



June 1, 2004

Ms. Linda S. Hall, Director
State of Alaska DCED
Division of Insurance
550 W. 7th Avenue, Suite 1560
Anchorage, Alaska 99501-3567

Dear Ms. Hall:

On behalf of the Alaska Health Education Consortium (AHEC), representing close to a hundred Alaskan health educators and health care providers dedicated to the promotion of health and wellness, we are submitting the following information as part of the invitation for public comment in the matter of Premera Blue Cross R03-07.

As a statewide membership organization, AHEC is currently taking no formal position on whether the proposed conversion should be approved.

Nevertheless, we share the concerns articulated by the expert reports commissioned by the State of Alaska, of the potential impacts of the proposed conversion. Extreme care must be given to assure the impacts of the proposed conversion do not adversely impact health care access, as well as health insurance availability and affordability in Alaska.

If a conversion occurs, it is essential the asset distribution be: fair to Alaskans; that funds are protected in perpetuity from being used by the Alaska legislature for appropriation; and all assets are dedicated to improving the health and wellness of all Alaskans.

If a conversion occurs, an Alaskan based non-profit Foundation created with assets should serve as the recipient, holder and distributor of all the Premara assets designated for Alaska. AHEC believes the Board of directors should be comprised of expertise both in population population-based health, health promotion, disease and injury prevention and be reflective of the geographic and cultural diversity of Alaska. AHEC welcomes the opportunity to recommend potential nominees for the founding Board of Directors.

If a conversion occurs, AHEC strongly recommends prevention be prioritized in the mission and funding directives of the Foundation. The next several pages define and outline the scope and impact of prevention initiatives needed in Alaska.

In support of the importance of prevention to the health mission of the Foundation, we have included three pages of Alaskan and U.S. health data with references that clearly demonstrate prevention is the key to better health and health care economy.

Sincerely,

Roz DeRensis, MPH, CHES
President, Alaska Health Education Consortium

Prevention is key to better health and health care economy

As the U.S. Surgeon General told Alaskans on May 18, 2004 in Anchorage, investing in the prevention of illness and injury now will save time and dollars down the road in health care costs. Currently the United States spends very few dollars on prevention (only 1-2 percent of its health care dollars) .ⁱ

Chronic diseases and conditions account for at least 7 of every 10 deaths in the United States and for more than **60 percent** of medical care expenditures. In 2000, poor diet and physical inactivity, which contribute to obesity, cancer, cardiovascular disease and diabetes, accounted for 400,000 actual deaths in the U.S. Only tobacco use caused more preventable deaths (435,000)ⁱⁱ

Expenditures for health care in the United States were estimated to reach \$1.66 trillion in 2003. Much of these costs can be attributed to the diagnosis and treatment of chronic diseases and conditions such as diabetes, obesity, cardiovascular disease and asthma.

- Overweight or obesity costs anywhere from \$69 billion to \$117 billion per year.
- Diabetes costs approximately \$132 billion.
- Heart disease and stroke cost more than \$300 billion each year.
- Children diagnosed with asthma costs nearly \$14 billion per year.

A much smaller amount is spent on preventing these conditions.ⁱⁱⁱ

| Causes | Estimated # of deaths | Percentage of total deaths |
|-----------------------------------|------------------------------|-----------------------------------|
| Tobacco | 435,000 | 18.1% |
| Poor Diet and Physical Inactivity | 400,000 | 16.6% |
| Alcohol Consumption | 85,000 | 3.5% |
| Microbial agents | 75,000 | 3.1 |
| Toxic Agents | 55,000 | 2.3 |
| Motor Vehicle Crashes | 43,000 | 1.8 |
| Firearm Incidents | 29,000 | 1.2 |
| Sexual Behaviors | 20,000 | .8 |
| Illicit Drug Use | 17,000 | .7 |

In Alaska, the five leading causes of death in 2000 were cancer, heart disease, unintentional injuries, cerebrovascular disease (stroke) and suicide. Chronic diseases are among the most prevalent, costly and preventable of all diseases. Injury, the third leading cause of death in Alaska and the leading cause of years of life lost before age 65, is also preventable.^v About half of all deaths occurring annually are attributable to modifiable behavioral risk factors. These risk factors include smoking, physical inactivity, poor diet, high blood pressure, alcohol abuse, violence, not using safety devices and risky sexual behavior.

Alaskans are particularly at risk for chronic disease and premature death because of the high prevalence of unhealthy behaviors. According to the Alaska Behavioral Risk Factor Survey (2000-2001) of Alaskan adults: 26.2% smoke, 41.2 are overweight (BMI 25-29.9), 22.1 % are obese (BMI >30), 26.2% have high blood pressure, 28.7% have high cholesterol, 3% have diabetes, 18.2% engage in binge drinking, 4.2% engage in chronic drinking. In addition, 18.8% report having no health care plan.

| Behavioral Health Risks Among Adults in Alaska, 2001^{vi} | | |
|--|------------------------------|---------------------------------|
| Health Risk | Estimated # of adults | Percentage of population |
| Overweight | 179,720 | 41.2% |
| High Cholesterol | 125,193 | 28.7% |
| Smoking | 114,288 | 26.2% |
| Obese | 96,403 | 22.1% |
| High Blood Pressure | 95,094 | 21.8% |
| No Health Care Plan | 82,008 | 18.8% |
| Binge Drinking | 79,391 | 18.2% |
| Chronic Drinking | 26,609 | 6.1% |
| Heavy Drinking | 24,864 | 5.7% |

In 2001, tobacco alone was responsible for approximately one in every 5 deaths in Alaska. In 1998, tobacco use cost Alaskans approximately 270 million dollars.^{vii}

ACTION: PREVENTION AS A PRIORITY

Prevention as a Priority: AHEC recommends the establishment of prevention as a priority for Foundation funding similar to the California Wellness Foundation.^{viii}

To succeed in the mission to improve the health and well of all Alaskans, it is essential the Foundation increase funding/grant making opportunities for comprehensive prevention programs and services that include educational, environmental and policy strategies to improve the health of the community within various settings including:

Community based prevention: Community-based health promotion programs that include community participation from a variety of sectors from within the community; community assessment and planning to prioritize health needs; targeted and measurable objectives; comprehensive, multifaceted, culturally relevant interventions that have multiple targets for change, and monitoring and evaluation processes.^{ix}

Clinical Preventive Services: Access to and health care coverage for age and risk appropriate clinical preventive services for immunizations, screening tests, health exams and comprehensive risk assessments, and preventive counseling and health education services.^x Health screenings includes blood pressure, height and weight, cholesterol, dental, alcohol use, pap tests, mammograms, colorectal cancer, vision and hearing, with support to assist health care clinics to integrate prevention into clinical care.

Coordinated school health programs: to include health education; physical education; school based health services (school nurses/school clinics); nutrition services; mental health and social services; healthy school environment; health promotion for staff; and promotion of family and community involvement.^{xi}

Comprehensive worksite health promotion programs: Which includes health education, supportive and social and physical environments, integration of health promotion into the organization structure, linkages to related programs, health screening and follow-up interventions, and program evaluation.^{xii}

ⁱ Potempa A. Surgeon General Touts Prevention. *Anchorage Daily News*. May 18, 2004: B1

ⁱⁱ U.S. Dept of Health and Human Services. *Prevention, A Blueprint for Action*. Steps to a Healthier US. April 2004. Available at <http://aspe.hhs.gov/health/blueprint/index.shtml>

ⁱⁱⁱ U.S. Dept. of Health and Human Services, Prevention Makes Common "Cents", September 2003. Available at <http://aspe.hhs.gov/health/prevention/>

^{iv} Mokdad A., Marks J., Stroup, D. Gerberding J. Actual Causes of Death in the United States, 2000. *Journal of the American Medical Association*. Vol. 291 No. 10, March 10, 2004

^v Alaska Bureau of Vital Statistics. Leading Causes of Death in 2000. Available at <http://www.hss.state.ak.us/dph/bvs/publications/explanation.htm>

^{vi} State of Alaska, Dept. of Health and Social Services. *Behavioral Risk Factor Survey, 2000/2001 Annual Report*. Dec. 2003.

^{vii} State of Alaska, Dept. of Health and Social Services. *Tobacco in the Great Land, A Portrait of Alaska's Leading Cause of Death*, Feb. 2004

^{viii} California Wellness Foundation. Available at <http://www.tcdf.org/>. Accessed May 31, 2003

^{ix} U.S. Dept. of Health and Human Services. *Healthy People 2010, Vol. I*. Nov. 2000

^x Partnership for Prevention. *Prevention is Basic to Health Reform*. 1994

^{xi} Centers for Disease Control and Prevention. *School Health Programs: An Investment in Our Nation's Future, At-A-Glance*. 1999

^{xii} Partnership for Prevention. *Healthy Workforce 2010*. Washington D.C. Fall 2001.