

## CHAPTER 7

### GOALS, OBJECTIVES AND ACTION STEPS

#### INTRODUCTION

As outlined in the Introduction Chapter, page 1-12, the steps in preparing the State Health Plan involve an inventory and data acquisition, an analysis and recommendations. The following factors are considered when developing goals, objectives, actions and resource requirements.

1. Health Status and Health Systems Analysis.
2. Department of Health and Human Services Guidelines.
3. Guidance from SHCC's Plan Development Committee.
4. Integration of Health Systems Plans and policies, plans and programs of State & Federal Agencies.

The SHPDA philosophy in preparing the SHP is to build upon the planning efforts of the Health Systems Agencies, the SHCC, other state governmental agencies, and private and federal agencies.

The State Health Plan is used as an opportunity for:

- integration of health planning activities of the health systems agencies;
- coordination of health and health related planning activities;
- sensitizing state level program agencies to shared and conflicting concerns of the HSAs and other state programs;
- determination of statewide priorities incorporating regional concerns.

As a result of the SHPDA philosophy, SHCC has a coordinated, integrated plan to consider (as presented by the pSHP) to use in preparing the State Health Plan. The goals and objectives as determined by the SHPDA are provided in this chapter and include revisions of the SHP as seen from the perspective of the HSPs and state agency interviews. In evaluating the health system, different health systems responses are sometimes found to be appropriate for a particular health status problem. These differences are reflected particularly in the objectives and actions.

## CHAPTER ORGANIZATION

The Goals, Objectives and Action Steps have been developed within the framework of the Health Status and Health Systems analysis. This chapter presents both status and systems goals and objectives. Part I identifies Health Status Goals and Health Systems Objectives developed for the individual status categories/problems. Part II includes Health Systems Goals, Objectives and Action Steps which were analyzed and developed using Health System Services (e.g. prevention, diagnosis, and treatment, etc.) as defined in the Taxonomy of the Health Systems Appropriate for Plan Development, discussed in Chapter I. Frequently, objectives and actions are described and quantified by the Levels of Care concept and it may be advisable for the reviewer to refer to the Levels of Care section in Chapter 5.

The "National Guidelines - Goals, Objectives, and Actions" and "New Service Goals For P.L. 96-79" previously located in Chapter 7 may be found in Volume II of the State Health Plan<sup>4</sup>.

## GUIDELINES

**Guidelines For Goals and Objectives:** To the extent that is feasible, the goals and objectives for the SHP are developed in accordance with the DHEW Guidelines for the Development of the State Health Plan. Figure 7-1 summarizes these guidelines. "Goals are expressions of desired conditions for health status and health systems and are without time constraints. Objectives are related to a specific goal and include measurable indicators wherever possible." Due to a lack of available indicators and data limitations, not all are quantified. Further quantification remains a part of the plan revision process.

Figure 7-1

SUMMARY OF DEFINITIONS OF GOALS AND OBJECTIVES INCLUDED IN GUIDELINES CONCERNING THE DEVELOPMENT OF STATE HEALTH PLANS	
Goals	Objectives
<ul style="list-style-type: none"> <li>- focus on health issues of concern</li> <li>- expressions of desired conditions of health status and health systems</li> <li>- responsive to community ideals</li> <li>- timeless</li> <li>- not stated in terms of action</li> <li>- quantified to the extent possible (if specific levels are not possible, ranges should be adopted; goals without specific quantified levels may be established in cases where data do not exist)</li> <li>- technically and financially achievable</li> <li>- yet unconstrained by resource availability</li> </ul> <p>Health status goals will be measured by indicators of mortality, morbidity, or "proxy" measures (those which approximate in the absence of a direct measure)</p> <p>E.g. Deaths per 100,000 due to endstage kidney disease should not exceed _____ per year.</p> <p>Health systems goals will be measured by indicators of availability, accessibility, cost, continuity, quality and acceptability.</p> <p>E.g. Appropriate water treatment facilities should be available in villages with populations of _____ which have high incidence of enteric disease.</p> <p>Ambulatory treatment services should be within _____ minutes of _____% of the population.</p>	<ul style="list-style-type: none"> <li>- relate to a specific goal</li> <li>- quantifiable statements regarding what can be achieved in the 5-year time span of the SHP</li> <li>- lead to full or partial attainment of high priority goals</li> <li>- for first SHP, are established for high priority goals, in subsequent years, more objectives will be added</li> </ul> <p>Examples:</p> <p>Reduce infant deaths per 1000 live births to 12 by 1981.</p> <p>Increase in per diem acute inpatient charges should be stabilized at 7% per year by 1981.</p>
<p>Source: SouthCentral Health Planning &amp; Development, Inc.</p>	

PART I  
HEALTH STATUS GOALS

ACCIDENTS

SUBSTANCE ABUSE  
ALCOHOL  
NON-ALCOHOLIC

MENTAL HEALTH

VIOLENT CRIMES

VENEREAL DISEASES

HEART DISEASE & HYPERTENSION

CANCER

OTITIS MEDIA

INFANT MORTALITY & DISEASES OF EARLY INFANCY

DENTAL HEALTH

INFLAMMATORY DISEASES OF THE CENTRAL NERVOUS SYSTEM

TUBERCULOSIS

DEVELOPMENTAL DISABILITIES

END STAGE RENAL DISEASE

ACCIDENTS

HEALTH STATUS GOAL: REDUCE THE NUMBER OF DEATHS FROM ALL ACCIDENTS BY 10%. (1976 RATE WAS 108.4, NEARLY A 5% INCREASE OVER THE PRIOR YEAR. THE 1975 RATE OF 103.5 WAS AN 11% DECREASE FROM THE 1974 RATE OF 116.8. THE TOTAL YEARLY PERCENT CHANGE FOR 1970 THROUGH 1976 WAS -3%).

HEALTH SYSTEMS RESPONSE:

Provide a comprehensive, coordinated and integrated services system which maximizes individual awareness of preventable conditions and provides diagnostic and treatment services as they are needed.

HEALTH SYSTEMS OBJECTIVE:

RELATIONSHIP TO PART II: SERVICES OBJECTIVES & ACTIONS

Promotion

- A. Implement a comprehensive health education curriculum which includes accident prevention for grades K-12 in 50% of the schools by 1984.
- B. Require successful completion of a Basic First Aid Course and CPR for high school graduation by 1985.
- C. Develop at least one community health education program and implement in 50% of each Level I, II, III and IV communities by 1984.
- D. Develop and/or increase vehicle and driver surveillance and driver education programs within 60% of all Level II, III and IV communities.
- E. Encourage and promote on a voluntary basis an accident prevention program as part of on-the-job training for management and workers by employers of ten or more individuals in high risk jobs by 1984.
- F. Provide at least one recreational safety program in 55% of all communities.

Manpower

- G. Maintain training for all health aides and alternates to at least a level equivalent to Emergency Medical Technician.

HEALTH STATUS GOAL:	
HEALTH SYSTEMS RESPONSE:	
<p>HEALTH SYSTEMS OBJECTIVE:</p> <p>H. Require all ambulance personnel to be trained at the EMT level by 1984.</p> <p>I. Increase to at least 90% the percentage of those nurses assigned to emergency rooms or departments to be trained in critical care by 1984.</p> <p>J. Establish training programs for personnel at all remote industrial high risk sites and train two (2) personnel to the EMT traum level for each site by 1983.</p> <p><u>Transportation and Facilities</u></p> <p>K. Upgrade transportation network(s) operative throughout the state to convey patients to the appropriate level of care in a timely manner and with adequate support equipment by 1985.</p> <p>L. Increase the percentage of population in Levels III and IV covered by uniform access (single telephone number) in an emergency to 100% by 1984.</p> <p>M. Establish regional Basic Life Support systems in 100% of Level I and II communities .</p> <p>N. Establish regional Advanced Life Support systems in 100% of the Level III communities by 1984.</p> <p><u>Prevention</u></p> <p>O. Encourage the development of child care safety programs which include car seat loaner programs in 80% Level III and IV communities and 50% of Level II communities by 1984.</p>	<p>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</p>

<p>HEALTH STATUS GOAL:</p> <p>REDUCE THE INCIDENCE AND PREVALENCE OF MORTALITY, MORBIDITY AND DISABILITY ASSOCIATED WITH ALCOHOL IN ALL POPULATION SUBGROUPS.</p>	
<p>HEALTH SYSTEMS GOAL:</p> <p>PROVIDE A BALANCED SERVICE SYSTEM OF PREVENTIVE, TREATMENT AND REHABILITATIVE ALCOHOL SERVICES.</p>	
<p>HEALTH SYSTEMS OBJECTIVES:</p> <p><u>Education</u></p> <ul style="list-style-type: none"> <li>A. Implement a comprehensive health education curriculum which includes alcohol prevention for grades K thru 12 in 50% of the schools by 1984.</li> <li>B. Encourage assumption of greater responsibility for developing a comprehensive health education curriculum in host agencies/communities which includes alcohol education for grades K-12 and implement in 40% of the schools.</li> <li>C. Continue development of statewide public education programs designed to arm the public with information that expands their personal and social decision-making options based on a clear understanding of substance use and abuse within the social, economic, environmental and interpersonal situations within which they live.</li> <li>D. Continue the early utilization of intervention services, &amp; improve the public awareness of the availability of services and implement as appropriate.</li> <li>E. Continue to evaluate and improve the diagnostic treatment capabilities of local treatment programs.</li> <li>F. Provide residential treatment programs which are suitable and adequate to serve those who may not otherwise be properly treated.</li> <li>G. Encourage both public and private sector development of occupational alcoholism programs to cover 50% of the work force.</li> </ul>	<p>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</p>

HEALTH STATUS GOAL:

HEALTH SYSTEMS GOALS:

Evaluation

- H. Maintain and continue to refine statewide criteria for the evaluation of the effectiveness and cost of alcohol therapy programs.

Coordination

- I. Encourage effective coordination and cooperation between alcoholism, drug abuse, mental health, public health, criminal justice, employment, education, medical, and social service programs at all levels.
- J. Strengthen the partnership of State and local governments, private and voluntary sectors, and professional associations to increase the capacity, efficiency, and effectiveness of alcohol programs.

Manpower

- K. Continue development of a program to retain alcohol program professionals and para-professionals subject to high turnover and burn-out by 1983.
- L. Require all counselors to be trained and certified to Alcohol Counselor I by 1984 and 50% to Alcohol Counselor II by 1986.

Facility (Substance Abuse)

- M. Establish in the State a designated alcohol treatment facility for the chronic inebriate.

F

HEALTH STATUS GOAL:	
HEALTH SYSTEMS GOAL:	
<p><u>Legislative Action</u></p> <p>N. Support the primary prevention concepts contained in the Alcohol Package as submitted to the first session of the Tenth Alaska Legislature.</p> <p>O. Encourage lobbying efforts in support of legislation which is appropriate in attaining the alcohol goals and objectives contained in the State Health Plan.</p> <p>P. Establish and implement a code of standards on alcoholic beverage advertising and the portrayal of alcoholic beverages in all public media.</p> <p><u>Research</u></p> <p>Q. Continue development of alternatives which would provide strategies for reducing the social, medical and economic impact associated with alcohol abuse and chronic alcoholism.</p> <p>R. Expand epidemiological efforts in these areas by 1983: Surveillance, Medical Epidemiology, Social Epidemiology.</p> <p><u>Program Development</u></p> <p>S. Increase development of interagency community groups to identify local alternatives alcohol abuse in all level Communities.</p>	

NON-ALCOHOLIC SUBSTANCE ABUSE

<p>HEALTH STATUS GOAL: REDUCE THE INCIDENCE AND PREVELANCE OF MORTALITY, MORBIDITY, AND DISABILITY ASSOCIATED WITH NON-ALCOHOLIC SUBSTANCE ABUSE IN ALL POPULATION SUBGROUPS.</p>	
<p>HEALTH SYSTEMS RESPONSE: PROVIDE A BALANCED SERVICE SYSTEM OF PREVENTIVE, TREATMENT, AND REHABILITATION SUBSTANCE ABUSE SERVICES.</p>	
<p>HEALTH SYSTEMS OBJECTIVE:</p>	<p>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</p>
<ul style="list-style-type: none"><li>A. Provide substance abuse education in 50% of the schools by 1984.</li><li>B. Develop in all Level II, III, &amp; IV communities a statewide public education program designed to:<ul style="list-style-type: none"><li>- Improve early utilization of intervention services,</li><li>- Promote public awareness of availability of services.</li><li>- Reduce the stigma associated with seeking and receiving treatment for substance abuse.</li></ul></li><li>C. Increase the number and kinds of viable alternatives to substance abuse in all Level Communities.</li><li>D. Develop interagency mechanisms, particularly for teen-agers, by 1984 at each Level to identify groups at high risk of substance abuse problems and make counseling services available.</li><li>E. Reduce the abuse of illegal, legal, and pre-prescription drugs by 1984.</li><li>F. Improve the planning, diagnostic, and treatment capabilities of local treatment programs.</li><li>G. Strengthen the aftercare and ancillary services components of existing programs.</li></ul>	

**HEALTH STATUS GOAL:**  
 ASSURE OPTIMAL WELL-BEING FOR ALASKANS BY PROMOTING MENTAL HEALTH AND REDUCING THE NEGATIVE CONSEQUENCES OF MENTAL ILLNESS.

**HEALTH SYSTEMS RESPONSE:**  
 Provide a balanced service system of preventive, curative and rehabilitative mental health services.

**HEALTH SYSTEMS OBJECTIVE:**

Education

- A. Implement a comprehensive health education curriculum which includes courses in human development and interpersonal skills for grades K-12 in 50% of the schools by 1984.
- B. Develop public education programs to reduce the stigma of mental illness and improve early utilization of intervention services, and implement as appropriate in 60% of Level I, II, III and IV communities by 1985.
- C. Develop projects to retain community mental health professionals and para-professionals subject to high turnover and burn-out and implement by 1984.

Community Mental Health Centers

- D. Develop the Community Mental Health system so that by 1984 all Level I and II communities have an accessible primary care provider capable of providing basic mental health education, crisis intervention and follow-up services.
- E. Maintain interagency mechanisms as mandated by SB 100 at each Level Community to identify individuals at high risk of mental health problems and make counseling services available.
- F. Develop the Community Mental Health system so that all Level III Communities by 1985 have available 24 hour emergency in-patient, out-patient, consultation, education and transitional service.

**RELATIONSHIP TO PART II: SERVICES OBJECTIVES & ACTIONS**

HEALTH STATUS GOAL:	
HEALTH SYSTEMS RESPONSE:	
HEALTH SYSTEMS OBJECTIVE:	RELATIONSHIP TO PART II: SERVICES OBJECTIVES & ACTIONS
<p>G. Post the telephone numbers of the Community Mental Health Centers at the local telephone(s) in 100% of the Level I and II communities .</p> <p>H. Develop alternatives to institutionalization at Levels III and IV by 1985 to include a wide range of residential programs such as family care, cooperative apartments and half-way houses.</p> <p>I. Encourage and maintain the coordination of mental health services with the other personal health and social services at all Levels, but particularly at Levels I, II and III.</p> <p><u>Financing</u></p> <p>J. Promote activities to include mental health care as a standard insurance benefit by 1984.</p> <p>K. Implement by 1985 the reimbursement of mental health workers by federal, state and insurance company programs.</p> <p><u>Alaska Psychiatric Institute</u></p> <p>L. Maintain the bed complement of the Alaska Psychiatric Insitute to the standards of the Joint Commission for the Accreditation of Hospitals.</p> <p>M. Encourage local hospital facilities to become designated for the care and treatment of judicially committed mentally ill patients in Level III and IV communities by FY 1984.</p>	<p>See Objective E pg. 7-54</p> <p>Health Systems Enabling</p> <p>Treatment and Rehabilitation</p>

MENTAL HEALTH

HEALTH STATUS GOAL:	
HEALTH SYSTEMS RESPONSE:	
HEALTH SYSTEMS OBJECTIVE:	RELATIONSHIP TO PART II: SERVICES OBJECTIVES & ACTIONS
N. Maintain the ability of the Alaska Psychiatric Institute to provide continuing education experiences for health care providers.	

<p><b>HEALTH STATUS GOAL:</b></p> <p>REDUCE THE NUMBER OF VIOLENT CRIMES BY 1980.</p>	
<p><b>HEALTH SYSTEMS RESPONSE:</b></p> <p>Provide a service system that maximizes individual awareness of the nature of violent crime and provides support services and treatment as they are needed.</p>	
<p><b>HEALTH SYSTEMS OBJECTIVE:</b></p> <p><u>Education</u></p> <p>A. Increase by 30% the community education and awareness programs regarding violent crimes by 1984.</p> <p>B. Encourage the public to report all apparent child abuse cases.</p> <p>C. Educate the public to recognize the underlying causes of violent crimes, such as economic deprivation, alcohol abuse, poor mental health, etc., and seek assistance to alleviate the causes by 1984.</p> <p>D. Educate the public to recognize the underlying causes of domestic violence, sexual assault, and children's sexual assault such as discrimination by race or gender, cultural acceptance and endorsement of male aggression and female passivity, objectification of women in textbooks and the media, traditional tolerance of violence against women.</p> <p><u>Crisis Care</u></p> <p>E. Promote increased counseling for abusive parents and shelter for abused children by 1983.</p> <p>F. Develop victim counseling services to meet victim needs, and encourage cooperation and provide liaison between victims, victim counseling services, and the legal system by 1983.</p> <p>G. Continue to provide funds for shelter specifically designed for women in crisis where they can go with their children and coordinate with services for the batterers by 1984.</p> <p>H. Provide Social Service regulations to grant emergency assistance to victims of domestic violence before they move to a new location.</p>	<p><b>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</b></p>

HEALTH STATUS GOAL:

HEALTH SYSTEMS RESPONSE:

HEALTH SYSTEMS OBJECTIVE:

RELATIONSHIP TO  
PART II: SERVICES  
OBJECTIVES &  
ACTIONS

Rape

- I. Provide specialized investigators for rape cases, including female officers by 1984.
- J. Ensure that officers handling rape cases are apprised of all new developments in rape law.

VENEREAL DISEASES

HEALTH STATUS GOAL:

PREVENT THE RISE OF VENEREAL DISEASES SO THAT THE RATE DOES NOT EXCEED THE REPORTED INCIDENCE OF THE PRECEDING YEAR.

HEALTH SYSTEMS RESPONSE:

Promote prevention, detection, diagnosis and treatment services.

HEALTH SYSTEMS OBJECTIVE:

RELATIONSHIP TO PART II: SERVICES OBJECTIVES & ACTIONS

Education

- A. Develop a public education campaign designed for the sexually active population emphasizing prevention and the medical and emotional consequences of untreated venereal diseases and implement in 75% of Level I, II, III and IV communities by 1984.
- B. Encourage the allocation of funds by the Legislature for media campaigns to fight the spread of gonorrhoea.
- C. Improve the case finding and case reporting reliability of gonococcal infections.
- D. Develop and implement a public information program directed at sexually active persons to encourage the use of condoms both as a method to prevent VD and to avoid pregnancy and make condoms readily accessible to both males and females by 1984.

Prevention

Outreach

- E. Continue to intensify screening by culture through local laboratories of potential VD cases and interviewing of diagnosed gonorrhoea patients.

Availability

- F. Increase publicity about the VD outreach services offered by public health centers.

**HEALTH STATUS GOAL:**

REDUCE DEATH AND DISABILITY FROM HEART DISEASE, HYPERTENSION, CEREBROVASCULAR AND CARDIOVASCULAR DISORDERS.

**HEALTH SYSTEMS RESPONSE:**

Promote services for prevention, diagnosis and early intervention.

**HEALTH SYSTEMS OBJECTIVE:**

RELATIONSHIP TO  
PART II: SERVICES  
OBJECTIVES &  
ACTIONS

Education

- A. Maintain the public education programs that inform potential victims of the preventive measures they may take early in life to avert serious illness.
- B. Increase utilization of screening programs by expanding public information campaigns and outreach.
- C. Guarantee that there are residents in each community with emergency and first aid knowledge. Specifically, 15% of the adult population should be certified in cardiopulmonary resuscitation techniques by 1984.
- D. Encourage the study and application of stress management techniques for all those in the high risk target group.

Transportation

- E. Make emergency transportation available for those with emergent conditions within 60 minutes for Level I and II communities.

Program Development

- F. Determine the need and feasibility for rehabilitation programs in Level III and IV communities by 1984.

HEALTH STATUS GOAL:

REDUCE DEATH AND DISABILITY RATES DUE TO MALIGNANT NEOPLASMS

HEALTH SYSTEMS RESPONSE:

Provides a comprehensive, coordinated and integrated service system which maximizes individual awareness of lifestyle behavioral patterns contributing to preventive measures and provides diagnostic and treatment services as they are needed.

HEALTH SYSTEMS OBJECTIVE:

RELATIONSHIP TO  
PART II: SERVICES  
OBJECTIVES &  
ACTIONS

Public Education

- A. Maintain a statewide public education campaign regarding the dangers of cigarette, cigar and pipe smoking, chewing tobacco, early warning signs of cancer and the importance of personal measures (Pap smears, breast self-examination, etc.) to promote prompt diagnosis.

Support Services

- B. Increase utilization and/or availability of cancer screening programs in Level III and IV communities by 1984.
- C. Determine appropriate specialized hospital services for cancer patients in Level IV and V communities.
- D. Develop a continuing statewide cancer registries program.
- E. Foster development of local self-help groups for individuals and families coping with cancer.

<p><b>HEALTH STATUS GOAL:</b></p> <p>REDUCE THE INCIDENCE OF CHRONIC OTITIS MEDIA AND ITS COMPLICATIONS.</p>	
<p><b>HEALTH SYSTEMS RESPONSE:</b></p> <p>Promote a coordinated, comprehensive system of preventive services and improve access to audiologic and otologic care.</p>	
<p><b>HEALTH SYSTEMS OBJECTIVE:</b></p> <p><u>Education</u></p> <p>A. Continue educational activities for the prevention of otitis media and the importance of prompt treatment of respiratory infections, particularly in Level I, II, and III communities.</p> <p><u>Screening</u></p> <p>B. Provide appropriate hearing screening tests for 80% of the pre-school and 100% of the school population at prescribed intervals by 1984.</p> <p>C. Assure that every person authorized to diagnose and treat common diseases of children is able to recognize, differentiate and appropriately treat acute otitis media.</p> <p><u>Support Services</u></p> <p>D. Maintain the capability to provide the necessary surgery due to chronic otitis media.</p> <p>E. Ensure the availability of medication required in the treatment of otitis media.</p> <p>F. Provide ear surgery according to the standards developed jointly by the Division of Public Health and the Alaska Area Native Health Service for chronic otitis media.</p>	<p><b>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</b></p>

<p><b>HEALTH STATUS GOAL:</b>                  REDUCE THE INFANT MORTALITY RATE TO 15 PER 1,000 LIVE BIRTHS AND THE NEONATAL DEATH RATE TO 9 PER 1,000 LIVE BIRTHS.</p>	
<p><b>HEALTH SYSTEMS RESPONSE:</b>                  Provide an adequate range of preventive, primary and acute care services.</p>	
<p><b>HEALTH SYSTEMS OBJECTIVE:</b></p> <p><u>Education</u></p> <p>A. Ensure that prenatal educational programs are available to pregnant women and their families in 80% of all Levels of communities.</p> <p>B. Increase the accessibility of comprehensive family planning services by 30% to foster healthy, wanted and well-cared for children and to protect the emotional and physical well-being of the parents (potential or otherwise).</p> <p>C. Increase public awareness of the hazards of pregnancies during the early and late years (under 16 and over 35 years) of the reproductive years.</p> <p>D. Develop and implement education programs for parents or prospective parents regarding the fetal alcohol syndrome, smoking during pregnancy and early, appropriate health care and nutrition during pregnancy.</p> <p>E. Ensure that all families and individuals have the necessary knowledge and access to care that will enable their pregnancies to be timed and spaced.</p> <p><u>Service Development</u></p> <p>F. Ensure that all women who seek a therapeutic abortion and all men and women who request voluntary sterilization are able to receive these procedures regardless of financial status.</p> <p>G. Expand the current amniocentesis capability in the State by developing genetic testing and counseling capability by 1985.</p>	<p><b>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</b></p>

INFANT MORTALITY

<p>HEALTH STATUS GOAL: REDUCE THE INFANT MORTALITY RATE TO 15 PER 1,000 LIVE BIRTHS AND THE NEONATAL DEATH RATE TO 9 PER 1,000 LIVE BIRTHS.</p>	
<p>HEALTH SYSTEMS RESPONSE: Provide an adequate range of preventive, primary and acute care services.</p>	
<p>HEALTH SYSTEMS OBJECTIVE:</p> <p>H. Ensure that all women have access to early and continuous prenatal care, including prenatal education and access to obstetrical services, by 1985.</p> <p>I. Maintain the High Risk Infant Critical Care System of the Alaska Newborn Project.</p> <p>J. Ensure that 100% of families have access to autopsy confirmation in cases of unexplained infant death, and that 100% of families that have experienced sudden infant death received information and counseling.</p>	<p>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</p>

**HEALTH STATUS GOAL:**

IMPROVE ORAL HEALTH SO THAT LESS THAN 2% OF 10 YEAR OLD CHILDREN HAVE LOST ANY PERMANENT TEETH AND LESS THAN 10% OF ADULTS AGE 45-64 ARE EDENTULOUS.

**HEALTH SYSTEMS RESPONSE:**

Promote preventive, fluoridation, diagnosis and treatment services to all Alaskans.

**HEALTH SYSTEMS OBJECTIVE:**Education

- A. Implement the comprehensive health education curriculum which includes dental health for grades K-12 in 50% of the schools by 1984.
- B. Develop at least one community health program and implement the dental health component as appropriate in 50% of the Level I, II, III, and IV communities by 1984.

Service Development

- C. Increase the availability and accessibility of dental services in all Level communities by 1984.

Treatment

- D. Make fluoride treatment available according to accepted dental practice in all Levels by 1984.
- E. Encourage fluoridation of community water supplies where naturally lacking in all communities by 1984.

Research

- F. Support research to study dental problems and disease in rural areas of the state by 1985.
- G. Support a project to evaluate the use of dental extenders in rural areas of the state.

RELATIONSHIP TO  
PART II: SERVICES  
OBJECTIVES &  
ACTIONS

# INFLAMMATORY DISEASES OF THE CENTRAL NERVOUS SYSTEM

## HEALTH STATUS GOAL:

REDUCE THE INCIDENCE AND PREVALENCE OF INFLAMMATORY DISEASES OF THE CENTRAL NERVOUS SYSTEM FROM THE ALASKA RATE TO THE NATIONAL RATE. (THE ALASKA MORBIDITY RATE FOR MENINGITIS IS .13 COMPARED TO .03 NATIONALLY AND .03 FOR ENCEPHALITIS COMPARED TO .01 NATIONALLY. THE ALASKAN DEATH RATE FROM INFLAMMATORY DISEASES OF CNS WAS 1.9 COMPARED TO 0.7 FOR THE U.S., 1976.

## HEALTH SYSTEMS RESPONSE:

Promote a coordinated, comprehensive system of preventive, diagnostic and treatment services.

## HEALTH SYSTEMS OBJECTIVE:

## RELATIONSHIP TO PART II: SERVICES OBJECTIVES & ACTIONS

### Prevention

- A. Develop and implement a public education program regarding measures to prevent the occurrence of inflammatory diseases of the CNS by 1984.
- B. Support research aimed at reducing the incidence of inflammatory diseases of the central nervous system.

### Treatment

- C. Encourage prompt diagnosis and treatment of the infectious diseases (otitis media, infectious hepatitis, tuberculosis, syphilis, mumps) which contribute to inflammatory diseases of the spinal cord, meninges and brain.
- D. Assure appropriate treatment for all persons with a diagnosis of meningitis and encephalitis.
- E. Maintain the Rapid Telephonic Reporting System (Zenith 1700).
- F. Reduce the incidence and prevalence of inflammatory diseases of the CNS by 5% by 1984.

HEALTH STATUS GOAL:

MAINTAIN THE DECREASING INCIDENCE OF NEW AND ACTIVE CASES OF TUBERCULOSIS UNTIL NO SUBGROUP EXCEEDS THE NATIONAL RATE.

HEALTH SYSTEMS RESPONSE:

Improve the present system for prevention, detection, diagnostic and treatment services.

HEALTH SYSTEMS OBJECTIVE:

Service Development

- A. Maintain current casefinding efforts to identify all tuberculosis cases.
- B. Assure adequate treatment for all persons with a diagnosis of active tuberculosis.
- C. Maintain existing follow-up services so that persons identified as being infected with TB will be assured regular medical follow-up.
- D. Provide adequate treatment for the elderly who suffer from pulmonary insufficiency as a sequelae of TB.

RELATIONSHIP TO  
PART II: SERVICES  
OBJECTIVES &  
ACTIONS

**HEALTH STATUS GOAL:**  
 PREVENT AND REDUCE THE INCIDENCE AND PREVALENCE OF DEVELOPMENTAL DISABILITIES AND INCREASE THE QUALITY OF LIFE OF THE DEVELOPMENTALLY DISABLED TO THE FULLEST EXTENT POSSIBLE.

**HEALTH SYSTEMS RESPONSE:**  
 Provide a comprehensive integrated range of preventive, treatment, rehabilitative and maintenance services.

**HEALTH SYSTEMS OBJECTIVE:**

Education

- A. Maintain public education programs which promote awareness of available services.
- B. Increase by 30% the family planning services which include reproductive risk and genetic counseling to all families or persons at risk of parenting a developmentally disabled child by 1984.
- C. Promote an educational program for parents or prospective parents regarding the fetal alcohol syndrome, smoking during pregnancy and early, appropriate health care by 1983.

Support Services

- D. Make support service available and accessible in home communities as possible and ensure that the services provided are appropriate to the individual needs and provide remedies for persons where services are not appropriate.
- E. Maintain the planning and implementation strategies regarding statewide prevention and early intervention programs.
- F. Promote 100% enrollment of infants in the Infant Learning Programs (0-3) by 1984.
- G. Provide institutional care as necessary as a backup for community services.
- H. Provide the least restrictive alternatives for quality care and treatment of clients by 1984.
- I. Provide respite care as appropriate in all communities.

**RELATIONSHIP TO PART II: SERVICES OBJECTIVES & ACTIONS**

DEVELOPMENTAL DISABILITIES

HEALTH STATUS GOAL:	
HEALTH SYSTEMS RESPONSE:	
<p>HEALTH SYSTEMS OBJECTIVE:</p> <p><u>Vocational Services</u></p> <p>J. Make available vocational assesment, training and employment opportunities to all severely handicapped Alaskans in the home communities and provided by the same agencies which provide similar services to the general population.</p> <p><u>Coordination</u></p> <p>K. Transfer state-operated programs to community control where appropriate.</p> <p>L. Improve public and private agency communication around co-funded, co-located and co-planned programs.</p> <p>M. Revise the State legislation (AS 47.80) as appropriate under the Federal legislation to reflect the unique needs of Alaska.</p> <p>N. Ensure continuing professional education and information exchange for personnel involved in the delivery of health care to the developmentally disabled and their parents.</p> <p>O. Support the priority services areas of Alternative Community Living arrangements and Child Development Services as selected by the Council for the Gifted and Handicapped.</p>	<p>RELATIONSHIP TO PART II: SERVICES OBJECTIVES &amp; ACTIONS</p>

END STAGE RENAL DISEASE

HEALTH STATUS GOAL: ELIMINATE TO THE GREATEST EXTENT POSSIBLE, DISABILITY AND DEATH RELATED TO END STAGE RENAL DISEASE.

HEALTH SYSTEMS RESPONSE:

PROVIDE A PROPER DISTRIBUTION OF ESRD TREATMENT RESOURCES AND A DELIVERY SYSTEM WHICH IS SUFFICIENTLY FLEXIBLE TO MEET THE SPECIAL NEEDS OF BOTH RURAL AND URBAN ALASKANS.

HEALTH SYSTEMS OBJECTIVE:

RELATIONSHIP TO  
PART II: SERVICES  
OBJECTIVES &  
ACTIONS

Service Development

- A. Develop a method for implementing the use of home dialysis units in rural areas including appropriate training in home dialysis techniques.
- B. Determine appropriate rates of utilization for ESRD services using cost and availability as prime criteria, in conjunction with the SHP and the NCC #2.
- C. Determine the widest distribution economically justifiable of dialysis facilities that could function within the ESRD program standards of unit size and occupancy and incorporate into the SHP and the NCC#2 plan.

Maintenance

- D. Establish dialysis facilities and home dialysis for ESRD patients in accordance with the approved distribution plan.

Rehabilitation

- E. Increase the availability of kidney transplants for ESRD patients through a more active organ retrieval program in the appropriate Level III and Level IV communities.

Support Services

- F. Determine the appropriate diagnosis and Rx service which should be available to the rural (Level II & III) communities.
- G. Work with the NCC#2 to determine the appropriate pattern of services for Alaska.

Prevention

- H. Encourage the development of lifestyles which do not contribute to the development of renal diseases and failure.
- I. Promote research efforts regarding the preventive measures necessary to avoid the development of renal failure and ESRD.



## PART II

### HEALTH SYSTEMS GOALS AND OBJECTIVES BY SERVICE

#### COMMUNITY HEALTH PROMOTION AND PROTECTION

- HEALTH EDUCATION
- ENVIRONMENTAL QUALITY
- NUTRITION

#### PREVENTION AND DETECTION

#### DIAGNOSIS AND TREATMENT

- OBSTETRIC SERVICES
- LABORATORY SERVICES
- EMERGENCY MEDICAL SERVICES
- GENERAL MEDICAL SERVICES

#### HABILITATION AND REHABILITATION SERVICES

#### MAINTENANCE SERVICES

#### HEALTH SYSTEM ENABLING SERVICES

- HEALTH PLANNING
- MANPOWER
- FACILITIES

HEALTH SYSTEMS GOALS BY SERVICES

COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
HEALTH EDUCATION SERVICES

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GOAL:

PROMOTE A SHIFT OF EMPHASIS IN HEALTH CARE FROM CRISIS INTERVENTION TO PREVENTIVE HEALTH BEHAVIOR AND CARE THROUGH STIMULATION OF PUBLIC AND PRIVATE HEALTH EDUCATION RESOURCES.

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OBJECTIVE(S):

- A. Promote active consumer participation in health care at all levels with special emphasis directed towards the local, community involvement.

ACTIONS:

1. Encourage a facilitator role by the community in the area of health education.
  2. Establish a Health Education Council which includes active consumer participation in the planning and implementation of health education activities and which will serve to:
    - a. Annually assess health education needs and resources.
    - b. Establish goals and objectives concerning health education of the public as an integral part of the health care delivery system.
    - c. Insure interagency cooperation in and coordination of activities concerning health education of the public.
    - d. Recommend standards and criteria with respect to needed provision of health education of the public for review of all proposals and programs.
  3. Stimulate and coordinate educational opportunities which include:
    - a. Education of the population about appropriate use of the health care system and health insurance.
    - b. Develop a booklet on how to use the medical care system.
    - c. Education for assumption of personal responsibility for health status improvement and maintenance (education about lifestyle and self care).
    - d. Orientation of residents about the health needs and problems in their region and the state.
    - e. Develop education programs for the elderly regarding health maintenance and alcohol and drug abuse.
    - f. Offer continuing medical education seminars emphasizing geriatric care in level III and IV communities.
- B. Provide guidance and leadership and encourage all school districts and schools to integrate health education into their K-12 curricula by 1985.

ACTIONS:

1. A comprehensive health education curriculum should include:

HEALTH SYSTEMS GOALS BY SERVICES  
COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
HEALTH EDUCATION SERVICES

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GOAL:

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OBJECTIVE(S):

- a. Accidents (Environmental Health, Safety and Survival Skills)
  - An individual's environment influences his/her total health.
  - There are ever-changing health hazards in our environments.
  - The potential for accidents exists everywhere in our environments.
  - Defensive operating skills for all vehicle, motor vessels and aircraft reduce accidents.
  - Individuals should be prepared to act effectively in case of accidents or catastrophies.
  - Alaskans need to know basic survival skills for all seasons.
  - Maintaining healthful and safe environments is the responsibility of the individual, the family and society.
- b. Alcohol and Substance Abuse
  - Use, non-use or abuse of substances results from personal needs, social consequences and/or the individual's perception of effects.
  - Individual decisions are important in the use or misuse of drugs.
  - A drug is any chemical which affects components of living tissue.
  - Effects of a drug on an individual can produce changes in body chemistry, mood and behavior.
  - When properly used, drugs are beneficial to people.
  - Tobacco is harmful; alcohol and other drugs, if misused, are harmful to the individual and society.
  - Individuals need to accept responsibility for preventing the misuse of tobacco, alcohol and other drugs.
- c. Personal Health
  - Good personal health habits acquired at an early age can continue throughout life and assure better physical and mental well-being.
  - The state of an individual's physical health can affect one's mental health.
  - Physical illnesses can be caused by physical reactions to emotional conflict, stress and frustration.
  - Individual health practices can affect the control of communicable diseases.
  - Health practices of individuals can affect the total environment.
  - Physical fitness is one important component of total health.
  - A balanced program of sleep, rest and relaxation contributes to fitness.
  - Posture affects appearance and body function.
  - Human growth and development.

HEALTH SYSTEMS GOALS BY SERVICES  
COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
HEALTH EDUCATION SERVICES

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GOAL :

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OBJECTIVE(S):

d. Nutrition

- Nutrition is concerned with the way foods and food elements are used by the body.
- Nutrition is important in the everyday functioning of an individual.
- Individuals throughout life require the same nutrients, but in varying amounts.
- Good nutritional health depends upon diet, physical condition, heredity, physical environment, emotional climate and food preparation.
- Food processing and preparation (commercially and at home) influence the nutritional value and safety of foods.
- Nutrition is a significant factor in weight management.
- Dietary fads and misconceptions can be detrimental to health.

e. Dental Health, Vision and Hearing

- Neglect of dental health affects individuals of all ages.
- Most dental disorders can be prevented.
- Proper nutrition can reduce incidence of dental disorders.
- Most dental disorders can be treated.
- Most disorders of vision and hearing, which may occur at any age, can be prevented, or treated and corrected.
- Otitis media is a special problem in Alaska requiring consumer education and prompt treatment.
- Nutrition may play a role in prevention of otitis media.
- Noise pollution is dangerous to hearing and can be controlled.

f. Diseases and Disorders

- Occurrence and distribution of diseases and disorders are affected by human heredity and environment.
- Diseases and disorders have both a personal and an economic effect upon individuals and society.
- Diseases and disorders affect individuals in all segments of society and in all parts of Alaska and the world.
- There is a variation in the extent to which diseases and disorders can be prevented and controlled.
- Treatment of diseases by ill-informed persons without professional training and based on fads may be damaging to one's physical health.
- Research and education play a major role in the prevention and control of chronic disorders.

HEALTH SYSTEMS GOALS BY SERVICES

COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
HEALTH EDUCATION SERVICES

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GOAL:

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OBJECTIVE(S):

g. Consumer Health

- To maintain health requires effort, time and money, but failure to maintain health is detrimental and more costly.
- Knowledge of health delivery systems that are available and how to use them is important.
- Knowledge and understanding of scientific findings and of oneself are bases for effective evaluation, selection and utilization of health information, products and services.
- Quackery and faddism raise false hopes, delay proper medical attention and may waste finances.

h. Mental Health

- Mental health is influenced by inter-relationships of biological, environmental and cultural factors.
- Mental health is influenced by society, an individual's role in that society and how she/he perceives and meets the demands of the society.
- An individual's coping patterns can positively or negatively effect one's mental health.
- Developing and maintaining optimal positive mental health includes understanding and accepting oneself, others, the environment and one's culture.
- Stress can be either productive or detrimental to people.
- Maladjustive behavior varies in its impact on the individual and society.

2. Encourage local school boards to allocate funds for resources to further integration of health education into their school curricula.
3. Recommend that the state offer supplemental state education funds to schools which demonstrate a commitment to include health education into existing curricula.
4. Encourage community health councils, health care providers, and state and federal agencies to work with the duly constituted representatives of the schools to implement health education in the schools.

HEALTH SYSTEMS GOALS BY SERVICES

COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
HEALTH EDUCATION SERVICES

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GOAL:

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OBJECTIVE(S):

5. Support the efforts of the Regional Resource Centers to provide technical assistance on health curricula to schools.
- C. Facilitate one community health education program and implement in 50% of each Level I, II, III and IV Community by 1984.

ACTIONS:

1. Provide funding either through the State Division of Public Health or on a competitive basis for the development of a model health education program suitable for adaptation to individual communities and specific program areas.
  2. Encourage local health councils to plan community education activities in conjunction with State public health nurses, environmentalists, sanitarians, education specialists, HSA planners and health care providers.
  3. Investigate the means to provide incentives for all health providers to incorporate more health education components into the delivery of their services.
  4. Allocation of funds for public education campaigns by municipal governing bodies.
- D. Increase the quality and quantity of health education activities by 10% by 1983 to assure that Alaskans will increase their skills and awareness levels to positive health and disease prevention practices through health education services.

ACTIONS:

1. Encourage each level I, II, III and IV Community to sponsor Health Fairs annually.
  2. Encourage printed media advertisements and radio/tv spots directed at changing public consciousness about nonhealthy lifestyles and poor health habits.
- E. Organize occupational, home and recreational safety programs in all Level III Communities.

HEALTH SYSTEMS GOALS BY SERVICES  
COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
ENVIRONMENTAL QUALITY

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GOAL:

TO INSURE PROTECTION OF THE NATURAL ENVIRONMENT ESSENTIAL TO LIFE AND HEALTH AND PROMOTION OF OCCUPATIONAL, SOCIOECONOMIC, AND MORAL ENVIRONMENTS CONDUCTIVE TO OPTIMUM PHYSICAL AND MENTAL WELL-BEING FOR THIS GENERATION AND THOSE YET UNBORN.

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OBJECTIVES:

- A. Improve water and waste disposal systems statewide by 1985.

ACTIONS:

1. Continue state funding for the construction of community water and sewage disposal systems.
2. Prepare guidelines for local governments and for the unorganized borough to determine development types and densities which can be sustained by the available water sources.
3. Assist small communities and rural areas in the development of appropriate solid waste management programs.

- B. Implement measures designed to control excessive and damaging noise from non-occupational exposures.

ACTIONS

1. Encourage legislation authorizing non-occupational noise control as a funded and staffed program within an existing state Department.
- C. Implement measures designed to reduce morbidity and mortality associated with non-occupationally related accidents.

ACTIONS

1. Encourage legislation authorizing accident prevention in the home and recreational environments as a funded and staffed program within existing state Departments.

HEALTH SYSTEMS GOALS BY SERVICES

COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
NUTRITION

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GOAL:

PROMOTE THE OPTIMAL HEALTH AND CONTROL OF DISEASE THROUGH THE IMPROVEMENT OF NUTRITIONAL STATUS OF ALL ALASKANS

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OBJECTIVE(S):

A. Develop State nutrition plans by 1984.

ACTIONS:

1. Support the activities of the Alaska Dietetic Association and the State Nutrition Committee in the development of a long range plan for the State.
2. Develop and implement a comprehensive, ongoing data collection system for identifying the scope and seriousness of nutrition related illness in the State.

B. Establish nutrition programs for persons at risk of developing nutrition-related conditions in 40% of all communities with a demonstrated need for such programs by 1984.

C. Expand by 40% nutrition services to senior citizens and handicapped in need in all communities with existing services by 1984.

ACTIONS:

1. HSAs, health councils and/or councils on the aging evaluate present nutrition programs for effectiveness and efficiency and recommend changes as indicated to the sponsoring agency.
2. Offer developmental assistance to communities without nutrition programs but which have a demonstrated need.

D. Provide guidance and leadership and encourage all school districts and school to integrate health education (including nutrition) into their K-12 curricula by 1985.

ACTION:

1. Encourage the duly constituted representatives of the schools to:
  - a. review the food items offered for sale within their schools at least annually;
  - b. develop policies which effect good nutritional habits; and
  - c. promote legislation designed to implement comprehensive health education programs.

E. Develop and implement outreach and education programs directed at improving the nutritional status of mothers and infants and recipients of food purchasing assistance programs by 1984.

HEALTH SYSTEMS GOALS BY SERVICES  
COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES  
NUTRITION

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GOAL:

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OBJECTIVE(S):

- F. Reduce the severity of anemia among WIC clients certified at risk due to anemia who are enrolled in a program in excess of 6 months in 80% of those clients.

HEALTH SYSTEMS GOALS BY SERVICES

PREVENTION & DETECTION

GOAL:

STRENGTHEN PREVENTIVE HEALTH PROGRAMS WHICH ASSIST PEOPLE IN DEVELOPING THE KNOWLEDGE AND CAPABILITIES TO CHOOSE A STYLE OF LIVING THAT MAXIMIZES WELL-BEING AND MINIMIZES RISKS OF AVOIDABLE DISEASE, DISABILITY, AND PREMATURE DEATH.

OBJECTIVES:

Communicable Diseases

- A. Achieve and maintain a level of disease resistance in the state so that immunizable diseases will be controlled or eradicated where possible.

ACTIONS:

1. An organizational mechanisms in each Level III community should be established to coordinate and expand immunization programs.
  2. Special immunization programs should be conducted to insure 'herd' immunity against diseases when there is an epidemic.
- B. Assure that 90% of all children under the age of 15 are immune to diphtheria, pertussis, tetanus, mumps, rubella, measles, and poliomyelitis.

ACTIONS:

1. Continue enforcement of state legislation requiring immunization certification prior to attendance at schools and day care centers.
- C. Reduce the occurrence of major communicable disease by 5% below the 1980 rate.

ACTIONS:

1. Maintain mechanisms for case reporting, identification of source(s) of infection, and early treatment for containment of any sporadic outbreaks of reportable communicable disease in the state.

Family Planning

- A. Increase the availability of Family Planning Services to low income and high risk persons by 30%.

HEALTH SYSTEMS GOALS BY SERVICES

PREVENTION & DETECTION

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GOAL:

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OBJECTIVES:

- B. Increase public awareness of the hazards of pregnancy during the early and late years (under 16 and over 35 years) of the reproductive years by 1984.
- C. Ensure that all persons who request voluntary sterilization are able to do so regardless of financial status by 1986.
- D. Assure that 70% of families have access to the services that enable them to maximize the healthy management of childbearing and parenting.

ACTIONS:

- 1. Implement Responsible Adult Living Health Education Courses in all public schools, grades 11 and 12, by 1984.
- 2. Expand counseling services for sexually active teenagers.
- 3. Develop and demonstrate effective means within the context of the family of reaching adolescents before they become sexually active in order to maximize the guidance and support available to adolescents from parents and family members and to promote self-discipline and other prudent approaches to the problem of adolescents premarital sexual relationships.
- 4. Make family planning information available to all applicants for marriage licenses.
- 5. Make family planning information available in all maternity wards in general hospitals.
- 6. Urge the legislature to appropriate additional funds for expansion of family planning services.

Newborn Metabolic Screening

- A. Screen 95% of newborn infants for inherited/congenital metabolic disorders according to state regulations.

HEALTH SYSTEMS GOALS BY SERVICES

PREVENTION & DETECTION

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GOAL:

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OBJECTIVES:

ACTIONS:

1. Promulgate, distribute and implement regulations for the program.
2. Inform midwives of their responsibility to collect the appropriate specimens for the births which they attend.

HEALTH SYSTEMS GOALS BY SERVICES

DIAGNOSIS AND TREATMENT SERVICES  
OBSTETRIC SERVICES

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GOAL:

PROMOTE AN ADEQUATE RANGE OF MEDICAL SERVICES THAT WILL PREVENT CONDITIONS AMONG WOMEN OF CHILD-BEARING AGE DETRIMENTAL TO A NORMAL AND HEALTHY BIRTH AND POSTPARTUM HEALTH OF BABY AND MOTHER.

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OBJECTIVE(S):

- A. Ensure that prenatal education programs are available to pregnant women and their families in 80% of all level communities.

ACTIONS:

1. School and community health education curricula should include information relevant to family planning, prevention of birth defects, proper nutritional habits and good prenatal care.
  2. Encourage the media to sponsor programs about the prevention of birth defects and the benefits of good prenatal care.
  3. Encourage the expansion of prepared childbirth classes and the inclusion of fathers or other family members in the labor and delivery room.
  4. Encourage both parents to participate in baby and child care educational programs and in parenting classes.
- B. Identify high-risk women and provide quality pre and postnatal services for all women of childbearing age by 1984.

ACTIONS:

1. Urge the Legislature to supplement the funding of the Division of Public Health to provide additional services offered in the State Public Health Clinics.
2. Encourage the AANHS to provide additional training to the Community Health Aides.
3. Investigate the possibility of use of Home Health Aides to provide the follow-up services.
4. Improve the access to quality pre-and postnatal care by assuring appropriate transportation and communication.
5. Insure by 1985 that 80% of all pregnant women in Level I and Level II communities and 90% of all pregnant women in Level III and Level IV enter prenatal care in the first trimester.
6. Review the use of midwives and implement appropriate procedures and processes for their utilization.

HEALTH SYSTEMS GOALS BY SERVICES.

DIAGNOSIS AND TREATMENT  
LABORATORY SERVICES

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GOAL:

PROMOTE THE DEVELOPMENT OF A COMPREHENSIVE AND QUALITY LABORATORY SERVICE SYSTEM WHICH WILL HAVE THE CAPABILITY TO AID IN THE PREVENTION, DETECTION, DIAGNOSIS AND TREATMENT OF ILL HEALTH.

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OBJECTIVES:

- A. Assure that the necessary laboratory analyses are provided to 95% of the services requested.

ACTIONS:

1. Maintain existing services provided by Division of Public Health laboratory section, and expand as needed to meet increased service demand.
- B. Provide laboratory services in accordance with the proposed Levels of Care services by 1984.

ACTIONS:

1. Encourage IHS to continue to provide training for Community Health Aides in the area of appropriate laboratory services in Level II communities.
2. Work with federal and state agencies providing laboratory services in the state to implement appropriate laboratory services at all Levels.
- C. Establish criteria for the evaluation, certification and approval of laboratories in Alaska.

ACTIONS:

1. Prepare minimum standards and basic legislation for the certification and approval of health/medical laboratories in Alaska.
2. Encourage the Alaska State Hospital Association to work at the national level to see that the federal laws and regulations regarding Certification are appropriate to Alaska.
- D. Increase voluntary certification and approval of laboratories.
- E. Increase professional training courses for local laboratories.
- F. Increase consultation and reference services to local laboratories.

HEALTH SYSTEMS GOALS BY SERVICES

DIAGNOSIS & TREATMENT  
EMERGENCY MEDICAL SERVICES

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GOAL:

TO ESTABLISH A COMPREHENSIVE, COORDINATED SYSTEM OF EMERGENCY MEDICAL SERVICES WHICH ASSURES THAT CITIZENS AND VISITORS GAIN EASY ACCESS TO SERVICES; THAT INITIAL RESPONSE IS EXPEDITIOUS; THAT APPROPRIATE LIFE SAVING AND STABILIZATION MEASURES ARE RENDERED AT THE SCENE; AND THAT PATIENTS ARE TRANSPORTED OR TRANSFERRED IN A TIMELY AND EFFICIENT MANNER TO FACILITIES CAPABLE OF EFFECTING MAXIMUM RECOVERY AND REHABILITATION.

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OBJECTIVE(S):

- A. Improve and expand the emergency medical services system in the state to meet the recommendations outlined in Alaska EMS Goals by 1985.

ACTIONS:

1. The State EMS Office will continue to coordinate the 3 regional and 14 subregional EMS programs, as well as the efforts of at least 8 Federal, 19 State, and 10 private agencies that have EMS responsibilities in the State.

Components of Coordination:

- Establishment and implementation of standards and goals
- Certification of EMT-Is, IIs, & IIIs and EMT Instructors
- Certification of ambulance services
- Collection and analysis of data
- Provision of technical assistance
- Communication among agencies providing EMS

2. Award grants to regional organizations to improve, expand and coordinate regional EMS systems addressing the following components as recommended in Alaska EMS Goals: manpower and training, communications, transportation, facilities, critical care, public safety agencies, public information and education, consumer participation, coordinated record keeping, evaluation, transfer agreements, accessibility to care without ability to pay, mutual aid agreements, and disaster planning.

State Agency Responsibilities:

- Establishment of criteria
- Planning assistance
- Review of grant applications
- Fiscal monitoring of grantees
- Evaluation of grantee performance

HEALTH SYSTEMS GOALS BY SERVICES

DIAGNOSIS AND TREATMENT SERVICES  
GENERAL MEDICAL SERVICES

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GOAL:

PROVIDE AN ADEQUATE RANGE OF PRIMARY AND ACUTE CARE SERVICES.

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OBJECTIVES:

- A. Provide primary and acute care services in accordance with proposed levels of service for all communities within Alaska by 1984.

ACTIONS:

1. Provide surgical and obstetrical services at the appropriate level.
2. Provide laboratory services necessary to support services at each level of care within minimum quality standards and reasonable pricing.
3. Provide radiological services necessary to support health services at each level and deliver them in a cost efficient manner.
4. Utilize mid-level practitioners such as physician's assistants and nurse practitioners to increase accessibility of needed health services in all communities as appropriate by 1982.
5. Work with local communities to locate at least one primary care physician per 2,500 people in each Level III and IV subarea and a minimum of 2 in each Level III community by 1984.
6. Train a community behavioral health outreach worker to work in each Level II community and surrounding Level I communities by 1984.
7. Increase the outpatient treatment services for behavioral health problems in Level III mental health centers and coordinate with Level I and Level II outpatient services by 1984.
8. Provide an alternative to Emergency Room use for evening and routine care in Levels III and IV.
9. Make oral health services accessible to all residents.
10. Support the development of birthing centers in Levels III and IV communities.

HEALTH SYSTEMS GOALS BY SERVICES

DIAGNOSIS AND TREATMENT SERVICES  
GENERAL MEDICAL SERVICES

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GOAL:

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OBJECTIVES:

11. Where the catchment area warrants and where travel times are long between Level I and Level III communities, consider the placement of intermediate primary care at Level II communities, which would be services between the level of care delivered by community health aides and care provided in inpatient facilities by physicians.
  12. Provide all residents with a regular source of primary medical care within 60 minutes travel time, except for extraordinary circumstances.
- B. Increase the appropriate use of primary and acute care services through additional and more formal communications between providers at various levels of service. Continuity of care should be maintained between inpatient services at Level IV and all other levels.

ACTIONS:

1. Develop formal agreements, by 1984, between Level III centers and Level I/II and Level IV providers as an exchange of information regarding disposition of patients treated at more than one Level.
  2. Establish appropriate linkages, including, but not limited to, transfer of records and formal consultation agreements, so that care is delivered on a continuous basis.
  3. Ensure reliable communication links between Community Health Aides and back-up medical personnel in Level I/II communities.
  4. Establish a mechanism for the referring provider to participate in review of discharge decisions from Level IV inpatient mental health services.
- C. Increase the level of public knowledge concerning access to primary and acute care services.
- D. Increase the percentage of population in Levels III/IV covered by uniform access (single telephone number) in an emergency to 100% by 1984.
1. Ensure that 75% of residents by 1983 know how to access the appropriate services in an emergency.

HEALTH SYSTEMS GOALS BY SERVICES

DIAGNOSIS AND TREATMENT SERVICES  
GENERAL MEDICAL SERVICES

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GOAL:

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OBJECTIVES:

E. Ensure that 50% of adults know how to utilize the health care system in an appropriate manner by 1984.

1. Reduce non-emergency use of emergency services.

ACTION: (For Objectives C,D, and E)

1. Develop programs that make information readily available on the availability, cost, quantity and appropriate use of health services by 1984.

HEALTH SYSTEMS GOALS BY SERVICES

HABILITATION AND REHABILITATION SERVICES

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GOAL:

RESTORE THE ILL OR DISABLED TO THE FULLEST PHYSICAL, MENTAL, SOCIAL, VOCATIONAL AND ECONOMIC USEFULNESS OF WHICH THEY ARE CAPABLE.

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OBJECTIVE(S):

- A. Eliminate existing financial barriers which deny essential rehabilitation services to those in need of habilitation and rehabilitation services by 1984.

ACTIONS:

1. Explore means for the expansion of private health insurance coverage for habilitation and rehabilitation services at affordable costs and encourage subscription to such coverage.

- B. Improve utilization of existing rehabilitation resources through increased public and professional education and information programs by 1984.

ACTIONS:

1. Develop public and professional education and information programs designed to make the public, legislators and health care providers more aware of the potential of the disabled to decrease existing public prejudice and discrimination.
2. Expand in-service education programs to health care providers with special emphasis given to preventive measures and rapid identification of patients likely to have severe residual deficits.
3. Incorporate the concept of prevention and the rehabilitation process into all core courses in basic education programs for providers of health care.
4. Develop procedures of identification and follow-up within the community for persons with rehabilitation needs for all professionals involved in health-related programs.

- C. Develop a coordinated statewide system of public and private rehabilitation services to insure comprehensive care and to eliminate duplication and gaps in service.

ACTIONS:

1. Assure that 60% of the individuals with potential or actual handicapping conditions are diagnosed and provided with the appropriate services that will enable them to maximize their potential development.

HEALTH SYSTEMS GOALS BY SERVICES  
HABILITATION AND REHABILITATION SERVICES

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GOAL:

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OBJECTIVE(S):

2. Develop an operational statewide system of identification, diagnosis, evaluation and referral to insure that those in need will be provided with medical, educational and vocational services designed to maximize their abilities.
- D. Reduce the negative consequences of disabling illness, injury and defect through early identification and entry into the rehabilitation process.

ACTION:

1. Expand community level efforts aimed at early intervention and entry into the rehabilitation process.
- E. Reduce architectural and transportation barriers in public and private facilities and carriers.

ACTIONS:

1. Enforce the Federal legislation which requires that architectural barriers be removed from public buildings.
  2. Encourage expansion of public transportation services for the disabled in those areas of the state where a high concentration of the disabled live.
  3. Encourage private agencies to provide transportation services where no or limited transportation services are available.
  4. Require provision of transportation services for the disabled in all new or existing programs.
- F. Increase the availability of kidney transplants for ESRD patients through a more active organ retrieval program in the larger communities of Alaska.

HEALTH SYSTEMS GOALS BY SERVICES  
HABILITATION AND REHABILITATION SERVICES

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GOAL:

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OBJECTIVE(S):

ACTIONS:

1. Encourage local efforts to promote an increased number of donors.
2. Through the Network Coordinating Council, establish protocols for hospitals in determining donor status and procedures for coordination of transfers of donated organs to renal transplantation centers.
6. Restrict state program compensation for kidney transplantations to procedures performed in recognized renal transplant centers.

HEALTH SYSTEMS GOALS BY SERVICES

MAINTENANCE SERVICES

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GOAL:

PROMOTE SERVICES TO INDIVIDUALS WITH CHRONIC PHYSICAL AND MENTAL ILL-HEALTH CONDITIONS WHICH WILL PREVENT DETERIORATION AND WHICH WILL ENABLE PARTICIPATION IN COMMUNITY AND INDIVIDUAL ACTIVITIES TO THE FULLEST DEGREE.

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OBJECTIVES:

- A. Establish home health care as a viable alternative to institutionalization.

ACTIONS:

1. Evaluate the economic feasibility and program effectiveness of providing statewide home health services based on an analysis of current pilot programs.
2. Encourage the development of community based programs where economically feasible.
3. Encourage statewide dissemination of information regarding hospice care and the establishment of appropriate increased programs.

- B. Provide the appropriate residential care for maintenance of the elderly.

ACTIONS:

1. Evaluate and monitor the quality of residential care.
2. Include Pioneer Homes and publicly funded outpatient ambulatory facilities in Certificate of Need legislation.

- C. Develop or expand transportation services for senior citizens and the disabled in 60% of the Level III and IV communities and in 50% of Level II communities by 1984.

ACTIONS:

1. Determine the communities in need of new or expanded transportation services.
2. Explore the possibility of utilizing civic organizations to assist in providing transportation.
3. Utilize existing public transit where available with costs reduced or subsidized by state or local communities.

HEALTH SYSTEMS GOALS BY SERVICES

MAINTENANCE SERVICES

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GOAL:

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OBJECTIVES:

4. Find methods of recruiting volunteers and paid drivers to drive shuttle buses.
5. Provide technical aid to communities desiring to obtain shuttle buses.
- D. Establish dialysis facilities and home dialysis units for ESRD patients in accordance with the approved distribution plan.

ACTIONS:

1. Provide for initial training of individuals in use of home dialysis units.
2. Promote the use follow-up services for users of home dialysis units both as a check on quality of care (appropriate utilization) and as moral support to users.

HEALTH SYSTEMS GOALS BY SERVICES  
HEALTH SYSTEM ENABLING SERVICES  
HEALTH PLANNING

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GOAL:

PROMOTE OPTIMUM PROGRAM QUALITY AND COST EFFECTIVENESS THROUGH IMPROVED ADMINISTRATIVE RESPONSIVENESS, PROGRAM COORDINATION AND APPROPRIATE DECENTRALIZATION.

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OBJECTIVE(S):

- A. Continue to implement a planning process to assess needs, identify resources and determine priorities.

ACTIONS:

1. Review and revise biannually State and Federal legislation and administrative regulations affecting health and health related services.
2. Provide administrative support for data services to assure a coordinated approach to the planning, implementation and evaluation of human services programs based upon effective collection and dissemination of data.
3. Maintain coordination activities at the local and regional level to assure plans which result in an effective State Health Plan and to assure a coordinated implementation of regulatory activities.
4. Provide consultation services and planning assistance to the Alaska Coastal Management Program, the Alaska Coastal Management Policy Council and the Department of Natural Resources to assure that proposed development and general land and water use policy contribute to the health and well-being of Alaskans.
5. Develop interagency agreements with State, Federal and private agencies operating health and health-related programs.
6. Respond and participate in inter-state planning efforts which affect the well-being of Alaskans.
7. Annually establish priorities within State, Federal and private agencies operating health and health-related programs.
8. Refine and implement regional plans which identify regional goals and objectives and the methods used to achieve these objectives.
9. Revise the State Health Plan and conduct as possible implementation activities of the Plan.

HEALTH SYSTEMS GOALS BY SERVICES

HEALTH SYSTEM ENABLING SERVICES  
HEALTH PLANNING

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GOAL:

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OBJECTIVE(S):

10. Develop strategies to bring rational resources allocations to the legislative bonding proposals.
  11. No state funds should be allocated for construction, expansion, or renovation of health care facilities which have not obtained a Certificate of Need or exemption from Certificate of Need requirements for said construction, expansion, or renovation.
- B. Provide monitoring and evaluation systems which assure a requisite level of fiscal accountability and program effectiveness.

ACTIONS:

1. Develop standards and criteria for the review of institutional health services being offered in the State for the appropriateness of such services as resources allow.
  2. Review and comment on proposals channeled through the A-95 Clearinghouse.
  3. Maintain a history of 100% of the payments to providers of medical services participating in the Medicaid and General Relief Medical Programs.
  4. Reduce by at least 50% the time required for the direct providers to complete mandatory program reports through consolidating existing forms and a rewriting of the present reporting systems.
  5. Continue the thrust of FY 1978 to maximize capture of third-party payments and prepare and submit grant applications for available federal funds.
  6. Whenever possible, coordinate surveillance, inspectional or certification visits to health facilities for two or more reasons (Medicare, Medicaid, Licensing and follow-up) at the same time.
  7. Review and revise program standards of public health programs according to preventive health needs of the State.
- C. Initiate and maintain an integrated data information system.

ACTIONS:

1. Coordinate with the Health Systems Agencies in the collection, retrieval, analysis, reporting and publication of data relating to health and health care for purposes of carrying out the intent of P.L. 93-641.

HEALTH SYSTEMS GOALS BY SERVICES

HEALTH SYSTEM ENABLING SERVICES  
HEALTH PLANNING

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GOAL:

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OBJECTIVE(S):

2. Provide information to support a coordinated approach to the planning, implementation and evaluation of human services programs based upon effective collection and dissemination of data.
3. Promote an increase in the availability and accuracy of information to support P.L. 93-641 planning activities including the following data needs:

Population profile to utilize in population-based planning activities and needs assessments.

Uniform hospital data including diagnosis, financial and patient origin data.

PCIS data system for State health clinics.

Increased reliability of reporting communicable and chronic diseases.

Nutritional and oral health status indicators.

Wellness survey to provide information on the lifestyle and self-care of the population.

Information regarding the cost of health care and cost analysis.

Uniform or consistent districting for planning.

Further development of the State Center for Health Statistics.

Automate and establish follow-up protocol for the case registry function for the crippled children program and cancer registry.

Abortion and Family Planning Indicators.

4. Maintain a clearinghouse utilizing the established data bank of current health statistics to answer requests for health data.
- D. Encourage the development of population specific networks (e.g. children services network) which emphasize coordinated approaches, reduce fragmentation and duplication, identify unmet needs, develop needed alternatives, and facilitate easy access to appropriate services by improving inter-agency communication, formalizing inter-agency agreements, and sharing resources.
- E. Encourage the development of an integrated human service delivery system through increasing interagency communication and participating in interagency agreements.

ACTIONS:

1. Improve the delivery of services through the development of planning and coordination capabilities.
2. Arrange for and implement memoranda of understanding.
3. Provide information and referral within existing resources to people who require, prefer or would benefit from the services of other helping services to allow for the coordinated use of all appropriate resources to meet human needs.

HEALTH SYSTEMS GOALS BY SERVICES

HEALTH SYSTEM ENABLING SERVICES  
HEALTH PLANNING

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GOAL:

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OBJECTIVE(S):

4. Implement combining the Alcoholism and Drug Abuse Governor's Advisory Boards.
  5. Encourage local programs to integrate, when possible, administrative, training and prevention aspects of human service programs.
  6. Coordinate the activities of other agencies with the Alaska Health Systems Agencies and the SHCC.
  7. Develop interagency agreements with State agencies that fund programs for gifted and handicapped persons.
  8. Establish and maintain collocation of regional offices for mental health, alcohol and drug abuse programs.
  9. Continue joint funding of locally combined alcoholism and mental health programs.
  10. Cooperate with AFN, AANHS, State Government and Regional Native Health Corporations to create a consortium to provide and coordinate human services programs, particularly those of alcoholism and mental health.
  11. Provide orientation of the staff of each hospital of AANHS and staff of the Native Health Corporations to the programs of the Division of Public Health.
- F Promote the orderly transfer of program authority and responsibility to the local level.

ACTIONS:

1. Provide technical assistance to local communities wishing to implement human service programs.
2. Use the regional planning process to allocate the resources down to regional levels for achieving the region-specific goals and objectives.
3. Continue to give technical assistance as needed to local community agencies to develop local expertise for responsibility of programs.

HEALTH SYSTEMS GOALS BY SERVICES,  
HEALTH PLANNING

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GOAL:

DEVELOP A FINANCIAL BASE OF SUPPORT WHICH WILL ASSURE A MINIMUM MAINTENANCE FUNDING LEVEL FOR ALASKA'S HEALTH PROGRAMS, AND WHICH WILL ALSO ENCOURAGE THE EFFICIENT DECENTRALIZATION OF THESE PROGRAMS.

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OBJECTIVE(S):

1. As necessary, request the allocation of sufficient state funds to meet reductions in federal support of health programs, but only to the extent of assuring continuance of a minimal maintenance level for the effected health programs.

ACTIONS:

1. An ad hoc group of the SHPDA, HSAs, Regional Corporations, the AANHS, and state program agencies cooperatively prepare an estimate of state funds required to meet anticipated shortfalls in federal funding support.
  2. Recommendations will be prepared by the ad hoc group for a supplemental state funding program and these recommendations submitted to a legislative sponsor.
2. A plan for decentralization of health services will be formulated and implemented by a joint federal/state/regional/local health agency work group.

ACTIONS:

1. Existing programs which have been decentralized will be examined to determine if this effort to improve administrative responsiveness is cost efficient and productive of program quality.
2. The results of this analysis will be applied to other programs if warranted, and any additional funding requirements will be forwarded to the legislature for supplemental appropriation.

HEALTH SYSTEMS GOALS BY SERVICES

MANPOWER

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GOAL:

PROVIDE APPROPRIATELY TRAINED AND PSYCHOLOGICALLY PREPARED HEALTH MANPOWER ADEQUATE TO IMPLEMENT THE RECOMMENDED LEVELS OF CARE HEALTH SERVICES.

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OBJECTIVES:

Recruitment

- A. Aid in the recruitment and retention of nurse practitioners and physician assistants for Level II and Level III communities by 1984.
- \* B. Increase enrollment in baccalaureate and graduate nurse training programs at the University of Alaska through active recruitment of students by 1984.

ACTIONS:

- \* 1. Offer training at various sites throughout the state and provide flexible programming for nurses training programs.
- \* 2. Encourage funding by the Alaska Legislature for nursing scholarships and recruitment activities.

Distribution

- C. Ensure that adequate manpower are available to implement the provision of health care services as recommended by the level of care by 1985.

ACTIONS:

- 1. Increase physician manpower to at least one primary care physician per 2500 people in Level III and IV centers in each subarea and a minimum of two in each Level III community by 1984.
- 2. Ensure that surgeons, obstetricians, dentists, and other physician specialists are available at the recommended level of care.
- 3. Ensure that laboratory personnel are available to support services at appropriate levels of care, so that each level of care is provided with laboratory services within minimum quality standards and with reasonable cost.
- 4. Make certified CHAs available in eligible Level I/II communities by 1982, with reliable communication links to back-up medical personnel.

HEALTH SYSTEMS GOALS BY SERVICES

MANPOWER

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GOALS:

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OBJECTIVES:

5. Provide preventive health counseling services in all levels of communities by 1985.
  6. Encourage the development of a study to determine the desirability and feasibility of requiring service in underserved areas by individuals receiving health professional education at state expense.
- D. Utilize mid-level practitioners such as physician's assistants and nurse practitioners to increase accessibility of needed health services in all communities as appropriate by 1984.

ACTIONS:

1. Encourage distribution of mid-level practitioners on a service need statewide basis.
- \* E. Restrict nurses training to no more than two levels of preparation in Alaska by 1986.

ACTIONS:

- \* 1. By 1986, phase out training at the licensed practical nurse level to reduce the over-supply of this category of manpower and place resource emphasis on the associate degree as an appropriate technical level of preparation for nurses in the state.

Training and Continuing Education

- F. Improve the productivity of existing health manpower through continuing education and training by 1985.
1. Encourage the AANHS to provide additional training to the Community Health Aides, including regular continuing education and training in the area of appropriate laboratory service, in Level II communities by 1984.
  2. Maintain training of health aides and alternates to a level at least equivalent to EMT I.

HEALTH SYSTEMS GOALS BY SERVICES

MANPOWER

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GOAL:

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OBJECTIVES:

3. Provide training for Home Health Aides to provide follow-up postnatal services to baby and mother.
  4. Train a community mental health outreach worker by 1984 to work in each Level II community and surrounding Level I communities.
  5. Provide continuing education and continue to upgrade the skills of mental health providers so that other objectives in the State Health Plan can be maintained and supported.
  6. Require all ambulance personnel to be trained at the EMT level by 1984.
  7. Design training programs appropriate for primary care providers in Level I-III communities to recognize and refer persons who are mentally ill, by 1984.
- G. Ensure that health personnel are and remain qualified to practice and continuously improve their skills by 1985.

ACTIONS:

1. Require all providers of health service to pursue continuing education as a condition of licensing by 1984.
2. Define education and performance standards for non-licensed health personnel by 1984.
3. Provide for continuing education of physicians, nurses and other mid-level practitioners in problem pregnancy counseling.
4. Provide additional continuing education for long-term care nurses in approaches to the care of the elderly and long-term patients.
5. Provide additional continuing education for nurses working in community mental health and psychiatric settings.

HEALTH SYSTEMS GOALS BY SERVICES

MANPOWER

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GOAL:

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OBJECTIVES:

6. Provide continuing education programs for advanced levels of nurses such as NP's and clinical specialists.
7. Provide CE courses to nurses in outlying areas of the state.
8. Offer employer incentives for nurses to participate in continuing education programs.

Coordination:

- H. Ensure, through coordination among health personnel, the most effective and least duplicative delivery of health services, and continuity of care among all levels of care.

ACTIONS:

1. Effect appropriate linkages, including transfer of records and formal consultation agreements, so that care is delivered on a continuous basis and duplication of services is avoided.

Retention and Utilization

- I. Develop and coordinate formal agreements with in-state and out of state university systems to provide a capability for retention of health and mental health professionals.
- J. The feasibility of establishing a medical school in Alaska should be thoroughly studied as a means of increasing physician retention and utilization.

ACTION:

1. Encourage legislative funding enabling medical school feasibility and cooperative agreements to be studied and evaluated.
2. Determine the feasibility of establishing family practice residency programs as well as other graduate programs for providing primary care.

HEALTH SYSTEMS GOALS BY SERVICES

MEDICAL FACILITIES

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GOAL:

ASSURE THAT ALASKA'S RURAL (LEVEL III) HOSPITALS AND LONG-TERM CARE FACILITIES MEET MINIMUM STANDARDS FOR FUNCTIONAL ADEQUACY AND PHYSICAL PLANT CONDITION.

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OBJECTIVE(S):

- A. Beginning in 1982, the condition of the physical plant of rural health facilities will be annually inventoried.

ACTIONS:

1. Using the 1982 survey results as a basis, each year an inventory and up-date of the physical plant condition of each rural health facility will be conducted.

- B. Introduce legislation creating a fund within the Department of Health and Social Services for plant improvements and maintenance at rural health facilities.

ACTIONS:

1. Introduce legislation establishing an accountable rural health facility fund.

- C. The Statewide Health Coordinating Council will prepare a priority listing of needed rural health facility projects on an annual basis for use by the Commissioner of Health and Social Services in disbursing monies from the rural health facility fund.

ACTIONS:

1. The Statewide Health Coordinating Council and the SHPDA jointly develop criteria and standards for evaluating rural health facilities to include:
  - physical plant condition
  - ability of the facility to provide quality health services
  - community need for additional services
  - ability of the facility to meet licensure standards.

HEALTH SYSTEMS GOALS BY SERVICES

MEDICAL FACILITIES

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GOAL:

ASSURE THAT LEVEL I AND LEVEL II COMMUNITIES ARE PROVIDED WITH ADEQUATE CLINIC FACILITIES.

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OBJECTIVE(S):

- A. The 1982 Village Clinic Survey will be up-dated annually.

ACTIONS:

1. In cooperation with the AANHS, the Regional Health Corporations, and the HSAs, SHPDA staff will each year up-date the village clinic survey.
- B. Introduce legislation creating a fund within the Department of Health and Social Services for new construction and necessary remodeling of village health clinics.

ACTIONS:

1. Introduce legislation establishing a village clinic fund.
- C. The Statewide Health Coordinating Council will prepare a priority listing of needed village clinic projects on an annual basis for use by the Commissioner of Health and Social Services in disbursing monies from the village health clinic fund.

ACTIONS:

1. The SHCC will annually prepare a list of recommended projects for transmittal to the Commissioner of H&SS after review of this list with the AANHS, the Regional Health Corporations, and the HSAs.
2. The Commissioner of H&SS will use the SHCC recommendations in disbursing monies from the village health clinic fund.
3. The SHCC developed recommendations will be based on village needs for a clinic facility, the adequacy of any existing facility, and similar considerations.

HEALTH SYSTEMS GOALS BY SERVICES

MEDICAL FACILITIES

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GOAL:

PROVIDE ALTERNATIVES TO INSTITUTIONAL HEALTH CARE TO ACHIEVE PROPER PLACEMENT OF DISABLED OR CHRONICALLY ILL PATIENTS.

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OBJECTIVES:

1. By 1984 establish appropriate residential facilities for individuals in need of such accommodations and establish home health care services for those individuals who are able to and prefer to remain at home.

ACTIONS:

1. Investigate the financial feasibility of residential care facilities and home health care for Level II and III communities.
  2. Establish financing mechanisms for residential and home health care.
  3. Establish quality of care standards for residential care.
  4. Develop adequately trained staff for these facilities and functions.
2. Evaluate bed need requirements in all Level III and IV communities through a comprehensive needs assessment which avoid overlap and duplications between the various classifications of bed type.

ACTIONS:

1. Draft an assessment scenario.
2. Identify resources needed to complete the assessment.
3. Secure identified resources.
4. Complete the assessment.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

The general hospital supply of beds will be less than 4 non-federal short-stay hospital beds per 1,000 population.

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OBJECTIVES:

1. Each Level IV community will not exceed a ratio of 3.5 beds per 1,000 population.
2. The health service area averages for Level III communities will maintain a ratio of less than 3.5 beds per 1,000 population.

ACTIONS:

1. Include these objectives in all Certificate of Need reviews.
2. Continue the cooperative involvement of the HSAs, the hospitals, nursing homes, state and federal agencies, and all interested parties in maintaining an adequate but not excessive supply of general hospital beds.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES

MEDICAL FACILITIES)

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GOAL:

STATEWIDE AVERAGE BED OCCUPANCY FOR NON-FEDERAL ACUTE CARE FACILITIES SHOULD BE 65% OR HIGHER.

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OBJECTIVES:

1. The occupancy rate of acute care facilities in Level IV communities should be 80% or higher.
2. The occupancy rate of acute care facilities in Level III communities should be 65% or higher.

ACTIONS:

1. No new beds should be added in Level IV communities without evidence of a significant population increase and also a projected increase in occupancy rates to at least 80% over a five year period of time. No new beds should be added in Level III communities without evidence of a significant population increase and also a projected increase in occupancy rates to at least 65% over a five year period of time. In communities with less than 20 acute care beds, occupancy based justification has limited validity. Justification for expansion of facilities in such communities shall be based on individual project merit.
2. Patient origin studies and the development of a reliable needs-based formula should be undertaken by both state and regional health agencies in coordination with existing hospitals.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

OBSTETRICAL AND NEONATAL SPECIAL CARE SERVICES WILL BE ORGANIZED ON A REGIONAL BASIS TO ESTABLISH REFERRAL LINKAGES AMONG SERVICES.

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OBJECTIVES:

1. Establish regionalized linkages among existing obstetrical and neonatal units.

ACTIONS:

1. Implement the OB and neonatal regionalization concept primarily through statewide participation in the Perinatal Advisory Committee sponsored by the Statewide Improved Pregnancy Outcome Program.
2. Explore and establish regionalized networks and linkages between levels of services appropriate to Alaska with respect to both obstetrical and neonatal special care.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

ALL FACILITIES PROVIDING LEVEL II AND LEVEL III OBSTETRICAL SERVICES WILL HAVE AT LEAST 1500 BIRTHS PER YEAR AND AN ANNUAL OCCUPANCY RATE OF 75%.

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OBJECTIVES:

1. In all facilities providing Level II and Level III obstetrical services, there should be at least 1500 births per year and an annual occupancy rate of 75%.

ACTIONS:

1. Implement the OB and neonatal regionalization concept primarily through statewide participation in the Perinatal Advisory Committee sponsored by the Statewide Improved Pregnancy Outcome Program.
2. Explore and establish regionalized networks and linkages between levels of services appropriate to Alaska with respect to both obstetrical and neonatal special care.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

NEONATAL SPECIAL CARE SERVICES SHOULD PROVIDE NO MORE THAN 4 BEDS/1000 LIVE BIRTHS IN A DEFINED NEONATAL SERVICE AREA AND NEONATAL UNITS SHOULD HAVE A MINIMUM OF 15 BEDS PER UNIT.

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OBJECTIVES:

1. Every Level II and Level III neonatal special care unit should maintain a minimum of 15 beds and provide no more than 4 beds per 1000 live births in a designated neo-natal service area.

ACTION:

1. Implement the OB and neonatal regionalization concept primarily through statewide participation in the Perinatal Advisory Committee sponsored by the Statewide Improved Pregnancy Outcome Program.
2. Explore and establish regionalized networks and linkages between levels of services appropriate to Alaska with respect to both obstetrical and neonatal special care.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

GOAL:

LEVEL IV COMMUNITIES SHOULD HAVE A 15 BED MINIMUM UNIT SIZE FOR PEDIATRIC CARE, WITH A 20-BED MINIMUM FOR NEW UNITS; OCCUPANCY OF EXISTING UNITS OF LESS THAN 20 BEDS IN LEVEL IV COMMUNITIES SHOULD BE AT LEAST 60%; FOR 20-39 BEDS, 65%; FOR 40-70 BEDS, 70%; FOR 80 OR MORE BEDS, 75%.

OBJECTIVES:

1. By 1985, 33-35 pediatric beds in Anchorage, with 65% occupancy.
2. By 1990, 38-41 pediatric beds in Anchorage, with 65% to 70% occupancy.
3. By 1984, 11 to 14 pediatric beds in the Fairbanks Memorial Hospital service area, with at least 60% occupancy.

ACTIONS:

1. Eliminate duplicate services in the Anchorage area.
2. Greater use of contract care at Fairbanks Memorial Hospital by the Alaska Area Native Health Service.
3. No new services initiated through 1983.
4. Develop a common plan by inpatient facilities in conjunction with pediatricians examining the most cost efficient way of delivering any additional services before any additional pediatric beds are added to the total supply in Anchorage.
5. Carefully monitor bed supply and utilization at Fairbanks Memorial Hospital, with a special review of linkages between Fairbanks Memorial and the federal facilities in the area.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

GOAL:

ALL FACILITIES PROVIDING OPEN HEART SURGERY SHOULD HAVE AT LEAST 80 PROCEDURES PER YEAR.

OBJECTIVES:

1. Continue provision of open heart surgery for the single existing unit located in \_\_\_\_\_ in \_\_\_\_\_ of 80 procedures per year.

ACTIONS:

1. No new units begun unless each existing unit is operating at 350 cases annually and a minimum of 200 adult open heart procedures performed annually within 3 years of service initiation.
2. No new pediatric units unless within 3 years of initiation; 100 pediatric heart operations are performed annually, of which 75 should be open heart surgery.
3. No new open heart units unless each existing unit in the HSA is operating and expected to continue to operate at a minimum of 350 open heart surgery cases per year in adult service or 130 pediatric open heart cases in pediatric services.
4. Before any new costly equipment is acquired or expansion of the current services undertaken, a thorough appropriateness review should be made, including considerations of number of procedures performed, associated mortality and morbidity rates, need and quality.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

EACH UNIT PROVIDING CARDIAC CATHETERIZATION SHOULD PERFORM A MINIMUM OF 250 ADULT CARDIAC CATHETERIZATIONS PER YEAR AND CONTINUE PEDIATRIC CARDIAC CATHETERIZATIONS IN THE EXISTING CARDIAC CATHETERIZATION LABORATORY.

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OBJECTIVES:

1. There should be at least 250 cardiac catheterizations in the existing unit and continued pediatric cardiac catheterizations by a pediatric cardiologist with regularly updated skills, using the existing cardiac catheterization laboratory.

ACTIONS:

1. No new cardiac catheterization units through 1983.
2. No new units allowed unless there are existing open-heart surgery units in the institution where a new catheterization unit would be initiated.
3. No new units unless within the HSA all existing adult units are performing 500 procedures a year and pediatric units performing 250 per year.
4. No new units unless the new service demonstrates ability to comply with the national guidelines within 3 years of initiation.
5. Any new unit will be located in a Level IV or V community.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

RADIATION THERAPY PROVIDED AT THE CURRENTLY EXISTING UNIT IF QUALITY, COST EFFICIENT CARE IS MAINTAINED AND SERVICES INCLUDE AT LEAST 6,000 TREATMENT ANNUALLY TO A MINIMUM OF 300 CANCER PATIENTS.

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OBJECTIVES:

1. Provide radiation therapy at the currently existing unit if quality, cost efficient care is maintained and services include at least 6,000 treatments annually to a minimum of 300 cancer patients.

ACTIONS:

1. By 1983, no new units initiated unless in a Level IV or V community with 150,000 population base and there is the need for an additional unit to serve over 300 cases per year with at least 6,000 treatments annually.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

CONTINUE TO PROVIDE COMPUTERIZED TOMOGRAPHIC SCANNERS PROVIDED THAT QUALITY COST EFFICIENT SERVICES ARE MAINTAINED AND AT LEAST 3,500 MEDICALLY NECESSARY HEAD EQUIVALENT CT UNITS ARE PERFORMED ANNUALLY.

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OBJECTIVES:

1. By 1984, continued provision of computerized tomographic scans, with maintenance of quality cost efficient services and performance of at least 3,500 medically necessary head equivalent CT units annually after the initial year of operation.

ACTIONS:

1. Annually review utilization data systems for each CT scanner.
2. Review all applications for additional or replacement CT scanners.

HEALTH SYSTEMS GOALS BY SERVICES

(NATIONAL GUIDELINES)

MEDICAL FACILITIES

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GOAL:

CONTINUE TO PROVIDE ESRD SERVICES IN ACCORDANCE WITH STANDARDS AND PROCEDURES ESTABLISHED IN 20 CFR, PART 405, SUBPART U.

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OBJECTIVES:

1. Continue to provide ESRD Services in accordance with standards and procedures established in 20 CFR, Part 405, Subpart U.

ACTIONS:

1. No new service will be initiated through 1983.
2. Current dialysis units will continue in operation.
3. Make a continuing analysis of the number of ESRD patients who are suitable for home dialysis and the need for the provision of patient training and follow-up services to home users.