



Alaskan Well-Being

Report of 2008 Legislative Health Caucus Forums

Conclusions and Recommendations

As complex as the health systems are in our state, the recommendations of presenters from nine forums on Alaskan health issues have been put into a framework of three separate categories that supply answers to the challenges ahead.

The adoption by Alaskan Public Systems and Health Services of these proposed solutions would lead to the improvements placed under the Alaskan’s outline of outcomes. Listed throughout the closing chapter in our report are the recommendations as they apply to the three categories. Reading the summaries of each forum provides background and statistics that were mentioned in those events. For further downloadable information and links to the audio recording of the forums visit: www.akhealthcaucus.org



PUBLIC SYSTEMS	HEALTH SERVICES	ALASKANS
<p>Public Systems encompass State government, and in some cases include Federal and local programs. The actions and policies enacted are critical in guiding and supporting our Health Services. Public Systems are in place to uphold the State’s constitutional responsibilities to Alaskans.</p>	<p>Health Services indicates the professionals who provide many diverse kinds of services that lead to health results. These services are needed to maintain wellness, respond to emergencies, and educate and protect Alaskan communities.</p>	<p>Alaskans are the citizenry our Public Systems and Health Services are designed to serve. The recommendations laid out in this report are policy options that could address negative conditions, enhance protective tools, and respond to the needs of Alaskans.</p>

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CONSTITUTION AND HEALTH.....Page 7

The 2008 Legislative Health Caucus began the year by returning to the foundation of our Legislative charge in health. Alaska's Constitution lays down not only specific rules on what government will be responsible to administer, but a way of thinking. The constitution's statements reflect the conversations and values that framed that document as it was being written. Alaska's rich history in Public Health led to the Alaska State Constitution, Article 7, Section IV's singular focus on preserving public health.

Public Health Administrator Dr. Brian Saylor explained that Public Health is the science of protecting and improving the health of a population as a whole, through education, promotion of healthy lifestyle, and research or disease and injury prevention. The forum explored the history of what the science of public health has done for Alaska through public health nursing programs since 1936. That history was well understood by the framers of the constitution and by early Legislators. At the time Alaska achieved statehood there were not adequate funds to provide expensive programs. The state relied on public health nurses to disseminate information, conduct early screening, and provide counseling to people one-on-one throughout the state.

Alaska's Constitution and Public Health Conclusions:

Public Systems

- Develop priorities in Health Policy that build programs within the existing constitutional and statutory framework. Focus on assessment, updating policy through work with communities to maintain current population health information, and assure Alaskans that agreed upon services are accessible.

Health Services

- Expand health workforce through training while matching health professionals with each area's diverse needs.

Alaskans

- Citizens informed to maximize their knowledge for maintaining health through a variety of educational venues, and encourage participation to identify and solve health problems.

The work of the Department of Health and Social Services indicates an ongoing need to adequately support and fund the three core functions of public health:

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

Policy development: Inform, educate and empower people about health issues. Mobilize communities to identify and solve health problems and develop policies and plan to support individual/community health efforts.

Assurance: Assure constituents that services necessary to achieve "the promotion and protection of public health" are provided. Statutory language is in place that meets the needs for one of the most encompassing public health reform in the nation. Budget approval of the departmental needs to meet these goals is highly recommended.

MAXIMIZING ACCESS THROUGH TECHNOLOGY.....Page 13

Looking at the cost savings of the three uses of technology demonstrates success if adequately supported in the state and indicates advantage in allowing communities to maintain independence while achieving increased health and economic stability.

Maximizing Access Conclusions:

Public Systems

- Expand the use of technologies that have been demonstrated to save transportation and medical costs, improve community sources for health prevention and treatment, provide statewide health information, and educate people throughout the state in health professions.

Health Services

- Increase health professional workforce and their ability to serve their clients through advanced technology.

Alaskans

- Access to health information, services and potential career training with affordable technology.

Telemedicine has demonstrated an estimated savings exceeding \$1 million in providing health services within communities, and a decrease in many negative health conditions. Development of payment programs for these services guarantees the technology's expansion to diverse populations.

Health training for community health professionals through distance delivery programs given by the University of Alaska is proving to be successfully expanding qualified nurses to remote areas. Funding requests for this training is highly advantageous.

Telephone connections being pioneered by the United Way of Anchorage helps to provide health service information to people around the state. Budget support to make this service available 24 hours/, 7 days a week by the State would utilize simple communication's technology to provide a doorway to vital services.

TRUE STORIES, LIFE OUTCOMESPage 19

If the three women who told their stories had been younger...if the abuses they experienced had happened more recently, they would have had less chance for recovery. During the past decade a significant number of social services and mental health treatment programs have been cut or scaled back. Many of these programs are what helped our three presenters regain productive, satisfying lives. 'Susan' was experiencing drug and alcohol dependency and 'Karen' had severe mental health conditions. For those facing these challenges today, there are now fewer services and thus less support in the arduous effort of recovery. The third presenter, 'Jane', had survived domestic violence through the network of women's shelters regulated by the Department of Public Safety. The shelter that Jane used is still functioning and serves a population of abused persons. The ability of the shelter program to give referrals to community services, however, has been cut back.

True Stories Conclusions:

Public Systems

- Provide safety training and implement programs for early childhood education, youth, and for adults.
- Expand treatment programs for children, women and men for conditions that lead to abusive behavior
- Hold a Summit statewide, with a mechanism for public comment on policies dealing with abuse, violence, mental health and treatment.

Health Services

- Ensure that health professionals have sensitivity to abuse victim issues and cultural differences.
- Create networks for those who work with children, and adults, so that community resources and information on services for victims and treatment for abusers is accessible.

Alaskans

- First call connects children to help when needed.
- Help available for every child, or adult in danger.

Education needs to start at a younger age to make sure that younger people can identify danger signs and respond with correct, protective reactions. This must include information on numbers to call and places where people who have been abused, live in dangerous conditions, or face emotional crisis can access help. Education of the abuse and addiction cycle should be made available for the Alaskan public and policy makers. Choice, personal responsibility, relapse prevention strategies can be taught, and need to be included in easily accessible education for all Alaskans. Early education, intervention, and treatment are much less expensive than the trauma that occurs when abusive behaviors go untreated.

Alaska must keep adequate statistics of treatment success and challenges, as this funding of research and data collection allows successful treatment outcomes to be part of the improvement cycle. Funding based on positive outcomes, and analysis that points to specific improvements allows safeguarding investments. What already works can be maintained, while needed changes can economically be made.

There is a severe need for a summit on philosophical differences and biases in policy-making. Honest and open discussion on treatment is needed, with a facilitated airing of difference of opinions.

There were support and treatment programs for men needing help to recover from violence, sex abuse, domestic violence, and health life- skills training. These programs need to return, and incorporate current models of treatment for men. All services need to be multi-generational, and address health issues on a multi-generational level.

The state must facilitate stronger, more functional relationships with provider servers, non-profits and care professionals. Provide adequate regulatory information, such as providing adequate training for billings with Medicaid. With a strengthening, cooperative partnership assisting non-profits and care professionals increases facilities ability to take those who need service, and work at capacity if needed. Adequate pay and supportive services for health providers is also necessary for sustainable, quality service delivery.

The additional recommendation from the discussion group that made many helpful comments, was the need to have cultural sensitivity when dealing with those outside one's own culture, behaviors can

be taken as destructive of cultural, inter-generational trauma. Different cultural groups have a hard time understanding what they have not experienced nor understand.

Section II: CAUTIONARY CONDITIONS

WEEK OF THE UNINSURED.....Page 25

The 2006 State of Alaska “Study of the Uninsured” determined that the essential causes of this problem are high costs for care and insurance. These issues are exacerbated by a number of factors: attitudes, such as failure to recognize the issue; lack of insurance as a priority for some; the legal/political system not being on the radar; need to address critically important access and availability of care, which for some was more important than insurance; payment system problems; and an employment-based insurance model that some feel does not work well in our state’s economy.

Medicare was discussed as a problem for seniors. See page 72 for the discussion and recommendations on Medicare and the Senior Crisis.

Week of the Uninsured Conclusions:

Public Systems

- Create Administrative/Legislative statewide study group or commission to investigate alternative funding systems for payment of health care services for Alaskans.
- Provide support for community health systems and technological solutions so that those who cannot afford travel costs are able receive services close to home.

Health Services

- As hospitals often see the uninsured in the emergency room, emergency room staff giving a Community Health Clinic referral to those who use ER as their primary care home have provided an important solution.

For the uninsured, prevention and health maintenance information is very important, and needs to be shared at each health visit.

Alaskans

- Expanded alternative health professional access, as well as increase physicians and other health service professionals. Increase the opportunity of individuals and families finding and retaining a medical/health home of service.

Additional information sources on health keeps Alaskan’s healthier and can identify affordable access to Alaskans. It also helps reduce health care costs for all Alaskans.

1. Addressing rural/urban discrepancies:
 - a. Support travel by specialists to rural areas rather than having so many individual patients travel to the city.
 - b. Support telemedicine program development so that there is adequate infrastructure and telecommunications to be useful.
 - c. Help small towns develop their local resources, and sliding fee scales.
 - d. Expand school-based health clinics.
 - e. Increase dental and mental health within community clinics.

f. Build collaboration and referral networks for better collaboration within their own community, agencies and region.

2. To help with access for uninsured patients:

a. Encourage seasonal workers to find a healthcare home and get more than urgent and emergency healthcare.

b. Start movement for a major medical coverage that is affordable, as in an insurance plan designed by Legislative or Administrative groups, or state subsidized health insurance on a sliding fee scale and statewide hearings on that policy.

c. Expand dual diagnosis (for example, mental health and substance abuse) programs.

d. Increase public health nurses in communities with poor health indicators, high rates of uninsured and isolated populations.

3. For access to basic preventive healthcare:

a. Establish preventative programs for screening to help prevent chronic disease.

b. Create preventive dental, and eye services.

c. Reestablish drug, alcohol prevention and rehabilitation programs.

4. Support Alaskan training and recruitment, with incentives to remain in Alaska as a health provider:

a. With ample training strengthening prevention and service delivery to all populations and acceptance of Medicare.

b. Expansion for mental health and dental professionals, especially rural dentists and dental assistants, psychiatric nurse and advanced nurse practitioners, physician assistants and other mid-level health providers.

c. Build incentives to primary care physicians to attract and retain increasing numbers of doctors that provide family and prevention focus.

5. Learn how to reduce costs while increasing quality service delivery and expanding trained health providers.

a. Providers, hospitals and healthcare administrators have incentives to lower the healthcare costs they incur on patients. Part of this includes education about the true costs of what they order

(i.e.: generics versus brand name medicines, clinics versus later emergency room care, early diagnosis versus serious disease treatment)

b. Clinics and hospitals should have incentives to build energy efficient structures, use recycling and reduce waste, learn better business and personnel management to decrease high staff turnover and inefficient use of workers.

c. Networking within the health industry to reduce costs for healthcare equipment and supplies.

d. Supporting lowering of malpractice costs

e. Supporting healthcare services that expand access to local healthcare services to reduce travel.

f. Review the differentials in pay for primary care providers, specialists and locum tenen providers across the state, and try to make these pay scales more equal, build permanent and client-focused staff. For example, a locum tenens physician assistant can make \$650 a day, whereas the average salary in a

full time job is about \$350 a day.

g. Stop pharmaceutical direct-to-patient advertising. This is a large portion of pharmaceutical companies' budgets, and increases costs for medicines. Pharmaceutical companies allowed to teach healthcare providers about new products and studies educate us about healthcare problems.

h. Decrease paperwork and administrative burdens that do not improve quality of care to patients.

i. Pay for prevention programs proven to lower healthcare costs, such as smoking cessation, immunizations, family planning and others.

Section II: CAUTIONARY CONDITIONS

MEGA-PROJECT IMPACTS (SOCIO-ECONOMIC-HEALTH IMPACTS)Page 31

An economist with ISER and instructor with the University of Alaska, Dr. Edwin, has a specialty that has been utilized in many places throughout the world to help countries, states, and local governments. The assessment tool helps to ascertain the positive and negative impacts of development and large events that could have impacts to their community residents, and the functionality of health programs and community services. Dr. Edwin warned that only conducting an Environmental Impact Assessments for a project does not measure impacts on humans, whereas Health Impact Assessments collect this information through a specific assessment instrument designed for that purpose. This method has had positive implications for international communities. Providing mitigation for potentially negative consequences is accomplished by introducing this requirement early in the design of projects or potential hazardous events (oil spills, earthquakes, and other events can have safeguards to protect damages if anticipated.)

Mega-Projects Conclusions:

Public Systems

- Conduct a Health Impact Assessment to develop a planning tool assessing need for potential health and social service mitigation.

This planning tool would be used before any mega-project or event such as the proposed pipeline, or in disasters such as the Exxon-Valdez spill, or the Good Friday Earthquake.

- Prepare Socio-Economic and Health Impact Assessments early in the development process to give adequate time for communities to build infrastructure, training programs and coordinate to minimize community losses, and improve project development support and positive completion.

Health Services

- Prepare for appropriate health personnel and necessary infrastructure exists in identified communities

Alaskans

- Provide workforce development to prepare Alaskans for potential employment in pipeline-related jobs

Provide workforce development to prepare Alaskans to fill in on project area-wide positions that open during development and completion phases

Provide for massive development projects to be beneficial to not only the industry, but to the host community residents as well, and for disasters to be minimized in severity and loss.

The State needs to begin, as soon as possible, the process of identifying areas of potential impact from the proposed Alaska gas pipeline, and developing plans to minimize the effect of changes resulting from such impact.

The type, severity and cost of impact, recommendations for mitigation and cost of mitigation should be included.

The potential impact from a spur line or other project for in-state use of gas should also be included.

Plans should be based on the most current population, demographic and economic data available, and include specific project information and schedules from project licensee and contractors.

Specific areas of concern are:

Workforce development, to prepare Alaskans for potential employment in a variety of pipeline related activities, including high-skill jobs; Public Safety, to prepare for population increases and resulting impact on all areas of law enforcement and emergency services planning.

Health and social services: from access to adequate care, family support networks Education — adequate facilities, teachers and staff.

Infrastructure — Road maintenance and improvement, access roads, traffic control; Health Impact Analysis — No thorough health impact assessment has been done on the effect of large projects on the health of the populations affected.

Of primary importance is how these impact costs would be paid. Since costs of mitigation will be directly related to pipeline construction activities, they should be included in pipeline costs. The state should be directly reimbursed by the pipeline company for all costs directly related to impact and impact mitigation, from initial startup activities until completion or later.

Section III CRISIS FOR ALASKANS

DOMESTIC VIOLENCE & SEXUAL ASSAULT (Dept. of Public Safety)....Page 43

The Health Caucus on domestic violence and public safety dealt with tragic issues for families and abused family members. The experience of dedicated healers in communities across the state generated several important routes for Alaskan policy makers in understanding and developing policy to reduce the incidence and trauma of sexual assault.

Culturally Accessible Resources

A critical need voiced by those from rural Alaska was developing support and justice systems that are sensitive and acceptable to cultural values. This also means ensuring that resources are presented in a way so that villagers unfamiliar with legal terms and for whom English may not be a first-language can easily find help.

Educational Programming

Historical trauma plays a major part in the overwhelming number of situations of family & sexual violence in rural Alaska today. Community education programs have been key to addressing this cycle of violence and combating issues of victim blaming.

Treatment programs

It is crucial to hold offenders accountable while also addressing their issues with appropriate treat-

ment. Often simply putting a batterer in jail does not correct the behavioral dynamics of domestic violence. Programs need to be funded in the community for the family members of the abusive member. Treatment programs in correction facilities that safeguard the family and community when the term has been completed for Court mandated requirements also needs to be funded.

Domestic Violence Conclusions:

Public Systems

- Ensure the justice and victim system are culturally sensitive
- Fund programs to address batterer behaviors while the abuser is in prison, and maintain monitoring upon release

Health Services

- Expand treatment options to address the family victim needs, and the prison treatment program needs.

Alaskan Citizens

- Developed materials accessible to those unfamiliar with legal terminology.
- Supported community education programs aimed at combating victim-blaming and ending the cycle of violence

Section III CRISIS FOR ALASKANS

HEALTH BEYOND HOSPITALS (Department of Corrections).....Page 37

The State of Alaska has a responsibility to protect the health of its citizens, and this is no less true for those in its correctional facilities. While we must incarcerate criminals to punish and deter their illegal behavior and deter others from committing similar activities, this may not be the best solution for many currently in corrections facilities. Various estimates indicate that a very large percent of prisoners enter with alcohol dependency issues. The current measure is 40% of those in prisons suffering from mental/behavioral disorders. People struggling with psychiatric disorders for which treatment services are unavailable often become entangled in illegal behaviors.

In the case of these prisoners, the comparison between community health programs that have been reduced or eliminated versus care in penal institutions is a stark contrast in both fiscal costs and human results. Costs for prison care for those whose first need is treatment is very costly. Studies show that where prison sentences are deferred for the purpose of treatment the results are highly successful.

Department of Corrections Conclusions:

Public Systems

- Develop a plan to reduce rampant, hazardous overcrowding in corrections facilities. Correct with expanding necessary community health programs as an alternative to prison care, or build additional prisons.
- Develop a plan to screen and treat prisoners for contagious diseases
Fund social services and mental health programs to meet the need of the population.

Health Services

- Community mental health and addiction services will redirect many people being incarcerated with

mental and behavioral conditions

Alaskans

Ability to find affordable community social services and mental health programs within communities will decrease incarceration for those with substance abuse and mental health conditions.

- Training for health professions in social services and community mental health programs will create jobs for people throughout Alaska
- Institutional screening and treatment protect both the incarcerated and corrections workers keeps Alaska safer for all

The forum raised the following concerns:

(1) The DOC facility overcrowding and health hazard conditions need to be addressed. Funding solutions to hazardous conditions will result in medical care savings.

(2) Prison screening is essential to decrease the danger to communities, as released prisoners not only take their pre-existing diseases with them, but those they have contracted while in the confines with a host of contagious persons. Screening and treatment also decreases the costs of care for prisoners and corrections employees.

(3) Adequate funding of community social services, mental health and alcohol and other drug treatment programs must be established.

(4) Programs that encourage communications between families and the prisoners greatly increase rehabilitation and prevent recidivism.

Section III CRISIS FOR ALASKANS

WEATHERING WINTER 2008/09 ((DHSS)Page 49

The Weathering Winter Health 2008/9 Caucus brought together three separate Alaskan Departments: the Department of Commerce, Community & Economic Development; the Department of Health & Social Services (DHSS); and the Department of Military and Veteran's Affairs, Division of Homeland Security and Emergency Management. The forum resulted in a number of recommendations, both from panelists and the testimony of rural villagers. An informal poll taken by Public Health Nurses told of many rural residents with climate changes resulting in less stored food, and lacking the normal balanced variety of necessary diet selections. As budgets are strained and homes left unheated, health can suffer and communities as a whole may face dangerous crises. These solutions are outlined below:

Supporting tribal efforts to provide community generated solutions, such as wood stoves as are available in certain tribally provided Housing and Urban Development (HUD) homes

Public Health Nurses can work to mobilize/expand state and community partnerships & coalitions to strategize priorities based on assets and needs:

Preventing disaster:

Develop safety and surveillance networks

Target services and resources to vulnerable populations and complete community surveys

Strengthening available support networks:

Increase funding to food banks, shelters, housing, WIC, senior meal sites, bus vouchers, day care, behavioral health, local medical services, heating assistance, home care, schools, social services

Increase agency/community flexibility to reach those most in need

Utilize service clubs and youth resources to cut and deliver wood, do bike repair etc.

Strengthen capacity of councils to address local energy priorities

Increase education and awareness about:

Risks of increased communicable diseases, stress and air pollution with overcrowding Dangers of unsafe heating and electrical hookups/fire safety

Budgeting including food/nutrition purchases

Making positive lifestyle choices: Benefits of walking, skiing and biking. Building safe and accessible walking/bike paths.

Signs and symptoms of and resources for hypothermia, child & elder abuse, domestic violence, latchkey kids, school dropouts, substance abuse, hopelessness, depression/potential suicide

Programs to maximize safety:

Educate on how to communicate concerns and advocate for individuals, communities and infrastructure

Public Systems

- Establish community safety and surveillance networks
- Fund support networks such as shelters, food banks, WIC, etc.

Create an independent rural Alaska community study on localized energy development and production

Health Services

- Develop resources for vulnerable populations
- Network and keep contact with smaller communities and at-risk populations in rural areas

Alaskans

- Assist installing wood stoves and weatherization upgrades
- Develop networks of information on health and weatherization tips

Statewide, monitor and help family members, neighbors and friends this winter to watch out for health and safety concerns

Section III CRISIS FOR ALASKANS

CRISIS IN SENIOR CARE.....Page 55

The Health Caucus on Senior Care resulted in a number of recommendations and positive policy directions. These included:

Several presenters spoke in support of expanding the number of Aging and Disability Resource Centers. These state funded networks match people to needed services in their area, organizing a community's many small and often unconnected providers.

Due to Federally Qualified Health Center Medicare reimbursement rates, Community Health Centers (CHCs) have become an indispensable resource to Alaskan seniors.

Increased State funding for these providers could immediately impact seniors statewide, in commu-

nities of all sizes.

Expanding Alaska's health service workforce is absolutely necessary.

One long-term solution is adding a component to the WAMI program rewarding doctors for choosing to practice family care.

Another means of approaching this workforce problem more immediately is making sure that more of our current doctors can economically care for seniors. Two suggestions were raised in the forum: (1) establishing a bonus to doctors who accept a certain percentage of Medicare patients, and (2) expanding CHC reimbursement rates to private practitioners.

Community representatives—notably tribal advocates—recommend the State resume broader support for outpatient services. Especially in rural Alaska, the recent curtailment of state support for outpatient services has forced many Elders out of their communities. This trend toward institutional care is culturally undesirable and is often ultimately more costly. Statewide there are concerns that regulations need to be reinstated to take account of economic geographic differentials for provider costs in rural areas.

Several presenters suggested State work with tribal health system to provide pre-development funding for tribes and local communities to explore expanding and the most cost-effective services for senior services.

The challenges to senior care in Alaska are complex and warrant timely action. For this purpose, the offices of Representative Cissna and Representative Gara have organized a Legislative Medicare Summit on January 9th, 2009 to educate policy makers in preparation for the 26th legislative session.

Senior Care Conclusions:

Public Systems

- Increase funding to Community Health Center's and Aging and Disability Resource Centers, and outpatient services.
- Increase Alaska's health service workforce through training programs, and build incentives for health workforce acceptance of Medicare as a payment source.
- Create a bonus or other financial incentive for doctors who provide services to Medicare patients

Health Services

- Utilize University of Alaska efforts to increased training for new health professionals. Incorporate newly graduated health professionals into Senior care services.

Alaskans

- Expanded programs providing connection for all Alaskan Seniors to sources of funding and services that can be utilized where they live, such as the Aging and Disability Resource Centers, and other advantages of statewide service networks to connect Seniors with what services they need where they are.