

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1429 SHESS HHESS INT. COMM. REPORT 12/81-82 INT: CORRECT

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	2		
2. <u>Is transportation to facilities a problem?</u>	2		
Comments <u>Expensive 1</u>			
3. <u>Are Emergency Medical Services available?</u>	2		
<u>Do they function efficiently?</u>	2		
4. <u>Does your area have an alternative birthing center?</u>		2	
<u>Is there a demand for one?</u>		1	1
5. <u>Does any doctor in your area do home births?</u>		2	
6. <u>Is there a lay midwife in your area?</u>	2		
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>	1	1	
6. <u>Have you had contact with Home Health?</u>	1	1	
<u>Is there a demand for this service?</u>	1		
Comments <u>food program 1 needs better funding 1</u>			
7. <u>Does your area have mental health services?</u>	2		
8. <u>Does your area have alcohol/drug abuse services?</u>	2		
9. <u>Is Family Planning available?</u>	2		
10. <u>Is health education in your school curriculum?</u>	1	1	
11. <u>Does your area have hospice services?</u>		2	
<u>Is there an interest in services for the terminally ill?</u>	2		
12. <u>What services and providers are needed in your area?</u>			
Dentist			
Physician			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	3		
2. <u>Is transportation to facilities a problem?</u>	3		
Comments <u>air travel expense 1 weather 1</u>			
3. <u>Are Emergency Medical Services available?</u>	3		
Do they function efficiently?	3		
4. <u>Does your area have an alternative birth- ing center?</u>		3	
<u>Is there a demand for one?</u>		2	1
5. <u>Does any doctor in your area do home births?</u>	1	2	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>	1		
<u>Should the state license lay midwives?</u>	1	2	
6. <u>Have you had contact with Home Health?</u>	1	2	
<u>Is there a demand for this service?</u>	2		
Comments <u>good program 1</u>			
7. <u>Does your area have mental health services?</u>		3	
8. <u>Does your area have alcohol/drug abuse services?</u>	3(A.A.)		
9. <u>Is Family Planning available?</u>	2	1	
10. <u>Is health education in your school curriculum?</u>	2	1	
11. <u>Does your area have hospice services?</u>		3	
<u>Is there an interest in services for the terminally ill?</u>		2	1
12. <u>What services and providers are needed in your area?</u>			
family planning	specialist	3	
mental health 2	counseling		
Home Health 1	alcohol halfway house		

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	9		
2. <u>Is transportation to facilities a problem?</u>	4	3	
<u>Comments weather 4 travel expense 2</u>			
X. <u>Are Emergency Medical Services available?</u>	9		
<u>Do they function efficiently?</u>	8		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>	2	7	
<u>Is there a demand for one?</u>	4	1	
5. <u>Does any doctor in your area do home births?</u>		9	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>	1	8	
6. <u>Have you had contact with Home Health?</u>	7	2	
<u>Is there a demand for this service?</u>	6		
<u>Comments good program 5 Need Visiting Nurse 1 Need expansion 3</u>			
7. <u>Does your area have mental health services?</u>	7	1	1
8. <u>Does your area have alcohol/drug abuse services?</u>	8		1
9. <u>Is Family Planning available?</u>	9		
10. <u>Is health education in your school curriculum?</u>	8		1
11. <u>Does your area have hospice services?</u>		9	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>	2	1	

12. What services and providers are needed in your area?

- | | | |
|----------|---------------|---------------------|
| RN 3 | EMS equipment | halfway house |
| M.D. 2 | Specialists 6 | Home Health |
| OG-GYN 1 | Psychiatrist | adequate school ed. |
| ANP 1 | Detox | alcohol follow-up |

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	6		
2. <u>Is transportation to facilities a problem?</u>	3	3	
<u>Comments</u>			
3. <u>Are Emergency Medical Services available?</u>	6		
3. <u>Do they function efficiently?</u>	5		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>		6	
<u>Is there a demand for one?</u>		4	2
5. <u>Does any doctor in your area do home births?</u>		6	
6. <u>Is there a lay midwife in your area?</u>	5		
<u>Is there a nurse midwife in your area?</u>	3		
<u>Should the state license lay midwives?</u>	1	5	
6. <u>Have you had contact with Home Health?</u>	4	1	
<u>Is there a demand for this service?</u>	4		
<u>Comments</u> good program 3 needs expansion 3			
7. <u>Does your area have mental health services?</u>	6		
8. <u>Does your area have alcohol/drug abuse services?</u>	5	1	
9. <u>Is Family Planning available?</u>	6		
10. <u>Is health education in your school curriculum?</u>	3	3	
11. <u>Does your area have hospice services?</u>		6	1
<u>Is there an interest in services for the</u> <u>terminally ill?</u>	3	1	

12. What services and providers are needed in your area?

Physician 2

Nurse 1

preventior./diagnostic

specialists 3

Psychiatrist

Detox 4

Acute Mental Health

EMT training

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	4		
2. <u>Is transportation to facilities a problem?</u>	1	2	
<u>Comments</u>			
3. <u>Are Emergency Medical Services available?</u>	4		
<u>Do they function efficiently?</u>	3	1	
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>		4	
<u>Is there a demand for one?</u>		4	
5. <u>Does any doctor in your area do home births?</u>		4	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>	1	3	
6. <u>Have you had contact with Home Health?</u>	4		
<u>Is there a demand for this service?</u>	3		
<u>Comments</u> <u>good program, cost effective, need funding</u>			
7. <u>Does your area have mental health services?</u>	3	1	
8. <u>Does your area have alcohol/drug abuse services?</u>	4		
9. <u>Is Family Planning available?</u>	4		
10. <u>Is health education in your school curriculum?</u>	2	1	1
11. <u>Does your area have hospice services?</u>		4	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>	3		
12. <u>What services and providers are needed in your area?</u>			
Physician 2		Specialists 2	
Mental health 1		Larger alcohol facility	
Long term care			
Diagnostic			
Detox			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>		1	
Comments _____			
3. <u>Are Emergency Medical Services available?</u>	1		
<u>Do they function efficiently?</u>	1		
4. <u>Does your area have an alternative birth- ing center?</u>		1	
<u>Is there a demand for one?</u>	1		
5. <u>Does any doctor in your area do home births?</u>		1	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>			
6. <u>Have you had contact with Home Health?</u>	1		
<u>Is there a demand for this service?</u>	1		
Comments <u>Hard to find staff, need better pay</u>			

7. <u>Does your area have mental health services?</u>		1	
8. <u>Does your area have alcohol/drug abuse services?</u>	1		
9. <u>Is Family Planning available?</u>	1		
10. <u>Is health education in your school curriculum?</u>	1		
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the terminally ill?</u>			
12. <u>What services and providers are needed in your area?</u>			
Physician			
X-ray			
Detox			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	6		
2. <u>Is transportation to facilities a problem?</u>	4	5	
Comments <u>distance, weather 2</u>			
3. <u>Are Emergency Medical Services available?</u>	9		
<u>Do they function efficiently?</u>	6		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>	9		
<u>Is there a demand for one?</u>	3	1	1
5. <u>Does any doctor in your area do home births?</u>		9	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>	2		
<u>Should the state license lay midwives?</u>	5	3	
6. <u>Have you had contact with Home Health?</u>	6	3	
<u>Is there a demand for this service?</u>	3	2	
Comments <u>good program 6 need expansion 1</u>			
<hr/>			
7. <u>Does your area have mental health services?</u>	9		
8. <u>Does your area have alcohol/drug abuse services?</u>	8		
9. <u>Is Family Planning available?</u>	8		
10. <u>Is health education in your school curriculum?</u>	7	1	1
11. <u>Does your area have hospice services?</u>	4	5	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>	4	2	1
12. <u>What services and providers are needed in your area?</u>			
Nurse 2 tertiary care 3			
Pediatrician 3			
OB-GYN 2			
Mental health facility, counseling 4			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	4		
2. <u>Is transportation to facilities a problem?</u>	4		
<u>Comments weather 2 lost PHS funding 1</u>			
3. <u>Are Emergency Medical Services available?</u>	4		
<u>Do they function efficiently?</u>	3	1	
4. <u>Does your area have an alternative birth- ing center?</u>		4	
<u>Is there a demand for one?</u>	3		1
5. <u>Does any doctor in your area do home births?</u>		4	
6. <u>Is there a lay midwife in your area?</u>	1		
<u>Is there a nurse midwife in your area?</u>	2		
<u>Should the state license lay midwives?</u>		3	1
6. <u>Have you had contact with Home Health?</u>	2	2	
<u>Is there a demand for this service?</u>	4		
<u>Comments good program 3 needs better funding 2</u>			
7. <u>Does your area have mental health services?</u>	3	1	
8. <u>Does your area have alcohol/drug abuse services?</u>	4		
9. <u>Is Family Planning available?</u>	4		
10. <u>Is health education in your school curriculum?</u>	2		2
11. <u>Does your area have hospice services?</u>		3	
<u>Is there an interest in services for the terminally ill?</u>	1		3
12. <u>What services and providers are needed in your area?</u>			
Physicians 2			
Nurse 1			
Specialists 4			
CMHC 1			
counseling 4			
Psychiatrist 3			
sheltered living 3			
inhalation therapy 1			

Community McGrath

Number of respondents 1

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>	1		
<u>Comments</u>			
<u>Are Emergency Medical Services available?</u>	1		
<u>Do they function efficiently?</u>	1		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>		1	
<u>Is there a demand for one?</u>		1	
5. <u>Does any doctor in your area do home births?</u>		1	
6. <u>Is there a lay midwife in your area?</u>	1		
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>		1	
6. <u>Have you had contact with Home Health?</u>	1		
<u>Is there a demand for this service?</u>			
<u>Comments</u> <u>not available</u>			
<hr/>			
7. <u>Does your area have mental health services?</u>		1	
8. <u>Does your area have alcohol/drug abuse services?</u>	1		
9. <u>Is Family Planning available?</u>	1		
10. <u>Is health education in your school curriculum?</u>	1		
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>			1
12. <u>What services and providers are needed in your area?</u> <u>residential mental health facility</u>			

Yes No Unknown

- 1. Is health care accessible in your area? 1
- 2. Is transportation to facilities a problem? 1

Comments expensive

- ~~3. Are Emergency Medical Services available? 1~~
- ~~Do they function efficiently? 1~~

- 4. Does your area have an alternative birth-
ing center? 1

Is there a demand for one? 1

- 5. Does any doctor in your area do home births? 1

- 6. Is there a lay midwife in your area? 1

Is there a nurse midwife in your area?

Should the state license lay midwives? 1

- 6. Have you had contact with Home Health? 1

Is there a demand for this service? 1

Comments good program

- 7. Does your area have mental health services? 1

- 8. Does your area have alcohol/drug abuse services? 1

- 9. Is Family Planning available? 1

- 10. Is health education in your school curriculum? 1

- 11. Does your area have hospice services? 1

Is there an interest in services for the
terminally ill? 1

- 12. What services and providers are needed in your area?

optometry stress relief
 dental school health ed inadequate
 counseling
 sheltered living Mental health and alcohol

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	2		
2. <u>Is transportation to facilities a problem?</u>	1	1	
<u>Comments</u>			
3. <u>Are Emergency Medical Services available?</u>	2		
<u>Do they function efficiently?</u>	2		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>		2	
<u>Is there a demand for one?</u>	1	1	
5. <u>Does any doctor in your area do home births?</u>		2	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>	2		
6. <u>Have you had contact with Home Health?</u>	1	1	
<u>Is there a demand for this service?</u>	2		
<u>Comments</u> <u>lack adequate supervision 1</u>			
7. <u>Does your area have mental health services?</u>	2		
8. <u>Does your area have alcohol/drug abuse services?</u>	2		
9. <u>Is Family Planning available?</u>	2		
10. <u>Is health education in your school curriculum?</u>	1	1	
11. <u>Does your area have hospice services?</u>		2	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>	1	1	
12. <u>What services and providers are needed in your area?</u>			
Long Term Care		Detox 2	
OB-GYN		nurse 2	
Specialists 2		Physician 2	
residential mental health			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>		1	
Comments _____			
X 3. <u>Are Emergency Medical Services available?</u>	1		
X <u>Do they function efficiently?</u>	1		
4. <u>Does your area have an alternative birth- ing center?</u>		1	
<u>Is there a demand for one?</u>		1	
5. <u>Does any doctor in your area do home births?</u>		1	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
7. <u>Should the state license lay midwives?</u>			1
6. <u>Have you had contact with Home Health?</u>	1		
<u>Is there a demand for this service?</u>	1		
Comments _____			

7. <u>Does your area have mental health services?</u>			
8. <u>Does your area have alcohol/drug abuse services?</u>	1		
9. <u>Is Family Planning available?</u>	1		
10. <u>Is health education in your school curriculum?</u>			1
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the terminally ill?</u>			1
12. <u>What services and providers are needed in your area? specialists</u>			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>		1	
Comments _____			
3. <u>Are Emergency Medical Services available?</u>	1		
<u>Do they function efficiently?</u>		1	
4. <u>Does your area have an alternative birth- ing center?</u>		1	
<u>Is there a demand for one?</u>	1		
5. <u>Does any doctor in your area do home births?</u>		1	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>		1	
6. <u>Have you had contact with Home Health?</u>	1		
<u>Is there a demand for this service?</u>	1		
Comments _____			

7. <u>Does your area have mental health services?</u>	1		
8. <u>Does your area have alcohol/drug abuse services?</u>	1		
9. <u>Is Family Planning available?</u>	1		
10. <u>Is health education in your school curriculum?</u>		1	
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the terminally ill?</u>			
12. <u>What services and providers are needed in your area?</u>			
Hospital			
specialists			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>	1		
Comments _____			
3. <u>Are Emergency Medical Services available?</u>		1	
<u>Do they function efficiently?</u>			
4. <u>Does your area have an alternative birth- ing center?</u>	1		
<u>Is there a demand for one?</u>			
5. <u>Does any doctor in your area do home births?</u>		1-no M.D.	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>			
6. <u>Have you had contact with Home Health?</u>	1		
<u>Is there a demand for this service?</u>	1		
Comments <u>good program expand</u>			

7. <u>Does your area have mental health services?</u>	1		
8. <u>Does your area have alcohol/drug abuse services?</u>	1		
9. <u>Is Family Planning available?</u>	1		
10. <u>Is health education in your school curriculum?</u>	1		
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the terminally ill?</u>			
12. <u>What services and providers are needed in your area?</u>			
Physician			
Hospital 300 mi.			
Home health			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	7		
2. <u>Is transportation to facilities a problem?</u>	2	5	
<u>Comments</u>			
3. <u>Are Emergency Medical Services available?</u>	7		
3. <u>Do they function efficiently?</u>	7		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>	7		
<u>Is there a demand for one?</u>	3	3	1
5. <u>Does any doctor in your area do home births?</u>		7	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>	1		
<u>Should the state license lay midwives?</u>	3	2	
6. <u>Have you had contact with Home Health?</u>	1	6	
<u>Is there a demand for this service?</u>	4		2
<u>Comments</u> good program 4			
<hr/>			
7. <u>Does your area have mental health services?</u>	7		
8. <u>Does your area have alcohol/drug abuse services?</u>	6	1	
9. <u>Is Family Planning available?</u>	5	1	1
10. <u>Is health education in your school curriculum?</u>	3	2	2
11. <u>Does your area have hospice services?</u>		7	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>	7		

12. What services and providers are needed in your area?

- | | |
|-----------------------|-------------------------|
| RN 3 | Specialists 4 |
| Physician 2 | Detox 3 |
| Pharmacy 1 | Alcohol halfway house 2 |
| Diagnostic services 1 | Home Health |

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>	1		
Comments _____			
3. <u>Are Emergency Medical Services available?</u>	1		
Do they function efficiently?	1		
4. <u>Does your area have an alternative birthing center?</u>		1	
<u>Is there a demand for one?</u>	1		
5. <u>Does any doctor in your area do home births?</u>	1		
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>		1	
6. <u>Have you had contact with Home Health?</u>	1		
<u>Is there a demand for this service?</u>	1		
Comments _____			

7. <u>Does your area have mental health services?</u>		1	
8. <u>Does your area have alcohol/drug abuse services?</u>		1	
9. <u>Is Family Planning available?</u>		1	
10. <u>Is health education in your school curriculum?</u>	1		
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the terminally ill?</u>	1		
12. <u>What services and providers are needed in your area?</u>			
Specialties			
Family planning			

Community _____

Anchor Point _____

Number of respondents _____

1

Yes

No

Unknown

1. Is health care accessible in your area?

1

2. Is transportation to facilities a problem?

1

Comments _____

~~3. Are Emergency Medical Services available?~~

1

~~Do they function efficiently?~~

1

4. Does your area have an alternative birthing center?

1

Is there a demand for one?

1

5. Does any doctor in your area do home births?

1

6. Is there a lay midwife in your area?

1

Is there a nurse midwife in your area?

1

Should the state license lay midwives?

1

6. Have you had contact with Home Health?

1

Is there a demand for this service?

Comments _____

7. Does your area have mental health services?

1

8. Does your area have alcohol/drug abuse services?

1

9. Is Family Planning available?

1

10. Is health education in your school curriculum?

1

11. Does your area have hospice services?

1

Is there an interest in services for the terminally ill?

1

12. What services and providers are needed in your area?
counseling, outpatient mental health

Yes No Unknown

- 1. Is health care accessible in your area? 1
- 2. Is transportation to facilities a problem? 1

Comments _____

- 3. Are Emergency Medical Services available? 1
- Do they function efficiently? 1
- 4. Does your area have an alternative birth- 1

ing center?

Is there a demand for one?

- 5. Does any doctor in your area do home births? 1

- 6. Is there a lay midwife in your area?

Is there a nurse midwife in your area? 1

Should the state license lay midwives? 1

- 6. Have you had contact with Home Health? 1

Is there a demand for this service? 1

Comments _____

- 7. Does your area have mental health services? 1

- 8. Does your area have alcohol/drug abuse services? 1

- 9. Is Family Planning available? 1

- 10. Is health education in your school curriculum? 1

- 11. Does your area have hospice services? 1

Is there an interest in services for the terminally ill?

- 12. What services and providers are needed in your area?

OB-GYN
Pediatritician
Mental Health facility and funding
Preventive Program

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	2		
2. <u>Is transportation to facilities a problem?</u>	2		
Comments <u>weather 2</u>			
3. <u>Are Emergency Medical Services available?</u>	2		
<u>Do they function efficiently?</u>	2		
4. <u>Does your area have an alternative birth- ing center?</u>		2	
<u>Is there a demand for one?</u>		2	
5. <u>Does any doctor in your area do home births?</u>		2	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>		2	
6. <u>Have you had contact with Home Health?</u>	2		
<u>Is there a demand for this service?</u>	2		
Comments _____			
7. <u>Does your area have mental health services?</u>		2	
8. <u>Does your area have alcohol/drug abuse services?</u>	2		
9. <u>Is Family Planning available?</u>	2		
10. <u>Is health education in your school curriculum?</u>	2		
11. <u>Does your area have hospice services?</u>		2	
<u>Is there an interest in services for the terminally ill?</u>			2
12. <u>What services and providers are needed in your area?</u>			

Yes No Unknown

- 1. Is health care accessible in your area? 1
- 2. Is transportation to facilities a problem? 1

Comments _____

- 3. Are Emergency Medical Services available? 1
- Do they function efficiently? 1
- 4. Does your area have an alternative birth-

ing center? 1

Is there a demand for one? 1

5. Does any doctor in your area do home births? 1

6. Is there a lay midwife in your area?

Is there a nurse midwife in your area? 1

Should the state license lay midwives? 1

6. Have you had contact with Home Health? 1

Is there a demand for this service? 1

Comments _____

7. Does your area have mental health services? 1

8. Does your area have alcohol/drug abuse services? 1

9. Is Family Planning available? 1

10. Is health education in your school curriculum? 1

11. Does your area have hospice services? 1

Is there an interest in services for the
terminally ill?

12. What services and providers are needed in your area?

- Dental Preventive program
- Opthamology
- Laboratory
- X-ray

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	2		
2. <u>Is transportation to facilities a problem?</u>	2		
Comments <u>weather 1 rural 1</u>			
3. <u>Are Emergency Medical Services available?</u>	2		
<u>Do they function efficiently?</u>	2		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>	1	1	
<u>Is there a demand for one?</u>	1		
5. <u>Does any doctor in your area do home births?</u>		2	
6. <u>Is there a lay midwife in your area?</u>	1		
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>		1	
6. <u>Have you had contact with Home Health?</u>		2	
<u>Is there a demand for this service?</u>			1
Comments _____			
7. <u>Does your area have mental health services?</u>	2		
8. <u>Does your area have alcohol/drug abuse services?</u>	1	1	
9. <u>Is Family Planning available?</u>	2		
10. <u>Is health education in your school curriculum?</u>	2		
11. <u>Does your area have hospice services?</u>		2	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>			1
12. <u>What services and providers are needed in your area?</u>			
nurse			
Emergency room			
EMT			
Psychiatrist			

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>	1		
Comments <u>rural</u>			
3. <u>Are Emergency Medical Services available?</u>	1		
<u>Do they function efficiently?</u>	1		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>		1	
<u>Is there a demand for one?</u>			
5. <u>Does any doctor in your area do home births?</u>		1	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>	1		
6. <u>Have you had contact with Home Health?</u>	1		
<u>Is there a demand for this service?</u>			
Comments <u>good program 1</u> <u>needs expansion 1</u>			
7. <u>Does your area have mental health services?</u>	1		
8. <u>Does your area have alcohol/drug abuse services?</u>	1		
9. <u>Is Family Planning available?</u>	1		
10. <u>Is health education in your school curriculum?</u>	1		
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>			1
12. <u>What services and providers are needed in your area?</u>			

Resident RN
alcohol rehabilitation

Community Naknek

Number of respondents 1

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>		1	
2. <u>Is transportation to facilities a problem?</u>	1		
<u>Comments</u>			
3. <u>Are Emergency Medical Services available?</u>	1		
<u>Do they function efficiently?</u>	1		
4. <u>Does your area have an alternative birth- ing center?</u>		1	
<u>Is there a demand for one?</u>		1	
5. <u>Does any doctor in your area do home births?</u>		1	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>	1		
6. <u>Have you had contact with Home Health?</u>		1	
<u>Is there a demand for this service?</u>		1	
<u>Comments</u> good program 1			
7. <u>Does your area have mental health services?</u>		1	
8. <u>Does your area have alcohol/drug abuse services?</u>		1	
9. <u>Is Family Planning available?</u>		1	
10. <u>Is health education in your school curriculum?</u>		1	
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the terminally ill?</u>		1	
12. <u>What services and providers are needed in your area?</u>			
Family planning hospital			

Community Dutch Harbor

Number of respondents 1

	Yes	No	Unknown
1. <u>Is health care accessible in your area?</u>	1		
2. <u>Is transportation to facilities a problem?</u>		1	
<u>Comments</u>			
3. <u>Are Emergency Medical Services available?</u>	1		
<u>Do they function efficiently?</u>	1		
4. <u>Does your area have an alternative birth-</u> <u>ing center?</u>		1	
<u>Is there a demand for one?</u>		1	
5. <u>Does any doctor in your area do home births?</u>		1	
6. <u>Is there a lay midwife in your area?</u>			
<u>Is there a nurse midwife in your area?</u>			
<u>Should the state license lay midwives?</u>		1	
6. <u>Have you had contact with Home Health?</u>		1	
<u>Is there a demand for this service?</u>		1	
<u>Comments</u>			
<hr/>			
7. <u>Does your area have mental health services?</u>		1	
8. <u>Does your area have alcohol/drug abuse services?</u>		1	
9. <u>Is Family Planning available?</u>	1		
10. <u>Is health education in your school curriculum?</u>	1		
11. <u>Does your area have hospice services?</u>		1	
<u>Is there an interest in services for the</u> <u>terminally ill?</u>			
12. <u>What services and providers are needed in your area?</u>			

OB-GYN

Mental Health

Yes No Unknown

1. Is health care accessible in your area?

1

2. Is transportation to facilities a problem?

1

Comments weather 1

3. Are Emergency Medical Services available?

1

Do they function efficiently?

just starting

4. Does your area have an alternative birth-
ing center?

1

Is there a demand for one?

5. Does any doctor in your area do home births?

1

6. Is there a lay midwife in your area?

Is there a nurse midwife in your area?

Should the state license lay midwives?

1

6. Have you had contact with Home Health?

1

Is there a demand for this service?

1

Comments _____

7. Does your area have mental health services?

1

8. Does your area have alcohol/drug abuse services?

1

9. Is Family Planning available?

1

10. Is health education in your school curriculum?

1

11. Does your area have hospice services?

1

Is there an interest in services for the
terminally ill?

1

12. What services and providers are needed in your area?

Public health nurse
ANP
EMT training

mental health crisis intervention
counseling
alcohol abuse personnel

Appendix XIII: Summary of Some of the Accomplishments to Date of
the Three EMS Regions

Northern Region Emergency Medical Services Council, Inc.

P. O. Box 2120 Fairbanks, Alaska 99707 (907)456-3970

STATUS REPORT
on the
NORTHERN, INTERIOR, NANA REGION, AND NORTH SLOPE
EMERGENCY MEDICAL SERVICES PROGRAMS

by

Jennifer A. Gleason, RN, Exec. Director

The Northern Region EMS Council was incorporated two years ago to address the clinical training needs of the three subregions, to provide technical assistance as needed, and to be better aligned for federal funding and evaluation. Since that time the focus of the director has been to bring clinical specialists into the region to provide physician and nursing workshops, workshops for the outlying physicians' assistants and nurse practitioners, and provide on-site technical assistance as requested. Each of the hospitals has had yearly Advanced Cardiac Life Support training and the Council has provided equipment and organizational assistance for physician Advanced Trauma Life Support training.

Equipment needs for both hospital training and patient care have been identified and funded this year. Due to severe cuts in IHS funds, one might expect to see increased needs for rural hospital and clinic equipment and professional education support.

The Northern Region EMS Council remains committed to seeing that professional level emergency education and equipment receive the same degree of support that all of the first responder and ambulance programs do. The prehospital phases of the EMS program are carried out under the three subregional councils and their advances are described within this packet. The Northern Region Council feels, however, that the clinical goals of the program will best be carried out with a different organizational structure. At their Board meeting a few weeks ago, they took the recommendation of their director, Jennifer Gleason, and decided to dissolve at the end of the fiscal year.

All clinical goals described in last year's request will be carried out, and the clinical needs of each subregion will be clearly identified so that they might contract with their own clinical resource people next year. This local control in identifying clinical resource people should enhance all three programs.

INTERIOR REGION EMS COUNCIL

The Interior Region EMS Council is staffed by Coordinator Jeanne Ostnes, Training Coordinator Arturo Frizzera (responsible for EMT level training), Basic Training Coordinator David Akin (in charge of developing regionwide CPR and First Aid training), and Judie Harrison, Administrative Assistant. A full-time Trainer will be hired at the first of the year.

For the first time since its organization (5 years ago) and its incorporation (3 years ago), the Interior Region EMS Council has budgeted for bush representatives to travel to regularly scheduled meetings so that the program can better address overall regional needs. The Council has three types of communities whose needs it is trying to meet - bush (not attached to highways), highway, and urban (Fairbanks). The type of training, equipment and technical assistance required varies considerably.

During this past year, the Council has provided EMT training in the communities of Ft. Yukon, Galena, and Tanana, and assistance with courses in McGrath and Tok. Once a trainer is on board in January, courses will be offered in Northway, Galena, Ft. Yukon, and Tanana again before spring breakup. Council staff plan to provide more technical assistance in coordinating the local emergency response, as the EMT's need some specific guidelines that they may adapt to their own communities. EMT training around the Fairbanks and highway communities is usually carried out under contract with local instructors.

Basic Training Coordinator David Akin has provided CPR and First Aid Instructor training in Ft. Yukon and Tanana, so that they can carry out their own classes. The focus of his program is to make each subregion relatively self-sufficient for CPR and First Aid training by training local resource people.

EQUIPMENT

Almost all of the ambulance services placed their equipment requests through the Interior Region Council last year so the staff has been very busy working with the services to individualize the purchases. Galena, Ft. Yukon, Tanana, and Tok received ambulances last year, and this year funds were allocated for Nenana (back-up ambulance), the University of Alaska (back-up), the Steese area, the Ester area, and McGrath. The old Tok ambulance will be relocated in Northway. Funds have also been received for ambulance communication and patient care equipment.

During the remainder of this fiscal year, Council staff will be identifying and training individuals along the uncovered areas of the highway to be "first responders". Trauma kits and communication gear will be provided for these volunteer responders.

The Council has a five member Communications Committee that addresses regional communications needs. For large projects (microwave systems along the highways), they work with the Division of Telecommunications, although the backlog due to understaffing in that division is a problem.

INTERIOR REGION EMS COUNCIL

Through funding received this year the Communications Committee will be trying out a VHF communications system in the McGrath subregion that may have later applicability to other subregions. In the past the only communication between the larger clinic in McGrath and the villages has been the IHS Black Phone system. The reliability of this system is decreasing, so other options must be explored.

STATEWIDE PARTICIPATION

Staff and responders from the Interior Region provide input on statewide issues at regional and statewide meetings. Jeanne Ostnes is the Chair of the Statewide Training Committee, the interim body responsible for advising the State Office of EMS on the implementation of the new EMT Regulations. At the end of January, there will be a special training session for training Certifying Officers for EMT training who will be required according to the new regulations.

The Interior Region Council, which spearheaded getting the MAST (Military Assistance to Safety and Transport) emergency helicopter response in the Interior, provides ongoing assistance for its medical reviews. During the past year and a half, the unit has provided life-saving care and transportation in 150 cases, including the McKinley Park bus disaster.

NORTH SLOPE BOROUGH

TRAINING

The North Slope Borough EMS Program, under Coordinator Sarah Jacoby, has been strengthened by the hiring of Bill Jones as a trainer. Sarah is better able to focus on overall coordination and Emergency Medical Technician training, while Bill, for the meantime, will be concentrating on having CPR and First Aid training available throughout the Borough. They have already trained CPR and First Aid instructors for Barrow, and Bill is helping to identify individuals in the villages who might be good local trainers.

The EMS Coordinator has worked closely with the Health Educator to ensure that the school curriculum includes CPR and First Aid concepts at appropriate age levels. They are also developing an Arctic Survival manual for distribution throughout the borough prior to this spring's camping and hunting season.

As the borough has the responsibility for maintenance of some facilities at Prudhoe Bay, emergency training (the 40 hr, Trauma Training course) has been requested. Bill and Sarah have provided one class and plan to do two more this winter.

EQUIPMENT

Equipment to aid in the EMS response in the borough this year has included patient transport kits for the villages, including folding stretchers, and additional training mannikins and other training equipment. The hospital, which has been greatly taxed by Barrow's rapid growth, and the amount of trauma that surrounds the influx of people and industry, is receiving a blood gas analyzer, by which patients with respiratory distress or trauma can be better evaluated and monitored.

DISASTER PLANNING

The EMS Coordinator works closely with the Fire Department, the Department of Public Safety, and the Hospital in planning periodic disaster drills. This year the site of the "disaster" was one of the new borough apartment buildings. By choosing this location, all responders were able to work out any access problems that they might have to that building. Both the EMS Coordinator and the trainer discuss the problems of handling multiple injuries while they are training or carrying out site visits in the villages or at a work site.

STATEWIDE PARTICIPATION

North Slope Borough personnel and search and rescue responders worked with the NANA Region Search and Rescue to prepare a panel for the statewide EMS Symposium in Anchorage. Unfortunately, they were unable to attend, because they were involved in a search!

Both Sarah Jacoby, and Carl Hild, who were involved in a cold-water near-drowning rescue this year provided input to the physicians developing the statewide guidelines for treatment of hypothermia and cold water near-drowning.

NANA REGION

The Maniilaq Association EMS Coordinator, Aggie Lie, and the trainer, Skeeter Jepson, work under the advisement of the NANA Region EMS Advisory Council, which meets monthly. They have continued the well planned development of their regional EMS system during this past year. Of particular interest are the following activities and accomplishments:

TRAINING

Self-sufficiency in meeting regional training needs has been increased this past year in several ways. Skeeter Jepson was hired as a trainer and went to the Public Safety Academy to become an EMT Instructor. She has coordinated both Emergency Medical Technician and Emergency Trauma Technician classes for the area since then, utilizing local physicians, nurses, mental health counselors, and search and rescue personnel, who are familiar with local problems and solutions.

Upon completion of a course this past month, ALL the Community Health Practitioners in the NANA Region and their alternates have been trained to the EMT level. Also this past year, emergency training has been offered to the National Guard, Search and Rescue personnel, and the Fire Department. In addition, both Aggie and Skeeter are both CPR and First Aid Instructor Trainers. They have trained CPR Instructors for Kotzebue and now plan to train instructors for the villages so that they can do their own training.

The EMS Coordinator has also worked closely with the Northwest Arctic School District to ensure that CPR and First Aid training are part of the school curriculum. EMS personnel will be doing the training at the present time, but, in the future it may be possible to train some of the teachers to carry out some of the training. Both instructors are willing guest instructors in the schools as they visit villages.

EQUIPMENT

Equipment that has enhanced emergency response and treatment in the NANA Region include a new ambulance, a new search and rescue boat, and a Civil Air Patrol hangar, which will also be the base of all search and rescue operations. The outlying clinics are being upgraded with transport kits, beds, IV poles, and the hospital is getting a back-up cardiac monitor-defibrillator, and emergency room instruments that have been needed for some time.

Communication equipment has enhanced coordination between the fire department, the trooper, the hospital, and all other responders.

DISASTER PLANNING

The EMS Council coordinated two disaster drills with all local responders - Fire Department, Police, Alaska State Troopers, National Guard, Rescue Coordination Center, Civil Air Patrol, the Hospital, and Search and Rescue.

NANA REGION (CONT.)

STATEWIDE PARTICIPATION

Both Aggie and Skeeter represent the NANA Region at regional and state meetings. Skeeter is also the Bush-Bilingual representative to the Statewide Training Committee - the interim body advising the State Office of EMS on the implementation of the new EMT regulations.

This year at the annual EMS Symposium in Anchorage, the NANA Region Search and Rescue jointly presented a workshop with the North Slope Borough Search and Rescue.

Southern Region
EMERGENCY
Medical Services Council, Inc.

PRESIDENT'S REPORT

November 12, 1981

Since becoming involved with the Southern Region E.M.S. in 1976, I have seen it grow from:

Approximately a \$50,000 contract to \$826,429 presently

Serving a

Population in 1976 of 205,681 to 266,037

And from

100,000 square miles to 260,000 square miles.

From an original staff of 2 to a present staff of 10.

This past year has been one to remember. Our third Executive Director, Tom Scott, was hired, replacing Richard Pauley. Rich replaced Maurice Messer. I was on the hiring committee for each and each has been special in his own way.

As the old saying goes, "a new broom sweeps clean", is probably true of Tom. He has been cleaning house ever since he started.

This also has been our first year of only State funding. Although no Federal Funds have been funneled through Southern Region's office, each of the Native Corporations has received funding through their Indian Health Service grants and in most cases have a very workable relationship.

As taken from the Quarterly Progress Report, I have found the following information not only interesting, but informative:

Since inception in December of 1975, the SREMS has been promoting the development of EMS Systems in the geographical areas that make up the region. During fiscal years 76-78, the primary emphasis was on providing EMT training statewide and developing advanced life support training programs for the rural parts of Alaska. In FY 79, we received a 1202(1) Grant and followed that in sequence with 1203(1) and 1203(2) grants in FY 80 and FY 81 respectively. At the same time we continued EMT training with funds appropriated by the Alaska Legislature.

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The major achievements of the last year of federal funding are as follows:

- Gaining the financial support of the Alaska Legislature to continue funding SREMSC at a level consistent with federal funding levels assuring not only maintenance of the improved levels of care achieved with federal funds, but providing support for continued development and improvement of a total EMS system.
- Complete a comprehensive assessment of the status of each community in the region relative to the new Alaska EMS goals which provides the planning foundation for future activities.
- Administer the purchase and distribution of \$188,000 in communications, medical, and training equipment for the EMS providers in the region. The funds were state funds obtained by the Highway Safety Planning Agency.
- Contributed to a training program that put on some 60 EMT courses (EMT-A, Refresher, EMT-II and EMT-III) that trained 636 individuals during the year.
- Provided travel for continuing medical education in each of the hospitals in the region.
- Conducted and supplemented an additional \$800,000 plus of Indian Health Service EMS funds used to improve care in those villages and communities that are predominately Alaska Native.
- Anticipating end of federal funding, converted evaluation specialist position to clinical specialist to coordinate continuing education for hospital and clinical staffs.
- Provided travel funds for the Outreach Worker from the Providence Hospital Thermal Unit to do continuing education programs in care of the burn victim, air transport, and care of the frostbite patient to hospital, ambulance service, schools, and industry in communities in the region. Program was highly rated by all participants.
- Assisted with the development of a new ambulance service at Glacier View on the Glenn Highway. Trained new responders at Cold Bay and Sand Point. Will receive new ambulances from the Alaska Legislature in FY 82.

-Conducted system design to improve ambulance to hospital communications on the highways of the Central Kenai Peninsula.

The federal funds provided under the EMS System Act, of 1973 and subsequent amendments have enabled the Southern Region to make significant progress in the development of Basic Life Support Systems in the region. In 1975, there were eleven ambulance services in the region which were manned by EMT-As. Today there are twenty-nine such services, most of which are trained to at least the EMT-II level with physician control.

In 1975, only Anchorage had a 911 telephone number with central dispatch. Today, 10 of the 13 other major communities in the region have 911, including the Copper River area's which works at long last.

In 1975, there were no special care units other than ICU/CCU's in the region. Today there is a regional Thermal (Burn & Cold) Unit, a statewide perinatal unit, and a statewide Poison Control Center. More importantly, however, is that transfer agreements between these units and the federal (IHS-military) hospitals have been developed and implemented.

In 1975, there were no ACLS trained personnel in the region's hospitals. Today there are ACLS providers in each facility in the region. Furthermore, each facility either has physicians in the ER 24 hours a day or the on-call physician has VHF radio contact with the hospital and the ambulance.

In short, the support of the federal government has enabled the Southern EMS Region to bring most of the populated portions of the region to a true BLS capability and has enabled us to demonstrate our viability to the Alaska Legislature to assure continued programs towards the national goals of developing true systems.

SOUTHEAST REGION EMERGENCY MEDICAL COUNCIL

PROGRAM SUMMARY

The Southeast Region Emergency Medical Services Council is a private non-profit corporation which receives operating funds through the State Office of Emergency Medical Services. Serving all of Southeast Alaska, from Yakutat to Ketchikan, the Council has been in operation since April, 1977.

The Council's purpose is to assist communities and agencies involved in emergency care in upgrading their capabilities to a degree that can be self-sustained. As the scope of emergency medical services covers the onset of injury or sudden illness, whether it be at a logging camp or on a ferry; through definitive treatment, which may require patient transport to a Seattle medical center; the assistance of many individuals and agencies is involved. The Council maintains close working relationships among these agencies and emergency care providers through their representation on the Board of Directors. Agencies represented include each of Southeast's hospitals, eight ambulance services, the Public Safety Academy, Public Health Nursing, the State Office of Highway Safety Planning, the State Division of Communications, the Alaska Logger's Association, the U.S. Forest Service and the U.S. Coast Guard. A list of present membership follows. The Council's Critical Care Committee, which is the only body representing physicians and nurses from each of Southeast's six hospitals, provides medical direction for Council programs.

Below are summarized major areas of Council involvement:

A. Community Development

The Council has promoted the formation of local EMS Councils, which bring together the various agencies and individuals involved in the community's emergency response including physicians and nurses, ambulance personnel, Coast Guard, air service operators, and police. These local councils act as a catalyst to improving the community's emergency medical response capabilities, and serve as a liaison with the Southeast EMS Council. All requests for EMS funding are first screened by local councils.

Examples of local EMS Council accomplishments include an annual Swimathon in Ketchikan which raises funds for community training and equipment, the development of a disaster plan in Wrangell, and the formation of the Medic 1 program in Juneau.

B. Training

Training is the most essential function of the Council since it is prerequisite to effective use of medical equipment and to improved response procedures. The Council offers a broad scope of emergency medical training from CPR for the general public through continuing education for physicians. In addition to provision of training sessions by staff and consultants; the Council, wherever possible, aims to develop community capabilities to provide their own training in a continuing fashion by training local instructors and assisting in the purchase or loan of training materials.

Cardiopulmonary Resuscitation (CPR) - The Alaska Heart Association has delegated to the Council the responsibility for CPR coordination and certification throughout Southeast. The emphasis of the Council has been upon increasing the availability of instructors, particularly in the smaller communities and logging camps where none were previously available; and providing organizational backup to assist the instructors in providing classes. In addition to providing texts, reference materials and audiovisual aids, the Council has made available matching funds for CPR training mannikins to communities with active instructors through legislative funds. During the past year, CPR instructors have been trained or recertified in Southeast who in turn have trained 800 persons in CPR.

Emergency Trauma Training (ETT) - This 40 hour course, incorporating hands on skill practice, lecture and audiovisual presentation, is geared toward those in high risk occupations or typical Alaskan remote living situations where self-reliance is required in medical emergencies. It is widely taught to loggers, fishermen, Forest Service personnel, search and rescue groups and residents of isolated communities. The Council, this year, has written and published a text for this course which emphasizes aspects characteristic to the Alaskan environment including cold water near drowning, hypothermia, and use of air services for patient transport.

The Council has received many verbal reports from physicians on the improved status of patients reaching hospitals from logging camps where the course was offered, and from logging camp operators on decreased insurance claims and accident rates following training. To confirm these reports, the Council is presently carrying on a study of the effectiveness of training in Southeast logging camps as reflected through Workmen's Comp statistics through a grant awarded by the Alaska Council on Science and Technology.

Emergency Medical Technician (EMT) - Under the new State EMT certifying regulations, the Council is assuming regional EMT certification responsibilities as delegated, as well as coordinating and providing EMT instruction throughout Southeast. This 95 hour course is offered to those with responsibilities for rendering emergency care to the public including ambulance attendants, health aides, and Coast Guard medical evacuation crew. In the larger communities, the Council focuses upon bolstering capabilities of local instructors by providing, through matching funds or on loan, textbooks, films and training aids; and by keeping them up-to-date on medical knowledge through instructor seminars. Several times a year, the Council brings together EMT trainees from smaller communities to a central location for EMT training. Physicians and nurses assist in instructing these classes which provides the added benefit of acquainting newly trained EMT's with the medical professionals to whom they will be sending patients. Very frequently, these EMT's serve as the sole emergency medical providers in their community due to the absence of local nurses or physicians.

Continuing Medical Education for Clinics and Hospitals - Physicians and nurses in Southeast hospitals and midlevel practitioners in outlying clinics share the difficulties of keeping their skills up-to-date. The Council has

established several continuing medical education programs to assist in this aim. By training staff from each hospital as Advanced Cardiac Life Support Instructors, the Council has made this Heart Association certified course widely available. This has led to improved cardiac care capabilities and procedures at Southeast hospitals and clinics. The Council also offers twice a year an American College of Surgeon's certified Trauma Life Support course with the aim of training all physicians with on call or emergency responsibilities in lifesaving surgical procedures. Several times a year, the Council brings critical care specialists from referral centers such as Harborview Medical Center to Southeast facilities to provide inservices. Preceptorships are also offered at major referral centers whereby Southeast physicians and nurses are offered an opportunity to spend a week or two working in a busy emergency department to update their skills.

C. Equipment

The Council's functions in assisting communities in assessing emergency medical equipment needed and in seeking matching funds for their purchase is closely related to its training program as training is prerequisite to the safe and effective use of medical equipment items.

Together with other EMS regions and the State EMS office, the Council has established EMS goals defining the optimal, yet realistic, capability levels for communities and facilities of various sizes throughout Alaska. These form a basis by which logging camps, villages, ambulance services, clinics and hospitals may assess each year the equipment items needed. After screening by local physicians, and the local EMS Council and the Southeast Region EMS Council Board; these requests are consolidated into a request for the legislature. Fifty percent of the items' cost is requested from State funds while communities provide the other fifty percent. Attached is a listing, by legislative district, of equipment expenditures this fiscal year.

D. Communications

Communications of medical information and the technology for it is another major focus of the Council. Presently, the Council is working with the State Division of Communications toward establishing priorities in EMS communications.

The Council assists communities both in determining how existing emergency networks can be accessed and in setting up emergency dispatch mechanisms. The Council has assisted in the development of local emergency communications systems in all communities providing ambulance service (13), and in several smaller communities where the most appropriate mechanism might be an air horn or emergency access to Cold Storage marine radios. This year, the Council is sponsoring a pilot project whereby electro-cardiograms may be relayed via telephone from the Pelican Health Clinic to Bartlett Memorial Hospital for diagnosis. This relatively inexpensive project may likely prove advisable on a Statewide level.

E. Coordination of Resources

In addition to assisting communities in ensuring that the personnel and equipment needed in an emergency are in place, the Council continually works toward the most efficient coordination and sharing of those resources. Through meeting with those involved in EMS in the communities, the Council is able to keep people up-to-date on resources available. This may include such topics as how to best access the Coast Guard, the availability of the Providence Hospital Neonatal Transport system, or the availability of a bargain deal on a used ambulance.

SECTION 8

- * Health Statistics
- * Other reports
- * Background information

LEADING CAUSES OF DEATH BY REGIONRATE PER 100,000

KETCHIKAN

1. Heart disease and hypertension	157.1
2. Accidents	107.6
3. Malignant neoplasms	82.9
4. Vascular lesions of CNS	44.5
5. Degenerative diseases	21.0

WRANGELL-PETERSBURG

1. Heart disease and hypertension	173.0
2. Accidents	150.0
3. Malignant neoplasms	110.4
4. Suicide	29.4
5. Vascular lesions of CNS	22.1

SITKA

1. Heart disease and hypertension	114.2
2. Accidents	108.3
3. Malignant neoplasms	93.7
4. Vascular lesions of CNS	32.2
5. Alcoholism/diseases of early infancy	23.4

JUNEAU

1. Heart disease and hypertension	122.0
2. Accidents	104.1
3. Malignant neoplasms	75.1
4. Vascular lesions of CNS	32.4
5. Respiratory/ill-defined	17.1

CHUGACH

1. Accidents	173.8
2. Heart Disease and hypertension	120.8
3. Malignant neoplasms	108.1
4. Influenza pneumonia/Respiratory	21.2
5. Vascular lesions of CNS/Cirrhosis	17.0

AHTNA

1. Accidents	160.9
2. Malignant neoplasms	47.3
3. Heart disease and hypertension	42.6
4. Diseases of early infancy/Ill-defined	23.7
5. Suicide	14.2

COOK-INLET

1. Accidents	125.5
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2. Heart disease and hypertension	103.7
3. Malignant neoplasms	81.3
4. Vascular lesions of CNS	24.3
5. Ill-defined	22.4

ANCHORAGE

1. Accidents	74.9
2. Heart disease and hypertension	54.6
3. Malignant neoplasms	46.2
4. Suicide	16.5
5. Cirrhosis	13.1

KONIAG

1. Accidents	191.8
2. Heart disease and hypertension	93.7
3. Malignant neoplasms	56.7
4. Alcoholism	26.1
5. Vascular lesions of CNS	21.8

ALEUTIANS

1. Accidents	81.4
2. Heart disease and hypertension	65.1
3. Malignant neoplasms	32.5
4. Vascular lesions of CNS	24.4
5. Diseases of early infance/Ill-defined	10.8

BRISTOL BAY

1. Accidents	204.0
2. Heart disease and hypertension	61.9
3. Malignant neoplasms	51.0
4. Ill-defined/	32.8
5. Vascular lesions CNS/Respiratory	25.5

CALISTA

1. Accidents	181.7
2. Heart disease and hypertension	43.7
3. Influenza Pneumonia	31.0
4. Ill-defined	29.6
5. Diseases of early infancy	26.8

BERING STRAITS

1. Accidents	258.0
2. Heart disease and hypertension	105.0
3. Malignant neoplasms	96.0

4. Suicide	57.0
5. Homocide/Ill-defined	30.0

NANA

1. Accidents	149.2
2. Suicide	78.8
3. Heart disease and hypertension	66.3
4. Ill-defined	45.6
5. Malignant neoplasms	51.5

DOYON

1. Accidents	142.1
2. Heart disease and hypertension	72.9
3. Malignant neoplasms	37.1
4. Homocide	27.2
5. Suicide	21.0

FAIRBANKS

1. Accidents	76.8
2. Heart disease and hypertension	68.7
3. Malignant neoplasms	54.5
4. Vasculer lesiona of CNS	20.0
5. Diseases of early infancy	17.3

Average annual rate 1974-1977 per 100,000 from DHEW statistics

1977 LEADING CAUSES OF DEATH - UNITED STATES RATE PER 100,000

1. Diseases of the heart	331.3
2. Malignant neoplasms	183.5
3. Cerebrovascular disease	76.9
4. Accidents	47.9
5. Pulmonary disease	22.7
6. Pneumonia/Influenza	20.0
7. Diabetes mellitus	15.0
8. Chronic liver disease	13.6
9. Atherosclerosis	13.0
10. Suicide	12.6

CAUSE OF DEATH	RATE/100,000 ALASKA	RATE/100,000 U.S.
● Congenital Abnormalities		6.0
1. Nana	12.4	
2. Sitka	11.7	
3. Calista	11.3	
4. Bristol Bay	10.9	
5. Doyon	9.9	
Vascular Lesions of CNS		3.4
1. Ketchikan	44.5	
2. Juneau	32.4	
3. Sitka	32.2	
4. Bristol Bay	25.5	
5. Aleutians	24.4	
Accidents		47.7
1. Bering Straits	258.0	
2. Bristol Bay	204.0	
3. Koniag	191.8	
4. Calista	181.7	
● 5. Chugach	173.8	
6. Ahtna	160.9	
Homocide		9.1
1. Bering Straits	30.0	
2. Doyon	27.2	
3. Calista	19.7	
4. Nana	16.6	
5. Arctic Slope	13.1	
Suicide		13.3
1. Nana	78.8	
2. Bering Straits	57.0	
3. Wrangell-Petersburg	29.4	
4. Calista	23.9	
5. Doyon	21.0	
Alcoholism		2.4
1. Koniag	26.1	
2. Sitka	23.4	
● 3. Nana	20.7	
4. Ketchikan	19.8	
5. Bering Straits	18.0	

RATE PER 100,000 POPULATION BY YEAR

PROFESSION	1950	1965	1970	1975		1979		1981
	U.S.	U.S.	U.S.	AK.	U.S.	U.S.	AK.	AK.
PHYSICIAN	134.0	139.9	148.7		166.7	185.1	113.0	140.0
PHYSICIAN ASS'T								12.0
R.N.	218.1	317.6	363.9		448.1	520.8	689.6	831.0
L.P.N.						252.0		238.3
PSYCHOLOGIST							5.1	15.2
CHIROPRACTOR						10.0	8.0	11.0
OPTOMETRIST	9.6	8.8	8.9	5.5	9.3	9.7	6.2	6.3
DENTIST	49.8	46.5	47.1	42.0	50.3	54.0	47.3	49.1
PHARMACIST	56.6	52.5	54.4	46.0	56.2	62.4	56.4	43.1

All figures from DHEW Statistics except 1981 Alaska statistics which I took from the Division of Occupational Licensing (removing all non-residents from figures).

Figures seem to be based on all licensed professionals, including those residing out of state and those not in active service.

MALE 1976-1977	Number of Deaths			Rate per 100,000 Two Year Average 1977 and '78		FEMALE			Rate per 100,000 Two Year Average 1977 and 1978	TOTAL BOTH SEXES
	1976	1977	1978			Number of Deaths				Rate per 100,000 Two Year Average 1977 and 1978
						1976	1977	1978		
Tuberculosis	3	1	0	0.2*	Tuberculosis	1	1	3	1.1*	0.6
Other Infections	8	5	27	7.1	Other Infections	9	10	16	6.9	7.0
Inflammatory Diseases of CNS	8	4	2	1.3	Inflammatory Diseases of CNS	3	3	4	1.9	1.6
Gastritis and Enteritis	0	0	0	0.0*	Gastritis and Enteritis	2	0	0	0.0*	0.0*
Influenza and Pneumonia	30	20	35	12.2	Influenza and Pneumonia	18	8	20	7.4	10.0
Other Respiratory	18	17	18	7.8	Other Respiratory	10	15	15	7.9	7.9
Maternal	-	-	-	-	Maternal	0	1	1	0.5*	0.2*
Congenital Abnormalities	19	12	10	4.9	Congenital Abnormalities	18	21	19	10.6	7.5
Diseases of Early Infancy	31	27	37	14.2	Diseases of Early Infancy	16	15	15	7.9	11.4
Ill-Defined	38	41	33	16.5	Ill-Defined	23	27	25	13.8	15.2
Heart Disease and Hypertension	212	222	210	96.0	Heart Disease and Hypertension	100	71	99	50.3	75.2
Malignant Neoplasms	133	133	159	64.9	Malignant Neoplasms	100	116	117	61.7	63.4
Diabetes	8	3	6	2.0	Diabetes	4	5	5	2.6	2.3
Vascular Lesions of the CNS	29	34	30	14.2	Vascular Lesions of CNS	37	27	36	16.7	15.3
General Arteriosclerosis	6	18	7	5.6	General Arteriosclerosis	5	9	4	3.4	4.6
Chronic Nephritis	0	0	2	0.4*	Chronic Nephritis	1	1	0	0.3*	0.4*
Cirrhosis of Liver	33	17	26	9.6	Cirrhosis of Liver	18	20	13	8.7	9.2
Other Degenerative	16	22	23	10.0	Other Degenerative	11	20	16	9.5	9.8
Accidents	336	287	357	143.2	Accidents	95	78	94	45.5	98.6
Suicide	51	73	50	27.3	Suicide	16	16	9	6.6	17.9
Homicide	43	28	42	15.6	Homicide	2	8	18	6.9	11.6
Other External Causes	13	32	22	12.0	Other External Causes	4	12	5	4.6	8.6
Alcoholism	15	21	8	6.4	Alcoholism	12	10	9	5.0	5.8
All Other Causes	38	43	22	14.6	All Other Causes	18	32	29	16.1	15.2
TOTAL	1,088	1,060	1,126	496.0	TOTAL	529	546	572	295.9	399.2

*Rate based on number less than 5.

Sources: Office of Information Systems, Alaska Dept. of Health and Social Services, Alaska Vital Statistics, 1976 and 1977; and Unpublished Data, 1978. Population by sex derived by

Alaska Natives

1976-1978

	Alaska Natives				NON-NATIVES				TOTAL ALL RACES	
	Number of Deaths			Rate per 100,000 Two Year Average 1977 and 1978	Number of Deaths			Rate per 100,000 Two Year Average 1977 and 1978	Rate per 100,000 Two Year Average 1977 and 1978	
	1976	1977	1978		1976	1977	1978			
Tuberculosis	2	2	2	2.9*	Tuberculosis	2	0	1	0.1*	0.6
Other Infections	8	6	16	16.0	Other Infections	9	8	26	4.9	7.0
Inflammatory Diseases of OHS	7	5	0	3.6	Inflammatory Diseases of OHS	4	2	6	1.2	1.6
Gastritis and Enteritis	1	0	0	0.0*	Gastritis and Enteritis	1	0	0	0.0*	0.0*
Influenza and Pneumonia	26	8	25	24.1	Influenza and Pneumonia	22	20	29	7.1	10.0
Other Respiratory	9	7	10	12.4	Other Respiratory	19	25	23	7.0	7.9
Maternal	0	0	0	0.0*	Maternal	0	1	1	0.3*	0.2*
Congenital Abnormalities	9	6	4	7.3	Congenital Abnormalities	28	26	25	7.4	7.5
Diseases of Early Infancy	21	10	13	16.8	Diseases of Early Infancy	26	32	39	10.3	11.4
Ill-Defined	26	27	17	32.1	Ill-Defined	34	41	40	11.7	15.2
Heart Disease and Hypertension	69	57	65	89.0	Heart Disease and Hypertension	243	256	244	72.4	75.2
Malignant Neoplasms	55	60	54	83.2	Malignant Neoplasms	178	180	222	59.4	63.4
Diabetes	2	1	1	1.5*	Diabetes	10	7	10	2.5	2.3
Vascular Lesions of OHS	15	19	13	23.3	Vascular Lesions of OHS	51	42	53	13.8	15.3
General Arteriosclerosis	3	4	2	4.4	General Arteriosclerosis	8	23	9	4.6	4.6
Chronic Nephritis	1	0	1	0.7*	Chronic Nephritis	0	1	1	0.3*	0.4*
Cirrhosis of Liver	19	10	12	16.0	Cirrhosis of Liver	32	27	27	7.8	9.2
Other Degenerative	7	15	6	15.3	Other Degenerative	20	27	33	6.7	9.8
Accidents	131	110	122	169.2	Accidents	298	255	328	84.4	92.6
Suicide	21	25	13	27.7	Suicide	46	64	46	15.9	17.9
Homicide	20	11	25	26.3	Homicide	31	29	35	8.7	11.6
Other External Causes	9	23	7	21.9	Other External Causes	10	21	20	5.9	6.6
Alcoholism	22	17	10	19.7	Alcoholism	5	18	7	3.0	5.8
All Other Causes	14	24	19	31.4	All Other Causes	40	51	32	12.0	15.2
TOTAL	497	447	437	644.8	TOTAL	1,117	1,156	1,257	349.6	399.2

*Rate based on number less than 5.

Source: Office of Information Systems, Alaska Dept. of Health and Social Services, Alaska Vital Statistics, 1976 and 1977; and Unpublished Data, 1978.

RESIDENT DEATHS BY ACCIDENT

Alaska 1974-1978

(Rate per 100,000)

TYPE OF ACCIDENT	1974	1975	1976	1977	1978	U.S. 1977
Other Transport	0.0*	0.0*	0.2*	0.2*	0.2*	0.4
Motor Vehicle	20.5	29.4	27.6	32.3	29.1	22.9
Water Transport--Drown	8.3	12.1	7.7	7.5	14.4	0.6
Water Transport--Other	0.6*	0.5*	1.0*	0.2*	0.5*	0.0
Aircraft	14.5	16.8	14.5	10.2	23.8	0.8
Poisoning	4.0	5.2	5.1	2.7	3.6	2.2
Falls	6.3	3.0	5.6	5.8	4.1	6.4
Fire	10.5	5.4	5.6	5.4	4.8	2.9
Exposure	1.1*	2.5	3.6	2.9	1.7	0.3
Other Environment	6.8	3.0	1.5	1.0*	2.2	0.5
Drown--Non-transport	13.7	9.1	10.6	8.8	8.2	2.8
Suffocation	2.8	2.5	1.7	0.5*	2.2	1.4
Firearms	8.3	4.0	5.8	2.4	4.1	0.9
Other Accidents	13.4	7.9	13.8	8.8	9.6	5.5
TOTAL ALL ACCIDENTS	110.8	101.3	104.3	88.8	108.3	47.7

Source: Office of Information Systems, Alaska Department of Health and Social Services, Unpublished Data.

RESIDENT DEATHS BY CAUSE 1976
(Rate per 100,000)

RESIDENT DEATHS BY CAUSE 1977
(Rate per 100,000)

RESIDENT DEATHS BY CAUSE 1978
(Rate per 100,000)

ALASKA

ALASKA		CAUSE OF DEATH	HSA			PERCENT DIFFERENCE U.S.	HSA			PERCENT DIFFERENCE U.S.	HSA		
1974	1975		SE	SC	M		SE	SC	M		SE	SC	M
2.3	1.5	Tuberculosis	2.0*	0.7*	1.2*	Alaska 33% lower	1.9*	0.4*	0.0*	Alaska 64% lower	0.0*	1.1*	0.0*
1.7	2.7	Other Infections	9.8	2.5	5.9	Alaska 35% lower	1.9*	3.9	4.1*	Alaska 45% lower	5.5*	10.0	14.6
1.1*	1.5	Inflammatory Disease of CNS	0.0*	3.2	2.4*	Alaska 27% lower	0.0*	1.8	2.7*	Alaska 50% lower	0.0*	1.1*	3.6*
0.3*	0.7*	Gastritis and Enteritis	0.0*	0.7*	0.0*	N/A	0.0*	0.0*	0.0*	N/A	0.0*	0.0*	0.0*
12.2	11.6	Influenza and Pneumonia	19.5	10.4	10.7	Alaska 60% lower	13.2	4.6	10.8	Alaska 71% lower	11.0	11.8	19.4
10.0	10.9	Other Respiratory	11.7	7.2	2.4*	N/A	11.3	8.1	4.1*	N/A	16.5	6.4	7.3
0.0*	0.0*	Maternal	0.0*	0.0*	0.0*	Alaska 100% lower	1.9*	0.0*	0.0*	No difference	0.0*	0.4*	0.0*
5.7	5.4	Congenital Abnormalities	9.8	9.0	8.3	Alaska 48% higher	11.3	6.7	10.8	Alaska 33% higher	7.4*	7.9	3.6*
19.1	12.6	Diseases of Early Infancy	9.9*	12.6	10.7	Alaska 2% lower	5.6*	9.9	14.9	Alaska 6% lower	18.4	12.5	8.5
14.0	12.6	Ill-Defined	9.8*	13.7	21.4	Alaska 3% higher	20.7	12.3	29.7	Alaska 11% higher	5.5*	14.3	18.2
83.7	64.7	Heart Disease and Hypertension	156.3	63.0	67.7	Alaska 78% lower	131.7	68.7	64.9	Alaska 77% lower	136.8	61.9	75.3
51.0	52.9	Malignant Neoplasms	95.8	50.8	53.5	Alaska 68% lower	88.4	58.1	50.0	Alaska 66% lower	90.1	65.4	53.5
4.3	3.5	Diabetes	5.9*	1.4*	9.9	Alaska 82% lower	1.9*	2.1	1.4*	Alaska 88% lower	37*	1.8	4.9*
27.1	18.3	Vascular Lesions of CNS	50.8	11.2	10.7	Alaska 82% lower	26.3	11.5	18.9	Alaska 82% lower	31.7	13.2	14.6
2.8	3.3	General Arteriosclerosis	17.6	0.7*	0.0*	Alaska 80% lower	26.3	2.5	8.1	Alaska 50% lower	5.5*	3.4*	4.9*
0.6*	0.8*	Chronic Nephritis	0.0*	0.4*	0.0*	Alaska 94% lower	0.0*	0.4*	0.0*	Alaska 94% lower	1.8*	0.4*	0.0*
10.6	12.1	Cirrhosis of Liver	19.5	13.7	3.6*	Alaska 16% lower	9.4	8.8	9.5	Alaska 37% lower	14.7	7.5	12.7
8.5	7.9	Other Degenerative	11.7	6.5	3.6*	N/A		9.5	6.8	N/A	20.7	8.2	6.1
110.8	101.3	Accidents	103.6	108.7	90.3	Alaska 122% higher	75.2	83.8	117.5	Alaska 84% higher	119.5	111.5	89.9
12.2	18.3	Suicide	15.6*	18.8	10.7	Alaska 30% higher	22.4	21.5	21.6	Alaska 62% higher	18.5	15.7	7.3
9.7	6.4	Homicide	2.0*	15.1	9.5	Alaska 37% higher	0.0*	9.5	12.2	Alaska 3% lower	9.2	12.5	24.3
5.7	2.2	Other External Causes	3.9*	0.7*	15.4	Alaska 84% higher	11.3	8.1	20.3	Alaska 410% higher	3.7*	8.7*	27.9
10.0	11.4	Alcoholism	13.7	5.8	4.8*	Alaska 183% higher	18.8	4.2	12.8	Alaska 232% higher	7.4*	4.3	1.7*
14.8	13.1	All Other Causes	25.4	10.8	15.4	N/A	28.7	15.5	21.6	N/A	10.4	11.1	12.7
418.8	371.1	Total	588.7	385.8	374.1	Alaska 58% lower	476.7	353.7	443.8	Alaska 54% lower	441.3	281.1	409.5

RESIDENT DEATHS BY CAUSE

ALASKA 1950 - 1970

SELECTED CAUSES OF DEATH	1950	1951	1952	1955	1956	1957	1960	1961	1962	1965	1966	1967	1970	1971	1972	1975	1976	1977	1978
Tuberculosis -----	177.0	145.7	97.4	24.4	22.7	24.6	0.0	0.1	7.0	5.3	3.7	3.6	3.0	1.6	1.5	1.5	1.0	.5	0.7
Other Infectious -----	31.1	10.9	17.3	7.7	19.1	7.4	6.1	12.7	11.4	9.4	6.2	5.3	3.6	3.9	5.6	2.7	4.1	3.6	10.3
Inflammatory Diseases of CNS -	6.7	6.7	5.1	2.3	2.7	4.0	3.9	5.5	6.6	3.4	3.3	6.3	1.3	1.3	1.5	1.5	2.7	1.7	1.4
Gastritis and Enteritis -----	5.2	3.7	4.1	3.6	6.0	6.6	10.5	5.5	6.2	9.0	1.5	3.2	1.6	.0	.9	.7	.5	0.0	0.0
Influenza and Pneumonia -----	57.0	40.2	25.5	29.4	36.0	39.5	43.4	31.0	27.1	25.9	22.7	13.9	17.9	17.0	11.8	11.6	11.6	6.8	13.2
Other Respiratory -----	9.6	13.4	12.0	10.6	14.5	15.0	12.7	6.4	14.0	14.7	9.5	8.5	13.2	13.0	6.0	10.9	6.8	7.8	7.9
Maternal -----	6.7	2.4	2.6	1.0	2.3	1.0	0.4	1.3	2.1	1.1	0.4	0.7	.7	.0	.0	.0	0	.2	0.2
Congenital Abnormalities -----	10.4	12.0	13.3	12.2	10.9	12.7	17.5	12.3	9.5	15.0	12.4	11.4	12.9	6.4	8.7	5.4	9.0	8.0	7.0
Diseases of Early Infancy -----	45.2	63.4	50.0	57.0	64.5	64.0	63.1	59.8	49.7	40.2	34.3	34.1	25.5	22.0	19.6	12.6	11.4	10.2	12.5
Ill Defined -----	34.8	41.5	32.1	25.3	21.4	21.1	19.7	21.2	10.5	12.0	10.6	22.0	14.2	0.0	13.3	12.6	14.0	16.5	13.9
Heart Disease and Hypertension	169.6	139.0	111.2	106.3	103.6	96.0	107.4	103.5	109.3	103.7	87.7	94.6	87.3	86.6	99.0	64.7	75.5	76.1	74.2
Malignant Neoplasms -----	66.7	43.9	42.3	39.4	47.7	50.0	50.9	54.7	50.6	62.0	54.4	54.4	61.5	65.3	65.8	52.9	56.4	60.6	66.3
Diabetes -----	3.0	2.4	3.1	2.7	3.6	3.5	3.9	3.0	3.3	2.6	3.7	3.9	2.8	3.5	2.2	3.5	2.9	1.9	2.6
Vascular Lesions of CNS -----	40.1	44.5	30.0	29.9	27.7	32.0	29.0	23.3	44.0	20.6	24.1	30.9	26.1	27.0	30.4	18.3	16.0	14.0	15.9
General Arteriosclerosis -----	5.9	0.5	4.1	3.6	2.7	6.1	0.3	12.7	11.5	9.4	0.0	9.6	7.6	3.2	6.2	3.5	2.7	6.6	2.6
Chronic Nephritis -----	3.7	4.3	4.1	5.9	3.2	4.4	2.2	3.0	3.3	1.1	1.1	2.0	1.6	.6	1.2	.5	.2	.2	0.5
Cirrhosis of Liver -----	5.2	9.1	0.7	5.4	5.9	7.0	6.1	3.4	9.9	7.9	0.0	5.7	11.2	13.5	11.8	12.1	12.3	9.0	9.4
Other Degenerative -----	12.6	11.0	12.2	12.2	10.0	12.7	10.6	10.2	9.9	16.5	3.1	11.0	13.9	10.9	12.1	7.9	6.6	10.2	9.4
Accidents* -----	155.6	149.4	117.3	129.9	109.1	103.9	100.4	107.3	95.4	104.5	125.7	90.7	116.7	128.6	104.9	103.5	108.4	99.5	114.8
Homicides -----	24.4	16.5	16.3	16.3	14.5	11.0	14.0	16.5	16.0	17.7	17.7	16.4	13.2	15.4	11.2	18.3	16.2	21.6	14.2
Suicides -----	12.6	9.1	6.6	7.2	10.5	0.0	0.8	10.2	4.5	0.6	9.5	10.0	10.6	8.4	9.6	6.4	12.3	0.0	14.4
Alcoholism -----	0.1	15.2	10.2	6.0	5.5	5.3	7.0	5.8	4.1	6.4	5.6	6.0	10.9	14.5	11.0	11.4	6.6	7.5	4.1
ALL OTHER CAUSES	40.7	39.0	24.0	18.1	17.7	21.1	18.9	24.2	20.1	18.8	20.1	15.6	15.9	15.4	19.2	13.6	13.5	18.2	12.2
TOTAL	940.0	840.0	659.2	566.1	563.6	561.0	654.6	544.3	537.6	626.1	407.0	461.1	473.3	467.7	455.4	376.1	391.3	390.6	407.8

Sources: Office of Information Systems, Alaska Department of Health and Social Services, Alaska Vital Statistics, 1966, 1974-1977 and unpublished data 1977, 1978, 1979.

*Because Accidents and Other External Causes are grouped together in early Alaska mortality data, Accidents and Other External Causes are grouped together in this table.

ALASKA & THE U.S. 1970

Age-Specific rate per 100,000

Age	Alaska	U.S.	Percent Difference In Age-Adjusted Rates
0 - 4 years	635.8	494.7	Alaska 29% higher
5 - 14 years	56.4	41.4	Alaska 36% higher
15 - 24 years	221.2	126.7	Alaska 75% higher
25 - 34 years	217.5	159.8	Alaska 36% higher
35 - 44 years	391.9	314.1	Alaska 12% higher
45 - 54 years	785.1	724.9	Alaska 8% higher
55 - 64 years	1657.1	1662.4	Alaska 1% lower
65 + years	5340.4	5890.1	Alaska 9% lower
All age groups	476.4	940.4	Alaska 49% lower

Alaska & U.S. 1977
(Age-Specific Rate per 100,000)

Age	Alaska	U.S.	
<1	1,480.1	1,485.6	Alaska <1% lower
1 - 4	106.3	68.8	Alaska 55% higher
5 - 14	39.4	34.6	Alaska 14% higher
15 - 24	207.4	117.1	Alaska 77% higher
25 - 34	268.5	136.2	Alaska 97% higher
35 - 44	255.8	247.5	Alaska 3% higher
45 - 54	549.4	620.7	Alaska 11% lower
55 - 64	1,450.1	1,434.9	Alaska 1% higher
65+	5,003.4	5,288.1	Alaska 5% lower
All Age Groups	390.6	878.1	Alaska 56% lower

Source: Office of Information Systems, Alaska Department of Health and Social Services, Alaska Vital Statistics for Health Systems Agencies, 1977. Office of State Health Planning and Development, Alaska Department of Health and Social Services, Unpublished Data, 1979. National Center for Health Statistics, U.S. DHEN, Monthly Vital Statistics Report, Final Mortality Statistics, 1977.

LEADING CAUSES OF DEATH BY AGE

Alaska and U.S. 1976 & 1977

(Average Annual Rate* per 100,000)

	Alaska	U.S.	% Difference
UNDER AGE 1			
1. Diseases of Early Infancy	546.3	778.6	Alaska 30% lower
2. Ill-Defined	362.2	174.3	Alaska 108% higher
3. Congenital Abnormalities	319.2	271.0	Alaska 18% higher
4. Influenza and Pneumonia	73.7	59.0	Alaska 25% higher
5. Accidents	55.2	39.2	Alaska 41% higher
All causes	1,540.8	1,540.3	Alaska <1% higher
AGE 1-4			
1. Accidents	56.5	27.6	Alaska 105% higher
2. Homicide	9.2	2.6	Alaska 254% higher
3. Congenital Abnormalities	6.1	8.9	Alaska 32% lower
3. Ill-Defined	6.1	2.6	Alaska 135% higher
All causes	109.9	69.4	Alaska 58% higher
AGE 5-14			
1. Accidents	23.9	17.2	Alaska 39% higher
2. Malignant Neoplasms	3.9	4.9	Alaska 20% lower
3. Homicide	2.2	1.2	Alaska 83% higher
3. Suicide	2.2	0.4	Alaska 450% higher
3. Congenital Abnormalities	2.2	2.0	Alaska 10% higher
3. Inflammatory Diseases of CNS	2.2	0.3	Alaska 633% higher
All causes	43.3	34.7	Alaska 25% higher
AGE 15-24			
1. Accidents	149.1	61.2	Alaska 144% higher
2. Suicide	32.1	12.6	Alaska 155% higher
3. Homicide	11.9	12.6	Alaska 6% lower
4. Malignant Neoplasms	7.1	6.5	Alaska 9% higher
5. Heart Disease & Hypertension	2.4	2.6	Alaska 8% lower
All causes	218.0	115.3	Alaska 89% higher

	Alaska	U.S.	% Difference
AGE 25-34			
1. Accidents	151.9	43.8	Alaska 247% higher
2. Suicide	36.6	16.8	Alaska 118% higher
3. Homicide	13.6	16.5	Alaska 17% lower
4. Malignant Neoplasms	9.5	14.5	Alaska 34% lower
5. Heart Disease & Hypertension	8.1	8.7	Alaska 7% lower
All causes	253.6	136.2	Alaska 86% higher
AGE 35-44			
1. Accidents	90.0	37.4	Alaska 141% higher
2. Heart Disease & Hypertension	36.0	50.7	Alaska 29% lower
3. Malignant Neoplasms	23.7	51.2	Alaska 54% lower
4. Cirrhosis of Liver	16.4	16.1	Alaska 2% higher
5. Homicide	14.7	14.4	Alaska 2% higher
All causes	243.0	250.8	Alaska 3% lower
AGE 45-54			
1. Malignant Neoplasms	127.8	182.2	Alaska 20% lower
2. Heart Disease & Hypertension	125.1	198.4	Alaska 37% lower
2. Accidents	125.1	40.1	Alaska 212% higher
3. Cirrhosis of Liver	46.2	34.4	Alaska 34% higher
4. Suicide	20.4	19.0	Alaska 7% higher
4. Homicide	20.4	9.9	Alaska 106% higher
All causes	589.9	627.8	Alaska 6% lower
AGE 55-64			
1. Heart Disease & Hypertension	469.5	544.9	Alaska 14% lower
2. Malignant Neoplasms	389.7	439.4	Alaska 11% lower
3. Accidents	168.3	7.8	Alaska 252% higher
4. Cirrhosis of Liver	67.9	46.5	Alaska 46% higher
5. Vascular Lesions of CNS	47.2	82.6	Alaska 43% lower
All causes	1,491.0	1,455.2	Alaska 3% higher
AGE 65+			
1. Heart Disease & Hypertension	1,801.9	2,383.3	Alaska 24% lower
2. Malignant Neoplasms	1,097.3	983.8	Alaska 12% higher
3. Vascular Lesions of CNS	433.2	676.2	Alaska 36% lower
4. Accidents	196.4	103.5	Alaska 90% higher
5. General Arteriosclerosis	179.0	119.3	Alaska 50% higher
All causes	4,880.2	5,357.7	Alaska 9% lower

State Hospital Cost Containment Programs

During the seventies, seventeen states initiated programs to screen costs of hospitals to guarantee to all purchasers of hospital health care services that total hospital costs were reasonably related to total services, and that such rates are set equitably among all purchasers of these services. Most of the programs are controlled by commissions independent of state agencies, and all are mandatory (although two have voluntary compliance).

Many agree that the most successful of these is the Washington State Hospital Commission implemented in March 1973. The rate of cost increase per admission in 1978 was 5% in Washington versus 10 to 12% in the Nation; the cost per average patient day was 5% versus 9.6% in the U.S. The reason for these differences is that Washington includes:

- Uniform budget and reporting system
- A prospective budget review system
- A cooperative attitude by hospitals
- A shortened length of stay
- An independent commission of interested citizens
- A system of grouping hospitals

The commission encourages hospital management to initiate their own cost containment programs founded on the requisite reporting system, based on flexible accounting principles.

Each year the hospitals make a statement including goals and objectives; action plans by cost and revenue centers; operational and contractual arrangements/statistics by service units and direct expense by centers; details and summaries of budgeted revenues and expenses; capital expenditures; and sinking funds for depreciation.

Classification of hospitals includes case, staff, physician, and service mixes; area population and its financial potential; differences in locations, organizations and resources of providers; plant conditions; state and other subsidies; and reimbursements.

The Commission uses an "exception review" process to identify potentially high cost operations that are subjected to a more thorough review. Each hospital's budgeted review is compared to its peer group classification.

The Commission has the power to set fees, but uses this power

only in certain cases. Instead, a rate concept is used to control fees, costs and charges. A rate is defined as the total revenue requirements of a revenue center divided by the number of procedures.

In addition, the Commission makes allowances for contractual adjustments, bad debts and charitable services; and allows a planned capital and service component for justifiable and needed replacement and expansion, additional working capital and feasibility studies.

The review takes place at an informal, open meeting and a hospital may appeal at a formal hearing if it disagrees with the findings. Although the Commission has enforcement and subpoena powers, it has never had to use them, nor has there ever been a formal hearing.

The Commission is also working in conjunction with HCFA on a prospective reimbursement program in which all payments by contract third party payors are determined by an apportionment of each hospital's total budget. Many variables relating to location, costs and utilization are figured in these determinations.

The Washington State Hospital Commission is a five member independent commission appointed by the Governor and approved by the Senate. It is comprised of members of labor, business, and hospitals as well as consumers. Rules and regulations for rate setting are issued under direct authority of the commission. An 11 member technical advisory board, also appointed by the Governor, assists the Commission. The rate review is performed by a full time professional staff, headed by an executive director appointed by the Commission.

HEALTH PLANNING

Authorizations for the health planning program for FY 82 are contained in the Omnibus Budget Reconciliation Act of 1981 signed by the President on August 13. The Act sets upper limits on amounts that may be appropriated. The law (P.L. 97-35) authorizes appropriations of \$102 million for health planning for 1982 (\$65 million for local agencies, \$35 million for state agencies, and \$2 million for health planning centers).

The health planning provision would:

1. Reduce minimum funding levels from \$245,000 to \$100,000 for local planning agencies.
2. Allow local agencies to accept operational funds in contributions from health insurance companies.
3. Enable a governor to eliminate any and all HSAs if assurances are given to the Department of Health and Human Services that the purposes of the program can be met without them and if the HHS Secretary approves the proposal.
4. Raise the threshold for Certificate of Need reviews to \$600,000 for capital expenditures, \$400,000 for major medical equipment, and \$250,000 for new institutional services.
5. Allow local departments with HHS approval to stop appropriateness reviews, reviews of proposed uses of Federal funds, and the collection and dissemination of charge information for the 25 most frequently used hospital services.

There is every reason to believe that funding for HSAs will cease in FY 83, and because of budget limitations it is unlikely that H&SS will be able to increase funding to local planning agencies. Local input remains important in advising the state agency, but no plans have yet been made for implementing regional planning in 1983. It would seem likely that the Legislature would be approached for supplemental funding in this area.

BLOCK GRANT INFORMATION - DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The final Block Grant regulations have fallen far short of the Reagan administration's promises of flexibility on the state level, with the Budget Reconciliation Bill listing complete specifications for spending Federal funds. Although the paperwork has been streamlined, the administrative responsibility falls almost totally to the state financially. The Department of Health and Social Services has already hired a full time coordinator for the Block Grants, John Taber, who came onboard in August.

The scope of the Block Grants has diminished since the original plans, as many targeted programs have retained categorical funding status. Alaska has a particular problem, as many programs are funded through the state or IHS (particularly in the Preventive Health Block Grant), and the Department anticipates major budget cuts in IHS monies in 1982 which will further burden the state in financial obligations. All told, the amount of Federal money is small for all Block Grants, less than 1% of the National total. H&SS has already notified the Federal Government that they are ready to take over the administration of Block Grants, though C&RA has requested the next year to prepare for administering the Community Services Grant.

I have identified the following as important points:

1. Very little regulation will need to occur for the Block Grants since the Budget Reconciliation Bill clearly specifies how funding, reporting and auditing will be accomplished.

2. Most of the Grants require that the Legislature hold public hearings throughout the state following the end of FY 82 and the beginning of FY 83, with reports to the Secretary.

3. Five of the Block Grants specify that any native organization may request that they receive their share of the Block Grant on a yearly basis. The Native Lands Settlement Act recognized over 300 such organizations in Alaska, and although a request for an individual Grant will not exempt them from other state services and funding in that area, it will complicate planning for H&SS. It will be very important to the Department to obtain some agreement with tribal organizations on this issue.

4. The Primary Care Block Grant will not go into effect until

BLOCK GRANTS/2

FY 83. There is some concern over the funding of the Anchorage Community Health Center, as it is operating on 45% carry-over funds from FY 80, which will not be counted when the Block Grant allocation for FY 83 is figured.

Please note: BIA general assistance money will cease in mid-November affecting at least 4,000 Alaska residents. This will have a definite affect in the rural economy, and there is no state program to cover this loss. There will be a meeting in Anchorage in the Native Health Building solarium concerning this and other native health issues. I am enclosing a copy of the agenda, you may find it very helpful to attend this meeting.

May 27, 1981

The Honorable Jalmar M. Kerttula
President of the Senate
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. President:

This letter is to inform you of plans for interim activity by the HESS Committee. One thing that has become increasingly clear during my tenure in the Legislature is that there is no completely integrated health care system in the State. Our effort in this direction is fragmented; although there has been some improvement since the creation of the State Health Coordinating Council and the three health care systems agencies.

There seems to be reason to believe that the Federal Government will drop all funding for these agencies. This fact, together with the pending Battelle Study on Health Care Financing and the fairly recent sunset reviews of the various health boards, makes this an appropriate time to review the structure of the system.

It is my intent, during the interim, to investigate the following:

- 1 - Availability, accessibility and affordability of health care in the State.
- 2 - Relationships between various health professions.
- 3 - The need for regulation of presently unrecognized and unregulated groups, such as naturopaths and lay midwives.

May 27, 1981

- 4 - The provision of emergency medical service and financial problems of volunteer agencies furnishing this service.
- 5 - Actions which the State might take to remedy deficiencies.

I propose to use questionnaires to members of the various health professions, and to the general public, to research the actions of other States, and to hold some committee hearings. The Committee has received Parts I and II of the Battelle Study and will maintain liaison with the persons working on that study in order not to duplicate. (It should be noted that the Battelle Study is concentrating much more heavily on payment for health care than on availability and accessibility).

It is expected that legislation will be introduced at the beginning of the 1982 Session as a result of the interim work of the Committee.

Sincerely,

Charles H. Parr

CHP:vc
Encl: Proposed Budget

SENATE HESS COMMITTEE

Budget for Interim Activity - 1981

TRAVEL (3 Committee members & 2 staff)

1 Day Hearing in Fairbanks	\$ 944.00
1 Day Hearing in Bethel	2,122.00
1 Day Hearing in Nome	2,375.00
1 Day Hearing in Soldotna	1,282.60
3 Day Hearing in Anchorage	1,294.00
2 Day Staff Meeting in Anchorage	1,796.00
1 Day Meeting in Juneau	399.00
(20% for travel rate changes)	<u>1,463.00</u>
Travel and Per Diem Total..	\$ 11,674.60

Staff Salary (1 full-time, 1 half-time,
1 temporary clerical) \$ 34,788.35

Postage	\$ 400.00
Advertising	500.00
Newspaper Questionnaire	500.00
Xerox	100.00
Telephone	975.00
Miscellaneous	<u>1,062.05</u>

GRAND TOTAL \$ 50,000.00

1982 INT.

CORRECTIONS

CHARLIE PARR
ALASKA LEGISLATURE

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December 27, 1982

Senate President Jay Kerttula
Pouch V
Juneau, AK 99811

Dear Senator Kerttula:

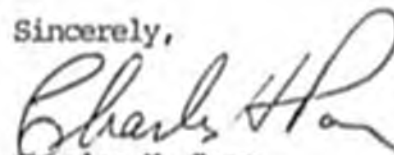
Many people have been offering solutions for the "crime problem" ranging from mandatory and stricter sentencing to creating a separate Department of Corrections. The important factor which many people overlook is that there are no simple solutions to complex problems.

There are many aspects of the crime problem: prevention, law enforcement, trials and sentencing, corrections, probation and the parole system. Too often the proponents of simple answers do not realize that it is a seamless web: altering any part of it affects the whole structure. There is an interrelation of all of the aspects and all parts must be examined to determine the full impact of any proposed solution. Failure to do this may lead to unexpected end results.

There are many decision making levels in the criminal justice system. The police set priorities about who will be arrested; prosecutors decide whom to prosecute and on what charges. In court, the judge and jury make judgments about who will be sentenced, for what charge, what type of punishment and for how long. If a defendant goes to jail, the corrections officials, the warden and guards make decisions concerning good time, daily treatment and place and type of incarceration. The parole system decides who will get out early and when. Although policy is set by laws and regulations handed down by the legislative and executive branches, there is still a degree of independent control over most of the decisions. Changes in laws concerning sentencing may in fact affect decisions made by police when making arrests as well as decisions made by the Parole Board.

Attached are discussions of some of the major parts of this complex web and problems associated with each for your review. I do not offer any simple solution. Because of the complexity of the problem, you and the Speaker might want to consider a joint special committee which would handle all aspects of the matter in concert with the Executive Branch.

Sincerely,



Charles H. Parr

Enclosures (4)
CHP:cmk

CRIME PREVENTION

Perhaps the first step in solving the "crime problem" should be prevention. By making homes and businesses less accessible and less inviting to would-be criminals, one can discourage some people from committing crimes. In addition, by eliminating some of the aggravating circumstances which cause crimes, the crime rate can also be reduced.

In Alaska, alcohol is associated with a vast number of crimes. The State has become involved in programs which are aimed at reducing alcohol abuse, and this can prevent many crimes from ever happening. Legislative action now allows local option for villages that want to go "dry" or reduce the amount of alcohol available to residents. The Department of Health and Social Services has for years funded numerous alcoholism programs and is currently in the process of evaluating the success of these programs.

With the increasing number of accidents and arrests because of drunk driving, many local governments are investigating ways to reduce these occurrences. These range from programs to educate the citizens to ordinances to reduce bar hours to projects to clean up some of the bar areas. By getting the drunk driver off the road, these communities are attempting to prevent crimes. Since there is a mandatory three day jail sentence for driving while intoxicated, a reduction in the number of people arrested and convicted for DWI will result in a decrease in the prison population.

State Troopers in conjunction with several local city police departments have initiated Neighborhood Watch Programs. The Neighborhood Watch Program encourages citizens to call the police when they see something suspicious in their neighborhood. It also is an educational project which advises residents on what to do to make their homes less susceptible to a burglary.

Another program promoted by the State Troopers and local police is the engraving of an identification number on valuables. Most police stations have engraving tools which they will loan to an individual so that he or she can etch an identifying number (e.g. social security number, driver's license number, etc.) on any valuables. By having a traceable, identifying mark on household valuables, police have a better chance of recovering stolen goods. Increasing the arrest and recovery rate may act as a deterrent to criminals.

Worth investigating are such techniques as having reformed criminals speak in schools and taking school "field trips" to local prisons.

There is an old axiom that "an ounce of prevention is worth a pound of cure." State government should encourage and assist in such preventive measures throughout the state on a much larger scale than heretofore. These programs, whether on a state or local level, can help prevent crime and will affect the many levels of the crime problem.

LAW ENFORCEMENT

A basic element of the "crime problem" is adequate and competent law enforcement. For some crimes, there is only one arrest made out of every six crimes reported. Many crimes are never even reported; so less than 16% of these crimes lead to an arrest. Not all arrests, lead to a trial and not all trials to convictions; therefore, a very low percentage of crimes reported result in the criminal being punished.

By improving police capability to catch people who commit crimes, these figures could be improved. An effective step toward improvement of the investigation and arrest procedure for the Alaska State Troopers was legislative approval of funds for a computer fingerprinting network for the Alaska State Troopers. The entire computer network is not yet on line; however, the microfilm section will be completed and ready for use by January 1983.

The private sector has established a method of promoting community involvement in the law enforcement arena. Groups such as "Crime Stoppers" have been formed throughout the U.S. including Alaska. Crime Stoppers offers cash rewards for information leading to the arrest and conviction of criminals and has a 24 hour phone line available for people to call who want to give information relating to crimes but would like to remain anonymous. Most of the money used in these programs is from private donations and the system seems to be effective in helping solve crimes.

Since studies have shown that long prison sentences do not deter criminals, perhaps because so few believe that they will be caught or convicted, it may be more productive in fighting crime to augment the arrest and conviction rate than to espouse stronger sentences. If the State provided more support for the law enforcement section of the "crime chain", this could lead to an increase in the arrest and conviction rate which would mean that, by incarcerating the criminal or deterring others, the public would be more protected. An increase in the number of people going to jail, with all other factors remaining the same, could, however, add to the overcrowding problem which currently exists. Therefore, other aspects of the crime problem must be examined concurrently. Possible ways to mitigate the prison overcrowding will be discussed in the Corrections section.

CORRECTIONS

State prisons are currently operating statewide at 26% above operating capacity. On November 8, 1982, the statistics ranged from the Fairbanks Correctional Center daily prisoner count of 189 with an operating capacity of 106 (80% above capacity) to the Palmer Medium Security Prison having a daily count of 94 with an operating capacity of 100 (6% below capacity). All but three of the institutions in Alaska were filled above capacity. In addition, the Federal Bureau of Prisons has imposed a maximum limit of 200 long-term inmates accepted from Alaska. Currently there are 188 Alaskans placed with the Bureau of Prisons, and the Division of Corrections estimates that the ceiling will be reached within a few months. By the year 1990, the total overcrowding has been estimated as high as 1082 above maximum housing capacity.

The obvious overcrowding and the veto of the bond package which would have added 380 beds force the State to decide what to do with these prisoners and those that are expected in the future. Many advocates of putting all people who break the law behind bars for longer periods of time and those who propose the abolition of a parole system have not looked at the effects of these actions. With longer prison sentences and without a parole system (which provides a method of releasing those prisoners who no longer pose a threat to society and who have fulfilled the reformation principle stated in Section 12 of the Constitution) there will be more and more people in the prisons. The prisons have a maximum capacity. If overcrowding goes too far, the courts may order a reduction (courts in other parts of the country have required release of prisoners to improve conditions). Then the State will be forced to take action. By anticipating this probability and working on alternatives now, Alaska may avoid being faced with making a hasty decision concerning overcrowding.

There are other aspects of corrections which may influence the State's decision. It costs Alaska over \$25,000 per year for each inmate in a state prison. Proponents of stricter sentencing with no parole need to realize that putting people in prison costs the State a lot of money; money which could be spent in other ways (education, health, roads, for example). The decision makers must weigh these costs and benefits and determine what is best for the people of Alaska.

Basically, the State can spend money on building more prisons to accommodate the ever growing prison population or it can decrease the number of people going to prisons. There are many ways of reducing the total number of inmates without letting the "hardened criminal" go free.

By utilizing the alternatives to incarceration, the State can punish those who break the law and, at the same time, help decrease the growing prison population. The alternatives and variations of sentencing include pre-trial intervention, sentence bargaining, probation, community corrections, work release and parole. Some crimes and situations would be better dealt with by having the guilty party do unpaid work for a volunteer organization for a determined number of hours as an alternative to being put in jail for a year. This would not

only mean that the State would not have to pay the \$25,000 to house, feed and clothe the person, but others would be benefiting from his or her services rendered.

Another alternative is closely-supervised paid work, with the proviso that money received go to restitution and support of the prisoner's family. These areas are not exclusive of each other; a prisoner could have some contact with several of the programs. The important factor is that there are alternatives to simple incarceration. The people who make the decision concerning punishment should have a wide range of options.

By using a mix of these various methods depending on the type of crimes and the circumstances, the State can see that "justice" is served and that the corrections problem is minimized.

PAROLE BOARD

Section 21 of the Alaska Constitution states ". . . A parole system shall be provided by law." Presently, the fulfillment of this obligation to the people of the State of Alaska is uncertain. Because of the Governor's veto of the Parole Board bill (SB 327) during the last legislative session, the Parole Board is currently in it's "wind down" year. The next legislature must act to continue the Parole Board or to create an alternate parole system to carry out this constitutional mandate.

Recent action on the parole board began with an exhaustive Sunset review by the House Judiciary Committee in 1980. The bill which resulted passed the House but died in the Senate. New bills were introduced in both the House and Senate in 1981. The House bill extending the life of the current Parole Board was held up in the House HESS Committee. The Chairman was attempting to do a complete and thorough evaluation of the parole system, but it became evident that there would not be enough time to get the detailed bill through the legislative process before the end of the session. Therefore, it was agreed to extend for an additional year the sunset date of the Parole Board. During the 1982 session, the work on the parole bill was completed. House CS for CS for Senate Bill 327, which extended the life of the Parole Board and made several changes in the parole system, passed the legislature but was met with a veto.

Governor Hammond, in his veto message, stated that there were two major reasons why he vetoed the legislation. One reason was the conflicts arising between HCS CSSB 327 and HCS CSSB 535 (the comprehensive crime bill). These discrepancies arose because the two bills were being drafted at the same time and the HESS Committee did not have a chance to see the final version of the comprehensive crime package before sending out the final version of the Parole Board bill. The conflicts between the Parole Board bill and the comprehensive crime bill can easily be ironed out during the next legislative session.

The other reason for the veto was that "a discretionary parole system . . . (was) in direct contradiction with the presumptive sentencing scheme in the criminal code and . . . (Governor Hammond's) long-held philosophy in favor of certainty in sentencing." The philosophical problem that Governor Hammond had with the Parole Board is moot; the new Governor may not see things the same way.

One should also note that the Parole Board has shown great improvement since the Sunset review of 1980. A good balance has been struck between over-rigid standards and "flying by the seat of the pants." The most important indicator--the recidivism rate--is at a fairly low figure, indicating that public safety is being protected.

Alaska faces a serious overcrowding of its corrections institutions. The recent trend toward mandatory and longer sentences can only exacerbate the situation. In this context, it is foolhardy to do away with a safety valve which could release some pressure, and a well-run parole board operating under constraints similar to that in the vetoed bill could be such a safety valve.

#1 King up-to-date on history
worked on in '79
81 - one year extension
got thru in '82 - made some changes

#1 Constitutional

#600's conflicts
Discuss some of the figures
will come out earlier because of overcrowding
parole effectiveness

Leg. Info for 79-80 # of House bill - Parol Bd.
w/letter of intent (?)
get copies # Sunset Report in House Journal
about March 15

- 80 Sunset Review
June '83

Clackin

~~2010~~
Cindy & Sam Guckert
~~2010~~ 2001 Cowles
College, ~~11/2 99 105~~ 99701

Prisons

~~Sam Guckert~~

Sam

litigation, prisoners rights

Legislatures, many times, impose lengthy sentences
w/out considering the fiscal impact

long-term costs

Exec. Director - parole Board

* presumptive sentencing: more defining
gives guidance to the court

set amount w/ ^{50%} mitigating & aggravating circumstances
* parole - (out of jail) let out of jail at anytime

* good time - earn while in jail 33%
days off

* furlough programs - work release

Prison
→ Sylvester Moore - (states persons) in Corrections

428-3380 cocker
Spaniel Pups

lost { Carney
Bylarna
Sutcliffe

Demo / Brown 10- / senate
1055 / Bucholdt 10 / all incumb.
Cotton / return

Kenai { Malone → close
D - Smith } Demo Ahead by 30
R - Fischer } Senate

Vol. IV - Am. Prisons & Prob

p. 9

even after implementation, difficult to tell
what Δ's in prison = jail populations or
consequences of the law
many variables

uncertainty = indeterminate sentences (w/parole)

prison terms are
for punishment
not
rehabilitation

determinate - more precise way of determining
projected prison terms
& population
reduces disparity in prison terms

parole - release valve for overpopulation
of prisons

economic standpoint
cost/benefit
could be used

Alternatives-

• Pre-Trial Intervention (or diversion)
offender (attorney) prosecutor
work out deal w/ ~~att~~ before criminal
record) - i won't be tried

• Sentence Bargaining
(Plea Barg. - agreement bet. D + P that if
you plead guilty to a lesser term)

AG stopped this
5 yrs. ago

sent. B - agreement in advance as to the
sentence he'll get. (~~att~~ Plead
guilty i. P will ask for
lower sentence)

• Probation - tried, convicted, probation

• Community Corrections: sentenced but
not prison

a. work release program

staying in jail but working during day

cc. b. usually not in jail but w/ an
agency (non profit or municipal agency)
usually for free

• Sentencing
• Parole

Call DP
(attorneys)



③ Law Enforcement - investigation & arrest
arrest in every 6 agents

by improving police methods to catch
people who commit crimes

Mjr. Carhonen

Most effective thing done in several yrs was
approved for computer network for

call Troop's
office -
is this online

Crime Stoppers - is it state supported? not of the many \$ 3 mill??
is private contributions

LeRoy Cook
4516-2005

④ Preventive Side - much crime assoc. w/ alcohol -
local option for villages that want to go dry

ale. programs
DHSS - SARA - voluntary programs

12 hour hold law

Neighborhood watch program? state encouragement & assistance

Do the Troop's
have any
programs like
these

Cover

Corrections

Letter Addressed to Kerrulla - w/ short Reports as back-up

(As a sep. Dept - direct access to Gov.

seamless web - affect any part of it - it will affect the whole structure
interrelation of all of the aspects
crime prevention

law enforcement
trials sentencing
corrections
parole board

Crime problem is not simple
all aspects must be examined
attached are discussions
of some of the major
portions of the complex web

in action needs to
start w/ a simple
statement laying
out problem

sentencing - judgments
many decisions made at all levels
who will be arrested
priorities

Prosecutors decides who to prosecute
what charges are going to be filed
in court - judge & jury make decisions
where they go, for how long
sentenced

in jail - warden & guards
Parole Board - who gets out & when

Address:

① Parole Board - const. quote

cc: Sheffield
Josephson

② starting of PAB -

Conflicts between PAB & 535 should be ironed out
in compliance w/ const. mandate & Gov. veto will
mean PAB will die & no Parole system
in effect unless
leg. acts

Reasons for veto
take issue w/ the position
Pt. out we need a system under Const.

Recidivism Rate - not very high (5% maybe) repeat offenders
higher for violating terms of Parole

to Gov. feels will

Corrections & need to develop ^{alternatives} or use existing Alternatives

over crowding & matters in flux

Judge directing state and overcrowding

Supremct. - local decisions

overcrowding alone was not cruel & unusual
punishment but in connection to other things

DIVISION OF CORRECTIONS - ACTIVITY SUMMARY

Jurisdiction Population
November 01, 1982

capacity - normal
capacity - emergency

		MALE				sub total	FEMALE				sub total	TOTAL
		MISDEMEANANT		FELON			MISDEMEANANT		FELON			
		unsent.	sent.	unsent.	sent.		unsent.	sent.	unsent.	sent.		
KETCHIKAN	22-30	0	7	7	14	28	0	0	0	0	0	28
JUNEAU	90-100	7	13	24	88	132						132
JHIRC	4-6						0	0	1	0	1	1
FAIRBANKS	104-110	10	32	47	87	176	1	1	0	1	3	179
ANCH 3RD	70-80	0	1	33	51	85						85
ANCH 6TH	100-115	7	0	78	0	85	3	3	8	1	15	100
RIDGEVIEW	90-90	33	46	46	9	134						134
MCCC	28-30						0	3	0	26	29	29
IDMC	160-180	2	0	18	154	174						174
NOME	30-34	3	7	16	7	33	0	0	0	0	0	33
PALMER MEDIUM	115-115	0	13	0	138	150						150
PALMER MEDIUM	100-104	0	6	0	89	95						95
TOTALS		62	124	269	637	1092	4	7	9	28	48	1140

Halfway Houses
Ketchikan
Juneau
JHIRC
Fairbanks
Anch 3rd
Anch 6th

0	0	
0	0	
0	0	
15	0	
2	0	
0	0	

Halfway Houses
Ridgeview
MCC
IDMC
Nome
Palmer
Palmer
TOTAL

0	0	
0	3	
21	0	
0	0	
20	0	
0	0	
58	3	

F.B.P.
188
TOTAL
1328

Corrections Projections

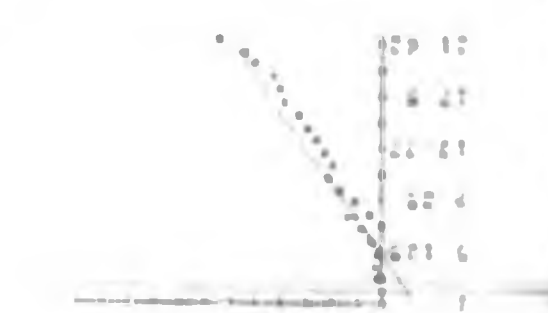
Y80	Y81	Y82	Y83	Y84	Y85
1	1000	1000	1000	1000	1000
2	2000	2000	2000	2000	2000
3	3000	3000	3000	3000	3000
4	4000	4000	4000	4000	4000
5	5000	5000	5000	5000	5000
6	6000	6000	6000	6000	6000
7	7000	7000	7000	7000	7000
8	8000	8000	8000	8000	8000
9	9000	9000	9000	9000	9000
10	10000	10000	10000	10000	10000
11	11000	11000	11000	11000	11000
12	12000	12000	12000	12000	12000
13	13000	13000	13000	13000	13000
14	14000	14000	14000	14000	14000
15	15000	15000	15000	15000	15000
16	16000	16000	16000	16000	16000
17	17000	17000	17000	17000	17000
18	18000	18000	18000	18000	18000
19	19000	19000	19000	19000	19000
20	20000	20000	20000	20000	20000
21	21000	21000	21000	21000	21000
22	22000	22000	22000	22000	22000
23	23000	23000	23000	23000	23000
24	24000	24000	24000	24000	24000
25	25000	25000	25000	25000	25000
26	26000	26000	26000	26000	26000
27	27000	27000	27000	27000	27000
28	28000	28000	28000	28000	28000
29	29000	29000	29000	29000	29000
30	30000	30000	30000	30000	30000
31	31000	31000	31000	31000	31000
32	32000	32000	32000	32000	32000
33	33000	33000	33000	33000	33000
34	34000	34000	34000	34000	34000

NOV LINEAR REG CODE 1
 SOURCE OF MS
 TOTAL 23 89652 9
 FED : 86443 5 918 0
 PESID 32 30207 0 943 8
 SQUARE = 0 256

YMT = 690 775 * 16 272 *
 YMT = 690 775 * 16 272 *

Y80	Y81	Y82	Y83	Y84	Y85
1	207 00	207 00	207 00	207 00	207 00
2	271 00	271 00	271 00	271 00	271 00
3	335 00	335 00	335 00	335 00	335 00
4	399 00	399 00	399 00	399 00	399 00
5	463 00	463 00	463 00	463 00	463 00
6	527 00	527 00	527 00	527 00	527 00
7	591 00	591 00	591 00	591 00	591 00
8	655 00	655 00	655 00	655 00	655 00
9	719 00	719 00	719 00	719 00	719 00
10	783 00	783 00	783 00	783 00	783 00
11	847 00	847 00	847 00	847 00	847 00
12	911 00	911 00	911 00	911 00	911 00
13	975 00	975 00	975 00	975 00	975 00
14	1039 00	1039 00	1039 00	1039 00	1039 00
15	1103 00	1103 00	1103 00	1103 00	1103 00
16	1167 00	1167 00	1167 00	1167 00	1167 00
17	1231 00	1231 00	1231 00	1231 00	1231 00
18	1295 00	1295 00	1295 00	1295 00	1295 00
19	1359 00	1359 00	1359 00	1359 00	1359 00
20	1423 00	1423 00	1423 00	1423 00	1423 00
21	1487 00	1487 00	1487 00	1487 00	1487 00
22	1551 00	1551 00	1551 00	1551 00	1551 00
23	1615 00	1615 00	1615 00	1615 00	1615 00
24	1679 00	1679 00	1679 00	1679 00	1679 00
25	1743 00	1743 00	1743 00	1743 00	1743 00
26	1807 00	1807 00	1807 00	1807 00	1807 00
27	1871 00	1871 00	1871 00	1871 00	1871 00
28	1935 00	1935 00	1935 00	1935 00	1935 00
29	1999 00	1999 00	1999 00	1999 00	1999 00
30	2063 00	2063 00	2063 00	2063 00	2063 00
31	2127 00	2127 00	2127 00	2127 00	2127 00
32	2191 00	2191 00	2191 00	2191 00	2191 00
33	2255 00	2255 00	2255 00	2255 00	2255 00
34	2319 00	2319 00	2319 00	2319 00	2319 00

YMT 1983 12 00 12 00 12 00
 YMT 1984 12 00 12 00 12 00
 YMT 1985 12 00 12 00 12 00



Local burglars real opportunists

By KRIS CAPPS
Staff Writer

Breaking into someone's house is an intrusion as personal as reading another person's diary. And it happens at least once a day in Fairbanks.

Unfortunately, burglaries are crimes difficult to solve and stolen property can be difficult to recover.

"Property crimes in general are difficult to solve," said Investigator Chuck Lamica of the Alaska State

Neighborhood Watch plan set

Probably no precautions would have deterred the burglar who hit a residence in Broadmoor Acres last year.

The burglar cut a hole in the roof to enter the home and escaped with a large number of stolen guns.

There is no way to completely burglar-proof a house, but there are steps that can be taken to deter burglars.

"Make it as difficult as possible for a burglar to get in," said Investigator Chuck Lamica of the Alaska State Troopers.

To aid in discouraging burglars, Troopers and Fairbanks City Police

(See WATCH, page 7)

Troopers. "It's too easy to get rid of the evidence. It can be sold, spent, melted down, or taken to Anchorage."

For example, during the month of October, property valued at \$51,558 was stolen from city residents as a result of robberies, burglaries and thefts. City police were able to recover property worth \$5,083.

"It's a drop in the bucket," said City Detective Jim Barclay. "Usually, in most burglaries, we have nothing to go on."

Through the end of October, 300 burglaries had been reported in the city this year. That figure is down 18 percent from last year when 366 burglaries were reported during the same period.

"Our biggest problem crimewise right now is burglaries," said Lt. Bob Jent, chief investigator at the Troopers.

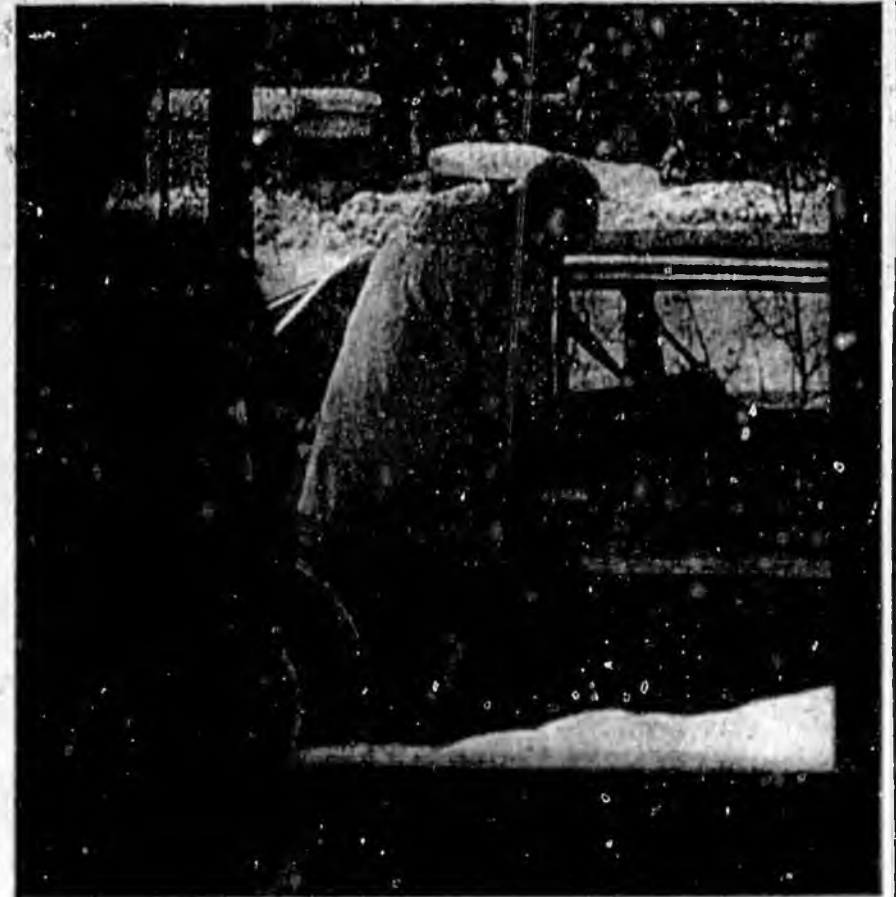
Lamica headed burglary investigations at the Troopers for about six months. During that time, 176 burglaries were reported.

The doors of 29 percent of those homes were not locked, according to case reports.

"A general attitude up here is 'This is Alaska. We don't need to do that,'" Lamica said. "But Alaska has its share of bad apples too."

Don't think it can't happen to you.

(See BURGLARY, page 7)



NEIGHBORHOOD WATCH—The national crime prevention program encourages citizens to call police when they see something suspicious in their neighborhood.

(Illustration by Jim McCann)

WATCH . . .

(Continued from page 1)
are initiating a Neighborhood Watch Program—asking neighbors to band together to keep an eye on each other's homes.

"People in a neighborhood know what should and shouldn't be there," said Lamica.

Neighborhood Watch is a national crime prevention program enlisting active participation of local citizens in cooperation with law enforcement.

Neighbors get to know each other and work together in a program of mutual assistance.

In cities elsewhere, it has been a proven deterrent, according to City Detective Jim Barclay.

City police also offer a Home Survey Program and participation in Operation I.D.

If requested, a police officer will inspect your home and suggest inexpensive ways to better secure it against burglars.

In addition, police offer use of an engraver to etch social security numbers on valuables such as cameras, televisions, and other items normally stolen during a burglary.

Authorities hope people will become involved in the Neighborhood Watch Program and will report suspicious circumstances more readily.

"If it's a false alarm, fine. That's what we're there for—to check it

out," said Lamica.

"A lot of people are afraid to call," added City Detective Jim Barclay.

He said citizens do not have to wait for a crime to take place before calling.

"You know what's going on in your neighborhood," he said. "We don't."

Anyone interested in initiating a Neighborhood Watch Program in their neighborhood can call Lamica at 633-1114 or Barclay at 633-1337.

Burglars typically look for the easy targets. These can be houses set back from the road without porch lights, homes with hollow core doors or with door hinges on the outside, and doors with spring release locks.

Authorities offer these tips for deterring burglars.

- Make sure doors and windows are locked.

- Leave an inside light on when you are not home. Think about leaving a radio on as well.

- Troopers maintain a vacation log and will check on your home in your absence.

- Keep bushes cleared from the front of the house.

- Keep a porch light on when you are not home. "I haven't worked too many where there was a bright light outside," Lamica said.

- Have someone pick up your mail and newspaper if you are not home.

- If there is snow on the ground, have someone drive into your driveway or occasion to leave tracks.

"They are looking for houses with no one there," the investigator pointed out.

- It's nice to have a big dog that will make a lot of noise when a stranger appears, though that's no guarantee of preventing a burglary. Lamica cited a recent case in which the juvenile burglar beat the watchdog, sending him covering into his doghouse. He then proceeded to burglarize the residence.

- Remove the crank from crank-type windows, but keep it close at hand so it can be used in event of a fire.

- Record serial numbers of valuables and engrave your social security number on valuables. Of the 176 burglaries Lamica investigated last year, only three victims had recorded serial numbers.

- Photograph jewelry and other valuables. If you have a lot of valuable jewelry that you don't wear, don't keep it in the home. Put it in a safe deposit box.

- Homeowners who return home and have any reason to suspect a burglar may still be inside should not enter. Go to a neighbor's home and call police.

Crimstoppers, a program which pays a reward for information on crimes, has proven to be an effective tool in solving burglaries. Lamica said every case he submitted to Crimstoppers last year resulted in an arrest or the return of stolen property.

Original signal in the well proclaimed baby man of the Russian court, was murdered in 1915.

BURGLARY . . .

(Continued from page 1)

he said, because it can.

"It's like being in a war," he said. "You think you're not gonna get hit—the guy next to you is gonna get hit."

The person who has been burglarized for the first time is generally stunned," Lamica said.

"It really shocks them," he said. "Someone has taken their prized possessions and most of them are stunned."

He compared a burglary to reading someone else's diary.

Barclay compared it to rape. "Your house has been violated," he said. "The personal property you've worked for—in an hour, man, it's gone."

It can be an upsetting emotional experience for a burglary victim and many express anger at the burglar and at themselves for not being more security-minded.

Authorities believe that most of the burglars in Fairbanks are opportunists, rather than professionals.

"They typically go for the easy stuff," Lamica said. "Most of them

are spur of the moment."

Barclay agreed, saying most city burglaries are accomplished by kicking in doors.

Most local burglars—probably 80 percent—are juveniles and they come from all walks of life.

Lamica said he has arrested juveniles with wealthy parents as well as juveniles in the low-income bracket. Some adults he has arrested for burglary appear to be model citizens in other respects, he said. Most are unemployed and have families.

Juvenile burglars are easier to pin-point. Easily led by peer pressure, they commonly work in pairs.

One group of juveniles hit six houses in one day last year. Every house was unlocked, Barclay said.

Lamica recalled a five-year-old burglary ring which committed 10 burglaries in the Old Steese area last year.

The youths keyed in on houses with no lights on, knocked on the door and proceeded to break in if no one

answered. In addition to cleaning out the residence, the kids sprayed the interior with a fire extinguisher.

Lamica doubts that any of the juveniles ever profited from the burglaries. Most of the stolen property was found where it had been thrown in ditches off the side of the road or stashed in two of the youngsters' bedrooms.

Barclay had a similar experience, finding stolen guns in the bushes where they had been thrown when the young burglars tired of carrying them.

Most burglars are repeat-offenders, Barclay said. Inevitably, several burglaries may be solved with the arrest of one person.

Getting the stolen property back to the victim is another matter. If the owner has not recorded serial numbers, he may never see his property again.

"We may catch the guy and you still won't get your stuff back," Barclay said.

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STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADULT CORRECTIONS

JAY S. HAMMOND, GOVERNOR

POUCH H-03
JUNEAU, ALASKA 99811
PHONE:

November 16, 1982

Ms. Cynthia Klepaski
950 Cowles
Room 224
Fairbanks, Alaska 99701

Dear Ms. Klepaski:

Per our recent telephone conversation please find the enclosed November 1, 1982 Jurisdictional Population summary sheet. This sheet details normal and emergency capacities as well as institutional populations. Some of these institutions have jurisdiction over people located in "halfway houses"; hence these persons are included in the given institutional totals. The 188 inmates housed in "F.B.P." are those outside in the federal system.

The computer print out details projections for January of 1983, 1984 and 1985. These are circled in ink first above the graphic presentation.

Average length of sentence will best be answered by contacting the Alaska Court System.

If you have any questions please do not hesitate to contact me.

Sincerely,


Brian Sylvester
Research Section



WESTERN CONFERENCE

THE COUNCIL OF STATE GOVERNMENTS

720 SACRAMENTO STREET, 3rd FLOOR SAN FRANCISCO, CALIFORNIA 94108 (415) 888-3760

MEMORANDUM

TO: Western Conference Corrections Committee

FROM: Dan Sprague, Director *DS*

DATE: December 4, 1982

SUBJECT: UPDATE ON PRISON POPULATIONS IN THE WEST

Our staff has compiled the attached information showing that prison population increases continue to be significant in our states.

Please let me know if you would like additional information on this subject. -

Composed of Legislators representing the following States

Alaska • American Samoa • Arizona • California • Colorado • Commonwealth of the Northern Mariana Islands
Cuba • Hawaii • Idaho • Montana • Nevada • New Mexico • Oregon • Utah • Washington • Wyoming

PRISON POPULATION CONTINUES TO GROW

On an annual basis, 1982 midyear prison population growth was equivalent to 14.3%, 2 percentage points higher than in any previous year. Most of the six-month increase occurred in the state prison population, which grew by 7.3%.

The following chart shows the increases in prison population in the Western states.

	<u>Total Prisoner Population</u>		
	<u>12/31/81</u>	<u>3/31/82</u>	<u>6/30/82</u>
WEST	55,182	57,752	60,966
Montana	831	859	875
Idaho	957	1,002	1,026
Wyoming	587	619	654
Colorado ⁱ	2,772	2,847	3,026
New Mexico	1,497	1,615	1,717
Arizona	5,223	5,451	5,641
Utah	1,140	1,179	1,189
Nevada	2,116	2,324	2,552
Washington	5,336	5,569	5,896
Oregon	3,295	3,476	3,593
California	29,202	30,402	32,182
Alaska ⁱ	1,019	1,142	1,297
Hawaii ^{c,k}	1,207	1,267	1,318

^c Figures include both jail and prison inmates; jails and prisons are combined into one system.

ⁱ The population count for 6/30/82 is an estimate.

^k Population count for 3/31/82 is an estimate.