

ALASKAN CONSTITUTION, Protecting Public Health

Capitol Host Site: Juneau, Alaska February 6, 2008

Six speakers, with diverse health expertise, gave their own perspectives of the history of public health in Alaska. They studied its constitutional basis and challenges during the first health caucus of 2008.

Presenters:

Dr. Brian Saylor, Former Director of the Institute of Circumpolar Health Studies at the University Alaska Anchorage
Teleconferencing from Kotzebue

Elfrida Nord, R.N., Retired Chief Public Health Nurse for the Department of Health and Social Services | Juneau

Katie Hurley, Chief Clerk for the Alaska Constitutional Convention | Teleconferencing from Wasilla

John O. Riley, Physician's Assistant and Medical Co-director of the Anchorage Neighborhood Health Center | Anchorage
Teleconferencing from Anchorage

Paul Hansen, Health Services Administrator for the Maniilaq Health Center | Kotzebue
Teleconferencing from Kotzebue

Given the enormous difference in the urban/rural community size since 1959, presenters spoke of what applied to a much greater percent throughout the state at statehood. Living conditions then have changed in some of Alaska and now often apply only to rural and remote Alaska.

Brian Saylor, PhD, MPH, discussed what public health is, what it has done, and the constitutional basis for inclusion in the Alaska Constitution.

Public Health is the science of protecting and improving the health of population as a whole through education, promotion of healthy lifestyles and research for disease and injury prevention. Its role has been described as:

"Fulfilling society's interest in ensuring conditions in which people can be healthy." Future of Medicine, Institute of Medicine, National Academy of Sciences

"An organized community effort aimed at the prevention of disease and the promotion of health." National Conference of State Legislators, 2002

"Public Health affects all of us all of the time." Dr. C. Everett Koop, former US Surgeon General

While Public Health concerns itself with the population as a whole, health care provides services to individual consumers.

Public Health has had many successes. As a result of these successes, the lifespan of the average American has increased by 30 years over the past century. Infectious diseases are no longer the leading causes of premature death. The leading cause of death among individuals is now behavioral and environmental risk factors such as smoking, poor diet, lack of exercise, increased pollution, stress and unsafe sexual practices. These are each largely



controllable by the individuals, families, and social groups affected. They can be prevented.

This reinforces that the emphasis must now be placed on health education and health care availability.

Dr. Saylor asked the audience, *“Given that public health is a collective and public action, how much actual responsibility do the Federal and State government have, especially since health does not appear in the US constitution except for the phrase in the preamble “to protect and provide for the general welfare?”*

Programs such as Medicare, Medicaid, and services by the Center for Disease Prevention and Control are funded by, he explained, but not the core responsibility of the Federal government, and have been reserved for state oversight.

The Alaska Constitution addresses public health in Article VII: “The legislature shall provide for the promotion and protection of the public health.” This is one of the shortest articles in the constitution.

According to Vic Fisher, a delegate to the Constitutional Convention, this was not controversial because it continued our precedent from territorial days of providing general public health.

Much work was done in the United States by Institute of Medicine of the National Academies regarding sustainability and effectiveness of our public health system and what we do to maintain our health and welfare. In 1988 they published a book reporting their findings (updated in 2002) entitled The Future of Public Health, which had an enormous impact at the state and local level. The book defined three categories of activities as follows:

Assessment:

Collect, assemble, analyze and make available information of the health of the community.

Policy development:

Inform, educate and empower people about health issues.

Mobilize communities to identify and solve health problems.

Develop policies and plans to support individual/community health efforts.

Known successes of Public Health:

Vaccinations

Safer workplaces

Motor vehicle safety

Control of infectious diseases

Decline in deaths from coronary heart disease and stroke

Safer food supply

Healthier mothers and babies

Family planning

Better oral health

Recognition of the dangers of tobacco use

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Assurance:

Assure constituents that services necessary to achieve agreed upon goals are provided.

Alaska has made major progress in reforming our public health system in response to the book, and has one of the most encompassing public health reform statutes in the country. Article 6 of Title 18 included many of the recommendations from the book.

In addition, in her first year, Governor Palin convened a Health Care Strategies Planning Council, which has recommended formation of an Alaska Health Care Commission to focus on maintaining Alaska's public health.



Elfrida Nord, RN, MS, a nurse for the Indian Health Services in Bethel; a Public Health Nurse (PHN); and then as Chief Public Health Nurse for the State Department of Health and Social Services is now a scholar on the history of nursing in Alaska. She retired as Chief of Nursing from the Division of Public Health Nursing 10 years ago but remains vitally interested in public health and public health nursing. She served as an itinerant PHN and later moved into administrative duties. Her career with the state lasted over 21 years. She has an interest in and collected information on the history of the development of the public health sector for most of those years.

She talked of the history she has written about. From 1893 when the first nurse arrived at the Moravian mission in Bethel until 1916, preventive service at the local level was provided largely by missionary nurses. In 1916 the US Bureau of Education was given the responsibility of providing for the health of Native Alaskans. At that time there were few non-natives in rural Alaska.

On March 31, 1931 the responsibility for providing medical and preventive health services was transferred from Bureau of Education to the Alaska Native Service, Bureau of Indian Affairs.

Passage of the Johnson O'Malley Act on June 4, 1936 gave authority for the Alaska Native Service to make contractual arrangements with public and private agencies. In Alaska these contracts were primarily for provision of public health nursing services.



In June 1936 the Tribal Territorial Health Department was established with the Divisions of Communicable Diseases, Maternal Child Health and Public Health Engineering. Alaska started receiving federal aid even though initially the Territory did not meet three requirements considered prerequisites. The prerequisites were:

- A legally established health department,
- A full time commissioner and a vital statistics branch.

- Two public health nurses were hired that year and worked under a USPHS Nurse advisor.

Because public health nurses were and still are “the public health presence at the local level” the Division of Public Health was established on August 1, 1943.



Following a national trend toward the planning and funding of improved health care programs, the Seventeenth Alaska Territorial Legislature passed the Act which established and defined for the first time the Department of Health on March 21, 1945.

In October 1947 an agreement was signed by the Territorial Health Department and the Alaska Native Service that the Territory would gradually assume providing public health nursing services to all Alaskans. The transfer of all public health nursing services to the Territorial Health Department was completed in July 1955 when PL 83-568 resulted in the transfer of native health and preventive health programs for the Natives to the Indian Health Services of the USPHS.

In 1951 the Greater Anchorage Health District was formed and assumed public health powers. In 1980, the State Department of Health and Social Services negotiated contracts with the North Slope borough and Kotzebue’s Maniilaq Health Corporation for public health nursing services. In 1984 the northwest area’s Norton Sound Health Corporation assumed the role of providing public health nursing services.

Since then a number of communities have wanted to contract for public health nursing services but have not had the local government structure necessary.

In a state without a county structure, the most cost effective way to provide for the “promotion and protection of public health” has been through a centralized program under the Department of Health and Social Services, Division of Public Health, with the Public Health Nurse being the “public health presence at the local level.”

Katie Hurley served as Chief Clerk to the Alaska Constitutional Convention; State Senate Secretary; many boards and commissions during her many years of service to Alaska, and most recently as president of the Alaska State Board of Education.

She spoke of her experience and recollections as Chief Clerk to the Constitutional Convention in January 1956. When asked what the delegates to the constitutional convention discussed in relation to Health and Social Services, she said “Delegates believed that the first Legislature would build the framework and fill it with what they believed would be the duties and powers of each of the new State of Alaska’s executive departments.”

For example, on January 9, 1956, Delegate R. Rolland Armstrong said of health and social services discussion, “These are important parts of our living day-by-day. When we say the ‘promotion of the protection of public health’, we weighed those words, and we put them in there because of the philosophy that we held that these departments should carry out.”

In January 1959 when the first State Legislature convened in Juneau, it passed the Session Laws, Resolutions and Memorials which included Section 12, Department of Health and Welfare.

The constitutional dictate was that there shall be a principal executive officer of the Department of Health and Welfare to be known as the Commissioner of Health and Welfare. The newly formed Department of Social Services developed the duties, powers and responsibilities involved in the administration of the state programs of public health and welfare. The first session added the following state programs: preventive medical services, public health nursing services, sanitation and engineering services, nutrition services, health education, laboratories, management of state institutions, medical facilities, old age assistance, aid to dependent children, aid to the blind, child welfare services, general relief, licensing and supervision of child care facilities, and probation and parole supervision.

John Riley is currently a Physician Assistant, Medical Co-Director at Anchorage Neighborhood Health Center and the UAA Physician Assistant Program Coordinator

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John Riley quoted from writer Fred Shelley regarding constitutions of Western states such as Alaska and Hawaii, and the environment in place at the time they were written. Shelley says they are characteristic of the post World War II managerial approach to federalism. They granted broad power to the executive branch and placed few restrictions on legislative activity; and they stressed the importance of government responsibility for welfare & natural resources.

How does this help inform debate of today? The question, John Riley indicated, remains unanswered. He followed with a series of questions that continue to this day in policy discussions.

- What is the responsibility of individual verses responsibility of the state with regard to public health and health care access today?
- Is health care a right or privilege?
- Does the skyrocketing cost divert money from workers into the recently developed for-profit health care industrial complex?
- Is this an economic threat or a boon to the shareholders?

The responsibility of the state to control health care costs and insure access to preventive services is indicated, he said.

As a physician's assistant for 20 years, John Riley, has mostly been in community health centers where people don't have real access to health care. He sees a widely held misperception that programs exist to cover all who need it. This is not true. Access to preventive care and medical treatment is denied to thousands who need it, mostly the working poor. [Editor Note: See last forum of 2008 on the Senior Crisis for a continuation of this discussion.]

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John Riley explained that the 2007 Alaska Health Care Strategies Planning Council proposed an Alaska Health Care Commission, a bill that after numerous hearings did not pass. This would be a good first step in looking at the broad issues of preventive health promotion and access to health care. The composition of the commission should be ongoing, he believes, quasi-independent and nonpartisan.

Paul Hansen, explained the system where he serves as the Health Services Administrator, talking by teleconference from Kotzebue. The Maniilaq Health Center, has been in operation since the late 70's. Its mission is to provide health services appropriate to the west coastal area population. As the only provider in largely roadless Northwest Alaska, health care is a big concern as one-half of the population lives 65 to 165 miles away. Different professional groups incorporate public health with medical services. The community health practitioners are the core group which works closely with public health nurses. They have grown to take on hospital and medical services, elder services, and social services. They work with the Alaska Native Tribal Health Consortium, which is completing a regional health study. Maniilaq's primary funding is from Indian Health Services and State contracts and now they also have third-party revenue with billing insurance programs.

The health program works with diabetes and cancer prevention programs, elder services, maternal child health, dental health, and tobacco avoidance; village health educators are the basis for coordinating community health services. They are developing a behavioral health aide to work with counseling services in Kotzebue. Alcohol counseling and treatment services provided will be joined by telebehavioral health services for psychiatric care connecting with API. The other village concern is the management of the water and sewer infrastructure management.

The Kotzebue health center was dedicated in 1995. It was an Indian Health facility but was designed to include public health services so that everything could all be delivered from a single facility.

Alaska's responsibility for public health from an operational level is funding the services. Most important is to match funding mechanism with the service needs delivery model. Paul Hansen cautioned that "One-size-fits-all leaves services short when trying to match services with population and the social context of region."

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Maniilaq Health Center