

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 86/2

1440 SHESS 1981 INTERIM: NOME 11/7/81 - INFORMATION

village safe water - Dr. Max Brewer made trees, etc (1971?)
 1980 \$23 million approp. for safe water. Priority decision made
 by a Board of Native Organizations members.
 Need to coordinate agencies so as not to duplicate water
 supply for village use and school use.

Frank Constanzo - Chairman CAP Committee

involved in alcohol programs for 12 yrs.
 Western therapeutic alcohol programs not effective
 in villages. Villages are now looking at alcohol,
 recognizing it as a problem, deciding how to
 develop their program.

Economic development in villages. A board
 wants to develop fishing industry in three areas.
 Unalakleet has training program in fishing
 skills. Want to train folks so can receive fish
 market than just subsistence. Want to develop
 a hatchery - will come to the legislature for
 funding.

Nancy Mendenhall - Director, Community Health Services
 outreach program

Dental/optical - have depended almost completely
 on IHS for funding funded at 1981 level but
 another 10% cut coming

Eye care - IHS has never met the need.

A technician
(an optician) operates at hospital. Ophthalmologist
comes in twice yearly. This one person cannot
keep up w/ demand. Travels to village once
a year; may not be able to continue this
because of lack of PHF funding. Very
concerned about school age children, does
screening in school.

Dental disease/prevention - major
health problem, falling behind in status
of dental care in larger villages. (5 of them)
provide services to have under 20 & adult
emergencies. Some villages pay per diem
costs for dentists.

Prevention:

- 1. Fluoride program (run by CHA)
- Eye care gets no state assistance.

Rob Stokes - Staff Psychologist

Psychological Licensure

AS 12 AAC 6080 + 3

Supervised experience for licensure - no
supervisor available so it discriminates for
rural.

difficulty of recruitment of mental health
professionals + attrition rates for keeping staff
Vernon Willner Study - MH professionals in rural Ok.

license required only for private practice. Supervision monthly would be feasible for rural people. Refer to Regulation/Review Committee.

Daley -

has a PhD in clinical psychology also required to get 1 yr. post doctoral supervision. There are other alternatives to supervision - telecomm., videotaping etc.

Verma Kizure -

1972 Gov. Act/Drug Abuse
Act Native panel Alcohol/Drug Abuse.

support testimony of CAP staff & Board members.
HB 41:

definition for "resident"

Dick Bullock - EMT Coord.

problems with programming - Gov Fed. travel funds to travel to villages to give instruction.

Cost of maintenance of communication from Fed. also incr.

No disaster training or drilling ever done here.

EMT regulations will change, new reg not out yet.

Trained Nat'l Guard, to health aides.

not enough funds to cover village clinic, so that CHA can come in to Nome for training.

Hard to maintain a steady supply of EMTs to run ambulance. Turn-over great. 120 hrs. for EMT I training ambulance operating cost \$4,000/yr monthly rent for garage - \$860⁰⁰. owned by Norton Sound Health Corp. EMS Advisory Council contracts for work. Hospital does all bookkeeping

Equipment retrieval a problem.

Frank Proplasky - Bering Sea Women's Group / Men's Battering Group

finds the detox facility to be inadequate - inebriates locked up in jail or put in hospital.

Joan Widom - City Manager

- with villages going dry, anticipate more of an alcohol problem in Nome. Trouble collecting sales tax

per capita funding used 1980 census rather than 1981 C&RA figures - last money in Nome - over \$50,000 City put 100,000 into social programs (child care, women's shelter etc) also \$28,000 to Bev. St. treatment center.

City putting in new water & sewer - money from state matched by DEC.

Receiving home - plus Board of Directors. inadequate facility. would like funding for joint shelter, receiving home.

new youth facility in Nome, not functioning yet. Also selling 2 acres to state for new jail site.

haverne Hendricks - 12 yrs of health provider/educator in Nome. (PAN)

more energy into school health education.

Doing a risk reduction program - nat'l recognition for innovations & cultural relativity. Use students teaching students to change attitude & behavior.

5 yr. funding of this program, to be included in Block Grant (Governor's Advisory Council coming to Nome Dec. 4th - for student health fairs)

wants components of this program in school curriculum. Not enough health ed. in schools.

Bob Blodgett

Fred Angleton - Alaska State Trooper
EMS Advisory Council.

transportation - air casts going up & after noon

Charter raising cost to \$300-\$500 round trip

Communications - most equipment at least 12 yrs. old. All villages have phones except Bering Mission. Making a study for a communications network on West Coast to serve EMS, search and rescue, police etc. (pull together info from many studies into a packet)

having 1st person in court soon for boatlegging into dry village. (local option)

Civil air patrol here - forming - getting hangar and a plane soon. Two pilots here qualified for civil air patrol work.

There is a village public safety officer in all 15 villages (high turnover). They are uniformed but unarmed. Employed by non-profit corp. or city.

Stan Sotzkiński

asked about passage of drug law.

- ✓ Jeonette Norton Norton Sound Health Corp. Box 966 Nome
- ✓ Connie Hellenbeck Norton Sound Comprehensive Alcohol Program
- Sharon Wallula Norton Sound Family Services Box 966 Nome
- ✓ Darryl Trigg Norton Sound
- ✓ FRED HINGLETON EMS ADVISORY COUNCIL Pres.
- ✓ Robb Stokes Self
- ✓ Nancy H. Meadenhall Norton Sound Health Corp.
- ✓ Geoff LANGRISH "
- ✓ Frank D'Corlango Chairman Norton Sound Comp. Alcohol Council
- ✓ Doreen Dailey self
- ✓ VERNON KUGZAK SEL (STAFF (KAWERAK, INC. BOARD MEMBER (NOME))
- ✓ DICK BULLOCK N.S. EMS
- ✓ FRANK J. POPLAWSKI BERING SEA WOMEN'S GROUP
- ✓ IVAN L. WIDOM CITY OF NOME
- ✓ LuVonne Hendricks NORTON SOUND HEALTH CORP. - NOME
- ✓ R. R. "BOB" Blodgett Bering Strait ^{TEEN} HEALTH PROGRAM
Planning Board REAR & Coastal Resources

Stan Souiakinski

PLEASE SIGN your name if you are interested in
testifying to the committee:

✓ DENNIS De Witt - individual

✓ Paul Sherry - HSA

✓ Lynne Johnson-Joseph - health ed.

✓ Adrian Barber ^{Chair} - 1577 C Street, Suite 102 99501

✓ Don Bantz 4041

✓ J. Burrell

✓ Jane M. Armsrust 4041

✓ Tim Scott 21113

Dr. Irvine
Charlie
Jody Sutherland
Eunice

Terry Martin

Anch. Dec 15 ①

ANCHORAGE - Dec 15, 1981

Dennis DeWitt - pres. Ak. Hosp. Assoc.
important issues:

Pioneer - support money following pioneers (HRS 225)
rather than force them to leave their community
to go to P. Home. Should finance alternatives.

C.O.N. - support governor's prop. to increase
threshold for CON. Will support
abolishing the process - no value to
health planning

Construction Support - esp. for rural hospitals
many in disrepair, the
communities financially unable to rebuild
the institution. HRS finalizing survey

1st priorities

of health facilities - reflect needs to replace
and repair facilities 3-5 yrs. Need
orderly plan for funding.

mandate

Assoc. ^{has} Revenue Sharing / Cost f. programs
Relative priorities are necessary. Fiscal is
facilities that are falling down, below code etc.

MEDICAID - you 2 nos. have responded to HRS
in looking at Medicaid. file HRS

should not expand services before dealing w/ commitment to other groups. Have supported retrospective reimbursement as a matter of principle. For Miriam head of Task Force - supporting negotiated rates for nursing homes/hospitals.

Oppose 9% "cap"

have proposed by. have shared w/ Medical Care advisory committee

* need to be statutory in case small institutions need to be able to deal w/ the system. Must be approved by Fed.

principles of reimbursement & rates are set by payers

need an appeals mechanism

need a separate Commission to negotiate

must be reimbursable by Medicaid 100%

SYSTEM:

costs included in budget. capital needs, operational budget etc. Commission review budget and set rates according to need. appeals. supplemental budget needs in place. HSS forecast Medicaid costs. Actual budget review at year end.

HSS supports concept. Some technical pts. of conflict - fiscal year etc.

involved with Nakoya, Careage House

^{Handout.}
Paul Sherry - Pres. North. Ak. Health Resources

Alaska Health Coalition - all 3 HSA's

HSA only ones who have co-ordinated local/Fed/State
regulatory (CON) role has made them unpopular.
Cost shifting to competitive model. CON legislation
needs to be addressed. State must support financing
core functions:

- 1) community assistance - localities have no
finances, manpower etc. to set health
priorities.
- 2) Health promotion - since 1976 have identified
this as priority for lifestyle related needs.
- 3) Regional perspective - guarantee local
input / needs addressed

retain similar geographic areas

Hwork not medical oriented as much as health
resources oriented. Questionnaire results -

Lynne Johnson Joseph - Alaska Health Ed. Consortium

priority in health education. Gene Brock
Stinson will intro. - est. 3 regional health
ed. coordinators to give assistance
to school districts in the state.

cost about \$10⁰⁰/year Student/year. No statement from DOE. But support from other groups (NEA, Sec. Sch. Principals Assoc. etc) DOE has changed special services policies, no one provides this service. Local decision making insured.

Adrian Barber - Chiropractor (Chair. Reg. Committee ^{Alaska} Chiro. Assoc)

HB 41 - How will we pay for all these programs in 20 yrs.?

— more flow of money toward alcohol and drug abuse.

interest payments for ^{state} Clean Claims - penalize the bureaucracy for ^{state} errors - potential for vast financial impact.

If state passes HB41 —

Medicaid does not cover chiropractic care.

Reimbursed through CRPA for Chiropractic until 1975 now denies all claims regardless of referral.

HB 41 also does not cover Chiro. Although other insurance & Worker's Compensation does cover this.

Handout Physical Therapy Law includes Chiro.

→ A.G. opinion on this - state questionable Gov. office not submitting legislation to the Div. of Occup. Licensing. Bill is drawn up.

Don Bang - Exec. Dir. Arch. Neighborhood Health Center

opposed to AB 41 -
unlimited demand / open end financing of health care - will go unchecked. 3rd party payers provide incentive for more use. Consumers no judge of cost / no responsibility

primary care oriented - prevention etc.
expansion of catastrophic illness program
"free" care is overutilized - 4-5% of population uses 25% of services.

sliding fee scale based on income - difficult to monitor, requires many staff.

support:
competitive bid section

J. Burrell - consumer.
RE: uninsurable.

temporary medical coverage for displaced homemaker who cannot qualify for welfare, difficulty in obtaining insurance because of pre-existing conditions. Program available pays for small percentage of costs.

elderly person goes w/o medical care - a divorced elderly woman gets no support has few skills, mental health problems. Medical care favors poor with no assets - must be bankrupt and become welfare-oriented in order to get help.

Jim Ormbust - Chair. Ark. Statewide Health Coord. Council (SHCC)
30 members. Meets 4x yr.

Concern about HSA's / maintenance of funding.
possible loss of funding coming from Fed's.

^{admin.}
Tom Scott - S. Reg. Emerg. Med. Council
non-profit corp. Bd. of Direct. 30 people
funded by EMS (Pub. Health)
Staff of 10 (5 trainers, 1 nurse
for C.E. develop., 4 admin/clerical).

Technical assist in service delivery, annual
implementation plan. 3 ambulance services
are paid - the rest are volunteers. 10 communities
have 911, (Emergency)

EMT Certification - reqs. to become effective Jan 1
training staff being put in the position of test
monitors.

Para-medics - 6 mos. full time training; highly skilled

Highway gaps / Palmer to Glenallen
(Portage to Soldatna to Seward)

GAPS:

- 1) Communication - highway system in Bush areas.
- 2) need ambulance

40k cutoff

Eureka (Olona Hwy)

in Richardson toward Thompson Pass.

Area near Seward

(looking at feasibility of helicopter ambulance)

liability -

most ambulance services have general liability that covers malpractice. Nat'l agency provides malpractice insur. for \$50/yr. \$2500/yr mini grant from state to services from liability.

Chairman State Medical Board

Pres., Interior Region EMS.

Manager, Administrator Fairbanks Memorial Hospital

Jennifer Pearson EMS

Miss Moore Nurse Health

Sister McKinstry Nat'l Assoc. of Soc. Workers

Hafferty Handicapped.

David Mathew Health Director Tanana Chiefs

Barbara Oable disabled

Arturo Frayra EMT Training Coordinator

Charles Katterbach Director, NANA

Dr. Michael Druff MH Program Dir, Tanana Chiefs

Dr. Wayne Meyers U of A

Frank Cook

Jean Kingray

Mary Carey

Kenai-Eldotna Sept. 26 - 10

Mrs. Raymond Kinlein

Karen Carpenter "

Jim Jolin Chairman Hospital Board (S.C.)

Burt Fosdy nurse anesthetist

Debbie Rediske Admin Dir. CMHC

Justin Maule Hosp. Board

Olga Portes

~~Bob Coates Coord. vol. Alcohol Programs~~

Michael Herring Admin. SC Hosp.

Vivian Reese Acting Admin. SC Hosp.

Beth Tackner Bd. Member SC HSA.

Nome 17

Bethel 11

George Kratorich HSA

Marilyn Chokaney Med. Dir. YKHC

Betsy Weiss hosp

John Weatherly

Joe Ryan Hosp. Admin.

Loisa Patten DHN

Mary Pavel YKHC Dir

Off. Friedman MH Dir. YKHC

Helen Collins PAN Super.

Nancy Bill Health Educator YKHC

Wally Richardson LIO

Bethel

alcoholism - coord. between agencies, more village visits
M.H. - monthly psych. from Anch.

Rural health - dim. of travel funds.
Rural clinic conditions, PHS lease
Communications - prob. w/ village phones.
CHP resources, training
Prevention led village training.

NOME

alcohol - no prob. w/ local options, detox inadequate,
MH - develop. community model, reg. services not effective.
water sewage in villages - empha. operation/maintenance. Garbage removal

licensure Psychologist - rural discrim. no supervisor to work under

EMS - training funds cut. communication maintenance
equip. retrieval, operating ambulance

Dental/optical services.

Alcohol - Need Northern Regional Center for
Rural Differences Mean Change in
Evaluation Method
Exp to prevention.

PROBS

EMS - nonpayment for services.

Comm - needs microwave system. major links on haul rd
training site. Salary travel for instructors

Regs for EMT's need completed

→ CE - EMS, CMA

Medicaid - regs for recruit. for soc. workers & non-
profit agencies. Non profits waited
7 yrs. for licensing issue. cannot get state
contracts - no license

HANDICAPPED PROBLEMS

Getting handicapped plates

Handicapped parking - No or fringed/line
information & referral

Indep. Living - home vehicle conversion, equipment

Legal Advocacy

- Transportation

Home/Veteran - travel time incl

Health Insurance

No state disability determination

Continuing Ed

Fed Cuts - Release for rural clinics, phase expansion cancelled,
CMA limitations (EMS 44, MH dependence on CMA)

only facilities & communication - Dispensing Rx's, Supervisors by
Fed. MD. no state recog/regs.

Kensi-Soldotna Sept. 26th

S.C. Hospital expansion completed planned OR expansion

Nurse anesthetist not included in Nurse Practice Act.
Practice under Anesthesiologist supervision - not readily available.

MH Prevention, Outreach, Education

Alcohol - need Detox Center on the Peninsula.

5 Pen Hosp. expansion plans.

^{10.9}
Continued local input in Health Planning

Nome 11/7/81

William Dann - written testimony - read by Joannette Morton
Joannette Morton - NSHC hosp - 4 doctors, 12 nurses, 22 beds (11
these 6 long-term, no nursing home in Nome), 13,000 - 14,000
outpatient contacts yearly. Two dentists (one out to villages
at all times), also contract w/ private dentists

Connie Hellenbeck - NS Camp Alcohol Program (part of
NSHC) 8 of 16 villages have gone dry (sale + importation)
(started Aug 1 - Nov 1 - no experience yet)

Sharon Walluk - NS Family Services - (Comm MH Center)
- concerned about standards used to fund CmHCs
- nos of people & 1 to 1 contact being used (wrong)
- burn-out in 6 yrs: 1 psychiatrist, 6 PhD psychologists
- McGrath paper (alternative for rural communities)

Darryl Trigg - NSHC Board member and Ak Native Health Bd
- benefits same regardless of family size } HB 41
- why state employees only for alcohol insurance? }
- what is "Federal health plan"? IHS won't pay it other }
- danger gap in time when Native not eligible for }
state or IHS aid }
- HB 151 - shouldn't divert money from MH

Gretta Langer - NSHC sanitarian -

↳ New NS - Golovin + Brevig Mission w. running water yet
- More money for 208 grants (see paper)
- Water point in Shishmarek next to cemetery - won't use it

Frank D. Constanzo - Ch. NSHC Comp Alcohol Program

- 12 yrs w/ alcohol programs in Ak
- Western programs not successful w/ Ak Natives
- Local program has 6 Natives on 9-member board - team goes to village, ask them how to deal w/ problem. At first they said - "send to Nome"; now villages are taking serious look at it. Have raised hopes in region, hopes will carry on. Not problem to be solved quickly.
- Need flexibility in approaches to alcoholism.
- NS Adv Bd - fishermen. Trying to develop self-sustaining program - raise average income from ca \$3000 to \$12000. Will be asking for fish hatchery for king salmon.

Nancy M. Mendenhall (NSHC) - outreach services

- IHS funds cut - have been almost completely dependent on them. Expect another 10% cut.
- eye care - NSHC has one technician* for screening, exam. Lost CETA aide, can't handle load now.
* technician w/ 6 mos training course.
- dental care - falling behind. Two weeks in village not enough. Many kids no full set of teeth until age 12. Expanding service to adults who can pay.
- patient travel costs - \$75 one-way average from village to Nome. Hosp has so far paid return trip if authorized visit.

Nancy M. Mendenhall - (cont)

- Had one-way deal w/ ANS Arch, too. ANS can no longer do it.

Rob Stokes - ~~psychologist~~ - NSHE -

- protest regs, requirement for 1 on 1 supervision
- Stillner study 1979 showed 12-17 mos stay for MHT prot in bush
- once a month OK, be more flexible

Joreen Dailey - Ph D psychologist - same opposition to regs

- wrote board about month ago, no reply yet

Vernon Kupzruk - member Bd BSNC, Kawerak staff, ex-member ANCADA, etc

- supports testimony of Hellenbeck & Constanza
- rate of alcoholism went up; (1) when Feds talked of banning buck hunting, (2) proposed moratorium on sea mammals, (3) time of ANSCA hearings (stress?)

Dick Bellock - N.S. EMS,

- 7 villages of 16 got phones for health aides - IHS stopped funding. sideband maint problems
- \$850/month

- trained Natl Guard last yr - 8 qual as EMT-1
- EMT tag funds cut (trainer riding on Trooper money)
- ca 10 EMT's in Nome, high turnover

Dick Bullock (cont) -

- trying to fund ambulance on 70% - 30% spl. (30% toward replacement) -
- no problem w/ payment for ambulance, air taxi
- equipment retrieval from Anch problem

Frank J. Poplawski - Bering Sea Womens Group, men betterers

- need more detox facilities
- repeated de-tox 5-6 times, 2 yrs to decide to stay with it.

Ivan Widom - city manager Nome (ex Kodiak, Dillingham)

- no ~~sleep~~ sleep-off center. Police take ~~to~~ drunk home or other place.
- Put \$20,000 into B.S. Alcohol Program (from SRS 168)
- Got \$4.6 million (= \$9.2 million w/ DEC match) for water & sewer
- hopes for statewide health care program.
- looking for jail site - Ak Gov has land, won't sell, city now selling state 2 acres.

La Vonne Hendricks - 12 yrs here, health provider (Pub Health)

- spend more on prevention, education

R.R. Bob Blodgett - B.S. RENA, Coastal Res. Planning Board -

- doesn't like prohibition
- escalating cost ins will drive up cost of air travel

R.R. Bob Blodgett (cont)

- people (many) drink from borehole, TV will help
- senatorial dist bringing in 80% revenues, not getting its share of funds
- PHS has obligation to provide water & sewer for Native communities
- Dick Holden long-range planner, working on simple ^{practical} solutions to water & sewer problems
- Real problem in B.S. area water -
- (D) Use waste heat

Fred Angleton - EMS Advisory Council President

- Charter flight to village \$300-500.
- most single sideband equip over 12 yrs old
- CB's now being used in search and rescue.
- started Civil Air Patrol unit last year

Stan Sobieczynski (cap?)

- what action on drug bill?

Norme Hearing

11/7/81

Jeanette Norton - speaking for Mr. Dan
EMS

can we get a copy of
written testimony
claim of travel by EMS to
villages

"imperative" - Alaska
start a policy on
provision of health
services

accessibility - prime
problem in Alaska health

health planning - HSA - state office of
health planning

Hospital tour - 22 beds, 6 (8?) chronic care -
nursing home

no surgery except emergency

4 physicians

12 nurses

2 dentists (also 2 in town)

both physicians & dentists

tour villages (16?)

55% IHS funding - 80% of
patients
native

Q - what is the "health profile" of Alaska communities -
1 - None hearing
2 - None hearing
in 76x how many handicapped, diabetics, alcoholics, etc., etc.

ITHs pay as last resort - private insurance & medicare (d.) provide dollars first

ITHS cutbacks - "revenue sharing" (~~1000~~ ^{SB 68} per) is providing a cushion at present staff turn over a problem, both with physicians (2 yrs. in Nome average) & nurses EMS volunteers run ambulance regional corporations purchased one & "put" back for 1 yr - hospital was old Methodist, then 4 yrs ago new addition)

Connie Hellbach - acting director of the comprehensive alcohol program

(SB 27 - Sen. Colletta)

- ① alcoholism is a disease - should be dealt with as such ^{a health problem} not a character defect
- ② decentralized treatment

City of Nome really not interested in social services right now

12 bed
rehab also medical detox -
stays full, 8000 villagers, 90% are
court referrals - good follow-up
done as part of probation

difficult to get the fire marshall to come
to home

~~Mark Dilworth~~

Sharon Waldrick - mental health - "outsider"
system - model of services delivered - does
not fit local needs but is insisted on
to insure local funding - alternative
programs being worked out, but doesn't
fit into the state's evaluation model

Chronic patients that have been to APE - work
out "support system" in village

IHS has been funding - chronic psychiatric

Darrell Trigg - many people (Natives)
who are members of unions, etc,
come to Norton Sound hospital & don't
admit they have insurance - they are
fearful they will (later) be unemployed
& then not qualify for IHS coverage

What's the relationship between
statute & regs 4

D. Trigg con't. - feels aspects of
HB 41 are discriminatory & the time
may soon come that

HB 151 - spoke against (mental health
& would be dispersed to other public
purposes via this bill)

Lunch

Ferguson

JFK committee for Norton Sound

Colletta speaks highly of nat Bureau
problems with water sources

"village self water act"

"The way things are phasing out PR,
the state is gonna have to play a
bigger role."

to continue 200 grant
model letter act

Mr. Constantine - ch comprehensive
alcohol program for Norton Sound

13. bars in Nome - all out to make the most
of as possible

economic development in the villages -
Norton Sound advisory bd

Ms. Mendenhall

director of Community health services -
non-hospital health outreach

eye care & dental services

IHS cutbacks - problems with
delivery of services

of funded almost entirely by IHS

because of IHS cutbacks, this year
eye care person unable to get to all any of
the villages this yr

dental disease is similar but
more serious problem - status of
dental health care going down -
no routine care for adults - only
1-20 yr olds get "preventative" care

patient travel costs -

funds available for this is being
cut - at this time, people being
asked to pick up 1 way of cost to home

Also a problem between Norton Sound
& ANS in Anch - Norton Sound has
pd 1 way ANS the way back - as
of last week ANS told Norton Sound
they couldn't pay way back & if Norton
Sound gets a further IHS cut of 10%,
they won't be able to pay for one way
either - suggest state look at
subsidizing travel

Prob 80% of health care can
be taken care of on the village
itself

Come in under several categories:

- ① authorized in
- ② medicare
- ③ come in for special clinics

patient travel seems to be dropping -
each year fewer patients send into
Anchorage

Mr. ^{Rob} Stokes - staff psychologist for
Norton Sound health corp - points
out sp. stat '2 AAC 680 (?) #3
specifically calling for supervisory

7

(Rob Stokes) - discriminatory, stitist
& urban - regulation review com.

(Stillner, Price & Lipsner study)
R.S. supports supervision & licensure, but
would like to see more flexible standards
(maybe once a month)

(Reg. Review com. meets in Kelly 2nd
week in Dec.)

Ms. Daly - spoke to the same issue
as R.S. on ABC

~~Veron~~
Mr. Kuyrak - Kawaric - past member
of com. on alcohol & drug abuse, etc. -
various alcohol & drug abuse related experience

Baker Norton School Health Corps (A.P.)
Connie Hollibaugh & others

NB 41 - sec 1 B - "Resident of the state
eligible to enroll in school -

various other comments
on particular sections of NB 41

Res. ^{present} rate of alcoholism with specific events



8



taking away traditional rights of
Natives

Comments on subsistence

Dick Bullock - EMS - Norton Sound
state very helpful to EMS - the EMS
here does get some \$ from IHS

state advisory council ACEMS

beds pd for travel to villages &
state pays for equipment

programming / caps equipment
'but is where EMS work

EMS training for medical care, troopers
provide search & rescue training

communications a problem -
ref. Alaska com telephones -
phones / satellite - to Nome -
single side band (line-of-sight)
is the back up

disaster preparedness not ~~for~~ dealt

with at all - again, funds for programming the big problem

7 villages out of 16 IHS funding to the tune of \$875 per mo. - these are dedicated lines in village health clinic

Mukluk telephone - private outfit - maintenance & etc. at whim of

Bob Blodgett

villages have a line, but would like more privacy & reliability

emphasizes ACEHS group as a screen's

block monies - Norton Sound got a limited amount (prob. because of Danworth)

prob. of maintaining a continuous level of EMTs - 81 hours min. amt. of training (24 females)

ambulance does not have space

To house ambulance - must be garaged elsewhere & rent just went up from 600 per mo to 850 per mo

ambulance run by volunteer groups have troubles being reimbursed

equipment retrieval a real problem

air carriers often ships

Frank Pablosky - Being Sea of Group + men's Battering Group

identifies an inadequate detox facility as an important need

8 women & 15 children in the women's shelter

no non-medical detox

Wisdom (?) some city managers - people come to drink, as villagers go by

the city receive 100% of all fees collected on alcohol in the city & the city is putting little or nothing back into

alcohol programs Dept. of Revenue has
to records every month of all 13 bars
in Nome

all alcohol could be put into bond

SB 168 - Gilman et al. holding
hearings on it

Lorraine Handrichs - health serv.
provider for 12 yrs. (public health
nurse) - speaks for spending a bigger
percentage of funding in preventing
health problems - education
not enough health education
in the school systems

Bob Blakely - alcohol abuse - 10,000
110 bars - 4000, but not 14,000
drink water on with fuel
has advert of TV in remote areas to 600
← drinking in the villages

wants legislature to address total
water & sewer needs treated - solved by
Muskogee - not outside - experts



1981

INTERIM

BETH EL

11/4/81

Mary P.

EXCLUSIONS

All services for conditions within any of the following classifications shall be excluded from coverage:

1. Illness, injuries, or conditions covered by services, indemnification, or reimbursement available either:

- a. Pursuant to any federal, state, ^{borough} county, or municipal workman's compensation or employee's liability law or other legislation of similar purpose or import;
- b. Pursuant to benefits available from federal, state, county, municipal, or other governmental agencies, including the Veterans Administration for service connected disabilities or injuries; benefits available through the Indian Health Service and/or Alaska Area Native Health service are specifically excluded from this subpart;
- c. Pursuant to any federal, state, or other legislation, such as Medicare or Medicaid;
- d. Pursuant to benefits entitled to any covered person under any automobile liability or medical payments policy; and
- e. Services for bodily injury, illness, or disease arising out of motor vehicle accidents for which there is available other valid and collectable insurance under the provisions of Alaska statutes.

2. All medical specialty care except when cleared on a case by case basis with the insurer.

EXCLUSIONS - Page 2

3. ~~Care in an Extended Care Facility~~, or Skilled Nursing Facility:
4. Custodial care domiciliary care or nursing home care.
5. Home health services, except as provided per professional judgment by the KANA physician or community health aide.
6. Audiological (hearing) screening, hearing aids, and the fitting of hearing aids.
7. Eyeglasses except as provided for under Special Services and Supplies.
8. Cosmetic surgery or conditions for which plastic surgery is indicated primarily for cosmetic purposes, except as provided for under Medical Services.
9. Dental care including dental x-rays except as provided for under Dental Care.
10. Third party physical examinations such as those for employment or for purchase of insurance, (except to the extent that the normal physical examination schedule is applicable). School physicals will be provided at the KANA medical clinic.
11. Any procedures which can be classified by the Alaskan Medical Community as experimental, investigative, unusual, or not customary in Alaska medical practice.
12. Any out of Area Service.
13. Podiatric or chiropractic services.

CONCLUSIONS - Page 3

14. Any mental health, alcoholism, or chemical dependency services not specifically covered in the benefits described under Mental Health; Alcoholism, and Chemical Dependency Services.
15. *Any mental health Services.*
15. Specialized evaluation and therapy to include: Speech therapy hearing therapy, therapy for learning disability, communicative delay, perceptual disorders, mental retardation and related conditions, behavior disorders, multiple handicapped, hyperactivity, sensory deficit and motor dysfunction, developmental and neuroeducational testing or treatment, sleep therapy, hypotherapy and bio-feedback, behavioral training, myofunctional therapy, neuromuscular rehabilitation and other special therapy.
16. Marriage counseling.
17. Vocational rehabilitation.
18. Acupuncture.
19. Procedures, services, and supplies related to sex transformation. Reversal of voluntary sterilization procedures and related procedures.
20. Surgical treatment for obesity.
21. Home delivery for child birth.
22. Artificial aids and external prosthetic devices, artificial limbs, corrective appliances, rental or purchase of durable equipment and supplies.

23. Any injury or illness resulting from war or any act of war, declared or undeclared, or from commission of a felony by the covered person.

24. Expenses incurred prior to the effective date of this schedule of benefits or for services rendered after this schedule of benefits is terminated by contractual or Congressional Act or eligibility of a person terminates.

25. *Inappropriate use of ER.*

26. *Inappropriate use of ambulance.*

27. *Abortions: There is a strong likelihood that in the near future the IHS will not be able to pay for elective abortions.*

YUKON-KUSKOKWIM HEALTH CORPORATION

P. O. Box 528
Bethel, Alaska 99559
(907) 543-3321

May 7, 1981

Honorable Senator George Hohman
Juneau, Alaska 99811

Honorable Senator John Sackett
Juneau, Alaska 99811

Dear Senators Hohman and Sackett:

"An Act relating to the health of residents of the state; and providing for an effective date."

I would like to express YKHC's feelings in regards to House Bill #41.

- 1) First of all the bill states that it is a "State Comprehensive Health Plan." I do not feel that the words "State Comprehensive" are the appropriate words to use since the bill automatically eliminates all employees/ persons covered under a group health plan. In the Bethel Service Unit under only YKHC's employment, this eliminates 193 employees, most of whom are native and live in the villages.
- 2) Regardless of being covered by a group health plan most people utilize the PHS Hospital services because of accessibility. The PHS system does not provide all health services to our people. (A list of the Indian Health Service exclusions was sent to Representative Clocksin during the tele-conference held on House Bill #41). This should be reviewed very carefully before any action is taken.
- 3) Due to budget limitations, restrictions in travel, boarding home and possible ambulance services cuts are likely to occur. The Reagan administration pledge to reduce Human Services costs forebodes even more diminutive capability for IHS to provide needed medical services to Alaska Natives.
- 4) It is the consensus of the Regional Health Directors of the non-profit health corporations that if the Medicaid portion of the bill was re-looked and if Medicaid services to the eligibles could be improved and increased it would benefit the rural Alaskan Natives more than what House Bill #41 is offering.

Your consideration to the above would be greatly appreciated.

Sincerely,
Barbara Petrovich for Mary Pavil
Mary Pavil
Executive Director

MP/to



November 2, 1981

PRELIMINARY LISTING
BOROUGH LEGISLATIVE PRIORITIES: 1982 ALASKA LEGISLATURE

2-2-81
3-10-81
5-16-81

(The following issues were discussed at the October 29th Assembly work session as part of the Borough's Legislative program. They are not listed in order of priority.)

operation

I. Increase in school construction funding to 100 percent state reimbursement from current 80 percent reimbursement.

II. Borough air quality modeling, monitoring and data acquisition program. This concept presently is being developed with NOAA air modeling experts. Preliminary estimates are for a two to three year program and a total cost of over \$1 million.

III. Municipal revenue sharing. Establishment of municipal endowment funding. Such funding would require a state constitutional amendment. A draft joint Resolution prepared by the Alaska Municipal League is attached for information.

IV. Social services funding. Funding of social service operations and programs was authorized by a late amendment to SB 168, even though some local governments (such as the Fairbanks North Star Borough) do not exercise most social service powers. Subsequent to SB 168 passage, State legislators informed social service organizations that state funding to their programs was reduced and that social service organizations should seek compensating funds at the local government level.

SB 168 was originally designed solely as capital projects legislation and excluded the use of funds for operational costs. The last-minute addition of social services to this legislation and the authorization to fund social service operations, together with the cutback in direct State funding to social service programs, has created great confusion at the local government level among social service agencies.

V. Senator Kerttula, in his capacity as Senate President, has requested a listing from local governments of those capital projects which local governments wish to see undertaken in their areas by state agencies. Some borough-area projects of this nature are as follows:

(a) Fairbanks International Airport improvements, Phase II. The airport Master Plan called for \$101 million in capital improvements. Last year \$38 million was appropriated for Phase I. Approximately \$63 million remains to be appropriated to complete the development program identified in the Master Plan.

(b) Bridge and adjacent roadway construction for access to residential areas east of Fort Wainwright. Estimated cost: \$2.8 million.

(c) Chena Small Tracts bridge and road connection. Presently, rush-hour traffic is very congested on the Chena Ridge Road and Parks Highway intersection. Continuing residential development on Chena Pump Road will worsen the problem. A bridge and road connection through Chena Small Tracts could provide direct access to Airport Road for Chena Pump Road residents.

(d) Expansion of Airport Road. Congestion on Airport Road has now increased well past rush-hour traffic periods. Without significant construction or engineering work, the two emergency lanes next to the access roads could be converted into traffic lanes. This would give Airport Road six lanes for traffic instead of the present four.

(e) Pilot program for residential water supplies. In developing residential areas, particularly in the northern and western portions of the borough, the digging of individual wells for single-family residences is becoming prohibitively expensive and difficult. Through the service area concept it may be possible to develop one communal well to serve 15-25 residents, dug at a sufficient depth to tap deep water supplies at less cost and with more reliable supplies. Up-front construction financing could be explored through Program for Progress.

VI. State financing for multi-family and condominium housing. The cost of single-family housing continues to escalate, which increases the attractiveness of multi-family housing for middle and lower income families. In the Fairbanks area, multi-family housing may become increasingly necessary because of the expansion of military personnel and their families at Eielson Air Force Base and possibly Fort Wainwright. Currently the bulk of state housing financing is devoted to single-family residences or duplexes. Some contractors are concerned with the lack of financing available for multi-family units.

LEGISLATIVE PRIORITIES
PAGE THREE

To redress this imbalance, legislation should be developed to provide for the following points:

- (1) Permit financing for investor-built rental units.
- (2) Designate AHFC funds for multi-family residences.
- (3) Streamline AHFC procedures to encourage investment in condominium construction.
- (4) Make financing available for renovation and expansion of existing homes and apartment buildings.
- (5) The use of Permanent Fund earnings should be thoroughly investigated as a financial resource to support these housing efforts in Alaska.

VII. Railroad bypass of downtown Fairbanks. Growing volumes of heavy freight and industrial traffic generated by the Alaska Railroad are transiting downtown Fairbanks and built-up residential areas. As Fairbanks develops in the future, this industrial railroad traffic will increase, as well as density of urban and suburban growth adjacent to the current rail lines. This has long been a serious situation in many lower-48 communities. The Borough has asked FMATS to look into the feasibility of a railroad bypass of downtown Fairbanks for heavy industrial traffic. If feasible, such a problem might require special legislative action and might be included in an overall development program if the state of Alaska acquires the Alaska Railroad from the federal government.

BFH/sek

Attachments: as stated

Isabura Wilkins
 Jones Zebbe
 Nancy
 Collette

Bethel
 11/14/81

George Boratnick - member Southcentral ASA

- question as to leg plans for future of ASA's
 - Fred (?) - need better coord ASA's + SARA

Dr Marilyn Chohoney - med dir YKHC, on state PHS hosp.
 - Comm Health Aide - 11 wk the prog.
 - cut in tvl funds will increase burden on C.A.A.

- clinics in villages have problems w/ maintenance,
 heat, equipment - 11th funding (contract w/
 village council) has not increased w/ inflation
 - Alasum maintains planes -

(Apr 82) - 15 villages have asplines -

Fairweather - ~~ASA~~ 11th Hosp -

Dita Foltier - Pub Health Nurse

per capita funding won't cut it

Mary Pavil -

Key sharing doesn't go far -

Medicaid won't pay from village to 11th hosp,

will pay village to Providence (Joe - armemo

of agreement DHS + 11th) Jeff Friedman - Dir

mental health program for YKHC - split ea 50/50.

Villagers can't use Medicaid for psychiatric

the trees at

Collins - Pub Health Nurse - children are covered by Medicaid.

Dir IHS Hosp - 1 adm.

Joe - 14 doctors, 62 nurses, 5 dentists, 8 dental assts
~~40 beds, 10000 occ. at 60% - 80%~~
50 beds, 40 in use, ~~at 33%~~ occupancy

spkr (?) 17 000 people, 75,000 sq miles
PH Nurse 3/4 times year
Dr 1 yr (4 days year)

John

Fairweather - 2 hrs for in-patient treatment
most of patients who come in need to
ca 1/4 patients having tvl paid for by IHS
no more use by non-Natives

Joe - major users ambulance are villagers arriving at apt

Chukoney - state help fund hosp, open it to everyone

* Jeanne Peltier - Pub H Nurse -

- no overlap in services in this region
- need stress on prevention and planning
- " advance knowledge of funds available
- prevention - maternal & child health, e.g.
- one village 50% children low in haemoglobin, makes more vulnerable to infections, don't learn as well (low energy level)

Peltier - people can't afford right food
- pay some money to health aides

Helen (?) - most outpatients have infectious diseases,
linked with life style. Several programs have
people educating in villages - alcohol, dentists, etc

Joe - - lots of running water would help in
prevention

Jeff Friedman - need for mid-level practitioners

7 itinerant PHN
2 Bethel PHN

Mary Pavil - state should mandate health
curriculum in schools

Fred - need for interpreters

Joe - need regional planning

Mary Pavil - Bristol Bay NC has taken over
IHS hosp, running it - funding problems
- village runways poor

Joe - lack of funds to get out to villages

Mary Pavil - thinks all villages are stable

Peltier - only 5% villages have satellite TV

Wally Richardson, L10 -
- dial-in capability of speaker phones in villages

Peltier - early childhood programs have been
successful - (6 mos - 3 yrs)
- AKHC conducts classes for women in
pre-maternal home

- health aides don't all have same capa-
bilities, e.g. 1V

- 64 total,
C.H.A. turnover ca 12% +
4 villages no clinic - in BSA schools

- mounting conflict over "non-beneficiaries"

- state wants to decrease early childhood program,
Feds to phase it out - (poverty of access village)

1981

INTERIM
ANCHORAGE

12/15?/81

CHARLIE PARR

ALASKA LEGISLATURE

S.R. Box 50399
Fairbanks, Alaska 99701
(907) 456-5029

Fairbanks Interim Office
545 Third Avenue, Suite D
Fairbanks, Alaska 99701
(907)456-8925

Pouch V
Juneau, Alaska 99811
(907) 465-4907

DATE: August 18, 1981

TO: All interested parties

FROM: Senator Charlie Parr, Chairman *CP*
Senate Health, Education and Social Services Committee

SUBJ: Forthcoming public hearings

* * * * *

The Senate Health, Education and Social Services Committee will conduct public hearings in the following communities during the interim to consider aspects of health care and health care delivery systems within Alaska.

All interested parties are invited to attend and present testimony.

For further information, please contact Sandra Stringer in Fairbanks at 456-8925 or Nancy Deitrick in Juneau at 465-4907.

<u>FAIRBANKS</u>	Saturday, September 12, 1981 9:00 a.m. - 5:00 p.m.	Borough Assembly Chambers 520 Fifth Avenue
<u>KENAI</u>	Saturday, September 26, 1981 9:00 a.m. - 5:00 p.m.	Borough Building
<u>NOME</u>	Saturday, November 7, 1981 9:00 a.m. - 5:00 p.m.	City Hall
<u>BETHEL</u>	Saturday, November 14, 1981 9:00 a.m. - 5:00 p.m.	Legislative Information Office
<u>ANCHORAGE</u>	Thurs., Friday, December 9-10, 1981 9:00 a.m. - 5:00 p.m.	Committee work sessions only Legislative Information Office
	Saturday, December 11, 1981 9:00 a.m. - 5:00 p.m.	Public hearing Legislative Information Office 1024 W. 6th Avenue

CIP:dm

Mon. morning

PUBLIC SERVICE ANNOUNCEMENT

for immediate release 12/1/81

for further information please call the Senate HESS office in Fairbanks (456-8925) or in Juneau (465-4907)

The Senate Health, Education and Social Services Committee will be conducting a public hearing on Tuesday, December 15, from 9:30 am *til 12pm* ^{4:30} ~~until all testimony has been taken~~ at the Anchorage Legislative Information Office, 1024 West Sixth Avenue.

Any member of the public who wishes to make comments on aspects of health care in Alaska including availability and affordability of health care ~~services~~, emergency medical services, the health systems agencies, preventative medicine, or any similar topics is urged to attend this meeting. The Committee is particularly interested in any comments the public might wish to make regarding legislation that will come before it this spring, including HB 41. Copies of all such legislation may be obtained free of charge ~~at~~ ^{by calling} the legislative office, 278-3668.

Anyone who wishes to comment on health related subjects but is unable to attend the hearing on December 15 may submit written testimony to the committee through the legislative information office, *or by writing the Senate HESS Committee, Pouch V, Juneau, Alaska 99811.*

Drona,

Please type up the above, make copies and send to the following places (plus anyone else that occurs to you)...you'll have to look up most of the addresses in the Anchorage phone directory.

- all Anchorage area radio and tv stations
- the Anch Times and the Daily News
- Providence, API, and Indian Health Service and the Alaska Hospital
- copies to all committee members (I know, they already will have the memo to legislators, but this should remind them again...)
- copies to the legislative offices ~~esp. Anchorage~~
- Anch area Ems
- Anch area HSA
- Anch municipal health dopt., *Anch area public health service*
- U of A - both the nursing program at UAA and anything else appropriate at ACC or for that matter at UAA
- ISER in Anch } *address should be in U of A phone directory*
- AEIDC }
- all the clinics listed on pages 199 & 200 of the directory
- any one else?

*hope you had a happy
Thanksgiving... S.*

CHARLIE PARR

ALASKA LEGISLATURE

S.R. Box 50599
Fairbanks, Alaska 99701
(907) 456-5029

Fairbanks Interim Office
545 Third Avenue, Suite D
Fairbanks, Alaska 99701
(907) 456-8925

Pouch V
Juneau, Alaska 99811
(907) 465-4907

M E M O R A N D U M

DATE: November 25, 1981

TO: All Anchorage, Palmer, Kenai, and Valdez Legislators

FROM: Senator Charlie Parr, Chairman
Senate HESS Committee *CHP by dm*

SUBJ: Forthcoming hearing and work session in Anchorage

* * * * *

The Senate HESS meeting set for Anchorage in December has been rescheduled. The new meeting dates are December 14, 15 and 16, in Anchorage.

On Monday, December 14, all interested legislators are invited to assemble at the Anchorage Legislative Information Office at 9:00 a.m. for an all-day tour of the Alaska Psychiatric Institute, Providence Hospital and the Palmer Hospital.

On Tuesday, December 15, a public hearing on matters related to health, and to House Bill 41, will be held from 9:30 a.m. to 4:30 p.m. in the Anchorage Legislative Information Office hearing room. All interested legislators are invited to attend.

On Wednesday, December 16, the Senate HESS Committee will hold a work session for its members in the Anchorage Legislative Information Office, from 9:30 a.m. on. Topics to be discussed include the results of interim committee work and possible legislation to be introduced next session.

For further information please contact Sandra Stringer in Fairbanks at 456-8925 or Nancy Deitrick in Juneau at 465-4907.

CHP:SS:dm

CHARLIE PARR

ALASKA LEGISLATURE

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545 Third Avenue, Suite D
Fairbanks, Alaska 99701
(907) 456-8925

Pouch V
Juneau, Alaska 99811
(907) 465-4907

PUBLIC SERVICE ANNOUNCEMENT:

For immediate release on December 1, 1981. For further information please call the Senate HESS Committee office in Fairbanks (456-8925) or in Juneau (465-4907).

* * * * *

The Senate Health, Education and Social Services Committee will be conducting a public hearing on Tuesday, December 15, 1981, from 9:30 a.m. til 4:30 p.m., at the Anchorage Legislative Information Office, 1024 West Sixth Avenue.

Any member of the public who wishes to make comments on aspects of health care in Alaska including availability and affordability of health care, emergency medical services, the health systems agencies, preventative medicine, or any similar topics is urged to attend this meeting. The Committee is particularly interested in any comments the public might wish to make regarding legislation that will come before it this spring, including HB 41. Copies of all such legislation may be obtained free of charge by calling the Legislative Information Office at 278-3668.

Anyone who wishes to comment on health related subjects but is unable to attend the hearing on December 15 may submit written testimony to the Committee through the Legislative Information Office, or by writing the Senate HESS Committee, Pouch V, Juneau, Alaska 99811.

CHP:dm

1981

INTERIM

INFO.

INTERIM

- HEALTH PLANNING

HOSPITAL FUNDING

MEDIGAP INSURANCE

HEALTH FINANCING

- LAY MIDWIVES

- COORDINATION OF EARLY CHILDHOOD PROG.

- MEDICAID

PROCESSING/ BILLING PROBLEMS

ERROR RATE

DAY CARE STUDY ←

Family Planning

152.25 WK

3009.00

$$\begin{array}{r} 1504.50 \\ 316.13 \\ \hline 1880.63 \end{array}$$

S.S. - 6 mo. + 12.00
11,283.78

21.03 difference

N	S	C
572	344	332
268	134	67
<u>840</u>	<u>478</u>	<u>399</u>

1462.10 extra airfare

Le Conte - Luke Bay 1:45
leave 2:30

(189-7453 after 12:30)

580-3554 (Am. Light.)

12:30 12:45

Revised 133
749.80
4
5999.20

20.06

$$\begin{array}{r} 5260.00 \\ 749.80 \\ \hline 4009.80 \\ 6 \\ \hline 24058.80 \end{array}$$

1533.20 difference
21.03

1,554.23

CONSUMER HEALTH QUESTIONNAIRES - 1981 INTERIM

The Senate Health, Education and Social Services Committee sent out 5,000 questionnaires concerning health care matters to individuals selected at random from the voter registration list. 191 responses were returned to the committee representing 73 communities in the state.

54% of the respondents considered health care unaffordable, with another 15% stating that insurance was the only possible way for them to afford care. The family health care dollar of those represented is spent primarily on Dental care, physician office calls and medication. The availability of dental and optical care in Alaska, particularly in rural areas where visits occur yearly, was often mentioned.

Concerning activities of the state in health areas, 14% opted for state sponsored health insurance while an equal number want the state out of the area and health care left to the private sector. Wellness promotion, prevention and elderly care were frequently mentioned needs, along with a concern for equity in insurance plans and charges of physicians and hospitals.

Health planning is favored by the Alaskans who responded, with 56% of them favoring state funding of the Health Systems Agencies, although 76% have had no contact with their HSA. Wellness promotion, elderly care and dental and optical services once again were prioritized as concerns for health planners.

83% of the respondents have health insurance, 61% employment related, however, only 52% of those with coverage were happy with their plans with almost as many stating that insurance rates are unreasonably high for the coverage received.

Responses are broken down into areas relating to census groupings in the report, with respondents' remarks about what services are available in their locale. 26% stated that the kinds of health care they need are unavailable locally, and transportation emerged constantly as a problem to those outside of urban areas(28%).

Another 4% stated that Emergency Medical Services were unavailable to them. There was almost unanimous agreement by those who have EMS that they function well, and there is much concern over maintaining the quality of services through training and equipment upgrading.

The average Alaskan views inflation, the salaries of health care personnel and Insurance as the top factors affecting the rising cost of health care. Wellness promotion and nutrition, including screening and school health education, seem to be foremost in health care needs mentioned which follows the national trends in solving our health care problems.

Please refer to the interim report for details on responses and community breakdown of services.

How does your family spend its health care dollars?

<u>CATEGORY</u>	<u>NUMBER OF RESPONDENTS</u>	<u>AVERAGE PERCENTAGE</u>
Medication	120	15%
Physician office call	132	26%
Hospital emergency room	47	15%
Hospital inpatient	32	23%
Dentist	132	34%
Optometrist/Optician	108	15%
Long term care facility	1	5%
Insurance	81	39%
Other (transportation)	20	30%

1. The rising cost of health care has become a national concern, do you personally find health care affordable?

YES 82 NO 103 Only with insurance 29

2. What do you feel are the major reasons for the rising costs of health care? (number in order of importance)

- 1.9 Inflation
- 5.5 Increase in the numbers of health personnel
- 4.2 New medical technology
- 3.4 Salaries of health professionals
- 6.5 Population increases
- 4.5 Hospitals
- 5.2 New services
- 3.9 Insurance
- 4.4 Government health programs (Medicare and Medicaid)

Other: Number of responses

Malpractice suits	6
Medicaid abuse	6
Greed	6
Patient demands	3
Government redtape	2
Waste	2
Reagonomics	2
Travel for care	2

3. Do you have any suggestions on how the state of Alaska can curtail the cost of health care?

COMMENTS	NUMBER OF RESPONSES
State health insurance	27
More prevention/wellness promotion	19
Stay out of health care	18
Investigate physician/hospital charges	16
Promote insurance fair to those who use less/include alcohol, mental health	16
Leave health to the private sector	13
Better transportation availability	10
Investigate Medicaid fraud/abuse	9
Support rural health facilities	9
Provide more physicians and nurses	9
More school health education	8
More outpatient clinics	8
Coordinate existing health systems	6
Avoid duplication of services	5
Provide mobile screening units	5
Support elderly and disabled care	5
Comprehensive screening of school children	4
State ownership of hospitals	4
Limit malpractice claims by legislation	3
Increase Catastrophic Illness Program	3
Close PHS Hospitals	3

1. Health planning is currently 70% funded by the Federal government, with the money to cease in 1983. Do you think the state should continue to fund our three Health Systems Agencies?

YES 107 NO 50

2. Have you had any personal contact with your HSA?

YES 37 NO 145

3. Are there any health care areas you feel need more attention in planning?

COMMENTS	NUMBER OF RESPONSES
Prevention/wellness promotion	11
Elderly care	8

Dental and optical care	8
Alcohol and drug treatment	6
Emergency Medical Services training	5
Family planning	5
School health education	5
Transportation for health care	5
Coordination of state with IHS	4
Mental health	3
Trauma treatment/emergency evacuation	3

1. Do you have health insurance?

YES 158 NO 35

Employment related 117

Private 28

Medicare 16

Medicaid 9

Other 13

Does your insurance require:

Copayments 45 Deductibles 113

Types of coverage included in plan:

150 Hospital expense

144 Surgical expense

140 Physician expense

137 Major medical

41 Long term disability income

27 Short term disability income

96 Dental

79 Optical

108 Prescription drugs

14 Other

Does your insurance pay for the types of medical services you use?

YES 113 NO 46

Are you satisfied with your plan?

YES 99 NO 53

Do you think insurance rates are reasonable?

YES 59 NO 86 UNKNOWN 16

AREA Petersburg Number of respondents 7

Is the health care you need available? YES 4 NO 3

COMMENTS No vision care, diagnostic, surgery, midwife

Do you have transportation problems in receiving health care? YES 1 NO 4

In emergency situations? YES 4 NO 3

Does your community have Emergency Medical Services? YES 6 NO 1

Does it function efficiently? YES 6 NO 1

COMMENTS: Must travel 4 expensive 2 weather conditions 2

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>3</u> FAMILY PLANNING	<u>0</u>
<u>0</u> ALTERNATIVE BIRTHING CENTER	<u>2</u>
<u>0</u> PHYSICIAN DOING HOME DELIVERIES	<u>2</u>
<u>0</u> NURSE MIDWIFE	<u>1</u>
<u>0</u> LAY MIDWIFE	<u>1</u>
<u>0</u> HOMEMAKER - HOME HEALTH SERVICES	<u>4</u>
<u>0</u> LONG TERM CARE FACILITY	<u>0</u>
<u>4</u> COMMUNITY CARE FOR MENTALLY ILL	<u>2</u>
<u>6</u> COMMUNITY CARE FOR ALCOHOL/DRUG	<u>1</u>
<u>2</u> PREVENTIVE HEALTH SERVICES	<u>2</u>
<u>0</u> HOSPICE (FOR THE TERMINALLY ILL)	<u>0</u>
<u>5</u> SCHOOL HEALTH EDUCATION	<u>1</u>

COMMENTS: Medical profession irresponsible in setting fees, always exceed insurance
upgrade of community hospital services needed

Local health professionals need continuing education

AREA Bureau Number of respondents 21

Is the health care you need available? YES 14 NO 7

COMMENTS Specialists unavailable or visit periodically 4 expensive 2
no gynecologist 2 shortage of Pediatricians

Do you have transportation problems in receiving health care? YES 2 NO 17

In emergency situations? YES 4 NO 13

Does your community have Emergency Medical Services? YES 21 NO 0

Does it function efficiently? YES 18 NO 3

COMMENTS: _____

SERVICES AVAILABLE

SERVICES NEEDED

<u>18</u>	<u>FAMILY PLANNING</u>	<u>0</u>
<u>8</u>	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>3</u>
<u>2</u>	<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>4</u>
<u>6</u>	<u>NURSE MIDWIFE</u>	<u>3</u>
<u>9</u>	<u>LAY MIDWIFE</u>	<u>0</u>
<u>13</u>	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	<u>0</u>
<u>16</u>	<u>LONG TERM CARE FACILITY</u>	<u>0</u>
<u>11</u>	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>2</u>
<u>20</u>	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>2</u>
<u>10</u>	<u>PREVENTIVE HEALTH SERVICES</u>	<u>4</u>
<u>13</u>	<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	<u>3</u>
<u>9</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>6</u>

COMMENTS: Inexpensive prevention needed 3

Need an open door outpatient clinic

School health education is inadequate 3

Nutrition education should be available

AREA Skagway Number of respondents 4

Is the health care you need available? YES _____ NO 4

COMMENTS No doctor in residence 3 inadequate services at clinic
very expensive for those without teamster coverage need a physical therapist

Do you have transportation problems in receiving health care? YES 3 NO 1

In emergency situations? YES 4 NO _____

Does your community have Emergency Medical Services? YES 4 NO _____

Does it function efficiently? YES 4 NO _____

COMMENTS: Must fly to Juneau, weather permitting

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>FAMILY PLANNING</u>	<u>3</u>
<u>ALTERNATIVE BIRTHING CENTER</u>	<u>3</u>
<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>4</u>
<u>2 NURSE MIDWIFE</u>	<u>3</u>
<u>1 LAY MIDWIFE</u>	<u>1</u>
<u>HOMEMAKER - HOME HEALTH SERVICES</u>	<u>1</u>
<u>LONG TERM CARE FACILITY</u>	<u>1</u>
<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>2</u>
<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>3</u>
<u>PREVENTIVE HEALTH SERVICES</u>	<u>4</u>
<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	<u>1</u>
<u>1 SCHOOL HEALTH EDUCATION</u>	<u>2</u>

COMMENTS: VHF radio and training needed for EMS

need state supported preventive health screening for all.

Don't see MD unless necessary, visiting physician on retainer for Teamsters so charges
are high 2

transportation is critical, must charter to Juneau and weather is severe

18 teenage pregnancies in 80-81, need health education and family planning

child with cerebral palsy needs expensive therapy and medication, cannot get insurance

AREA Haines Number of respondents 2

Is the health care you need available? YES 2 NO 0

COMMENTS _____

Do you have transportation problems in receiving health care? YES _____ NO 2

In emergency situations? YES 1 NO _____

Does your community have Emergency Medical Services? YES 2 NO _____

Does it function efficiently? YES 2 NO _____

COMMENTS: must charter to Juneau, weather permitting

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>1</u> FAMILY PLANNING	<u>1</u>
<u>1</u> ALTERNATIVE BIRTHING CENTER	<u>1</u>
<u>1</u> PHYSICIAN DOING HOME DELIVERIES	<u>0</u>
<u>1</u> NURSE MIDWIFE	<u>0</u>
<u>1</u> LAY MIDWIFE	<u>0</u>
<u>1</u> HOMEMAKER - HOME HEALTH SERVICES	<u>0</u>
<u>1</u> LONG TERM CARE FACILITY	<u>1</u>
<u>1</u> COMMUNITY CARE FOR MENTALLY ILL	<u>0</u>
<u>1</u> COMMUNITY CARE FOR ALCOHOL/DRUG	<u>0</u>
<u>1</u> PREVENTIVE HEALTH SERVICES	<u>1</u>
<u>1</u> HOSPICE (FOR THE TERMINALLY ILL)	<u>0</u>
<u>1</u> SCHOOL HEALTH EDUCATION	<u>1</u>

COMMENTS: _____

AREA Valdez/Cordova Number of respondents 6

Is the health care you need available? YES 5 NO 1

COMMENTS no gynecology

Do you have transportation problems in receiving health care? YES _____ NO 5

In emergency situations? YES _____ NO 2

Does your community have Emergency Medical Services? YES 6 NO _____

Does it function efficiently? YES 6 NO _____

COMMENTS: _____

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>2</u> FAMILY PLANNING	<u>1</u>
<u>1</u> ALTERNATIVE BIRTHING CENTER	<u>1</u>
PHYSICIAN DOING HOME DELIVERIES	<u>1</u>
NURSE MIDWIFE	<u>2</u>
LAY MIDWIFE	<u>1</u>
<u>1</u> HOMEMAKER - HOME HEALTH SERVICES	<u>1</u>
<u>2</u> LONG TERM CARE FACILITY	<u>3</u>
<u>6</u> COMMUNITY CARE FOR MENTALLY ILL	_____
<u>5</u> COMMUNITY CARE FOR ALCOHOL/DRUG	<u>1</u>
<u>2</u> PREVENTIVE HEALTH SERVICES	<u>1</u>
HOSPICE (FOR THE TERMINALLY ILL)	<u>1</u>
<u>3</u> SCHOOL HEALTH EDUCATION	<u>1</u>

COMMENTS: _____

AREA Kenai Peninsula Number of respondents 14

Soldotna 5, Kenai 4, Port Graham 1, Scidovia 1, Sterling 2, Kasilof 1

Is the health care you need available? YES 8 NO 4

COMMENTS Available but can't afford care or insurance. Need a gynecologist

Chronic patients must go south for care.

Do you have transportation problems in receiving health care? YES 3 NO 8

In emergency situations? YES 2 NO 7

Does your community have Emergency Medical Services? YES 9 NO 2

Does it function efficiently? YES 8 NO 1

COMMENTS: _____

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>9</u> FAMILY PLANNING	<u>1</u>
<u>2</u> ALTERNATIVE BIRTHING CENTER	<u>2</u>
<u>2</u> PHYSICIAN DOING HOME DELIVERIES	<u>2</u>
<u>4</u> NURSE MIDWIFE	<u>2</u>
<u>2</u> LAY MIDWIFE	<u>2</u>
<u>6</u> HOMEMAKER - HOME HEALTH SERVICES	
<u>3</u> LONG TERM CARE FACILITY	<u>9</u>
<u>3</u> COMMUNITY CARE FOR MENTALLY ILL	<u>3</u>
<u>8</u> COMMUNITY CARE FOR ALCOHOL/DRUG	
<u>5</u> PREVENTIVE HEALTH SERVICES	<u>2</u>
<u>1</u> HOSPICE (FOR THE TERMINALLY ILL)	<u>4</u>
<u>7</u> SCHOOL HEALTH EDUCATION	<u>3</u>

COMMENTS: Improved school health education is needed.

Birthing room is planned for the Soldotna Hospital.

"Health care, though terribly expensive, is inept and incompetent, particularly in the mental health field."

AREA South Peninsula Number of respondents 9

Homer - 5, Anchor Point 4

Is the health care you need available? YES 8 NO 1

COMMENTS no access to alternative care Homer 30 miles from Anchor Point

Do you have transportation problems in receiving health care? YES 3 NO 6

In emergency situations? YES 4 NO 5

Does your community have Emergency Medical Services? YES 9 NO 0

Does it function efficiently? YES 8 NO 1

COMMENTS 6

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>6</u> FAMILY PLANNING	<u>2</u>
<u>2</u> ALTERNATIVE BIRTHING CENTER	<u>3</u>
<u>4</u> PHYSICIAN DOING HOME DELIVERIES	<u>1</u>
<u>6</u> NURSE MIDWIFE	
<u>2</u> LAY MIDWIFE	
<u>3</u> HOMEMAKER - HOME HEALTH SERVICES	<u>3</u>
<u>4</u> LONG TERM CARE FACILITY	<u>1</u>
<u>5</u> COMMUNITY CARE FOR MENTALLY ILL	<u>1</u>
<u>8</u> COMMUNITY CARE FOR ALCOHOL/DRUG	
<u>4</u> PREVENTIVE HEALTH SERVICES	<u>1</u>
<u>3</u> HOSPICE (FOR THE TERMINALLY ILL)	<u>3</u>
<u>3</u> SCHOOL HEALTH EDUCATION	<u>2</u>

COMMENTS: Better school health education needed, particularly nutrition
Kinlein care in Homer has made a real impact on preventive care
State should encourage wellness promotion

AREA Seward Number of respondents 7

Seward 5, Hope 1, Cooper Landing 1

Is the health care you need available? YES 6 NO 1

COMMENTS 50 miles to a hospital

Do you have transportation problems in receiving health care? YES 2 NO 5

In emergency situations? YES 2 NO 5

Does your community have Emergency Medical Services? YES 5 NO 2

Does it function efficiently? YES 5 NO 2

COMMENTS: Hope and Cooper landing must get EMS services from Homer.

SERVICES AVAILABLE

SERVICES NEEDED

<u>2</u>	<u>FAMILY PLANNING</u>	<u>1</u>
<u>1</u>	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>2</u>
	<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>1</u>
	<u>NURSE MIDWIFE</u>	<u>1</u>
<u>1</u>	<u>LAY MIDWIFE</u>	
<u>1</u>	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	<u>1</u>
<u>4</u>	<u>LONG TERM CARE FACILITY</u>	<u>1</u>
<u>1</u>	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>1</u>
<u>4</u>	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>1</u>
<u>4</u>	<u>PREVENTIVE HEALTH SERVICES</u>	<u>2</u>
<u>1</u>	<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	<u>2</u>
<u>3</u>	<u>SCHOOL HEALTH EDUCATION</u>	

COMMENTS: Physicians overcharge for preventive care, such as physicals, need a more reasonable cost alternative.

AREA Bristol Bay Number of respondents 7

Dillingham 2, Naknek 2, South Naknek 1, Togiak 1, Ugashik 1

Is the health care you need available? YES 6 NO 1

COMMENTS only visiting PH nurse

Do you have transportation problems in receiving health care? YES 3 NO 4

In emergency situations? YES 2 NO 4

Does your community have Emergency Medical Services? YES 5 NO 2

Does it function efficiently? YES 4 NO 1 minimal 1

COMMENTS: Ugashik and Naknek do not have EMS

SERVICES AVAILABLE

SERVICES NEEDED

<u>1</u>	<u>FAMILY PLANNING</u>	<u>2</u>
	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>3</u>
	<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>3</u>
<u>2</u>	<u>NURSE MIDWIFE</u>	<u>2</u>
<u>1</u>	<u>LAY MIDWIFE</u>	<u>2</u>
<u>2</u>	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	<u>1</u>
	<u>LONG TERM CARE FACILITY</u>	<u>3</u>
	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>2</u>
<u>3</u>	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>3</u>
<u>3</u>	<u>PREVENTIVE HEALTH SERVICES</u>	<u>2</u>
	<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	<u>2</u>
<u>1</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>5</u>

COMMENTS: Dillingham hospital is inadequate

Make people responsible for paying their own costs of care 2

Naknek - four separate agencies provide care without coordination, and there are still gaps in care - not enough prevention and screening.

Continue CHA program, but expand to community centers staffed with para-professionals with good linkages to major hospitals.

AREA Anchorage Number of respondents 29

Is the health care you need available? YES 25 NO 2

COMMENTS _____

Do you have transportation problems in receiving health care? YES 2 NO 23

In emergency situations? YES 1 NO 22

Does your community have Emergency Medical Services? YES 26 NO _____

Does it function efficiently? YES 23 NO _____

COMMENTS: _____

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>22</u> FAMILY PLANNING	_____
<u>17</u> ALTERNATIVE BIRTHING CENTER	_____
<u>3</u> PHYSICIAN DOING HOME DELIVERIES	<u>8</u>
<u>11</u> NURSE MIDWIFE	<u>2</u>
<u>8</u> LAY MIDWIFE	<u>1</u>
<u>17</u> HOMEMAKER - HOME HEALTH SERVICES	<u>3</u>
<u>17</u> LONG TERM CARE FACILITY	<u>3</u>
<u>20</u> COMMUNITY CARE FOR MENTALLY ILL	<u>2</u>
<u>21</u> COMMUNITY CARE FOR ALCOHOL/DRUG	<u>1</u>
<u>17</u> PREVENTIVE HEALTH SERVICES	<u>4</u>
<u>7</u> HOSPICE (FOR THE TERMINALLY ILL)	<u>11</u>
<u>14</u> SCHOOL HEALTH EDUCATION	<u>5</u>

COMMENTS: Providence Hospital Emergency Room understaffed.

Need for more outpatient facilities with sliding scale fee schedule.

The open door clinic is helpful for the student population.

AREA Palmer/Wasilla Number of respondents 10

Is the health care you need available? YES 8 NO 1

COMMENTS Must go to Anchorage for any serious problems.

Do you have transportation problems in receiving health care? YES 1 NO 8

In emergency situations? YES 2 NO 3

Does your community have Emergency Medical Services? YES 8 NO 1

Does it function efficiently? YES 8 NO 2

COMMENTS: _____

SERVICES AVAILABLE

SERVICES NEEDED

<u>5</u>	<u>FAMILY PLANNING</u>	<u>1</u>
	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>4</u>
<u>2</u>	<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>4</u>
<u>1</u>	<u>NURSE MIDWIFE</u>	<u>4</u>
<u>1</u>	<u>LAY MIDWIFE</u>	<u>3</u>
<u>5</u>	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	
<u>9</u>	<u>LONG TERM CARE FACILITY</u>	
<u>4</u>	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>3</u>
<u>4</u>	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>2</u>
<u>6</u>	<u>PREVENTIVE HEALTH SERVICES</u>	
	<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	<u>2</u>
<u>4</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>2</u>

COMMENTS: School health education is inadequate.

Need more wellness promotion and nutrition training.

One respondent wrote to object to the amount of tests and diagnostic services done routinely, and the cost of these services

AREA Mat-Su Number of respondents 3

Talkeetna 2, Sutton 1

Is the health care you need available? YES _____ NO 3

COMMENTS - Must drive 80 miles to a doctor or hospital - Talkeetna

Do you have transportation problems in receiving health care? YES 1 NO 2

In emergency situations? YES 2 NO 1

Does your community have Emergency Medical Services? YES 3 NO _____

Does it function efficiently? YES 2 NO 1

COMMENTS: _____

SERVICES AVAILABLE

SERVICES NEEDED

<u>Sutton</u>	<u>FAMILY PLANNING</u>	<u>Talkeetna 2</u>
	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>Talkeetna 2, Sutton</u>
	<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>Talkeetna 2, Sutton</u>
	<u>NURSE MIDWIFE</u>	<u>Talkeetna 2, Sutton</u>
	<u>LAY MIDWIFE</u>	<u>Talkeetna2, Sutton</u>
<u>Sutton</u>	<u>HOMEMAKER -HOME HEALTH SERVICES</u>	<u>Talkeetna</u>
	<u>LONG TERM CARE FACILITY</u>	<u>Talkeetna</u>
	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>Talkeetna</u>
	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>Talkeetna, Sutton</u>
	<u>PREVENTIVE HEALTH SERVICES</u>	<u>Talkeetna 2, Sutton</u>
	<u>HOSPICE(FOR THE TERMINALLY ILL)</u>	_____
<u>utton</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>Talkeetna</u>

COMMENTS: Physicians need to have access to hospital by established guidelines
so personal judgements do not interfere with decisions

AREA S.E. Fairbanks Number of respondents 2

Northway 1, Delta Junction 1

Is the health care you need available? YES 1 NO 1

COMMENTS Must travel to Anchorage or Fairbanks

Do you have transportation problems in receiving health care? YES 1 NO 1

In emergency situations? YES 1 NO 1

Does your community have Emergency Medical Services? YES 1 NO 1

Does it function efficiently? YES 1 NO 1

COMMENTS: No EMS in Northway

<u>SERVICES AVAILABLE</u>	<u>SERVICES NEEDED</u>
<u>D.J. FAMILY PLANNING</u>	<u>N</u>
<u>ALTERNATIVE BIRTHING CENTER</u>	<u>N</u>
<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u></u>
<u>NURSE MIDWIFE</u>	<u></u>
<u>LAY MIDWIFE</u>	<u></u>
<u>D.J. HOMEMAKER - HOME HEALTH SERVICES</u>	<u></u>
<u>LONG TERM CARE FACILITY</u>	<u>D.J.</u>
<u>D.J. COMMUNITY CARE FOR MENTALLY ILL</u>	<u>N</u>
<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>N D.J.</u>
<u>D.J. PREVENTIVE HEALTH SERVICES</u>	<u>N</u>
<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	<u>D.J.</u>
<u>N SCHOOL HEALTH EDUCATION</u>	<u>D.J.</u>

COMMENTS: Rural areas need more information on health care and services, people are generally ignorant of what to do and what is available

Delta Junction - Unjust fee schedule for mental health services

AREA Upper Yukon Number of respondents 4

Ft. Yukon 2, Chicken 1, Arctic Village 1

Is the health care you need available? YES 2 NO 2

COMMENTS only an outpatient clinic in Ft. Yukon
isolation

Do you have transportation problems in receiving health care? YES 2 NO 1

In emergency situations? YES 2 NO sometimes 1

Does your community have Emergency Medical Services? YES 3 NO 1 Chicken

Does it function efficiently? YES 2 NO

COMMENTS: must charter to Fairbanks, expensive

<u>SERVICES AVAILABLE</u>		<u>SERVICES NEEDED</u>
<u>F.Y.</u>	<u>FAMILY PLANNING</u>	<u>A.V.</u>
	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>F.Y.</u>
	<u>PHYSICIAN DOING HOME DELIVERIES</u>	
	<u>NURSE MIDWIFE</u>	<u>F.Y.</u>
	<u>LAY MIDWIFE</u>	<u>F.Y.</u>
	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	<u>F.Y.</u>
	<u>LONG TERM CARE FACILITY</u>	<u>F.Y.</u>
<u>F.Y.</u>	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>A.V.</u>
<u>F.Y.</u>	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>A.V.</u>
<u>F.Y.</u>	<u>PREVENTIVE HEALTH SERVICES</u>	<u>A.V.</u>
	<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	
<u>F.Y.</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>F.Y./a.v.</u>

COMMENTS: Chicken would like CPR training available

Ft. Yukon - alcohol/drug programs need improvement

Arctic Village - health aide needs more training

Rural Alaskans need better access, more reasonable cost in travel and lodging in Fbks.

AREA Lower Yukon Number of respondents 7

One each: Tanana, Nenana, Minto, Huslia, Healy, Clear, Bettles

Is the health care you need available? YES 6 NO 1

COMMENTS Huslia needs bridges for transportation

Do you have transportation problems in receiving health care? YES 2 NO 4

In emergency situations? YES 2 NO 5

Does your community have Emergency Medical Services? YES 5 NO 1

Does it function efficiently? YES 4 NO 2 Fair 2

COMMENTS: 150 miles to Tanana Hospital from Huslia

SERVICES AVAILABLE

SERVICES NEEDED

<u>2</u>	<u>FAMILY PLANNING</u>	<u>1</u>
	<u>ALTERNATIVE BIRTHING CENTER</u>	
	<u>PHYSICIAN DOING HOME DELIVERIES</u>	
	<u>NURSE MIDWIFE</u>	
	<u>LAY MIDWIFE</u>	
<u>1</u>	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	
	<u>LONG TERM CARE FACILITY</u>	<u>3</u>
<u>1</u>	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	
	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>3</u>
<u>3</u>	<u>PREVENTIVE HEALTH SERVICES</u>	
	<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	
<u>4</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>1</u>

COMMENTS: _____

Care for elderly and disabled needs attention

More attention to native alcohol problems

EA Bethel Number of respondents 9

Mekoryuk 2, one each Bethel, Tununak, Toksook Bay, Nunupitchuk, Kongiganak, Atmauluak
Newtok

Is the health care you need available? YES 5 NO 2

COMMENTS only in Bethel PHS Hospital

Do you have transportation problems in receiving health care? YES 4 NO 4

In emergency situations? YES 4 NO 2

Does your community have Emergency Medical Services? YES 7 NO 2

Does it function efficiently? YES 2 NO 1 Tununak

COMMENTS: Newtok and Kongiganak have no EMS

<u>SERVICES AVAILABLE</u>		<u>SERVICES NEEDED</u>
<u>B/Mek.</u>	<u>FAMILY PLANNING</u>	<u>T.B./Nun/Mek/Kon</u>
<u>B/Mek</u>	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>T.B./Nun/New/Mek/Kon</u>
<u>Mek</u>	<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>E/Nun/Mek/Kon</u>
<u>Mek</u>	<u>NURSE MIDWIFE</u>	<u>B/Nun/New</u>
<u>B</u>	<u>LAY MIDWIFE</u>	<u>Nun/New/Mek</u>
<u>B/Mek</u>	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	<u>T.B./Nun</u>
	<u>LONG TERM CARE FACILITY</u>	<u>B/Nun/Mek</u>
<u>B/Mek</u>	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>T.B./Nun/Kon</u>
<u>B/Mek/Nun</u>	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>T.B./Tun/New/Kon</u>
<u>B/Nun/Mek</u>	<u>PREVENTIVE HEALTH SERVICES</u>	<u>T.B./Mek</u>
	<u>HOSPICE (FOR THE TERMINALLY ILL)</u>	<u>B/Tun/T.B./Nun/New/Mek</u>
<u>B/Mek/Nun</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>T.B./Mek/Kon</u>

COMMENTS: Health personnel are decreasing in Bethel

Dental programs needed for all, village visits are only once a year

Mekoryuk - need village emergency treatment center, mental health care in village

Kongiganak - Disabled frequently have higher medical costs and lower income, need assistance

Senior citizens have trouble with costs of health care, a trip to Anchorage could destroy them financially, need emergency assistance.

AREA Kuskokwim Number of respondents 7

McGrath 2, Anvik 2, Telida 1, Lower Kalskag 1, Takotna 1

Is the health care you need available? YES 3 NO 4

COMMENTS Must travel to Anchorage for most services, expensive 3

Only three flights scheduled weekly, usually have to charter

Do you have transportation problems in receiving health care? YES 3 NO 3

In emergency situations? YES 3 NO 2

Does your community have Emergency Medical Services? YES 4 NO 3

Does it function efficiently? YES 3 NO 1 (anvik)

COMMENTS: Lower Kalskg, Takotna and Anvik reportedly have no EMS

SERVICES AVAILABLE

SERVICES NEEDED

<u>6</u>	<u>FAMILY PLANNING</u>	<u>2</u>	<u>A./L.K.</u>
<u>1</u>	<u>ALTERNATIVE BIRTHING CENTER</u>	<u>1</u>	
	<u>PHYSICIAN DOING HOME DELIVERIES</u>	<u>1</u>	
<u>2</u>	<u>NURSE MIDWIFE</u>	<u>1</u>	
<u>3</u>	<u>L.K./A/Tel LAY MIDWIFE</u>	<u>2</u>	<u>Tak/A.</u>
<u>5</u>	<u>HOMEMAKER - HOME HEALTH SERVICES</u>	<u>1</u>	
	<u>LONG TERM CARE FACILITY</u>	<u>2</u>	
<u>2</u>	<u>COMMUNITY CARE FOR MENTALLY ILL</u>	<u>2</u>	<u>L.K./Tak</u>
<u>5</u>	<u>COMMUNITY CARE FOR ALCOHOL/DRUG</u>	<u>3</u>	<u>A/Tak</u>
<u>4</u>	<u>PREVENTIVE HEALTH SERVICES</u>	<u>1</u>	<u>L.K.</u>
	<u>HOSPICE(FOR THE TERMINALLY ILL)</u>	<u>2</u>	
<u>5</u>	<u>SCHOOL HEALTH EDUCATION</u>	<u>4</u>	<u>A/Tak/Tel</u>

COMMENTS: Need inpatient Mental Health care close to the area

McGrath - Evaluate bush services, too much money is spent in relation to the services provided, Need more care for Senior Citizens.

Anvik - Need a close health center, Bethel is too far, charter costs \$300.

W. 'ors and dentists visit the villages only once a year, need more nurses too.

(3 respondents had no insurance)