816,319	119,043	697,276	85.42 %
3.	Medicare	7 %	189,992	52,350	137,642	72.45 %
4.	Indian Health Service	3 %	78,543	3,315	75,228	95.78 %
5.	Champus	0 %	0		0	
6.	Veterans' Administration	3 %	67,714	2,347	65,367	96.53 %
7.	Other	0 %			0	
Private Payers						
8.	Blue Cross	5 %	141,504	60	141,444	99.96 %
9.	Commercial Insurance	16 %	426,240	15,418	410,822	96.38 %
10.	Paid by Patient	19 %	482,564		482,564	100.00 %
11 (A)	Subtotal 1990 charges for services	100 %	2,595,162	584,819	2,010,343	77.47 %
Explanation:						
11 (B)	Other Payer: H.B. Physician		79,084		79,084	
11 (C)	Total 1990 charges for services		2,674,246	584,819	2,089,427	78.13 %
12 (A)	Total 1990 operating costs		2,372,079	N/A		
12 (B)	Depreciation included in operating costs		291,012	N/A		
Other sources of operating revenues						
13	State Government			N/A		
	Revenue Sharing		127,724	N/A		
	Other (explain)			N/A		
	Local Government			N/A		
	Taxation		0	N/A		
	General Fund		0	N/A		
	Other non service revenues "Federal Grant"		20,425	N/A		
14 (A)	Amount of your outstanding general obligation debt		230,000	N/A		
14 (B)	Type of debt (taxable, tax exempt, other)		Bonds	N/A		
15 (A)	Debt service paid by your facility in FY 90		0	N/A		
15 (B)	Debt service paid by third party:		0			
	Local Government		20,000	N/A		
	Corporate parent		N/A	N/A		
	Other		N/A	N/A		
16.	FY '90 Cost to Full Charge ratio (12A / 11C)		88.70 %			
Questions or Comments? Contact:						
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APPENDIX F

Public Health in Health Care Reform
Presentation to the Health Resources and Access Task Force
By Peter Nakamura, MD
Alaska Division of Public Health
August 25, 1992

OUTLINE

- I. Opening Statement
- II. Description of Public Health
 - 1. Mission of Public Health
 - 2. Participants in Public Health
 - 3. Core Functions of Public Health
- III. Public Health Status and Trends in Alaska
 - 1. Mortality and Morbidity
 - 2. Budget
 - 3. Staffing
 - 4. Events
- IV. Trends Within the Division of Public Health
- V. Trends Within Other Divisions of the Department of Health and Social Services
- VI. Public Health Challenges in Alaska
- VII. The Role of Public Health in Health Care Reform
- VIII. Issues for Consideration

H.R.A.T. PRESENTATION

August 25, 1992

Alaska's Public Health

I. OPENING STATEMENT

Thank you for giving me this opportunity to present the picture of Public Health, the status of Public Health in Alaska and the role of Public Health in Health Care Reform.

My presentation will be given in the following format:

The description of Public Health

1. Mission of Public Health
2. Participants in Public Health
3. Core Functions of Public Health

Status of Public Health in Alaska

1. Public Health Trends in Alaska
 - Morbidity/Mortality
 - Fiscal and Human Resource Investments
 - Public Health Services (Activities)
 - Factors Affecting the Organizational picture of Public Health and Resource Allocation
2. Present Status of the Public Health in Alaska
3. Challenges to Public Health in Alaska

The role of Public Health in Health Care Reform and how it should be affected by the ultimate design of the Health Care Reform Package.

Establishment and commitment to a public health agenda for Alaska.

II. DESCRIPTION OF PUBLIC HEALTH

1. The Mission of Public Health The Mission of Public Health is to assure those conditions that will result in the maximum mental, physical, and social health of the public. In pursuit of this mission, there is often conflict between the interests leading to individual health versus the public's health. One of many examples of this is the decision made recently by the Division of Public Health when it eliminated the funding support for a program providing growth hormone to a limited number of individuals in order to preserve more public related services such as public health nursing and epidemiologic surveillance.

2. Participants in Public Health The mission of public health is addressed by individuals, private organizations, and all communities as well as by public agencies. Prevention, health

promotion, issues of access to care, health care cost containment, priorities of care, and other issues affecting public health are joint responsibilities. The government health agency has the unique responsibility to see to it that vital elements are in place and that the mission is adequately addressed. A state public health agency is responsible for those essential and critical public health services that cannot or will not be provided by the private sector.

3. The Core Functions The core functions of public health agencies at all levels of government are (1) assessment, (2) policy development, and (3) assurance.

Overhead I Representative Subset of Public Health Activities

Assessment refers to the collection, assembly, analysis and the publication of information about the health of the public. THIS IS A FUNCTION THAT CANNOT BE DELEGATED. The content and manner of release of information must not be manipulated in a way that it meets the needs of special interest groups. It is understandable and rational that if these responsibilities are abrogated, the data will be collected and placed in a format that best meets the self interest of those given this task.

Policy Development involves the broad participation of public, private organizations, and individuals. The state's role in the process is to give overall guidance and assurance that the public interest is served. Policy is affected through a variety of ways including planning, resource allocation, public information, legislative testimony, policy leadership, and negotiation. The public health agency must be equipped for this role by its access to technical knowledge and professional expertise. It is well stated in the publication, A Vision of Public Health, that used judiciously, the knowledge base of public health tempers the excesses of partisan politics and makes for more just decision.

Assurance is a core public sector function that is to make sure that necessary services are provided to reach agreed upon goals; either by requiring it or by providing services directly. Assurance implies the maintenance of a level of service needed to attain an intended impact or outcome that is achievable, given the resources and techniques available. Carrying out the assurance function as it relates to public safety and the implementation of legislative mandates requires the exercise of authority. It is Public Health's responsibility to provide those necessary services when they cannot or will not be provided by the private sector. A guarantee of services acts as a barrier to service cuts which tend to fall on the most vulnerable in hard times. Assured services can be targeted to major public health problems such as those identified in the Year 2000 planning process. Each of the interventions selected has real and quantifiable impacts on health costs and public health. Public Health's use of the statutory process has often been a mechanism for assuring these necessary services. Competition is often advocated as a mechanism for addressing the spiraling cost of health care, but there must be

Activities of Six State Agencies, 1984^a

	Number of States (n = 6)		Number of States (n = 6)
I. ASSESSMENT		III. ASSURANCE (<i>continued</i>)	
A. Data Collection		A. Inspection (<i>continued</i>)	
Vital Records	6	Housing, Public,	
Morbidity	3	Lodging, Re-	
Health Facilities	4	creational Faci-	
Health Manpower	5	ity Safety	6
Health System		Health Facility	
Funds	5	Safety	5
Health Interview		B. Licensing	5
Surveys	2	C. Health Education	
Health Trends		Education	5
Analysis	3	Health Promotion,	
Health Status		Disease Preven-	
Assessment	5	tion	2
B. Epidemiology		D. Environment	
Communicable Dis-		Air Quality	3
ease	6	Occupational	
Health Screening	6	Health and	
Laboratory Anal-		Safety	5
ysis	6	Radiation Control	6
C. Research		Solid Waste Man-	
Research Projects	4	agement	3
Laboratory Re-		Hazardous Waste	
search	1	Management	3
II. POLICY DEVELOPMENT		Public Water Sup-	
A. Policy		ply	5
Goals Developed		Individual Water	
Through Health		Supply	4
Assessments	1	Sewage Disposal	5
Standards for Local		E. Personal Health	
Health Agencies	5	Maternal and Child	
B. Health Planning		Health	6
State Health Plan-		Home Health	4
ning	2	Immunizations	6
Categorical Plans	5	Dental Health	6
Certificate of Need	5	Mental Health	5
III. ASSURANCE		Alcohol Abuse	5
A. Inspection		Drug Abuse	5
Food and Milk		Chronic Disease	6
Control	6	Inpatient Facilities	2
Product Safety,		F. Resources Develop-	
Substance Con-		ment	6
trol	3		

^aThis list is a representative subset of activities listed for all states in Tables A.4 through A.6 of Appendix A.

SOURCE: Public Health Foundation, 1986, pp. 2, 3, 10, 19, 27, 33, 37, 38, 39, 40, 41.

some assurance that the most vulnerable and the most neglected are not isolated and excluded.

A principle achievement of the practice of public health is to prevent or modify those public health conditions that negatively impact on the nation's health care bill.

BC I	Work Related Deaths in the Private Sector
BC II	Leading Causes of Years of Potential Life Lost
BC III	Leading Causes of Death in Alaska
BC IV	Prevalence of Behavioral Risk Factors
LG I	Unintentional Injuries from Drowning
LG II	Unintentional Spinal Cord Injuries
Table II.	Economic Impact of Public Health Practice).
	EPI Overheads: Tuberculosis Medical Services
	AIDS/HIV Medical Treatment
	Questionable Investment
	Combined Chart of 8 Graphs

Economics of Prevention and Public Health

With improved efforts in the areas of Prevention and Public Health, this nation can save lives and valuable health care resources. For example:

1. For every \$1 spent on immunization, \$10 is saved.
2. Teenage pregnancies cost the government more than \$20 billion/year. \$1 in family planning can save more than \$4 in health and welfare costs.
3. It costs \$50,000 before a low birth weight child can leave the hospital, versus \$4,800 for comprehensive prenatal care and delivery.
4. \$1 in maternity care coordination saved \$2 in newborn care.
5. \$15,000 to educate a child born addicted to drugs or alcohol versus \$3,000 to educate a health child per year.

FY 92 Authorized/FY 93 Gov. Budget Requests

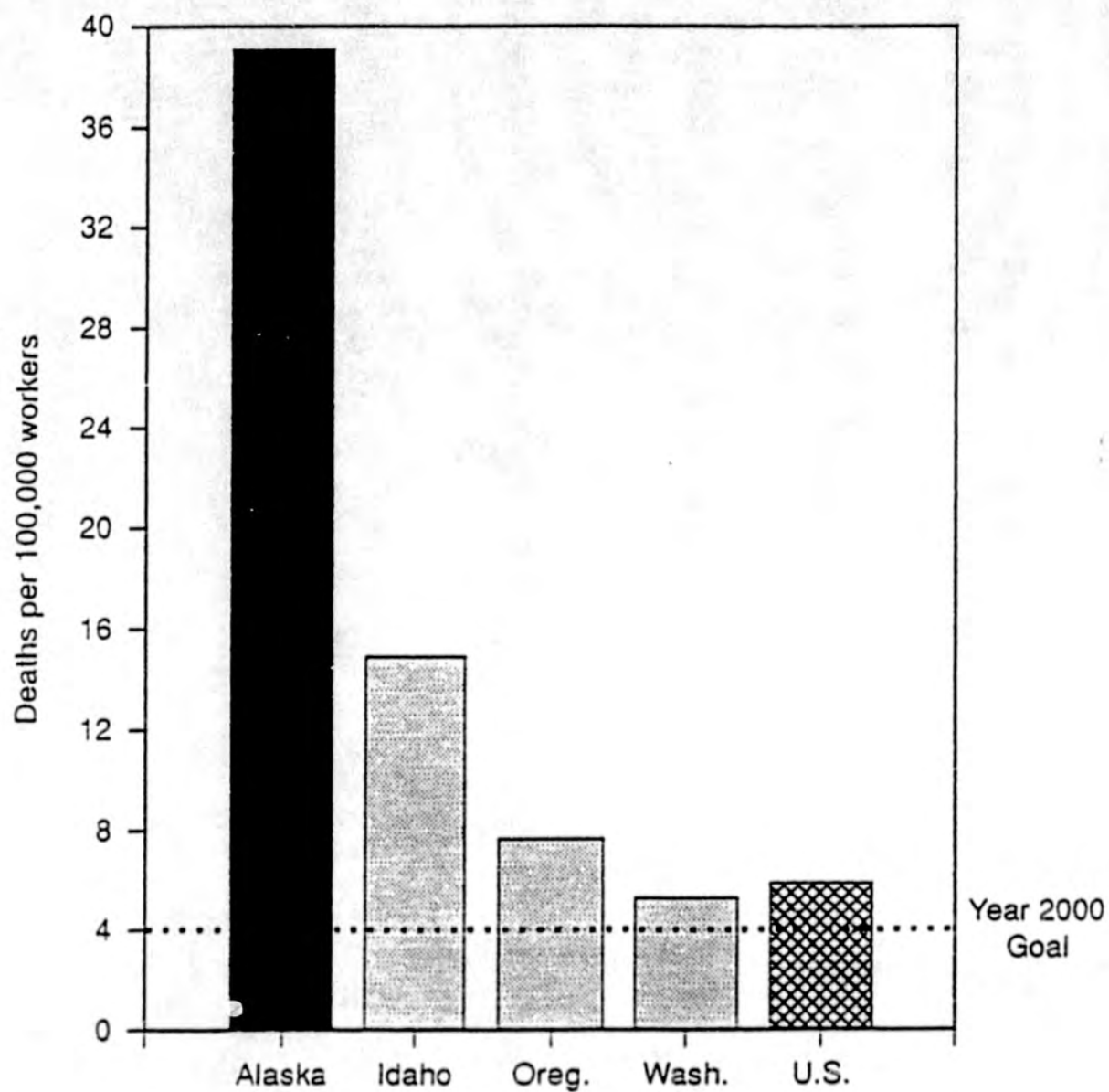
Social Cultural Influence of Public Health

I am sure that most of you are familiar with the recent incident reported in our local and national press about the slaughter of walrus on the coast of Alaska.

EPI Overheads: Anch Times News Article - Walrus
Lung Cancer - Alaska
Lung Cancer - Tobacco Dependence

The subsequent defense for the disposal of the meat and organs was based on the alleged contamination by toxic levels of lead and mercury. Scientifically flawed data was presented to support this defense. A successful presentation of this case would have resulted in the termination of the Native practice of subsistence

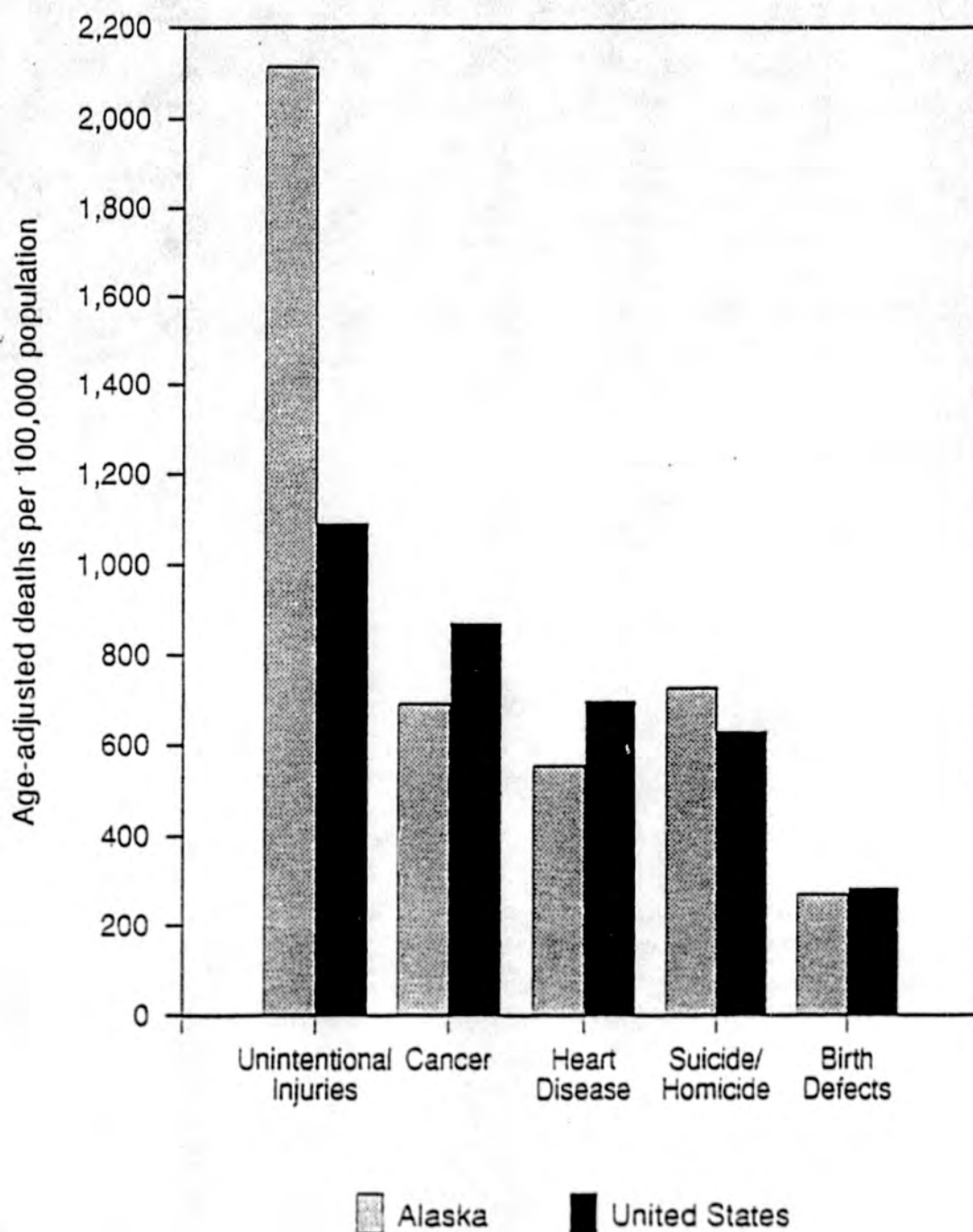
Work-Related Deaths in the Private Sector Alaska, Region, and United States 1988



Source: "Alaska Health Profile, 1992", Centers for Disease Control,
U.S. Dept. of Health and Human Services

CDC

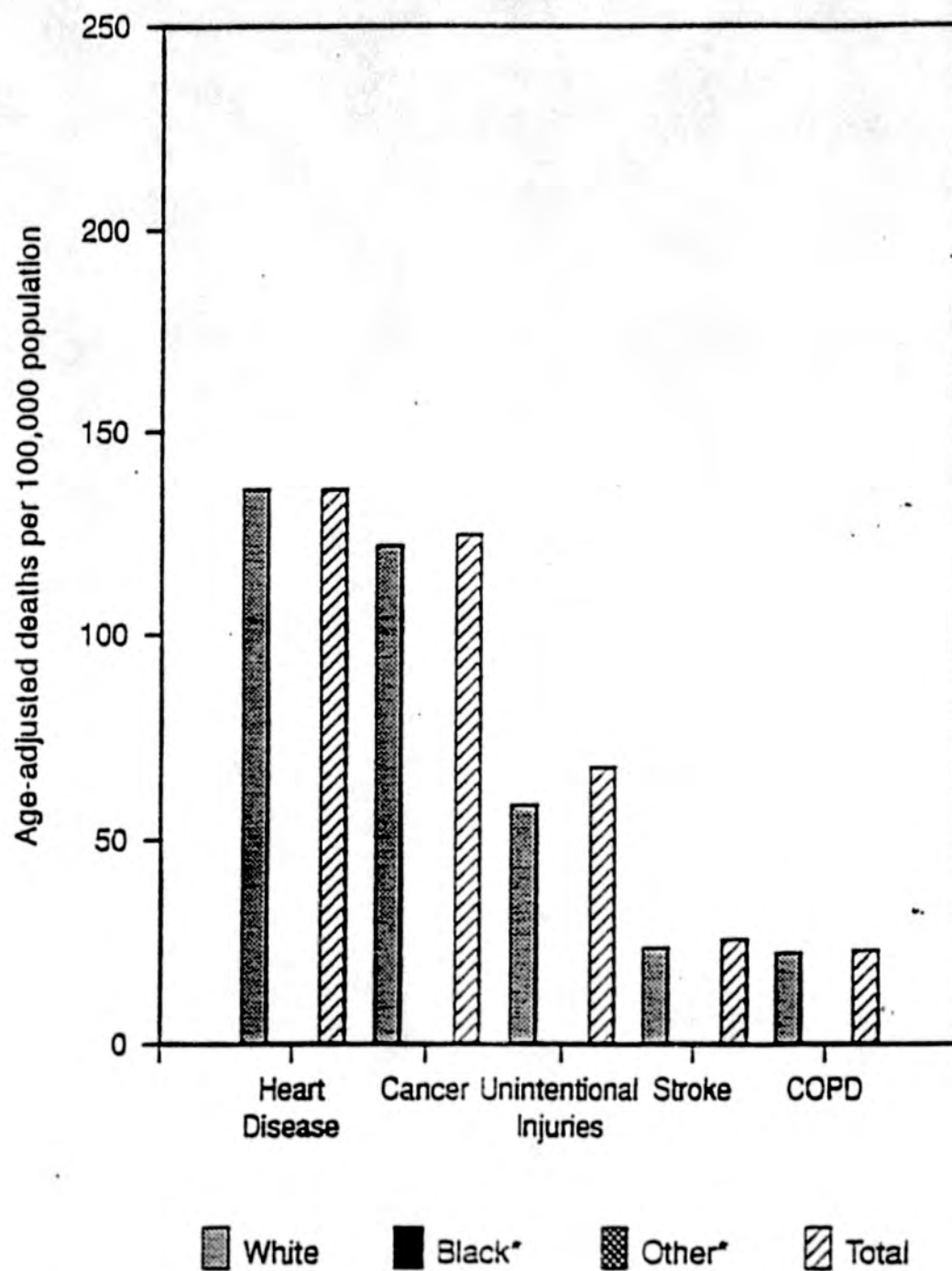
Leading Causes of Years of
Potential Life Lost (YPLL) Before Age 65
Alaska and United States
1989



Source: "Alaska Health Profile, 1992", Centers for Disease Control,
U.S. Dept. of Health and Human Services

CDC

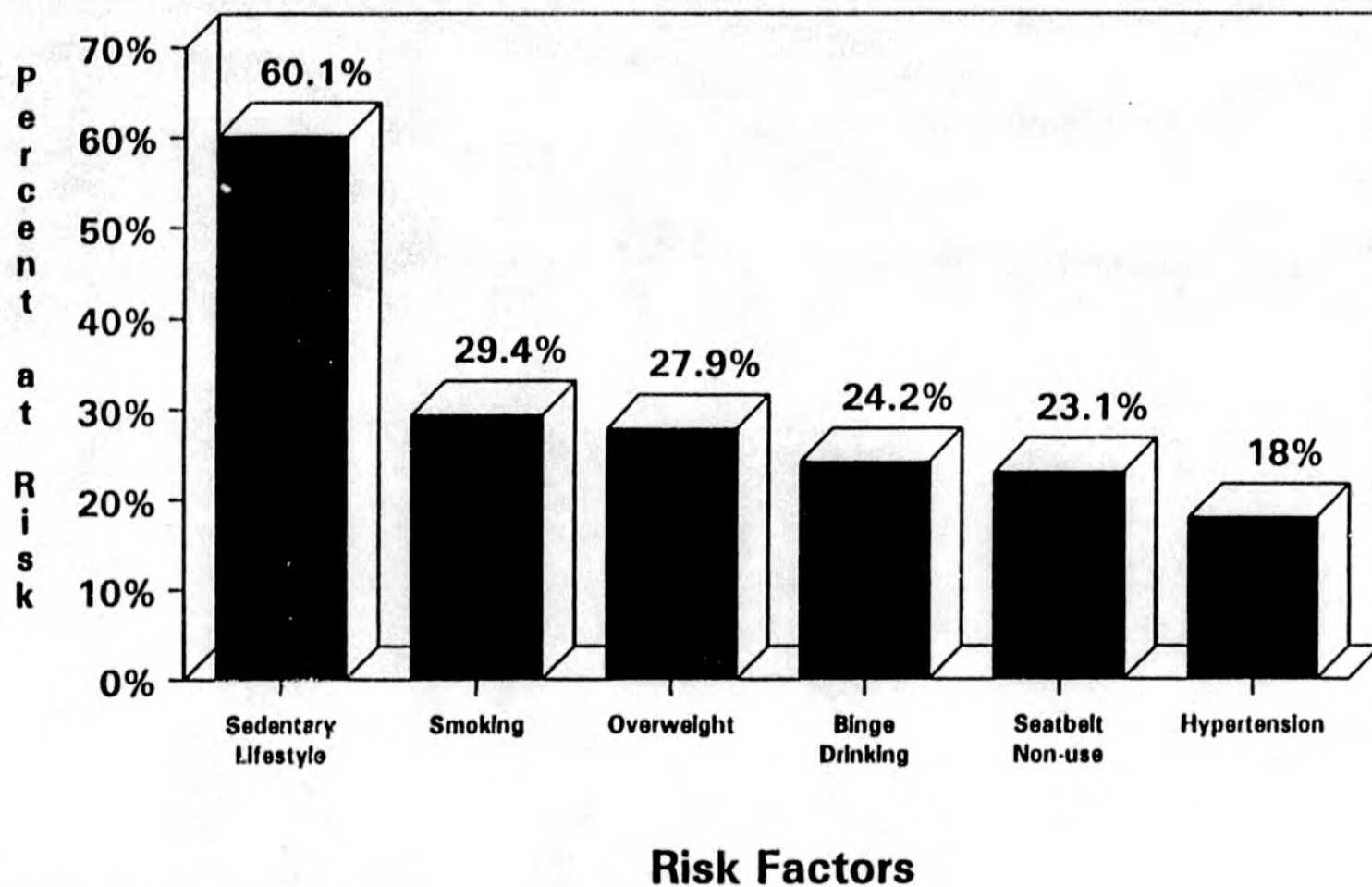
Leading Causes of Death Alaska 1987-1989



*See Appendix.

CDC

Prevalence of Behavioral Risk Factors Alaska 1990



BRFSS 1990 Point in Time Survey

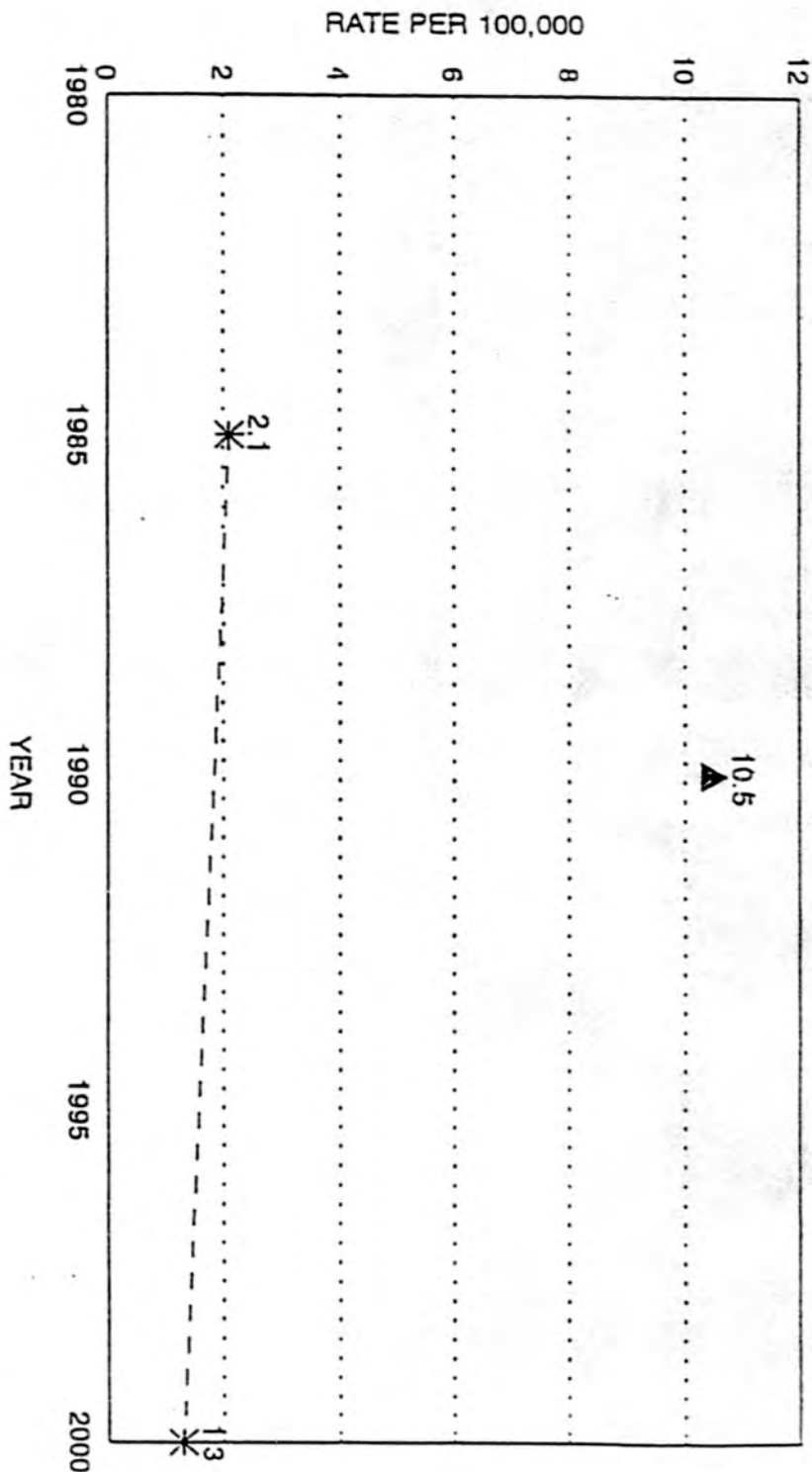
L.G. I.

UNINTENTIONAL INJURIES

9.5 Reduce Death Rate From Drowning

F-10

Assessment and analysis identifies and quantifies the magnitude of a problem. Policy development allows the targeting of resources and technology to the causes of the problem to affect measured changes. A sample year 2000 objectives table is enclosed to demonstrate the use of data in achieving health objectives.



* U.S. ▲ ALASKA

U.S. data 1987; Alaska 1990; all rates are age-adjusted
Alaska Bureau of Vital Statistics

TABLE II.

The Economics of Prevention

This table demonstrates the impact of public health practice. These are presented only as a sampling of the numerous interventions that positively impact on the nation's health care expenditures.

Condition	Overall Magnitude	Avoidable intervention (1)	Cost per patient (2)
Heart disease	7 million with coronary artery disease 500,000 deaths/yr 284,000 bypass procedures/yr	Coronary bypass surgery	\$30,000
Cancer	1 million new cases/yr 510,000 deaths/yr	Lung cancer treatment	\$29,000
		Cervical cancer treatment	\$28,000
Stroke	600,000 strokes/yr 150,000 deaths/yr	Hemiplegia treatment and rehabilitation	\$22,000
Injuries	2.3 million hospitalizations/yr 142,500 deaths/yr 177,000 persons with spinal cord injuries in the United States	Quadriplegia treatment and rehabilitation	\$570,000 (lifetime)
		Hip fracture treatment and rehabilitation	\$40,000
		Severe head injury treatment and rehabilitation	\$310,000
HIV Infection	1-1.5 million infected 118,000 AIDS cases (as of Jan 1990)	AIDS treatment	\$75,000 (lifetime)
Alcoholism	18.5 million abuse alcohol 105,000 alcohol-related deaths/yr	Liver transplant	\$250,000
Drug abuse	Regular users: 1-3 million, cocaine 900,000, IV drugs 500,000, heroin Drug-exposed babies: 375,000	Treatment of drug-affected baby	\$63,000 (5 years)
Low birth weight baby	260,000 LBWB born/yr 23,000 deaths/yr	Neonatal intensive care for LBWB	\$10,000
Inadequate immunization	Lacking basic immunization series: 20-30%, aged 2 and younger 3%, aged 6 and older	Congenital rubella syndrome treatment	\$354,000 (lifetime)

(1) Examples (other interventions may apply).
 (2) Representative first-year costs, except as noted. Not indicated are non-medical costs, such as lost productivity to society.

Source: "Healthy People 2000"

Tuberculosis Medical Services

Hospitalization
Bronchoscopy
Pleural biopsy
Gastric lavage
CAT scans
MRI
Surgery
Drug administration
Intensive care
Pulmonary functions testing



Individual
Clinical
Services

**Public Health Services to control
TB and prevent its spread:**

Surveillance
Case reporting
Laboratory services
Provision of drugs
Quarantine
Screening programs
Education and training



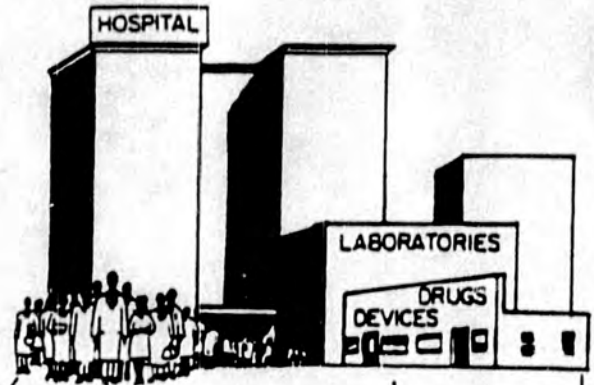
Skin test screening
Epidemiologic investigation
Contact tracing
INH prophylaxis
Directly observed therapy
Expert clinical consultation
Outreach to high risk populations
Quality assurance
Evaluation
Engineering controls for
institutions (corrections, hospitals)



Public Health

AIDS/HIV Medical Treatment

Lung biopsy
AZT
Cancer chemotherapy
Radiation treatment
Pneumocystis carinii pneumonia
Meningitis
Blood transfusion
Sepsis
Parenteral Nutrition
Intravenous antibiotics
Platelet transfusions
Kidney dialysis



Individual
Patient

Counseling and testing
Contact tracing
Education and training
HIV testing
Surveillance
Reporting
Policy development
Surveys
Legal expertise
Laboratory capacity
Access to treatment

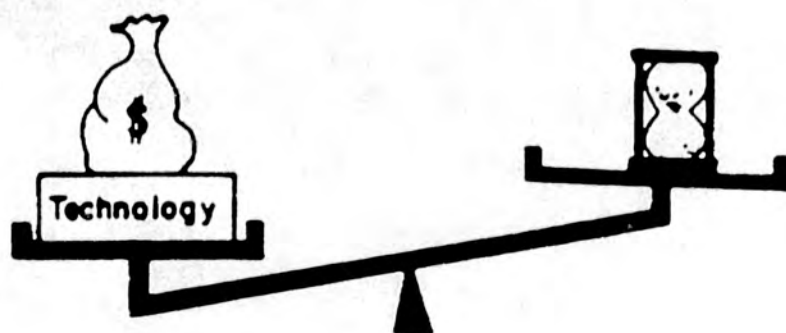


Prevention
Risk reduction
Behavior changes



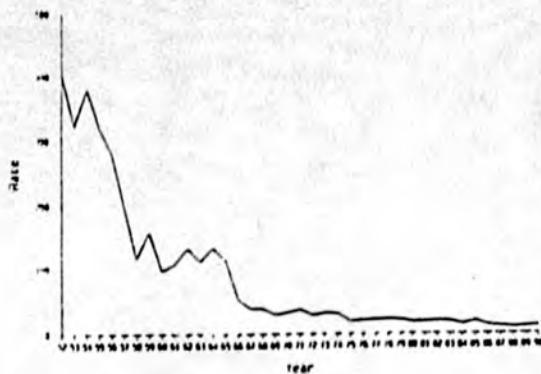
Public Health

Questionable Investment

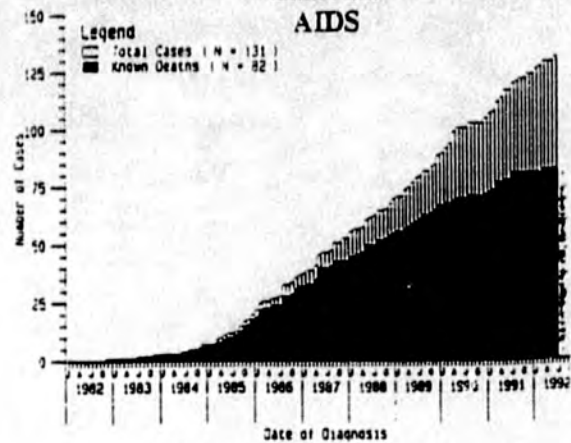


1. Excessive cost vs.
limited life expectancy
2. Sophisticated technology vs.
poor prognosis

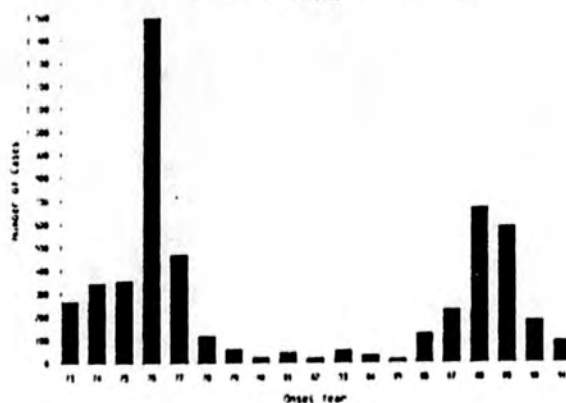
Annual Tuberculosis Case Rates, Alaska, 1952-90
(Rate per 100,000 population)



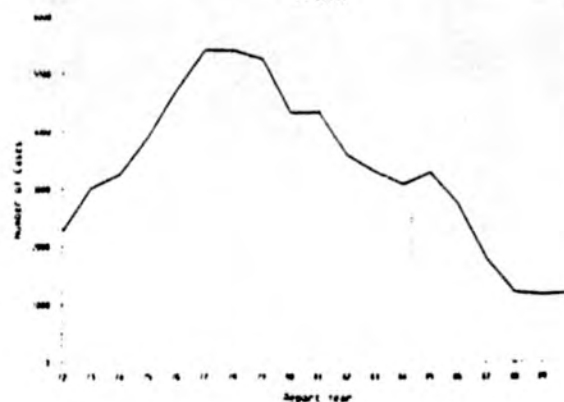
Cumulative Cases
AIDS



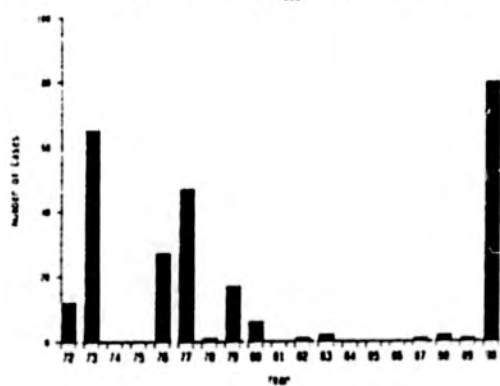
Hepatitis A, Alaska, Onset 1973 - 1991
N = 5185



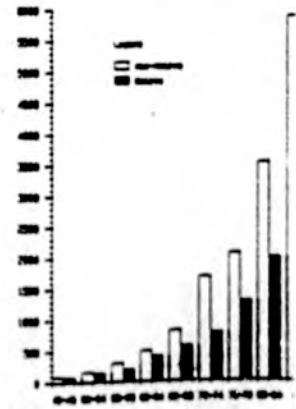
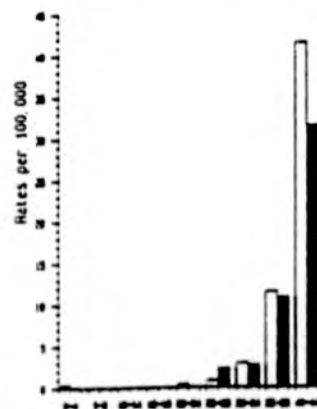
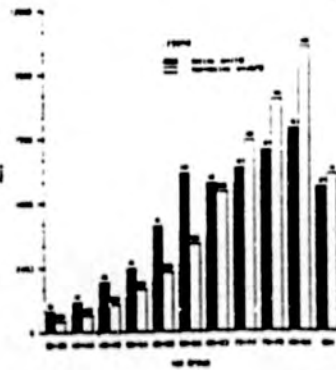
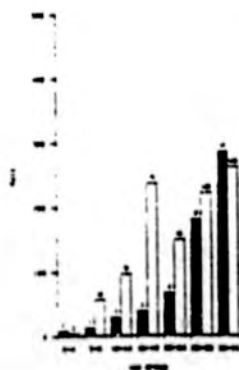
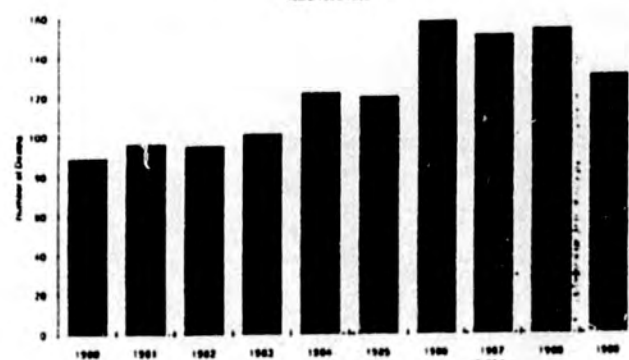
Gonorrhea in Alaska, 1972 - 1990
N = 61,711



Measles in Alaska, January 1972 - June 1990
N = 262



Tobacco Abuse and Lung Cancer Mortality
Alaska 1980-1989



Diabetes prevalence in Alaska, 1984-1986. Rates per 100,000: N = 1,719

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FIGURE 1-Cardiovascular Deaths in Alaska 1980-89 (average annual rate per 100,000 population by age group and year)

Department of Health and Social Services FY 1992 Authorized and FY 1993 Gov Budget Requests

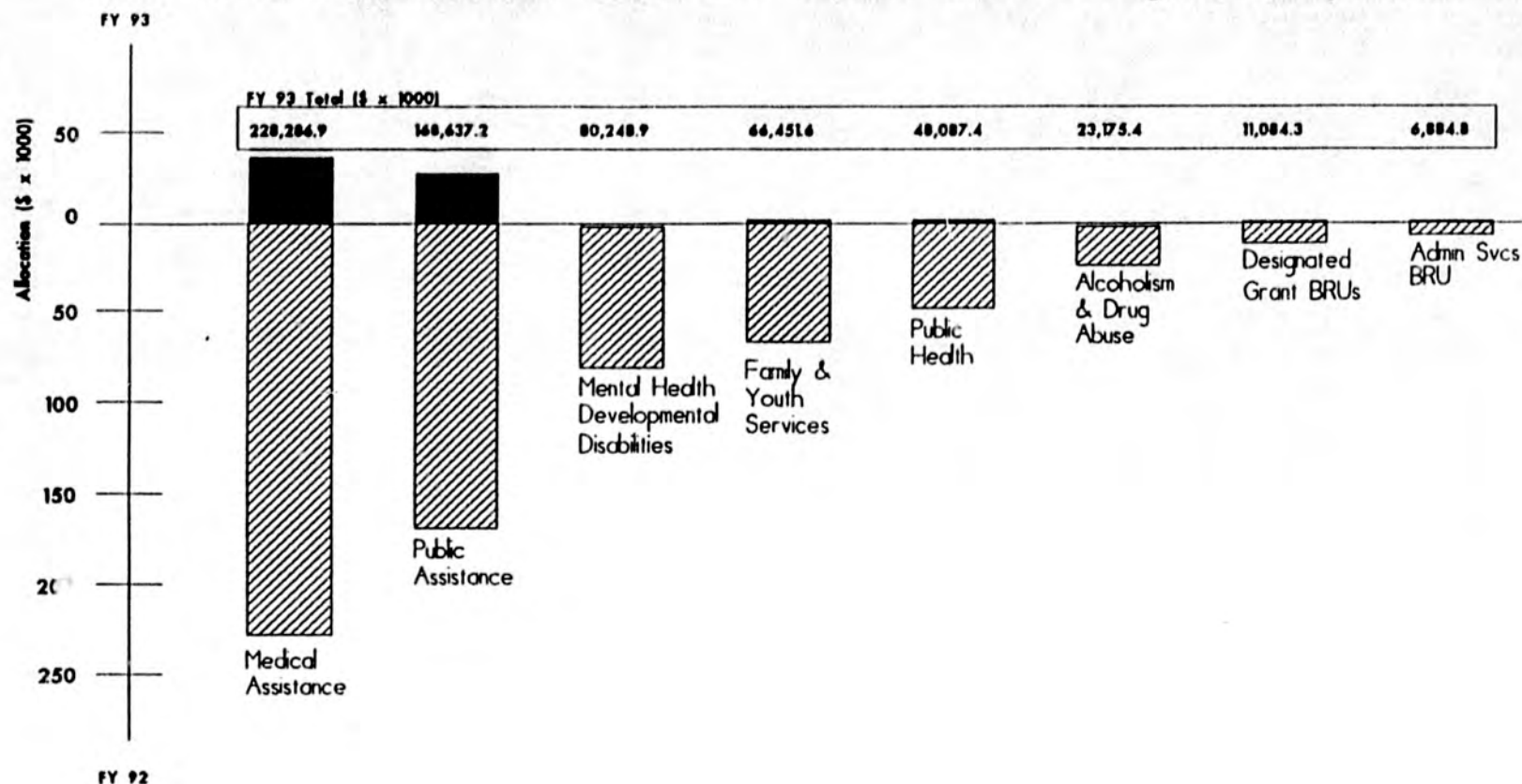


Table demonstrates allocation of DHSS funds and growth trends

LUNG CANCER

ALASKA

NUMBER OF CASES

1950

1980

1988

6

85

143

LUNG CANCER

TOBACCO DEPENDENCE

	<u>1950</u>	<u>1980-1989</u>
<u>Native</u>		
Lung Cancer	1	244
Tobacco	0	48
 <u>Total Population</u>		
Lung Cancer	6	1,176
Tobacco	0	267

Toxic metals found in Native food source

By DEAN BRANDLER
Times Writer

High levels of heavy metals are building up in kidneys and livers of walrus taken from several Bering Sea villages, a preliminary U.S. Fish and

Wildlife

And concentrations of the metal were found in walrus kidneys at an average level more than 100 times higher than the amount thought to damage animal

"The levels we observed argue for continued examination and monitoring," he said.

The agency tested for 23 different contaminants, and also found levels of

Expert says walrus foul

Witness testifies organs are too contaminated to eat

The EPA estimates animal or

gives can have no idea. The average of a million are average of a million. Walrus levels of a million, or average of a million, or average of a million.

In 1984 officials in Island after cadmium 1 per million. The team of island who said

They go full of lead walrus — dense of ash in blood as layers. Cadmium metal alloy of zinc ref in mining, thermometer other metal. "Who is coming from The co mean the threatene-

Walrus hunters convicted

Five guilty of waste

By SHEILA TOOMEY
Daily News reporter

Five walrus hunters from Little Diomedes were convicted Thursday of wasteful taking, after a federal jury apparently rejected defense arguments that North Pacific walrus meat is contaminated and inedible.

Jurors returned guilty verdicts against Capt. Glenn Iyashuk and four members of his skin-boat crew on three counts of failing to harvest meat from 10 walrus killed last June in the Bering Straits ice pack, and one count of conspiracy to violate the Marine Mammal Protection Act.

Jurors acquitted three of the defendants on one count of waste associated with a second, separate hunt.

U.S. Magistrate Harry Branson set sentencing for Oct. 8 in Anchorage. The hunters could be sentenced to as much as a year in jail on each count, but both sides in the case agree lesser sentences are likely.

Assistant U.S. Attorney Robert Anderson called the verdict a victory for subsistence hunters — "a vindication of a cultural value that abhors waste, which the law reflects."

Although no firm decision had been made Thursday, defense attorney Mark Wittow

State expert says walrus OK to eat

By SHEILA TOOMEY
Daily News reporter

Testimony in the trial of five Little Diomedes walrus hunters ended Wednesday with assertions by a government expert that the mercury measured during the past decade in arctic marine mammals is largely harmless.

"These levels do not pose a health problem," Dr. John Middaugh, chief of epidemiology for the state of Alaska, told a U.S. District Court jury scheduled to

begin deliberations today after listening to evidence for a week.

The hunters, Glenn Iyashuk, Patrick Oniak, Edgar Iyupina, Patrick Boodook and Dennis Boodook, are charged with "harmful hunting" — killing walrus for ivory and failing to harvest a substantial portion of the edible meat as required by the U.S. Marine Mammal Protection Act.

The defense argued that North Pacific walrus meat is contaminated with heavy metals, primar-

TRIAL: Witness says meat tainted

Continued from Page B-1

sued a warning against such consumption.

The edibility of walrus is the heart of the hunters' defense, which is now being presented to a federal jury in Anchorage.

can also add up to a violation of the Marine Mammal Protection Act.

A second defense expert testified this charge Monday afternoon.

Linda Elianna, a cultural anthropologist who has studied Inuit hunting for 25 years, would argue she knows a lot about the King said walrus is a delicacy, the by-rogue 1 or

cause she talked to them about it.

Weiss, the public health professor, also cited several Danish studies of Greenland Eskimos, and the effects of mercury-contaminated sea food on people. Mercury accumulates in animals and in humans, he said. "The more that's eaten, the more likely they are to suffer adverse medical consequences."

"If the EPA discovered these levels of mercury," Weiss testified, "they would require the manufacturer to pull these off the shelves and to destroy those loads."

It is unclear if the defense will be allowed to argue that the hunters should be acquitted even if they incorrectly believed the walrus meat was inedible. In any event, they face a problem explaining to jurors why the Diomedes continued to eat walrus if they really feared the mercury. On the videotaped hunt, the defendants ate dried walrus and boiled walrus fin for lunch, Morrison testified.

Middaugh, citing the same studies, reached a different conclusion.

Please see Page B-8, WALRUS

the meat. The defense team wants Branson to tell jurors they must acquit if they conclude walrus meat is safe.

from attacking. Elianna said. Uninjured walrus try to rescue their injured, she said, and won't leave the

State says benefits outweigh walrus risk

By DEAN BRANDLER
Times Writer

Alaska Native hunters should not stop eating walrus meat despite a new study showing the animal's organs carry high levels of heavy metals, a top state health official says.

In fact, says state epidemiologist Dr. John Middaugh, health benefits to subsistence users from walrus meat outweigh the risk of heavy-metal poisoning.

"We would not want anyone to change their dietary consumption of subsistence foods at this time," he said Monday.

But one Native hunter said the study's find-

ings should at least trigger research into the origins of the contaminants and their potential health effects on humans.

A recent U.S. Fish and Wildlife Service study of 55 walrus livers found levels of polychlorinated biphenyls at twice the amount that spurred the U.S. Environmental Protection Agency to issue health warnings on Mt. Lawrence Island six years ago.

The heavy metal also was found in walrus kidneys at levels more than 100 times higher than EPA recommends for animal health.

The walrus were taken from Gambell, Barrow, Nome and other northern villages.

But Middaugh, part of the state team that went to St. Lawrence Island in the wake of EPA's warning, said the human body absorbs little cadmium. The metal usually passes through the human digestive system, he said.

After testing the blood and urine of St. Lawrence Islanders, the state determined EPA's health warning was unwarranted, he said.

Middaugh said the contaminant levels are significant and that he plans to take a close look at the Fish and Wildlife Service study.

The five-year study by Fish and Wildlife Service and Alaska Native hunters, back page

Walrus

Continued from page A1

Service biologist Dana Seegars and Janet Warburton also noted traces of mercury in walrus livers averaging just below U.S. Food and Drug Administration limits for human consumption.

Some hunters conceded that level by more than seven times, the study said.

Kotzebue City Manager Calk Pungowiyi said walrus health should be watched closely in light of the study's findings.

"Livers and kidneys are considered a delicacy," he said. "It makes one really concerned about what those people are eating."

Pungowiyi, a member of the Eskimo Walrus Commission for more than 10 years, said the state ought to follow up on its 1988 health tests. Heavy metals in walrus have been a concern for years,

he said.

"This could mean a change of eating habits in the people," he said. "Unfortunately, there is not a whole lot of information gathered."

The buildup of contaminants in the tusked mammals has puzzled researchers, Seegars and others said.

Cadmium, mercury and other heavy metals occur naturally, but they are also byproducts of zinc and gold mining. And they run

come in many forms — some that poison, some not. In some cases, humans absorb the ill effects from consuming certain types of mercury in foods, Middaugh said.

Pungowiyi said walrus are a kind of barometer for the condition of the ocean. They feed on clams and other bottom creatures that eat drifting organisms.

"I'm sure they pick up whatever is around them — whether it's natural or man-caused. I don't know," he said.

hunting upon which many of our Native communities are dependent. Careful review and analysis of the data by the State Epidemiologist was able to demonstrate that the data and conclusion were in error. This resulted in the subsequent preservation of a traditional and necessary food source. I have shared this anecdote to demonstrate

just one example of the critical impact of public health practice on health, economics, and social/cultural ways of Alaskans.

III. PUBLIC HEALTH STATUS AND TRENDS IN ALASKA

The picture of public health and the public health system in Alaska often defies logic. What we see at any one moment in time is not the product of a long-range strategic plan, but the result of a number of variable influences. These variables include the available resources, manpower and technology, as well as changing disease patterns, national interests, the force of law and the significant influence of political bias.

1. Mortality and Morbidity

M&M I. Inadequate Prenatal Care Summary 1987-91

M&M II. Infant Mortality Rate Smoking/Drinking Mothers

M&M III. Mean Birthrate by Race of Mother/Risk Factors

2. Budget The overall authorized budget for the Division of Public Health has increased from 25 million dollars in 1982 to 52.5 million dollars in 1992. The budget adjusted to the consumer price index to show the true purchasing power reflects an adjusted budget in 1992 to be \$41 million. The non G.F. (federal and program income) changed from 3.8 million in 1982 to 16.57 million in 1992 and accounted for 1/3 of the total division appropriation.

Overheads: Per Capita Funding History

Appropriations FY 82-93

LG III Budget for the Division of Public Health

— Table III Budget Activities Within the Division of Public Health 1982-1992

Table IV Budget Activities Within the Division of Public Health 1982-1992

Table V Regional BRU Budgets 1982-1992

Table VI Total Division Budget 1982-1992

Budget trends affecting the activities within the Division of Public Health will be covered by sections. A number of significant changes within the Division were accounted for by the shifting of sectional budgets and budget activities between different budget components and between different divisions and departments. An example of this is the transfer of the WIC budget to MCH in 1984 and back to its own budget activity in 1990.

3. Staffing (State Division of Public Health): The numbers of personnel reflected on Tables XI and XII for each component and budget activity often reflect the shifting from one component to another or the addition or loss of some program services. Comments

Birthweight Under 500 g.

YEAR	# of Births Less Than 500G	Maternal Tobacco Use	Maternal Smokeless Tobacco Use	Maternal Alcohol Use	Total Births
1987	5				11681
1988	15				11283
1989	8	2722	387	1250	11652
1990	5	2754	393	1029	11889
1991	15	2684	374	1048	11556
1992*	1	1235	214	448	5228

*1992 data is incomplete

Inadequate Prenatal Care Summary, 1987-1991, Whites Only

YEAR	No Prenatal Care	Percent of Total White Births	Inadequate Prenatal Care **	Percent of Total White Births	Total White Births
1987	56	.68%	624	7.62%	8192
1988	65	.85%	522	6.79%	7690
1989	45	.57%	419	5.29%	7926
1990	61	.76%	470	5.83%	8066
1991	81	1.04%	385	4.96%	7761

Inadequate Prenatal Care Summary, 1987-1991, Natives Only

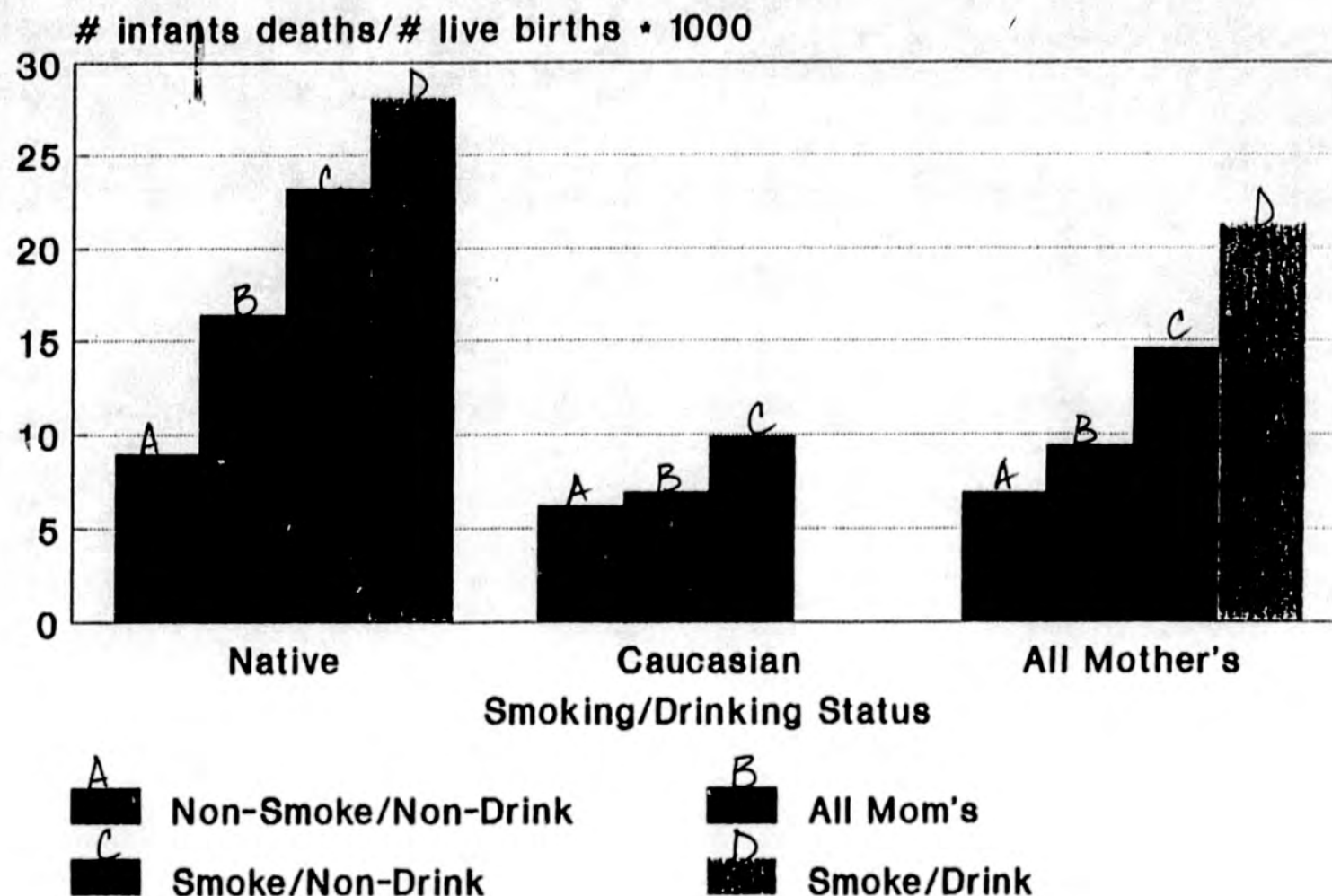
YEAR	No Prenatal Care	Percent of Total Native Births	Inadequate Prenatal Care **	Percent of Total Native Births	Total Native Births
1987	34	1.33%	480	18.75%	2560
1988	33	1.25%	425	16.05%	2648
1989	30	1.09%	345	12.59%	2740
1990	44	1.56%	365	12.94%	2820
1991	45	1.62%	357	12.87%	2773

** Inadequate Prenatal Care includes those mothers who reported receiving no prenatal care, as well as those mothers who did not report receiving prenatal care.

1990 & 1991 data is provisional at this time.

Race has been determined using the mothers race.

Infant Mortality Rate (ID Rate) from Live Births to Alaskan Mom's



1989-1990 birth certificates

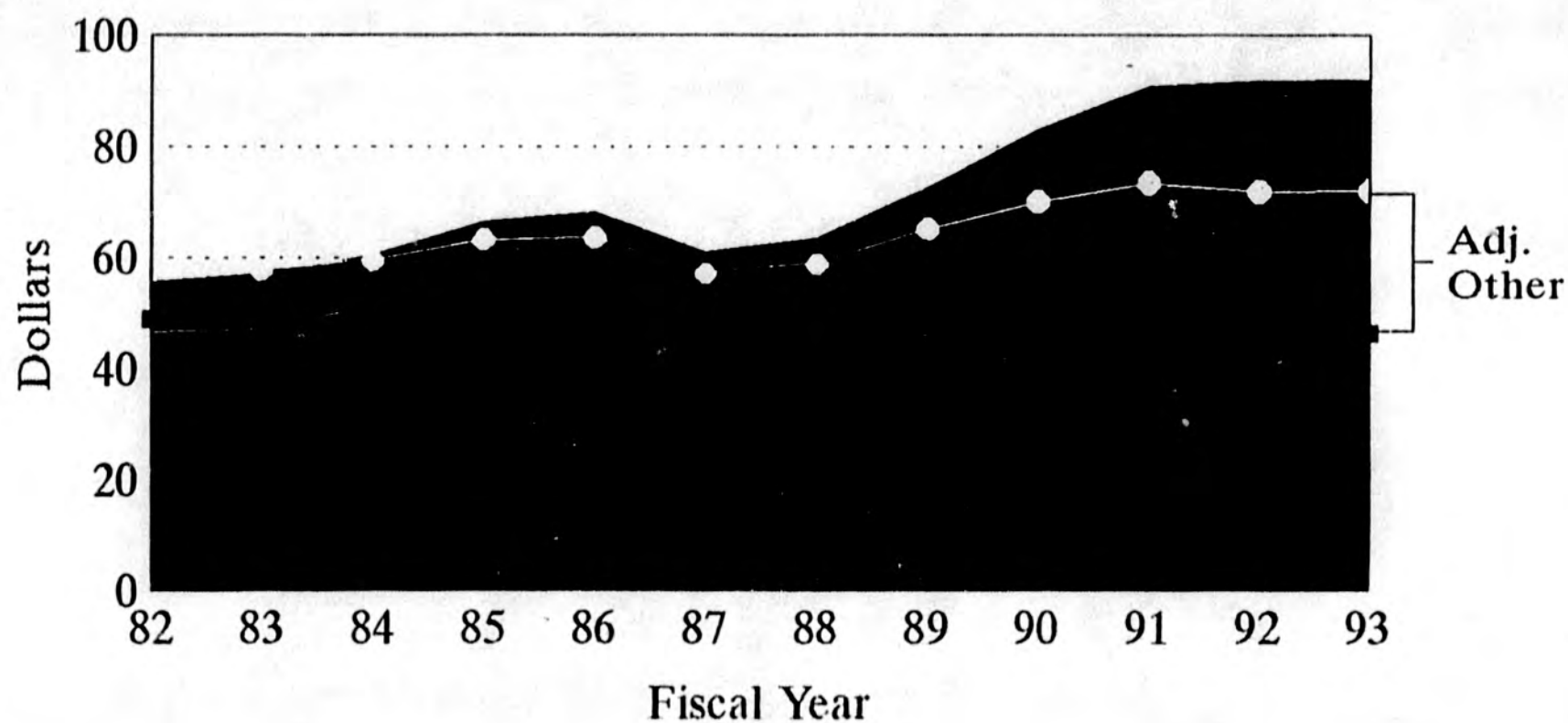
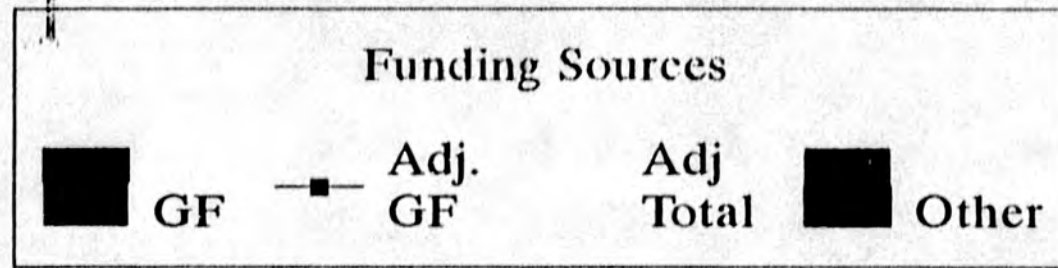
MEAN BIRTHWEIGHT BY RACE OF MOTHER
AND RISK FACTORS
(1989-1990)

F-23

	ALL		CAUCASIAN		NATIVE		OTHER	
	NUMBER OF BIRTHS	MEAN BIRTHWEIGHT (GRAMS)	NUMBER OF BIRTHS	MEAN BIRTHWEIGHT (GRAMS)	NUMBER OF BIRTHS	MEAN BIRTHWEIGHT (GRAMS)	NUMBER OF BIRTHS	MEAN BIRTHWEIGHT (GRAMS)
NON-SMOKER, NON-DRINKER	17166	3518	12440	3533	3001	3581	1725	3298
SMOKER, NON-DRINKER	4168	3312	2516	3278	1465	3400	187	3068
DRINKER, NON-SMOKER	963	3514	573	3570	355	3434	35	3399
SMOKER, DRINKER	1317	3227	514	3220	748	3249	55	2984

Division of Public Health

Per Capita Funding History



DIVISION OF PUBLIC HEALTH
Funding History

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
Total Funding	\$24,542,800	\$26,339,300	\$30,218,000	\$34,799,800	\$36,975,100	\$33,517,600	\$34,252,200	\$38,848,600	\$44,525,800	\$50,092,600	\$52,448,800	\$52,572,100
Inflation Adjusted	\$25,638,090	\$26,561,714	\$29,335,822	\$32,830,000	\$34,236,204	\$31,082,593	\$31,424,037	\$34,505,893	\$37,416,471	\$40,397,258	\$40,974,063	\$41,071,853
Per Capita \$	\$55.30	\$56.84	\$60.72	\$66.67	\$68.31	\$61.26	\$63.69	\$72.78	\$83.32	\$91.07	\$91.96	\$92.18
Adjusted PC\$	\$57.77	\$57.30	\$58.05	\$62.89	\$63.25	\$58.72	\$58.43	\$64.98	\$70.02	\$73.44	\$71.85	\$72.02
GF Funding	\$20,747,700	\$21,864,000	\$25,847,100	\$27,871,500	\$29,345,600	\$25,712,100	\$26,428,800	\$29,485,600	\$32,341,500	\$34,396,800	\$35,875,900	\$33,900,400
Adj. GF Funding	\$21,741,889	\$22,060,484	\$24,900,097	\$26,293,868	\$27,171,852	\$23,807,500	\$24,246,422	\$26,326,429	\$27,177,731	\$27,739,355	\$28,026,047	\$26,484,688
Per Capita GF	\$46.75	\$47.22	\$51.54	\$53.39	\$54.21	\$48.95	\$49.14	\$55.53	\$60.52	\$62.53	\$62.81	\$58.44
Adjusted PC GF	\$48.99	\$47.61	\$50.04	\$50.37	\$50.20	\$43.48	\$45.08	\$49.58	\$50.86	\$50.43	\$49.15	\$46.44
Other Funding	\$3,794,900	\$4,455,300	\$4,568,900	\$6,928,300	\$7,629,500	\$7,835,500	\$7,823,800	\$9,161,000	\$12,184,100	\$15,695,800	\$16,570,900	\$18,671,700
Adjusted Other\$	\$3,896,201	\$4,491,230	\$4,435,825	\$6,536,132	\$7,064,352	\$7,255,093	\$7,177,615	\$8,179,464	\$10,236,740	\$12,657,903	\$12,946,016	\$14,587,265
Per Capita Other	\$8.55	\$9.61	\$8.18	\$13.27	\$14.09	\$14.31	\$14.55	\$17.25	\$22.80	\$26.54	\$29.06	\$32.74
Adjusted PC Other	\$8.78	\$9.69	\$8.91	\$12.52	\$13.05	\$13.25	\$13.35	\$15.40	\$19.16	\$23.01	\$22.70	\$25.58

Year	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Population*	443,800	463,400	497,600	522,000	541,300	547,600	537,800	531,000	534,400	550,043	570,300	570,300

* Population figures are from the Department of Labor for 1981 through 91, the 1992 population is not adjusted.

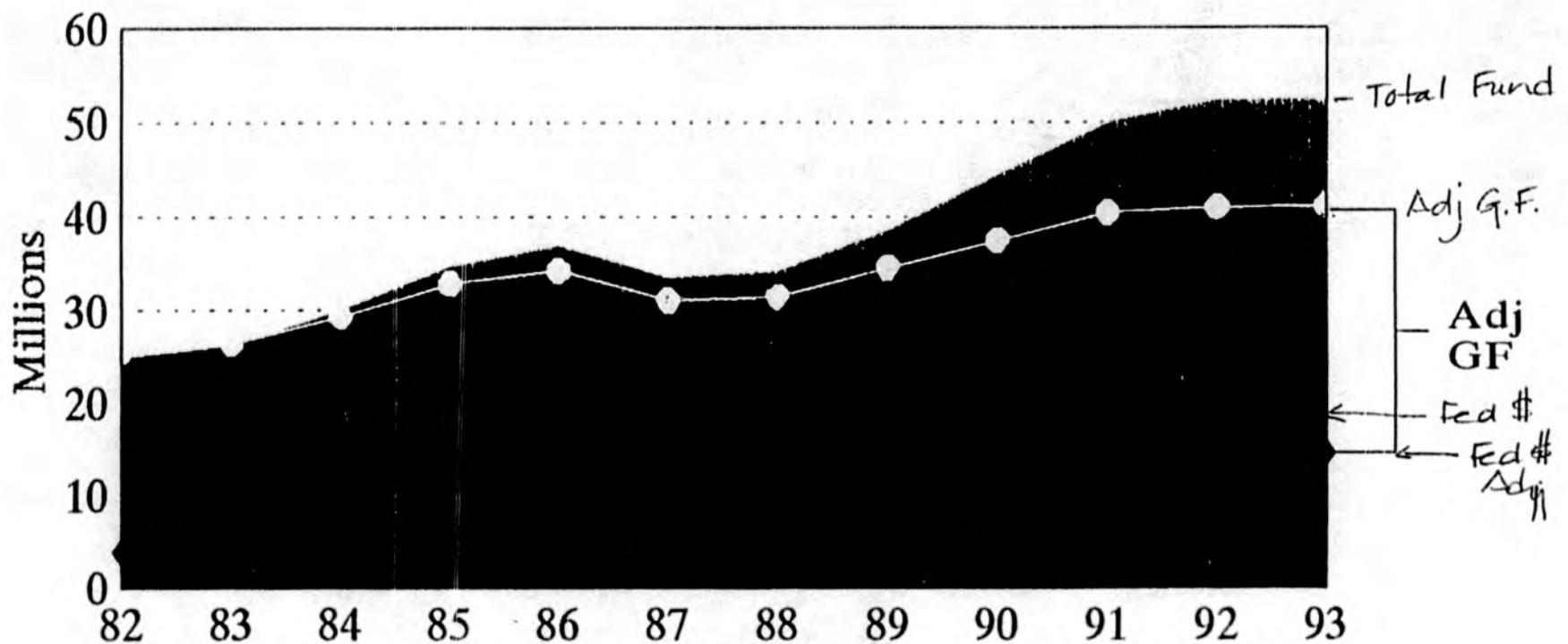
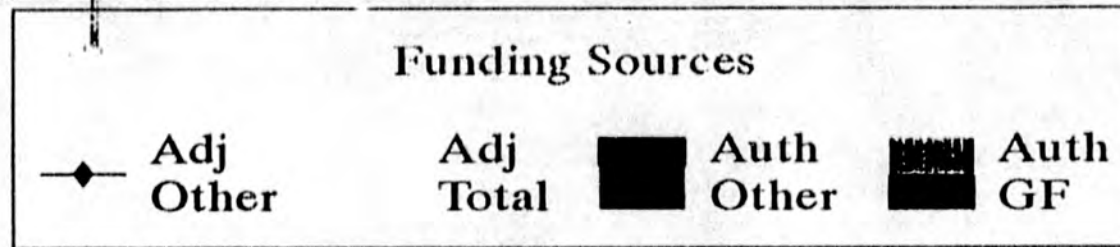
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Division of Public Health

Appropriations FY82-93

Adjustments made using Anchorage Consumer Price Index to show Real Purchasing Power



FY92 CPI used to calculate FY93 adjusted figures

Division of Public Health
Appropriations FY82-92

Nursing	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	4,469,000	5,131,000	6,910,300	7,035,500	6,939,900	6,462,700	7,664,000	6,703,100	10,601,900	11,104,300	11,103,900	9,043,000
Other	1,359,100	1,270,000	1,209,000	1,375,500	1,608,300	1,732,100	1,632,100	1,567,700	1,999,500	2,260,400	2,257,700	2,264,100
TOTAL	5,828,100	6,401,000	8,125,300	8,411,000	8,548,200	8,194,800	9,296,100	10,270,800	12,601,400	13,364,700	13,361,600	11,307,100

WIC	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	94,000	105,600							707,900	1,107,900	1,107,600	1,567,600
Other	1,039	1,429							5,033	6,561	6,942	7,786,700
TOTAL	1,132,900	1,534,600	N/A	N/A	N/A	N/A	N/A	N/A	5,741,100	7,669,900	8,049,300	9,354,300

Maternal, Child and Family Health	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	3,294,100	3,870,000	3,494,400	3,474,800	3,226,300	2,806,900	2,765,400	3,581,900	4,093,900	4,235,100	4,036,200	3,628,100
Other	1,008,800	1,155,300	2,800,500	4,025,000	4,346,300	4,246,100	4,496,100	5,092,900	1,816,200	2,321,000	2,001,300	2,106,400
TOTAL	4,302,900	5,025,300	6,294,900	7,499,800	7,572,600	7,053,000	7,261,500	8,674,800	5,910,100	6,556,100	6,037,500	5,734,500

LABS	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	1,468,800	1,666,200	2,053,200	2,215,800	2,199,000	1,903,600	2,215,200	2,214,800	2,113,400	2,144,200	2,178,600	2,173,200
Other	84,500	42,100	40,000	58,800	41,000	211,000	2,000	0	60,000	100,000	90,000	379,000
TOTAL	1,553,300	1,708,300	2,093,200	2,274,600	2,240,000	2,114,600	2,217,200	2,214,800	2,173,400	2,244,200	2,268,600	2,552,200

Administration	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	2,914,400	3,120,400	1,795,400	1,512,500	1,447,100	1,184,900	654,000	795,600	518,900	625,500	900,300	565,200
Other	94,200	96,100	296,000	731,000	443,400	105,300	105,300	93,900	96,300	699,800	1,137,300	982,000
TOTAL	3,008,600	3,216,500	2,091,400	2,243,500	1,890,500	1,290,200	759,300	889,500	615,200	1,325,300	2,037,600	1,547,200

Epidemiology	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	1,294,200	1,425,400	2,052,600	2,125,500	2,770,600	1,888,300	1,735,700	1,878,100	1,963,400	1,993,600	1,993,600	2,164,000
Other	149,400	62,900	163,400	265,700	673,200	655,500	857,000	620,600	858,000	977,600	1,443,500	2,409,700
TOTAL	1,443,600	1,488,300	2,216,000	2,391,200	3,443,800	2,543,800	2,592,700	2,498,700	2,821,400	2,971,200	3,437,100	4,573,700

Emergency Medical Services Training and Licensing	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF							375,600	400,100	407,600	424,700	452,100	433,600
Other							0	28,200	228,700	557,700	566,600	360,800
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	375,600	428,300	636,300	982,400	1,018,700	794,400

Bureau of Vital Statistics	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	384,300	415,400	422,000	359,900	345,900	286,700	441,100	710,200	721,700	732,700	749,000	696,200
Other	0	0	0	65,000	100,000	154,400	0	101,000	105,400	200,400	409,200	432,000
TOTAL	384,300	415,400	422,000	424,900	445,900	441,100	441,100	811,200	827,100	933,100	1,158,200	1,128,200

Post Mortem	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF				711,500	618,300	753,900	463,400	600,000	463,400	750,000	696,000	696,000
Other	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	711,500	618,300	753,900	463,400	600,000	463,400	750,000	696,000	696,000

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Infant Learning Program Grants

GF	1,395,800	1,253,100	1,760,300	1,636,200	2,011,200	1,742,200	1,991,100	2,156,100	2,436,100	3,136,100	4,736,100	4,736,100
Other	60,000	60,000	60,000	330,700	330,700	330,700	330,700	330,700	330,700	330,700	330,700	330,700
TOTAL	1,455,800	1,313,100	1,820,300	1,966,900	2,341,900	2,072,900	2,321,800	2,486,800	2,766,800	3,466,800	5,066,800	5,066,800

Community Health Grants

GF	4,284,100	3,331,400	4,131,600	4,000,800	4,272,600	4,023,200	3,055,300	1,884,800	1,744,600	1,328,700	1,258,100	1,258,100
Other	0	0	0	0	0	0	0	0	0	0	313,800	313,800
TOTAL	4,284,100	3,331,400	4,131,600	4,000,800	4,272,600	4,023,200	3,055,300	1,884,800	1,744,600	1,328,700	1,571,900	1,571,900

Emergency Medical Services Grants

GF			1,500,400	1,713,100	1,843,400	1,711,900	1,674,100	1,703,000	1,702,100	1,702,100	1,599,500	1,599,500
Other			0	0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	1,500,400	1,713,100	1,843,400	1,711,900	1,674,100	1,703,000	1,702,100	1,702,100	1,599,500	1,599,500

Health Promotion

GF	155,900	164,000				0	0	0	0	0	0	0
Other	0	339,900	0	0	0	313,800	313,800	313,800	313,900	313,800	0	0
TOTAL	155,900	503,900	N/A	N/A	N/A	313,800	313,800	313,800	313,900	313,800	0	0

AIDS Program

GF							498,000	498,000	506,700	504,700	392,200	0
Other					0	0	0	720,000	1,000,000	1,011,200	1,079,100	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	498,000	1,218,000	1,506,700	1,515,900	1,471,300	0

Teen Pregnancy

GF											107,800	0
Other											0	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	107,800	0

Manilaq Public Health

GF	993,100	958,500	1,520,900	879,600	850,400	698,600	690,500	793,200	793,200	924,100	873,400	931,600
Other	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	993,100	958,500	1,520,900	879,600	850,400	698,600	690,500	793,200	793,200	924,100	873,400	931,600

Manilaq Senior Center

GF				934,100	972,800	809,100	868,300	868,300	868,300	1,014,700	814,800	0
Other				0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	934,100	972,800	809,100	868,300	868,300	868,300	1,014,700	814,800	0

Norton Sound Health

GF				1,014,500	1,222,500	904,000	917,200	1,071,700	1,071,700	1,126,700	1,219,300	1,175,400
Other				76,600	86,600	86,600	86,600	86,600	86,600	86,600	0	0
TOTAL	N/A	N/A	N/A	1,091,100	1,309,100	990,600	1,003,800	1,158,300	1,158,300	1,213,300	1,219,300	1,175,400

Norton Sound SA

GF				257,700	257,700	214,200	106,000	106,000	106,000	106,000	100,400	100,400
Other				0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	257,700	257,700	214,200	106,000	106,000	106,000	106,000	100,400	100,400

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Tanana Chief Health Corporation												
GF					367,900	321,900	313,700	365,500	365,500	290,500	257,100	257,100
Other					0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	N/A	367,900	321,900	313,700	365,500	365,500	290,500	257,100	257,100

Yukon-Kuskokwim Health Corporation												
GF								1,018,900	1,018,900	1,018,900	965,300	965,300
Other								85,100	135,100	135,100	0	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,104,000	1,154,000	1,154,000	965,300	965,300

South East Area Regional Health Corporation												
GF								136,300	136,300	136,300	129,100	129,100
Other								120,500	120,500	140,500	0	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	256,800	256,800	276,800	129,100	129,100

Medical Services Unit												
GF	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	1,202,400
TOTAL	0	0	0	0	0	0	0	0	0	0	0	1,202,400

Home Health												
GF	428,900	442,400	0	0	0	0	0	0	0	0	0	1,820,900
Other	0	0	0	0	0	0	0	0	0	0	0	104,100
TOTAL	428,900	442,400	0	0	0	0	0	0	0	0	0	1,925,000

Division of Public Health												
GF	21,176,600	21,884,000	25,647,100	27,871,500	29,345,600	25,712,100	26,428,600	29,485,600	32,341,500	34,396,800	35,875,900	33,900,400
Other	3,794,900	4,455,300	4,568,900	6,928,300	7,629,500	7,835,500	7,823,600	9,161,000	12,184,100	15,695,800	16,570,900	18,671,700
TOTAL	24,971,500	26,339,300	30,216,000	34,799,800	36,975,100	33,547,600	34,252,200	38,646,600	44,525,600	50,092,600	52,446,800	52,572,100

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Division of Public Health
Appropriations Adjusted by the Anchorage Consumer Price Index FY82-92 (Real Purchasing Power)

Nursing	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF	4,588,296	5,172,884	6,714,854	6,637,264	6,425,833	5,903,981	7,031,193	7,770,625	8,909,160	8,955,081	8,674,922	7,064,044
Other	1,395,380	1,280,242	1,173,786	1,297,642	1,489,167	1,603,796	1,497,339	1,399,732	1,680,252	1,822,903	1,763,828	1,768,828
TOTAL	5,983,676	6,453,126	7,888,641	7,934,906	7,915,000	7,587,778	8,528,532	9,170,357	10,589,412	10,777,984	10,438,750	8,833,672

WIC	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF	96,509	106,452							594,874	893,468	865,313	1,224,688
Other	1,067	1,441							4,230	5,291	5,423	6,083,359
TOTAL	1,163,142	1,546,976	N/A	N/A	N/A	N/A	N/A	N/A	4,824,454	6,184,597	6,288,516	7,308,047

Maternal, Child and Family Health	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF	3,382,033	3,901,210	3,392,621	3,278,113	2,987,315	2,598,981	2,537,064	3,198,125	3,440,252	3,415,403	3,153,281	2,834,453
Other	1,035,729	1,164,617	2,716,932	3,797,170	4,024,352	3,931,574	4,124,862	4,547,232	1,526,218	1,871,774	1,563,516	1,645,625
TOTAL	4,417,762	5,065,827	6,111,553	7,075,283	7,011,667	6,530,556	6,661,927	7,745,357	4,966,471	5,287,177	4,716,797	4,480,078

LABS	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF	1,508,008	1,679,637	1,993,398	2,090,377	2,036,111	1,762,593	2,032,294	1,977,500	1,775,966	1,729,194	1,702,031	1,697,813
Other	86,756	42,440	38,835	55,472	37,963	195,370	1,835	0	50,420	80,645	70,313	296,094
TOTAL	1,594,764	1,722,077	2,032,233	2,145,849	2,074,074	1,957,963	2,034,128	1,977,500	1,826,387	1,809,839	1,772,344	1,993,906

Administration	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF	2,992,197	3,145,565	1,743,107	1,426,887	1,339,907	1,097,130	600,000	710,357	436,050	504,435	703,359	441,563
Other	96,715	98,875	287,379	609,623	410,556	97,500	98,606	83,839	80,924	564,355	888,516	767,188
TOTAL	3,088,912	3,244,440	2,030,485	2,116,509	1,750,463	1,194,630	698,606	794,196	516,975	1,068,790	1,591,875	1,208,750

Epidemiology	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF	1,328,747	1,436,895	1,992,816	2,005,189	2,565,370	1,748,426	1,592,385	1,676,875	1,649,916	1,607,742	1,718,047	1,690,625
Other	153,388	63,407	158,641	250,660	623,333	606,944	786,239	554,107	721,008	788,387	1,127,734	1,882,578
TOTAL	1,482,136	1,500,302	2,151,456	2,255,849	3,188,704	2,355,370	2,378,624	2,230,982	2,370,924	2,396,129	2,845,781	3,573,203

Emergency Medical Services Training and Licensing	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF							344,587	357,232	342,521	342,500	353,203	338,750
Other							0	25,179	192,185	449,758	442,656	281,875
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	344,587	382,411	534,706	792,258	795,859	620,625

Bureau of Vital Statistics	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF	394,559	418,750	409,709	339,528	320,278	265,463	404,679	634,107	606,471	590,887	585,156	543,906
Other	0	0	0	61,321	92,593	142,963	0	90,179	88,571	161,613	319,688	337,500
TOTAL	394,559	418,750	409,709	400,849	412,870	408,426	404,679	724,286	695,042	752,500	904,844	881,406

Post Mortem	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93*
GF				671,226	572,500	698,056	425,138	535,714	389,412	604,839	543,750	543,750
Other				0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	671,226	572,500	698,056	425,138	535,714	389,412	604,839	543,750	543,750

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Infant Learning Program - Grants

GF	1,433,060	1,263,206	1,709,029	1,543,585	1,862,222	1,613,148	1,826,697	1,925,089	2,047,143	2,529,113	3,700,078	3,700,078
Other	61,602	60,484	58,252	311,981	306,204	306,204	303,394	295,268	277,899	266,694	258,359	258,359
TOTAL	1,494,661	1,323,690	1,767,282	1,855,566	2,168,426	1,919,352	2,130,091	2,220,357	2,325,042	2,795,806	3,958,438	3,958,438

Community Health Grants

GF	4,398,460	3,358,266	4,011,262	3,774,340	3,956,111	3,725,185	2,803,028	1,682,857	1,466,050	1,071,532	982,891	982,891
Other	0	0	0	0	0	0	0	0	0	0	245,156	245,156
TOTAL	4,398,460	3,358,266	4,011,262	3,774,340	3,956,111	3,725,185	2,803,028	1,682,857	1,466,050	1,071,532	1,228,047	1,228,047

Emergency Medical Service Grants

GF			1,456,699	1,616,132	1,706,852	1,585,093	1,535,872	1,520,536	1,430,336	1,372,661	1,249,609	1,218,359
Other			0	0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	1,456,699	1,616,132	1,706,852	1,585,093	1,535,872	1,520,536	1,430,336	1,372,661	1,249,609	1,218,359

Health Promotion

GF	160,062	165,323				0	0	0	0	0	0	0
Other	0	342,641	0	0	0	290,556	287,890	280,179	263,782	253,065	0	0
TOTAL	160,062	507,964	N/A	N/A	N/A	290,556	287,890	280,179	263,782	253,065	0	0

AIDS Program

GF							456,881	444,643	425,798	407,016	306,406	0
Other					0	0	0	642,857	840,336	815,484	843,047	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	456,881	1,087,500	1,266,134	1,222,500	1,149,453	0

Teen Pregnancy

GF											14,219	0
Other											0	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	84,219	0

Manilaq Public Health

GF	1,019,610	966,230	1,476,602	829,811	787,407	646,852	633,486	708,214	666,555	745,242	682,344	727,813
Other	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1,019,610	966,230	1,476,602	829,811	787,407	646,852	633,486	708,214	666,555	745,242	682,344	727,813

Manilaq Senior Center

GF				881,226	900,741	749,167	796,606	775,268	729,664	618,306	636,563	0
Other				0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	881,226	900,741	749,167	796,606	775,268	729,664	618,306	636,563	0

Norton Sound Health

GF				957,075	1,131,944	837,037	841,468	956,875	900,588	908,629	952,578	918,281
Other				72,264	80,185	80,185	79,450	77,321	72,773	69,839	0	0
TOTAL	N/A	N/A	N/A	1,029,340	1,212,130	917,222	920,917	1,034,196	973,361	978,468	952,578	918,281

Norton Sound SA

GF				243,113	238,611	198,333	97,248	94,643	89,076	85,484	78,438	78,438
Other				0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	243,113	238,611	198,333	97,248	94,643	89,076	85,484	78,438	78,438

Tanana Chiefs Health Corporation

GF					340,648	298,056	287,798	326,339	307,143	226,210	200,859	200,859
Other					0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	N/A	340,648	298,056	287,798	326,339	307,143	226,210	200,859	200,859

Yukon-Kuskokwim Health Corporation

GF								909,732	856,218	821,694	754,141	754,141
Other								75,982	113,529	108,952	0	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	985,714	969,748	930,645	754,141	754,141

South East Area Regional Health Corporation

GF								121,696	114,538	109,919	100,859	100,859
Other								107,589	101,261	113,306	0	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	229,285	215,798	223,226	100,859	100,859

Medicaid Services Unit

GF	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	939,375
TOTAL	0	0	0	0	0	0	0	0	0	0	0	939,375

Home Health

GF	440,349	445,968	0	0	0	0	0	0	0	0	0	1,422,578
Other	0	0	0	0	0	0	0	0	0	0	0	81,328
TOTAL	440,349	445,968	0	0	0	0	0	0	0	0	0	1,503,906

Division of Public Health

GF	21,741,889	22,060,484	24,900,097	26,293,868	27,171,652	23,807,500	24,246,422	26,326,429	27,177,731	27,739,355	28,028,047	26,484,688
Other	3,896,201	4,491,230	4,435,825	6,536,132	7,064,352	7,255,093	7,177,615	8,179,464	10,238,739	12,657,903	12,946,016	14,587,266
TOTAL	25,638,090	26,551,714	29,335,922	32,830,000	34,236,004	31,062,593	31,424,037	34,505,893	37,416,471	40,397,258	40,974,063	41,071,953

*The Anchorage Consumer Price Index used for FY93 is the same as FY92. The new CPI won't be calculated until December, 1992

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Division of Public Health

Appropriations FY82-92

Adjusted by the Anchorage Consumer Price Index and Actual Authorizations

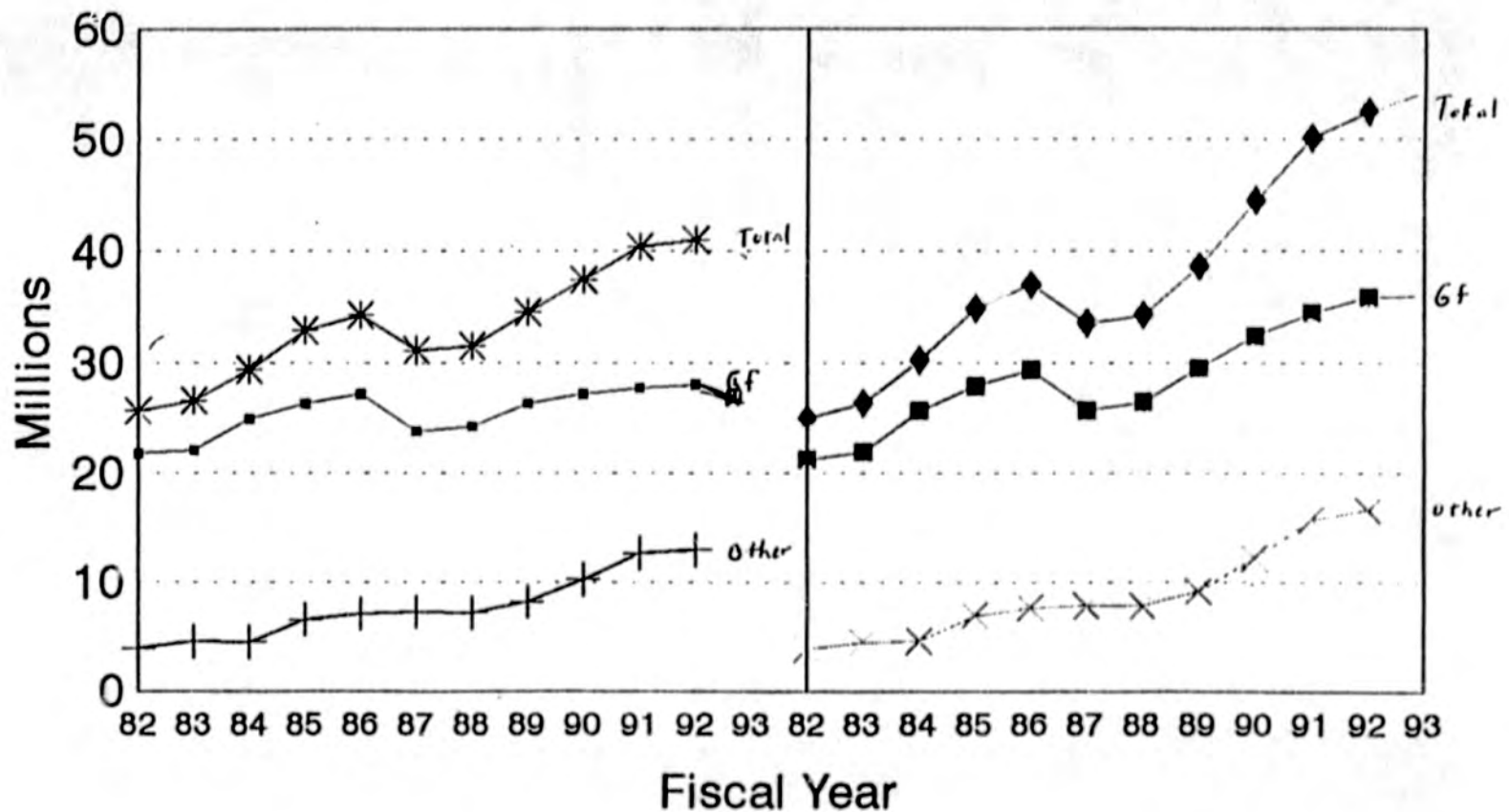
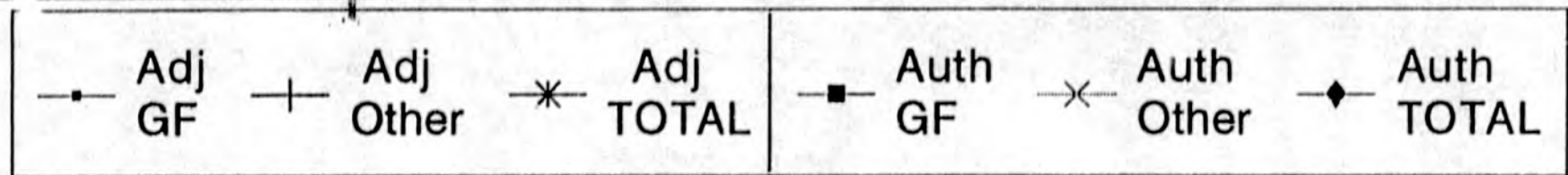


TABLE III.

Division of Public Health
Appropriations FY82-92

Nursing	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92*	FY 93*
GF	4,897,300	5,574,000	6,916,300	7,035,500	6,939,900	6,462,700	7,664,000	8,703,100	10,601,900	11,104,300	11,103,900	
Other	1,359,100	1,270,000	1,209,000	1,375,500	1,608,300	1,732,100	1,632,100	1,567,700	1,999,500	2,260,400	2,257,700	
TOTAL	6,257,000	6,844,000	8,125,300	8,411,000	8,548,200	8,194,800	9,296,100	10,270,800	12,601,400	13,364,700	13,361,600	

WIC												
GF	94,000	105,600							707,900	1,107,900	1,107,600	
Other	1,039	1,429							5,033	6,561	6,942	
TOTAL	1,132,900	1,534,600	N/A	N/A	N/A	N/A	N/A	N/A	5,741,100	7,668,900	8,049,300	

Maternal, Child and Family Health

GF	3,294,100	3,870,000	3,494,400	3,474,800	3,226,300	2,806,900	2,765,400	3,581,900	4,093,900	4,235,100	4,036,200	
Other	1,008,800	1,155,300	2,800,500	4,025,000	4,346,300	4,246,100	4,496,100	5,092,900	1,816,200	2,321,000	2,001,300	
TOTAL	4,302,900	5,025,300	6,294,900	7,499,800	7,572,600	7,053,000	7,261,500	8,674,800	5,910,100	6,556,100	6,037,500	

LABS												
GF	1,468,800	1,666,200	2,053,200	2,215,800	2,199,000	1,903,600	2,215,200	2,214,800	2,113,400	2,144,200	2,178,600	
Other	84,500	42,100	40,000	58,800	41,000	211,000	2,000	0	60,000	100,000	90,000	
TOTAL	1,553,300	1,708,300	2,093,200	2,274,600	2,240,000	2,114,600	2,217,200	2,214,800	2,173,400	2,244,200	2,268,600	

Administration

GF	2,914,400	3,120,400	1,795,400	1,512,500	1,447,100	1,184,900	654,000	795,600	518,900	625,500	900,300	
Other	94,200	96,100	296,000	731,000	443,400	105,300	105,300	93,900	96,300	699,800	1,137,300	
TOTAL	3,008,600	3,216,500	2,091,400	2,243,500	1,890,500	1,290,200	759,300	889,500	615,200	1,325,300	2,037,600	

Epidemiology

GF	1,294,200	1,425,400	2,052,600	2,125,500	2,770,600	1,888,300	1,735,700	1,878,100	1,963,400	1,993,600	1,993,600	
Other	149,400	62,900	163,400	265,700	673,200	655,500	857,000	620,600	858,000	977,600	1,443,500	
TOTAL	1,443,600	1,488,300	2,216,000	2,391,200	3,443,800	2,543,800	2,592,700	2,498,700	2,821,400	2,971,200	3,642,600	

Emergency Medical Services Training and Licensing

GF							375,600	400,100	407,600	424,700	452,100	
Other							0	28,200	228,700	557,700	566,600	
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	375,600	428,300	636,300	982,400	1,018,700	

TABLE IV.

Bureau of Vital Statistics											
GF	384,300	415,400	422,000	359,900	345,900	286,700	441,100	710,200	721,700	732,700	749,000
Other	0	0	0	65,000	100,000	154,400	0	101,000	105,400	200,400	409,200
TOTAL	384,300	415,400	422,000	424,900	445,900	441,100	441,100	811,200	827,100	933,100	1,158,200

Post Mortem											
GF				711,500	618,300	753,900	463,400	600,000	463,400	750,000	696,000
Other	0	0	0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	N/A	711,500	618,300	753,900	463,400	600,000	463,400	750,000	696,000

Infant Learning Program Grants											
GF	1,395,800	1,253,100	1,760,300	1,636,200	2,011,200	1,742,200	1,991,100	2,156,100	2,436,100	3,136,100	4,736,100
Other	60,000	60,000	60,000	330,700	330,700	330,700	330,700	330,700	330,700	330,700	330,700
TOTAL	1,455,800	1,313,100	1,820,300	1,966,900	2,341,900	2,072,900	2,321,800	2,486,800	2,766,800	3,466,800	5,066,800

Community Health Grants											
GF	4,284,100	3,331,400	4,131,600	4,000,800	4,272,600	4,023,200	3,055,300	1,884,800	1,744,600	1,328,700	1,258,100
Other	0	0	0	0	0	0	0	0	0	0	313,800
TOTAL	4,284,100	3,331,400	4,131,600	4,000,800	4,272,600	4,023,200	3,055,300	1,884,800	1,744,600	1,328,700	1,571,900

Emergency Medical Services Grants											
GF			1,500,400	1,713,100	1,843,400	1,711,900	1,674,100	1,703,000	1,702,100	1,702,100	1,599,500
Other			0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	1,500,400	1,713,100	1,843,400	1,711,900	1,674,100	1,703,000	1,702,100	1,702,100	1,599,500

Health Promotions											
GF	155,900	164,000				0	0	0	0	0	0
Other	0	339,900	0	0	0	313,800	313,800	313,800	313,900	313,800	0
TOTAL	155,900	503,900	N/A	N/A	N/A	313,800	313,800	313,800	313,900	313,800	0

AIDS Program											
GF							498,000	498,000	506,700	504,700	392,200
Other					0	0	0	720,000	1,000,000	1,011,200	1,079,100
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	498,000	1,218,000	1,506,700	1,515,900	1,471,300

TABLE V.

Teen Pregnancy											
GF											107,800
Other											0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	107,800

Maniilaq Public Health											
GF	993,100	958,500	1,520,900	879,600	850,400	698,600	690,500	793,200	793,200	924,100	873,400
Other	0	0	0	0	0	0	0	0	0	0	0
TOTAL	993,100	958,500	1,520,900	879,600	850,400	698,600	690,500	793,200	793,200	924,100	873,400

Maniilaq Social Services											
GF			934,100	972,800	809,100	868,300	868,300	868,300	868,300	1,014,000	814,800
Other			0	0	0	0	0	0	0	0	0
TOTAL	N/A	N/A	934,100	972,800	809,100	868,300	868,300	868,300	868,300	1,014,000	814,800

Norton Sound Health											
GF			1,014,500	1,222,500	904,000	917,200	1,071,700	1,071,700	1,126,700	1,219,300	
Other			76,600	86,600	86,600	86,600	86,600	86,600	86,600	0	
TOTAL	N/A	N/A	1,091,100	1,309,100	990,600	1,003,800	1,158,300	1,158,300	1,213,300	1,219,300	

Norton Sound SA											
GF			257,700	257,700	214,200	106,000	106,000	106,000	106,000	100,400	
Other			0	0	0	0	0	0	0	0	
TOTAL	N/A	N/A	257,700	257,700	214,200	106,000	106,000	106,000	106,000	100,400	

Tanana Chief Health Corporation											
GF				367,900	321,900	313,700	365,500	365,500	280,500	257,100	
Other				0	0	0	0	0	0	0	
TOTAL	N/A	N/A	N/A	367,900	321,900	313,700	365,500	365,500	280,500	257,100	

Yukon-Kuskokwim Health Corporation											
GF							1,018,900	1,018,900	1,018,900	965,300	
Other							85,100	135,100	135,100	0	
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	1,104,000	1,154,000	1,154,000	965,300	

TABLE VI.

South East Area Regional Health Corporation											
GF								136,300	136,300	136,300	129,100
Other								120,500	120,500	140,500	0
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	256,800	256,800	276,800	129,100

Division of Public Health											
GF	21,176,600	21,884,000	25,647,100	27,871,500	29,345,600	25,712,100	26,428,600	29,485,600	32,341,500	34,396,800	35,875,900
Other	3,794,900	4,455,300	4,568,900	6,928,300	7,629,500	7,835,500	7,823,600	9,161,000	12,184,100	15,695,800	16,570,900
TOTAL	24,971,500	26,339,300	30,216,000	34,799,800	36,975,100	33,547,600	34,252,200	38,646,600	44,525,600	50,092,600	52,446,800

on personnel changes will be made during the description of trends within the sections of the Division of Public Health.

Tables VII. and VIII. Staffing: Division of Public Health

IV. TRENDS IN SECTIONS WITHIN THE DIVISION OF PUBLIC HEALTH

Bureau of Vital Statistics

The major trend in the budget for the Bureau of Vital Statistics is the increasing shift to program receipts.

LG IV	Real and Nominal Budgets
LG V	Positions

The drop in FY 80 represents a reallocation of resources away from Vital Statistics. Because of statutory requirement for registration, the reporting and health information side of the Bureau is all that could be dropped. This led to a drop in the quality of the data reported, as all field activities and data validation was discontinued.

Health professionals and officials began raising the alarm at least as early as 1984 when The Centers for Disease Control (CDC) study of Alaska's high rate of infant mortality concluded that "Data on Alaska's infant mortality must be interpreted with caution because of several deficiencies--two deficiencies may have resulted in falsely low mortality rates."

In 1986 studies of Alaskan's suicide rate further documented serious deficiencies in the data and finally made us understand that the state could not recognize a problem when it existed, much less adequately plan for programs to address health problems without timely, accurate and reliable vital statistics. Critically important issues like infant mortality and suicide only scratch the surface. Vital statistics are crucial in identifying the nature and extent of alcohol and drug related deaths, quantifying the nature and causes of injury death, designing and tracking the efficacy and efficiency of state and federal health and prevention programs, and estimating the size and distribution of population changes, to name only a few key uses.

Upon recognizing the problems, the Department was determined to solve them. The Bureau of Vital Statistics was first moved into the Division of Public Health, where the majority of the departmental users of the data are located, thus assuring the interest and priority necessary to address the problems. The Legislature agreed to allocate additional funding and positions and the Bureau has been rebuilt over the last 4 years.

By 1991, the Bureau was back to the same level of real expenditures as 1978, and was once again able to collect accurate health data, produce health status information and accomplish program evaluation for the Division.

Table IX. Actual Expenditures and Positions

TABLE VII. STAFFING: DIVISION OF PUBLIC HEALTH

	Nursing	WIC	MCFH	Labs	PH Admin	Epi	EMS	BVS	Medicaid	Home Hlth	Total
FY 93*											
PFT	164	8	43	39	15	44	9	20	11	3	346
PPT	16		5	1			1				23
Total	170	8	48	40	15	44	10	20	11	3	369
FY 92**											
PFT	162	9	42	34	18	51	10	20	11		357
PPT	17		5	2		2	1				27
Total	179	9	47	36	18	53	11	20	11	0	384
FY 91											
PFT	164	9	43	34	12	47	10	18			337
PPT	19		6	2		4	1	1			33
Total	183	9	49	36	12	51	11	19	0	0	370
FY 90											
PFT	159	10	39	34	11	45	10	16			324
PPT	19	1	3	2		4	1	2			32
Total	178	11	42	36	11	49	11	18	0	0	356
FY 89											
PFT	158		37	34	9	42	6	16			302
PPT	19		1	2		4	1	2			29
Total	177	0	38	36	9	46	7	18	0	0	331
FY 88											
PFT	141		39	35	8	21	6	14			264
PPT	19		2	7		1	1	1			31
Total	160	0	41	42	8	22	7	15	0	0	295
FY 87											
PFT	141		40	36	19	25					261
PPT	19			7		1					27
Total	160	0	40	43	19	26	0	0	0	0	288
FY 86											
PFT	141		40	36		24					241
PPT	19			7		1					27
Total	160	0	40	43	0	25	0	0	0	0	268
FY 85											
PFT	142		46	39	22	24					273
PPT	18			5		1					24
Total	160	0	46	44	22	25	0	0	0	0	297

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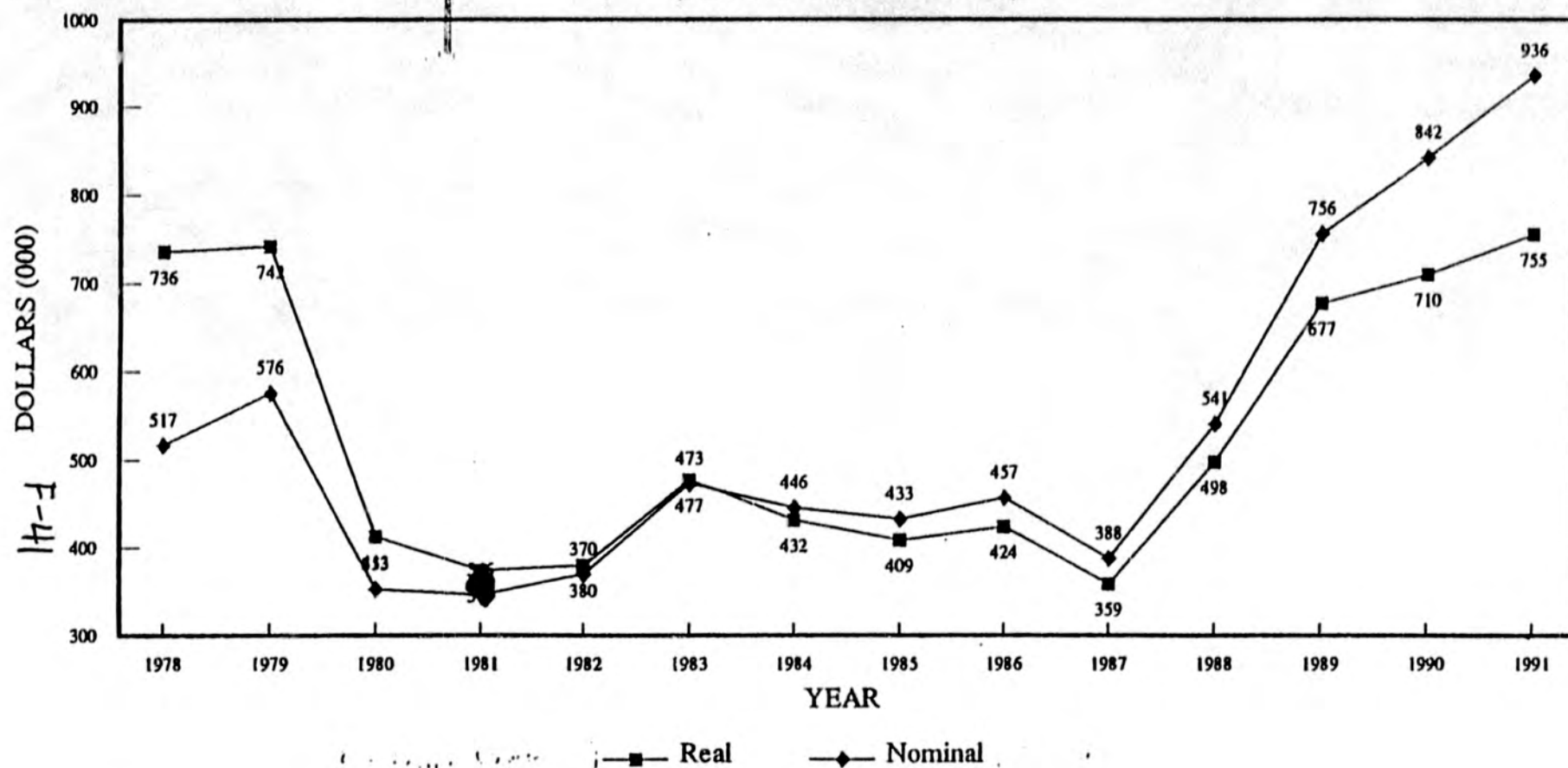
TABLE VIII. STAFFING: DIVISION OF PUBLIC HEALTH

	Nursing	WIC	MCFH	Labs	PH Admin	Epi	EMS	BVS	Medicaid	Home Hlth	Total
FY 84											
PFT	145		45	39	19	25					273
PPT	22		1	6							29
Total	167	0	46	45	19	25	0	0	0	0	302
FY 83											
PFT	145		47	39	22	23					276
PPT	21		2	6							29
TOTAL	166	0	49	45	22	23	0	0	0	0	305
FY 82											
PFT	146		43	38	15	23	5				270
PPT	23		5	6			1				35
TOTAL	169	0	48	44	15	23	6	0	0	0	305
FY 81											
PFT	149		43	32	17	24	4				269
PPT	23		11	6			1				41
TOTAL	172	0	54	38	17	24	5	0	0	0	310
FY 80											
PFT	26		39	71	15	22	4				177
PPT	1		8	11			1				21
TOTAL	27	0	47	82	15	22	5	0	0	0	198

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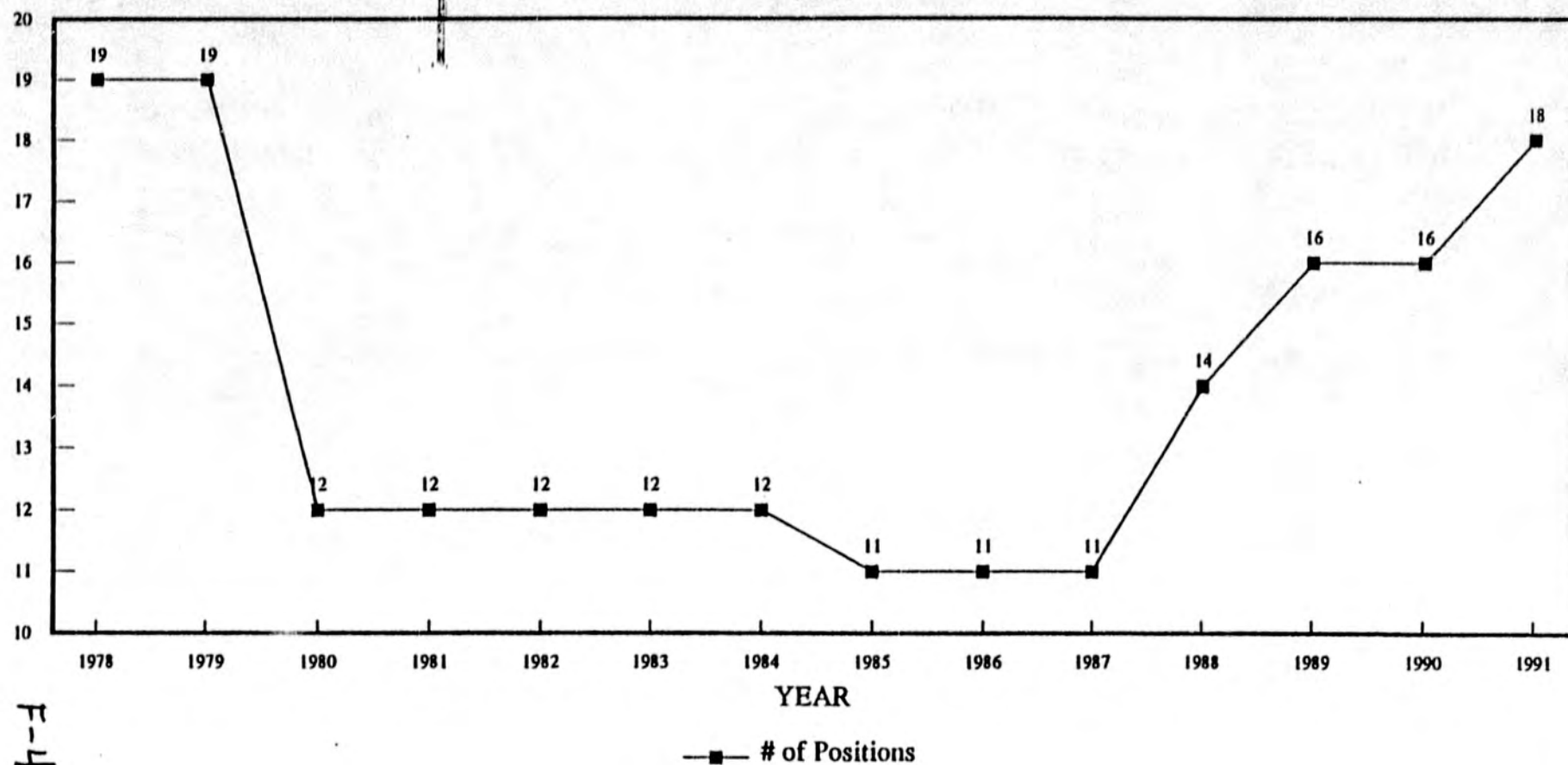
BUREAU OF VITAL STATISTICS

(ACTUAL EXPENDITURES)



BUREAU OF VITAL STATISTICS

(PFT)



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TABLE IX. Actual Expenditures and Positions

BUREAU OF VITAL STATISTICS ACTUAL EXPENDITURES & POSITIONS 1978-1991

	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992 **
BUDGET															
FF	85	132	106								74	87	101	142	146
GF	425	441	243	346	370	415	446	368	357	288	367	433	206	326	362
PR						58		65	100	100	100	104	385	381	387
MHT												132	150		
I/A	7	3	4											87	264
TOTAL EXPEND															
NOMINAL \$	517	576	353	346	370	473	446	433	457	388	541	756	842	936	1159 **
* REAL \$	736	742	413	374	380	477	432	409	424	359	498	677	710	755	902 **
POSITIONS															
PFT	19	19	12	12	12	12	12	11	11	11	14	16	16	18	20
PPT	1	1						1	1	1	1	2	2	1	
	20	20	12	12	12	12	12	12	12	12	15	18	18	19	20

* INFLATION ADJUSTED DOLLARS (1983 base)

** CONFERENCE COMMITTEE (AUTHORIZED NOT ACTUALS)

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Emergency Medical Services

In 1980 the unintentional injury death rate in Alaska was 108.75 per 100,000, so there was a 39 percent reduction between 1980 and 1989, to 65.87 per 100,000.

EMS Unintentional Injury Deaths

The EMS Section now has a statewide trauma registry which collects data from every hospital in Alaska on patients hospitalized for a traumatic injury. Vital statistics data on traumatic injury deaths occurring outside a hospital also are added to the registry. Although data is not yet complete for a full calendar year, it is estimated that over 4,500 persons are hospitalized every year for traumatic injuries. The trauma register can be used to evaluate the quality of treatment of trauma victims in the prehospital and hospital setting, and it can be used to design and evaluate injury prevention programs.

In 1985, the total cost of injury in the U.S. was estimated to be \$158 billion. Since Alaska had .22 percent of the U.S. population in 1990, the total annual cost of injury in Alaska (including medical care, lost work time, rehabilitation, etc.), would be at least \$347,600,000 in 1985 dollars. Since Alaska's injury death rate is much higher than the national average, it is very likely that injuries in this state currently cost over one-half billion dollars per year.

Alaska has over 1800 state certified EMT-1's (basics), 500 EMT II's (intermediate), 400 EMT III's (intermediate plus some advanced cardiac training), 150 Mobile Intensive Care Paramedics, and 200 certified EMT instructors. Two-thirds of the pre-hospital EMS providers in Alaska are volunteers.

*EMS Ground/Air Ambulance Services.
Appropriations FY 82-93
Staffing FY 82-93*

Today there are EMT's and/or Community Health Aides (trained to the ETT or EMT level) in virtually every village in Alaska. Most physicians, nurses, and mid-level practitioners in rural hospitals and clinics have had advanced trauma, cardiac, and pediatric training, with partial assistance from the State EMS program.

Nursing

PHN I. Itinerant Map
PHN II. Health Centers 1986 and 1992

The largest and most widely dispersed component in the Division is the Section of Nursing. PHN's are a direct service component of the Division. To most small communities, the public health nurse is the "Health Department." Public health nurses in Alaska serve all communities of any size with a childhood population.

Prior to the budget crisis in FY 87, public health nurses operated out of 28 health centers (See PHN II - 1986 MAP). The FY 87 and more recent budget reductions have resulted in the closure of seven health centers either through attrition or consolidation of staff to other sites (See PH III - 1992 MAP). The rationale for doing this may be flawed. Public health nursing services are provided mainly to underinsured women and needy children in both urban and rural communities, and there is a greater need for services than can be provided with current staff. Airline routes determine the most efficient means of delivering services to rural communities. With reduced work force and no additional travel funds, there is no way to continue present level of services.

IV. Summary Table PHN Nursing Budget Table

Since 1980, the nursing component has gained only 11 positions, but has had to take on multiple new programs.

A fully functional and operational RPMS Data System is required to get the information needed to compute true resource needs.

V. Pie Chart

Lacking a centralized management data system for nursing, the data that follows is taken from an EPSDT time study done 10/21/91 to 11/15/91. The time study documented that most PHNs work some overtime with a few exceeding 200 hours a month, but are paid for 150 hours. The average time spent on behalf of each of 19,000 clients was about 20 minutes. Analysis of the time study data showed that 34% of PHN time was spent in communicable disease activities (includes immunizations), 50% was spent in EPSDT, other well child activities and family health programs for children, 10.6% was spent in teen pregnancy, ante/postpartum and family planning services, and 5.4% on chronic disease and other adult services.

PHN VI. Budget Summary by Line Item

Another factor influencing flexibility is the creeping dependence on Medicaid funding. In FY 80, the nursing component had four 100% Medicaid funded nursing positions and relied on 7.5% of its general funds to come from Medicaid. In FY 93, the nursing component has 100% funded positions and a 19.8% dependence on Medicaid.

PHN VII. Budget Summary by Funding Source.

Nursing has had tremendous new program demands placed on its limited resources, coupled with less experienced staff. The nursing component has had an enviable average retention rate of greater than six years. The single largest deterrent to recruitment is an unstable funding source. Under the best of circumstances it takes three to six months to recruit and place an experience PHN in a rural community.

The obvious result of shrinking public health nursing resources is that many underinsured women and children will not get any preventive health services.

To have any effect on many current public health problems requires long-term commitment and trust that can only be gained through continuity. Impact teams to provide immunizations, EPSDT screening and tuberculin tests are stop-gap measures that give little job satisfaction. They are important public health services, but do not allow an experienced PHN to utilize her/his unique skills nor have much impact on larger public health issues. Public health nurses could make a difference in health care cost containment if given the appropriate opportunity.

Community Health Grants

Grants I. Community Health Grants

Community Health Aide Program: This program provides state support for the training and supervision of community health aides. The program is mandated in AS 18.28.010-100. The statute provides a formula for funding eligible agencies, and caps the formula at the FY 85 authorization level. Due to inequitable distributions to designated BRUs and budget reductions made during the past eight years, the grant program is currently funded at 89% of the full formula level.

Rural Health Clinic Program: This program provides start-up funds and operational subsidies to mid-level practitioner clinics located in rural Alaskan communities that do not have local access to the same or higher level of primary medical care. Funding for this program has been reduced a number of times during the past ten years. The most recent reductions were made in FY 92 (-13%) and FY 86 (-10%).

General Health Services: This program provided designated grants to agencies historically funded to provide specific health services such as cancer screening and dental services. Funding for his program was eliminated through a Governor's veto in FY 91.

Epidemiology Mission

The Section of Epidemiology is responsible for surveillance, investigation, and control of acute and chronic diseases and injuries through defining causal factors, identifying and directing control measures, and providing a basis for policy development, program planning and evaluation.

"A foundation stone for public health activities is an assessment and surveillance capacity that identifies problems, provides data to assist in decisions about appropriate actions, and monitors progress. Epidemiology has long been considered the essential science of public health, and a strong assessment and surveillance system based on epidemiologic principles is a fundamental part of a technically competent public health activity."

Emphasis program areas include 1) sexually transmitted diseases, 2) Tuberculosis, 3) immunization, 4) diabetes, 5) injury surveillance and control, 6) cancer, 7) health hazard assessment and risk analysis, 8) occupational health, 9) cardiovascular disease and 10) Circumpolar Health.

The scientific expertise accumulated within the Section of Epidemiology has allowed Alaska to successfully seek and acquire federal resources to address the numerous health needs of our citizens.

The science of epidemiology has been instrumental in achieving the many successful health outcomes that ultimately are reflected in the cost of health care for Alaskans.

EPI Overheads: Newspaper Heading (Collage)

Anch Daily News

Hooper Bay Article

Fiscal Years Graph

Fiscal Years Table

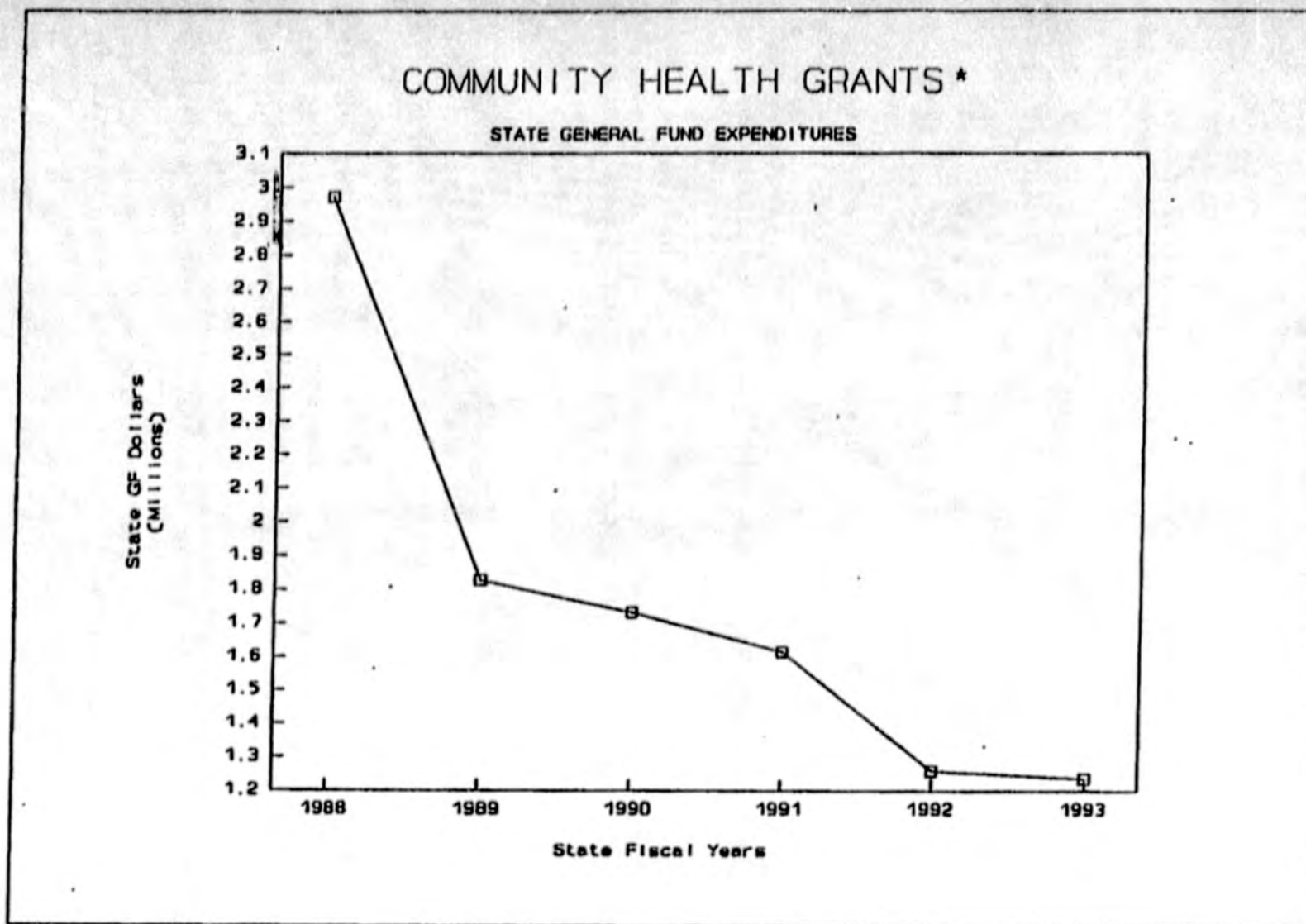
Family Health

In recent years Family Health has assumed a role in bringing various other public and private provider groups and agencies together and insuring public input into the planning processes. An example of this is the development of the PL 99-467 Early Intervention Plan. The Section provided the leadership, over a three year period, that brought together hundreds of providers, parents and policy makers through various committees and working groups, to produce an Early Intervention Plan for a system of care for the birth to three special needs population that is supported by consumers, providers and funding agencies. Thus, there needs to be support for public health positions with a variety of technical expertise to support the policy-making process internally and externally.

The Section has responsibility to assure that core Family Health services are available in the state. Wherever possible, we support the concept that the state be a direct service provider only when there is no other viable local option. Currently, reproductive services such as family planning counseling and contraceptives, are not available to large numbers of women of child-bearing age in Alaska. Thus, it is imperative that core services be defined and that funding be provided to assure access for all Alaskans. The economic and personal costs to the state of not fulfilling these basic needs will be enormous.

During the past two years, as a result of a significant effort on the part of staff, the federal dollars have increased significantly. Also, the Section has pursued other funding sources, such as the infant formula rebates, which now generate in excess of a million dollars a year to serve additional low income pregnant and breastfeeding woman and children.

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* Does not include community health grant programs funded through the designated BRUs.

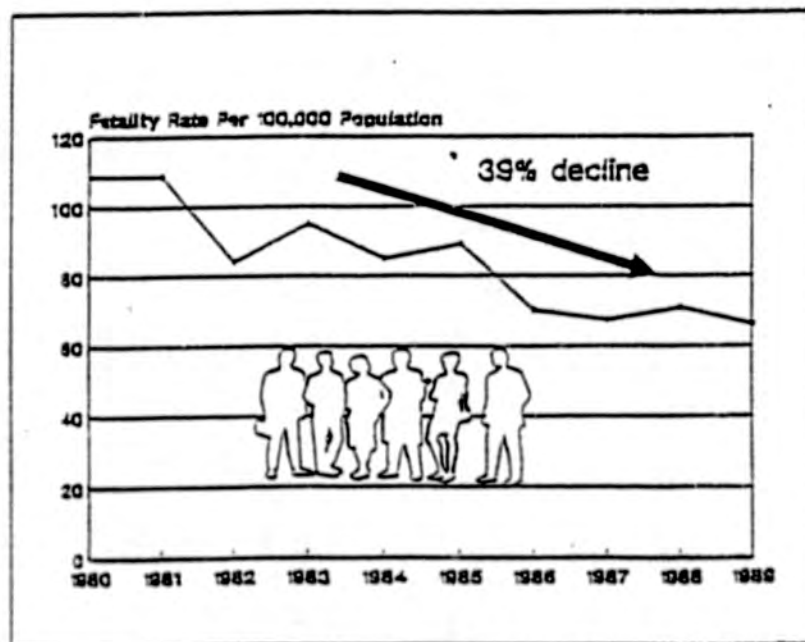
1988 to 1989: Not a true reduction; reflects transfer of CHA funds to newly formed YKHC and SEARHC BRUs.

1989 to 1993: Reflects true downward trend in state funding for community health services grants; elimination of designated general health services grants, 13% reduction in rural health clinic grant funds, and 4% reduction in CHA grant funds.

UNINTENTIONAL INJURY DEATHS BY YEAR

Information taken from Causes of Death in Alaska 1950, 1980-1989, State of Alaska, DHSS/Public Health/Epidemiology, August, 1991.

Year of Death	Number	Population	Fatality Rate per 100,000
1980	437	401,851	108.75
1981	472	433,800	108.81
1982	390	463,400	84.16
1983	473	497,600	95.06
1984	444	522,000	85.06
1985	483	541,300	89.23
1986	384	547,600	70.12
1987	362	537,800	67.31
1988	377	531,000	71.00
1989	352	534,400	65.87



GROUND AMBULANCE SERVICES

YEAR	ADVANCED LIFE SUPPORT	BASIC LIFE SUPPORT	# CERTIFIED SERVICES	# SERVICES
*1983	24	11	35	71
1984	29	15	44	72
1985	33	16	49	73
1986	34	19	53	73
1987	34	27	61	80
1988	36	29	65	80
1989	37	34	71	84
1990	33	42	75	84
1991	35	42	77	81
1992	36	42	78	87

*Regulations Implemented 03/03/83

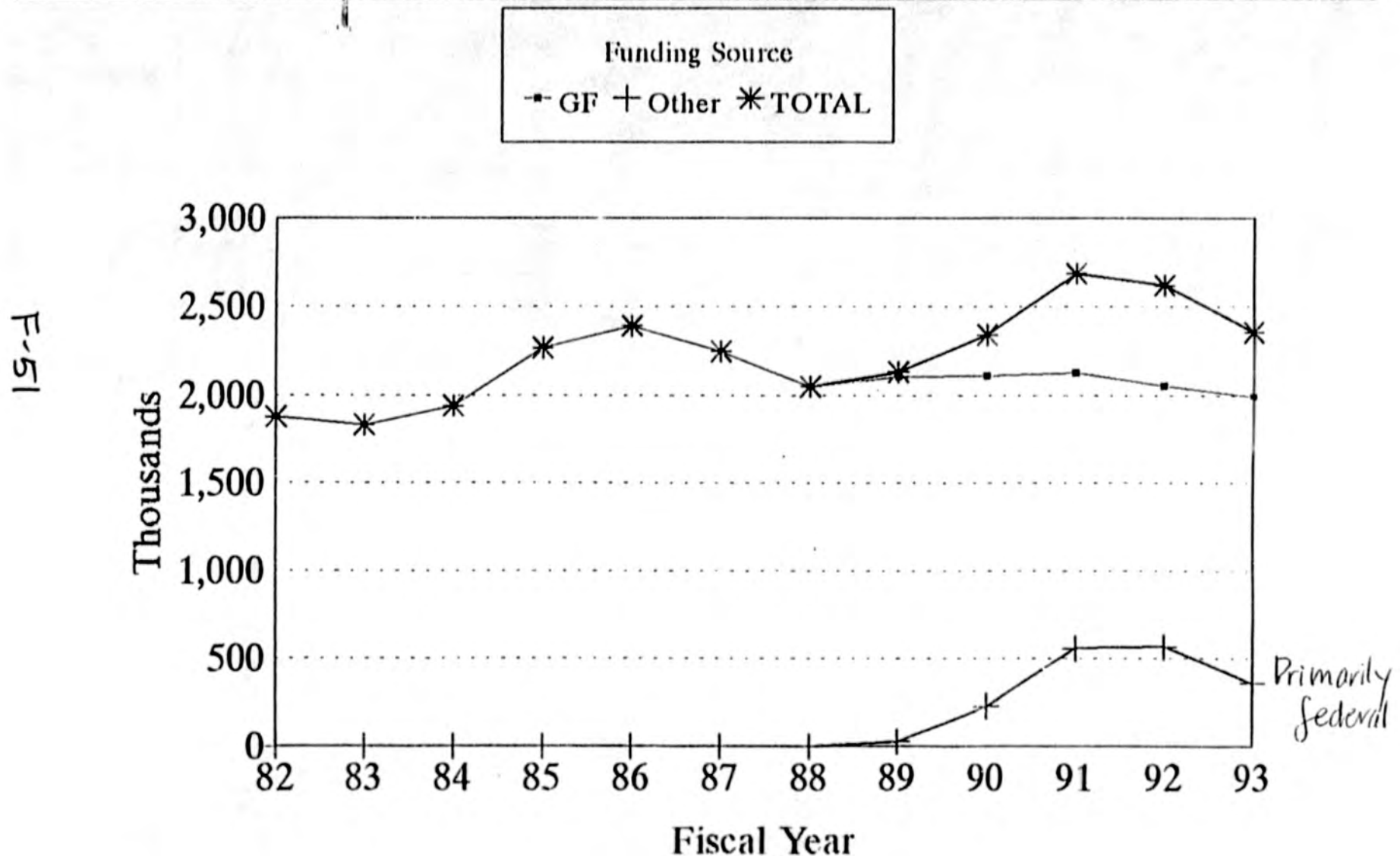
AIR MEDICAL SERVICES

YEAR	MEDEVAC	CRITICAL CARE	SPECIALTY TRANSPORT
*1985	2	2	1 -
1986	3	4	1
1987	5	5	1
1988	5	6	1
1989	5	6	1
1990	6	6	1
1991	6	6	1
1992	7	6	1

*Regulations Implemented 09/28/85

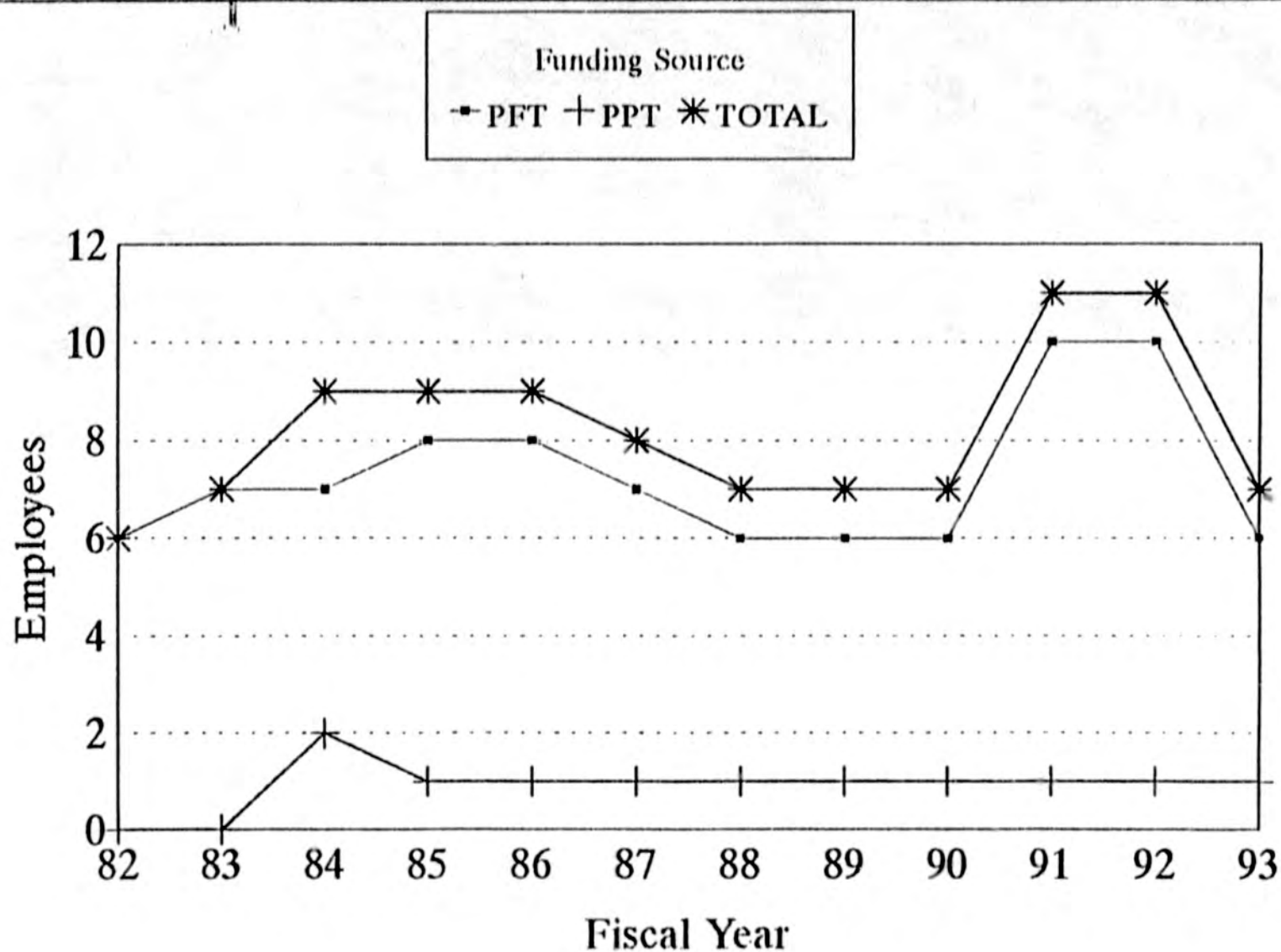
Emergency Medical Services Section

Appropriations FY82-93

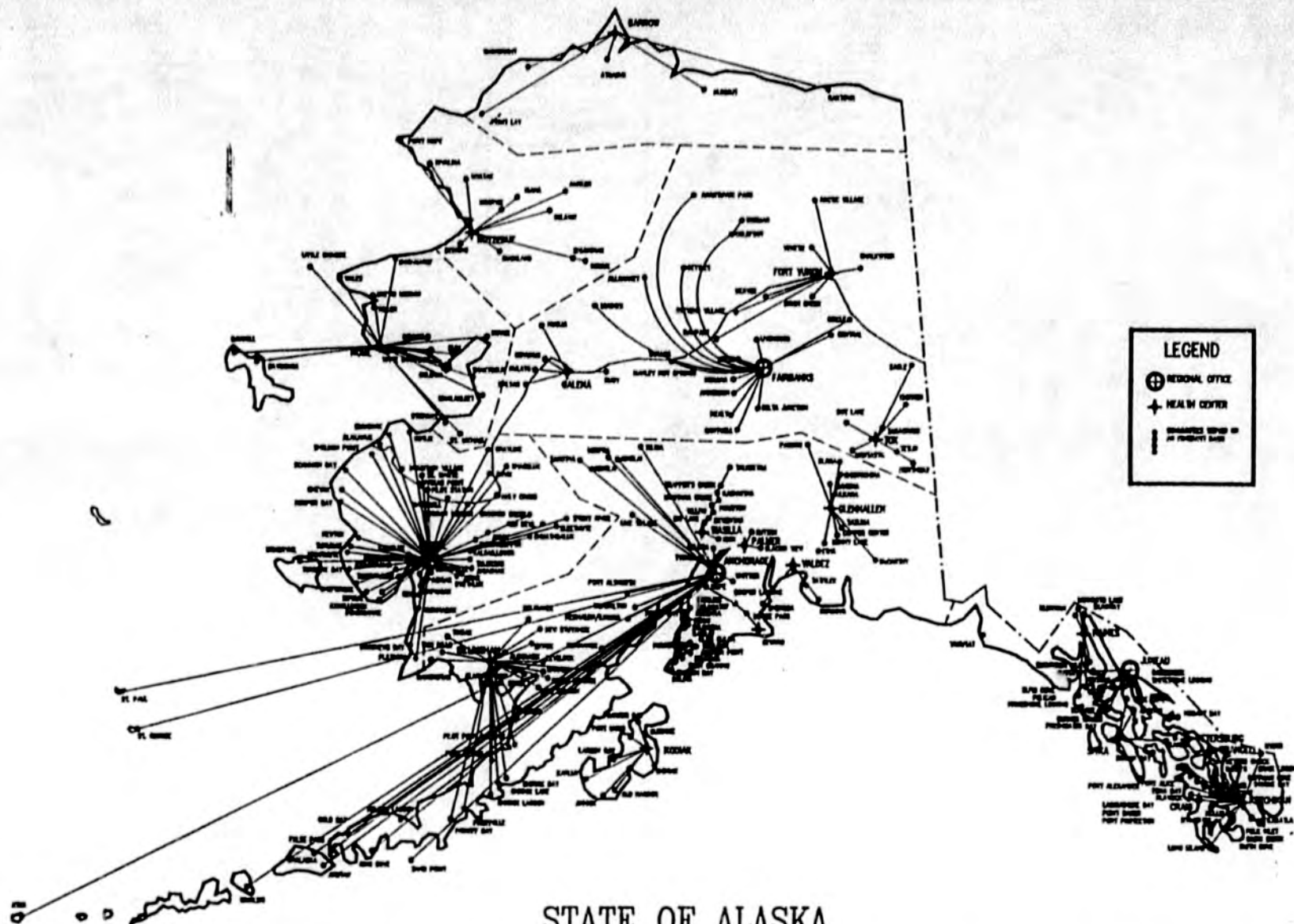


Emergency Medical Services Section

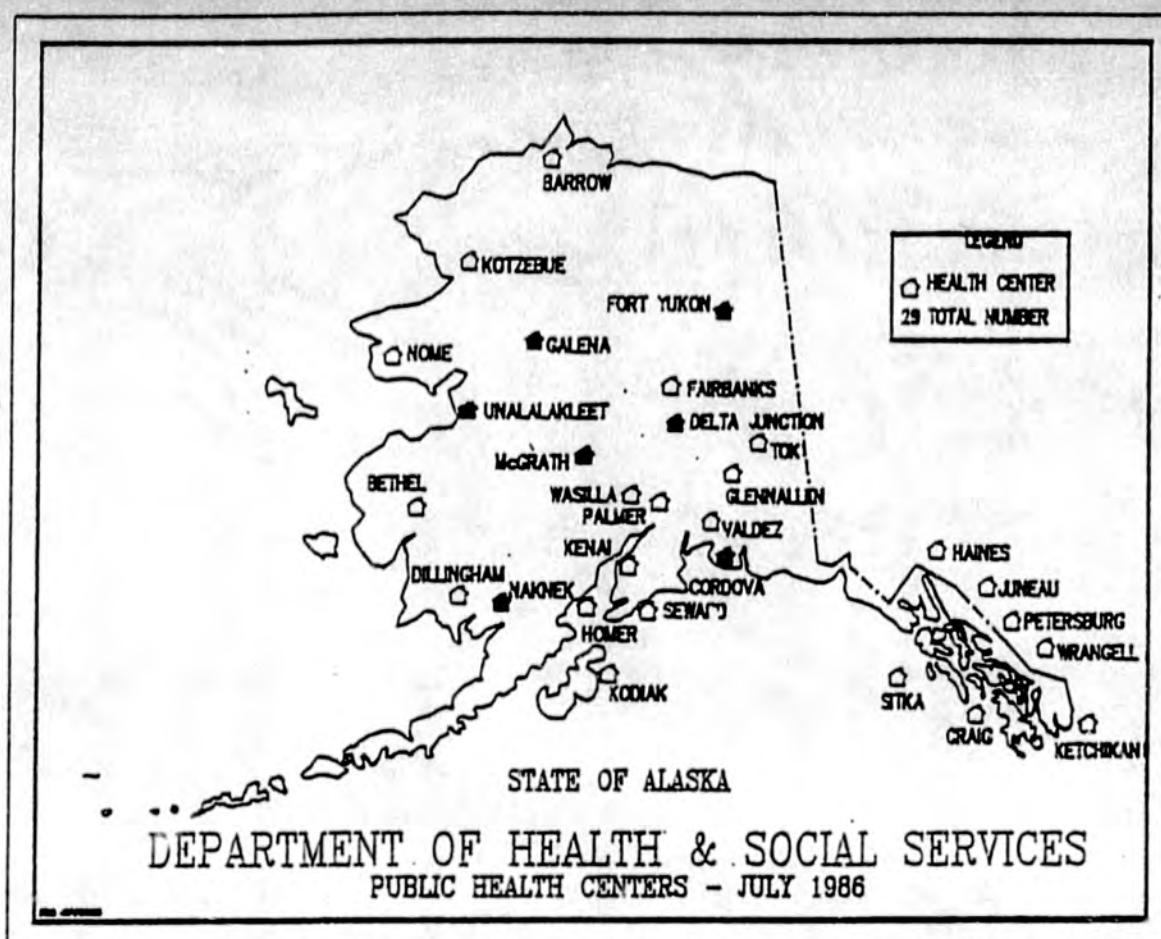
Staffing FY82-93



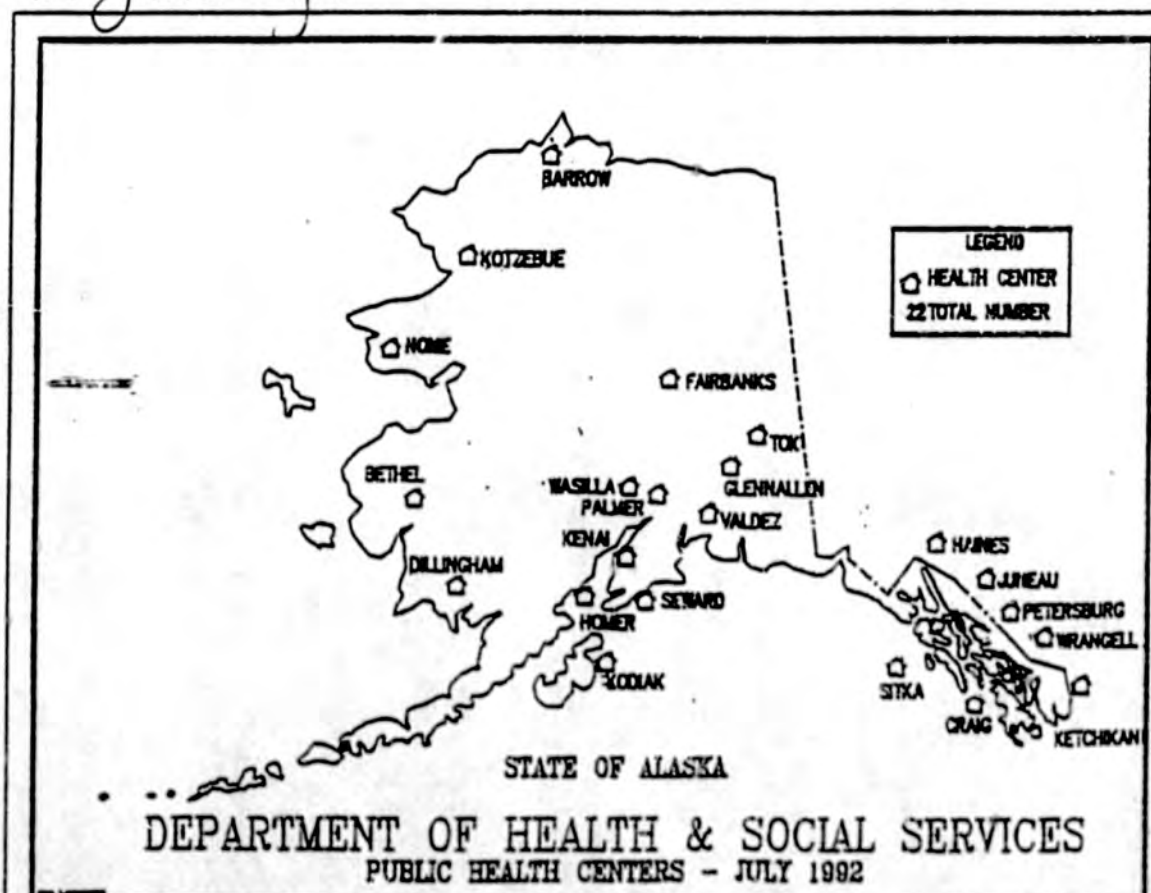
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STATE OF ALASKA
 DEPARTMENT OF HEALTH & SOCIAL SERVICES
 PUBLIC HEALTH NURSING
 MARCH, 1992



7 health centers eliminated since 1986 due to decreases in funding.



Section of Nursing

Summary of Program & Budget Changes: FY 1970 - FY 1993

August 17, 1992

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PHN II. SUMMARY TABLE

F-55

Fiscal Year	Alaska Population	Number of Positions*	Positions Lost	Positions Gained	Funding**	Major Program Changes
1970	300,382	90	n/a	n/a	1,239.7	70-75 added cancer screening, STD, FP, EPSDT
1975		139	n/a	n/a	2,358.5	'76-80 added mumps, influenza, & pneumococcal vaccine program
1980	401,851	158	0	0	5,137.6	stopped doing small pox vaccination
1981		172	1	15	6,255.1	Manilaq & NSB grants \$ and positions lost, EPSDT positions gained
1982		169	3	0	6,337.2	Home Health Demonstration Project in, lost EPSDT positions Hep B project work added - no additional resources
1983		166	3	0	7,326.3	Home Health Aide contracts transferred to Nursing component from DFYS
1984		167	1	2	6,824.1	Norton Sound grants moved to BRU Reorganization of Interior Region
1985		160	7	0	7,305.0	HIV/AIDS alternate test sites expected with 0 added resources
1986	547,600	160	0	0	7,585.0	
1987	537,800	160	0	0	6,666.3	major budget deficit - layoff of 14 PHNs - closed Cordova & Delta health centers
1988	531,000	160	0	0	7,774.6	Instituted fee-for-service by legislative intent w/0 fiscal note absorbed RPMS responsibility, Anchorage grant moved in
1989		167	1	8	8,061.2	RPMS, Healthy Baby Project, GICCY, Prenatal II -- all with new expectations, lost Supply Officer to Administration
1990	550,043	172	0	5	8,570.8	new positions for EPSDT due to OBRA '89, NCAST project funded 1 PFT, 2 PPT for AIDS funded in EPI established & supervised by Nursing RPMS positions established
1991		186	0	14	9,829.7	
1992		182	4	0	10,508.7	closed Naknek & McGrath Health Centers, added Haemophilus b Program HHI into its own component, lost Ft. Yukon PHN, expected to add lead
1993		169	15	2	9,824.9	screening, OSHA, CLIA & Hep B for infants, AIDS positions into Nursing moved Medicaid Unit & Healthy Baby Project to Admin.

* PCNs include both nurse and staff

**Funding for field nursing, admin, and EPSDT

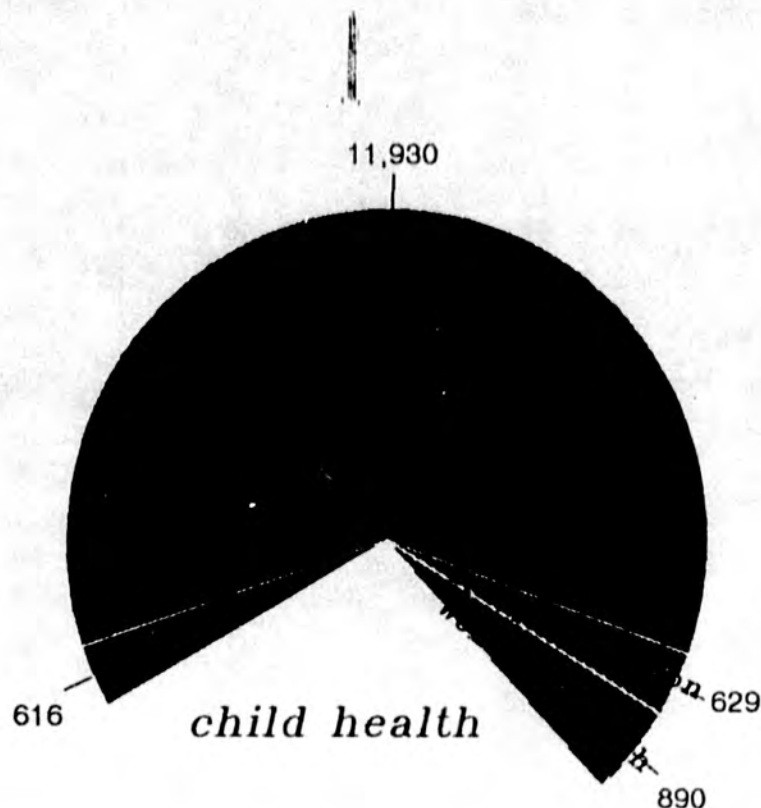
FY	Actual Total	Grants	H.H.	Homemaker	Subtotal	G.F.	Other	M.O.A.	NSHC	NSB	Manilaq	Total \$
1980	5,137.6	0.0	0.0	0.0	5,137.6	4,229.3	908.3	846.0	0.0	0.0	0.0	5,983.6
1981	6,255.1	0.0	0.0	0.0	6,255.1	5,277.8	977.3	846.0	0.0	0.0	0.0	7,101.1
1982	6,727.4	390.2	0.0	0.0	6,337.2	4,899.3	1,437.9	846.0	0.0	184.7	205.5	7,573.4
1983	7,716.5	390.2	0.0	0.0	7,326.3	5,664.9	1,661.4	846.0	0.0	184.7	205.5	8,562.5
1984	8,176.7	688.3	664.3	0.0	6,824.1	5,616.0	1,208.1	924.1	296.2	184.7	207.4	8,436.5
1985	8,154.0	184.7	664.3	0.0	7,305.0	5,929.5	1,375.5	873.1	337.4	184.7	256.3	8,956.5
1986	8,475.5	226.2	664.3	0.0	7,585.0	6,055.7	1,529.3	839.1	364.4	226.2	256.3	9,271.0
1987	7,545.7	235.8	643.6	0.0	6,666.3	5,249.1	1,417.2	834.9	367.5	235.8	256.3	8,360.8
1988	8,654.0	235.8	643.6	0.0	7,774.6	6,357.6	1,417.0	856.0	346.2	235.8	220.9	9,433.5
1989	9,934.6	1,287.5	585.9	0.0	8,061.2	6,431.9	1,629.3	914.5	408.8	266.3	251.3	9,902.1
1990	12,022.5	1,354.5	608.6	1,488.6	8,570.8	6,650.7	1,920.1	1,004.5	469.5	382.0	138.7	10,565.5
1991	13,334.6	1,404.5	611.8	1,488.6	9,829.7	7,534.5	2,295.2	973.5	518.2	373.0	225.1	11,919.5
1992	13,725.0	1,404.5	611.8	1,200.0	10,508.7	8,251.6	2,257.1	914.5	601.8	373.0	399.5	12,797.5
1993	11,307.1	1,214.6			10,092.5	7,828.4	2,264.1	815.0	576.8	332.5	385.3	12,202.1

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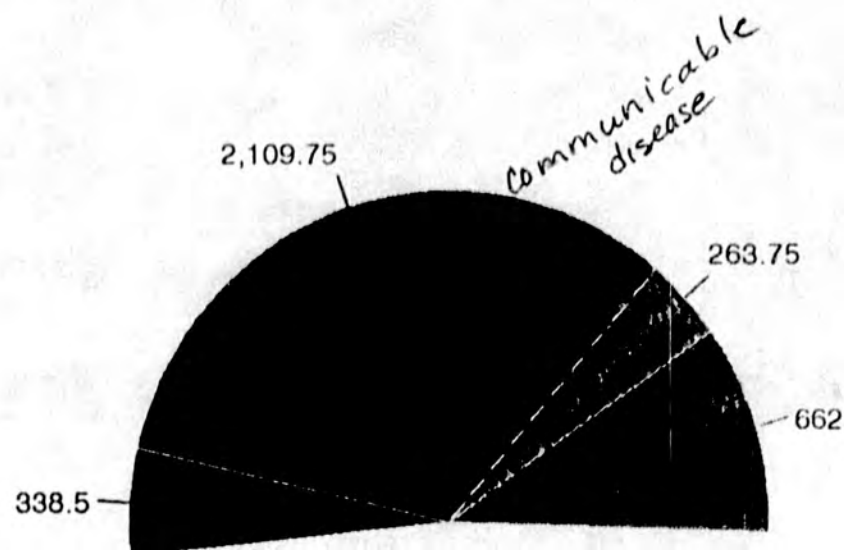
PH Nursing Budget Showing Grants, BRUs, and Other Funded Services

Public Health Nursing Program

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Individuals Served
by Program Category



Hours of Service
by Program Category

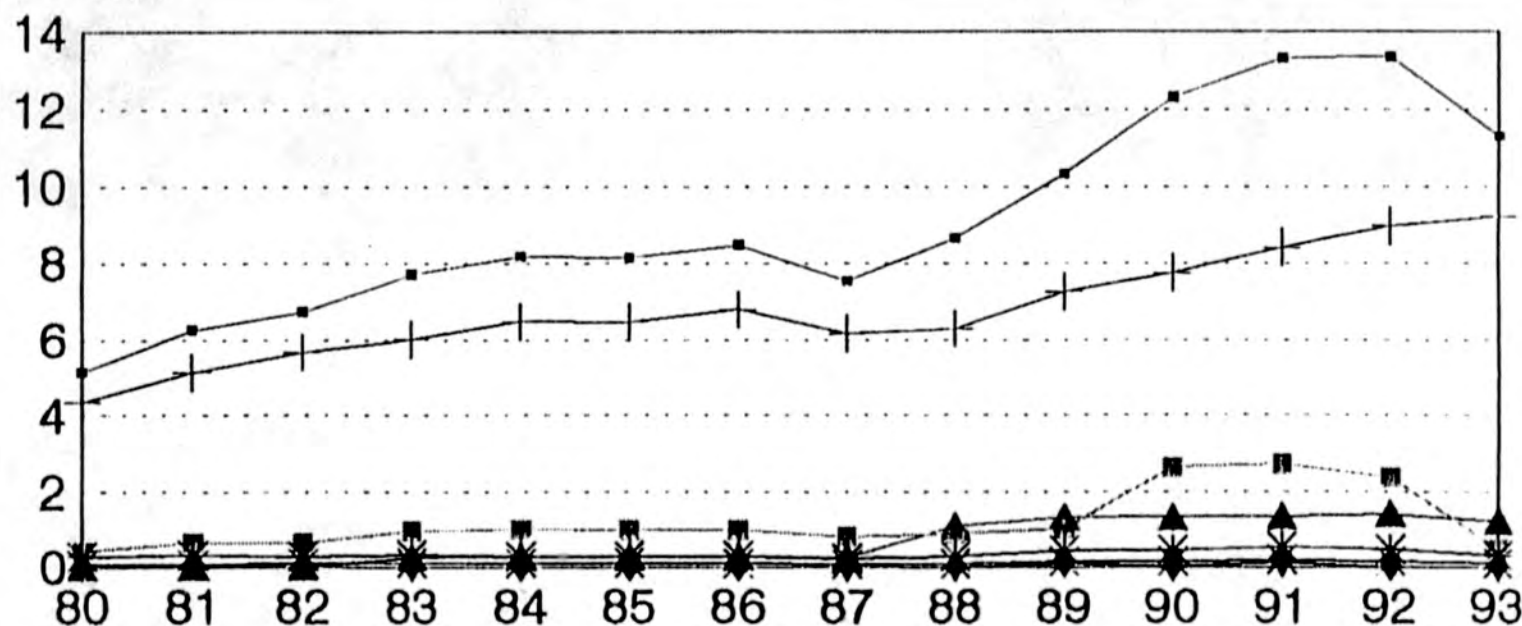
BUDGET SUMMARY BY LINE ITEM

FY80-93

Actual + PERS. SERV. * TRAVEL
 CONTRACT 300 * COMMOD. ♦ EQUIP.
 ▲ GRANTS

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Millions



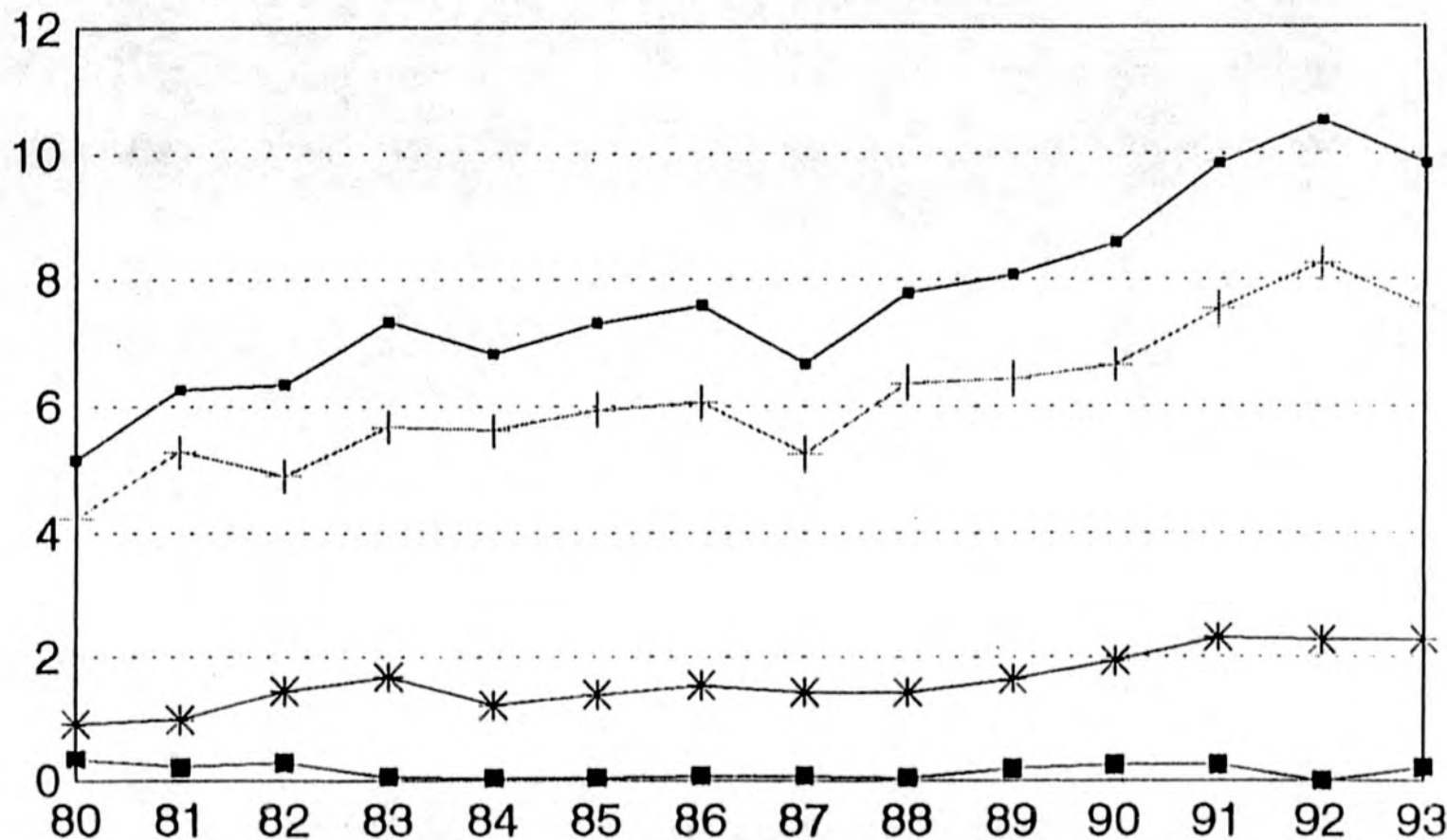
FY80-91 Actual FY92-93 AUTH

FIELD NURSING AND ADMINISTRATION BUDGET BY FUNDING SOURCE

FY 80-93

TOT. FUNDS + G.F. * IA ■ FEDERAL

MILLIONS



Medicaid & Healthy Baby included through FY92. Out in FY 93.

percentage of heart disorders
percentage of malignant neoplasms
rank of heart disorders
rank of malignant neoplasms

CRAP 1 ALPHE

by 1980, shortly after the lead registration was dis-

Way Residents' Lead Problem

ALASKA

...ually ...

found in

und

22

Point Hope man dies

...cervical cancer...
...death rate from cervical cancer...
...women a year...
...other parts of the...

ATLANTA — The Atlanta Braves are looking for a pitcher to replace the injured 2A pitcher, who was injured in a game on Tuesday. The Braves are looking for a pitcher to replace the injured 2A pitcher, who was injured in a game on Tuesday. The Braves are looking for a pitcher to replace the injured 2A pitcher, who was injured in a game on Tuesday.

Experts

On cleanup crews

U.S. Yacht Club
New York City
New York City

of

...tant ...

On the rise

cases being reported now fell
infection of two to 10 years.

For R...

DTF

notes

rate

1

State eye spill

vaccinations
The Alaska Section of Epidemiology
parents with children
to be

Epidemiology

may be

try to
with

qually

PS

lead death rate

60

radon *n*

and deaths rem

...remain too high, lawmaker says

lawmaker says

**kids
operating**

In helicopter crash Alaska boat

lead death rate

Anchorage Daily News

WASKE, 1976 Pulitzer Prize Gold Medalist
 David E. Drilly
 Publisher

Susan Nightingale
 Editorial Page Editor

Katherine Fanning, Editor and Publisher 1971 to 1983
 Lawrence Fanning, Editor and Publisher 1987 to 1991

Alaska's Only Morning Newspaper • Founded in 1946 by Norman C. Brown

Anchorage Daily News

NO 230 80 PAGES

ANCHORAGE, ALASKA, SATURDAY, AUGUST 18, 1990

PRICE

The Crown Point disaster isn't over

Six months have passed since the toxic chemical leak at Crown Point, but the disaster isn't over for the people who lived there. Twenty-nine of the 33 families still report health problems when they return to their homes, and refuse to move back.

It's easy to wonder if the residents are truly advantage of the state's disaster relief. The Division of Emergency Services has earmarked \$517,000 for housing, clean-up of homes, and even mental health counseling. An epidemiologist has said that line of work doesn't appear to cause the

residents don't dispute that the Moose Point residents become ill when they return to their homes, and the report notes that chemical odors still linger in many homes — though the concentrations are below those known to cause health reactions. The epidemiologist said psychological stress from the disaster, rather than the chemical leak, is the

Ally News Sunday, May 31, 1992

ALLEY HOSPITAL:

of illnesses after poisonous gas leak leaves
 yees wondering and hospital officials mum

housing for those unable to return. That help must continue as long as residents need it.

Crown Point cleanup

Sight of respiratory
 bothers

...this are
 Alaska Railroad
 and up their houses.
 ...one appearance this week
 of workers equipped with res-
 pirators touched a raw nerve.
 "They've been telling us
 for a month that it's safe to
 return to our houses," said
 Cliff Judkins, owner and op-
 erator of the Crown Point
 Lodge. "They said if you
 couldn't smell it and it didn't
 bother you, you could move
 back in. Then their clean-up
 crew shows up wearing moon
 suits and respirators. It's safe
 for us to breathe it, but not
 for them."
 Judkins is not the only
 person shocked by the arrival
 of the men in the masks.
 "If you had faith in the
 honesty of the state at all, this



By DAVID HULEN
 Daily News reporter

Toxic metals foul stream near mine

Until recently, state officials have said they weren't sure what was causing the muddy banks just down a hill from Red Dog's bleeding mine pit. But they said this week they are convinced the mine is causing the increased leaching.

Nuclear fish?

Arctic pollution is widespread

It's a relief to read that scientists will soon be assessing nuclear waste in arctic waters off the Russian coast. Twenty scientists and researchers from six nations will board a Russian ship in July to begin charting dumping sites and testing them.

The New York Times reports from Russia that Norway and Russia are both concerned about fishing grounds in the Barents and Kara seas, where nuclear dumping occurred for over 30 years. It's no wonder since their fishing fleets fuel a fish-exporting industry that weighs a lot of weight.

But smaller fish-exporting and fish-eating countries, like Greenland, are also at risk. Russia-Greenland fishing treaty signed in March allows the latter's cod fishermen to fish in the Barents Sea, while Russian fishermen can fish in Greenland's waters. With the most recent news of Russian nuclear dumping, it makes you wonder who's getting the better deal (especially since the Greenlanders are entitled to only 8,500 tons over 11 years, but the Russians can scoop up 31,400 tons).

Advisory report says Valdez resident face benzene gas-related cancer risk

By DAVID BOND 3-20-92
 TIMES WRITER

Valdez residents face a big city cancer risk from benzene gas emitted by the loading of oil tankers at the Alyeska Marine Terminal, according to a report released Thursday by the watchdog Regional

Alyeska Pipeline Service Co. spokeswoman Mamie Isaacs blasted the report's risk assess-

complies with all federal emission standards, but some emissions the terminal, including cancer-causing benzene and other volatile organic compounds, are not regulated by the EPA because their risk to humans in Valdez has been determined to be low.

See Back Page: CLEANUP Technician Derek Behannon prepares material to be dumped