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YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 12, 1975

Dr. Bill Larson, Chairperson
Health Planning & Resource
Development Task Force
Anchorage C.H.P.
1125 West 8th, Suite 9
Anchorage, Alaska 99501

8.92

Dear Dr. Larson:

We would like to clarify YKHC's position in regards to the development of health services areas and agencies (H.S.A.) in the State of Alaska.

Our letter of March 4 was somewhat ambiguous in regards to the establishment of HSA's in Alaska. We would have preferred to have two HSA's one metropolitan and one non-metropolitan. Such an arrangement would insure proper attention to bush planning through regional health corporations.

However, because of the patient flow patterns and the regulations contained in the national health resource planning act an arrangement around a non-metropolitan and metropolitan basis would not be accepted.

In lieu of our ideal arrangement we support the establishment of three HSA's provided that:

1. Regional health corporations are the vehicle used in planning for bush needs.
2. Regional health corporations have an effective voice in both the three HSA's and the Statewide planning agency.

We hope this letter will clarify our position.

Cordially,

Alvin S. Ivanoff

Alvin S. Ivanoff
Executive Director

cc: Project Directors
George Hohman ✓
Phillip Guy
Martin Moore
Frank Estes
Carl Jack
Hal Janneck

ASI/ck

Quinhagak Village Council
Quinhagak, Alaska 99655
Resolution 75-01

5.46

Whereas, the Quinhagak Village Council has determined that there is an erosion problem.

Whereas, the BIA school is near the erosion, and needs to be moved, or stay put when erosion is stopped.

Whereas, The Quinhagak Village Council urge that Upiktak Bista, Inc, Peperentatives, and Senators look for means to find funds, or have District Corps of Engineers take care of the erosion.

Therefore be it resolved that the Quinhagak Village Council urge that all organaztions look for solution and means to stop the erosion.

Approved and passed this 17th day of January, 1975.

Peter Williams

President, Quinhagak Village Council

Albert Anseriak

Secretary, Quinhagak Village Council

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 536
Bethel, Alaska 99559
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April 3, 1974

8.92 YKHC

Honorable Senator Allan Bible
Chairman of the Senate Subcommittee
on Interior and Related Agencies
Washington, D. C.

Dear Mr. Chairman:

Alex Nick, President of the Bethel Service Unit Native Health Board and Board Member of the Yukon-Kuskokwim Health Corporation, Dan Rounds staffmember of YKHC and myself are present today to represent the residents of the Yukon-Kuskokwim Area. We would like to give testimony concerning first, a new Indian Health Service Hospital for the Bethel Service Unit and secondly, a special program-package increasing IHS staff in the Bethel Service Unit prior to the opening of the new hospital.


Very briefly, we are requesting a new IHS hospital for Bethel to replace an inadequate facility, to allow expansion of ambulatory services, to develop new inpatient, outpatient and field services, not now available, and to bring to the Bethel Service Unit a proper staffing-level which meets current IHS standards. The new hospital will cost \$25.5 million in addition to the \$600,000 appropriated in FY 74 for architectural planning.

To insure the successful implementation of the new hospital programs we are also requesting that Congress appropriate money for staff housing and authorize IHS to operate or contract for transient patient quarters.

The second request is for Congress to support a staff-increase for the Bethel Service Unit and housing for staff. The new hospital staffing-level will be implemented after construction. We are asking to have a few of the new staffing positions added now. The current hospital is understaffed, given existing work loads and present IHS standards. The second request will entail an appropriation of \$2,320,742, to the Indian Health Service. The details of the two requests are outlined in our attached testimony.

Thank you for your interest and past support to the residents of the Yukon-Kuskokwim area.

Cordially,


Alvin S. Ivanoff
Executive Director

ASI/pt

I. INTRODUCTION

We are here to testify on behalf of the residents of the Yukon-Kuskokwim area. Last year the Appropriation Subcommittee on Interior and related agencies heard testimony from the Yukon-Kuskokwim Health Corporation concerning the cooperative planning it has been involved in over the past years. Based on that testimony the subcommittee supported a \$600,000 appropriation for architectural planning for one component of our Health Master Plan, a new hospital in Bethel. We wish to extend our thanks to the subcommittee for their support. Our last testimony indicated that we would be seeking additional funds in 1975 for hospital construction. We are appearing today to follow up on our past request and to make a plea for the early acquisition of key staff prior to the completion of the hospital.

II. NEW HOSPITAL

The residents of the area are united in their request for a new hospital. The attached resolutions indicate the concern of the residents in this connection.

The Yukon-Kuskokwim area includes 85,000 square miles of delta land in Southwest Alaska.

There are over 52 villages with a combined population of 14,000 to 15,000 people. The Bethel IHS Hospital is a key resource for the villages. It is not only a referral center but a training center and staging ground for itinerate field health specialists who visit villages. Next to the village health aides who serve as primary health providers in the villages the Indian Health Service hospital constitutes the next most important element in our health system.

It has been recognized for a number of years by the people of the area and by the Indian Health Service that the Indian Health Service hospital in Bethel is inadequate. Many patients who could be treated in Bethel, if services were available, now have to be flown to Anchorage for care. The existing facility itself, due to primarily its age, its poor design and the rigorous climate is expensive to maintain. In the past four years \$2,000,000 has been expended just to keep the facility open and operable. It should be emphasized that these funds are used just to keep the facility operating at its present level and does not allow for any increase in services.

At one time it was hoped that we could phase construction adjacent to the present hospital. Ambulatory Care Services were to be in the first phase. Such an approach would focus on our most immediate needs for outpatient services and increased pathology and X-ray services. The Army Corps of Engineers, however revised their estimate that the present hospital site would be free from river erosion for 40 years. It appears now that the present site may be threatened within the next 20 years. The phased construction was thus abandoned in light of this forecast. We must now build an entirely new hospital to avoid the threat of river erosion to the present hospital.

The new hospital is also required to meet the increasing demand for outpatient services. The outpatient load has gone from 23,000 visits per year to 26,000 visits between 1964 and 1973. Indian Health Service and Yukon-Kuskokwim Health Corporation have projected a need for 40,000 outpatient visits in 1985 to serve the projected population of 15,000 native persons and 2,000 non-native persons. Additional space and manpower are required to meet the projected work load.

The new hospital will increase the bed size from 42 to 50 to allow more patients to be taken care in Bethel rather than Anchorage. Mental health, minor surgery, and some medical problems which now are referred to Anchorage will, in the new hospital, be treated in Bethel. The new hospital will thus be needed to increase the surgical capacity in Bethel and to offer mental health inpatient and certain medical facilities not now available because of staff or space.

Perhaps the most important need which the new hospital will fulfill is to bring the health system in the Bethel Service Unit up to IHS standards of care. The number of doctors per OPD visits and inpatient days is far below IHS standards. Likewise nursing and other support functions do not meet current standards of care. With the present under-staffed conditions the quality of care is much lower than it should be. There is poor follow-up of patients. A few programs to monitor high risk groups infants and chronic disabled persons have been attempted but fall short due to the lack of staff time. The follow-up to village health aides is again poor due to slow processing of patient-encounter information. Nursing care for OB and critically ill persons is dangerously low. The dental program also suffers due to staff shortages. The dental program cannot offer the breadth and quantity of services needed by the residents. Adult care has been reduced to mostly emergency patients. There are needs for prosthetics which are not being met. The present staff is over worked and underpaid. Under-staffing also results in reduced medical encounter time in the outpatient areas.

On the positive side however the hospital staff has been reorganized for coverage of the OPD department, the radio network for villages and on the wards. Screeners, either nurse extenders or physician assistants, are being used to meet the high demand of minor problems not requiring physician consultation or problems referred back by a physician. The inpatients have more consistent care due to a revised staffing pattern. There are many other examples of ingenious attempts to cover weaknesses in the present system.

The last major need for the new hospital is to obtain services which are not now available due to staff or space limitations. These urgently needed services consist of mental health outpatient and field activities, physical therapy, health education and new training programs. A core interagency mental health program is now co-sponsored by IHS and YKHC. There are more demands for field and outpatient consultation. The mental health program is attempting to develop positive programs and activities designed to prevent the development of mental health problems and to give people other activities to offset self-damaging behavior such as excessive drinking. Physical therapy services are provided marginally now by OPD nurses. Because of the high accident-rate, TB-rate and respiratory problems an active program for physical therapy is required. Training of health "para-professionals" has focused on training of health aides. New programs are needed in nursing (LPH), mental health, and maintenance training for parap-professionals trained in programs outside of Bethel. The new hospital will have space available to undertake both clinical and didactic training.

Currently IHS is revising the program for the new hospital. They are updating the planning done conjointly by the YKHC, the Alaska Native Health Service and the State of Alaska. The revisions take into account new data concerning the past utilization of outpatient and inpatient services, the fact that the present hospital has a high probability of being washed into the river within 20 to 40 years, and the fact that the health aides currently practicing in each village will be backed up by district health clinics.

The revised program plan will be completed within two months at which time an architect will be commissioned to design the new hospital. The \$600,000 appropriated this year will not allow the architect to complete the design documents. The architect will only be able to complete schematic plans (floor plans, site plan, and elevations) and arrive at a gross maximum price by early spring.

We would like to request the additional planning money and the construction money to enable the hospital designs to be completed and to start construction on a fast track schedule next summer. The cost for the additional planning and construction will be 25.5 million dollars.

The cost of the new hospital are quite high compared to the lower forty-eight. We are all familiar with the fact that hospital construction is generally higher than other types of construction due to strict fire and safety codes built-in equipment, special ventilation, extra wide circulation corridors and other special mechanical support systems. In Alaska these costs increase exponentially due to the climate, the nature of the construction industry, the lack of local materials and a short construction season.

Bethel is in an extremely harsh environment with a 200 to 400 foot thick layer of permafrost underlying the tundra, temperatures from 60° above zero to 40° below zero and winds of 40 to 60 mph which drive the effective temperature down to -75°. Special foundations are required to maintain a stable building and prevent the freezing and thawing of surface ground from damaging the buildings. The buildings require special design features such as insulated utility ducts or plumbing in the ceiling rather than in the floor. It also requires more insulation. The short summer season requires close scheduling and more manpower. The competition for manpower during summer months drains the existing construction/manpower pool in Alaska. As a result high wages can be asked for by construction workers due to their limited supply.

Bethel is also located in an area void of natural materials that are needed to construct a hospital under current fire code standards. Because it is isolated from other areas (1 hour flying time for Anchorage by jet) materials and equipment have to be shipped in from Seattle.

Generally speaking construction costs in Bethel have been 2.4 times those in the lower 48 as compared to Anchorage which is 1.7 times lower 48 costs.

In order to assure the successful operation of the new hospital and its new programs two other needs have to be met. First, housing for staff, and second, transient care for patients who fly in from the 40-50 remote villages whose only means of transportation are weekly or bi-weekly mail planes or air-charter services if emergency conditions exist.

Staff housing is still required in Bethel. The community has a shortage of housing and cannot now support the additional need for 129 new housing units. The new staffing level will require 250 persons, an increase of 125 persons above the present staff. The new position will create a need for 87 new housing units if housing is made available for 70% of the new staff. There is an additional need for replacing 42 of the existing 58 units since the maintenance costs are excessive and the buildings are outliving their usefulness.

The Board of YKHC wishes to express its concerns over how the Federal Government might discharge its responsibility to supply housing for the hospital employees. In most rural areas the federal government has had to resort to building housing "complex" to support a federal activity. The problem with this approach is that federal employees become isolated from the community. A housing compound is created. The isolation establishes an undue barrier to the mixing of hospital staff with the community.

To overcome the problems associated with housing compounds we would urge Congress to authorize Indian Health Services to guarantee leases. With a guarantee lease authority we feel confident that the Bethel community can develop the necessary housing. If it is not possible to grant IHS this authority, we would urge the Federal Government to build the houses in the community. This will require either acquisition of city or Bethel Native Association Land.

If the lease authority is granted we estimate that the cost of the leased housing units would be around \$800 a month based on current leases and utility costs. Part of the cost would be covered by the staff. At a rate of \$800 per month the yearly lease contract for 129 units would be \$1.24 million. If the housing is constructed and owned by IHS it will cost about \$62,000/unit or \$8 million dollars plus maintenance costs.

Our second concern is that we need to provide transient facilities for patients coming from the villages. Because of infrequent flight schedules or poor weather many times village patients are required to stay over past their discharge from the inpatient or outpatient department. Presently these patients are kept in the hospital. A few people can stay in board and care homes that are inadequate to meet the demand. Many patients are sent to Bethel for diagnostic work-up and then treatment. Often this results in overnight stays. The board and care program has contracts with a group home and with individual families. The families often live in over crowded housing adding additional burdens when a patient stays overnight. Many patients are assigned to a family but get lost and have delays in getting back to the hospital. The Board feels a need to develop more housing for transient patients so they do not take up valuable bed space and to meet the over demand for transient care.

The transient care need can be met by either granting Indian Health Service the authority to run such a center in Bethel. Our first priority, contracting with a local agency or organization would cost approximately \$30/person/pay or \$164,250/year. Our second priority would be to use 20 beds of the old hospital as a transient facility for the next 10 to 20 years at which time other sources of transient care could be available. IHS should be consulted as to the costs of the second option.

III. 1975 REQUIREMENTS FOR HEALTH SERVICES IN THE YUKON-KUSKOKWIM AREA

In addition to the new hospital we are requesting support of a special program package for 1975. The attached document "1975 Requirements of Health Services in the Yukon-Kuskokwim Area" describes our needs for additional staff prior to the opening of the new hospital. We are asking to add some new positions which will come with the hospital. Since the present hospital is under staffed, it can easily accommodate the staff asked for in our 1975 program package. An acceptance of the program package will hasten acquisition of services and increase the quality of services.

The Boards of the Yukon-Kuskokwim Health Corporation and the Alaska Native Health Service have requested funds for the following program packages:

- Priority 1: Ambulatory Care Package - \$972,868; 18 new personnel and 14 housing units.
- Priority 2: Field Health Package - \$490,435; 6 new personnel and 4 housing units.
- Priority 3: Dental and Medical Records Package - \$332,019; 5 new personnel and 3 housing units.
- Priority 4: In-Patient Nursing Package - \$402,685; 8 new personnel and 6 housing units.
- Priority 5: Support Services Package - \$122,785; 1 new personnel and 2 housing units.

Total: \$2,320,742; 37 new personnel and 29 housing units.

The additional staff level will be consistent with the staffing level of the new hospital. Appendix C - p. 22 of the attached program plan illustrated the types of staff being added and compares the 1975 level with the estimated 1985 level.

We hope the sub-committee gives the hospital, the housing and a 1975 staff increase support and funding.

BOARD OF DIRECTORS
YUKON-KSUKOKWIM HEALTH CORPORATION
BOX 528
BETHEL, ALASKA 99559

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
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November 26, 1974

Dr. Frederick McGinnis
Commissioner, State of Alaska
Dept. of Health & Social Services
Pouch H
Juneau, AK 99801

892 YKHC

Dear Dr. McGinnis:

We have reviewed the State's comments in regard to our finance study. I have discussed the issues which you brought up with my staff and I concur with their findings (see enclosed letters).

I would like to point out to you that YKHC has been involved in Health Aide Training, Community Development and in general health education for a number of years. Naturally, I will defend and support the different programs in which the Indian Health Service, State of Alaska and YKHC have been working on together. I believe our working relationship can be improved and strengthened by mutually agreeing upon some of these issues, i.e., area of responsibility in designing, implementing and funding of these important and needed programs. Generally speaking, I might add that YKHC's over-all intent is to organize and coordinate these programs with the in-put from various agencies and direct in-put from our native board members. The people of our area need to feel that they have a part in identifying these problems and find a means to correct them.

In the future we want to have the responsibility to run our own health programs. I feel we must begin now in working towards the goal of local management and operation of various health services.

I can be available to further discuss these matters with you at your convenience.

Sincerely,

Alvin S. Ivanoff by M.C.
Alvin S. Ivanoff
Executive Director

ASI/mc

Enclosures

cc: Libby Dietrich, Lester Gorsline Associates

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
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November 25, 1974

Commissioner Frederick McGinnis
Department of Health & Social Services
Pouch H
Juneau, Alaska 99801

Dear Commissioner McGinnis:

We would like to thank the State of Alaska for its participation in our finance study.

Your letter Nov. 1, 1974 leaves us somewhat confused since the data for the most part was prepared by your staff.

I believe that we all recognize the difficulties associated with analysis of the State's accounting system which does not identify cost by geographic areas. Please feel free to offer additional information which you feel represents the cost of Health Services in the Yukon-Kuskokwim area. Any additional information with the appropriate back up will be added.

One of your concerns focused on the concept of the State contracting with non-profit organizations for the delivery of services. We are aware of your legitimate concerns. You will recall that when I visited you and your staff in July of 1973 that you made it clear that the State was not going to contract services on a blanket basis and that many obstacles and requirements would have to be met. You also indicated that the State was however, open to discussing contracting. We believe that your intentions and ours have been reached in regards to the study. The examples which are presented in the study are nothing more than examples. The finance study does not negate your statement. It is a tool for discussion by our board. We will make the board aware of your concerns.

You also mentioned that we may have not covered all of the State's expenditures. If you recall we talked about the subject in July and late in August with Dr. Tower and Fran Fleek. The scope was limited to medical and health expenditures. We jointly reviewed the divisions and elements which were to be investigated. All the elements identified with your staff were investigated with the exception of social services which was less "easy" to define (i.e. figure out what was to be considered as social services). Within this scope of investigation we have worked with your staff to obtain the estimates and in some cases the best guesstimate of expenses which could be allocated to Bethel residents.

You have our commitment not to use this study unfairly. We all recognize that health expenditures change. In fact the I.H.S., Y.K.H.C., and the State have increased their expenditures in 1974. The State in particular has increased the visits of its consultants and technician in the Bethel area. Margaret Crawford for one has spent a lot of time as a consultant to assist in the establishment of the first phase of a comprehensive maternal and child health. Many other persons have helped to further the co-operative effort of delivery of preventive and curative health services.

November 25, 1974

We think the study can be used positively by your department to improve on the services which you provide:

1. The document could be used as a tool to obtain additional funds for expansion of existing state programs. You could use this to lobby with the legislature for increases in your budget for Bethel services.
2. The report could also be used to show the legislature that there is a desire and interest in contracting and decentralizing health services. I am sure many of your staff members are frustrated at being so far removed from the problems and people being served. Contracting would shift a lot of the day to day management away from the central offices to thus free up time for your staff to spend in consulting, evaluation, and assistance at the local level.

I believe that we can all recognize the need to decentralize. We differ however in the choice of method and the time table. An insistence on contracting with local governmental entities is laudable but unrealistic in the near future for certain bush areas. In our area specifically, a regional government is still down the road. Do we or should we withhold the advantages of decentralization until then? We would say no. YKHC could be a vehicle, with the aid of the State, for increasing services and decentralizing some of the State's existing programs and new programs in the bush such as sanitation, MCH and preventive health services. In fact we have had an on-going contract for preventive dental services for several years and just recently completed a contract with the state for a family planning-female health program. We have been satisfied with our contractual relationship to date and would like to expand it.

One method which we have informally been using is to develop new programs through our federal funds. We then refine the program and prove its efficacy then negotiate it's "transfer" to state funding. Such a model would be advantageous to the state. One could actually "see" the project and could be shown that it was operated and managed in accordance with professionally acceptable standards. I believe that such a method would overcome many of your concerns. The maternal and child health & streptococcal surveillance programs are two examples. We have developed the programs and are now seeking "permanent" funding.

We hope in the future that you will not look so unfavorably at contracting and decentralization, especially with Rural Health Corporations.

We have worked with Lester Gorsline Associates in preparing more specific responses to your questions. They will be forwarded to your office shortly.

Commissioner Frederick McGinnis

Page 3

November 25, 1974

In the near future we should meet to discuss the study and our present proposals to contract with your department to finance a streptococcal surveillance program and a maternal and child health project. We have also enclosed a brochure describing our activities. We hope the brochure will bring you up to date on our activities and the problems which we are trying to address.

Cordially,



Dan Rounds
Technical Assistant

DR/c't

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF ALASKA FEDERATION OF NATIVES

**P. O. BOX 528
BETHEL, ALASKA 99559**

**543-2506
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November 22, 1974

Dr. Frederick McGinnis
Commissioner, State of Alaska
Dept. of Health & Social Services
Pouch H
Juneau, Alaska 99801

Dear Dr. McGinnis:

A copy of your letter of November 1, to Ms. Elizabeth Dietrich of Lester Gorsline Associates, and the attached report prepared by the Division of Public Health, was recently passed to me for review and comment.

As Supervisor of Health Aide Education for YKHC, I was principally interested in comments concerning the area of my responsibility. My attention was therefore attracted to the following statement, which occurs on page 2 of the report:

"At present staffing levels, YKHC is not able to provide adequate health-aide training, let alone public health nursing".

I do not wish to make any comment on the final phrase of this statement, since it pertains to the discussion of a matter which is outside the sphere of my work. What I do take exception to, however, is the glib assertion made that training provided by YKHC to health aides is inadequate.

I am sure it is understandable to you that such a comment, appearing without justification in a report not even connected with health-aide education, should be disturbing to me as it is indicative of an assumption that must be current among members of your staff. Both as an individual and as a member of YKHC staff, I challenge the validity of this categorical statement which merits clarification from those persons who made it.

I submit that, on the contrary, YKHC is providing and has provided very adequate health aide training since the inception of the program. It is a matter of record that of those aides currently employed by the corporation:

- 5 aides have received an 8 month course of training
- 23 aides have completed three sessions of basic training each of three weeks duration
- 11 aides have completed two sessions of basic training each of three weeks duration
- 13 have completed one session of basic training of three weeks duration.

Dr. Frederick McGinnis

Page 2

November 22, 1974

Since 1970, when training began, a total of 20 3-week training sessions have been held in Bethel. I consider it worthy of note that 10 of these sessions were held during the period from November 1973 to November 1974, despite "present levels of staffing". Thus, since I have been actively associated with the program, exactly half of the total training sessions have been carried out, in a period of twelve months.

Thus, it would appear, that judged on the basis of frequency, YKHC is maintaining an adequate effort. Constant effort has been made to ensure that the quality of training offered was also of high standard. Our program has been aligned in consultation with other training organizations through the medium of the Planning and Advisory Committee for Health Aide Programs in Alaska, on which, incidentally, the Section of Nursing of the Department of Health and Social Services is represented.

I am very much aware that the YKHC Health Aide Education Program has attracted much adverse comment, much of which I consider to be irresponsible. Seeking to expand and elevate the health aide's role, this department has acted as a change-agent and innovator, in its quest to ensure proper education and eventual recognition of the health aide. For reasons which are not immediately apparent, but which seem to have their origin in institutional rivalries, personal animosities and other subjective areas, this program has received more than its fair share of uninformed criticism. In the absence of any truly objective evaluation of the program, I am very concerned that it should be popularly assumed by members of the Division of Public Health that this corporation and this program in particular are furnishing a sub-standard service. Judged on the basis of health-aide performance, alone, I doubt very seriously whether any other area of the State has a better record than does the Bethel area.

It is an undoubted fact that the training program has, since its inception been plagued by a high turnover of staff. During the past summer, particularly, the situation became critical for a short time. It is indeed difficult to identify and recruit motivated, mature and experienced persons who are suited to working with health aides and who are willing to make a substantial commitment to the program in terms of length of engagement.

This, however, is a problem which is not confined merely to YKHC. In a recent report from the Indian Health Service, it was admitted that "the greatest single problem facing the IHS is that of personnel retention and recruitment and it is a problem which threatens to become critical in the very near future". It is stated in the report that the turnover is 75% every two years, throughout the US Public Health Service in general.

The high rate of attrition among health-aides themselves, further complicates the task of their education in the Bethel region and adds to the sense of frustration which has to be borne as a natural corollary of the job.

Dr. Frederick McGinnis

Page 3

November 22, 1974

The program is at present staffed as follows:

Supervisor, Health Aide Education
2 Consultants M.D. (former Director of the program)
Clinical Director M.D. (Pediatrician)
2 Instructors (seeking registration in Alaska)

In addition, two Yupik-speaking members of the staff are preparing as first-aid instructors while acting as Field Health Coordinators.

The teaching staff is further augmented by the active participation of two members of the University of Alaska Cooperative Extension Service (English, Nutrition), the YKHC/PHS Female Health Practitioner and MCH Coordinator, the YKHC Health Educator (M.S.), the YKHC/PHS psychiatrist and members of the YKHC Mental Health Department, Dental Health Department and Community Liaisons and Health Aide Services Department. Study of the combined curricula vitarum of these resources would indicate that the program has access to a considerable degree of expertise and experience.

No doubt, next year again we shall be faced with the problem of recruiting new staff and adapting to changes in staff in other agencies, with all that is entailed in terms of reorganization, orientation and even compromise. However this may be, I am confident that classes of an adequate quality and of adequate frequency will be provided and that in addition we shall continue to plan and produce advanced educational modules in the form of specialized workshops for health aides who have completed the basic part of their training.

Having in the past successfully directed health aide training in Morocco and Algeria for the League of Red Cross Societies and more recently in Libya for an American Oil Company, I feel that I can personally attest to the fact that training offered in Bethel is in fact adequate.

I have written at length, and I am afraid somewhat tediously and I ask your indulgence. I am proud of the achievement of our program over the last twelve months and feel that it is to the department's credit that it has overcome so many obstacles and has surpassed in many ways the achievement of other years. I feel that I owe it to myself and to those working with me and to the corporation as a whole not to let such comments pass unchallenged. I would hope that any such statement, destined to be read by a number of persons without direct knowledge of the program should be backed up by solid fact and not be based on hearsay.

In conclusion, I would be grateful if you would kindly communicate my concern to these responsible for formulating the report.

Yours sincerely,



John Rich
Supervisor, Health Aide Education

JR/ck



1675 C STREET
ANCHORAGE, ALASKA 99501
PHONE (907) 274-3611



Integrity, Pride in Heritage, Progress

Health Affairs Division

April 16, 1975

Dr. Phillip S. Brachman, M.D.
Director, Bureau of Epidemiology
Center for Disease Control
Atlanta, Georgia

Dear Dr. Brachman:

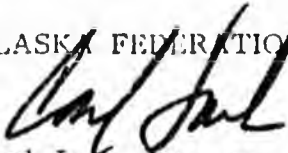
As you are aware, CDC and AFN, Inc. have jointly supported the regionalized pilot project designed to reduce streptococcal disease in remote areas of Alaska. Through efforts of the Alaska Ad Hoc Committee for the Prevention of Rheumatic Fever, all health agencies serving the State have become aware of the need for a statewide program to reduce rates of rheumatic fever and rheumatic heart disease. We strongly agree with the Ad Hoc Committee recommendation that a medical director or administrator be assigned to the program to launch and coordinate the effort. At a meeting with the Committee on April 4, 1975, Dr. David Spence, Chief, Maternal and Child Health Section, Division of Public Health, Alaska Department of Health & Social Services, outlined a program and budget for State participation in streptococcal surveillance. Unfortunately, those components supported by Dr. Spence do not include funds for management. The amount of surveillance data generated will need careful attention and laboratories will be located in diverse remote locations.

If the legislators agree to increase State participation, \$55,290 of CDC funds currently used for the demonstration project will be eventually released. We hope that CDC will not entirely abandon this effort and will continue to provide leadership by making funds available to provide a medical director. At a meeting of the Association of Regional Health Directors in Anchorage on May 7, 1975, you told us of the possibility that year-end monies might be available from CDC for such a purpose. Could you supply the Streptococcal Surveillance Program with either a medical director or the \$27,000 needed to hire such a person?

Since your return to Atlanta, we hope that you have looked further into this possibility.

Sincerely,

ALASKA FEDERATION OF NATIVES, INC.


Carl Jack, Director
Health Affairs Division

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
FAMILY HEALTH SECTION

POUCH H06B 99811
~~BRANCH-JUNEAU~~

April 11, 1975

RECEIVED
APR 14 1975

The Honorable George Hohman
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Branch of Family Health
Juneau, Alaska

Dear Senator Hohman:

Re: Draft Technical Working Plan
for a Statewide Streptococcal/
Rheumatic Fever Control Program
-Expansion of 3/14/75 Plan
-Revised Fiscal Supplement B

This letter is a supplement to and technical expansion of my March 14, 1975 memo. Since that time negotiations have been conducted among agencies Alaska Federation of Natives (AFN), Center for Disease Control (CDC), Alaska Native Health Service (ANHS), and Division of Public Health (DPH) concerned with permanent establishment of a sound statewide plan. This letter synthesizes these negotiations and details the fiscal needs for FY 76.

As a matter of clarification, the CDC Alaska Branch has spear-headed the interest in the problem in Alaska through epidemiologic studies and pilot projects in strep surveillance. This agency however cannot conduct any ongoing control program. At this juncture in time it is necessary for health agencies with in-state responsibilities to select the components of CDC's activity which should be continued.

Very truly yours,



Donald K. Freedman, M.D., M.P.H.
Director of Public Health

DKF:eo

Attachments - Components 1, 2, 3, and 4

Component #1 REGISTRY

- Use mailback cards (similar to the State's immunization program) which give each health care provider a convenient method to track patients needing monthly prophylaxis.
- Perhaps establish the same day each month statewide for injections. For example, the first Monday of each month could be "prophylaxis day". Health Aides, physicians, and PHNs could easily keep track of patients expected on that day.
- The anticipated number of cases would be in the range of 500 Natives and 500 non-Natives.

Component #2 SYMPTOMATIC CULTURES

Ready availability of and complete accessibility to strep cultures for symptomatic individuals throughout the entire State is the key component of this control program. All providers of health care from the newest Community Health Aide to the oldest physician in subspecialty medicine will have to be fully informed about all four components of the program (see Component #4). All primary service laboratories will have to be fully informed, with particular emphasis on Components #2 and #3.

The following assumptions are the basis of planning for FY 76 implementation of Component #2:

(A) Number of cultures:

0.3 strep cultures/person (all ages)/year is the expected number of cultures (0.3)(330,000 pop.est.)=100,000 strep cultures/year by primary service labs.

- (B) Expected positivity rate: 20% by Bacitracin disc method.
As a screening technique for Lancefield Group A, Bacitracin discs are 98% sensitive (a few false neg.) and 90% specific (some false pos.)

(C) Distribution of culture workload among all primary service laboratories:

Number of cultures (in thousands)

	Current Load (estimates) FY 75	Anticipated Capability FY 76
1. Service Unit Hospital Labs		
Anchorage	1.0	1.0
Mt. Edgecumbe	0.2	1.0
Kanakanak	0.5	3.0
Bethel (see below)	0	0
Kotzebue	0.5	3.0
Barrow	0.2	1.0
Tanana	0.5	2.0
Subtotal	2.9	11.0

2. YKHC Strep Lab in Bethel to serve entire Bethel Service Unit symptomatic needs	1.0	10.0	
Subtotal		1.0	10.0
3. Private Clinical Laboratories:			
In existing hospitals			
Military (2)	2.0	6.0	
Nome (1)	0.2	0.5	
Anchorage (2)	4.0	8.0	
Fairbanks (1)	1.0	2.0	
Smaller hospitals (6)	1.2	2.5	
Subtotal		8.4	19.0
Independent laboratory services (outside of hospitals)			
Fairbanks	1.0	4.0	
Anchorage	2.0	8.0	
Subtotal		3.0	12.0
4. State Regional Labs			
Northern	2.0	12.0	
Southcentral	4.0	24.0	
Southeastern	2.0	12.0	
Subtotal		8.0	48.0
GRAND TOTAL		<u>23.3</u>	<u>100.0</u>

(D) Expected workload of reference and typing to be done entirely at the Southcentral Regional Lab: (Thousands of Specimens)

All positives (20% of total) - FA technique for grouping and serologic technique for typing. 20.0

Negatives for quality control (5% sample) FA technique. 4.0

Proficiency testing and continuing education support of the primary laboratories throughout the state will be a joint effort by the Southcentral Regional Lab and by the CDC in Atlanta through their proficiency testing section.

(E) Administrative and epidemiological workload - This workload will have to be shared by all responsible agencies as personnel are available to be assigned.

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The State recognizes the need to continue the strep surveillance work of school children in all twelve villages where the CDC pilot project has been started, in order to ascertain the cost/benefit analysis of this approach to control.

Currently the comparison is to "no organized program". After implementation of components #1, #2 and #4 of this plan the comparison will take three years to collect meaningful data on which programmatic decisions can be made.

- The YKHC Lab in Bethel will continue the surveillance in the 4 remote villages in the Bethel Service Unit plus the City of Bethel, using the State reference lab for serologic typing service.
- The State will assume the surveillance for the other 8 remote villages (80 children/village)(8 villages)(9 months/year)= 4,560 cultures. Half of these would be done in the Northern and half in the South-central Regional Lab.

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This will be a well coordinated effort of all health education agencies (IHS, State, Heart Association). Cooperation of news media will be cultivated.

It is envisioned this will be an intensive, "saturation type" effort in late summer and early fall of 1975, with an ongoing maintenance or "refresher" effort throughout the years. There are many innovative techniques that can be used, e.g. have film distribution companies, which send entertainment films to the villages of Alaska, splice in a leader (supplied by the State) telling about the need for getting a culture done by the Village Aide when a sore throat or skin infection is present.

REVISED FISCAL SUPPLEMENT B
4/9/75

Additional Resources for Division of Public Health Necessary for FY 76 Implementation

(Thousands of dollars)

Component #1

Increased funding for commodities will provide for additional computer time and supplies. 3.0

Component #2

A. Increased supplies of forms and transport kits for the three State Regional Labs functioning as primary service labs. 20.0

Increased supply of penicillin for case treatment 1.0

Additional communication costs for rapid reporting of positive cases, e.g. teletype, telephone 7.5

Increased travel for consultation and training. 5.0

B. Additional resource needed is one additional position, a Microbiologist II, \$16,500 plus benefits 18% (3.0). 19.5

Increased supplies for reference and typing work. 6.0

TOTAL

62.0

4/9/75

STREP-RHEUMATIC FEVER

OBJECTIVES:

To initiate a program of streptococcal control and care of patients with rheumatic disease so the following objectives will be accomplished within five years of full implementation of program:

- A. To reduce the weekly prevalence rate of Group A streptococcal throat infection to below 10% in the Bethel, Kanakanak and Kotzebue Service Units (communities in these service units presently run an average prevalence of 22%).
- B. To prevent or permit prompt control of streptococcal epidemics through continual surveillance of high risk populations.
- C. To reduce the Alaska Native annual rheumatic fever incidence to no more than 10 per 100,000.
- D. To provide timely, continuing and systematic specialized cardiac evaluation and care to persons identified as having had acute rheumatic fever and/or rheumatic heart disease. (This population now consists of 460 individuals distributed throughout the State).

STATEMENT OF THE PROBLEM:

The relationships of acute streptococcal infections to acute rheumatic fever and to the subsequent development of rheumatic heart disease are well known. Streptococcal infections (which may be so mild that they cause no symptoms) are followed in up to three percent of the cases by an attack of acute rheumatic fever. One attack of rheumatic fever may do little or no damage to the heart but the first attack makes the patient more vulnerable to repeated attacks of rheumatic fever. Rheumatic fever may occur as a very severe, very painful, and very dangerous disease or it (like the streptococcal infections) may be so mild that it causes little or no symptoms and is not diagnosed. However, each subsequent attack of rheumatic fever adds further damage to the heart. This damage may progress to the point that the patient is incapacitated. Some patients require cardiac surgery to repair damaged valves. Such surgery is painful, costly, and while it helps many patients a great deal, it seldom allows the patient to achieve a perfectly normal life.

Many years of carefully controlled experiments conducted in other settings have proved conclusively that appropriate and timely penicillin therapy not only cures the streptococcal infection, it also prevents rheumatic fever. Further, there is proof that patients who have had previous attacks of rheumatic fever will have subsequent attacks prevented by appropriate penicillin prophylaxis.

Therefore, both acute rheumatic fever and rheumatic heart disease are properly classified as preventable diseases. In spite of this knowledge there are presently 460 Alaska Natives identified as having had acute rheumatic fever and/or rheumatic heart disease (Alaska Health Information System, Chronic Disease Registry). The life time medical care costs of these patients averages \$60,000 per patient. Therefore, these 460 patients represent an obligation for twenty seven million, six hundred thousand dollars in health care costs.

ACHIEVEMENTS:

Because of the high rates of rheumatic fever, a cooperative study (AFN, IHS, CDC, ADH) was begun in January 1971 to study the epidemiology of streptococcal disease and to develop a control program for this population. Longitudinal surveillance techniques similar to those used in the successful projects in Wyoming and Colorado were modified for use in Alaska. Results of the pilot study conducted for one semester in schools of two villages during 1971 have been published, as have results of the first full year of operation in nine villages, 1971-72. A summary of the first three years of experience in nine and then twelve villages is also available.

At the beginning of each of the past three school years in these villages, the streptococcal prevalence has averaged 26%, 15% and 31%. Each year the prevalence was subsequently reduced to ten percent or below. In addition, the rates in these villages have always been below those found in other villages cultured during the school year comparison. The program also detected numerous epidemics so that special control measures could be undertaken. The ability of such a program to reduce streptococcal prevalence in Alaska has now been demonstrated.

ACTION STEPS:

Secondary Prevention (prevention of recurrences)

- 1) Establish ongoing funding for the rheumatic fever registry. (July 1, 1975).
- 2) Complete the programming required to monitor the recommended system providing monthly penicillin prophylaxis to patients with previous rheumatic fever in order to prevent recurrences. (January 1, 1976).

- 3) Inform health care personnel of the availability, importance and usefulness of the registry and establish surveillance to detect new cases to be added to the registry. (September 1, 1975).
- 4) Initiate screening programs of persons in the highest risk age groups for evidence of undetected rheumatic heart disease, evaluate their clinical status, place them on prophylaxis, then add them to the registry. (September 1, 1975).

Primary Prevention (prevention of first attack)

- 1) Establish ongoing funding for the Yukon-Kuskokwim streptococcal laboratory in Bethel sufficient to allow it to serve the Bethel Service Unit. (July 1, 1975).
- 2) Establish a regional laboratory in Nome sufficient to process cultures for the Norton Sound Area. (September 1, 1976).
- 3) Establish a regional laboratory in Kanakanak sufficient to process cultures from the Bristol Bay Area. (September 1, 1977).
- 4) Complete the modification of the role of the present AFN streptococcal laboratory so that it can provide cultures for patients with sore throats where unavailable in the remaining areas of the State, and to provide reference support for the three regional laboratories. (September 1, 1977).
- 5) Strengthen and document reporting and surveillance procedures. (July 1, 1975).
- 6) Conduct investigation of apparent epidemics so that they may be controlled. (July 1, 1975).

<u>Proposed Budget:</u>	FY 76	FY 77	FY 78
Personal Services	\$ 124,543.00	\$ 150,793.00	\$ 177,043.00
Personal Service Benefits	28,645	34,682	41,948
Travel	8,130	6,830	8,580
Transportation of Things	6,520	3,820	8,120
Rent, Communication and Utilities	13,775	22,775	31,475
Other Contractual Services	4,700	8,300	9,400
Supplies	23,387	46,773	70,160
Equipment	34,325	21,325	21,325
TOTAL	\$ 228,600.00	\$ 291,298.00	\$ 363,981.00

	FY 76	FY 77	FY 78
Personal Service			
<u>Central Staff:</u>			
Project Director	27,270	27,270	27,270
Secretary	10,625	10,625	10,625
Screening Technician	4,748	4,748	4,748
<u>Central Laboratory:</u>			
Technician	16,800	16,800	16,800
Assistant	9,450	9,450	9,450
<u>Yukon-Kuskokwim Laboratory:</u>			
2 Technicians	33,600	33,600	33,600
1 Assistant	12,500	12,500	12,500
2 Clerk-Typists	19,000	19,000	19,000
<u>Horton Sound Laboratory:</u>			
Technician		16,800	16,800
Assistant		9,450	9,450
<u>Bristol Bay Laboratory:</u>			
Technician			16,800
Assistant			9,450
<hr/>			
Total	124,543	150,793	177,043
Personal Service Benefits			
Fringe (13%)	16,191	19,603	24,244
Merit and cost of living (10%)	12,454	15,079	17,704
<hr/>			
Total	28,645	34,682	41,948
Travel			
Central Staff	1,950	1,000	1,950
Health Aide Training	2,100	1,950	2,150
Epidemic Investigations	1,030	1,080	1,030
Heart Murmur Screening	3,000	2,800	3,400
<hr/>			
Total	8,130		8,580
Transportation of Things			
Shipping-household goods	3,500		3,500
Postage	3,020	3,820	4,620
<hr/>			
Total	6,520	3,820	8,120

	FY 76	FY 77	FY 78
Rent, Communications and Utilities			
Rent	6,000	12,000	18,000
Telephone	1,800	2,400	2,700
Utilities	4,800	7,200	9,600
Data Processing Equipment	1,175	1,175	1,175
	<hr/>	<hr/>	<hr/>
	13,775	22,775	31,475
Other Contractual Services			
Consultant		1,250	
Custodian	1,200	1,800	2,400
Photocopy and Printing	2,000	3,000	4,000
Insurance	1,500	2,250	3,000
	<hr/>	<hr/>	<hr/>
	4,700	8,300	9,400
Supplies			
Laboratory	19,530	39,060	58,590
Forms, Stationery, Duplicating	1,617	3,233	4,850
Postage	2,240	4,480	6,720
	<hr/>	<hr/>	<hr/>
	23,387	46,773	70,160
Equipment			
Autoclave	13,000		
Basic Laboratory Equipment		5,625	5,625
Laboratory Furniture		5,800	5,800
Additional Laboratory Equipment	5,300	5,300	5,300
Maintenance and Repair	600	600	600
	<hr/>	<hr/>	<hr/>
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STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
FAMILY HEALTH SECTION

POUCH H06B 99811

~~POUCH - JUNEAU 99811~~

April 11, 1975

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Pouch V
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cc: Representative Phillip Guy

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(Thousands of dollars)

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B. Additional resource needed is one additional position, a Microbiologist II, \$16,500 plus benefits 18% (3.0). 19.5

Increased supplies for reference and typing work. 6.0

TOTAL 62.0

Human Impairment Registry

*BRU Laboratory
18-31-1-05-00*

Contractual

*AED
Joe NATALDO
EPI*



Memo: George

From: Eric

re: YKHC priorities

PRIORITIES:

- 1) Strep program
- 2) MCH (Maternal and Child Health)
- 3) Mental Health

1) Strept program

After meeting with Hohman and YKHC, H & S S decided to revise their original strept request. (this is still a supplemental, but revised upward from a \$42,500 figure-- not included in H & S S budget). The increase would account for current CDC operation in certain villages. YKHC asked that we insure HSS did revise plan. Question as to who should ask for appropriation, you or Gov.

2) MCH

They are asking for a \$85,000. Says he can revise down 1 public health nurse worth about \$19,000 and still have effective program.

~~3)~~ Mental Health

No money from HSS available.

Only way to provide funds this year might be through SB 24 or SB 54.

Asked Rounds to mail us his ~~final~~ ~~known~~ decisions from this trip.

Memø: George

From: Eric

Re: KYUK 3/31

PROBLEM

Rosie called from KYUK, concerned about translators. She says ~~XXXXXX~~ KYUK needs \$100,000 to complete their translator program--\$30,000 to complete whats started, and \$70,000 to reach the coast -villages.

OPTIONS

The telecommunications authority bill would be able to fund the translators, according to Weatherly-- he mentioned ~~is~~ specifically.

If that do@s not look like ~~it~~ it will go, the rationale could be developed that Kuskokwim Community College is developing an intruactional television model that may very weel be utilized by the entire state in creating an educational delivery system. In order to reach the maximum number of people, and really provide a service that would allow education to take place at home, the translators should be installed to reach every possible village in the area. \$100,000 is little compared the cost necessary for people to move out of their village and attend community college-- it is ~~not~~ impossible for most, and expensive.

MEDIA

We should get together and do a news show for KYUK soon...

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 536
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

MEMORANDUM

TO: Below Listed People
FROM: Dan Rounds
SUBJECT: State Role in Rheumatic Heart Disease Prevention

DATE: March 31, 1975

BACKGROUND

The State of Alaska has been approached by the special Ad-Hoc task force for Streptococcal Surveillance and Rheumatic Heart Disease Prevention to take on a more active role in these two areas. The state responded with a proposal to take responsibility for an A.R.F. registry, Symptomatic culturing of all residents of the state, and establishment of a reference lab to serve as backup to all state labs for M/T typing and epidemiological studies. Y.K.H.C. has also approached the state to fund the first phase of a monthly Streptococcal Disease Surveillance Program in the Yukon-Kuskokwim area. Our request is a part of an overall push by Y.K.H.C. to obtain alternative funds for our existing programs to release A.F.N. funds now being used by Y.K.H.C. to other regions.

MEETING WITH STATE MARCH 27-28, 1975

We meet with the State to discuss their proposal (copy enclosed) and our own. The conclusions reached were that the proposal to the legislature would be revised to have the state:

1. Develop and manage a registry for acute rheumatic fever patients.
2. Provide Symptomatic cultures to all residents (i.e. All villages that I.H.S. labs could not handle)
3. Provide a reference lab that would do:
 - a. M/T typing of a sample of symptomatics and monthly surveillance villages.
 - b. Proficiency testing of regional and private labs to determine on a sample basis the number of false readings of both negative and positive bacitracin disc.
 - c. Interpretation of M/T typing and positive cultures To determine if epidemics are occurring in a given population.
 - d. In service training of new and existing lab technicians to maintain high proficiency in grouping of throat cultures.
4. Continue monthly surveillance of 8 of 12 villages which C.D.C. has been surveying to be able to judge the long term effects of the monthly surveillance on a community to reduce or eliminate acute rheumatic fever and rheumatic heart disease.

5. Program management

- a. Accept leadership for the entire statewide program (shared with C.D.C.)
- b. Provide a statewide education program to consumers and providers in regards to strept and rheumatic heart disease as well as explaining the new program
- c. Consultation to labs and special surveillance programs (Kotzebue/ Nome, Bethel and Dillingham areas)
- d. Review statistics on symptomatics and surveillance projects.
- e. Manage the A.R.F. registry to insure all persons receive monthly prophylaxis.

The only question now is how much additional funds will be required for the state to provide an expanded program. Dr. Spence is writing up a draft program that will describe the state's program and a budget showing the total cost of the program and the new monies that would be required by the state. This information will be given to the Ad-Hoc Committee Thursday & Friday to review and approve (April 3 & 4)

If the State's proposal can meet the requirements of the Ad-Hoc Committee all the functions now provided by A.F.N. through its contract with C.D.C. would be taken over by the state. The A.F.N. contract would then be renegotiated and used to fund the symptomatic culturing of the entire Bethel Service Unit and to continue the monthly surveillance in 4 villages and the city of Bethel.

The results would be the partial implementation of the statewide strep-rheumatic fever program package for 1976.

Essentially the state is willing to initiate the statewide activities now. The more intensive monthly surveillance of strept in the Kotzebue, Nome, Bethel, and Dillingham areas would be left up to the Indian Health Services for the immediate future with possible state funding at a later date.

cc: Lillian McGarvey
Joseph J. Notaro
Martha Wilson
David Templin
Peter Nakamura
Medical Epidemiologists, Dr. Barnett
George Holman
Philip Guy
Carl Jack
Dr. Spence, D.H. & ISS
Dr. Freedman, D.H. & ISS
Commissioner Williamson D.H. ISS

DR/ap

File
Comp. Health
Planning

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

2

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 4, 1975

Dr. Bill Larson
Chairperson, Health Planning and Resource
Development Task Force
Anchorage Comprehensive Health Planning
Anchorage, Alaska

Dear Dr. Larson,

The Yukon-Kuskokwim Health Corporation has been designated as a unofficial Health Planning Agency by the state and federal government. Y.K.H.C. along with other Rural-Bush Health Corporations are concerned about the proposed three health service areas your Task Force is proposing.

We are interested in continuing our comprehensive health planning. We find it exceedingly hard being removed from the main stream to obtain meaningful state participation in planning. We wish to impress upon you and your committee our concerns. We want and demand a voice in the Health Service Agencies being developed to cover the Y-K area. We must have the authority for planning primary and secondary health services which impact on the people of South Western Alaska.

The arrangement of the state into ~~three~~ health planning areas effectively dilutes the impact that the bush areas can have on shaping the direction of the health system in Bush Alaska. Our board has discussed the matter at our Board meeting February 25. The attached resolution expresses our position.

~~We can not for example~~ continue to have "State" plans developed via telephone calls once every six months. We anticipate a close working relationship with the Anchorage H.S.A. now being proposed. We also anticipate having an effective voice in the Anchorage H.S.A. and the Statewide Health Planning. We have developed a forum for discussing health needs and solutions but without active participation by the proposed Anchorage H.S.A. and Statewide Health Council neither of our activities will have a favorable impact on the health of the people residing in the Yukon-Kuskokwim Delta's.

Cordially,

Alvin S. Ivanoff
Executive Director

- cc: Project Directors (5)
- ✓ George Hohman
- Phillip Guy
- Martin Moore
- Frank Estes
- Carl Jack

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

Introduced: February 25, 1975

Board of Directors Resolution #75-3

RESOLUTION CONCERNING HEALTH SERVICE AGENCY IN ALASKA.

WHEREAS, the Federal Government passed the National Health Planning and resources development act of 1974, which establishes one or more health service area (s) in Alaska and a Health Service Agency in each area to develop an area health plan; allocate Federal construction funds for health facilities; co-ordinate the implementation of the regional plan and review and approve or disapprove applicants for many Federal funds and,

WHEREAS, the association of Regional Health Directors and a State Task Force have recommended establishing three H.S.A. for Alaska north (Fairbanks); central (Anchorage); and southeast (Juneau); and,

WHEREAS, the Rural Health Corporations under A.F.N. are developing plans to provide comprehensive health services to the residents of bush Alaska; and,

WHEREAS, Y.K.H.C. and Horton Sound have been unofficial comprehensive health planning agencies in the past and newer corporations are already planning for bush health needs; be it,

RESOLVED, that Y.K.H.C. wants to go on record as being the agency responsible for health planning in the Y-K area and as such should have the delegated authority under the Anchorage H.S.A. to provide the federally mandated services in co-operation with the Anchorage H.S.A. staff; and be it further,

RESOLVED, that Y.K.H.C.'s planning activities in regard to the H.S.A. activities should be subsidized by the Anchorage H.S.A.

Adopted in Bethel, Alaska on the 27th day of Feb., 1975.

Signed by: Rae Patton
President

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

Respond
File
YKHC
P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 4, 1975

Mr. Edward Hoffman
AVCP President
Bethel, Alaska 99559

Dear Mr. Hoffman,

Last year Y.K.H.C., A.V.C.P., A.N.H.B., and villages wrote to our Congressional Delegation to obtain money for the new hospital now being planned for Bethel.

Money has been appropriated for the new I.H.S. hospital. We still do not have a guarantee that the new hospital will be built. We need to have congress appropriate \$1.5 million for the completion of the architectural design documents and for the construction and installation of the piles. Without the additional funds we will have another paper plan that will be sitting of the shelves. The \$500,000 appropriated in 1974 is being spent now. By June the funds will be used up. We need the additional funds to maintain the construction schedule. Without the additional funds we will delay construction a year or more.

The attached resolution has been sent to the Congressional Delegation from Alaska. We are requesting your support and would urge you to write our Congressional Delegation for support of this resolution.

Cordially,

Alvin S. Ivanoff
Alvin S. Ivanoff
Executive Director

cc: Bethel City Council, c/o Andy Edge
K.Y.U.K., Jim Croll
Martin Moore
Ray Christiansen, Calista
A.F.N. Health Corporations

- a. Claude Demientieff, Tanana
- b. Don Neilson, Bristol Bay
- c. Dennis Tiepleman, Kotzebue
- d. Caleb Pungowiyi, Norton Sound
- e. Frank Peterson, Kodiak

Carl Jack, A.F.N.
Lillian McGarvey, A.N.H.B.
Village Council Presidents, A.V.C.P. Region
George Hohman
Phillip Guy

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

Introduced: February 25, 1975

Board of Directors Resolution #75-1

RESOLUTION CONCERNING THE REPLACEMENT I.H.S. HOSPITAL IN BETHEL, ALASKA.

WHEREAS, the Indian Health Service and Congress have recognized a need to replace the I.H.S. hospital in Bethel, by appropriating \$600,000 for partial architectural planning for the new hospital; and,

WHEREAS, additional funds for completion of the architectural planning and for the construction, shipping, and installation of the pilings have not been included in I.H.S. Budget for Fiscal Year 1976; and,

WHEREAS, the project schedule for the new hospital requires planning funds and piling funds to be appropriated in April of 1975; and,

WHEREAS, the thermal pilings need to be constructed this spring and summer for shipment this fall and installation during the winter when the ground is frozen.

WHEREAS, the delay in construction funds will increase the cost of the facility by 18% or approximately five million dollars; and,

WHEREAS, the I.H.S. and Y.K.H.C. need assurance that the hospital will be built so we can proceed with the development of housing, a transient patient facility and manpower for the new hospital prior to its opening; therefore be it

RESOLVED, that the Board of Directors of the Yukon-Kuskokwim Health Corporation urge Congress to take the following actions to insure the timely construction of a replacement hospital in Bethel:

1. Appropriate \$1.5 million to the I.H.S. FY-1976 budget for the completion of architectural design documents for the replacement hospital and for the construction, shipping, and installation of the piles for the hospital.
2. Provide the I.H.S. and residents of the Y-K area with a guarantee that Congress does intend to construct a replacement hospital.
3. Pass the proposed legislation which would authorize I.H.S. to lease houses in remote areas as an alternative to federal construction of housing.

Adopted in Bethel, Alaska on the 27th day of February, 1975.

Signed by: Ray Butler
President

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

March 12, 1975

Mr. Martin Moore
Governor's Office
P.O. Box 466
Bethel, Alaska 99559

Dear Martin:

Enclosed are YKHC's proposals to the State of Alaska.

These proposals are greatly needed since YKHC is expecting to cut back programs now funded through AFN. Our AFN funds are developmental funds to be used throughout the State. YKHC now uses 39% of the funds spent for six corporations. We will begin to develop a "phase out" plan with the other health corporations.

The strept proposal is having a rough go of it. The State DH & SS is not supporting it out of their own interest.

We hope these proposals will give you some ideas on the areas needs.

Cordially,

Alvin S. Ivanoff/ck

Alvin S. Ivanoff
Executive Director

Enclosures: MCH & Strept Proposals

ASI/ck

P.S. The Mental Health proposals are not included since copies have already been forwarded to you.

cc: Phillip Guy
George Hohman ✓

STATE OF ALASKA

WILLIAM A. EGAN, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF COMPREHENSIVE PLANNING

POUCH H-JUNEAU 93801

October 1, 1974

Mr. Alvin S. Ivanoff
Executive Director
Yukon-Kuskokwim Health Corp.
Box 528
Bethel, Alaska 99559

Re: Bethel Health Center

Dear Mr. Ivanoff:

Thank you for your letter of September 20, 1974 relative to the Bethel Health Center.

As you know, planning for the new Public Health Hospital is getting under way with meetings between the architects, Public Health and YKHC beginning on October 7, 1974. The program for this new facility details the integration of all Bethel Primary Health Providers under one roof. Space will be provided for field health activities which includes the State itinerant care programs for outlying villages and preventative care to the Bethel District natives.

However, an interim health facility is needed to house the Bethel Health Clinic and its programs for the local population. The itinerant program staff will continue to be housed in a rental facility until space becomes available in the new hospital.

The State of Alaska desires to place the Bethel Health Clinic in the most convenient location in Bethel that will provide good access for all patrons of the clinic and its staff. The funds available for this facility make it imperative that it be located on state land, a donated site, or on Federal land occupied under a long term lease permit. Three sites have been proposed:

1. Immediately adjacent to the existing hospital occupied under a use permit from the Federal government. However, the hospital could not accommodate this additional load on their sewer system. Also the future use and maintenance of the old hospital has not been established.

2. The clinic could be located in Bethel Heights on state land adjacent to adequate utilities. However, objections were raised by the staff that it was too remote from the hospital area and much of the town of Bethel.

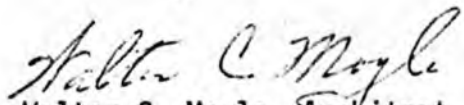
3. The current choice of site is located near the existing hospital immediately west of the highway. This places the clinic on Federal land but adjacent to both the existing hospital and the new hospital site. This area will be served by the new sewer line which is currently under construction by the City of Bethel under a grant of \$195,000 of Federal funds. The new sewer line will connect the hospital with the existing sewer system in Bethel Heights.

Mr. Ivanoff
Page 2
10-1-74

It is hoped that the exact site can be pinpointed by Federal authorities after the conference and preliminary site investigations during the week of October 7, 1974. We can then secure approvals of all parties concerned and proceed with the design and construction of the Bethel Health Clinic.

Please feel free to contact me if I can be of service in any way.

Sincerely,


Walter C. Moyle, Architect
Health Facilities Development

WCM:11b

cc: Jerry Madden
Dr. Freedman
Commissioner McGinnis
Sen. George Hohman ✓
Rep. Phillip Guy
Dr. Elizabeth Towers
Ms. Jeanette Pitcherella
Mr. Loren Cameron
Ray Estess
Ray Hamman

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

September 20, 1974

Dr. Donald Freedman
Division of Public Health
State of Alaska
Department of Health
Pouch H
Juneau, Alaska 99801

Dear Dr. Freedman:

For the past few years we have been engaged in a co-operative process of determining the needs of the Yukon-Kuskokwim area for integrated health facilities in Bethel.

In March of 1972 the \$320,000.00 bond passed for a State Health Facility in Bethel was held pending the completion of the integrated Health Facility. The intention being combining the State funds with the Indian Health Service to build the first phase of a Comprehensive Health Facility. All parties involved are still committed to the goal of the integrated facility.

Since 1972 two important events have occurred:

1. Planning activities indicate that because of river erosion the proposed facility could not be built in phases. As a result the \$320,000.00 would have to be held until funding was available for a total complex.
2. O.E.O. funds which were to be matched with the State were compounded. Our present contract with H.E.W. expressly prohibits use of our funds for construction projects.

The effects of these two events have been a delay in building the integrated facility. The buying power of the \$320,000.00 has been reduced due to inflation. Your office brought this fact to our attention in June of 1973. At our August meeting the Board agreed to have the \$320,000.00 released to build an interim Health Facility for the State.

The conditions were:

- " The Board of Directors has also approved the spending of the \$320,000.00 State bond on an Interim Health Facility which will house the Itinerate Public Health Nurses and the Bethel Public Health Clinic. The approval was granted with the understanding that the Interim Facility was to be located next to the


hospital on a site that would be reviewed and approved by both Yukon-Kuskokwim Health Corporation and the Native Health Board of Directors; that the Interim Facility be converted to another use upon completion of the New Health Facility and that the construction of the New Facility (State Facility) does not hamper the eventual integration of the three Primary Health Providers in one common facility with shared support services."

The Board's understanding was transmitted through the State's Representative on our board, Dr. Tower, and through our report to at the State Comprehensive Health Planning meeting of October, 1973.

Since that time we have had informal meetings but no definite plan for the facility and no policy on the future integration of the State Activities into the Proposed Health and Hospital Facility in Bethel.

We are meeting with the Architects who are designing the new hospital on October 7, 1974. We would like you to notify us of the State's position and present a plan to our board that discusses how you will meet the conditional requirements set forth in the above quote. As the State's Comprehensive Health Planning body in this region the board needs to be kept informed and must approve the State's plan before work begins.

Cordially,


Alvin S. Ivanoff
Executive Director

ASI/aj

- cc: Commissioner Fredrick McGinnis
- Sen. George Hohman
- Rep. Phillip Guy
- Dr. Elizabeth Towers
- Mrs. Jeanette Pitcherella
- Mr. Loren Cameron
- Mr. Walter Hoyle

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF ALASKA FEDERATION OF NATIVES

P. O. BOX 526 528

BETHEL, ALASKA 99559

543-2506

543-2508

October 21, 1974

Dwight Lefner
R.C.A. Manager
Bethel, Alaska 99559

Dear Dwight,

The Yukon-Kuskokwim Health Corporation is evaluating the Emergency Medical System in the A.V.C.P. region.

So far the number one problem seems to be good communications between the villages and Bethel.

We would like some information concerning R.C.A.'s present operations.

1. What kind of phone service is available to the villages?
2. Can the system allow other telephones in a village?
3. How much would another phone in a village run if it was only used for health and was a private line just to the hospital?
4. How are the present phones financed by a village?
5. Is the system capable of having conference calls among a group of villages?

Could you also give us a picture of when R.C.A. expects to have a phone in each village.

Thanks for your efforts.

Cordially,

Dan Rounds
Technical
Assistant

DR/aj

Handwritten notes:
~~G. T. ...~~
R.C.A. - 1/30/1974
PROGRESSIVE

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

April 29, 1974

Don Letterman
Region X, D.H.E.W.
1321 Second Avenue
Seattle, Washington 98101

Dear Mr. Letterman,

The Yukon-Kuskokwim Health Corporation has been working with the Alaska Federation of Natives Health Affairs Staff in regards to the Emergency Medical Service applications.

Alaska Federation of Natives is submitting a proposal to you. The attached letter indicates our support of the request. Alaska Federation of Natives Health Affairs should be considered as our spokesmen and representative in regards to Emergency Medical Service activities.

Please give the Alaska Federation of Natives request attention and priority. Voice communications is the number one weak link in Emergency Medical Service systems in rural Alaska.

Cordially,


Alvin S. Ivanoff
Executive Director

ASI:aj

Enclosure

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

April 29, 1974

Mr. Carl Jack, Director
A.F.N. Health Affairs
1675 "C" Street
Anchorage, Alaska 99501

Mr. Jack:

The Yukon-Kuskokwim Health Corporation wishes to go on record supporting the efforts of the A.F.N. Health rights program to acquire funds to develop medical and emergency communications system to the rural villages in Alaska. In the Yukon-Kuskokwim area with its fifty or more villages spread over 75,000 square miles the voice communications between villages and the hospital located in Bethel is the critical link in our E.M.S. system.

The Yukon-Kuskokwim area has at least one health aide per village. By the end of 1975 all villages will have had at least one aide complete the health aide training course. It is also expected that all villages can within the next year or so have a P. H. S. approved clinic. The present and only hospital in the area operated by the Indian Health Service scheduled to be replaced thus assuring an adequate referral center in Bethel. Emergency transportation from villages is done via air plane. To date the I.H.S. has supported financially evacuation of emergency cases. The hospital refers any persons with critical problems requiring intensive surgery to its Anchorage facility.

All in all our E.M.S. system is fairly sound. The major weak link is in the voice communications from the villages to Bethel. Adverse weather often prohibits clear transmission and receiving. Many villages also do not have single side band radio's in their clinics. I.H.S. has obtained funds for improving voice communications. They have approximately \$240,000 set aside. Unfortunately, the money can only buy satellite receivers/transmitters for an estimated 16 out of our 50 to 55 villages.

Our activities next year will focus on a joint evaluation of the existing E.M.S. activities in the Yukon-Kuskokwim area. This need will be accomplished through our own resources, with other agencies, and with the back up of an E.M.S. specialist from A.F.N. and/or the State of Alaska.

The acquisition of static free voice communications will overcome the major barrier to an adequate E.M.S. system in the Yukon-Kuskowkim area of Alaska.

The attached pages give a brief description of the area and description of the programs and services.

Cordially,


Alvin S. Ivanoff
Executive Director

cc: Edward Hoffman, A.V.C.P.

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 536
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

MEMORANDUM

TO: Village People, Council Members, etc.
FROM:
SUBJECT: EMS System

DATE:

Questions concerning accidents and emergencies which take place in the villages:

1. Are accidents and emergencies a problem in your village? If yes what kinds of emergencies does your village have?
2. When a person does have an emergency problem have they been taken care of o.k.?
3. What problems do you have when you try to get help from Bethel?
4. What types of emergencies problems could people avoid themselves.
5. Are there some accidents which you would want to know more about how to avoid them? If yes, what do you want to have more knowledge about?

VILLAGE: _____

NAME: _____

RESULTS OF
EMERGENCY
QUESTIONS.

	1. Accident Problems	2. Taken care off O.k	3. Problems when try to Reach BETHEL	4. Avoidable Problems.	5. Education About EMERGENCIES
VILLAGE					
HAUTHBALK	Occasionally	Some times problem.	None		Gun safety
KALSKAG	-Sprained ankles. -Broken legs and arms.	Yes	Radio no contact	-Stay away from alcohol. -Burns -Gun safety -Moving machines.	-Elect appliance.
MT. VILLAGE	No	Yes if plane comes quick.	-Poor radio comm. -Bad weather		-Boating -Prevention film
	Not too often	Yes except for 3	-Need radio in clinic instead of in school 1/4 mile away	Not understood	Not understood
ST. MARY'S (3 PEOPLE)	- CUTS - BROKEN BONES	YES BY HEALTH AID	- POOR COMM - RADIO/PHONE TOO FAR FROM CLINIC - PHS HOSP NOT MONITORED WELL - RADIO NOT WORKING	Avoid drink adventures while riding	- NONE AT PRESENT - MOST AVOIDABLE ARE AVOIDED -How to help people with breathing problems.
GRAYLING	-Broken arms. -CUTS -Miscarriage	Yes	Radio contact	-Drowning -Drinking problems.	

YUPIKTAK BISTA, INC. MANPOWER TRAINING PROGRAM

PROGRAM NAME	LOCATION OF TRAINING	APPROXIMATE DATE OF TRAINING	EXPLANATION
Pumphouse Maintenance	Bethel Pump Station	Begin January	Training in the maintenance & repair of a pumphouse system. Especially valuable training for Villages with PHS water systems.
Village Corporation Management	Bethel & selected Villages, KCC	Begin January	Training in how to manage a Village Corporation. Organization staffing, financing, etc. Valuable training for all Village Corporations.
Village Corporation Clerical/Bookkeeping	Bethel & selected Villages, KCC	Begin January	Training for Village residents who need clerical & bookkeeping skills for Native Corporations & Municipal Government tasks. Typing, filing, letter writing, record keeping, etc..
Surveying	Bethel/KCC	Begin January	A two semester program in land surveying instrument training. Many job opportunities resulting from land selection under Alaska Native Claims Settlement Act.
Radio/Television Ombudsman	Bethel, KCC, KYUK	Begin January	Training at KYUK Bethel in general radio/TV broadcasting techniques, Program Management, camera operation, announcing, station maintenance, etc..
Maintenance Technician	Bethel, KCC	Begin January	General training in a variety of maintenance skills including building repair, basic carpentry, small engine repair, Heating Plants, welding, basic electricity, refrigerator & sanitation systems.
Licensed Practical Nursing	Bethel, KCC	Begin February	One year professional training in nursing. Completion of program will lead to certification by State Board of Nursing as a Licensed Practical Nurse.
Land Resource Management	Bethel, KCC	Begin January	Degree program in land management and natural resource planning. Impact of the Alaska Native Claims Settlement Act on land resource management in AVCP/Calista Region.
Teacher Aides, St. Mary's School District	Bethel, KCC, St. Mary's	Begin January	In-service training for teacher aides and their supervisor teachers. Training can lead to an Associate Degree in Education.
Clerk Typist	Bethel, KCC	Begin January	Certificate program offered by Kuskokwim Community College for people seeking employment in clerical areas. Typing, bookkeeping, office machines, etc..
Clerk-Steno	Bethel, KCC	Begin January	Certificate program offered by KCC for people seeking employment in the secretarial areas. Typing, shorthand, filing, etc.
Bookkeeping	Bethel, KCC	Begin January	Certificate program offered by KCC for people seeking employment as Bookkeepers. Typing, bookkeeping, taxes, Accounting, etc..
Business and Management	Bethel, KCC	Begin January	Degree program offered by KCC as an introduction to small and middle scale business operation. Management, finance, accounting, and personal administration.



NUNAT ANAYUGAARUARIT WANI
 OUYURTELLERKAAT

November-aami ernerni ukuuni, 12, 13, 14-aamillu

Mamterillorni

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS, INCORPORATED

CONVENTION

November 12, 13, 14, 1974
Bethel, Alaska

AGENDA

November 12, 1974

- | | |
|---|--|
| I. Invocation ----- | Reverend J. Nelson |
| Roll Call ----- | Secretary |
| Reading of Minutes ----- | Secretary |
| Approval of Minutes | |
| Approval of Agenda | |
| Introduction of Guests ----- | Edward Hoffman, Sr.
AV CP President |
| II. Yupiktak Bista, Inc., Report ----- | Harold D. Napoleon
Executive Director |
| a) BIA Contract Proposal ----- | S. Bobo Dean
Office of General Counsel |
| b) Educational Options ----- | Nat Cole, Assistant
Commissioner, Department of
Education |
| | Jack Chenowith, Community &
Regional Affairs, Division
of Local Government Assist. |
| | Rich Gutherie, Analyst
Legislative Finance Comm-
ittee |
| | Emal Kowalczyk, BIA
Assistant Area Director |
| c) BIA Educational Objectives ----- | Peter Three Stars
Bethel Agency Superintendent |
| d) Yupik Language Center ----- | Paschal Afcan, Director |
| e) Dormitory - Boarding Home Programs ----- | Sig Knudsen, Dorm Director |
| | Francine Gillins,
Boarding Home Coordinator |
| f) Manpower Training Program ----- | Frederick J. Ali
Manpower Coordinator |

November 13, 1974

- I. Call to Order ----- Edward Hoffman, Sr.
President, AVCP
- II. Creation of AVCP Housing Authority
Ratification of Commissioners
George Morgan - Kallukag
George Sipary - St. Mary's
Daniel Stevens, Sr. - Andreafski
Edward Hoffman, Sr. - Bethel
Rueben Hill - Hooper Bay ----- Harold Napoleon
Executive Director
AVCP Housing Authority
- III. Yupiktak Bista, Inc./YKHC Merger ----- Edward Hoffman, Sr.
President, AVCP
- IV: AVCP/Bureau of Sport Fisheries & Wildlife/Calista
Management Agreement ----- Edward Hoffman, Sr.
President, AVCP
- Richard Hensil
Native Liason Coordinator
Bureau of Sport Fisheries
& Wildlife
- Cal Linsinck
Refuge Manager
Clarence Rhodes National
Wildlife Refuge
- Calista Representative
- A) Election of Board for Agreement
- V: Lunch
- VI: Land Selection Status ----- Lou Lively
Land Department
Calista Corporation
- Nelson Angapak
Land Department
Calista Corporation
- VII: Department of Community & Regional Affairs
Division of Rural Development Assistance ----- Jim Sanders
Field Coordinator, RDA
- V.II: National Guard Training on Village Claims ----- Lt. Colonel Shantz
Alaska National Guard

November 14, 1974

- I. Call to Order ----- Edward Hoffman, Sr.
President, AVCP
- II: Commercial Fishing
Limited Entry Report ----- Harry Carter
Fisheries Entry Commission
- III: Fish and Game, D-2 Bill ----- Harold Sparcks
David Friday
Liz Newton
Nunam Kitlutsisti
- IV: Pre-Maternal Home ----- Mary Ellen Croll
Director
- V: Lunch
- VI: Land Allotment Status ----- Joe Labay

Bill Mattice
Bureau of Indian Affairs
- VII: Air Transportation in Rural Alaska ----- Civil Aeronautics Board

Alaska Transportation
Commission
- VIII: Village Reports
- XI: Resolutions
- X: Adjournment

IV. MISSION AND GOALS

A. MISSION

People have decided to work together in the area of health for a specific reason. They feel that their work will help reduce the discomfort of illness and disabling conditions and reduce the sorrow of premature death. They all share a common cause of wanting to help an individual to create for himself a life that is full of hope and relatively free of disability. They also work to enhance a person's ability to meet his own needs and, with the help of his friends, to be independent.

It is proposed that organizations should also have a similar common cause or mission. It is recommended by the consultants that all health organizations such as Y.K.H.C. and P.H.S. recognize their common base as being:

"Assurance of the highest health and well-being status which will help an individual to live comfortably in his environment, and to change his environment to meet his needs."

Once all organizations have accepted or recognized their common mission each organization's activities must be viewed in terms of its ability to contribute to the well-being of an individual. This mission will not change in the future. The means, goals, or directions which organizations take to accomplish this mission will, however, change as the environment changes and as the organization accomplishes some of its specific goals.

Such a broad mission implies many things. For one it implies that "good health" is a composite of many activities and actions and as such the goals should reflect the broad activities or areas of interest which most significantly contribute to one's well-being. The mission also implies that success will be measured by the degree of cooperation which can be built between interested parties.

B. GOALS

If we agree that the common mission of community service organizations is to create the highest level of well-being, the question is: "What direction does the community work towards to change its level of well-being or health?" These directions are actions that when taken will change a person's habits or his environment for the better. Community service organizations can choose from a variety of directions. These directions should, however, begin to deal with the issues and problems which we have identified and effect measurable changes in the well-being of the community.

From our findings it is apparent that there are three major goals which together have the best chance of increasing the health and well-being of the residents of the Yukon-Kuskokwim area. They are:

Community Development

To foster community economic and social developments. Specific activities which may accomplish this are:

- arts and crafts
- community organization
- housing projects
- small business development
- sanitation and water
- fishing co-operative
- co-operative food stores

Human Resource Development

To develop an appropriate education and learning system to meet the unique requirements of native and non-native persons living in the Yukon-Kuskokwim area. Specific activities which may accomplish this are:

- community college

- in-service training programs
- revised elementary/secondary school program

Health Resource System

Make accessible to the residents of the Yukon-Kuskokwim area a locally responsive comprehensive health resource system which offers a full range of services in the areas of:

- Primary Prevention

Interventions aimed at avoiding or postponing the appearance of disability in the population (i.e., activities such as diet, environmental health, immunization, etc.)

- Secondary Prevention and Treatment

Early detection and treatment of mild disability before the illness cycle reaches critical stages (i.e., problems of colds, flu, dental care, early stages of otitis media, etc.)

- Tertiary Prevention and Treatment

Treatment of acute disabilities and rehabilitation to prevent prolongation of an illness and to restore a person to his accustomed level of functioning (i.e., vascular surgery, in-patient care in Bethel and at Anchorage, major surgery, etc.)

YUKON-KUSKOKWIM HEALTH CORPORATION

AFFILIATE OF THE ALASKA FEDERATION OF NATIVES

P. O. Box 526 528
Bethel, Alaska 99559
(907) 543-2506
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August 30, 1974

Robert Woodward
E.M.S. Co-ordinator
Division of Public Health
State Dept. of Health & Welfare
Mackay Building
Anchorage, Alaska 99501

Dear Mr. Woodward:

Yukon-Kuskokwim Health Corporation will not be able to attend the meeting on September 5, 1974 to discuss Emergency Medical Service needs in rural Alaska.

The people in the Bethel area are very concerned about the high accident rate and the problems of obtaining Emergency Medical Services beyond the services provided by the villages health aides.

Our letter to Carl Jack on April 29, 1974 still states our position on Emergency Medical Service needs in the Bethel Service Unit (attached).

Since April we have learned more about our Emergency Medical Service system.

The negative findings have been:

1. Lack of equipment for village clinics for certain emergency problems such as shock and heart problems.
2. Need to intensify our emergency training for the health aides.
3. A disfunctional ambulance and communications in the city of Bethel.
4. Lack of training for ambulance personnel at the Public Health Service hospital.

The positive findings are:

1. The increased awareness of Bethel area people to the problem of accidents.
2. Desire and participation of the local radio station in the area of accident prevention and awareness.
3. Expansion of Yukon-Kuskokwim Health Corporation's Health Education Program to focus on accidents.
4. Discovery of a 24 hour "all weather" helicopter stationed in Bethel year around by the national guard.

Our intentions are to continue to evaluate and refine our Emergency Medical system and to seek funds to rectify deficiencies in our system.

We look forward to developing a joint statewide emergency medical system.

Cordially,

Dan Rounds /aj

Dan Rounds
Technical
Assistant

DR/aj

cc: Alvin S. Ivanoff
Carl Jack
Joe Notaro
Frank Estes



ALASKA FEDERATION OF NATIVES, INC.

1675 C STREET
ANCHORAGE, ALASKA 99501
PHONE (907) 274-3611



Integrity, Pride in Heritage, Progress

Health Affairs Division

February 10, 1975

Bob Frazier, M. D.
Section of Center for Disease Control
State of Alaska
Juneau, Alaska 99801

RECEIVED
FEB 13 1975
Branch of Family Health
Juneau, Alaska

Dear Dr. Frazier:

The relationship of acute streptococcal infection to rheumatic fever and to the subsequent development of rheumatic heart disease is well known. There are high rates of rheumatic fever among Alaska Natives.

Since January 1971, the Health Affairs Division of AFN, Inc. has participated along with federal agencies in a project designed to study the epidemiology of streptococcal disease and to develop a control program. Presently, this study has been limited to certain villages in the western coast of Alaska.

The results of this study has led to the formation of the Alaska Ad Hoc Committee on the prevention of rheumatic fever and to the conclusion that an expanded statewide program should be seriously considered.

Therefore, the Alaska Department of Health and Social Services is cordially invited to meet with: the Alaska Federation of Natives, Inc.; Association of Regional Health Directors; Indian Health Service and the Center for Disease Control on this very subject. The meeting has been scheduled for March 3, 1975 at 1:30 p. m. in the AFN, Inc. Conference Room.

The purpose of the meeting will be to: 1 - Briefly review the findings of the present project; 2 - Stimulate increased collaboration among the Alaska Department of Health and Social Services and those presently involved; 3 - Review comments and suggestions for a state-wide prevention program.

I'll be looking forward to seeing you and thank you for your cooperation.

Sincerely,

Carl Jack, Director
Health Affairs Division

DETAILED BUDGET BREAKDOWN



	FY 76	FY 77	FY 78
Personal Service			
<u>Central Staff:</u>			
Project Director	27,270	27,270	27,270
Secretary	10,625	10,625	10,625
Screening Technician	4,748	4,748	4,748
<u>Central Laboratory:</u>			
Technician	16,800	16,800	16,800
Assistant	9,450	9,450	9,450
<u>Yukon-Kuskokwim Laboratory:</u>			
2 Technicians	33,600	33,600	33,600
1 Assistant	12,500	12,500	12,500
2 Clerk-Typists	19,000	19,000	19,000
<u>Norton Sound Laboratory:</u>			
Technician		16,800	16,800
Assistant		9,450	9,450
<u>Bristol Bay Laboratory:</u>			
Technician			16,800
Assistant			9,450
<hr/>			
Total	124,543	150,793	177,043
Personal Service Benefits			
Fringe (13%)	16,191	19,603	24,244
Merit and cost of living (10%)	12,454	15,079	17,704
<hr/>			
Total	28,645	34,682	41,948
Travel			
Central Staff	1,950	1,000	1,950
Health Aide Training	2,100	1,950	2,150
Epidemic Investigations	1,080	1,080	1,080
Heart Murmur Screening	3,000	2,800	3,400
<hr/>			
Total	8,130		8,580
Transportation of Things			
Shipping-household goods	3,500		3,500
Postage	3,020	3,820	4,620
<hr/>			
Total	6,520	3,820	8,120

	FY 76	FY 77	FY 78
Rent, Communications and Utilities			
Rent	6,000	12,000	18,000
Telephone	1,800	2,400	2,700
Utilities	4,800	7,200	9,600
Data Processing Equipment	1,175	1,175	1,175
	<hr/>	<hr/>	<hr/>
	13,775	22,775	31,475
Other Contractual Services			
Consultant		1,250	
Custodian	1,200	1,800	2,400
Photocopy and Printing	2,000	3,000	4,000
Insurance	1,500	2,250	3,000
	<hr/>	<hr/>	<hr/>
	4,700	8,300	9,400
Supplies			
Laboratory	3,679,530	39,060	58,590
Forms, Stationery, Duplicating	1,617	3,233	4,850
Postage	2,240	4,480	6,720
	<hr/>	<hr/>	<hr/>
	23,387	46,773	70,160
Equipment			
Autoclave	13,000		
Basic Laboratory Equipment		5,625	5,625
Laboratory Furniture		5,800	5,800
Additional Laboratory Equipment	5,300	5,300	5,300
Maintenance and Repair	600	600	600
	<hr/>	<hr/>	<hr/>
	28,900	17,325	17,325
GRAND TOTAL	\$ 228,600.00	\$ 291,298.00	\$ 363,981.00

*silica gel swab
allowed to dry together
into brain heart infusion
then put into agar tube
then pour into plate followed*

*Teach
person
with other
support
helping
helping*

*Source
AFH general funds*

50,000 50,000 50,000

STREP-RHEUMATIC FEVER

OBJECTIVES:

To initiate a program of streptococcal control and care of patients with rheumatic disease so the following objectives will be accomplished within five years of full implementation of program:

- A. To reduce the weekly prevalence rate of Group A streptococcal throat infection to below 10% in the Bethel, Kanakanak and Kotzebue Service Units (communities in these service units presently run an average prevalence of 22%). *- is this a year round average - or when would it be derived?*
- B. To prevent or permit prompt control of streptococcal epidemics through continual surveillance of high risk populations.
- C. To reduce the Alaska Native annual rheumatic fever incidence to no more than 10 per 100,000.
- D. To provide timely, continuing and systematic specialized cardiac evaluation and care to persons identified as having had acute rheumatic fever and/or rheumatic heart disease. (This population now consists of 460 individuals distributed throughout the State).

STATEMENT OF THE PROBLEM:

The relationships of acute streptococcal infections to acute rheumatic fever and to the subsequent development of rheumatic heart disease are well known. Streptococcal infections (which may be so mild that they cause no symptoms) are followed in up to three percent of the cases by an attack of acute rheumatic fever. One attack of rheumatic fever may do little or no damage to the heart but the first attack makes the patient more vulnerable to repeated attacks of rheumatic fever. Rheumatic fever may occur as a very severe, very painful, and very dangerous disease or it (like the streptococcal infections) may be so mild that it causes little or no symptoms and is not diagnosed. However, each subsequent attack of rheumatic fever adds further damage to the heart. This damage may progress to the point that the patient is incapacitated. Some patients require cardiac surgery to repair damaged valves. Such surgery is painful, costly, and while it helps many patients a great deal, it seldom allows the patient to achieve a perfectly normal life.

Many years of carefully controlled experiments conducted in other settings have proved conclusively that appropriate and timely penicillin therapy not only cures the streptococcal infection, it also prevents rheumatic fever. Further, there is proof that patients who have had previous attacks of rheumatic fever will have subsequent attacks prevented by appropriate penicillin prophylaxis.

Therefore, both acute rheumatic fever and rheumatic heart disease are properly classified as preventable diseases. In spite of this knowledge there are presently 460 Alaska Natives identified as having had acute rheumatic fever and/or rheumatic heart disease (Alaska Health Information System, Chronic Disease Registry). The life time medical care costs of these patients averages \$60,000 per patient. Therefore, these 460 patients represent an obligation for twenty seven million, six hundred thousand dollars in health care costs.

ACHIEVEMENTS:

Because of the high rates of rheumatic fever, a cooperative study (AFN, IHS, CDC, ADH) was begun in January 1971 to study the epidemiology of streptococcal disease and to develop a control program for this population. Longitudinal surveillance techniques similar to those used in the successful projects in Wyoming and Colorado were modified for use in Alaska. Results of the pilot study conducted for one semester in schools of two villages during 1971 have been published, as have results of the first full year of operation in nine villages, 1971-72. A summary of the first three years of experience in nine and then twelve villages is also available.

At the beginning of each of the past three school years in these villages, the streptococcal prevalence has averaged 26%, 15% and 31%. Each year the prevalence was subsequently reduced to ten percent or below. In addition, the rates in these villages have always been below those found in other villages cultured during the school year comparison. The program also detected numerous epidemics so that special control measures could be undertaken. The ability of such a program to reduce streptococcal prevalence in Alaska has now been demonstrated.

ACTION STEPS:

Secondary Prevention (prevention of recurrences)

- 1) Establish ongoing funding for the rheumatic fever registry. (July 1, 1975).
- 2) Complete the programming required to monitor the recommended system providing monthly penicillin prophylaxis to patients with previous rheumatic fever in order to prevent recurrences. (January 1, 1976).

- 3) Inform health care personnel of the availability, importance and usefulness of the registry and establish surveillance to detect new cases to be added to the registry. (September 1, 1975).
- 4) Initiate screening programs of persons in the highest risk age groups for evidence of undetected rheumatic heart disease, evaluate their clinical status, place them on prophylaxis, then add them to the registry. (September 1, 1975).

Primary Prevention (prevention of first attack)

- 1) Establish ongoing funding for the Yukon-Kuskokwim streptococcal laboratory in Bethel sufficient to allow it to serve the Bethel Service Unit. (July 1, 1975).
- 2) Establish a regional laboratory in Nome sufficient to process cultures for the Norton Sound Area. (September 1, 1976).
- 3) Establish a regional laboratory in Kanakanak sufficient to process cultures from the Bristol Bay Area. (September 1, 1977).
- 4) Complete the modification of the role of the present AFN streptococcal laboratory so that it can provide cultures for patients with sore throats where unavailable in the remaining areas of the State, and to provide reference support for the three regional laboratories. (September 1, 1977).
- 5) Strengthen and document reporting and surveillance procedures. (July 1, 1975).
- 6) Conduct investigation of apparent epidemics so that they may be controlled. (July 1, 1975).

<u>Proposed Budget:</u>	FY 76	FY 77	FY 78
Personal Services	\$ 124,543.00	\$ 150,793.00	\$ 177,043.00
Personal Service Benefits	28,645	34,682	41,948
Travel	8,130	6,830	8,580
Transportation of Things	6,520	3,820	8,120
Rent, Communication and Utilities	13,775	22,775	31,475
Other Contractual Services	4,700	8,300	9,400
Supplies	23,387	46,773	70,160
Equipment	34,325	21,325	21,325
TOTAL	\$ 228,600.00	\$ 291,298.00	\$ 363,981.00

STATE
of ALASKA

MEMORANDUM

5-32 +
8.90 (link file)
8.0TO: SEE ATTACHED LIST

DATE : April 28, 1975

FROM: *FSW* Francis S.L. Williamson, Commissioner
Department of Health and Social Services

SUBJECT: Regional Reorganization

Your letter has been read with considerable interest.

The points you articulated in your letter, such as getting regional offices closer to the districts, more effective utilization of rural staff, and more realistic spans of control are certainly compatible with and will be pursued by my staff throughout my tenure in office. It is my understanding that similar proposals have been submitted in past years. Perhaps now with the collective wisdom of professionals in the field, the opportunity is now here to provide a more flexible rural social service delivery system.

I assure you that every effort will be made to promote Native Alaskans into managerial and policy-making positions. It is my firm belief that persons reared in a specific culture are better understood and served by others from the same cultural background. I also understand that the offices presently staffed by Alaskan Natives are functioning well and that residents of those areas are pleased with the services they are receiving.

Another option which is being studied is the expansion of purchase of services. Under this type of arrangement we could contract with the various Native Regional Corporations for providing social services to residents of their respective areas. I have already met in Juneau with members of the AFN and Native Regional Health Corporations. A meeting has been set in early July to further identify what the corporations can do in conjunction with the state to meet health service delivery in rural Alaska.

There are a number of options open to us at this point and, as you may know, the consulting firm of Touche Ross is currently conducting a comprehensive study of the Division of Family and Children Services, designed to reduce central office management obstacles and provide for increased efficiency in assistance payments operations.

We will certainly want to consider their recommendations carefully before proceeding with any major reorganization of the division, both in central office and throughout the State. I have, however, taken the liberty of sharing your

April 28, 1975

suggestions and have discussed them with Mr. Gustafson of Touch Ross and am seriously considering the Bethel-Nome restructuring you have suggested.

I realize that I have not had the opportunity to travel to rural Alaska to meet you and others relating to departmental business. It is my intention when the session ends to visit all areas of the State to introduce and acquaint myself with the many problems and issues confronting us. I hope the opportunity presents itself so that we may collectively discuss the intent of your communication and other related ideas.

I sincerely appreciated your memo. Your thoughts and concerns are most welcome.

Panny Alexi , Aniak District Office
Andrew Beaver, Dwigillingok District Office
Andrew Brown, Mountain Village District Office
Carl Berger, Kotzebue District Office
Frances Degnan, Unalakleet District Office
Arthur Holmberg, Nome District Office
James Leonard, Bethel District Office
Michael Price, Bethel District Office
Lucy Sparck, Bethel District Office

August 22, 1974

STREPTOCOCCAL SURVEILLANCE PROGRAM

INTRODUCTION

Starting in 1971 the Center for Disease Control (C.D.C.) has been developing a project to determine the prevalence of streptococcal disease in various villages in Alaska, including nine villages in the Bethel Service Unit. The purpose of such surveillance is early detection of an increase in streptococcal disease so that children may be treated to prevent the development of Rheumatic Heart Disease. This program has been successful in reducing the prevalence of streptococci in school children in these villages.

The laboratory work has been performed in the C.D.C. laboratories in Anchorage and it is proposed that this be shifted to Bethel.

PROBLEM

The annual rate of rheumatic fever in this area is 67/100,000 which means that we can expect 1 - 2 cases per year in Bethel. Rheumatic heart disease is a chronic disease often leading to damaged heart valves and sometime requiring open heart surgery for the replacement of valves. In addition the person who has had rheumatic fever will have to take penicillin each month to prevent further attacks of the disease. The lifetime cost for each case of rheumatic fever is \$39,950.00. This does not take into account the lost productivity and early death. Therefore, the cost savings of a prevention program is significant.

PROPOSAL

It is proposed that streptococcal surveillance be started for 1,200 school children in Bethel. The school children have been singled out since the high risk group is from 5 years to 19 years. The children would be cultured once each month and the cultures would be carried through testing for bacitracin sensitivity. Those children with positive cultures would be treated. The bacitracin positive isolates would be sampled to determine the Group M types in order to assess the entrance of an epidemic strain into the community.

YKHC is offering financial assistance to begin a streptococcal surveillance program this fall. The Indian Health Service Hospital has requested funds to undertake a streptococcal program for Bethel and other villages in the Bethel Service Unit. When the Indian Health Service obtains the funds the YKHC program will be taken over by the Indian Health Service Hospital. Until such time however, YKHC will fund the program with Indian Health Service providing a project director.

PROJECT DESIGN

1. Approval - The streptococcal surveillance program involves the routine screening of children in the Elementary, Middle, and High Schools. Children who have streptococcus will require medication. Because the program involves treatment we will require the approval of not only the YKHC Board but the School Board and parents of each child. After the School Board has approved

the project a unified permission slip authorizing a child to participate in the strept. surveillance, dental care, and other health care activities will be developed and approved by the School Boards and Health Professionals. The approved permission slips will be given to each teacher to hand out to the children. Returned permission slips will be given to the microbiologist who will compare class registration to permission slips received to determine the children without permission slips. The microbiologist would then direct the Community Health Representatives to make Home Visits to families who do not want to participate or have not responded. The C.H.R.'s would discuss the Streptococcal Program with each family as well as the Dental Program and other programs requiring parental consent. If families cannot be contacted the School Boards will have to determine if we should continue with the project. Only children with parental approval will be in the streptococcal program.

2. Surveillance Procedure - Based on a profile of children in each classroom the Elementary, Middle, and High School children would be divided into four groupings of classrooms. Each child in a group would be assigned a code number to be used through out the year. Each week one of the four groups would be tested by C.H.R.'s and a Public Health Nurse to determine if they have a streptococcal infection. Children not tested in their assigned group because they are absence could be added to the following weeks group. Any children already exhibiting signs of streptococcus infection as determined by teachers and/or the school nurse would also be tested. After four weeks the entire school population in Bethel would have been surveyed.

When the prevalence of streptococcal isolates rise to a predetermined level, for example 20 or 30 percent, more than one group could be surveyed and treated or the entire school population could be treated prophylactically. Other criteria such as 50% or more "M" types appearing in the positive cases would also be used to determine if an epidemic has started and whether it warrants a concentrated effort to treat or screens the school population. This decision will be made by the project director Dr. Hurwitz, the microbiologist and C.D.C. officials.

3. Laboratory - After the C.H.R.'s take the throat swabs they will be given to the laboratory for analysis. The swabs are received in metal foil packets containing silica gel, each with the cultured child's identifying code number. The desiccated swabs are incubated 4-6 hours at 37°C in Todd-Hewitt broth. A loopful of the broth is added to 15 cc of melted neopeptone agar with 5% sheep blood and pour plates made. After incubation at 37°C for 18 hours, Betahemolytic colonies are picked and subcultured on quartered neopeptonesheep blood agar plates with bacitracin discs. After 24 hours incubation at 37°C, presumptive group A determination is made. Total time through the laboratory should not exceed three days.

Positive cultures would be transmitted to the C.D.C. laboratory in Anchorage for "M" and "T" typing to determine if an epidemic is beginning. The number of positives transferred to C.D.C. in Anchorage would be determined by C.D.C. and the project director.

4. Treatment - Individuals that respond positively to the streptococcal tests would be treated whether or not they are symptomatic. The test and treatment must be completed within 10 days to assure that a child does not develop rheumatic heart disease. The laboratory results would be given to the school nurse who would administer the treatment to each positive child. If a child cannot be located or is absent at school the treatment would be given by the Public

Health Nurse with assistance from C.H.R.'s. Treatment would conform to current American Heart Association Recommendations:

- a. Children over age 10. 1.2 million units LA bicillin IM (Benzathine Penicillin G.).
- b. Children age 10 and younger. 600,000 units LA bicillin IM. (Benzathine Penicillin).

Allergic children would be given 250 mg erythromycin four times daily for 10 days.

Every child treated would have a card or record of treatment which would be returned to the laboratory for cross checking to make sure that all positive children actually were treated.

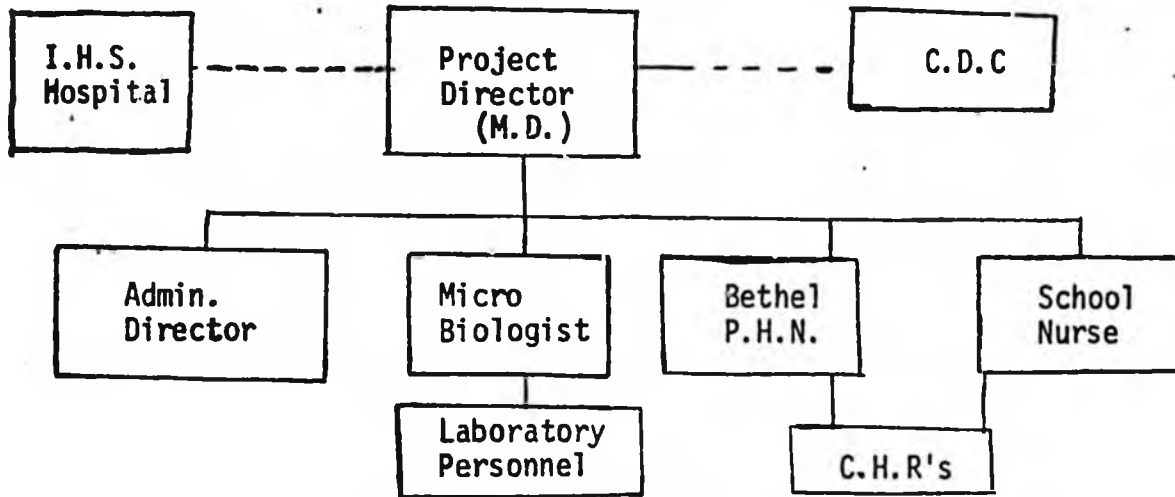
During an epidemic the treatment would have to be accelerated. Backup personnel consisting of Itinerate Public Health Nurses and available hospital staff would be called to assist the school nurses. The state may also be able to bring in other nurses to help stem an epidemic. During an epidemic all activities would be co-ordinated by the project director Dr. Hurwitz.

5. Records - Records will consist of:

- a. Permission slips on each child.
- b. List of individuals in each group. The list would be developed initially by C.D.C., the microbiologist, school nurses and school administration. After initial set up of each group the C.H.R.'s would be given a roster and stick'um labels coded by number and group. Any revisions would be co-ordinated by the project director. The list would also include information on whether a child is allergic to penicillin.
- c. Treatment card and/or test card. - The results of the tests would be entered on a card or roster. All positive cards or a roster would be given to the school nurses who would do the follow-up treatment. The cards or roster would be returned to the lab.

Each week the culture results would be tabulated so that point prevalence of Group A strep can be calculated.

6. Organization - The project will be headed by the Indian Health Service Project Director, Dr. Robert Hurwitz. A microbiologist and clerk would operate the laboratory and maintain records. The School Nurses would co-ordinate the surveillance activities of the C.H.R.'s and would administer the treatment for any positives. The C.H.R.'s would collect throat swabs, assist the Public Health Nurse in Home Visits to treat absent children and would help obtain permission slips. The Center for Disease Control will act as technical consultants and will evaluate the program. An organizational chart appears on the next page.



Component 2b Reference Lab

1. Will the State be able to take over all the functions which C.D.C. is providing to programs such as Y.K.H.C.'s Streptococcal Surveillance Program in Bethel?
 - a. Review positive and negative cultures for quality control.
 - b. M/T typing on a selected basis.
 - c. Analysis of positive cultures and M/T types to determine epidemics and to evaluate the programs impact.
 - d. Send results to villages and health providers within three days of receiving cultures if there are signs of an epidemic or if false positives and negatives are found.
2. Will the costs you have been able to identify in your budget allow for an intensive consulting and training function to labs and providers such as Y.K.H.C.?

Component 2c Epidemiologist

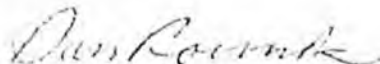
1. How can the State give the necessary leadership with a 1/2 time director?
2. Since the State has not taken leadership in this program a full time director would seem necessary. It might even be more profitable to contract with C.D.C. for all Statewide activity since they have shown an interest and a good track record in the field of prevention of A.R.F.

Component #4 Education

This needs a lot of attention especially among private practitioners. We also need to instruct people who are taking throat swabs. The Bethel project shows that the incidence varies when a provider swabs carefully. The number of positive cultures increases when certain providers swab throats. This a minor point, but without obtaining good cultures the rest of the program will fail.

We look forward to developing the memorandum into an effective program throughout the State. We also expect the State to fund our surveillance project which is being jeopardized by recent budget cuts. Contrary to your statement we feel that a regular monthly surveillance of children in our area is mandatory to control streptococcal epidemics and rheumatic heart disease.

Cordially,



Dan Rounds
Planning &
Development

cc: George Hohman
Philip Guy
Pat Porter, YKHC
Dr. Brenneman, Bethel
Dr. Bender, C.D.C.
Dr. Martha Wilson, ANMC
Joe Notaro, A.F.N.

DR:aj

Yukon-Kuskokwim Health Corporation
Bethel, Alaska.

Kuskokwim Community College
University of Alaska
Bethel, Alaska.

LETTER OF AFFILIATION

PREAMBLE

Federal policy, as expressed in the Comprehensive Employment and Training Act and as reflected in the Alaska Native Health Care Policy Statement, have laid strong emphasis on the urgent need for developing Native health manpower.

Particularly in the Bethel Service Unit, is this need apparent, in view of projections made for building and staffing a new hospital, the possible development of Regional Health Centers and the likelihood that certain direct services, at present operated by federal and state agencies will eventually be controlled by the regional health corporation. If self-determination in health matters is to become a reality, there is an acute need to train, in the immediate future, health workers native to the region.

The Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College recognize this need and propose to develop jointly a Health Career and Education Division of the College to serve the residents of the Yukon-Kuskokwim area.

Stated in formal terms, the agreement is that, in order to more effectively address the needs of the residents of the Yukon-Kuskokwim Delta region in Health Manpower Planning, Health Careers Training and Career Development, the Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College, University of Alaska, do hereby agree to jointly establish and maintain a Health Careers and Education Division of the College.

GOALS

The goals implied in this affiliation and mutually agreed, are as follows:

1. To develop a health manpower plan and strategy for the training and education of residents of the Yukon-Kuskokwim area, in the field of health care,
2. To implement health training and education programs in accordance with the aforementioned health manpower plan. Initially, training/education activities will be centered around the Health Aide education program and the Licensed Practical Nurse Program, already established.
3. To provide health institutions in the Yukon-Kuskokwim area with leadership in regard to the implementation of the proposed health manpower plan,

4. To consult with local health agencies with regard to their needs for in-service training and continuing education of their employees,
5. To develop and implement a comprehensive Health Careers Program in order to assist high school students, college students and others achieve their educational needs in relation to health careers,
6. To develop health career skills and knowledges in local residents, with a view to minimizing high turnover of personnel and assuring adequate health manpower resources for programs operating in the Yukon-Kuskokwim area.

POLICY ADVISORY COMMITTEE

In order that the above goals may be fulfilled, a Policy Advisory Committee shall be formed to guide and advise the Health Careers and Education Division of the College. This Committee shall consult, advise and set general policy in accordance with the requirements or recommendations of the University of Alaska, the Planning and Advisory Committee for Health Aide Programs in Alaska, the State Board of Nursing, or of such other authorities as may, from time to time be concerned in the type of health career training offered by the Division.

The Policy Advisory Committee shall serve as a Standing Committee of the Board of Directors of the Yukon-Kuskokwim Health Corporation and shall advise the Board on matters affecting health manpower and health careers. This Committee shall also serve as an advisory body to the Kuskokwim Community College, exclusively in the domain of health training or education.

The Committee shall have the prime responsibility for the development of health manpower programs in the Yukon-Kuskokwim area, on behalf of the Board of Directors of the Yukon-Kuskokwim Health Corporation.

The Director of the Health Careers and Education Division of the College shall receive general guidance from the Committee in accordance with their acknowledged joint responsibility for meeting the needs of the health system for local manpower. Both shall respect the academic and professional requirements of the University and other accrediting bodies. It shall be mutually recognized that responsibility in academic areas shall remain exclusively within the province of the University.

The Policy Advisory Committee shall be composed of a minimum of eight persons designated by the following agencies and organizations:

Yukon-Kuskokwim Health Corporation

Executive Director
President, Board of Directors
Medical Director

Kuskokwim Community College

Director of the College
Chairperson, KCC Advisory Board

Yupigtak Bista

Executive Director

State Public Health Nurses .

Director, Bethel Itinerant Nurses

Indian Health Service

Clinical Director

It shall be expressly agreed that members of the Committee may, at their sole discretion, appoint designees to represent their views at meetings of the Committee.

Meetings of the Policy Advisory Committee shall be quarterly. At such meetings, review will be made of quarterly reports supplied by the Director of Health Careers and Education. The Committee shall provide a forum for the exchange of views and ideas on the development of a health manpower plan for the region. It shall sanction any major change in policy, work-plan or direction of the Health Careers and Education Division.

FINANCE AND PERSONNEL

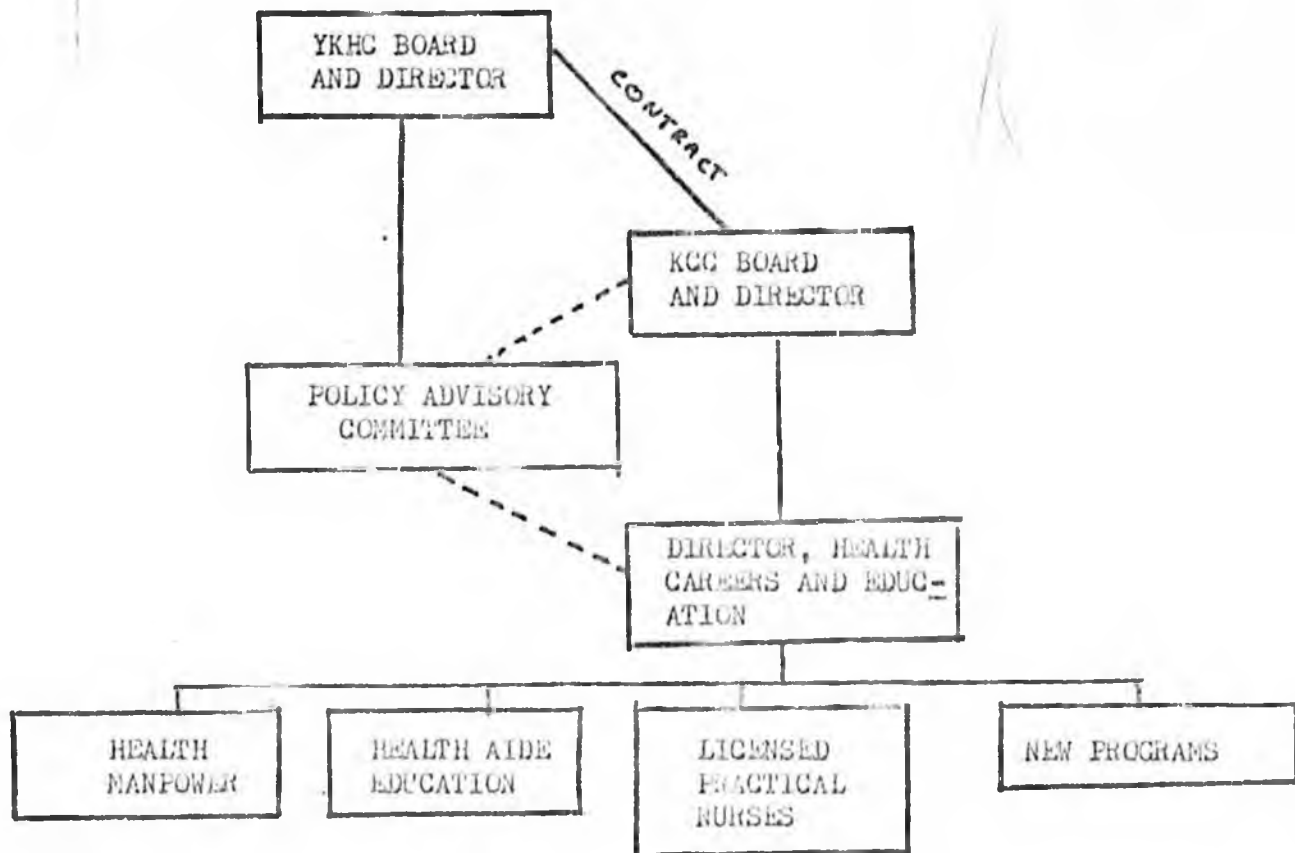
The Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College shall combine portions of their resources to implement and maintain a Health Careers and Education Division of the college and will seek additional funds to ensure success of the program. The Kuskokwim Community College shall be recognized as the administrative body through which all funds shall be funneled. The Yukon-Kuskokwim Health Corporation and other agencies, if they so decide, shall make available to the Kuskokwim Community College in-kind services and other resources to assist in the development and maintenance of the Division.

The Policy Advisory Committee shall review funds available from all sources applicable to health career training in the Yukon-Kuskokwim area and shall channel them through the Kuskokwim Community College.

Personnel of the Yukon-Kuskokwim Health Corporation, the Kuskokwim Community College and, in some cases, from other agencies will be made available to participate, where appropriate, in health training and education programs. Full-time instructional and administrative staff shall, however, be members of the University faculty and administrative structure. They would be responsible to the Director of the Division, who would himself be a faculty member. In certain instances, part-time instructors would be considered members of the university faculty, even though not employees of the College.

ORGANIZATION

The Health Careers and Education Division shall be organized as follows:



ROLES AND RESPONSIBILITIES

- Through the medium of the Policy Advisory Committee, the Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College will unite their efforts, aware to the needs of the region and its population and recognizing of the special expertise that each organization possesses in different, but related, fields of endeavor. Although the following list of roles and responsibilities is not intended to be restrictive or exclusive, it will serve as an indication of the major areas in which each party will generally contribute:

Yukon-Kuskokwim Health Corporation:

Identify health manpower needs

Review of programs and activities developed to meet health manpower and career needs

Evaluate training and education programs in terms of their impact on the health system

Assist the Division in the review of student and graduate performance

Seek funds for the implementation and maintenance of new and existing programs

Delegate to the Kuskokwim Community College the operation and administration of the Health Careers and Education programs already in existence or to be developed jointly through the Policy Advisory Committee

On an in-kind and time-available basis, make available to the Health Careers and Education Division, such members of the corporation staff as may be required to assist in the development or implementation of programs sponsored by the Policy Advisory Committee.

Kuskokwim Community College:

Identify health manpower needs

Validate all training and education programs conducted by the Health Careers and Education Division and attest to their academic integrity

Evaluate such programs in terms of academic standards and in terms of their impact on the community

Evaluate and accredit graduates from such programs

Ensure the operation, administration and refinement of all programs it is agreed to implement jointly through the Policy Advisory Committee

Seek funds to implement and maintain new or existing programs

Assume fiscal control of the Health Careers and Education Division

Preserve intact the academic integrity of the College and reserve the right not to implement recommendations of the Policy Advisory Committee in cases where there is conflict with University standards or requirements

Ensure that all programs developed within the Health Careers and Education Division with a view to accreditation by recognized certifying bodies, maintain the standards set forth by such bodies

CONSIDERATIONS:

In order to fulfil the goals herein stated, the Yukon-Kuskokwim Health Corporation and the Kuskowkim Community College agree to affiliate for the purpose of developing and implementing a Health Careers and Education Division of the college. The duly authorized signatures of the representatives of both parties will bind the agreement as herein stated. Both parties do hereby agree to work together in the manner stated in this agreement.

This agreement will become effective at the date of signature by both parties and shall continue until such time as either of the parties submits a written notice of withdrawal, at which time, the agreement shall be terminated sixty days following receipt of the notice of withdrawal.

This agreement does not obligate the funds of either the Yukon-Kuskokwim Health Corporation, nor the Kuskokwim Community College. Separate contracts will be written to transfer funds required to implement all or part of this agreement. In consideration of the above conditions, the Yukon-Kuskokwim Health Corporation and the Kuskokwim Community College do hereby agree to affiliate for the purposes expressed in this agreement.

For the Yukon-Kuskokwim Health Corporation

For the Kuskokwim Community College
University of Alaska

Name _____

Name _____

Title _____

Title _____

Date _____

Date _____