

ALABAMA LEGISLATURE COMMITTEES 1903-1904

2352 SHESS SB 334 (FILE 2 - SB 343

352

BUDGET NARRATIVEPERSONNEL

The number of personnel budgeted is six:

Executive Director
 Health Resource Specialist (x2)
 Research Analyst
 Administrative Assistant
 Secretary

Salaries have been increased by 10% as of September 1, 1984, to account for cost-of-living increases. (The last increases in salaries occurred April 30, 1983.)

FRINGE BENEFITS

NAHRA does not have a negotiated fringe benefit rate. A list of items which are employer-paid benefits and make up NAHRA's fringe benefits are itemized below:

1. FICA	12,042
2. ESC	1,947
3. Workmen's Compensation	2,500
4. Health Insurance/Life/Disability	18,315
5. Retirement Annuity	<u>16,041</u>
	50,845

ACCOUNTING/AUDIT

In addition to monthly accounting services, this item includes a close-out audit. Expenses for the audit are allocated to the fourth quarter close-out budget.

TRAVEL

Detail of Board of Directors Travel

In-state travel for Board of Directors (30 members):

Quarterly Board meetings (x4)	23,176
Executive Committee (x2)	4,596
Plan Development Committee (x2)	5,770
Plan Implementation Committee (x2)	<u>5,770</u>
	39,312

Detail of Staff Travel

In-state travel for staff:

DPPPE/DHSS response, interagency planning, Juneau (x5)	4,000
Statewide planning, HSA and other interagency planning and coordination, Anchorage (x4)	1,400
Regional planning, technical assistance, Barrow (x2)	500
Regional planning, technical assistance, Kotzebue (x2)	500
Regional planning, technical assistance, subregional centers (x2)	500
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	6,900

Out-of-state travel for staff:

DHS, Region X, Seattle (x1)	1,000
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All Travel, Total 47,212

SPACE RENTAL

Rental for 1200 square feet of office space, including utilities, is expected to rise to \$1,600 per month.

SUPPLIES/COMMUNICATIONS

1. Office Supplies	5,100
Budget projection is based on actual expenditures from previous years.	
2. Postage	3,600
Based on past experience.	
3. Telephone	8,400
Based on past-experience, assuming a monthly service rate of approximately \$220 and an average monthly long distance rate of \$480.	
4. Reproduction/Duplication	8,000
Based on previous experience, with an added amount to cover publication of the new HSP.	
5. Minor Equipment	300
Based on previous experience.	

EQUIPMENT MAINTENANCE AND RENTAL

Equipment maintenance agreements and incidental repairs average \$175 per month. 2,100

Equipment rental costs are as follows: 21,288

Xerox 4500 copier - \$954/month

IBM word processor, diskette drive, and fast printer - \$777/month

Postage meter - \$60/quarter

Postage scale - \$23/month

OTHER COSTS

There are no unusual costs in this category. All estimated expenditures have been reached by reviewing past expenditures. The projected influx of State funds will allow recruitment of an additional Health Resource Specialist and a Research Analyst. Some of these State funds (\$2,500) will be allocated to cover recruitment and relocation costs. All other line items have been submitted in previous applications to DHHS.

CLOSE-OUT BUDGET NARRATIVE

The proposed budget for FY 1984 (September 1, 1984 - August 31, 1985) has been broken down into a nine-month budget and a three-month close-out budget. The nine-month budget basically reflects a business-as-usual attitude. We estimate that the first nine months of operation, with six full-time employees, will result in an expenditure of \$257,485.

The three-month close-out budget incorporates a dramatic decrease in both personnel and program activities. The following paragraphs explain the rationale for the proposed expenditures in each major category.

PERSONAL SERVICES

In the close-out budget, staff salaries are decreased dramatically. By the end of the second month of the close-out period, four staff will have been terminated or transferred to other sources of funds. A summary of the staffing pattern during phase-out is provided below.

	Percent (%) Full-Time Equivalent		
	June	July	August
Executive Director	100	100	100
Health Resource Specialist (x2)	100	100	0
Research Analyst	100	100	0
Administrative Assistant	100	100	100
Secretary/Receptionist	80	80	0

There is currently no Board-adopted severance pay policy for NAHRA. As we enter the next fiscal year and assess the future of the agency, the subject of adopting such a policy will no doubt be discussed. Before adopting such a policy NAHRA will seek the approval of the Regional Health Administrator, Region X.

FRINGE BENEFITS

Retirement Plan

NAHRA's adopted retirement annuity is completely vested with the employee as each payment is made to the annuity firm. No funds are returned to the agency upon termination.

Vacation Leave

NAHRA's policy on annual leave (adopted in 1977) provides that employees will be paid in full for their unused annual leave at the time they leave the organization. Payment is made at the current rate of salary and cannot exceed 20 working days. Funds to cover annual leave are encumbered on a pay-period basis such that final payment does not show up as a "direct expense" at the end of the close-out period. Employees would either be paid out for their accumulated annual leave or the encumbered amount would be transferred to the successor organization. Further projections on the specific costs involved in paying out vacation and sick leave will be provided to Region X at a later date.

Sick Leave

NAHRA's policies (adopted in 1977) provide for payment of one-half of all unused sick leave (not to exceed 20 days) upon resignation or termination due to lack of funds. Funds to cover accumulated sick leave are encumbered on a pay-period basis such that final payment does not necessitate a direct expense to the program at the end of the close-out period.

Payment for unused sick leave is generally unallowable unless the agency has received prior approval. NAHRA's sick leave policy has withstood the test of several DHHS financial and program audits. In addition, we have sought and have been granted specific approval for payment of accumulated sick leave from the Regional Health Administrator.

Life Insurance

NAHRA's life insurance policy is straight term insurance and therefore no funds are reimbursable to the agency.

Health Insurance

The close-out budget provides for a one-month extension of coverage beyond the phase-out of each employee.

CONSULTANTS

No consultants are budgeted in either the nine-month or three-month close-out budgets.

TRAVEL

The travel budget has been increased this year to reflect greatly increased airfares and a more realistic approach to meeting the needs of our vast region. We considered this to be a conservative budget. We anticipate using options such as state teleconference network to offset travel expenses throughout the entire year.

EQUIPMENT

No equipment purchases are anticipated during the phase-out period.

The following equipment rentals are proposed as a continuation of current practice, except that we plan to replace our IBM word processor slow printer with a fast printer. Secretarial time saved will offset the cost differential. Because of the lead time we have in negotiating leases for the coming year, we do not foresee any penalties as a result of termination.

Xerox 4500 Copier	954/month	No penalty
IBM Displaywriter	777/month	No penalty
Postage Meter	60/quarter	No penalty
Postage Scale	23/month	No penalty

Equipment (cost of \$1,000 or greater)

A copy of NAHRA's current furniture and equipment inventory is provided in Appendix H. The only item purchased during the life-time of the project which had an acquisition cost of more than \$1,000 was an IBM Mag Card II purchased in 1980 for \$3,790. This equipment was sold in November, 1983, for \$1,500. Permission was granted by Region X to reprogram those funds into the current operating budget. Therefore, we now have no "major" equipment in our possession.

Equipment (cost of \$0 - \$999)

The inventory of equipment purchased during the span of this project is provided in Appendix H. Disposition of this equipment is projected, at this time, to be to the HSA successor organization. Records will be kept on any equipment which might be sold as we consolidate space and activities. Funds from the sale of this equipment will be programmed into the agency budget during the close-out period.

SUPPLIES

Supply costs during the phase-out period are projected to be \$1,275. Because the phase-out period will begin a year from this date (June 01), a more accurate cost estimate can be provided to the Regional Office as we draw closer to that time.

OTHER COSTS

Other costs which were included in the close-out budget included:

1. Record storage (3,000)
2. A post-termination agent (1,500)

STATEMENT OF NON-FEDERAL FUNDS
CURRENTLY AVAILABLE

The following non-federal funds were available and spent during NAHRA's fiscal year September 1, 1983 through August 31, 1984. None of these funds have been previously reported for purposes of matching.

Source	Type of Organization	Amount
Maniilaq Association	Non-Profit	10,000
Tanana Chiefs Conference	Non-Profit	3,600
Governor's Council for the Handicapped & Gifted	State Government	6,645
Department of Health and Social Services	State Government	19,892
Interior Region EMS Council	Non-Profit	4,520
Interest Income	Other (Self-Generating Funds, Undesignated)	3,000
Total		47,657

CALCULATION OF FUNDING LEVEL
1984-1985 BUDGET YEAR

FEDERAL FUNDS (DHHS)

Minimum Funding Level	100,000
Federal Match (at 0.30/dollar based on 1983-1984 non-federal revenues)	<u>14,297</u>

114,297

STATE OF ALASKA

200,000

OTHER FUNDS

Local Grants and Contracts	<u>31,028</u>
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Total

345,325

ASSURANCES

NAHRA hereby assures and certifies that it will comply with the regulations, policies, guidelines, and requirements, including OMB Circulars A-87, A-95, and A-102 and Executive Order 12372, SPOC, as they relate to the application, acceptance and use of Federal funds for this federally assisted project. Also, NAHRA assures and certifies that, with respect to the grant, it meets or will comply with the assurances described in PHS 5161-1 (page 14, revised 03-79, attached).

ASSURANCES

The Applicant hereby assures and certifies that he will comply with the regulations, policies, guidelines, and requirements including OMB Circulars Nos. A-87, A-95, and A-102, as they relate to the application, acceptance and use of Federal funds for this Federally assisted project. Also the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement.
3. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.
6. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of State and local governments.
7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
8. It will give the grantor agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.
9. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with Office of Management and Budget Circular No. A-102.

PHS SUPPLEMENTARY INSTRUCTIONS

CHECKLIST

NOTE TO APPLICANT: Complete and forward this sheet with your application.

Type of Application

- New Noncompeting Continuation Competing Extension Supplemental

CHECKLIST

- Proper Signatures and Dates (Item 23 on face page)
- Human Subjects Certification (when applicable)
- Staff and Position Data (biographical sketch(es) with job description when required)
- State and areawide Clearinghouse Review (as required by OMB Circular A-95) - Attach comments or evidence of submission to A-95 Clearinghouse(s). Executive Order 12372, SPOC.
- Health Systems Agency Review: If required by Federal regulations - Attach evidence of submission to Health Systems Agency.
- Civil Rights Assurance on File with HEW (45 CFR 80)
- Assurance Concerning the Handicapped on File with HEW (45 CFR 84)
- Assurance Concerning Sex Discrimination on File with HEW (45 CFR 86)

A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence: On file at Region X

- (a) A reference to the organization's listing in the Internal Revenue Service's most recent cumulative list of organizations.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body or the State Attorney General certifying that the organization is a nonprofit organization operating within the State and that no part of its net earnings may lawfully inure to the benefit of any private shareholder or individual.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date filed must be indicated.

Previously filed with: MIRD, PHS, Region X on June 01, 1979
(date)

Name, title, address and telephone number of official in business office to be notified if an award is made.

Sherry E. McWhorter, Executive Director

529 Fifth Avenue, Suite #8

Fairbanks, Alaska 99701 (907) 456-2553

Name, title, address and telephone number of official responsible for carrying out the proposed project.

Sherry E. McWhorter, Executive Director

529 Fifth Avenue, Suite #8

Fairbanks, Alaska 99701 (907) 456-2553

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported; or (3) a negative certification.

NEGATIVE CERTIFICATION OF INVENTIONS

The Northern Alaska Health Resources Association has neither conceived nor reduced to practice any inventions under the auspices of the federal government or any other funding source.

PROGRESS REPORT

1983-1984 PROJECT YEAR

INTRODUCTION

This report covers NAHRA's activities for the project period of June 01, 1983 (date of previous application), to May 31, 1984. Projections are also made for anticipated progress for the remainder of the current project year (June 01, 1984 - August 31, 1984). This report has been developed in two separate sections:

I. Impact Report

Describes measurable planning impacts and planning accomplishments.

II. Narrative Progress Report

Describes NAHRA's activities as they relate to the specific goals and objectives of the agency work program.

PUBLIC INVOLVEMENT PROCESS

NAHRA expends considerable effort in the solicitation of public comments and in-depth participation of citizens from throughout northern Alaska. Every plan and position paper is designed with maximum participation of the Board of Directors and committee members and is also widely distributed for public review and comment. All documents undergo a 30-day public review period prior to Board adoption, and most receive much more public scrutiny. Our efforts in this line are described in the following pages. The Progress Report also outlines our general public awareness activities, including publication of newsletters, the Annual Report, press releases, and meeting notices. The selection process for the Board of Directors is also noted. Involvement by local elected officials is significant.

The public and local elected officials were also consulted in the development of this application. The Governor, SHPDA, SHCC, and SPOC agent Jay Hogan were notified of NAHRA's intent to apply for federal funds by letter dated February 15, 1984. (See Appendix I.) Completed copies of the application were sent to the Governor and SPOC agent Jay Hogan on March 01, 1984. (See Appendix J.) A public notice was published in two newspapers of general circulation two weeks prior to the public hearing on the application on March 26, 1984. (See Appendix K.) The public review period extended from March 01, 1984, to April 28, 1984.

IMPACT REPORT

I. AGENCY IMPACTS

A. Arctic Alliance for People

Throughout the project year, NAHRA was the prime sponsor for the Arctic Alliance for People, an association of human service providers in Interior Alaska. With NAHRA's leadership, the Alliance developed the Human Services Plan for the Fairbanks North Star Borough, a pioneering document which is becoming a model for municipalities across the state. The Fairbanks City Council has adopted the plan as its guide for funding and support of human services over the next few years. The Borough mayor is using the plan as his basis for lobbying for human services funding at the State level. The human service providers themselves have begun interagency coordination activities in ways undreamed-of two years ago. All of these accomplishments are spin-offs from the Alliance and would not have occurred without NAHRA's leadership.

Impacts

Human service providers are better equipped to evaluate the service delivery system and to tailor their programs to meet high priority needs.

Because of increased interagency coordination and joint planning, program dollars are used more effectively and duplication is avoided.

Widespread publicity about the Alliance and its priorities has increased the awareness of elected officials at the local and State levels of the value of human services and the need for increased funding.

B. Project Review

NAHRA assumes responsibility for conducting reviews of proposed health-related projects which seek State and/or federal funds. The reviews are a means of encouraging and evaluating changes in the health care system and influencing control of costs. Decisions about proposed projects are based on policy recommendations contained in adopted plans.

Listed below and organized by categorical area are the programs and associated awards which NAHRA reviewed during the 1983 grant cycle. NAHRA recommended lower funding levels for some grant applications and no funding whatsoever in some cases.

Projects Reviewed, with State
Grant Awards, 1983

Type of Project	Number of Proposals	FY 1984 Award
Mental Health	6	1,042,800
Alcohol	22	3,861,000
Drug Abuse	4	490,000
Total, All Categories	32	5,393,800

Impact

NAHRA's project review activity prevents duplication of services, enhances coordination among service providers, and targets diminishing State funds to areas and programs of established need. Objective reviews of health service applications also save the State money. A conservative estimate of the dollars saved or not awarded by the State of Alaska as a result of NAHRA's project review activities in 1983 is \$2,703,486.

C. Home Health

NAHRA continued to be active on the Fairbanks Home Health Care Advisory Committee in 1983 and 1984, aiding the Committee with marketing strategies, design of recordkeeping tools, and program assessment, with the aim of assisting the agency to become Medicare-certified in the event that State funding is reduced. NAHRA is also looking into regulatory and funding changes which may be needed to enable the provision of home health aide and homemaker services in the bush.

Impacts

Fairbanks Home Health Care now collects appropriate data in accessible ways to ensure that adequate planning can occur for program expansion and for initiation of third-party reimbursement. The service has become well known in the community, and referrals are being made from an increasing number of physicians. As the program has gained in credibility, elderly and disabled citizens have been able to be dismissed from the hospital sooner than they otherwise would have, and a number of terminally-ill patients have been able to die at home. The service has resulted in an overall cost savings while promoting the quality of life and of dying for participants and their families.

NAHRA is also helping to lay the groundwork for changes that will enable in-home services in the bush.

D. Health Education/Risk Reduction

NAHRA is conducting a Health Education/Risk Reduction Project with secondary school students in the Fairbanks North Star Borough. The project focusses on the areas of: 1) substance abuse; 2) stress; 3) fitness; 4) nutrition; and, 5) accident prevention. Activities involve students in every phase of planning and implementation. The first stages included planning and implementation of a Boroughwide Student Health Forum in December, 1983, and a Fitness Fest at the University of Alaska in February, 1984. Spring projects are underway in several schools. This project is occurring in conjunction with the Cooperative Extension Service, the University of Alaska, and the Tanana Valley 4-H Program.

Impacts

Students have become more aware of healthy behaviors and more knowledgeable about their own bodies and choices available to them.

Spin-off activities are occurring in various secondary schools as a result of the interest generated by this project.

E. Alcohol Awareness

NAHRA again assisted agencies and organizations in Fairbanks in the implementation of alcohol awareness activities. We also provided information and assistance to the various Chemical People task forces. Related activities which have developed in the community partly because of public awareness efforts included the organization of two separate groups -- Mothers Against Drunk Drivers and Bartenders Against Drunk Drivers.

Impact

These efforts have increased public awareness of the alcohol abuse problem. This increased knowledge and understanding on the part of the citizenry has helped unite the community in support of State funding for a comprehensive alcoholism treatment facility in Fairbanks. It has also resulted in several "solution-seeking" activities, including the Mayor's Blue Ribbon Commission on Alcohol Abuse.

F. Health Fair '83

NAHRA assisted the Fairbanks community to organize, publicize, and implement Health Fair '83.

Impacts

Over 500 people were screened and received information at the Fair. A number received additional follow-up when potential problems were noted. One result is early intervention in health problems before they become major. Another is increased public awareness about healthful practices and about personal responsibility for health.

G. Certificate of Need

In conjunction with the other two Alaskan health systems agencies, NAHRA wrote "Certificate of Need: Revision or Repeal?" This paper analyzed the efficacy of the CON program in Alaska and described various ways to improve it.

Impact

This position paper provided primary information and suggestions which were instrumental in the Alaskan Legislature's decision not to repeal existing CON legislation but rather to amend it to be more workable. Every amendment made was in accordance with the suggestions in the position paper. The outcome was a CON law which accomplishes the intent of P.L. 93-641 while also gaining the concurrence of the hospital industry.

H. General Technical Assistance

NAHRA provides technical assistance to health and social service agencies and to consumer-oriented advocacy groups in a myriad of ways. We provided assistance to numerous organizations throughout the year in the development of applications for health service funds, preparation of objectives and work programs, design of budgets, and institution of program evaluations. Other forms of assistance included data provision and analysis; program planning; needs assessments; and, advice and assistance on community education.

Impacts

All these activities increase the efficiency and effectiveness of the health care delivery system and of citizen advocacy groups, leading ultimately to improvements in all aspects of health in northern Alaska.

II. PLANNING ACCOMPLISHMENTS

A. Maniilaq Comprehensive Health Plan

In conjunction with the Maniilaq Association, NAFIRA revised and updated Maniilaq's Comprehensive Health Plan, first published in 1979. Responsibilities included data collection and analysis; development of goals, objectives, and action strategies in conjunction with Maniilaq staff and Board members; and, analysis of resource requirements. The Plan is designed to be used as a management tool by the Maniilaq Association and a development guide by the region as a whole.

Impact

The plan provides a consolidated source of information on health status, service availability, and community needs and priorities. Therefore, it helps the Maniilaq Association, the Indian Health Service, and other local and regional service providers to target their resources in the most efficient and effective manner. The plan also provides a basis for legislative action. Finally, the plan furthers the goals of P.L. 93-638 by assisting the people in the NANA region in self-determination about their own health and social services.

B. Child and Adolescent Mental Health Services

NAFIRA has developed two papers addressing the mental health needs of children and adolescents. The first paper, "Primary Prevention: Planning for Mental Health," defines prevention activities and describes ways to plan such endeavors. The second paper, "An Investigation of Emotionally Disturbed Students and Services for These Students in Alaska," describes the prevalence of serious emotional disturbance among the school-aged population statewide and examines available services for these young people. Finally, it includes a series of observations and recommendations. Both papers were developed with considerable consumer input as well as provider participation.

Impact

Both papers have attracted attention across the state and have generated a great deal of discussion about appropriate types and locations of mental health services for seriously emotionally disturbed young people. They have increased both public and provider awareness of mental health concerns. The papers form the basis for statewide community-based planning and implementation.

C. Rural Health and Social Services

NAHRA has prepared a position paper which examines issues and problems in rural human service delivery and funding/management of existing programs. The paper, "Rural Health Care: An Analysis of Current Policy and Practices in Alaska," recommends that an identifiable State-level commitment should be established to resolve rural health care delivery problems. Its basic purpose was to start statewide discussion of the problems and possible solutions.

Impact

Considerable interest has been roused statewide and discussions are on-going about ways to improve rural human service delivery. Eventually, these discussions will lead to implementation on the State level of ways to streamline funding and evaluation of rural services. Ultimately, services will improve in terms of quality, continuity, availability, and efficiency.

D. Alcoholism Treatment Services

In two separate contracts with the Regional Center for Alcohol and Other Addictions in Fairbanks and the North Slope Borough Alcohol Program in Barrow, NAHRA assessed the need for alcoholism treatment services in the two subregions. NAHRA also designed a program evaluation kit for youth drug abuse services and conducted a needs assessment for substance abuse counselor training.

Impact

These efforts have resulted in more appropriate program and facilities planning on the part of the agencies involved. The needs assessments are also being used to document requests for State capital construction and operating funds for facility construction, thereby channelling State monies most effectively.

The counselor training needs assessment also is enabling an identification of the types of counselors needed in various locations, enabling the provision of appropriate courses.

The program evaluation kit is a tool which can be used statewide for internal evaluations and program planning. Through its application, existing projects can modify their programs to achieve desirable objectives.

E. Behavioral Health Planning

In conjunction with the Tanana Chiefs Conference and behavioral health service providers in Interior Alaska, NAHRA convened a three-day conference on Interior Region Behavioral Health Services. Using the outcomes of that conference and other resources, NAHRA then prepared an Interior Region Behavioral Health Plan.

Impacts

This planning effort increased interagency coordination and referrals among provider organizations. It is now being used by the Tanana Chiefs Conference and other rural service providers to reshape their mental health and substance abuse programs to make them more culturally relevant, as well as more efficient. Some of the information and issues have been further expanded in the discussions of an "office of rural health and social services" which have resulted from the rural health position paper described above.

F. Services for the Handicapped

NAHRA provided major assistance to the Governor's Council for the Handicapped and Gifted in the development of the 1984-1986 Alaska State Plan of Services for People with Developmental Disabilities and Other Substantial Handicaps. This new edition of the plan takes a fresh approach to statewide planning and is serving as the template for the development of services for the handicapped, especially in rural communities.

Impact

Through this planning process, current information and projections are available in a single source on the needs of various handicapped populations and the services available and appropriate for them. Programs can now be designed or altered to deal with the priority needs of the handicapped population. Because of the priorities documented in the plan, efforts are occurring that will shift the State's service emphasis away from institutional placements and toward community-based services and early intervention.

G. Human Services Plan

NAHRA provided major assistance to the Arctic Alliance for People in the development of the Human Services Plan for the Fairbanks North Star Borough. This activity is described above under "Arctic Alliance for People."

Impacts

See "Arctic Alliance for People" above.

H. Emergency Medical Services Communications Plan

In conjunction with the Interior Region Emergency Medical Services Council, NAHRA prepared the "Emergency Medical Services Communications Plan for Rural Interior Alaska." This plan assesses current emergency communications capabilities in the rural Interior and points out areas where improvements are needed. It identifies gaps and weak links in the communications system and suggests resources and training to strengthen the system. Specific pieces of equipment are recommended, and costs are detailed for each subregion.

Impacts

This document is being used by the Legislature to make decisions about upgrading the communications network in Interior Alaska. It will lead to purchase of practical equipment for priority areas, with the ultimate impact of more rapid and appropriate emergency response and medical evacuations.

I. Annual Implementation Plan

NAHRA developed and oversaw the accomplishment of our 1983 Annual Implementation Plan. A complete description of these activities is contained in the "Progress Report by Specific Goals and Objectives," below, as well as in Appendix D.

NARRATIVE PROGRESS REPORT
BY SPECIFIC GOALS AND OBJECTIVES

I. INTRODUCTION

Northern Alaska Health Resources Association, Inc. (NAHRA) is applying to the Department of Health and Human Services for operating funds to support health planning and development activities in northern Alaska. The following is a self-evaluation of NAHRA's progress toward meeting the goals and objectives of the work program submitted to DHSS for the 1983-84 project year; the reporting period covers activities from September 01, 1983, to June 01, 1984. Projections are also included regarding anticipated progress from June 01, 1984, to August 31, 1984.

Activities are reported based upon the seven functional areas within the work program: 1) agency management; 2) health systems planning; 3) health systems development; 4) health promotion and prevention; 5) project review; 6) data management and analysis; and, 7) research and evaluation.

The work program which was submitted with NAHRA's application for 1983-84 program funds included a nine-month "project" work program and a three-month "phase-out" work program. Because action by the U.S. Congress extended the health planning program for another year, the "phase-out" work program was never implemented. Therefore, the progress report which follows addresses only the nine-month "project" work program which has been extended to cover the full twelve months of operation in the 1983-84 project year.

II. FUNCTION: AGENCY MANAGEMENT

Objective 1. Review, update, and maintain policies and procedures and by-laws for operating and governance of the agency.

There were no changes this year in either the policies and procedures or the by-laws. Copies of all these documents are on file at the State and federal regional offices.

Objective 2. Maintain appropriate governing Board and committee membership.

At the annual meeting of the NAHRA Board of Directors on October 22, 1983, the following officers were elected to serve during the current year:

President	J. B. Carnahan
Vice President	John Blower
Treasurer	Norman MacPhee
Secretary	Dood Lincoln

Committee chairmen include:

Plan Development	Marguerite Stetson
Plan Implementation	Paul Sherry
Credentials	Dora Wolgemuth
Finance	Norman MacPhee

Members are appointed to the NAHRA Board by the chief-elected officer of two Native corporations and the mayors of two borough governments in northern Alaska.

Resignations from and appointments to the NAHRA Board of Directors during the past year are provided.

A. Resignations:

1. Fairbanks North Star Borough

<u>Member</u>	<u>Date</u>	<u>Reason</u>
Scott Carnahan (C)	05/83	Time commitment
Rose Lawson (C)	07/83	Illness
Kathy McGinty (P)	05/83	Moved
Sharon White (P)	10/83	Change of provider status

2. Maniilaq Association

None

3. North Slope Borough

Sonya Leavitt (P)	01/84	Change of provider status
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4. Tanana Chiefs Conference

None

B. New Appointments:

1. Fairbanks North Star Borough

Keryl Lee Bauer (P)	10/83
Grant Carlin (C)	10/83
Robert Estrella (C)	10/83
Richard Reem (P)	02/84
Michael Robertson (P)	10/83

2. Maniilaq Association
None
3. North Slope Borough
Ida Olemaun 01/84
4. Tanana Chiefs Conference
Marie Hailey 07/83

An organization chart and a list of all NAHRA Board members appear in Appendices A and B.

Objective 3. Develop and implement an ongoing governing Board and committee membership education program.

Education/orientation sessions are provided for all new Board members immediately preceding their first Board meeting. In addition, educational information is formally presented during Board meetings. In July, 1983, the Board participated in a discussion of health-related legislation passed or pending in the Alaska State Legislature. In October, 1983, there was a videotape and discussion of the Maniilaq Tribal Doctors Program. The January, 1984, educational session was a panel discussion entitled, "Perspectives on Appropriate Mental Health Services." In April, 1984, the presentation concerned Native corporation assumption of management responsibilities for Indian Health Service facilities.

Objective 4. Monitor, evaluate, and revise personnel requirements.

The staff resources of the agency have diminished due to withdrawal of support from the State government. The collective expertise among the professional staff continues to meet the requirements set out in P.L. 93-641 as amended by P.L. 96-79.

Staff changes during the year included:

Resignations

Charles M. Kaltenbach, Dr. P.H.
Executive Director
October 07, 1983

Jo Ann Bernier, M.A.
Coordinator, Plan Implementation
October 31, 1983

New Employee

Randy S. Brown, M.S.
Health Resource Specialist
December 01, 1983

(See Appendix L for resume.)

Sherry E. McWhorter, M.S.S.W., formerly in the position of Health Resource Specialist, was promoted to the position of Executive Director, effective October 07, 1983.

Objective 5. Maintain an ongoing staff development program.

An attempt is made to hold staff meetings on a regular basis. Although not formally organized, educational opportunities are provided during these sessions.

Training/continuing education activities attended by NAHRA staff included:

- A. Alaska Public Health Association, 06/83
Executive Director
- B. Alaska Science Conference, 09/83
Coordinator, Plan Implementation
- C. Close-Out Workshop, Seattle, 06/83
Executive Director
- D. Effective Writing Workshop, 09/83
Administrative Assistant
- E. Effective Writing Correspondence Course
Coordinator, Plan Implementation
- F. Subregional Conference on Needs of the Handicapped
Coordinator, Plan Implementation

Objective 6. Maintain agency financial management system.

The financial management system has operated satisfactorily. Monthly accounting services are provided by a local CPA firm, Stock, Inc.

An annual audit was performed in September, 1983, on the 1982-83 budget year. A copy of the audit can be seen in Appendix C.

Monthly financial reports were prepared and mailed to the Board of Directors and the respective funding agencies. Quarterly reports based on federal funds awarded were prepared and submitted to the Federal Assistance Financing Branch. An annual "Report of Expenditures" was prepared and submitted to DHS, Region X.

Objective 7. Monitor and evaluate organizational structure and accomplishment of activities.

A monthly reporting system is established which requires each program coordinator to submit to the Executive Director a monthly report based upon the various objectives in the work program for which each is responsible. The reports are used to measure progress against the objectives in the work program and to formulate quarterly reports.

An Annual Report of NAHRA's activities for the 1982-83 grant year was published and circulated to all interested parties in February. A copy of the report is enclosed (Appendix D).

Objective 8. Prepare and submit annual applications to DHSS and DHHS for funding.

An application for continued support from the Alaska Department of Health and Social Services was not submitted this spring due to the Department's decision not to offer a Request for Proposal for health systems agencies. The decision was based on budget considerations within the Department. An appeal has been made to the State Legislature for reinstatement of the funds. In conjunction with that appeal, NAHRA submitted a letter of intent, a budget, and a list of possible activities to the Commissioner of DHSS in January, 1984.

An application for continued support of regional health planning will be prepared and submitted to the DHHS by June 01, 1983, following public review and comments.

Objective 9. Design and implement a health planning and resources development program within the State of Alaska which will be viable in the absence of federal funds.

NAHRA has been working with the other two Alaska HSAs to obtain passage of enabling/authorizing legislation at the State level. The Thirteenth Alaska Legislature is currently in session and is considering two identical bills which would continue health planning and resource development activities on the regional level. SB 334 has passed the Senate Health, Education, and Social Services Committee with a fiscal note of \$150,000 per agency. We have exerted considerable effort to gain demonstrations of local support for that bill and have been quite successful in doing so. A copy of SB 334 is included as Appendix E.

Staff from all three Alaska HSAs have met with the Commissioner of the Department of Health and Social Services and staff from the Office of the Governor, the Division of Public Health, and the Division of Policy, Planning, and Program Evaluation (a.k.a. SHPDA). We reached preliminary agreement on an activities list for HSAs which expands our role into a broadened human services planning arena. A copy of that list is enclosed as Appendix F. The

Commissioner has prepared a position paper in support of SB 334. In addition to this type of support for the proposed legislation, we are seeking reinstatement of funds in the State operating budget.

It is difficult to predict the outcome of these efforts at this point in time.

Objective 10. Develop and maintain a system for regular public involvement in agency activities.

An Annual Report of the agency (Appendix D) was prepared and widely distributed. The report highlighted the activities of the previous year, described the agency and its Board of Directors, and presented the most recent financial statement.

The agency newsletter, "Way Up North Health Planning News," was published on a bimonthly schedule during the past year. The distribution list is made up of some 735 agencies, organizations, and individuals from throughout the region, state, and nation.

Press releases, public notices, and public service announcements have been written or published about a variety of agency activities. These have included: articles describing NAHRA activities; notices of Board meetings and committee meetings; notices of vacancies on the Board of Directors; and, notices informing the public of the opportunity to review and comment on NAHRA's application for continued designation and the Annual Implementation Plan. Various topics have also been addressed in the public interest through the broadcast media. A complete file of all articles that have appeared in the regional newspaper concerning NAHRA are catalogued in our office.

NAHRA staff and board members participated in a number of local, regional, and statewide organizations. NAHRA staff participated with the following organizations as members or volunteers: Alaska Health Coalition, Alaska Health Education Consortium, Arctic Alliance for People, Fairbanks Memorial Hospital Planning Committee, Alcohol Awareness, Inc., Interior Region Emergency Medical Services Council, Chena-Goldstream Volunteer Fire Department, Fairbanks Chapter-Alaska Public Health Association, Fairbanks Home Health Care Advisory Committee, and the Fairbanks City Commission on Health and Social Services.

The Board of Directors met on October 22, 1983, January 20, 1984, and April 28, 1984, and will meet again in July, 1984.

NAHRA continues to monitor health-related legislation during the time the Alaska State Legislature is in session. Legislation which we believe will be of special interest to residents of the area is analyzed and the information brought to the attention of interested parties.

Activities projected over the next few months requiring public involvement will include final review of the Annual Implementation Plan and review of NAHRA's application for continued designation.

Objective 11. Maintain coordination and working agreements with local and statewide organizations.

NAHRA continues to maintain coordination and working agreement with many local and statewide organizations. Memos of agreement or letters of understanding currently exist with: State of Alaska A-95 Clearinghouse, Statewide Health Coordinating Council, and the ESRD Network Coordinating Council #2. In addition, NAHRA, along with the other two Alaska HSAs, has a memorandum of understanding with the Commissioner, DHSS, which describes the relationship DHSS and the HSAs will have in the project review process.

NAHRA continues to work closely with the Division of Planning, Policy, and Program Evaluation (formerly the Division of State Health Planning and Development). During the past year, NAHRA contributed to the development and review of the fifth generation State Health Plan (SHP₅), which was finalized and distributed in April 1984.

NAHRA continued to publish a bi-monthly newsletter Way Up North Health Planning News. This newsletter contains information about NAHRA's activities as well as other health-related happenings. The newsletter and NAHRA's meeting announcements are sent to all interested individuals and agencies.

NAHRA has maintained a close working relationship with a variety of local, regional, and statewide organizations:

1. Statewide Organizations: Alaska Council for the Prevention of Alcohol and Drug Abuse, Alaska Health Coalition, Alaska Health Project, Alaska Department of Health and Social Services and its many components, Governor's Council for the Handicapped and Gifted, Alaska Native Health Service, Alaska Lung Association, Alaska PTA, etc.
2. Hospitals: Fairbanks Memorial Hospital, Bassett Army Hospital, ANIS Hospitals (Barrow, Kotzebue, Anchorage).
3. Native Health Authorities: Maniilaq Association, Kotzebue; North Slope Borough Department of Health and Social Services, Barrow; Tanana Chief Conference, Fairbanks.
4. Clinics: Fairbanks Health Center, Fairbanks Clinic, Medical Dental Arts, Tanana Valley Medical/Surgical Group, Eielson AFB Clinic, Interior Alaska Service Unit Clinic, Tanana Clinic (formerly ANIS Hospital and Clinic), Tanana; health clinics in Fort Yukon, Galena, McGrath, etc.
5. Other agencies, organizations, and municipalities too numerous to list.

III. FUNCTION: HEALTH SYSTEMS PLANNING

Objective 12. Conduct plan development activities.

The changing nature of the health planning program in Alaska called for a reassessment of NAHRA's plan development activities this past year. Because of scarce financial resources from both the Federal and State level, NAHRA sought planning activities which met identified needs in the region and at the same time brought revenue into the organization for NAHRA's continued operation. Specific planning activities in line with the work program were as follows:

- A. Comprehensive health plan for the NANA region. Completed in December, 1983. (See "Planning Accomplishments" above.)
- B. Comprehensive health plan for the North Slope Borough. An outline for this plan was developed and planning was about to begin when major, unanticipated personnel changes at the upper levels of the North Slope Borough Health and Social Services Agency delayed action. We still hope to pursue this project, but it is uncertain at this time.
- C. Domestic violence plan for the North Slope Borough. (See B above.)
- D. Mental health inpatient services for children and adolescents. Completed in April, 1984. (See "Planning Accomplishments" above.)
- E. Rural health care delivery and funding. Completed in April, 1984.

In addition to these planning activities, several other planning activities were undertaken. These projects are described under "Planning Accomplishments" above. In list form, they were:

- A. Alcoholism Treatment Services, completed in October, 1983.
- B. Behavior Health Planning, completed in September, 1983.
- C. Services for the Handicapped, completed in September, 1983.
- D. Human Services Plan, completed in September, 1983.
- E. Emergency Medical Services Communications Plan, completed in February, 1984.

Another planning project, a plan for community services for severely disabled individuals, is in the preliminary stages and should be completed by August, 1984.

All draft planning documents and position papers received wide distribution for public review and comment. Appropriate revisions were made based on comments received prior to Board adoption.

Objective 13. Develop 1984-1985 Annual Implementation Plan (AIP₇).

The Plan Implementation Committee of the Board of Directors selected five AIP objectives for the 1984-85 Annual Implementation Plan. Areas of emphasis for next year will be:

- A. Child sexual abuse regionwide.
- B. Consolidation of alcoholism treatment services in Fairbanks.
- C. Assessment of the appropriate distribution of resources within statewide projects for services at the community and regional levels.
- D. Assessment of the acceptability of health services for Alaska Natives regionwide.
- E. Planning for a children's receiving home in Interior Alaska.

A draft plan was reviewed and released by the PIC at a meeting in early March. Following a public hearing and a 30-day review period, the Board gave final approval of the AIP at the April 28, 1984, Board meeting. A copy of the 1984-85 AIP is attached (Appendix G).

IV. FUNCTION: HEALTH SYSTEMS DEVELOPMENT

Objective 14. Implement the Annual Implementation Plan.

Implementation of the 1983-84 AIP has progressed very satisfactorily. A complete description of the accomplishments obtained for each of the objectives can be found in the Progress Report Section of the 1984-85 AIP (Appendix G). Objectives which were emphasized this year included school health education, behavioral health planning, office of rural health, maternal and child health education, home health care, child abuse and neglect services, and environmental safety. Significant progress was recorded.

Objective 15. Assist local and regional agencies, organizations, institutions, and governmental units in identifying and planning for special needs, as requested.

NAHRA provided technical assistance to numerous individuals, agencies and organizations during the past year.

Significant time and effort has gone to assisting the Fairbanks City Commission on Health and Social Services, the Arctic Alliance for People, Alcohol Awareness, and the Alaska Health Coalition in establishing and maintaining many of their activities. These activities are all described elsewhere in this progress report.

On request, we assisted the Alaska Native Health Center and the Tanana Chiefs Conference regarding evaluation and revamping of their prenatal education program.

NAHRA provided technical assistance to United Way of the Tanana Valley concerning service needs and availability and funding levels of Fairbanks-based agencies. This assistance resulted in an improved resource allocation process based on community needs and priorities.

On request, NAHRA provided assistance to the Senate Advisory Committee on Women about the human service needs and priorities of women in the Fairbanks North Star Borough.

As described in the "Impact Report" section above, we provided in-depth assistance in planning and resource development to the following organizations: Tanana Chiefs Conference, Governor's Council for the Handicapped and Gifted, Interior Region Emergency Medical Services Council, Fairbanks Native Association, Mamiilaq Association, and the North Slope Borough Alcohol Program.

Some of the other organizations which NAHRA assisted in various ways were: Women in Crisis-Counseling and Assistance, North Star Council on Aging, Fairbanks Counseling and Adoption, Family Focus, Fairbanks Health Center, Protection and Advocacy for the Developmentally Disabled, Mothers Against Drunk Drivers, Fairbanks Association for the Mentally Ill, Fairbanks Rehabilitation Association, Chemical People, Fairbanks Memorial Hospital, the Community Schools Program, Wilmer Eye Institute, Catholic Community Resources, the Cooperative Extension Service, the Tanana Valley 4-H Program, North Pole Refinery, Resource Center for Parents and Children, Literacy Council of Alaska, Alaska Legal Services, Alaska Native Health Center, Kotzebue Senior Citizens Cultural Center, Tok Community Mental Health Center, McGrath/Anvik Community and Family Services, Upper Yukon Behavioral Health, Fairbanks Youth Correctional Facility, Fairbanks North Star Borough School District, and various committees and individuals within the Alaska Legislature.

V. FUNCTION: HEALTH PROMOTION AND PREVENTION

Objective 16. Promote the development of health education, wellness, selfcare, nutrition, and related prevention and health promotion programs.

NAHRA continued to be the lead agency in northern Alaska behind establishing a child car seat safety program. The purpose of the volunteer group is to develop a car seat loaner program for parents

of young children and to promote a public awareness campaign for their use.

The major health promotion activity was implementation of the Health Education/Risk Reduction Project. This project focussed on the areas of substance abuse, stress, fitness, nutrition, and accident prevention. Designed for students in grades 7-12, it aimed to increase the knowledge and awareness of the youth about the specific topic areas and ways they can take charge of their own health. The ultimate goal was to change behaviors and attitudes. Students from throughout the Fairbanks North Star Borough planned and participated in a series of activities, including two Borough-wide events (the Student Health Forum and the Fitness Fest) and several school-based projects. These activities are also described in the "Impact Report" above. Wrap-up and final evaluation of this project will occur in June and July, 1984.

As spin-offs to the HERR project, NAHRA has reviewed and screened great quantities of health promotion materials appropriate for secondary students. We have reviewed the draft junior high health curriculum at the request of the Fairbanks North Star Borough School District. We have also provided technical assistance regarding organization, programs, and materials for the Fort Wainwright and North Pole Chemical People Task Forces, the Upper Tanana Elders Program, the Youth Drug Abuse Prevention Program, the University of Alaska Physical Education Department, the Tanana Valley 4-H Program, the Barrow PHS Hospital, and the Juvenile Probation Office.

Other activities that NAHRA either co-sponsored or participated in included Alcohol Awareness Week, Health Fair, Volunteers Appreciation Day, and the City of Fairbanks Blue Ribbon Commission on Alcoholism.

VI. FUNCTION: PROJECT REVIEW

Objective 17. Conduct local reviews of grant applications and proposals for local or State human service funds in cooperation with the Commissioner of Health and Social Services.

NAHRA's project review activities were greatly reduced this past year (1983) due to a reduction in staff resources. The 1984 review process will be abbreviated even further. NAHRA continues to believe that the most effective role the agency can play in the project review process is to provide technical assistance to a potential applicant during the development of an application rather than at the time the application is reviewed. In addition to direct program assistance as described in Objective 15, NAHRA also provided technical assistance to many service providers in the course of developing their application for State and federal funding.

NAHRA no longer performs reviews of proposals for federal funds; however, we do anticipate that we will be reviewing several applications from local providers for State funds. These reviews are scheduled for April and May.

Listed below and organized by categorical area are the programs and associated awards which NAHRA reviewed during the 1983 grant cycle.

Projects Reviewed
1983

Type of Project	Number of Proposals	FY 1984 State Grant Award
Mental Health	6	1,042,800
Alcohol	22	3,861,000
Drug Abuse	4	490,000
Total, All Categories	32	5,393,800

NAHRA recommended lower funding levels for some grant applications or no funding whatsoever in other cases. Frequently, the funding agency concurred with NAHRA's recommendations. The total reduction of costs to the State as a result of the review process was \$2,703,486.

NAHRA also made one minor change in the Project Review Manual. A copy of the revised page is contained in Appendix M.

Objective 18. Conduct reviews of proposals for construction or expansion of institutional health facilities and services.

NAHRA conducted one Certificate of Need review in 1983. The Board of Directors recommended approval of Fairbanks Memorial Hospital's application for replacement of a gamma camera, at a projected cost of \$217,000. Due to the timing of events, our review occurred two days prior to the Governor's signing of a bill which, among other things, raised the threshold of review to \$1 million. As a result, the gamma camera project was no longer subject to review and was never pursued at the State level.

VII. FUNCTION: DATA MANAGEMENT AND ANALYSIS

Objective 19. Maintain a regional capability to provide current, accurate, health-related data for planning, review, and resource development activities.

NAHRA's data library continues to be the regional resource for current health-related information for the public. Much of the technical assistance we have provided throughout the year involved providing data to numerous individuals, agencies and organizations.

VIII. FUNCTION: RESEARCH AND EVALUATION

Objective 20. Conduct studies and research activities in response to local, regional, or state priorities.

Several agencies requested NAHRA to provide planning and research activities which were otherwise beyond the scope of the work program. Each of these projects has been mentioned elsewhere in this report. In summary, the products were:

- A. Maniilaq Association Comprehensive Health Plan.
- B. Behavioral Health Plan for Interior Alaska.
- C. Alaska State Plan of Services for People with Developmental Disabilities and Other Substantial Handicaps, 1984-1986.
- D. Human Services Plan for the Fairbanks North Star Borough.
- E. Emergency Medical Services Communications Plan.
- F. Community Services Plan for the Severely Disabled (in progress).

Following discussions with the Primary Care Division of DHHS, Region X, NAHRA worked with the Fairbanks Health Center to assess the need for designation of Fairbanks as a medically underserved area. It was determined that the area does not qualify.

Objective 21. Encourage evaluations of health service programs.

NAHRA designed a program evaluation kit for use by youth drug abuse prevention programs. Although the kit was designed on contract with the Fairbanks Native Association for its Youth Drug Abuse Prevention Program, it has general applicability.

NAHRA assisted the Alaska Native Health Center and the Tanana Chiefs Conference to evaluate their joint prenatal education program. We also helped Women in Crisis-Counseling and Assistance to design an internal evaluation plan.

NAHRA continued to work with Fairbanks Home Health Care in the implementation of a data gathering process which will help them to determine the feasibility of becoming a free-standing certified home-health care agency.

Project review criteria which are used in the review of applications from service providers seeking State funds emphasize the need for a well-designed internal evaluation process. If such a process is not evident in a proposal, suggestions are made to the funding agency that conditions should be attached to any award of funds requiring the program to design and implement an evaluation process.

WORK PROGRAM
1984-1985

INTRODUCTION

Again this year, as in the past two years, NAHRA is submitting a nine-month activity work program and a three-month close-out work program. The former covers the beginning of the fiscal year, September 1, 1984, to May 31, 1985. The latter three-month work program covers the fourth quarter of the fiscal year, June 01, 1985, to August 31, 1985.

WORK PROGRAM NARRATIVE (NINE-MONTH WORK PROGRAM)

The work program is composed of 22 objectives, each of which has been broken down into individual tasks and subtasks. Each task has been referenced by the person, committee, task force, or other entity responsible for its accomplishment. Moreover, each task has been evaluated as to the product or output expected.

Proposed activities are briefly described in narrative form in the paragraphs immediately below. A detailed work program follows the narrative section.

A. AGENCY MANAGEMENT

The future of regional and state health planning in Alaska is continuing to be debated. Attempts to create an Alaska-specific health planning program through the most recent legislative session were unsuccessful. However, the Alaska Legislature and State Administration are both reconsidering the fate of health planning, and bills for continuation have been introduced in both the House and the Senate. The outcome of this debate will determine the course the agency will take over the next months. Moreover, the federal presence in local and state health planning continues to be discussed. Although this work program anticipates close-out of activities supported by federal funds on August 31, 1985, the situation may change depending upon action by the U.S. Congress and the State of Alaska.

Suffice it to say that, regardless of the outcome, the agency management staff and Board of Directors will be busy trying to anticipate change and revising agency bylaws and policies to provide for whatever transitional phase we may experience.

In addition, management staff will continue to explore other revenue sources to support NAHRA's health resources development and planning activities.

B. HEALTH SYSTEMS PLANNING

NAHRA's most recent Health Systems Plan (HSP) was adopted in March, 1982. We anticipate a major revision of the plan during the summer and fall of 1984, with adoption by the Board in early 1985. Also, NAHRA will continue to undertake some subject-specific planning topics, although these will be restricted in number because of the resources which must be devoted to HSP development. Currently under consideration are: 1) a continuation of planning for mental health treatment and prevention services, particularly for children and adolescents; 2) a feasibility study on the establishment of small group homes in rural communities; and, 3) planning for a children's receiving home in Interior Alaska.

C. HEALTH SYSTEMS DEVELOPMENT

The 1984-85 Annual Implementation Plan (AIP) contains high-priority objectives. Areas of emphasis include: child sexual abuse, alcoholism treatment services, appropriate geographic distribution of statewide project resources, cultural acceptability of health services, and a children's receiving home. The 1985-86 AIP will be drafted in January, 1985, with Board adoption in April, 1985, and will build on prior years' efforts. The 1985-86 AIP will be closely related to the 1985-1987 HSP.

Regional involvement will continue to be encouraged by maintaining communications and working agreements with the Native corporations in our area, as well as by providing technical assistance to villages and sub-regional centers.

D. HEALTH PROMOTION AND PREVENTION

NAHRA will continue to coordinate and to provide technical assistance to developing or existing health promotion programs.

As a special effort, NAHRA will work with other agencies, organizations, and consumers to design and pilot a community-based health promotion "curriculum" for senior citizens.

E. PROJECT REVIEW

NAHRA will continue to exercise its responsibility for reviewing health service proposals for State grant funds. Due to cutbacks in staffing and program review, only competing, new, or unusual proposals will be reviewed. Applications which pertain to statewide programs will be reviewed in a coordinated manner by all three of Alaska's HSAs.

Continued review of proposals for new or expanded health facilities or services will occur in accordance with the State's Certificate of Need law.

F. DATA MANAGEMENT AND ANALYSIS

NAHRA will continue to provide the region with up-to-date, accurate information on the population, the health care system, and socioeconomic issues. Considerable effort will be devoted to upgrading in-house data and information collection in conjunction with revising the HSP.

G. RESEARCH AND EVALUATION

NAHRA will continue to contract with local, regional, and statewide agencies and organizations for appropriate studies on health-service and health-policy issues of local, regional, and statewide interest. We will also continue to encourage and assist agencies and funding sources with program evaluation.

WORK PROGRAM KEY

X	=	Key milestone or date when product expected
---	=	Time span of activities
AIP	=	Annual Implementation Plan
AMS	=	Agency Management Staff
Board	=	Board of Directors
CC	=	Credentials Committee
DHHS	=	U.S. Department of Health and Human Services
EC	=	Executive Committee
ED	=	Executive Director
FC	=	Finance Committee
HRS	=	Health Resource Specialist
PDC	=	Plan Development Committee
PIC	=	Plan Implementation Committee
PIS	=	Plan Implementation Staff
RA	=	Research Analyst
Region X	=	Regional Office of the U.S. Department of Health and Human Services (formerly DHEW), Seattle
SHCC	=	State Health Coordinating Council
SHPDA	=	State Health Planning and Development Agency (in Alaska, recently named State Division of Planning, Policy, and Program Evaluation)
TF	=	Task Force
TTF	=	Transition Task Force

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 1. REVIEW, UPDATE, AND MAINTAIN POLICIES AND PROCEDURES AND BY LAWS FOR OPERATION AND GOVERNANCE OF THE AGENCY.													
A. Review Policies and Procedures and revise as appropriate.	AMS EC											2	Policies and Procedures which are current and satisfy the operating needs of the Agency.
B. Maintain an updated Policies and Procedures Manual for Governing Board members.	AMS Board											2	Each Board member has updated copy of Policies and Procedures manual.
C. Review and revise Agency Bylaws as appropriate and necessary to the mission of the agency.	AMS Board											2	Bylaws which accurately reflect intent of the Board of Directors and federal and state law.
OBJECTIVE 2. MAINTAIN APPROPRIATE GOVERNING BOARD AND COMMITTEE MEMBERSHIP.													
A. Maintain current membership and attendance records.	AMS											2	Membership is current.
B. Periodically review membership attendance and advise Board and Committees of excess absences.	AMS EC CC											3	Members with excess absences are notified of Board policies governing attendance.
C. Facilitate new appointments to the Board by the appointing authorities.	AMS EC CC											3	Board membership is representative of the population of northern Alaska and satisfies the intent of P.L. 96-79. Notices of Board vacancies announced.
D. Review, recommend, and implement revised Board and Committee membership policies as appropriate.	AMS EC											2	Committee membership conforms with the intent of federal and state laws.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985				Staff Days	Output/Products	
		S	O	N	D	J	F	M	A			M
OBJECTIVE 3: DEVELOP AND IMPLEMENT AN ONGOING GOVERNING BOARD AND COMMITTEE MEMBERSHIP EDUCATION PROGRAM.												
A. Determine educational needs and update as necessary.	AMS										2	Board needs documented.
B. Develop educational programs.	AMS										4	Education sessions provided at quarterly Board meetings.
C. Promote educational opportunities for Board at workshops, seminars, and meetings.	AMS										2	Board members participate in education sessions.
D. Prepare and carry out orientation programs for new members.	AMS										2	New Board members with working knowledge of agency's mission at first meeting.
OBJECTIVE 4. MONITOR, EVALUATE, AND REVISE PERSONNEL REQUIREMENTS.												
A. Maintain required staff capabilities and recruit new personnel as necessary.	AMS										8	Staff capabilities and expertise which satisfy designation agreement and mission of the agency.
B. Periodically review staff organization and assigned responsibilities to maintain consistency with agency functions and objectives.	AMS										2	Clear understanding of staff responsibility and authority.
C. Perform periodic personnel evaluations.	AMS										3	Staff evaluated on an annual basis by known criteria.
D. Review, recommend, and implement changes, as appropriate, in personnel policies.	AMS EC										1	Personnel policies and procedures which are current and administered fairly and consistently.
E. Determine the need for and obtain consultant services or contract personnel as appropriate and feasible.	AMS										3	Contract personnel hired to perform specific tasks in any functional area of the agency.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	C	N	D	J	F	M	A	M			
OBJECTIVE 5. MAINTAIN AN ONGOING STAFF DEVELOPMENT PROGRAM.													
A. Promote in-service education sessions.	All Staff	-	-	-	-	-	-	-	-	-	-	2	Staff with expanded knowledge of health system.
B. Involve staff in relevant conferences and workshops conducted by external organizations.	All Staff	-	-	-	-	-	-	-	-	-	-	10	Staff with expertise required to perform agency functions.
C. Review and purchase, as appropriate, current references and library materials.	All Staff	-	-	-	-	-	-	-	-	-	-	2	Current reference materials available to the staff.
D. Engage staff members in course work and readings, as appropriate.	All Staff	-	-	-	-	-	-	-	-	-	-	10	Staff with expertise required to perform agency functions and contribute new ideas.
OBJECTIVE 6. MAINTAIN AGENCY FINANCIAL MANAGEMENT SYSTEM.													
A. Maintain routine cash disbursement system.	AMS	-	-	-	-	-	-	-	-	-	-	8	Bills paid on a timely basis.
B. Monitor monthly cash requirements.	AMS	-	-	-	-	-	-	-	-	-	-	4	Cash flow meets agency needs.
C. Prepare monthly financial statement.	AMS	-	-	-	-	-	-	-	-	-	-	6	Monthly financial reports developed and distributed to Directors.
D. Review and recommend transfer of funds between accounts as necessary.	AMS Treasurer	-	-	-	-	-	-	-	-	-	-	3	Budget reflects true needs of the agency.
E. Prepare and submit financial reports to State and Federal funding sources.	AMS	-	-	-	-	-	-	-	-	-	-	8	Accurate reports filed on a timely basis.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985				Staff Days	Output/Products	
		S	O	N	D	J	F	M	A			M
OBJECTIVE 7. MONITOR AND EVALUATE ORGANIZATIONAL STRUCTURE AND ACCOMPLISHMENT OF ACTIVITIES.												
A. Collect information to evaluate agency impact.	All Staff										10	Intra-agency impact evaluation reports collected and compiled on a monthly basis.
B. Report evaluation findings to the Board of Directors, DHS, and State, as required.	AMS										4	Agency impact reports submitted to Board of Directors, State of Alaska, and Regional Office as required.
C. Recommend and implement actions necessary as a result of findings.	AMS EC										4	Agency performs at a level which allows successful completion of the work program; full designation status not jeopardized.
OBJECTIVE 8. PREPARE AND SUBMIT ANNUAL APPLICATIONS TO DHSS AND DHS FOR FUNDING.												
A. Identify agency objectives and activities for tenth year of operation.	All Staff Board					X					5	Realistic and accomplishable work program developed for tenth year of operation.
B. Prepare work program, budget, and application forms.	AMS						X				10	Application developed.
C. Submit State and Federal Grant Applications.	AMS							X		X	1	State and Federal grant applications submitted.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
<p>OBJECTIVE 9. DESIGN AND IMPLEMENT A HEALTH PLANNING AND RESOURCES DEVELOPMENT PROGRAM WITHIN THE STATE OF ALASKA WHICH WILL BE VIABLE IN THE ABSENCE OF FEDERAL FUNDS.</p> <p>A. Review impact of the current health planning program within the State.</p>	Board TTF SHPDA LHSS SHCC AMS		X								3	Documented impact of current programs justifies interest in maintaining most appropriate functions of health planning network.
<p>B. Monitor the actions of the U.S. Congress and the Alaska State Legislature.</p>	"										2	Congressional and Legislative actions are noted and Alaska plans future of health planning network in accordance with these actions.
<p>C. Determine the most appropriate functions, structure, and financing to maintain a health planning-resources development program within the State.</p>	"	X									6	Functions, structure, and financing of a State health resources development program is developed and supported by State leaders.
<p>D. Develop the appropriate enabling legislation to effectively support the program.</p>	"	X									8	Legislation to enable the program to operate effectively in the absence of Federal initiative drafted and supported by area Legislators and State administration.
<p>E. Seek executive, administrative, and legislative support for the proposal.</p>	Board Staff					X					15	Support for the proposal sought.
<p>F. Implement the modified health planning and resources development program under State sponsorship.</p>	Board Staff							X			--	A State-developed program of health planning and resources developed is operational.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985				Staff Days	Output/Products	
		S	O	N	D	J	F	M	A			M
OBJECTIVE 10. DEVELOP AND MAINTAIN A SYSTEM FOR REGULAR PUBLIC INVOLVEMENT IN AGENCY ACTIVITIES.												
A. Continue to carry out a community relations program of news releases, newsletter, dissemination of informational brochures, public speaking engagements, public notices of meetings, participation in local community organizations, and special presentations to local government and interested groups. Continue to provide adequate and appropriate notice of NAHRA's activities to minority and handicapped individuals and organizations.	AMS										10	Increased community awareness and participation in NAHRA planning and implementation activities; minority and handicapped persons afforded equal opportunity to participate in NAHRA planning and implementation activities.
B. Conduct periodic meetings of the Board of Directors and all committees and encourage public attendance to identify and discuss issues of local concern.	AMS										12	Quarterly Board and standing committee attendance by interested citizens.
OBJECTIVE 11. MAINTAIN COORDINATION AND WORKING AGREEMENTS WITH LOCAL AND STATEWIDE ORGANIZATIONS.												
A. Monitor, review, and revise as needed the Memoranda of Agreement with A-95 Clearinghouse, DISS, and appropriate Native Corporations.	AMS PIS										2	Relationships with appropriate local and State agencies and organizations defined.
B. Continue to participate in statewide health planning and resource development activities.	AMS PIS PDS										10	Levels of care criteria consistent; statewide implementation initiatives cooperatively addressed; review of statewide health service proposals accomplished.
C. Routinely send meeting announcements and other materials to interested groups.	AMS PIS										2	Provider and consumer organizations aware of planning and review activities; increased participation in planning and implementation activities.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
 NINE-MONTH WORK PROGRAM
 1984-1985

FUNCTION: AGENCY MANAGEMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
D. Maintain routine contact with other key local, regional, and statewide agencies, organizations, and institutions, including minority and handicapped agencies and organizations, for coordination with and involvement in agency activities.	AMS PIS										15	Increased participation of local and regional consumer-based organizations.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS PLANNING

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 12. DEVELOP THE 1985-1987 HEALTH SYSTEMS PLAN.													
A. Review the 1982-1984 HSP and all planning documents prepared since January, 1982.	PDS RA	----	X									5	Existing documents reviewed.
B. Identify areas where in-depth attention is needed. Areas from which topics will be selected include:	PDC PDS		-X									5	Topic areas selected for in-depth attention.
1. Health care personnel.													
2. Health maintenance and education.													
3. Behavioral health.													
4. Emergency medical services.													
5. Hospital facilities.													
6. Primary care services.													
7. Long term care alternatives.													
8. Health care costs.													
C. Determine data and information needs.	PDS	-----		X								4	Data and information needs identified.
D. Establish and maintain task forces or technical advisory panels as needed.	PDS		-----			X						15	Task forces established and maintained.
E. Collect data and information.	RA	-----				X						20	Data and information collected.
F. Incorporate material from interim, subject-specific plans into the new HSP as appropriate.	PDS	-----		X								10	Material from existing plans incorporated.
G. Prepare and circulate a draft of the plan for public review and comment.	PDS PDC				-----		X					30	Draft prepared and circulated.
H. Conduct a 30-day public review period with public hearings.	PDS PDC								---			2	Public review period and hearing held.
I. Review all comments received and amend the plan accordingly.	PDC PDS							-----		X		5	Comments reviewed and draft revised.
J. Adopt the final version of the 1985-1987 HSP.	Board										X	1	1985-1987 HSP adopted.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS PLANNING

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
K. Publish and distribute the 1985-1987 HSP.	PDS ANS										X	5	HSP published and distributed to regional and state agencies and organizations, and interested citizens.
OBJECTIVE 13. CONDUCT OTHER PLAN DEVELOPMENT ACTIVITIES.													
A. Solicit recommendations from the regional community regarding priority health planning needs.	PDC PDS					X				X		4	Community priorities established.
B. Develop plans or issue papers on priority topics.	PDC PDS ANS RA											65	
1) Plan for mental health treatment and prevention services, particularly for children and adolescents.						X							Plan for Mental Health Prevention and Treatment Services completed.
2) Feasibility study on the establishment of small group homes in rural communities.											X		Feasibility study completed.
3) Plan for the development of a children's receiving home in Interior Alaska.											X		Plan for children's receiving home completed.
C. Distribute draft planning documents to interested individuals and agencies for review and comment; incorporate revisions as appropriate.	PDS										X	5	Citizens provided an opportunity to review and comment on planning documents.
D. Present planning documents for final approval by NAIIRA Board and by other boards, as appropriate.	PDC								X	X	X	4	Board approval of planning documents.
E. Publish approved documents.	PDS							X	X		X	3	Plans distributed for use.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS PLANNING

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 14 DEVELOP 1985-86 ANNUAL IMPLEMENTATION PLAN (AIP).													
A. Review and evaluate the 1984-85 AIP; meet with Plan Implementation Committee to review project review and other implementation activities.	PDC PIC PDS PIS					X						3	Discussion/analysis of AIP and MSP continuity; assessment of AIF community work projects; identification of priorities for AIP development.
B. Identify topics to be addressed in the 1985-86 AIP.	PDC PDS					X						2	Areas of emphasis identified.
C. Select task force members to address topic areas, as appropriate.	PDC					X						1	Task forces selected for identified topics.
D. Prepare for and conduct task force meetings.	PDS					X						5	Task force meetings held.
E. Draft AIP and distribute for review and comment.	PDS					X						10	AIP drafted and distributed.
F. Conduct public hearing on the 1985-86 AIP.	PDS						X					1	Comments received from interested citizens.
G. Incorporate and revise the 1985-86 AIP for final approval.	PDC							X				1	Recommend changes analyzed and adopted by PDC.
H. Adopt the 1985-86 AIP.	Board									X		1	Board adoption of AIP.
I. Distribute AIP to appropriate individuals, agencies, and organizations throughout the region.	PDS									X		1	AIP distributed to regional agencies, organizations, and interested citizens.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: HEALTH SYSTEMS DEVELOPMENT

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 15. IMPLEMENT THE 1984-85 ANNUAL IMPLEMENTATION PLAN (AIP).													
A. Distribute AIP to local and regional provider and consumer groups affected by or interested in the AIP.	PIS	X										1	AIP distributed to area providers and other health-related organizations. Progress documented toward implementation of AIP goals and objectives.
B. Continue to identify community organizations and individuals who can contribute to the implementation of the objectives and action described in the AIP.	PIC PIS											6	Technical assistance provided to agencies/organizations and potential applicants which emphasizes objectives of the AIP.
C. Promote implementation of AIP objectives by providing technical assistance to and coordination of community organizations and individuals identified in Objective B.	AMS PDS PIS											20	AIP objectives met.
D. Maintain an effective system for documenting impact of plan implementation activities.	PDS PIS AMS	X			X			X			X	6	Impact documentation system maintained.
OBJECTIVE 16. ASSIST LOCAL AND REGIONAL AGENCIES, ORGANIZATIONS, INSTITUTIONS, AND GOVERNMENTAL UNITS IN IDENTIFYING AND PLANNING FOR SPECIAL NEEDS, AS REQUESTED.													
A. Provide direct technical assistance to individuals, agencies, service programs, and communities in: <ul style="list-style-type: none"> - defining needs - identifying resources - preparing grant applications - assisting with program implementation and evaluation 	PIS AMS RA											45	Community assistance and problem solving.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
 NINE-MONTH WORK PROGRAM
 1984-1985

FUNCTION: HEALTH PROMOTION AND PREVENTION

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
B. Provide program management assistance and support to human service agencies.	AMS PIS	-----	-----	-----	-----	-----	-----	-----	-----	-----	10	Stability of health service programs improved.
OBJECTIVE 17. PROMOTE THE DEVELOPMENT OF HEALTH EDUCATION, WELLNESS, SELF-CARE, NUTRITION, AND RELATED PREVENTION AND HEALTH PROMOTION PROGRAMS.	AMS PIS											
A. Coordinate prevention and health promotion efforts among existing programs.		X-----	-----	-----	-----	-----	-----	-----	-----	-----	4	Health promotion programs working in a more coordinated manner.
B. Act as a resource for existing prevention and health promotion programs.		X-----	-----	-----	-----	-----	-----	-----	-----	-----	2	Technical assistance provided to health promotion programs.
C. Assist in developing new programs to meet high priority needs.		X-----	-----	-----	-----	-----	-----	-----	-----	-----	5	Programs are developed which meet the high priority needs of the region.
D. Design and pilot a community-based health promotion "curriculum" for senior citizens.		-----	-----	-----	-----	-----	-----	-----	-----	-----	40	Senior citizens health promotion "curriculum" designed and piloted.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: PROJECT REVIEW

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products	
		S	O	N	D	J	F	M	A	M			
OBJECTIVE 18. CONDUCT LOCAL REVIEWS OF GRANT APPLICATIONS AND PROPOSALS FOR LOCAL OR STATE HUMAN SERVICE FUNDS, IN COOPERATION WITH THE COMMISSIONER OF HEALTH AND SOCIAL SERVICES.													
A. Provide technical assistance to applicants.	PIS											6	Technical assistance provided to applicant in advance of application.
B. Encourage public participation in the reviews.	PIS											2	Public comments received on proposals.
C. Review and comment on high-priority health service applications.	PIC PIS											10	Applications reviewed on timely basis.
D. Forward comments to the Commissioner of NISS and to appropriate State advisory boards.	PIS											1	Commissioner and advisory boards have comments to use in making funding decisions.
E. Monitor implementation of new approved projects.	PIC											3	Assurance that State funds are used as proposed.
OBJECTIVE 19. CONDUCT REVIEWS OF PROPOSALS FOR CONSTRUCTION OR EXPANSION OF INSTITUTIONAL HEALTH FACILITIES OR SERVICES.													
A. Provide technical assistance to potential applicants.	PIS											4	Technical assistance provided in advance of application.
B. Conduct reviews and develop recommendations on individual projects.	PIC Board											4	Review process completed and recommendations developed.
C. Forward recommendations to the appropriate agency.	PIS											1	Recommendations forwarded to appropriate agency.
D. Monitor implementation of approved proposals.	PIC PIS											2	Assurance that project is completed as proposed.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
 NINE-MONTH WORK PROGRAM
 1984-1985

FUNCTION: DATA MANAGEMENT AND ANALYSIS

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
<p>OBJECTIVE 20. MAINTAIN A REGIONAL CAPABILITY TO PROVIDE CURRENT, ACCURATE, HEALTH-RELATED DATA FOR PLANNING, REVIEW, AND RESOURCE DEVELOPMENT ACTIVITIES.</p> <p>A. Maintain a regional data cache containing current information on population, health status, health-care system, and socio-economic status for use by all citizens of health service area.</p> <p>B. Collect new data as needed to support the plan development and project review functions.</p> <p>C. Assist individuals, communities, service programs, and State agencies to define data requirements to support regional and statewide program and planning activities and to obtain necessary data.</p> <p>D. Coordinate data collection activities with local agencies, regional Native corporations, and statewide agencies and organizations.</p>	<p>PIS AMS</p> <p>RA</p> <p>PIS AMS</p> <p>PIS AMS</p>	-----	-----	-----	-----	-----	-----	-----	-----	<p>10</p> <p>20</p> <p>10</p> <p>5</p>	<p>Current, accurate health service data available to citizens of health service area.</p> <p>New and updated data collected.</p> <p>Data requirements defined and provided for.</p> <p>Collection of data accomplished in coordinated manner.</p>	

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
NINE-MONTH WORK PROGRAM
1984-1985

FUNCTION: RESEARCH AND EVALUATION

Objectives/Tasks	Primary Responsibility	1984				1985					Staff Days	Output/Products
		S	O	N	D	J	F	M	A	M		
OBJECTIVE 21. CONDUCT STUDIES AND RESEARCH ACTIVITIES IN RESPONSE TO LOCAL, REGIONAL, OR STATE PRIORITIES.												
A. Conduct research on health-service and health-policy issues of local, regional, and state interest.	PDS PIS ANS	-----	-----	-----	-----	-----	-----	-----	-----	-----	30	Information collected, analyzed, and presented in appropriate form to support decisions on health-service and health-policy issues.
B. Provide a community/regional perspective to the legislative and executive branches of state government on health-related issues not otherwise addressed through agency activities.	PDS PIS ANS	-----	-----	-----	-----	-----	-----	-----	-----	-----	10	Legislative and executive branches of government aware of regional or local issues of concern.
OBJECTIVE 22. ENCOURAGE EVALUATIONS OF HEALTH SERVICE PROGRAMS.												
A. Assist health service programs to evaluate their own activities and impacts.	PDS PIS	-----	-----	-----	-----	-----	-----	-----	-----	-----	5	Health service programs with mechanisms for demonstrating impact of their services.
B. Assist local and State funding agencies in conducting evaluations of health service programs.	PDS PIS	-----	-----	-----	-----	-----	-----	-----	-----	-----	5	Health service programs are evaluated objectively by external reviews.
C. Assist the Alaska DISS in designing appropriate evaluation criteria for programs funded by the State through grants and/or contracts.	PDS ANS PIS	-----	-----	-----	-----	-----	-----	-----	-----	-----	30	Evaluation criteria designed.

CLOSE-OUT WORK PROGRAM NARRATIVE

A phase-out work program and budget have been prepared based upon the guidelines provided by DHHS and the direction given by NAHRA's Board of Directors. It is the intent of the Board to seek State, regional, and local support for many of the health planning and resources development activities in the absence of federal support. In other words, as we begin to phase out the federal presence within the agency, we will gradually transfer the support for high priority activities to alternative sources of funds.

In the following paragraphs, we have attempted to describe, from our current knowledge of the future, the actions which we intend to take regarding the phase-out of federal support for our agency.

AGENCY MANAGEMENT

Structure

Any policy or bylaw changes regarding the structure, function, or governance of the organization will be accomplished prior or subsequent to the three-month phase-out period.

Governance

It is our intent to terminate our designation agreement with DHSS on August 31, 1985. At this time, however, we do not plan to dissolve the organization. We anticipate that regional health planning will continue as a State-supported activity.

Post-Termination Activities

Provisions will be made with the "successor organization" to store the required records for three years and to complete all of the post-termination reporting requirements.

Staff

During the close-out period, both the professional and support staff will be phased-out over the first two months. Exceptions will be the Executive Director and the Administrative Assistant, who will be working 100% FTE. As positions are phased out, they will, at the same time, be transferred or phased into the successor organization whose budget and activities will be distinct from the phase-out budget and work program.

Coordination

All formal coordination agreements with other agencies will be reviewed. Those which require specific reference to designated HSAs will be terminated or re-negotiated to be effective with the HSA successor.

Other cooperating agencies will be notified of our changing status and will be encouraged to maintain a similar relationship with the HSA successor agency.

Public Involvement and Education

During the phase-out period, the public will be informed of NAHRA's changing status. Public involvement and education will continue to be a function of this agency in the absence of federal support.

HEALTH SYSTEMS PLANNING

During the 1984-1985 project year, we will be involved in several planning activities which should be completed by the end of the nine-month work program or shortly into the phase-out period. High priority activities which are more long term in nature will be transferred to the support of the successor agency.

HEALTH SYSTEMS DEVELOPMENT

Implementation activities will remain a high priority function in NAHRA's work program during FY 85. Activities will either be completed during the first two months of the phase-out period or will be supported by the HSA successor organization.

HEALTH PROMOTION AND PREVENTION

All health promotion and prevention activities will be terminated or supported by the successor agency.

PROJECT REVIEW

Any agencies who may be under review by NAHRA (e.g., CON) will be notified of our pending termination agreement at least 90 days prior to termination. Review of applications will continue through the first nine months of the fiscal year, with the final funding decision being made by the State in June, 1985. Pending continuation of funds from the Alaska Department of Health and Social Services, an HSA successor organization will probably have local and regional review responsibilities based upon a negotiated memorandum of agreement with the Commissioner of Health and Social Services. Certificate of Need reviews will be dependent upon the SHPDA's designation agreement and the status of the State CON law.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
THREE-MONTH PHASE-OUT WORK PROGRAM
1985

Objectives/Tasks	Primary Responsibility	1985			Staff Days	Output/Products
		June	July	August		
OBJECTIVE 1. PROVIDE FOR THE PHASE-CUT OF FEDERAL PRESENCE IN THE AGENCY'S ORGANIZATION AND MANAGEMENT.						
A. Maintain agency policies and by-laws in accordance with federal closeout criteria.	AMS EC	-----	-----	-----X	2	Agency policy and procedures and by-laws consistent with federal expectations.
B. Complete resolution on withdrawal of agency from operation under designation agreement with the Secretary of the Department of Health and Human Services.	AMS Board	X			2	Board-passed resolution to terminate designation agreement with Secretary of Health and Human Services.
C. Provide for the storage and access to the agency's federal records, including financial, personnel, equipment inventory, and records related to contracts exceeding \$10,000.	AMS		X		3	Federal records stored in safe, accessible place.
D. Provide for completion of all post-termination reports and activities.	AMS Board		X		15	Post-termination agent designated to complete post-termination activities and provide access to federal records.
E. Obtain ongoing financial support and transfer professional and support staff to alternate sources of funds.	AMS Staff	-----	-----X		20	Funds obtained and staff financial support transferred from federal support to alternate source of funds.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
 THREE-MONTH PHASE-CUT WORK PROGRAM
 1988

Objectives/Tasks	Primary Responsibility	1988			Staff Days	Output/Products
		June	July	August		
OBJECTIVE II. MAINTAIN FINANCIAL MANAGEMENT SYSTEM.						
A. Maintain routine financial management activities (see nine-month work program).	AMS	-----X			10	Routine financial management activities.
B. Arrange for and assist in annual audit.	AMS FC		-----X		5	Audit completed within 90 days of termination of federal funds.
C. Provide for final financial audit to be submitted to federal and State officials.	AMS			X	2	Final financial audit.
OBJECTIVE III. CONCLUDE PLAN DEVELOPMENT ACTIVITIES.						
A. Complete high priority plan development activities and transfer appropriate documents and information to SHPDA.	PDS	-----X			40	SHPDA in possession of appropriate regional planning documents and information.
B. Transfer the support for continuing high priority planning activities to alternate source of funds.	AMS PDS		-----X		8	Local/regional health planning continues in absence of federal support.
OBJECTIVE IV. COMPLETE PLAN IMPLEMENTATION ACTIVITIES.						
A. Complete high priority plan implementation activities.	PIS	-----X			40	Plan implementation activities completed or transferred to alternate funding source.
B. Transfer the financial support for continuing implementation activities to alternate source of funds.	AMS PIS		-----X		10	Transfer financial support for implementation activities.

NORTHERN ALASKA HEALTH RESOURCES ASSOCIATION, INC.
THREE-MONTH PHASE-OUT WORK PROGRAM
1985

Objectives/Tasks	Primary Responsibility	1985			Staff Days	Output/Products
		June	July	August		
OBJECTIVE V. CONDUCT LOCAL REVIEWS OF GRANT APPLICATIONS AND PROPOSALS FOR LOCAL OR STATE FUNDS.						
A. Negotiate a memorandum of understanding with the Commissioner of Health and Social Services to provide for local/regional review of state-funded health service proposals.	AMS PIS		X		3	State of Alaska seeks and supports local review of health service proposals.
B. Incorporate project review activities within new organization structure.	AMS			X	8	Local review of health service proposals provided for.
OBJECTIVE VI. PROVIDE FOR THE TRANSITION OF DATA ACTIVITIES TO SUCCESSOR AGENCY.						
A. Guarantee the maintenance of a health-related data cache for use by all citizens of the health service area.	AMS PDS		-----X		10	Data gathering, analysis, and storage activities transferred to successor agency or data files available for public use.
OBJECTIVE VII. PROVIDE NOTICE OF TERMINATION TO COOPERATING ORGANIZATIONS.						
A. Provide notice of termination to agencies with which NAIIRA has specific coordination agreements (A-95 Agency, SHPDA, HSAs, etc.).	AMS			X	2	Agencies aware of NAIIRA's termination activities.

**PLEASE NOTE: THE PRECEDING PAGES WERE TREATED
AS A UNIT IN THE ORIGINAL DOCUMENT.**

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4107 Laurel Street, Suite #1, Anchorage, AK 99504

October 17, 1980



Honorable Jay Hammond
Pouch A
Juneau, Alaska 99801

Dear Governor Hammond,

At our regular meeting on October 4, 1980, in Anchorage the Alaska State Medical Association council passed a resolution supporting deletion of the requirement for a premarital serologic test for syphilis. We do not believe that this is warranted on a screening basis, but that it should be done on a case by case basis as decided by the individual person and his or her physician.

We wish to make it clear that in no way do we believe that the requirements for prenatal serologic testing should be disturbed.

We will support legislation to delete mandatory premarital serologic testing.

Yours truly,

A handwritten signature in dark ink, appearing to read "David E. Johnson".

David E. Johnson, M.D.

DEJ/tlj

WHEREAS, the control of Public Health in a cost-effective manner is of the highest priority, and

WHEREAS, a review of the effectiveness of current statutes requiring premarital syphilis serologies has revealed this requirement to be ineffective in controlling syphilis, and

WHEREAS, a substantial saving can be realized through the suspension of premarital blood testing without decreasing the effectiveness of venereal disease control efforts,

BE IT SO RESOLVED::

That the Alaska Public Health Association endorse the position of the Department of Health and Social Services in presenting legislation to repeal the current requirement for premarital blood testing.

MEMORANDUM

State of Alaska

TO: The Honorable Helen D. Beirne
Commissioner
Department of Health & Social
Services

DATE: July 22, 1980

FILE NO:

TELEPHONE NO:

FROM: Wilson L. Condon
Attorney General

SUBJECT: Authority to repeal
blood test statutes
Our File: J-66-633-80

By:

Bruce M. Botelho
Assistant Attorney General
Department of Law

You have asked whether your department can suspend the requirement for premarital testing for infectious or heritable diseases by regulation.

AS 25.05.101(a)(2) and (3) require an applicant for a marriage license to present a premarital certificate from a licensed physician or osteopathic physician stating that the applicant has been tested for the presence of infectious or heritable disease and that the physician or osteopathic physician has examined the report or reports and has advised the applicant of any medical implications of any abnormal tests. AS 25.05.105 directs the department to adopt regulations prescribing the approved test required for the premarital certificate.

Your opinion request suggests that the premarital blood testing has been limited to serologic testing for syphilis. Your memorandum implies that the department considers this testing to be unduly burdensome, given the cost involved to individuals relative to the low number of positive tests (i.e., tests showing the presence of syphilis).

Since AS 25.05.105 directs the department to adopt regulations describing the approved tests, it would be inconsistent for the department to adopt a regulation indicating that in its judgment no tests should be required. This obtains because no regulation adopted can be valid or effective unless it is consistent with the statute and reasonably necessary to carry out the purpose of the statute. AS 44.62.030. AS 25.-05.101 and AS 25.05.105, when read together, evince a legislative decision that premarital tests for the presence of infectious or heritable diseases be conducted. Accordingly, discontinuation of the requirement for premarital testing would require repeal of AS 25.05.101 and AS 25.05.105.

BMB:md

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...riage is still in force, a
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...; am § 3 ch 24 SLA

Article 3. Procedure to Obtain a License.

Section

- 91. Application for license
- 101. Premarital certificate
- 105. Prescribed tests

Section

- 111. Issuance of license
- 121. Marriage license

premarital
test for
syphilis

Sec. 25.05.091. Application for license. One of the contracting parties to a prospective marriage shall, at least three days before the time of issuance, file with the licensing officer written, verbal, or telegraphic application for a license. Before issuance of the license, each contracting party shall file with the same licensing officer a premarital certificate; and shall make a statement under oath that the contemplated marriage meets the requirements of law, giving the names, relationship if any, residence, occupation, and age of each party; naming guardians of any party under the legal age for marriage; and describing any prior marriage or marriages of either party, and the manner of dissolution of them. This statement may be made and executed before a notary public or postmaster who shall certify it to the licensing officer. (§ 21-1-42 ACLA 1949; § 1 ch 58 SLA 1963)

Sec. 25.05.101. Premarital certificate. (a) Before a licensing officer issues a marriage license, each party shall file with him a premarital certificate from a licensed physician or osteopathic physician stating

- (1) the name and age of the applicant;
- (2) that the applicant has been tested, as prescribed in the regulations of the department, for the presence of infectious or heritable disease; and
- (3) that the physician or osteopathic physician has received and examined the report or reports of testing and that he has advised the applicant of the medical implications of each abnormal test.

(b) A license may not be issued more than 30 days after laboratory testing. (§ 1 ch 64 SLA 1949; am § 1 ch 63 SLA 1953; § 1 ch 58 SLA 1963; am § 1 ch 103 SLA 1971)

Sec. 25.05.105. Prescribed tests. The department shall by regulation under the Administrative Procedure Act (AS 44.62) prescribe the approved tests required for the purposes of this chapter. (§ 2 ch 103 SLA 1971)

Sec. 25.05.111. Issuance of license. No marriage license shall be issued unless both of the contracting parties are identified to the satisfaction of the licensing officer. If all requirements have been met, and there is no legal objection to the contemplated marriage, and neither party is under the influence of intoxicating liquor or otherwise incapable of understanding the seriousness of the proceeding, the licensing officer

POSITION PAPER

SENATE BILL NO. 41

"An Act relating to marriage and domestic relations".

The bill repeals AS 25.05.101 and AS 25.05.105 requiring premarital medical certificate for marriage license.

The Act repeals AS 25.05.131 requiring that the report of results of test shall not be made a part of the premarital certificate.

The Act repeals AS 25.05.141 requiring that results of tests be sent only to physicians or osteopathic physicians requesting the report and that duplicate reports of test be held in absolute confidence by the Department. The Act repeals AS 25.05.151 governing the approval of laboratories and clinics for tests for infectious or heritable diseases.

Definition

Premarital blood testing has been limited to serological testing for syphilis by the Department of Health under authority granted by AS 25.05.105.

Need for Premarital Blood Testing

A decision to employ syphilis screening should be based upon; local epidemiologic circumstances that indicate geographic clustering of syphilis in a community, the distribution of syphilis cases by sexual preference (nationally it has been estimated that one half of all cases of syphilis are occurring in homosexual men), the distribution of syphilis cases by ethnic and occupational groups and of particular importance in Alaska, the availability of such groups for testing. Comparative costs and benefits of maintaining surveillance in screening groups must also be considered. The Department, after considering all factors, has determined that results from premarital syphilis screening are of little consequence in the national or State VD control effort. Nationally in 1976 four million premarital syphilis screening examinations were performed resulting in the discovery of only 456 cases. Mass screening of low-risk groups such as premarital applicants, however is still required in 44 states as of 1976, although many states are in the process of repealing such legislation. In Alaska it has been estimated that 25,000 serologies have been performed during the past 5 years with the discovery of only 2 cases of primary syphilis. Although the law in effect requires couples to have physician contact before marriage and is an apparent opportunity to counsel on matters pertaining to parenthood, hereditary diseases, sex and contraception and to possibly detect and correct illnesses and disabilities, it does not as currently written and administered carry out the intent of the law that is to contribute significantly to the control of infectious and heritable disease in the general population.

Experience in Alaska

For several months the Section of Communicable Disease Control of the Division of Public Health, Department of Health and Social Services, State

of Alaska, has been reviewing the need to continue to require premarital serologic blood tests for syphilis. In 1979, the State of Alaska reported 67 cases of syphilis: 45 cases of early syphilis (primary or early latent), and 22 cases of late latent syphilis. None of the 67 cases of syphilis were discovered through the use of premarital syphilis serological blood tests. In order to obtain more data on our experience in Alaska, the results of premarital serological testing for syphilis dating back to 1973 were reviewed. Since 1973, only five cases of syphilis in all stages were diagnosed through premarital blood tests. No cases of syphilis have been diagnosed since August 1978 from premarital syphilis serologies. Although Alaska has the highest rate of gonorrhea in the nation, the rate of syphilis has remained relatively constant and is lower (5.9 per 100,000) than the national average (30 per 100,000). In addition, the majority of syphilis cases now occur in the homosexual population not subject to premarital screening.

We have reviewed this data with the Venereal Disease Unit of the Section of Communicable Disease Control and with the Center for Disease Control, Atlanta, Georgia. Based upon our experience in Alaska in uncovering cases of syphilis through use of premarital serologic testing, the Center for Disease Control, the Venereal Disease Unit of the Section of Communicable Disease Control, and the Division of Public Health have concluded that the requirement for premarital syphilis serologic testing should be repealed.

Effect of Repeal on Venereal Disease Control Programs

Passage of this act would not alter or significantly affect syphilis serology testing programs in high-risk groups or prenatal groups to prevent congenital syphilis. Quality control and proficiency testing programs in laboratories that are currently performing syphilis serology testing would not be effected by passage of this act. Passage of this bill will reduce syphilis serology workload in the state public health laboratories by 18%.

We wish to emphasize that our commitment to discover, diagnose, and bring to treatment all persons with syphilis remains undiminished. We will vigorously pursue the continued requirement for prenatal serologic blood testing and continue to test for syphilis all blood specimens from public health clinics and from private physicians suspecting the diagnosis of syphilis.

Cost Savings

The FY 81 budget already reflects a cost savings to the Division as it was initially believed that repeal of premarital legislation would not be necessary. Premarital syphilis serological tests can be eliminated without impairing the cost effectiveness of Venereal Disease Control efforts in the State of Alaska.

Department Position

The Department of Health and Social Services recommends passage of this bill.

Recommended by:

David Bruce
David Bruce, Deputy Director
Division of Public Health

Date:

January 20, 1981

Approved by:

Helen D. Beirne
Helen D. Beirne
Commissioner

Date:

1 - 21 - 81

THE LEGISLATURE OF THE STATE OF ALASKA
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate Bill No. 41
 Title "An Act relating to marriage and domestic relations"
 Requested by Commissioner's Office Date January 21, 1981

II. FISCAL DETAIL

Agency Affected _____
 Program Category Affected Division of Public Health
 BRU, Program, or Subprogram(s) Affected _____

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	0	0	0	0	0
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

FUNDING (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Fund Source)	0	0	0	0	0	0

POSITIONS

FULL TIME	0	0	0	0	0	0
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. DATE 1/21/81 PREPARED BY Harry Colvin
 AGENCY Public Health
 PHONE 465-3140
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) _____ M&B Approved [Signature] Date 1/21/81

ALL DATA ON THIS SHEET WAS PROVIDED BY THE ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES - 1/23/81

State of Alaska
Number of Gonorrhea Cases

<u>YEAR</u>	<u>CASES</u>
1980	4,321
1979	5,244
1978	5,392
1977	5,406
1976	4,684
1975	5,916

State of Alaska
Number of Gonorrhea Cases by Age Group - 1979

<u>AGE</u>	<u>NUMBER OF CASES</u>
0-9	11
10-14	28
15-19	795
20-24	1,462
25-29	1,026
30-34	535
35-39	316
40-44	189
45-49	109
50 plus	119
other	654

State of Alaska
Number of Syphilis Cases

<u>YEAR</u>	<u>CASES</u>
1980	51
1979	66
1978	63
1977	114
1976	114
1975	64

State of Alaska
Number of Syphilis Tests

<u>YEAR</u>	<u>PREMARITAL TESTS</u>	<u>TOTAL TESTS</u>
1980	10,000	N/A
1979	10,034	91,642
1978	10,234	95,644
1977	10,376	110,159
1976	9,528	134,028
1975	9,504	136,013

Alaska Native Health Board

1689 C STREET, SUITE 230, ANCHORAGE, ALASKA 99501

PHONE (507) 276-8980

Reference #A80-0960

September 24, 1980

The Honorable Jay S. Hammond
Governor
State of Alaska
Pouch A
Juneau, Alaska 99811

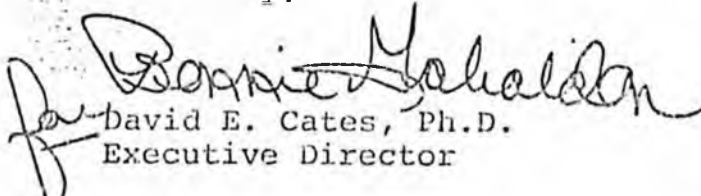
Dear Governor Hammond:

The Alaska Native Health Board endorses the repeal of the statute requiring premarital syphilis serological blood testing.

By doing so, the Board recognizes the continuing need to actively seek to discover and treat all cases of syphilis but it is believed that premarital testing is not the most effective means. The nearly \$81,000 required for the 9,000 tests given in 1979 could better be used in a more promising, productive manner. This change should not impair the effectiveness of the Venereal Disease Control efforts of the State.

As always, the Board is concerned with the well-being of all Alaskans. It seeks the epitome of service delivery and to eliminate waste. It believes to continue the "routine testing" to be such a waste.

Sincerely,


David E. Cates, Ph.D.
Executive Director

DEC:blg

cc: John Middaugh, M.D.

ALEUTIAN/PRIPILOF ISLAND ASSOC., INC
BRISTOL BAY AREA HEALTH CORPORATION
COOK INLET NATIVE ASSOCIATION
COPPER RIVER NATIVE ASSOCIATION

KODIAK AREA NATIVE ASSOCIATION
MAUNELUE ASSOCIATION
THE NORTH PACIFIC RUM
NORTH SLOPE BOROUGH HEALTH CORP.

NORTON SOUND HEALTH CORPORATION
SOUTHEAST ALASKA REGIONAL HEALTH CORP.
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION

MEMORANDUM

State of Alaska

TO: Dean F. Tirador
Deputy Commissioner
Department of Health
and Social Services

DATE: February 10, 1981

FILE NO: J-66-535-81

TELEPHONE NO: 465-3603

FROM: WILSON L. CONDON
ATTORNEY GENERAL

SUBJECT: Request of Senate
Committee on Health,
Education, and
Social Services

By: ^{TUX}
Thomas H. Robertson
Assistant Attorney General

You have asked two questions on behalf of the Senate Committee on Health, Education, and Social Services. You have asked (1) whether prenatal serologies are statutorily required, and (2) whether a person or group of persons can be required to undergo blood or other laboratory tests in the event of an epidemic or other public health emergency.

Prenatal blood tests are addressed by AS 18.15.150-180. These statutes require that medical professionals obtain serological tests of most pregnant women. 1/ They are largely self-explanatory.

Your second question is not so easily resolved. Emergency diagnostic tests are not specifically addressed by statute. The Alaska Supreme Court has not had an opportunity to examine state authority in this area.

It has generally been held that a state may, for the purpose of protecting the public health, resort to reasonable, compulsory physical examination of persons suspected of being infected with a contagious or communicable disease. Reynolds v. McNichols, 488 F.2d 1378 (10th Cir. 1973); Irwin v. Arrendale, 159 S.E.2d 719 (Ga. 1967); Huffman v. District of Columbia, 39 A.2d 558 (D.C. 1944); 164 A.L.R. 967; 25 A.L.R.2d 1407; 39A C.J.S. Health and Environment § 19. However, at least with respect to venereal diseases, some courts have concluded that this power can be exercised only by state officials whose authority is clearly established by statute or regulation. Rock v. Carney 185 N.W. 798 (Mich. 1921). Wragg v. Griffin, 170 N.W. 400 (Iowa 1919).

1/ A physician or nurse who fails to administer the test is subject to criminal prosecution under AS 18.15.180. A pregnant woman who refuses to cooperate is not.

Pursuant to AS 18.05.040(a)(1), the Department of Health and Social Services is under an obligation to adopt regulations for "the definition, reporting and control of diseases of public health significance." 2/ Contagious diseases are the subject of 7 AAC 27.010:

7 AAC 27.010. CONTROL OF COMMUNICABLE DISEASES IN MAN. (a) The provision on methods of control of communicable diseases outlined in the Control of Communicable Diseases in Man, American Public Health Association, Eleventh Edition, 1970, are adopted by reference as the regulations governing "Preventive Measures," "Control of Patients, Contacts and the Immediate Environment," and "Epidemic Measures."

(b) The provisions of (a) of this section are not applicable to the control of rabies in animals or on the reporting of diseases of public health significance.

It is not immediately clear what this regulation purports to accomplish. 3/ While it addresses both the prevention and control of diseases of public health significance, it neither vests authority in particular public officials nor establishes procedures to govern its exercise. 4/

2/ Statutes providing, among other things, for the confinement of persons infected with contagious diseases were repealed upon enactment of AS 18.05.040(a)(1). Chapter 63, SLA 1972.

3/ One purpose of the text cited in this regulation is, as described in its preface, to "serve public health administrators as a guide and as a source of materials in preparing regulations and legal requirements for the control of the communicable diseases. . ." BENENSON, CONTROL OF COMMUNICABLE DISEASES IN MAN, (11th ed.), p. x, American Public Health Assoc., 1970. This has apparently been taken quite literally.

4/ The text, for example, cites "[c]orrection of such social conditions as overcrowding and poverty" as a means of preventing tuberculosis. It is unlikely that 7 AAC 27.010, in conjunction with AS 18.05.060, is intended to impose criminal sanctions upon all those who live under, or tolerate, these conditions.

Dean Tirador

February 10, 1981
Page Three

It appears, in light of the foregoing, that the authority of state officials to require blood or other laboratory tests is not well established. As a result, a public health emergency could necessitate adoption of emergency regulations, institution of legal proceedings, or both. We suggest that the Department of Health and Social Services take steps to clarify 7 AAC 27.010 in this regard.

THR/jal

POSITION PAPER

SENATE BILL No. 343

"An Act relating to premarital blood tests; and providing for an effective date."

This Bill repeals existing provisions in AS 25.05 requiring a blood test for syphilis as a condition for issuance of a marriage certificate.

In calendar year 1983, a total of 51 cases of syphilis in all stages was reported. Of these 32 were in the infectious stage. The rate for all cases of syphilis for 1982 was about 12.2 and 10.4 for 1983. Since 1973, Alaska's syphilis rate has been consistently lower than the rate for the U.S. as a whole. The 1980 U.S. rate was 30.38.

Premarital testing is no longer an effective case finding tool. Between 1975 and 1980, a total of about 60,000 premarital specimens were tested with a yield of only two cases of previously unknown infectious syphilis. In 1982, one case was found in a total of about 12,000 premarital tests. In recent years, about 65% of new cases of syphilis in Alaska have occurred in the homosexual population, a group not ordinarily reached through a premarital testing program. Most cases are detected through self-referral of symptomatic persons or through epidemiologic investigation of sexual contacts of detected cases.

Historically, the major purpose of premarital testing was the prevention of congenital syphilis. The existing Alaska statute became effective in 1949 when syphilis was much more common with over 100 cases per year.

Passage of this Bill would have no effect on VD control efforts in the State. Prenatal testing will continue as a preventive measure for congenital syphilis. Syphilis testing will still be available to private health care providers and to the sexually transmitted disease clinics. Efforts will continue to be directed at high risk groups and known associates and contacts of person with the disease in an infectious stage.

Passage of this legislation is supported by the Alaska Public Health Association, the Alaska State Medical Association, the Alaska State Hospital Association and the Alaska Native Board of Health. Opposition has been voiced by the Faith Hospital in Glenallen.

Position Paper SB 343
Page 2

The Department of Health and Social Services strongly supports passage.

Recommended by: E. S. Rabeau, M.D.
E.S. Rabeau, M.D. Director
Division of Public Health

Date: 1/30/84

Approved by: Robert London Smith
Robert London Smith, Ph.D.
Commissioner
Department of Health and
Social Services

Date: 1/30/84

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date _____, 1984

REQUEST

Bill/Resolution No.: SB 343
Title: Premarital Blood Tests

Sponsor: Sen. Josephson
Requestor: Senate HESS
Date of Request: 1/25/84

FISCAL DETAIL

Agency Affected: Health & Soc. Svcs.
Program Category Affected: Public Health

BRU, Program of Subprogram(s) Affected:
State Health Services, Laboratory Services

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LANDS & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY	0	0	0	0	0	0

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for Analysis

Prepared By: Dean Tirador Phone: 465-3090
Division: Public Health Date: 1/26/84

Approved by Commissioner: Robert Landon Smith, Ph.D. Date: 1/30/84
Agency: Health and Social Services

Distribution (by Agency preparing fiscal note):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

12/1/83

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

BILL SHEFFIELD, GOVERNOR

*POUCH H-06
JUNEAU, ALASKA 99811-9976*

PHONE: 465-3090

January 24, 1984


Ms. Nancy Deitrick
Professional Assistant
Senator Josephson's Office
Health, Education & Social
Services Committee
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Ms. Deitrick:

Enclosed is the additional information you requested last week on SB 343,
Premarital Blood Tests.

If you wish further information, please contact me.

Sincerely,



E. S. Rabeau, M.D.
Director

Enclosure

How prevalent is syphilis in Alaska and how does the State rank in relation to the other states?

In calendar year 1983, a total of 51 cases of syphilis in all stages was reported. Of these, 32 were in the infectious stage. In 1982, there were 32 infectious cases and 24 cases in the late latent stage. The rate for all cases of syphilis for 1982 was about 12.2 and 10.4 for 1983. No cases of congenital syphilis were reported in either year.

Since 1973 (the earliest year for which comparative statistics are readily available), Alaska's rate has consistently been lower than the rate for the U.S. as a whole. In 1980, the U.S. rate was 30.38.

What is the purpose of premarital syphilis testing?

Historically, the major purpose of premarital testing was the prevention of congenital syphilis, i.e., infection of the fetus before birth. The existing Alaska Statute became effective in 1949 at a time when syphilis was much more common with over 100 cases per year. In 1950, the U.S. rate for syphilis was 146/100,000.

How will repeal of the premarital requirement affect congenital syphilis rates?

We do not expect any effect. Prenatal testing will still be required.

Why repeal the existing statute?

1. Premarital testing is no longer an effective case finding tool. Between 1975 and 1980, a total of about 60,000 premarital specimens were tested with a yield of only two cases of previously unknown infectious syphilis. In 1982, one case was found out of about 12,000 tests. In recent years, about 65% of the new cases of syphilis in Alaska have occurred in the homosexual population, a group not ordinarily reached through a premarital testing program. Most cases are detected through self-referral of symptomatic persons or through epidemiologic investigation of sexual contacts of detected cases.
2. The premarital testing program requires an annual investment of about \$80,000 by the Section of Laboratories. In a time when laboratory services have been reduced, it would be more appropriate to restore other types of testing rather than continue an ineffective program. There are also other costs to the individual of probably \$20 to \$30 per test in physician office fees.

If premarital testing is repealed, how will VD control effort be affected?

Little or no effect is expected. Premarital testing will continue. Test-

ing will still be available to private health care providers and to the sexually transmitted disease clinics. Efforts will continue to be directed at high risk groups such as homosexuals and known associates and contacts of persons with the disease in an infectious stage.

Does the increasing amount of migration into the State affect a decision to repeal?

Probably not. Obviously, as population increases there may be an increase in the numbers of cases but no dramatic change in rates should occur. During the time of the explosive population increase during oil pipeline construction, there was no significant change in syphilis rates. Also, there is little reason to expect that the epidemiologic characteristics of the disease among in-migrants would differ from pattern found in Alaska and the contribution of premarital testing to case finding would continue to be very small.



ALASKA STATE HOSPITAL ASSOCIATION INC.

319 Seward Street
Juneau, Alaska 99801

Phone: (907) 586-1790

October 10, 1980

Dr. John Middaugh, M. D.
Room 301 MacKay Bldg.
338 Denali Street
Anchorage, AK 99501

Dear Dr. Middaugh:

The Alaska State Hospital Association wishes to inform you that on October 6, 1980 our Board of Directors voted to endorse your request to repeal the premarital syphilis serology requirement.

If we can be of help in the future, please let me know.

Sincerely,



Dennis L. DeWitt
Executive Director

DLD/sam