

CITY OF BETHEL

City Council Meeting Agenda, December 8, 2020 – 6:30 PM

Website: <https://www.cityofbethel.org/council>

Location: Council Chambers, City Hall, 300 Chief Eddie Hoffman Highway, Bethel

Council Members: Mayor Michelle DeWitt, Vice-Mayor Haley Hanson, Perry Barr, Alyssa Leary, Mark Springer, Rose Henderson, Conrad McCormick



ALL PUBLIC MEETINGS OF THE CITY OF BETHEL WILL BE HELD VIRTUALLY

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888 475 4499 US Toll-free

833 548 0276 US Toll-free

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Meeting ID: 953 2768 4506

Passcode: 419164

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL

4. PEOPLE TO BE HEARD – FIVE MINUTES PER PERSON

5. APPROVAL OF CONSENT AGENDA AND REGULAR AGENDA

6. APPROVAL OF MEETING MINUTES

6.1. *11-24-2020 Special City Council Meeting

6.2. *11-24-2020 Regular City Council Meeting

7. REPORTS OF STANDING COMMITTEES

7.1. Committee/Commission/Boards Agendas And Draft Meeting Minutes

8. SPECIAL ORDER OF BUSINESS

Posted December 2, 2020 at City Hall, AC Co., Swanson's, and the Post Office.

Kevin Morgan, Deputy City Clerk

City Clerk's Office Contact Information: Email cityclerk@cityofbethel.net Phone 907-543-1384

Items noted with an asterisk (*) are consent agenda items, unless removed from the consent agenda they are approved upon the approval of the agenda. Ordinances introduced at this meeting may be set for public hearing at the next regular meeting.

The Council may by unanimous consent, after 12:00 AM Fix the Time to Which To Adjourn until the following day at 6:30 PM

- 8.1. Proclaiming The Week Of December 27, 2020 Frontline Healthcare Worker Appreciation Week (Mayor DeWitt)

9. UNFINISHED BUSINESS

- 9.1. Introduction Of Ordinance 20-25 Creating An Excise Tax On The Distribution Of Sugar-Sweetened Beverage Products (Council Member Dewitt)

10. NEW BUSINESS

- 10.1. *Resolution 20-19: Submitting A Victim Impact Statement To The United States Attorney's Office, District Of Alaska, In U.S. V. Carmichael, 3:19-Cr-00148-Tmb-Dms (Mayor Dewitt)
- 10.2. *AM 20-56: Authorize And Approve City Administration To Issue Checks Totaling \$35,237.47 To Year 3, Quarter 3 And 4 Community Action Grant Awardees Based On The Community Action Grant Technical Review Board's (CAGTRB) Work On Scoring Applications And Deciding How Much To Award Each Applicant (Interim City Manager Williams)
- 10.3. *AM 20-57 Direct Administration To Prepare And Submit An FY 2022 Public Transit (5311) Grant Application To Fund The Operation Of The Bethel Transit System With Up To \$85,000 In Local Cash Match From The City's FY 2022 Budget (Interim City Manager Williams)
- 10.4. AM 20-58: Direct City Administration To Negotiate And Execute An Agreement With Myers Farm For The Purchase Of Up To 2,890 Boxes Of Produce At A Cost Of Up To \$130,050 Using CARES Act Funds, And Then Distribute The Food Free To Those In Need (Interim City Manager Williams)
- 10.5. AM 20-59: Council Authorization To Administration To Begin Work On Conveyance Of City Property, The Current Site Of The ONC Multi-Purpose Building (Plat 71-425, Tract A Block 9), To ONC (Interim City Manager Williams)
- 10.6. AM 20-60: Authorize Administration To Distribute Funds To Bethel Community Services Foundation To Support The Outstanding Funding Requests Of The Round Two Business Recovery Grant Program, The Individual Assistance Program And The Non-Profit Grant Program, Contingent On The December 30, 2020 Expiration Of The CARES Act Grant Not Being Extended (Interim City Manager Williams)
- 10.7. *IM 20-20: Presentation Of The City's Water & Sewer Services Expenditures Compared To Budget From July 1, 2020 To November 30, 2020 – Utilities Maintenance – Water & Wastewater Activity Report (Interim City Manager Williams)

11. REPORTS

- 11.1. Mayor's Report
- 11.2. City Manager's Report

Posted December 2, 2020 at City Hall, AC Co., Swanson's, and the Post Office.

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The Council may by unanimous consent, after 12:00 AM Fix the Time to Which To Adjourn until the following day at 6:30 PM

11.3. Clerk's Report

12. COUNCIL MEMBER COMMENTS

13. EXECUTIVE SESSION

- 13.1. In Accordance With AS 44.62.310(C) (2) Subjects That Tend To Prejudice The Reputation And Character Of Any Person, Provided The Person May Request A Public Discussion; (3) Matters Which By Law, Municipal Charter, Or Ordinance Are Required To Be Confidential; (4) Matters Involving Consideration Of Government Records That By Law Are Not Subject To Public Disclosure.

Filling The Vacancy Of City Manager, Review Of Applications, Discussion Of Qualifications, And Interview Questions (Mayor Dewitt)

14. ADJOURNMENT

Posted December 2, 2020 at City Hall, AC Co., Swanson's, and the Post Office.

Kevin Morgan, Deputy City Clerk

City Clerk's Office Contact Information: Email cityclerk@cityofbethel.net Phone 907-543-1384

Items noted with an asterisk (*) are consent agenda items, unless removed from the consent agenda they are approved upon the approval of the agenda. Ordinances introduced at this meeting may be set for public hearing at the next regular meeting.

The Council may by unanimous consent, after 12:00 AM Fix the Time to Which To Adjourn until the following day at 6:30 PM

1. CALL TO ORDER

A Special Meeting of the Bethel City Council was held on November 24, 2020 at 5:30 p.m., in the Council chambers, Bethel, Alaska.

Mayor DeWitt called the meeting to order at 5:30 p.m.

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL

Comprising a quorum of the Council, the following members were present:
City Council Member Rose Henderson (telephonically) City Council Member Conrad McCormick (telephonically) Mayor Michelle DeWitt (telephonically) City Council Member Alyssa Leary (telephonically) Vice-Mayor Haley Hanson (telephonically) City Council Member Mark Springer (telephonically) arrived after roll call at 5:38 p.m. City Council Member Perry Barr (telephonically) arrived after roll call at 6:11 p.m.
Members Absent:
Also in attendance were the following:
City Clerk Lori Strickler, City Attorney Libby Bakalar (telephonically)

4. PEOPLE TO BE HEARD – Five minutes per person

No one present to be heard.

5. APPROVAL OF AGENDA

Main Motion: Approval of Agenda.

Moved by:	Rose Henderson
Seconded by:	Haley Hanson
In favor:	Haley Hanson, Alyssa Leary, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None

Results: | Motion Carries

6. UNFINISHED BUSINESS

7. NEW BUSINESS

Item 7.1. - Meeting With GovHR Representative, Sarah Mckee For The Presentation Of City Manager Recruitment Finalists (Mayor Dewitt)

Main Motion: Move into committee of the whole.

Moved by:	Haley Hanson
Seconded by:	Rose Henderson
In favor:	Haley Hanson, Alyssa Leary, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

Council Member Springer joined the meetings at 5:38 p.m.

Council Member Barr joined the meeting at 6:11 p.m.

Main Motion: Move out of committee of the whole.

Moved by:	Haley Hanson
Seconded by:	Rose Henderson
In favor:	Perry Barr, Haley Hanson, Alyssa Leary, Mark Springer, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

Direct the City Clerk and GovHR to contact City Manager candidates 1, 2, 3, 4, 8 for interviews.

Moved by:	Haley Hanson
Seconded by:	Rose Henderson
In favor:	Perry Barr, Haley Hanson, Alyssa Leary, Mark Springer, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

8. ADJOURNMENT

Main Motion: Adjournment.

Moved by:	Mark Springer
Seconded by:	Haley Hanson
In favor:	Perry Barr, Haley Hanson, Alyssa Leary, Mark Springer, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

Meeting ended at 6:24 p.m.

Michelle DeWitt, Mayor

ATTEST:

Lori Strickler, City Clerk

1. CALL TO ORDER

A Regular Meeting of the Bethel City Council was held on November 24, 2020 at 6:30 p.m., in the Council chambers, Bethel, Alaska.

Mayor DeWitt called the meeting to order at 6:30 p.m.

2. PLEDGE OF ALLEGIANCE

3. ROLL CALL

Comprising a quorum of the Council, the following members were present:
City Council Member Perry Barr (telephonically) Vice-Mayor Haley Hanson (telephonically) City Council Member Alyssa Leary (telephonically) City Council Member Mark Springer (telephonically) Mayor Michelle DeWitt (telephonically) City Council Member Rose Henderson (telephonically) City Council Member Conrad McCormick (telephonically)
Members Absent:
Also in attendance were the following:
Interim City Manager Peter Williams, City Clerk Lori Strickler, City Attorney Libby Bakalar (telephonically)

4. PEOPLE TO BE HEARD – Five minutes per person

Brent Miller, Alaska Beverage Association- The Alaska Beverage Association does not support taxes on any individual industry or product. Now is not the time to burden people with more taxes. Provided some statistical information on health-related issues; pointing out that beverages are not a unique driver of obesity rates.

Lonnie Galudo, Alaska Beverage Association- Stated concerns related to the taxation of sugar sweetened beverages. Explained how the excise tax will be applied to the vendor and then on to the consumer; putting the tax burden on those who can afford it least. Recommended the City look to other avenues to raise revenue for parks such as

grants.

Thomas Bramsche, Alaska Beverage Association- Does not want the Council to put the burden of an extra tax on the community during this time crisis.

Phillip Thomas, Alaska Beverage Association- Spoke about the effects of a similar tax in Philadelphia that lead to business loses of 55% in the beverage industry and a 2% decline in all other purchases.

5. APPROVAL OF CONSENT AGENDA AND REGULAR AGENDA

Main Motion: Approval of Consent Agenda and Regular Agenda.

Moved by:	Mark Springer
Seconded by:	Conrad McCormick
In favor:	Perry Barr, Haley Hanson, Alyssa Leary, Mark Springer, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

Removal from the Consent Agenda- Item 10.3- IM 20-19, Mayor DeWitt

6. APPROVAL OF MEETING MINUTES

Item 6.1. - *11-10-2020 Regular City Council Meeting
Passed on the consent agenda.

7. REPORTS OF STANDING COMMITTEES

Item 7.1. - Committee/Commission/Board Agendas And Draft Meeting Minutes
Port Commission, Council Member Springer- Nothing to report.

Planning Commission, Vice-Mayor Hanson- The ONC Subdivision is in development and there are plans for developing three to four homes each year starting next summer. The Staff will be looking at locations for a new bulk fuel farm. The road construction project concerning the Department of Transportation and Tundra Ridge was talked about as a topic for future discussion. Abandoned cars are being identified and actions are being considered to address them.

Community Action Grant Technical Review Board, Council Member Barr- Three applications were considered. On November 30th, the Board will review the applications and provide their recommendations to the Council for consideration on December 8th.

Parks, Recreation, Aquatic Health and Safety Center Committee, Mayor DeWitt- The Committee held a special meeting on November 23rd and reviewed amendments to the sugar sweetened beverage ordinance and will present a recommendation to the Council.

Finance Committee, Conrad McCormick- A meeting has not been held since the last meeting.

Public Works Committee, Council Member Leary- Discussed complaints about landfill salvage, a city code enforcer position, water/sewer financial issues, public interest about renaming Polk road to Lucy Polk's Yup'ik name, and was updated on the avenue water/sewer project. Next meeting is December 16th.

Public Safety and Transportation Commission, Council Member Henderson-, Have not met since the last meeting where they recommended the Fire Department and Police Department take part in vicarious trauma training which is being offered at no cost. Next meeting is December 2nd.

8. SPECIAL ORDER OF BUSINESS

9. UNFINISHED BUSINESS

Item 9.1. - Public Hearing Of Ordinance 20-35: Amending Chapter 4.04.080 Of The Bethel Municipal Code, Budget—Control (Interim City Manager Williams)

Mayor DeWitt opened the Public Hearing.

If no one present to be heard.

Mayor Dewitt closed the Public Hearing.

Main Motion: Adopt Ordinance 20-35.

Moved by: | Alyssa Leary

Seconded by:	Rose Henderson
In favor:	Perry Barr, Haley Hanson, Alyssa Leary, Mark Springer, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

10. NEW BUSINESS

Item 10.1. - Public Hearing Of Emergency Ordinance 20-36: Amending Emergency Ordinance 20-33 "The City Of Bethel COVID-19 Rules And Procedures," Which Adopt And Clarify State Of Alaska Travel Protocols For All Interstate And Intrastate Non-Essential Travel To The City (Mayor Dewitt)

*Mayor DeWitt opened the Public Hearing.
If no one present to be heard.
Mayor Dewitt closed the Public Hearing.*

Main Motion: Adopt Emergency Ordinance 20-36.

Moved by:	Mark Springer
Seconded by:	Perry Barr
In favor:	Perry Barr, Haley Hanson, Alyssa Leary, Mark Springer, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

Item 10.2. - *AM 20-55: Authorizing The City Manager To Negotiate And Execute A Contract With Company "A" To Implement A Hauled Utilities Digitization Solution For The City Of Bethel (Interim City Manager Williams)

Passed on the consent agenda.

Item 10.3. - *IM 20-19: City To Contribute \$200,000 In CARES Act Grant Funds To Bethel Community Services Foundation To Support Their Service Work In And For The Community Of Bethel As A Result Of The COVID-19 Pandemic (Interim City Manager Williams)

Mayor DeWitt declared a conflict of interest as she is the Executive Director of Bethel Community Services Foundation.

Main Motion: To confirm that Mayor DeWitt has a conflict of interest.

Moved by:	Haley Hanson
Seconded by:	Mark Springer
In favor:	Perry Barr, Haley Hanson, Alyssa Leary, Mark Springer, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

Mayor DeWitt refrained from participation in this item of business and removed herself from the call.

Vice-Mayor Hanson presided over this item of business.

11. REPORTS

Mayor DeWitt rejoined the meeting.

Item 11.1. - Mayor's Report

Item 11.2. - City Manager's Report

Item 11.3. - Clerk's Report

12. COUNCIL MEMBER COMMENTS

Mayor DeWitt- Stay safe, stay healthy, stay home. Urged everyone to take mitigation measures seriously and continue to wear masks, social distance, and wash hands. Happy Thanksgiving.

Vice-Mayor Hanson- Wished everyone Happy Thanksgiving and wanted the community to know that Zoom will be removing the 40 minute time limit if you want to connect with your family online during Thanksgiving.

Council Member Barr- Wished everybody Happy Thanksgiving. Would like an easier way for members of the public to participate by telephone. There is thin ice up and down the river; it is not safe. Urged everyone to wear reflective gear as well.

Council Member Leary- *disconnected at 8:06 p.m.*

Council Member Springer- It is unfortunate that we won't be together for Thanksgiving in person this year due to COVID-19. It is a sacrifice, but the alternative is worse. Urged the public to pay attention to Bethel Search and Rescue and stay off the river.

Council Member Henderson- As a new member to the Council, thanked the Council and the Clerk for all their help and patience to take the time to answer questions. Urged the public to adhere to YKHC and city guidelines during Thanksgiving and work together so we can end COVID-19 in our community. Thanked the members of the public who contacted her about the Sugar Sweetened Beverage Tax. Would like to hear more from the public; please call or email.

Council Member McCormick- Urged the public to adhere to YKHC and CDC guidelines. Most, if not all, of COVID-19 is getting into the surrounding communities from Bethel; we have a responsibility to these communities. Urged the public to get tested if you have any symptoms. Testing is available Monday-Friday 2-5 p.m. Thanked everyone for the sacrifices they have to make, especially for the Elders and most vulnerable. This Thanksgiving make sure you leave room for dessert. Happy Thanksgiving.

13. EXECUTIVE SESSION

14. ADJOURNMENT

Main Motion: Adjournment.

Moved by:	Haley Hanson
Seconded by:	Rose Henderson
In favor:	Perry Barr, Haley Hanson, Mark Springer, Michelle DeWitt, Rose Henderson, Conrad McCormick
Opposed:	None
Results:	Motion Carries

Meeting ended at 8:14 p.m.

Michelle DeWitt, Mayor

ATTEST:

Lori Strickler, City Clerk

PUBLIC NOTICE
REGULAR-SPECIAL MEETING OF THE
Community Action Grant Technical Review Board
Monday, November 30, 2020, 7:00 p.m.
Council Chambers, 300 State Highway, Bethel, Alaska



AGENDA

Members

S. Grady Deaton, Chair
Leif Albertson, Vice-Chair
Perry Barr, Council Rep.
Jennifer Dobson
Louise Russell
Lucinda Alexie

Ex-Officio

John Sargent

Recorder

John Sargent

THE CITY OF BETHEL IS HOLDING ALL PUBLIC MEETINGS VIRTUALLY.

Join Zoom Meeting

<https://zoom.us/j/94672227515?pwd=QTRGRmg1YnRQUnU0RWdNUmk3VjRVZz09>

Meeting ID: 946 7222 7515

Passcode: 443689

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Meeting ID: 946 7222 7515

Passcode: 443689

Find your local number: <https://zoom.us/j/94672227515>

I. CALL TO ORDER

II. ROLL CALL

III. PEOPLE TO BE HEARD

IV. APPROVAL OF AGENDA

v. APPROVAL OF MINUTES

A. November 17, 2020 Regular Meeting.

vi. UNFINISHED BUSINESS

A. Review amount of CAG funding available.

B. Review, discuss, and score applications and responses received (may include questions to applicants in attendance).

C. Review/revise application, forms, & processes.

D. Update on previous award recipients, projects funded, final reports, CAG award agreements, and other follow-up issues.

vii. COMMISSION MEMBER COMMENTS

viii. ADJOURNMENT

POSTED: Post Office, AC, AC Quickstop, Swanson's, and City Hall

City of Bethel

Finance Committee Agenda

Monday November 23th, 2020 – 6:30 p.m.

Council Chambers, City Hall-300 State Highway



Joni Beckham
Finance Committee Chair
Term Ends 2021

Robert Rey
Finance Committee Vice Chair
Term Ends 2021

Conrad McCormick
City Council Representative
Term Ends XXXX

David Trantham, Jr.
Finance Committee Member
Term Ends 2020

VACANT
Finance Committee Member
Term Ends XXXX

Marybeth Whalen
Finance Committee Member
Term Ends 2021

Heather Kanuk
Finance Committee
Alternate Member
Term Ends 2021

VACANT
Alternate Member
Term Ends XXXX

Carmen Jackson
Acting Finance
Director
543-1376
carmenjackson@cpa.com

Damon Oscar
Recorder
543-3150
doscar@cityofbethel.net

All City of Bethel Meetings will be held virtually.

Join Zoom Meeting

<https://zoom.us/j/94852607519?pwd=MVE2RndPM0VvZnA5bGljYis5M0kzUT09>
Meeting ID: 948 5260 7519
Passcode: 240694

Dial by your location

Find your local number: <https://zoom.us/u/aqslhNRGn>
Meeting ID: 948 5260 7519
Passcode: 240694

I. CALL TO ORDER

II. ROLL CALL

III. PEOPLE TO BE HEARD Five minutes per person

IV. APPROVAL OF AGENDA

V. APPROVAL OF MINUTES

VI. SPECIAL ORDERS OF BUSINESS

VII. UNFINISHED BUSINESS

VIII. NEW BUSINESS

a) There will be no regular meeting due to lack of Public Notice.

IX. EX OFFICIO MEMBER REPORT

X. FINANCE COMMITTEE MEMBER COMMENTS

XI. ADJOURNMENT



City of Bethel Proclamation

***Proclaiming the week of December 27, 2020
Frontline Healthcare Worker Appreciation Week***

- WHEREAS,** the COVID-19 pandemic has been rippling through our State since March of 2020, with the first confirmed Bethel case in April of 2020;
- WHEREAS,** our community has been preparing for and responding to the COVID-19 pandemic for nine, long and difficult, months with many critical infrastructure personnel working tirelessly to keep our community and region safe; striving to limit the impact of COVID-19;
- WHEREAS,** our healthcare system is the backbone of our response to this pandemic, and there is a special group of critical infrastructure workers whose response to COVID-19 during this pandemic deserves special recognition;
- WHEREAS,** frontline healthcare workers play an integral role in responding to COVID-19; putting their lives in danger to care for our family members and our friends;
- WHEREAS,** these are people who cannot work from home and are presented with significant risk to COVID-19 exposure with each and every patient visit;
- WHEREAS,** this incredible group of heroes go to work and persevere; serving their patients despite the dangers; working long and stressful hours;
- WHEREAS,** we recognize their immense sacrifices, invaluable dedication, commitment, and unwavering effort for the benefit of others;
- WHEREAS,** we wish to express immense gratitude to all of the frontline healthcare workers for their resilient efforts to keep our community and region safe, and for providing healing and hope for a stronger tomorrow.

NOW, THEREFORE, I, Michelle DeWitt, Mayor of the City of Bethel, do hereby proclaim the week of December 27, 2020 Frontline Healthcare Worker Appreciation Week and send sincere gratitude to the many people in our community and region that sacrifice so much to keep us safe and healthy.

IN OFFICIAL RECOGNITION WHEREOF, I hereby affix my signature on this 8th day of December 2020.

Michelle DeWitt, Mayor

Attest: Lori Strickler, City Clerk

Introduced by: Council Member DeWitt
Introduction Date August 25, 2020
December 8, 2020
Public Hearing Date: December 22, 2020
Action:
Vote:

CITY OF BETHEL, ALASKA

Ordinance #20-25

AN ORDINANCE BY THE BETHEL CITY COUNCIL CREATING AN EXCISE TAX ON THE DISTRIBUTION OF SUGAR-SWEETENED BEVERAGE PRODUCTS

WHEREAS, the City of Bethel is focused on providing the best services to our community in the most responsible way;

WHEREAS, the goal of enhancing close-to-home outdoor recreation for Bethel citizens, improving park maintenance for current parks, and maintaining and extending the community's trail system is a priority for the City Council;

WHEREAS, the current City of Bethel Comprehensive plan has identified the following as priorities for the community of Bethel:

Land Use Goal 4: Create safe, livable neighborhoods centered around community facilities such as schools, parks, the teen center, and the senior center.

Transportation Goal 3: Provide a safe and efficient trail network to meet current and future needs, for year-round transportation and recreation use by Bethel residents and visitors.

Economic Development Goal 7: Maintain fair, competitive and sufficient local government taxes, fees and utility rates.

Economic Development Goal 8: Enhance the quality of life in Bethel to attract and retain individuals and businesses.

Public Facilities and Services Goal 1 G.: Provide and improve essential city services. Respond to current needs and plan for future demand. Link the extension of public facilities to land use development to ensure that growth occurs in a logical, planned and cost-effective manner. Youth and Adult Recreation. Sustain and enhance facilities and programs for youth and adult recreation.

WHEREAS, addressing **Land Use Goal 4**, in an effort to create safe livable neighborhoods, we currently have four subdivisions (Uivik, Blueberry,

Introduced by: Council Member DeWitt
Introduction Date August 25, 2020
December 8, 2020
Public Hearing Date: December 22, 2020
Action:
Vote:

Larson, Kasayuli) that do not meet this criteria and lack recreational opportunities;

WHEREAS, addressing **Transportation Goal 3**, the City has a local and regional trail system; however, expansion of that trail system is needed to improve community accessibility for residents and visitors;

WHEREAS, the Comprehensive Plan identifies the need to have a safe and efficient trail network to meet current and future needs, to allow for year-round transportation and recreation;

WHEREAS, the boardwalk transportation link is safer for pedestrians and bicyclists than using the streets and is less costly than the at-grade pathway attached to roadways;

WHEREAS, the development of our current one mile of boardwalk can focus on trails that connect parks to offer pedestrians access to the City away from roads, dust impacts, and connect key locations such as the post office, Pinky's Park, schools;

WHEREAS, **Economic Development Goal 7 and 8**, explains the majority of the cash economy of Bethel is derived from regional services such as government administration, transportation, fuel and freight distribution, education, health care and social services; and has the goal of enhancing the quality of life in Bethel to attract and retain individuals and businesses;

WHEREAS, many of the top employers within the community (Lower Kuskokwim School District, Yukon Kuskokwim Health Corporation, City of Bethel) face significant difficulty recruiting staff to support their operations;

WHEREAS, according to the Comprehensive Plan, it is important to improve recreational attractions that benefit both residents and visitors, improve the appearance and characteristic of areas of town as well as improving the opportunities to share and learn about historic and contemporary cultures;

WHEREAS, it is challenging to retain and attract personnel; and it is important to invest in infrastructure that improves the quality of life of in our community and region;

WHEREAS, **Public Facilities and Services Goal 1 G.:** explains the need to create, sustain and enhance facilities and programs for youth and adult recreation;

Introduced by: Council Member DeWitt
Introduction Date August 25, 2020
December 8, 2020
Public Hearing Date: December 22, 2020
Action:
Vote:

WHEREAS, indoor recreation is a limited commodity for the community of Bethel and consists primarily of Lower Kuskokwim School District properties which support school sponsored activities which limit the availability for community use;

WHEREAS, there is an unmet need to develop an alternative space for widespread community use with year round availability for all ages;

WHEREAS, the City of Bethel is faced with significant budget constraints limiting the ability to meet the needs of the growing community;

WHEREAS, the organization has had to focus on essential services, due to this budget shortfall, placing a low priority on opportunities to increase the quality of life for our community members;

WHEREAS, it is clear that Bethel's operations are constrained by revenue projections of \$11,382,067 with estimated costs of operations \$11,300,950; when the City of Bethel, with a population of 6,135, covering an area of 50 square miles, with a staff of 99 Full Time Employees, is compared to other budgets among municipalities around the State of Alaska,

- City of Wasilla, population 8,801, with 13.13 square miles, 131 Full Time Employees, lists \$18,705,260 in projected revenues and \$19,138,047 in operation expenditures;
- City of Palmer, population 6,223, with 5.7 square miles, 79.5 Full Time Employees lists \$11,608,593 in projected revenues and \$12,051,022 in operation expenditures, as the closest revenue operating budget to the City of Bethel it is important to point out a significant difference in their spending by comparing the streets and Roads budget for Palmer which totals \$653,358 to the City of Bethel's 2.7 million dollar budget;
- City of Kodiak, population 5,942, with 5.4 square miles, 134 Full Time Employees lists \$42,071,678 in projected revenues and 42,071,678 in operation expenditures;
- City of Homer, population 5,443, with 25 square miles, 101 Full Time Employees, lists \$25,306,581 in projected revenues and \$26,247,742 operation expenditures;
- City of Soldotna, population 4,327, with 7.4 square miles, 74 Full Time Employees has a projected revenue of \$13,198,836 with an operating budget of \$13,248,888;

WHEREAS, Bethel is limited in their opportunity to raise revenue compared to many

Introduced by: Council Member DeWitt
Introduction Date August 25, 2020
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Action:
Vote:

other communities in the State that have a local property tax to help support the services provided by the local government;

WHEREAS, pursuing measures to increase revenues to support the community, will enable ourselves to reach the very reasonable and essential goals outlined in the Comprehensive Plan;

WHEREAS, continuing to maintain and grow our trail systems to provide transportation links between neighborhoods and business centers will support recreational activities and reduce pedestrian hazards from traffic and dust from the road system;

WHEREAS, improving our parks and expanding our park access to more neighborhoods will improve our community profile by supporting social, economic and physical well-being for our current and prospective residents and businesses;

WHEREAS, parks provide a gathering places for families, social groups, as well as for individuals of all ages and economic status, regardless of their ability to pay for access; additionally, recreational opportunities are also associated with a reduction in crime in communities;

WHEREAS, playgrounds are identified as one of the best investments citizens and cities can make in their children as playgrounds provide children critical unstructured, outdoor, creative and active play;

WHEREAS, recreational opportunities have been shown to increase physical activity, improve physical and mental health, lower body mass index, reduce stress and anxiety, decreased morbidity and even increased longevity; they have also been associated with quality of life and have been identified as one of the most important factors on how livable communities are.

NOW THEREFORE BE IT ENACTED BY THE CITY COUNCIL OF THE CITY OF BETHEL, ALASKA:

SECTION 1. This is a codified Ordinance and shall become part of the Bethel Municipal Code.

SECTION 2. New Chapter 4.17a, Excise Tax on Sugar-Sweetened Beverage Product is added to the Bethel Municipal Code.

4.17a.010 Definitions.

For the purposes of this Chapter, unless the context otherwise requires:

"Beverage for Medical Use" means a beverage suitable for human consumption and manufactured for use as a:

1. Source of necessary nutrition due to a medical condition, or
2. For use as an oral rehydration electrolyte solution for infants and children formulated to prevent or treat dehydration due to illness.

It shall not include drinks commonly referred to as "Sports Drinks" or any other common names that are derivations thereof.

"Bottled Sugar-Sweetened Beverage" means any sugar-sweetened beverage in a container that is ready for consumption without further processing, such as, and without limitation, dilution or carbonation.

"Caloric Sweetener" means a substance or combination of substances suitable for human consumption that adds calories to and is perceived as sweet to humans when consumed, including, but not limited to sucrose, dextrose, fructose, glucose, other mono and disaccharides; corn syrup or high-fructose corn syrup; or any other caloric sweetener designated by the city manager.

"Consumer" means a natural person who purchases a sugar-sweetened beverage product in the city for a purpose other than resale in the ordinary course of business.

"Distribution" or "distribute" means the transfer of title or possession:

1. From one business entity to another for consideration;
2. Within a single business entity, such as by a wholesale or warehousing unit to a retail outlet or between two or more employees or contractors; or
3. For products for which the tax imposed by this chapter has not been paid by a prior distributor, "distribution" or "distribute" also means the placement of a product with a retailer of sugar-sweetened beverage products.

"Distribution" or "Distribute" shall not mean the retail sale to a consumer.

"Distributor" means any person who distributes sugar-sweetened beverage products in the city.

"Milk Products" means natural fluid milk, regardless of animal source or butterfat content, natural milk concentrate, whether or not reconstituted, regardless of animal source or butterfat content, or dehydrated natural milk, whether or not reconstituted and regardless of animal source or butterfat content, and plant-based milk substitutes, that are marketed as milk, such as soy milk, coconut milk, rice milk and almond milk.

"Powder" means any solid mixture, containing one or more caloric sweetener as an ingredient, intended to be used in making, mixing, or compounding a sugar-sweetened beverage by combining the powder with one or more ingredients.

"Retailer of Sugar-Sweetened Beverage Products" means a person, other than a

distributor, manufacturer, or wholesaler who receives, stores, mixes, compounds, or manufactures a sugar-sweetened beverage and sells or otherwise dispenses the sugar-sweetened beverage to the ultimate consumer.

"Simple Syrup" means a mixture of water and one or more natural or common sweeteners without any additional ingredients.

"Sugar-Sweetened Beverage" means any non-alcoholic beverage which contains at least 5 grams of caloric sweetener per 12 fluid ounces.

1. "Sugar-Sweetened Beverage" includes all drinks and beverages commonly referred to as "soda," "pop," "cola," "soft drinks," "sports drinks," "energy drinks," "sweetened ice teas," "sweetened coffees," or any other common names that are derivations thereof.
2. "Sugar-Sweetened Beverage" does not include any of the following:
 - a. Any beverage in which milk is the primary ingredient, i.e., the ingredient constituting a greater volume of the product than any other;
 - b. Any beverage for medical use;
 - c. Any liquid sold for use for weight reduction as a meal replacement;
 - d. Any product commonly referred to as "infant formula" or "baby formula";
 - e. Any alcoholic beverage;
 - f. Any beverage consisting of 100 percent natural fruit or vegetable juice with no added caloric sweetener. Natural fruit juice and natural vegetable juice is the original liquid with or without water added resulting from the pressing of fruits or vegetables;
 - g. Sweetened medication such as cough syrup, liquid pain relievers, fever reducers and similar products; or
 - h. Any product commonly used exclusively to mix with alcohol that may exceed 5 grams or more per serving of caloric sweetener per 12 ounces of fluid that is not a sugar sweetened beverage, including without limitation margarita mix, bloody mary mix, daiquiri mix or similar products.

"Sugar-Sweetened Beverage Product" means a bottled sugar-sweetened beverage or a sugar sweetened beverage made from the dilution of syrup or powder.

"Syrup" means any liquid mixture, containing one or more caloric sweeteners as an ingredient, intended to be used in making, mixing, or compounding a sugar-sweetened beverage by combining the syrup with one or more other ingredients.

4.17a. 020 Excise tax on sugar-sweetened beverages.

- A. In addition to any other taxes imposed by the city, the city hereby levies an excise tax of one cent (\$0.01) per fluid ounce on the privilege of distributing sugar-sweetened beverage products in the city. The tax is imposed only when the supply, acquisition, delivery or transport is for the ultimate retail sale of the sugar-sweetened beverage products within the city.

- B. For the purposes of this Chapter, the volume, in ounces, of a sugar-sweetened beverage product shall be calculated as follows:
1. For a bottled sugar-sweetened beverage the tax shall be calculated on the volume, in fluid ounces, of sugar-sweetened beverages distributed to any person in the course of business in the city.
 2. For sugar-sweetened beverage made from syrups and powders the tax shall be calculated on:
 - a. The manufacturer's suggested serving size for the volume of fluid ounces of sugar-sweetened beverages produced from syrup or powder upon the initial distribution of syrup or powder; or
 - b. If the labeling or packaging does not specify the recommended number of servings per container, the tax shall be calculated using the largest volume of fluid ounces of sugar-sweetened beverages that could be produced from syrup or powder upon the initial distribution of syrup or powder.

4.17a.030 Exemptions.

The tax imposed by this Chapter shall not apply to:

- A. Any distribution of syrups and powders sold directly to a consumer and intended for personal use by a consumer that are not already pre-mixed into a sugar-sweetened beverage product such as granulated sugar, honey, agave and similar products;
- B. Any milk product.
- C. Infant formula.
- D. Any alcoholic beverage.
- E. Any beverage for medical use.
- F. Any product that does not meet the definition of a sugar sweetened beverage.

4.17a.040 Registration of distributor

- A. No person may sell, purchase, possess or bring sugar-sweetened beverage products into the city as a distributor without first registering with the City. The registration shall be on a form provided by the department and must include the information requested by the department.
- B. The registration required by this chapter is in addition to any other registration or license required by law.

4.17a.050 Tax Collection and Returns

- A. Prior to distributing any sugar-sweetened beverage products in the city, the distributor shall be registered with the city in accordance with BMC 4.17a.040.

Introduced by: Council Member DeWitt
Introduction Date: August 25, 2020
December 8, 2020
Public Hearing Date: December 22, 2020
Action:
Vote:

- B. Each distributor of sugar-sweetened beverage products shall collect and every receiver of sugar-sweetened beverage products from a distributor shall pay the tax imposed in this chapter on each non-exempt distribution of a sugar-sweetened beverage product.
- C. The tax shall be levied on the first distributor subject to the jurisdiction of the city, if the tax is not paid by the first distributor for any reason, it shall be levied on subsequent distributors, provided that the distribution of sugar-sweetened beverage products may not be taxed more than once in the chain of commerce within the city.
- D. The receiver of any sugar-sweetened beverage product from a distributor shall include with its tax filing (BMC 4.16.240) of such product, the name of the distributor and amount of tax paid to the distributor.
- E. If the receiver is exempt from filing sales tax with the city in accordance with BMC 4.16.160, Tax exemptions, the receiver shall:
 - 1. Provide to the city evidence that the distributor from whom the sugar-sweetened beverage products were received has registered as a distributor with the city; or
 - 2. Report to the city all such transactions, the volume in ounces of sugar-sweetened beverage products received in each transaction, and the identity and contact information of any unregistered distributor from whom the sugar-sweetened beverage product was received and remit it to the city.
- F. The burden of proving that any transaction is not subject to the tax imposed by this chapter is upon the person whom the duty to collect the tax is imposed.
- G. The tax imposed by this chapter shall be due and payable in accordance with BMC 4.16.240, Tax Filing Schedule.

4.17a.070 Enforcement.

Except as otherwise provided by this Chapter, the tax imposed by this Chapter shall be administered in the same manner as taxes imposed pursuant to Chapter 4.16 and, without limitation, shall be subject to the same delinquency penalties, appeals processes and other enforcement provisions set forth in Chapter 4.16.

4.17.080 Not a sales and use tax.

The tax imposed by this Chapter is a tax upon the privilege of conducting business, specifically, distributing Sugar sweetened beverage products within the city. It is not a sales, or use tax on the sale, consumption or use of Sugar-sweetened beverage products. The tax imposed herein shall be in addition to any license fee or tax imposed or levied under any other law, statute or ordinance.

4.17a.090 Dedicated Revenues.

Introduced by: Council Member DeWitt
Introduction Date August 25, 2020
December 8, 2020
Public Hearing Date: December 22, 2020
Action:
Vote:

A. All revenues collected from the excise tax imposed by this chapter shall be deposited monthly in an interest bearing account dedicated to the park development fund and shall be designated for the funding of park and recreational design and development, park maintenance and other recreational opportunities in the City of Bethel.

SECTION 3. This Ordinance shall become effective sixty days following adoption by the Bethel City Council.

ENACTED THIS __ DAY OF ____ 2020 BY A VOTE OF _ IN FAVOR AND _ OPPOSED.

Perry Barr, Mayor

ATTEST:

Lori Strickler, City Clerk



City of Bethel

Committees and Commissions

Recommendation to City Council

Committees and Commissions that wish to make a recommendation to City Council should turn this form in to the City Clerk or to the City Council representative on the committee or commission.

Committee/Commission: PRAHC Committee	Chairman: Brian Lefferts
Date Submitted: 09/16/2020	Council Rep: Michelle DeWitt
Issue:	
Recommendation: Please take the following into consideration while reviewing the Sugar-Sweetened Beverage Tax: Amend 04.07a90, clarify how to prioritize funds: "Prioritize making up the deficit in annual sales tax revenue to the Yukon Kuskokwim Fitness center and strategic planning for a Phase II gym, followed by trails and boardwalk development and other recreational operations." Add indoor and outdoor in front of recreation in the second whereas. Add verbiage in the ordinance after "Indoor Recreation is a limited commodity", "Funds from this will support the development and construction of Phase II, a Multipurpose Community Gym." Add verbiage at the end of whereas statements on the ordinance, "Sustaining and expanding our current Fitness Center will improve social and physical well-being for current and prospective residents."	

Passed unanimously by the PRAHSC Committee on September 14, 2020.

Received by: _____
Date: _____

From: Brooke Sherick-Odom
Sent: Tuesday, November 3, 2020 2:30 PM
To: pbarr@cityofbethel.net
Subject: Perry Barr: Bethel City Council: Council Member

Hi Perry,

I hope you're doing well & staying safe,

We're a local, family-owned business that started in Alaska in 1934. We employ **409** Team Members across **7** locations within the state.

I wanted to contact you regarding a current Bethel "City Ordinance" that we're concerned about related to Beverage Taxes:

- **What It Is**

- Ordinance #: 20-25 (Attached)
 - Proposing .01 Cent per ounce Tax on Sugar-sweetened beverage

- **Locations/Stores Affected**

- 17 Businesses
 - AC Quickstop (Alaska Commercial)
 - Alaska Commercial Co.
 - Alba's Coffee Shop & Convenience
 - Baba's Pizza & Sub
 - Brother's Pizza and Subs
 - Connie's Restaurant
 - Corina's Case Lot Groceries
 - Fill's Pizza
 - Front Street Café
 - Red Basket
 - Snack Shack
 - Suurvik Cinema at Kipusvik
 - Subway
 - Swanson's
 - Tundra Restaurant
 - Quick Food Center
 - Wasabi Bay
 - Zen

- **Our Business**

- We currently have **409** Team Members within Alaska & this tax would directly affect our business entirely
- The groups that oppose this ordinance are:
 - Alaska Beverage Association
 - Alaska Cabaret, Hotel, Restaurant & Retailers Association (CHARR)

We've repeatedly been highlighted on how much our local business has enhanced the local community, most recently being the 2x nominee for the "Business Excellence"-*Gold Pan Awards* & ranked #49 by "Alaska Business Corporate 100"-*Alaska Business Magazine*.

We'd like to discuss with you how this increase in tax will directly hinder our existing business, that has been dramatically adversely affected by an ongoing pandemic as restaurants/bars (our customers) have been completely shut down.

Thank you,



Brooke Sherick-Odom

Director of Government Affairs

6300 Changepoint Drive, Anchorage, AK 99518



(425) 890-9892



Brooke.Sherick-Odom@odomcorp.com



www.odomcorp.com

Ordinance 20-25

For informational purposes only, WORKING DRAFT for future amendment.

Health Related Information to help show impacts of sugar sweetened beverages.

GENERAL INFORMATION

WHEREAS, sugar-sweetened beverages are leading sources of added sugars in the American diet according to the Centers for Disease Control (CDC) and Prevention;

WHEREAS, the average American drinks nearly 42 gallons of sweetened beverages a year, the equivalent of 39 pounds of extra sugar, every year;

WHEREAS, the CDC states in 2011-2014, 6 in 10 youth and 5 in 10 adults drank a sugar-sweetened beverage on average each day;

WHEREAS, a study conducted in 2015 reviewing the association between added sugar intake and dental caries in Yup'ik children using a novel hair biomarker, showed:

- 49% of children consumed sugar-sweetened fruit drinks (e.g., Tank, Kool-Aide) 2-3 times per day and 15.7% of the respondents reported consuming sugar-sweetened beverages more than 4 times a day at home;
- Nearly 14% consumed soda 2-3 times per day, 43.1% consumed sodas 1-4 times per week;
- Over 45% consumed 100% juice drinks (e.g., orange, apple, grape) and 65%;

WHEREAS, another study conducted characterizing beverage patterns among Alaska Natives living in rural, remote communities found that, sugar-sweetened beverages contribute to more than 75% of beverage intake among Yup'ik youth who on average derive 328 kcals and 83 grams of added sugar from sugar-sweetened beverages;

WHEREAS, according to a study evaluating beverage consumption in an Alaska native village, consisting of 25 adults, 21 adolescents 12-17, 21 children 3-11:

- nearly half (46%) of all added sugars consumed by the U.S. population ages 2 and older come from sugary drinks;
- 72% of adults reported consuming sugar sweetened beverages at least once per week and 20% reported daily consumption;
- Sweetened just beverages such as Tank or Kool-aid were consumed most frequently with 100% of adolescents and 76% children reporting some consumption, 38% reported daily consumption;
- Children in the village were more than twice as likely as U.S. children to report ever consuming sweetened juice beverages (76% vs. 34%). as were adults (33% vs. 17%);
- children (29%) and adolescents (52%) in the village were more likely to report ever consuming sports and energy drinks than U.S. children (7%) or adolescents (12%);
- about 23% of Alaska adults and almost 50% of Alaska high school students drink one of more sugary beverages every day;
- 31% of Alaska 3-year-olds drink some amount of sugary beverages every day;

WHEREAS, a review of consumption of sugar-sweetened beverages among adults in rural Alaska finds:

- participants in communities with in-home piped water reported a mean sugar-sweetened beverage consumption frequency of 7.8 times per week while participants in communities without in-home piped water reported a mean frequency of 12.5 times per week;
- participants who lived in a community without in-home piped water reported consuming sugar-sweetened beverage 46% more often than those who lived in a community with in-home piped water;

WHEREAS, the Alaska Department of Health and Social Services found:

- overall, 23% of Alaska adults consumed 1 or more sugary drinks daily in 2017, including sugar-sweetened sodas as well as non-carbonated beverages;
- Alaska Native adults (40%) and adults from other races (32%) were more likely to drink 1 or more sugary drinks daily than White adults (18%);
- overall, 49% of Alaska high school students consumed a daily average of 1 or more sugary drink servings (glass, bottle or can) in 2019 (such as Gatorade or PowerAde), energy drink (such as Red Bull, Rockstar, or Monster), or another sugar-sweetened beverage (such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight) with 15% drinking three or more services per day;

- Alaska Native students (58%) were significantly more likely than White students (43%) and those of other races (46%) to consume at least 1 sugary drink a day; in 2016-2018, 13% of Alaska 3-year-olds drank soda daily, and 28% drank sweetened non-soda drinks daily, one in ten (10%) of Alaska 3-year-olds drank 2 or more cups of sweetened non-soda beverages on a given day;
- over one third of 3-year-olds (39%) drank more than 1 cup of 100% fruit juice, and 17% drank less than 1 cup;
- 3-year-old Children of Alaska Native mothers (53%) were significantly more likely than other children to drink any sugary drinks daily, and children of other non-Native race mothers (37%) were also significantly more likely than children of White mothers (19%) to drink any sugary drinks daily
- children in Northern (74%) and Southwest (70%) Alaska were more likely than those in other regions (range: 14% to 28%) to drink any sugary drinks daily;

WHEREAS, the American Heart Association suggests a daily added-sugar limit of no more than 100 calories per day which equates to about **6 teaspoons** or 24 grams of sugar for most women and children under 18, and no more than 150 calories per day which equates to about **9 teaspoons** or 36 grams of sugar for most men;

WHEREAS, drinking one 20-ounce bottle of soda which contains the equivalent of approximately **17 teaspoons of sugar**, results in almost three times the recommended limit of sugar for women and children, and almost twice the recommended limit of sugar for men;

WHEREAS, overconsumption of sugary drinks by people of all ages is associated with weight gain/obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities, gout and rheumatoid arthritis;

WHEREAS, in Alaska 32 % among children 6 to 11 years of age, and 65 % among children 12 to 17 years of age;

DIABETES FOCUS

WHEREAS, over the past 30 years, adult diabetes rates have nearly tripled in the United States with 9 percent of adults have diabetes and more than one-third have prediabetes, 14% of the people in the Yukon Kuskokwim Delta are diagnosed with diabetes or pre-diabetes;

WHEREAS, over the past 10 years, the number of people diagnosed with prediabetes has almost doubled;

WHEREAS, over the past 10 years, the percentage of teens nationwide that have diabetes or prediabetes has increased from 9 percent to 23 percent;

WHEREAS, by consuming one sugar-sweetened beverage a day increases the risk of developing Type Two Diabetes by 25%;

WHEREAS, one if five people with diabetes are under the age of 45;

WHEREAS, one in three children born today is expected to develop diabetes in their lifetime, if measures are not taken to reduce consumption of sugar sweetened beverages, we are increasing risks for youth in our community to face complications from diabetes such as heart disease, nerve damage, gum infections, kidney disease, hearing impairment, blindness, amputation of toes, feet, or legs, and increased risk of Alzheimer’s disease;

WHEREAS, 85% of the people diagnosed with Diabetes in the Yukon Kuskokwim Delta experience obesity or excess weight;

WHEREAS, the Alaska Diabetes Coalition Strategic Plan 2020-2025 states:

- as of 2016, 7.5% of adults in Alaska have known diabetes and 11.1% of adults have known prediabetes and more than 100,000 Alaska adults have been diagnosed with diabetes or prediabetes, but more—over 80% are likely at risk and do not know it;
- diabetes is the 8th leading cause of death in Alaska, identified as a cause of death for 3,662 Alaskans between 2007 and 2016 – 889 as the underlying cause of death (i.e., direct cause), and 2,773 as a contributing cause of death;
- in total during 2016, diabetes contributed to the need for services in 70,487 hospital visits – 9,067 of these were inpatient visits, where the person was admitted to a hospital, and 7% indicated diabetes as the primary diagnosis, or reason care was needed;
- more Alaska Native people and Black or African American people have diabetes or prediabetes than Whites in Alaska;

WHEREAS, a review in the International Journal of Circumpolar Health finds evidence indicating that while Alaska Natives have a low prevalence of diabetes compared with other Native Americans, they are experiencing a more rapid rate of increase than other groups;

WHEREAS, the evidence shows three changes have occurred concurrently over the past few decades; an increased proportion of carbohydrate in the diet, increasing prevalence of obesity, and increasing prevalence of diabetes additionally, there is evidence that elements of the traditional diet, specifically frequent seal oil and salmon intake, correlate with a lesser risk of glucose intolerance

OBESITY FOCUS

WHEREAS, there is overweighing evidence linking obesity and the consumption of sweetened beverages, such as soft drinks, energy drinks, sweet teas, and sports drinks and currently the Unites States as a 42%, this marks an increase of 26% since 2008;

WHEREAS, obesity rates have tripled for adolescents and quadrupled for children 6 to 11 years of age;

WHEREAS, an evaluation of risk factors for obesity at age 3 in Alaskan children, including the role of beverage consumption shows:

- obesity prevalence among all 3-year olds was 24.9% and among Alaska Native children 42.2%;
- among Alaska Native children, obesity risk was greater among residents of the Northern/Southwest region of the state in comparison with other areas, such as Anchorage (51.6% versus 32.4%; $p = 0.04$);
- adult obesity prevalence has more than doubled from 13% in 1991 to 31% in 2018, while overweight prevalence has remained relatively consistent;
- between 1991 and 2018, adult obesity prevalence increased among Alaska Native adults (16% to 34%) and White (non-Hispanic) adults (13% to 30%);
- overweight/obesity prevalence was not significantly different between any additional race groups, including Black adults (70%), Hispanic adults (70%), Alaska Native adults (67%), and White adults (66%);
- in 2019, about 2% of Alaska high school students were underweight, 68% were at a healthy weight, 15% were overweight, and 15% were obese;
- overweight/obesity prevalence was significantly lower among 3-year-old children of White mothers (27%) than among children of Alaska Native / American Indian mothers (57%);

DENTAL FOCUS

WHEREAS, there is evidence that shows a positive relationship between sugar intake and cavities;

GENERAL CLOSING

WHEREAS, drinking one or two sodas a day increases the risk of developing type 2 diabetes by 26 percent, drinking just one soda a day increases an adult's likelihood of being overweight by 27 percent, and for children, the likelihood doubles to 55 percent;

WHEREAS, evidence suggests that sugar sweetened beverage tax can reduce consumption of these harmful products, sugary drink taxes have led to a significant decline in sugary drink consumption in Mexico and Berkeley, CA;

WHEREAS, in 2012, 50,000 deaths were associated with drinking too many sugary drinks. Of that, 40,000 deaths in the U.S. were attributed to heart problems and 10,000 deaths were attributed to type 2 diabetes caused specifically by consuming too many sugary drinks;

WHEREAS, an excise tax on sugar-sweetened beverages is intended to protect the health, safety and well-being of the people in our community;

Ordinance 20-25

PRAHSC Committee Suggested Amendments

- 2nd WHEREAS,** the goal of enhancing close-to-home indoor and outdoor recreation for Bethel citizens, improving park maintenance for current parks, and maintaining and extending the community's trail system is a priority for the City Council;
- 15th WHEREAS,** funds from the sugar sweetened beverage excise tax will be used to support the development and construction of the YK Fitness Center Phase II, Community Gym;
- 26th WHEREAS,** sustaining and expanding our current Fitness Center will improve social and physical well-being for current and prospective residents.

4.17a. 020 Excise tax on sugar-sweetened beverages.

- A. In addition to any other taxes imposed by the city, the city hereby levies an excise tax of ~~one cent (\$0.01)~~ two cent (\$0.02) per fluid ounce on the privilege of distributing sugar-sweetened beverage products in the city. The tax is imposed only when the supply, acquisition, delivery or transport is for the ultimate retail sale of the sugar-sweetened beverage products within the city.
- B. For the purposes of this Chapter, the volume, in ounces, of a sugar-sweetened beverage product shall be calculated as follows:
1. For a bottled sugar-sweetened beverage the tax shall be calculated on the volume, in fluid ounces, of sugar-sweetened beverages distributed to any person in the course of business in the city.
 2. For sugar-sweetened beverage made from syrups and powders the tax shall be calculated on:
 - a. The manufacturer's suggested serving size for the volume of fluid ounces of sugar-sweetened beverages produced from syrup or powder upon the initial distribution of syrup or powder; or
 - b. If the labeling or packaging does not specify the recommended number of servings per container, the tax shall be calculated using the largest volume of fluid ounces of sugar-sweetened beverages that could be produced from syrup or powder upon the initial distribution of syrup or powder.

4.17a.090 Dedicated Revenues.

~~A. All revenues collected from the excise tax imposed by this chapter shall be deposited monthly in an interest bearing account dedicated to the park development fund and shall be designated for the funding of park and recreational design and development, park maintenance and other recreational opportunities in the City of Bethel.~~

All revenues collected from the excise tax imposed by this chapter shall be deposited monthly in an interest-bearing account. The revenue generated and held in the interest-bearing account shall be allocated first to ensure annual revenues equal annual expenditures to prevent a decrease in the YK Fitness Center fund balance. The remaining annual fund balance shall be allocated based on need to the planning and construction of YK Fitness Center Phase II and the park development fund for the funding of park and recreational design and development, park maintenance and other recreational opportunities in the City of Bethel, and water programs and projects.



Alaska Remote Sellers Sales Tax Commission

REMITTANCE FOR JULY 1-31, 2020

All Dates

NOTE FROM CITY CLERK'S OFFICE- The Council postponed Ordinance 20-25 with the hope to see some revenue information from the Remote Sellers Sales Tax collection initiated on September 1, 2020.

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
08/31/2020	Bill	9008-20-07	City of Bethel		2000	2000 Accounts Payable (A/P)		\$714.96
				July Remote Sales Tax	5010	5010 Member Tax Revenue Expense	\$749.52	
					5020	5020 MUNIrevs Expense	\$103.68	
					5030	5030 TTR Fee Expense	\$10.80	
					2015	2015 MUNIRevs Fee Payable		\$103.68
					2020	2020 TTR Fee Payable		\$10.80
					4000	4000 Commission Fee Income		\$34.56
							\$864.00	\$864.00
TOTAL							\$864.00	\$864.00

Note

MUNIRevs: Based on a fixed % at different levels of sales tax collected, supports ongoing operations of the filing and remittance software. AML paid for the development costs.

TTR: Based on a fixed % at different levels of sales tax collected, this service provides the tax look up map and software for sellers to ensure correct rates and exemptions.

Commission Fee: This is based on the board-approved budget and reflected as a % of sales tax collected. The total % of the Commission, MUNIRevs and TTR is capped each fiscal year.



Alaska Remote Sellers Sales Tax Commission

REMITTANCE FOR AUGUST 1-31, 2020

All Dates

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
09/30/2020	Bill	9008-20-09	City of Bethel		2000	2000 Accounts Payable (A/P)		\$12,867.62
				August Remote Sales Tax	5010	5010 Member Tax Revenue Expense	\$12,867.62	
					5020	5020 MUNIrevs Expense	\$1,866.00	
					5030	5030 TTR Fee Expense	\$194.38	
					2015	2015 MUNIRevs Fee Payable		\$1,866.00
					2020	2020 TTR Fee Payable		\$194.38
					4000	4000 Commission Fee Income		\$622.00
					4005	4005 Gross Sales Tax collected from MUNIRevs	\$622.00	
							\$15,550.00	\$15,550.00
TOTAL							\$15,550.00	\$15,550.00

Note

MUNIRevs: Based on a fixed % at different levels of sales tax collected, supports ongoing operations of the filing and remittance software. AML paid for the development costs. TTR: Based on a fixed % at different levels of sales tax collected, this service provides the tax look up map and software for sellers to ensure correct rates and exemptions. Commission Fee: This is based on the board-approved budget and reflected as a % of sales tax collected. The total % of the Commission, MUNIRevs and TTR is capped each fiscal year.



Alaska Remote Sellers Sales Tax Commission

REMITTANCE SEPTEMBER 1-30, 2020

All Dates

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
10/31/2020	Bill	9008-20-10	City of Bethel		2000	2000 Accounts Payable (A/P)		\$26,120.86
				September Remote Sales Tax	5010	5010 Member Tax Revenue Expense	\$26,120.86	amt of check
					5020	5020 MUNIrevs Expense	\$3,787.92	muni rev 12%
					5030	5030 TTR Fee Expense	\$394.58	1.25% TTR
					2015	2015 MUNIRevs Fee Payable		\$3,787.92
					2020	2020 TTR Fee Payable		\$394.58
					4000	4000 Commission Fee Income		\$1,262.64
					4005	4005 Gross Sales Tax collected from MUNIRevs	\$1,262.64	4% fee to commission
						gross sales tax	\$31,566.00	\$31,566.00
TOTAL							\$31,566.00	\$31,566.00

Note

MUNIRevs: Based on a fixed % at different levels of sales tax collected, supports ongoing operations of the filing and remittance software. AML paid for the development costs. TTR: Based on a fixed % at different levels of sales tax collected, this service provides the tax look up map and software for sellers to ensure correct rates and exemptions. Commission Fee: This is based on the board-approved budget and reflected as a % of sales tax collected. The total % of the Commission, MUNIRevs and TTR is capped each fiscal year.

RESEARCH ARTICLE

Open Access



Association between added sugar intake and dental caries in Yup'ik children using a novel hair biomarker

Donald L. Chi^{1*}, Scarlett Hopkins², Diane O'Brien², Lloyd Mancil¹, Eliza Orr² and Dane Lenaker³

Abstract

Background: Dental caries (tooth decay) is a significant public health problem in Alaska Native children. Dietary added sugars are considered one of the main risk factors. In this cross-sectional pilot study, we used a validated hair-based biomarker to measure added sugar intake in Alaska Native Yup'ik children ages 6–17 years (N = 51). We hypothesized that added sugar intake would be positively associated with tooth decay.

Methods: A 66-item parent survey was administered, a hair sample was collected from each child, and a dental exam was conducted. Added sugar intake (grams/day) was measured from hair samples using a linear combination of carbon and nitrogen ratios. We used linear and log-linear regression models with robust standard errors to test our hypothesis that children with higher added sugar intake would have a higher proportion of carious tooth surfaces.

Results: The mean proportion of carious tooth surfaces was 30.8 % (standard deviation: 23.2 %). Hair biomarker-based added sugar intake was associated with absolute (6.4 %; 95 % CI: 1.2 %, 11.6 %; $P = .02$) and relative increases in the proportion of carious tooth surfaces (24.2 %; 95 % CI: 10.6 %, 39.4 %; $P < .01$). There were no associations between self-reported measures of sugar-sweetened food and beverage intake and tooth decay.

Conclusions: Added sugar intake as assessed by hair biomarker was significantly and positively associated with tooth decay in our sample of Yup'ik children. Self-reported dietary measures were not associated tooth decay. Most added sugars were from sugar-sweetened fruit drinks consumed at home. Future dietary interventions aimed at improving the oral health of Alaska Native children should consider use of objective biomarkers to assess and measure changes in home-based added sugar intake, particularly sugar-sweetened fruit drinks.

Keywords: Added sugars, Dietary biomarkers, Sugar-sweetened beverages, Dental caries, Alaska Native children, Oral health disparities, Oral health interventions

Background

The Alaska Natives Commission released a Final Report in 1994 that included an assessment of the physical health of Alaska Natives [1]. The Commission cited pediatric dental caries as one of the “new health problems facing Alaska’s Native people”. Twenty years later, the pediatric caries epidemic in Alaska Native communities has not abated. Dental caries is the most common disease worldwide [2]. Alaska Native children are disproportionately more likely than other children to

experience tooth decay, with prevalence rates ranging from 87 to 98 % [3, 4]. For example, Alaska Native and American Indian children ages 2 to 5 years had 4.13 decayed, missing, or filled primary teeth (dmft) compared to 1.17 dmft for U.S. children ages 2 to 5 years [4, 5]. When left untreated, dental caries can lead to pain, infection, missed school days, hospitalization, poor quality-of-life, and in rare cases death [6–9]. Furthermore, childhood tooth decay is one of the strongest predictors of tooth decay in adulthood [10], underscoring the importance of preventing dental disease in children.

There are three behaviors involved in caries prevention. The first is regular dental visits, which give dentists an opportunity to assess a child’s risk for developing

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caries, provide risk-based anticipatory guidance, identify strategies to mitigate risk factors, and deliver preventive care (e.g., topical fluoride treatments, pit-and-fissure sealants). In an observational study, ≥ 4 fluoride varnish treatments provided during medical well baby visits reduced tooth decay rates in American Indian children [11]. Dental care is limited in many rural Alaska Native communities, which are geographically isolated and not connected by roads to larger population centers.

The second is exposure to topical fluorides. Fluoridated community water is the most cost-effective population-level dental caries prevention strategy, but most Alaska Native communities do not have piped-in water, which reduces the scalability and feasibility of water fluoridation [3, 12]. There are also local concerns in Alaska Native communities related to Hooper Bay in which a water supply was inadvertently hyperfluoridated, leading to the only documented death related to fluoridation [13]. Most Alaska Native children do not receive fluoride supplementation as recommended for children without access to fluoridated water and do not brush their teeth regularly with fluoridated toothpaste [14, 15].

The third is limiting carbohydrate intake. Dietary sources of caries-causing carbohydrates include sugar-sweetened beverages, juices, candies, crackers, and chips, and to a lesser extent breads, rice, and pastas [16–18]. Sugar-sweetened beverages, which contain high concentrations of added sugars, are a major source of dietary carbohydrates in U.S. children and adolescents [19, 20]. Over 25 % of U.S. children consume ≥ 1 non-diet sodas/week and 16 % consume other sugar-sweetened beverages [21]. A recent study of Alaska Native Yup'ik individuals found flavored drinks (like sugar-sweetened fruit drinks) and soda were among the most commonly consumed foods [22]. Numerous studies indicate a positive relationship between sugar-sweetened beverages and tooth decay in children, particularly in low-income children [23, 24].

The American Academy of Pediatrics policy statement called for research to identify public health strategies to address the caries epidemic in Alaska Native communities, but few oral health interventions have been tested [25, 26]. Based on the unresolved tooth decay epidemic among low-income children and minorities in the U.S., the president of the American Dental Association has called for additional research focusing specifically on the oral health effects of added sugar [27]. Anecdotal evidence from health providers and parents in Alaska Native communities indicate carbohydrate intake, particularly added sugars from beverages, as an important intervention target for children.

Public health interventions aimed at reducing carbohydrate intake require valid and objective measures. Self-reported measures of dietary intake are susceptible to

high levels of error and bias, making it difficult to detect dietary associations with health outcomes [28, 29]. Sugar intake is particularly subject to misreporting [30, 31]. This problem has created interest in several new approaches to measuring sugar intake using objective biomarkers [32–37]. One approach measures the carbon isotope ratio, which is elevated in corn and sugar cane, the source of 75 % of sugars consumed in the U.S. [38–40] and nearly all of the sugars consumed in rural Alaska Native communities. Previous work indicates a linear combination of red blood cell carbon and nitrogen isotope ratios is strongly predictive of total sugar, added sugar, and sugar-sweetened beverage intake in an Alaska Native population, validated against repeated 24-h recalls, the gold standard of dietary self-report data [41]. This objective measure has been used to assess associations between sugar intake and risk factors for chronic disease in the same Alaska Native population [42], but has not yet been used with children or in studies of oral health.

In this pilot study, we evaluated the feasibility of collecting hair samples from Yup'ik children and tested the association between our hair biomarker-based measure of added sugar intake and tooth decay. We hypothesized there would be a positive relationship between our biomarker measure of added sugar and tooth decay. This investigation is the first step in evaluating how an objective added sugar biomarker can be used in future public health interventions aimed at preventing tooth decay in Alaska Native children.

Methods

Study location

The study was conducted in Bethel, Alaska, the largest city in the Yukon-Kuskokwim (YK) Delta. Bethel is located 400 miles west of Anchorage and is the regional hub for 58 villages. The Bethel Census Area has about 18,000 residents and 81.8 % of the population is Alaska Native, the majority of whom are of Yup'ik descent [43]. Thirty-six percent of the population is under age 18 years, the per capita income is \$19,055, and 21.8 % of the population lives below poverty [43].

Study design and population

We recruited a convenience sample of Alaska Native children in 2014 who sought dental care at the Yukon-Kuskokwim Health Corporation (YKHC) Dental Clinic in Bethel. This was a pilot study and there were no *a priori* sample size calculations. The recruitment goal was 50 children and adolescents but we had approval to enroll up to 60 participants. Inclusion criteria were: 1) ages 6 to 17 years; 2) self-identified as Yup'ik; 3) ≥ 2 cm of hair length (to allow for collection of an adequate hair sample); and 4) assent from the minor and parental consent. Children received a \$10 grocery store gift card

and parents received a \$20 grocery store gift card. Both received a toothbrush, toothpaste, and floss. The study was approved by the YKHC Board of Directors, the University of Washington Institutional Review Board (IRB), and the University of Alaska Fairbanks IRB.

Study procedures

A clinic receptionist approached and pre-screened potential participants. For interested families, a study staff member verified inclusion criteria, explained the study and procedures, and answered questions. After obtaining consent from the parent and assent from the child, there was a three-step study process.

First, a 66-item survey was administered verbally by a Yup'ik member of the research team in either English or Yup'ik based on parent preference. The survey was developed specifically for this study and we ensured that all questions were culturally appropriate by pre-testing the survey with a Yup'ik parent. We asked questions on child and family demographics (e.g., age, sex, residence, household income) and child oral health behaviors (e.g., sugar-sweetened food and beverage intake, toothbrushing, fluoride access). The food and beverage intake questions were adapted from the Beverage and Snack Questionnaire previously developed for use in school settings and asked about intake frequency of popular items consumed by children as well as place in which the items were consumed [44]. If a parent was unable to answer a question, the child was asked to provide a response.

Second, we cut about 20 strands of hair from the back of each child's head. Each hair sample was taped so the 2 cm segment of hair closest to the scalp could undergo isotope analyses. One centimeter of hair corresponds to approximately 1 month of growth and reflects added sugar intake from the previous 1–2 months. Each hair sample was stored in a plastic bag and transported for processing and analysis. The 1 cm section of the hair sample most proximal to the scalp was cleaned, prepared, and analyzed for carbon and nitrogen isotope ratios using continuous flow isotope ratio mass spectrometry at the Alaska Stable Isotope Facility [43]. Added sugar intake was generated from $\delta^{13}\text{C}$ and $\delta^{15}\text{N}$ using previously estimated coefficients for the Yup'ik population [45–47].

Third, each participant received a tooth surface-level dental exam based on World Health Organization criteria [48]. A board-certified pediatric dentist conducted the exams in a private dental operator. The teeth were cleaned with a dry toothbrush and dried with gauze and air, and exams were completed using a mouth mirror and light. No dental explorers were used. Visible tooth surface were classified as present and sound, decayed (non-cavitated or cavitated), missing due to caries, or restored (filled or crowned). Non-cavitated carious lesions

were assessed visually consistent with published recommendations [49]. To assess intrarater reliability, 10 % of the participants were randomly selected for a second exam (ICC = 0.92). A random number generator was used to select participants for repeat exams. Clinical findings were summarized to parents. Children requiring treatment were referred for follow-up care.

Variables

The outcome variable was the proportion of carious tooth surfaces, measured as the number of decayed (non-cavitated and cavitated), missing, and restored primary and permanent tooth surfaces divided by the total number of tooth surfaces present. Added sugar intake (g/day) was a continuous predictor variable measured using the hair sample. Child's age was modeled as a confounder based on previous studies [21, 50]. There were no other model covariates.

Data analyses

We generated demographic statistics and summarized survey data on oral health behaviors. Next, we evaluated distributional assumptions for the outcome. Because the mean and median proportions of carious tooth surfaces were similar and the distributions were not skewed, we used linear regression analyses to assess the association between added sugar intake and tooth decay. To facilitate the interpretation of the regression models, added sugar intake/day was divided by 40 g, corresponding to the difference in the proportion of carious tooth surfaces associated with a 40-gram increase in added sugar intake (i.e., amount of sugar in a 12-ounce soda). We observed a quadratic association between age and the outcome, with a minimum observed around age 12 years (corresponding to exfoliation of primary teeth and eruption of permanent teeth). Thus, we centered age at 12 years and included a quadratic effect for age. To confirm the linear regression results, we used log-linear regression models and included an offset equal to the logarithm of the total number of surfaces present. The log-linear regression models were fit using generalized estimating equations with robust standard errors [51]. As part of the sensitivity analyses, we ran our regression models with and without non-cavitated lesions as part of the outcome. The results were identical. Therefore, we reported findings from models including non-cavitated lesions. All analyses were completed using statistical software R version 3.0 (R Foundation for Statistical Computing, Vienna, Austria) and SAS version 9.3 (SAS Institute, Cary, NC).

Results

Demographic statistics

We enrolled 51 participants. The study population was 50 % female and the mean age was 10.8 years (standard deviation: 3.3 years). Forty-three percent lived in Bethel

and the remaining 57 % children lived elsewhere in the YK Delta. About 30 % of children lived in families with a total annual household income < \$20,000, 17.6 % had an income \$20,000-\$29,999, 21.6 % had an income \$30,000-\$49,999, and 19.6 % had an income > \$49,999.

Oral health behaviors

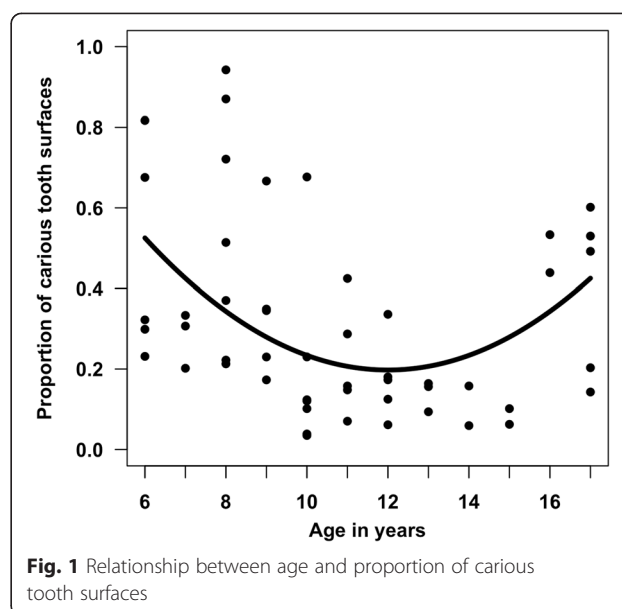
Regarding beverage consumption data collected via parent survey, 49 % of children were reported to consume sugar-sweetened fruit drinks (e.g., Tang, Kool-Aide) 2–3 times/day and 15.7 % reported consuming sugar-sweetened beverages ≥ 4 times/day at home. Nearly 14 % consumed soda 2–3 times/day, 43.1 % consumed sodas 1–4 times/week, and 33.3 % never consumed soda. Over 45 % consumed 100 % juice (e.g., orange, apple, grape) and 65 % of children drank water.

In terms of home-based snack and food consumption, 70.6 % of children consumed sweets (e.g., candies, Sour Patch Kids, gummy bears, Life Savers) and 78 % consumed salty snacks (e.g., chips, Chex Mix, Gold Fish) at least once/week. Less than 30 % of children had a serving of vegetables at least once/day and 15.7 % never ate vegetables at home. Less than 14 % had a serving of fruit at least once/day and 17.6 % never ate fruit.

Nearly 30 % of parents reported their child brushed their teeth more than once/day, 37.3 % brushed once/day, and 29.4 % brushed 1–3 times/week. All parents reported their child used commercially available toothpaste (e.g., Crest, Aim, Colgate), but 52.9 % did not know whether the toothpaste contained fluoride. Over 94 % reported their child had never been prescribed fluoride by a dentist or physician and 23.5 % of parents reported their child had not received a fluoride treatment in the past year from a dentist.

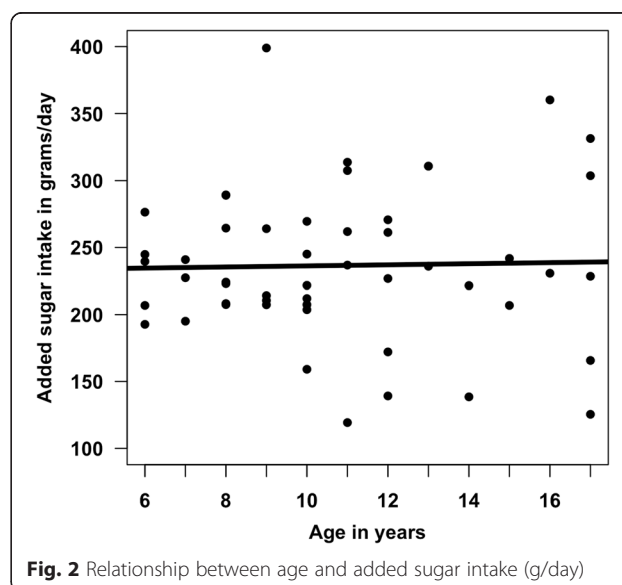
Dental caries and added sugar intake

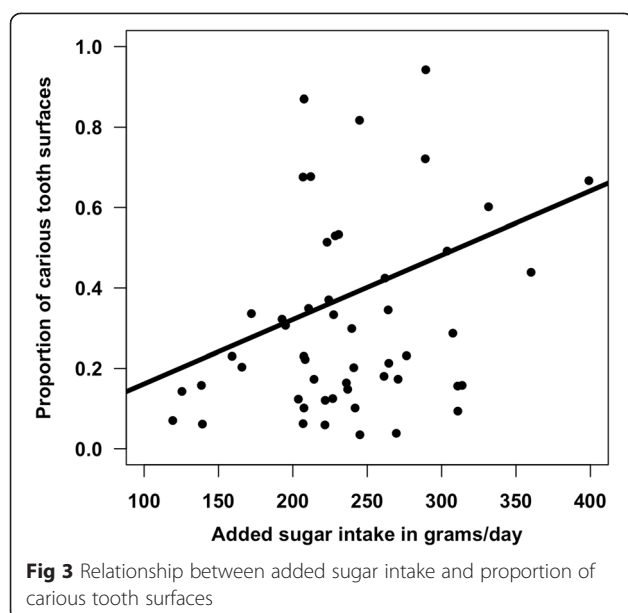
The mean proportion of carious tooth surfaces was 30.8 % (standard deviation: 23 %; range: 3 % to 94 %). Most carious tooth surfaces were filled (mean number of filled surfaces: 12.3; standard deviation: 12.7), followed by non-cavitated decayed surfaces (mean: 9.0; standard deviation: 8.3), crowned surfaces (mean: 5.8; standard deviation: 10.6), cavitated decayed surfaces (mean: 4.3; standard deviation: 7.1), and missing surfaces (mean: 1.6; standard deviation: 4.6). Caries rates followed a U-shaped curve, decreasing from ages 6–12 years and then increasing from ages 13–17 years (Fig. 1). The mean added sugar intake was 193 g/day (standard deviation: 43.6; range: 105.6 to 324.3 g/day). Added sugar intake was constant across age (Fig. 2). There was a positive, significant relationship between our biomarker measure of added sugar intake and dental caries (Fig. 3). There were no significant associations between self-reported measures of sugary foods and beverage intake and tooth decay.



Regression models

In the age-adjusted linear regression model, a 40-gram/day increase in added sugar intake was associated with a 6.4 % absolute increase in the proportion of carious tooth surfaces (95 % confidence interval: 1.2 %, 11.6 %; $P = .02$). In the log-linear regression model, a 40 g/day increase in added sugar intake was associated with a 24.2 % relative increase in the proportion of carious tooth surfaces (95 % CI: 10.6 %, 39.4 %; $P < .01$). Findings were similar when the analyses were restricted to children with ≥ 15 primary tooth surfaces and children with only permanent teeth.





Discussion

We found a positive association between biomarker-assessed added sugar intake and dental caries in Yup'ik children and adolescents, but not with self-reported intake of sugar-sweetened foods and beverages. The association between added sugar intake and caries is consistent with previous studies [52]. Participants also reported consuming high level of sugar-sweetened fruit drinks (e.g., Tang, Kool-Aide) relative to soda and other sources of dietary sugar. Most of these beverages were consumed at home. These findings are consistent with recent studies showing high intakes of sugar-sweetened fruit drinks and soda by Yup'ik adults [22], and suggest that public health efforts focusing on reducing sugar-sweetened fruit drinks could significantly improve children's oral health in this population.

This is the first study to use an objective biomarker of sugar intake to evaluate the relationship between dietary sugar intake and caries in children. Biomarkers of sugar intake have only been developed and validated within the last 10 years, and several of them, specifically measures based on blood [32] or 24-h urine collection [35], would be difficult to use in studies involving children. The hair-based biomarker used in this study was collected easily and non-invasively, and detected significant associations with tooth decay despite the small sample size of the study and despite the fact that the biomarker was calibrated in Yup'ik adolescents and adults ages 14–79 years [45–47, 53]. This is a promising finding that warrants future research focusing specifically on children of Yup'ik descent.

The stable isotope biomarker indicated that children and adolescents in this study consumed an average of

193 g of added sugar/day (equivalent to the amount of sugar in 5, 12-ounce sodas). The American Heart Association recommends no more than three teaspoons of sugar (or 12 grams) for children each day [54]. Study participants consumed 16 times the maximum daily added sugar intake recommended for children. We interpret this value with some caution, because as noted above, the biomarker was calibrated specifically in Yup'ik adolescents and adults. However, it is clear from this study that added sugar intake is very high and is contributing significantly to dental disease. Based on our survey data, sugar-sweetened fruit drinks are likely to be the main source of added sugars among Yup'ik children, with most of these beverages consumed at home.

There is a need for home-based interventions that reduce added sugar intake to help prevent tooth decay as well as other systemic diseases linked to sugar like obesity, diabetes, hypertension, and cardiovascular disease [55–58]. Reducing sugar-sweetened beverage intake among Alaska Native children is likely to require culturally relevant public health interventions that educate communities on the high amount of sugar found in common sugar-sweetened beverages and increase access to acceptable alternatives like water or drinks with non-nutritive sweeteners [26]. Community-centered educational interventions could be implemented within stores, homes, and clinical settings [59, 60].

Yup'ik children and their families were enthusiastic about participating in this study, which we attribute to three factors. First, our study team involved a co-investigator who grew up in the YK Delta and is fluent in Yup'ik, which made parents and children comfortable and gave potential participants the opportunity to ask questions in their native language. We achieved our recruitment goals in one-third the anticipated time period (about 1 week to recruit 50 participants). Second, the study took place in a dental clinic, which did not require participants to travel specifically for the study. Third, oral health was highly salient to parents. Most parents described their own experiences with dental disease and were interested in ways to prevent tooth decay. In addition, we encountered no resistance from children in providing a hair sample, presumably because the amount required was minimal and hair was collected from a non-noticeable location on the head. Collectively, these findings indicate hair-based oral health studies are feasible in the YK Delta.

In addition to targeting sugar-sweetened beverage intake, future interventions could also identify cost-effective and scalable ways to improve access to preventive care. Alaska Native communities are small and geographically isolated, which make it possible to test innovative prevention strategies. One example is a home visitor or school-based program in which trained personnel from the community brush young children's teeth with fluoride toothpaste

and lead group toothbrushing activities with older children and adolescents [61]. This would address the irregular oral hygiene behaviors identified from our survey data. Additional research is needed to identify the feasibility and acceptability of such community-based oral health interventions.

Our study has public health, policy, research, and clinical significance. The public health significance of our study is that sugar-sweetened beverages in Alaska Native communities lead to diseases that place demands on a fragile health care system, which calls for community-based interventions aimed at reducing sugar-sweetened beverage intake. In addition to community-based interventions, upstream changes to the U.S. Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC) Program, and Postal Bypass Program may be needed to reduce sugar-sweetened beverage purchases and eliminate subsidies for transport of unhealthy beverages to communities in rural Alaska. Although beverage taxes are likely to reduce demand for sugar-sweetened beverages [62], there is likely to be strong local resistance as demonstrated by the Bethel Finance Committee's decision to unanimously oppose a \$0.08/ounce sugar sweetened beverage tax in January 2013. Our biomarker-based measure of added sugar overcomes costs associated with self-reported measures of dietary sugars as well as the potential for individuals to underreport sugar intake. In fact, we found no statistically significant relationships between survey-based sugar-sweetened food and beverage intake and caries, highlighting limitations associated with self-reported dietary measures. Biomarkers could be used as surveillance tools to identify communities with the greatest need for public health interventions and to measure behavioral changes associated with implemented interventions.

There were four main study limitations. First, our analyses were cross-sectional, whereas the relationship between added sugar intake and dental caries is dynamic and modified by exposure to fluorides [63]. Second, the hair biomarker was specifically validated in a Yup'ik population ages 14–79 years [46], which does not cover the younger age range of participants in our study. However, added sugar intake was constant across age, which increases the likelihood that our biomarker accurately measures added sugar intake in younger children. Third, we recruited a small convenience sample of Alaska Native children seeking dental care, which is the population to which we can generalize our findings. Future studies should enroll a larger, community-based sample of study participants, to allow for a more comprehensive analysis of the risk factors associated with tooth decay in Yup'ik children. Fourth, we did not conduct a reliability assessment of survey items. However, none of

our primary variables of interest were obtained through survey. Future research should assess the reliability and validity of oral health survey items in regards to Alaska Native populations.

Conclusions

The tooth decay epidemic in Alaska Native communities underscores the importance of community-centered, prevention-oriented interventions aimed at improving health behaviors like reducing sugar-sweetened beverage intake. Preventive efforts should target the deleterious effects of added sugars by providing viable alternatives to sugar-sweetened beverages and making it easier for individuals to access fluorides and other types of preventive care that helps to control tooth decay. Future interventions should focus on educating communities about added sugars through stores, homes, and clinical settings, empowering parents and families to reinforce children's exposure to fluoride through daily toothbrushing, and providing individuals with regular preventive care. Efforts to improve diet are likely to address the disease burden associated with pediatric tooth decay as well as reduce other childhood diseases linked to added sugars and sugar-sweetened beverages.

Competing interests

The authors declare no competing interests.

Authors' contributions

DLC conceptualized the study, collected data, conducted the dental exams, and wrote the first draft of the manuscript. SH conceptualized the study, collected data, and helped revise the manuscript. DO conceptualized the study, processed and interpreted the biomarker data, and helped revise the manuscript. LM conceptualized the study, analyzed the biomarker and dental caries data, and helped revise the manuscript. EO collected data, interpreted study findings, and helped revised the manuscript. DL conceptualized the study, helped interpret study findings, and helped revised the manuscript. All authors read and approved the final manuscript.

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ORIGINAL RESEARCH ARTICLE

Beverage consumption in an Alaska Native village: a mixed-methods study of behaviour, attitudes and access

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Background. American Indians/Alaska Natives (AI/AN) have the highest prevalence of obesity for any racial/ethnic group. Previous studies examining risk factors for obesity have identified excessive sugar-sweetened beverage (SSB) and inadequate water consumption as major risk factors for this population group. The historical scarcity of water in rural Alaska may explain consumption patterns including reliance on SSBs and other packaged drinks.

Methods. Our study was designed to assess SSB, water and other beverage consumption and attitudes towards consumption in Alaska Native children and adults residing in rural Alaska. During summer 2014, 2 focus groups were conducted employing community members in a small rural village more than 200 air miles west of Fairbanks, Alaska. Interviews were completed with shop owners, Early Head Start and Head Start program instructors (n = 7). SSB and total beverage intakes were measured using a modified version of the BEVQ-15, (n = 69).

Results. High rates of SSB consumption (defined as sweetened juice beverages, soda, sweet tea, energy drink or sports drinks) and low rates of water consumption were reported for all age groups in the village. All adolescents and 81% of children reported drinking SSBs at least once per week in the last month, and 48% of adolescents and 29% of younger children reported daily consumption. Fifty-two per cent of adults reported consuming SSBs at least once per week and 20% reported daily consumption. Twenty-five per cent of adolescents reported never drinking water in the past month, and 19% of younger children and 21% of adults did not consume water daily.

Conclusion. Alaska Native children and adults living in the Interior Alaska consume high amounts of SSBs including energy drinks and insufficient amounts of water. Interventions targeting beverage consumption are urgently needed for the Alaska Native population in rural Alaska.

Keywords: sugar-sweetened beverages; water; Alaska Native; obesity; nutrition

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The prevalence of overweight and obesity in the United States has steadily increased since the 1970s (1,2) with the current prevalence of combined overweight and obesity (BMI ≥ 25 for adults and BMI percentile $\geq 85\%$ for children) equal to 22.8% for young children (aged 2–5), 34% for older children (aged 6–11), 34.5% for adolescents (aged 12–19) and 69% for adults (3). Previous studies show that overweight and obese children are more likely to become obese adults (4). On the national level, the prevalence of extreme obesity (BMI $\geq 120\%$ of the 95th percentile for children of the same sex and age) fell among every ethnic group except the American Indian/Alaska Native (AI/AN) population from 1998 to 2010 (5).

Nationally, the AI/AN population has the highest prevalence of obesity of any racial/ethnic group (6). According to a 2011 Indian Health Service (IHS) report, over 80% of AI/AN adults are overweight or obese (7). In Alaska Native adults, between 1991 and 2012, obesity increased from 16 to 35% (8). Alaska Native adolescents are also significantly more likely than white adolescents to be obese, with 16% of Alaska Native Alaskan high school students considered obese compared with 10% of white ones in Alaska (8). AI/AN preschoolers were almost twice as likely (31.2%) as their U.S. counterparts to be obese (18.4%) (9), and data from the Alaska Native Epidemiology Center shows comparable rates of obesity among Alaska Native children aged 2–5 (30%) (10).

Similarly, Pregnancy Risk Assessment Monitoring System (PRAMS) data indicate that obesity prevalence among Alaska Native 3-year olds is higher than any other preschool group in the United States (42.2%) (11).

Sugar-sweetened beverages and water consumption

Sugar-sweetened beverage (SSB) consumption has been previously identified as a risk factor for overweight and obesity in children and adults (12–15). Children who drink at least 1 SSB per day have 55% increased odds of becoming overweight or obese compared with children who rarely consume SSBs (16). Alaska Native adults are more than 3 times as likely (34%) as U.S. whites (12%) to consume 3 or more sugary drinks each day (8), and those living in rural locations in Alaska are significantly more likely to consume 3 or more sugary drinks each day (51%) compared with other regions of the state (8).

The reasons for these discrepancies in SSB consumption between rural versus urban residents and Alaska Native versus non-Alaska Native populations are unknown, but previous studies suggest several possibilities: (a) historical distrust of water sources (17,18); (b) a higher prevalence of lactose intolerance in Alaska Native adults, which may shape cultural expectations for milk consumption among children (19); and (c) poor access to healthy alternatives to SSBs and juices (20). The objectives of the current study were 3-fold: (a) to assess the frequency of SSB, water and milk consumption; (b) to ascertain the attitudes towards consumption of water, milk and SSB of residents of a rural, Interior Alaska Native (Athabascan) community; and (c) to assess rural access to water, milk and SSBs. As of 2014, although there were rough, epidemiological data about consumption patterns, there were no published research describing attitudes, the details of daily consumption and access to beverages in Alaska Natives among the Athabascan peoples of Interior Alaska. Our research attempts to expand upon these data.

Methods

Population

In 2014, the authors of this study assessed the eating and drinking habits of a rural community located over 200 air miles west of Fairbanks in the interior of Alaska. The village has a population less than 300 persons, comprised of 92% American Indian/Alaska Native (50.5% female). The median age of the population in the village is approximately 26, with more than 35% under the age of 18. One of this study's authors (PDS) is employed as a physician and researcher for the U.S. government recognized non-profit, Tanana Chiefs Conference, of which the village tribe is a member. Before the initiation of this study, he made frequent visits to the village to establish wellness

teams and a structure for community-based research. Village residents prioritized obesity and diabetes mellitus as important health topics to be addressed.

In the small village examined in this article, food and beverage options were limited. Local shops in the village purchase food from larger grocery and wholesale stores located in Fairbanks, and individuals occasionally order directly from these Fairbanks retailers, which is expensive, as the purchases need to be flown in on private charters. Alternatively, when village residents go to Fairbanks for medical visits, they bring food and beverages back with them on the plane. Most families rely partially on subsistence, in the form of moose meat or fish.

Recruitment

In 2014, we visited rural Alaska to conduct focus groups and administer beverage questionnaires to assess consumption patterns. Using the village's Citizen Band (CB) radio system, the tribal administrative assistant invited village members to participate in each focus group and complete questionnaires. Flyers were also posted at local stores, the health clinic, the village post office and the village tribal centre.

Individuals who were recruited for the focus groups were also invited to fill out the beverage questionnaires. We also recruited participants at the community centre, clinic and local shops when we were introduced to village members. Any participant who completed a questionnaire, attended a focus group or completed an interview was entered into a raffle to win 1 of 3 modest door prizes valued under \$60.00. We provided all focus group and questionnaire participants with 2 cookbooks produced by Alaska WIC and a sheet of children's stickers for younger participants. Fresh fruit and sandwiches were also provided at each focus group. The study was approved by Alaska Institutional Review Board (IRB), the Executive Board of Tanana Chiefs Conference, and organized under the auspices of the Tribal Wellness Teams program. All study subjects provided signed, written consent.

Beverage questionnaire

We administered a modified version of a previously validated questionnaire, the BEVQ-15, which asks about daily and weekly beverage consumption based on consumption patterns during the last month (21). From the questionnaire, we removed 3 questions on alcohol consumption and 1 question on tea or coffee with or without artificial sweetener (no cream or sugar) consumption. These changes reduced the questionnaire to 11 items. To ensure accuracy, parents completed the questionnaire on behalf of their young children (ages 3–11), and participants 12 years and older completed their own questionnaire. We modified the questionnaire as per the Alaska IRB recommendation to remove alcohol consumption patterns, and as our initial aim was to focus on children,

we removed the question about consumption of coffee and tea without added sugar or cream.

Focus groups and interviews

We conducted 2 focus groups with community members ($n=8$ from first group and $n=13$ from second) and individual interviews with Head Start and Early Head Start program instructors as well as shop owners ($n=7$). Both focus groups and individual interviews used open-ended interviewing techniques with questions centred on beverage consumption in the village. Only adults were included in focus group discussions. The purpose of the focus groups was to better understand the attitudes towards SSBs, nutrition and obesity. No formal interview guide was used. Rather, the discussion during each focus group was guided by study personnel to address general themes of beverage consumption, fast food, popular items in stores, nutrition at home and at school, possible interventions and recommendations for the community.

Shop inventory

We performed a comprehensive food and beverage inventory of all 3 shops located in the village in order to assess the availability of different beverages in the village. The authors visited the shops, assessed all items on the shelves and spoke with the storeowners to compile a list of the items being sold and the price of each item.

Analysis

We audio recorded and transcribed all interviews and focus groups. One interviewee (a shopkeeper) declined to be recorded, so we took notes while the interview was conducted. We then performed thematic analysis to identify common beliefs and responses. We did not code the data and elected to have only 1 author perform thematic analysis to control for inter-rater reliability. We examined each of the transcripts and identified any common responses to individual questions posed by the researchers. As per our initial interests, we focused on SSB consumption habits, timing of the introduction of SSBs into children's diets, availability and restrictions on SSBs, beverage purchasing habits observed by store owners, as well as water consumption habits and attitudes towards the drinkability of village tap water.

Results from the beverage questionnaire were stratified into 3 age groups children (3–11 years), adolescents (12–17 years) and adults (≥ 18 years), as obesity prevalence and SSB consumption data from other studies have been stratified into these age groupings or similar ones (3,22–25) and dividing into age groups would allow us to more appropriately target future interventions. We defined total and any SSB consumption including the following beverages: sweetened juice beverages (fruitades, Tang or Kool-Aid), regular soda, sweet tea and sports/energy drinks. We did not include tea or coffee, as it was unclear whether or not sugar was added based on how the

question is asked. In order to identify any possible differences in consumption patterns between young children and adolescents, we compared the results across age groups using *t*-tests for continuous variables and chi-squared tests for categorical ones. We did not compare adult consumption patterns to young children or adolescents as the dietary recommendations for intake differ for children and adults (26). Serving size was computed as a discrete variable using the beverage questionnaire. Participants had the option to select "less than 6, 8, 12, 16 or more than 20 oz." We calculated an average serving size based on all responses for a given beverage respective of each age group. We computed the daily intake of water and milk using the average serving size and frequency of consumption reported on the beverage questionnaire for all participants that reported daily consumption of a given beverage, qualifying that this included only those participants who had greater than or equal to daily intake.

Results

Survey data

We obtained beverage survey data on approximately 25% of the population—25 adults (76% female), 21 adolescents (48% female) and 21 children (48% female). All adolescents and 81% of children reported drinking SSBs at least once per week in the last month, with 48% of adolescents and 29% of children reporting daily consumption, $p=0.08$ (Table I). Seventy-two per cent of adults reported consuming SSBs at least once per week and 20% reported daily consumption (Table III). Despite differences in body mass, mean serving size of sugary beverages was comparable between children and adolescents with a mean serving size of 286 ± 79 mL for adolescents and 253 ± 86 for children, $p=0.27$ (Table II). Adults consumed a slightly higher amount than adolescents (mean serving size = 297 ± 96 mL) (Table IV). Of all the SSBs, sweetened juice beverages such as Tang or Kool-Aid were consumed most frequently with 100% of adolescents and 76% children reporting some consumption (Table I). Furthermore, 38% of adolescents and 28% of children reported drinking these beverages daily. Adolescents were more than 3 times as likely as children to report ever drinking soda, 48% versus 15% respectively, $p=0.029$ (Table I). Forty-four per cent of adults reported drinking soda at least once per week, and 8% reported daily consumption (Table III). For adults and adolescents, mean serving size was highest for soda of all sugary beverages with the exception of sweetened teas (mean = 302 ± 71 mL and 315 ± 98 mL for adults and adolescents respectively) (Table VI and Table II). Fifty-two per cent of adolescents and 29% of children reported consuming sports drinks (such as Gatorade or Powerade) or energy drinks (Rockstar, Redbull, etc.) at least once per week (Table I).

Table I. Child and adolescent beverage consumption pattern in an Alaskan village, 2014

Type of beverage					<i>p</i> ^a
Child (3–11), n = 21		Never (%)	At least once per week but less than once per day (%)	At least once per day (%)	
Adolescent (12–17), n = 21					
Sugar-sweetened beverages					
Any sugary beverage	Child	19	52	29	0.08
	Adolescent	0	52	48	
Sweetened juice beverage/drink (Kool-Aid, Tang, fruitades, lemonade, punch, etc.)	Child	24	48	28	0.06
	Adolescent	0	62	38	
Soda/pop	Child	85	15	0	0.06
	Adolescent	53	32	16	
100% fruit juice	Child	5	86	10	0.04
	Adolescent	21	47	32	
Energy and sports drink	Child	71	29	0	0.12
	Adolescent	48	38	14	
Sweetened tea	Child	100	0	0	0.01
	Adolescent	65	30	5	
Coffee and tea (with cream and or sugar, includes non-dairy creamer)	Child	100	0	0	0.01
	Adolescent	52	24	24	
Water	Child	0	19	81	0.01
	Adolescent	25	0	75	
Milk					
Any milk	Child	9	29	62	0.26
	Adolescent	9	52	38	
Whole milk	Child	67	19	14	0.23
	Adolescent	40	35	25	
Low-fat (2%) milk	Child	24	19	57	0.04
	Adolescent	55	25	20	
Non-fat milk	Child	90	10	0	<0.01
	Adolescent	43	29	29	

^aComparison made using chi-square test.**Table II.** Child and adolescent mean serving size

	Total Mean ± SD (mL)	Adolescents Mean ± SD (mL)	Children Mean ± SD (mL)	<i>p</i> ^a
Sugar-sweetened beverages				
Any sugary beverage	270 ± 83	286 ± 79	253 ± 86	0.27
Sweetened juice beverage/drink	240 ± 62	247 ± 67	233 ± 57	0.5
Soda/pop	286 ± 100	315 ± 98	197 ± 34	0.07
100% fruit juice	258 ± 87	278 ± 128	246 ± 55	0.4
Energy and sports drink	337 ± 145	328 ± 131	355 ± 180	0.7
Sweetened tea	315 ± 57	315 ± 57	0 ± 0	NA
Coffee and tea	287 ± 110	287 ± 110	0 ± 0	NA
Water	294 ± 127	345 ± 153	263 ± 101	0.07
Milk				
Any milk	263 ± 80	278 ± 91	250 ± 69	0.3
Whole milk	274 ± 80	289 ± 100	253 ± 45	0.4
Low-fat (2%) milk	253 ± 80	262 ± 96	248 ± 75	0.7
Non-fat milk	268 ± 89	274 ± 96	237 ± 0	0.6

^aComparison made using *t*-test.

Table III. Adult beverage consumption patterns, n = 25

Type of beverage	Never	At least once per week but less than once per day (%)	At least once per day (%)
Adult, n = 25	(%)		
Any sugary beverage	28	52	20
Sweetened juice beverage/ drink	67	25	8
Soda/pop	56	36	8
100% fruit juice	48	40	12
Energy and sports drink	92	8	0
Water	0	21	79
Sweetened tea	74	22	4
Coffee and tea (with cream and/or sugar, includes non-dairy creamer)	12	28	60

Beverage questionnaire data indicated low levels of water consumption among residents of the village with 25% of adolescents reporting never drinking water in the past week (Table I). A significant percentage of adults (21%), adolescents (25%) and children (19%) reported not drinking water on a daily basis (Tables I and III). Forty-eight per cent of adults, 43% of adolescents and 57% of children reported drinking water at least 3 times per day. For those that reported daily consumption, mean total daily intake was 725 ± 395 mL for children, 853 ± 440 mL for adolescents and 890 ± 483 mL for adults.

Because of participation in WIC and the long-term storage potential of powdered milk, access to milk in this rural village was not an issue and there were no concerns about shortages. However, the questionnaire responses suggested that not all children had daily consumption with only 62% of children and 38% of adolescents reporting daily consumption of any type of milk (Table I). Mean total daily milk intake among those reporting daily consumption was 250 ± 69 mL in children and 278 ± 91 mL in adolescents.

Focus group and interview data

Focus group and interview responses indicated that while many young children frequently drank Tang, Kool-Aid and even sodas, many people in the village recognized that SSB consumption was unhealthy. Nonetheless, Head Start instructors noted Kool-Aid or Tang consumption was quite common among children in the Head Start program and “pretty much the only thing [the kids drank].” Most children drank these beverages at home as federal guidelines prohibit consumption of these beverages in the Head Start or Early Head Start programs. In focus groups, parents reported trying to limit children’s intake or replacing Tang or Kool-Aid with 100% juice. Study

Table IV. Adult mean serving size

	Mean serving size Mean $\pm$ SD (mL)
Sugary beverage (any)	297 $\pm$ 96
Sweetened juice beverage/drink	237 $\pm$ 55
Soda	302 $\pm$ 71
100% fruit juice	231 $\pm$ 49
Energy and sports drink	237 $\pm$ 0
Water	339 $\pm$ 139
Sweetened tea	338 $\pm$ 143
Coffee and tea	336 $\pm$ 143

participants also indicated that SSB consumption begins early, with children as young as 1 year of age drinking SSBs in the village, and that they received no instruction in nutritional practices from healthcare providers. Young children regularly visit village shops without a guardian and are allowed to purchase soda and all SSBs.

Shop owner – the little ones, if they are by themselves they buy pop [soda]. If they are with their parents, they buy Gatorade. Little kids that can barely look over the counter will buy pop.

Shop owners and consumers reported that soda was usually the first product to disappear from shelves. It was not unusual for the entire village to run out of soda.

Interviewer – And does the store here ever run out of things? Like shortages?

Female focus group participant – Oh yeah.

Interviewer – What things go first?

Multiple focus group participants (in unison) – soda pop.

In individual interviews, 2 of the 3 shop owners indicated that people in the village would not come into the store if no soda were available and that soda is responsible for generating human traffic into the stores. The owner of this shop reported that people rarely purchased 100% fruit juices unless they bought them through the Women, Infants and Children’s Program. Focus group participants indicated that adolescents were buying energy drinks such as Rockstar, Redbull or Monster.

Focus group and interview participants suggested that efforts to curb SSB consumption worked well in the federally mandated Head Start and Early Head Start program, but were ineffective at maintaining low levels of SSB consumption when children were away from the programs. Similarly, research participants opined that a soda ban in schools prevented children from consuming soda in schools, but that the lack of regulations concerning children purchasing sodas in the shops undermined these efforts. Head Start teachers reported educating children in the program on nutrition, specifically soda and SSBs, but that nutritional education was

not provided to all community members. At the time of the investigation, there were no initiatives in place to reduce community level soda or SSB consumption. Further, focus group responses indicated that healthcare providers failed to counsel patients on diet or nutrition and that only diabetes patients were counselled regarding nutrition.

Focus group and interview responses also indicated that village residents were not accustomed to drinking adequate amounts of water. Concern about the quality and taste of tap water was cited as reasons, and many people filtered the water to improve the taste.

Interviewer – Do you turn on the tap and do you drink a glass of water?

Male focus group participant – Myself, I use two Brita filters. I put it through one and then I run it through another one.

Interviewer – What's the water quality like here? When you get it out of the tap do you feel comfortable or do you feel like you need to filter it?

Female interviewee – I drink it ... before maybe like when I was pregnant with **** – 9 years ago – it was ... orange ... it was almost like 3rd world country bad looking. I'm sure it was okay to drink but it didn't [look okay] ... I think it was just the rust in the pipes or something.

Inventory of stores

SSBs were sold in every store in the village. Kool-Aid or Tang were priced 75% cheaper per serving than healthier beverages such as bottled water or milk. Sixteen different varieties of sodas were sold between the 3 shops: 7-Up, Sierra Mist, Coke, Pepsi, Diet Pepsi, Wild Cherry Pepsi, Shasta Cola, Shasta Orange, Orange Crush, Strawberry Crush, Sunkist Grape, Dr. Pepper, Mtn Dew, Mtn Dew Kickstart, Mug Cream Soda and Mug Root Beer. Each shop offered between 7 and 8 different soda varieties, and there was no difference in cost based on the type of soda within a given store. Soda prices varied between the 3 stores, with the smallest store selling 12 oz. cans for \$1.25, the middle-sized store charging \$1.35 per can and the largest store charging \$1.50 for a 12 oz. can and \$3.50 for a 20 oz. bottle. Only the largest store in the village sold 100% juice, and prices ranged from \$2.00 for a 10 oz. bottle to \$20.00 for a 64 oz. bottle of apple juice, nearly double the price of a can of soda or half the price of a bottle of water. Bottled water was available for purchase at 2 of the village's 3 shops, but was comparably priced with soda, ranging from \$1.50 for a 16.9 oz. bottle to \$3.50 for a 23.7 oz. bottle compared to soda for \$1.25–1.50 per 12 oz. can or juice for \$2.00 per 10–11.5 oz. bottle.

Discussion

All rural Alaska Native participants surveyed were more likely to report ever consuming SSBs than U.S. children,

adolescents and adults from national survey data (2005 and 2008), with 100% of children and adolescents and 72% of adults in the village reporting consumption compared with 66% of U.S. children, 77% of U.S. adolescents and 61% of U.S. adults (22). Adolescents in the village were even more likely than Alaska high school students to report daily consumption of SSBs (48% vs. 42%) (8). We found very high rates of sweetened juice beverage consumption such as Tang, Kool-Aid or Sunny Delight in comparison with overall U.S. consumption patterns for all ages. Adolescents were nearly 5 times as likely to report ever consuming these beverages than their U.S. counterparts reported (100% vs. 23%). Similarly, children in the village were more than twice as likely as U.S. children to report ever consuming sweetened juice beverages (76% vs. 34%). as were adults (33% vs. 17%) (22). Additionally, children (29%) and adolescents (52%) in the village were more likely to report ever consuming sports and energy drinks than U.S. children (7%) or adolescents (12%) (22), or adolescents in a 2010 study on sports and energy drink consumption (37.9%) (27). The prevalence of sports and energy drink consumption we observed in the village is likely more comparable to more recent national consumption rates the percentage of American children consuming sports and energy drinks has been significantly increasing (28,29).

Overall we found a lower percentage of water consumption in the village compared with population-based surveys for adults and children, with a particular concern for adults and adolescents. A significantly greater number of adults reported no daily consumption of water (21%) than in the population-based Food Attitudes and Behavior Survey (7%) (30). Adults in the village drank less water per day (890 ± 483 mL) than U.S. adults (1,138 mL) (31). While the percentage of village adolescents reporting daily consumption (75%) was comparable to that reported for U.S. high schools students in 2010 (72%), we had a high percentage of adolescents that reported never drinking water (25%) (32). It is possible that we found issues of low water consumption more problematic among adults and adolescents as adults remember the historical issues with water problems in the village in contrast with younger children.

Access to running water has been a challenge for many years in much of rural Alaska. In 1994, only 37% of households had access to running water (33). Between 1996 and 2010, the Environmental Protection Agency (EPA) funded projects to increase water availability in rural Alaskan villages, and, by 2010, 92% of homes had access to clean drinking water (34). This was still, however, well below the national average of 99% (34). The percentage of homes in rural Alaskan villages that had in-home piped water service was much lower, with only 73% of homes reporting in-home water service as of April 2004 (35). There are currently over 6,000 year-round

occupied homes in rural Alaska that do not have running water or flush toilets (36). Further, as of 2000, one third of rural Alaska residents lacked piped water and had to obtain water from community-based water points and bring the water home in 5-gallon plastic containers. Some families have to travel long distances, even crossing rivers to obtain water from these centralized locations (35). According to the Environmental Protection Agency, the lack of safe water service poses an “extreme public health challenge” (37).

Distrust of the local water supply has also been seen in other Northern Native communities, such as First Nation communities in Canada, that have had poor historical access to water, leading residents to express health concerns associated with tap water consumption (17). The limited water availability and the historical distrust of the water supply has resulted in consumption of other, bottled or packaged beverages (18).

We also found children in the village consumed less milk per day (250 ± 91 mL) compared with 2–4-year-old WIC participants in 2005–2010 (332 mL) (38) or U.S. children (295 mL), well below the USDA recommendations of 2 cups (473 mL) per day (39,40). In particular, adequate milk consumption is necessary for children for both calcium and vitamin D intake and has been shown to protect against obesity (41). One possible explanation for the low milk consumption may be that milk is not the best source of calcium in this population since some Alaska Native tribes have a high prevalence of lactose intolerance (19). They may have adequate calcium intake secondary to other sources in their diets; however, we did not assess calcium intake from other foods such as cheese, yogurts, ice cream or other non-dairy sources.

Future interventions

Health education

Our focus groups suggest the need for health professionals to provide education on nutrition. Similarly, other studies suggest that only 43% of Alaskan adults reported ever receiving advice about their eating habits from a healthcare provider (8). While most participants in the study did recognize that soda could cause excessive weight gain and did not provide vitamins or minerals, many did not realize that other drinks such as 100% juice and juice drinks could contribute to excessive caloric intake. Ensuring patients in rural Alaska receive adequate nutritional counselling could improve patient’s nutritional habits (42).

Peer-led nutritional counselling could be a viable option to decrease obesity and increase healthy living knowledge in this resource-limited environment. This approach would tie in well with the region’s reliance on health aides, members of the community who serve as healthcare practitioners at the local clinics, with telemedicine support from Fairbanks, but without any formal

health professional training. A First Nations community in Manitoba, Canada, had success with a peer-led intervention facilitated by high school mentors. The intervention resulted in decreased BMI and waist circumference compared with controls following the 5-month intervention. The program consisted of a 90-minute after-school program that provided a “holistic approach to physical activity, nutrition and education programming” that built upon the “strengths of the Aboriginal youths as they assume leadership roles in the community” (43). Nutritional education interventions have also had success in reducing soda consumption among Alaska Native teens. Soft drink consumption decreased by 10% following a 2-year intervention in participating Yupik villages, resulting in an 18% decrease in soda consumption in intervention villages compared with a 20% increase in control villages (44).

School-based interventions

School-based interventions that focus on bringing nutritional education from the schools into the home and community could be another option for this region, given the high percentage of SSB consumption and low water and milk consumption, particularly in adolescence (45). Bright Start is a school-based intervention in American Indian children that increased physical activity at school, promoted healthy eating and included family focused interventions to improve the home food environment. The intervention resulted in an overall decreased prevalence of overweight among students in the intervention group compared with controls, as well as decreased SSB consumption (46). While many schools in rural Alaska limit SSB consumption, this type of comprehensive intervention that includes the home and community environment could bridge the intervention from the schools to communities.

Similarly, the *Sodabriety Challenge*, a 30-day intervention with rural Appalachian high school students, challenged students to consume only unsweetened beverages such as water, unsweetened tea or diet soda. During the intervention, participants were also given facts about the benefits of limiting sugar-sweetened beverages on a daily basis. The intervention resulted in decreased total SSB consumption at home and school both immediately following the intervention and during follow-up 30 days later. Water consumption also increased following the intervention (25). Another successful SSB initiative, *Drop the Pop*, in the Nunavut, Northwest and Yukon territories in Canada was designed to increase awareness of the effects of SSB consumption on health by promoting healthy food days, providing instruction on how to prepare healthy drinks, meals and snacks or implementing a nutritional curriculum into the science curriculum at the school. Seventy-six per cent of schools that participated in *Drop the Pop* indicated that children were more likely to

bring healthy beverages to school, and 69.8% of parents reported that the children consumed less SSBs both at school and at home following the initiative (47).

Structural interventions

Interventions, which change the structure of beverage availability in the schools, homes or products available in stores, may have a longer lifespan than the duration of the intervention. A school-based intervention in Germany, where water fountains were installed in schools and teachers gave classroom lessons to promote water consumption, increased water consumption among students. Further, the school participating in the intervention had lower rates of obesity compared with the control school following the intervention (48). Similarly, a home-based intervention of U.S. adolescents in which participants received weekly deliveries of non-caloric beverages (e.g. bottled water, diet beverages including soft drinks, iced teas, lemonades and punches selected by participants) for 25 weeks saw greatly reduced SSB consumption among participants in the intervention group compared with the control group (23).

Finally, an intervention focusing on products available for sale in stores could be a viable model. A 14-month intervention in the Navajo Nation that sought to increase the availability of healthy foods by implementing an intervention within supermarkets, convenience stores and trading posts and to promote these foods both at the time of purchase and through community media showed promising results. During each intervention, study personnel demonstrated healthy cooking techniques, allowed residents to taste-test healthy food options, gave away promotional items and responded to questions. Greater exposure to the intervention was associated with reduced BMI and increased healthy food intentions 15–20 months following the intervention (49). Implementing an initiative to improve the nutritional habits in the village is the next step in addressing the obesity problem.

Research strengths and limitations

This village-based study is one of the first of its kind performed in a rural, Alaska Native village (50). We used a multi-prong approach utilizing 3 forms of research in order to paint a detailed picture of an Athabascan village in Interior Alaska, elucidating potential historical, structural and attitudinal reasons for higher SSB consumption and lower milk and water consumption patterns. These data could be a starting point for multi-village observational studies in rural Alaska or for interventional work in the Athabascan Interior.

The research reported in this article has several limitations. First, the soda consumption levels obtained from the questionnaire were much lower than we predicted based on focus group and interview responses, which suggested that soda was commonly consumed at even higher rates. We believe the rates were likely underestimated in the

questionnaire data, as the beverage questionnaire referred to soda as “soft drinks” and soda is better understood as “pop” in rural Alaska. Also, studies relying on recalls are limited by the vagueness of memory and estimation but we attempted to compensate for this limitation by including the focus groups to allow for qualitative study. Finally, the study took place in a single village with a relatively homogeneous Athabascan population. Other Alaska Native ethnic groups and Athabascan villages may differ substantially.

Conclusion

Alaska Native adults, adolescents and children living in the rural interior of Alaska consume high amounts of sugar-sweetened beverages including energy drinks and insufficient amounts of water. Of all sugar-sweetened beverages, sweetened juice beverages such as Tang or Kool-Aid are consumed most frequently. Community-driven interventions targeting modified beverage consumption are needed.

Conflict of interest and funding

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Lack of in-home piped water and reported consumption of sugar-sweetened beverages among adults in rural Alaska

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Abstract

Objective: To assess whether community water service is associated with the frequency of sugar-sweetened beverage (SSB) consumption, obesity, or perceived health status in rural Alaska.

Design: We examined the cross sectional associations between community water access and frequency of SSB consumption, body mass index categories, and perceived health status using data from the 2013 and 2015 Alaska Behavioral Risk Factor Surveillance System (BRFSS). Participants were categorized by zip code to “in-home piped water service” or “no in-home piped water service” based on water utility data. We evaluated the univariable and multivariable (adjusting for age, household income and education) associations between water service and outcomes using log-linear survey-weighted generalized linear models.

Setting: Rural Alaska, USA

Subjects: 887 adults, aged 25 years and older

Results: In unadjusted models, participants without in-home water reported consuming SSBs more often than participants with in-home water (1.46, 95% CI 1.06, 2.00). After adjustment for potential confounders, the effect decreased but remained borderline significant (1.29, 95% CI 1.00, 1.67). Obesity was not significantly associated with water service but self-reported poor health was higher in those communities without in-home water (1.63, 95% CI 1.05–2.54)

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Authorship: EM, SS, AF, KF, LE, PH, TT, MB, and TH conceptualized the study. SS, AF, and KF managed the study data. EM, SS, and PH conducted the analysis and wrote the manuscript. SS, AF, KF, LE, PH, TT, MB, and TH reviewed and contributed to the manuscript.

Conflicts of interest: None

Ethical Standards Disclosure: Not applicable

Conclusions: Not having access to in-home piped water could affect behaviors surrounding SSB consumption and general perception of health in rural Alaska.

Keywords

Sugar-sweetened beverage; water; rural health; Arctic

Introduction:

According to the World Health Organization, 29% of people in the world did not have access to safely managed drinking water in 2015.⁽¹⁾ In low- and middle- income countries, lack of access to improved water sources and sanitation has been associated with infectious disease and poor child growth.^(2, 3) Even in the United States, some areas do not have full coverage of in-home piped water. In 2017, at least 15% of occupied housing units in rural Alaska lacked in-home plumbing.⁽⁴⁾ The lack of access to piped water service is a particular problem in remote communities that are reachable only by airplane or boat. In these communities, not having piped water has been associated with added risk of numerous infectious diseases, including respiratory hospitalizations in children, skin infections, gastrointestinal infections, and invasive pneumococcal disease.⁽⁵⁻⁷⁾ In addition to infectious diseases, there may be additional unknown health risks associated with not having access to in-home drinking water. Studies in other regions have found associations between inadequate water supply and stress,⁽⁸⁾ musculoskeletal injuries,⁽⁹⁾ and gastric cancer risk.⁽¹⁰⁾

Qualitative research has shown that individuals experiencing water scarcity may conserve water by consuming sugar-sweetened beverages (SSBs).⁽¹¹⁾ SSBs are defined as any beverage with added caloric sweetener, including regular soda, sweetened juices (eg. Tang® or Kool-Aid®), sweet tea and sports/energy drinks.^(12, 13) In the United States, 30.1% of respondents report consuming at least one SSB per day, with the prevalence ranging from under 20% in some states in the northeast to over 40% in the southeast.⁽¹⁴⁾ In several large and repeated studies, frequent consumption of SSBs has been associated with obesity, cardiovascular disease, metabolic disorders, dental decay, and other chronic conditions.⁽¹⁵⁻¹⁸⁾

In rural Alaska, studies have found that over 50% of adults consume sugar sweetened beverages at least once per week.⁽¹⁹⁾ However, to our knowledge, the association between lack of water access and SSB consumption has not been studied quantitatively. In this analysis of Behavioral Risk Factor Surveillance System (BRFSS) and water utility data, we evaluated whether rural Alaska residents in communities without in-home piped water service reported different frequencies of SSB consumption than residents of communities with in-home service. We also assessed if residents without in-home piped water service had a different prevalence of health outcomes that could be related to SSB consumption, including obesity or self-reported poor health.

Methods:

Study population:

Rural Alaska spans a large geographic area with a population of approximately 240,000 people. Communities are often geographically isolated and can only be reached by boat, airplane, or snowmobile. Food and other supplies can be gathered through subsistence activities (such as hunting) or through air or boat cargo. Larger communities (called “hub towns”) serve as transportation and administrative centers for surrounding smaller communities. For this analysis, data were restricted to those participants who lived in communities that were not externally accessible by the statewide road system or the Alaska Marine Highway ferry system and were not hub towns.

Water access is variable in these remote areas. Some households have piped water from a centralized treated water source while some have piped water from wells. Communities without piped water from either of these sources may have a closed haul system, where water is hauled to and sewage is hauled away from the house. Other communities have a community clean water access point where individuals haul their own water to their house. In these areas, households usually self-haul limited amounts of water in 5-32 gallon containers by hand or with the assistance of a sled, wheelbarrow, or vehicle. Families often supplement this treated water with water from traditional sources such as springs, tundra ponds, and rainwater. (20, 21)

Measures:

We used self-reported SSB consumption and chronic disease measures from the BRFSS, years 2013 and 2015. The BRFSS is a telephone survey that gathers data about the health behaviors of adults across the United States. (22) In Alaska, rural areas are oversampled to enhance the adequacy of sample size for analysis. BRFSS participants are required to be 18 years of age or older. In this analysis, data were restricted to participants aged 25 years or older, because education level was a confounder of interest and this question is only answered by those who are 25 years or older. Answers to the following questions were used as outcomes: (23)

“During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.”

“During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.”

“Would you say that in general your health is (Options: Excellent, Very good, Good, Fair, Poor)?”

A weekly estimate of the frequency of SSB consumption was calculated according to the BRFSS data usage recommendations. (24) Participants were assigned weight categories (neither overweight nor obese [body mass index (BMI) < 25 kg/m²], overweight [25 ≤ BMI < 30 kg/m²], or obese [BMI ≥ 30 kg/m²]) based on BMI calculated from participant-

reported height and weight. Other variables of interest included reported annual household income (<\$25,000, \$25,000-\$49,000, or $\geq$ \$50,000), formal education level (less than high school, high school graduate, or some college or higher), race, and age (in years).

We obtained 2016 water service data from the Alaska Infrastructure Programs, United States Environmental Protection Agency. BRFSS participants were categorized by zip code as having water piped to their home if their community had piped water either from centralized water service or from wells. Participants were considered to *not* have piped water if their community had a closed haul system, a washeteria, or other community watering points where individuals bring their own water to their home.⁽²⁵⁾ Some zip codes included communities with differing water service status (“mixed” zip codes). For example, one zip code could include two small communities, one with in-home piped water service and one without in-home piped water service. In these instances, the zip code was attributed the water status of the community with the larger population.

All data were publically available.

Statistical analysis:

We described participant demographics according to water service status based on their zip code. Reported percentages were survey-weighted according to the BRFSS weighting formula⁽²⁶⁾ Weights were provided in the BRFSS dataset. Before analyzing the primary question, we developed a causal model to determine the minimum number of potential confounders in the relationship between residence in a community with piped water and SSB consumption. We used a survey-weighted log-linear generalized linear model (GLM) to compare the frequency of reported SSB consumption between participants in zip codes with and without in-home piped water service. After assessing the univariable associations, we controlled for annual household income, formal education level, American Indian/Alaska Native race, and age. For the binary outcomes of obesity and fair/poor health, we used a survey-weighted log binomial GLM. After assessing univariable associations, we also controlled for age, sex, race, and income in the obesity analysis, and age, race, and income in the self-reported poor health analysis. Model outputs are expressed as exponentiated (exp) β , which we called a frequency ratio. A frequency ratio can be interpreted as the percent higher or lower that one group reported drinking SSBs per week compared to another group. Using $\alpha=0.05$, ratios were considered to be significant if the 95% confidence interval did not include 1. We conducted a sensitivity analysis by removing participants with mixed zip codes to identify whether these participants affected the model results. Data were analyzed using SUDAAN (RTI International, NC).

Results:

After excluding urban areas, hub communities, and communities on the statewide road or marine highway system, 887 rural Alaskans over age 25 years participated in the 2013 and 2015 BRFSS. Slightly more participants were female (430, 52%) and the mean age was 48 years. Of these participants, 733 (83%) lived in 102 zip codes with piped water and 154 (17%) lived in 28 zip codes without piped water. Among participants with in-home piped water, 43% reported completing some college or higher and 39% reported household annual

income of over \$50,000 (Table 1). Among participants without in-home piped water, 27% reported completing some college or higher and 22% reported household annual income of over \$50,000 (Table 1).

Overall, 37% of participants reported drinking SSBs at least once per day, and participants reported drinking SSBs a mean of 8.5 times per week. Participants in communities with in-home piped water reported a mean SSB consumption frequency of 7.8 times per week while participants in communities without in-home piped water reported a mean frequency of 12.5 times per week. Overall, those who reported higher frequency of SSB consumption were younger, had lower household income, and lower formal education (Table 2).

In the unadjusted model, respondents who lived in a community without in-home piped water reported consuming SSBs 46% more often than those who lived in a community with in-home piped water (unadjusted exp β 1.46, 95% CI 1.29, 1.67, $p=0.02$). After adjustment for age, income, and education, the size of the effect decreased (adjusted exp β 1.29, 95% CI 1.00, 1.67, $p=0.05$; Table 3).

In an unadjusted overall model, residence in a community without in-home piped water was not associated with obesity (adjusted exp β 1.22, 95% CI 0.81, 1.83, $p=0.36$; Table 3). This did not change after adjustment for confounders. In unadjusted and adjusted models, participants in communities without in-home piped water were significantly more likely to report fair/poor general health (adjusted exp β 1.63, 95% CI 1.05, 2.54, $p=0.04$).

Three zip codes with 31 participants were considered to have “mixed” service. All three were coded as having in-home piped water based on the criteria listed above, but included some participants in communities with washeterias or watering points. In sensitivity analyses where we removed these zip codes, no meaningful changes were observed in the models described above (data not shown).

Discussion:

Within the United States, rural Alaskans have the lowest access to in-home piped water service and experience a concordantly high burden of infectious disease.⁽⁶⁾ However, the burden of infectious disease might not capture the full picture of the outcomes of lack of water access within rural Alaska or elsewhere. We evaluated whether a lack of water service in rural Alaska was also associated with frequency of SSB consumption and other chronic disease outcomes. We found that rural Alaskans who lived in communities without in-home piped water may consume SSBs more frequently than those who lived in communities with in-home piped water service. Our findings contribute to the growing literature on the non-infectious disease risk factors associated with inadequate access to reliable, clean, water within the home^(8,9,27)

The linkage between lack of in-home water service and infectious disease risk in Alaska has been well described.⁽²⁸⁾ However, the relationship between in-home water service and SSB consumption is not well documented. There are several potential reasons that residents of communities without in-home piped water service might drink SSBs more often than those in communities with in-home piped water. Self-hauling water is time-consuming, and the

amount brought into the home is often directly related to a household's access to a vehicle and the presence of an able-bodied male household member.^(29, 30) If water is not easily accessible, people may decrease their water consumption and increase their consumption of other beverages. Recently a quasi-experimental study in schools in New York City showed that providing accessible water jet dispensers led to decreases in student BMI, ostensibly due to the consumption of water rather than other beverages.⁽³¹⁾ However, more research is necessary to evaluate the precise reasons that residents of communities without in-home piped water service consumed SSBs more frequently than those in communities with in-home piped water.

In this analysis, frequency of SSB consumption was associated with age, household income, and education level. Other studies of SSBs have found similar patterns, demonstrating that younger people, men, those with lower income, and those with less formal educational attainment are likely to drink SSBs more frequently.^(14, 32, 33) In rural Alaska, several factors could also influence the choice to drink SSBs, regardless of water accessibility. For example, prior studies have shown that some residents in these communities distrust the safety of treated water and/or are not satisfied with its quality (including color and taste).^(20, 21) Across the United States, trust of water sources has been shown to impact behavior around water consumption, especially among minorities⁽³⁴⁻³⁶⁾. Therefore, rural residents might perceive that consuming beverages from bottles or cans is safer than consuming tap water. The use of sugar-sweetened mixes such as Tang ® could offer a more palatable way to consume treated water. Further, SSBs may be cheaper than bottled water in these communities, possibly contributing to higher consumption.

Not having in-home piped water service was not significantly associated with obesity in this analysis. Although the association between drinking SSBs and obesity has been well-described in other contexts,⁽¹⁵⁾ there could be aspects of living in communities without piped water that are protective against weight gain. For example, in Yupik communities, hauling water is conducted primarily by men and boys and could serve as a form of physical activity.⁽²⁰⁾ Communities without piped water could also differ from those with piped water by other activities related to exercise and diet, such as the types and frequencies of hunting or other physically-demanding subsistence activities. Unfortunately we were not able to assess these other factors in the current analysis. Further research on obesity in communities without piped water is warranted.

Living in a community without in-home water was associated with a higher proportion of respondents reporting fair or poor general health in this analysis. This association could reflect that residents experienced a variety of poor health outcomes associated with lack of water access, including infectious diseases.

This analysis has a few limitations. First, these data sources are cross sectional, which affects the interpretability of temporal associations. Second, there may be some misclassification of water service exposure on the individual level. For example, in communities that have a piped water system, some households might still use point water sources. Therefore, the exposure in this analysis only represents a community-wide exposure to water service infrastructure. Additionally, the BRFSS data are self-reported, so responses

are subject to inaccuracies. For example, self-reported height and weight often result in an underestimate of obesity.⁽³⁷⁾ However, we would not expect this underestimate to be differential between communities with and without piped water. Furthermore, the BRFSS requests information on the frequency of SSB consumption, but does not include an estimate of volume. Similarly, sugar-sweetened coffee drinks are not included in the measure. These issues could lead to a misrepresentation of the amount of SSBs consumed, although we also do not expect this to be differential between communities. Additionally, although rural Alaska was oversampled in the BRFSS, the number of participants who were classified as living in a community without piped water was small. The small sample size likely resulted in insufficient power to detect some significant differences, and possibly the borderline significance in the overall result.

Confounding is an important consideration illuminated by this analysis. Respondents from communities with and without piped water were markedly different according to their reported demographics. Furthermore, the changes to the effect estimates after adjustment demonstrated that confounding by socio-economic status, age, and race existed in the association between piped water and drinking SSBs. There may be residual confounding or additional confounding by other factors that were not measured. Accordingly, the associations seen here warrant further investigation in other datasets and prospective analyses.

Conclusions

Recent studies have shown that disparities exist across the United States in terms of clean tap water access and consumption.^(38, 39) Our analysis suggests that residents who lived in communities without in-home piped water may drink SSBs more frequently than those who lived in communities with in-home piped water. Although lacking piped water was not significantly associated with obesity in this analysis, a higher frequency of SSB consumption could lead to a number of other chronic disease outcomes and may have contributed to the association between lack of water and reported poor health. Access to in-home clean water is a key component to maintain optimal health in rural Alaska.

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Disclaimer:

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry. Use of trade names is for identification only and does not imply endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.

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Table 1:

Characteristics of adult participants by in-home piped water access, rural Alaska ^b, 2013 and 2015

Characteristic	Residence in zip code with			
	Piped water		No piped water	
	Sample N	Survey-weighted % (95% CI)	Sample N	Survey-weighted % (95% CI)
Sex				
Male	355	62% (57%-67%)	75	53% (41%-64%)
Female	378	38% (33%-43%)	79	47% (36%-59%)
Age (years)				
25-34	113	20% (16%-25%)	37	44% (32%-56%)
35-49	213	31% (27%-37%)	41	18% (12%-26%)
50-64	278	36% (30%-41%)	46	21% (14%-30%)
65+	129	13% (10%-16%)	30	17% (11%-27%)
American Indian/Alaska Native				
Yes	442	52% (47%-58%)	125	74% (59%-85%)
No	291	48% (42%-53%)	29	26% (15%-41%)
Education				
Less than high school	82	18% (13%-23%)	34	31% (22%-43%)
High school graduate or GED	300	39% (34%-45%)	65	42% (31%-54%)
Some college or higher	345	43% (38%-49%)	55	27% (18%-38%)
Household Income				
<\$25,000	260	33% (29%-39%)	67	52% (40%-64%)
\$25,000-\$49,999	160	28% (23%-33%)	35	26% (17%-37%)
≥\$50,000	257	39% (33%-44%)	31	22% (13%-35%)
Self-reported health				
Excellent	104	14% (10%-18%)	20	10% (6%-16%)
Very good	200	27% (22%-31%)	30	23% (14%-36%)
Good	288	41% (36%-47%)	61	39% (28%-52%)
Fair or poor	138	18% (14%-22%)	42	27% (19%-28%)
Overweight or Obese	504	73% (68%-78%)	90	66% (54%-76%)
Obese	231	51% (44%-58%)	43	47% (33%-61%)
≥1 SSB ^a per day	214	34% (28%-39%)	67	55% (43%-66%)
Total	733	83% (79%-86%)	154	17% (13%-21%)

^aSSB= Sugar-sweetened beverage

^bData were restricted to those participants who lived in communities that were not externally accessible by the statewide road system or the Alaska Marine Highway ferry system and were not hub towns.

Sum of data may not equal total due to missing values.

Table 2:

Characteristics of adult participants by sugar-sweetened beverage consumption, rural Alaska^a, 2013 and 2015

Characteristic	<1 Sugar-sweetened beverage/day		≥1 Sugar-sweetened beverage/day	
	Sample N	Survey-weighted % (95% CI)	Sample N	Survey-weighted % (95% CI)
Sex				
Male	287	60% (54%-65%)	143	63% (54%-70%)
Female	319	40% (35%-46%)	138	37% (30%-46%)
Age (years)				
25-34	81	19% (15%-25%)	69	32% (25%-41%)
35-49	161	27% (23%-33%)	93	32% (25%-40%)
50-64	234	36% (30%-41%)	90	29% (21%-38%)
65+	130	18% (14%-22%)	29	7% (4%-11%)
American Indian/Alaska Native				
Yes	336	47% (41%-52%)	231	72% (62%-80%)
No	270	53% (48%-59%)	50	28% (20%-38%)
Formal education				
Less than high school	73	17% (13%-23%)	43	24% (17%-33%)
High school graduate or GED	213	34% (29%-40%)	152	49% (40%-57%)
Some college or higher	315	49% (43%-54%)	85	27% (20%-35%)
Household Income				
<\$25,000	197	30% (25%-36%)	130	46% (37%-55%)
\$25,000-\$49,999	133	29% (23%-35%)	62	25% (18%-33%)
≥\$50,000	222	41% (35%-47%)	66	29% (21%-39%)
Self-reported health				
Excellent	86	13% (7%-17%)	38	13% (9%-20%)
Very good	167	30% (25%-36%)	63	20% (14%-27%)
Good	229	39% (33%-45%)	120	45% (36%-54%)
Fair or poor	120	18% (14%-23%)	60	22% (16%-30%)
Overweight or obese	409	73% (67%-78%)	185	71% (63%-78%)
Obese	183	50% (42%-58%)	91	51% (41%-61%)
Total	606	63% (58%-68%)	281	37% (32%-42%)

^aData were restricted to those participants who lived in communities that were not externally accessible by the statewide road system or the Alaska Marine Highway ferry system and were not hub towns.

Sum of data may not equal total due to missing values.

Table 3:Generalized linear models of health outcomes and piped water service, rural Alaska^b, 2013 and 2015

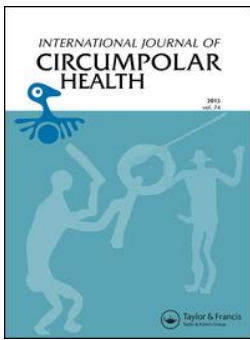
Characteristic	Unadjusted ratio (95% CI)	Adjusted ratio (95% CI)
SSB frequency^a	(n^c=783)	(n^c=719)
No piped water	1.46 (1.06-2.00)	1.29 (1.00-1.67)
Age group (years)		
25-34		Ref
35-49		0.82 (0.58-1.15)
50-64		0.80 (0.46-1.39)
65+		0.37 (0.21-0.63)
Annual household income level		
<\$25,000		Ref
\$25,000-\$49,999		0.75 (0.52-1.09)
≥\$50,000		0.80 (0.44-1.43)
Formal education level		
Less than high school		Ref
High school graduate or GED		0.76 (0.41-1.42)
Some college or higher		0.63 (0.24-1.65)
American Indian/Alaska Native		1.62 (1.05-2.50)
Obesity	(n^c=846)	(n^c=784)
No piped water	1.08 (0.73-1.61)	1.22 (0.81-1.83)
Age group (years)		
25-34		Ref
35-49		1.60 (0.97-2.65)
50-64		1.49 (0.89-2.50)
65+		1.50 (0.86-2.61)
Female		1.25 (0.92-1.69)
Annual household income level		
<\$25,000		Ref
\$25,000-\$49,999		0.76 (0.48-1.20)
≥\$50,000		1.13 (0.72-1.78)
American Indian/Alaska Native		1.04 (0.68-1.57)
Fair/poor health	(n^c=883)	(n^c=807)
No piped water	1.50 (0.98-2.30)	1.63 (1.05-2.54)
Age group (years)		
25-34		Ref
35-49		2.96 (1.34-6.54)
50-64		4.55 (2.20-9.43)
65+		3.96 (1.82-8.61)
Annual household income level		
<\$25,000		Ref

Characteristic	Unadjusted ratio (95% CI)	Adjusted ratio (95% CI)
SSB frequency ^a	(n ^c =783)	(n ^c =719)
\$25,000-\$49,999		0.58 (0.36-0.92)
≥\$50,000		0.22 (0.12-0.39)
American Indian/Alaska Native		0.90 (0.54-1.50)

^aSSB= Sugar-sweetened beverage

^bData were restricted to those participants who lived in communities that were not externally accessible by the statewide road system or the Alaska Marine Highway ferry system and were not hub towns

^cUnweighted model sample size used in analysis.



Diabetes among Alaska Natives: a review

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DIABETES AMONG ALASKA NATIVES: A REVIEW

dedicated to the memory of Dr. Edward Scott and Dr. George Mouratoff,
and to those who participated in their studies – the pioneers

ABSTRACT

This review summarizes the published information on diabetes mellitus and gestational diabetes among Alaska Natives. The most recently published age-adjusted prevalence was 28.3/1000 in 1998. There is evidence of a steadily increasing prevalence, documented both by cross sectional screening studies and patient registry methods. The overall incidence rates in 1986-1998 of lower extremity amputation (6.1/1000) and renal replacement therapy (2.1/1000) appear to be lower than those in other Native American populations in the United States. Incidence of stroke and MI in 1986-1998 varied widely by ethnic group and gender with Eskimo women having the highest rate of stroke (19.6/1000), and Aleut men the highest rate of MI (14/1000). The overall mortality among diabetic Alaska Native people in 1986-1993 (43.2/1000) was somewhat lower than that in other US diabetic populations, with heart disease being the most common cause of death. A high rate of gestational diabetes (6.7%) was reported in one region in 1987-88, but this appeared to decline following nutritional education intervention. In screening studies, the prevalence of abnormal glucose tolerance has been found to be positively associated with body mass index and negatively associated with daily seal oil or salmon consumption and higher levels of physical activity. Observations on the prevalence and relationships among other factors in the insulin resistance syndrome are summarized. Suggestions for prevention of diabetes and further studies are presented.

Keywords: diabetes, Alaska Natives, Alaskan Indian, Aleut, gestational diabetes, complications

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INTRODUCTION

In the 1950s and 1960s diabetes was thought to be a rare condition among Alaska Natives. However, in the 1980s, health care providers suspected that the condition was becoming increasingly common. In 1985, the Indian Health Service Diabetes Program conducted a conference for health care providers in the Alaska Native health care system. At this conference, the high prevalence of diabetes among American Indians and the aspects of care deemed important for optimum treatment were presented. However, it became apparent that information on the prevalence of diabetes among Alaska Natives and the level of care provided were only anecdotal.

In response to those observations, the Indian Health Service and the tribal health care facilities initiated a program to review records and identify those individuals who had evidence of glucose intolerance. This review led to the establishment of a registry of patients with diabetes and other degrees of glucose intolerance. From this registry, the prevalence of diagnosed diabetes was determined and efforts to optimize care for these individuals were undertaken. As interest in the problem grew, several research projects to screen adults in selected regions were carried out. The purposes of this paper are to summarize the published data on diabetes among Alaska Natives, to elucidate the strengths and limitations of the information, and to suggest directions for future endeavors.

METHODS

The authors of this article have been involved in every study of glucose tolerance among Alaska Natives conducted since 1985 and maintain a file of publications resulting from these studies. This file and the reference lists were reviewed. In addition, the published literature on diabetes and Alaska Natives was searched using PubMed.

Early Studies

The earliest survey for diabetes among Alaska Natives was conducted in 1957 (1). This survey among Eskimos from all parts of Alaska tested 869 National Guardsmen and 358 urban residents over the age of 35 years. A variety of screening tests were used, including capillary glucose determinations using different laboratory methods. Selected

individuals received follow-up fasting and/or glucose tolerance testing. A survey of all health care facilities serving the 16,000 Eskimo residents of Alaska was performed, though the details of methodology were not described. Results of this study indicated that three to six cases of diabetes were present in the population; all were over the age of 35 years, for a prevalence of 0.8-1.6/1000 in this age group and an overall crude prevalence of 0.2-0.4/1000, depending on diagnostic criteria. A review of vital statistics revealed no deaths due to diabetes among Eskimos from 1949 to 1954.

Over the next 15 years four more studies among Alaska Natives were conducted, two among Eskimos, one among Athabascan Indians, and one among Aleuts of St. Paul Island (2-5). A survey in 1962 stated that 8 Eskimo individuals were known to have "clinical diabetes mellitus" while a screening study in Yupik residents of 10 villages in the Yukon-Kuskokwim region revealed 8 of 705 people ≥ 20 years of age (11.3/1000) probably had diabetes based on glucose tolerance tests reinterpreted by World Health Organization (WHO) 1985 criteria (2,6). Among those ≥ 40 years, 5 of 296 (16.9/1000) had type 2 diabetes. A decade later the same researchers studied 320 people from six of the same villages (4). While they did not publish results of individual glucose tolerance tests, they concluded that "4.5% more were intolerant of glucose" and that "about 6% more persons were overweight". They observed that a 10 kg change in weight was associated with an average change in the 2-hour glucose level of 20 mg/dl in men and 16 mg/dl in women. Among those tested in both studies, a 10-year increase in age resulted in an average increase of 4 mg/dl in the fasting and 2 hour glucose values. They made the interesting observations that there were so few obese Eskimos that the relationship of obesity to glucose tolerance could not be assessed, and speculated that the rare occurrence of diabetes was related to "a high degree of physical fitness."

The same researchers carried out a glucose tolerance survey among 306 Alaskan Athabascan Indians ≥ 20 years of age in 1965 (3). They were interested in comparing this group to Alaskan Eskimos because they noted that the diets of both groups were "of similar composition—high in protein, low in carbohydrate, and moderate in fat content. The average daily sugar consumption by Eskimos is 32 grams, and that by Indians 56 grams." Interpreted by 1985 WHO criteria, three people (9.8/1000) had diabetes. All the individuals with diabetes were ≥ 40 years old for a prevalence of 18.4/1000 in this age

group. In spite of the diet differences, this prevalence was similar to that among Yupiks ≥ 40 years in 1962 (16.9/1000) (2).

In 1973 a different group of researchers performed glucose tolerance tests on 335 Aleut residents of the Pribilof Islands of ages ≥ 10 years (5). The goal of the study was to evaluate the relationship between Coxsackie B4 virus (an epidemic had occurred in 1967) and glucose tolerance. One adult man and 3 adult women were excluded due to a diagnosis of diabetes predating the Coxsackie epidemic. Overall, 20 people of the 335 screened (59.7/1000) had 2-hour values ≥ 200 mg/dl, while among those ≥ 35 years, 18 of 156 (115.4/1000) had diabetes, prevalences vastly higher than those observed among Athabaskan and Yupik people. No association of serologic markers for prior Coxsackie infection was found, and the fact was noted that no cases of "juvenile" or type 1 diabetes existed.

It is notable that all the estimates based on Mouratoff and Scott's screening studies among Yupik Eskimos and Athabascans in the 1960s indicated higher prevalences of diabetes than did their surveys of health care facilities and limited screening among Eskimos in general a decade earlier. The differences may be due to changes over time, different populations studied, or different laboratory methods. However, it is more likely that it demonstrates a greater sensitivity of screening studies as compared to compilation of clinically recognized cases, especially in the pre-computerized records era. This must be considered when comparing prevalence data derived from screening studies as compared to clinical registries and database searches.

There were several limitations to these early studies. There were no consistent definitions of diabetes or impaired glucose tolerance, screening methods and criteria for follow-up testing varied, and several different laboratory techniques for the determination of glucose were employed. Some of these involved venous whole blood, some involved plasma, and some utilized capillary blood. The earliest study (1) screened many National Guardsmen, who were unlikely to have diabetes, although this probably was not realized at the time. The objectives of the studies do not appear to have been focused on determination of prevalence of diabetes, but rather on the correlation of glucose levels with other factors such as age, weight, gender, and parity of women. There were no computerized medical records systems in place at that time, so surveys for clinically recognized cases depended on local knowledge and extensive reviews of unselected

records. Nevertheless, these researchers and the participants in these studies provided us with valuable background information against which future clinicians and researchers would be able to evaluate an evolving picture of this complex condition.

Prior to the mid 1980s, the only other published information on the occurrence of diabetes among Alaska Natives consists of two letters to the editors of JAMA from physicians at the Alaska Native Medical Center and the Public Health Service Hospital in Barrow in 1974 (7,8). These physicians attested to the rarity of diabetes; one pointed out that seven cases, all over 44 years of age, were known among the Native residents of Barrow. The letter claimed that the 1970 census showed 315 residents over 44 years of age; this would indicate that the prevalence was 22/1000 in this age group. The other physician claimed that most diabetic patients had some European or Russian ancestry, often individuals who themselves were diabetic. He noted that he had never seen type 1 diabetes among full-blooded Alaska Natives.

Prevalence information from the mid-1980s until present

The lack of any further studies of diabetes among Alaska Natives in the nearly 20 years following Mouratoff's and Scott's work seemed reasonable, given its low prevalence in most of the early studies and its rarity as a recognized clinical problem. However, by the 1980s, evidence clearly showed that diabetes and its complications had become a devastating condition for many tribes of American Indians. In 1979, a computerized patient care information system (PCIS) was begun in the Alaska Native health care systems. It stored International Classification of Disease, Ninth Edition, (ICD-9) coded information on outpatient visits, admissions, and problem list entries for all people using the Native health care system.

An initial search of the PCIS system and case reports from health care providers revealed that 1607 patients' records contained ICD-9 codes for diabetes and other diagnoses of glucose intolerance (9). The authors reviewed the records of these patients and found that 610 Alaska Natives residing in Alaska at the end of 1985 met WHO 1985 criteria for diabetes (6). Of these, 564 (92.5%) had type 2 diabetes, 15 (2.5%) had type 1 diabetes, and 31 (5.1%) had diabetes secondary to other conditions or inadequate data to determine the type.

The overall crude prevalence of diagnosed diabetes among Alaska Natives in 1985 was determined to be 8.3/1000 (610 cases, 73,798

total population; 15.7/1000 age-adjusted to the US 1980 population). There was a wide range of age-adjusted prevalences among the three major ethnic groups; 8.8/1000 among Eskimos, 22.0/1000 among Indians, and 27.2/1000 among Aleuts. There was an even wider range by geographic area (which largely corresponds to ethnic sub-divisions of the population) from 5.8/1000 in the Yukon Kuskokwim Delta region (primarily Yupik Eskimo) to 31.1/1000 among the Tsimshian Indians of Annette Island in southeastern Alaska.

It was noted at that time that the population referred to as "Aleut" in the medical records system actually consisted of sub-populations of people indigenous to the Aleutian and Pribiloff Islands, the Kodiak area, parts of the Alaska Peninsula, Cook Inlet, and Prince William Sound regions. The people of the Alaska Peninsula, Kodiak Islands, Cook Inlet, and Prince William Sound have a separate ancestry from those of the Aleutian and Pribiloff Islands and today are referred to as Alutiiq or Suqpiq (10). The age-adjusted prevalence of diabetes in "Aleut" sub-groups ranged from 69.2/1000 on St. Paul Island to 20.0/1000 for the Aleuts of the Aleutian Islands while the "Aleuts" not residing in the Aleutians or Pribilofs (primarily Alutiiq or Suqpiq people) had a prevalence of 24.4/1000. Thus in 1985, the populations with the highest prevalence of diabetes were several ethnicities from the Aleutian Islands through the southeast panhandle. These populations had the earliest contact with Caucasian cultural influence (9).

Following the initial publication of 1985 prevalence, an update described the prevalence in 1987 (11). This updated information was used as the basis for a comparison of prevalences of diagnosed diabetes in several circumpolar populations. The data on those indigenous to the Chukotka Peninsula and Canada were based also on patient care registries (12). All prevalences were age standardized to the hypothetical world population used by the International Agency for Research on Cancer (13). This comparative review demonstrated that the lowest prevalence of diagnosed diabetes occurred among the Chukotka Native people (1.8/1000) and the highest among Alaskan Aleuts (22.7/1000). Young pointed out the east to west gradient of increasing prevalence across the Canadian Arctic and Alaska. He noted that this corresponded to the history of influence by Euro-American culture, a pattern consistent with our observations within Alaska (9).

In most Alaska Native ethnic groups, the prevalence was lower than that in Non-Alaskan American Indians, among whom many have an

exceptionally high occurrence of type 2 diabetes. The Pima Indians of Arizona had a prevalence as high as 341/1000 in 1977 (14). However, Alaska Natives had a lower prevalence than the US general population of 24.7/1000 as recorded in 1985 (15).

Only two studies among Alaska Natives have reported the prevalence of diabetes based on oral glucose tolerance tests (OGTT) given to all participants. These were conducted among the Eskimos of the Bering Straits region. The first survey, a small pilot study done in 1992 among Siberian Yupik people (Yupik people indigenous to St. Lawrence Island), examined participants ≥ 40 years of age. Participants received a fasting determination of lipids, insulin, and glucose, and a 2-hour 75 gm OGTT (16). Among the 65 participants ≥ 40 years of age, 9% met WHO criteria for diabetes and 12% met criteria for impaired glucose tolerance (IGT). This diabetes prevalence was considerably higher than that among all Alaskan Eskimos ages ≥ 45 of 3.3% in 1993 based on the clinical registry (17).

In 1994, this study was expanded to include four villages in the Bering Straits region; two Siberian Yupik Eskimo, one Central Yupik and one Inupiat village. (The term "Central Yupik" refers to Yupik Eskimo populations indigenous to regions of Alaska other than St. Lawrence Island). In this expanded study all residents ≥ 25 years of age were invited to participate (18). Of the 497 eligible men and 402 women, 43% of the men and 60% of the women participated, with a higher proportion of the ≥ 55 age group participating. The prevalence of diabetes among the Siberian Yupik was significantly higher than in either of the other two groups (Siberian Yupik 9.6%, Inupiat, 3.7%, Central Yupik 2.8%). The prevalence of IGT ranged from 6.4% to 14.2% and did not differ significantly vary by ethnic group. Overall, women had a higher prevalence of abnormal glucose tolerance (diabetes and IGT: women 20.4%, men 8.9%) and obesity (women 47.3%, men 25.5%) than men.

Type 1 diabetes is rare in Native Americans (19) and is also rare in Alaska Natives. In 1985, a review of 610 Alaska Natives residing in Alaska showed fifteen (2.5%) had type 1 diabetes. However, only one was an Alaska Native with full blood quantum (9). Data from two of the Eskimo villages studied by Ebbesson in 1994 showed that the presence of type 1 related autoantibodies GAD65Ab and IA-2Ab had no relationship to glucose tolerance status (20). The investigators concluded that these populations were affected by type 2 diabetes and not by latent autoimmune diabetes of adulthood (LADA).

Evidence for an increase in prevalence of diabetes

Prevalence based on cases in the same patient care management registry was reassessed in 1993 and 1998 and showed a steady increase (17,21). Overall, the prevalence increased from 15.7/1000 in 1985 to 28.3/1000 in 1998, an 80% increase. A steady increase was seen in all regions and sub-populations. However, among the major ethnic groups, Eskimos, who consistently had the lowest prevalence, showed the highest rate of increase from 1985 to 1998 (Eskimos 110%, Aleuts 81%, Indian 57%). During a similar time period, 1985 to 1996, the US had an increase in prevalence from 26.7/1000 to 30.1/1000, a 13% increase (22).

Further evidence of this change in prevalence was provided by a study done in the Yukon-Kuskokwim Delta Region in 1987-88 (23). In this study residents ≥ 40 years of age of the same Yupik villages surveyed by Mouratoff and Scott in 1962 were invited to participate in screening for elevated glucose, which consisted of a random glucose determination by fingerstick and venous blood sample. If the random glucose value was ≥ 120 mg/dl (6.72 mM) on the fingerstick or the venous sample, the participant was asked to return on a later day for a 2-hour 75 gram oral glucose tolerance test (OGTT). The results were interpreted according to the 1985 WHO criteria. In addition to the 10 Yupik villages, four Athabascan villages participated (different villages from those screened by Mouratoff). Among Yupik participants ≥ 40 years of age, the prevalence of diabetes had increased from 1.7% in 1962 to 4.7% over the 25-year time interval. Among the Athabascans >40 years, the prevalence was 10.0%, compared to 1.8% in the earlier study. The 1987 study found that the prevalence of diabetes was higher for women than men in both ethnic groups (Eskimo: women, 6.3%, men 2.8%; Athabascan: women 12.5%, men 7.4%). Overall, the difference between men and women in both ethnic groups was statistically significant. In this study, 2.3% of the Eskimo and 4.5% of the Athabascan participants met criteria for IGT.

A national study based on medical records addressed the increase in prevalence of diabetes among Alaska Natives compared to that among other Native Americans (24). The national Indian Health Service computerized medical record database, which includes the Alaska Native computerized records, was searched for patients with a diagnosis of diabetes based on ICD-9-CM codes. These records were then grouped into geographic areas rather than tribes. Age-adjusted prevalence was calculated for each year from 1990 to 1997. The Alaska Native

prevalence was calculated to be 3% (age adjusted to the 1980 US population), the lowest among Native American geographic groups (highest: Atlantic region 17.4%). However, Alaska Natives had the highest rate of increase at 76% (lowest: Northern Plains region 16%). There are two important differences in methods between this study and the Alaska Native studies based on individual medical record review. The national study included all Native Americans living in Alaska while the Alaska studies reported data only on Alaska Natives. The national study did not review records to determine which patients met diagnostic criteria for diabetes based on laboratory values. In spite of these differences, the overall conclusions are consistent: that Alaska Natives have a lower prevalence of diabetes than other Native Americans but are experiencing a rapid increase.

Table I. Diabetes prevalence at various points in time, Alaska Natives.

Ethnicity	Year of Study	Age	Cases	Population	Prevalence*	Study Method**	Reference
ESKIMO							
All Eskimo	1957	≥35	3 to 6	3680	0.8 to 1.6	C	Scott 1957 (1)
All Eskimo	1985	≥35	166	10082	16,5	C	Schraer 1988 (9)
All Eskimo	1993	≥35	297	13578	21,9	C	Schraer 1997 (17)
All Eskimo	1985	≥45	148	6481	22,8	C	Schraer 1988 (9)
All Eskimo	1993	≥45	269	8048	33,4	C	Schraer 1997 (17)
Central Yupik***	1962	≥40	5	296	16,9	S	Mouratoff 1967 (2)
Central Yupik	1987	≥40	26	556	46,8	S	Murphy 1992 (23)
Central Yupik	1994	≥45	2	47	42,6	S	Ebbesson 1998 (18)
Siberian Yupik****	1992	≥40	6	65	92,3	S	Schraer 1998 (16)
Siberian Yupik	1994	≥45	19	126	150,8	S	Ebbesson 1998 (18)
Inupiat	1974	≥45	7	315	22,2	C	Fisher 1974 (8)
Inupiat	1994	≥45	4	57	70,2	S	Ebbesson 1998 (18)
INDIAN							
All Indian	1985	≥45	257	4273	60,1	C	Schraer 1988 (9)
All Indian	1993	≥45	413	6394	64,6	C	Schraer 1997 (17)
Athabascan	1965	≥40	3	163	18,4	S	Mouratoff 1969 (3)
Athabascan	1987	≥40	11	110	100,0	S	Murphy 1992 (23)
ALEUT							
Aleut, St. Paul Is	1973	≥35	18	156	115,4	S	Dippe 1975 (5)
All Aleut	1985	≥35	129	2686	48,0	C	Schraer 1988 (9)
All Aleut	1993	≥35	211	3598	58,6	C	Schraer 1997 (17)
All Aleut	1985	≥45	110	1706	64,5	C	Schraer 1988 (9)
All Aleut	1993	≥45	183	2132	85,8	C	Schraer 1997 (17)

* per 1000

** S=screening study, C=clinically recognized cases

*** Yupik Eskimo populations indigenous to regions of Alaska other than St. Lawrence Island

**** Yupik Eskimo population indigenous to St. Lawrence Island

Table I summarizes the estimates of the prevalence of diabetes among Alaska Natives at different points in time until 1994. The table was devised by looking at published numbers of cases and populations, and computing prevalences based on those data. This summary suggests that prior to 1980 diabetes may not have been as rare among Eskimos as previously thought, compared to our data in 1985 based on clinically recognized cases. For example, the prevalence of diabetes in Eskimos >45 years of age in 1985 was 22.8/1000, almost identical to that reported in Barrow in 1974 (9,8). Mouratoff's publication of cases among the Central Yupik in 1962 indicated a prevalence of 16.9/1000 in those aged ≥ 40 years (2). The overall Eskimo prevalence in 1985 among those ≥ 35 years was 16.5/1000.

Comparison of these studies over time has some limitations. As noted above, the earlier studies were not designed primarily to determine prevalence. The only studies in which every participant received an OGTT were those in the Bering Straits region in 1992 and 1994. In all the others, some individuals were selected to receive an OGTT based on screening values that were above certain cut-off points. The data based on the clinical registry cannot be directly compared to that in research studies since the registry includes only those people with diabetes diagnosed in the course of routine care. Nevertheless, some comparisons are meaningful. Murphy's 1987 data compared to that of Mouratoff in the 1960s probably indicates a true increase among Central Yupiks and Athabascans. Comparison over time of clinical registry data can be made because this data was collected by consistent methods over the 13 years of reporting, and no major changes in the routine screening for diabetes were known to have taken place during the years reported. The national study (24) showing a 76% increase over seven years likewise had consistent methods applied over time.

Data based on patient care registries may underestimate prevalence because of undiagnosed cases. Conversely, screening studies may overestimate prevalence, if those at higher risk are more likely to participate. In reviewing available information from three screening projects in separate regions of Alaska (17), we found that the proportion of new cases to previously diagnosed ranged from 1:3 to 1:12. However, our experience in screening activities is that people who believe they are at risk to develop diabetes or cardiovascular disease for reasons such as family history, or prior diagnoses of elevated glucose levels, tend to seek out opportunities to be screened. For example, in

the study in the Bering Straits villages, 80% of the people already known to have diabetes participated, while the overall participation rate was 50.5% (18). This has two potential effects on the study results; one is a falsely high estimate of prevalence, and the other is that the ratio of new to previously diagnosed cases may be falsely low.

The State of Alaska Section of Epidemiology analyzed data from the Alaska Behavioral Risk Factor Surveillance System (BRFSS), which is an ongoing telephone survey of residents age 18 and older (25). Data compiled from 1991-2000 showed that Alaska Natives had a prevalence of 38/1000. This was lower than the prevalence for African-Americans (48/1000) and Hispanics (43/1000) but slightly higher than that for whites (33/1000). The fact that Alaska Natives now have a higher prevalence than whites is of concern.

Incidence

Only one publication has addressed the incidence of diabetes among Alaska Natives (17). Overall, the incidence in the years 1986 to 1993 was 15.0/10,000. Aleuts experienced the highest incidence at 22.2/10,000 while Eskimos had the lowest at 10.0/10,000 and Indians were intermediate at 18.5/10,000 (age-adjusted to the US 1980 population). Among regions, only Annette Island (Tsimshian Indian) had an incidence in excess of that reported for the US (Annette Island: 31.7/10,000, US: 24.2/10,000, (26)).

It may seem paradoxical that the Alaska Native prevalence of diabetes increased rapidly over a period of time when the incidence was relatively low compared to the US rate. However, at baseline, the prevalence was low compared to that of the US, so a relatively small increase in the number of cases could raise the prevalence by a high percentage from the baseline. Furthermore, there is a limitation in this incidence data because it is based on clinically recognized cases rather than systematic repeated screening of the population. Some patients diagnosed in 1986 through 1993 may have had the disease onset prior to 1986 but this was not recognized.

Complications of diabetes

Data on complications of diabetes derives from the Alaska Native diabetes registry and has been published in two articles (17, 21). The first article describes the incidence of myocardial infarction (MI) and stroke for the period 1986-1991, and the incidence of end-stage renal di-

sease (ESRD) and lower extremity amputation (LEA) for the period 1986-1993, and compares the rates in the different ethnic groups. The second publication extends the observations on ESRD and LEA for Alaska Natives with diabetes as a group through 1998.

Amputation

Amputation incidence overall for 1986-1998 was 6.1/1000 (21). This is lower than rates for other Native Americans with diabetes, which have been reported to range from 7.3 to 29/1000 (21,27,28), and within the range reported for the US (3.7 to 8.8/1,000 (29)). For years 1986-93, the rates were calculated for each major ethnic group and gender. Men and Aleuts had the highest rates (all men 7.5/1000, all women 3.4/1000, Aleuts 10.5/1000, Indians 4/1000, Eskimos 3/1000). The differences between Aleuts and each of the other groups were significant, as was the difference between men and women. Of note was the fact that Aleuts also had a higher risk of repeat amputation. The incidence of amputation declined by over 50% following the initiation of a foot care program that involved education of providers, including village health aides, and institution of a specialized foot clinic (17). The lower amputation rate among Alaska Natives compared to other Native Americans may be the result of clinical programs, a shorter duration of diabetes, or as yet unidentified intrinsic factors.

End Stage Renal Disease

The overall dialysis incidence for diabetic ESRD for 1986-1998 was 2.1/1000 (21) which was substantially lower than rates reported for other Native American diabetic populations (30,31). For the period 1986-93, the rates were reported for each major ethnic group and gender (17). Indians had the highest rate (2.6/1000) followed by Aleuts (1.9/1000) and Eskimos (1.0/1000). Indians of southeastern Alaska had the highest rate at 4.4/1000, significantly higher than other Alaska Indians. Overall, including all ethnic groups, women had a slightly higher rate (2.3/1000) than men (1.6/1000). However, the gender difference was not statistically significant. As for amputations, the incidence of renal replacement fell with time during the 1986-93, which may have been a result of improved care practices, including the use of renal-protective agents in blood pressure control. However, the overall lower rate compared to other Native Americans may also be due to a shorter duration of diabetes or other intrinsic factors.

Myocardial infarction and stroke

Between 1986 and 1991, the overall incidence of confirmed MI was 8.1/1000 (confirmed by EKG and/or enzyme criteria, age adjusted to the US diabetic population). Eskimos had the lowest rate of MI (6.2/1000 person-years), Indians were intermediate (8.4/1000) and Aleuts had the highest rate (10.2/1000) (17). Overall, men had a higher rate than women (men, 11.4/1000, women 5.8/1000). For stroke the picture was different. The overall incidence was 10.6/1000; Eskimos had the highest rate at 17.6/1000, Aleuts were intermediate at 11.5/1000, and Indians had the lowest incidence at 5.7/1000. The Eskimo-Indian difference was significant. Women had a higher stroke incidence than men (women, 12.8/1000, men, 7.2/1000). Of all the ethnic and gender groups of diabetic people, Aleut men had the highest rate of MI (14/1000) and Eskimo women had the highest rate of stroke (19.6/1000). Compared to reports of stroke and MI in other diabetic populations, the overall stroke rate was comparable to that reported from the Mayo Clinic in earlier years (10.1/1000 (32)). However, Alaska Native women had a stroke rate much higher than that reported for a group of Caucasian diabetic nurses who were somewhat younger (Native women, 13.1/1000, Caucasians, 1.5/1000, (33)). Incidence of confirmed MI for Alaska Native women (5.7/1000) exceeded rates reported for diabetic women in the Nurses Health Study Cohort of 4.2/1000 (33) and overall for southwestern American Indians in earlier years of 1.7/1000 (34).

In summary, the incidence of stroke and MI varies considerably by ethnicity and gender, with some groups experiencing rates higher than those for other diabetic populations in the United States.

Gestational Diabetes

Routine screening for gestational diabetes among pregnant Alaska Native women was not done prior to 1986 as this condition, as well as type 2 diabetes, was believed to be rare. In 1987 several regions began screening and follow-up testing according to guidelines generally used at the time. A 1-hour 50-gram OGTT was given at 24-28 weeks gestation without regard to time since last meal; a result of ≥ 140 mg/dl (7.8 mM) was followed on a subsequent date by a 3-hour 100 gram OGTT interpreted by O'Sullivan criteria (35). Results of tests were tabulated for Alaska Native women who were residents of the Yukon-Kuskokwim Delta region (predominantly a Yupik Eskimo

population) and delivered during a 12-month period in 1987-88 (36). Among 605 women, 545 (90%) were screened, 35 had a positive OGTT, and two had previously documented diabetes, for a total of 6.1% with diabetes in pregnancy, or a total of 6.7% of those screened. This was noted to be about twice the rate for the US population and to exceed the rate of many other populations, including one American Indian population. In response to these results, an intensive effort at nutrition education, with an emphasis on reduction of sweetened beverage consumption, was initiated among pregnant women in the region. The rate of diabetes in pregnancy was reassessed in two 6-month periods in 1991 and 1993 (37). It declined to 2.3% in 1991 ($p=0.03$) with no change in the proportion of women tested overall or in the third trimester. In 1993, the rate had declined still further to 1.6% but the proportion of women tested in the third trimester had declined significantly, raising the possibility that detection of late onset cases was less likely.

The data on gestational diabetes in the Yukon Kuskokwim region suggests two points. One is that the high rate may indicate a potential for a further increase in type 2 diabetes, as has occurred among the Navajo Indians (38). It is notable that Yupiks had a higher rate of GDM yet a lower rate of type 2 diabetes. However, Eskimos have shown the highest rate of increase in type 2 diabetes (17). The second is that nutritional education emphasizing a reduction in sweetened beverage intake; a straightforward, discreet change in dietary habits, may hold promise in helping women to avoid this condition. However, this data was based on a limited time period and number of women, and needs further investigation to verify its applicability.

The only other report of GDM among Alaska Native women showed a prevalence of 2.5% in Southeast Alaska, predominantly Tlingit and Haida (39).

Mortality

Mortality among Alaska Natives with diabetes follows similar patterns to that of other diabetic populations (17). Heart disease is the most common cause of death. In the time period 1986-1993, the overall mortality rate among Alaska Natives with diabetes was 43.2/1000 person-years of observation, a rate somewhat lower than that observed in studies of diabetic populations in the US (40). The overall mortality rate was similar for the major ethnic groups and both genders.

However, Aleuts were more likely to die from ischemic heart disease than Eskimos, while Eskimos were more likely to die from cerebrovascular disease.

Factors associated with diabetes among Alaska Natives

Insulin resistance

Insulin resistance is believed to be the underlying condition leading to type 2 diabetes. The development of insulin resistance is partly genetically determined but is worsened by centripetal obesity and lack of physical activity. The insulin resistance syndrome (IRS) consists of a number of characteristics associated with a high risk of coronary artery disease (CAD). These include obesity, abnormal cholesterol with elevated triglycerides, low HDL-C, high insulin levels, glucose intolerance, and hypertension (41). Whether or not IRS is present in Alaska Natives and especially among Eskimos has been the subject of debate. However, several studies provide evidence bearing on the presence or absence of these factors associated with insulin resistance.

Obesity and Body Fat Distribution

In other populations, obesity and centripetal body fat distribution as measured by waist: hip ratios (WHR) are well-documented risk factors for type 2 diabetes. Several studies provide information on obesity in the Alaska Native population. The Yupik residents of villages studied in 1962, 1972, and 1987 documented a steady increase in the percentage of the population ≥ 40 years weighing ≥ 13.6 kg above the Caucasian average for the same age, height, and gender (2, 4, 23). The proportion increased from 3.0% to 16.3% among men and 6.1% to 27% among women. Controlling for age, the participants in Murphy's study who had IGT or diabetes were significantly more likely to be overweight by National Center for Health Statistics criteria at that time ($BMI \geq 27.8$ for men and ≥ 27.3 for women, (42)) than those with normal glucose tolerance. By these criteria, 34% of Eskimo men and 56% of the women were overweight; among Athabascans, 29% of the men and 55% of the women were overweight.

The Murphy study also included participants ≥ 20 years. However, those 20-39 years had a lower participation rate, and were excluded from analyses summarized above. Analyses of data from this study that included the entire sample found that prevalence of overweight significantly increased with age for all groups except Indian men and

confirmed the finding that those with IGT or diabetes were significantly more likely to be overweight (43). As with the older age category, the younger group of Yupiks when compared with Mouratoff's participants showed a striking increase from 1962 to 1987 in the prevalence of those overweight by the earlier criteria (men, 4% to 14.9%, women, 10.1% to 28.8%) (43).

The fact that obesity correlates with abnormal glucose tolerance in Alaska Natives is especially concerning in view of the data from Eskimo participants in Ebbesson's 1994 study in the Bering Straits region. In that study, 27.9% of the women and 36.2% of the men had a BMI of ≥ 25 but < 30 (WHO definition of overweight, (44)); while an additional 32.8% of the women and 15.6% of the men had a BMI ≥ 30 (WHO definition of obese) (45).

Waist: hip ratios were also examined in the 1994 study (18). Women in all ethnic groups in this study were found to have mean WHR $> .90$ and over 90% of the women in each BMI group (normal, overweight, obese) had a WHR ≥ 0.8 , which was defined as "high" for purposes of comparison to other populations (46). In contrast, among men high WHR was associated with overweight status. High WHR (≥ 0.9) was found in 42% of normal weight, 85% of overweight, and 100% of male obese participants. Since high WHR and BMI are associated with glucose intolerance, it is of concern that over 60% of women were overweight or obese and a large percentage of women had a high WHR regardless of BMI.

Other Associations

The 1992 pilot study among 65 Siberian Yupiks measured fasting insulin, glycated hemoglobin, percent body fat by bioelectric impedance, and blood pressure in addition to fasting lipids (16). Analysis showed that the participants had lower mean systolic and diastolic blood pressure, lower triglycerides, and higher HDL cholesterol compared to the US all races sample aged 45-74 years in the NHANES II survey. However, a significant positive linear correlation was noted for fasting insulin and BMI, and patients with diabetes had higher mean systolic blood pressure. The authors noted that fasting insulin levels were found to be lower than those of US Caucasians, implying greater insulin sensitivity among the Yupik participants, although several features of the insulin resistance syndrome were present. Fasting insulin was significantly and positively associated with diastolic blood pressure and fas-

ting triglycerides, even after adjustment for age, percent body fat, WHR, gender, and antihypertensive medication. However, it was emphasized that the small sample size was a limitation in the study (16).

Murphy's 1987 study also shed some light on the components of insulin resistance syndrome among Central Yupiks and Athabascans of the Yukon-Kuskokwim Delta region. Hypertension (systolic blood pressure ≥ 140 and/or diastolic ≥ 90) was significantly associated with glucose intolerance and overweight in both genders (47).

Genetics and Environment

Higher fasting insulin levels have been found to be predictive of type 2 diabetes (48). In the 1994 study among the three Eskimo populations in the Bering Straits region (18), the insulin levels were determined in the same laboratory using the same technique as those in the Strong Heart Study (49). The fasting insulin levels were compared after exclusion of all participants in either study who had either IGT or diabetes by WHO criteria, or who had inadequate data to determine glucose tolerance status. Fasting insulin did not differ significantly by age or by ethnicity among the three Eskimo populations (Siberian Yupik, Central Yupik, and Inupiat) but was significantly higher for women than for men and was higher with increasing BMI (50). In a regression model adjusting for age and BMI, Eskimo men and women had significantly lower insulin levels than American Indian men and women. The lower insulin levels in Eskimos could indicate a lesser degree or prevalence of insulin resistance as compared with other Native Americans and would be consistent with the observation that Alaskan Eskimos have a lower prevalence of diabetes compared with other Alaska Natives. However, it is also possible that dietary factors and physical activity are playing a protective role.

In the 1994 Bering Straits study, participants from the three Eskimo populations were asked about a history of diabetes in parents, aunts or uncles, siblings, and children (18). In statistical models containing age, family history and obesity, all three variables were significantly associated with total abnormal glucose tolerance and with diabetes. The authors concluded that as in many populations, genetic and environmental factors play a significant role. In an effort to further examine the relative roles of these factors, a comparison was made of the diabetes prevalence among Siberian Yupik people in Alaska and those living on Russia's Chukotka Peninsula, just across the Bering

Straits. Before the cold war, these two populations traveled back and forth frequently and some families had members living on both sides of the Straits. While among Siberian Yupik people in Chukotka, ages 25-64, the prevalence of diabetes was 1.5%; it was 6.6% among the Siberian Yupik people in Alaska. Further study among these populations may elucidate the role of diet, physical activity and other factors in the development of diabetes.

A study in Canada raised other questions about the role of insulin resistance in the health of northern people. Among Canadian Inuit, obesity was not found to correlate with glucose or insulin levels (51). Young did find however that one or more of the lipids showed a relationship to BMI. He postulated a type of selective insulin resistance among Inuit whose metabolism may reflect a traditional diet consisting almost entirely of fat and protein.

In summary, there is evidence that in spite of the lower prevalence of diabetes among Alaska Natives as compared with other Native Americans, there is some evidence of the insulin resistance syndrome in the northern indigenous populations studied. However, further observations would be needed to elucidate the role of genetic factors in different groups, and environmental factors such as diet and physical activity.

Dietary Factors

Murphy's 1987 study in the Yukon-Kuskokwim Delta region has contributed information on the possible relationships between dietary factors and glucose intolerance among Alaska Natives. In this study, participants were given a food frequency questionnaire asking them about the 10 most common indigenous and 15 most common nonindigenous foods consumed in the region. Participants were asked whether they ate each food daily, weekly, monthly, or never, and how many times in the stated time period they ate the food (43). Among participants ≥ 40 years of age, daily consumption of seal oil suggested a protective effect against glucose intolerance with an odds ratio of 0.2 (95% CI 0.1-0.7) (52). This association was not confounded by ethnicity, age, BMI, or gender. Daily salmon consumption was also associated with protection when limited to newly diagnosed cases of glucose intolerance. The authors speculated that the fatty acid content of these indigenous foods, which are high in polyunsaturated fatty acids (PUFAs) and omega-3 fatty acids, may be protective (52).

Further observations on the possible role of fatty acids in the development of glucose intolerance were based on an analysis of fatty acid profiles in the plasma of the participants of Ebbesson's 1994 survey in the Bering Straits region. It was reported that the 68 people with glucose intolerance had lower concentrations of some omega-3 and omega-6 fatty acids (PUFAs) and higher concentrations of palmitic and oleic acid than those with normal glucose tolerance (53). It has been postulated that omega-3 fatty acids play a role in cell membrane phospholipids and thus affect insulin secretion and action (54). Ebbesson's data emphasize the importance of understanding the roles of dietary factors in serum fatty acid levels and their relationship to insulin resistance.

Other analyses of Murphy's data in the Yukon-Kuskokwim Delta region, which included responses of all participants ≥ 20 years, found many associations of frequency of indigenous foods vs. non-indigenous foods with age ethnicity, glucose tolerance status and obesity (43). No clear or consistent pattern emerged with regard to glucose tolerance. For example, with Athabascans and Yupiks included, controlling for age and ethnicity, those with euglycemia had significantly higher frequencies of intake of seal oil. However, among Yupiks only, controlling for age, those with euglycemia had lower frequencies for salmon/fish and seal oil. In general, participants with glucose intolerance reported a significantly more frequent consumption of protein from nonindigenous sources. The findings regarding associations between elements of glucose intolerance and dietary intake appear to be complex, and are strongly influenced by the specific foods, ages, genders and ethnic groups involved in the analyses.

A review of dietary patterns before contact with non-indigenous societies found, in summary, that the pre-contact diet of Arctic and sub-Arctic peoples probably contained very small amounts of carbohydrate and that the major changes with contact were an increase in carbohydrates, and a decrease in total fat and protein (55). A survey of the diets of Alaska Native adults in 11 communities in several different regions of the state was conducted in 1987-88 (56). Alaska Natives in this sample consumed twice the amount of table sugar and slightly more sweetened soft drinks (not artificially sweetened) than a national sample in the NHANES II survey. Similarly, a 1985 survey of dietary intake of teenagers in the Yukon-Kuskokwim region indicated that the participants consumed three to four times the amount of sweetened soft drinks consumed by teens in the U.S. general population (57).

Some evidence suggests a possible association between dietary carbohydrate and the occurrence of diabetes among Alaska Natives. First, comparison of the dietary data gathered from Alaska Native adults in several regions and in Chukotka tundra and coastal residents indicated that Chukotka residents, who have a much lower prevalence of diabetes, ate less carbohydrate (58). Second, as dietary carbohydrate intake has increased over time so has the prevalence of diabetes among Alaska Natives. Thirdly, unpublished data from the 1994 study in the Bering Straits region found that higher carbohydrate in the diet correlated with higher waist: hip ratio (Risica, unpublished data). However, an association between high carbohydrate intake and the development of diabetes is not well supported in the literature. Further study of this issue is important in order to formulate scientifically sound recommendations for diabetes prevention.

Physical activity

Murphy's 1987 study provided some evidence that physical activity may help protect against glucose intolerance (59). In this study, participants were given examples of common tasks in the region and asked whether they usually performed these activities using mechanized means or carried them out without mechanical assistance (for example, cutting wood by chainsaw or handsaw, using a motor versus paddling a boat, etc). Points were assigned to each activity based on frequency and whether or not mechanized methods were used. The points were summed for each participant and the scores were classified by tertiles into low, moderate and high levels of activity. The analysis was applied to those ≥ 40 years of age. A higher level of activity was associated with lower odds ratios for glucose intolerance when controlling for age, ethnicity, BMI, gender, and seal oil consumption. Overall, a greater percentage of Eskimos than Athabascans had high (31.6% vs. 6.7%) and moderate (33.4% vs. 24.8%) levels of activity.

The 1992 pilot study in one Eskimo village in the Bering Straits region also assessed physical activity by asking participants "How often do you exercise vigorously enough to work up a sweat or breathe hard?" Those who reported exertion of this magnitude less often than once a week were designated as sedentary in the analysis (16). Among those with diabetes, IGT and normal glucose tolerance, 50%, 25%, and 10% respectively, were sedentary.

FUTURE DIRECTIONS

There is much to be learned about the occurrence of diabetes and its determinants among northern indigenous people. All research studies to date have been cross-sectional and therefore have major limitations in terms of examining risk factors and effectiveness of possible interventions in the area of primary prevention. There exists a strong need for longitudinal studies using population-based cohorts to establish better prevalence and incidence data, and to examine the roles of life-style factors in the genesis of type 2 diabetes. While there is a need to further elucidate the basic physiologic ramifications of insulin resistance, diet, exercise, and body fat distribution among northern indigenous people, the real frontier is the translation of knowledge of basic physiologic processes into healthy life style choices. Therefore, it is especially important that such studies involve partnerships with social scientists, behavioral and mental health specialists, and village leaders, especially the elders.

Studies involving screening in villages face several challenges. One is that village populations are small and geographically distant from each other. More statistical power could be obtained by coordinated efforts by various groups of investigators using consistent methods and case definitions among different groups of participants. Another challenge is that studies in rural circumpolar regions are expensive and logistically difficult. Obtaining blood samples, storing, processing, and shipping them under precise conditions necessary for laboratory analysis is usually quite difficult. A study conducted by Murphy in 1987 demonstrated that a fingerstick method of glucose determination was practical and quite accurate for determination of glucose tolerance status. The Accu-check II performed with a sensitivity of 75%, a specificity of 93%, and a positive predictive value of 63.1% to detect a glucose of >126 mg/dl (6.72 mM) as determined by the hexokinase method on venous plasma (60). Gastrointestinal intolerance of glucose test beverages also presents difficulties with screening efforts in rural settings. However, a study in southeast Alaska showed polymer beverages were better tolerated than monomer beverages (61).

Funding decisions regarding studies in northern populations, especially in village settings, need to take into account the costs of travel and housing of workers, securing adequate exam facilities, difficulties of using computerized systems in settings where a steady electric supp-

ly is not guaranteed, and other such obstacles. Furthermore, studies should be viewed not only as an opportunity to obtain data, but also as a pathway for the involvement of village residents in the research process. Their observations are crucial to meaningful design of studies. Their involvement also offers potential steps into careers in the fields of research, health care delivery, and community development.

CONCLUSIONS

In summary, the evidence indicates that while Alaska Natives have a low prevalence of diabetes compared with other Native Americans, they are experiencing a more rapid rate of increase than other groups. It appears that in the Alaska Native populations studied, three changes have occurred concurrently over the past few decades; an increased proportion of carbohydrate in the diet, increasing prevalence of obesity, and increasing prevalence of diabetes.

On the positive side, traditional lifestyles in Alaska Native communities are still an intrinsic part of every day life and may be providing some protection. There is evidence that elements of the traditional diet, specifically frequent seal oil and salmon intake, correlate with a lesser risk of glucose intolerance. Alaska Natives are consuming fish six times more frequently and in larger amounts when compared to the US general population (56). Thus, promoting the continued consumption of traditional foods through nutrition education may protect against the development of diabetes. There is also evidence that physical activity may be protective among Alaska Natives as it is in other populations. Murphy's 1987 study showed that 65% of Yupik and 32% of Athabascan participants engaged in high or moderate levels of physical activity (59).

While there is much to be learned about the occurrence of insulin resistance among Alaska Natives and other northern indigenous people, it appears that we know enough to make some recommendations. Native foods are to be promoted over diets high in simple carbohydrates; physical activity and weight management need to be encouraged. Further research is needed on factors involved in insulin resistance, the occurrence and implications of gestational diabetes, and the translation of information into life style practice. Those involved in health care and research among northern peoples should search for ways to form partnerships that will assist populations in their own quest for better health.

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RESEARCH ARTICLE

Risk Factors for Obesity at Age 3 in Alaskan Children, Including the Role of Beverage Consumption: Results from Alaska PRAMS 2005-2006 and Its Three-Year Follow-Up Survey, CUBS, 2008-2009

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Data Availability Statement: Data are available from the Alaska Department of Public Health for researchers who meet the criteria for access to confidential data. Contact details are as follows: Kathy Perham-Hester, Alaska Department of Health and Social Services, Maternal Child Health Epidemiology, 3601 C Street, Suite 358, Anchorage, AK 99503, USA. Phone #: (907) 269-3447, Fax #: (907) 269-3493. The dataset is owned by the Alaska Department of Public Health.

Abstract

Background

Prenatal and early life risk factors are associated with childhood obesity. Alaska Native children have one of the highest prevalences of childhood obesity of all US racial/ethnic groups.

Methods

Using the Pregnancy Risk Assessment Monitoring System (PRAMS) and the follow-up survey at 3 years of age (CUBS), we evaluated health, behavioral, lifestyle and nutritional variables in relation to obesity (95th percentile for body mass index (BMI)) at 3 years of age. Multivariate logistic regression modeling was conducted using Stata 12.0 to evaluate independent risk factors for obesity in non-Native and Alaska Native children.

Results

We found an obesity prevalence of 24.9% in all Alaskan and 42.2% in Alaska Native 3 year olds. Among Alaska Native children, obesity prevalence was highest in the Northern/South-west part of the state (51.6%, 95%CI (42.6-60.5)). Independent predictive factors for obesity at age 3 years in Alaska non-Native children were low income (<\$10,000 in the year before the child was born (OR 3.94, 95%CI 1.22–17.03) and maternal pre-pregnancy obesity (OR 2.01, 95%CI 1.01-4.01) and longer duration of breastfeeding was protective (OR 0.95, 95% CI 0.91-0.995). Among Alaska Native children, predictive factors were witnessing domestic violence/abuse as a 3 year-old (OR 2.28, 95%CI 1.17-7.60). Among obese Alaska Native children, there was an increased daily consumption of energy dense beverages in the

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Northern/Southwest region of the state, which may explain higher rates of obesity in this part of the state.

Conclusions

The high prevalence of obesity in Alaska Native children may be explained by differences in lifestyle patterns and food consumption in certain parts of the state, specifically the Northern/Southwest region, which have higher consumption of energy dense beverages.

Background

Childhood overweight and obesity affect 31.8% and 16.9%, respectively, of American youth ages 2–19 years [1] (Ogden et al., 2012). While overweight and obesity are problems in all communities in the United States, American Indian and Alaska Native (AI/AN) groups have the highest prevalence among US racial groups. A study with nationally representative preschool-age children found that 31.2% of AI/AN children were obese at age 4 years, with the prevalence among all US children being 18.4% [2]. In Alaska, approximately one third of children entering kindergarten and first grade in the Anchorage School District (ASD) are overweight or obese [3]; 36% of pre-K to 12th grade students in the Kenai Peninsula Borough School District are overweight or obese [4]; and close to 20% of students in grades 5 and 7 in two Anchorage-area school districts are obese [5]. The prevalence of overweight and obesity among low income children ages 2–4 years participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Alaska is similarly high at 40% [3].

As the problem of obesity in children starts early and there are few interventions that successfully treat obesity, some have focused prevention efforts on the prenatal period and first year of life [6]. Previous studies have identified in utero and early life risk factors that increase future risk for childhood obesity. These risk factors include maternal tobacco cigarette use during pregnancy [7], excessive maternal prenatal weight gain [8,9], shorter duration of breastfeeding, and, possibly, maternal postpartum depressive symptoms [10]. For preschool children, increased sugar-sweetened beverage consumption has been associated with obesity [11], and previous data from Alaska has found a high overall consumption of sugar-sweetened beverages (SSBs), with 31% of 3-year-olds drinking SSBs daily [12].

Using data from the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) and the follow-up of this cohort titled the Alaska Childhood Understanding Behaviors Survey (CUBS), we sought to evaluate the potential role of exposures just prior to pregnancy, during pregnancy, in early infancy and before age 3 years with risk for obesity at age 3 years. In particular, we were interested to evaluate the role of previous known risk factors for obesity in this population including maternal pre-pregnancy obesity, SSB consumption including 100% fruit juice consumption and the protective role of breastfeeding. Given the high prevalence of obesity among Alaska Native children, we also sought to delineate risk factors for Alaska Native children and compare these risk factors with those for non-Native Alaska children to better understand what places Alaska Native children at higher risk.

Methods

The authors used a retrospective observational cohort study design, linking weighted data for Alaska PRAMS 2005–2006 birth year respondents (Phase 5 survey) to CUBS respondents in 2008 (Phase 2) and 2009 (Phase 3). PRAMS is population-based survey, which provides

weighted estimates for sample design, nonresponse and non-coverage to create statewide estimates to accurately reflect Alaska's population demographics [13].

Data Sources

1. **Pregnancy Risk Assessment Monitoring System:** PRAMS is a retrospective and cross-sectional population based survey, which collects maternal self-reported information on attitudes and experiences before, during, and after the delivery of a live-born infant with information collected at one time-point during the postpartum period (approximately 2 to 6 months after delivery). Alaska PRAMS samples about one of every six live births through a stratified random sample of birth certificates, with stratification conducted according to maternal Alaska Native race and infant birth weight. All sampled respondents are linked to birth certificate information. The PRAMS unweighted response rates (or raw number not adjusting for Alaska's population demographics) for 2005 and 2006 were 77% and 75%, respectively. The full methodology of PRAMS is described elsewhere [14]. We had 2,802 mothers who participated in PRAMS in 2005 and 2006.
2. **Alaska Childhood Understanding Behaviors Survey (CUBS):** CUBS collects data about the health status and care of Alaskan children at 3 years of age. Mothers who completed a PRAMS survey and are still living in Alaska receive up to two copies of the CUBS survey in the mail soon after their child's third birthday. PRAMS phone respondents whose child was born in the last six months of 2006 also had the option of completing the CUBS survey by phone. The CUBS survey includes questions on the child's current height and weight, nutrition and eating habits, health care utilization and access, and child development and behaviors as previously described [15]. CUBS unweighted response rates among women eligible in 2008 and 2009 were 49% and 50% (or 1,136 of the 2,802).

Data analysis

Our outcome was obesity defined as BMI $\geq 95^{\text{th}}$ percentile (age and sex specific) at age 3 years and was calculated from the child's height and weight as self-reported by the mother on CUBS. All non-obese children, including those who were underweight (5.2% of non-Native children and 3.5% of Alaska Native children), were compared to obese children.

We analyzed obesity by maternal Alaska Native vs. non-Native race. The terms "Alaska Native children" and "non-Native children" are based on maternal race only, as reported on the birth certificate. Risk factors for childhood obesity were assessed using t-tests for continuous variables and chi-square tests for categorical variables. Pre-pregnancy, prenatal, postnatal (from 2–8 months postpartum), and childhood predictors at age 3 years were included for evaluation of risk for obesity. Variables that were significant at $p < 0.05$ in bivariate analysis were included in the multivariate model. When variables were highly correlated with one another with $r > 0.5$ (such as prenatal and postnatal maternal cigarette smoking, income status from the time of the birth of the child and at 3 years of age, and location of residence and urban/rural) we included in multivariate analysis either the variable more strongly associated with obesity in bivariate analysis or the variable most important to elucidate obesity trends in the state of Alaska (region of residence).

Variables that were known from previous studies to be associated with increased risk for obesity in early childhood were also included in the multivariate model process including maternal pre-pregnancy weight category (obese versus non-obese), breastfeeding duration (continuous), maternal age (continuous) and consumption of sugar-sweetened beverages including 100% fruit juice. Beverage frequency variables were analyzed both ordinally (how the questions

were originally asked on the CUBS questionnaire), as well as dichotomously, with the cut point used corresponding to the approximate mean or median of the variable for the population. The cut point for beverages was either ≥ 1 cup/day or > 1 cup/day. Food consumption questions were analyzed dichotomously with the cut point similarly corresponding to the approximate mean, with cut-points reflective of the number of times per day the item was consumed. All food and beverage questions were based on questions that asked about consumption yesterday with the exception of the milk consumption question, which asked about usual consumption.

Because of the high percentage of missing data for paternal education (10.5%), we did not include paternal education in the multivariate models even though they were significant in bivariate < 0.05 for Alaska Native children. Due to a high percentage of respondents who were missing data on child BMI (16.5%), we compared the percentage of selective socio-demographic factors (maternal age, paternal education, maternal education and location of residence) in those who were missing for BMI compared with non-missing participants (for BMI) (as 16.5% was also missing for BMI).

Subsequently, an analysis was conducted to compare daily consumption of milk, 100% fruit juice, soda and SSB, as well as usual type of milk child drank, based on regional residence (Anchorage, Interior, Northern/Southwest and Gulf Coast/Southeast). This analysis was conducted so as to better understand the protective association found between fruit juice consumption and obesity in multivariate analysis for Alaska Native children only and not non-Native children. Residence was obtained from the mother's address at the time she completed the CUBS survey, and regional groups were a modified version of those defined by the Alaska Department of Labor (<http://labor.alaska.gov/research/index.htm>)—Northern and Southwest regions, and Gulf Coast and Southeast regions, respectively, were combined due to small numbers and because these regions are geographically contiguous. We also evaluated associations between 100% fruit juice consumption and consumption of other beverages and food using chi-squared tests to better understand the protective relationship between 100% fruit juice consumption and obesity. Additionally, we examined differences in bivariate associations for non-Native and Alaska Native children using an interaction term between the predictor of interest and being either Native or Non-Native and child obesity at age 3 in logistic models. All data analysis used Stata 13.0 using “svy” statements to allow for the sampling weights provided by PRAMS. Sampling weights are necessary in survey analysis to get the survey weighting, clustering and stratification accounted for so as to get standard errors of estimates correct. Data are expressed as means $\pm$ standard errors (SE). Specific details about the PRAMS and CUBS variables used in the analysis are included as a supplement to this article ([S1 Appendix: Additional Methodological Details on PRAMS and CUBS Variables](#)).

This was primarily a hypothesis-generating study and we did not do any multiple comparisons to reduce the chance of Type II errors [16].

Results

The mean age of the children when the PRAMS survey was conducted was 118.1 (standard error [SE], ± 28.6) days (range 68–243) or approximately 4 months of age with a range from 2 to 8 months. The mean age when the CUBS survey was conducted was 36.8 ± 1.0 months (range 35–42). The total number of children followed to 3 years was 1,136 as part of CUBS with 947 (83.5%) having a non-missing weight and height measurement for the child thus allowing calculation of BMI and obesity and 833 (73.3%) having a non-missing BMI and race/ethnicity ([Table 1](#)). Basic frequencies of selected variables for the cohort as a whole and stratified by Alaska Native and non-Native race are presented in [Table 1](#). Obesity prevalence among all 3 year olds was 24.9%, 95%CI (21.5–28.6) and among Alaska Native children 42.2%, 95%CI

Table 1. Weighted Frequencies of selected variables in PRAMS and CUBS Sample (n = 833).

	Total population % or mean	Alaska Native* (% or mean±SE) (N = 277)	Alaska Non-Native* (% or mean±SE) (N = 556)
<u>Maternal and paternal specific variables</u>			
<u>Socio-demographics</u>			
Alaska Native	22.1		
Alaska Non-Native	77.9		
Maternal Age	27.8±0.25	26.1± 0.38	28.2±0.31
<u>Place of Residence</u>			
Anchorage (region)	51.3	23.9	58.4
Interior	16.6	13.9	17.5
Northern/Southwest	11.6	46.9	1.7
Gulf Coast/Southeast	20.5	15.3	22.4
<u>Maternal Education</u>			
<12 years	10.3	22.8	6.7
12 years	42.8	52.5	40.2
>12 years	45.4	22.7	51.9
Missing	1.5	2.1	1.1
<u>Paternal Education</u>			
<12 years	6.8	11.1	5.5
12 years	42.7	53.9	39.6
>12 years	40.0	15.9	46.8
Missing	10.6	19.1	8.1
<u>Married at birth</u>			
Yes	72.2	52.7	77.4
No	27.8	47.3	22.6
<u>Maternal Pre-pregnancy body mass index (BMI) category (kg/m²)</u>			
Underweight <18.5	3.1	1.7	3.5
Normal ≥18.5 & <25	51.4	41.0	54.4
Overweight ≥25 & <30	25.3	29.4	24.0
Obese ≥30	20.3	27.8	18.2
<u>Child BMI Category</u>			
Obese ≥95 th %ile	24.9	42.2	19.9
Overweight <95 & ≥85 th %ile	16.0	15.9	16.1
Normal Weight<85 th & ≥5 th %ile	54.3	38.4	58.9
Underweight <5 th %ile	4.8	3.5	5.2
BMI	18.1±0.2	17.4±0.4	18.3±0.2

*Note: As determined by maternal race.

Among Alaska Native 3 year olds, the Northern/Southwest had the highest obesity prevalence (51.6%, 95%CI (42.6–60.5)) (Table 2; S1 Fig. for visual image of different regions).

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(36.3–48.4) (Table 1), similar to what was previously reported for CUBS 2009 (Alaska Department of Health and Social Services, 2012).

Childhood Obesity Risk Factors in Alaska non-Native Children

Maternal and Family Socio-Demographic Variables. Among non-Native children, maternal and family socio-demographic variables that were associated with risk for childhood

obesity at age 3 years included non-white maternal race (33.1% versus 18.0%; $p = 0.04$, [Table 2](#)) and less paternal education (<12 years versus >12 years; 28.6% versus 13.5% and 22.7% for 12 years; $p = 0.014$). Not being married compared to being married at the time of the child's birth was associated with increased risk for obesity (31.0% versus 16.0%; $p < 0.01$) as was total income in the 12 months before the child was born ($p < 0.01$) but not when the child was 3 years of age ($p = 0.51$; [Table 2](#)). Income by number of dependents was lower at age 3 (in prior 12 months) in relation to child's obesity (\$11,547.53 $\pm$ 720.32 for obesity versus \$13,001.10 $\pm$ 362.80 for non-obese, $p = 0.07$; results not shown) and in the 12 months prior to the child's birth (\$12,216.4 $\pm$ 895.86 for obesity versus \$14,735.82 $\pm$ 488.81 for non-obese; $p = 0.01$; results not shown).

Prenatal and postnatal health. We found few differences in the prevalence of obesity among 3-year-olds based on the prenatal health of mothers. Factors most strongly correlated with obesity included smoking during the postpartum period (32.5% versus 18.0%; $p = 0.02$) ([Table 3](#)), >40 lbs maternal weight gain during pregnancy (24.4% versus 16.0%; $p = 0.06$) and maternal smoking 3 months before pregnancy (28.1% versus 17.6%; $p = 0.06$) ([Table 3](#)), although the last two factors were not statistically significant but trended towards significance.

Infant Delivery and Feeding Variables. Children who were small for gestational age (SGA) at delivery were less likely than non-SGA children to be obese at age 3 years (9.7% versus 21.4%; $p = 0.056$) and children who were breastfed for ≥ 6 months were less likely to be obese than children who were not breastfed or who were breastfed for <6 months (15.9% versus 26.6%; $p = 0.01$) ([Table 3](#)). Obese children were breastfed for a shorter number of months compared to non-obese children (mean of 6.60 $\pm$ 0.74 months vs. 10.52 $\pm$ 0.48 months, respectively; $p < 0.01$).

Maternal and Child Psychosocial Variables. Among psychosocial variables, the strongest associations with obesity were found for children born to mothers who were not trying to get pregnant compared to those who were trying (38.5% versus 17.9%; $p < 0.01$) ([Table 4](#)) and the mother experiencing a greater mean number of life stressors during the 12 months before the child was born, (range 0–11) (mean 1.98 $\pm$ 0.22 stressors among obese children versus 1.55 $\pm$ 0.10 among non-obese children; $p = 0.07$) (results not shown), although mean number of stressors trended towards statistical significance.

Child Dietary and Lifestyle at 3 years of age. The prevalence of obesity was higher among children who drank more than one cup of 100% fruit juice a day compared to children who drank one cup or less (25.7% versus 16.8%; $p = 0.06$) although the results were not statistically significant ([Table 4](#)). Other dietary variables were less strongly associated with obesity.

Multivariate Analysis for Obesity at age 3 years among non-Native Children. After conducting a multivariate analysis process with all variables with a $p < 0.05$ in bivariate analysis and other variables previously associated with increased risk for obesity based on other study findings (e.g. maternal obesity, breastfeeding and 100% juice consumption), increased breastfeeding duration (months) (OR 0.95, 95%CI 0.91–0.91) was protective against childhood obesity at age 3 years in non-Native 3 year old children and low income ($< \$10,000$ in the 12 months before the child was born) was associated with increased risk (OR 2.01, 95%CI 1.01–4.01; [Table 5](#)). Maternal pre-pregnancy obesity was also associated with increased risk (OR 2.01, 95%CI 1.01–4.01; [Table 5](#)).

Childhood Obesity Risk Factors among Alaska Native Children

Maternal and Family Socio-Demographic Variables. Among Alaska Native children, obesity risk was greater among residents of the Northern/Southwest region of the state in comparison with other areas, such as Anchorage (51.6% versus 32.4%; $p = 0.04$). Other variables associated with obesity included rural vs. non-rural birth residence (47.4% versus 32.7%; $p =$

Table 2. Percent Obese at Age 3 ($\geq 95^{\text{th}}$ percentile) by Maternal Socio-demographic Variables.

Variable	Non-Native Population Obese $\geq 95^{\text{th}}$ %ile (N = 96)	p-value	Alaska Native Population Obese $\geq 95^{\text{th}}$ %ile (N = 109)	p-value	p-value comparing groups
<u>Place of Current Residence</u>					
Anchorage (region)	16.8	0.24	32.4	0.04	0.04
Interior	25.5		38.2		
Northern/Southwest	12.9		51.6		
Gulf Coast/Southeast	24.9		32.3		
<u>Urban/Rural Residence at Time of Birth</u>					
Urban residence	16.1	0.40	32.7	0.02	
Rural residence	21.0		47.4		
<u>Maternal Race</u>					
White	18.0				
Non-White	33.1	0.04			
<u>Maternal and Paternal Education and Age at Time of Child's Birth</u>					
<u>Maternal Education</u>					
<12 years	23.4	0.55	47.9	0.06	0.48
12 years	21.7		46.2		
>12 years	18.4		26.6		
Missing	4.14		47.5		
<u>Paternal Education</u>					
<12 years	28.6	0.014	55.2	0.02	0.74
12 years	22.7		43.8		
>12 years	13.5		21.4		
Missing	36.6		47.3		
<u>Maternal Age</u>					
≤ 19 years	13.3	0.43	60.7	0.16	0.73
20–24	24.4		41.1		
25–29	17.5		38.4		
30–34	24.5		34.0		
≥ 35	15.6		44.6		
<u>Marital Status at time of child's birth</u>					
Married (yes)	16.0	<0.01	39.4	0.44	0.10
Married (no)	31.0		44.3		
<u>Income, 12 mos before child born</u>					
<\$10,000	47.6	<0.01	38.8	0.45	<0.01
$\geq$ \$10,000	17.7		44.1		
<u>Income when child is 3 years of age (last 12 months)</u>					
<\$17,500	24.8	0.51	33.1	0.57	
$\geq$ \$17,500	20.0		11.2		ND
<u>Prenatal WIC participation</u>					
Yes	21.5	0.57	47.1	0.02	0.19
No	19.0		31.5		

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Table 3. Percent Obese at Age 3 ($\geq 95^{\text{th}}$ percentile) by Maternal Prenatal/ Postnatal Health Variables and Infant Feeding/Delivery Variables.

Variables	Non-Native Population Obese $\geq 95^{\text{th}}$ %ile (N = 96)	p-value	Alaska Native Population Obese $\geq 95^{\text{th}}$ %ile (N = 109)	p-value	p-value comparing groups
<u>Gestational diabetes mellitus</u>					
Yes	28.9	0.26	29.1	0.23	0.10
No	19.1		43.1		
<u>Pre-existing diabetes mellitus</u>					
Yes	24.5	0.76	40.2	0.89	0.06
No	19.6		42.3		
<u>>40 lbs wt gain in pregnancy</u>					
Yes	24.4	0.06	41.1	0.20	0.21
No	16.0		43.8		
<u>Mom Pre-pregnancy Body Mass Index (BMI) category (kg/m²)</u>					
Underweight	24.6	0.09	34.7	0.35	0.63
<18.5					
Normal	16.3		37.5		
≥ 18.5 & <25					
Overweight	19.4		40.6		
≥ 25 & <30					
Obese ≥ 30	31.1		51.0		
<u>Mom smoked 3 months before pregnancy</u>					
Yes	28.1	0.06	45.7	0.32	0.89
No	17.6		39.3		
<u>Mom smoked during pregnancy</u>					
Yes	24.7	0.47	50.0	0.19	0.38
No	19.1		40.0		
<u>Mom smoked in post-partum</u>					
Yes	32.5	0.02	48.2	0.19	0.34
No	18.0		39.2		
<u>Chew/spit tobacco (traditional plus regular) during pregnancy</u>					
Yes	Numbers too small		55.2	0.046	
No			39.7		
<u>Multivitamin or Prenatal vitamin use—one month before pregnancy</u>					
None	22.6	0.32	44.7	0.46	0.91
1–3/week	18.0		42.0		
4–6/week	27.3		25.1		
Daily	15.3		35.9		
<u>Macrosomic ≥ 4500grams</u>					
Yes	17.1	0.84	51.7	0.46	ND
No	20.0		41.7		
<u>Small for Gestational Age (SGA) (<10th%ile)</u>					
Yes	9.7	0.056	44.7	0.87	ND
No	21.4		42.6		
<u>Child ever Breastfed</u>					
Yes	19.4	0.16	42.4	0.88	0.27
No	33.9		40.7		

(Continued)

Table 3. (Continued)

Variables	Non-Native Population Obese $\geq$ 95 th %ile (N = 96)	p-value	Alaska Native Population Obese $\geq$ 95 th %ile (N = 109)	p-value	p-value comparing groups
Child Breastfed (duration in months)					
<6 mo.	22.6	0.01	47.4	0.09	0.10
$\geq$ 6 mo.	15.9		36.7		

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0.02); paternal education <12 versus >12 years (55.2% versus 21.4%; $p = 0.02$) (Table 2) and prenatal WIC participation vs. no participation (47.1% versus 31.5%; $p = 0.02$). A decreased ratio of income/dependents in the 12 months prior to the child's birth (\$8,003.05/dependent $\pm$ 735.41 among obese children versus \$8,971.76/dependent $\pm$ 544.94 among non-obese children although results were not statistically significant ($p < 0.29$; results not shown). At 3 years of age, the income by dependent ratio was lower in the families of obese children (for prior 12 months) \$7099.82 $\pm$ 539.36 versus \$8826.84 $\pm$ 578.29; $p = 0.03$; results not shown).

Prenatal Maternal Health and Infant Feeding. Prenatal maternal use of chew/spit tobacco vs. no use (55.2% versus 39.7%; $p = 0.046$) (Table 3) and fewer months of breastfeeding (7.78 $\pm$ 0.91 among obese children versus 11.07 $\pm$ 0.92 months among non-obese children, $p < 0.01$) (results not shown) were associated with increased risk for obesity at age 3.

Child Dietary and Lifestyle at 3 years of age. Among Alaska Native 3 year olds, children who witnessed violence or abuse before age 3 years versus not witnessing either outcome had a greater risk for obesity (59.3% versus 39.6%; $p = 0.03$) (Table 4) as did those who consumed > 1 cup/day of 100% fruit juice (34.8% compared to 47.3% among children that drank $\leq$ 1 cup/day ($p = 0.053$) although results did not meet statistical significance (Table 4)). Children that consumed one or more servings of fried potatoes a day also had an increased obesity prevalence (49.9% versus 35.8%; $p = 0.02$) (Table 4). When beverage consumption patterns were stratified by region in relation to child obesity status, with beverages defined as milk, soda, water, sweetened drinks and 100% fruit juices, we found much higher consumption patterns of all beverages among residents of the Northern/Southwest region, although only sweetened drinks ($p < 0.01$) and milk ($p = 0.03$) were significant at the 95% confidence level (Table 6) for Alaska Natives and soda ($p = 0.03$) and sweetened drinks ($p < 0.01$) for Alaska Natives and Alaska non-Natives (Table 7).

Multivariate Analysis for Obesity at age 3 years among Native Children. During multivariate analysis, with those variables significant in bivariate at a $p < 0.05$, variables associated with obesity among Alaska Native children were witnessing abuse/domestic violence as a 3 year old (OR 2.98, 95% CI 1.17–7.60; Table 8). Consuming more than 1 cup of 100% fruit juice per day was associated with reduced risk for obesity at age 3 (OR 0.53, 95%CI 0.29–0.99; Table 8).

Discussion

This cohort of Alaskan children followed from birth through age 3 years provided an opportunity to evaluate early life risk factors for obesity. This is the first statewide study to evaluate factors associated with increased odds of childhood obesity in Alaska and among Alaska Native children, a population group at high risk for obesity [3, 5]. We found a similar percentage of obesity at three years of age (24.9%) to that reported by the Alaska WIC program (which serves low-income children age 2–4 years) (21%) and higher than that reported for kindergarteners during the 2010–11 oral health survey (approximately age 5 years; 16%) [3, 17]. We found a higher percentage of Alaska Native 3 year old children who were obese (42.5%) than the survey

Table 4. Percent Obese at Age 3 ($\geq 95^{\text{th}}$ percentile) by Psychosocial Variables, Dietary Intake and Lifestyle Variables.

Lifestyle Variables	Non-Native		Alaska Native Population		p-value
	Population		Obese ≥ 95 th %ile		comparing
	Obese ≥ 95 th %ile (N = 96)	p-value	(N = 109)	p-value	groups
Psychosocial variables					
Maternal postpartum depression diagnosis					
Yes	11.6		36.7		
No	20.2	0.34	43.2	0.66	0.70
Mom diagnosed depression since 3-year-old was born					
Yes	22.4	0.25	31.9	0.56	0.92
No	17.5		43.1		
Child witnessed violence or physical abuse in person					
Yes	29.9	0.62	59.3	0.03	0.85
No	19.8		39.6		
Mother was trying to get pregnant					
Yes	17.9	<0.01	43.7	0.70	0.27
No	38.5		41.3		
Child beverage consumption at age 3					
Soda consumption ≥1 cup/day					
Yes	32.0	0.30	41.0	0.24	0.78
No	20.3		57.6		
Soda consumption, cups/day					
0	19.8	0.68	39.2	0.36	0.80
<1 cup	23.9		50.9		
1 cup	35.2		37.1		
≥2 cups	27.4		57.5		
100% fruit juice consumption >1 cup/day					
Yes	25.7	0.06	34.8	0.053	0.01
No	16.8		47.3		
Sweetened or fruit drink ≥1 cup/day					
Yes	21.0	0.91	46.8	0.24	0.50
No	20.5		39.2		
Usually drinks whole milk					
Yes	20.2	0.80	39.3	0.99	0.87
No	19.1		39.4		
Child Food Consumption at Age 3					
>2x Candy, cookies or other sweets /day					
Yes	15.2	0.26	48.2	0.38	0.15
No	20.8		41.3		
≥2x vegetables or salad/day					
Yes	17.9	0.24	40.1	0.66	0.60
No	22.9		42.8		
≥2x Fresh, canned, frozen or dried fruit/ day					
Yes	19.6	0.86	38.2	0.18	0.45
No	20.4		46.7		

(Continued)

Table 4. (Continued)

<u>Lifestyle Variables</u>	<u>Non-Native</u>		<u>Alaska Native Population</u>		<u>p-value</u> <u>comparing</u> <u>groups</u>
	<u>Population</u>		<u>Obese ≥ 95th %ile</u>		
	<u>Obese ≥ 95th %ile</u>	<u>p-value</u>		<u>p-value</u>	
	<u>(N = 96)</u>		<u>(N = 109)</u>		
<u>≥1x French fries/tator tots or potato chips/ day</u>					
Yes	21.8	0.49	49.9	0.02	0.04
No	19.0		35.8		
<u>Child TV viewing</u>					
≤1 hour	20.6	0.80	46.7	0.15	0.43
>1 hour	19.5		37.9		

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conducted by Eberling (24.6%, 95% CI (17.4–33.1), although the latter included a relatively small number of Alaska Native or American Indian subjects ($n = 126$) so the estimate may not have been as precise and the subjects were older. Other previous reports have not provided estimates of obesity prevalence by race/ethnicity in 3-year old children in Alaska [3]. Previous studies have found that 3 and 4 year old children may have a slighter higher risk for obesity than kindergarten or 5–6 year olds [18] which may explain in part the higher percentage in our 3 year old sample than the study by Eberling et al. Ours is also the first study to document a regional difference in obesity prevalence in 3 year olds with the highest prevalence in the Northern/Southwest part of the state.

Breastfeeding

Similar to other studies that have focused on early life exposures and risk for obesity in the pre-school years [19,20], we found increased breastfeeding duration was associated with lower odds of obesity. In Alaska Native children, however, the relationship between obesity and

Table 5. Multivariate Logistic Regression for Obesity at Age 3 among Alaska Non- Native* Children ($n = 474$).

Variable	Odds Ratio (OR) 95%CI	P value
White race	1.00	
Non-white race	1.46 (0.73–2.92)	0.37
Maternal Pre-pregnancy BMI Category		
Non-obese (<30)	1.00	
Obese (≥ 30)	1.77 (0.90–3.47)	0.10
Maternal age, years	1.22 (0.93–1.61)	0.15
Trying to get pregnant, pregnancy intention	1.43 (0.71–2.89)	0.31
Breastfeeding, months	0.95 (0.91–0.995)	0.03
Income $< \$10,000$ in 12 months before birth	3.93 (1.22–12.70)	0.02
Mom smoked during post-partum period	1.09 (0.3–2.92)	0.28
Married at birth of child	2.16 (0.93–5.04)	0.07
100% fruit juice consumption > 1 cup/day	1.72 (0.91–3.24)	0.10

*Note: As determined by maternal race.

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Table 6. Percentage of beverage consumption among obese Alaska Native 3 year-olds, by residence region.

	Anchorage	Interior	Northern/Southwest	Gulf Coast/Southeast	P value
Type of Beverage					
Whole milk	30.4	27.8	37.8	32.9	0.90
≥1 cup any milk	12.6	61.8	71.3	32.0	0.03
≥1 cup soda	0.0	0.0	13.7	0.0	0.12
>1 cup water	89.5	61.8	76.4	89.1	0.52
≥1 cup sweetened fruit drink	42.3	17.7	73.8	22.8	<0.01
>1 cup 100% fruit juice	45.4	40.3	37.1	35.8	0.92

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Table 7. Percentage of beverage consumption among all obese Alaskan 3-year-olds (Alaskan Native and Alaskan non-Native), by residence region.

	Anchorage	Interior	Northern/Southwest	Gulf Coast/Southeast	P value
Type of beverage					
Any whole milk	33.1	28.5	40.0	36.4	0.83
≥1 cup any milk	26.7	52.4	71.0	53.6	0.06
≥1 cup soda	0.2	7.5	13.2	0.0	0.03
>1 cup water	81.4	51.2	76.5	54.7	0.12
≥1 cup sweetened fruit drink	22.0	19.3	71.4	11.3	<0.01
>1 cup 100% fruit juice	55.8	64.7	37.0	71.0	0.045

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Table 8. Multivariate Logistic Regression for Obesity at Age 3 among Alaska Native * Children (n = 226).

Variable	Odds Ratio (OR) 95%CI	
Maternal age, years	0.83 (0.63–1.11)	0.21
Child witnessed abuse before age 3	2.98 (1.17–7.60)	0.02
Geographical Location		
Anchorage	1.00	
Interior	1.11 (0.43–2.89)	0.83
Northern/Southwest	1.43 (0.63–3.22)	0.39
Gulf Coast/Southeast	0.65 (0.24–1.80)	0.41
Participation in WIC Program Prenatally	1.51 (0.71–3.19)	0.28
Maternal Pre-pregnancy BMI Category		
Non-Obese (<30)	1.00	
Obese (≥30)	1.87 (0.94–3.72)	0.07
Eating fried potatoes at age 3 (yes, any)	1.63 (0.89–2.98)	0.11
Breastfeeding (months)	0.99 (0.96–1.02)	0.44
Maternal chew/spit tobacco use (any) prenatal	1.34 (0.55–3.24)	0.52
Income by dependents at 3 years	0.999986 (0.99993–1.00005)	0.67
100% fruit juice consumption >1 cup/day	0.54 (0.29–0.99)	0.047

***Note: As determined by maternal race.**

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duration of breastfeeding was no longer statistically significant controlling for other confounders in the multivariate model. It is possible that we lacked statistical power in the multivariate model of Alaska Native children to demonstrate the association of obesity with early termination of breast-feeding found in studies of American Indian children [21]. An alternative hypothesis is that the higher prevalence of obesity in Alaska Native compared to non-Native children results from unmeasured differences in eating patterns and that these may overwhelm any potential benefit from breastfeeding. While we investigated some feeding practices (e.g. fried potato and beverage consumption patterns), future studies should conduct more detailed dietary analysis of early feeding practices in Alaskan families and could consider the contribution of traditional foods as well as non-traditional or modern foods.

Domestic Violence

We also evaluated the role of exposure to domestic violence and other forms of violence on odds for obesity in early childhood. Our study found an association for a child witnessing abuse or violence in person prior to age 3 years among Alaska Native children in bivariate and multivariate analysis. Other studies have found an association between exposure to chronic intimate partner violence and risk of later childhood obesity at age 5 years [22, 23], including a study, which found that boys exposed to domestic violence before age 5 years, were twice as likely to be obese as adolescents [24]. Exposure to violence may directly impact obesity by causing depression, hopelessness, and subsequently lack of exercise or interest in overall health [25, 26]. Alternatively, this may be a marker for the type of food choices available in that house, the possible presence of fast foods and the overall level of disorder in a child's life. Future obesity interventions with Alaska Native children, in addition to focusing on diet and exercise alone, may take into consideration the psychosocial context of the family so as to potentially reduce obesity risk.

Maternal Prenatal Obesity

Among Alaska Native and non-Native children, we found that pre-pregnancy maternal obesity was associated with significantly increased odds for obesity at age 3 years in bivariate analysis although the relationship was attenuated in multivariate and non longer reached statistical significance in Alaska Natives but maintained statistical significance in non-Native children. Previous studies have found that maternal obesity is a significant risk factor for obesity in young children [27, 28]. Our study may have been underpowered to assess any difference based on maternal BMI pre-pregnancy category in Alaska Natives. Addressing maternal obesity prior to pregnancy and even during pregnancy can have inter-generational benefits in terms of reducing overall odds of obesity.

Sugar Sweetened Beverages, Food Consumption Patterns and Obesity

In bivariate analysis, increased consumption of 100% fruit juice was associated with obesity at age 3 in Alaska non-Natives but protective against obesity in Alaska Natives with similar results in multivariate analysis for Alaskan Native children. It is not clear why 100% fruit juice consumption was protective against obesity in Alaska Native children, although there may have been unmeasured confounding factors or interaction with region of residence that explain this relationship. We did find that increased 100% fruit juice consumption was associated with higher reported intake of fruits and vegetables in Alaska Native children but not non-Natives. It is possible that in this population the consumption of fruit juice may be a marker for reduced caloric intake of energy dense, low nutrient value foods. Increased consumption of fruits and

vegetables is associated with reduced risk for obesity in adults, through potentially healthy overall lifestyles [29].

Our findings in Alaska non-Natives are consistent with previous studies that have found increased odds of childhood obesity with higher liquid calorie intake, including 100% fruit juice [30, 11]. On further investigation of the contribution of all energy-dense beverages (including 100% fruit juice), we found a higher frequency of consumption of all beverages in the Northern/Southwest region of the state where obesity prevalence was highest in Alaska Natives, which doesn't correspond with our finding of a protective association between 100% fruit juice and obesity risk at age 3. Increased energy dense beverage consumption occurred among both obese and non-obese Alaska Native children from this region.

Previous studies suggest that all children [30], including those among indigenous populations [31] should avoid excessive consumption of energy dense, low nutrient value beverages and foods replace these with water and other healthier options. Consumption of water has been found to increase the resting energy expenditure in overweight and obese children [32]. Unfortunately, the Northern/Southwest region has a large number of villages that lack piped water to households [33, 34], and many residents rely on community wells or relatively expensive bottled water.

Low income

We found a significance increase in risk for obesity among non-Native Alaska children based on low-income status in the 12 months prior to birth. Previous studies in high risk populations have found an association between low household income and increased risk for childhood obesity [35, 36] and studies have warned that interventions that simply counsel individuals on which food types or physical activity regimens are appropriate will not be sustainable in communities that do not have access to these types of foods/beverages or opportunities for physical activity due to poverty [37]. The role of income and family livelihood likely permeates many risk factors for obesity including types of foods and beverages consumed. It is possible we did not find any independent association in Alaska Native children for income status after adjusting for other factors including WIC participation and location of residence, because the distribution of income is narrower in Alaska Native families with most families having a low income at birth (mean for Alaska Natives $\$22,993.90 \pm 814.35$ versus $\$35,657 \pm 762.65$ for non-Natives) and at 3 years of age (mean for Alaska Natives $\$30,207.72 \pm 1237.16$ versus $\$49,72.34 \pm 1145.80$ for non-Natives).

Limitations

Limitations of our study include recall bias (questions were asked retrospectively, both in the postnatal period for PRAMS and for CUBS) as well as self-report and mode bias—some mothers may report certain behaviors more or less willingly than other mothers based on their experiences or they may be more or less willing to disclose certain behaviors during a mail survey [38, 39]. Our outcome of childhood obesity was based on self-reported measurements by the mother and previous studies have found some misclassification of child weight category based on parental report, with under estimates of child heights resulting in upward bias in obesity prevalence estimates [40, 41]. Some factors that we examined had missing values, including 16.5% of respondents missing information on the outcome of childhood BMI and 10.5% missing information on paternal education. When we compared percentages of socio-demographics between those who were missing BMI measurements and those that were not there were no differences in paternal education or child sex, but those who were missing BMI measurements were more likely to have less maternal education, live in rural areas and the Northern/

Southwest part of the state and be Alaska Native. There may have been systematic error introduced to our models due to missing information for non-respondents to both surveys (although the analysis weights did attempt to incorporate non-response), and individual question non-response. The number of respondents to both surveys was small, limiting the statistical power of our study to identify significant associations. As both surveys are on-going, further analysis using additional years of data could help to address some of these limitations.

Our sample size to compare differences in risk factors between non-Native and Alaska Native was also small so may not have had sufficient power to detect differences in many cases. Also, as we performed many statistical tests and many of these statistical associations would be diminished or disappear after multiple comparison adjustment, some associations may have been found by chance and should be replicated in larger studies. As this was a hypothesis generating study with a limited sample size, we chose not to do multiple comparison testing [16], but follow-up studies with larger sample sizes conducted in Alaska that test a high number of predictors should use multiple comparison testing.

Supporting Information

S1 Appendix. Additional Methodological Details on PRAMS and CUBS Variables.
(DOC)

S1 Fig. Regions of Alaska.
(DOCX)

Author Contributions

Conceived and designed the experiments: JMW MBY KAPH PDS BDG. Analyzed the data: JMW MBY KAPH. Wrote the paper: JMW MBY KAPH PDS BDG.

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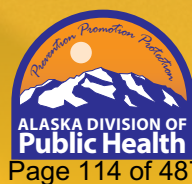
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ALASKA

Physical Activity, Nutrition and Obesity Facts Report

2020 UPDATE



Alaska Physical Activity, Nutrition and Obesity Facts Report
Published November 2020

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Dear Alaskans,

When we started putting the information together for this physical activity, nutrition and obesity data report late in 2019, we were focusing on identifying behaviors to reduce the chances of getting chronic conditions such as type 2 diabetes, heart disease and many types of cancer. We were developing a routine public health report when a once in a lifetime pandemic struck and delayed our report.

The response to the pandemic has stretched our team in many ways. We have worked long hours, taken on new and challenging assignments, changed our service delivery, expanded our public education efforts, improved our community outreach and come up with creative solutions to continue protecting the health of Alaskans.

Our staff and partners have not stopped working on physical activity and nutrition despite the focus of public health and the media on the pandemic. Never had we identified our health promotion efforts as important to infectious diseases – but it is clear - healthy people get less ill from COVID-19. Our team saw the connection and immediately focused on minimizing the negative impact of the pandemic on physical activity and nutrition.

Since physical activity can improve mental health and help prevent the diseases that increase the chances of severe illness from COVID-19, we increased our physical activity public education efforts. We launched TV public service announcements, a social media campaign and a series of articles to inform families. We also helped childcare centers, sports teams and PE teachers develop COVID-19 mitigation plans to promote safe physical activity.

The reason I love data and reports like this, is that these numbers paint a picture of our community. It shows me who is missing out on the opportunities to be physically active, who does not have access to healthy affordable foods and who is not growing up or living at a healthy weight. The picture displays the need, helps us imagine the solutions and gives us the reasons to invest in a healthier Alaska. As we monitor the results years after year, we slowly touch up the canvas one section at a time to create a healthier Alaska.

While the COVID-19 pandemic has changed many things about the world we live in and the way we do our work, it has not changed the importance of the fact that every Alaskan deserves access to affordable healthy food and safe physical activity opportunities. We will continue to go forth and do good work and this report will help guide our actions. We hope it guides and inspires your actions too.

Sincerely,



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I. Introduction

Alaskans can prevent many diseases and early deaths if they are physically active, eat a healthy diet and maintain a healthy weight throughout their life. About 1 out of 3 Alaska children is overweight or obese, as are 2 out of 3 adults.

Many Alaskans drink too many sugary drinks, eat too few fruits and vegetables, and are not meeting physical activity recommendations. These behaviors and having an unhealthy weight increase their chances of getting serious health conditions, like type 2 diabetes, high blood pressure, high cholesterol and several types of cancer.

Overweight and obesity affect individuals of all ages, from all areas of the state, of all racial and ethnic backgrounds, and with all levels of education and income. Both conditions increase the risk of a number of health problems, including chronic diseases, which can lead to reduced quality of life and premature death.¹

No single strategy alone will increase physical activity, improve nutrition nor reduce obesity and its associated health consequences. Meaningful improvements in population-level physical activity and nutrition and a reduction of obesity prevalence will only occur when a set of sustained, comprehensive prevention strategies are implemented by child care centers, schools, worksites, within the community, the health care sector, private industry, NGOs, governmental agencies, and individual families. These strategies will need to address policy issues; alter where we live, work, play and eat; modify the systems to make the healthy choice the easy choice; and increase the knowledge and change the behaviors of families, children and adults.^{1,2}

In an effort to support health improvement efforts statewide, we have created this report as a way of succinctly communicating the most commonly requested information regarding physical activity, nutrition and weight status in Alaska. Data also include information on behavior, attitudes and strategies that could support healthy living and help prevent obesity.

Healthy Alaskans 2030 is the State of Alaska health improvement plan aligning tribal and other public health partners around 30 health priorities and promoting improvement of health status and systems. Healthy Alaskans 2030 targets are included in this report for reference when they relate to physical activity, nutrition and weight status.

Those interested in more information are encouraged to access the Physical Activity and Nutrition Publications and Materials webpage <http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/resources.aspx>, which houses additional data reports, fact sheets, contacts, and other resources.

¹ U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: U.S. GPO, Washington. Accessed at <https://www.ncbi.nlm.nih.gov/books/NBK44206/>, June 2017.

² U.S. Department of Health and Human Services. The Surgeon General's Vision for a Healthy and Fit Nation. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, January 2010. Accessed at <https://www.ncbi.nlm.nih.gov/books/NBK44660/>, June 2017.

Report Highlights

- Among Alaska adults:
 - The prevalence of obesity has more than doubled from 13% in 1991 to 31% in 2018.
 - Only 33% of Alaska adults are at a healthy weight; 2% are underweight, 34% are overweight, and 31% are obese.
 - 78% do not get the recommended amount of physical activity.
 - 48% spend 3 or more non-work hours in front of a screen each day.
 - 88% are eating less than the recommended daily servings of fruit and vegetables
 - 23% drink 1 or more sugary drinks each day.
 - While obesity prevalence has historically been significantly higher among Alaska Native adults than White adults, in 2018 there was no difference.
 - Alaska Native adults and adults with less education are less likely than their peers to meet nutrition and physical activity recommendations for good health.
- Among Alaska high school students:
 - 68% of students are in the healthy weight range, but 30% are either overweight or obese
 - As with adults, the decrease in healthy weight is due to an increase in obesity prevalence, while overweight prevalence remained the same.
 - 82% do not get the recommended 60 minutes of daily physical activity.
 - 90% are eating less than the recommended daily servings of fruit and vegetables
 - 49% drink a sugary drink every day.
 - 57% spend 3 or more hours per day using social media, watching TV, or playing video or computer games.
 - Information about school wellness policies and other school-based support for physical activity and nutrition are included in this report.
- Among Alaska students in Kindergarten through 8th grade:
 - Among K-8 students in selected school districts, 63% are in the healthy weight range.
 - There are disparities in healthy weight; White students are more likely than Alaska Native students to be in the healthy range (69% vs. 57%).
- Among Alaska 3-year-olds:
 - 38% are either overweight or obese.
 - 73% spend an hour or more each day in front of a screen.
 - 31% drink a sugary drink every day.
 - There are disparities in consumption of sugary drinks; 3-year-olds in Northern and Southwest Alaska are more likely than those in other regions to be given any sugary drinks on a given day (70-74% vs. 14-28%).

More detailed information about Alaska's youngest children can be found in the 2019 publication "[Early Childhood Physical Activity, Nutrition and Obesity Data Facts Report](#)".

II. Key Definitions

A. Classifying Weight Status

For the purposes of this report, weight status for people of at least 2 years of age is indicated by body mass index, or BMI. BMI correlates with amount of body fat and can be used to estimate risk of weight-related health problems. BMI is a useful measure because the calculation requires only height and weight, is easy to analyze, and provides a good approximation of obesity and overweight prevalence across the population.³

BMI is calculated using the formula: $\text{BMI} = \text{weight (in kg)} / [\text{height (in m)}]^2$. Classifications of *underweight*, *healthy weight*, *overweight*, and *obese* are determined by BMI levels for adults:

Weight Classification for Adults

BMI	Classification
< 18.5	Underweight
18.5 to less than 25.0	Healthy Weight
25.0 to less than 30.0	Overweight
≥ 30.0	Obese

Because children and adolescents are still growing, their weight status is determined by referencing calculated BMI to age- and sex-specific growth charts. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among a standardized set of children of the same sex and age. For 2- to 20-year-olds, the resulting percentile is used to identify weight status, according to the following:

Weight Classification for 2- to 20-Year-Olds

BMI for Age Percentile	Classification
< 5th	Underweight
5th to less than 85th	Healthy Weight
85th to less than 95th	Overweight
$\geq 95\text{th}$	Obese

Weight Classification for under 2-Years-Old

For children under 2 years of age, this report includes the classification of high weight-for-length. High weight-for-length is defined as ≥ 2 standard deviations above the sex- and age-specific median in the World Health Organization (WHO) growth standards.⁴

³ Additional information about BMI can be found at this site: <https://www.cdc.gov/healthyweight/assessing/index.html>

⁴ Information on WHO growth charts can be found at this site: https://www.cdc.gov/growthcharts/who_charts.htm

B. Race and Ethnicity

This report describes results by race and ethnicity. In surveys included here, race and ethnicity are assessed using US Census terminology. That includes the category “American Indian/Alaska Native” (AIAN). However, this report uses the term “Alaska Native” to describe respondents characterized as AIAN because the majority of Alaska residents in this group are Alaska Native.

There are some differences in how each of the four main Alaska survey data sources used in this report define race and ethnicity, as described below. More general information about the data sources is available in Section VII.

- Youth Risk Behavior Survey (YRBS) asks separate questions about race and ethnicity. Students can answer that they identify with multiple races. Students who report being AIAN, either alone or in combination with other race groups, are characterized as being “Alaska Native”, regardless of Hispanic/Latino ethnicity. Students who report being White alone, and not Hispanic/Latino, are categorized as “White.” Students who report any other combination of race and ethnicity are categorized as “Other race.”
- Behavioral Risk Factor Surveillance System (BRFSS) asks separate questions about race and ethnicity like YRBS, although BRFSS allows people who select multiple races to additionally report their “preferred” or primary race group. In this report, race and ethnicity groups are defined similarly to YRBS. BRFSS respondents who report being AIAN alone or in combination with other race groups, regardless of their Hispanic/Latino ethnicity, are characterized as being “Alaska Native”. Those who select White race alone, and not Hispanic/Latino ethnicity, are characterized as “White”. Adults who selected any other combination of race and ethnicity are categorized as “Other race”.
- The Pregnancy Risk Assessment Monitoring System (PRAMS) and Childhood Understanding Behaviors Survey (CUBS) rely on the mother’s race as reported on the birth certificate of their infant to identify the race of the child. “Alaska Native” refers to women who identify as AIAN alone or in combination with other race groups. “White” refers to women who identify as white alone. “Other” refers to women who identify as any other race than Alaska Native (alone or in combination) or White (alone). Ethnicity is not included in the PRAMS/CUBS definition of race.

C. Socio-economic Status

We also report results by socio-economic status (SES), based on information available from each survey.

- For the BRFSS data, “low income” individuals are those with resources less than or equal to 185% of the US Department of Health and Human Services (USDHHS) Federal Poverty Guidelines, and “higher income” individuals .⁵ Guidelines are based on self-reported household income and number of people in the household. More detailed information about this measure is available in Section VII.

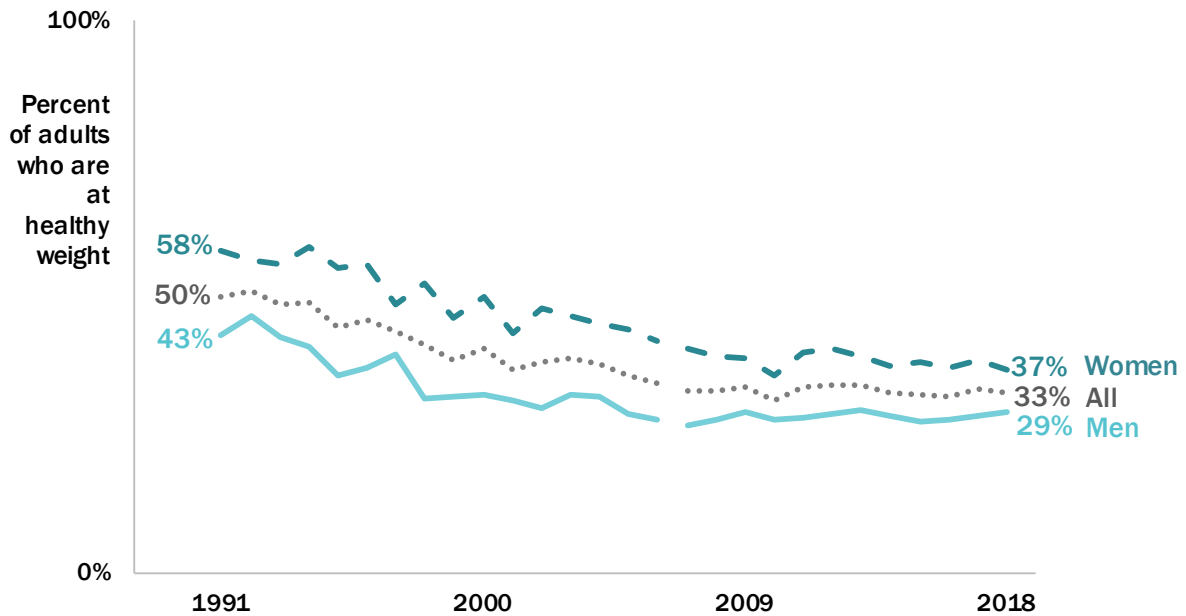
⁵ More information about the poverty guideline can be found here: <https://aspe.hhs.gov/poverty-guidelines>

- For PRAMS and CUBS data, current child enrollment in Medicaid was used as a proxy measure for SES. “Low SES” includes children enrolled in Medicaid at the time of each survey, and “higher SES” includes children not enrolled in Medicaid.
- YRBS data are not reported by any measure of SES.

III. Adults

A. Adult Weight Status

Figure 1: Trend in prevalence of healthy weight, by sex, Alaska adults, 1991-2018



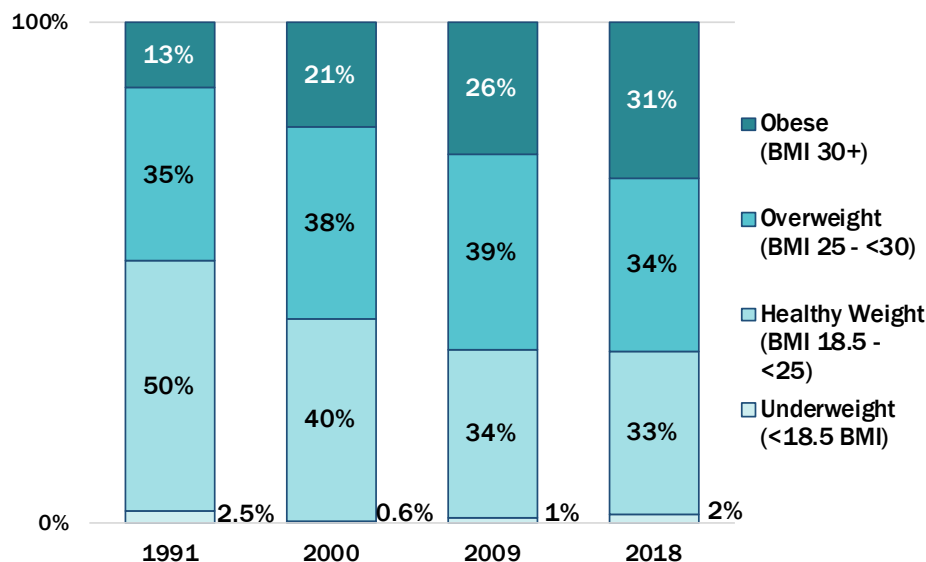
Source: AK BRFSS Combined File. Healthy weight is measured as body mass index (BMI) ≥ 18.5 and < 25.0 . Estimates for 2007 and later use raking to adjust sample data to reflect the total adult population of Alaska. See Section VII, Data Sources for more information.

- The percentage of Alaska adults who are in the healthy weight range (BMI ≥ 18.5 and < 25.0) decreased significantly from 50% in 1991 to 33% in 2018. In the past ten years (2009-2018), the trend has been flat.⁶
- This decrease occurred in both men and women, with consistently lower prevalence among men.
- The decrease in healthy weight occurred across age groups, race/ethnicity groups, region of residence, level of educational attainment and income status⁷.

⁶ The trend remained significant after controlling for age. Although obesity and overweight are higher among older adults and the overall Alaska population has been aging since 1991, that change does not account for the decline in healthy weight prevalence.

⁷ See Section VII, Data Sources for more information about subpopulation group definitions used in this report.

Figure 2: Overview of weight status changes, Alaska adults, 1991-2018



Source: AK BRFSS Combined File. Sum may not equal 100% due to rounding

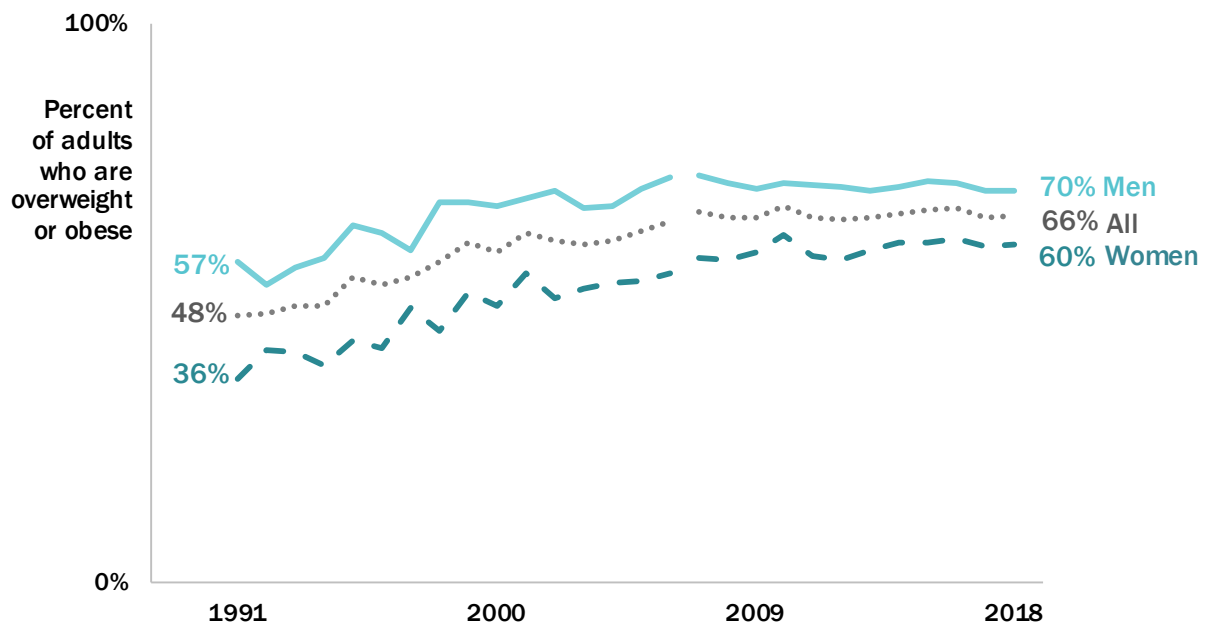
- In 2018, 2% of Alaska adults were underweight, 33% were at a healthy weight, 34% were overweight, and 31% were obese. Severe obesity (Class III, BMI ≥ 40.0) increased from 1.4% to 5.0% (data not shown).
- The decreasing trend in healthy weight is largely due to a significant increase in obesity. Adult obesity prevalence has more than doubled from 13% in 1991 to 31% in 2018, while overweight prevalence has remained relatively consistent.

Obesity Trend Statistics

- Between 1991 and 2018, adult **obesity** prevalence increased among:
 - Men (14% to 31%)
 - Women (13% to 31%)
 - Alaska Native⁸ adults (16% to 34%)
 - White (non-Hispanic) adults (13% to 30%)
 - All education groups (among adults age 25 and older):
 - a college degree or more education (9% to 28%)
 - some college or technical school training (12% to 33%)
 - a high school degree or less education (22% to 36%)
 - Adults from all income groups:
 - lower income households (17% in 1993 to 32%)
 - higher income households (13% in 1993 to 31%)

⁸ Alaska Native refers to all respondents who reported being American Indian or Alaska Native alone or in combination; see Section VII, Data Sources for more information about subpopulation definitions.

Figure 3: Trend in prevalence of overweight and obesity, by sex, Alaska adults, 1991-2018

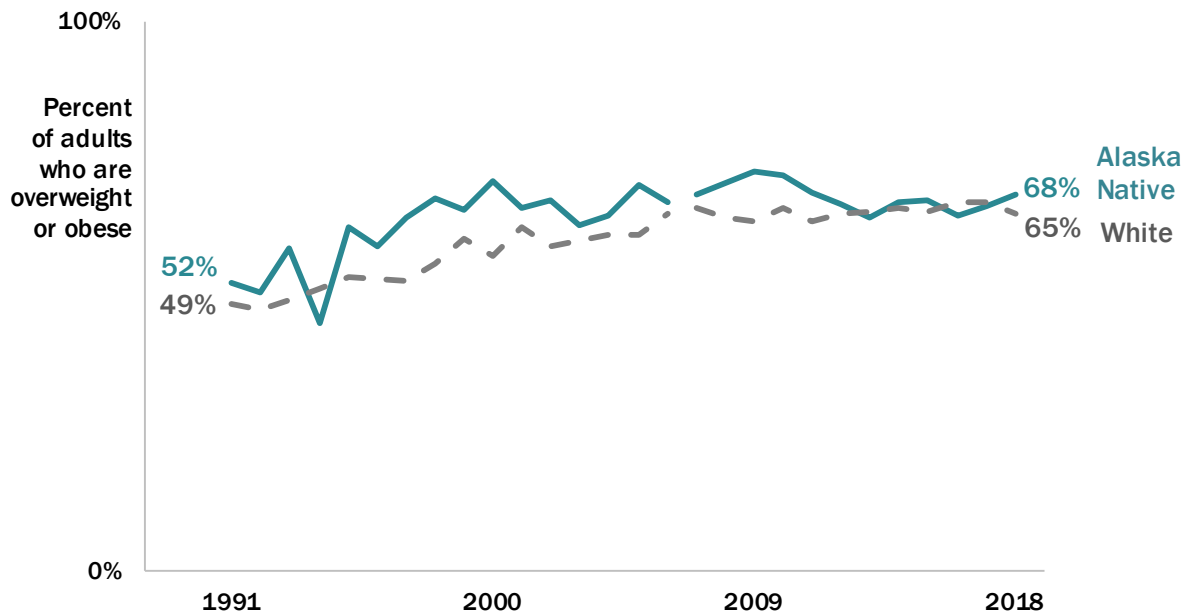


Source: AK BRFSS Combined File. Overweight/obesity is measured as ≥ 25.0 BMI. Estimates for 2007 and later use raking to adjust sample data to reflect the total adult population of Alaska. See Section VII, Data Sources for more information.

- The percentage of Alaska adults who are overweight or obese has increased from 48% in 1991 to 66% in 2018.⁹ As noted on the previous page, this increase is driven by an increase in the proportion of adults who meet the definition of obesity ($\text{BMI} \geq 30.0$).
- In 2018, men were significantly more likely than women to be overweight (39% versus 29%, respectively) but there were no significant differences in prevalence of obesity by sex (both 31%, data not shown).
- Overweight/obesity prevalence has increased among Alaska adults of all ages, from all areas of the state, across race groups, levels of educational attainment, and income status (data not shown).

⁹ In 2018, prevalence for overweight/obese is 65.5%, rounding to 66%.

Figure 4: Trend in prevalence of overweight/obesity, by race, Alaska adults, 1991-2018



Source: AK BRFSS Combined File. Overweight/obesity is measured as ≥ 25.0 BMI. Results for adults of other races not shown in trend graph due to small numbers and unstable estimates in some earlier years. Estimates for 2007 and later use raking to adjust sample data to reflect total population. See Section VII, Data Sources for more information.

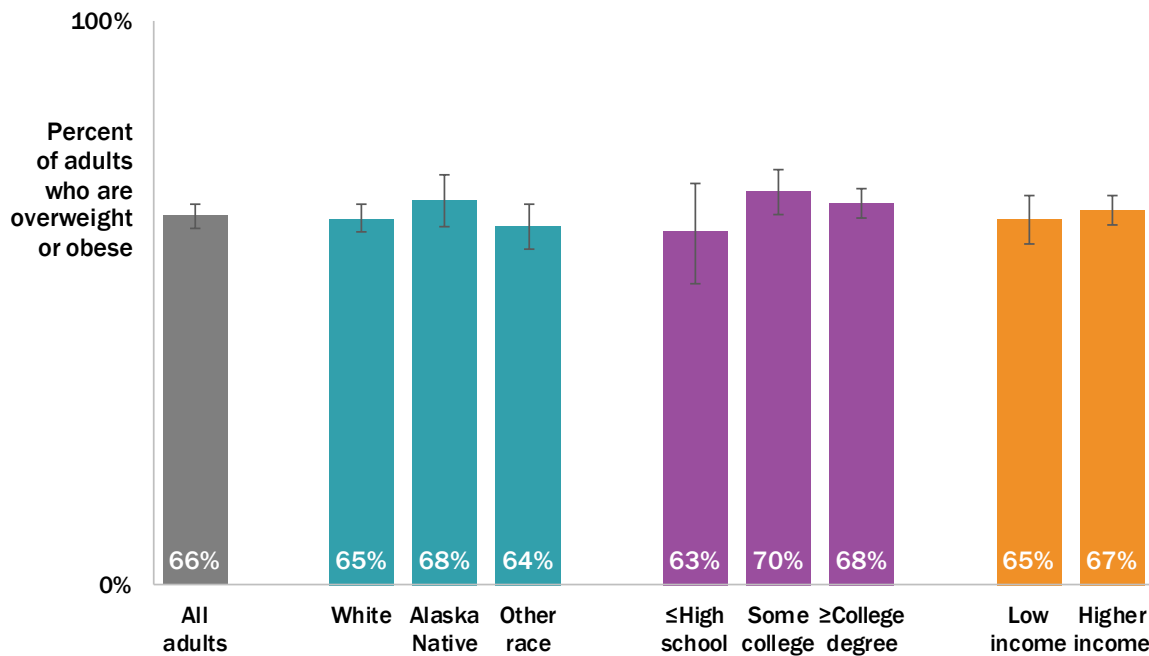
- The prevalence of overweight/obesity has increased significantly among Alaska adults in all race groups—Alaska Native adults, White adults and adults of other races combined (data not shown) since 1991, although the trend has been flat in the past 10 years. Prevalence was not significantly different for Alaska Native adults and White adults in 2018.

Combined years 2016-2018 for reporting other race groups (data not shown)

- Using combined year BRFSS 2016-2018 data, we can report estimates for other race/ethnicity groups.¹⁰ Within the other races group, overweight/obesity prevalence was significantly higher among Hawaiian/Pacific Islander adults (86%) than all other groups, and significantly lower among Asian adults (50%) than among any other race/ethnicity groups.
- In this combined year data, overweight/obesity prevalence was not significantly different between any additional race groups, including Black adults (70%), Hispanic adults (70%), Alaska Native adults (67%), and White adults (66%, data not shown).

¹⁰ Race/ethnicity categories reported in combined year data include Hispanic, Asian, African American or Black, and Hawaiian and other Pacific Islander in addition to Alaska Native and White. All races except Alaska Native are reported as non-Hispanic.

Figure 5: Overweight/obesity among Alaska adults, by demographic groups, 2018

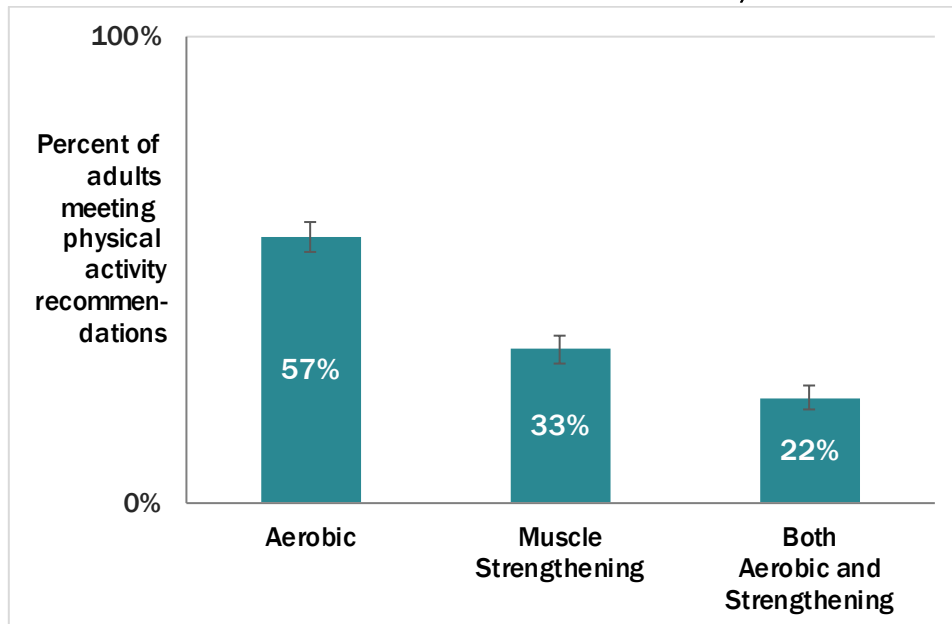


Source: AK BRFSS Combined File. Overweight/obesity is measured as ≥ 25.0 BMI. Education status is measured for those age 25 and older. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VII, Data Sources for more information.

- In 2018, prevalence of overweight/obesity was similar across demographic subgroups for race group (3 categories), education status, and household income status. There were no significant differences for these groups.
- However, there was a difference by sex. Men were more likely than women to be overweight/obese (70% vs. 60%, data not shown).
- There were no significant differences by demographic subgroups, including sex, in the prevalence of obesity alone ($\text{BMI} \geq 30.0$). While obesity prevalence has historically been significantly higher among Alaska Native adults than White adults, in 2018 there was no difference.
- Adults in Anchorage (62%) were less likely to be overweight/obese than those in Gulf Coast (70%) or Mat-Su (70%). In other regions, the prevalence ranged from 64% to 67% (data not shown).
- While the prevalence of overweight/obesity increases with age, Alaska's younger adults are also affected. About half (56%) of adults age 18 to 29 reported overweight/obese status in 2018, compared to 68% of those age 30 to 54 and 69% of those age 55 and older (data not shown).

B. Adult Physical Activity

Figure 6: Percentage of Alaska adults meeting physical activity recommendations, 2017



Source: AK BRFSS Standard File. See Section VII, Data Sources for more information about measuring physical activity.

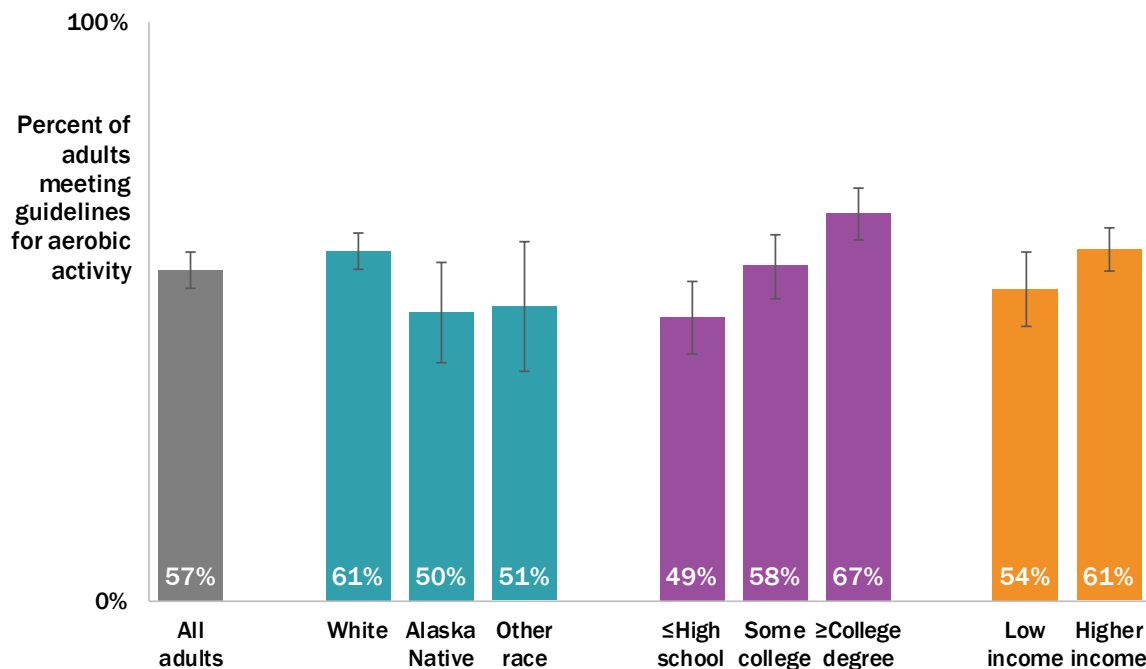
For substantial health benefits, the US Department of Health and Human Services recommends that, each week, adults need at least:

- 150 minutes of moderate-intensity aerobic activity, or 75 minutes of vigorous-intensity aerobic activity, or an equivalent combination of the two; **and**
- Muscle-strengthening activities on 2 or more days.¹¹

- In 2017, approximately 57% Alaska adults met aerobic recommendations, 33% met the muscle strengthening recommendations, and 22% met both recommendations.
- Due to changes in questions about physical activity, analysis of the trend starts with 2011. Overall, there was no significant trend in the percentage of Alaska adults meeting physical activity recommendations since 2011. However, there was a small but significant decrease in the percentage meeting muscle strengthening recommendations among White adults (36% in 2011 to 32% in 2017), as well as a decrease in the percentage who meet both aerobic and strengthening recommendations among White adults (27% to 22%) and adults with college degree or higher education (33% to 27%).

¹¹ US Department of Health and Human Services, Physical Activity Guidelines for American, 2nd edition, 2018.
<https://health.gov/our-work/physical-activity/current-guidelines>

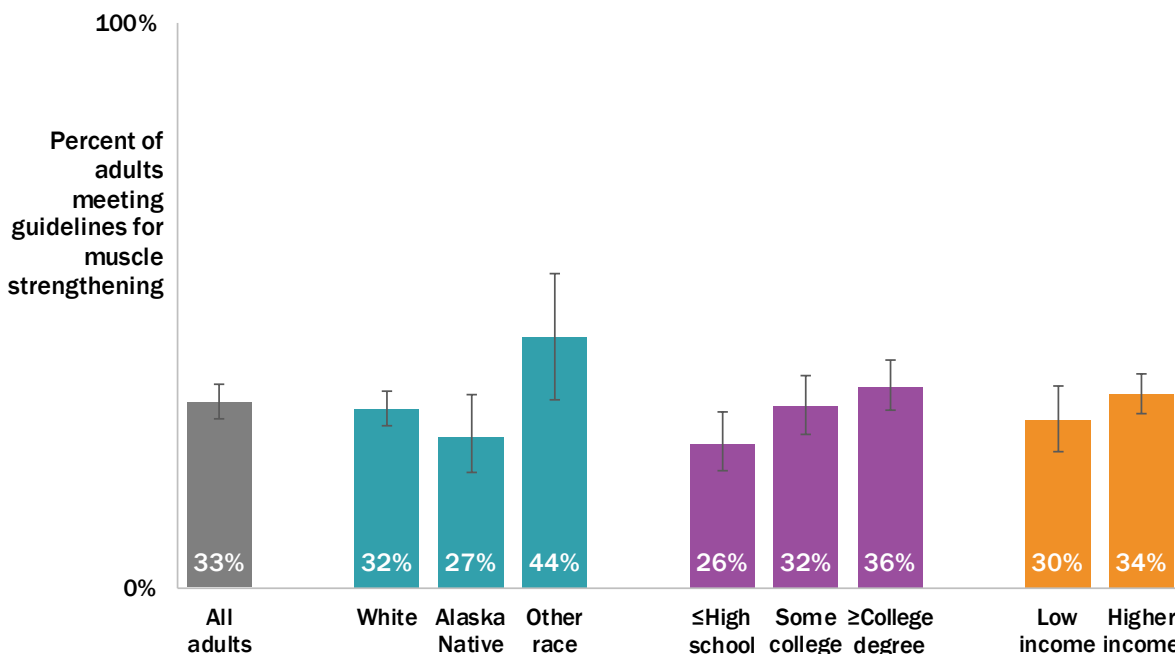
Figure 7: Percentage of Alaska adults meeting aerobic activity recommendations, by demographic groups, 2017



Source: AK BRFSS Standard File. See Section VII, Data Sources for more information about measuring physical activity. Education status is measured for those age 25 and older. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VII, Data Sources for more information.

- Disparities in meeting aerobic activity recommendations remained in 2017.
- Alaska Native adults (50%) and adults of other races (51%) were less likely to meet these guidelines than White adults (61%).
- The percentage of adults who met the recommendations increased by educational attainment. About half (49%) of adults with a high school degree or less education met aerobic guidelines, compared to 58% of those with some college and 67% of those with a college degree or higher educational attainment.
- The apparent difference by income status was not significant.
- There were no significant differences by sex or geographic region.

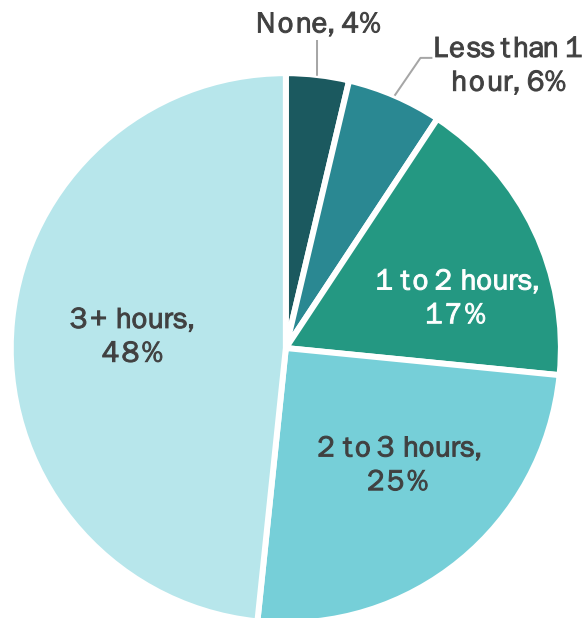
Figure 8: Percentage of Alaska adults meeting muscle strengthening activity recommendations, by demographic groups, 2017



Source: AK BRFSS Standard File. See Section VII, Data Sources for more information about measuring physical activity. Education status is measured for those age 25 and older. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VII, Data Sources for more information.

- Disparities in meeting muscle strengthening activity recommendations remained in 2017. Women (29%) were less likely than men (37%) to meet these recommendations (data not shown).
- Alaska Native adults (27%) and White Adults (32%) were significantly less likely to meet these guidelines than adults of other races (44%).
- Adults with a high school degree or less education (26%) were less likely to meet strength activity guidelines than those with a college degree or higher (36%).
- There was no significant difference by income status.
- There were no significant differences by geographic region (data not shown).

Figure 9: Number of hours of recreational screen time* per day, Alaska adults, 2017

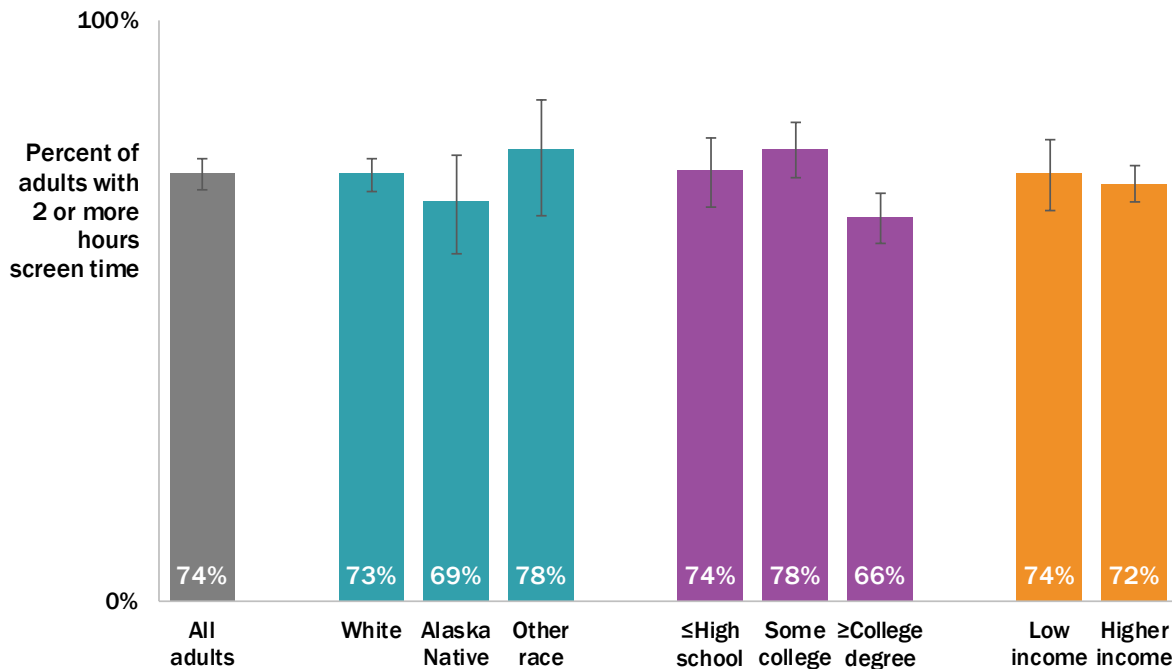


Source: AK BRFSS Standard File. Sum may not equal 100% due to rounding.

* Screen time for adults is defined as the number of hours per day outside of work spent using a computer or watching television, videos, or DVDs.

- In 2017, nearly three-quarters (74%) of adult Alaskans spent 2 or more hours in front of a screen (not including work time) per day, a significant increase since 2005 (62%).
- Nearly half of Alaska adults (48%) reported spending 3 or more hours daily on recreational screen time.
- Alaska adults with 2 or more hours of screen time per day are:
 - significantly more likely to be obese (38%) than adults with less screen time (29%).
 - significantly less likely to meet both aerobic and muscle strengthening physical activity guidelines (20%) than adults with less screen time (28%) (data not shown).

Figure 10: Percentage of Alaska adults who spend ≥ 2 hours daily on recreational screen time, by demographic groups, 2017

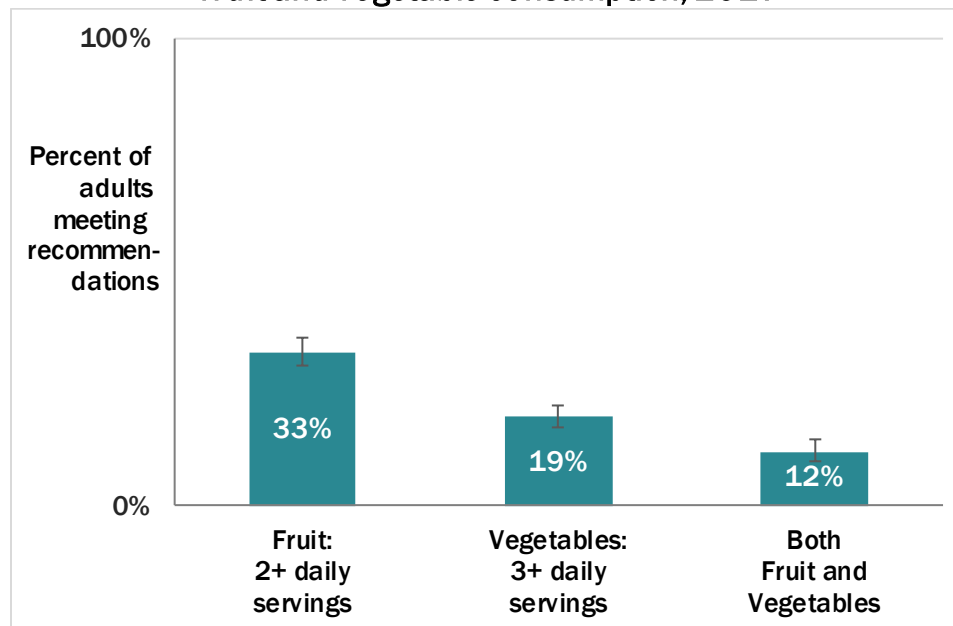


Source: AK BRFSS Standard File. Screen time for adults is defined as the number of hours per day outside of work spent using a computer or watching television, videos, or DVDs. Education status is measured for those age 25 and older. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VII, Data Sources for more information.

- Recreational screen time increased among most demographic groups between 2005 and 2017. In 2017, nearly three quarters of Alaska adults (74%) reported a daily average of 2 or more hours of screen time, compared to 62% in 2005 (data not shown).
- There were few disparities by demographic groups.
- Screen time prevalence was different by each level of education. Adults with some college (88%) were most likely to spend 2 or more hours daily on recreational screen time, followed by those with a high school degree or less education (74%), and those with a college degree or higher (66%).
- There was no significant difference in screen time prevalence by income status.
- Adults in Interior Alaska (69%) and Mat-Su (70%) were less likely to report spending 2 or more hours daily on recreational screen time than those in Northern Alaska (83%). Prevalence in other regions ranged from 73% to 76% (data not shown).

C. Adult Nutrition

Figure 11: Percentage of Alaska adults meeting recommendations for fruit and vegetable consumption, 2017

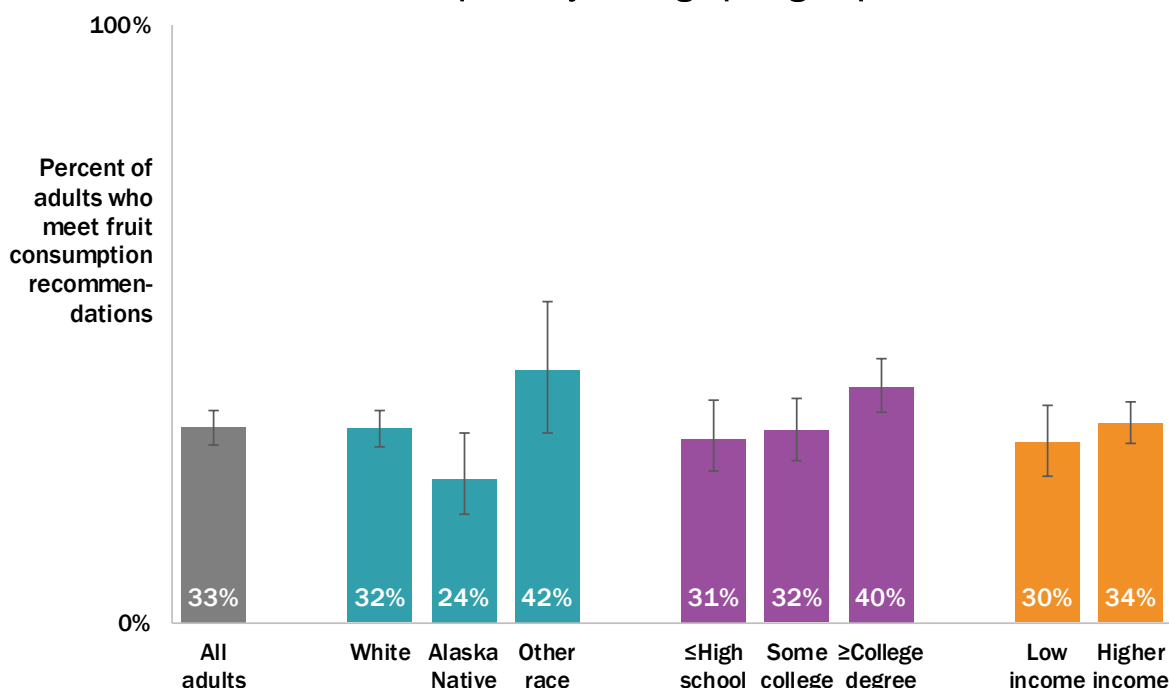


Source: AK BRFSS Standard File.

- Only 12% of Alaska adults consumed both the recommended daily servings of fruit (two or more a day) and vegetables (three or more a day) in 2017. This means that 88% of Alaska adults do not eat enough fruit and vegetables on a daily basis.
- The prevalence for meeting recommendations for both fruit and vegetable daily servings has remained near this level over the past decade. However, due to changes in questions about vegetable consumption, we cannot determine if there is any trend for vegetable consumption or the combined fruit and vegetable recommendation.
- Fruit consumption includes servings of whole fruits as well as 100% fruit juice. Although the percentage of adults who met the overall fruit servings recommendation did not change significantly between 2005 to 2017, the proportion achieved by eating whole fruits increased. The percentage of adults who had 2 or more daily whole fruit servings increased over time from 19% in 2005 to 27% in 2017 (data not shown). In the same time period, the percentage of adults drinking 2 or more servings of 100% fruit juice decreased from 13% to 3%.
- Research supports a connection between access to healthy food and increased consumption of fruits and vegetables.¹²

¹² Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables. Atlanta: U.S. Department of Health and Human Services; 2011.

Figure 12: Percentage of Alaska adults who meet recommendations for fruit consumption, by demographic groups, 2017

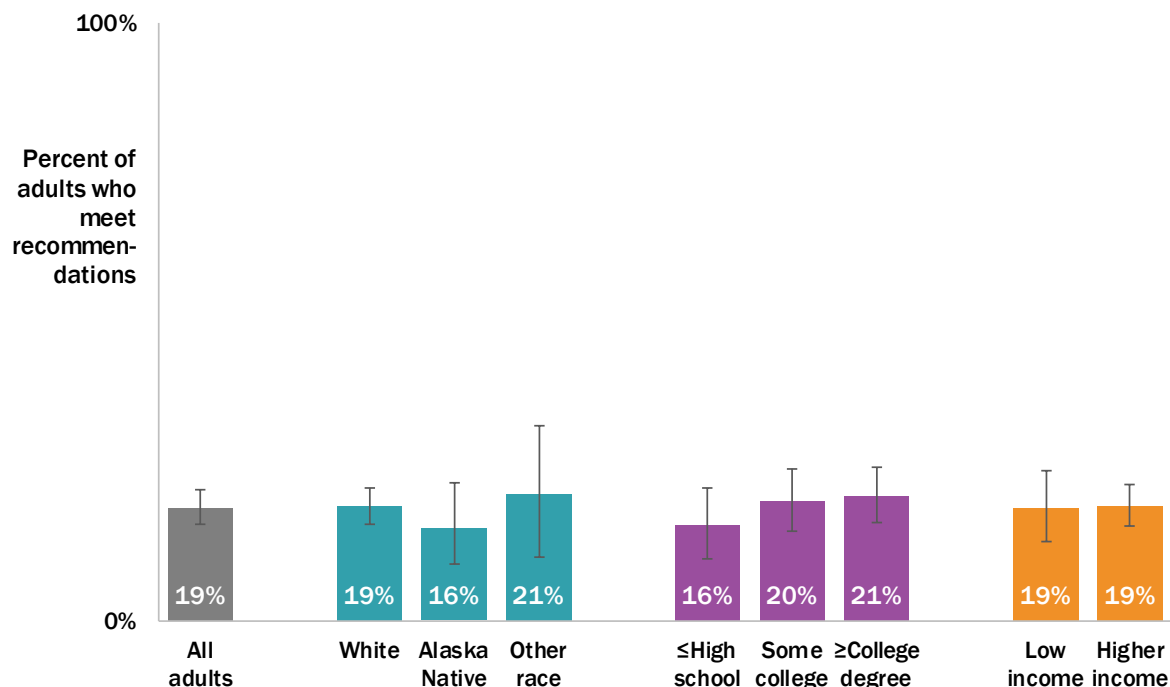


Source: AK BRFSS Standard File. Education status is measured for those age 25 and older. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VII, Data Sources for more information.

Health disparities exist in meeting recommendations for fruit consumption:

- Men (27%) were less likely than women (39%) to get the recommended average daily 2 or more servings of fruit (data not shown).
- Alaska Native adults (24%) were less likely to meet these fruit consumption guidelines than White adults (32%) and adults of other races (42%).
- Adults with a high school degree or less (31%) and those with some college (32%) were less likely to meet fruit consumption guidelines than adults with a college degree or higher (40%). There was no significant difference by income status.
- Adults in Northern Alaska (19%) were significantly less likely to consume 2 or more fruit servings daily than adults in Anchorage, Gulf Coast, Interior and Southeast Alaska (33-37%). Adults in Mat-Su were significantly less likely to meet fruit consumption guidelines than those in Interior Alaska (28% vs. 37%) (data not shown).
- The proportion of adults getting 2 or more fruit servings decreased in Northern Alaska from 27% in 1991 to 19% in 2017. Consumption also decreased among Alaska Native adults from 30% in 1991 to 24% in 2017 (data not shown).

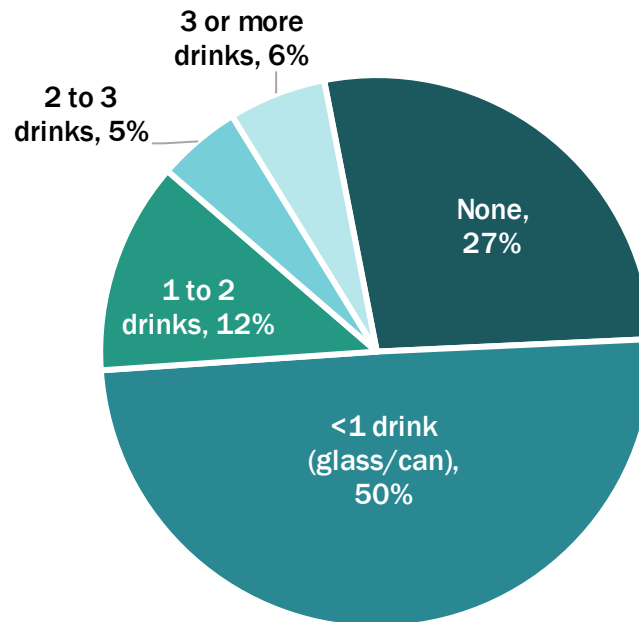
Figure 13: Percentage of Alaska adults who meet recommendations for vegetable consumption, by demographic groups, 2017



Source: AK BRFSS Standard File. Education status is measured for those age 25 and older. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VII, Data Sources for more information.

- There were no significant differences in meeting vegetable consumption guidelines by race group, education or income status.
- Adults in Southwest Alaska (9%) were significantly less likely to eat 3 or more vegetable servings daily than adults in any other region except Northern Alaska (18%); other regions ranged from 16-21%. Vegetable consumption decreased across all regions (data not shown).
- Men (16%) were less likely than women (22%) to eat the recommended average daily 3 or more servings of vegetables (data not shown).

Figure 14: Average number of sugary drinks (cans/glasses) consumed per day, Alaska adults, 2017



Source: AK BRFSS Standard File. Sum may not equal 100% due to rounding.

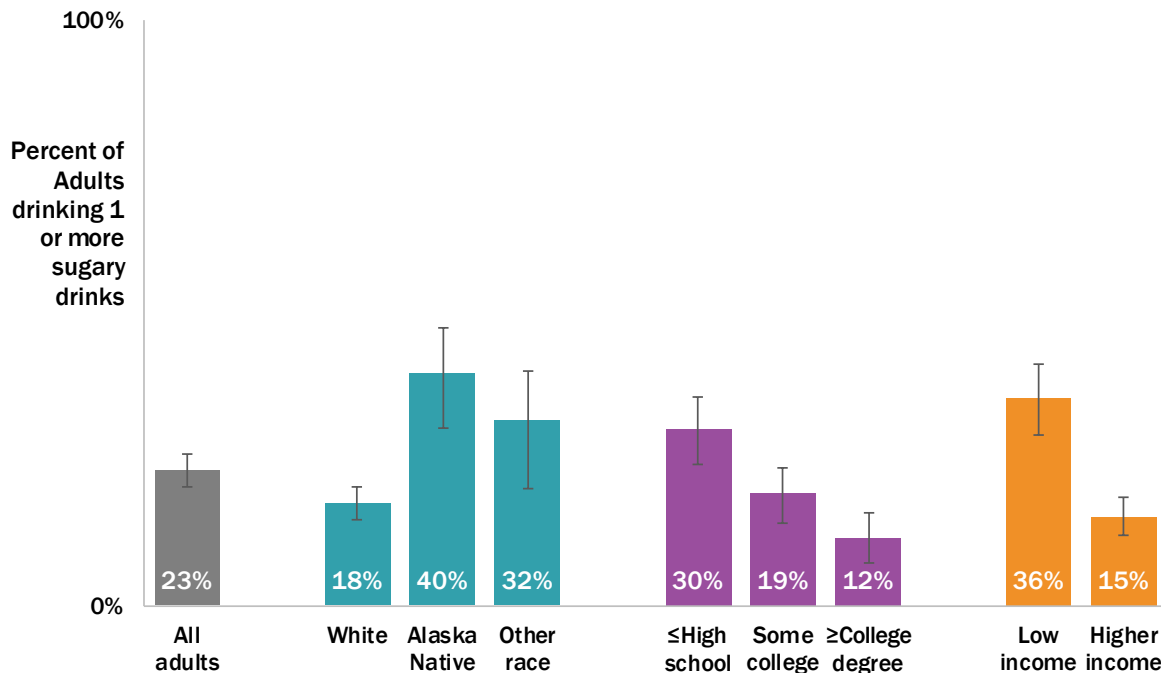
Note: the 1 to 2 drinks group includes adults who consume at least 1 to less than 2 sugary drinks daily, etc.

The 2015-2020 Dietary Guidelines for Americans recommend that less than 10% of calories come from added sugar. This means that even one sugary drink a day puts most people near their limit of added sugar for the day increasing their risk of certain diseases. These recommendations aim to promote health, prevent chronic disease, and help people reach and maintain a healthy weight.¹³

- Overall, 23% of Alaska adults consumed 1 or more sugary drinks daily in 2017, including sugar-sweetened sodas as well as non-carbonated beverages.
- Adults in Northern Alaska (67%) were significantly more likely than those in all other regions to drink 1 or more sugary drinks daily. Prevalence in other regions ranged from 18% to 28% (data not shown).
- Due to changes in questions about sugary drinks we can only examine the trend since 2013. There was no significant change in sugary drink consumption overall since 2013, but the percentage of Alaska adults drinking 1 or more sweetened sodas has decreased.

¹³ 10. U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary guidelines for Americans. <https://health.gov/dietaryguidelines/2015/>. Published December 2015. Accessed May 11, 2017.

Figure 15: Percentage of Alaska adults who drink 1 or more sugary drinks daily, by demographic groups, 2017



Source: AK BRFSS Standard File. Education status is measured for those age 25 and older. Low income is defined as less than or equal to 185% of poverty guideline as the cut-point; see Section VII, Data Sources for more information.

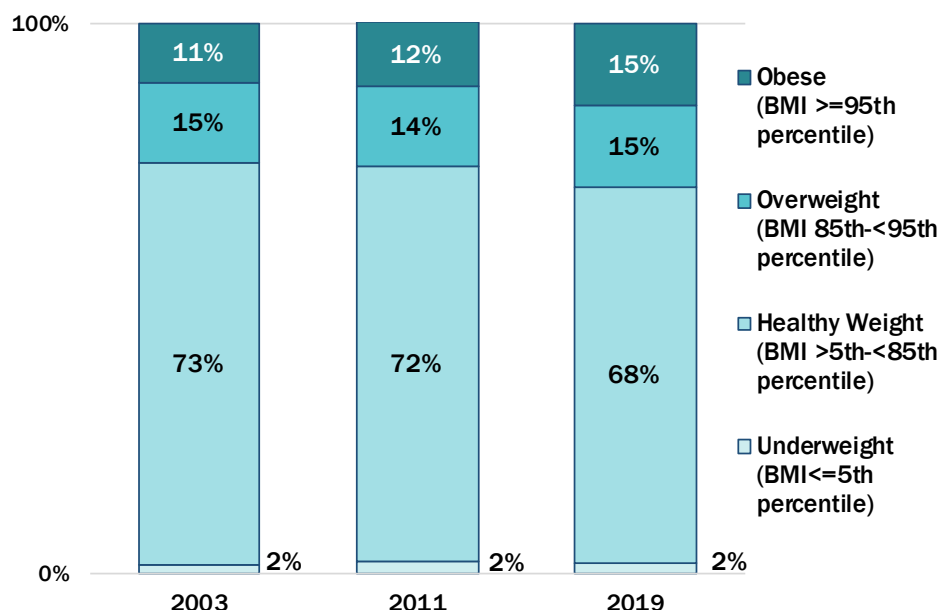
Health disparities exist in sugary drink consumption:

- Prevalence of sugary drink consumption varied by demographic groups. Men were significantly more likely than women to consume at least 1 sugary drink each day (28% versus 18%, respectively), and to consume 3 or more sugary drinks each day (7% versus 4%, respectively) (data not shown).
- Alaska Native adults (40%) and adults from other races (32%) were more likely to drink 1 or more sugary drinks daily than White adults (18%).
- Sugary drink consumption decreased by educational attainment. Adults with a high school degree or less (30%) were most likely to drink 1 or more sugary drinks daily, followed by those with some college education (19%), and those with a college degree or higher (12%).
- Adults living in low income households were more likely to drink sugary drinks than those living in higher income households (36% vs. 15%).

IV.Children and Adolescents

A. Weight Status of Children and Adolescents

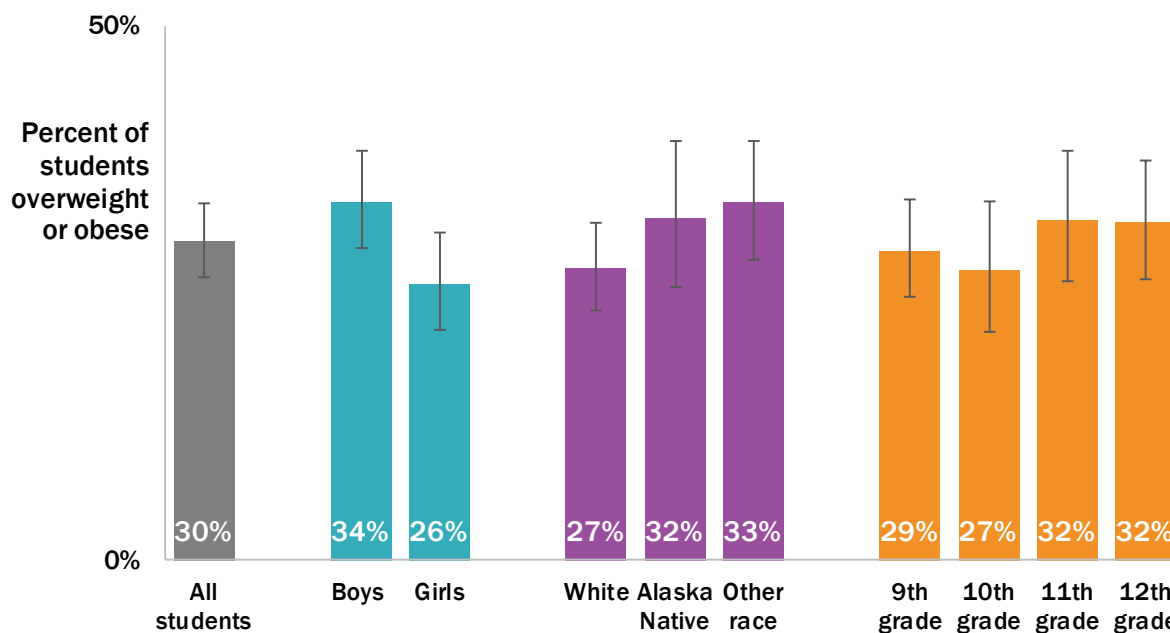
Figure 16: Overview of weight status changes among Alaska high school students, 2003, 2011 and 2019



Source: AK YRBS Statewide Traditional High School data. Sums may not equal 100% due to rounding

- In the graph above, we present information from 2003 (the first year for which we have Alaska weight status data from YRBS), 2011 and 2019, although trend reporting is from 2007 to 2019.
- In 2019, about 2% of Alaska high school students were underweight, 68% were at a healthy weight, 15% were overweight, and 15% were obese.
- 5% of Alaska high school students qualify as “severely obese,” defined for adolescents as a BMI over 120% of the 95th percentile in 2019 (data not shown).
- As with the adult trends, the decrease in healthy weight was due to an increase in obesity prevalence, while overweight prevalence remained the same.
- Among Alaska high school students, healthy weight decreased from 71% in 2007 to 68% in 2019, while obesity increased from 11% in 2007 to 15% in 2019 (2007 data not shown).

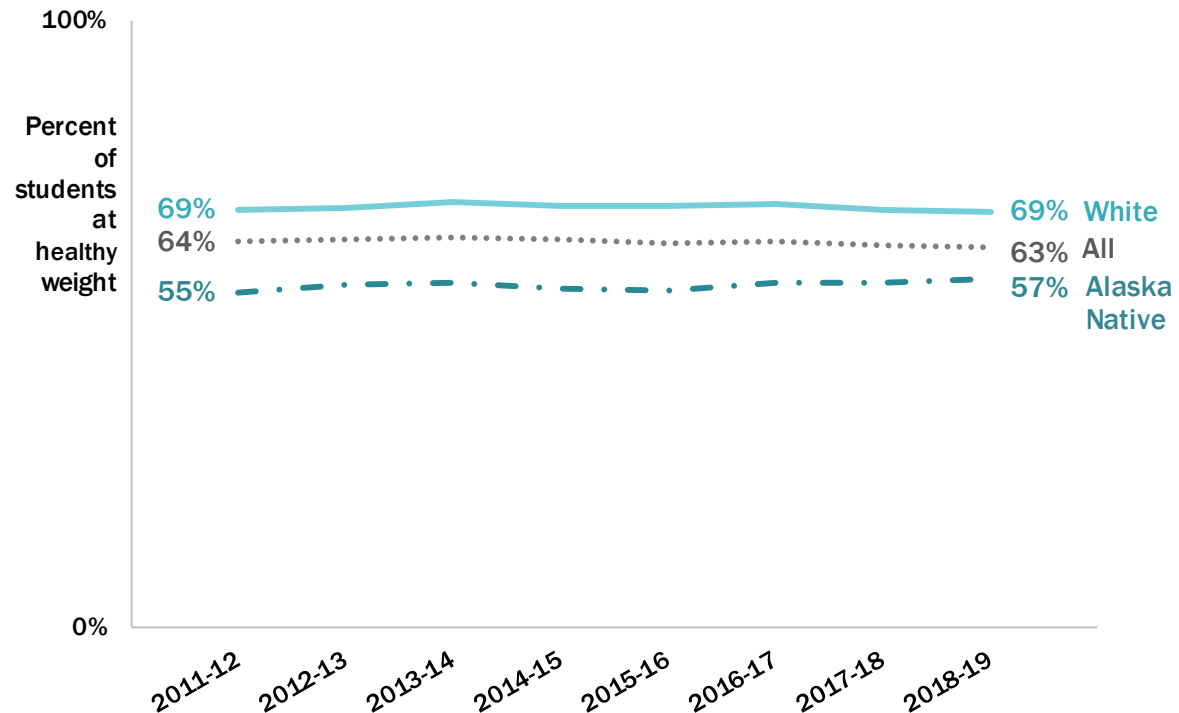
Figure 17: Overweight/obesity prevalence among Alaska high school students, by demographic groups, 2019



Source: AK YRBS Statewide Traditional High School data. Overweight/obesity is measured as $\geq 85^{\text{th}}$ percentile of BMI for age group. In this report, we use Alaska Native to refer to students who reported they are Alaska Native or American Indian. See Section VII, Data Sources for more information about how race subgroups are defined.

- In 2019, prevalence of overweight/obesity among Alaska high school students was different by sex; boys were significantly more likely than girls to be overweight/obese (34% vs. 26%).
- There were no significant differences in overweight/obesity prevalence by race group or by grade level.

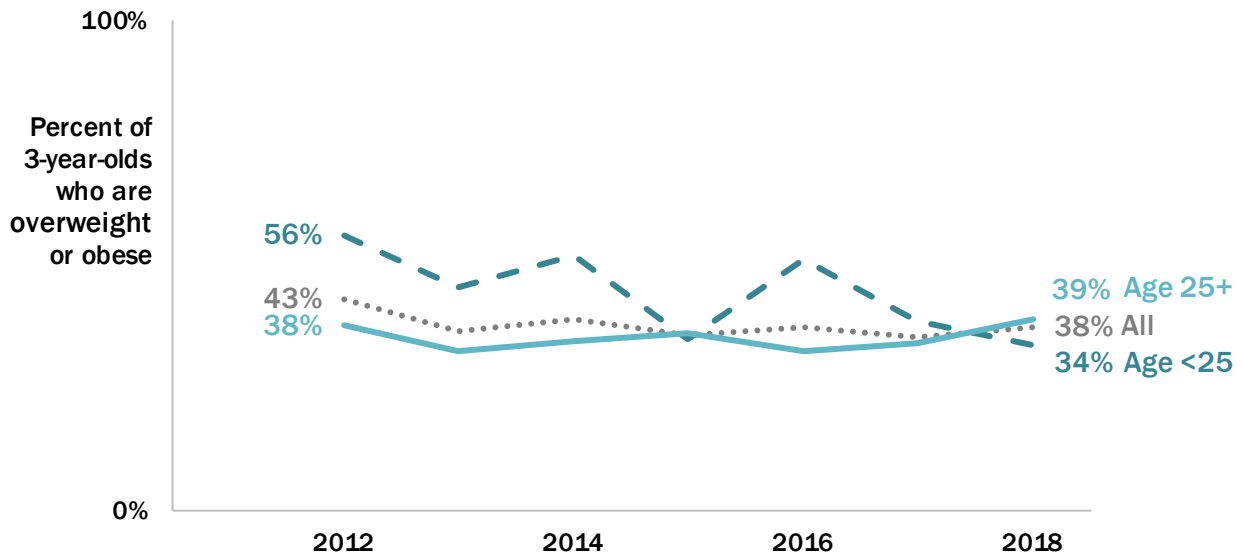
Figure 18: Trend in percent of students in kindergarten through 8th grade who are at Healthy Weight, by school years 2011-12 through 2018-19



Source: AK SWSSS; “K-8 combined” is K, 1, 3, 5, and 7th grade students; Anchorage, Kenai and Mat-Su school districts combined. Healthy weight is measured as 5th percentile to less than 85th percentile of BMI for age and sex.

- The Healthy Alaskans 2030 objective is to increase the proportion of children (K-8 students) who are at a healthy weight. Beginning in 2020-2021 school year, the Healthy Alaskans 2030 weight status objective has a few changes.
 - HA2030 has a single objective focusing on increasing the percent of students at a healthy weight (rather than two separate indicators on decreasing overweight and obesity).
 - The statewide childhood healthy weight objective will now include Kenai Peninsula Borough School District students in addition to those in Anchorage and the Mat-Su.
 - The measure will still be focused on Alaska K-8 students (using measurements of students in K, 1, 3, 5 and 7).
- The prevalence of healthy weight among K-8 students has not changed overall or by race group since the 2011-12 school year, the starting point for measurement in three school districts (Anchorage, Mat-Su and Kenai).
- White K-8 students are more likely than Alaska Native K-8 students to be in the healthy weight range (69% vs. 57%).

Figure 19. Trend in overweight/obesity prevalence among Alaska 3-year-olds, by mother's age at birth of child, 2012-2018

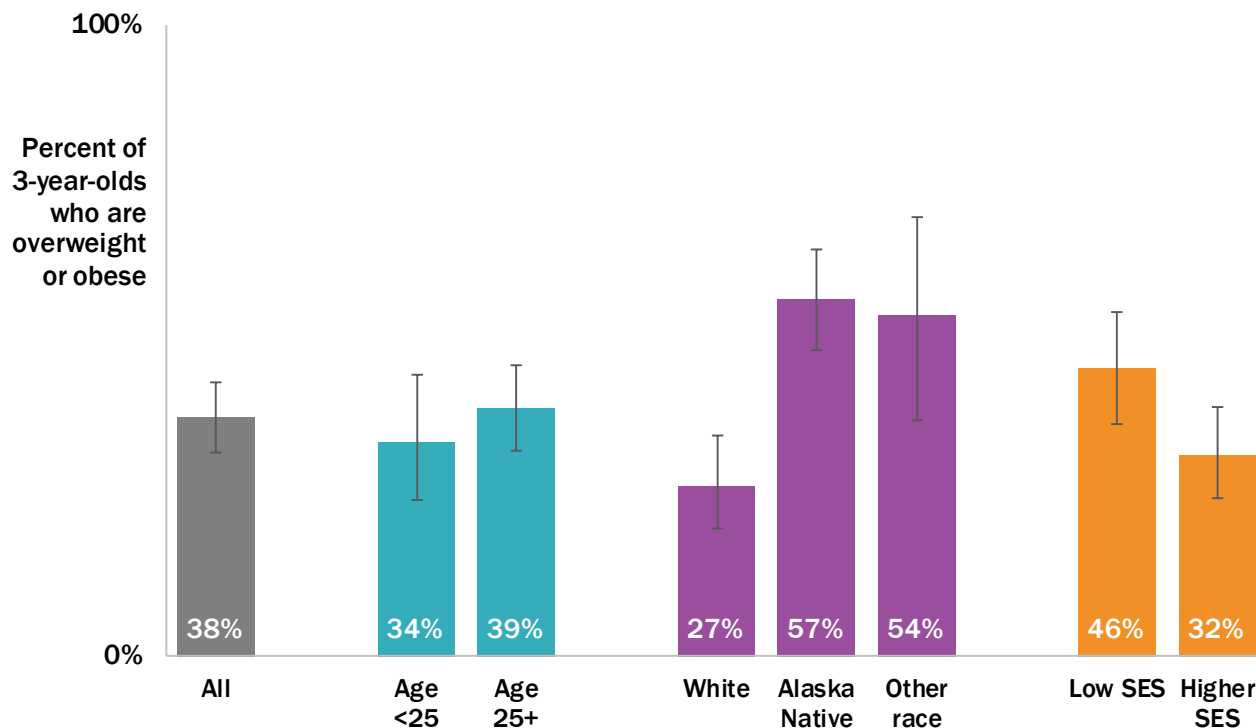


Source: Alaska Childhood Understanding Behaviors Survey (CUBS)
Overweight/obesity: 85th percentile and higher of BMI for age and sex

- Between 2012 and 2018, the percentage of 3-year-olds who were overweight or obese remained relatively consistent overall and among children whose mothers were age 25 or older when they were born.
- However, there was a significant decrease in overweight/obesity among 3-year-olds born to mothers who were under age 25; the percentage who were overweight or obese dropped from 56% in 2012 to 34% in 2018.
- During 2010 to 2016, a study of children aged 2 to 4 years enrolled in the WIC program showed a small but significant decrease in obesity in Alaska, from 21.2% in 2010 to 19.8% in 2016 (data not shown).¹⁴
- However, Alaska stands out in the fifty states as having a higher prevalence of early childhood obesity among WIC enrollees. In 2010, only 3 states/territories were reporting early childhood obesity prevalence greater or equal to 20% (Alaska, Puerto Rico, and Virginia). In 2016, Alaska was only state with a prevalence above 18% (data not shown).¹³

¹⁴ Pan L, Blanck H, Park S, et al. State-specific prevalence of obesity among children aged 2–4 years enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children—United States, 2000–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:1057–61.

Figure 20. Overweight/obesity prevalence among Alaska 3-year-olds, by maternal demographic groups, 2018

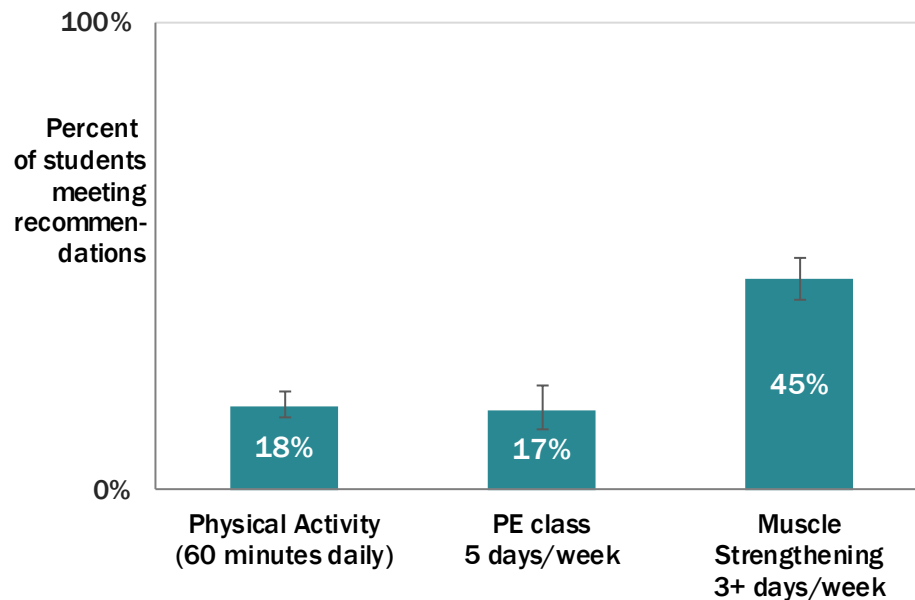


Source: Alaska Childhood Understanding Behaviors Survey (CUBS)
 Overweight/obesity: 85th percentile and higher of BMI for age and sex
 Current child enrollment in Medicaid was used as a proxy measure of low socioeconomic status (SES).

- Disparities exist in overweight/obesity prevalence among Alaska 3-year-olds in 2018:
 - Overweight/obesity prevalence was significantly lower among 3-year-old children of White mothers than among children of Alaska Native / American Indian mothers.
 - 3-year-old children in low-SES families had a significantly higher prevalence of overweight/obesity than children in higher-SES families.

B. Physical Activity among Children and Adolescents

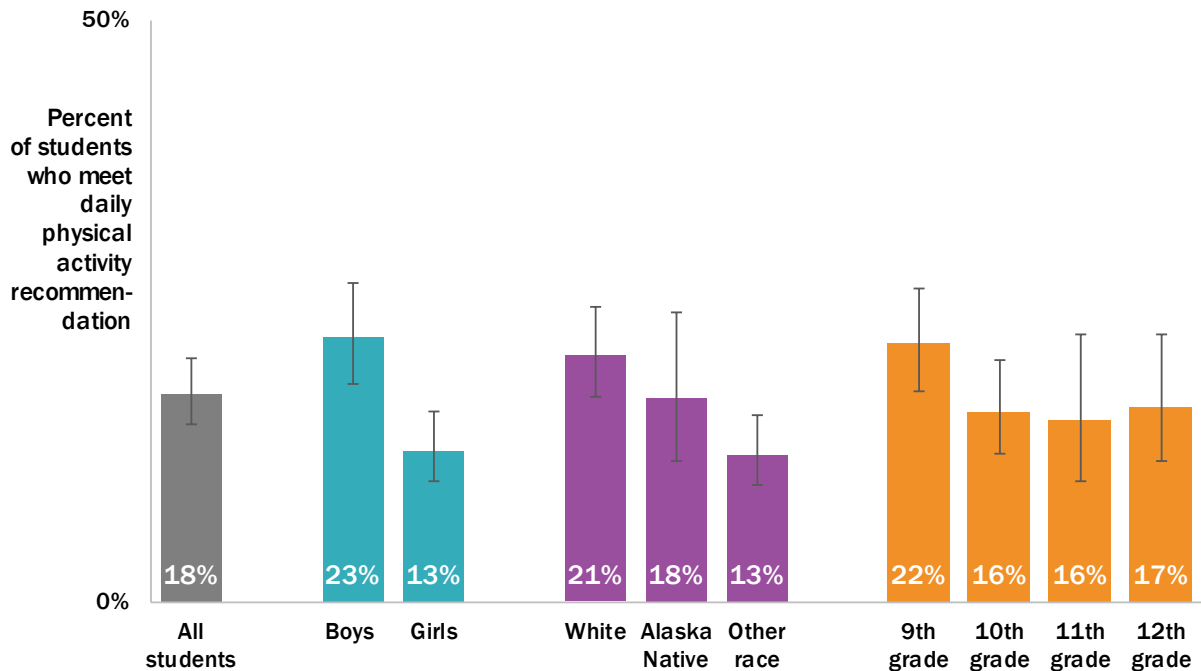
Figure 21: Percentage of Alaska high school students meeting selected physical activity recommendations, 2019



Source: AK YRBS Statewide Traditional High School data.

- Increasing the proportion of adolescents (high school students in grades 9-12) who participate in at least 60 minutes of daily physical activity (as outlined in the 2018 US DHHS updated Physical Activity Guidelines) is a Healthy Alaskans 2030 objective.
- Only 18% of Alaska high school students were getting the recommended daily 60+ minutes of physical activity, and this proportion has not changed significantly since 2007, and is not different from when the question was first asked in the 2003 AK YRBS.
- In 2019, only 17% of Alaska high school students reported having a physical education (PE) class 5 days a week when they are in school. This percentage is lower than that from 1995 (27%) but has not changed significantly between 2007 and 2019.
- The US DHHS Physical Activity Guidelines recommend that as part of their 60 minutes or more of daily physical activity, children and adolescents should include muscle-strengthening activity on at least 3 days a week. Nearly half (45%) of Alaska high school students reported doing exercises like push-ups, sit-ups, or weightlifting to strengthen or tone their muscles, on 3 or more days a week.
- Only 14.5% of Alaska high school students met both the aerobic and muscle-strengthening guidelines noted above (data not shown).

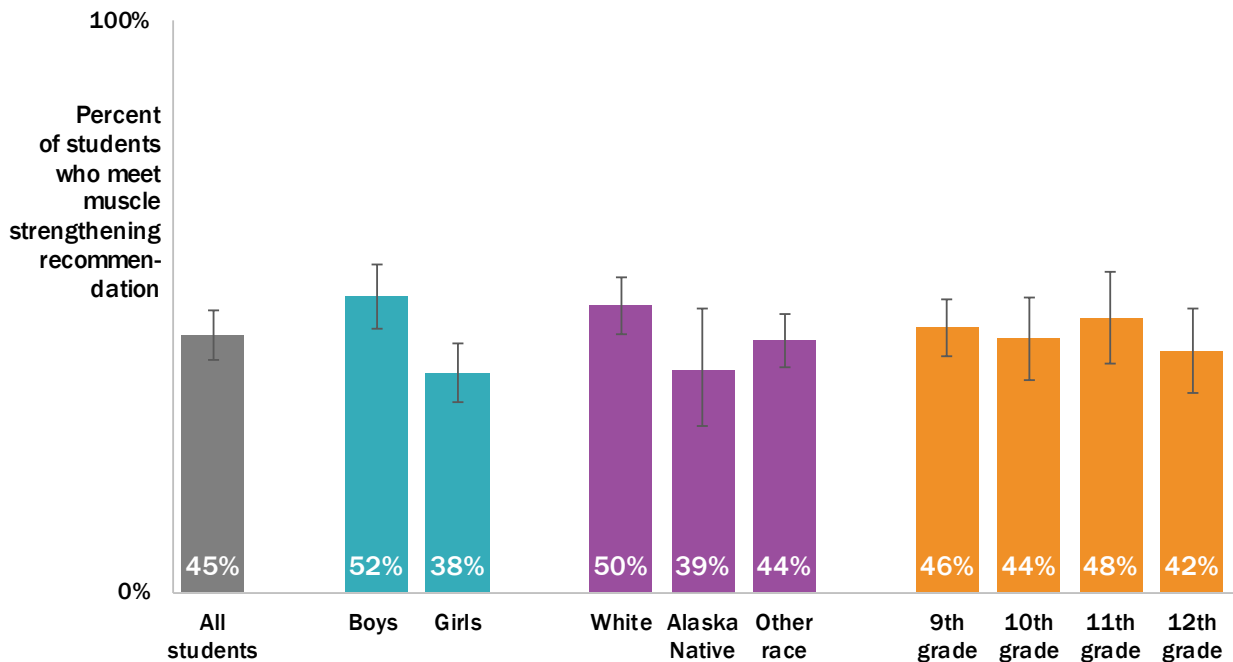
Figure 22: Percentage of Alaska high school students participating in daily physical activity for 60 or more minutes, by demographic groups, 2019



Source: AK YRBS Statewide Traditional High School data. See Section VII, Data Sources for more information about how race subgroups are defined.

- Alaska high school boys were more likely than high school girls to get 60 or more minutes of daily physical activity (23% versus 13%).
- White students were more likely to get the recommended amount of activity than non-Native students of other races (21% versus 13%), but there was not a significant difference between Alaska Native and White students.
- Ninth graders (22%) were more likely to meet the daily physical activity recommendation than 10th thru 12th graders combined (22% versus 16%, data not shown for combined grades).
- Although 92% of Alaska high schools require physical education for ninth graders, only 74% require physical education in the twelfth grade. (2018 AK School Health Profiles, data not shown).

Figure 23: Percentage of Alaska high school students participating in muscle strengthening activity 3+ days per week, by demographic groups, 2019

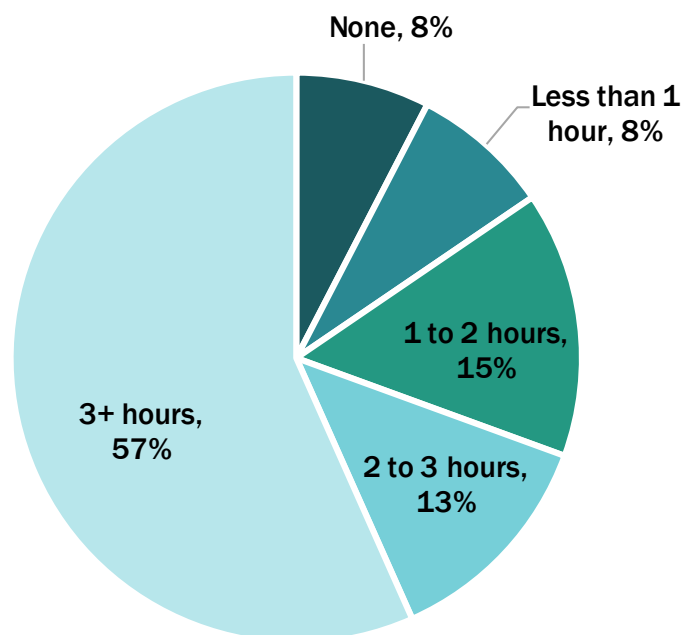


Source: AK YRBS Statewide Traditional High School data. See Section VII, Data Sources for more information about how race subgroups are defined.

The US DHHS Physical Activity Guidelines recommend that as part of their 60 minutes or more of daily physical activity, children and adolescents should include muscle-strengthening activity on at least 3 days a week.

- Nearly half (45%) of Alaska high school students reported doing exercises like push-ups, sit-ups, or weightlifting to strengthen or tone their muscles, on 3 or more days a week.
- Alaska high school boys (52%) were more likely than high school girls (38%) to participate in muscle strengthening exercise like push-ups, sit-ups or weightlifting, 3 or more times a week.
- There were no significant differences by race group or grade level.

Figure 24: Percentage of Alaska high school students by non-academic screen time spent per day, 2019



Source: AK YRBS Statewide Traditional High School data. Sum may not equal 100% due to rounding.

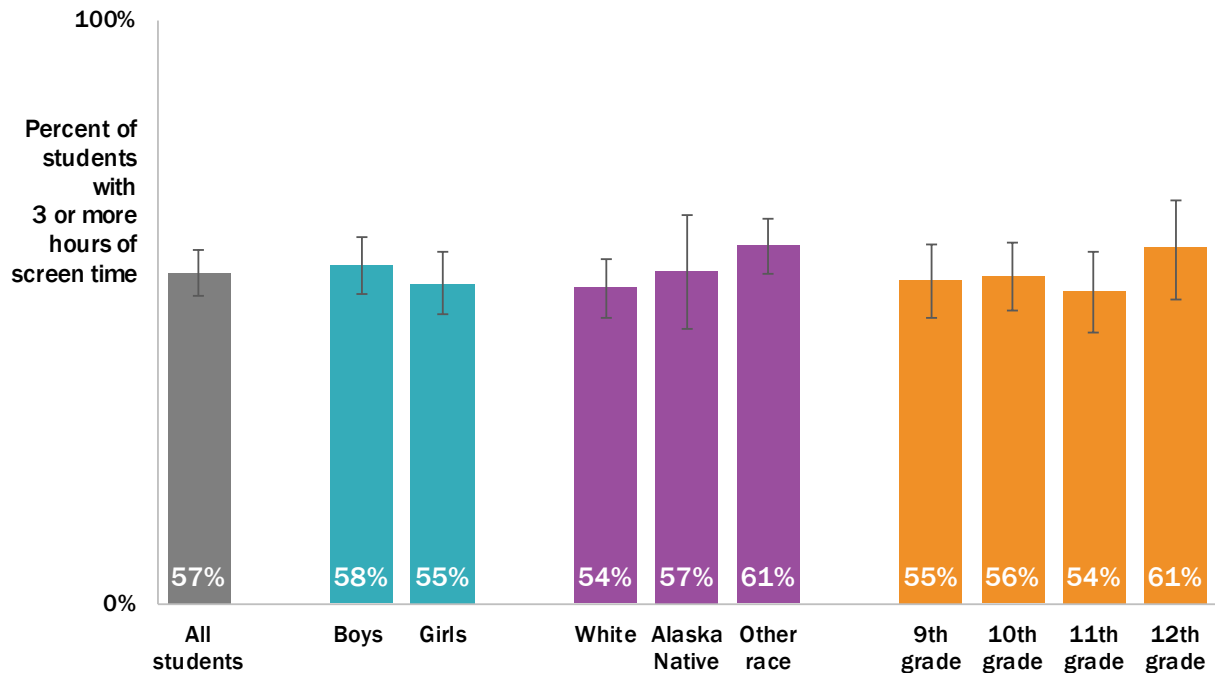
* Non-Academic screen time for high school youth is defined as the number of hours on an average school day that are spent watching television, playing video or computer games, or using a computer for something other than school work (e.g., Xbox, PlayStation, a tablet, a smartphone, texting, YouTube, social media).

The American Academy of Pediatrics recommends that school-aged children and adolescents have 2 hours or less of sedentary screen time daily.¹⁵

- In 2019, seven out of ten Alaska high school students (70%) spent 2 or more hours in front of a screen (not including school time) per day.
- Nearly six in ten (57%) reported spending 3 or more hours daily on non-academic screen time.

¹⁵ AAP Council on Communication and Media. Media Use in School-Aged Children and Adolescents. *Pediatrics*. 2016; 138(5):e20162592.

Figure 25: Percentage of Alaska high school students who spend ≥ 3 hours daily on non-academic screen time, by demographic groups, 2019

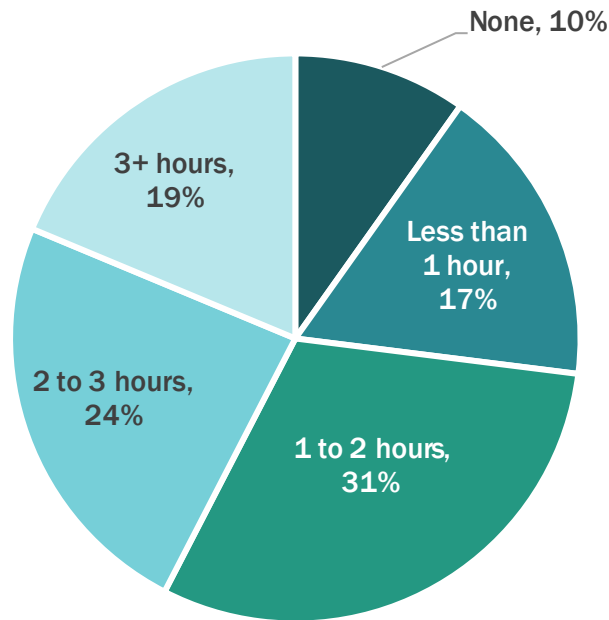


Source: AK YRBS Statewide Traditional High School data. See Section VII, Data Sources for more information about how race subgroups are defined.

Non-academic screen time for high school students is defined as the number of hours on an average school day that are spent watching television, playing video or computer games, or using a computer for something other than school work (e.g., Xbox, PlayStation, a tablet, a smartphone, texting, YouTube, social media).

- There were few significant disparities by demographic groups.
- There was no difference between boys and girls, grades in school, or between White students and Alaska Native students. White students were less likely to spend 3 or more hours in non-academic screen time than non-Native students of other races (54% versus 61%).

**Figure 26: Dailytime spent in front of a screen,
3-year-olds, Alaska, 2016-2018**



Source: Alaska Childhood Understanding Behaviors Survey (CUBS). Sum may not equal 100% due to rounding.

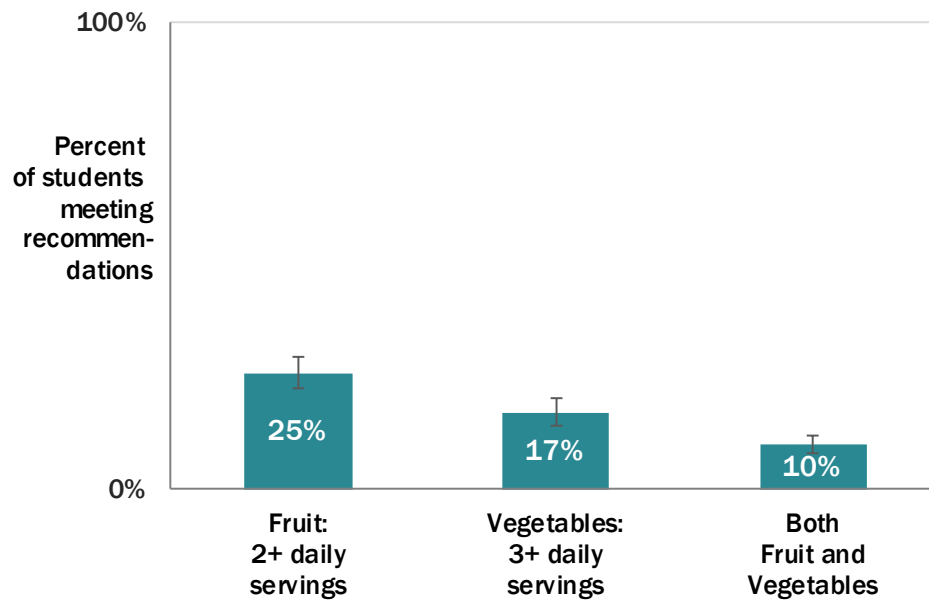
The American Academy of Pediatrics recommends limiting young children's total screen time to no more than 1 hour of quality programming per day.¹⁶

- Only 27% of Alaska 3-year-olds may be meeting this recommendation (the CUBS survey does not assess whether time in front of the screen is 'quality programming').
- 73% of Alaska 3-year-olds had an hour or more of screen time (watching television, videos, movies, or playing video games) on an average day.

¹⁶American Academy of Pediatrics Council on Communications and Media. Media and Young Minds. Pediatrics. 2016; 138(5):e20162591.

C. Nutrition among Children and Adolescents

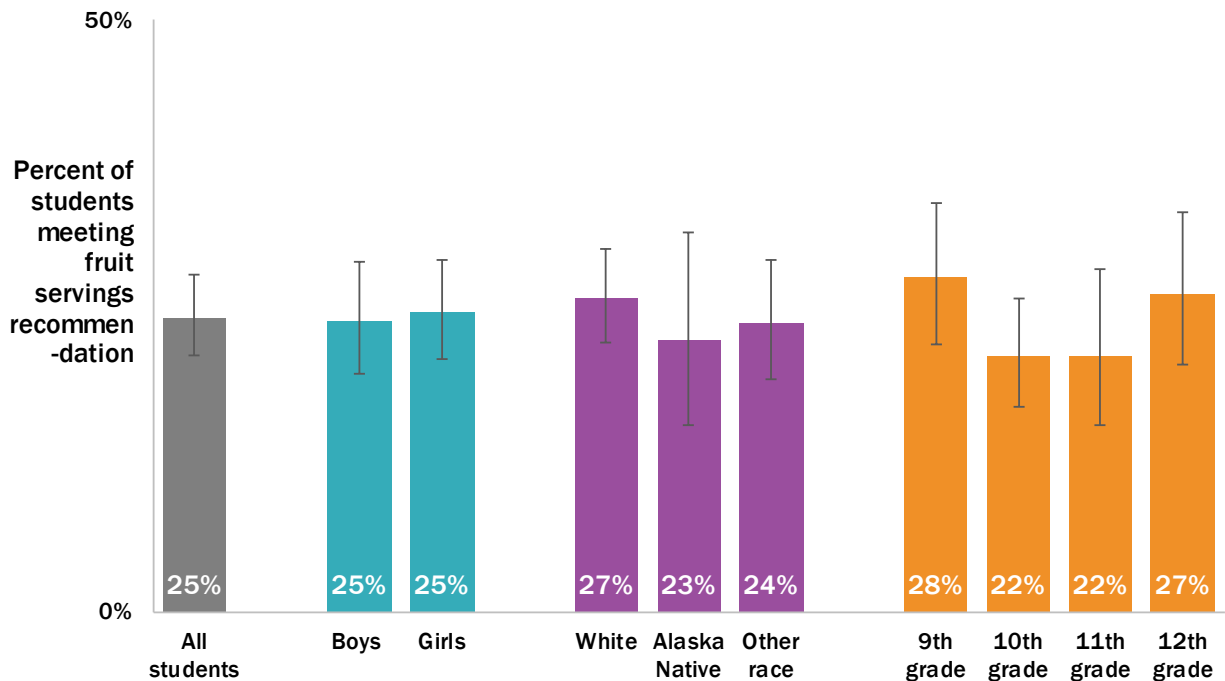
Figure 27: Percentage of Alaska high school students meeting guidelines for daily fruit and vegetable consumption, 2019



Source: AK YRBS Statewide Traditional High School data.

- Only one out of ten (10%) high school students in Alaska eat the recommended number of servings of both fruit and vegetables each day. Twenty-five percent consumed 2 or more fruit servings daily, and 17% ate 3 or more servings of vegetables.
- Fruit consumption includes servings of whole fruits as well as 100% fruit juice. Although the percentage who met the recommendation overall did not change significantly between 2007 to 2019, the proportion achieved by eating whole fruits increased. The percentage of high school students who had 2 or more daily whole fruit servings increased over time from 15% in 2007 to 20% in 2019 (data not shown).
- Vegetable consumption increased from 10% in 2007 to 17% in 2019 (data not shown).
- Some secondary schools have adopted policies designed to increase student interest and opportunity for eating fruits and vegetables (2018 Alaska School Health Profiles, data not shown). These include:
 - placing fruits and vegetables near the cafeteria cashier, where they are easy to access (48%)
 - using attractive displays of fruit and vegetables in the cafeteria (37%)
 - offering a self-serve salad bar (24%)
 - always or almost always offering fruit or non-fried vegetables when foods or beverages are offered at school celebrations (37%).

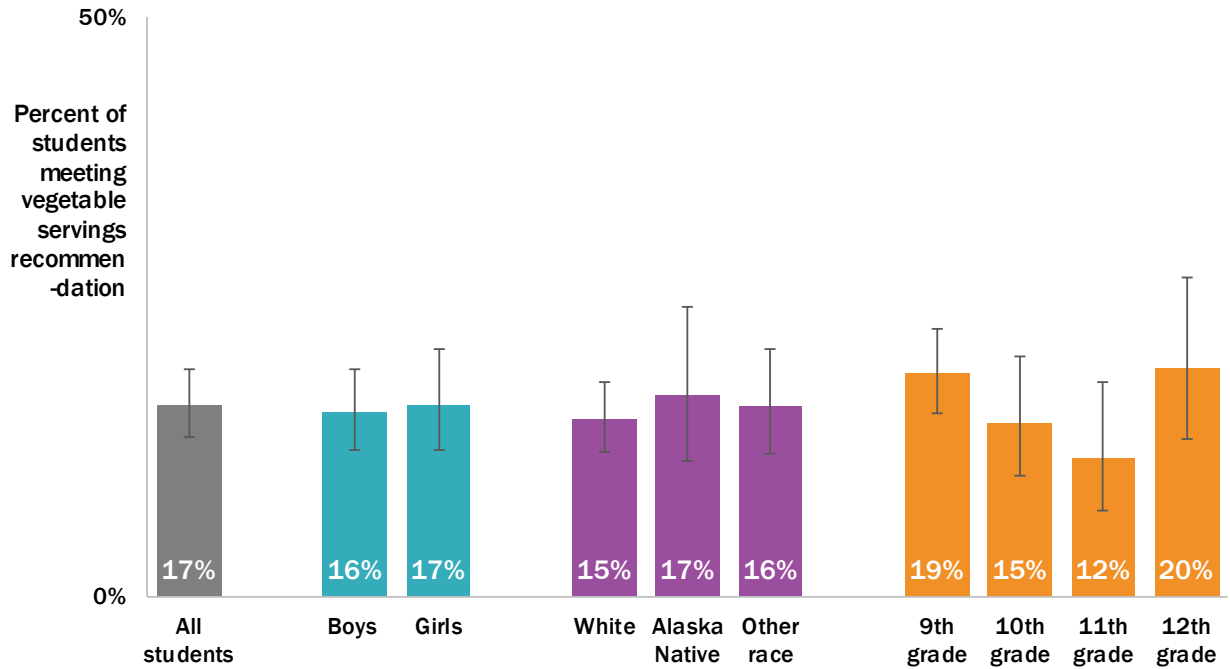
Figure 28: Percentage of Alaska high school students who consumed 2 or more daily servings of fruit, by demographic groups, 2019



Source: AK YRBS Statewide Traditional High School data. See Section VII, Data Sources for more information about how race subgroups are defined.

- There were no significant disparities in meeting the nutrition guideline of 2 or more daily servings of fruit (including whole fruits and 100% fruit juice).
- The questions about fruit servings include drinking 100% fruit juice, in addition to eating whole fruit.
- One in five Alaska high school students (20%) reported daily consumption of 2 or more servings of whole fruit (not from fruit juice). There were no disparities by whole fruit consumption (data not shown).
- The proportion of high school students who did not drink any 100% juice daily increased from 21% in 2007 to 38% in 2019. The increase occurred in all demographic groups shown in this report, and there were no disparities between groups in 2019 (data not shown).

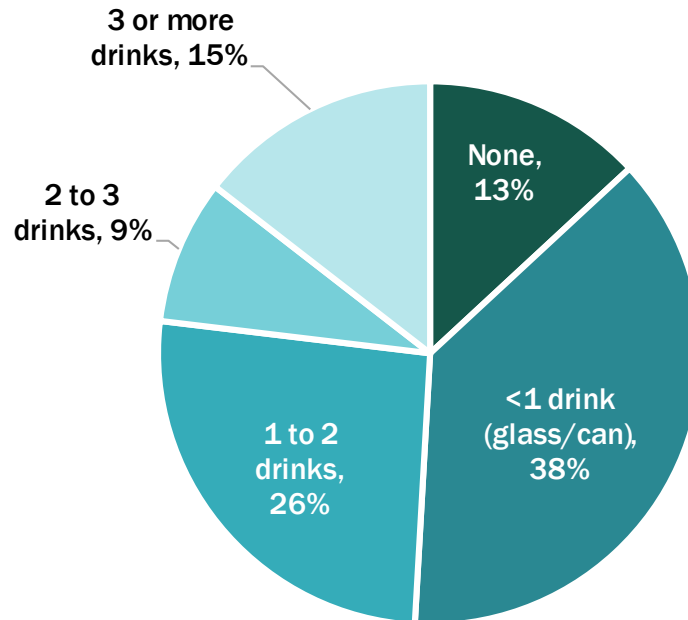
Figure 29: Percentage of Alaska high school students who consumed 3 or more daily servings of vegetables, by demographic groups, 2019



Source: AK YRBS Statewide Traditional High School data. See Section VII, Data Sources for more information about how race subgroups are defined.

- As noted earlier, only 17% of Alaska high school students reported eating 3 or more servings of vegetables daily. There were few significant disparities in meeting this nutrition guideline.
- Alaska ninth graders were significantly more likely than 11th graders to consume at least 3 daily servings of vegetables (19% vs. 12%).

Figure 30: Average number of sugary drinks (cans/glasses) consumed per day, Alaska high school students, 2019



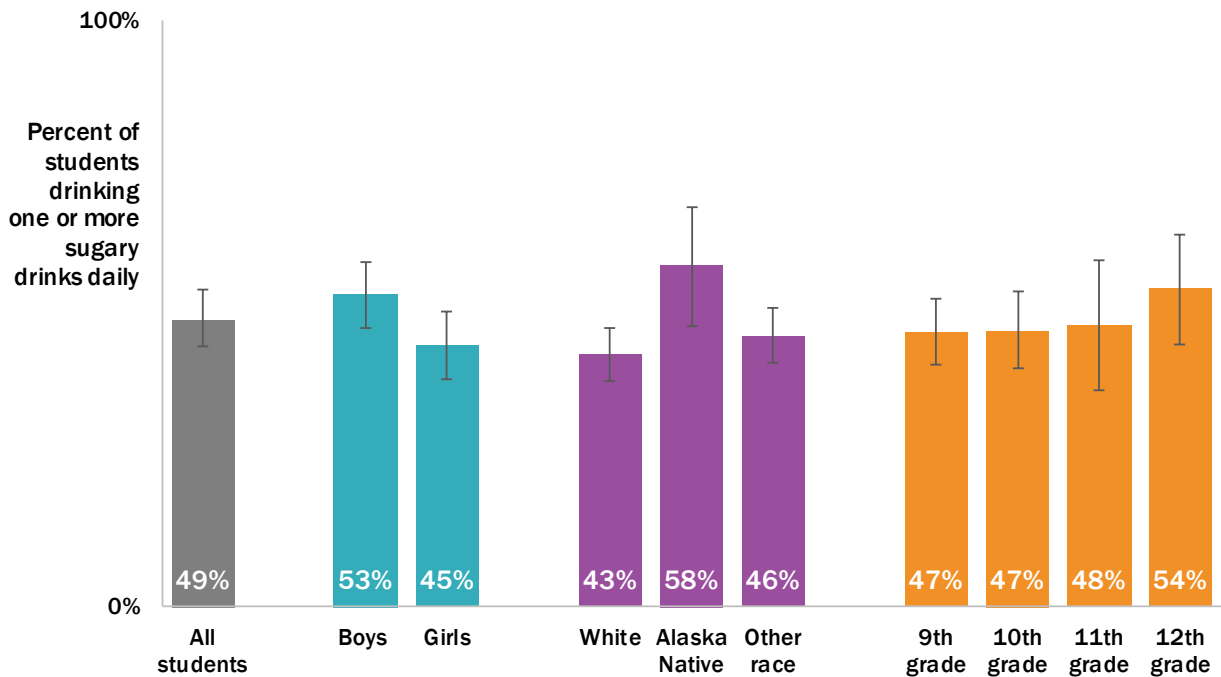
Source: AK YRBS Statewide Traditional High School data. Sum may not equal 100% due to rounding.
Note: the 1 to 2 drinks group includes students who consume at least 1 to less than 2 sugary drinks daily, etc.

The 2015-2020 Dietary Guidelines for Americans recommend that less than 10% of calories come from added sugar. This means that even one sugary drink a day puts most people near their limit of added sugar for the day, increasing their risk of certain diseases. These recommendations aim to promote health, prevent chronic disease, and help people reach and maintain a healthy weight.¹⁷

- Overall, 49% of Alaska high school students consumed a daily average of 1 or more sugary drink servings (glass, bottle or can) in 2019. Sugary drinks include soda, sports drink (such as Gatorade or PowerAde), energy drink (such as Red Bull, Rockstar, or Monster), or another sugar-sweetened beverage (such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight).
- In addition, 15% of Alaska high school students drink 3 or more servings of sugary drinks per day.
- Only 13% reported drinking no sugary drinks in the past seven days.

¹⁷ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary guidelines for Americans. <https://health.gov/dietaryguidelines/2015/>. Published December 2015. Accessed May 11, 2017.

Figure 31: Percentage of Alaska high school students who drank 1 or more sugary drinks daily, by demographic groups, 2019

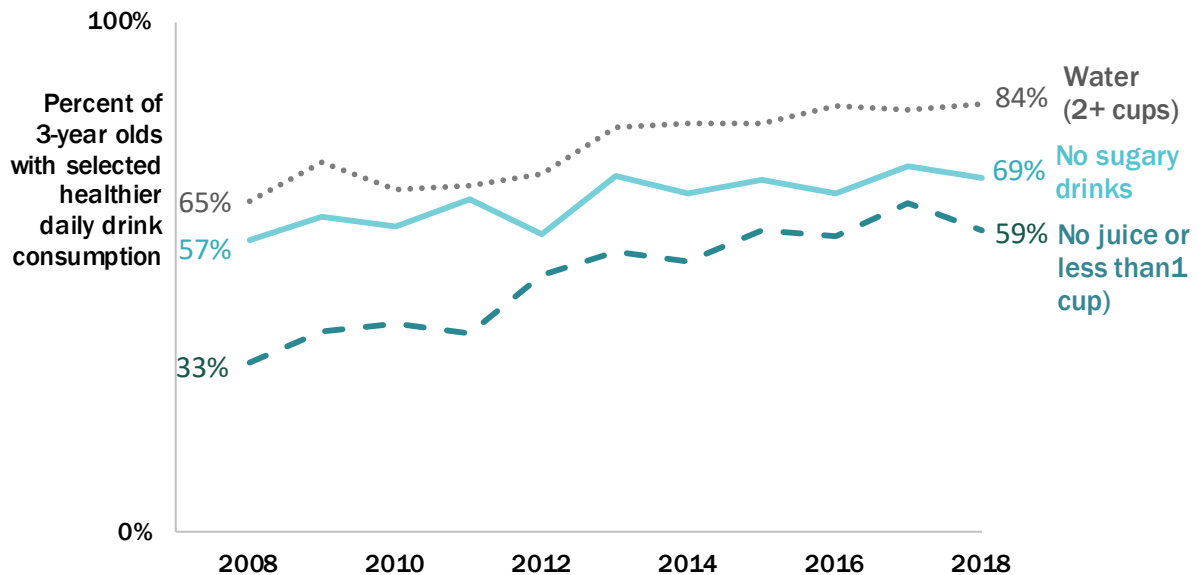


Source: AK YRBS Statewide Traditional High School data. See Section VII, Data Sources for more information about how race subgroups are defined.

The Youth Risk Behavior Survey (YRBS) collects information from high school students on their consumption of soda or pop (not including diet soda) and other sugary drinks such as sports drinks, energy drinks, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight.

- In 2019, 49% of Alaska high school students drank 1 or more sugary drinks each day.
- Health disparities exist in sugary drink consumption among Alaska high school students:
 - Boys (53%) were significantly more likely than girls (45%) to consume at least 1 sugary drink each day; and
 - Alaska Native students (58%) were significantly more likely than White students (43%) and those of other races (46%) to consume at least 1 sugary drink a day.

Figure 32: Trend in percentage of 3-year-olds with daily healthier beverage consumption, Alaska, 2008 to 2018



Source: Alaska Childhood Understanding Behaviors Survey (CUBS).

The Childhood Understanding Behaviors Survey (CUBS) asks mothers of 3-year-olds about how many cups of selected beverages their child consumed on a given day. Drink types include 1) soda, such as Coke or Sprite, 2) sweetened or fruit drinks, such as Kool-Aid, Tang or Capri-Sun, energy or sports drinks, and 3) 100% fruit juice.

Soda and other sugar sweetened drinks can lead to a number of serious health problems that can last throughout a child's lifetime such as unhealthy weight gain,¹⁸ type 2 diabetes,¹⁹ heart disease,^{20, 21} and cavities.²²

- Since 2008, the trends for daily drink consumption among 3-year-old Alaskans have improved:
 - The proportion drinking 2 or more cups of water increased from 65% in 2008 to 84% in 2018.
 - The proportion of 3-year-olds who did not drink any sugary drinks increased from 57% in 2008 to 69% in 2018
 - The proportion who drank zero to less than a cup of 100% fruit juice increased from 33% to 59%.

¹⁸ Woodward-Lopez G, Kao J, Ritchie L. To what extent have sweetened beverages contributed to the obesity epidemic? *Pub Health Nutr.* 2011;14(3):499–509.

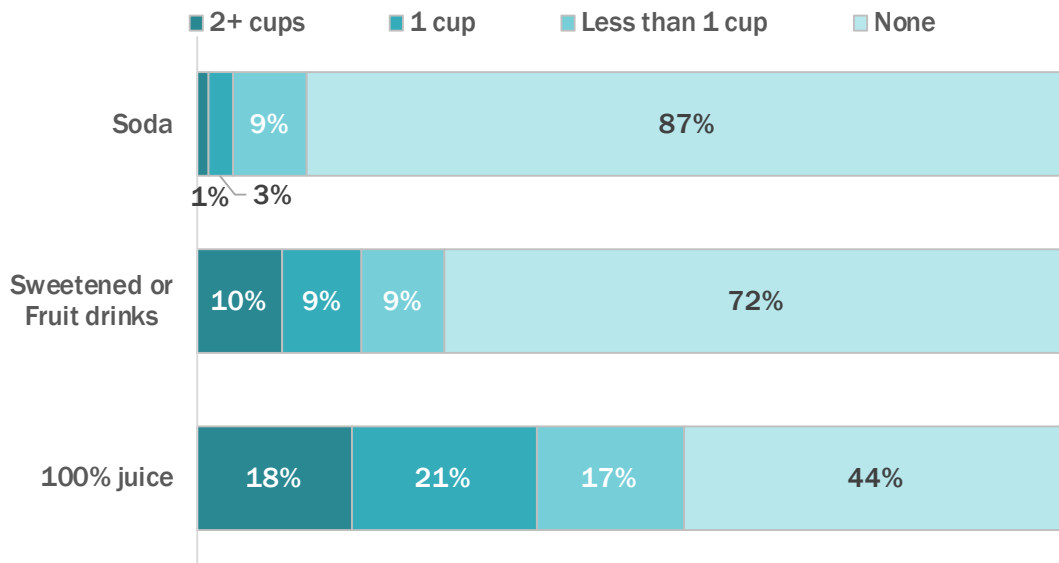
¹⁹ Malik VS, Popkin BM, Bray GA, Despres JP, Willett WC, Hu FB. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care.* Nov 2010;33(11):2477-2483.

²⁰ de Koning L, Malik VS, Kellogg MD, Rimm EB, Willett WC, Hu FB. Sweetened beverage consumption, incident coronary heart disease, and biomarkers of risk in men. *Circulation.* 2012;125:1735-41, S1.

²¹ Fung TT, Malik V, Rexrode KM, Manson JE, Willett WC, Hu FB. Sweetened beverage consumption and risk of coronary heart disease in women. *Am J Clin Nutr.* 2009;89:1037-42.

²² Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report. Dental Caries in Rural Alaska Native Children – Alaska, 2008 September 23, 2011 / 60(37):1275-1278 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6037a2.htm>

Figure 33: Average number of selected drinks servings consumed per day by Alaska 3-year-olds, 2016-2018



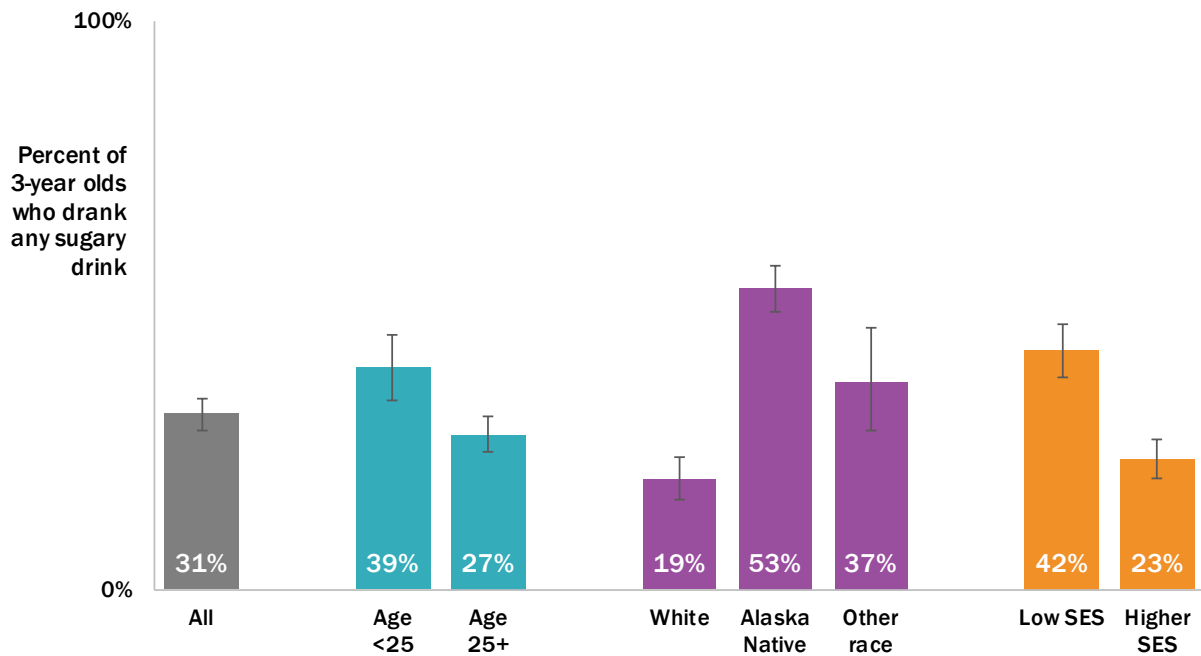
Source: Alaska Childhood Understanding Behaviors Survey (CUBS).

Key national health and nutrition organizations recommend that children 0-5 years of age do not drink sugar-sweetened beverages such as fruit flavored drinks, sports drinks or soda. They also recommend limiting juice to only ½ cup (4 ounces) or less of 100% fruit juice per day for 3-year-olds.²³

- In 2016-2018, 13% of Alaska 3-year-olds drank soda daily, and 28% drank sweetened non-soda drinks daily. One in ten (10%) of Alaska 3-year-olds drank 2 or more cups of sweetened non-soda beverages on a given day.
- Over one third of 3-year-olds (39%) drank more than 1 cup of 100% fruit juice, and 17% drank less than 1 cup. In addition, 44% of Alaska 3-year-olds did not drink any fruit juice on a daily basis.

²³ Healthy Eating Research. Consensus Statement. Health Beverage Consumption in Early Childhood: Recommendations from Key National Health and Nutrition Organization. September 2019. <https://healthyeatingresearch.org/wp-content/uploads/2019/09/HER-HealthyBeverage-ConsensusStatement.pdf>

Figure 34: Percentage of Alaska 3-year-olds who drank any sugary drinks daily, by maternal demographic groups, 2016-2018



Source: Alaska Childhood Understanding Behaviors Survey (CUBS)
Current child enrollment in Medicaid was used as a proxy measure of low socioeconomic status (SES).

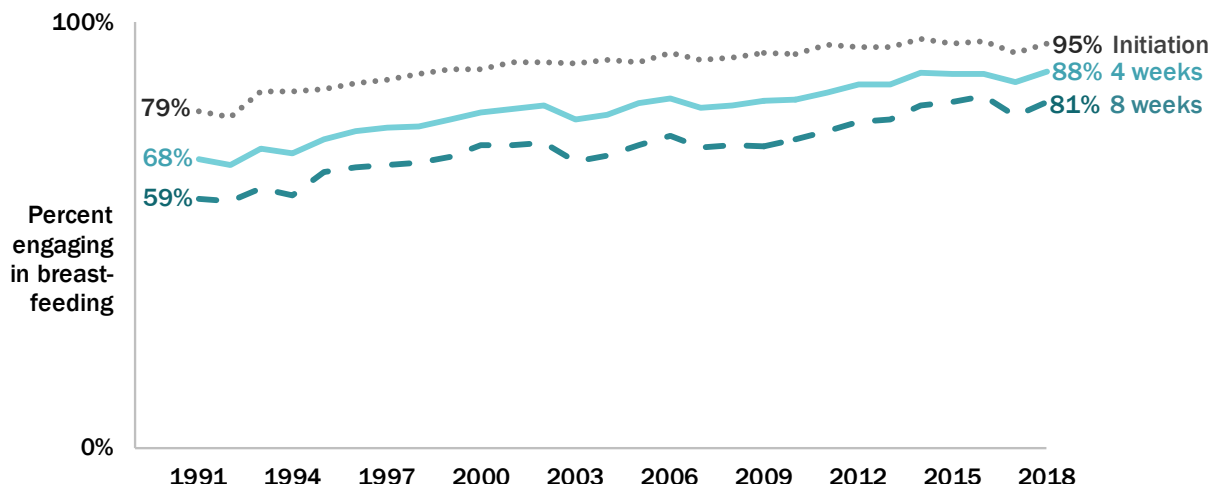
As noted on the previous page, the Childhood Understanding Behaviors Survey (CUBS) asks mothers of 3-year-olds about how many cups of selected beverages their child consumed on a given day. This graph combines answers from the question about soda and the question about sweetened or fruit drinks (such as Kool-Aid, Tang or Capri-Sun, energy or sports drinks).

- Overall, 31% of 3-year-olds drank any sugary drink daily, during 2016-2018.
- Health disparities exist in sugary drink consumption among Alaska 3-year-olds:
 - Children of younger mothers (39%) were significantly more likely than those whose mothers were 25 or older at child's birth (27%) to drink any sugary drinks daily.
 - Children of Alaska Native mothers (53%) were significantly more likely than other children to drink any sugary drinks daily, and children of other non-Native race mothers (37%) were also significantly more likely than children of White mothers (19%) to drink any sugary drinks daily.
 - Children in families with lower SES were more likely than those with higher SES families to drink any sugary drinks daily (42% vs. 23%).
 - Children in Northern (74%) and Southwest (70%) Alaska were more likely than those in other regions (range: 14% to 28%) to drink any sugary drinks daily (data not shown).

V. Breastfeeding

A. Initiation and Duration of Any Breastfeeding

Figure 35. Trend in breastfeeding initiation and duration, Alaska, 1991-2018



Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)

Breastfeeding, with its many known health benefits for infants, children, and mothers, is a key strategy to improve public health.²⁴ In the United States, the American Academy of Pediatrics (AAP) currently recommends:²⁵

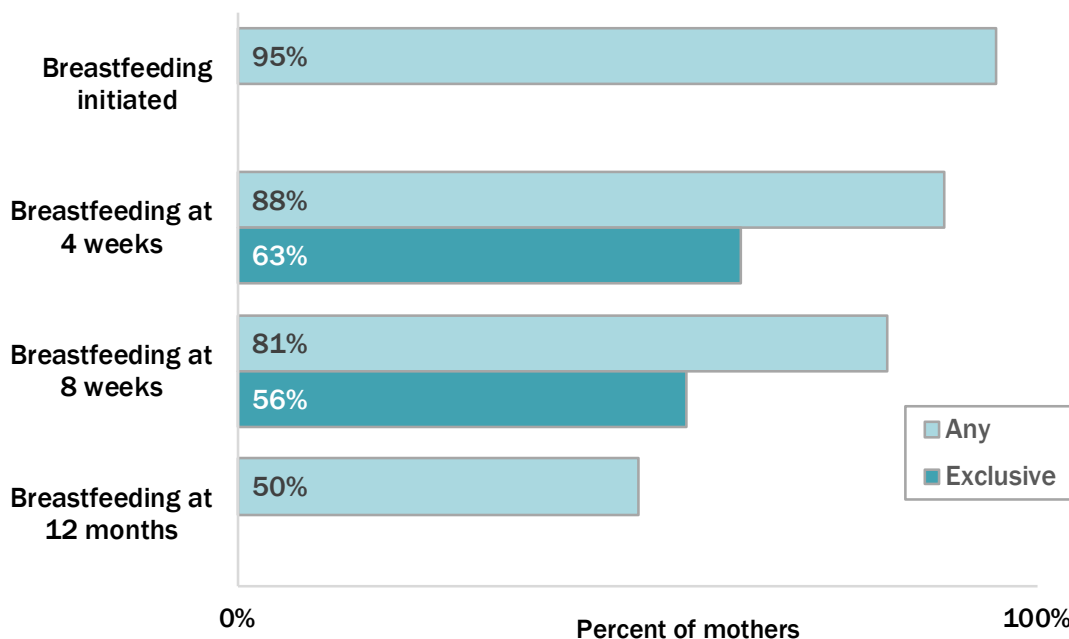
- Infants should be fed breast milk exclusively for the first 6 months after birth. Exclusive breastfeeding means that the infant does not receive any additional foods or fluids unless medically recommended.
- After the first 6 months and until the infant is 1 year old, the AAP recommends that the mother continue breastfeeding while gradually introducing solid foods into the infant's diet.
- The percentage of Alaska mothers breastfeeding their infants increased over the past few decades:
 - Initiation (ever breastfeeding – or pumping breast milk – even for a short time), from 79% in 1991 to 95% in 2018
 - Any breastfeeding at 4 weeks (infant age), from 68% in 1991 to 88% in 2018
 - Any breastfeeding at 8 weeks, from 59% in 1991 to 81% in 2018
- In 2018, 50% of Alaska mothers of 3-year-olds reported having breastfed when their child was 12 months old, an increase from 36% in 2008 (CUBS, data not shown).

²⁴ The Surgeon General's Call to Action to Support Breastfeeding. Rockville (MD): Office of the Surgeon General (US); 2011.

²⁵ American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827–e841. Retrieved April 27, 2012, from <http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html>

B. Duration and Exclusivity

Figure 36. Percent of mothers reporting breastfeeding duration and exclusivity, Alaska, 2018

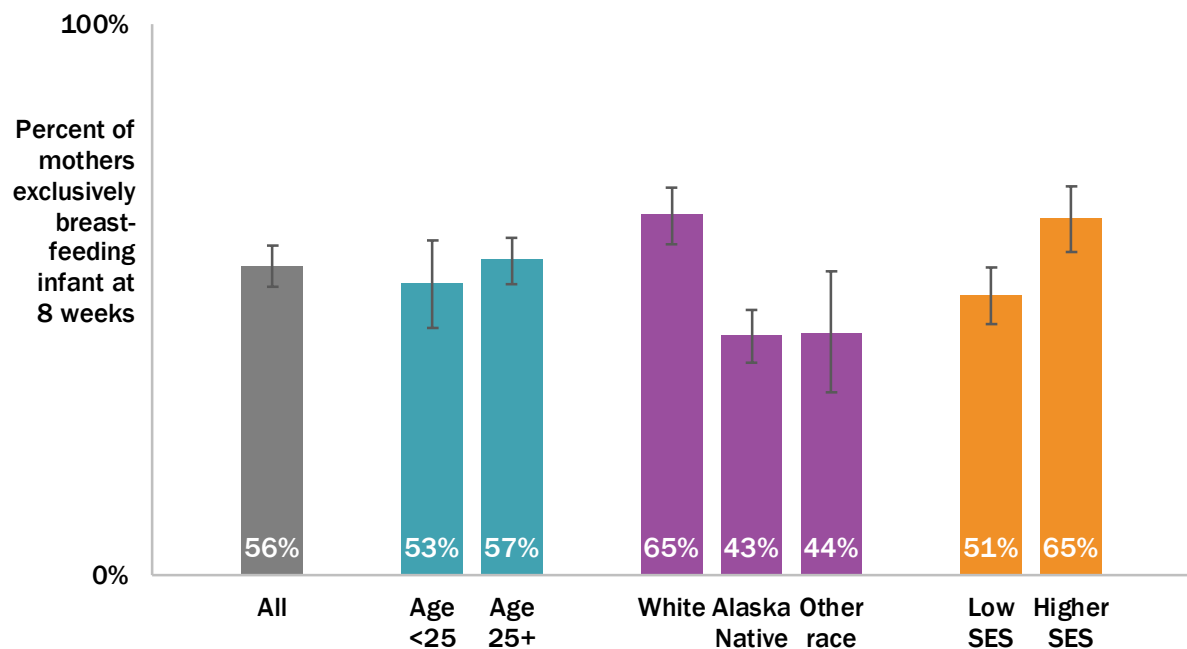


Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), and Alaska CUBS (breastfeeding at 12 months).

- As noted on the previous page, most Alaska mothers (95%) reported initiating breastfeeding; this is well above the Healthy People 2020 target of 82%.²⁶
- Alaska mothers were also asked about how long they continued with breastfeeding and whether they fed their child other food or liquids in addition to breast milk. While 88% of Alaska mothers reported at least some breastfeeding when their child was 4 weeks old, 63% exclusively breastfed their babies at 4 weeks postpartum.
- At 8 weeks, 81% of Alaska mothers reported their infant received any breastfeeding, and 56% reported exclusive breastfeeding.
- Information about breastfeeding at 12 months comes from the Alaska CUBS data. In 2018, 50% of Alaska mothers of 3-year-olds reported having breastfed their child for 12 months or more.

²⁶Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Objective MICH-21. 6/28/19 Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

Figure 37. Exclusive breastfeeding at 8 weeks by maternal demographic groups, Alaska, 2018



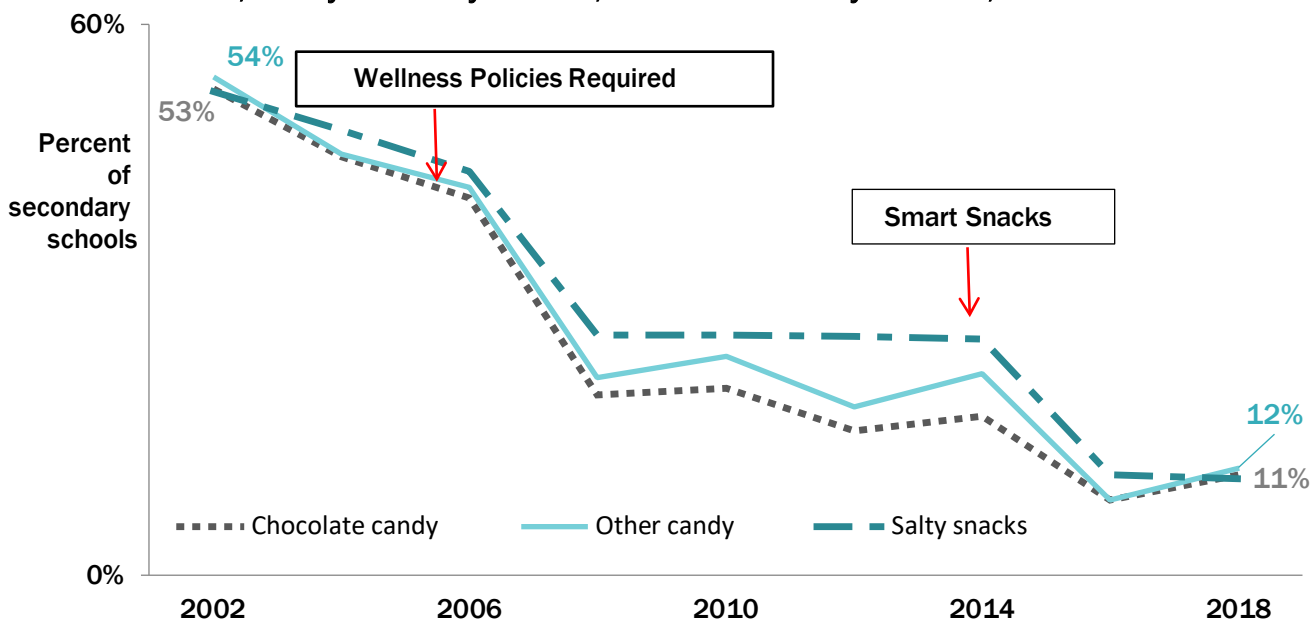
Source: Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)
Federal Poverty Level (FPL) of 200% or less, based on household size and income, was used as a proxy measure of low socioeconomic status (SES).

- The majority (56%) of Alaska women exclusively breastfed their babies at 8 weeks.
- Exclusive breastfeeding at 8 weeks was significantly higher among White mothers (65%) than among Alaska Native mothers (43%) or mothers of other races (44%).
- Mothers in higher-SES households were significantly more likely to exclusively breastfeed at 8 weeks than were mothers in lower-SES households, 65% vs. 51%, respectively.

VI.Strategies and Interventions to Reduce Obesity

A. School-Based Nutrition Strategies

Figure 38: Trend in percentage of schools in which students can purchase chocolate, candy and salty snacks, Alaska secondary schools, 2002-2018



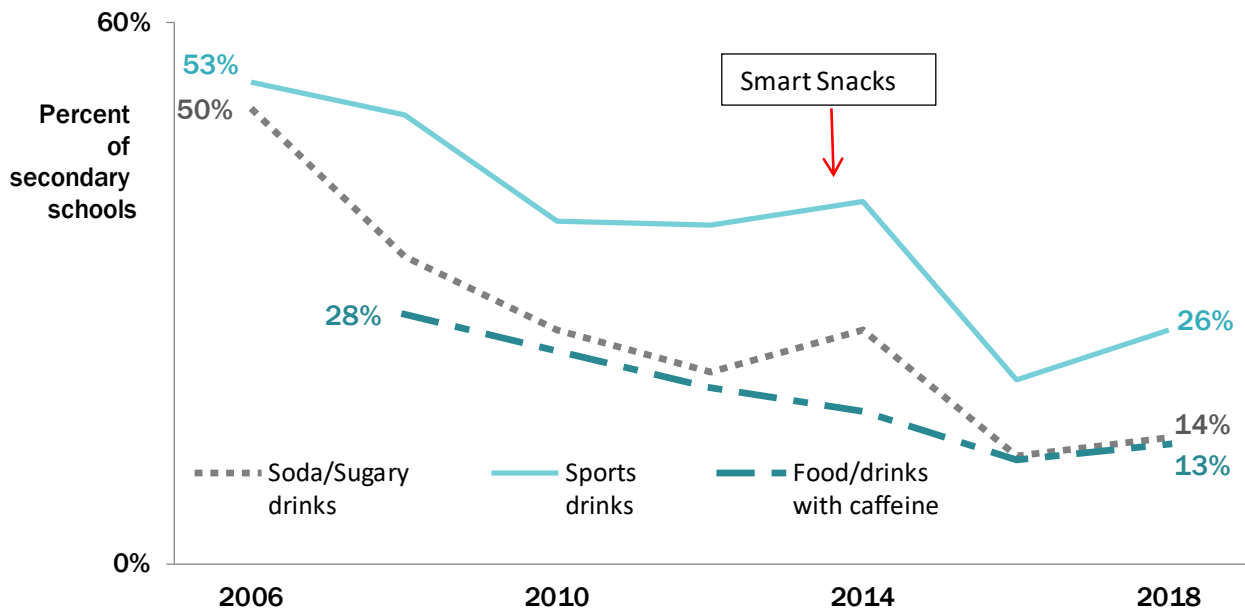
Source: AK School Health Profiles.

- Between 2002 and 2018 there were significant declines in the availability of candy, chocolate, and salty snacks within Alaska secondary schools.
 - In 2002, a little over 50% of Alaska schools provided the opportunity for students to purchase less healthy snacks at school (e.g., from vending machines in the school or at a school store, canteen, or snack bar).
 - The first significant decline occurred in 2008, directly following a federal requirement that all schools adopt a wellness policy²⁷ (also known as a physical activity and nutrition policy). In 2016, the percentages of schools selling all three types of junk foods dropped again after the USDA Smart Snacks²⁸ nutrition standards were required.
 - By 2018, chocolate, other candy and salty snacks were available in 11-12% of Alaska secondary schools. The slight increase in sales of chocolate and other candy between 2016 and 2018 (8% to 11-12%) is not significant and does not impact the declining trend. It does highlight the need for ongoing outreach to schools to support healthy nutrition policies.

²⁷ <https://www.fns.usda.gov/tn/local-school-wellness-policy>

²⁸ <https://www.fns.usda.gov/school-meals/smart-snacks-school>

Figure 39: Trend in percentage of schools in which students can purchase selected beverages, Alaska secondary schools, 2006-2018

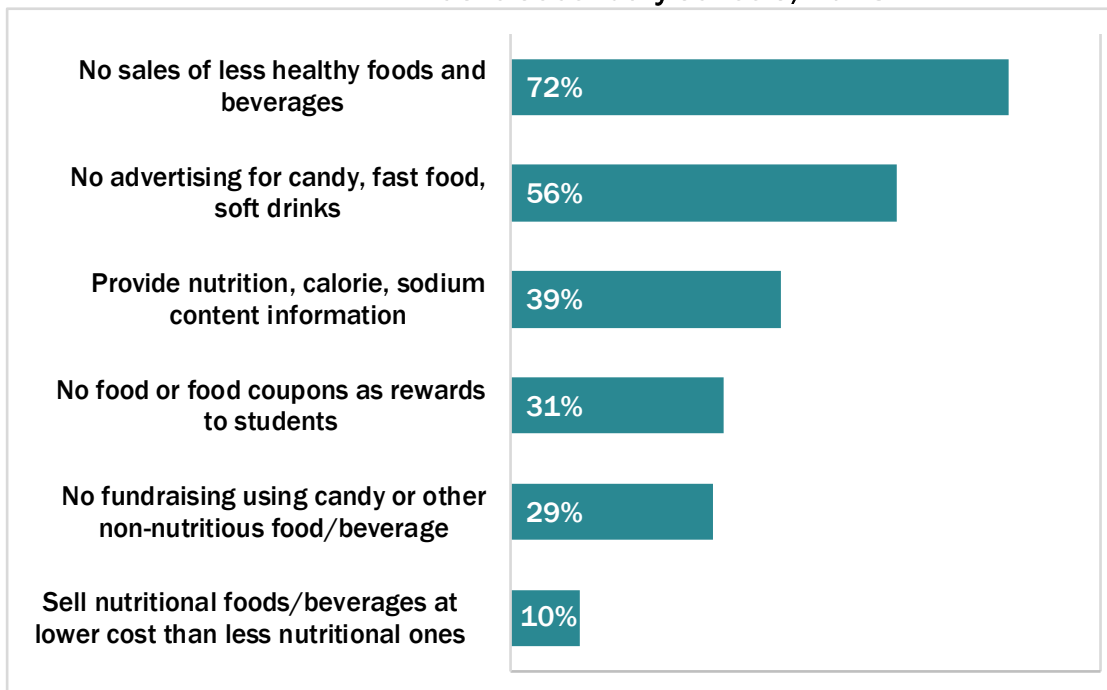


Source: AK School Health Profiles.

- Between 2006 and 2018 there were significant declines in the percentage of Alaska schools in which students could purchase less healthy beverages from one or more vending machines at the school or at a school store, canteen, or snack bar. The largest declines occurred following the release of the USDA Smart Snacks²⁹ nutrition standards.
- The proportion of Alaska secondary schools that offered these items decreased as noted below:
 - Soda and fruit drinks (excluding 100% fruit juice) declined from 50% in 2006 to 14% in 2018.
 - Sports drinks declined from 53% in 2006 to 26% in 2018.
 - Food or beverages containing caffeine declined from 28% in 2008 to 13% in 2018.
- Energy drinks were another item asked about in the 2014 through 2018 surveys, but only 2% of schools reported availability of these drinks in 2014, and they were not available for purchase in any Alaska secondary schools in 2018 (data not shown).

²⁹ <https://www.fns.usda.gov/school-meals/smart-snacks-school>

Figure 40: Percentage of schools adopting selected nutrition policies, Alaska secondary schools, 2018

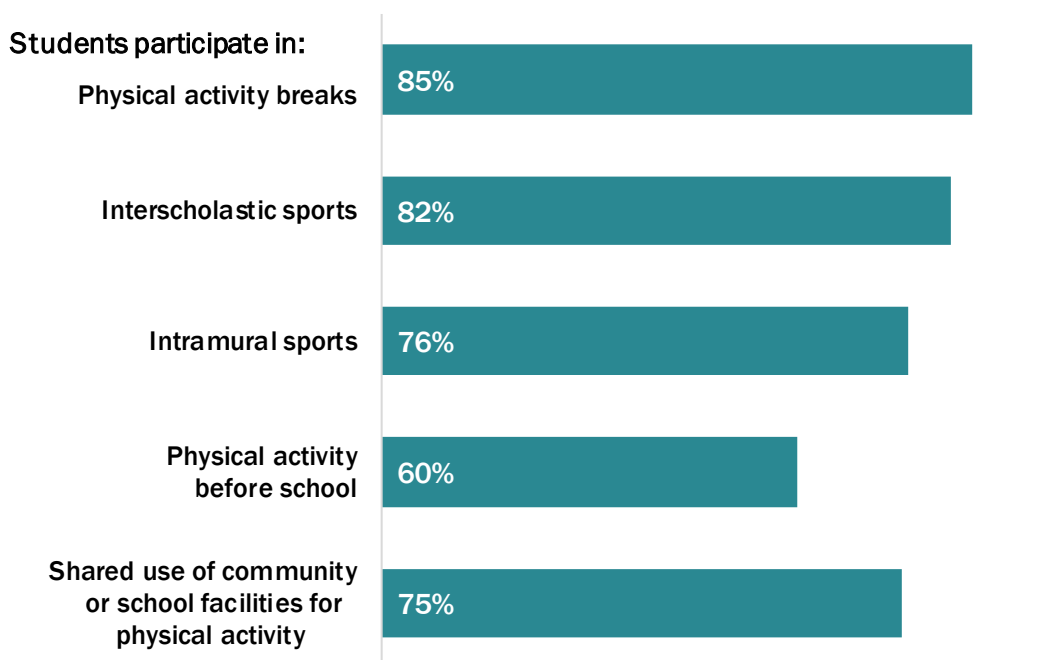


Source: AK School Health Profiles.

Alaska is seeing promising improvements in several Smart Snacks nutrition measures supported in the Alaska Gold Standard School Wellness Policy. More work can still be done, especially around reducing marketing of unhealthy foods in school.

- Most Alaska secondary schools (72%) do not sell less healthy foods such as soda pop or fruit drinks, sports drinks, baked goods, salty snacks, or candy. The proportion of schools meeting this combined measure has increased from 44% in 2008 (data not shown).
- About half of Alaska secondary schools (56%) do not allow any form of advertising for less healthy foods, as required by Smart Snacks nutrition standards since 2014. This proportion has not changed since then.
- Among schools that offer foods for purchase, 39% provide nutritional information, including calorie and sodium content, and this proportion has remained stable since 2008.
- The percentage of schools that adopted policies around use of foods in fundraising and student rewards both increased from 2014 to 2018 (2014 data not shown).
 - The proportion that do not allow food or food coupons to be used as rewards for student behavior or achievement increased from 20% to 31%
 - The percentage that prohibit less nutritious foods and beverages (e.g., candy, baked goods) from being sold for fundraising purposes increased from 15% to 29%.

Figure 41: Percentage of schools reporting selected physical activity opportunities, Alaska secondary schools, 2018

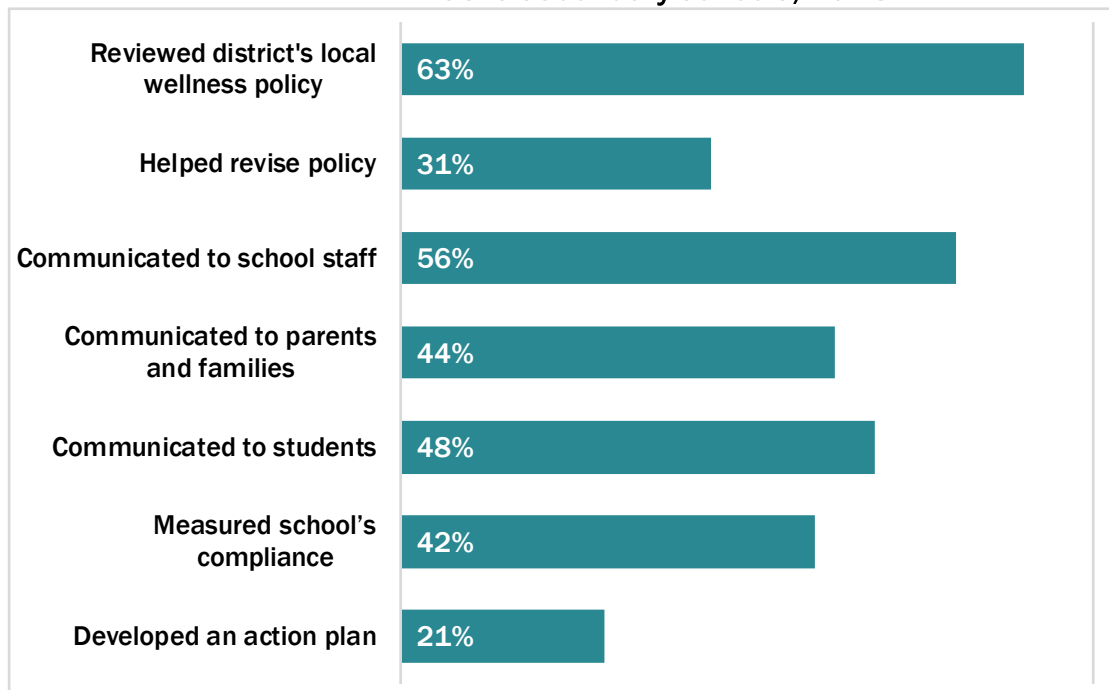


Source: AK School Health Profiles.

A Comprehensive School Physical Activity Program (CSPAP) is a multi-component approach that provides opportunities for students to be physically active before, during, and after school. Participation in the following physical activity measures in Alaskan schools has been consistently high:

- A large percentage of schools (85%) reported that students participate in physical activity breaks other than PE class.
 - This measure increased from 60% in 2012 to 85% in 2018, correlating with Alaska's Physical Activity in Schools Law which passed in 2016 and requires school districts to establish guidelines for providing opportunities for 54 minutes of physical activity each full school day for students in grades K-8 (data not shown).
- In 2018, Most Alaska secondary schools provided opportunities for the following:
 - Interscholastic sports – 82%
 - Intramural sports – 76%
 - Physical activity before school – 60%
 - Shared use of community or school facilities for physical activity – 75%
- While many schools have implemented one or more of the individual aspects of a CSPAP, only 30% of schools reported that they've developed a written plan for implementing a Comprehensive School Physical Activity Program (data not shown).

Figure 42: Percentage of schools reporting selected school wellness policy activities, Alaska secondary schools, 2018



Source: AK School Health Profiles.

School Wellness Policies are school-based physical activity and nutrition policies created to help children grow up at a healthy weight and are required for all districts participating in the National School Lunch or Breakfast Programs. The State of Alaska has a Gold Standard Local Wellness Policy³⁰ developed in partnership between the state Physical Activity and Nutrition unit, the Department of Education and Early Development's Child Nutrition Program, and the Association of Alaska School Boards (AASB). For the first time in 2018, the School Health Profiles Survey included a series of questions about local wellness policy implementation.

- Most Alaska secondary schools reviewed their local wellness policy (63%) in 2018.
- Districts are required to communicate about their local wellness policy on an annual basis.
 - Over half of Alaska secondary schools communicated about their local wellness policy to school staff (56%).
 - Slightly fewer communicated about it to parents (44%) and students (48%).
- Districts are required to assess their local wellness policy at least once every three years.
 - Two in five secondary schools measured their compliance with the district's local wellness policy (42%).
 - One in five secondary schools developed an action plan with steps to meet the requirements of the district's local wellness policy (21%).
 - Nearly a third of secondary schools helped to revise the district's local wellness policy (31%).

³⁰ <http://dhss.alaska.gov/dph/Chronic/Pages/SchoolHealth/aswpi.aspx>

VII.Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an anonymous telephone survey conducted by the Alaska Division of Public Health in cooperation with the Centers for Disease Control and Prevention (CDC). It estimates the prevalence of behavioral risk factors in the general population that are known to be associated with the leading causes of morbidity and mortality in adults. The BRFSS has operated continuously in Alaska since 1991.

Alaska presently conducts two BRFSS surveys: the standard BRFSS and a separately-funded supplemental BRFSS. Both surveys are conducted throughout the year, using separate samples drawn using the same methodology.

Selection of BRFSS Survey Participants

The BRFSS uses a probability (or random) sample in which all Alaska households with landline telephones have a known, nonzero chance of selection. Respondents are randomly selected from among the adult members of each household reached through a series of telephone calls. Historically, those living in institutional housing (i.e., nursing homes and barracks) are not surveyed. The sample is stratified into geographic regions, with roughly equal numbers of interviews conducted in each region. This method deliberately oversamples rural areas of the state. The sample was stratified into six geographic regions in 2011—Anchorage, Mat-Su, Gulf, Southeast, Fairbanks North Star, and Rural. Where possible, the rural region is divided into two regions: Southwest and Northern/Interior.

In addition, the sampling frame has been expanded to include cell phones as well as landline or household phones. This step was important because the proportion of households served only by cell phones has increased rapidly. By June 2010, about 20% of Alaska households were cell-only. Starting in 2011, Alaska's cell phone sample was large enough to include it in weighting and reporting of data. In 2017, approximately 586 Alaska adults were interviewed each month for the two BRFSS surveys combined. About 45% of roughly 7,000 respondents in 2017 were reached by cell phone, and 55% by residential landline phone. The overall sample size was smaller in 2018 (about 4,370 total), but proportions reached by cell and landline were similar to those in 2017.

Interviews are conducted by trained interviewers during weekdays, evenings, and weekends throughout the year. In addition to nutrition, physical activity, and weight status, the BRFSS questionnaire covers such topics as general health status, health care access, tobacco use, diabetes, alcohol use, women's health, injury prevention, and HIV/AIDS awareness. There are also questions on the demographic characteristics of respondents.

Data Weighting and Methods

BRFSS data are weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled geographic area, and to account for the over-representation or under-representation of persons in various subgroups.

Changes in both the weighting and sampling methods are reflected in the estimates reported in this update of Alaska Physical Activity, Nutrition and Obesity Facts. These changes help ensure that the BRFSS can continue to be a valuable source of information for health planning and improvement. The first change is a new weighting method known as iterative proportional fitting, or raking. Raking allows for the inclusion of several key demographic factors in adjusting survey data to the adult population totals. To provide additional context for interpretation about changes in prevalence estimates over time, raking was applied to data from 2007 forward. More information about the changes in BRFSS methods can be found in the January 2013 issue of *Chronicles*: <http://dhss.alaska.gov/dph/Chronic/Documents/Publications/assets/ChroniclesV5-1.pdf> .

Both the standard and supplemental BRFSS are weighted (separately) for analysis of items that occur only in one version. In addition, a combined dataset (standard plus supplemental) is created and weighted for analysis of questions that occur in both versions. In recent years, the combined sample has included more respondents, between 7,000 and 9,000 each year from 2012 to 2017, although sample size was smaller in 2018 at a little less than 4,400 respondents. Prior to 2012, sample size ranged from about 1,500-2,800 from 1991 to 2003, and from 3,000-6,000 between 2004 and 2011. Larger sample sizes allow for more precision in the estimates for healthy weight, obesity and other weight status measures. Most other indicators of adult behavior related to nutrition and physical activity in this report came from questions asked only on one version of the questionnaire, for which sample sizes were about half of the combined total. Because sample size is lower for some subpopulation reporting groups, data years have occasionally been combined to report some key indicators.

In this report, we used chi-square tests in our comparisons between groups of Alaskans. Chi-square tests are tests of association between group and outcome variables (for example, meets physical activity recommendation [yes, no] and sex [male, female]). For trend analyses, we used logistic regression models that tested for a statistically significant linear change over time.

Physical Activity and Nutrition Questions

Since 2011, physical activity has been measured using a set of 8 questions about exercise behavior in the past 30 days. The first 7 ask about aerobic exercise, and duration—how many times per week/month and how many minutes each time; the 8th question is about duration of muscle strengthening activities (times per week/month).

In 2017, fruit and vegetable consumption was measured using a set of 6 questions about consumption behavior in the past 30 days. The first 2 questions are combined to calculate average daily fruit servings—number of times (per day/week/month) respondent 1) has eaten fresh, frozen or canned fruit, and 2) drank 100% fruit juice. Another 3 questions are combined to calculate average daily vegetable servings and ask about how often respondent has eaten 1) leafy greens (like lettuce or spinach), 2) potatoes (not fried or in chips), and 3) other vegetables. A fourth question asks about fried potato consumption (which is not included in the calculation).

Every other year since 2013, the Alaska BRFSS has included 2 questions about sugary drinks asking about the number of times (per day/week/month) in the past 30 days that the respondent drank 1) regular soda or pop that contains sugar, and 2) sugar-sweetened fruit

drinks (such as Kool-Aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™). These do not include diet or artificially sweetened drinks.

Reporting by Poverty/Income Status

The poverty status measure is derived from the US Department of Health and Human Services (USDHHS) Federal Poverty Guidelines, which are based on household income and number of people in the household. The poverty guidelines, issued each year in the Federal Register by the Department of Health and Human Services (HHS), are a simplified version of the federal poverty thresholds and are used for administrative purposes — for instance, determining financial eligibility for certain federal programs.³¹ The Alaska-specific guideline totals were used to create a cut-point of household incomes at or below the 185% poverty guideline³² for this report, because this percent corresponds with eligibility criteria for the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and some parts of Medicaid, among other programs.

There are limitations in using income or percent of poverty guideline in the BRFSS. Respondents select a range of income categories and therefore the percent of poverty guideline is sometimes approximate. In addition, many respondents either decline to answer the question or report that they do not know their household income level. In 2018, about 18% of Alaska BRFSS respondents were missing information about income, and in 2015-2017, about 12% were missing. We were unable to calculate household percent of poverty guideline for respondents with missing information about income.

Reporting by Race Group

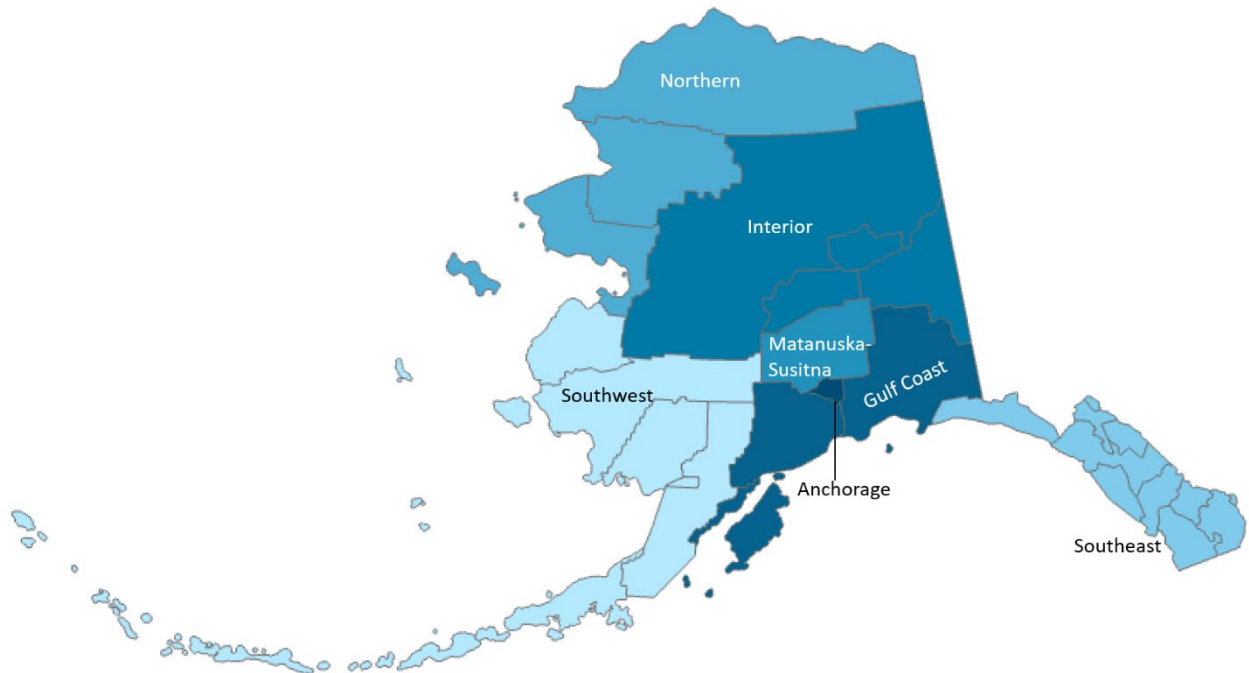
For this report the term Alaska Native adult includes all survey respondents who report any mention of being Alaska Native/American Indian, alone or in combination with another race or ethnicity (Hispanic). Comparison groups are those who report their race as “White only, non-Hispanic” and “other races”, which includes those who report other races or multiple race groups, not including Alaska Native/American Indian. Those who report being Hispanic or Latino are also grouped in “other race” (unless they are already grouped in Alaska Native/American Indian). In general, reporting health indicators for specific race groups in the “Other” category is limited due to relatively small numbers of BRFSS respondents who report their race group as something other than White or Alaska Native each year.

³¹ More information about the poverty guideline can be found here: <https://aspe.hhs.gov/poverty-guidelines>

³² In Alaska in 2017, a family of three with a household income of \$47,212 would be at 185% of the HHS poverty guideline.

Regional Reporting

As the BRFSS survey data do not provide sufficient representation for reporting by most of the individual boroughs, we combined boroughs to create regions for analysis of patterns by the geographic areas of Alaska. Regions reported here are the Alaska Public Health Regions.



Source: State of Alaska, DHSS, DPH, Section of Chronic Disease Prevention and Health Promotion.

The Alaska Public Health Regions are defined using borough designation as follows:

- 1) Anchorage – Municipality of Anchorage
- 2) Gulf Coast – Kenai Peninsula Borough, Kodiak Island Borough, and Valdez-Cordova Census Area
- 3) Interior – Denali Borough, Fairbanks North Star Borough, Southeast Fairbanks Census Area, and Yukon-Koyukuk Census Area
- 4) Mat-Su – Matanuska-Susitna Borough
- 5) Northern – Nome Census Area, North Slope Borough, and Northwest Arctic Borough
- 6) Southeast – Haines Borough, Hoonah-Angoon Census Area, Juneau City and Borough, Ketchikan Gateway Borough, Petersburg Census Area, Prince of Wales-Hyder Census Area, Sitka City and Borough, Skagway Municipality, Wrangell City and Borough, and Yakutat City and Borough
- 7) Southwest – Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Lake and Peninsula Borough, and Kusilvak Census Area

Childhood Understanding Behaviors Survey (CUBS)

Alaska CUBS is a program designed to find out more about the health and early childhood experiences of young children in Alaska. CUBS collects information by conducting a follow-up survey to the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS sends a survey to approximately one of every 6 mothers of newborns in Alaska, and CUBS sends a follow-up survey three years later to all mothers who completed PRAMS and are still living in Alaska. CUBS asks questions about both the mother and her child. About 90 Alaska mothers are sent a CUBS survey every month.

The purpose of CUBS is to provide information on health conditions, health care utilization, child development and other health related behaviors of young children and to evaluate the association between prenatal and immediate postnatal factors with early childhood health and welfare. The CUBS asks questions about both the mother and her child. Survey responses are weighted so that reported prevalence accurately describe all mothers of 3-year-old children born in Alaska in a single calendar year. Both the CUBS and PRAMS data (described below) can be presented regionally, using the same public health regions shown in the map for BRFSS (see Regional Reporting above). See

http://dhss.alaska.gov/dph/wcfh/Pages/mchebi/cubs/CUBS_main.aspx for more information about CUBS questionnaires and methodology.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is a population-based survey of Alaska women who have recently delivered a live-born infant. Administered since 1990 by the Alaska Division of Public Health, PRAMS is conducted in collaboration with the CDC in 47 states and several other jurisdictions to gather information on the health risk behaviors and circumstances of pregnant and postpartum women. A systematic stratified sample is drawn each month from the state's live birth records for infants between 2 and 6 months of age. Sampled mothers receive a series of mailed questionnaires, and since 1997 telephone follow-up has been initiated among those who do not respond to the third mailed request. The PRAMS questionnaire addresses such topics as access to prenatal care, obstetric history, maternal use of alcohol, maternal tobacco use, nutrition, economic status, maternal stress, and early infant development and health status. Survey responses are weighted so that reported prevalence estimates accurately describe Alaska women delivering a live-born infant during the year of the survey. See

<http://dhss.alaska.gov/dph/wcfh/Pages/mchebi/prams/default.aspx> for more information about PRAMS questionnaires and methodology.

School Health Profiles

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices in states, territories, and large urban school districts. Profiles surveys are conducted biennially among representative samples of middle and high school principals and lead health education teachers. Profiles Reports can be found on the School Health Program website:

<http://dhss.alaska.gov/dph/Chronic/Pages/SchoolHealth/profiles.aspx>.

Student Weight Status Surveillance System (SWSSS)

SWSSS is comprised of Alaska student weight status data obtained voluntarily from partner school districts that have contributed their data as a means of monitoring weight status trends. Participating school districts provide the Department of Health and Social Services (DHSS) de-identified student data (i.e., measured height and weight, age and sex). DHSS conducts the analysis to generate body mass index (BMI) percentile, and the associated weight status classifications of underweight, healthy weight, overweight and obese, as described in Section I, Introduction. SWSSS data reports race using US Department of Education definitions because that is how the data is shared with the state Physical Activity and Nutrition unit. The Healthy Alaskans 2030 childhood healthy weight status objective uses data from Anchorage, Mat-Su Borough, and Kenai Peninsula Borough school districts.

School districts across the state vary in the grades for which they routinely collect height and weight data. Some districts aim to measure and weigh every student, every year, while other districts target only students in kindergarten, 1st, 3rd, 5th and 7th grades. The following school districts have participated in SWSSS in various years since its inception: Anchorage, Dillingham, Kenai Peninsula Borough, Ketchikan Gateway Borough, Kodiak Island Borough, Matanuska-Susitna Borough, Nome, North Slope Borough, Petersburg, and Sitka. Individual school district weight status reports are available at:

<http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/weightstatus.aspx>

Youth Risk Behavior Survey (YRBS)

The YRBS is a systematic survey of high school students that assesses behaviors related to the leading causes of mortality, morbidity and social issues among youth. The Centers for Disease Control and Prevention (CDC) sponsors national and state surveys every 2 years, most recently in 2019. Data are currently available through 2019.

Selection of YRBS Survey Participants

The statewide Alaska YRBS is conducted using a two-stage sampling design. Schools are selected first with a probability of inclusion proportional to the size of their enrollment. Once a school is chosen, classes are selected, with each student having an equal opportunity for inclusion. From 2001 through 2019, active parental consent was required for each student participating in the YRBS. On the appointed survey day students completed written questionnaires without any identifying information and returned them in class in unmarked, sealed envelopes.

In addition to the statewide survey, all Alaska school districts have the opportunity to conduct a local survey, which employs the same questionnaire and data analysis methods as the statewide survey. If a district conducts a local survey and one of its classrooms was selected for the statewide survey, additional classrooms will be surveyed as part of the local survey. Districts that conduct a local survey and obtain at least 100 responses in a given school type receive a district level report based on results of all classrooms surveyed.

Data Weighting and Methods

In a typical YRBS administration, about 1,300 to 1,400 students are surveyed from about 40 to 45 high schools that are scientifically selected to represent all public high schools (excluding boarding schools, alternative schools, correspondence and home study schools, and correctional schools) in Alaska. These results are considered to be representative of Alaska's more than 33,000 high school students in grades 9-12 in traditional public high schools. Data are weighted to reflect the true distribution of Alaska high school students by sex, grade level, and race/ethnicity, but not by region of the state, since the CDC's sampling method for YRBS does not stratify by region.

Alaska first conducted a statewide YRBS in 1995. Although Alaska participation rates met CDC standards in 1999, this sample did not include Anchorage schools and so the 1999 YRBS data are generally not included in multi-year analyses. To assure statistical validity for weighting, the CDC required a response rate of at least 60% for the statewide survey, although that was changed to >50% in 2019. In addition to the 1995 survey, Alaska achieved a representative sample on the statewide survey in 2003, and 2007 through 2019.

Analyses used for YRBS data are similar to those used for BRFSS. We used chi-square tests in our comparisons between groups of Alaskans, and for trend analyses we used logistic regression models that controlled for sex, race/ethnicity and grade, and tested for a statistically significant linear change over time. P-values less than 0.05 indicate that a difference seen between percentages or across years is statistically significant at the 95% confidence level.

School-based surveys do not estimate risk behaviors associated with youth who drop out of school or do not attend school. However, starting in 2009, students from alternative high schools in Alaska have also participated in a YRBS to evaluate and address the health risks of this unique population. High school-age youth in correctional institutions have also been surveyed since 2009. Further information about the Alaska YRBS surveys and health information from those surveys is available at

<http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/results.aspx>

Reporting by Race Group

All YRBS survey participants who report being Alaska Native or American Indian, either alone or in combination with other race groups or Hispanic ethnicity, are categorized in this report as "Alaska Native" students. Survey participants who report being White (non-Hispanic) are categorized as White, and all other race groups are combined to report as "other races". This category includes students who report being Hispanic, African American, Asian, Hawaiian or Other Pacific Islander, or who report multiple race groups (except for Alaska Native). Those who did not report a race or ethnicity are not included in the race group reporting.

Physical Activity and Nutrition Questions

In the YRBS, aerobic physical activity has been measured using 1 question: During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and

makes you breathe hard some of the time.) In 1995-2003 and 2015-2019, survey participants were also asked 1 question about muscle strengthening activities: During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting? In addition, the YRBS has included a question about PE class attendance.

Since 1999, fruit and vegetable consumption has been measured using a set of 6 questions about consumption behavior in the past 7 days. The first 2 questions are combined to calculate average daily fruit servings—number of times (per day/week) respondent: 1) drank 100% fruit juice, and 2) has eaten fruit. The other 4 questions are combined to calculate average daily vegetable servings and ask about how often the respondent has eaten: 1) green salad, 2) potatoes (do not count french fries, fried potatoes or potato chips), 3) carrots, and 4) other vegetables.

Since 2013, the Alaska YRBS has included multiple questions about sugary drink consumption in the past 7 days, but the questions have changed over time. In 2017 and 2019, the questions included:

- 1) During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)
- 2) During the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened drink such as lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop, sports drinks, energy drinks, or 100% fruit juice.)
- 3) During the past 7 days, how many times did you drink a can, bottle or glass of a sports drink, such as Gatorade or PowerAde? (Do not count low-calorie sports drinks such as Propel or G2)
- 4) During the past 7 days, how many times did you drink a can, bottle, or glass of an energy drink, such as Red Bull, Rockstar, or Monster? (Do not count diet energy drinks such as Gatorade or PowerAde.)

Women, Infants and Children (WIC) Nutrition Program

WIC is a supplemental food and nutrition program for pregnant and breastfeeding women and their children from birth to age 5. Alaska WIC provides nutrition information, counseling, breastfeeding support, and periodic health screening, along with supplemental food vouchers for infant formula and healthy foods. Children's height and weight are measured and recorded at clinics as part of the application and renewal process. Alaska data are available at the United States Department of Agriculture, Food and Nutrition Service website:

<https://www.fns.usda.gov/pd/wic-program>.



Diabetes Prevention and Control in Alaska



Section of Chronic Disease Prevention and Health Promotion
Alaska Department of Health and Social Services

2019

Diabetes Prevention and Control in Alaska, 2019

A report of the Section of Chronic Disease Prevention and Health Promotion

Alaska Department of Health and Social Services

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Executive Summary

Diabetes is among Alaska's leading causes of death, and an important public health priority. This report summarizes the most recently available information about diabetes and prediabetes prevalence, screening, treatment, risk factors, illness and death in Alaska. The purpose of this report is to provide information for partners in Alaska who are working to prevent diabetes and improve care for people with diabetes.

The report includes self-reported information about behaviors related to diabetes such as drinking sugary drinks, physical inactivity or smoking; whether they have already been diagnosed with diabetes or prediabetes; and, for those who have been diagnosed with diabetes, whether they are getting appropriate medical care and self-care. Rates and numbers of diabetes-related hospitalizations, outpatient hospital visits, and death are described for different population groups and regions. Alaska's evidence-based public health activities to reduce the burden of diabetes, including economic costs, are also briefly discussed.

Key findings include:

- *Prevalence of diabetes in Alaska.* According to the most recently available data, 7.5% of adults in Alaska report being diagnosed with diabetes and another 11.1% of adults report being diagnosed with prediabetes. More than 100,000 Alaska adults have been diagnosed with diabetes or prediabetes; but an even greater number are likely at risk and do not know it. The prevalence of diabetes has significantly increased during recent years, by an average of 0.6% per year during the past 10 years. This is similar to national trends.
- *Diabetes-related death (mortality).* Diabetes is the 8th leading cause of death in Alaska, identified as a cause of death for 3,662 Alaskans between 2007-2016: 889 as the underlying cause of death (i.e., direct cause), and 2,773 as a contributing cause of death. Although diabetes prevalence increased over the past decade, diabetes-related death rates have declined significantly during the same period.
- *Diabetes-related hospitalizations and outpatient treatment.* In total, during 2016 diabetes contributed to the need for services in 70,487 hospital visits – 9,067 of these were inpatient visits, where the person was admitted to a hospital, and 7% indicated diabetes as the primary diagnosis, or reason care was needed. The remaining 61,420 cases were outpatient visits (i.e., emergency department, outpatient surgery, outpatient observation, imaging labs, or other services), and about one-third (33%) of those indicated diabetes as the primary diagnosis.
- *Comparisons by demographic group.* Diabetes prevalence increased with age: from 2.0% among people ages 18-44 to 19.3% among people ages 65 and older. Diabetes prevalence was similar for men and women, but diabetes-related hospitalizations were greater among women than men, and death rates are greater among men than women.
- *Comparisons by race.* More Alaska Native people and Black or African American people have diabetes or prediabetes than Whites in Alaska. Diabetes-related death and hospitalization rates were greater among Asian, Pacific Islander, and Black or African American people in Alaska than among Whites. Hospitalization rates – but not death rates – were greater among Alaska Native people than Whites.

- *Regional comparisons.* Relative to the state as a whole, the prevalence of diabetes was higher in the Southeast-southern region, and lower in Fairbanks. Diabetes-related death rates were lower than the state average in Fairbanks, Kenai Peninsula, and the Yukon-Kuskokwim regions, which may be related to a combination of factors.
- *Screening for diabetes.* The American Diabetes Association recommends screening and testing for type 2 diabetes or prediabetes every three years at minimum for adults ages 45 or older, and adults of any age who are overweight or obese. About half (52.0%) of Alaska adults without diabetes have been tested for diabetes within the past three years; conservatively, 76% of Alaska adults met criteria for needing screening. Screening rates were lower in the Northwest and Yukon-Kuskokwim Delta regions than in the state overall.
- *Quality healthcare for people with diabetes.* Most Alaska adults with diabetes saw a healthcare provider for diabetes care in the past year (86%), however only about one-third of people with diabetes met a “quality of care” standard for effective clinical services (annual eye and foot exams, and a glycosylated hemoglobin [A1c] test at least twice per year).
- *Effective self-care practices.* More than half of Alaska adults with diabetes (60%) said they checked their own blood glucose daily, and 60% said they had ever taken a diabetes self-management class. Prevalence of these same two self-care practices was lower among Alaska Native people with diabetes than non-Native Alaskans (48% and 50% among Alaska Native people, respectively).
- *Risk factors.* Two-thirds (67%) of Alaska adults had two or more out of six key risk factors for developing or complicating diabetes; only 10% did not have any of these risk factors. Obesity or overweight was the most common risk factor among Alaska adults, affecting nearly two-thirds of adults, followed by physical inactivity, high blood pressure, high cholesterol, drinking sugary drinks every day, and smoking cigarettes.
- *Data gaps.* Currently, there is no information about diabetes prevalence among children in Alaska. However findings from a recent assessment show that between one-third and more than one-half of Alaska children in grades K-8 are overweight or obese, placing them at-risk and indicating that continued efforts to encourage healthy eating and physical activity among youth are important for preventing onset of type 2 diabetes.

Key activities by DHSS and partners to prevent diabetes in Alaska include:

- Providing education and information to the Alaska public.
- Promoting diabetes prevention programs (DPP) and diabetes self-management education and support (DSMES) programs.
- Supporting healthcare systems to improve screening for type 2 diabetes and care for people with diabetes.
- Expanding access to diabetes self-management.

Introduction

This report summarizes the most recently available information about diabetes prevalence, screening, risk factors, care practices, illness, and death in Alaska. The information can be used by Alaska public health partners and stakeholders – clinical and public health professionals, as well as other health advocacy partners and the public – to support continued planning and evaluation of diabetes prevention and control efforts.

What is diabetes? ¹

Diabetes is a chronic (long-lasting) disease that affects how the body turns food into energy. After being eaten, food is broken down into sugar (“glucose”) and released into the bloodstream. The pancreas makes a hormone called insulin, which allows blood sugar to enter the body’s cells for energy.

When a person has diabetes his/her body cannot make insulin, does not make enough insulin, or cannot use insulin as well as it should. The result is that too much sugar stays in the bloodstream. Over time, this can cause serious health problems including heart disease, vision loss, and kidney disease. Although there is no cure, the effects of diabetes can be reduced by living a healthy lifestyle, taking medications if prescribed, learning self-management skills, and working closely with a healthcare team to manage the condition.

Types of diabetes

There are three main types of diabetes.

Type 1 diabetes is when the body cannot make insulin. Only about 5% of people with diabetes have this type. Symptoms often develop quickly, and diagnosis is usually made among children, teens, and young adults. People with type 1 diabetes need to take insulin every day to survive. Currently, no one knows how to prevent this type of diabetes.

Type 2 diabetes is when the body does not make enough insulin or is unable to use insulin well and cannot keep blood sugar at normal levels. Most people with diabetes – about 9 out of 10 – have this type. It typically develops over many years and is usually diagnosed among adults, although now more young people are being diagnosed with it than in the past. There are usually no symptoms, so a blood test is needed to determine if someone has it. Type 2 diabetes can be prevented or delayed by healthy eating, regular physical activity, and losing weight if needed.

Gestational diabetes develops in pregnant women who have never had diabetes, and usually goes away after the baby is born. This condition creates some risks for the baby and increases risk of type 2 diabetes for the mother later in life.

¹ Content in this introductory section is adapted from the Centers for Disease Control and Prevention (CDC) publication *About Diabetes*. June 1, 2017. <https://www.cdc.gov/diabetes/basics/diabetes.html>

Prediabetes

When a person has higher than normal blood sugar levels, but not high enough to be diagnosed as type 2 diabetes, this health condition is called “prediabetes.” This is a serious condition that puts a person at risk for developing type 2 diabetes, heart disease, and stroke.

Why is diabetes a public health priority in Alaska?

This report provides the most current data available to describe the prevalence of diabetes and associated risk factors in Alaska. Based on this information, an estimated 41,000 adults in Alaska have been diagnosed with type 1 or type 2 diabetes, and another 62,000 have been diagnosed with prediabetes. This means that more than 100,000 Alaska adults are currently affected and at risk for a variety of serious health consequences.

The U.S. Centers for Disease Control and Prevention (CDC) reports that as many as two of every five American adults will develop type 2 diabetes in their lifetime, more people are developing diabetes during youth, and that racial and ethnic minorities continue to be affected at higher rates than other groups.²

Alaska has a unique population; one key factor is age. The state is relatively “younger” than other states: in the 2010 U. S. Census, Alaska’s median age was 33.8 years, compared to the U.S. overall median age of 37.2 years. However, during recent years, the population in Alaska has been changing: the percent of Alaska’s population over age 65 was 8% in 2010 (about 56,000 people) and 11% in 2017 (about 83,000 people).³ This change means that health conditions that affect older people – such as diabetes – will become an even greater public health concern for Alaska in the future.

Diabetes in Alaska

As of 2016:

- **7.5%** of adults have known diabetes.
- **11.1%** of adults have known prediabetes.

More than 100,000 Alaska adults have been diagnosed with diabetes or prediabetes, but more are likely at risk and do not know it.

² Centers for Disease Control and Prevention (CDC) *About Diabetes*. June 1, 2017.

<https://www.cdc.gov/diabetes/basics/diabetes.html>

³ United States Census Bureau, 2016. Annual estimates of the resident population for selected age groups for the U.S. and Alaska.

Methods

The following is a summary of the data sources, key definitions, analytic approaches, and notes on the presentation of data in this report. Additional detail is available in the Appendix.

Data Sources

- *Prevalence of diabetes and prediabetes and related risk factors.* The prevalence of these factors in Alaska was obtained from the Alaska Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an anonymous telephone survey of adults age 18 and older that is sponsored by the Centers for Disease Control and Prevention (CDC), and has been conducted in Alaska since 1991. Data from 2016 were the most recent data available for this report. It is the state's primary source of information on health risks and behaviors among the general population of adults. For the purposes of this report, "diabetes prevalence" refers to individuals' self-reported health care provider diagnosis of diabetes.
- *Hospitalizations.* Inpatient and outpatient data for people of all ages were provided by the Alaska Health Facilities Data Reporting (HFDR) program for 2016, the most recent data available. Prior years of data were not used because of concerns about completeness of data, as mandatory reporting did not begin until 2015. In addition, there was a significant change in the hospital data coding system during fall 2015 which substantially affected reporting. Only Alaska residents are included in the hospitalization data.
- *Deaths.* Information on cause of death (mortality) among adults was taken from the death certificate. Unless otherwise noted, Alaska statewide and U.S. data were obtained from the CDC WONDER Online Database, which includes data from all vital statistics programs in the U.S. Regional data included in this report, and data describing specific types of diabetes-related deaths, were obtained directly from the Alaska Health Analytics and Vital Records Section (HAVRS) within the Division of Public Health. Only Alaska residents are included in Alaska-specific rates. Data from 2016 were the most recent data available for this report.

Key Definitions

- *Race and ethnicity:* Identification of race and ethnicity varied by data source. In BRFSS, Alaska Native people includes all individuals who reported American Indian or Alaska Native as one of their race groups, regardless of ethnicity; Hispanic includes all others who identified as Hispanic ethnicity, regardless of race; Black or African American, White and Asian includes those who identified these as their race and were non-Hispanic; and "other" race groups include those who reported Pacific Islander, other, or multiple race groups that did not include Alaska Native or Hispanic ethnicity. In the hospitalization data, race is assigned as noted in the medical record; people with Hispanic ethnicity were reported separately, and all race groups are non-Hispanic. Race and ethnicity are reported as recorded on the death certificate.
- *Alaska regions:* Data are presented geographically in this report for Behavioral Health Systems Regions (BHSR). These are 11 reporting regions in Alaska with at least 20,000 individuals, allowing sufficient population sizes for reporting data on behavioral health services in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. For BRFSS, "rural Alaska" includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim (Y-K) Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

- *Low SES:* For BRFSS, “low socio-economic status (SES)” includes those who live in a household that is less than 185% of the federal poverty level, or who have completed less than a high school education.
- *Cause of death:* Only underlying (proximal) cause of death from diabetes is reported for state trends, gender, and race groups. However, for regional presentations, both underlying and contributing cause of death are reported in combination, so that more regions have reportable numbers (i.e., fewer regions have data suppressed due to small numbers). For this reason, death rates shown in tables and figures with regional data will be larger than those displaying statewide data.

Analytic Approaches

- *Confidence intervals.* Our report uses 95% confidence intervals. If there is no bias in the data collection system, there is a 95% chance (95 times out of 100 times) that the confidence interval around an estimate will include the true value. When confidence intervals for two estimates in the same data system do not overlap, those two estimates are “significantly” different from one another.
- *Age adjustment.* Age adjustment (sometimes called age standardization) is a statistical process that allows communities and states with different age structures to be compared. Age adjustment removes the influence of the differences in age distributions that occur from one population to another. Since the risk of developing chronic disease (e.g., diabetes, heart disease) is strongly associated with age, a geographic area with a high proportion of elderly residents could not be accurately compared with a younger-age populated area unless rates were adjusted to a standard reference population – the older community group would always naturally have a higher rate even if the two communities had the same risk.
- *Suppression of small numbers.* Estimates or counts based on small numbers were suppressed based on guidelines from the State of Alaska.

Notes on Presentation of Data

Throughout this report, visual cues are used to help the reader understand what types of data are being presented:

- Data shown on a vertical axis (i.e., column charts) included both Alaska statewide and U.S. data.
- Trend line charts are also used for Alaska statewide data and include U.S. data when available.
- Data shown on a horizontal axis (i.e., bar charts) are for Alaska alone, including contrasting subgroups within the state.
- All regional data are presented both with a map to provide geospatial context and a bar chart; colors were assigned by region to provide visual cues about relative rates, but different shades should not be interpreted as statistically significant differences.
- Confidence intervals are displayed in several ways in this report: as “dumbbell” error bars, as shaded areas around a trend line, and sometimes as “+” values around a reported point estimate.
- To summarize data across groups and regions, a color block “patchwork” table is included near the end of this report. Different colors were used to provide visual cues about relative rates, and patterns of risks across groups, but should not be interpreted as statistically significant differences.
- Descriptions of “significant” differences between groups are included in text only when statistically-based approaches found that the differences measured between groups are unlikely to

be due to variability in estimates or chance. Non-significant differences are typically not described in text as being “different” (e.g., higher or lower than other groups).

Diabetes and Prediabetes Prevalence

Diabetes prevalence. The prevalence of diabetes among Alaska adults in 2016 was 7.5% (95% confidence interval 6.9-7.7%). This translates to about 41,000 adults in Alaska who have been diagnosed with diabetes by a healthcare provider.

The prevalence of diabetes among Alaska adults has increased during recent years: age-adjusted rates⁴ significantly increased over the past 20 years, at an average rate⁵ of 0.6% per year during the past 10 years (see Figure 1). This is similar to increases that have been seen nationally. Alaska's prevalence has been similar to or slightly less than the national prevalence during the same period.

Prediabetes prevalence. The prevalence of prediabetes among Alaska adults in 2016 was 11.1% (95% confidence interval 9.9%-12.4%). This translates to approximately 62,000 adults who have been diagnosed with prediabetes.

The prevalence of prediabetes has significantly increased since it was first measured in Alaska: age-adjusted trends show a significant increase at the rate of approximately 4% per year since 2008 (see Figure 2). Currently, there is not a national annual source of data for diagnosed prediabetes to directly compare with Alaska's prevalence and trends of diagnosed prediabetes, but using data collected from about half of states, the CDC estimated that in 2015 the national state-level median for adults diagnosed with prediabetes was 7.0%.⁶

Undiagnosed conditions. Notably, many adults have diabetes or prediabetes and do not know it. A national study conducted in 2011-2014 used fasting blood glucose and hemoglobin A1C measurements taken from a sample of U.S. adults to determine whether individuals had diabetes or prediabetes, and also asked people whether they had been diagnosed by a health professional with either condition. They found that about 2.7% of U.S. adults had undiagnosed diabetes – about one in four of the people with physically measured diabetes.⁷ Based on these findings, another 15,000 adults in Alaska may have diabetes and not know they have it. The same study estimated that 33.9% of U.S. adults had prediabetes, but only about one in ten of these people with prediabetes reported being told by a health professional that they had this condition. Similarly, the number of Alaskans with prediabetes is likely to be much greater than the 62,000 estimated adults with prediabetes reported here; based on national prevalence estimates, perhaps as many as 123,000 more Alaska adults may be affected.

⁴ Reader note: age-adjusted prevalence estimates shown in Figure 1 are different than the most current statewide prevalence data highlighted in the first section of this report – age-adjustment is used to examine trends without the influence of changing age distributions in the state, and to compare to the U.S. without the influence of different underlying age distributions.

⁵ This means a 0.6% increase per year relative to the prior year, not a .6 percentage point increase in prevalence.

⁶ Centers for Disease Control and Prevention (CDC). *Diabetes Report Card 2017*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2018. Available at <https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2017-508.pdf> (last accessed 7/27/18)

⁷ Centers for Disease Control and Prevention (CDC). *National Diabetes Statistics Report, 2017 Estimates of Diabetes and Its Burden in the United States*. August 8, 2017. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf> See Table 1a. for prevalence of undiagnosed diabetes. (last accessed 7/27/18)

Summary of people affected. In sum, more than 100,000 Alaska adults have been diagnosed with diabetes or prediabetes, yet the actual number of people who are affected may be much greater – perhaps as many as 241,000 in total⁸ – because of the large share of people who have not been screened and diagnosed.

Differences by demographic groups. We examined five years of combined data in order to compare differences in diagnosed diabetes and prediabetes prevalence among major Alaska subpopulations.⁹ Figure 3 contrasts the prevalence of diabetes alone among subgroups, while Figure 4 shows the prevalence of both diabetes and prediabetes among subgroups. Prediabetes made up more than half of the total of combined diabetes and prediabetes among all adults (54%); it made up a relatively greater share of the total for women, Alaska Native, and younger adults (ages 18-44).

The prevalence of diabetes was similar among men and women in the state, but the prevalence of prediabetes and combined diabetes/prediabetes was greater among women than men.

Diabetes and combined diabetes/prediabetes prevalence were each higher among Black or African American adults than among other groups. Prediabetes and combined diabetes/prediabetes prevalence were higher among Alaska Native adults in comparison to Whites.

The prevalence of diabetes, prediabetes, and their combination were each higher among people with fewer economic resources (low SES) than among people with more economic resources (higher SES).

There were no significant differences in the prevalence of diabetes by urban (Anchorage, Mat-Su) and rural location overall.

The prevalence of diabetes increased significantly by age: from 2.0% among people ages 18-44 to 19.3% among adults ages 65 and older. Prediabetes and combined diabetes/prediabetes also increased significantly by age. When examining diabetes and prediabetes combined, one in four adults ages 55-64 were affected (25.0%), and nearly one in three adults ages 65 and older (32.9%) were affected.

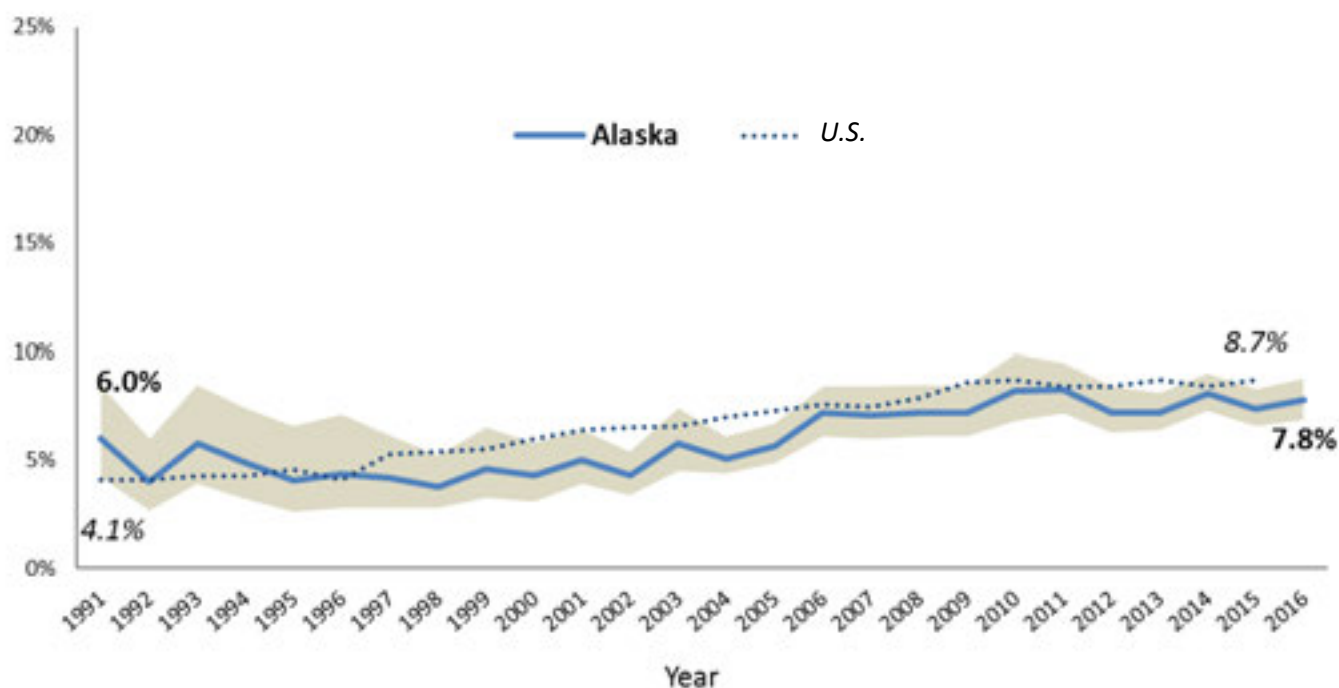
Differences by region. We examined five years of combined data to describe differences in diabetes prevalence for Alaska's Behavioral Health Systems regions (see Figure 5). Relative to the state overall, the prevalence of diabetes was significantly higher in the Southeast (SE)-southern region, and significantly lower in Fairbanks. Other regions of the state were not significantly different from the state overall, although the prevalence was different among some regions from one another (e.g., prevalence is higher in the Kenai Peninsula than Fairbanks).

⁸ This is the sum of adults with known diabetes or prediabetes and the estimated additional 22% of adults with undiagnosed diabetes or prediabetes (see table 3a in *National Diabetes Statistics Report, 2017 Estimates of Diabetes and Its Burden in the United States*. Available at <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>)

⁹ Reader note: state prevalence estimates for 5 years of data combined are different than the most current statewide prevalence data highlighted in the first section of this report.

Figure 6 shows regional patterns in the prevalence of prediabetes. Relative to the state overall, prevalence was significantly lower in Fairbanks, and other regions are not significantly different. The prevalence of prediabetes was lower in Fairbanks relative to several other individual regions as well.

Figure 1: Prevalence of ever being diagnosed with diabetes among adults
Alaska and U.S., 1991-2016 (U.S. through 2015), age-adjusted



Prevalence estimates are age-adjusted to the U.S. 2000 population, using 4 groups (18-34, 35-44, 45-64, 65+)

Shading shows 95% confidence interval for Alaska's annual rates. 95% confidence interval for U.S. rates averages to $\pm 1.4\%$.

Alaska data source: Alaska BRFSS Combined File. Question: *Has a doctor, nurse, or other health professional ever told you that you have diabetes?* (excludes female respondents who said that was only when they were pregnant)

U.S. data source: National Health Interview Survey (NHIS). Downloaded from www.cdc.gov/diabetes/data; Division of Diabetes Translation - Centers for Disease Control and Prevention.

Alaska trend was tested using Joinpoint software. Linear regression test for trend between 2007-2016 showed a statistically significant increase during that period with approximately 0.6% relative increase in prevalence per year.

*Supporting table for Figure 1: Prevalence of diagnosed diabetes among adults
Alaska and U.S., 1991-2016 (U.S. through 2015), age-adjusted*

Year	Alaska			U.S.		+ AK higher than U.S. – AK lower than U.S. Blank: no significant difference*
	Annual Prevalence	Lower CI	Upper CI	Annual Prevalence	% Difference (AK from U.S.)	
1991	6.0%	4.2%	8.5%	4.1%	1.9%	
1992	4.0%	2.7%	6.0%	4.1%	-0.1%	
1993	5.8%	3.9%	8.5%	4.3%	1.5%	
1994	4.9%	3.2%	7.4%	4.3%	0.6%	
1995	4.1%	2.6%	6.6%	4.6%	-0.5%	
1996	4.4%	2.8%	7.1%	4.1%	0.3%	
1997	4.2%	2.8%	6.2%	5.3%	-1.1%	
1998	3.8%	2.8%	5.2%	5.4%	-1.6%	
1999	4.6%	3.3%	6.5%	5.5%	-0.9%	
2000	4.3%	3.1%	5.8%	6.0%	-1.7%	
2001	5.0%	3.9%	6.4%	6.4%	-1.4%	
2002	4.3%	3.4%	5.4%	6.5%	-2.2%	-
2003	5.8%	4.5%	7.4%	6.6%	-0.8%	
2004	5.1%	4.4%	6.1%	7.0%	-1.9%	-
2005	5.7%	4.9%	6.7%	7.3%	-1.6%	-
2006	7.2%	6.1%	8.4%	7.6%	-0.4%	
2007	7.1%	6.0%	8.4%	7.5%	-0.4%	
2008	7.2%	6.1%	8.5%	7.9%	-0.7%	
2009	7.2%	6.1%	8.4%	8.6%	-1.4%	
2010	8.2%	6.8%	9.9%	8.7%	-0.5%	
2011	8.3%	7.2%	9.5%	8.4%	-0.1%	
2012	7.2%	6.3%	8.4%	8.4%	-1.2%	
2013	7.2%	6.4%	8.1%	8.7%	-1.5%	-
2014	8.1%	7.3%	9.0%	8.4%	-0.3%	
2015	7.4%	6.6%	8.3%	8.7%	-1.3%	-
2016	7.8%	6.9%	8.8%			

Prevalence estimates are age-adjusted to the U.S. 2000 population, using 4 groups (18-34, 35-44, 45-64, 65+)

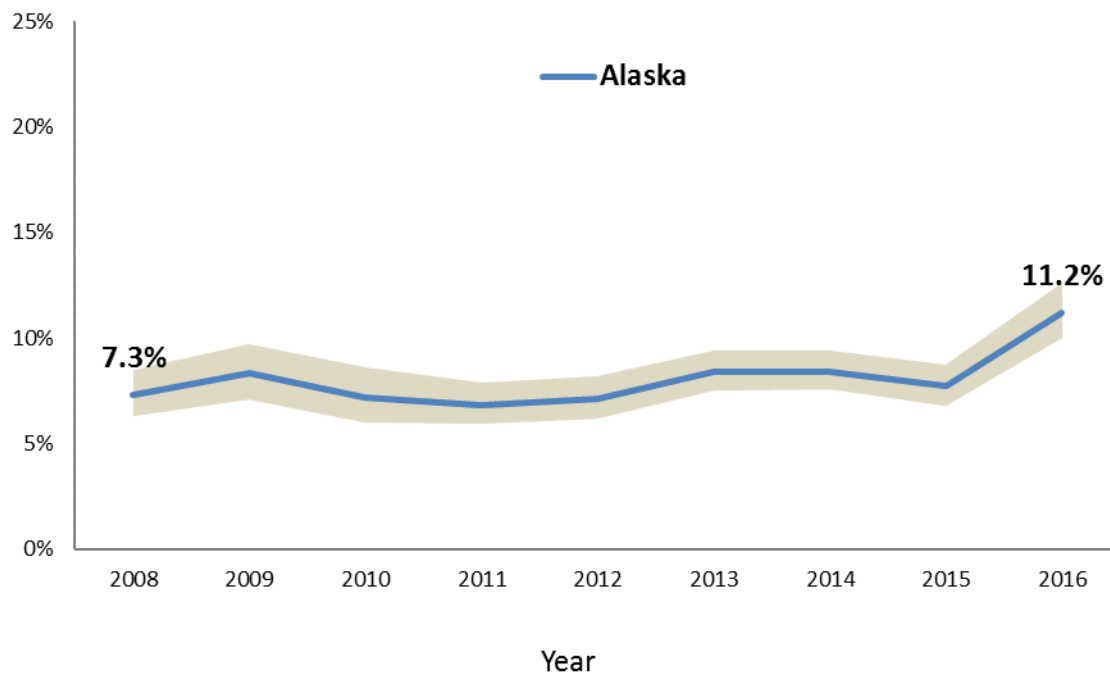
Alaska data source: Alaska BRFSS Combined File. Question: *Has a doctor, nurse, or other health professional ever told you that you have diabetes?* (excludes female respondents who said that was only when they were pregnant)

U.S. data source: National Health Interview Survey (NHIS). Downloaded from www.cdc.gov/diabetes/data; Division of Diabetes Translation, Centers for Disease Control and Prevention.

*Alaska rates are marked as higher (+) or lower (–) than the U.S. if the confidence intervals of age-adjusted estimates do not overlap. 95% confidence interval for U.S. rates averages to $\pm 0.3\%$.

Alaska trend was tested using Joinpoint software. Linear regression test for trend between 2007-2016 showed a statistically significant increase during that period with approximately 0.6% relative increase in prevalence per year.

Figure 2: Prevalence of ever being diagnosed with prediabetes among adults
Alaska, 2008-2016, age-adjusted



Supporting table for Figure 2: Prevalence of diagnosed prediabetes among adults
Alaska, 2008-2016, age-adjusted

	Alaska		
Year	Annual Prevalence	Lower CI	Upper CI
2008	7.3%	6.3%	8.5%
2009	8.3%	7.1%	9.7%
2010	7.2%	6.0%	8.6%
2011	6.8%	5.9%	7.9%
2012	7.1%	6.2%	8.2%
2013	8.4%	7.5%	9.4%
2014	8.4%	7.6%	9.4%
2015	7.7%	6.8%	8.7%
2016	11.2%	10.0%	12.6%

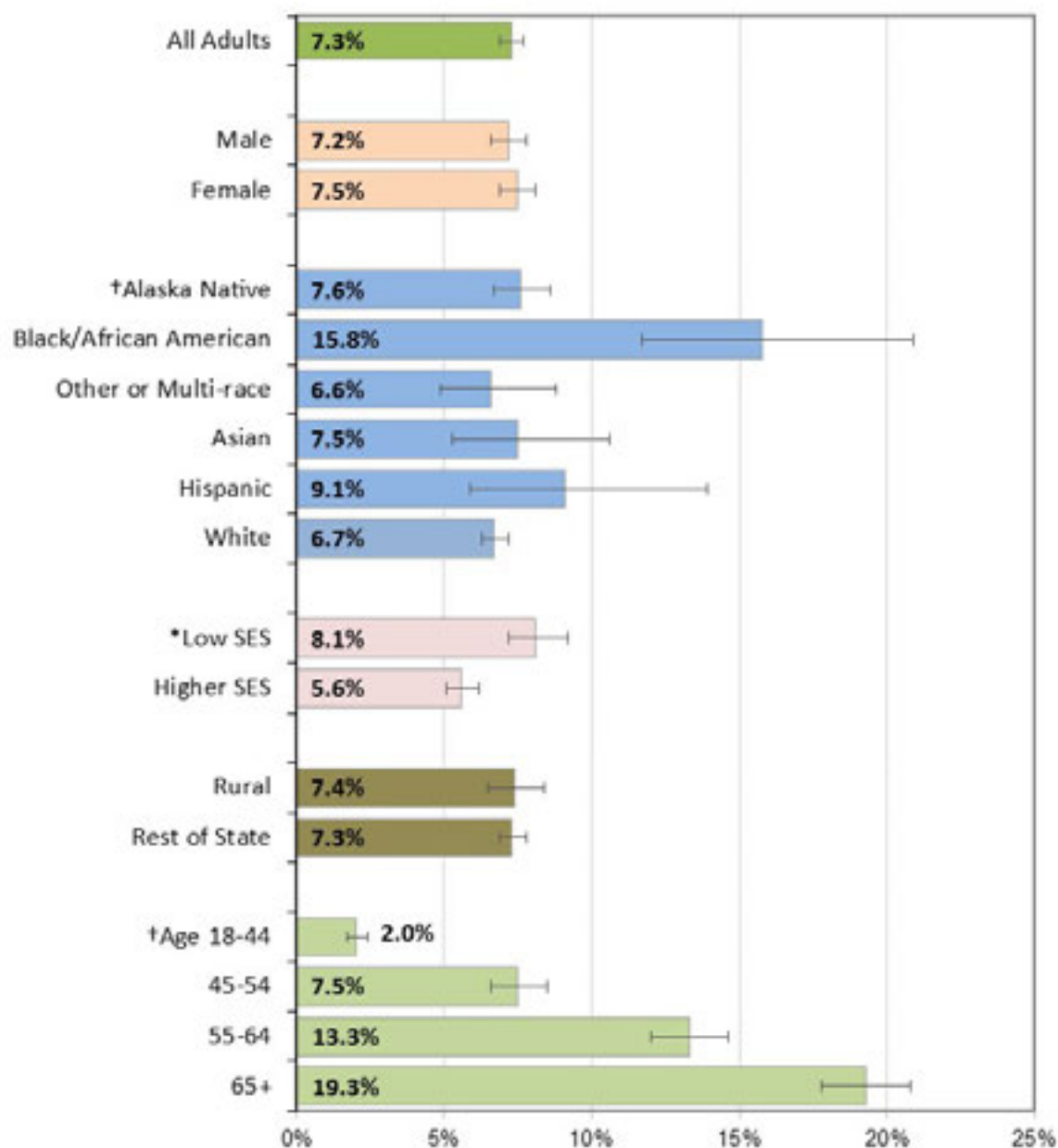
Prevalence estimates are age-adjusted to the U.S. 2000 population, using 4 groups (18-34, 35-44, 45-64, 65+)

Shading shows 95% confidence interval for Alaska's annual rates.

Data source: Alaska BRFSS Combined File. Question: *Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?* This does include women who were told only while pregnant.

Comparable national data are not available for prediabetes.

Figure 3: Prevalence of ever being diagnosed with diabetes among adults, by demographic group
Alaska, 2012-2016



Data source: Alaska BRFSS Combined File. Supporting data for this graph are included in Appendix Table 1.

*Indicates significant difference between dichotomous groups.

†Indicates intergroup differences (chi-square test).

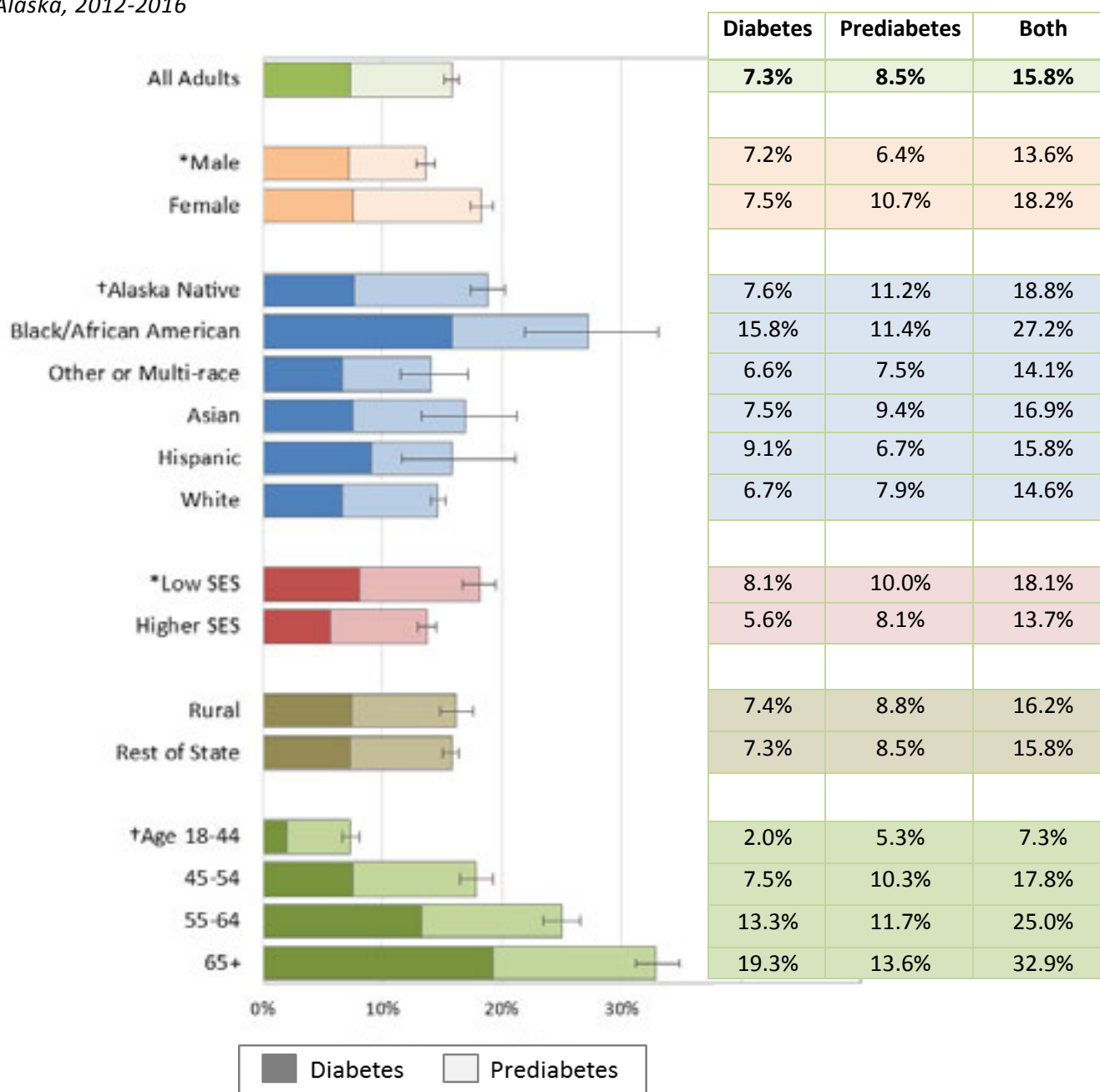
Definitions:

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim (Y-K) Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Figure 4: Prevalence of ever being diagnosed with diabetes or prediabetes among adults, by demographic group

Alaska, 2012-2016



Data source: Alaska BRFSS Combined File. Supporting data for this graph are shown in Appendix Table 1.

*Indicates significant difference between dichotomous groups for combined diabetes and prediabetes.

†Indicates intergroup differences (chi-square test) for combined diabetes and prediabetes.

Definitions:

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim (Y-K) Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Figure 5: Prevalence of ever being diagnosed with diabetes among adults, by Behavioral Health Systems Region
Alaska, 2012-2016



Prevalence of ever being diagnosed with diabetes by Behavioral Health Systems Region
Alaska adults, 2012-2016

	Prevalence	Lower CI	Upper CI
State of Alaska	7.3%	6.9%	7.7%
Anchorage	7.5%	6.7%	8.3%
Fairbanks*	5.9%	5.1%	6.8%
Juneau	6.1%	4.9%	7.6%
Kenai Peninsula	8.1%	7.1%	9.2%
Mat-Su	7.6%	6.7%	8.6%
Northwest	5.8%	4.4%	7.6%
Other Interior	8.3%	7.1%	9.7%
SE-northern	7.6%	6.1%	9.4%
SE-southern*	9.6%	7.7%	12.0%
Southwest	5.2%	3.6%	7.6%
Y-K Delta	8.8%	7.2%	10.8%

Data source: Alaska BRFSS Combined File.

*Indicates significant difference between region and state overall.

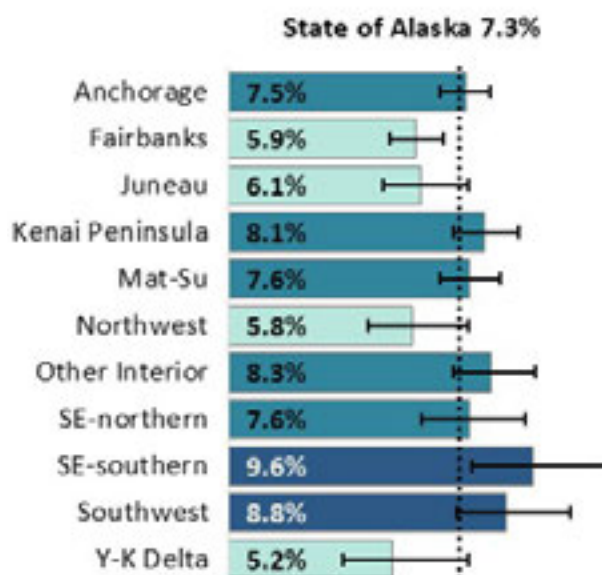


Figure 6: Prevalence of ever being diagnosed with prediabetes among adults, by Behavioral Health Systems Region

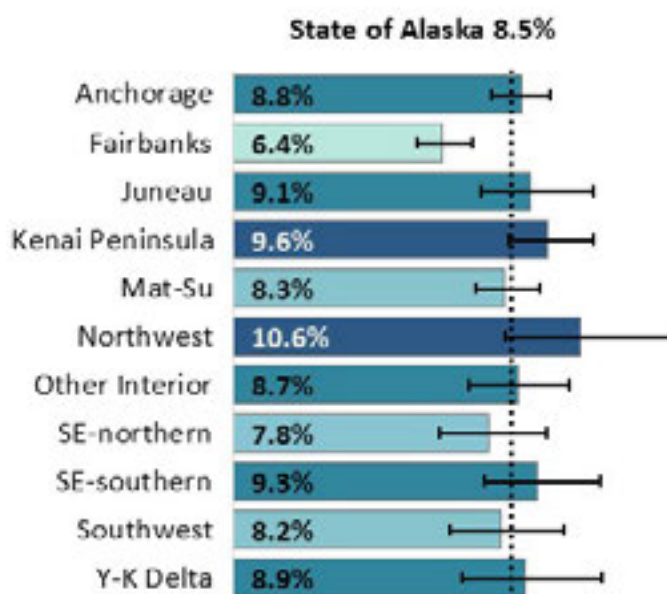
Alaska, 2012-2016



Prevalence of ever being diagnosed with prediabetes by Behavioral Health Systems Region

Alaska adults, 2012-2016

	Prevalence	Lower CI	Upper CI
State of Alaska	8.5%	8.1%	9.0%
Anchorage	8.8%	7.9%	9.7%
Fairbanks*	6.4%	5.6%	7.3%
Juneau	9.1%	7.6%	11.0%
Kenai Peninsula	9.6%	8.4%	11.0%
Mat-Su	8.3%	7.4%	9.4%
Northwest	10.6%	8.3%	13.4%
Other Interior	8.7%	7.2%	10.3%
SE-northern	7.8%	6.3%	9.6%
SE-southern	9.3%	7.7%	11.2%
Southwest	8.2%	6.6%	10.1%
Y-K Delta	8.9%	7.0%	11.3%



Data source: Alaska BRFSS Combined File.

*Indicates significant difference between region and state overall.

Gestational Diabetes¹⁰

Gestational diabetes occurs when women who did not have diabetes develop higher than normal blood glucose levels while pregnant, raising the risk of complications for both mother and baby. It is usually diagnosed during prenatal visits, and typically goes away after delivery. Most women do not experience any symptoms. Mothers with gestational diabetes are more likely to have large babies (over 9 pounds), which can complicate delivery and increase the risk of needing a cesarean section. Infants born to women with gestational diabetes have a higher risk of developing diabetes.

Risk factors for gestational diabetes include being overweight before pregnancy and having a family history of diabetes. It is more common among American Indian/Alaska Native, Hispanic, Native Hawaiian, Pacific Islander, and African American women.

Having gestational diabetes is also associated with developing type 2 diabetes later in life. To reduce this risk, women should receive routine diabetes screenings after pregnancy, stay physically active, eat a healthy diet, and maintain a healthy weight.

The percentage of adult women in Alaska who have ever been diagnosed with gestational diabetes has been stable during recent years. The most recent prevalence estimate for gestational diabetes is 1.8% among Alaska women in 2016, as measured by the Alaska BRFSS. This is similar to the national prevalence for gestational diabetes in 2015 (the most recent year of data available), which was 1.7%.¹¹

¹⁰ General descriptive content in this section was adapted from the Centers for Disease Control and Prevention (CDC) *Gestational Diabetes* website, updated July 25, 2017. <https://www.cdc.gov/diabetes/basics/gestational.html> and CDC *Gestational Diabetes* publication CS248137 <https://www.cdc.gov/diabetes/pubs/pdf/gestationalDiabetes.pdf> (last accessed 7/27/18)

¹¹ Alaska Department of Health and Social Services, *Health Indicator Report of Diabetes: Gestational Diabetes*, published 9/21/17. <http://ibis.dhss.alaska.gov/indicator/view/DiabGestDiab.year.html> (last accessed 6/27/18)

Burden of Diabetes

Diabetes-related Deaths

Diabetes is one of the leading causes of death (mortality) among adults, both in Alaska and in the U.S. Contribution to death can be indicated on the death certificate in one of two ways:

Underlying cause is the proximal or direct cause of death. This is the condition or injury that initiated the chain of events that led directly and inevitably to death.

Contributing cause is any condition or injury that initiated the events leading to death, but which itself is not the immediate cause of death.

For the purposes of this report, “diabetes-related deaths” can refer to either deaths where diabetes is the underlying cause, or deaths where diabetes is either the underlying or a contributing cause; notes will identify which classification is used.

In 2016, there were 122 deaths directly caused by diabetes, making it the eighth leading cause of death in the state (see Table 1). The rate of diabetes death was slightly lower in Alaska than for the U.S. overall.

Table 1: Leading causes of death in Alaska and the U.S. (2016)

Cause of Death by Rank in Alaska	Alaska Deaths			U.S. Deaths	
	Number	%	Age-adjusted Rate	Age-adjusted Rate	Rank
1. Cancer	974	22%	152.5	155.8	2
2. Diseases of the Heart	814	18%	136.3	165.5	1
3. Unintentional Injuries	429	9%	61.9	47.4	3
4. Chronic Lower Respiratory Disease	236	5%	40.4	40.6	4
5. Stroke	193	4%	38.2	37.3	5
6. Suicide	186	4%	25.3	13.5	10
7. Chronic Liver Disease and Cirrhosis	123	3%	15.9	10.7	12
8. Diabetes	122	3%	18.6	21.0	7
9. Alzheimer’s Disease	109	2%	25.4	30.3	6
10. Influenza and Pneumonia	60	1%	12.4	13.5	8
Subtotal for top 10 causes	3,246	72%			
Total deaths	4,520	100%			

Alaska Data source: State of Alaska, Department of Health and Social Services. Alaska Vital Statistics 2016 Annual Report. Available at http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_AnnualReport_2016.pdf (last accessed 1-18-2019)

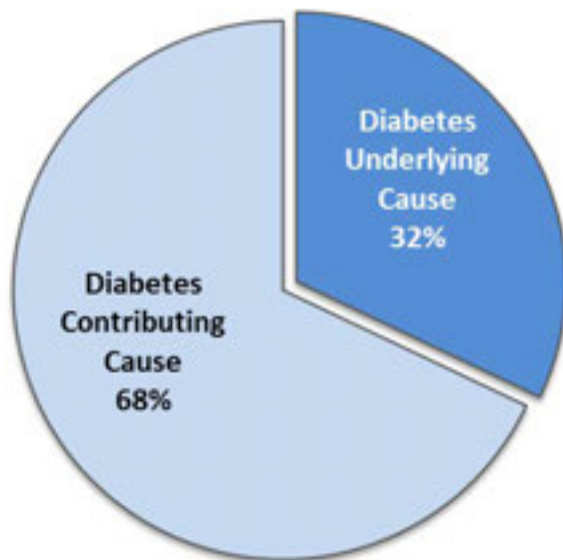
Underlying cause. Only Alaska residents are included in Alaska estimates.

U.S. data source: Xu JQ, Murphy SL, Kochanek KD, Bastian B, Arias E. Deaths: Final data for 2016. National Vital Statistics Reports; vol 67 no 5. Hyattsville, MD: National Center for Health Statistics. 2018. Available at https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf (last accessed 1-18-2019)

Between 2007 and 2016, a total of 3,662 deaths were related to diabetes in Alaska – an average of more than 360 per year. About one in three (32%) of these deaths were directly caused by diabetes, as indicated on the death certificate (i.e., the “underlying cause of death”), while the remaining two-thirds (68%) indicated that diabetes contributed to the death but was not the direct cause (i.e., “contributing cause of death”) (see Figure 7).

Figure 7: Diabetes-related deaths

Alaska, 2007-2016



Data source: Alaska Division of Public Health, Health Analytics and Vital Records Section, Mortality Data.

3,662 total deaths: 889 underlying cause; 2,773 contributing cause.

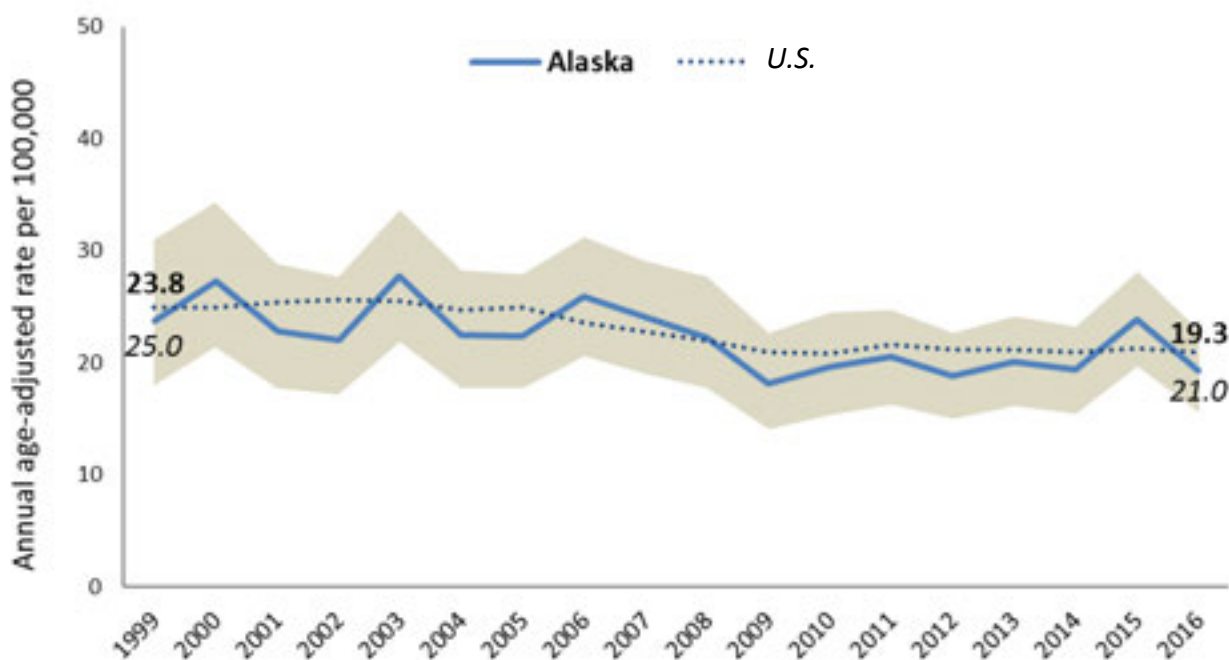
Trends in diabetes deaths. Despite increasing prevalence, diabetes-related deaths have declined in Alaska during recent years (see Figure 8). Between 1999 and 2016, the rate of diabetes-related deaths in Alaska declined significantly from 23.8 to 19.3 per 100,000—a relative decline of approximately 1.4% per year. Death rates have not been different in Alaska than the U.S. during any years.

Diabetes deaths by demographic group. We combined five years of death data to describe diabetes-related death rates among specific populations of Alaska. The rate of diabetes deaths was higher among men than women in Alaska, similar to the U.S. (see Figure 9). While the rate of diabetes deaths among men was not different than the U.S., the rate among women in Alaska was slightly lower than for the U.S.

Diabetes death rates were higher among Asian/Pacific Islanders and Black/African Americans than the state average, and also higher than for Whites (see Figure 10). While overall rates of death from diabetes were similar between Alaska and the U.S., rates were significantly higher in Alaska among Asian/Pacific Islanders, but significantly lower among American Indian/Alaska Native people.

We combined 10 years of death data, for underlying and contributing causes combined, to provide sufficient data to describe diabetes-related death rates for Alaska's regions (see Figure 11). In comparison to the state overall, diabetes-related death rates were lower in Fairbanks, Kenai and Yukon-Kuskokwim (Y-K) regions. These lower death rates could be due to diabetes-specific factors, such as lower prevalence (the prevalence in Fairbanks was significantly lower than the state average, see Figure 5), higher incidence in these regions of other competing causes of death, differences in reporting causes of death, or a combination of several factors.

Figure 8: Diabetes-related death rates among adults
Alaska and U.S., 1999-2016, age-adjusted, underlying cause only



Shading shows 95% confidence interval for Alaska's annual rates. 95% confidence interval for U.S. rates averages to ± 0.1 .

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Mar 29, 2018 5:50:58 PM.

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups - Census P25-1130). Alaska deaths are for Alaska residents only.

Alaska trend was tested using Joinpoint software. Annual Percent Change was -1.43 ($p < .05$).

*Supporting table for Figure 8: Diabetes-related death rates among adults
Alaska and U.S., 1999-2016, age-adjusted, underlying cause only*

Year	Alaska			Year	U.S.		
	Annual Rate	Lower CI	Upper CI		Annual Rate	% Difference (AK from U.S.)	+ AK higher than U.S. – AK lower than U.S. Blank: no significant difference*
1999	23.8	18.0	31.0	67	25.0	-5%	
2000	27.3	21.4	34.3	87	25.0	9%	
2001	22.8	17.7	28.8	80	25.4	-10%	
2002	22.0	17.2	27.7	86	25.6	-14%	
2003	27.7	21.9	33.6	102	25.5	9%	
2004	22.5	17.8	28.2	93	24.7	-9%	
2005	22.4	17.7	27.9	93	24.9	-10%	
2006	25.9	20.6	31.2	109	23.6	10%	
2007	24.1	19.0	29.1	105	22.8	6%	
2008	22.3	17.7	27.7	93	22.0	1%	
2009	18.1	14.1	22.7	84	21.0	-14%	
2010	19.6	15.4	24.5	86	20.8	-6%	
2011	20.5	16.3	24.7	107	21.6	-5%	
2012	18.8	15.0	22.7	107	21.2	-11%	
2013	20.1	16.1	24.1	112	21.2	-5%	
2014	19.4	15.5	23.2	113	20.9	-7%	
2015	23.9	19.7	28.1	142	21.3	12%	
2016	19.3	15.6	22.9	124	21.0	-8%	

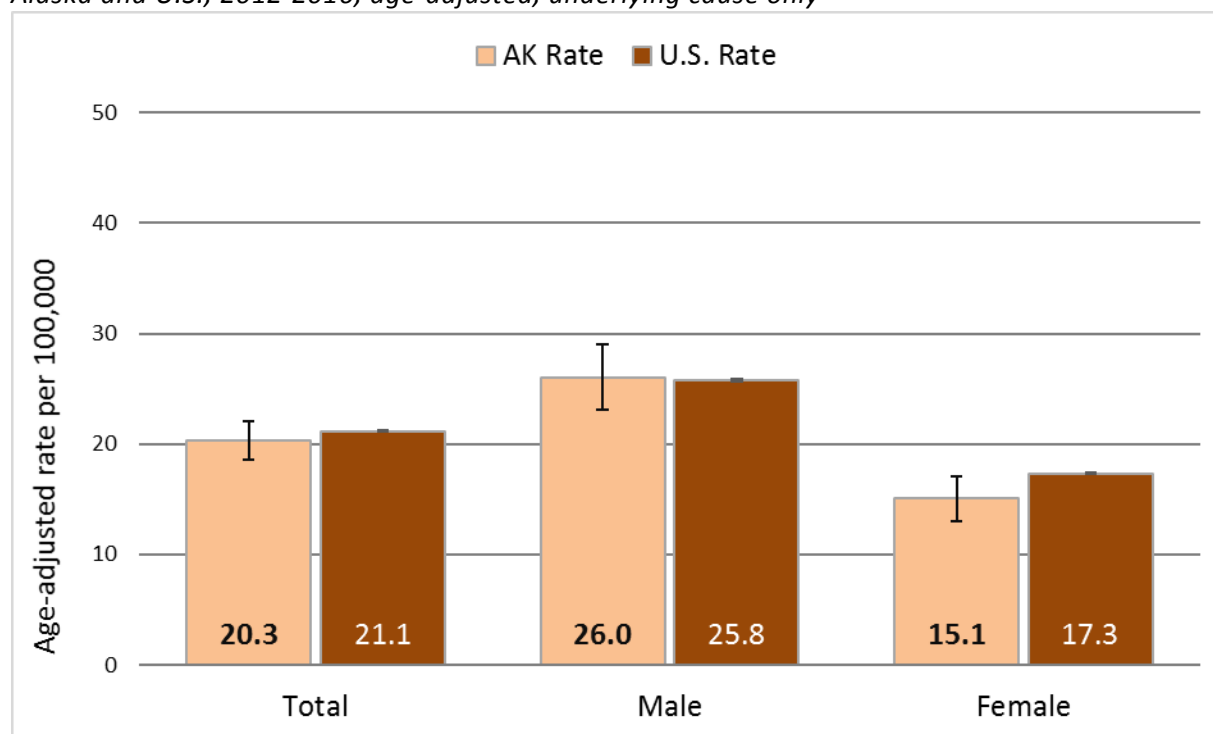
Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Mar 29, 2018 5:50:58 PM.

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups - Census P25-1130). Only Alaska residents are included for Alaska estimates.

Alaska trend was tested using Joinpoint software. Annual Percent Change was -1.43 (p<.05).

Figure 9: Diabetes-related death rates among adults, by gender

Alaska and U.S., 2012-2016, age-adjusted, underlying cause only



Supporting table for Figure 9: diabetes-related death rates among adults, by gender

Alaska and U.S., 2012-2016, age-adjusted, underlying cause only

	Alaska			Count	U.S.		
	Rate	Lower CI	Upper CI		Rate	Lower CI	Upper CI
Total	20.3	18.6	22.1	598	21.1	21.1	21.2
Male*	26.0	23.1	29.0	376	25.8	25.7	25.9
Female*	15.1	13.0	17.1	222	17.3	17.3	17.4

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Apr 3, 2018

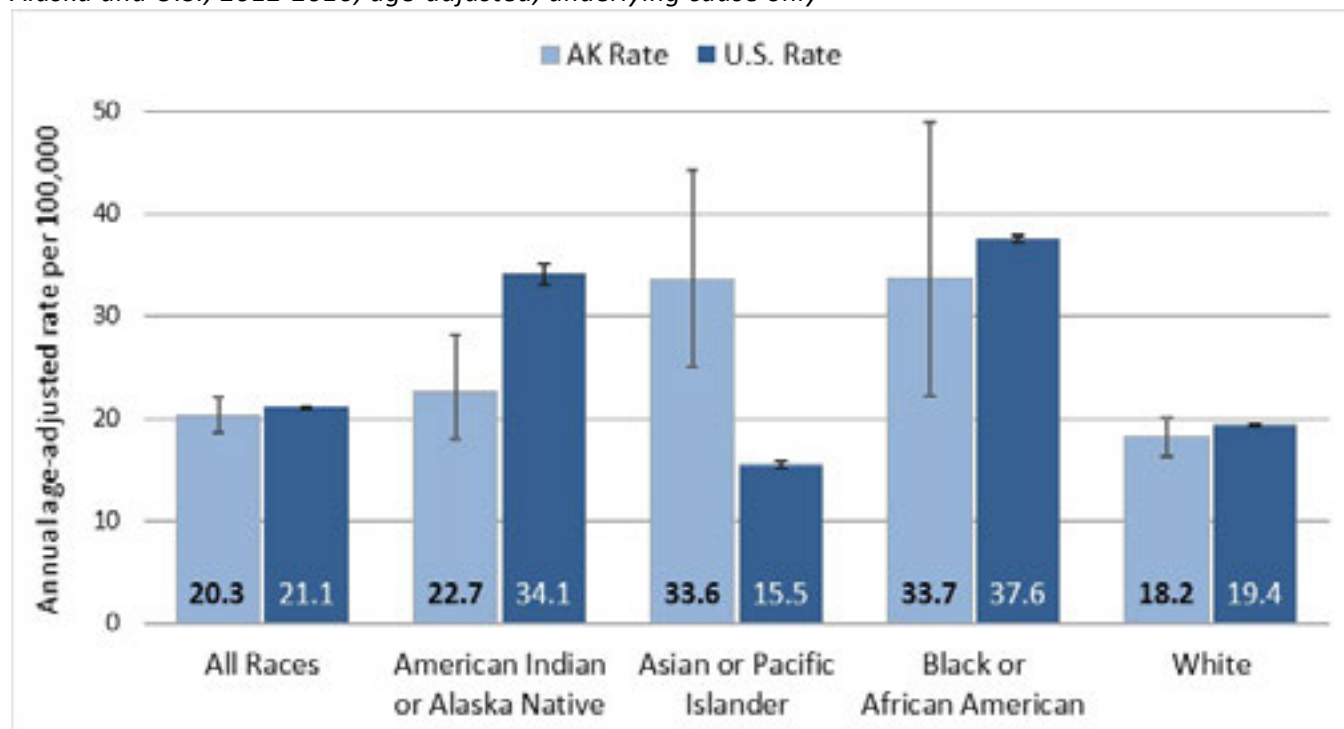
Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups - Census P25-1130. Only Alaska residents are included for Alaska estimates.

* Within Alaska, diabetes-related death rates for men are significantly higher than for women; this is also true for the U.S.

+ Diabetes-related death rates among women are lower for Alaska than for the U.S.

Figure 10: Diabetes-related death rates among adults, by race

Alaska and U.S., 2012-2016, age-adjusted, underlying cause only



Supporting table for Figure 10: Diabetes-related death rates among adults, by race

Alaska and U.S., 2012-2016, age-adjusted, underlying cause only

	Alaska				U.S.		
	Rate	Lower CI	Upper CI	Count	Rate	Lower CI	Upper CI
All Races	20.3	18.6	22.1	598	21.1	21.1	21.2
American Indian or Alaska Native+	22.7	18.0	28.2	90	34.1	33.1	35.1
Asian or Pacific Islander*+	33.6	25.0	44.3	57	15.5	15.2	15.8
Black or African American*	33.7	22.2	49.0	32	37.6	37.3	37.9
White	18.2	16.3	20.1	419	19.4	19.3	19.5

Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Apr 3, 2018

Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups - Census P25-1130). Only Alaska residents are included for Alaska estimates.

* Within Alaska, death rates are higher for Asian or Pacific Islander and Black or African American in comparison to the state average and to Whites alone.

+ Death rates for American Indian or Alaska Native people in Alaska are lower than for the U.S.; rates for Asian or Pacific Islander people in Alaska are higher than for the U.S.

Figure 11: Diabetes-related death rates among adults, by Behavioral Health Systems Region

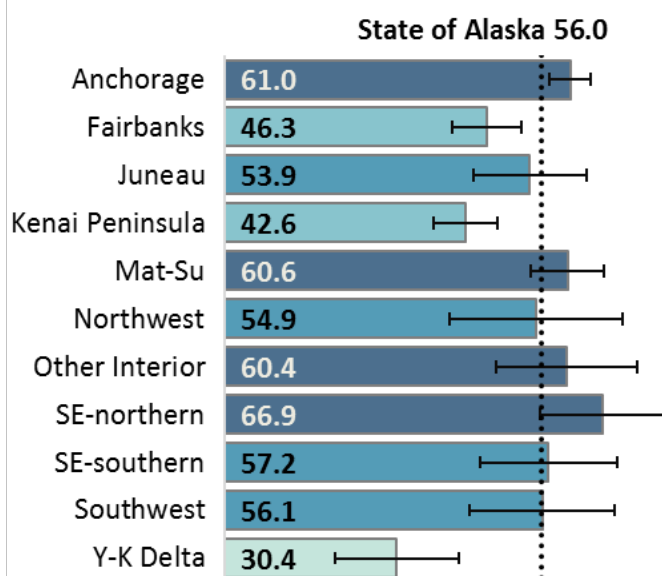
Alaska, 2007-2016, age-adjusted, underlying and contributing cause



Supporting table for Figure 11: Diabetes-related death rates among adults, by Behavioral Health Systems Region

Alaska, 2007-2016, age-adjusted, underlying and contributing cause

	Rate	Lower CI	Upper CI	Count
State of Alaska	56.0	53.8	58.3	2,781
Anchorage	61.0	57.3	64.7	1,200
Fairbanks*	46.3	40.3	52.4	264
Juneau	53.9	43.9	64.0	128
Kenai Peninsula*	42.6	36.9	48.3	240
Mat-Su	60.6	54.1	67.0	396
Northwest	54.9	39.6	70.3	60
Other Interior	60.4	47.9	72.9	109
SE-northern	66.9	55.7	78.0	148
SE-southern	57.2	45.2	69.3	95
Southwest	56.1	43.2	68.9	97
Y-K Delta*	30.4	19.5	41.3	36



Data source: Alaska Division of Public Health, Health Analytics and Vital Records Section, Mortality Data. Underlying and contributing cause. Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population (19 age groups - Census P25-1130). Only Alaska residents are included.

*Indicates significant difference between region and state overall.

Diabetes-related Hospitalizations

We examined diabetes-related hospitalization rates for Alaska for 2016, the most recent data available.¹² These datasets include both inpatient (admitted to the hospital) and outpatient (i.e., emergency department, outpatient surgery, outpatient observation, imaging labs, or other services) visits. “Diabetes-related” visits could list diabetes as the primary reason for the visit, or a contributing or complicating factor that was not the primary reason for the visit (i.e., “secondary”).

Although only about 1% of diabetes-related hospital visits were inpatient visits where diabetes was the primary cause (637 total visits), diabetes contributed to the need for hospital treatment in 70,487 total visits during 2016 (see Table 2). Of the diabetes-related inpatient visits (13% of total diabetes-related visits), only 7% indicated diabetes as the primary cause, in comparison to 33% of the outpatient visits.

Rates of diabetes-related hospitalization were similar to diabetes prevalence among subgroups: higher for females than males and increasing with age. One exception is that among children (those under age 18) for both diabetes-related inpatient and outpatient visits, diabetes was more likely to be characterized as the primary reason for the visit than for other age groups (74% and 67%, respectively).

Total diabetes-related hospitalization rates were higher among Asian, Pacific Islander, Alaska Native, and Black/African American people in comparison to White and Hispanic people (see Table 3).

¹² See description of hospitalization data in Appendix for additional detail.

Table 2: Number and rate of inpatient and outpatient hospital discharges for diabetes, by gender and age

Alaska, 2016

	Inpatient-Diabetes		Outpatient-Diabetes		Total
	Primary	Secondary	Primary	Secondary	
Total					
Discharges	637	8,430	20,059	41,361	70,487
Rate per 10,000	8.6	114.0	271.2	559.2	952.9
Male					
Discharges	389	4,280	10,057	20,203	34,929
Rate per 10,000	10.2	112.0	263.2	528.8	914.2
Female					
Discharges	248	4,150	10,002	21,157	35,557
Rate per 10,000	6.9	116.0	279.7	591.6	994.3
<18					
Discharges	69	24	396	194	683
Rate per 10,000	3.6	1.3	20.9	10.2	36.1
18-44					
Discharges	228	745	3,196	5,819	9,988
Rate per 10,000	8.3	27.0	115.7	210.6	361.5
45-64					
Discharges	205	3,223	8,706	17,827	29,961
Rate per 10,000	10.5	165.2	446.3	913.8	1535.8
65+					
Discharges	135	4,438	7,761	17,520	29,854
Rate per 10,000	17.1	562.1	982.9	2218.9	3781.0

Data source: Alaska Division of Public Health, Health Analytics and Vital Records Section, Health Facilities Data Reporting Inpatient and Outpatient Database 2016, v5.

Excludes gestational diabetes.

Only hospitalizations for Alaska residents are shown.

Rates are per 10,000 population in the state of Alaska.

“Secondary” are contributing or complicating factors that are not the primary reason for the visit.

Table 3: Number and rate of inpatient and outpatient hospital discharges for diabetes, by race and ethnicity

Alaska, 2016

	Inpatient-Diabetes		Outpatient-Diabetes		Total
	Primary	Secondary	Primary	Secondary	
White					
Discharges	412	5,362	9,355	22,600	37,729
Rate per 10,000	8.4	109.7	191.4	462.3	771.9
Black/African American					
Discharges	50	401	684	2,232	3,367
Rate per 10,000	18.2	146.2	249.3	813.6	1227.4
Alaska Native					
Discharges	75	1,225	6,045	9,480	16,825
Rate per 10,000	6.6	108.4	535.1	839.2	1489.4
Asian					
Discharges	16	507	1,058	2,129	3,710
Rate per 10,000	nr	515.8	1076.4	2166.0	3774.5
Pacific Islander					
Discharges	24	319	424	1,617	2,384
Rate per 10,000	24.4	324.5	431.4	1645.1	2425.5
Hispanic					
Discharges	28	250	586	1,395	2,259
Rate per 10,000	5.5	49.2	115.3	274.5	444.5

Data source: Alaska Division of Public Health, Health Analytics and Vital Records Section, Health Facilities Data Reporting Inpatient and Outpatient Database 2016, v5. Excludes gestational diabetes.

Only hospitalizations for Alaska residents are shown.

Categories are mutually exclusive: all race groups are non-Hispanic; Hispanic ethnicity includes people of all race groups.

Rates are per 10,000 population in the state of Alaska.

“Secondary” are contributing or complicating factors that are not the primary reason for the visit.

nr: rate not reported due to small numbers.

Economic Costs

Diabetes-related deaths and hospitalizations – as well as other outcomes associated with chronic disease – have economic costs to the public sector, as well as placing a burden on people with diabetes and their families. The CDC reports that after adjusting for age and gender, average medical expenditures among people with diagnosed diabetes are more than double the costs for people without diabetes.¹³ To understand costs of providing healthcare services for people with diabetes in Alaska, a comprehensive study commissioned by the State of Alaska Division of Public Health assessed the economic costs to Medicaid for treating diabetes and other chronic conditions.¹⁴

The study reported that diabetes and other chronic conditions were more common among Medicaid-eligible adults in Alaska than non-Medicaid eligible adults. The prevalence of diabetes was 7.5% among Medicaid-eligible adults and 4.7% among other Alaska adults overall; and 27.8% among Medicaid-eligible adults ages 65 and older in comparison to 20.1% among non-eligible adults of the same age. Having diabetes was associated with other chronic conditions as well, including heart disease and obesity; prevalence of co-occurring conditions was higher among the Medicaid eligible population than the non-eligible population.

The study further described costs of providing healthcare to adults with diabetes among the 102,547 Alaska Medicaid-enrolled adults in FY2016 (54% of the total persons covered were adults in that year). Medicaid-paid healthcare costs were recorded for 5,400 adults with diabetes. The average cost for healthcare in FY2016 was nearly \$36,000 per person with diabetes, in stark contrast to the average of about \$7,700 spent per person without a chronic health condition in the same year. In total, more than \$193 million in Medicaid costs were paid for people with diabetes in Alaska in that year. About \$72 million of this funding was from Alaska's state general fund (37%), and the remaining costs were covered by federal funds. Notably, these costs included only those paid by Medicaid, and do not account for medical care received from outside the system, and also do not account for other important economic costs to individuals and their families (e.g., lost work or inability to maintain employment).

¹³ Centers for Disease Control and Prevention (CDC). *National Diabetes Statistics Report, 2017 Estimates of Diabetes and Its Burden in the United States*. August 8, 2017. <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

¹⁴ Helvoight TL, Lehdorff H, McMillan N. Evergreen Economics. *The Cost of Eight Chronic Conditions on Alaska's Medicaid Program*. October 18, 2017. http://dhss.alaska.gov/dph/Chronic/Documents/Publications/2017_CostOfChronicConditions_EvergreenEconomics_web.pdf

Diabetes Control

Screening for Diabetes

The American Diabetes Association recommends screening and testing for type 2 diabetes or prediabetes among all adults ages 45 or older every three years at a minimum, adults of any age who are overweight or obese and have one or more additional risk factors for type 2 diabetes, and recently recommended consideration of testing for diabetes in children or adolescents who are overweight or obese.¹⁵

About half (52.0%) of Alaska adults without diabetes have been tested for diabetes within the past three years. Conservatively, at least 76% of Alaska adults who do not have diabetes met criteria for screening (i.e., people age 45 and older and people ages 18-44 who are overweight or obese) and should be screened.

Women were more likely than men to have been tested in the past three years (55.7% vs. 48.5%). Screening rates increased significantly by age: 42.3% of adults ages 18-44 had been screened in comparison to 68.3% of adults ages 65 and older. Black/African American adults and White adults were similarly likely to have been screened (57.1% and 54.9%, respectively); Alaska Native (45.4%), Hispanic (41.3%) and Asian (38.7%) adults were less likely to have been screened. People with fewer economic resources (low socioeconomic status or SES) were less likely than those of higher SES to have been screened (45.4% vs. 57.7%). (data not shown, see Appendix Table 2 for details).

Adults in Southeast (SE) Alaska – both northern and southern regions – were more likely to have been tested within the past three years than the state average (see Figure 12). Adults in the Northwest and Yukon-Kuskokwim (Y-K) regions were less likely than the state average to have been tested.

Other screenings. In addition to screening for diabetes, adults should receive regular screenings for high cholesterol and blood pressure; both are risk factors for developing diabetes, as well as for diabetes complications among those who already have diabetes. Appendix Table 2 provides the prevalence of current screenings for major Alaska population groups.

¹⁵ American Diabetes Association. *Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes – 2018*. Diabetes Care. January 2018. Vol 41, Supplement 1: S13-S27.

http://care.diabetesjournals.org/content/diacare/suppl/2017/12/08/41.Supplement_1.DC1/DC_41_S1_Combined.pdf

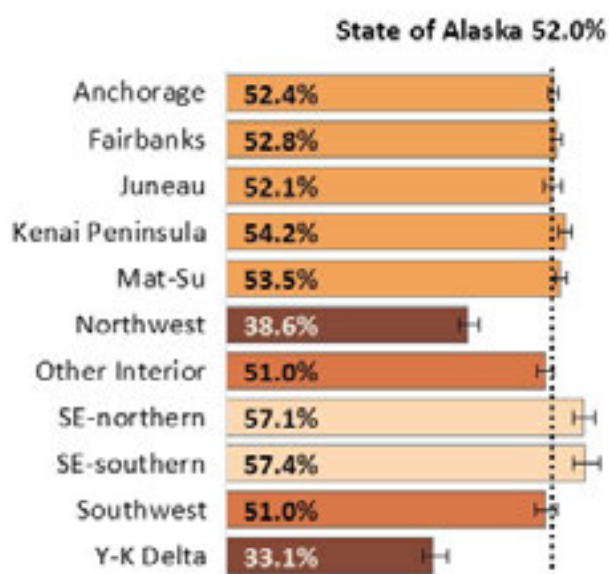
Figure 12: Meeting diabetes screening recommendations among adults, by Behavioral Health Systems Region

Percentage of all adults without diabetes who have been tested for diabetes in the past 3 years, Alaska, 2012-2016



Percentage of adults without diabetes who have been tested for diabetes in the past 3 years, by Behavioral Health Systems Region, Alaska, 2012-2016

	Prevalence	Lower CI	Upper CI
State of Alaska	52.0%	51.1%	52.9%
Anchorage	52.4%	50.7%	54.2%
Fairbanks	52.8%	50.8%	54.8%
Juneau	52.1%	49.0%	55.2%
Kenai Peninsula	54.2%	51.9%	56.5%
Mat-Su	53.5%	51.5%	55.6%
Northwest*	38.6%	34.8%	42.6%
Other Interior	51.0%	48.1%	53.9%
SE-northern*	57.1%	53.4%	60.7%
SE-southern*	57.4%	53.4%	61.2%
Southwest	51.0%	47.3%	54.7%
Y-K Delta*	33.1%	29.6%	36.9%



Data source: Alaska BRFSS Combined File. Have you had a test for high blood sugar or diabetes within the past three years?

*Indicates significant difference between region and state overall.

Effective Healthcare

Quality care and self-management practices for people with diabetes can effectively lower the risk of health complications.

Although recommendations for care can vary based on individual characteristics, specific guidelines for diabetes care include the following information from the Alaska BRFSS:

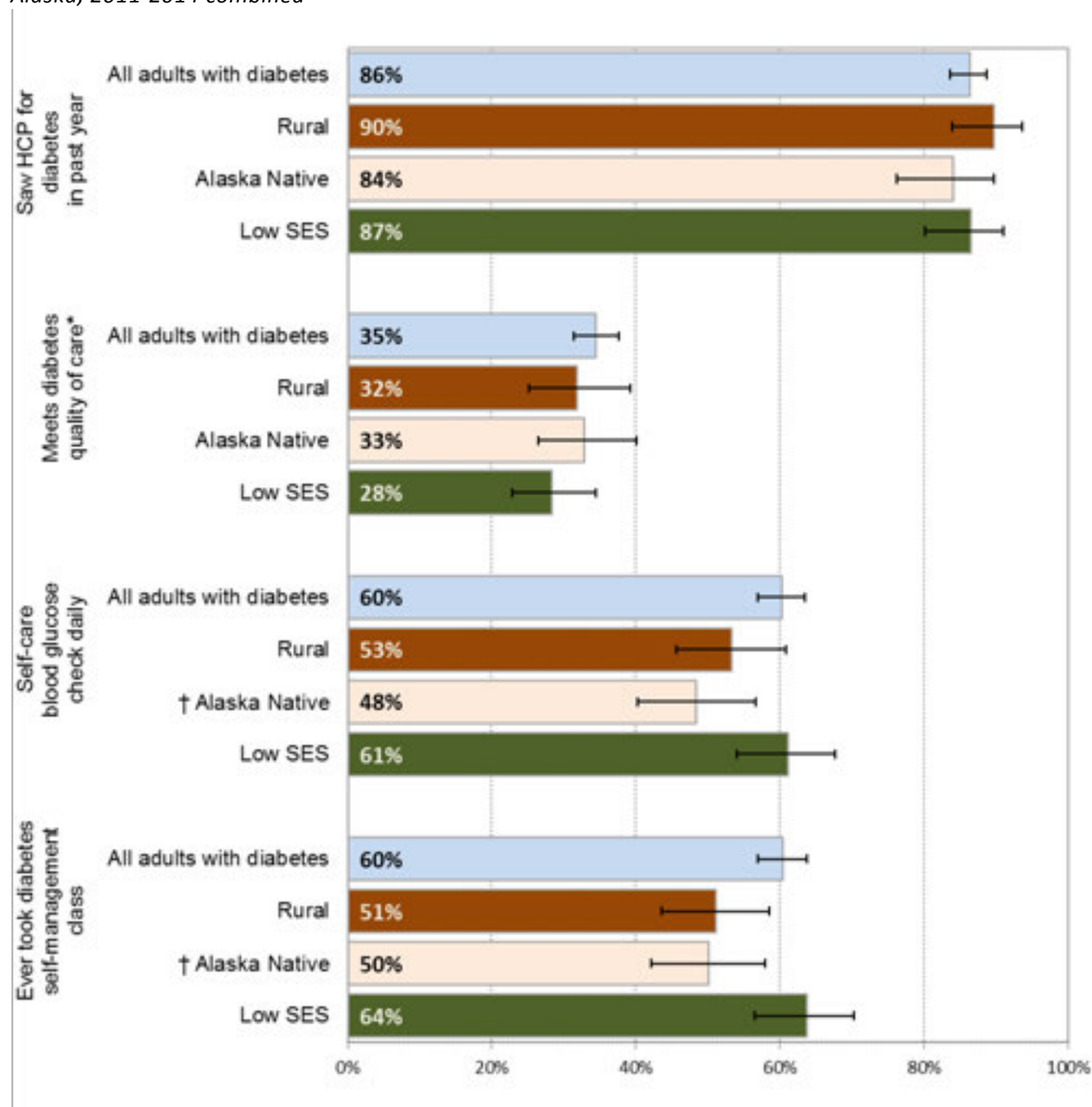
- Seeing a healthcare provider (HCP) for diabetes-related preventive care at least once per year
- Working with a healthcare team to achieve high-quality diabetes care; that means having received all three clinical services below to achieve the “quality of care” standard:
 - an annual eye exam,
 - an annual foot exam, and
 - a hemoglobin A1C test at least twice per year
- Checking blood glucose levels daily at home
- Attending evidence-based diabetes self-management classes

We combined the five most recent years of data where these measures were collected to describe quality of diabetes care among people with diabetes.

Most Alaska adults with diabetes saw a healthcare provider for diabetes care in the past year (86%), and prevalence did not vary greatly among population subgroups (see Figure 13). However, only about one-third of people with diabetes met the quality of care standard. Alaska Native adults with diabetes were less likely to report checking their blood glucose daily in comparison to Whites, and also less likely to have ever taken a diabetes self-management class. Other groups were not significantly different than the state average.

Regional variation. There are not significant differences by region among people with diabetes for any quality of care measures (see Figures 14-17); however, the relatively small number of people with diabetes per region included in the survey makes it difficult to detect significant differences. Although not statistically significant from the state average, the prevalence of having attended a diabetes self-management class appears relatively lower for the Northwest, Yukon-Kuskokwim (Y-K) Delta, and Other Interior regions (see Figure 17).

Figure 13: Diabetes care indicators among adults, by priority population groups
Alaska, 2011-2014 combined



Data source: Alaska BRFSS Combined File, 2011-2014. Data shown in these charts are included in Appendix Table 4a and Table 4b.

† Alaska Native adults with diabetes were less likely than Whites to do daily self-checks and to have ever taken a self-management class.

*Meeting the Diabetes Quality of Care standard includes having had an annual eye exam and foot exam by a healthcare provider, and hemoglobin A1C tests taken at least twice in the past year.

Measures:

Seeing a healthcare provider (HCP) for diabetes: *About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?*

[technical notes continue on the next page]

Diabetes Quality of Care standard:

- *When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.*
- *About how many times in the past 12 months has a health professional checked your feet for any sores or irritations.*
- *A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?*

Self-care blood glucose check: About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

Diabetes self-management class: Have you ever taken a course or class in how to manage your diabetes yourself?

Alaska Native group includes all who reported that as one of their race groups; other race groups include those who reported that race as their only race and did not report being Alaska Native or Hispanic. Pacific Islander/Other includes those who reported multiple race groups but not Alaska Native or Hispanic.

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim (Y-K) Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

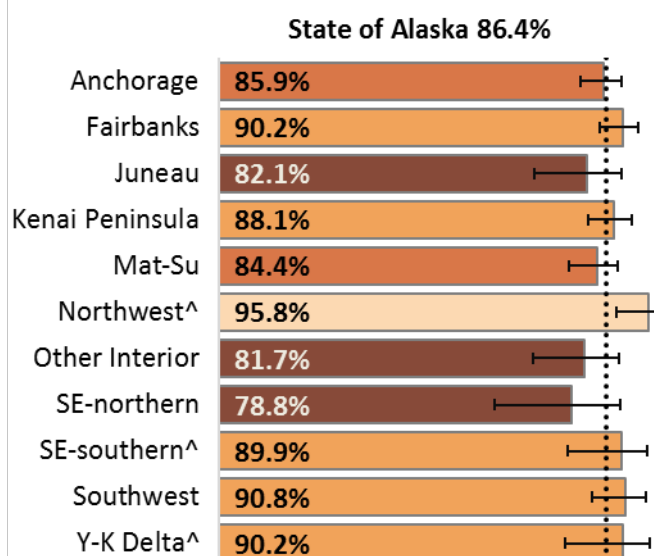
Figure 14: Diabetes care by a provider among adults with diabetes, by Behavioral Health Systems Region

Percentage of adults with diabetes who saw a healthcare provider for diabetes in the past year
Alaska, 2011-2014



Percentage of Alaska adults with diabetes who saw a healthcare provider for diabetes in the past year, by Behavioral Health Systems Region, Alaska, 2011-2014

	Prevalence	Lower CI	Upper CI
State of Alaska	86.4%	83.7%	88.7%
Anchorage	85.9%	80.6%	89.9%
Fairbanks	90.2%	85.1%	93.7%
Juneau	82.1%	70.5%	89.8%
Kenai Peninsula	88.1%	82.4%	92.1%
Mat-Su	84.4%	78.3%	89.0%
Northwest	95.8%	88.6%	98.5%
Other Interior	81.7%	70.2%	89.4%
SE-northern	78.8%	61.5%	89.6%
SE-southern	89.9%	78.0%	95.7%
Southwest	90.8%	83.2%	95.2%
Y-K Delta	90.2%	77.4%	96.1%



Data source: Alaska BRFSS Standard File.

^Estimates flagged for potential unreliability (small numbers or extremely high prevalence)

No significant difference between any region and the state overall.

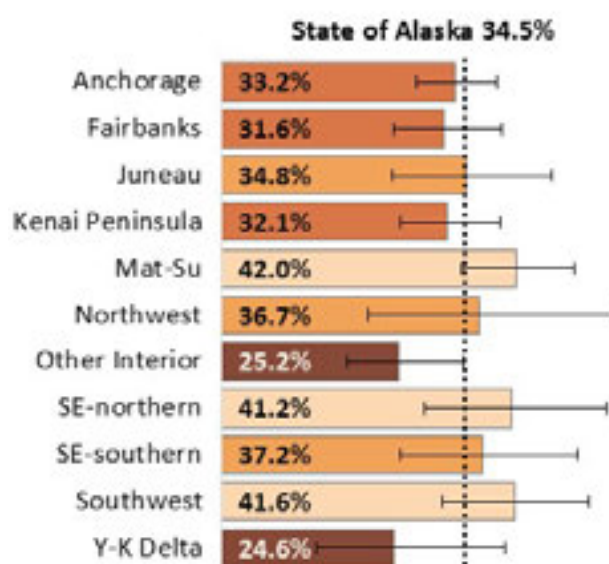
Figure 15: Receiving quality diabetes care among adults with diabetes, by Behavioral Health Systems Region

Percentage of adults with diabetes who receive care meeting the Diabetes Quality of Care standard*
Alaska, 2011-2014



Percentage of Alaska adults with diabetes who meet the Diabetes Quality of Care standard*,
by Behavioral Health Systems Region, Alaska, 2011-2014

	Prevalence	Lower CI	Upper CI
State of Alaska	34.5%	31.4%	37.7%
Anchorage	33.2%	27.8%	39.1%
Fairbanks	31.6%	24.5%	39.8%
Juneau	34.8%	24.3%	46.9%
Kenai Peninsula	32.1%	25.5%	39.6%
Mat-Su	42.0%	34.1%	50.3%
Northwest	36.7%	20.9%	56.1%
Other Interior	25.2%	17.8%	34.3%
SE-northern	41.2%	28.9%	54.8%
SE-southern	37.2%	25.5%	50.7%
Southwest	41.6%	31.5%	52.3%
Y-K Delta	24.6%	13.6%	40.3%



Data source: Alaska BRFSS Standard File.

*Meeting the Diabetes Quality of Care standard includes having had an annual foot exam and eye exam by a healthcare provider, and hemoglobin A1C tests at least twice in the past year.

No significant difference between any region and the state overall.

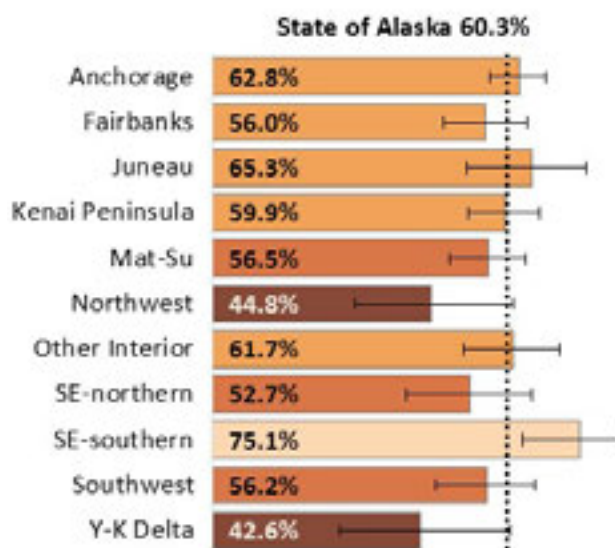
Figure 16: Daily blood glucose checks among adults with diabetes, by Behavioral Health Systems Region

Percentage of adults with diabetes who check their blood glucose on a daily basis, Alaska, 2011-2014



Percentage of Alaska adults with diabetes who checked their blood glucose on a daily basis, by Behavioral Health Systems Region, Alaska, 2011-2014

	Prevalence	Lower CI	Upper CI
State of Alaska	60.3%	57.0%	63.5%
Anchorage	62.8%	56.8%	68.3%
Fairbanks	56.0%	47.3%	64.4%
Juneau	65.3%	52.1%	76.5%
Kenai Peninsula	59.9%	52.3%	67.1%
Mat-Su	56.5%	48.5%	64.2%
Northwest	44.8%	29.1%	61.7%
Other Interior	61.7%	51.5%	71.0%
SE-northern	52.7%	39.7%	65.3%
SE-southern	75.1%	63.4%	84.0%
Southwest	56.2%	45.8%	66.1%
Y-K Delta	42.6%	26.0%	61.0%



Data source: Alaska BRFSS Standard File.

No significant difference between any region and the state overall.

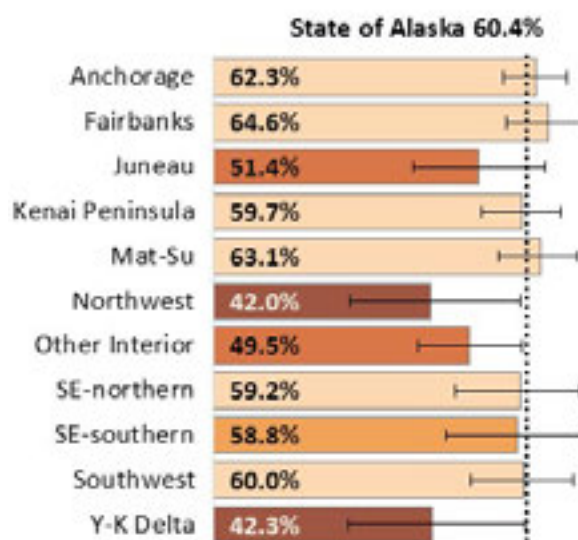
Figure 17: Diabetes self-management class participation among adults with diabetes, by Behavioral Health Systems Region

Percentage of adults with diabetes who have ever taken a class to manage their diabetes
Alaska, 2011-2014



Percentage of Alaska adults with diabetes who have ever taken a class to manage their diabetes,
by Behavioral Health Systems Region, Alaska, 2011-2014

	Prevalence	Lower CI	Upper CI
State of Alaska	60.4%	57.0%	63.7%
Anchorage	62.3%	56.0%	68.2%
Fairbanks	64.6%	56.7%	71.7%
Juneau	51.4%	38.6%	64.0%
Kenai Peninsula	59.7%	51.8%	67.1%
Mat-Su	63.1%	55.0%	70.5%
Northwest	42.0%	26.5%	59.2%
Other Interior	49.5%	39.6%	59.5%
SE-northern	59.2%	46.7%	70.7%
SE-southern	58.8%	44.9%	71.4%
Southwest	60.0%	49.7%	69.5%
Y-K Delta	42.3%	26.2%	60.3%



Data source: Alaska BRFSS Standard File.

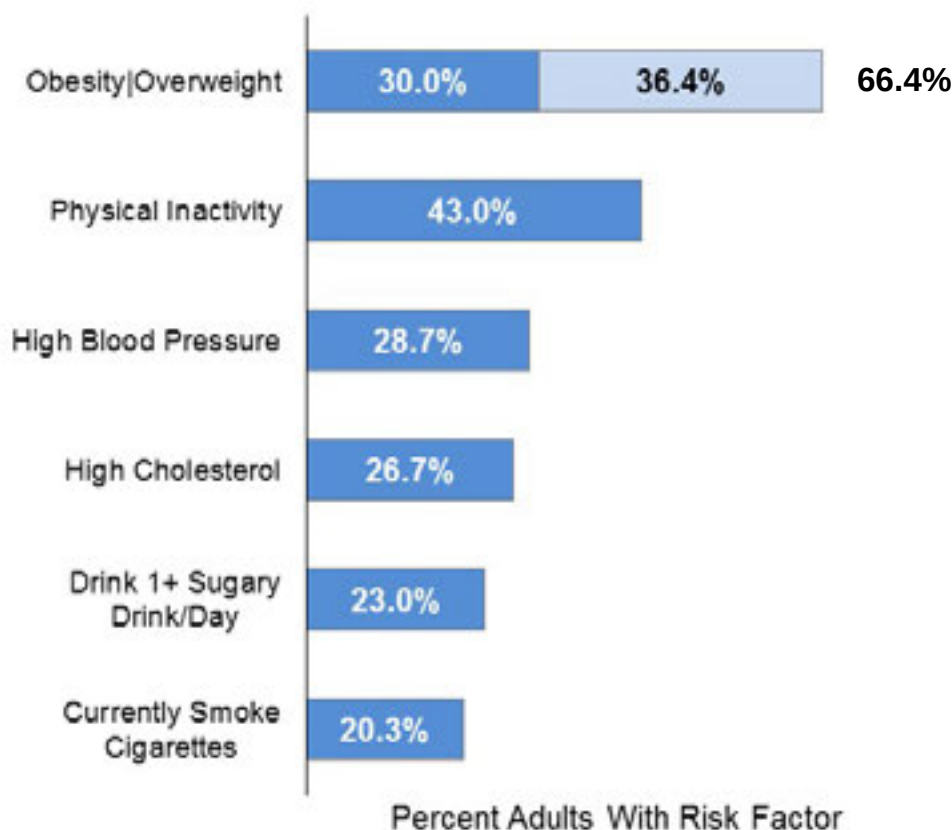
No significant difference between any region and the state overall.

Risk Factors

Key risk factors for developing diabetes or its complications include being overweight or obese, drinking sugary drinks, not getting enough exercise, high blood pressure or cholesterol, and smoking cigarettes. Many adults in Alaska had one of these risk factors (see Figure 18), and more than half of adults in any of the major demographic groups examined for this report had two or more risk factors (see Figure 19).

Figure 18: Prevalence of selected risk factors for diabetes among adults

Alaska, 2011-2016



Data source: Alaska BRFSS Combined File, 2013-2016 for obesity, overweight and smoking; Alaska BRFSS Standard File, 2011, 2013, 2015 for physical inactivity, high cholesterol, and drinking one or more sugary drinks per day; Alaska BRFSS Standard File, 2011-2015 for high blood pressure.

Measure Definitions:

Obesity/Overweight: self-reported height and weight are used to calculate body mass index (BMI); BMI ≥ 30 is obese, and BMI between 25.0-29.9 is overweight.

Physical inactivity: percent of adults not getting the equivalent of moderate-intensity physical activity for ≥ 150 minutes per week.

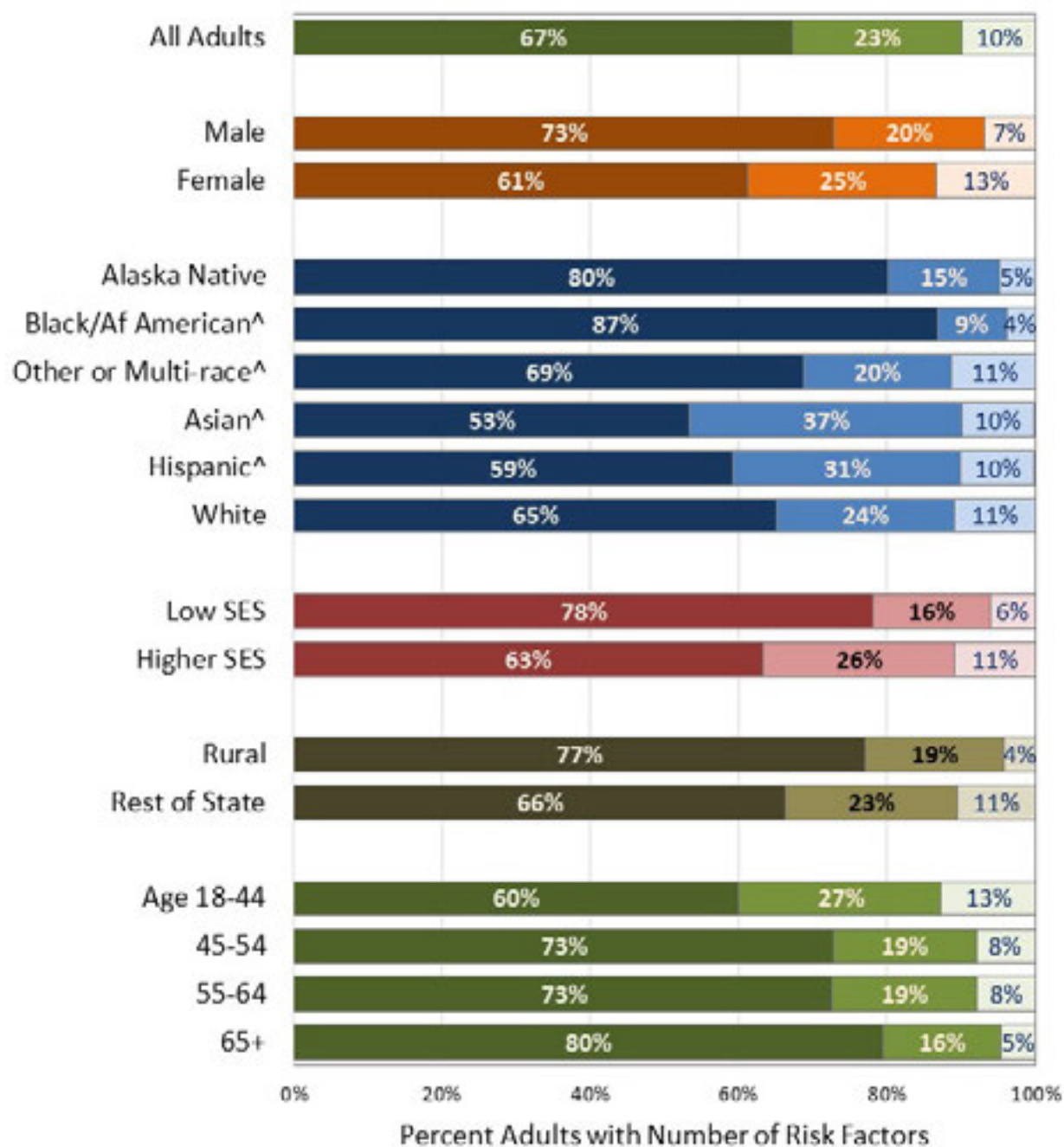
High blood pressure, High cholesterol: percent of adults who were ever told by a healthcare professional that they have this condition (high blood pressure or high cholesterol)

Drink 1+ sugary drink/day: percent of adults who report drinking an average of one or more non-diet sodas or other sugary drinks per day in the past seven days.

Currently smoke cigarettes: percent of adults who have ever smoked 100 or more cigarettes and who report that they smoke every day or some days.

Figure 19: Prevalence of multiple risk factors for diabetes among adults, by demographic group

Alaska, 2011-2015



Key for number of risk factors (RFs)

2 or more RFs 1 RF None of 6 RFs

Data source: Alaska BRFSS Standard Data file, 2011, 2013, 2015. Supporting data for this figure are shown in Appendix Table 3.

Risk factors included in the count: Obesity or overweight, physical inactivity, ever told have high blood pressure, ever told have high cholesterol, drank one or more sugary drinks per day, and/or currently a smoker. [technical notes continue on next page]

Note: data may not add up to 100% due to rounding.

^ Indicates that the estimate is flagged for reliability.

Alaska Native group includes all who reported American Indian or Alaska Native as one of their race groups; other race groups include those who reported that race as their only race and did not report being Alaska Native or Hispanic.

Other/multi-race includes those who reported multiple race groups but not Alaska Native or Hispanic.

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim (Y-K) Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Summary of population risk factor patterns

In summary, we provide a visual display of higher and lower risk factor prevalence by different population groups in Alaska: increasing intensity of red indicates relatively greater prevalence of risk factors, lighter shades indicate closer to “average” prevalence of risk, and increasing intensity of blue spotted patterns indicates relatively lower prevalence of risk factors. These can help to reveal patterns of risk across different population groups.

Figure 20 shows greater risk across multiple risk factors among men, older adults, and low SES populations. Figure 21 shows elevated risk for some factors among Alaska Native and Black/African American adults, and relatively lower risk among Asian, Hispanic and White adults. Finally, Figure 22 shows multiple increased risk factors by Behavioral Health Systems region, although patterns are generally mixed by region.

Figure 20: Summary of diabetes risk and risk factor status among adults, by gender, age, and socioeconomic status (SES)
Alaska, 2011-2015

Patterns for Individual Risk Factors	Gender		Age				SES	
	Male	Female	18-44	45-54	55-64	65+	Low SES	Higher
Obese (BMI 30.0 or higher)								
Overweight (BMI 25.0-29.9)								
Physical Activity <150 Min/Week								
1+ Sugary Beverage/Day								
Current Cigarette Smoker								
Hypertension (Lifetime)								
High Cholesterol (Lifetime)								
Diagnosed with Diabetes								

Key for patterns of risk summary above

Key for Patterns	Higher Risk				Lower Risk	
Individual Risk Factors						
Obese (BMI 30.0 or higher)	>=40%	35.0-39.9	30.7-34.9	28.5-30.6	18.0-28.4	<18.0
Overweight (BMI 25.0-29.9)	>=43.0	40.0-42.9	37.9-39.9	34.0-37.9	20.0-33.9	<20.0
Physical Activity <150 Min/Week	>=53.0	48.0-52.9	45.1-47.9	40.0-45.0	25.0-39.9	<25.0
1+ Sugary Beverage/Day	>=40.0	35.0-39.9	32.1-34.9	27.0-32.0	20.0-26.9	<20.0
Current Cigarette Smoker	>=30.0	25.0-29.9	21.6-24.9	19.0-21.5	12.0-19.0	<12.0
Hypertension (Lifetime)	>=47.0	36.0-46.9	30.1-35.9	27.0-30.0	18.0-26.9	<18.0
High Cholesterol (Lifetime)	>=45.0	34.0-44.9	28.1-33.9	25.0-28.0	18.0-24.9	<18.0
Diagnosed with Diabetes	>=15%	10.0-14.9	7.9-9.9	6.7-7.9	4.0-6.6	<4.0

Data source: 2011-2015 Alaska BRFSS Standard File for physical activity, sugary drinks, hypertension, high cholesterol; 2012-2016 Alaska BRFSS Combined File for obesity, overweight, smoking, and diabetes.

Figure 21: Summary of diabetes risk and risk factor status among adults, by race and ethnicity

Alaska, 2011-2015

Patterns for Individual Risk Factors	Race and Ethnicity					
	Alaska Native	Black or African American	Asian	Other or Multi-race	Hispanic	White
Obese (BMI 30.0 or higher)						
Overweight (BMI 25.0-29.9)						
Physical Activity <150 Min/Week						
1+ Sugary Beverage/Day						
Current Cigarette Smoker						
Hypertension (Lifetime)						
High Cholesterol (Lifetime)						
Diagnosed with Diabetes						

Key for patterns of risk summary above

Key for Patterns	Higher Risk				Lower Risk	
Individual Risk Factors						
Obese (BMI 30.0 or higher)	>=40%	35.0-39.9	30.7-34.9	28.5-30.6	18.0-28.4	<18.0
Overweight (BMI 25.0-29.9)	>=43.0	40.0-42.9	37.9-39.9	34.0-37.9	20.0-33.9	<20.0
Physical Activity <150 Min/Week	>=53.0	48.0-52.9	45.1-47.9	40.0-45.0	25.0-39.9	<25.0
1+ Sugary Beverage/Day	>=40.0	35.0-39.9	32.1-34.9	27.0-32.0	20.0-26.9	<20.0
Current Cigarette Smoker	>=30.0	25.0-29.9	21.6-24.9	19.0-21.5	12.0-19.0	<12.0
Hypertension (Lifetime)	>=47.0	36.0-46.9	30.1-35.9	27.0-30.0	18.0-26.9	<18.0
High Cholesterol (Lifetime)	>=45.0	34.0-44.9	28.1-33.9	25.0-28.0	18.0-24.9	<18.0
Diagnosed with Diabetes	>=15%	10.0-14.9	7.9-9.9	6.7-7.9	4.0-6.6	<4.0

Data source: 2011-2015 Alaska BRFSS Standard File for physical activity, sugary drinks, hypertension, high cholesterol; 2012-2016 Alaska BRFSS Combined File for obesity, overweight, smoking, and diabetes.

Figure 22: Summary of diabetes risk and risk factor status among adults by Behavioral Health Systems region

Alaska, 2011-2015

Patterns for Individual Risk Factors	Behavioral Health Systems Region										
	Anchorage	Fairbanks	Juneau	Kenai Peninsula	Mat-Su	Northwest	Other Interior	SE-northern	SE-southern	Southwest	Y-K Delta
Obese (BMI 30.0 or higher)											
Overweight (BMI 25.0-29.9)											
Physical Activity <150 Min/Week											
1+ Sugary Beverage/Day											
Current Cigarette Smoker											
Hypertension (Lifetime)											
High Cholesterol (Lifetime)											
Diagnosed with Diabetes											

Key for patterns of risk summary above

Key for Patterns	Higher Risk				Lower Risk	
Individual Risk Factors						
Obese (BMI 30.0 or higher)	>=40%	35.0-39.9	30.7-34.9	28.5-30.6	18.0-28.4	<18.0
Overweight (BMI 25.0-29.9)	>=43.0	40.0-42.9	37.9-39.9	34.0-37.9	20.0-33.9	<20.0
Physical Activity <150 Min/Week	>=53.0	48.0-52.9	45.1-47.9	40.0-45.0	25.0-39.9	<25.0
1+ Sugary Beverage/Day	>=40.0	35.0-39.9	32.1-34.9	27.0-32.0	20.0-26.9	<20.0
Current Cigarette Smoker	>=30.0	25.0-29.9	21.6-24.9	19.0-21.5	12.0-19.0	<12.0
Hypertension (Lifetime)	>=47.0	36.0-46.9	30.1-35.9	27.0-30.0	18.0-26.9	<18.0
High Cholesterol (Lifetime)	>=45.0	34.0-44.9	28.1-33.9	25.0-28.0	18.0-24.9	<18.0
Diagnosed with Diabetes	>=15%	10.0-14.9	7.9-9.9	6.7-7.9	4.0-6.6	<4.0

Data source: 2011-2015 Alaska BRFSS Standard File for physical activity, sugary drinks, hypertension, high cholesterol; 2012-2016 Alaska BRFSS Combined File for obesity, overweight, smoking, and diabetes.

What can be done?

The State of Alaska and its partners are working to prevent and control diabetes in multiple ways.¹⁶ Examples include:

- **Providing education and information to the Alaska public.** This includes campaigns to educate about risk factors and prevention of diabetes.
- **Promoting diabetes prevention programs (DPP) and diabetes self-management education and support (DSMES) programs.** The state of Alaska is working to increase access to and participation in DPPs, as evidence shows that DPPs can cut the risk of developing type 2 diabetes in people with prediabetes by over half.¹⁷ The state supports training of facilitators and delivery of evidence-based self-management training for people with diabetes. These trainings build skills for people to practice self-care and improve the effectiveness of their clinical care. An economic evaluation of this program commissioned by the State of Alaska in 2014 found that attending diabetes self-management classes was associated with a more than 20% reduction in annual Medicaid spending relative to people who did not attend classes.¹⁸
- **Supporting healthcare systems to improve screening for type 2 diabetes and care for people with diabetes.** This includes collecting and disseminating clinical guidelines for care and sharing information about resources that providers can use with their patients.
- **Expanding access to resources.** Partners in Alaska have been working to expand insurance coverage for DPP, DSMES and other diabetes self-management programs.

Data Gaps

This report summarizes key data that are available to describe the burden of diabetes in Alaska, including among specific populations and communities. One important data gap is the prevalence of diabetes among children; currently, there is no information available about the percentage of Alaska's children who have prediabetes or diabetes, but development of type 2 diabetes in youth has been an issue of increasing national concern.¹⁹ One critical risk factor for youth is obesity.

Although we lack prevalence information about diabetes in youth, Alaska's Student Weight Status Surveillance System (SWSSS) collects information about youth obesity from partner school districts that have contributed their data to help monitor obesity trends. Participating school districts provide the Department of Health and Social Services (DHSS) with de-identified student data (i.e., measured height and weight, age, and sex). DHSS conducts the analysis to generate body mass index (BMI), BMI percentile, and the associated weight status classifications of underweight, healthy weight, overweight

¹⁶ See Alaska Department of Health and Social Services, Division of Public Health, Diabetes Prevention and Control Program <http://dhss.alaska.gov/dph/Chronic/Pages/Diabetes/default.aspx>

¹⁷ National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, *Diabetes Prevention Program (DPP)* – website summarizing results from research. <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp> (last accessed 7/28/18)

¹⁸ Helvoight TL, Lehdorff H, McMillan N. Evergreen Economics. *The Cost of Eight Chronic Conditions on Alaska's Medicaid Program*. October 18, 2017.

¹⁹ Centers for Disease Control and Prevention (CDC). *Prevent Type 2 Diabetes in Kids*. <https://www.cdc.gov/features/prevent-diabetes-kids/index.html>

and obese. The percentage of K-8 students who are overweight and obese in participating districts ranged from 30.5 (Matanuska-Susitna) to 61.8 (Dillingham) in the 2016-17 school year.²⁰ Programs working to encourage healthy eating and physical activity among youth will also result in preventing type 2 diabetes.

²⁰ Alaska Department of Health and Social Services, Division of Public Health, Obesity Prevention. http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/swsss/swsss_health_profiles.aspx and <http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/weightstatus.aspx>

Appendix
Data Tables

Appendix Table 1: Prevalence of diagnosed diabetes and prediabetes among adults

Alaska, 2012-2016

	Diabetes			Prediabetes			Combined ⁺ Diabetes/Prediabetes		
	%	Lower CI	Upper CI	%	Lower CI	Upper CI	%	Lower CI	Upper CI
All Adults	7.3%	6.9%	7.7%	8.5%	8.1%	9.0%	15.8%	15.4%	16.6%
Male	7.2%	6.6%	7.8%	6.4%	5.9%	7.0%	13.6%	13.0%	14.6%
Female	7.5%	6.9%	8.1%	10.7%	10.0%	11.4%	18.2%	17.5%	19.3%
Alaska Native	7.6%	6.7%	8.6%	11.2%	10.1%	12.4%	18.8%	17.5%	20.3%
Black/African	15.8%	11.7%	20.9%	11.4%	8.1%	15.7%	27.2%	22.5%	33.7%
American									
Other/Multi-race	6.6%	4.9%	8.8%	7.1%	5.2%	9.7%	13.7%	11.6%	17.8%
Asian	7.5%	5.3%	10.6%	9.4%	6.7%	13.0%	16.9%	13.5%	21.4%
Hispanic	9.1%	5.9%	13.9%	6.7%	4.4%	10.2%	15.8%	12.0%	21.5%
White	6.7%	6.3%	7.2%	7.9%	7.4%	8.4%	14.6%	14.2%	15.5%
Low SES	8.1%	7.2%	9.2%	10.0%	8.9%	11.1%	18.1%	16.9%	19.7%
Higher SES	5.6%	5.1%	6.2%	8.1%	7.5%	8.7%	13.7%	13.1%	14.7%
Rural	7.4%	6.5%	8.4%	8.8%	7.8%	10.0%	16.2%	15.0%	17.8%
Rest of State	7.3%	6.9%	7.8%	8.5%	8.0%	9.0%	15.8%	15.3%	16.6%
Age 18-44	2.0%	1.7%	2.4%	5.3%	4.8%	6.0%	7.3%	6.8%	8.2%
45-54	7.5%	6.6%	8.5%	10.3%	9.3%	11.4%	17.8%	16.6%	19.3%
55-64	13.3%	12.0%	14.6%	11.7%	10.6%	12.8%	25.0%	23.7%	26.7%
65+	19.3%	17.8%	20.8%	13.6%	12.3%	15.0%	32.9%	31.4%	35.0%

Data source: Alaska BRFSS Combined File, 2012-2016

⁺ Combined diabetes/prediabetes prevalence is by direct addition of diabetes and prediabetes, to avoid inconsistency from missing data.

Definitions:

Alaska Native group includes all who reported American Indian or Alaska Native as one of their race groups; other race groups include those who reported that race as their only race and did not report being Alaska Native or Hispanic. Pacific Islander/Other includes those who reported multiple race groups but not Alaska Native or Hispanic.

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Appendix Table 2: Prevalence of health screenings for chronic diseases among adults
Alaska, 2011-2016

	Hypertension Screening			Cholesterol Screening			Diabetes Screening		
	%	Lower CI	Upper CI	%	Lower CI	Upper CI	%	Lower CI	Upper CI
All Adults	92.1%	91.1%	93.0%	83.6%	82.3%	84.8%	52.0%	51.1%	52.9%
Male	89.6%	88.0%	91.1%	79.3%	77.4%	81.1%	48.5%	47.3%	49.7%
Female	94.7%	93.5%	95.7%	89.8%	88.2%	91.1%	55.7%	54.4%	56.9%
Alaska Native	90.3%	87.9%	92.3%	80.0%	77.1%	82.7%	45.4%	43.4%	47.3%
Black/African American	[^] 95.0%	89.1%	97.8%	[^] 79.3%	68.3%	87.2%	[^] 57.1%	50.1%	63.9%
Other/Multi-race	[^] 88.0%	80.2%	92.9%	[^] 84.2%	73.7%	91.0%	[^] 47.4%	42.9%	51.9%
Asian	[^] 84.6%	74.3%	91.2%	[^] 88.5%	80.1%	93.7%	[^] 38.7%	33.2%	44.4%
Hispanic	[^] 95.3%	80.0%	99.0%	[†]	[†]	[†]	[^] 41.3%	34.9%	47.9%
White	93.3%	92.3%	94.2%	84.1%	82.7%	85.5%	54.9%	53.9%	55.9%
Low SES	86.0%	83.1%	88.5%	70.3%	66.5%	73.9%	45.4%	43.4%	47.4%
Higher SES	94.6%	93.4%	95.5%	85.5%	83.8%	87.0%	57.7%	56.5%	58.9%
Rural Alaska	89.0%	86.0%	91.4%	72.4%	68.8%	75.7%	43.0%	40.9%	45.1%
Rest of State	92.5%	91.4%	93.4%	84.9%	83.5%	86.2%	53.1%	52.1%	54.0%
Age 18-44	89.8%	88.0%	91.3%	67.5%	62.5%	72.2%	42.3%	40.9%	43.6%
45-54	92.3%	89.8%	94.2%	81.0%	78.6%	83.3%	57.2%	55.4%	59.1%
55-64	94.3%	92.6%	95.6%	87.1%	85.2%	88.7%	65.6%	63.8%	67.3%
65+	97.0%	96.0%	97.7%	93.8%	92.5%	94.9%	68.3%	66.4%	70.1%

Data sources:

Hypertension screening within the past 2 years, Alaska BRFSS Standard File, 2014-2016

Cholesterol screening within the past 5 years, among men age 35+ and women age 45+, Alaska BRFSS Standard File, 2011, 2013, 2015

Diabetes screening within the past 3 years among adults without diabetes, Alaska BRFSS Combined File, 2012-2016

[^] Indicates that the estimate is flagged for reliability.

[†] Estimate suppressed because number of respondents <50.

Definitions:

Alaska Native group includes all who reported American Indian or Alaska Native as one of their race groups; other race groups include those who reported that race as their only race and did not report being Alaska Native or Hispanic. Pacific Islander/Other includes those who reported multiple race groups but not Alaska Native or Hispanic.

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Appendix Table 3: Prevalence of diabetes-related risk factors among adults
Alaska, 2011-2015

	None of 6 RFs	1 RF	2+ RFs
All Adults	9.9%	22.7%	67.4%
Male	6.9%	20.3%	72.8%
Female	13.3%	25.4%	61.3%
Alaska Native	4.8%	15.1%	80.1%
Black/African American[^]	3.9%	9.2%	86.9%
Other/Multi-race[^]	11.4%	20.0%	68.7%
Asian[^]	9.8%	36.8%	53.3%
Hispanic[^]	10.0%	30.7%	59.2%
White	10.9%	24.0%	65.1%
Low SES	6.2%	15.9%	78.0%
Higher SES	10.9%	25.9%	63.2%
Rural	4.3%	18.7%	77.0%
Rest of State	10.5%	23.1%	66.4%
Age 18-44	12.7%	27.2%	60.1%
45-54	8.0%	19.2%	72.8%
55-64	8.1%	19.3%	72.7%
65+	4.6%	15.9%	79.5%

Data source: Alaska BRFSS Standard File, 2011, 2013, 2015.

[^] Indicates that the estimate is flagged for reliability.

Definitions:

Risk factors included in the count: Obesity or overweight, physical inactivity, ever told have high blood pressure, ever told have high cholesterol, drank 1 or more sugary drinks per day, and/or currently a smoker.

Alaska Native group includes all who reported American Indian or Alaska Native as one of their race groups; other race groups include those who reported that race as their only race and did not report being Alaska Native or Hispanic. Pacific Islander/Other includes those who reported multiple race groups but not Alaska Native or Hispanic.

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Appendix Table 4a: Prevalence of diabetes care measures among adults with diabetes
Alaska, 2011-2014

	Diabetes HCP visit	Lower CI	Upper CI	Diabetes QOC	Lower CI	Upper CI
All Adults	86.4%	83.7%	88.7%	34.5%	31.4%	37.7%
Male	86.8%	83.2%	89.7%	32.7%	28.4%	37.2%
Female	86.0%	81.7%	89.4%	36.3%	31.9%	41.0%
Alaska Native	84.1%	76.2%	89.8%	32.9%	26.5%	40.1%
White Non-Hispanic	85.1%	81.7%	88.0%	36.5%	33.0%	40.1%
All Other						
Race/Ethnicity[^]	92.5%	84.3%	96.6%	28.4%	19.3%	39.6%
Low SES	86.5%	80.1%	91.1%	28.3%	22.8%	34.5%
Higher SES	89.6%	85.8%	92.5%	36.8%	31.6%	42.4%
Rural	89.8%	84.0%	93.7%	31.8%	25.1%	39.2%
Rest of State	86.0%	83.1%	88.5%	34.7%	31.4%	38.2%
Age 18-44	80.1%	69.1%	87.9%	25.3%	17.9%	34.3%
45-54	87.0%	80.5%	91.6%	32.4%	25.9%	39.5%
55-64	89.7%	86.3%	92.4%	35.9%	30.4%	41.9%
65+	86.2%	82.6%	89.1%	39.8%	34.7%	45.2%

Data source: Alaska BRFSS Combined file, 2011-2014

[^] Indicates that the estimate is flagged for reliability. Race/ethnicity groups had to be combined due to small numbers.

Definitions:

Diabetes HCP Visit: had a health care provider visit for their diabetes care in the past 12 months

Diabetes QOC: meets the quality of care measure for diabetes, which includes having an annual foot exam and eye exam by a healthcare provider, and hemoglobin A1C tests at least twice a year.

Alaska Native group includes all who reported American Indian or Alaska Native as one of their race groups; White Non-Hispanic group includes those who reported that race as their only race and did not report being Alaska Native or Hispanic; all other race groups include single race, multiple race reported if not Alaska Native, and Hispanic.

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Appendix Table 4b: Prevalence of diabetes care measures among adults with diabetes
Alaska, 2011-2014

	Daily Self-care	Lower CI	Upper CI	Diabetes Education	Lower CI	Upper CI
All Adults	60.3%	57.0%	63.5%	60.4%	57.0%	63.7%
Male	60.5%	55.9%	65.0%	60.5%	55.7%	65.1%
Female	60.0%	55.3%	64.5%	60.4%	55.6%	64.9%
Alaska Native	48.4%	40.3%	56.6%	50.1%	42.1%	58.0%
White Non-Hispanic	62.1%	58.5%	65.6%	63.7%	60.1%	67.2%
All Other						
Race/Ethnicity[^]	62.2%	51.5%	71.8%	55.7%	44.6%	66.2%
Low SES	61.1%	54.1%	67.7%	63.7%	56.5%	70.3%
Higher SES	59.4%	53.9%	64.6%	64.0%	58.4%	69.2%
Rural	53.3%	45.6%	60.8%	51.1%	43.6%	58.5%
Rest of State	60.9%	57.4%	64.4%	61.3%	57.7%	64.9%
Age 18-44	63.7%	53.8%	72.6%	66.3%	56.8%	74.6%
45-54	56.9%	49.1%	64.3%	60.2%	52.2%	67.6%
55-64	61.0%	55.3%	66.4%	60.9%	54.8%	66.7%
65+	59.8%	54.8%	64.7%	56.8%	51.6%	61.9%

Data source: Alaska BRFSS Combined file, 2011-2014

[^] Indicates that the estimate is flagged for reliability. Race/ethnicity groups had to be combined due to small numbers.

Definitions:

Daily self-care: people with diabetes who monitor their blood glucose levels on a daily basis.

Diabetes education: have ever taken a class or course about how to manage their diabetes.

Alaska Native group includes all who reported American Indian or Alaska Native as one of their race groups; White Non-Hispanic group includes those who reported that race as their only race and did not report being Alaska Native or Hispanic; all other race groups include single race, multiple race reported if not Alaska Native, and Hispanic.

Low socio-economic status (SES) includes those who live in a household that is at <185% of the federal poverty level, or have completed less than a high school education.

Rural Alaska includes those living in Northern and Southwest Alaska, as defined by the sampling regions for Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim Delta, and Southwest regions, as well as Denali Borough, and the Census Areas Yukon-Koyukuk and Southeast Fairbanks.

Data Sources

Death Data

Information on cause of death is taken from the death certificate. “Cause of death” is reported in two ways:

- Underlying (proximal) cause of death: The disease or injury that initiated the chain of events that led directly and inevitably to death.
- Contributing cause(s) of death: any conditions or injuries that initiated the events leading to death, but which are not themselves the immediate cause of death.

This report primarily uses underlying cause of death alone to describe statewide estimates, but underlying and contributing causes of death were combined and used for reporting regional estimates. This approach was used to provide the most results by region; using underlying cause of death only would have required suppression of many estimates due to small numbers. Including the contributing causes of death also highlights that disease burdens are worsened by additional factors.

Alaska statewide data (e.g., state rates, and rates by gender, age and race/ethnicity) and U.S. data were obtained from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Data were accessed at <http://wonder.cdc.gov/ucd-icd10.html>.

For regional estimates, information on numbers and causes of death for Alaska residents was obtained directly from the Alaska Health Analytics and Vital Records Section, Division of Public Health. Only Alaska residents are included in the death data reports of Alaska-specific rates.

In some cases, there are minor discrepancies between annual statewide rates reported between the two systems; however, these are not meaningful differences in terms of understanding public health burden.

For more information on Alaska’s death data, visit: <http://dhss.alaska.gov/dph/VitalStats/Pages/data/Deaths.aspx>

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an anonymous telephone survey conducted by the Alaska Division of Public Health in cooperation with the Centers for Disease Control and Prevention (CDC). It aims to estimate the prevalence of behavioral risk factors in the general adult population that are known to be associated with the leading causes of morbidity and death. The BRFSS has operated continuously in Alaska since 1991.

BRFSS data are weighted to adjust the distribution of the sample data so that it reflects the total population of the sampled area, and to compensate for the over-representation or under-representation of persons in various subgroups. Changes in both the weighting and sampling methods occurred between 2007 and 2011, including the expansion of the sampling frame to include cell phones in addition to landline phones. More information about the changes in BRFSS methods can be found in the January 2013 issue of

Chronicles: <http://dhss.alaska.gov/dph/Chronic/Documents/Publications/assets/ChroniclesV5-1.pdf>.

Alaska presently conducts two BRFSS surveys: the standard BRFSS and a separately funded supplemental BRFSS. Data can be reported based on different survey dataset combinations:

- Standard BRFSS
- Supplemental BRFSS
- Combined (standard + supplemental) BRFSS

Datasets are weighted (separately) for analysis of items based on whether they occur only in one or both survey versions. Whenever possible, the combined dataset was used to provide the estimates contained in this report. In cases where questions appeared on only one or another of the BRFSS surveys, that particular dataset was used.

For more information on the Alaska BRFSS, visit <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>

National Health Interview Survey (NHIS)

The National Health Interview Survey (NHIS) has been given in the U.S. since 1957 and is currently administered by the U.S. Census Bureau. NHIS uses household-based interviews to collect data on a variety of health topics, including healthcare access, health conditions and behaviors, and provides results used for tracking U.S. national health objectives.

For this report, NHIS data were downloaded from the Centers for Disease Control and Prevention (CDC) CDC Division of Diabetes Translation at www.cdc.gov/diabetes/data

Similar data are available through the Division for Heart Disease and Stroke Prevention at <https://www.cdc.gov/dhdsp/maps/dtm/index.html>

NHIS data are age-adjusted. Results are directly standardized to the age distribution of the 2000 U.S. Standard Population using the following age groups: 18-39, 40-59, 60+.

For more information on the NHIS, visit <https://www.cdc.gov/nchs/nhis/index.htm>

Hospitalization data

Inpatient and outpatient discharge data were obtained from the Alaska Health Facilities Data Reporting (HFDR) program. These facilities include private, municipal, state and some federal hospitals, including hospitals operated by Alaska Native organizations; military hospitals are not included.

Reporting of data by Alaska health facilities was mandated effective in December 2014 with reporting beginning in 2015; prior to that year this reporting was voluntary. Only data for 2016 were included in this report due to concerns about the impact of the transition from using International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) for discharge coding to the 10th revision (ICD-10) between quarter 3 and quarter 4 of 2015. Such changes in coding systems could create increases or decreases in estimates that are not related to actual changes in patient presentation or treatment.

Rates are reported per 10,000 population, which is the reporting standard suggested by the HFDR program. These rates were presented without adjustment for factors such as age or gender. Population estimates for 2016 were used as denominators. Population estimates were obtained from the Alaska

Department of Labor and Workforce Development, Research and Data Analysis Section
(see <http://live.laborstats.alaska.gov/pop/index.cfm> accessed June 20, 2018).

Data are reported separately by type of encounter, based on the facility where treatment was given:

- Inpatient: acute medical/surgical unit, psychiatric unit, medical rehabilitation, alternate level of care (e.g., long-term care, hospice), alcohol or drug rehabilitation.
- Outpatient: emergency room, outpatient surgery, observation only.

Cases were identified using discharge diagnosis codes, and also reported separately by the position of the disease of interest within the discharge codes – as primary alone, secondary or both primary and secondary combined:

- Primary diagnosis: the specific condition is the first listed discharge code. This is usually the most serious and/or resource-intensive during the hospitalization or patient encounter.
- Secondary diagnoses: the discharge code for a specific condition is identified in any position from up to 19 diagnosis codes (except the first position code). There are up to 29 total discharge codes available, however we limited to 19 so that only conditions most relevant to the visit would be included.

Specific ICD-10 discharge codes used to identify cases for this report were:

- Diabetes cases were identified based on ICD-10 codes E10, E11.
- Gestational diabetes (O24) was not included in hospitalization rates.

For more information about the Alaska Health Facilities Data Reporting Program, visit <http://dhss.alaska.gov/dph/VitalStats/Pages/HFDR/default.aspx>

National hospitalization data were not included in this report.

Definitions

Alaska Regions

Data are presented geographically in this report for Behavioral Health Systems Regions (BHSRs). Rates and counts are not shown for specific areas when there were fewer than 6 cases within the combined years. The following table includes a list of Borough/Census Areas included in each of Alaska's Behavioral Health Systems Regions, as well as their total population.

For some BRFSS indicators, results are presented for “rural residents” of Alaska. Rural Alaska includes Northern and Southwest Alaska, as defined by the sampling regions for the Alaska BRFSS. This includes Northwest, Yukon-Kuskokwim (Y-K) Delta, and Southwest regions, as well as Denali Borough, and the Census Areas of Yukon-Koyukuk and Southeast Fairbanks.

The following table provides an example of populations included in each BHSR for one year included in this report. Prior to 2010, the Southeast region was organized as one region; however, our analyses uses the current definitions.

Alaska Behavioral Health Systems Regions with 2014 Alaska Resident Population

Behavioral Health Systems Region	Included Boroughs/Census Areas	Population
State of Alaska		737,046
Anchorage	Anchorage Municipality	300,357
Fairbanks	Fairbanks North Star Borough	99,371
Interior	Denali Borough	1,903
	Southeast Fairbanks Census Area	6,978
	Valdez-Cordova Census Area	9,493
	Yukon-Koyukuk Census Area	5,563
	Interior Total	23,937
Juneau	Juneau City and Borough	32,625
Kenai Peninsula	Kenai Peninsula Borough	57,638
Mat-Su	Matanuska-Susitna Borough	98,285
Northwest	Nome Census Area	9,833
	North Slope Borough	9,713
	Northwest Arctic Borough	7,748
	Northwest Total	27,294
Southeast (SE)-northern	Haines Borough	2,566
	Hoonah-Angoon Census Area	2,091
	Petersburg Borough	3,184
	Sitka City and Borough	8,881
	Skagway Municipality	1,038
	Wrangell City and Borough	2,360
	Yakutat City and Borough	634
	SE-northern Total	20,754
Southeast (SE)-southern	Ketchikan Gateway Borough	13,781
	Prince of Wales-Hyder Census Area	6,384
	SE-southern Total	20,165
Southwest	Aleutians East Borough	3,317
	Aleutians West Census Area	5,751
	Bristol Bay Borough	946
	Dillingham Census Area	4,994
	Kodiak Island Borough	14,007
	Lake and Peninsula Borough	1,629
	Southwest Total	30,644
Yukon-Kuskokwim (Y-K) Delta	Bethel Census Area	17,923
	Kusilvak Census Area	8,053
	Y-K Delta Total	25,976

Sources: Alaska Department of Labor and Workforce Development, Research and Analysis Section; U.S. Census Bureau; and National Center for Health Statistics.

Race

Throughout this report the term “Alaska Native” is used for hospital and BRFSS data to represent people who reported being or were identified as “Alaska Native/American Indian” (AIAN). We used the term AIAN for death data because this is a national standard dataset and comparisons were made to national AIAN groups.

For this report, Asian and Native Hawaiian/Other Pacific Islander groups were combined for the death data because this is how race is reported in this data system. We urge caution in interpreting findings, because Asian and Native Hawaiian/Pacific Islander groups are quite distinct from one another and often show very different risk factors and prevalence of health indicators. Until recent years, they have often been combined in population and other datasets, and some data systems continue to use these prior groupings. For BRFSS data, Native Hawaiian/Other Pacific Islander group are combined with “other” due to small numbers of participants; there were sufficient number of participants for most measures so that results for Asian people were reported alone.

For death data, information included on the death certificate about the race and Hispanic ethnicity of the decedent is reported on the death certificate as provided by an informant, often the surviving next of kin, or, in the absence of an informant, on the basis of observation. Race and ethnicity information from the census (e.g., counts of people in different groups) is by self-report. To the extent that race and Hispanic origin are inconsistent between these two data sources, death rates by race will be biased. Studies have shown that persons self-reported as American Indian, Asian, or Hispanic on census and survey records may sometimes be reported as white or non-Hispanic on the death certificate, resulting in an underestimation of deaths and death rates for the American Indian, Asian, and Hispanic groups. Bias also results from undercounts of some population groups in the census, particularly young black males, young white males, and elderly persons, resulting in an overestimation of death rates.²¹ In this report, death data are presented only for race, and not for Hispanic ethnicity.

For hospitalization data, a single race and separate Hispanic ethnicity are included in the record. It is not clear how these are assigned by hospitals. An “other” category may be used to describe people who identify as more than one race, or individuals may select the race with which they most strongly identify. We did not report data for the “other” group, because it was unclear who was included.

For BRFSS, survey participants self-report their race and Hispanic ethnicity in two separate questions, and they can indicate that they identify with multiple race groups. BRFSS respondents were identified as Alaska Native people if they reported this as one of their race groups, regardless of whether they reported being Hispanic. People who said they were Hispanic ethnicity, but not Alaska Native, were classified as Hispanic regardless of their race. Other race groups (Asian, Black, White) include survey respondents who reported that race as their only race group and also said that they were not Hispanic. The “other” group includes people who reported being Pacific Islander/Native Hawaiian, or multiple race groups but not Alaska Native or Hispanic. Numbers of respondents were too small to report Pacific Islander/Native Hawaiian alone.

“Low SES” Alaskans

Having fewer financial resources, including lower household income and less formal education, is associated with poorer health outcomes. This is sometimes called low socio-economic status (SES). In this report, some BRFSS indicators are shown for “Low SES” populations. This means people who live

²¹ Centers for Disease Control and Prevention (CDC), Underlying cause of death 1999-2016, dataset documentation. <https://wonder.cdc.gov/wonder/help/ucd.html#>

in a household that is at less than 185% (< 185%) of the federally-determined poverty level (annual thresholds are based on combined household income and number of people living in the household) or who have completed less than a high school education.

Analysis and reporting approaches

Notes on data display

Throughout this report, visual cues are used to help the reader understand what types of data are being presented:

- Data shown on a vertical axis (i.e., column charts) included both Alaska statewide and U.S. data.
- Trend line charts are also used for Alaska statewide data, and include U.S. data when available.
- Data shown on a horizontal axis (i.e., bar charts) are for Alaska alone, including contrasting sub-groups within the state.
- All regional data are presented both with a map to provide geospatial context and a bar chart; colors were assigned by region to provide visual cues about relative rates, but different shades should not be interpreted as statistically significant differences.
- To summarize data across groups and regions, a color block “patchwork” table is included near the end of this report. Different colors were used to provide visual cues about relative rates, and patterns of risks across groups, but should not be interpreted as statistically significant differences.

Small numbers and other limitations

The following are systematic limitations of our datasets, analysis and reporting.

Small numbers and data suppression

The State of Alaska has guidelines for suppressing data based on small numbers, both because rates based on these numbers can be unreliable, and also to prevent the identification of individuals within the data.

In this report, death and hospitalization counts based on fewer than 6 occurrences are not reported. For both of these data sources, rates based on fewer than 20 occurrences are not reported, although the counts ($n > 5$) are reported.

To maximize reportable data for regional comparisons, the rate for both underlying and contributing cause of death are combined, to generate larger and more reportable numbers.

BRFSS information is suppressed or flagged based on statistical guidelines developed by Alaska’s Division of Public Health in the Department of Health and Social Services, which are based upon the national Joint Policy of Variance Estimation and Statistical Reporting Standards for the National Health and Nutrition Examination Survey (NHANES-III) and the Continuing Survey of Food Intake by Individuals (CSFII) Reports. An asterisk is used to indicate that the estimate may lack statistical precision. Estimates are suppressed if the unweighted sample size for the denominator (N) is less than 50, or if the numerator (n) is less than 5. In addition, estimates may be reported but flagged with an asterisk if there is inadequate sample size for normal approximation, or for uncommon or very common event. Finally, if the coefficient of variation is greater than 30%, the estimate is also considered imprecise and is flagged.

Population estimates and effect on rates

Death and hospitalization data are shown as rates, i.e., in terms of cases per population totals. For years when the U.S. census is taken (e.g., 2000, 2010) total population counts are based on what was actually measured during that year. For non-census years (i.e., years other than 2010 and 2000), state and borough/census area population figures are estimates. Because rates are calculated using the population data as a denominator, any errors in the population estimates will impact the rates.

Age-adjusted Rates

A “crude” rate is calculated by taking the number of cases for a given population and dividing it by the total number of people in that population per a specific time period. Since this number would be a very small decimal, it is multiplied by 100,000 and is thus expressed as “per 100,000 persons”. However, death rates in this report are calculated using the direct method and age-adjusted to the standard 2000 U.S. population; they are expressed as an annual number of cases per 100,000 persons, using the 19-age group Census P25-1130 data file. National prevalence rates from the NHIS, and Alaska prevalence rates used for comparing trends to the U.S., are directly standardized to the age distribution of the 2000 U.S. Standard Population (except where stratified by age) using the following age groups: 18-39, 40-59, 60+.

Age adjustment (sometimes called age standardization) is a statistical process that allows communities and states with different age structures to be compared. Age adjustment removes the influence of the differences in age distributions that occur from one population to another. Since the risk of developing chronic disease (e.g., diabetes, heart disease) is strongly associated with age, a geographic area with a high proportion of elderly residents could not be accurately compared with a younger-age populated area unless rates were adjusted to a standard reference population – the older community group would always naturally have a higher rate even if the two communities had the same risk.

Age adjustment is an internationally approved statistical method to remove this effect – sometimes called “confounding” – caused by different age distributions. Effectively, rates for a specific age group in the population of interest are multiplied by the number of people in the same age group in a standard population (in this case, the U.S. 2000 population).

Rates shown for combined years of data are average annual age-adjusted rates for the years of data indicated.

Confidence Intervals

The “margin of error” is a common term for the “plus or minus” value around a point estimate, which in total represents the confidence interval. The confidence interval helps to understand the size of uncertainty of the “true value” in a population. Readers are advised to consider the precision of point estimates.

Our report uses 95% confidence intervals. If there is no bias in the data collection system, there is a 95% chance (95 times out of 100 times) that the confidence interval around an estimate will include the true value.

In many of the tables, we report the 95% confidence intervals as well as the estimates and denominators. In the bar graphs, the error bars (lines with a “T” at either end) reflect the confidence intervals and show the range of where the true population estimate is expected to be, at the 95% confidence level.

Narrower confidence intervals indicate more precision in the presented estimates. The width of the confidence interval is dependent upon the size of the population at risk and the number of reported cases (presence of chronic disease or a risk factor, counts of deaths or hospitalizations). Generally, large populations with large number of cases will result in rates with narrower confidence intervals. Because U.S. rates are based on very large populations and number of cases, their confidence intervals are not stated in this report and are usually about ± 0.1 of the rate. Rural areas with sparse populations tend to have large confidence intervals.

Statistically Significant Differences

In this report, we indicate “significant” differences between groups when we have used statistically-based approaches and found that the differences measured between groups are unlikely to be due to variability in estimates or chance. Non-significant differences are typically not described in text as being “different” (e.g., higher or lower than other groups).

We used chi-square tests in our comparisons between groups of Alaskans. Chi-square tests are tests of association between group and outcome variables (for example, smoking [yes, no] and gender [male, female]). For trend analyses, we used logistic regression models that tested for a statistically significant linear change over time. P-values less than 0.05 indicate that a difference seen between percentages or across years is statistically significant at the 95% confidence level.

Confidence intervals are also used as another way to test statistical significance. Generally, if the confidence intervals of two different rates overlap, we cannot be certain that there is a true difference between them. However, if the confidence intervals do not overlap, then we believe the true values of results for the two groups are different.

Trend Analysis

Trends for Alaska’s age-adjusted death and prevalence rates were assessed using the National Cancer Institute’s (NCI) Joinpoint Regression Program, Version 4.3.1.0 (April 2016, NCI Statistical Research and Applications Branch; software available at <https://surveillance.cancer.gov/joinpoint/>). Joinpoint is a national standard for analysis of population-based cancer statistical trends in cancer surveillance, and can also be applied to other health outcomes.

Based on annual prevalence and standard errors, the software identifies “joinpoints” (points of inflection where trends have significantly changed). The program starts with the minimum number of joinpoints (e.g., 0 joinpoints, or a straight line), and tests whether more joinpoints are statistically significant and improve the fit of data (up to the maximum allowed number; 3 for this report).

For each joinpoint time segment, the estimated annual percentage change (APC) was calculated by fitting a least squares regression line to the natural logarithm of the rates. When the APC is statistically significant as different from zero (i.e., significantly different from a flat line), it is listed together with the p-value for that trend. This APC can be interpreted as the average percent increase or decrease in incidence during that period.

ALASKA DIABETES COALITION STRATEGIC PLAN 2020-2025



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Introduction + Background

Developing Our Strategic Plan

This plan was developed by members of the Alaska Diabetes Coalition, with leadership from the Steering Committee and assistance from local contractor, Agnew::Beck Consulting. The Alaska Division of Public Health's Section of Chronic Disease Prevention and Health Promotion received cooperative agreement funding from the Centers for Disease Control and Prevention (CDC) in 2018 to improve the health of Alaskans through prevention and management of diabetes.

Through this funding, the State of Alaska's Diabetes Prevention and Control Program has convened stakeholders from around the state to develop a statewide strategic plan to address diabetes in Alaska. The plan's vision, mission, guiding principles, goals, objectives and strategies were identified--drawing from existing data, evidence-based practices, and coalition members' expertise--during multiple coalition working sessions, teleconferences, and online surveys. The final plan was approved by the coalition in April 2020.

This plan is a living document comprised of four broad goal areas aimed at reducing the burden of diabetes in Alaska. To meet these goals, it includes specific strategies and objectives to focus on for the next five years. Guided by these goals, strategies, and objectives; specific activities—in the form of annual work plans—have been developed by the three Alaska Diabetes Coalition Work Groups:

- Access to Evidence-Based Programs,
- Education and Outreach,
- Effective Self-Management.

The Alaska Diabetes Coalition works together to achieve a healthier Alaska through diabetes education, prevention and management. To join the coalition's efforts or for more details about Work Groups and annual work plans, please reach out to the State of Alaska's Diabetes Prevention and Control Program at diabetes@alaska.gov.

Acknowledgements

We wish to acknowledge and thank those who helped create the Alaska Diabetes Coalition 2020-2025 Strategic Plan and who continue to work towards a diabetes-free Alaska. Members with an asterisk next to their name are Steering Committee members.

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Strategic Plan Framework + Coalition Structure

Vision

An Alaska that promotes healthy lifestyles statewide to prevent diabetes, reduce complications, reduce health care costs, and support Alaskans living with diabetes.

Mission

The Alaska Diabetes Coalition works together to achieve a healthier Alaska through diabetes education, prevention and management.

Guiding Principles

- Promote optimum health for Alaskans
- Strengthen individuals' knowledge and empowerment through health literacy and education
- Encourage prevention efforts throughout the lifespan
- Focus on early intervention
- Promote wellness and healthy lifestyles
- Build systems of holistic, patient-centered care
- Partner with existing organizations and coalitions with similar goals and priorities
- Use data and evidence-based practices to guide our work

Goals

- **Goal 1.** Increase access to and utilization of evidence-based interventions for Alaskans at risk of diabetes or living with diabetes, to maintain health and prevent complications.
- **Goal 2.** Reduce risk factors for diabetes among Alaska youth and adults through education, outreach, and collaboration with existing efforts to promote healthy lifestyles.
- **Goal 3.** Increase capacity of the health system to offer medications and evidence-based services to increase self-management and prevention efforts by those living with or at risk of developing diabetes.
- **Goal 4.** Maintain an active, committed coalition of partners working together to efficiently and effectively achieve our shared vision.

Coalition Organizational Chart



Burden of Diabetes in Alaska, 2012-2016¹

What Is Diabetes?

Diabetes impacts the body's ability to process food. Our bodies use insulin, a hormone produced by the pancreas, to transform the foods we eat into glucose, a type of sugar that living cells use for energy. A person with diabetes has difficulty making or using insulin, and the food they eat remains in their bloodstream as undigested sugars. If a person has persistently high levels of sugar in the blood, he or she may be diagnosed with prediabetes or diabetes. There are multiple types of diabetes, defined in the sidebar at the right.

Diabetes is a chronic disease, and a risk factor for other health conditions. Diabetes is a chronic condition that affects a person's daily life and can lead to other serious health issues, especially if the condition persists undiagnosed or unmanaged over a long period. Diabetes is a risk factor for:

- heart disease, including heart attacks and stroke;
- vision loss;
- loss of feeling or functioning in hands, feet, and limbs; and
- kidney disease, including kidney failure.

Diabetes is a leading cause of preventable deaths and hospitalizations.

Diabetes cannot be cured, but it can be prevented or managed. As with other chronic diseases, making healthy choices can reduce or prevent risk of developing diabetes, as well as reduce the risk of developing other chronic diseases. This includes

- maintaining a healthy weight;
- eating a nutrient-rich diet with healthy fruits, vegetables, grains and fats;
- participating in regular physical activity; and
- avoiding or moderating unhealthy products such as tobacco and alcohol.

Types of Diabetes

- **Type 1:** The body is unable to make insulin naturally. Usually diagnosed early in life. Requires taking insulin daily. Rarer than Type 2 diabetes. No known prevention or cure.
- **Type 2:** The body cannot produce enough insulin, or utilize insulin efficiently, so blood sugar is not regulated at normal level. Most common form of diabetes today. Usually develops during adulthood. Preventable or manageable with healthy lifestyle choices.
- **Gestational:** A woman develops diabetes during pregnancy, with no prior diagnosis. Usually temporary, but increases the mother's risk of developing Type 2 diabetes in the future.
- **Prediabetes:** The body has elevated blood sugar, but not high enough to be diagnosed as Type 2 diabetes. Associated with greater risk for diabetes, heart disease and stroke. Prediabetes is preventable with healthy lifestyle choices.

¹ Alaska DHSS Section of Chronic Disease Prevention and Health Promotion, Division of Public Health. *Diabetes Prevention and Control in Alaska – 2019*. Accessed February 18, 2020: http://dhss.alaska.gov/dph/Chronic/Documents/Diabetes/burden/2019_AlaskaDiabetesBurdenReport.pdf

For those living with diabetes, including Type 1, maintaining a healthy lifestyle is important. Many people successfully manage their condition through maintaining healthy habits, medications to regulate insulin levels, and careful monitoring of their blood glucose level. Helping people stay healthy while living with diabetes is an essential part of reducing the burden of diabetes.

Prevalence, Mortality, Hospitalizations + Healthcare

Diabetes is among Alaska's leading causes of death and is a critical public health priority. In 2016, it was the eighth most common cause of death in Alaska (see Table 1). As of 2016, 7.5% of adults in Alaska have known diabetes and 11.1% of adults have known prediabetes. More than 100,000 Alaska adults have been diagnosed with diabetes or prediabetes, but more—**over 80%**—are likely at risk and do not know it.

Table 1: Cause of Death by Rank in Alaska + the U.S. (2016)

Cause of Death by Rank in Alaska	Alaska Deaths			US Deaths	
	Number	%	Age-Adjusted Rate	Age Adjusted Rate	Rank
1. Cancer	974	22%	152.5	155.8	2
2. Diseases of the Heart	814	18%	136.3	165.5	1
3. Unintentional Injuries	429	9%	61.9	47.4	3
4. Chronic Lower Respiratory Disease	236	5%	40.4	40.6	4
5. Stroke	193	4%	38.2	37.3	5
6. Suicide	186	4%	25.3	13.5	10
7. Chronic Liver Disease and Cirrhosis	123	3%	15.9	10.7	12
8. Diabetes	122	3%	18.6	21.0	7
9. Alzheimer's Disease	109	2%	25.4	30.3	6
10. Influenza and Pneumonia	60	1%	12.4	13.5	8

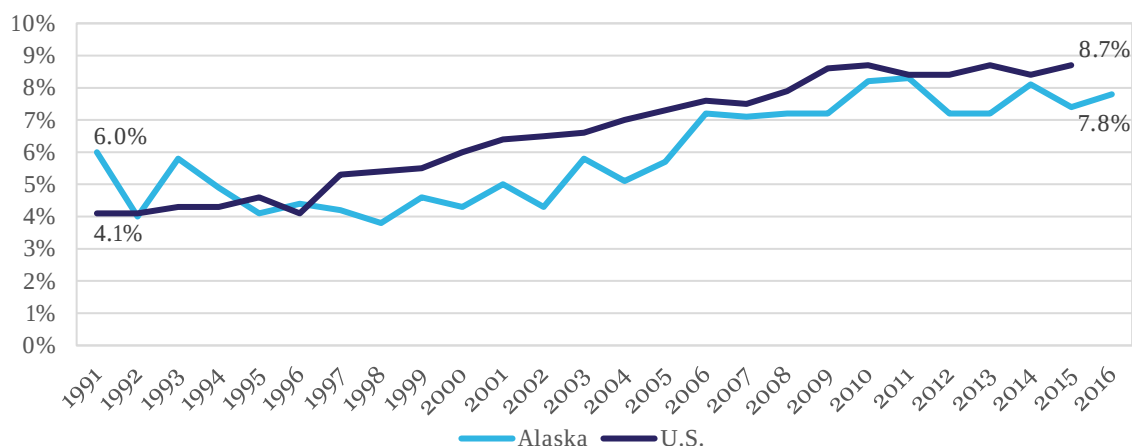
Source: Reproduced from State of Alaska, DHSS. Alaska Vital Statistics 2016 Annual Report. Available at http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/VitalStatistics_AnnualReport_2016.pdf. Accessed 2-17-2020.

More than ever, Alaskans and people across the U.S. are impacted by diabetes:

- Nationally, the Centers for Disease Control and Prevention (CDC) report that 40% (2 in 5) of U.S. adults will develop Type 2 diabetes in their lifetime. Younger adults are increasingly diagnosed with diabetes.
- In Alaska, approximately 41,000 adults (1 in 13) have been diagnosed with Type 1 or Type 2 diabetes. Another 62,000 adults (1 in 9) are diagnosed with prediabetes.
- Many other people may be living with diabetes or prediabetes but have not been screened or diagnosed. A national study estimates that up to 33% of adults (1 in 3) may have prediabetes, but of those, only 10% have been diagnosed by a health care provider. Applying these figures to Alaska, **there may be over 120,000 additional cases of diabetes or prediabetes among Alaska adults**—more than the number of diagnosed cases to date.
- The prevalence of diagnosed diabetes continues to increase in Alaska and nationally.

Figure 1 illustrates the trend in prevalence over time for Alaska and the U.S. While Alaska has maintained a slightly lower rate of diabetes diagnoses over the last 20 years compared to the national average, both populations' prevalence continues to increase.

Figure 1: Prevalence of Diagnosed Diabetes, Alaska and U.S., age-adjusted 1991 - 2016



Source: Reproduced from *Diabetes Prevention and Control in Alaska* (2019).

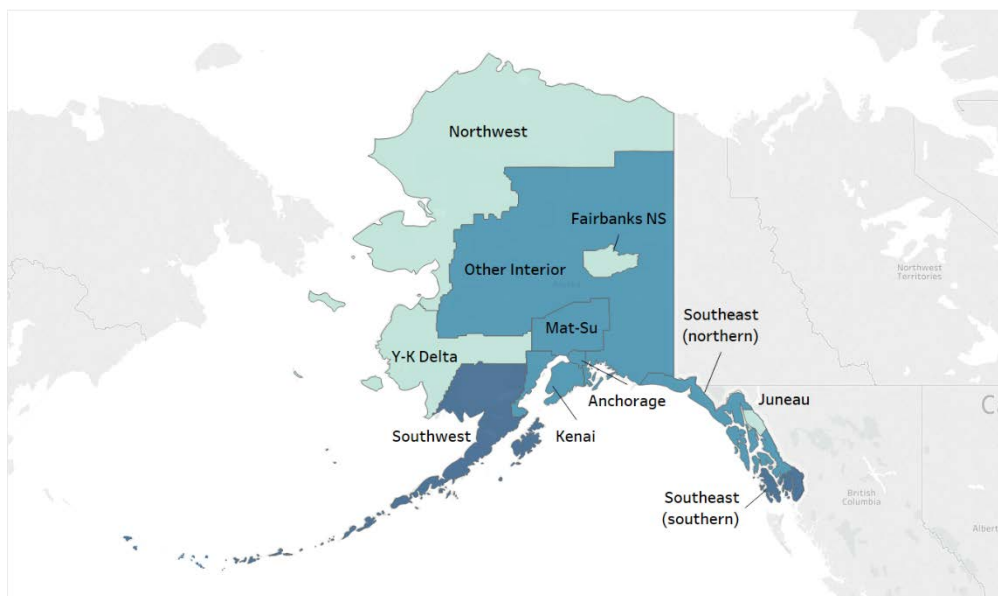
- **Diabetes-related death (mortality).** Diabetes is the 8th leading cause of death in Alaska, identified as a cause of death for 3,662 Alaskans between 2007 and 2016 – 889 as the underlying cause of death (i.e., direct cause), and 2,773 as a contributing cause of death. Although diabetes prevalence increased over the past decade, diabetes-related death rates have declined significantly during the same period.
- **Diabetes-related hospitalizations and outpatient treatment.** In total during 2016, diabetes contributed to the need for services in 70,487 hospital visits – 9,067 of these were inpatient visits, where the person was admitted to a hospital, and 7% indicated diabetes as the primary diagnosis, or reason care was needed. The remaining 61,420 cases were outpatient visits (i.e., emergency department, outpatient surgery, outpatient observation, imaging labs, or other services), and about one-third (33%) of those indicated diabetes as the primary diagnosis.
- **Quality healthcare for people with diabetes.** Most Alaska adults with diabetes saw a healthcare provider for diabetes care in the past year (86%), however only about one-third of people with diabetes met a “quality of care” standard for effective clinical services (obtaining annual eye and foot exams, and a glycosylated hemoglobin [A1c] test at least twice per year).

Diabetes Disparities in Alaska

- **Comparisons by demographic group.** Diabetes prevalence increased with age: from 2.0% among people ages 18-44 to 19.3% among people ages 65 and older. Diabetes prevalence was similar for men and women, but diabetes-related hospitalizations were greater among women than men, and death rates are greater among men than women.

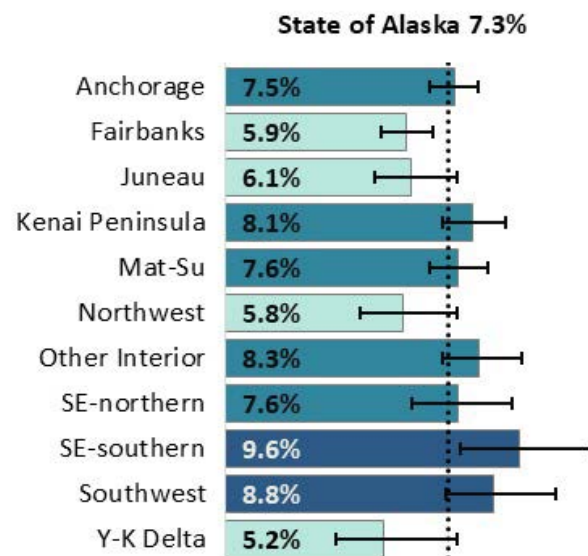
- ***Comparisons by race.*** More Alaska Native people and Black or African American people have diabetes or prediabetes than Whites in Alaska. Diabetes-related death and hospitalization rates were greater among Asian, Pacific Islander, and Black or African American people in Alaska than among Whites. Hospitalization rates – but not death rates – were greater among Alaska Native people than Whites.
- ***Regional comparisons.*** Relative to the state as a whole, the prevalence of diabetes was higher in the Southeast-southern region, and lower in Fairbanks. See Figure 2. Diabetes-related death rates were lower than the state average in Fairbanks, Kenai Peninsula, and the Yukon-Kuskokwim regions, which may be related to a combination of factors. These lower death rates could be due to diabetes-specific factors, such as lower prevalence, higher incidence in these regions of other competing causes of death, differences in reporting causes of death, or a combination of several factors.

Figure 2: Prevalence of Ever Being Diagnosed with Diabetes Among Adults,
By Behavioral Health Systems Region
Alaska, 2012-2016



Prevalence of Ever Being Diagnosed with Diabetes by Behavioral Health
Systems Region
Alaska adults, 2012-2016

	Prevalence	Lower CI	Upper CI
State of Alaska	7.3%	6.9%	7.7%
Anchorage	7.5%	6.7%	8.3%
Fairbanks*	5.9%	5.1%	6.8%
Juneau	6.1%	4.9%	7.6%
Kenai Peninsula	8.1%	7.1%	9.2%
Mat-Su	7.6%	6.7%	8.6%
Northwest	5.8%	4.4%	7.6%
Other Interior	8.3%	7.1%	9.7%
SE-northern	7.6%	6.1%	9.4%
SE-southern*	9.6%	7.7%	12.0%
Southwest	8.8%	7.2%	10.8%
Y-K Delta	5.2%	3.6%	7.6%



Data source: Alaska BRFSS
Combined File.

*Indicates significant difference between region and state overall.

- **Screening for diabetes.** The American Diabetes Association (ADA) recommends screening and testing for type 2 diabetes or prediabetes every three years at minimum for adults ages 45 or older, and adults of any age who are overweight or obese. About half (52.0%) of Alaska adults without diabetes have been tested for diabetes within the past three years; conservatively, 76% of Alaska adults met criteria for needing screening. Screening rates were lower in the Northwest and Yukon-Kuskokwim Delta regions than in the state overall.
- **Effective self-care practices.** More than half of Alaska adults with diabetes (60%) said they checked their own blood glucose daily, and 60% said they had ever taken a diabetes self-management class. Prevalence of these same two self-care practices was lower among Alaska Native people with diabetes than non-Native Alaskans (48% and 50% among Alaska Native people, respectively).

Economic Costs of Diabetes

Diabetes-related deaths and hospitalizations have significant economic costs to the public sector, and places a burden on people with diabetes and their families. The CDC reports that after adjusting for age and gender, average medical expenditures in the U.S. among people with diagnosed diabetes are more than double the costs for people without diabetes.²

- Approximately **\$1 in \$7 health care dollars** is spent treating diabetes and its complications.³
- Diagnosed diabetes costs America **\$327 billion** each year.³

Diabetes has significant economic costs in Alaska, too.

- In Alaska, the average cost for healthcare in fiscal year 2016 was nearly **\$36,000 per person** with diabetes in contrast to the average of about **\$7,700 spent per person** without a chronic health condition in the same year.
- In total, more than **\$193 million in Medicaid costs** were paid for people with diabetes in Alaska in that year. About **\$72 million** of this funding was from Alaska's state general fund (37%), and the remaining costs were covered by federal funds.

Notably, these costs do not account for medical care received from outside the Medicaid system, and do not account for other important economic costs to individuals and their families (e.g., lost work or inability to maintain employment), and are thus underestimates of the true economic costs of diabetes. In 2014, diabetes and prediabetes cost an estimated \$668 million in Alaska each year.⁴

² Centers for Disease Control and Prevention (CDC). National Diabetes Statistics Report, 2017 Estimates of Diabetes and Its Burden in the United States. August 8, 2017.

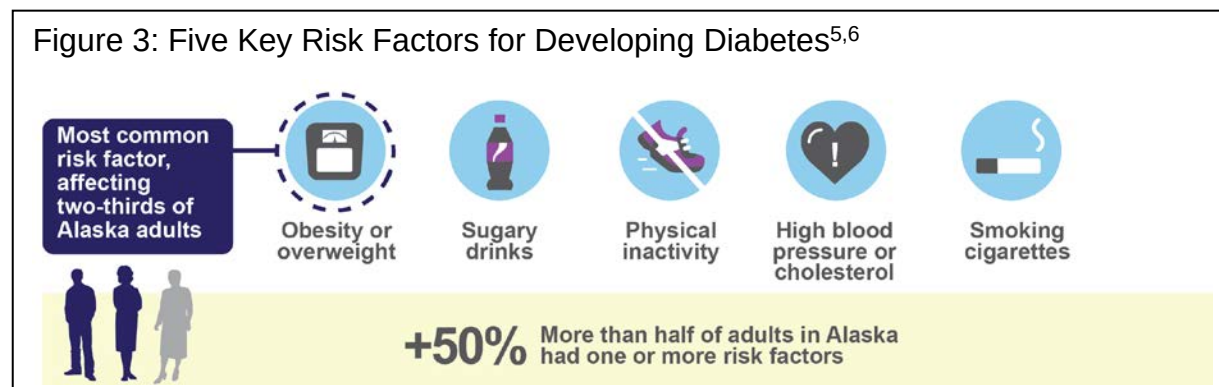
³ American Diabetes Association. Accessed February 19, 2020: <https://www.diabetes.org/resources/statistics/cost-diabetes>.

⁴ American Diabetes Association. Accessed February 19, 2020: <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/alaska.pdf>.

Preventing and Managing Diabetes

Risk + Protective Factors

Key risk factors for developing diabetes or its complications include being overweight or obese, drinking sugary drinks, not getting enough exercise, high blood pressure or cholesterol, and smoking cigarettes.⁵ Many adults in Alaska had one of these risk factors and more than half of adults in any of the major demographic groups examined for this report (White, Hispanic, Asian, Black/African American, Alaska Native, and other or Multi-race) had one or more risk factors (see Figure 3).⁶



Protective factors, which reduce the risk of diabetes and related complications, include: maintain a healthy weight; eat healthy foods; drink water instead of sugary beverages⁷; stay physically active; get blood sugar, blood pressure and cholesterol screenings⁸; don't use tobacco; and prevent and/or manage diabetes.⁹ See Figure 4.



⁵ Alaska DHSS Section of Chronic Disease Prevention and Health Promotion, Division of Public Health. *Diabetes Prevention and Control in Alaska – 2019*. Accessed February 18, 2020:

http://dhss.alaska.gov/dph/Chronic/Documents/Diabetes/burden/2019_AlaskaDiabetesBurdenReport.pdf

⁶ Alaska BRFSS Combined File, 2013-2016 for obesity, overweight and smoking; Alaska BRFSS Standard File, 2011, 2013, 2015 for physical inactivity, high cholesterol, and drinking one or more sugary drinks per day; Alaska BRFSS Standard File, 2011-2015 for high blood pressure.

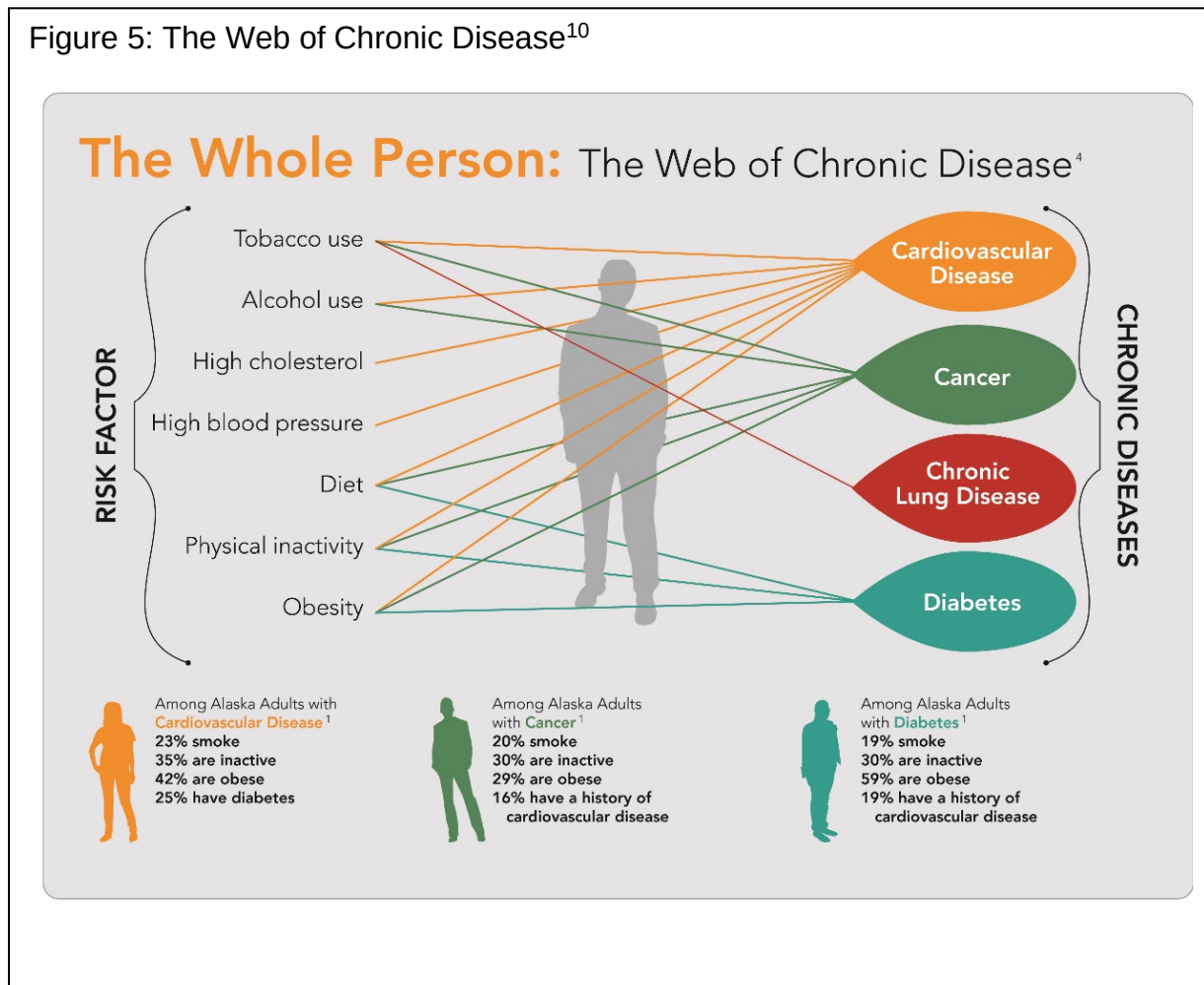
⁷ Harvard T.H. Chan School of Public Health website. Sugary Drinks. Accessed February 28, 2020:

<https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/sugary-drinks/>.

⁸ American Heart Disease website. Understand Your Risk for Diabetes. Accessed February 28,

2020 <https://www.heart.org/en/health-topics/diabetes/understand-your-risk-for-diabetes>.

Figure 5: The Web of Chronic Disease¹⁰



Source: Image produced by Agnew::Beck Consulting for the Section of Chronic Disease Prevention and Health Promotion, Division of Public Health, Alaska Department of Health and Social Services.

Diabetes + Mental Health¹¹

Mental health affects many parts of daily life, such as how people think and feel, handle stress, relate to others, and make choices. Having a mental health problem could make it harder for people to stick to their diabetes care plans. Thoughts, feelings, beliefs, and attitudes can affect how healthy a person's body is. Untreated mental health issues can make diabetes worse, and problems with diabetes can make mental health issues worse. However, as one improves, the other tends to improve, too.

¹⁰ Remington PL, Brownson RC, Wegner MV, eds. Chronic Disease Epidemiology and Control, 3rd Ed. Washington DC: American Public Health Association, 2010. AK BRFSS (2009-2011). Accessed May 12, 2020: http://dhss.alaska.gov/dph/Chronic/PublishingImages/assets/CDPHP_thewholeperson.gif.

¹¹ Center for Disease Control and Prevention (CDC). Diabetes and Mental Health webpage. Accessed February 20, 2020: <https://www.cdc.gov/diabetes/managing/mental-health.html>.

People may sometimes feel discouraged, worried, frustrated, or tired of dealing with daily diabetes care. Those feelings, known as diabetes distress, may cause people to slip into unhealthy habits, stop checking their blood sugar, and skip doctor's appointments. In any 18-month period, 33% to 50% of people with diabetes have diabetes distress.

Diabetes distress can look like depression or anxiety, but it can't be treated effectively with medicine. Instead, the following approaches have been shown to help:

- See an endocrinologist for diabetes care. He or she is likely to have a deeper understanding of diabetes challenges than regular doctors.
- Ask a doctor for a referral to a mental health counselor who specializes in chronic health conditions.
- Get some one-on-one time with a diabetes educator to problem-solve together.
- Focus on one or two small diabetes management goals instead of working on everything at once.
- Join a diabetes support group to share and exchange thoughts, feelings and lessons learned.

Screening¹²

Diagnosing diabetes or prediabetes early can avoid complications. The American Diabetes Association (ADA) recommends regular screenings to test for diabetes:

- *Adults age 45 and older:* every **3** years
- *People with prediabetes:* every year
- *Women who were diagnosed with gestational diabetes:* every 3 years
- *Adults who are overweight or obese and have one or more risk factors:* every year

Additionally, the ADA recently recommended testing children and adolescents who are overweight or obese and have at least one other risk factor for diabetes.

In addition to screening for diabetes, adults should receive regular screenings for high cholesterol and blood pressure; both are risk factors for developing diabetes, as well as for diabetes complications among those who already have diabetes.

Healthcare + Self-Management¹³

Quality healthcare and self-management practices for people with diabetes can effectively lower the risk of health complications. Although recommendations for care can vary based on individual characteristics, specific guidelines for diabetes care include the following four actions:

- See a healthcare provider for diabetes-related preventive care at least once per year.

¹² American Diabetes Association. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes – 2020. Diabetes Care. January 2020. Vol 41, Supplement 1: S13-S27. Accessed February 27, 2020: https://care.diabetesjournals.org/content/diacare/suppl/2019/12/20/43.Supplement_1.DC1/DC_43_S1_2020.pdf

¹³ Alaska DHSS Section of Chronic Disease Prevention and Health Promotion, Division of Public Health. *Diabetes Prevention and Control in Alaska – 2019*. Accessed February 18, 2020: http://dhss.alaska.gov/dph/Chronic/Documents/Diabetes/burden/2019_AlaskaDiabetesBurdenReport.pdf

- Work with a healthcare team to achieve high-quality diabetes care; that means having received all three clinical services below to achieve the “quality of care” standard:
 - an annual eye exam,
 - an annual foot exam, and
 - a hemoglobin A1C test at least twice per year.
- Check blood glucose levels daily at home.
- Attend evidence-based diabetes self-management classes.

Goals + Strategies

Goal 1. Increase access to and utilization of evidence-based interventions for Alaskans at risk of diabetes or living with diabetes, to maintain health and prevent complications.

- **Strategy A.** Promote consistent screening of and follow-up with patients who have risk factors for prediabetes and diabetes.
- **Strategy B.** Increase health care providers' knowledge of and referrals to evidence-based diabetes prevention and self-management programs.
- **Strategy C.** Increase participation in CDC-recognized Diabetes Prevention Programs (DPP) statewide.
- **Strategy D.** Increase participation in ADCES-accredited or ADA-recognized Diabetes Self-Management Education and Support (DSMES) services.
- **Strategy E.** Increase access to DPP and DSMES programs through telehealth and other delivery methods.
- **Strategy F.** Promote best practices for pharmacists to use medication therapy management (MTM) to support self-management for people living with diabetes.

These goals and strategies were identified—drawing from existing data, evidence-based practices, and coalition members' expertise—during multiple coalition working sessions, teleconferences, and online surveys.

This is a summary of the goals and strategies that will guide the coalition's activities over the next five years.

Goal 2. Reduce risk factors for diabetes among Alaska youth and adults through education, outreach, and collaboration with existing efforts to promote healthy lifestyles.

- **Strategy A.** Collaborate with and expand the reach of partners who work on primary prevention, i.e., promote healthy lifestyle choices for all Alaskans, to support health throughout the lifespan and reduce risk factors for diabetes.
- **Strategy B.** Increase public awareness of key symptoms and risk factors for diabetes.

Goal 3. Increase capacity of the health system to offer medications and evidence-based services to increase self-management and prevention efforts of those living with or at risk of developing diabetes.

- **Strategy A.** Increase the number of health plans that provide comprehensive coverage of diabetes prevention and self-management services, medications and devices.
- **Strategy B.** Increase number of recognized providers who can bill for diabetes self-management services.
- **Strategy C.** Improve the availability of medications and devices for diabetes management.

Goal 4. Maintain an active, committed coalition of partners working together to efficiently and effectively achieve our shared vision.

- **Strategy A.** Build a diverse statewide membership of subject matter experts, health care professionals and individuals who are passionate about our mission.
- **Strategy B.** Maintain a focused, strategic annual action plan for the coalition to focus its implementation work.

Evaluating Our Impact: Performance Indicators

The purpose of performance indicators is to measure and monitor the coalition's progress toward achieving our goals. The coalition has identified high-level measures to track overall outcomes (see below), as well as one or more measures for each priority strategy that the group is currently focused on. Please reach out to the State of Alaska's Diabetes Prevention and Control Program at diabetes@alaska.gov for more information on priority strategy level indicators.

Overall Diabetes Indicators	Baseline (date)	Target (2025)	Data Source
Prevalence: Reduce the percentage of adults living with diabetes.	8.4% (2018)	8.0%	BRFSS
Mortality: Reduce diabetes mortality rates in AK (deaths directly caused by diabetes). Age-adjusted.	17.8/100,000 (2018)	16.9/100,000	HAVRS

Sources: Alaska Behavioral Risk Factor Surveillance Survey; Alaska Division of Public Health, Vital Statistics, Mortality.

Reference: Relevant Healthy Alaskans 2030 Health Objectives

In addition to the performance measures that the coalition will use to measure progress toward our vision and goals, we intend to monitor the Healthy Alaskans indicators related to prevention and management of diabetes. None of the 30 health objectives for Healthy Alaskans 2030 specifically address diabetes prevention and control directly. However, three indicators address risk factors (weight status, sugary drink intake, and physical activity) and three address access to healthcare, which may indirectly impact diabetes rates and related risk and protective factors.

- **Objective 5:** Reduce the percentage of adults (aged 18 years and older) reporting that they could not afford to see a doctor in the last 12 months.
- **Objective 6:** Reduce the rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventive care) based on the Agency for Healthcare Research and Quality (AHRQ) definition.¹⁴
- **Objective 8:** Reduce the percentage of the population without health insurance.
- **Objective 9:** Increase the percentage of children (students in grades K-8) who meet criteria for healthy weight.
- **Objective 15:** Reduce the percentage of 3-year-olds who drink any sugary drinks on a given day.

¹⁴ AHRQ Quality Indicators—Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions. Rockville, MD: Agency for Healthcare Research and Quality, 2001. AHRQ Pub. No. 02-R0203. <https://www.ahrq.gov/downloads/pub/ahrqqi/pqiguide.pdf>

- **Objective 16:** Increase the percentage of adolescents who meet the Physical Activity Guidelines for Americans (2008 US DHHS Physical Activity Guidelines: adolescents who do at least 60 minutes of physical activity a day, every day of the week).

List of Acronyms/ Glossary

- ADCES (Association of Diabetes Care & Education Specialists)
- ADA (American Diabetes Association)
- AHRQ (Agency for Healthcare Research and Quality)
- BRFSS (Behavioral Risk Factor Surveillance Survey)
- CDC (U.S. Centers for Disease Control and Prevention)
- DHSS (Department of Health and Social Services)
- DPP (Diabetes Prevention Program)
- DSME / DSMES (Diabetes Self-Management Education and Support)
- US DHHS (United States Department of Health and Human Services)

Alaska Diabetes Coalition Strategic Plan (2020-2025)

Michael Dunleavy, Governor

State of Alaska

Adam Crum, Commissioner

Department of Health and Social Services

Dr. Anne Zink, Chief Medical Officer

Department of Health and Social Services

Heidi Hedberg, Director

Division of Public Health

Tari O'Connor, Section Chief

Chronic Disease Prevention and Health Promotion



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CITY OF BETHEL, ALASKA

RESOLUTION #20-19

A RESOLUTION BY THE BETHEL CITY COUNCIL SUBMITTING A VICTIM IMPACT STATEMENT TO THE UNITED STATES ATTORNEY'S OFFICE, DISTRICT OF ALASKA, IN U.S. v. CARMICHAEL, 3:19-CR-00148-TMB-DMS

WHEREAS, the United States Attorney's Office, District of Alaska, invited the City of Bethel to submit a Victim Impact Statement in 3:19-CR-00148-TMB-DMS, *U.S. v. Christopher Allen Carmichael*;

WHEREAS, the purpose of a Victim Impact Statement is to provide an opportunity for victims to share an experience as a result of a crime;

WHEREAS, the Bethel Police Department assisted the Federal Bureau of Investigation (FBI) in the undercover investigation of former Bethel elementary school principal Christopher Carmichael, which culminated in federal charges of possession of child pornography, attempted coercion of a child, and sexual abuse of a minor;

WHEREAS, on November 6, 2020, Carmichael pleaded guilty to federal charges of attempted coercion and enticement of a minor;

WHEREAS, Carmichael was previously indicted on three charges, including attempted coercion of a minor, possession of child pornography, and attempted transfer of obscene material to a minor;

WHEREAS, the State of Alaska also charged Carmichael with two counts of sexual abuse of a minor in 4BE-20-00362CR;

WHEREAS, Carmichael insinuated himself into this community and region, creating a persona of a trusted leader and protector of our youth, but then used his position of power and trust to prey on the very children he was hired to protect and educate;

WHEREAS, parents in this community sent their children to school and relied on Carmichael to serve *in loco parentis*, taking on the physical and legal roles of the parent while their children were in his care;

WHEREAS, sexual violence impacts the entire community, prevents families from trusting people in positions of power, and prevents families from feeling safe in situations that promise safety;

WHEREAS, the full impacts of Carmichael's actions are immeasurable, complex, and cannot be known;

WHEREAS, the entire community is in pain, and yet this pain is incomparable to the pain the individual victims of these crimes will face for the rest of their lives;

WHEREAS, in 2019, the FBI reported that Alaska ranked highest in the nation for violent crimes and rape, and that Alaska's reports of sexual assaults were more than four times the national average;

WHEREAS, sexual abuse and assault, especially in rural Alaska, is a public health crisis, and we must come together to raise awareness and implement change in our community, region, and state;

NOW, THEREFORE, BE IT RESOLVED, by the Bethel City Council, that on behalf of the thousands of people in this community that face ongoing grief caused by Carmichael's criminal conduct, the City of Bethel presents this resolution as its impact statement to the United States Attorney's office, District of Alaska in *U.S. v Carmichael*, 3:19-CR-00148-TMB-DMS

ENACTED THIS 8TH DAY OF DECEMBER 2020, BY _ IN FAVOR AND _ OPPOSED.

ATTEST:

Michelle DeWitt, Mayor

Lori Strickler, City Clerk

City of Bethel Action Memorandum

Action memorandum No.	20-56		
Date action introduced:	12-8-2020	Introduced by:	Peter A. Williams, Interim City Manager
Date action taken:		Approved	Denied
Confirmed by:			

Action Title: Authorize and approve City Administration to issue checks totaling \$35,237.47 to Year 3, Quarter 3 and 4 Community Action Grant awardees based on the Community Action Grant Technical Review Board's (CAGTRB) work on scoring applications and deciding how much to award each applicant.

Attachment(s): None.

Amount of fiscal impact:	Source	Account information:
\$35,237.47	Funds in FY 2021 Budget & from 20% of alcohol sales taxes collected.	10-72-760

Summary Statement

The City of Bethel established the Community Action Grant Program (CAG) to allow community and individuals to request financial support for programs or events that contribute to the health, welfare, and overall quality of life for residents of Bethel, especially its most vulnerable populations. Funding for the program comes from 20% of the Alcohol Tax collected by the City. The balance available on November 17, 2020 for CAG distribution was \$175,936.23.

The Community Action Grant Technical Review Board reviews grant applications, score them, and provide funding recommendations to City Council.

The Committee accepted and scored two applications received during the two open application periods for Quarter 3 and 4. The Committee met on November 17 and November 30, 2020. Applicants were given a chance to discuss their projects and answer questions from the Board members. The Board recommends that City Council fund the following projects at the amounts indicated:

Applicant Rank and Project Summary	Requested	Recommended Award
1. Ayaprun Elitnaurviat Cross Country Avg. Score: 146 Program covers costs expended when school sponsored a marathon in which school kids ran a mile a day for 25 days. Costs would include bags, t-shirts, water bottles, and medals.	\$1,500.00	\$1,557.47 Actual costs
2. Bethel Comm. Services Foundation-Library JV Avg. Score: 138 \$18,000 would cover cost of Jesuit Volunteer serving in library for one year to provide outreach services. \$15,680 would cover after-school tutoring at the library or over zoom.	\$33,680	\$33,680
Total		\$35,237.47

City of Bethel Action Memorandum

Action memorandum No.	20-57		
Date action introduced:	December 8, 2020	Introduced by:	Peter A. Williams, Interim City Manager
Date action taken:		Approved	Denied
Confirmed by:			

Action Title: Direct Administration to prepare and submit an FY 2022 Public Transit (5311) Grant application to fund the operation of the Bethel Transit System with up to \$85,000 in local cash match from the City's FY 2022 Budget.

Attachment(s): None

Amount of fiscal impact:		Account information:
\$75,00 - \$85,000	Funds to be placed in City FY 2022 Budget.	56-50-XXX

Summary Statement

The City of Bethel has an opportunity to fund Year 13 of the Bethel Transit System. Applications for the FY 2022 Public Transit (5311) Grants are being accepted until December 21, 2020. The grant performance period July 1, 2021 to June 30, 2022.

The City plans to fund the transit system by collecting \$40,000 in farebox revenue, requesting approximately \$230,000 in grant funds, and providing up to \$85,000 in cash match.

During normal non-Covid operating conditions, the transit system provides 2,200-2,800 rides per month. Organizations like the Orutsararmuit Native Council, Tundra Women's Coalition, and Association of Village Council Presidents purchase monthly passes for their clients. The transit system helps employees get to work, seniors get to the Post Office, stores, and utility bill locations, and those individuals and families without vehicles move around town.

The transit budget would fund one full-time transit manager, one full-time driver, and one part-time driver to serve the Green Route, with six-day service to 32 stops every hour.

The City Manager must provide a letter for the grant application that pledges the cash match amount.

Once the grant awards are announced by the State in January or February 2021, City Administration will present to Council another Action Memorandum to approve and accept the grant award and direct the City Manager to sign it.

City of Bethel Action Memorandum

Action memorandum No.	20-58		
Date action introduced:	December 8, 2020	Introduced by:	Peter A. Williams, Interim City Manager
Date action taken:		Approved	Denied
Confirmed by:			

Action Title: Direct City Administration to negotiate and execute an agreement with Myers Farm for the purchase of up to 2,890 boxes of produce at a cost of up to \$130,050 using CARES Act funds, and then distribute the food free to those in need.

Attachment(s): None.

Amount of fiscal impact:	Source	Account information:
Up to \$130,050	CARES Act	66-50-799

Summary Statement

The City of Bethel was awarded \$8,424,380.20 in CARES Act funding. The City's deadline to spend the money is December 30, 2020. The City of Bethel is in a position to spend CARES Act funding to purchase fresh produce and distribute it to those in need.

Each box of produce prepared by Myers Farm would contain:

- 5 lbs. potatoes
- 4 lbs. carrots
- 2 lbs. onions
- 3 lbs. oranges
- 3 lbs. apples
- 1 garlic

The City would work with local organizations to distribute the food boxes to individuals and families in need. The City Manager and City Attorney will work out the exact nature of the expenditures prior to December 30, 2020 to ensure compliance with the CARES Act.

City of Bethel Action Memorandum

Action memorandum No.	20-59		
Date action introduced:	December 8, 2020	Introduced by:	Peter Williams, City Manager
Date action taken:		Approved	Denied
Confirmed by:			

Action Title: Council authorization to administration to begin work on conveyance of City property, the current site of the ONC Multi-Purpose Building (Plat 71-425, Tract A Block 9), to ONC.

Attachment(s):

Department/Individual:	Initials:	Remarks:
Administration		
Legal		
Planning		

Amount of fiscal impact:		Account information:
	No fiscal impact at this time.	
	Funds in City Budget.	
	Funds not in City Budget.	

Summary Statement

The City of Bethel owns the land underneath the ONC multi-purpose building. There is currently no lease involved. The conveyance process would involve following BMC 4.08 (Acquisition and Disposal of Land) to identify the steps necessary to convey the land.





cc

RECORDATION**REQUESTED BY:**

First National Bank
Alaska
Kuskokwim Branch
700 Front Street
PO Box 286
Bethel, AK
99559-0286

WHEN RECORDED MAIL**TO:**

First National Bank
Alaska
Kuskokwim Branch
700 Front Street
PO Box 286
Bethel, AK
99559-0286

FOR RECORDER'S USE ONLY**LANDLORD'S RELEASE AND CONSENT**

THIS LANDLORD'S RELEASE AND CONSENT is entered into among ORUTSARARMUIT NATIVE COUNCIL, INCORPORATED; and ORUTSARARMUIT NATIVE COUNCIL ("Borrower"), whose address is P O BOX 927, BETHEL, AK 99559; First National Bank Alaska ("Lender"), whose address is Kuskokwim Branch, 700 Front Street, PO Box 286, Bethel, AK 99559-0286; and CITY OF BETHEL ("Landlord"), whose address is P.O. BOX 388, BETHEL, AK 99559. Borrower and Lender have entered into, or are about to enter into, an agreement whereby Lender has acquired or will acquire a security interest or other interest in the Collateral. Some or all of the Collateral may be affixed or otherwise become located on the Premises. To induce Lender to extend the Loan to Borrower against such security interest in the Collateral and for other valuable consideration, Landlord hereby agrees with Lender and Borrower as follows.

COLLATERAL DESCRIPTION. The word "Collateral" means certain of Borrower's personal property in which Lender has acquired or will acquire a security interest, including without limitation the following specific property:

All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles, Deposit Accounts and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)

BORROWER'S ASSIGNMENT OF LEASE. Borrower hereby assigns to Lender all of Borrower's rights in the Lease, as partial security for the Loan. The parties intend that this assignment will be a present transfer to Lender of all of Borrower's rights under the Lease, subject to Borrower's rights to use the Premises and enjoy the benefits of the Lease while not in default on the Loan or Lease. Upon full performance by Borrower under the Loan, this assignment shall be ended, without the necessity of any further action by any of the parties. This assignment includes all renewals of and amendments to the Lease or the Loan, until the Loan is paid in full. No amendments may be made to the Lease without Lender's prior written consent, which shall not be unreasonably withheld or delayed.

CONSENT OF LANDLORD. Landlord consents to the above assignment. If Borrower defaults under the Loan or the Lease, Lender may reassign the Lease, and Landlord agrees that Landlord's consent to any such reassignment will not be unreasonably withheld or delayed. So

LANDLORD'S RELEASE AND CONSENT
(Continued)

Loan No: 0118225128

Page 2

long as Lender has not entered the Premises for the purpose of operating a business, Lender will have no liability under the Lease, including without limitation liability for rent. Whether or not Lender enters into possession of the Premises for any purpose, Borrower will remain fully liable for all obligations of Borrower as lessee under the Lease. While Lender is in possession of the Premises, Lender will cause all payments due under the Lease and attributable to that period of time to be made to Landlord. If Lender later reassigns the Lease or vacates the Premises, Lender will have no further obligation to Landlord.

LEASE DEFAULTS. Both Borrower and Landlord agree and represent to Lender that, to the best of their knowledge, there is no breach or offset existing under the Lease or under any other agreement between Borrower and Landlord. Landlord agrees not to terminate the Lease, despite any default by Borrower, without giving Lender written notice of the default and an opportunity to cure the default within a period of sixty (60) days from the receipt of the notice. If the default is one that cannot reasonably be cured by Lender (such as insolvency, bankruptcy, or other judicial proceedings against Borrower), then Landlord will not terminate the Lease so long as Landlord receives all sums due under the Lease for the period during which Lender is in possession of the Premises, or so long as Lender reassigns the Lease to a new lessee reasonably satisfactory to Landlord.

DISCLAIMER OF INTEREST. Landlord hereby consents to Lender's security interest (or other interest) in the Collateral and disclaims all interests, liens and claims which Landlord now has or may hereafter acquire in the Collateral. Landlord agrees that any lien or claim it may now have or may hereafter have in the Collateral will be subject at all times to Lender's security interest (or other present or future interest) in the Collateral and will be subject to the rights granted by Landlord to Lender in this Agreement.

ENTRY ONTO PREMISES. Landlord and Borrower grant to Lender the right to enter upon the Premises for the purpose of removing the Collateral from the Premises or conducting sales of the Collateral on the Premises. The rights granted to Lender in this Agreement will continue until a reasonable time after Lender receives notice in writing from Landlord that Borrower no longer is in lawful possession of the Premises. If Lender enters onto the Premises and removes the Collateral, Lender agrees with Landlord not to remove any Collateral in such a way that the Premises are damaged, without either repairing any such damage or reimbursing Landlord for the cost of repair.

MISCELLANEOUS PROVISIONS. The following miscellaneous provisions are a part of this Agreement: This Agreement shall extend to and bind the respective heirs, personal representatives, successors and assigns of the parties to this Agreement. The covenants of Borrower and Landlord respecting subordination of the claim or claims of Landlord in favor of Lender shall extend to, include, and be enforceable by any transferee or endorsee to whom Lender may transfer any claim or claims to which this Agreement shall apply. Lender need not accept this Agreement in writing or otherwise to make it effective. This Agreement shall be governed by and construed in accordance with the laws of the State of Alaska. If Landlord is other than an individual, any agent or other person executing this Agreement on behalf of Landlord represents and warrants to Lender that he or she has full power and authority to execute this Agreement on Landlord's behalf. Lender shall not be deemed to have waived any rights under this Agreement unless such waiver is in writing and signed by Lender. Without notice to Landlord and without affecting the validity of this Consent, Lender may do or not do anything it deems appropriate or necessary with respect to the Loan, any obligors on the Loan, or any Collateral for the Loan; including without limitation extending, renewing, rearranging, or accelerating any of the Loan indebtedness.

AMENDMENTS. This Agreement, together with any Related Documents, constitutes the entire understanding and agreement of the parties as to the matters set forth in this Agreement. No alteration of or amendment to this Agreement shall be effective unless given in writing and signed by the party or parties sought to be charged or bound by the alteration or amendment.

NO WAIVER BY LENDER. Lender shall not be deemed to have waived any rights under this Agreement unless such waiver is given in writing and signed by Lender. No delay or omission on the part of Lender in exercising any right shall operate as a waiver of such right or any other right. A waiver by Lender of a provision of this Agreement shall not prejudice or constitute a waiver of Lender's right otherwise to demand strict compliance with that provision or any other provision of this Agreement. No prior waiver by Lender, nor any course of dealing between Lender and Landlord, shall constitute a waiver of any of Lender's rights or of any of Landlord's obligations as to any future transactions. Whenever the consent of Lender is required under this Agreement, the granting of such consent by Lender in any instance shall not constitute continuing consent to subsequent instances where such consent is required and in all cases such consent may be granted or withheld in the sole discretion of Lender.



LANDLORD'S RELEASE AND CONSENT

Loan No: 0118225128

(Continued)

Page 3

SEVERABILITY. If a court of competent jurisdiction finds any provision of this Agreement to be illegal, invalid, or unenforceable as to any circumstance, that finding shall not make the offending provision illegal, invalid, or unenforceable as to any other circumstance. If feasible, the offending provision shall be considered modified so that it becomes legal, valid and enforceable. If the offending provision cannot be so modified, it shall be considered deleted from this Agreement. Unless otherwise required by law, the illegality, invalidity, or unenforceability of any provision of this Agreement shall not affect the legality, validity or enforceability of any other provision of this Agreement.

DEFINITIONS. The following capitalized words and terms shall have the following meanings when used in this Agreement. Unless specifically stated to the contrary, all references to dollar amounts shall mean amounts in lawful money of the United States of America. Words and terms used in the singular shall include the plural, and the plural shall include the singular, as the context may require. Words and terms not otherwise defined in this Agreement shall have the meanings attributed to such terms in the Uniform Commercial Code:

Agreement. The word "Agreement" means this Landlord's Release and Consent, as this Landlord's Release and Consent may be amended or modified from time to time, together with all exhibits and schedules attached to this Landlord's Release and Consent from time to time.

Borrower. The word "Borrower" means ORUTSARARMUIT NATIVE COUNCIL, INCORPORATED; and ORUTSARARMUIT NATIVE COUNCIL and includes all co-signers and co-makers signing the Note and all their successors and assigns.

Collateral. The word "Collateral" means all of Borrower's right, title and interest in and to all the Collateral as described in the Collateral Description section of this Agreement.

Landlord. The word "Landlord" means CITY OF BETHEL, and is used for convenience purposes only. Landlord's interest in the Premises may be that of a fee owner, lessor, sublessor or lienholder, or that of any other holder of an interest in the Premises which may be, or may become, prior to the interest of Lender.

Lease. The word "Lease" means that certain lease of the Premises, dated November 15, 1985, between Landlord and Borrower. The Lease was recorded as follows: RECORDED APRIL 7, 1986 IN THE BETHEL RECORDING DISTRICT IN BOOK 43 AT PAGE 325.

Lender. The word "Lender" means First National Bank Alaska, its successors and assigns.

Loan. The word "Loan" means any and all loans and financial accommodations from Lender to Borrower whether now or hereafter existing, and however evidenced.

Note. The word "Note" means the promissory note dated August 9, 2002, in the original principal amount of \$680,000.00 from Borrower to Lender, together with all renewals of, extensions of, modifications of, refinancings of, consolidations of, and substitutions for the promissory note or agreement.

Premises. The word "Premises" means the real property located in the Bethel Recording District, Fourth Judicial District, State of Alaska, commonly known as 267 AKIACHAK, BETHEL, AK 99559, and legally described as:

Tract A, of Block 9, NORTHWEST ADDITION TO BETHEL TOWNSITE, U.S.S. NO. 3770, according to the official plat thereof, filed under Plat Number 71-425, Records of the Bethel Recording District, Fourth Judicial District, State of Alaska

Related Documents. The words "Related Documents" mean all promissory notes, credit agreements, loan agreements, environmental agreements, guaranties, security agreements, mortgages, deeds of trust, security deeds, collateral mortgages, and all other instruments, agreements and documents, whether now or hereafter existing, executed in connection with the Loan.



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2007-001629-0

LANDLORD'S RELEASE AND CONSENT
(Continued)

Loan No: 0118225128

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BORROWER AND LANDLORD ACKNOWLEDGE HAVING READ ALL THE PROVISIONS OF THIS LANDLORD'S RELEASE AND CONSENT, AND BORROWER AND LANDLORD AGREE TO ITS TERMS. THIS AGREEMENT IS DATED NOVEMBER 19, 2007.

BORROWER:

ORUTSARARMUIT NATIVE COUNCIL, INCORPORATED

By: [Signature]
RAYMOND WATSON, Chairman of ORUTSARARMUIT
NATIVE COUNCIL, INCORPORATED

By: [Signature]
SUSAN MURPHY, Secretary of ORUTSARARMUIT
NATIVE COUNCIL, INCORPORATED

ORUTSARARMUIT NATIVE COUNCIL

By: [Signature]
RAYMOND WATSON, Chairman of ORUTSARARMUIT
NATIVE COUNCIL

By: [Signature]
SUSAN MURPHY, Secretary of ORUTSARARMUIT
NATIVE COUNCIL

LANDLORD:

CITY OF BETHEL

By: [Signature]
Authorized Signer for CITY OF BETHEL DON W BAIRD, CITY MANAGER

By: _____
Authorized Signer for CITY OF BETHEL

LENDER:

FIRST NATIONAL BANK ALASKA

X [Signature]
Authorized Officer



4 of 6

2007-001629-0

LANDLORD'S RELEASE AND CONSENT
(Continued)

Loan No: 0118225128

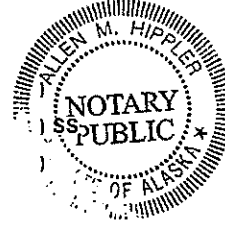
Page 5

CORPORATE ACKNOWLEDGMENT

STATE OF Alaska

4th

JUDICIAL DISTRICT



On this 23rd day of November, 20 07, before me, the undersigned Notary Public, personally appeared RAYMOND WATSON, Chairman of ORUTSARARMUIT NATIVE COUNCIL, INCORPORATED and SUSAN MURPHY, Secretary of ORUTSARARMUIT NATIVE COUNCIL, INCORPORATED, and known to me to be authorized agents of the corporation that executed the Landlord's Release and Consent and acknowledged the Agreement to be the free and voluntary act and deed of the corporation, by authority of its Bylaws or by resolution of its board of directors, for the uses and purposes therein mentioned, and on oath stated that they are authorized to execute this Agreement and in fact executed the Agreement on behalf of the corporation.

By Allen M. Hippler

Residing at Bethel

Notary Public in and for the State of Alaska

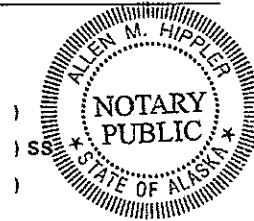
My commission expires 11/17/11

GOVERNMENT ACKNOWLEDGMENT

STATE OF Alaska

4th

JUDICIAL DISTRICT



On this 23rd day of November, 20 07, before me, the undersigned Notary Public, personally appeared RAYMOND WATSON, Chairman of ORUTSARARMUIT NATIVE COUNCIL and SUSAN MURPHY, Secretary of ORUTSARARMUIT NATIVE COUNCIL, and known to me to be authorized agents of the governmental entity that executed the Landlord's Release and Consent and acknowledged the Agreement to be the free and voluntary act and deed of the governmental entity, by authority of its enabling laws or by resolution of its governing body, for the uses and purposes therein mentioned, and on oath stated that they are authorized to execute this Agreement and in fact executed the Agreement on behalf of the governmental entity.

By Allen M. Hippler

Residing at Bethel

Notary Public in and for the State of Alaska

My commission expires 11/17/11



Loan No: 0118225128

STATE OF Alaska

4/25/22

A circular notary seal for Allen M. Hippler, a Notary Public in the State of Alaska. The seal features the name "ALLEN M. HIPPLER" in the upper arc, "NOTARY PUBLIC" in the center, and "STATE OF ALASKA" in the lower arc, separated by two stars. The seal is surrounded by a decorative border of small dots. To the left of the seal, the text "1. ss" is visible.

By Allen M. Hepples

Residing at Bethel

Notary Public in and for the State of Alaska

STATE OF Alaska

4th

)
) SS
)

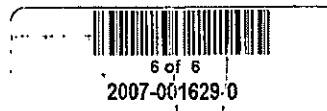


By _____

Residing at 660 6th Ave, Bethel

Notary Public in and for the State of Alaska

My commission expires 3/10/09



**DEED OF RECONVEYANCE
WITH SUBSTITUTION OF TRUSTEE**

WHEREAS a Deed of Trust was dated **AUGUST 9, 2002**, executed by **ORUTSARARMUT NATIVE COUNCIL, INCORPORATED, AN ALASKA NON-PROFIT CORPORATION, AS TO THE LEASEHOLD ESTATE**, Grantor, to **FIRST AMERICAN TITLE OF ALASKA**, Trustee, for the benefit of **FIRST NATIONAL BANK ALASKA**, Beneficiary, which Deed of Trust was recorded **AUGUST 14, 2002, IN BOOK 0099 AT PAGE 044**, records of the **BETHEL** Recording District, **FOURTH** Judicial District, State of Alaska, encumbering the following described property:

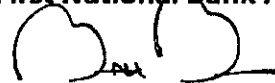
**TRACT A, OF BLOCK 9 NORTHWEST ADDITION TO BETHEL TOWNSITE,
U.S.S. NO. 3770, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED
UNDER PLAT NUMBER 71-425, RECORDS OF THE BETHEL RECORDING
DISTRICT, FOURTH JUDICIAL DISTRICT, STATE OF ALASKA.**

WHEREAS, it is the desire of the Beneficiary to designate a new Trustee to administer the terms of said Deed of Trust, the undersigned does hereby revoke the appointment of said Trustee and does appoint **First National Bank Alaska**, as successor Trustee in accordance with the terms of said Deed of Trust.

NOW THEREFORE, the undersigned Substitute Trustee does hereby remise, release and reconvey, without warranty, unto the person or persons legally entitled thereto, all the estate in the premises described in said Deed of Trust.

Dated: July 23, 2020

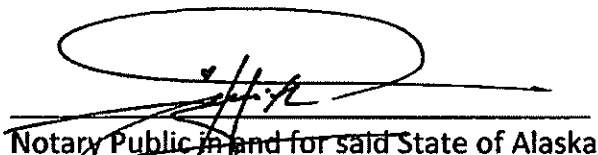
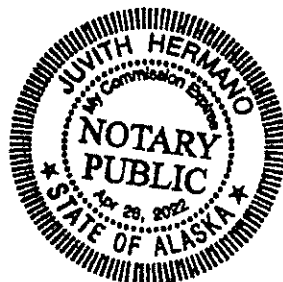
First National Bank Alaska



By: Brett Bouch r
Loan Servicing Officer

State of Alaska)
) ss.
Third Judicial District)

On July 23, 2020, before me, the undersigned Notary Public in and for the State of Alaska, personally appeared **Brett Bouch r** personally known to me to be a **Loan Servicing Officer** of First National Bank Alaska who executed the within instrument and acknowledged to me that he executed the same.



Notary Public in and for said State of Alaska

Return to: **First National Bank Alaska**
 PO Box 100720
 Anchorage AK 99510-0720

City of Bethel Action Memorandum

Action Memo No.	20-60	
Date introduced:	December 8, 2020	Introduced by: Peter A. Williams, Interim City Manager
Amended actions:		
Confirmed by:		

Action: Authorize Administration to distribute funds to Bethel Community Services Foundation to support the outstanding funding requests of the Round Two Business Recovery Grant Program, the Individual Assistance Program and the Non-Profit Grant Program, contingent on the December 30, 2020 expiration of the CARES Act Grant not being extended.

Amount of fiscal impact:		Account information:
	No fiscal impact at this time.	
Unknown	Funds in CARES Act.	66-50-684
	Funds in City Budget.	

Summary Statement

The City of Bethel received the CARES Act grant in the amount of \$8,424,380.20 to help the community and City respond to impacts related to the COVID-19 pandemic. Unless there is a congressional extension of the use of the CARES Act grant funds, the City's ability to spend the funds will expire December 30, 2020.

Administration seeks Council's authorization to distribute funds to Bethel Community Services Foundation to support the following items in the following order:

1. Outstanding funding requests of the Round Two Business Recovery Grant Program-Round Two of the Bethel Business Recovery Grant Program, funded at \$527,500, concluded with the review and prioritization of 46 applicants that were not funded in round one of the grant program. There were approximately 50 more applications received by local businesses that were previously funded but were not reviewed for compliance due to the lack of prior funding.
2. Individual Assistant Program-Distribution of funds from the City through Tundra Women's Coalition to members of the community facing hardships related to COVID-19. Prior funding for this program is still intact however there will be an ongoing need to support individuals through the winter months as the pandemic continues to impact many families in our community.
3. The Non-Profit Recovery Program- This granting program is closed however to maximize the City's distribution of funds to our Community partners facing hardship from COVID-19, this group could not be left out of the consideration of possible funding.

The authorization of the AM will, if the CARES Act funds are not extended, permit Administration to coordinate with Bethel Community Services Foundation and distribute additional funds as needed and following review of qualifications and confirmation of eligibility.

City of Bethel Information Memorandum

Information Memo No.	20-20		
Date introduced:	December 8, 2020	Introduced by:	Peter Williams, Acting City Manager
Amended actions:			
Confirmed by:			

Title: Presentation of the City's Water & Sewer Services Expenditures Compared to Budget from July 1, 2020 to November 30, 2020 – Utilities Maintenance – Water & Wastewater Activity Report.

Attachment(s): (1) City of Bethel Water & Sewer Services Expenditures Compared to Budget from July 1, 2020 to October 31, 2020 and (2) October 2020 – Utilities Maintenance – Water & Wastewater Activity Report.

Department/Individual:	Initials:	Remarks:
Administration, Peter Williams	PW	
Finance, Carmen Jackson CPA	CJ	
Amount of fiscal impact:	Account information:	
None	No fiscal impact at this time.	
	Funds in City Budget.	
	Funds not in City Budget.	

Summary Statement

The attached financial report for FY 2021 contains months of financial data from July 1, 2020 to October 31, 2020 and the Utilities Maintenance Water & Wastewater Activity Report ending November 30, 2020. The information in these documents is distributed to Bethel City Council members for their review. This Information Memorandum documents the dissemination of this report to Bethel City Council members, as required by the Alaska Department of Commerce, Community and Economic Development, Division of Community and Regional Affairs, in their administration of the Best Practices protocol.

The process of preparing and submitting a monthly financial report and a water and wastewater activity report to City Council helps the City earn points on the Water and Sewer Utility Best Practices Operation and Maintenance Reports. The City must have a score of 60 or greater out of 100 points in order to be approved for funding from the Environmental Protection Agency (EPA) and the Alaska Department of Environmental Conservation (DEC). In other capital grants administered by DEC's Village Safe Water Program, the City's Best Practices score is an application scoring criterion.



City of Bethel - Public Works Department

Utilities Maintenance Activity Report

FY21 - November 2020

Public Works Director - William Arnold

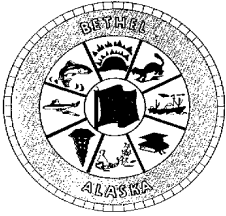
City Sub Water Treatment Plant

Bethel Heights Water Treatment Plant

	Water				Chemical Usage			Water				Chemical Usage		
	Plant Production (Gallons)	Hauled Water (Gallons)	Piped Water (Gallons)	Backwash Usage (Gallons)	Calcium Hypochlorite (lbs)	Polymer (mL)	Potassium Permanganate (lbs)	Plant Production (Gallons)	Hauled Water (Gallons)	Piped Water (Gallons)	School Water (Gallons)	Calcium Hypochlorite (lbs)	Polymer (mL)	Potassium Permanganate (lbs)
November	4,449,742	1,322,000	1,429,006	1,082,000	1,139	10,404	192	4,560,881	627,670	6,769,725	70,480	450	4,660	103
Fiscal Year to Date	23,218,625	8,622,000	647,327	2,405,210	6,405	66,654	1,185	14,275,919	2,743,465	19,272,959	309,673	3,075	20,000	465

Bethel Heights WTP	Monthly water logs to ADEC from BHWTP and CSWTP. One boiler are on line and operating for Spring. Plant put into Winter-mode.
City Sub WTP	Monthly water logs for BHWTP and CSWTP to ADEC. Pulled Nitrate, TTHMs, HAA5 set to SGS lab for testing .
Sewer Lagoon	DMR report to ADEC. Lagoon discharge complete for month.
Piped Sewer	14 alarms on residential lift stations were responded to. Multiple issues with grinder pumps and float systems. 14 residential lift station repairs. Line flushing and leveling activities on low-flow and plugged sewer lines. Non-compliance reports were filled out per DEC requirements. Finished up replacing P.D. sewer line. Been working with contractors on the main lift station to change out bad check valves
Piped Water	Monthly meter readings, service connections, and disconnects were performed. Replaced leaky fire hydrants and corp stop in housing. Monthly meter reading and service connections were completed.
Other	Daily safety meetings are held. Clean up and organization of shops and vehicles.

Prepared by - Water/Wastewater Utilities Foreman



CITY OF BETHEL

P.O. Box 388
Bethel, Alaska 99559
Ph. (907) 543-4150
Fax (907) 543-3817

MEMORANDUM

DATE: 11-18-2020 to 12-1-2020

TO: City Council

FROM: Peter Williams, City Manager

RE: Managers' Report

Corvid-19- The incentive program is moving along smoothly. We are working on a list of employees that will be vaccinated for the virus.

Finance Dept. Contract was signed October 6, 2020 with BDO for auditing services that includes the CARES Act audit.

Rural Utility Business Advisors (RUBA) – The score we received needs to be improved too ensure we will qualify for grants. We are activity working to resolve this matter.

Grants- Should be a grant report attached to this report

City Managers Daily Log
Nov.18 – Dec 2, 2020

Nov.18- Reviewed Public Works Building Code and Conditional Survey. The building is in poor shape. The foundation is sound but to bring it up to code is very expensive. The cost would be approximately five-million dollars. The life expectancy of the repairs is seven years. The exterior walls are in poor shape and have a R-15 value. New the panels would have a value R-25. As is the panels will last 0-5 years. The roof is in poor shape but could only be observed from the ground. If four-inch panels were used, they would have R-20 value. If the roof were new it would have a R 34.5 value. – Discussed Capital Projects that DOWL are working on. – Talk to AVEC about putting up streetlights in Tundra Ridge Sub. at citizens' request. They asked about putting two more up in city sub that I approved. – Look into two requests from a council member. – Reviewed Justice Grants. Still active are is funds for a vehicle,

Nov. 19 – Requested the POC for the Winter House send a signed copy of the MOU back too us. – Finance Dept needs help with cash deposits. - Read through Prop Maintenance recommendations for the parks - Introduced Carmen Jackson LLC to our health insurance brokers the Wilson/Arbor Agency. – Work is still on going with the compensation study with meetings on the 19th and another schedule for the 23th. - Joined YKHC COVID-19 meeting. – Responded to the Planning Dept. concerning the Active Property. –

Nov.20- Forwarded ONC the MOU for there review.-Went to Alaska Airlines terminal to follow up on a report about masks not being worn on the premises.- Met with PW Director and PM from DOWL to discuss replacing generator at KYUK wit CARES ACT funds. This will allow KYUK to broadcast when there is no electrical power. – Responded to Dept. of Health and Social Services concerning what populations will receive vaccinations first. – Approved request to have DOWL develop a model for the piped water and sewer system. This will help identify how future projects would affect the system in the future, - Discussed W&S complaint about a tank overflowing in their house.

Nov 23- Reviewed AM regarding contract for Carmen Jackson LLC – Reviewed Impoundment form-

Nov 24- Met with our health insurance brokers – Forwarded four citizens’ complaints with comments to the respective depts. too resolve. – Reviewed aging reports/ delinquent accounts. – Asked S&R to sand culture center parking lot due to activities taking place there. – CNRF Grant for the pool will be completed after expenses are forwarded to the Grant Manger. Council member questioned if we had control over how many people can ride in a taxi. We have no control over the number of persons sharing a taxi.

Nov 25- Dealt with a different compliant than yesterdays, regarding number of people in a taxi. – Try to work a solution for contacting utility billing and the finance department in general. They’re several different email addresses that can be used in the finance department. I think the biggest problem is that the phones are set up to forward na unanswered call to another phone and if that phone is busy, we really can’t figure out where the call goes to. I am going to encourage the use of emails. The finance department has several email addresses, the main one is finance@cityofbethel.net- HR and how accrued leave will be handled when some loses their PTO due to a corvid related situation. – Discussion with the finance dept. about ensuring invoices are in order before the finance dept. collects past due accounts. – Discuss paying for cab fares with a local cab company using Cares Act funding so as to limit the number of people in the cab to one person.

Nov. 26 Holiday

Nov. 30 – Received Service agreements from DOWL for the Ave project. – Reviewed YK Fitness Ctr Update from DOWL. – Read through the manger reports from the Dept Heads.

Dec 1- Talked to Brown Jug and Gold Rush Liquors about their sales tax payments. Found that their payments were being made but were in the Express Bill Pay account. – Found that we have a contract with Carmen Jackson that we did not know about. -

CARES Act Expenditures
As of November 13, 2020
Spending Deadline: December 30, 2020

Grant Amount **\$8,424,380**

Reports Submitted	Amount
June 2020 #1	0
July 2020 #2	2,088,140
August 2020 #3	1,784,520
September 2020 #4	428,674
October 2020 #5	455,837
Total	\$4,757,170

Encumbered Estimates	Amount
Round 2 - Business Recovery Pgm.	535,000
Business Closures (Nov 1-13, 2020)	200,000
Lift Station Rehabilitation	650,000

Total Encumbered **\$1,385,000**

Total Spent & Encumbered **\$6,142,170**

Funding Distributions	
Distribution #1 (received)	4,193,479
Distribution #2 (received)	2,114,451
Distribution #3	2,115,451
Spending Needed for Distribution #3	5,885,040
Current Shortfall to receive #3	1,127,870
Shortfall with Encumbered Included	-257,130.14
Est. Balance of CARES Act Funds	1,982,210.06



November 30, 2020
W.O. 50109.00

Mr. Peter Williams
City of Bethel
P.O. Box 1388
Bethel, AK 99559

Subject: Bethel Water and Sewer Model
Fee Proposal for Engineering Services
Task Order #33 - City of Bethel - DOWL Term Contract

Dear Mr. Peter Williams:

DOWL appreciates this opportunity to present a proposed scope of work to the City of Bethel (City) for performing engineering services in support of water and sewer system hydraulic models.

We have explained each phase of the project below and listed critical project deliverables and assumptions. Please review them to confirm that we understand the scope of the project.

This task is proposed because the City desires to evaluate the impacts of potential developments on existing water and sewer infrastructure. The City's low-pressure sewer system is unique and complex. All sewer lift stations (public and private) must be compatible with one another, or there is a major risk of one overpowering others in the area and causing on-site sewage over-flows. The water and sewer models will be used for years to come as a tool to understand impacts from future water demands and sewer flows.

SCOPE OF SERVICES

We propose splitting this project into the following three phases.

Phase 1- Bethel City Subdivision Water Plant Water System Model

DOWL has completed some baseline modeling of the piped water network that originates at City Subdivision water treatment plant. This modeling was completed to assess whether the Institutional Corridor Water Main could be supported. With this phase, we propose building on our existing limited model to include the existing circulation loops.

Deliverable: To capture the baseline condition, DOWL will provide a brief summary of model inputs (i.e. system demands) and exhibits and tables of the modeling results showing predicted system pressures and available fire flows at representative locations throughout the system.

Phase 2- Bethel Heights Water Plant Water System Model

DOWL has completed some modeling for the Avenues piped water and sewer project, but once again it is limited to a select project area. The model under this phase will account for the existing A and B loops. This model will include all of the piped water originating from the Bethel Heights water plant.

For each of the water system models, we will also input demand data to model actual conditions of current water usage and the resulting system pressures and available fire flows. The City will need to provide water system metering records to enable updating of the water system demands to reflect recent water usage during the peak demand periods.

Future impacts to the water system would be modeled by adding the proposed system demands and probable piping network to the model and re-evaluating the expected water system pressures and available fire flows to the proposed system expansion, as well as effects upon the existing system. Note: This scope does not include modeling future water scenarios.

Phase 3- Bethel Piped Sewer System Sewer Model

There is no existing sewer system model, which was recently revealed as a major deficiency when a potential developer sought City input on sewer lift station sizing for a 100+ unit housing development. We propose developing a comprehensive hydraulic model of Bethel's piped sewer system. This low pressure sewer system will be modeled similar to a water system yet with individual residential/commercial sewer pumps injecting sewage into the common force mains at tap locations. Lift stations will operate like tanks with pumps operating on level controls. Thus, the capacity of the system is related to the number of individual pumps connected to the larger force mains along with the number of these pumps operating at the same time.

The model will necessarily include assumptions on the number of connected pumps operating at the same time through an assumed cycling frequency and during a typical peak few hours of the day. The model results can be compared against actual lift station run times to verify the model is representative of actual conditions. The model will utilize detailed pump capacity information (including run-times) of the City lift stations along with a sampling of pump capacities from private/commercial/institutional landowners throughout Bethel that have on-site lift stations that feed into the City's piped sewer system.

This model will be used to evaluate sewer lift station proposals throughout Bethel from developers.

DELIVERABLES:

The completed water and sewer models will be turned over to the City for their use, or for archiving. DOWL will provide the models on a USB drive or using Newforma Info Exchange Software. It is anticipated that DOWL will continue to provide model operation on an as-needed basis.

Water System Model(s):

To capture and document the baseline conditions, DOWL will provide a summary of model inputs including water system demands, pipe and pump sizing and elevation data. Presentation of the modeling results will include exhibits and tables of the modeling results showing predicted system pressures at peak demands and available fire flows at representative locations throughout the system. These tables of pipe flows and junction pressures are readily available output from the computer model for the entire model, while the exhibits will reflect a sampling of these results commensurate with the ability to illustrate on a 11x17 exhibit.

Sewer System Model:

Similar to the water models, a summary report of existing conditions will be provided to document the baseline modeling conditions including input flows, pipe sizes, pump capacities and the assumed wastewater demand or flow patterns. Presentation of modeling results will include model output tables and up to three exhibits illustrating the total flows to and from the major lift stations for up to three distinct wastewater flow patterns, related to the number of connected pumps and number operating concurrently.

ASSUMPTIONS

- Water and sewer models will be prepared using Bentley software.
- The City will provide water system metering data for evaluation and input into the water system model.
- The City will provide record drawings of all existing water and sewer pipelines.
- We have assumed two engineers will be in Bethel for 5 days to collect system operating data for comparison to the modeling results. On-site tasks will include collection of water system pressure, and fire hydrant flow test readings, and collection of existing sewer system pump data. We anticipate the City will be available to perform hydrant flow tests.
- DOWL's existing aerial imagery will be used as a background for the models and exhibits, as appropriate.
- The system modeling will not include modifications to the glycol system. However, as the water or sewer system expands, the glycol system will also need assessment at that time as to capacity of this system to prevent freezing of the respective pipelines.

SCHEDULE

We will provide models by the dates shown below.

Table 1: Milestone Dates

Task	Delivery Date
Phase 1- City Sub Water Model	January 31, 2021
Phase 2- Bethel Heights Water Model	January 31, 2021
Phase 3- Piped Sewer System Sewer Model	February 15, 2021

FEE PROPOSAL

We propose the Lump Sum fee indicated in Table 2. One monthly statement will be provided showing total fees invoiced for each of the identified tasks. Payment will be expected within 30 days. DOWL will invoice up front for this work and deliver on the schedule provided above. We will invoice within one week of receiving a signed authorization.

Table 2: Proposed Fee

Task	Proposed Fee
Phase 1- City Sub Water Model	\$12,000
Phase 2- Bethel Heights Water Model	\$15,000
Phase 3- Piped Sewer System Sewer Model	\$40,000
Total	\$65,000

Services performed by DOWL under this agreement will be conducted in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing in the same locality under similar conditions. No other representation, express or implied, and no warranty or guarantee is included or intended in this agreement, or in any report, opinion, document or otherwise.

We trust this provides adequate information for evaluating our proposal. We look forward to working with you on this project and will be happy to answer any additional questions you may have.

We appreciate the opportunity to work with the City on this project, and all others. Feel free to contact us with questions regarding this proposal.

Mr. Peter Williams
City of Bethel
November 30, 2020
Page 5 of 5

Sincerely,
DOWL

Chase Nelson, P.E.
Project Manager



Kevin Johnson, P.E.
Water Supply and Wastewater Leader

Using the City of Bethel-DOWL Engineering Services Term Contract Standard Conditions, DOWL is authorized to proceed immediately with amending **Task Order #33 - Bethel Water and Sewer Models**

Authorized Contract Representative

Date



November 30, 2020

Mr. Peter Williams
Mr. William Arnold
City of Bethel
P.O. Box 1388
Bethel, AK 99559

**Subject: YK Fitness Center Emergency Repair Project
Project Status Update- #3**

Dear Mr. Arnold:

This letter summarizes activity on the YK Fitness Center Emergency Repair project.

On September 17, 2020 The City of Bethel (City) entered into contract with Wolverine Supply Inc. (WSI) for the emergency repairs listed below. WSI was hired following an open competition Invitation to Bid. The contract includes provisions to amend the Base Contract to include additional work using rates negotiated following the open competition. Below you will find a status update on the base contract items and a status of the items that have been added.

Base Contract:

- Mobilization of equipment to Bethel- **Complete**
- Installation of three unit and fin tube space heaters in the crawl space for freeze protection-**Complete**
- Installation of insulated access panels- **Complete**
- Installation of insulation in the crawl space on the pile caps- **Complete- November 23, 2020**

The following items have been added to WSI's base contract, which will be charged to the City using the agreed upon rates:

- Installation of missing insulation and flashing at the interface between the high wall and the roof- **Natatorium mostly finished by November 23, 2020 (except for directly above the pool)**
- Installation of missing insulation and flashing at the building's NW corner (conference room area) **Ongoing- Flashing ordered**
- Control system upgrades to be able to control and monitor the crawl space temperature (Sub-contract to Long Mechanical). **Long is subcontracted to WSI. Expected arrival is sometime mid-December**

DOWL hired *The Pool Company* a Seattle based pool construction specialist to visit Bethel to perform an inspection of the pool/spa/filtration/circulation/chemical dosing systems. They arrived in Bethel on November 17, 2020. In general, they found the aquatic systems to be in good condition. They verbally reported there is an issue with air circulation, or air short-circuiting through the natatorium. They will produce a report by December 7, 2020.

The issues at the YK Fitness Center are a mix of repairs, improvements, corrections of defective construction, and deferred maintenance.

At this point in the project, it is too early to estimate the value of each of the above items. The contractor, at the direction of the Project Manager and Architect, is completing the repairs and improvements on a Time and Expense basis. The items that appear to be related to defective construction are:

- Missing pile cap insulation
- Missing insulation and flashing at interface between high wall and roof

There are likely other issues related to defective construction that will come into focus as the identified repairs and improvements are executed.

Sincerely,
DOWL

Chase A. Nelson, P.E.
Project Manager

CITY OF BETHEL
COMBINED CASH INVESTMENT
OCTOBER 31, 2020

COMBINED CASH ACCOUNTS

01-10200	CASH-GENERAL WELLS FARGO	7,739,541.96
01-10210	CASH-PAYROLL WELLS FARGO	(15,630.94)
01-10220	CASH-UTILITY WELLS FARGO	318,719.72
01-10225	CASH-XPRESS PAY DEPOSIT ACCT	111,397.19
01-10360	CASH WF PC TICKETS	258,535.18
01-11750	CASH CLEARING - UTILITY	(76,304.30)
01-11751	CASH CLEARING - CEMETERY	(282.66)
01-11755	CASH CLEARING - A/R	(202,004.66)
01-11756	CASH CLEARING - BUS.LICENSE	(4,282.68)
01-11757	CASH CLEARING - BUSINESS TAX	(79,805.96)
01-12500	INVESTMENT-AMLIP	7,606,148.98
01-12700	INVESTMENT-WELLS FARGO	2,593,538.89
01-12900	TVI-CENTRAL TREASURY ACCT	262,010.09
01-13000	INV -WELLS FARGO 1BB99600	1,039,255.30
01-20100	VOUCHERS PAYABLE	11,715.52
TOTAL COMBINED CASH		19,562,551.63
01-10100	CASH IN COMBINED FUND	(21,900,717.58)
TOTAL UNALLOCATED CASH		(2,338,165.95)

CASH ALLOCATION RECONCILIATION

10	ALLOCATION TO GENERAL FUND	14,852,922.03
16	ALLOCATION TO POLICE ASSET FORFEITURE	(66,780.50)
17	ALLOCATION TO VSW-HEAT TRACE REPLACEMENT	(126,196.83)
18	ALLOCATION TO BOARDWALK LIGHTING PROJECT	(4,467.53)
19	ALLOCATION TO AVENUES W&S GRANT USDA	(8,710.71)
20	ALLOCATION TO AVENUES W&S LOAN USDA	(1,521,857.52)
25	ALLOCATION TO LAND PLANNING AND DEVELOPMENT	21,172.97
26	ALLOCATION TO PARKS DEVELOPMENT FUND	40,845.33
27	ALLOCATION TO COMMUNITY SERVICE PATROL GRANT	37,049.63
29	ALLOCATION TO YKHC POOL GRANT	25.00
33	ALLOCATION TO VOL. FIRE ASSISTANCE-DOF	3,725.55
40	ALLOCATION TO YK REG AQUA HLTH & SAFETY CTR	(1,369,516.01)
41	ALLOCATION TO E-911 SYSTEM/SURCHARGE	51,350.35
42	ALLOCATION TO SOA SEWAGE LAGOON	(1,365.21)
45	ALLOCATION TO INSTITUTIONAL CORRIDOR PROJECT	(115,948.71)
46	ALLOCATION TO PUBLIC SAFETY BUILDING-CAP PRJ	(6,186.18)
47	ALLOCATION TO PORT OFFICE CP FUND	(22,466.07)
49	ALLOCATION TO F49 PORT MULTI-FACILITY IMPRV.	(22,200.00)
50	ALLOCATION TO SOLID WASTE SERVICES	4,215,830.72
51	ALLOCATION TO WATER & SEWER SERVICES	1,748,179.29
52	ALLOCATION TO MUNICIPAL DOCK	4,518,540.35
53	ALLOCATION TO LEASED PROPERTIES	1,518,789.90
54	ALLOCATION TO EMPLOYEE GROUP HEALTH BEN.	(876,846.08)
56	ALLOCATION TO BETHEL PUBLIC TRANSIT SYSTEM	(439,492.18)
57	ALLOCATION TO VEHICLES & EQUIP MAINTENANCE	(737,084.79)
58	ALLOCATION TO FLEET REPLACEMENT FUND	1,240,516.70
60	ALLOCATION TO RASMUSON GRANT	7,314.99
63	ALLOCATION TO LAGOON UPGRADES DESIGN SERV	(1,016,097.74)
64	ALLOCATION TO USDA-RA SEWER LAGOON JETTY	877,666.64
66	ALLOCATION TO COVID-19 CARES ACT FUND	(777,137.97)

CITY OF BETHEL
COMBINED CASH INVESTMENT
OCTOBER 31, 2020

69	ALLOCATION TO DIABETES PREVENTION & CONTROL	4,738.21
71	ALLOCATION TO 2016 HOMELAND SECURITY	(4,793.00)
81	ALLOCATION TO FUND 81	(58.44)
83	ALLOCATION TO FUND 83	3,001.01
90	ALLOCATION TO BETHEL ENDOWMENT FUND	(53,312.14)
	TOTAL ALLOCATIONS TO OTHER FUNDS	21,971,151.06
	ALLOCATION FROM COMBINED CASH FUND - 01-10100	(21,900,717.58)
	ZERO PROOF IF ALLOCATIONS BALANCE	70,433.48

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

GENERAL FUND

ASSETS

10-10100	CASH IN COMBINED FUND	14,852,922.03	
10-11000	CASH IN TILL - YOUTH SERVICES	70.00	
10-11200	PETTY CASH - POLICE DEPT	256.18	
10-11300	CASH IN TILL - FINANCE	1,000.00	
10-12800	ACCRUAL - TAXES	1,054,272.49	
10-13000	A/R EMPLOYEE ADVANCES	(1,596.63)	
10-13100	AR- BTC MODULE	318,662.23	
10-13101	AR- AR MODULE	(365,112.52)	
10-13102	AR- BL MODULE	1,325.00	
10-13400	MISC RECEIVABLES - GENERAL FUN	2,925,628.46	
10-13900	ALLOWANCE FOR DOUBTFUL ACCT	(18,575.20)	
10-14000	INVENTORY - GRAVEL	81,600.00	
10-14200	INVENTORY - HEATING FUEL	34,275.99	
10-14600	PREPAID INSURANCE	609,463.45	
10-14700	PREPAID WORKERS COMP	198,214.38	
10-14800	INVENTORY-TREATED LUMBER	2,361.99	
10-14900	PREPAID - OTHER EXPENSES	31,819.14	
10-14950	PREPAID- PERS FORFEITURES	200,394.67	
10-15600	INVENTORY - CALCIUM CHLORIDE	47,981.00	
10-15800	INVENTORY - PIPE	33,598.50	
10-19900	SUSPENSE	3,214.25	
10-19901	SUSPENSE - BULK DIESEL FUEL	(34,244.77)	
TOTAL ASSETS			19,977,530.64

LIABILITIES AND EQUITY

LIABILITIES

10-20100	VOUCHERS PAYABLE	209,213.28	
10-20200	PAYABLE - CHILD SUPPORT	(897.01)	
10-20300	PAYABLE - GARNISHMENT	1,317.62	
10-21000	PAYABLE - SOCIAL SECURITY	(593.33)	
10-21100	ACCRUED PAYROLL	(60,205.11)	
10-21150	RETURNED STALE DATED PAYROLL	3,858.25	
10-21200	PAYABLE - FWT	(38,088.93)	
10-21300	PAYABLE - MEDICARE FICA	(6,871.33)	
10-21500	PAYABLE - ICMA DEFERRED COMP	2,473.74	
10-21600	PAYABLE - PERS	274,163.70	
10-21700	PAYABLE - NACO DEFERRED COMP	717.00	
10-21900	PAYABLE - UNION DUES	(4,307.10)	
10-22000	PAYABLE- LINCOLN DEFERRED COMP	500.00	
10-22700	PAYABLE - AFLAC	(996.70)	
10-22800	PAYABLE - HEALTH INSURANCE	83,366.90	
10-23200	UNCLAIMED PROPERTY PAYABLE	15,156.01	
10-23300	PAYROLL TAX PEN/INT PAYABLE	435.46	
10-23700	DEFERRED REVENUE - SALES TAX	126,201.20	
10-27000	INSURANCE CONTINGIENCY	3,025.00	
TOTAL LIABILITIES			608,468.65

FUND EQUITY

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

GENERAL FUND

UNAPPROPRIATED FUND BALANCE:			
10-39900	FUND BALANCE-GENERAL FUND	17,409,512.59	
	REVENUE OVER EXPENDITURES - YTD	<u>545,941.16</u>	
	BALANCE - CURRENT DATE		<u>17,955,453.75</u>
	TOTAL FUND EQUITY		<u>17,955,453.75</u>
	TOTAL LIABILITIES AND EQUITY		<u><u>18,563,922.40</u></u>

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
TAXES						
10-40-400	TAX - TRANSIENT LODGING	144,913.76	144,913.76	450,000.00	305,086.24	32.2
10-40-401	TAX - SALES	2,577,969.36	2,577,969.36	6,000,000.00	3,422,030.64	43.0
10-40-402	AK REMOTE SELLER SALES TAX	.00	.00	600,000.00	600,000.00	.0
10-40-403	PENALTIES & INT - SALES TAX	53,513.50	53,513.50	75,000.00	21,486.50	71.4
10-40-407	CIGARETTE AND TOBACCO TAX	197,756.20	197,756.20	583,120.00	385,363.80	33.9
10-40-408	TAX - ALCOHOL USE TAX	166,802.48	166,802.48	500,000.00	333,197.52	33.4
10-40-420	MARIJUANA TAX	277,836.29	277,836.29	600,000.00	322,163.71	46.3
10-40-468	TAX - MOTOR VEH REGISTRATION	17,400.88	17,400.88	50,000.00	32,599.12	34.8
TOTAL TAXES		3,436,192.47	3,436,192.47	8,858,120.00	5,421,927.53	38.8
STATE & FEDERAL REVENUES						
10-42-410	PERS ON BEHALF	.00	.00	125,000.00	125,000.00	.0
10-42-414	COMMUNITY DIVIDEND	.00	.00	75,947.00	75,947.00	.0
10-42-418	PILT PROGRAM - STATE	948,660.68	948,660.68	900,000.00	(48,660.68)	105.4
10-42-429	SOA ELECTRIC CO-OP TAX SHARE	20,408.62	20,408.62	19,800.00	(608.62)	103.1
10-42-430	SOA - JURY DUTY REIMB.	.00	.00	1,000.00	1,000.00	.0
TOTAL STATE & FEDERAL REVENUES		969,069.30	969,069.30	1,121,747.00	152,677.70	86.4
CHARGES FOR SERVICES						
10-43-422	AMBULANCE REVENUE	104,576.98	104,576.98	210,000.00	105,423.02	49.8
10-43-424	POLICE DEPT MISC FEES	.00	.00	9,000.00	9,000.00	.0
10-43-426	AMBULANCE FEES	.00	.00	1,500.00	1,500.00	.0
TOTAL CHARGES FOR SERVICES		104,576.98	104,576.98	220,500.00	115,923.02	47.4
LICENSES, PERMITS & FEES						
10-45-450	GAMING TAX	226,779.66	226,779.66	400,000.00	173,220.34	56.7
10-45-451	TAXI PERMITS	56,245.00	56,245.00	155,000.00	98,755.00	36.3
10-45-452	BUSINESS LICENSES	1,375.00	1,375.00	36,500.00	35,125.00	3.8
10-45-453	ANIMAL CONTROL LICENSES	240.00	240.00	2,500.00	2,260.00	9.6
10-45-454	PLANNING FEES	950.00	950.00	500.00	(450.00)	190.0
10-45-455	PLAT/RECORDING FEES	.00	.00	500.00	500.00	.0
10-45-456	SITE REVIEWS	125.00	125.00	5,000.00	4,875.00	2.5
10-45-457	PARKS & REC JULY 4TH FEES	.00	.00	2,000.00	2,000.00	.0
10-45-469	MISC PERMITS/LICENSES/FEE	1,212.09	1,212.09	5,000.00	3,787.91	24.2
TOTAL LICENSES, PERMITS & FEES		286,926.75	286,926.75	607,000.00	320,073.25	47.3
OTHER FINANCING SOURCES						
10-46-490	XFRS IN FROM OTHER FUNDS	.00	.00	17,500.00	17,500.00	.0
TOTAL OTHER FINANCING SOURCES		.00	.00	17,500.00	17,500.00	.0

FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

PCNT

TOTAL FUND REVENUE

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
ADMINISTRATION						
10-51-501	SALARIES	116,089.77	116,089.77	347,392.00	231,302.23	33.4
10-51-502	OVERTIME	11,867.26	11,867.26	8,851.10	(3,016.16)	134.1
10-51-508	LEAVE CASHOUT	13,462.00	13,462.00	5,100.00	(8,362.00)	264.0
10-51-510	SOCIAL SECURITY EXPENSE	798.71	798.71	.00	(798.71)	.0
10-51-511	MEDICARE FICA	2,103.27	2,103.27	5,037.00	2,933.73	41.8
10-51-512	EMPLOYEE GROUP BENEFITS	33,240.17	33,240.17	76,284.00	43,043.83	43.6
10-51-515	UNEMPLOYMENT	.00	.00	3,551.00	3,551.00	.0
10-51-516	WORKERS' COMPENSATION	.00	.00	928.00	928.00	.0
10-51-518	PERS	26,355.63	26,355.63	76,426.00	50,070.37	34.5
10-51-519	UTILITY BENEFIT	5,664.28	5,664.28	13,680.00	8,015.72	41.4
10-51-521	HOUSING	.00	.00	20,000.00	20,000.00	.0
10-51-522	RECRUITMENT COSTS	.00	.00	10,000.00	10,000.00	.0
10-51-545	TRAINING/TRAVEL	2,431.00	2,431.00	10,000.00	7,569.00	24.3
10-51-561	SUPPLIES	2,804.71	2,804.71	6,700.00	3,895.29	41.9
10-51-563	WEARING APPAREL	.00	.00	2,500.00	2,500.00	.0
10-51-601	VEHICLE PARTS	28.09	28.09	.00	(28.09)	.0
10-51-602	GASOLINE / DIESEL / OIL	.00	.00	1,500.00	1,500.00	.0
10-51-621	ELECTRICITY	3,813.04	3,813.04	18,400.00	14,586.96	20.7
10-51-622	TELEPHONE	5,995.78	5,995.78	20,000.00	14,004.22	30.0
10-51-623	HEATING FUEL	2,582.71	2,582.71	22,440.00	19,857.29	11.5
10-51-626	WATER/SEWER/GARB/	2,568.72	2,568.72	12,000.00	9,431.28	21.4
10-51-627	STAFF CELLULAR PHONES	287.70	287.70	840.00	552.30	34.3
10-51-646	DRUG TESTING/BCKGRND CKS	2,910.50	2,910.50	9,500.00	6,589.50	30.6
10-51-649	PROFESSIONAL FEES	2,795.00	2,795.00	20,000.00	17,205.00	14.0
10-51-661	VEHICLE MAINT/REPAIR	388.46	388.46	1,894.00	1,505.54	20.5
10-51-663	JANITORIAL	3,900.00	3,900.00	11,400.00	7,500.00	34.2
10-51-669	OTHER PURCHASED SERVICES	4,780.54	4,780.54	51,500.00	46,719.46	9.3
10-51-683	MINOR EQUIPMENT	9.99	9.99	2,000.00	1,990.01	.5
10-51-721	INSURANCE	4,549.99	4,549.99	16,630.00	12,080.01	27.4
10-51-722	INSURANCE-DED EXP & OTHER	15,860.75	15,860.75	.00	(15,860.75)	.0
10-51-724	DUES/SUBSCRIPTIONS	200.00	200.00	1,200.00	1,000.00	16.7
10-51-727	ADVERTISING	486.75	486.75	1,000.00	513.25	48.7
10-51-732	EQUIPMENT RENTAL	.00	.00	2,000.00	2,000.00	.0
10-51-733	POSTAGE	21.45	21.45	1,000.00	978.55	2.2
10-51-790	ALLOWANCE SPECIAL EVENTS	381.29	381.29	7,500.00	7,118.71	5.1
10-51-799	MISCELLANEOUS EXPENSES	337.67	337.67	1,000.00	662.33	33.8
10-51-875	INDIRECT COST RECOVERY	(108,339.00)	(108,339.00)	(263,180.00)	(154,841.00)	(41.2)
10-51-996	ADMIN OVERHEAD-IT SVCS	6,437.25	6,437.25	17,539.00	11,101.75	36.7
TOTAL ADMINISTRATION		164,813.48	164,813.48	542,612.10	377,798.62	30.4
CITY CLERKS OFFICE						
10-52-501	SALARIES	57,571.58	57,571.58	179,282.00	121,710.42	32.1
10-52-511	MEDICARE	842.54	842.54	2,600.00	1,757.46	32.4
10-52-512	EMPLOYEE GROUP BENEFITS	11,677.12	11,677.12	50,856.00	39,178.88	23.0
10-52-515	UNEMPLOYMENT	.00	.00	3,191.00	3,191.00	.0
10-52-516	WORKERS' COMPENSATION	.00	.00	479.00	479.00	.0
10-52-518	P.E.R.S.	12,665.76	12,665.76	39,442.00	26,776.24	32.1
10-52-519	UTILITY BENEFIT	2,385.10	2,385.10	9,120.00	6,734.90	26.2
10-52-541	TRAVEL/TRAINING-COUNCIL	.00	.00	6,400.00	6,400.00	.0

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
10-52-545 TRAINING/TRAVEL-CLERK	.00	.00	5,000.00	5,000.00	.0
10-52-561 SUPPLIES-CLERK	218.12	218.12	500.00	281.88	43.6
10-52-562 SUPPLIES-COUNCIL	.00	.00	500.00	500.00	.0
10-52-627 STAFF CELLULAR PHONES	493.09	493.09	720.00	226.91	68.5
10-52-642 LEGAL FEES	.00	.00	5,000.00	5,000.00	.0
10-52-644 CONSULTING FEES	.00	.00	18,000.00	18,000.00	.0
10-52-669 OTHER PURCHASE SERVICES	6,289.70	6,289.70	14,000.00	7,710.30	44.9
10-52-682 ELECTION EXPENSES	9,670.90	9,670.90	12,000.00	2,329.10	80.6
10-52-684 DONATIONS & AWARDS	155.16	155.16	800.00	644.84	19.4
10-52-690 CAPITAL EXPENDITURES	1,670.00	1,670.00	.00	(1,670.00)	.0
10-52-721 INSURANCE	733.93	733.93	2,682.00	1,948.07	27.4
10-52-724 DUES/SUBSCRIPTIONS	249.00	249.00	7,275.00	7,026.00	3.4
10-52-790 ALLOWANCE FOR SPECIAL EVENTS	.00	.00	600.00	600.00	.0
10-52-875 INDRIECT COST RECOVERY	(54,865.80)	(54,865.80)	(133,463.00)	(78,597.20)	(41.1)
10-52-996 ADMIN OVERHEAD-IT SVCS	6,437.25	6,437.25	17,539.00	11,101.75	36.7
TOTAL CITY CLERKS OFFICE	56,193.45	56,193.45	242,523.00	186,329.55	23.2

FINANCE

10-53-501 SALARIES	84,153.25	84,153.25	587,155.00	503,001.75	14.3
10-53-502 OVERTIME	2,282.45	2,282.45	15,000.00	12,717.55	15.2
10-53-508 LEAVE CASHOUT	1,034.86	1,034.86	13,166.00	12,131.14	7.9
10-53-510 SOCIAL SECURITY EXPENSE	239.66	239.66	.00	(239.66)	.0
10-53-511 MEDICARE FICA	1,468.13	1,468.13	7,368.00	5,899.87	19.9
10-53-512 EMPLOYEE GROUP BENEFITS	40,002.62	40,002.62	155,195.00	115,192.38	25.8
10-53-515 UNEMPLOYMENT	.00	.00	4,500.00	4,500.00	.0
10-53-516 WORKERS' COMPENSATION	.00	.00	1,500.00	1,500.00	.0
10-53-518 PERS	20,655.74	20,655.74	111,794.00	91,138.26	18.5
10-53-519 UTILITY BENEFIT	3,429.84	3,429.84	33,060.00	29,630.16	10.4
10-53-545 TRAINING/TRAVEL	.00	.00	14,000.00	14,000.00	.0
10-53-561 SUPPLIES	399.05	399.05	10,000.00	9,600.95	4.0
10-53-602 GASOLINE	425.91	425.91	500.00	74.09	85.2
10-53-622 TELEPHONE	43.68	43.68	500.00	456.32	8.7
10-53-641 AUDITING EXPENSE	.00	.00	85,000.00	85,000.00	.0
10-53-648 ADMIN-OUTSOURCED SERVICES	16,286.00	16,286.00	102,000.00	85,714.00	16.0
10-53-649 OTHER PROFESSIONAL SVS	102,619.34	102,619.34	303,000.00	200,380.66	33.9
10-53-661 VEHICLE MAINT/REPAIRS	388.46	388.46	1,894.00	1,505.54	20.5
10-53-668 HARDWARE/SOFTWARE SUP/669	19,468.00	19,468.00	29,000.00	9,532.00	67.1
10-53-669 OTHER PURCHASED SERVICES	7,363.00	7,363.00	7,500.00	137.00	98.2
10-53-683 MINOR EQUIPMENT	3,478.88	3,478.88	5,000.00	1,521.12	69.6
10-53-693 KIOSK+ANNUAL FEES&NEWCOPIER	568.02	568.02	45,000.00	44,431.98	1.3
10-53-721 INSURANCE	1,621.33	1,621.33	5,926.00	4,304.67	27.4
10-53-724 DUES/SUBSCRIPTIONS	179.00	179.00	750.00	571.00	23.9
10-53-727 ADVERTISING	25.00	25.00	500.00	475.00	5.0
10-53-733 POSTAGE	426.80	426.80	750.00	323.20	56.9
10-53-734 CASH OVER/SHORT	(18.09)	(18.09)	.00	18.09	.0
10-53-735 FINANCE CHARGES/PENALTIES	294.35	294.35	.00	(294.35)	.0
10-53-736 BANK CHARGES	12,872.20	12,872.20	45,000.00	32,127.80	28.6
10-53-799 MISCELLANEOUS EXPENSES	100,337.40	100,337.40	101,000.00	662.60	99.3
10-53-875 INDIRECT COST RECOVERY	(217,166.68)	(217,166.68)	(566,327.00)	(349,160.32)	(38.4)
10-53-996 ADMIN OVERHEAD-IT SVCS	8,514.39	8,514.39	23,198.00	14,683.61	36.7
TOTAL FINANCE	211,392.59	211,392.59	1,142,929.00	931,536.41	18.5

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
PLANNING						
10-54-501	SALARIES	43,711.86	43,711.86	153,891.00	110,179.14	28.4
10-54-502	OVERTIME	14.00	14.00	.00	(14.00)	.0
10-54-508	LEAVE CASHOUT	.00	.00	7,630.00	7,630.00	.0
10-54-511	MEDICARE FICA	640.34	640.34	2,231.00	1,590.66	28.7
10-54-512	EMPLOYEE GROUP BENEFITS	8,449.23	8,449.23	50,856.00	42,406.77	16.6
10-54-515	UNEMPLOYMENT	.00	.00	1,500.00	1,500.00	.0
10-54-516	WORKERS' COMPENSATION	.00	.00	411.00	411.00	.0
10-54-518	PERS	9,619.71	9,619.71	33,856.00	24,236.29	28.4
10-54-519	UTILITY BENEFIT	628.57	628.57	9,120.00	8,491.43	6.9
10-54-545	TRAINING/TRAVEL	.00	.00	7,300.00	7,300.00	.0
10-54-561	SUPPLIES	2,597.85	2,597.85	5,600.00	3,002.15	46.4
10-54-563	WEARING APPAREL	.00	.00	300.00	300.00	.0
10-54-601	VEHICLE PARTS	27.74	27.74	1,000.00	972.26	2.8
10-54-602	GASOLINE	353.97	353.97	1,800.00	1,446.03	19.7
10-54-621	ELECTRICITY	330.96	330.96	1,440.00	1,109.04	23.0
10-54-622	TELEPHONE	21.84	21.84	200.00	178.16	10.9
10-54-623	HEATING FUEL	209.28	209.28	2,040.00	1,830.72	10.3
10-54-626	WATER/SEWER/GARBAGE	246.60	246.60	1,400.00	1,153.40	17.6
10-54-627	STAFF CELLULAR PHONES	108.24	108.24	840.00	731.76	12.9
10-54-642	LEGAL FEES	.00	.00	5,000.00	5,000.00	.0
10-54-648	CODE ENFORCEMENT ACTIVITIES	.00	.00	3,500.00	3,500.00	.0
10-54-649	OTHER PROFESSIONAL FEES	33,771.61	33,771.61	97,340.00	63,568.39	34.7
10-54-661	VEHICLE MAINT/REPAIRS	398.46	398.46	1,894.00	1,495.54	21.0
10-54-668	HARDWARE/SOFTWARE SUPPORT	.00	.00	2,500.00	2,500.00	.0
10-54-669	PROFESSIONAL SERVICES	.00	.00	4,000.00	4,000.00	.0
10-54-683	MINOR EQUIPMENT	.00	.00	5,500.00	5,500.00	.0
10-54-721	INSURANCE	860.91	860.91	3,157.00	2,296.09	27.3
10-54-724	DUES & SUBSCRIPTION	.00	.00	500.00	500.00	.0
10-54-727	ADVERTISING	113.75	113.75	2,000.00	1,886.25	5.7
10-54-799	MISCELLANEOUS EXPENSES	.00	.00	1,000.00	1,000.00	.0
10-54-996	ADMIN OVERHEAD-IT SVCS	6,437.25	6,437.25	17,539.00	11,101.75	36.7
TOTAL PLANNING		108,542.17	108,542.17	425,345.00	316,802.83	25.5
TECHNOLOGY DEPARTMENTS						
10-55-501	SALARIES	23,970.43	23,970.43	94,164.00	70,193.57	25.5
10-55-511	MEDICARE FICA	344.15	344.15	1,676.00	1,331.85	20.5
10-55-512	EMPLOYEE GROUP BENEFITS	4,080.41	4,080.41	25,428.00	21,347.59	16.1
10-55-515	UNEMPLOYMENT	.00	.00	710.00	710.00	.0
10-55-516	WORKERS' COMPENSATION	.00	.00	244.00	244.00	.0
10-55-518	PERS	5,273.49	5,273.49	20,616.00	15,342.51	25.6
10-55-519	UTILITY BENEFIT	1,943.77	1,943.77	4,560.00	2,616.23	42.6
10-55-545	TRAINING/TRAVEL	.00	.00	5,000.00	5,000.00	.0
10-55-561	SUPPLIES	193.19	193.19	5,000.00	4,806.81	3.9
10-55-602	GASOLINE	247.26	247.26	1,440.00	1,192.74	17.2
10-55-627	STAFF CELLULAR PHONES	108.28	108.28	2,000.00	1,891.72	5.4
10-55-649	OTHER PROFESSIONAL SERVICES	50,608.64	50,608.64	125,000.00	74,391.36	40.5
10-55-661	VEHICLE MAINT/REPAIRS	388.46	388.46	1,894.00	1,505.54	20.5
10-55-667	CONNECTIVITY SERVICES	85,742.36	85,742.36	295,000.00	209,257.64	29.1

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
10-55-668 SOFTWARE/SUPPORT	4,656.82	4,656.82	60,000.00	55,343.18	7.8
10-55-669 ADMIN OVERHEAD-IT SVCS	.00	.00	10,000.00	10,000.00	.0
10-55-683 MINOR EQUIPMENT	4,712.11	4,712.11	20,000.00	15,287.89	23.6
10-55-690 CAPITAL EXPENDITURES	55,074.63	55,074.63	.00	(55,074.63)	.0
10-55-691 CAPITAL-SERVER	.00	.00	100,000.00	100,000.00	.0
10-55-692 ALLWORX PHONE SYSTEM UPGRADE	.00	.00	50,000.00	50,000.00	.0
10-55-693 OFFICE 365 W/MIGRATION OF G-SU	.00	.00	38,000.00	38,000.00	.0
10-55-694 SERVER ROOM AIR CONDITIONER RE	.00	.00	10,000.00	10,000.00	.0
10-55-721 INSURANCE	670.90	670.90	2,452.00	1,781.10	27.4
10-55-732 EQUIPMENT RENTAL	46,121.56	46,121.56	45,000.00	(1,121.56)	102.5
10-55-799 MISCELLANEOUS EXPENSES	302.70	302.70	1,000.00	697.30	30.3
10-55-875 INDIRECT COST RECOVERY	(187,129.38)	(187,129.38)	(509,850.00)	(322,720.62)	(36.7)
10-55-996 ADMIN OVERHEAD-IT SVCS	24,420.38	24,420.38	67,180.00	42,759.62	36.4
TOTAL TECHNOLOGY DEPARTMENTS	121,730.16	121,730.16	476,514.00	354,783.84	25.6

CITY ATTORNEY'S OFFICE

10-56-501 SALARIES	42,153.84	42,153.84	137,500.00	95,346.16	30.7
10-56-511 MEDICARE	608.32	608.32	1,994.00	1,385.68	30.5
10-56-512 EMPLOYEE GROUP BENEFITS	14,162.16	14,162.16	25,428.00	11,265.84	55.7
10-56-515 UNEMPLOYMENT	.00	.00	800.00	800.00	.0
10-56-516 WORKERS' COMPENSATION	.00	.00	367.00	367.00	.0
10-56-518 PERS	9,273.84	9,273.84	30,250.00	20,976.16	30.7
10-56-545 TRANING/TRAVEL	.00	.00	12,000.00	12,000.00	.0
10-56-561 SUPPLIES	419.98	419.98	3,000.00	2,580.02	14.0
10-56-627 STAFF CELLULAR PHONES	108.24	108.24	840.00	731.76	12.9
10-56-642 LEGAL FEES	2,546.00	2,546.00	25,000.00	22,454.00	10.2
10-56-649 PROFESSIONAL SERVICES	10,000.00	10,000.00	20,000.00	10,000.00	50.0
10-56-669 OTHER PURCHASED SERVICES	4,521.99	4,521.99	8,000.00	3,478.01	56.5
10-56-721 INSURANCE	713.39	713.39	1,968.00	1,254.61	36.3
10-56-724 DUES AND SUBSCRIPTIONS	.00	.00	1,500.00	1,500.00	.0
10-56-727 ADVERTISING	.00	.00	2,500.00	2,500.00	.0
10-56-732 RENTS AND LEASES	3,140.20	3,140.20	9,400.00	6,259.80	33.4
10-56-799 MISCELLANEOUS EXPENSE	.00	.00	1,200.00	1,200.00	.0
10-56-875 INDIRECT COST RECOVERY	(18,385.16)	(18,385.16)	(67,100.00)	(48,714.84)	(27.4)
10-56-996 ADMIN OVERHEAD-IT SVCS	5,389.32	5,389.32	14,684.00	9,294.68	36.7
TOTAL CITY ATTORNEY'S OFFICE	74,652.12	74,652.12	229,331.00	154,678.88	32.6

FIRE DEPARTMENT

10-60-501 SALARIES	23,324.71	23,324.71	553,034.00	529,709.29	4.2
10-60-502 FLSA OVERTIME	5,123.59	5,123.59	50,225.00	45,101.41	10.2
10-60-506 CALL BACK OVERTIME	2,012.49	2,012.49	45,100.00	43,087.51	4.5
10-60-508 LEAVE CASHOUT	8,134.49	8,134.49	20,905.00	12,770.51	38.9
10-60-510 SOCIAL SECURITY EXPENSE	744.99	744.99	694.00	(50.99)	107.4
10-60-511 MEDICARE FICA	3,215.58	3,215.58	9,815.00	6,599.42	32.8
10-60-512 EMPLOYEE GROUP BENEFITS	62,591.76	62,591.76	203,424.00	140,832.24	30.8
10-60-515 UNEMPLOYMENT	.00	.00	6,232.00	6,232.00	.0
10-60-516 WORKERS' COMPENSATION	.00	.00	26,083.00	26,083.00	.0
10-60-518 PERS	40,607.43	40,607.43	148,918.00	108,310.57	27.3
10-60-519 UTILITY BENEFIT	7,162.50	7,162.50	36,480.00	29,317.50	19.6

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
10-60-545	TRAINING/TRAVEL	539.00	539.00	19,200.00	18,661.00	2.8
10-60-561	SUPPLIES	7,066.04	7,066.04	25,200.00	18,133.96	28.0
10-60-563	WEARING APPAREL	329.95	329.95	15,700.00	15,370.05	2.1
10-60-567	FIRE PREVENTION PROGRAM	3,297.35	3,297.35	5,200.00	1,902.65	63.4
10-60-600	VEHICLE MT. (PARTS & TOOLS)	.00	.00	3,200.00	3,200.00	.0
10-60-601	VEHICLE MT. (PARTS & TOOLS)	5,751.03	5,751.03	21,250.00	15,498.97	27.1
10-60-602	GASOLINE/DIESEL/OIL	3,980.85	3,980.85	14,400.00	10,419.15	27.6
10-60-621	ELECTRICITY	4,481.35	4,481.35	18,720.00	14,238.65	23.9
10-60-622	TELEPHONE	416.94	416.94	2,600.00	2,183.06	16.0
10-60-623	HEATING FUEL	3,855.24	3,855.24	20,400.00	16,544.76	18.9
10-60-626	WATER/SEWER/GARBAGE	1,866.76	1,866.76	8,500.00	6,633.24	22.0
10-60-627	STAFF CELLULAR PHONES	501.66	501.66	2,500.00	1,998.34	20.1
10-60-647	COLLECTION/SMALL CLAIMS	.00	.00	31,200.00	31,200.00	.0
10-60-649	VOLUNTEER STIPEND	800.00	800.00	28,540.00	27,740.00	2.8
10-60-660	VEHICLE MAINT SERVICES	60.00	60.00	6,000.00	5,940.00	1.0
10-60-661	VEHICLE MAINT/REPAIRS	2,589.74	2,589.74	12,628.00	10,038.26	20.5
10-60-662	PROPERTY MAINT	1,112.36	1,112.36	32,000.00	30,887.64	3.5
10-60-669	OTHER PURCHASED SERVICES	15,450.39	15,450.39	24,500.00	9,049.61	63.1
10-60-683	MINOR EQUIPMENT	3,960.17	3,960.17	20,300.00	16,339.83	19.5
10-60-696	CAPITAL EXP-LADDER TRUCK LEASE	.00	.00	71,218.00	71,218.00	.0
10-60-697	FORD EXPEDITION COMMAND VEHIC	.00	.00	65,000.00	65,000.00	.0
10-60-721	INSURANCE	24,420.99	24,420.99	89,255.00	64,834.01	27.4
10-60-724	DUES/SUBSCRIPTIONS	10,511.72	10,511.72	7,324.00	(3,187.72)	143.5
10-60-727	ADVERTISING	.00	.00	1,500.00	1,500.00	.0
10-60-799	MISCELLANEOUS EXPENSES	.00	.00	1,500.00	1,500.00	.0
10-60-996	ADMIN OVERHEAD-IT SVCS	6,437.25	6,437.25	17,539.00	11,101.75	36.7
TOTAL FIRE DEPARTMENT		250,346.33	250,346.33	1,666,284.00	1,415,937.67	15.0
POLICE						
10-61-501	SALARIES	60,069.65	60,069.65	1,767,439.00	1,707,369.35	3.4
10-61-502	OVERTIME	2,150.32	2,150.32	200,000.00	197,849.68	1.1
10-61-508	LEAVE CASHOUT	(1,820.73)	(1,820.73)	79,485.00	81,305.73	(2.3)
10-61-511	MEDICARE	7,861.37	7,861.37	28,528.00	20,666.63	27.6
10-61-512	GROUP HEALTH INSURANCE	160,374.92	160,374.92	584,844.00	424,469.08	27.4
10-61-515	UNEMPLOYMENT	.00	.00	19,674.00	19,674.00	.0
10-61-516	WORKERS' COMPENSATION	.00	.00	60,562.00	60,562.00	.0
10-61-518	PERS	112,241.28	112,241.28	432,837.00	320,595.72	25.9
10-61-519	UTILITY BENEFIT	13,148.01	13,148.01	104,880.00	91,731.99	12.5
10-61-520	RELOCATION COSTS	13,740.79	13,740.79	15,000.00	1,259.21	91.6
10-61-545	TRAINING/TRAVEL	4,037.81	4,037.81	43,000.00	38,962.19	9.4
10-61-561	SUPPLIES	1,738.60	1,738.60	27,500.00	25,761.40	6.3
10-61-563	EMPLOYEE WEARING APPAREL	.00	.00	21,250.00	21,250.00	.0
10-61-601	VEHICLE MT. (PARTS & TOOLS)	1,796.52	1,796.52	6,000.00	4,203.48	29.9
10-61-602	GASOLINE/DIESEL/OIL	8,519.71	8,519.71	36,000.00	27,480.29	23.7
10-61-621	ELECTRICITY	10,740.99	10,740.99	40,800.00	30,059.01	26.3
10-61-622	TELEPHONE	5,262.82	5,262.82	20,500.00	15,237.18	25.7
10-61-623	HEATING FUEL	3,860.25	3,860.25	25,500.00	21,639.75	15.1
10-61-626	WATER/SEWER/GARBAGE	2,534.02	2,534.02	10,000.00	7,465.98	25.3
10-61-627	STAFF CELLULAR PHONES	2,230.00	2,230.00	17,000.00	14,770.00	13.1
10-61-660	VEHICLE MAINT SERVICES	1,774.45	1,774.45	8,500.00	6,725.55	20.9
10-61-661	VEHICLE MAINT/REPAIR	5,189.48	5,189.48	25,256.00	20,066.52	20.6
10-61-668	SART EXAMS	602.20	602.20	10,000.00	9,397.80	6.0

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
10-61-669 OTHER PURCHASED SERVICES	6,784.27	6,784.27	25,800.00	19,015.73	26.3
10-61-683 MINOR EQUIPMENT	3,822.90	3,822.90	30,000.00	26,177.10	12.7
10-61-691 VEHICLES	.00	.00	56,500.00	56,500.00	.0
10-61-721 INSURANCE	56,598.08	56,598.08	207,566.00	150,967.92	27.3
10-61-722 INSURANCE-DED EXP & OTHER	.00	.00	15,000.00	15,000.00	.0
10-61-724 DUES/SUBSCRIPTIONS	735.15	735.15	1,000.00	264.85	73.5
10-61-736 BANK CHARGES	.00	.00	19,200.00	19,200.00	.0
10-61-996 ADMIN OVERHEAD-IT SVCS	23,016.90	23,016.90	62,712.00	39,695.10	36.7
TOTAL POLICE	507,009.76	507,009.76	4,002,333.00	3,495,323.24	12.7

PUBLIC WORKS-ADMIN

10-65-501 SALARIES	9,289.29	9,289.29	25,925.00	16,635.71	35.8
10-65-502 OVERTIME	65.99	65.99	.00	65.99	.0
10-65-508 LEAVE CASHOUT	.00	.00	354.00	354.00	.0
10-65-511 MEDICARE FICA	137.65	137.65	419.00	281.35	32.9
10-65-512 EMPLOYEE GROUP BENEFITS	3,476.21	3,476.21	7,628.00	4,151.79	45.6
10-65-515 UNEMPLOYMENT	.00	.00	218.00	218.00	.0
10-65-516 WORKERS' COMPENSATION	.00	.00	69.00	69.00	.0
10-65-518 PERS	2,058.19	2,058.19	5,704.00	3,645.81	36.1
10-65-519 UTILITY BENEFIT	211.62	211.62	2,736.00	2,524.38	7.7
10-65-545 TRAINING/TRAVEL	.00	.00	8,000.00	8,000.00	.0
10-65-561 SUPPLIES	897.82	897.82	3,000.00	2,102.18	29.9
10-65-600 TIRES	.00	.00	3,000.00	3,000.00	.0
10-65-601 VEHICLE PARTS	27.74	27.74	.00	27.74	.0
10-65-602 GASOLINE/DIESEL/OIL	.00	.00	4,200.00	4,200.00	.0
10-65-621 ELECTRICITY	971.49	971.49	5,900.00	4,928.51	16.5
10-65-622 TELEPHONE	21.84	21.84	150.00	128.16	14.6
10-65-623 HEATING FUEL	7,940.65	7,940.65	8,160.00	219.35	97.3
10-65-626 WATER/SEWER/GARBAGE	2,281.51	2,281.51	1,302.00	979.51	175.2
10-65-627 STAFF CELLULAR PHONES	311.36	311.36	2,347.00	2,035.64	13.3
10-65-661 VEHICLE MAINT/REPAIRS	776.92	776.92	3,788.00	3,011.08	20.5
10-65-669 OTHER PURCHASED SERVICES	.00	.00	1,000.00	1,000.00	.0
10-65-690 CAPITAL EXPENDITURES	(9,415.80)	(9,415.80)	.00	9,415.80	.0
10-65-699 CITY SHOP FLOOR REPAIR	501,773.99	501,773.99	133,000.00	368,773.99	377.3
10-65-721 INSURANCE	693.01	693.01	2,533.00	1,839.99	27.4
10-65-724 DUES/SUBSCRIPTIONS	207.15	207.15	500.00	292.85	41.4
10-65-799 MISCELLANEOUS EXPENSES	3,834.14	3,834.14	2,500.00	1,334.14	153.4
10-65-996 ADMIN OVERHEAD-IT SVCS	5,913.29	5,913.29	16,111.00	10,197.71	36.7
TOTAL PUBLIC WORKS-ADMIN	531,474.06	531,474.06	238,544.00	292,930.06	222.8

PW-STREETS & ROADS

10-66-501 SALARIES	114,663.59	114,663.59	402,731.00	288,067.41	28.5
10-66-502 OVERTIME	6,359.73	6,359.73	20,500.00	14,140.27	31.0
10-66-508 LEAVE CASHOUT	17,102.63	17,102.63	19,645.00	2,542.37	87.1
10-66-511 MEDICARE FICA	2,035.90	2,035.90	6,137.00	4,101.10	33.2
10-66-512 EMPLOYEE GROUP BENEFITS	44,329.75	44,329.75	136,040.00	91,710.25	32.6
10-66-515 UNEMPLOYMENT	.00	.00	3,764.00	3,764.00	.0
10-66-516 WORKERS' COMPENSATION	.00	.00	16,421.00	16,421.00	.0
10-66-518 PERS	26,513.33	26,513.33	93,111.00	66,597.67	28.5

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
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GENERAL FUND

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
10-66-519	UTILITY BENEFIT	5,080.10	5,080.10	24,396.00	19,315.90	20.8
10-66-561	SUPPLIES	328.06	328.06	4,500.00	4,171.94	7.3
10-66-562	SIGNS	3,208.50	3,208.50	4,500.00	1,291.50	71.3
10-66-563	WEARING APPAREL	.00	.00	2,500.00	2,500.00	.0
10-66-567	CALCIUM CHLORIDE	.00	.00	50,000.00	50,000.00	.0
10-66-576	SALT	.00	.00	50,000.00	50,000.00	.0
10-66-577	ASPHALT PRODUCTS/SUPPLIES	.00	.00	3,500.00	3,500.00	.0
10-66-578	STREET MAINT GRAVEL	15,989.40	15,989.40	18,000.00	2,010.60	88.8
10-66-600	TIRES & WHEELS	8,623.00	8,623.00	18,000.00	9,377.00	47.9
10-66-601	VEHICLE MT. (PARTS & TOOLS)	17,885.30	17,885.30	50,000.00	32,114.70	35.8
10-66-602	GASOLINE/DIESEL/OIL	27,831.83	27,831.83	72,000.00	44,168.17	38.7
10-66-620	ELECTRICITY (STREET LTS)	11,874.73	11,874.73	60,000.00	48,125.27	19.8
10-66-621	ELECTRICITY	377.74	377.74	14,832.00	14,454.26	2.6
10-66-622	TELEPHONE	10.92	10.92	500.00	489.08	2.2
10-66-623	HEATING FUEL	250.65	250.65	8,500.00	8,249.35	3.0
10-66-626	WATER/SEWER/GARBAGE	678.17	678.17	3,579.00	2,900.83	19.0
10-66-627	STAFF CELLULAR PHONES	418.28	418.28	1,680.00	1,261.72	24.9
10-66-647	STREET LIGHT MT & POLE RENTAL	.00	.00	19,000.00	19,000.00	.0
10-66-661	VEHICLE MAINT/REPAIR	38,846.10	38,846.10	189,422.00	150,575.90	20.5
10-66-669	OTHER PURCHASED SERVICES	3,036.80	3,036.80	10,000.00	6,963.20	30.4
10-66-683	MINOR EQUIPMENT	.00	.00	7,000.00	7,000.00	.0
10-66-690	CPECATERPILLAR 972M WHEEL LOAD	455,926.53	455,926.53	331,218.00	(124,708.53)	137.7
10-66-696	SANDER PLOW TRUCKS FY04	460,056.00	460,056.00	460,000.00	(56.00)	100.0
10-66-700	CATERPILLAR 972M WHEEL LOADER	.00	.00	50,000.00	50,000.00	.0
10-66-701	WR90-3 WALK-N-ROLL COMPACTOR	.00	.00	40,000.00	40,000.00	.0
10-66-702	INSTALLATION OF 36" CULVERT	.00	.00	167,143.80	167,143.80	.0
10-66-703	STIP MATCH OR GRAVEL FOR ROADS	.00	.00	375,000.00	375,000.00	.0
10-66-721	INSURANCE	7,161.22	7,161.22	35,004.00	27,842.78	20.5
10-66-727	ADVERTISING	.00	.00	200.00	200.00	.0
10-66-771	GRAVEL (WAS #578)	728,879.13	728,879.13	729,200.00	320.87	100.0
10-66-772	CULVERTS 18"	.00	.00	22,000.00	22,000.00	.0
10-66-996	ADMIN OVERHEAD-IT SVCS	5,389.32	5,389.32	14,684.00	9,294.68	36.7
TOTAL PW-STREETS & ROADS		2,002,856.71	2,002,856.71	3,534,707.80	1,531,851.09	56.7
PROPERTY MAINTENANCE						
10-70-501	SALARIES	100,389.22	100,389.22	322,062.00	221,672.78	31.2
10-70-502	OVERTIME	19,830.53	19,830.53	35,000.00	15,169.47	56.7
10-70-506	SHIFT DIFFERENTIAL	264.46	264.46	.00	(264.46)	.0
10-70-508	LEAVE CASHOUT	.00	.00	15,752.00	15,752.00	.0
10-70-510	SOCIAL SECURITY EXPENSE	649.93	649.93	1,746.00	1,096.07	37.2
10-70-511	MEDICARE FICA	1,863.69	1,863.69	5,177.00	3,313.31	36.0
10-70-512	EMPLOYEE GROUP BENEFITS	43,439.81	43,439.81	129,683.00	86,243.19	33.5
10-70-515	UNEMPLOYMENT	.00	.00	4,538.00	4,538.00	.0
10-70-516	WORKERS' COMPENSATION	.00	.00	16,459.00	16,459.00	.0
10-70-518	PERS	24,200.26	24,200.26	72,358.00	48,157.74	33.5
10-70-519	UTILITY BENEFIT	9,146.47	9,146.47	23,256.00	14,109.53	39.3
10-70-545	TRAINING/TRAVEL	.00	.00	8,000.00	8,000.00	.0
10-70-561	SUPPLIES	324.57	324.57	2,000.00	1,675.43	16.2
10-70-562	MATERIALS	.00	.00	2,000.00	2,000.00	.0
10-70-563	WEARING APPAREL	.00	.00	5,000.00	5,000.00	.0
10-70-566	CLEANUP GREENUP SUPPLIES	.00	.00	700.00	700.00	.0
10-70-580	BOILER EXPENSE	11,747.23	11,747.23	20,000.00	8,252.77	58.7

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
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GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
10-70-590 GLYCOL SUPPLIES	4,790.40	4,790.40	8,000.00	3,209.60	59.9
10-70-591 CARPENTRY EXPENSE	238.63	238.63	10,000.00	9,761.37	2.4
10-70-592 PLUMBING SUPPLIES	3,311.50	3,311.50	5,000.00	1,688.50	66.2
10-70-593 ELECTRICAL SUPPLIES	2,045.12	2,045.12	6,000.00	3,954.88	34.1
10-70-594 PAINT SUPPLIES	37.96	37.96	3,000.00	2,962.04	1.3
10-70-595 BOARDWALK REPAIR SUPPLIES	.00	.00	6,000.00	6,000.00	.0
10-70-601 VEHICLE MT. (PARTS & TOOLS)	2,493.68	2,493.68	5,000.00	2,506.32	49.9
10-70-602 GASOLINE/DIESEL/OIL	2,538.55	2,538.55	10,000.00	7,461.45	25.4
10-70-621 ELECTRICITY	4,194.55	4,194.55	14,400.00	10,205.45	29.1
10-70-622 TELEPHONE	12.09	12.09	100.00	87.91	12.1
10-70-623 HEATING FUEL	3,835.33	3,835.33	30,600.00	26,764.67	12.5
10-70-626 WATER/SEWER/GARBAGE	7,482.94	7,482.94	17,400.00	9,917.06	43.0
10-70-627 STAFF CELLULAR PHONES	216.58	216.58	1,000.00	783.42	21.7
10-70-661 VEHICLE MAINT/REPAIR	1,612.16	1,612.16	6,006.00	4,393.84	26.8
10-70-662 WIND TURBINE CONTRACT	.00	.00	6,000.00	6,000.00	.0
10-70-663 WIND TURBINE MAINTENANCE	.00	.00	5,000.00	5,000.00	.0
10-70-668 PARKS MAINTENANCE	310.54	310.54	25,000.00	24,689.46	1.2
10-70-669 OTHER PURCHASED SERVICES	8,409.78	8,409.78	25,000.00	16,590.22	33.6
10-70-681 BOARDWALK LIGHTING PROJECT	44,466.26	44,466.26	.00	(44,466.26)	.0
10-70-683 MINOR EQUIPMENT	681.12	681.12	7,000.00	6,318.88	9.7
10-70-690 CAPITAL EXPENDITURES	63,142.21	63,142.21	.00	(63,142.21)	.0
10-70-692 BURNER CONTROLS UPGRADE	54,396.75	54,396.75	.00	(54,396.75)	.0
10-70-693 GENERATOR UPGRADE-CITY COMPLEX	126.09	126.09	.00	(126.09)	.0
10-70-695 HERMAN NELSON HEATER	.00	.00	62,560.00	62,560.00	.0
10-70-696 TWO 3/4 TON PICK UP TRUCKS	.00	.00	106,832.00	106,832.00	.0
10-70-721 INSURANCE	3,271.66	3,271.66	12,236.00	8,964.34	26.7
10-70-776 4TH OF JULY	1,500.00	1,500.00	2,000.00	500.00	75.0
10-70-799 MISCELLANEOUS EXPENSES	.00	.00	2,000.00	2,000.00	.0
10-70-875 INDIRECT COST RECOVERY	(115,529.02)	(115,529.02)	(324,354.00)	(208,824.98)	(35.6)
10-70-996 ADMIN OVERHEAD-IT SVCS	10,254.69	10,254.69	27,940.00	17,685.31	36.7
TOTAL PROPERTY MAINTENANCE	315,695.74	315,695.74	743,451.00	427,755.26	42.5
COMMUNITY SERVICE					
10-72-745 LIBRARY CONTRIBUTION	(727.33)	(727.33)	72,600.00	73,327.33	(1.0)
10-72-760 COMMUNITY ACTION GRANT	3,396.00	3,396.00	84,000.00	80,604.00	4.0
10-72-798 UAF 4-H CONTRIBUTION	.00	.00	117,000.00	117,000.00	.0
TOTAL COMMUNITY SERVICE	2,668.67	2,668.67	273,600.00	270,931.33	1.0
IN KIND MATCH & TRANSFERS					
10-73-550 CASH XFER POOL F40- SALES TAX	.00	.00	529,980.00	529,980.00	.0
10-73-551 CASH XFER POOL F40- ALCO TAX	.00	.00	20,000.00	20,000.00	.0
TOTAL IN KIND MATCH & TRANSFERS	.00	.00	549,980.00	549,980.00	.0
TOTAL FUND EXPENDITURES	4,347,375.24	4,347,375.24	14,068,153.90	9,720,778.66	30.9
NET REVENUE OVER EXPENDITURES	545,941.16	545,941.16	(2,686,086.90)	(3,232,028.06)	20.3

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

GENERAL FUND

PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

BPD EVIDENCE HOLDING ACCT

ASSETS

14-10300	NBA-BPD EVIDENCE-CHKING	13,509.59	
14-19900	SUSPENSE-HOLDING	(12,622.49)	
	TOTAL ASSETS		887.10

LIABILITIES AND EQUITY

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:		
14-39900	FUND BALANCE-BPD EVIDENCE HOLD	887.10	
	REVENUE OVER EXPENDITURES - YTD		
	BALANCE - CURRENT DATE	887.10	
	TOTAL FUND EQUITY		887.10
	TOTAL LIABILITIES AND EQUITY		887.10

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

POLICE ASSET FORFEITURE

ASSETS

16-10100	CASH IN COMBINED FUND	(	66,780.50)	
16-10300	BPD ASSET FORFEITURE - SAVINGS		5,399.07	
TOTAL ASSETS			(	61,381.43)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
16-39900	FUND BALANCE-BPD ASSET FORF REVENUE OVER EXPENDITURES - YTD	(	61,381.43)	
BALANCE - CURRENT DATE			(	61,381.43)
TOTAL FUND EQUITY			(	61,381.43)
TOTAL LIABILITIES AND EQUITY			(	61,381.43)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

VSW-HEAT TRACE REPLACEMENT

ASSETS

17-10100	CASH IN COMBINED FUND	(	126,196.83)	
	TOTAL ASSETS		(	126,196.83)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
17-39900	FUND BALANCE	(	112,159.76)	
	REVENUE OVER EXPENDITURES - YTD	(	15,408.79)	
	BALANCE - CURRENT DATE		(	127,568.55)
	TOTAL FUND EQUITY		(	127,568.55)
	TOTAL LIABILITIES AND EQUITY		(	127,568.55)

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

VSW-HEAT TRACE REPLACEMENT

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
VSW-HEAT TRACE REPLACEMENT					
17-50-799 MISCELLANEOUS	15,408.79	15,408.79	.00	(15,408.79)	.0
TOTAL VSW-HEAT TRACE REPLACEMENT	15,408.79	15,408.79	.00	(15,408.79)	.0
TOTAL FUND EXPENDITURES	15,408.79	15,408.79	.00	(15,408.79)	.0
NET REVENUE OVER EXPENDITURES	(15,408.79)	(15,408.79)	.00	15,408.79	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

BOARDWALK LIGHTING PROJECT

ASSETS

18-10100	CASH IN COMBINED FUND	(	4,467.53)	
	TOTAL ASSETS		(	4,467.53)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
18-39900	FUND BALANCE	(	3,615.58)	
	REVENUE OVER EXPENDITURES - YTD	(	851.95)	
	BALANCE - CURRENT DATE	(	4,467.53)	
	TOTAL FUND EQUITY		(	4,467.53)
	TOTAL LIABILITIES AND EQUITY		(	4,467.53)

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

BOARDWALK LIGHTING PROJECT

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
BYC FOOD PROGRAM EXPENDITURES					
18-50-683 MINOR EQUIPMENT	851.95	851.95	.00	(851.95)	.0
TOTAL BYC FOOD PROGRAM EXPENDITURES	851.95	851.95	.00	(851.95)	.0
TOTAL FUND EXPENDITURES	851.95	851.95	.00	(851.95)	.0
NET REVENUE OVER EXPENDITURES	(851.95)	(851.95)	.00	851.95	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

AVENUES W&S GRANT USDA

ASSETS

19-10100	CASH IN COMBINED FUND	(	8,710.71)	
	TOTAL ASSETS		(	8,710.71)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
19-39900	FUND BALANCE	(	6,538.93)	
	REVENUE OVER EXPENDITURES - YTD	(	2,879.97)	
	BALANCE - CURRENT DATE		(	9,418.90)
	TOTAL FUND EQUITY		(	9,418.90)
	TOTAL LIABILITIES AND EQUITY		(	9,418.90)

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

AVENUES W&S GRANT USDA

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
DEPARTMENT 50					
19-50-735 FINANCE CHARGES/PENALTIES	2,879.97	2,879.97	.00	(2,879.97)	.0
TOTAL DEPARTMENT 50	2,879.97	2,879.97	.00	(2,879.97)	.0
TOTAL FUND EXPENDITURES	2,879.97	2,879.97	.00	(2,879.97)	.0
NET REVENUE OVER EXPENDITURES	(2,879.97)	(2,879.97)	.00	2,879.97	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

AVENUES W&S LOAN USDA

ASSETS

20-10100	CASH IN COMBINED FUND	(1,521,857.52)	
	TOTAL ASSETS		(1,521,857.52)

LIABILITIES AND EQUITY

LIABILITIES

20-20100	VOUCHERS PAYABLE	12,866.00	
	TOTAL LIABILITIES		12,866.00

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
20-39900	FUND BALANCE	(1,519,018.72)	
	REVENUE OVER EXPENDITURES - YTD	(34,284.80)	
	BALANCE - CURRENT DATE	(1,553,303.52)	
	TOTAL FUND EQUITY		(1,553,303.52)
	TOTAL LIABILITIES AND EQUITY		(1,540,437.52)

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

AVENUES W&S LOAN USDA

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
	CITY SHOP FLOOR REPAIR					
20-50-643	ENGINEERING	109,284.80	109,284.80	.00	(109,284.80)	.0
20-50-690	USDA LOAN AVENUES	(75,000.00)	(75,000.00)	.00	75,000.00	.0
	TOTAL CITY SHOP FLOOR REPAIR	34,284.80	34,284.80	.00	(34,284.80)	.0
	TOTAL FUND EXPENDITURES	34,284.80	34,284.80	.00	(34,284.80)	.0
	NET REVENUE OVER EXPENDITURES	(34,284.80)	(34,284.80)	.00	34,284.80	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

LAND PLANNING AND DEVELOPMENT

ASSETS

25-10100	CASH IN COMBINED FUND	21,172.97	
	TOTAL ASSETS		21,172.97

LIABILITIES AND EQUITY

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:		
25-39900	FUND BALANCE-LAND PLANNING & D	21,172.97	
	REVENUE OVER EXPENDITURES - YTD		
	BALANCE - CURRENT DATE	21,172.97	
	TOTAL FUND EQUITY		21,172.97
	TOTAL LIABILITIES AND EQUITY		21,172.97

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

PARKS DEVELOPMENT FUND

ASSETS

26-10100	CASH IN COMBINED FUND		40,845.33	
	TOTAL ASSETS			40,845.33

LIABILITIES AND EQUITY

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:			
26-39900	FUND BALANCE-PARKS DEVELOPMENT REVENUE OVER EXPENDITURES - YTD	40,845.33		
	BALANCE - CURRENT DATE		40,845.33	
	TOTAL FUND EQUITY			40,845.33
	TOTAL LIABILITIES AND EQUITY			40,845.33

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

COMMUNITY SERVICE PATROL GRANT

ASSETS

27-10100	CASH IN COMBINED FUND	37,049.63	
27-13200	ACCOUNTS RECEIVABLE STATE	22,989.15	
	TOTAL ASSETS		60,038.78

LIABILITIES AND EQUITY

LIABILITIES

27-20100	VOUCHERS PAYABLE	525.17	
27-21100	ACCRUED PAYROLL	5,803.27	
	TOTAL LIABILITIES		6,328.44

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:		
27-39900	FUND BALANCE	63,793.70	
	REVENUE OVER EXPENDITURES - YTD	61,794.04	
	BALANCE - CURRENT DATE	125,587.74	
	TOTAL FUND EQUITY		125,587.74
	TOTAL LIABILITIES AND EQUITY		131,916.18

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

COMMUNITY SERVICE PATROL GRANT

	<u>PERIOD ACTUAL</u>	<u>YTD ACTUAL</u>	<u>BUDGET</u>	<u>UNEARNED</u>	<u>PCNT</u>
27-42-415 GRANT REVENUE	103,759.40	103,759.40	.00	(103,759.40)	.0
TOTAL SOURCE 42	103,759.40	103,759.40	.00	(103,759.40)	.0
TOTAL FUND REVENUE	103,759.40	103,759.40	.00	(103,759.40)	.0

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

COMMUNITY SERVICE PATROL GRANT

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
CSP PROGRAM					
27-50-501 SALARIES	5,399.68	5,399.68	149,286.00	143,886.32	3.6
27-50-502 OVERTIME	(176.67)	(176.67)	12,345.00	12,521.67	(1.4)
27-50-508 LEAVE CASHOUT	.00	.00	7,042.00	7,042.00	.0
27-50-511 MEDICARE FICA	661.19	661.19	2,344.00	1,682.81	28.2
27-50-512 EMPLOYEE GROUP BENEFITS	20,261.40	20,261.40	76,284.00	56,022.60	26.6
27-50-515 UNEMPLOYMENT	.00	.00	2,131.00	2,131.00	.0
27-50-516 WORKMEN'S COMP	.00	.00	8,694.00	8,694.00	.0
27-50-518 PERS	9,165.41	9,165.41	35,559.00	26,393.59	25.8
27-50-519 UTILITY BENEFIT	2,587.19	2,587.19	13,680.00	11,092.81	18.9
27-50-561 SUPPLIES	639.61	639.61	10,496.00	9,856.39	6.1
27-50-570 IN-KIND EXPENSES	.00	.00	32,308.00	32,308.00	.0
27-50-602 GASOLINE / DIESEL / OIL	2,288.37	2,288.37	.00	(2,288.37)	.0
27-50-622 TELEPHONE	.00	.00	1,500.00	1,500.00	.0
27-50-627 STAFF CELLULAR PHONES	324.78	324.78	1,500.00	1,175.22	21.7
27-50-721 INSURANCE	814.40	814.40	2,977.00	2,162.60	27.4
TOTAL CSP PROGRAM	41,965.36	41,965.36	356,146.00	314,180.64	11.8
TOTAL FUND EXPENDITURES	41,965.36	41,965.36	356,146.00	314,180.64	11.8
NET REVENUE OVER EXPENDITURES	61,794.04	61,794.04	(356,146.00)	(417,940.04)	17.4

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

YKHC POOL GRANT

ASSETS

29-10100	CASH IN COMBINED FUND	25.00	
	TOTAL ASSETS		25.00

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
29-39900	FUND BALANCE	25.00	
	REVENUE OVER EXPENDITURES - YTD		
	BALANCE - CURRENT DATE	25.00	
	TOTAL FUND EQUITY		25.00
	TOTAL LIABILITIES AND EQUITY		25.00

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

VOL. FIRE ASSISTANCE-DOF

ASSETS

33-10100	CASH IN COMBINED FUND	3,725.55	
	TOTAL ASSETS		3,725.55

LIABILITIES AND EQUITY

LIABILITIES

33-23600	DEFERRED REVENUE	3,725.55	
	TOTAL LIABILITIES		3,725.55
	TOTAL LIABILITIES AND EQUITY		3,725.55

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

YK REG AQUA HLTH & SAFETY CTR

ASSETS

40-10100	CASH IN COMBINED FUND	(1,369,516.01)	
40-12501	INVESTMENT-AMLIP YKHF	3,987,356.53	
40-14200	INVENTORY-HEATING FUEL	24,982.50	
40-16300	BUILDINGS	21,831,540.08	
40-16500	MACHINERY & EQUIPMENT	1,465,627.00	
40-16800	ACCUM DEPR BUILDING	(3,397,098.32)	
40-17000	ACCUM DEPR - M & E	(409,059.87)	
TOTAL ASSETS			22,133,831.91

LIABILITIES AND EQUITY

LIABILITIES

40-20100	VOUCHERS PAYABLE	104,948.19	
40-25950	DUE TO/FROM POOL MGMT CO.	(28,985.09)	
TOTAL LIABILITIES			75,963.10

FUND EQUITY

40-30100	CONTRIBUTED CAPITAL-STATE	23,061,119.31	
40-30200	CONTRIBUTED CAPITAL- OTHER	236,047.77	
UNAPPROPRIATED FUND BALANCE:			
40-39900	FUND BALANCE	(1,013,499.95)	
	REVENUE OVER EXPENDITURES - YTD	(291,031.79)	
BALANCE - CURRENT DATE		(1,304,531.74)	
TOTAL FUND EQUITY			21,992,635.34
TOTAL LIABILITIES AND EQUITY			22,068,598.44

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

YK REG AQUA HLTH & SAFETY CTR

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>SOURCE 43</u>					
40-43-420 MEMBERSHIPS	.00	.00	350,000.00	350,000.00	.0
40-43-430 PRO-SHOP REVENUE	.00	.00	44,982.00	44,982.00	.0
40-43-435 CONCESSION REVENUE	.00	.00	70,092.00	70,092.00	.0
40-43-460 ENTRY FEE	.00	.00	100,000.00	100,000.00	.0
40-43-463 FACILITY RENTAL	.00	.00	44,600.00	44,600.00	.0
40-43-465 PROGRAM FEES	.00	.00	85,817.00	85,817.00	.0
TOTAL SOURCE 43	.00	.00	695,491.00	695,491.00	.0
<u>TRANSFERS IN</u>					
40-46-412 LOCAL SOURCES-SALES TAX REV	.00	.00	500,000.00	500,000.00	.0
40-46-413 LOCAL SOURCES-ALCOHOLTAX REV	.00	.00	20,000.00	20,000.00	.0
40-46-414 WELLNESS PROGRAM	.00	.00	40,000.00	40,000.00	.0
TOTAL TRANSFERS IN	.00	.00	560,000.00	560,000.00	.0
<u>MISCELLANEOUS</u>					
40-49-487 INVESTMENT INCOME	622.96	622.96	41,000.00	40,377.04	1.5
TOTAL MISCELLANEOUS	622.96	622.96	41,000.00	40,377.04	1.5
TOTAL FUND REVENUE	622.96	622.96	1,296,491.00	1,295,868.04	.1

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

YK REG AQUA HLTH & SAFETY CTR

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>LOCAL FUNDED EXPENDITURES</u>					
40-50-602 GASOLINE/OIL/DIESEL	390.86	390.86	2,472.00	2,081.14	15.8
40-50-621 ELECTRICITY	23,011.57	23,011.57	120,510.00	97,498.43	19.1
40-50-622 TELEPHONE	403.54	403.54	773.00	369.46	52.2
40-50-623 HEATING FUEL	37,818.97	37,818.97	204,000.00	166,181.03	18.5
40-50-624 WATER/SEWER/GARBAGE	28,916.68	28,916.68	56,650.00	27,733.32	51.0
40-50-646 CONTRACTOR'S FEES	85,168.27	85,168.27	700,700.00	615,531.73	12.2
40-50-649 PROFESSIONAL SVS	.00	.00	148,320.00	148,320.00	.0
40-50-661 VEHICL MAINT/REPAIR	10.00	10.00	1,000.00	990.00	1.0
40-50-662 PROP MAINT	18,440.73	18,440.73	50,000.00	31,559.27	36.9
40-50-669 OTHER PURCHASED SERVICES	2,885.80	2,885.80	25,160.00	22,274.20	11.5
40-50-690 CAPITAL EXPENSE- POOL	51,852.00	51,852.00	695,000.00	643,148.00	7.5
40-50-721 INSURANCE	15,567.96	15,567.96	39,975.00	24,407.04	38.9
40-50-996 ADMIN OVERHEAD-IT SVCS	15,943.42	15,943.42	43,439.00	27,495.58	36.7
40-50-997 ICR-PROPERTY MAINTENANCE-5%	.00	.00	43,000.00	43,000.00	.0
40-50-998 ADMINISTRATIVE OVERHEAD-GF	11,244.95	11,244.95	30,000.00	18,755.05	37.5
TOTAL LOCAL FUNDED EXPENDITURES	291,654.75	291,654.75	2,160,999.00	1,869,344.25	13.5
TOTAL FUND EXPENDITURES	291,654.75	291,654.75	2,160,999.00	1,869,344.25	13.5
NET REVENUE OVER EXPENDITURES	(291,031.79)	(291,031.79)	(864,508.00)	(573,476.21)	(33.7)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

E-911 SYSTEM/SURCHARGE

ASSETS

41-10100	CASH IN COMBINED FUND		51,350.35	
	TOTAL ASSETS			51,350.35

LIABILITIES AND EQUITY

LIABILITIES

41-21100	ACCRUED PAYROLL		2,236.08	
	TOTAL LIABILITIES			2,236.08

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
41-39900	FUND BALANCE-E911 SYSTEM SUR	32,965.51		
	REVENUE OVER EXPENDITURES - YTD	22,655.72		
	BALANCE - CURRENT DATE		55,621.23	
	TOTAL FUND EQUITY			55,621.23
	TOTAL LIABILITIES AND EQUITY			57,857.31

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

E-911 SYSTEM/SURCHARGE

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>E-911 SURCHARGE</u>					
41-42-411 SURCHARGE FROM UNITED UTL	57,348.12	57,348.12	144,000.00	86,651.88	39.8
TOTAL E-911 SURCHARGE	57,348.12	57,348.12	144,000.00	86,651.88	39.8
TOTAL FUND REVENUE	57,348.12	57,348.12	144,000.00	86,651.88	39.8

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

E-911 SYSTEM/SURCHARGE

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>E-911 SERVICES</u>					
41-50-501 SALARIES	1,726.58	1,726.58	57,959.00	56,232.42	3.0
41-50-502 OVERTIME	(156.01)	(156.01)	.00	156.01	.0
41-50-508 LEAVE CASHOUT	.00	.00	2,898.00	2,898.00	.0
41-50-511 MEDICARE FICA	265.04	265.04	840.00	574.96	31.6
41-50-512 EMPLOYEE GROUP BENEFITS	1,784.42	1,784.42	27,971.00	26,186.58	6.4
41-50-515 UNEMPLOYMENT	.00	.00	1,032.00	1,032.00	.0
41-50-516 WORKERS' COMPENSATION	.00	.00	219.00	219.00	.0
41-50-518 PERS	2,313.89	2,313.89	12,751.00	10,437.11	18.2
41-50-519 UTILITY BENEFIT	363.88	363.88	5,016.00	4,652.12	7.3
41-50-669 OTHER PURCHASED SERVICES	26,222.17	26,222.17	54,000.00	27,777.83	48.6
41-50-721 INSURANCE	572.43	572.43	2,092.00	1,519.57	27.4
41-50-724 DUES AND SUBSCRIPTIONS	.00	.00	19,000.00	19,000.00	.0
41-50-732 RENTS & LEASES	1,600.00	1,600.00	5,800.00	4,200.00	27.6
TOTAL E-911 SERVICES	34,692.40	34,692.40	189,578.00	154,885.60	18.3
TOTAL FUND EXPENDITURES	34,692.40	34,692.40	189,578.00	154,885.60	18.3
NET REVENUE OVER EXPENDITURES	22,655.72	22,655.72	(45,578.00)	(68,233.72)	49.7

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

SOA SEWAGE LAGOON

ASSETS

42-10100	CASH IN COMBINED FUND	(1,365.21)	
	TOTAL ASSETS		(1,365.21)

LIABILITIES AND EQUITY

	TOTAL LIABILITIES AND EQUITY		.00
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CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

INSTITUTIONAL CORRIDOR PROJECT

ASSETS

45-10100	CASH IN COMBINED FUND	(	115,948.71)	
	TOTAL ASSETS			(115,948.71)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
45-39900	FUND BALANCE	(	98,984.74)	
	REVENUE OVER EXPENDITURES - YTD	(	16,917.03)	
	BALANCE - CURRENT DATE		(115,901.77)	
	TOTAL FUND EQUITY			(115,901.77)
	TOTAL LIABILITIES AND EQUITY			(115,901.77)

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

INSTITUTIONAL CORRIDOR PROJECT

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>INSTITUTIONAL CORRIDOR PROJECT</u>					
45-50-646 IC-SOA GRANT	16,917.03	16,917.03	217,137.00	200,219.97	7.8
TOTAL INSTITUTIONAL CORRIDOR PROJECT	16,917.03	16,917.03	217,137.00	200,219.97	7.8
TOTAL FUND EXPENDITURES	16,917.03	16,917.03	217,137.00	200,219.97	7.8
NET REVENUE OVER EXPENDITURES	(16,917.03)	(16,917.03)	(217,137.00)	(200,219.97)	(7.8)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

PUBLIC SAFETY BUILDING-CAP PRJ

ASSETS

46-10100	CASH IN COMBINED FUND	(	6,186.18)	
46-13200	ACCOUNTS RECEIVABLE		6,036.00	
	TOTAL ASSETS		(	150.18)

LIABILITIES AND EQUITY

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:			
46-39900	FUND BALANCE	(	165.92)	
	REVENUE OVER EXPENDITURES - YTD			
	BALANCE - CURRENT DATE	(	165.92)	
	TOTAL FUND EQUITY		(	165.92)
	TOTAL LIABILITIES AND EQUITY		(	165.92)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

PORT OFFICE CP FUND

ASSETS

47-10100	CASH IN COMBINED FUND	(	22,466.07)	
	TOTAL ASSETS		(	22,466.07)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
47-39900	FUND BALANCE	(	22,466.07)	
	REVENUE OVER EXPENDITURES - YTD			
	BALANCE - CURRENT DATE	(	22,466.07)	
	TOTAL FUND EQUITY		(	22,466.07)
	TOTAL LIABILITIES AND EQUITY		(	22,466.07)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

F49 PORT MULTI-FACILITY IMPRV.

ASSETS

49-10100	CASH IN COMBINED FUND	(22,200.00)	
	TOTAL ASSETS		(22,200.00)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
49-39900	FUND BALANCE-F49 PORT MULT-FAC REVENUE OVER EXPENDITURES - YTD	(22,200.00)	
	BALANCE - CURRENT DATE	(22,200.00)	
	TOTAL FUND EQUITY		(22,200.00)
	TOTAL LIABILITIES AND EQUITY		(22,200.00)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

SOLID WASTE SERVICES

ASSETS

50-10100	CASH IN COMBINED FUND	4,215,830.72	
50-13100	ACCOUNTS RECEIVABLE	152,008.57	
50-13900	ALLOWANCE FOR DOUBTFUL ACCTS	(18,105.92)	
50-14200	INVENTORY - HEATING FUEL	866.06	
50-14400	INVENTORY - DIESEL	2,664.80	
50-16100	LAND	18,252.00	
50-16300	BUILDINGS	96,568.13	
50-16400	PLANTS AND LINES-GENERAL	22,428.30	
50-16500	MACHINERY & EQUIP-GENERAL	709,474.15	
50-16600	VEHICLES-GENERAL	427,986.87	
50-16800	ACCUM DEPR-BUILDINGS	(54,101.90)	
50-16900	ACCUM DEPR-PLANT/LINE-GNL	(16,488.51)	
50-17000	ACCUM DEP-M&E GENERAL	(570,774.25)	
50-17100	ACCUM DEPR-VEHICLES-GENERAL	(144,547.50)	
50-19000	DEFERRED OUTFLOW-PENSION	99,744.44	
TOTAL ASSETS			4,941,805.96

LIABILITIES AND EQUITY

LIABILITIES

50-20100	VOUCHERS PAYABLE	1,853.58	
50-21100	ACCRUED PAYROLL	17,942.52	
50-22100	ACCRUED VACATION	30,509.98	
50-22200	VACATION/SICK LEAVE	2,568.50	
50-28500	LANDFILL CLOSURE.POSTCLOS	2,577,028.93	
50-29000	DEFERRED INFLOW-PENSION	41,932.60	
50-29100	PENSION LIABILITY	506,240.64	
TOTAL LIABILITIES			3,178,076.75

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
50-39900	FUND BALANCE-SOLID WASTE SERV	1,942,099.79	
	REVENUE OVER EXPENDITURES - YTD	(288,358.37)	
BALANCE - CURRENT DATE		1,653,741.42	
TOTAL FUND EQUITY			1,653,741.42
TOTAL LIABILITIES AND EQUITY			4,831,818.17

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

SOLID WASTE SERVICES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>SOLID WASTE & RECYLING</u>					
50-44-412 COMMERCIAL GARBAGE PICKUP	242,792.00	242,792.00	785,865.00	543,073.00	30.9
50-44-413 RESIDENTIAL GARBAGE PICKUP	113,118.26	113,118.26	335,767.00	222,648.74	33.7
50-44-416 LANDFILL DUMP FEE	79,922.58	79,922.58	95,611.00	15,688.42	83.6
TOTAL SOLID WASTE & RECYLING	435,832.84	435,832.84	1,217,243.00	781,410.16	35.8
TOTAL FUND REVENUE	435,832.84	435,832.84	1,217,243.00	781,410.16	35.8

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

SOLID WASTE SERVICES

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
HAULED REFUSE						
50-70-501	SALARIES	39,684.78	39,684.78	65,309.00	25,624.22	60.8
50-70-502	OVERTIME	2,314.52	2,314.52	10,250.00	7,935.48	22.6
50-70-508	LEAVE CASHOUT	3,478.68	3,478.68	1,507.00	(1,971.68)	230.8
50-70-510	SOCIAL SECURITY EXPENSE	.00	.00	1,746.00	1,746.00	.0
50-70-511	MEDICARE FICA	662.27	662.27	1,096.00	433.73	60.4
50-70-512	EMPLOYEE GROUP BENEFITS	10,181.84	10,181.84	12,714.00	2,532.16	80.1
50-70-515	UNEMPLOYMENT	.00	.00	1,149.00	1,149.00	.0
50-70-516	WORKERS' COMPENSATION	.00	.00	3,956.00	3,956.00	.0
50-70-518	PERS	9,016.16	9,016.16	10,428.00	1,411.84	86.5
50-70-519	UTILITY BENEFIT	1,679.35	1,679.35	2,280.00	600.65	73.7
50-70-545	TRAINING/TRAVEL	.00	.00	500.00	500.00	.0
50-70-561	SUPPLIES	.00	.00	500.00	500.00	.0
50-70-563	WEARING APPAREL	.00	.00	500.00	500.00	.0
50-70-600	TIRES & WHEELS	.00	.00	8,000.00	8,000.00	.0
50-70-601	VEHICLE PARTS	4,565.57	4,565.57	20,000.00	15,434.43	22.8
50-70-602	GASOLINE / DIESEL / OIL	6,261.73	6,261.73	21,600.00	15,338.27	29.0
50-70-621	ELECTRICITY	.00	.00	3,000.00	3,000.00	.0
50-70-661	VEHICLE MAINT/REPAIRS	19,423.06	19,423.06	94,711.00	75,287.94	20.5
50-70-669	OTHER PURCHASED SERVICES	12.99	12.99	500.00	487.01	2.6
50-70-691	4 YD DUMPSTERS	.00	.00	40,000.00	40,000.00	.0
50-70-693	REFUSE TRUCK	.00	.00	425,000.00	425,000.00	.0
50-70-721	INSURANCE	1,747.17	1,747.17	6,386.00	4,638.83	27.4
50-70-998	ADMINISTRATIVE OVERHEAD-GF	16,229.40	16,229.40	64,118.00	47,888.60	25.3
TOTAL HAULED REFUSE		115,257.52	115,257.52	795,250.00	679,992.48	14.5
LANDFILL OPERATIONS						
50-71-501	SALARIES	41,284.13	41,284.13	144,310.00	103,025.87	28.6
50-71-502	OVERTIME	1,474.56	1,474.56	20,000.00	18,525.44	7.4
50-71-508	LEAVE CASHOUT	.00	.00	6,735.00	6,735.00	.0
50-71-510	SOCIAL SECURITY EXPENSE	486.97	486.97	.00	(486.97)	.0
50-71-511	MEDICARE FICA	619.37	619.37	2,382.00	1,762.63	26.0
50-71-512	EMPLOYEE GROUP BENEFITS	6,052.76	6,052.76	66,113.00	60,060.24	9.2
50-71-515	UNEMPLOYMENT	.00	.00	2,509.00	2,509.00	.0
50-71-516	WORKERS' COMPENSATION	.00	.00	5,009.00	5,009.00	.0
50-71-518	PERS	8,126.36	8,126.36	36,148.00	28,021.64	22.5
50-71-519	UTILITY BENEFIT	92.28	92.28	11,856.00	11,763.72	.8
50-71-545	TRAINING/TRAVEL	.00	.00	5,000.00	5,000.00	.0
50-71-561	SUPPLIES	1,076.47	1,076.47	5,000.00	3,923.53	21.5
50-71-563	WEARING APPAREL	512.14	512.14	1,500.00	987.86	34.1
50-71-567	SALT	.00	.00	30,000.00	30,000.00	.0
50-71-601	VEHICLE PARTS	6,463.82	6,463.82	10,000.00	3,536.18	64.6
50-71-602	GASOLINE / DIESEL / OIL	6,548.10	6,548.10	20,000.00	13,451.90	32.7
50-71-621	ELECTRICITY	332.18	332.18	3,000.00	2,667.82	11.1
50-71-623	HEATING FUEL	119.71	119.71	3,060.00	2,940.29	3.9
50-71-627	STAFF CELLULAR PHONES	108.29	108.29	840.00	731.71	12.9
50-71-661	VEHICLE MAINT/REPAIRS	19,448.06	19,448.06	94,711.00	75,262.94	20.5
50-71-662	PROPERTY MAINT	10,502.64	10,502.64	26,952.00	16,449.36	39.0
50-71-669	OTHER PURCHASED SERVICES	1,554.42	1,554.42	5,000.00	3,445.58	31.1
50-71-683	MINOR EQUIPMENT	.00	.00	5,000.00	5,000.00	.0

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

SOLID WASTE SERVICES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
50-71-690 CAPITAL EXPENSE-END DUMP	49,383.43	49,383.43	.00	(49,383.43)	.0
50-71-691 963K TRACK LOADER	323,489.00	323,489.00	.00	(323,489.00)	.0
50-71-692 SERVICE ROAD FOR LANDFILL	102,763.71	102,763.71	103,000.00	236.29	99.8
50-71-694 CAPITAL EXPENSE-F250 PICK UP	.00	.00	52,874.00	52,874.00	.0
50-71-721 INSURANCE	1,401.93	1,401.93	6,688.00	5,286.07	21.0
50-71-724 DUES & SUBSCRIPTION	.00	.00	50.00	50.00	.0
50-71-996 ADMIN OVERHEAD-IT SVCS	5,857.15	5,857.15	15,958.00	10,100.85	36.7
50-71-998 ADMINISTRATIVE OVERHEAD-GF	19,977.70	19,977.70	48,987.00	29,009.30	40.8
TOTAL LANDFILL OPERATIONS	607,675.18	607,675.18	732,682.00	125,006.82	82.9
RECYCLING OPERATIONS					
50-72-621 ELECTRICITY	167.34	167.34	.00	(167.34)	.0
50-72-623 HEATING FUEL	1,091.17	1,091.17	.00	(1,091.17)	.0
TOTAL RECYCLING OPERATIONS	1,258.51	1,258.51	.00	(1,258.51)	.0
TOTAL FUND EXPENDITURES	724,191.21	724,191.21	1,527,932.00	803,740.79	47.4
NET REVENUE OVER EXPENDITURES	(288,358.37)	(288,358.37)	(310,689.00)	(22,330.63)	(92.8)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

WATER & SEWER SERVICES

ASSETS

51-10100	CASH IN COMBINED FUND	1,748,179.29	
51-12502	INVESTMENT-AMLIP W SUBS	888,892.06	
51-12507	INVESTMENT-AMLIP S SUBS	202,341.52	
51-13100	ACCOUNTS RECEIVABLE	890,936.11	
51-13900	ALLOWANCE-DOUBTFUL ACCTS	(54,536.71)	
51-14200	HEATING FUEL INVENTORY	37,340.51	
51-14400	DIESEL FUEL INVENTORY	33,310.00	
51-14910	DEPOSITS	225,000.00	
51-16200	IMPROVEMENTS	12,187.41	
51-16300	BUILDINGS	2,869,625.96	
51-16400	PLANTS AND LINES-GENERAL	35,846,287.52	
51-16500	MACHINERY & EQUIP-GENERAL	223,338.57	
51-16600	VEHICLES-GENERAL	4,046,164.16	
51-16800	ACCUM DEPR-BUILDINGS	(2,873,025.31)	
51-16900	ACCUM DEPR-PLANT/LINE-GNL	(21,872,800.90)	
51-17000	ACCUM DEP-M&E GENERAL	(128,606.80)	
51-17100	ACCUM DEPR-VEHICLES-GENERAL	(2,508,434.03)	
51-18000	W/S CONSTRUCTION IN PROGRESS	9,645,026.26	
51-19000	DEFERRED OUTFLOW-PENSION	773,404.50	
TOTAL ASSETS			30,004,630.12

LIABILITIES AND EQUITY

LIABILITIES

51-20100	VOUCHERS PAYABLE	74,549.64	
51-21100	ACCRUED PAYROLL	77,044.56	
51-22100	ACCRUED VACATION	107,309.14	
51-22200	VACATION/SICK LEAVE	7,063.38	
51-25900	DUE TO/FROM OTHER FUNDS	1,996,668.23	
51-26100	UTILITY DEPOSITS	367,581.11	
51-29000	DEFERRED INFLOW-PENSION	256,868.55	
51-29100	PENSION LIABILITY	3,843,487.07	
51-29200	NATLBANKAK LOANS PAYABLE	224,823.00	
TOTAL LIABILITIES			6,955,394.68

FUND EQUITY

51-30100	CONTRIBUTED CAPITAL-STATE	19,123,506.25	
51-30200	CONTRIBUTED CAPITAL-FED	11,425,439.68	
51-30300	CONTRIB CAP-CORP ENGR	5,816,281.20	
51-30400	CONTRIB CAP-PHS	972,517.00	
51-30500	CONTRIB CAP-EDA	311,207.20	
51-30600	CONTRIB CAP-U OF A	127,476.00	
51-30700	CONTRIBUTED CAPITAL VSW	8,280,868.37	
51-30800	CONTRIBUTED CAPITAL-RECD	72,736.71	
51-31900	CONTRIB CAP-OTHER	1,464,521.97	
51-31950	CONTRIB CAPITAL-FLEET REP FUND	23,460.12	
51-32100	AMORTIZATION CONTRIBUTION	(7,758,406.58)	
51-37900	DESIGNATED-CAP IMPROV & DEPREC	251,213.07	

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

WATER & SEWER SERVICES

UNAPPROPRIATED FUND BALANCE:			
51-39900	FUND BALANCE-WATER & SEWER SER	(17,600,929.13)	
	REVENUE OVER EXPENDITURES - YTD	<u>596,276.62</u>	
	BALANCE - CURRENT DATE	<u>(17,004,652.51)</u>	
	TOTAL FUND EQUITY		<u>23,106,168.48</u>
	TOTAL LIABILITIES AND EQUITY		<u><u>30,061,563.16</u></u>

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

WATER & SEWER SERVICES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>WATER</u>					
51-42-410 TRUCKED WATER	1,058,213.21	1,058,213.21	2,882,771.00	1,824,557.79	36.7
51-42-412 METERED PIPED WATER COMM.	195,431.70	195,431.70	1,066,349.00	870,917.30	18.3
51-42-414 UNMETERED PIPED WTR RESID	303,359.31	303,359.31	832,898.00	529,538.69	36.4
51-42-416 CONTRACT WATER	4,520.00	4,520.00	10,995.00	6,475.00	41.1
51-42-436 PUMPHOUSE WATER	9,164.51	9,164.51	19,425.00	10,260.49	47.2
TOTAL WATER	1,570,688.73	1,570,688.73	4,812,438.00	3,241,749.27	32.6
<u>SEWER</u>					
51-43-411 TRUCKED SEWER (EVAC/HB)	604,502.54	604,502.54	1,697,440.00	1,092,937.46	35.6
51-43-412 METERED PIPED SEWER COMM.	143,013.66	143,013.66	893,924.00	750,910.34	16.0
51-43-414 UNMETERED PIPED SEWER RES	88,633.03	88,633.03	249,523.00	160,889.97	35.5
51-43-415 M PIPED SEWER RESIDENTIAL	673.32	673.32	.00	(673.32)	.0
51-43-416 CONTRACT SEWER	5,875.22	5,875.22	25,573.00	19,697.78	23.0
TOTAL SEWER	842,697.77	842,697.77	2,866,460.00	2,023,762.23	29.4
<u>MISCELLANEOUS</u>					
51-45-434 UTILITY PENALTY/INTEREST	24,649.92	24,649.92	39,308.00	14,658.08	62.7
51-45-435 RECONNECT FEES	35.00	35.00	2,841.00	2,806.00	1.2
51-45-450 SENIOR DISCOUNT	(18,280.65)	(18,280.65)	(47,380.00)	(29,099.35)	(38.6)
51-45-467 NSF CHECKS AND FEES	.00	.00	134.00	134.00	.0
51-45-468 UTILITY INSPECTION FEES	420.00	420.00	2,060.00	1,640.00	20.4
51-45-471 WATER SUBSCRIPTION FEES	63,809.00	63,809.00	173,447.00	109,638.00	36.8
51-45-472 SEWER SUBSCRIPTION FEES	67,443.18	67,443.18	182,751.00	115,307.82	36.9
51-45-487 INVESTMENT INCOME	170.60	170.60	16,480.00	16,309.40	1.0
TOTAL MISCELLANEOUS	138,247.05	138,247.05	369,641.00	231,393.95	37.4
<u>MISCELLANEOUS</u>					
51-49-466 CASH OVER/SHORT	18.87	18.87	(103.00)	(121.87)	18.3
51-49-495 MISCELLANEOUS INCOME	9,274.92	9,274.92	3,323.00	(5,951.92)	279.1
TOTAL MISCELLANEOUS	9,293.79	9,293.79	3,220.00	(6,073.79)	288.6
TOTAL FUND REVENUE	2,560,927.34	2,560,927.34	8,051,759.00	5,490,831.66	31.8

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

WATER & SEWER SERVICES

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
UTILITY BILLING						
51-80-501	SALARIES	14,595.22	14,595.22	108,696.00	94,100.78	13.4
51-80-502	OVERTIME	.00	.00	2,000.00	2,000.00	.0
51-80-508	LEAVE CASHOUT	.00	.00	5,535.00	5,535.00	.0
51-80-511	MEDICARE FICA	213.13	213.13	1,605.00	1,391.87	13.3
51-80-512	GROUP HEALTH INSURANCE	6,974.83	6,974.83	42,189.00	35,214.17	16.5
51-80-515	UNEMPLOYMENT	.00	.00	1,970.00	1,970.00	.0
51-80-516	WORKERS' COMPENSATION	.00	.00	294.00	294.00	.0
51-80-518	PERS	2,989.87	2,989.87	24,353.00	21,363.13	12.3
51-80-519	UTILITY BENEFIT	308.11	308.11	7,980.00	7,671.89	3.9
51-80-545	TRAINING/TRAVEL	.00	.00	2,000.00	2,000.00	.0
51-80-561	SUPPLIES	.00	.00	4,000.00	4,000.00	.0
51-80-649	ONLINE BILL PAY	1,706.66	1,706.66	4,000.00	2,293.34	42.7
51-80-683	MINOR EQUIPMENT	.00	.00	7,000.00	7,000.00	.0
51-80-721	INSURANCE	261.31	261.31	955.00	693.69	27.4
51-80-733	POSTAGE	3,473.00	3,473.00	15,000.00	11,527.00	23.2
51-80-736	BANK CHARGES	10,169.25	10,169.25	42,000.00	31,830.75	24.2
51-80-799	MISCELLANEOUS EXPENSES	.00	.00	500.00	500.00	.0
51-80-996	ADMIN OVERHEAD-IT SVCS	5,389.32	5,389.32	14,684.00	9,294.68	36.7
51-80-998	ADMINISTRATIVE OVERHEAD-GF	12,162.08	12,162.08	29,704.00	17,541.92	40.9
TOTAL UTILITY BILLING		58,242.78	58,242.78	314,465.00	256,222.22	18.5
HAULED WATER						
51-81-501	SALARIES	131,493.91	131,493.91	489,210.00	357,716.09	26.9
51-81-502	OVERTIME	35,911.77	35,911.77	137,000.00	101,088.23	26.2
51-81-508	LEAVE CASHOUT	2,594.63	2,594.63	23,864.00	21,269.37	10.9
51-81-511	MEDICARE	2,432.19	2,432.19	9,080.00	6,647.81	26.8
51-81-512	EMPLOYEE GROUP BENEFITS	64,050.40	64,050.40	231,395.00	167,344.60	27.7
51-81-515	UNEMPLOYMENT	.00	.00	8,496.00	8,496.00	.0
51-81-516	WORKERS' COMPENSATION	.00	.00	16,177.00	16,177.00	.0
51-81-518	PERS	35,528.18	35,528.18	137,766.00	102,237.82	25.8
51-81-519	UTILITY BENEFIT	6,014.42	6,014.42	41,496.00	35,481.58	14.5
51-81-545	TRAINING/TRAVEL	.00	.00	3,000.00	3,000.00	.0
51-81-561	SUPPLIES	4,620.63	4,620.63	10,000.00	5,379.37	46.2
51-81-563	WEARING APPAREL	4,692.60	4,692.60	10,000.00	5,307.40	46.9
51-81-600	TIRES	20,317.07	20,317.07	42,000.00	21,682.93	48.4
51-81-601	VEHICLE MT. (PARTS & TOOLS)	18,723.56	18,723.56	50,000.00	31,276.44	37.5
51-81-602	GASOLINE/DIESEL/OIL	36,502.72	36,502.72	150,000.00	113,497.28	24.3
51-81-621	ELECTRICITY	1,887.81	1,887.81	10,500.00	8,612.19	18.0
51-81-622	TELEPHONE	10.92	10.92	650.00	639.08	1.7
51-81-623	HEATING FUEL	835.49	835.49	12,325.00	11,489.51	6.8
51-81-626	WATER/SEWER/GARBAGE	1,618.19	1,618.19	.00	1,618.19	.0
51-81-627	STAFF CELLULAR PHONES	218.37	218.37	840.00	621.63	26.0
51-81-650	LAB TESTS	700.00	700.00	5,000.00	4,300.00	14.0
51-81-661	VEHICLE MAINT/REPAIR	80,406.96	80,406.96	391,472.00	311,065.04	20.5
51-81-662	PROPERTY MAINT	17,504.40	17,504.40	44,920.00	27,415.60	39.0
51-81-669	OTHER PURCHASED SERVICES	.00	.00	5,000.00	5,000.00	.0
51-81-683	MINOR EQUIPMENT	5,710.13	5,710.13	4,000.00	1,710.13	142.8
51-81-691	WATER TRUCK	.00	.00	300,000.00	300,000.00	.0
51-81-695	FLEET MGMT. SOFTWARE/TABLETS/	.00	.00	75,000.00	75,000.00	.0

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

WATER & SEWER SERVICES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
51-81-721 INSURANCE	24,325.89	24,325.89	88,907.00	64,581.11	27.4
51-81-724 DUES/SUBSCRIPTIONS	.00	.00	80.00	80.00	.0
51-81-799 MISCELLANEOUS	269.31	269.31	2,000.00	1,730.69	13.5
51-81-996 ADMIN OVERHEAD-IT SVCS	5,127.34	5,127.34	13,970.00	8,842.66	36.7
51-81-998 ADMINISTRATIVE OVERHEAD-GF	62,485.17	62,485.17	179,862.00	117,376.83	34.7
TOTAL HAULED WATER	563,982.06	563,982.06	2,494,010.00	1,930,027.94	22.6

PIPED WATER

51-82-501 SALARIES	47,770.20	47,770.20	183,306.00	135,535.80	26.1
51-82-502 OVERTIME	14,866.49	14,866.49	34,375.00	19,508.51	43.3
51-82-508 LEAVE CASHOUT	2,493.69	2,493.69	8,976.00	6,482.31	27.8
51-82-510 SOCIAL SECURITY	.00	.00	966.00	966.00	.0
51-82-511 MEDICARE	969.43	969.43	3,156.00	2,186.57	30.7
51-82-512 EMPLOYEE GROUP BENEFITS	13,053.81	13,053.81	58,484.00	45,430.19	22.3
51-82-515 UNEMPLOYMENT	.00	.00	1,634.00	1,634.00	.0
51-82-516 WORKERS' COMPENSATION	.00	.00	5,623.00	5,623.00	.0
51-82-518 PERS	13,780.01	13,780.01	47,890.00	34,109.99	28.8
51-82-519 UTILITY BENEFIT	2,090.45	2,090.45	10,488.00	8,397.55	19.9
51-82-545 TRAINING/TRAVEL	.00	.00	5,000.00	5,000.00	.0
51-82-561 SUPPLIES	107.15	107.15	6,000.00	5,892.85	1.8
51-82-563 WEARING APPAREL	700.00	700.00	3,000.00	2,300.00	23.3
51-82-592 PLUMBING SUPPLIES	.00	.00	15,000.00	15,000.00	.0
51-82-600 TIRES AND WHEELS	277.40	277.40	500.00	222.60	55.5
51-82-601 VEHICLE MT. (PARTS & TOOLS)	613.48	613.48	1,500.00	886.52	40.9
51-82-602 GASOLINE/DIESEL/OIL	3,492.08	3,492.08	15,000.00	11,507.92	23.3
51-82-621 ELECTRICITY-UTIL MT SHOP	940.25	940.25	5,500.00	4,559.75	17.1
51-82-622 TELEPHONE	21.84	21.84	100.00	78.16	21.8
51-82-623 HEATING FUEL	1,243.52	1,243.52	21,250.00	20,006.48	5.9
51-82-626 WATER/SEWER/GARB	178.07	178.07	600.00	421.93	29.7
51-82-627 STAFF CELLULAR PHONES	216.52	216.52	800.00	583.48	27.1
51-82-649 ENGINEERING SERVICES	.00	.00	25,000.00	25,000.00	.0
51-82-661 VEHICLE MAINT/REPAIR	776.92	776.92	3,788.00	3,011.08	20.5
51-82-664 COMPUTER SERVICES	.00	.00	15,245.00	15,245.00	.0
51-82-665 CITY SAFETY	.00	.00	2,000.00	2,000.00	.0
51-82-669 OTHER PURCHASED SERVICES	413.59	413.59	1,500.00	1,086.41	27.6
51-82-683 MINOR EQUIPMENT	4,593.81	4,593.81	25,750.00	21,156.19	17.8
51-82-721 INSURANCE	1,847.83	1,847.83	6,812.00	4,964.17	27.1
51-82-722 INSURANCE-DED EXP & OTHER	2,122.72	2,122.72	.00	2,122.72)	.0
51-82-727 ADVERTISING	.00	.00	1,000.00	1,000.00	.0
51-82-996 ADMIN OVERHEAD-IT SVCS	5,595.17	5,595.17	15,245.00	9,649.83	36.7
51-82-998 ADMINISTRATIVE OVERHEAD-GF	23,367.14	23,367.14	79,545.00	56,177.86	29.4
TOTAL PIPED WATER	141,531.57	141,531.57	605,033.00	463,501.43	23.4

BETHEL HTS WTR TREATMENT

51-83-501 SALARIES	33,813.45	33,813.45	124,238.00	90,424.55	27.2
51-83-502 OVERTIME	4,455.00	4,455.00	37,000.00	32,545.00	12.0
51-83-508 LEAVE CASHOUT	5,746.47	5,746.47	6,068.00	321.53	94.7
51-83-511 MEDICARE	110.36	110.36	2,338.00	2,227.64	4.7
51-83-512 EMPLOYEE GROUP BENEFITS	6,605.92	6,605.92	44,499.00	37,893.08	14.9

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

WATER & SEWER SERVICES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
51-83-515 UNEMPLOYMENT	.00	.00	1,882.00	1,882.00	.0
51-83-516 WORKERS' COMPENSATION	.00	.00	4,165.00	4,165.00	.0
51-83-518 PERS	8,419.08	8,419.08	35,472.00	27,052.92	23.7
51-83-519 UTILITY BENEFIT	2,992.51	2,992.51	7,980.00	4,987.49	37.5
51-83-545 TRAINING/TRAVEL	.00	.00	4,000.00	4,000.00	.0
51-83-561 SUPPLIES	1,330.49	1,330.49	4,000.00	2,669.51	33.3
51-83-563 WEARING APPAREL	.00	.00	1,500.00	1,500.00	.0
51-83-567 CHEMICALS	42,225.48	42,225.48	55,000.00	12,774.52	76.8
51-83-592 PLUMBING SUPPLIES	.00	.00	5,000.00	5,000.00	.0
51-83-621 ELECTRICITY (PUMPHOUSE)	14,056.39	14,056.39	90,000.00	75,943.61	15.6
51-83-622 TELEPHONE	.00	.00	500.00	500.00	.0
51-83-623 HEATING FUEL (PUMPHOUSE)	10,829.87	10,829.87	110,500.00	99,670.13	9.8
51-83-649 ENGINEERING SERVICES	.00	.00	2,000.00	2,000.00	.0
51-83-650 LAB TESTS	3,000.00	3,000.00	12,000.00	9,000.00	25.0
51-83-661 VEHICLE MAINT/REPAIR	776.92	776.92	.00	776.92)	.0
51-83-669 OTHER PURCHASED SERVICES	1,697.39	1,697.39	15,000.00	13,302.61	11.3
51-83-683 MINOR EQUIPMENT	.00	.00	25,000.00	25,000.00	.0
51-83-721 INSURANCE	6,048.64	6,048.64	22,272.00	16,223.36	27.2
51-83-727 ADVERTISING	.00	.00	500.00	500.00	.0
51-83-996 ADMIN OVERHEAD-IT SVCS	5,333.19	5,333.19	14,531.00	9,197.81	36.7
51-83-998 ADMINISTRATIVE OVERHEAD-GF	19,180.19	19,180.19	45,576.00	26,395.81	42.1
TOTAL BETHEL HTS WTR TREATMENT	166,621.35	166,621.35	671,021.00	504,399.65	24.8

CITY SUB WTR TREATMENT

51-84-501 SALARIES	44,730.70	44,730.70	189,507.00	144,776.30	23.6
51-84-502 OVERTIME	18,415.93	18,415.93	37,000.00	18,584.07	49.8
51-84-508 LEAVE CASHOUT	10,500.59	10,500.59	9,244.00	1,256.59)	113.6
51-84-511 MEDICARE	1,106.06	1,106.06	3,284.00	2,177.94	33.7
51-84-512 EMPLOYEE GROUP BENEFITS	16,232.32	16,232.32	69,927.00	53,694.68	23.2
51-84-515 UNEMPLOYMENT	.00	.00	1,953.00	1,953.00	.0
51-84-516 WORKERS' COMPENSATION	.00	.00	5,851.00	5,851.00	.0
51-84-518 PERS	13,892.28	13,892.28	49,831.00	35,938.72	27.9
51-84-519 UTILITY BENEFIT	2,961.75	2,961.75	12,540.00	9,578.25	23.6
51-84-545 TRAINING/TRAVEL	100.00	100.00	5,000.00	4,900.00	2.0
51-84-561 SUPPLIES	599.80	599.80	2,500.00	1,900.20	24.0
51-84-563 WEARING APPAREL	.00	.00	1,500.00	1,500.00	.0
51-84-567 CHEMICALS	.00	.00	100,000.00	100,000.00	.0
51-84-592 PLUMBING SUPPLIES	.00	.00	3,000.00	3,000.00	.0
51-84-600 TIRES & WHEELS	777.40	777.40	1,500.00	722.60	51.8
51-84-602 GASOLINE/DIESEL/OIL	590.44	590.44	1,000.00	409.56	59.0
51-84-621 ELECTRICITY (CS WTF)	19,253.68	19,253.68	70,000.00	50,746.32	27.5
51-84-622 TELEPHONE	10.92	10.92	100.00	89.08	10.9
51-84-623 HEATING FUEL(CS WTF)	32,586.97	32,586.97	127,500.00	94,913.03	25.6
51-84-650 LAB TESTS	3,667.49	3,667.49	10,000.00	6,332.51	36.7
51-84-661 VEHICLE MAINT (ISF)	776.92	776.92	15,000.00	14,223.08	5.2
51-84-665 CITY SAFETY	571.30	571.30	.00	571.30)	.0
51-84-669 OTHER PURCHASED SERVICES	556.31	556.31	5,000.00	4,443.69	11.1
51-84-683 MINOR EQUIPMENT	18,490.07	18,490.07	20,000.00	1,509.93	92.5
51-84-721 INSURANCE	3,768.96	3,768.96	13,899.00	10,130.04	27.1
51-84-996 ADMIN OVERHEAD-IT SVCS	5,857.15	5,857.15	15,958.00	10,100.85	36.7
51-84-998 ADMINISTRATIVE OVERHEAD-GF	27,155.33	27,155.33	65,756.00	38,600.67	41.3

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

WATER & SEWER SERVICES

		PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
TOTAL CITY SUB WTR TREATMENT		222,602.37	222,602.37	836,850.00	614,247.63	26.6
HAULED SEWER						
51-85-501	SALARIES	119,688.41	119,688.41	550,488.00	430,799.59	21.7
51-85-502	OVERTIME	45,187.94	45,187.94	125,000.00	79,812.06	36.2
51-85-508	LEAVE CASHOUT	4,588.28	4,588.28	26,853.00	22,264.72	17.1
51-85-511	MEDICARE	2,444.02	2,444.02	9,963.00	7,518.98	24.5
51-85-512	EMPLOYEE GROUP BENEFITS	48,353.56	48,353.56	260,128.00	211,774.44	18.6
51-85-515	UNEMPLOYMENT	.00	.00	7,315.00	7,315.00	.0
51-85-516	WORKERS' COMPENSATION	.00	.00	19,122.00	19,122.00	.0
51-85-518	PERS	34,971.76	34,971.76	148,607.00	113,635.24	23.5
51-85-519	UTILITY BENEFIT	6,352.16	6,352.16	46,649.00	40,296.84	13.6
51-85-561	SUPPLIES	5,215.14	5,215.14	7,000.00	1,784.86	74.5
51-85-563	WEARING APPAREL	6,855.28	6,855.28	7,000.00	144.72	97.9
51-85-600	TIRES & WHEELS	1,523.02	1,523.02	12,000.00	10,476.98	12.7
51-85-601	VEHICLE MT. (PARTS & TOOLS)	34,591.39	34,591.39	40,000.00	5,408.61	86.5
51-85-602	GASOLINE/DIESEL/OIL	34,238.42	34,238.42	110,000.00	75,761.58	31.1
51-85-621	ELECTRICITY	1,887.81	1,887.81	8,300.00	6,412.19	22.7
51-85-622	TELEPHONE	.00	.00	400.00	400.00	.0
51-85-623	HEATING FUEL	835.49	835.49	10,200.00	9,364.51	8.2
51-85-626	WATER/SEWER/GARBAGE	1,618.19	1,618.19	9,000.00	7,381.81	18.0
51-85-627	CELL PHONE	.00	.00	840.00	840.00	.0
51-85-661	VEHICLE MAINT/REPAIR	80,281.96	80,281.96	310,326.00	230,044.04	25.9
51-85-662	PROPERTY MAINT	17,504.40	17,504.40	44,920.00	27,415.60	39.0
51-85-669	OTHER PURCHASED SERVICES	100.56	100.56	7,000.00	6,899.44	1.4
51-85-683	MINOR EQUIPMENT	1,347.75	1,347.75	3,100.00	1,752.25	43.5
51-85-692	NEW SEWER TRUCKS	.00	.00	300,000.00	300,000.00	.0
51-85-693	FLEET MGMT. SOFTWARE/TABLETS/	.00	.00	75,000.00	75,000.00	.0
51-85-721	INSURANCE	19,654.38	19,654.38	71,834.00	52,179.62	27.4
51-85-799	MISCELLANEOUS	.00	.00	1,200.00	1,200.00	.0
51-85-996	ADMIN OVERHEAD-IT SVCS	5,127.34	5,127.34	13,970.00	8,842.66	36.7
51-85-998	ADMINISTRATIVE OVERHEAD-GF	71,257.80	71,257.80	199,304.00	128,046.20	35.8
TOTAL HAULED SEWER		543,625.06	543,625.06	2,425,519.00	1,881,893.94	22.4
PIPED SEWER						
51-86-501	SALARIES	46,017.89	46,017.89	183,008.00	136,990.11	25.2
51-86-502	OVERTIME	14,866.56	14,866.56	45,000.00	30,133.44	33.0
51-86-508	LEAVE CASHOUT	2,493.68	2,493.68	8,335.00	5,841.32	29.9
51-86-511	MEDICARE	943.84	943.84	3,306.00	2,362.16	28.6
51-86-512	EMPLOYEE GROUP BENEFITS	12,959.18	12,959.18	58,484.00	45,524.82	22.2
51-86-515	UNEMPLOYMENT	.00	.00	1,634.00	1,634.00	.0
51-86-516	WORKERS' COMPENSATION	.00	.00	6,454.00	6,454.00	.0
51-86-518	PERS	13,394.55	13,394.55	50,162.00	36,767.45	26.7
51-86-519	UTILITY BENEFITS	2,151.97	2,151.97	10,488.00	8,336.03	20.5
51-86-545	TRAINING/TRAVEL	.00	.00	3,000.00	3,000.00	.0
51-86-561	SUPPLIES	2,919.27	2,919.27	6,000.00	3,080.73	48.7
51-86-563	WEARING APPAREL	692.16	692.16	3,000.00	2,307.84	23.1
51-86-592	PLUMBING SUPPLIES	.00	.00	10,000.00	10,000.00	.0
51-86-600	TIRES & WHEELS	500.00	500.00	500.00	.00	100.0
51-86-601	VEHICLE MT. (PARTS & TOOLS)	529.83	529.83	1,500.00	970.17	35.3

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

WATER & SEWER SERVICES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
51-86-602 GASOLINE/DIESEL/OIL	2,737.93	2,737.93	15,000.00	12,262.07	18.3
51-86-621 ELECTRICITY-LIFTST & BLDG	23,435.52	23,435.52	100,000.00	76,564.48	23.4
51-86-622 TELEPHONE	.00	.00	500.00	500.00	.0
51-86-623 HEATING FUEL	2,102.32	2,102.32	29,750.00	27,647.68	7.1
51-86-626 WATER/SEWER/GARB	178.07	178.07	600.00	421.93	29.7
51-86-661 VEHICLE MAINT/REPAIR	776.92	776.92	3,000.00	2,223.08	25.9
51-86-669 OTHER PURCHASED SERVICES	6,867.85	6,867.85	43,400.00	36,532.15	15.8
51-86-683 MINOR EQUIPMENT	38,948.62	38,948.62	125,000.00	86,051.38	31.2
51-86-721 INSURANCE	1,824.43	1,824.43	6,725.00	4,900.57	27.1
51-86-736 LEASED PROPERTY-LIFT STATIONS	15,443.19	15,443.19	15,000.00	(443.19)	103.0
51-86-996 ADMIN OVERHEAD-IT SVCS	5,595.21	5,595.21	15,245.00	9,649.79	36.7
51-86-998 ADMINISTRATIVE OVERHEAD-GF	23,407.02	23,407.02	57,233.00	33,825.98	40.9
TOTAL PIPED SEWER	218,786.01	218,786.01	802,324.00	583,537.99	27.3
SEWER LAGOON					
51-87-501 SALARIES	14,291.21	14,291.21	69,619.00	55,327.79	20.5
51-87-502 OVERTIME	3,381.78	3,381.78	10,250.00	6,868.22	33.0
51-87-508 LEAVE CASHOUT	554.16	554.16	2,211.00	1,656.84	25.1
51-87-511 MEDICARE	271.45	271.45	1,158.00	886.55	23.4
51-87-512 EMPLOYEE GROUP BENEFITS	3,419.29	3,419.29	22,885.00	19,465.71	14.9
51-87-515 UNEMPLOYMENT	.00	.00	710.00	710.00	.0
51-87-516 WORKERS' COMPENSATION	.00	.00	2,261.00	2,261.00	.0
51-87-518 PERS	3,888.10	3,888.10	17,571.00	13,682.90	22.1
51-87-519 UTILITY BENEFIT	509.26	509.26	4,104.00	3,594.74	12.4
51-87-545 TRAINING/TRAVEL	.00	.00	3,000.00	3,000.00	.0
51-87-561 SUPPLIES	648.56	648.56	1,500.00	851.44	43.2
51-87-563 WEARING APPAREL	319.94	319.94	2,000.00	1,680.06	16.0
51-87-592 PLUMBING SUPPLIES	.00	.00	1,000.00	1,000.00	.0
51-87-602 GASOLINE	4,908.35	4,908.35	20,000.00	15,091.65	24.5
51-87-650 LAB TESTS (SAMPLES)	5,103.00	5,103.00	12,000.00	6,897.00	42.5
51-87-665 CITY SAFETY	1,637.61	1,637.61	.00	(1,637.61)	.0
51-87-669 OTHER PURCHASED SERVICES	.00	.00	1,000.00	1,000.00	.0
51-87-683 MINOR EQUIPMENT	1,310.21	1,310.21	2,500.00	1,189.79	52.4
51-87-714 INTEREST-SEWER LAGOON BND	.00	.00	500.00	500.00	.0
51-87-721 INSURANCE	124.32	124.32	454.00	329.68	27.4
51-87-724 DUES & SUBSCRIPTIONS	.00	.00	7,920.00	7,920.00	.0
51-87-727 ADVERTISING	.00	.00	500.00	500.00	.0
51-87-998 ADMINISTRATIVE OVERHEAD-GF	8,892.28	8,892.28	22,653.00	13,760.72	39.3
TOTAL SEWER LAGOON	49,259.52	49,259.52	205,796.00	156,536.48	23.9
TOTAL FUND EXPENDITURES	1,964,650.72	1,964,650.72	8,355,018.00	6,390,367.28	23.5
NET REVENUE OVER EXPENDITURES	596,276.62	596,276.62	(303,259.00)	(899,535.62)	196.6

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

MUNICIPAL DOCK

ASSETS

52-10100	CASH IN COMBINED FUND	4,518,540.35	
52-11100	CASH IN TILL - PORT	50.00	
52-12500	TVI-DOCK DEF MAINT	263,680.09	
52-12504	INVESTMENT-AMLIP SMALL BOAT HA	136,655.92	
52-12505	INVESTMENT-AMLIP SEWALL MAINT	13,622.21	
52-12506	INVESTMENT-AMLIP DOCK DEF MNT	384,731.32	
52-13100	ACCOUNTS RECEIVABLE	551,771.16	
52-13900	ALLOWANCE DOUBTFUL ACCTS	(20,338.31)	
52-14200	INVENTORY-HEATING FUEL	1,365.71	
52-15500	SEAWALL LAND NON-DEPREC	1,001,356.00	
52-15600	SEAWALL DEPRECIABLE	22,716,644.00	
52-16100	LAND	1,235,999.66	
52-16200	IMPROVEMENTS	8,465,341.48	
52-16300	BUILDINGS	1,636,106.30	
52-16500	MACHINERY AND EQUIPMENT	911,039.56	
52-16600	VEHICLES	258,866.90	
52-16700	ACCUM DEPR-IMPROVEMENTS	(2,496,784.38)	
52-16800	ACCUM DEPR-BUILDINGS	(82,896.15)	
52-17000	ACCUM DEPR- MACH & EQUIP	(557,665.96)	
52-17100	ACCUM DEPR-VEHICLES	(254,262.32)	
52-17300	ACCUM DEP-SEAWALL	(8,177,991.84)	
52-18000	CONSTRUCTION IN PROGRESS	42,200.00	
52-19000	DEFERRED OUTFLOW-PENSION	81,750.16	
TOTAL ASSETS			30,629,781.86

LIABILITIES AND EQUITY

LIABILITIES

52-20100	VOUCHERS PAYABLE	138,511.40	
52-21100	ACCRUED PAYROLL	12,364.73	
52-22100	ACCURED VACATION	12,796.09	
52-22200	ACCRUED SICK LEAVE	1,683.15	
52-25000	SALES TAX PAYABLE	25,662.06	
52-29000	DEFERRED INFLOW-PENSION	22,648.60	
52-29100	PENSION LIABILITY	407,985.64	
TOTAL LIABILITIES			621,651.67

FUND EQUITY

52-30100	CONTRIBUTED CAPITAL-STATE	4,671,805.00	
52-30200	CONTRIB FOR CONSTRUCTION	25,209,842.60	
52-30300	CONTRIBUTED CAPITAL-FED	15,123.00	
52-30400	CONTRIB CAP-FLEET REP FUND	58,105.90	
52-37500	DESIGNATED RE-BANK STAB.	3,560,441.77	
UNAPPROPRIATED FUND BALANCE:			
52-39900	UNDESIGNATED RET EARNINGS	(3,219,747.96)	
	REVENUE OVER EXPENDITURES - YTD	(348,518.81)	
BALANCE - CURRENT DATE		(3,568,266.77)	

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

MUNICIPAL DOCK

TOTAL FUND EQUITY	29,947,051.50
TOTAL LIABILITIES AND EQUITY	30,568,703.17

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

MUNICIPAL DOCK

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>INTEREST & PENALTIES</u>					
52-40-403 CITY DOCK-PENALTIES & INT	.00	.00	5,000.00	5,000.00	.0
TOTAL INTEREST & PENALTIES	.00	.00	5,000.00	5,000.00	.0
<u>CHARGES FOR SERVICES</u>					
52-43-402 CITY DOCK-STORAGE	27,642.72	27,642.72	70,000.00	42,357.28	39.5
52-43-404 CITY DOCK-PERMITS	.00	.00	3,000.00	3,000.00	.0
52-43-405 CITY DOCK-WHARFAGE	.00	.00	165,000.00	165,000.00	.0
52-43-407 CITY DOCK-DOCKAGE	.00	.00	25,000.00	25,000.00	.0
52-43-418 SBH PETRO PORT-FUEL THRU-PUT	.00	.00	210,000.00	210,000.00	.0
52-43-424 PETRO YARD - STORAGE	1,716.99	1,716.99	2,000.00	283.01	85.9
52-43-426 PETRO PORT-FUEL THRU-PUT	.00	.00	420,000.00	420,000.00	.0
52-43-427 PETRO PORT-DOCKAGE	.00	.00	20,000.00	20,000.00	.0
52-43-433 SEAWALL MOORAGE	716.56	716.56	25,000.00	24,283.44	2.9
52-43-434 SEAWALL DOCKAGE	.00	.00	10,000.00	10,000.00	.0
52-43-454 BEACH-STORAGE	5,617.92	5,617.92	10,000.00	4,382.08	56.2
52-43-455 BEACH-WHARFAGE	.00	.00	70,000.00	70,000.00	.0
52-43-457 BEACH-DOCKAGE	.00	.00	17,000.00	17,000.00	.0
52-43-462 BOAT HARBOR-STORAGE	.00	.00	3,500.00	3,500.00	.0
52-43-463 BOAT HARBOR-MOORAGE	1,056.00	1,056.00	20,000.00	18,944.00	5.3
TOTAL CHARGES FOR SERVICES	36,750.19	36,750.19	1,070,500.00	1,033,749.81	3.4
<u>LEASE REVENUE</u>					
52-44-467 LEASE REVENUE	6,090.00	6,090.00	24,000.00	17,910.00	25.4
TOTAL LEASE REVENUE	6,090.00	6,090.00	24,000.00	17,910.00	25.4
<u>MISCELLANEOUS</u>					
52-45-462 SMALL BOAT HARBOR STORAGE	700.00	700.00	.00	(700.00)	.0
52-45-464 SMALL BOAT HARBOR PERMITS	4,260.00	4,260.00	20,000.00	15,740.00	21.3
52-45-467 EXTRA WATER CALLS	.00	.00	25,000.00	25,000.00	.0
TOTAL MISCELLANEOUS	4,960.00	4,960.00	45,000.00	40,040.00	11.0
<u>MISCELLANEOUS</u>					
52-49-487 INVESTMENT INCOME	(158.01)	(158.01)	.00	158.01	.0
52-49-495 MISCELLANEOUS REVENUE	160.00	160.00	2,000.00	1,840.00	8.0
TOTAL MISCELLANEOUS	1.99	1.99	2,000.00	1,998.01	.1
TOTAL FUND REVENUE	47,802.18	47,802.18	1,146,500.00	1,098,697.82	4.2

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

MUNICIPAL DOCK

PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
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CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

MUNICIPAL DOCK

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>DOCK EXPENDITURES</u>					
52-50-501 SALARIES	79,614.67	79,614.67	186,909.00	107,294.33	42.6
52-50-502 OVERTIME	2,258.72	2,258.72	5,000.00	2,741.28	45.2
52-50-508 LEAVE CASHOUT	.00	.00	4,103.00	4,103.00	.0
52-50-510 SOCIAL SECURITY EXPENSE	2,138.98	2,138.98	1,293.00	(845.98)	165.4
52-50-511 MEDICARE FICA	1,231.44	1,231.44	2,783.00	1,551.56	44.3
52-50-512 EMPLOYEE GROUP BENEFITS	19,599.79	19,599.79	64,079.00	44,479.21	30.6
52-50-515 UNEMPLOYMENT	.00	.00	3,290.00	3,290.00	.0
52-50-516 WORKERS' COMPENSATION	.00	.00	6,382.00	6,382.00	.0
52-50-518 PERS	10,422.27	10,422.27	36,082.00	25,659.73	28.9
52-50-519 UTILITY BENEFIT	4,002.97	4,002.97	11,491.00	7,488.03	34.8
52-50-545 TRAINING/TRAVEL	115.25	115.25	5,000.00	4,884.75	2.3
52-50-561 SUPPLIES	1,657.10	1,657.10	5,500.00	3,842.90	30.1
52-50-563 WEARING APPAREL	634.92	634.92	2,000.00	1,365.08	31.8
52-50-601 VEHICLE MT. (PARTS & TOOLS)	7,971.37	7,971.37	20,000.00	12,028.63	39.9
52-50-602 GASOLINE/DIESEL/OIL	7,182.10	7,182.10	15,000.00	7,817.90	47.9
52-50-621 ELECTRICITY	3,371.83	3,371.83	10,000.00	6,628.17	33.7
52-50-622 TELEPHONE	627.15	627.15	1,000.00	372.85	62.7
52-50-623 HEATING FUEL	765.57	765.57	6,000.00	5,234.43	12.8
52-50-624 WATER, SEWER, GARBAGE	1,620.83	1,620.83	5,000.00	3,379.17	32.4
52-50-626 WATER FOR BARGES	.00	.00	12,000.00	12,000.00	.0
52-50-627 STAFF CELLULAR PHONES	216.58	216.58	1,680.00	1,463.42	12.9
52-50-642 LEGAL FEES	.00	.00	5,000.00	5,000.00	.0
52-50-643 PLANNING/ENGINEERING FEES	.00	.00	5,000.00	5,000.00	.0
52-50-661 VEHICLE MAINT/REPAIR	776.96	776.96	.00	(776.96)	.0
52-50-666 MUNICIPAL DOCK MAINT.	158.04	158.04	5,000.00	4,841.96	3.2
52-50-667 MAINT-SEAWALL	127.34	127.34	7,000.00	6,872.66	1.8
52-50-668 MAINT SMALL BOAT HARBOR	399.92	399.92	.00	(399.92)	.0
52-50-669 OTHER PURCHASED SERVICES	3,577.58	3,577.58	25,000.00	21,422.42	14.3
52-50-683 MINOR EQUIPMENT	2,033.07	2,033.07	20,001.00	17,967.93	10.2
52-50-687 LAND/EASEMENT ACQUISITION	.00	.00	25,000.00	25,000.00	.0
52-50-690 CAPITAL EXPENDITURES	133,843.75	133,843.75	165,000.00	31,156.25	81.1
52-50-697 HIGHLIFT FORKLIFT	39,865.00	39,865.00	4,999.00	(34,866.00)	797.5
52-50-721 INSURANCE	5,733.02	5,733.02	17,405.00	11,671.98	32.9
52-50-724 DUES	.00	.00	1,000.00	1,000.00	.0
52-50-727 ADVERTISING	.00	.00	1,000.00	1,000.00	.0
52-50-736 BANK CHARGES	1,575.07	1,575.07	.00	(1,575.07)	.0
52-50-777 CONTAMINATED SOIL PROCESSING	.00	.00	1,000.00	1,000.00	.0
52-50-801 PENSION EXPENSE	.00	.00	250.00	250.00	.0
52-50-996 ADMIN OVERHEAD-IT SVCS	6,886.36	6,886.36	18,762.00	11,875.64	36.7
52-50-997 ICR-PROPERTY MAINTENANCE 5%	.00	.00	27,878.00	27,878.00	.0
52-50-998 ADMINISTRATIVE OVERHEAD-GF	23,287.39	23,287.39	54,324.00	31,036.61	42.9
TOTAL DOCK EXPENDITURES	361,695.04	361,695.04	788,211.00	426,515.96	45.9
<u>SMALL BOAT HARBOR</u>					
52-55-501 SALARIES	11,664.24	11,664.24	103,363.00	91,698.76	11.3
52-55-502 OVERTIME	481.47	481.47	3,000.00	2,518.53	16.1
52-55-508 LEAVE CASHOUT	.00	.00	1,081.00	1,081.00	.0
52-55-510 SOCIAL SECURITY	237.66	237.66	4,754.00	4,516.34	5.0
52-55-511 MEDICARE FICA	187.23	187.23	1,542.00	1,354.77	12.1

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

MUNICIPAL DOCK

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
52-55-512 EMPLOYEE GROUP BENEFITS	5,525.57	5,525.57	12,205.00	6,679.43	45.3
52-55-515 UNEMPLOYMENT	.00	.00	2,650.00	2,650.00	.0
52-55-516 WORKERS' COMPENSATION	.00	.00	4,495.00	4,495.00	.0
52-55-518 PERS	1,828.74	1,828.74	5,995.00	4,166.26	30.5
52-55-519 UTILITY BENEFIT	943.92	943.92	2,189.00	1,245.08	43.1
52-55-561 SUPPLIES	190.48	190.48	1,800.00	1,609.52	10.6
52-55-563 WEARING APPAREL	950.50	950.50	2,000.00	1,049.50	47.5
52-55-602 GASOLINE	147.73	147.73	8,000.00	7,852.27	1.9
52-55-621 ELECTRICITY	.00	.00	2,000.00	2,000.00	.0
52-55-624 WATER/SEWR/GARBAGE	.00	.00	7,100.00	7,100.00	.0
52-55-668 SMALL BOAT HARBOR MAINTENANCE	172.63	172.63	7,000.00	6,827.37	2.5
52-55-683 MINOR EQUIPMENT	851.47	851.47	2,000.00	1,148.53	42.6
52-55-775 SMALL BOAT HARBOR GRAVEL	.00	.00	16,000.00	16,000.00	.0
52-55-799 MISCELLANEOUS EXPENSES	.00	.00	250.00	250.00	.0
52-55-998 ADMINISTRATIVE OVERHEAD-GF	11,444.31	11,444.31	23,611.00	12,166.69	48.5
TOTAL SMALL BOAT HARBOR	34,625.95	34,625.95	211,035.00	176,409.05	16.4
TOTAL FUND EXPENDITURES	396,320.99	396,320.99	999,246.00	602,925.01	39.7
NET REVENUE OVER EXPENDITURES	(348,518.81)	(348,518.81)	147,254.00	495,772.81	(236.7)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

LEASED PROPERTIES

ASSETS

53-10100	CASH IN COMBINED FUND	1,518,789.90	
53-12200	INVESTMENT - BOND RESERVE	225,760.07	
53-13100	ACCOUNTS RECEIVABLE	99,514.68	
53-13900	ALLOWANCE FOR DOUBTFUL ACCTS	(4,200.00)	
53-14200	FUEL INVENTORY	7,128.34	
53-16000	LAND	43,000.00	
53-16300	BUILDINGS/IMPRV	9,821,803.52	
53-16500	MACH & EQUIP	54,525.00	
53-16800	ACCUM DEPR-BUILDINGS/IMP	(5,691,866.19)	
53-17000	ACCUM DEPREC-ME	(24,905.43)	
53-18000	CONSTRUCTION IN PROGRESS	17,419.04	
TOTAL ASSETS			6,066,968.93

LIABILITIES AND EQUITY

LIABILITIES

53-20100	VOUCHERS PAYABLE	23,683.14	
53-25900	DUE TO/FROM OTHER FUNDS	928,960.23	
53-26300	UNEARNED REVENUE	396,807.60	
53-27600	ACCRUED INTEREST PAYABLE	6,637.50	
53-27700	LEASE REVENUE BONDS PAYABLE	1,665,000.00	
53-27800	LEASE REVENUE BOND PREMIUM	208,662.53	
TOTAL LIABILITIES			3,229,751.00

FUND EQUITY

53-30100	CONTRIBUTED CAPITAL-STATE	2,360,194.08	
53-30200	CONTRIBUTED CAPITAL-EDA	253,024.80	
53-30300	CONTRIBUTED CAPITAL GF	454,326.50	
UNAPPROPRIATED FUND BALANCE:			
53-39900	FUND BALANCE-LEASED PROPERTIES	(348,564.45)	
	REVENUE OVER EXPENDITURES - YTD	(130,735.91)	
BALANCE - CURRENT DATE		(479,300.36)	
TOTAL FUND EQUITY			2,588,245.02
TOTAL LIABILITIES AND EQUITY			5,817,996.02

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

LEASED PROPERTIES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>LEASE INCOME</u>					
53-44-444 LEASE-COURT SYSTEM	198,403.80	198,403.80	613,620.00	415,216.20	32.3
53-44-447 LEASE:DEPT OF LAW	26,168.00	26,168.00	157,000.00	130,832.00	16.7
53-44-450 LEASE PATC	600.00	600.00	14,400.00	13,800.00	4.2
53-44-452 LEASE-TOWER ROAD LAND	900.00	900.00	5,400.00	4,500.00	16.7
53-44-453 YKHC - BUILDING	.00	.00	4,200.00	4,200.00	.0
53-44-472 DMV LEASE	2,010.00	2,010.00	12,060.00	10,050.00	16.7
53-44-479 LEASE LAND AVCP HEARSTART	200.00	200.00	1,800.00	1,600.00	11.1
53-44-481 LEASE LAND SWANSONS	2,416.68	2,416.68	21,120.00	18,703.32	11.4
53-44-485 LEASE LAND EUNKANG CHURCH	450.00	450.00	1,800.00	1,350.00	25.0
53-44-488 LEASE LAND GCI	666.68	666.68	10,200.00	9,533.32	6.5
53-44-489 LAND ESSENKAY/KUSKOKUSH	.00	.00	24,012.00	24,012.00	.0
53-44-495 LEASE-OTHER LEASE REVENUE	700.00	700.00	.00	(700.00)	.0
TOTAL LEASE INCOME	232,515.16	232,515.16	865,612.00	633,096.84	26.9
<u>MISCELLANEOUS</u>					
53-49-487 INVESTMENT INCOME	25.03	25.03	.00	(25.03)	.0
TOTAL MISCELLANEOUS	25.03	25.03	.00	(25.03)	.0
TOTAL FUND REVENUE	232,540.19	232,540.19	865,612.00	633,071.81	26.9

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

LEASED PROPERTIES

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>LEASED PROPERTIES-MISC</u>					
53-50-623 HEATING FUEL	1,354.89	1,354.89	.00	(1,354.89)	.0
53-50-702 DEPRECIATION-BUILDING	.00	.00	320,000.00	320,000.00	.0
53-50-721 INSURANCE	2,036.26	2,036.26	.00	(2,036.26)	.0
TOTAL LEASED PROPERTIES-MISC	3,391.15	3,391.15	320,000.00	316,608.85	1.1
<u>LEASED PROP-COURT COMPLEX</u>					
53-55-621 ELECTRICITY-COURT COMPLEX	15,365.15	15,365.15	82,901.00	67,535.85	18.5
53-55-622 TELEPHONE	201.77	201.77	600.00	398.23	33.6
53-55-623 HEATING FUEL-COURTCOMPLEX	3,901.12	3,901.12	47,600.00	43,698.88	8.2
53-55-626 WATER/SEWER/GARB-COURTCOM	3,447.23	3,447.23	18,000.00	14,552.77	19.2
53-55-662 PROPERTY MT-COURT COMPLEX	8,250.96	8,250.96	15,000.00	6,749.04	55.0
53-55-663 JANITORIAL-COURT COMPLEX	29,800.00	29,800.00	89,400.00	59,600.00	33.3
53-55-669 OTHER PURCHASED SERVICES	.00	.00	2,500.00	2,500.00	.0
53-55-694 GENERATOR REPAIR	17,754.36	17,754.36	.00	(17,754.36)	.0
53-55-714 COURTHOUSE LOAN INTEREST	214,825.00	214,825.00	213,225.00	(1,600.00)	100.8
53-55-721 INSURANCE	13,826.18	13,826.18	58,999.00	45,172.82	23.4
53-55-997 ICR-PROPERTY MAINTENANCE-15%	52,513.18	52,513.18	142,658.00	90,144.82	36.8
TOTAL LEASED PROP-COURT COMPLEX	359,884.95	359,884.95	670,883.00	310,998.05	53.6
TOTAL FUND EXPENDITURES	363,276.10	363,276.10	990,883.00	627,606.90	36.7
NET REVENUE OVER EXPENDITURES	(130,735.91)	(130,735.91)	(125,271.00)	5,464.91	(104.4)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

EMPLOYEE GROUP HEALTH BEN.

ASSETS

54-10100	CASH IN COMBINED FUND	(876,846.08)	
	TOTAL ASSETS		(876,846.08)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
54-39900	RETAINED EARNINGS	(857,703.18)	
	REVENUE OVER EXPENDITURES - YTD	(19,142.90)	
	BALANCE - CURRENT DATE	(876,846.08)	
	TOTAL FUND EQUITY		(876,846.08)
	TOTAL LIABILITIES AND EQUITY		(876,846.08)

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

EMPLOYEE GROUP HEALTH BEN.

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>EMPLOYEE GROUP HEALTH BENEFITS</u>					
54-50-723 PREMIUM LIFE AD&D LTD	19,142.90	19,142.90	.00	(19,142.90)	.0
TOTAL EMPLOYEE GROUP HEALTH BENEFITS	19,142.90	19,142.90	.00	(19,142.90)	.0
TOTAL FUND EXPENDITURES	19,142.90	19,142.90	.00	(19,142.90)	.0
NET REVENUE OVER EXPENDITURES	(19,142.90)	(19,142.90)	.00	19,142.90	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

BETHEL PUBLIC TRANSIT SYSTEM

ASSETS

56-10100	CASH IN COMBINED FUND	(	439,492.18)	
56-14200	INVENTORY-HEATING FUEL		4,996.50	
56-16200	IMPROVEMENTS		98,025.00	
56-16500	MACHINERY & EQUIP-GENERAL		48,338.55	
56-16600	VEHICLES-GENERAL		218,851.43	
56-16700	ACCUM DEPR- IMPROVEMENTS	(	28,736.09)	
56-17000	ACCUM DEP-M&E GENERAL	(	48,338.55)	
56-17100	ACCUM DEPR-VEHICLES-GENERAL	(	216,228.98)	
56-19000	DEFERRED OUTFLOW-PENSION		40,043.72	
TOTAL ASSETS			(	322,540.60)

LIABILITIES AND EQUITY

LIABILITIES

56-20100	VOUCHERS PAYABLE		2,089.10	
56-20110	COVID-19 TAXI COUPONS		325.00	
56-21100	ACCRUED PAYROLL		3,837.15	
56-22100	ACCRUED VACATION		18,523.62	
56-29000	DEFERRED INFLOW-PENSION		38,733.30	
56-29100	PENSION LIABILITY		246,330.82	
TOTAL LIABILITIES				309,838.99

FUND EQUITY

56-30100	CONTRIBUTED CAPITAL		98,025.00	
UNAPPROPRIATED FUND BALANCE:				
56-39900	FUND BALANCE-BETHEL PUBLIC TRA	(	676,699.47)	
	REVENUE OVER EXPENDITURES - YTD	(	84,778.61)	
BALANCE - CURRENT DATE			(	761,478.08)
TOTAL FUND EQUITY			(	663,453.08)
TOTAL LIABILITIES AND EQUITY			(	353,614.09)

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

BETHEL PUBLIC TRANSIT SYSTEM

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>LOCAL SOURCES</u>					
56-40-409 CASH TRANSFER GF	.00	.00	136,079.00	136,079.00	.0
TOTAL LOCAL SOURCES	.00	.00	136,079.00	136,079.00	.0
<u>FEDERAL SOURCES</u>					
56-41-413 TRANSIT SECTION 5311	.00	.00	227,687.00	227,687.00	.0
TOTAL FEDERAL SOURCES	.00	.00	227,687.00	227,687.00	.0
<u>CHARGES FOR SERVICES</u>					
56-43-422 BUS FARES	2,362.00	2,362.00	28,000.00	25,638.00	8.4
56-43-423 BUS FARES-PREPAID	9,977.00	9,977.00	12,000.00	2,023.00	83.1
TOTAL CHARGES FOR SERVICES	12,339.00	12,339.00	40,000.00	27,661.00	30.9
TOTAL FUND REVENUE	12,339.00	12,339.00	403,766.00	391,427.00	3.1

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

BETHEL PUBLIC TRANSIT SYSTEM

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
<u>TRANSIT SYSTEM EXPENDITURES</u>					
56-50-501 SALARIES	36,560.52	36,560.52	138,167.00	101,606.48	26.5
56-50-502 OVERTIME	978.10	978.10	.00	(978.10)	.0
56-50-508 LEAVE CASHOUT	.00	.00	6,908.00	6,908.00	.0
56-50-510 SOCIAL SECURITY EXPENSE	353.02	353.02	1,228.00	874.98	28.8
56-50-511 MEDICARE FICA	547.14	547.14	2,003.00	1,455.86	27.3
56-50-512 EMPLOYEE GROUP BENEFITS	4,125.28	4,125.28	66,749.00	62,623.72	6.2
56-50-515 UNEMPLOYMENT	.00	.00	2,459.00	2,459.00	.0
56-50-516 WORKERS' COMPENSATION	.00	.00	6,715.00	6,715.00	.0
56-50-518 PERS	7,005.90	7,005.90	30,397.00	23,391.10	23.1
56-50-519 UTILITY BENEFIT	594.69	594.69	9,120.00	8,525.31	6.5
56-50-561 SUPPLIES	1,359.83	1,359.83	1,000.00	(359.83)	136.0
56-50-600 TIRES & WHEELS	.00	.00	1,000.00	1,000.00	.0
56-50-601 VEHICLE MT. (PARTS & TOOLS)	56.18	56.18	7,382.00	7,325.82	.8
56-50-602 GASOLINE	5,705.79	5,705.79	21,000.00	15,294.21	27.2
56-50-621 ELECTRICITY	1,572.00	1,572.00	6,400.00	4,828.00	24.6
56-50-622 TELEPHONE	10.92	10.92	700.00	689.08	1.6
56-50-623 HEATING FUEL	1,373.52	1,373.52	10,250.00	8,876.48	13.4
56-50-626 WTR/SWR/GRB	619.32	619.32	1,200.00	580.68	51.6
56-50-627 STAFF CELLULAR PHONES	108.28	108.28	.00	(108.28)	.0
56-50-646 CONTRACTOR FEES	.00	.00	1,500.00	1,500.00	.0
56-50-661 VEHICLE MAINT/REPAIR	5,179.43	5,179.43	11,165.00	5,985.57	46.4
56-50-721 INSURANCE	3,130.76	3,130.76	9,000.00	5,869.24	34.8
56-50-799 MISCELLANEOUS EXPENSES	566.55	566.55	.00	(566.55)	.0
56-50-996 ADMIN OVERHEAD-IT SVCS	5,857.15	5,857.15	15,959.00	10,101.85	36.7
56-50-998 ADMINISTRATIVE OVERHEAD-GF	21,413.23	21,413.23	53,464.00	32,050.77	40.1
TOTAL TRANSIT SYSTEM EXPENDITURES	97,117.61	97,117.61	403,766.00	306,648.39	24.1
TOTAL FUND EXPENDITURES	97,117.61	97,117.61	403,766.00	306,648.39	24.1
NET REVENUE OVER EXPENDITURES	(84,778.61)	(84,778.61)	.00	84,778.61	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

VEHICLES & EQUIP MAINTENANCE

ASSETS

57-10100	CASH IN COMBINED FUND	(	737,084.79)	
57-14500	INVENTORY-PARTS,OIL,EQUIPMENT		270,006.96	
57-16500	MACHINERY & EQUIP-GENERAL		86,902.27	
57-17000	ACCUM DEP-M&E GENERAL	(	86,477.56)	
TOTAL ASSETS			(	466,653.12)

LIABILITIES AND EQUITY

LIABILITIES

57-20100	VOUCHERS PAYABLE		10,951.66	
57-21100	ACCRUED PAYROLL		12,302.37	
57-22100	ACCRUED VACATION		9,508.21	
57-22200	ACCRUED SICK		642.12	
TOTAL LIABILITIES				33,404.36

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
57-39900	FUND BALANCE-V&E MAINTENANCE	(	161,501.31)	
	REVENUE OVER EXPENDITURES - YTD	(	437,234.34)	
BALANCE - CURRENT DATE			(	598,735.65)
TOTAL FUND EQUITY			(	598,735.65)
TOTAL LIABILITIES AND EQUITY			(	565,331.29)

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

VEHICLES & EQUIP MAINTENANCE

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>CHARGES FOR SERVICES</u>					
57-43-401 FROM GF-ADMIN	388.46	388.46	1,894.00	1,505.54	20.5
57-43-403 FROM GF-FINANCE	388.46	388.46	1,894.00	1,505.54	20.5
57-43-404 FROM GF-PLANNING	388.46	388.46	1,894.00	1,505.54	20.5
57-43-405 FROM GF-FIRE	2,589.74	2,589.74	12,628.00	10,038.26	20.5
57-43-406 FROM GF-POLICE	5,179.48	5,179.48	25,256.00	20,076.52	20.5
57-43-407 FROM GF-PW ADMIN	776.92	776.92	3,788.00	3,011.08	20.5
57-43-408 FROM GF-STREETS/ROADS	38,846.10	38,846.10	189,422.00	150,575.90	20.5
57-43-409 FROM GF-PROPERTY MAINT.	1,553.84	1,553.84	7,577.00	6,023.16	20.5
57-43-413 FROM GEN FUND-IT SVCS	388.46	388.46	1,894.00	1,505.54	20.5
57-43-451 FROM EF-HAULED WATER	80,281.96	80,281.96	391,472.00	311,190.04	20.5
57-43-452 FROM EF-HAULED SEWER	80,281.96	80,281.96	391,472.00	311,190.04	20.5
57-43-453 FROM EF-PIPED WATER	776.92	776.92	3,788.00	3,011.08	20.5
57-43-454 FROM GF-PIPED SEWER	776.92	776.92	3,788.00	3,011.08	20.5
57-43-455 FROM EF-BETHEL HGT WATER TRMT	776.92	776.92	3,788.00	3,011.08	20.5
57-43-456 FROM EF-CITY SUB WATER TRMT	776.92	776.92	3,788.00	3,011.08	20.5
57-43-460 FROM EF-HAULED REFUSE	19,423.06	19,423.06	94,711.00	75,287.94	20.5
57-43-461 FROM EF-LANDFILL OPERATIONS	19,423.06	19,423.06	94,711.00	75,287.94	20.5
57-43-470 FROM EF-PORT	776.96	776.96	3,788.00	3,011.04	20.5
57-43-475 FROM EF-BETHEL TRANSIT SYSTEM	.00	.00	25,256.00	25,256.00	.0
57-43-481 FROM GENERAL FUND-IT SVCS	5,179.43	5,179.43	.00	(5,179.43)	.0
TOTAL CHARGES FOR SERVICES	258,974.03	258,974.03	1,262,809.00	1,003,834.97	20.5
TOTAL FUND REVENUE	258,974.03	258,974.03	1,262,809.00	1,003,834.97	20.5

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

VEHICLES & EQUIP MAINTENANCE

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
VEHICLE & EQUIP MAINT					
57-50-501 SALARIES	102,336.42	102,336.42	401,203.00	298,866.58	25.5
57-50-502 OVERTIME	587.32	587.32	25,000.00	24,412.68	2.4
57-50-508 LEAVE CASHOUT	.00	.00	19,257.00	19,257.00	.0
57-50-511 MEDICARE FICA	1,595.65	1,595.65	6,180.00	4,584.35	25.8
57-50-512 EMPLOYEE GROUP BENEFITS	42,067.37	42,067.37	180,539.00	138,471.63	23.3
57-50-515 UNEMPLOYMENT	.00	.00	6,970.00	6,970.00	.0
57-50-516 WORKERS' COMPENSATION	.00	.00	13,794.00	13,794.00	.0
57-50-518 PERS	22,643.28	22,643.28	93,765.00	71,121.72	24.2
57-50-519 UTILITY BENEFIT	7,383.12	7,383.12	32,376.00	24,992.88	22.8
57-50-545 TRAINING/TRAVEL	.00	.00	15,000.00	15,000.00	.0
57-50-561 SUPPLIES	15,297.69	15,297.69	15,000.00	(297.69)	102.0
57-50-563 WEARING APPAREL	751.08	751.08	4,000.00	3,248.92	18.8
57-50-600 TIRES & WHEELS	.00	.00	1,000.00	1,000.00	.0
57-50-601 VEHICLE MT. (PARTS & TOOLS)	4,274.75	4,274.75	4,000.00	(274.75)	106.9
57-50-602 GASOLINE / DIESEL / OIL	2,056.03	2,056.03	10,000.00	7,943.97	20.6
57-50-621 ELECTRICITY	3,302.56	3,302.56	12,000.00	8,697.44	27.5
57-50-622 TELEPHONE	.00	.00	500.00	500.00	.0
57-50-626 WATER/SEWER/GARBAGE	1,233.04	1,233.04	6,220.00	4,986.96	19.8
57-50-627 STAFF CELLULAR PHONES	108.25	108.25	.00	(108.25)	.0
57-50-669 OTHER PURCHASED SERVICES	1,190.93	1,190.93	10,000.00	8,809.07	11.9
57-50-683 MINOR EQUIPMENT	5,565.64	5,565.64	30,000.00	24,434.36	18.6
57-50-690 CAPITAL EXPENDITURES	423,942.29	423,942.29	187,394.00	(236,548.29)	226.2
57-50-721 INSURANCE	8,707.01	8,707.01	22,550.00	13,842.99	38.6
57-50-724 DUES/SUBSCRIPTIONS	.00	.00	10,000.00	10,000.00	.0
57-50-996 ADMIN OVERHEAD-IT SVCS	5,913.29	5,913.29	16,103.00	10,189.71	36.7
57-50-998 ADMINISTRATIVE OVERHEAD-GF	47,252.65	47,252.65	124,357.00	77,104.35	38.0
TOTAL VEHICLE & EQUIP MAINT	696,208.37	696,208.37	1,247,208.00	550,999.63	55.8
TOTAL FUND EXPENDITURES	696,208.37	696,208.37	1,247,208.00	550,999.63	55.8
NET REVENUE OVER EXPENDITURES	(437,234.34)	(437,234.34)	15,601.00	452,835.34	(2802.

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

FLEET REPLACEMENT FUND

ASSETS

58-10100	CASH IN COMBINED FUND	1,240,516.70	
	TOTAL ASSETS		1,240,516.70

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
58-39900	FUND BALANCE	1,240,516.70	
	REVENUE OVER EXPENDITURES - YTD		
	BALANCE - CURRENT DATE	1,240,516.70	
	TOTAL FUND EQUITY		1,240,516.70
	TOTAL LIABILITIES AND EQUITY		1,240,516.70

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

RASMUSON GRANT

ASSETS			
60-10100	CASH IN COMBINED FUND	7,314.99	
	TOTAL ASSETS		7,314.99
LIABILITIES AND EQUITY			
FUND EQUITY			
UNAPPROPRIATED FUND BALANCE:			
60-39900	FUND BALANCE-RASMUSON GRANT	7,314.99	
	REVENUE OVER EXPENDITURES - YTD		
	BALANCE - CURRENT DATE	7,314.99	
	TOTAL FUND EQUITY		7,314.99
	TOTAL LIABILITIES AND EQUITY		7,314.99

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

LONG-TERM DEBT

LIABILITIES AND EQUITY

LIABILITIES

61-26100	LONG TERM DEBT-FIRE TRUCK	749,904.62	
61-26110	LONG TERM DEBT- MACK TRUCK	124,514.91	
TOTAL LIABILITIES			874,419.53

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
61-39900	FUND BALANCES	(874,419.53)	
	REVENUE OVER EXPENDITURES - YTD		
BALANCE - CURRENT DATE		(874,419.53)	
TOTAL FUND EQUITY			(874,419.53)
TOTAL LIABILITIES AND EQUITY			.00

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

LAGOON UPGRADES DESIGN SERV

ASSETS

63-10100	CASH IN COMBINED FUND	(1,016,097.74)	
63-13200	ACCOUNTS RECEIVABLE	278,964.60	
	TOTAL ASSETS		(737,133.14)

LIABILITIES AND EQUITY

LIABILITIES

63-20100	VOUCHERS PAYABLE	146,583.50	
	TOTAL LIABILITIES		146,583.50

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:		
63-39900	FUND BALANCE	(677,855.92)	
	REVENUE OVER EXPENDITURES - YTD	(353,129.59)	
	BALANCE - CURRENT DATE	(1,030,985.51)	
	TOTAL FUND EQUITY		(1,030,985.51)
	TOTAL LIABILITIES AND EQUITY		(884,402.01)

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

LAGOON UPGRADES DESIGN SERV

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
DEPARTMENT 53					
63-53-643 PLANNING/ENGINEERING FEES	127,612.22	127,612.22	.00	(127,612.22)	.0
TOTAL DEPARTMENT 53	127,612.22	127,612.22	.00	(127,612.22)	.0
DEPARTMENT 55					
63-55-683 MINOR EQUIPMENT	43,786.00	43,786.00	.00	(43,786.00)	.0
TOTAL DEPARTMENT 55	43,786.00	43,786.00	.00	(43,786.00)	.0
DEPARTMENT 57					
63-57-669 VSW#20 E77 -PURCH SVCS	181,731.37	181,731.37	.00	(181,731.37)	.0
TOTAL DEPARTMENT 57	181,731.37	181,731.37	.00	(181,731.37)	.0
TOTAL FUND EXPENDITURES	353,129.59	353,129.59	.00	(353,129.59)	.0
NET REVENUE OVER EXPENDITURES	(353,129.59)	(353,129.59)	.00	353,129.59	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

USDA-RA SEWER LAGOON JETTY

ASSETS

64-10100	CASH IN COMBINED FUND	877,666.64	
64-13200	ACCOUNTS RECEIVABLE	968,322.73	
	TOTAL ASSETS		1,845,989.37

LIABILITIES AND EQUITY

LIABILITIES

64-20200	USDA JETTY LOAN PAYABLE	898,684.16	
	TOTAL LIABILITIES		898,684.16

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:		
64-39900	FUND BALANCE	947,305.21	
	REVENUE OVER EXPENDITURES - YTD		
	BALANCE - CURRENT DATE	947,305.21	
	TOTAL FUND EQUITY		947,305.21
	TOTAL LIABILITIES AND EQUITY		1,845,989.37

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

COVID-19 CARES ACT FUND

ASSETS

66-10010	FNB CASH COVID 19	3,034,643.31	
66-10100	CASH IN COMBINED FUND	(777,137.97)	
TOTAL ASSETS			2,257,505.34

LIABILITIES AND EQUITY

LIABILITIES

66-20100	VOUCHERS PAYABLE	10,330.71	
66-23600	DEFERRED REVENUE	2,006,335.79	
TOTAL LIABILITIES			2,016,666.50

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
66-39900	FUND BALANCE-GENERAL FUND	(796,675.91)	
	REVENUE OVER EXPENDITURES - YTD	656,197.53	
BALANCE - CURRENT DATE		(140,478.38)	
TOTAL FUND EQUITY			(140,478.38)
TOTAL LIABILITIES AND EQUITY			1,876,188.12

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

COVID-19 CARES ACT FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
66-42-415 GRANT REVENUE	4,207,482.90	4,207,482.90	.00	(4,207,482.90)	.0
66-42-434 INTEREST REVENUE	183.60	183.60	.00	(183.60)	.0
TOTAL SOURCE 42	4,207,666.50	4,207,666.50	.00	(4,207,666.50)	.0
TOTAL FUND REVENUE	4,207,666.50	4,207,666.50	.00	(4,207,666.50)	.0

CITY OF BETHEL
EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

COVID-19 CARES ACT FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEXPENDED	PCNT
66-50-501 SALARIES COVID 19	602,656.49	602,656.49	.00 (	602,656.49)	.0
66-50-502 OVERTIME COVID 19	79,308.01	79,308.01	.00 (	79,308.01)	.0
66-50-506 CALL BACK OVERTIME	10,027.75	10,027.75	.00 (	10,027.75)	.0
66-50-508 LEAVE CASHOUT	44,451.04	44,451.04	.00 (	44,451.04)	.0
66-50-510 SOCIAL SECURITY EXPENSE C19	211.00	211.00	.00 (	211.00)	.0
66-50-511 MEDICARE FICA COVID 19	512.08	512.08	.00 (	512.08)	.0
66-50-512 EMPLOYEE GROUP BENEFITS	3,572.66	3,572.66	.00 (	3,572.66)	.0
66-50-518 PERS COVID 19	6,115.87	6,115.87	.00 (	6,115.87)	.0
66-50-545 TRAINING/TRAVEL	16,641.22	16,641.22	.00 (	16,641.22)	.0
66-50-561 SUPPLIES COVID 19	39,429.77	39,429.77	.00 (	39,429.77)	.0
66-50-563 WEARING APPAREL	996.29	996.29	.00 (	996.29)	.0
66-50-564 FOOD	11,671.81	11,671.81	.00 (	11,671.81)	.0
66-50-602 GASOLINE / DIESEL / OIL	172.77	172.77	.00 (	172.77)	.0
66-50-622 TELEPHONE	413.45	413.45	.00 (	413.45)	.0
66-50-642 LEGAL FEES COVID 19	1,014.00	1,014.00	.00 (	1,014.00)	.0
66-50-643 ENGINEERING FEES	9,459.80	9,459.80	.00 (	9,459.80)	.0
66-50-648 VOLUNTEER STIPEND	2,861.00	2,861.00	.00 (	2,861.00)	.0
66-50-649 OTHER PROFESSIONAL SERVICES	12,866.17	12,866.17	.00 (	12,866.17)	.0
66-50-669 OTHER PURCHASED SERVICES	76,481.05	76,481.05	.00 (	76,481.05)	.0
66-50-682 COVID-19 ELECTION (CITY CLERK)	99.00	99.00	.00 (	99.00)	.0
66-50-683 MINOR EQUIPMENT - COVID 19	64,528.14	64,528.14	.00 (	64,528.14)	.0
66-50-684 DONATIONS & AWARDS	2,485,120.00	2,485,120.00	.00 (	2,485,120.00)	.0
66-50-691 VEHICLES	52,990.50	52,990.50	.00 (	52,990.50)	.0
66-50-721 INSURANCE	1,813.07	1,813.07	.00 (	1,813.07)	.0
66-50-736 BANK CHARGES	43.00	43.00	.00 (	43.00)	.0
66-50-790 ALLOWANCE SPECIAL EVENTS	106.45	106.45	.00 (	106.45)	.0
66-50-799 MISCELLANEOUS EXPENSES	27,906.58	27,906.58	.00 (	27,906.58)	.0
TOTAL DEPARTMENT 50	3,551,468.97	3,551,468.97	.00 (	3,551,468.97)	.0
TOTAL FUND EXPENDITURES	3,551,468.97	3,551,468.97	.00 (	3,551,468.97)	.0
NET REVENUE OVER EXPENDITURES	656,197.53	656,197.53	.00 (	656,197.53)	.0

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

THE AK COMMUNITY FOUNDATION

LIABILITIES AND EQUITY

LIABILITIES

67-23600	DEFERRED REVENUE	102,999.00	
	TOTAL LIABILITIES		102,999.00
	TOTAL LIABILITIES AND EQUITY		102,999.00

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

DIABETES PREVENTION & CONTROL

ASSETS

69-10100	CASH IN COMBINED FUND	4,738.21	
	TOTAL ASSETS		4,738.21

LIABILITIES AND EQUITY

LIABILITIES

69-23600	DEFERRED REVENUE	4,738.21	
	TOTAL LIABILITIES		4,738.21
	TOTAL LIABILITIES AND EQUITY		4,738.21

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

GOVERNMENT-WIDE FIXED ASSETS

ASSETS

70-16100	LAND	39,566,905.86	
70-16150	ROADS/INFRASTRUCTURE	9,692,526.74	
70-16200	IMPROVEMENTS	2,003,840.31	
70-16300	BUILDINGS	12,542,773.01	
70-16500	MACHINERY & EQUIPMENT	4,622,904.86	
70-16600	VEHICLES-GENERAL	1,977,651.85	
70-16700	ACCUM DEPR- IMPROV	(507,447.10)	
70-16800	ACCUM DEPR- BUILDINGS	(6,427,813.65)	
70-16850	ACCUM DEPR- INFRASTRUCTURE	(9,323,514.54)	
70-17000	ACCUM DEPR- MACH EQUIP	(3,157,026.21)	
70-17100	ACCUM DEPR- VEHICLES	(1,532,135.42)	
70-18000	CONSTRUCTION IN PROGRESS	1,036,683.54	
TOTAL ASSETS			50,495,349.25

LIABILITIES AND EQUITY

LIABILITIES

70-21000	INVEST FA-GENERAL FUND	59,762,084.20	
70-22000	INVEST FA-STATE GRANTS	10,601,537.36	
70-23000	INVEST FA-FEDERAL GRANTS	509,319.60	
70-24500	INVEST FA-LOCAL DONATION	5,000.00	
70-24700	INVEST FA-FLEET REP FUND	158,177.29	
70-25000	DONATION BY FED GOV'T	699,000.00	
TOTAL LIABILITIES			71,735,118.45

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:			
70-39900	FUND BALANCE	(21,239,769.20)	
	REVENUE OVER EXPENDITURES - YTD		
BALANCE - CURRENT DATE		(21,239,769.20)	
TOTAL FUND EQUITY			(21,239,769.20)
TOTAL LIABILITIES AND EQUITY			50,495,349.25

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

2016 HOMELAND SECURITY

ASSETS

71-10100	CASH IN COMBINED FUND	(	4,793.00)	
71-13200	ACCOUNTS RECEIVABLE		7,150.00	
TOTAL ASSETS				2,357.00

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
71-39900	FUND BALANCE	2,357.00		
	REVENUE OVER EXPENDITURES - YTD			
BALANCE - CURRENT DATE			2,357.00	
TOTAL FUND EQUITY				2,357.00
TOTAL LIABILITIES AND EQUITY				2,357.00

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

FUND 80

ASSETS

80-12000	ASSETS-DEFERRED COMP PLAN	1,286,076.63	
	TOTAL ASSETS		1,286,076.63

LIABILITIES AND EQUITY

LIABILITIES

80-21000	OBLIGATION TO EMPLOYEES	1,286,076.63	
	TOTAL LIABILITIES		1,286,076.63
	TOTAL LIABILITIES AND EQUITY		1,286,076.63

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

FUND 81

ASSETS

81-10100	CASH IN COMBINED FUND	(	58.44)	
	TOTAL ASSETS		(	58.44)

LIABILITIES AND EQUITY

FUND EQUITY

UNAPPROPRIATED FUND BALANCE:				
81-39900	FUND BALANCE	(	58.44)	
	REVENUE OVER EXPENDITURES - YTD			
	BALANCE - CURRENT DATE	(	58.44)	
	TOTAL FUND EQUITY		(	58.44)
	TOTAL LIABILITIES AND EQUITY		(	58.44)

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

FUND 83

ASSETS

83-10100	CASH ALLOCATION	3,001.01	
83-13200	ACCOUNT RECEIVABLE	384.79	
	TOTAL ASSETS		3,385.80

LIABILITIES AND EQUITY

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:		
83-39900	FUND BALANCE	3,385.80	
	REVENUE OVER EXPENDITURES - YTD		
	BALANCE - CURRENT DATE	3,385.80	
	TOTAL FUND EQUITY		3,385.80
	TOTAL LIABILITIES AND EQUITY		3,385.80

CITY OF BETHEL
BALANCE SHEET
OCTOBER 31, 2020

BETHEL ENDOWMENT FUND

ASSETS

90-10100	CASH IN COMBINED FUND	(	53,312.14)	
90-12503	INVESTMENT- AMLIP ENDOWMENT		446,587.37	
90-13100	ENDOWMENT INV WF605		1,541,756.24	
	TOTAL ASSETS			1,935,031.47

LIABILITIES AND EQUITY

FUND EQUITY

	UNAPPROPRIATED FUND BALANCE:			
90-39900	FUND BALANCE-ENDOWMENT FUND	1,933,851.79		
	REVENUE OVER EXPENDITURES - YTD	1,179.68		
	BALANCE - CURRENT DATE		1,935,031.47	
	TOTAL FUND EQUITY			1,935,031.47
	TOTAL LIABILITIES AND EQUITY			1,935,031.47

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 4 MONTHS ENDING OCTOBER 31, 2020

BETHEL ENDOWMENT FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>TRANSFERS</u>					
90-46-990 INTERFUND TRANSFER OUT-GF70%	.00	.00	(17,500.00)	(17,500.00)	.0
TOTAL TRANSFERS	.00	.00	(17,500.00)	(17,500.00)	.0
<u>MISCELLANEOUS</u>					
90-49-487 INVESTMENT INCOME	1,179.68	1,179.68	25,000.00	23,820.32	4.7
TOTAL MISCELLANEOUS	1,179.68	1,179.68	25,000.00	23,820.32	4.7
TOTAL FUND REVENUE	1,179.68	1,179.68	7,500.00	6,320.32	15.7
NET REVENUE OVER EXPENDITURES	1,179.68	1,179.68	7,500.00	6,320.32	15.7

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2019

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>TAXES</u>					
10-40-400 TAX - TRANSIENT LODGING	529,466.60	529,466.60	496,000.00	(33,466.60)	106.8
10-40-401 TAX - SALES	6,393,652.47	6,393,652.47	6,355,000.00	(38,652.47)	100.6
10-40-403 PENALTIES & INT - SALES TAX	88,056.19	88,056.19	50,000.00	(38,056.19)	176.1
10-40-407 CIGARETTE AND TOBACCO TAX	606,379.05	606,379.05	582,000.00	(24,379.05)	104.2
10-40-408 TAX - ALCOHOL USE TAX	528,372.16	528,372.16	200,000.00	(328,372.16)	264.2
10-40-468 TAX - MOTOR VEH REGISTRATION	42,909.72	42,909.72	63,000.00	20,090.28	68.1
TOTAL TAXES	8,188,836.19	8,188,836.19	7,746,000.00	(442,836.19)	105.7
<u>STATE & FEDERAL REVENUES</u>					
10-42-414 COMMUNITY DIVIDEND	193,287.27	193,287.27	193,551.00	263.73	99.9
10-42-418 PILT PROGRAM - STATE	893,143.83	893,143.83	886,218.00	(6,925.83)	100.8
10-42-419 MISCELLANEOUS STATE REV	550.00	550.00	.00	(550.00)	.0
10-42-430 SOA - JURY DUTY REIMB.	675.00	675.00	.00	(675.00)	.0
TOTAL STATE & FEDERAL REVENUES	1,087,656.10	1,087,656.10	1,079,769.00	(7,887.10)	100.7
<u>CHARGES FOR SERVICES</u>					
10-43-422 AMBULANCE REVENUE	205,452.96	205,452.96	290,000.00	84,547.04	70.9
10-43-424 POLICE DEPT MISC FEES	15,514.66	15,514.66	8,000.00	(7,514.66)	193.9
10-43-426 AMBULANCE FEES	1,043.20	1,043.20	1,400.00	356.80	74.5
10-43-435 PARKS & REC OTC SALES	3.00	3.00	.00	(3.00)	.0
TOTAL CHARGES FOR SERVICES	222,013.82	222,013.82	299,400.00	77,386.18	74.2
<u>RENTAL INCOME</u>					
10-44-463 LOG CABIN RENTAL	1,515.00	1,515.00	1,600.00	85.00	94.7
TOTAL RENTAL INCOME	1,515.00	1,515.00	1,600.00	85.00	94.7

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2019

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>LICENSES, PERMITS & FEES</u>					
10-45-450 GAMING TAX	475,130.75	475,130.75	414,000.00	(61,130.75)	114.8
10-45-451 TAXI PERMITS	149,360.00	149,360.00	160,000.00	10,640.00	93.4
10-45-452 BUSINESS LICENSES	36,150.00	36,150.00	40,000.00	3,850.00	90.4
10-45-453 ANIMAL CONTROL LICENSES	2,325.00	2,325.00	3,500.00	1,175.00	66.4
10-45-454 PLANNING FEES	455.00	455.00	1,600.00	1,145.00	28.4
10-45-455 PLAT/RECORDING FEES	465.00	465.00	1,400.00	935.00	33.2
10-45-456 SITE REVIEWS	9,760.00	9,760.00	560.00	(9,200.00)	1742.9
10-45-457 PARKS & REC JULY 4TH FEES	5,275.00	5,275.00	.00	(5,275.00)	.0
10-45-458 PARKS & REC - OTHER	100.00	100.00	.00	(100.00)	.0
10-45-465 PARKS & REC PROGRAM FEES	(50.00)	(50.00)	.00	50.00	.0
10-45-469 MISC PERMITS/LICENSES/FEE	6,470.39	6,470.39	5,600.00	(870.39)	115.5
TOTAL LICENSES, PERMITS & FEES	685,441.14	685,441.14	626,660.00	(58,781.14)	109.4
<u>MISCELLANEOUS</u>					
10-49-460 NSF - CLEARING ACCOUNT	60.00	60.00	.00	(60.00)	.0
10-49-487 INVESTMENT INCOME	551,241.73	551,241.73	154,000.00	(397,241.73)	358.0
10-49-488 POLICE DEPT MISC	2,721.25	2,721.25	6,000.00	3,278.75	45.4
10-49-495 MISCELLANEOUS REVENUE	(24,465.84)	(24,465.84)	5,300.00	29,765.84	(461.6)
10-49-497 RESTITUTION PMTS RECEIVED	1,598.00	1,598.00	500.00	(1,098.00)	319.6
10-49-499 INSURANCE CLAIM RECOVERY	.00	.00	26,000.00	26,000.00	.0
TOTAL MISCELLANEOUS	531,155.14	531,155.14	191,800.00	(339,355.14)	276.9
TOTAL FUND REVENUE	10,716,617.39	10,716,617.39	9,945,229.00	(771,388.39)	107.8

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2020

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>TAXES</u>					
10-40-400 TAX - TRANSIENT LODGING	554,296.13	554,296.13	600,000.00	45,703.87	92.4
10-40-401 TAX - SALES	6,674,251.83	6,674,251.83	6,464,744.00	(209,507.83)	103.2
10-40-403 PENALTIES & INT - SALES TAX	81,079.83	81,079.83	75,000.00	(6,079.83)	108.1
10-40-407 CIGARETTE AND TOBACCO TAX	555,150.65	555,150.65	575,000.00	19,849.35	96.6
10-40-408 TAX - ALCOHOL USE TAX	629,668.67	629,668.67	500,000.00	(129,668.67)	125.9
10-40-409 DO NOT USE	172,957.70	172,957.70	.00	(172,957.70)	.0
10-40-420 MARIJUANA TAX	27,074.44	27,074.44	100,000.00	72,925.56	27.1
10-40-468 TAX - MOTOR VEH REGISTRATION	44,355.96	44,355.96	66,000.00	21,644.04	67.2
TOTAL TAXES	8,738,835.21	8,738,835.21	8,380,744.00	(358,091.21)	104.3
<u>STATE & FEDERAL REVENUES</u>					
10-42-414 COMMUNITY DIVIDEND	161,880.08	161,880.08	120,000.00	(41,880.08)	134.9
10-42-418 PILT PROGRAM - STATE	932,730.73	932,730.73	893,000.00	(39,730.73)	104.5
10-42-429 SOA ELECTRIC CO-OP TAX SHARE	19,843.20	19,843.20	.00	(19,843.20)	.0
10-42-430 SOA - JURY DUTY REIMB.	425.00	425.00	.00	(425.00)	.0
TOTAL STATE & FEDERAL REVENUES	1,114,879.01	1,114,879.01	1,013,000.00	(101,879.01)	110.1
<u>CHARGES FOR SERVICES</u>					
10-43-422 AMBULANCE REVENUE	202,268.02	202,268.02	336,140.00	133,871.98	60.2
10-43-424 POLICE DEPT MISC FEES	.00	.00	9,000.00	9,000.00	.0
10-43-426 AMBULANCE FEES	.00	.00	1,500.00	1,500.00	.0
10-43-435 PARKS & REC OTC SALES	100.00	100.00	.00	(100.00)	.0
TOTAL CHARGES FOR SERVICES	202,368.02	202,368.02	346,640.00	144,271.98	58.4
<u>LICENSES, PERMITS & FEES</u>					
10-45-450 GAMING TAX	356,925.51	356,925.51	500,000.00	143,074.49	71.4
10-45-451 TAXI PERMITS	140,515.00	140,515.00	153,848.00	13,333.00	91.3
10-45-452 BUSINESS LICENSES	44,500.00	44,500.00	36,660.00	(7,840.00)	121.4
10-45-453 ANIMAL CONTROL LICENSES	2,669.00	2,669.00	3,048.00	379.00	87.6
10-45-454 PLANNING FEES	450.00	450.00	1,042.00	592.00	43.2
10-45-455 PLAT/RECORDING FEES	545.00	545.00	705.00	160.00	77.3
10-45-456 SITE REVIEWS	1,950.00	1,950.00	20,000.00	18,050.00	9.8
10-45-457 PARKS & REC JULY 4TH FEES	350.00	350.00	2,500.00	2,150.00	14.0
10-45-469 MISC PERMITS/LICENSES/FEE	40,128.90	40,128.90	5,000.00	(35,128.90)	802.6
TOTAL LICENSES, PERMITS & FEES	588,033.41	588,033.41	722,803.00	134,769.59	81.4

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2020

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>MISCELLANEOUS</u>					
10-49-460 NSF - CLEARING ACCOUNT	90.00	90.00	.00	(90.00)	.0
10-49-466 CASH OVER/SHORT	100.79	100.79	.00	(100.79)	.0
10-49-487 INVESTMENT INCOME	274,881.70	274,881.70	500,000.00	225,118.30	55.0
10-49-488 POLICE DEPT MISC	8,791.76	8,791.76	5,000.00	(3,791.76)	175.8
10-49-492 CLEANUP GREENUP DONATIONS	1,000.00	1,000.00	.00	(1,000.00)	.0
10-49-494 GAIN(LOSS) SALE OF F.ASSETS	202,764.06	202,764.06	.00	(202,764.06)	.0
10-49-495 MISCELLANEOUS REVENUE	13,457.39	13,457.39	.00	(13,457.39)	.0
10-49-497 RESTITUTION PMTS RECEIVED	.00	.00	1,000.00	1,000.00	.0
10-49-499 INSURANCE CLAIM RECOVERY	474.11	474.11	.00	(474.11)	.0
10-49-500 SOA COURT FINES/FEES	34,341.39	34,341.39	.00	(34,341.39)	.0
10-49-501 PC TICKETS	6,215.60	6,215.60	.00	(6,215.60)	.0
TOTAL MISCELLANEOUS	542,116.80	542,116.80	506,000.00	(36,116.80)	107.1
 TOTAL FUND REVENUE	 11,186,232.45	 11,186,232.45	 10,969,187.00	 (217,045.45)	 102.0

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 5 MONTHS ENDING NOVEMBER 30, 2020

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>TAXES</u>					
10-40-400 TAX - TRANSIENT LODGING	145,261.76	145,261.76	450,000.00	304,738.24	32.3
10-40-401 TAX - SALES	2,582,498.55	2,582,498.55	6,000,000.00	3,417,501.45	43.0
10-40-402 AK REMOTE SELLER SALES TAX	.00	.00	600,000.00	600,000.00	.0
10-40-403 PENALTIES & INT - SALES TAX	53,285.05	53,285.05	75,000.00	21,714.95	71.1
10-40-407 CIGARETTE AND TOBACCO TAX	197,756.20	197,756.20	583,120.00	385,363.80	33.9
10-40-408 TAX - ALCOHOL USE TAX	166,802.48	166,802.48	500,000.00	333,197.52	33.4
10-40-420 MARIJUANA TAX	277,836.29	277,836.29	600,000.00	322,163.71	46.3
10-40-468 TAX - MOTOR VEH REGISTRATION	17,400.88	17,400.88	50,000.00	32,599.12	34.8
TOTAL TAXES	3,440,841.21	3,440,841.21	8,858,120.00	5,417,278.79	38.8
<u>STATE & FEDERAL REVENUES</u>					
10-42-410 PERS ON BEHALF	.00	.00	125,000.00	125,000.00	.0
10-42-414 COMMUNITY DIVIDEND	.00	.00	75,947.00	75,947.00	.0
10-42-418 PILT PROGRAM - STATE	948,660.68	948,660.68	900,000.00	(48,660.68)	105.4
10-42-423 STATE OF AK UI TRUST FUND	18,543.87	18,543.87	.00	(18,543.87)	.0
10-42-429 SOA ELECTRIC CO-OP TAX SHARE	20,408.62	20,408.62	19,800.00	(608.62)	103.1
10-42-430 SOA - JURY DUTY REIMB.	.00	.00	1,000.00	1,000.00	.0
TOTAL STATE & FEDERAL REVENUES	987,613.17	987,613.17	1,121,747.00	134,133.83	88.0
<u>CHARGES FOR SERVICES</u>					
10-43-422 AMBULANCE REVENUE	104,576.98	104,576.98	210,000.00	105,423.02	49.8
10-43-424 POLICE DEPT MISC FEES	.00	.00	9,000.00	9,000.00	.0
10-43-426 AMBULANCE FEES	.00	.00	1,500.00	1,500.00	.0
TOTAL CHARGES FOR SERVICES	104,576.98	104,576.98	220,500.00	115,923.02	47.4
<u>LICENSES, PERMITS & FEES</u>					
10-45-450 GAMING TAX	226,779.66	226,779.66	400,000.00	173,220.34	56.7
10-45-451 TAXI PERMITS	68,180.00	68,180.00	155,000.00	86,820.00	44.0
10-45-452 BUSINESS LICENSES	1,375.00	1,375.00	36,500.00	35,125.00	3.8
10-45-453 ANIMAL CONTROL LICENSES	665.00	665.00	2,500.00	1,835.00	26.6
10-45-454 PLANNING FEES	975.00	975.00	500.00	(475.00)	195.0
10-45-455 PLAT/RECORDING FEES	.00	.00	500.00	500.00	.0
10-45-456 SITE REVIEWS	125.00	125.00	5,000.00	4,875.00	2.5
10-45-457 PARKS & REC JULY 4TH FEES	.00	.00	2,000.00	2,000.00	.0
10-45-469 MISC PERMITS/LICENSES/FEE	1,497.09	1,497.09	5,000.00	3,502.91	29.9
TOTAL LICENSES, PERMITS & FEES	299,596.75	299,596.75	607,000.00	307,403.25	49.4

CITY OF BETHEL
REVENUES WITH COMPARISON TO BUDGET
FOR THE 5 MONTHS ENDING NOVEMBER 30, 2020

GENERAL FUND

	PERIOD ACTUAL	YTD ACTUAL	BUDGET	UNEARNED	PCNT
<u>OTHER FINANCING SOURCES</u>					
10-46-490 XFRS IN FROM OTHER FUNDS	.00	.00	17,500.00	17,500.00	.0
TOTAL OTHER FINANCING SOURCES	.00	.00	17,500.00	17,500.00	.0
<u>MISCELLANEOUS</u>					
10-49-460 NSF - CLEARING ACCOUNT	35.00	35.00	.00	(35.00)	.0
10-49-483 PUBLIC DONATIONS FIRE DPT	200.00	200.00	.00	(200.00)	.0
10-49-487 INVESTMENT INCOME	3,168.65	3,168.65	450,000.00	446,831.35	.7
10-49-488 POLICE DEPT MISC	4,668.35	4,668.35	3,000.00	(1,668.35)	155.6
10-49-489 100 YRS PUBLICATION	235.00	235.00	.00	(235.00)	.0
10-49-494 GAIN(LOSS) SALE OF F.ASSETS	26,284.11	26,284.11	70,000.00	43,715.89	37.6
10-49-495 MISCELLANEOUS REVENUE	57,845.51	57,845.51	7,500.00	(50,345.51)	771.3
10-49-500 SOA COURT FINES/FEES	4,105.48	4,105.48	25,200.00	21,094.52	16.3
10-49-501 PC TICKETS	503.80	503.80	1,500.00	996.20	33.6
TOTAL MISCELLANEOUS	97,045.90	97,045.90	557,200.00	460,154.10	17.4
TOTAL FUND REVENUE	4,929,674.01	4,929,674.01	11,382,067.00	6,452,392.99	43.3



Celebrating 50 Years of Service

**CITY OF BETHEL
Fire Department**

Daron R. Solesbee, Acting Fire Chief

P.O. Box 1388, Bethel, Alaska 99559

Phone: (907)-543-2131

Fax: (907)-543-2702

dsolesbee@cityofbethel.net

DATE: December 1, 2020
TO: Peter Williams, Interim City Manager
FROM: Daron Solesbee, Acting Fire Chief
SUBJECT: Management Report, November 2020

**Daron
Solesbee**

Digitally signed by Daron Solesbee
DN: cn=Daron Solesbee, o=City of Bethel, ou=Fire Department, email=dsolesbee@cityofbethel.net, c=US
Date: 2020.12.02 10:33:17 -09'00'

Current Events

- Daron Solesbee is the Acting Fire Chief, since 08/21/2020.
- Thomas Haviland is the Acting Fire Captain, since 08/21/2020.
- The Department has completed its annual NFPA ground ladder and fire hose testing. Annual testing of fire hydrants have been completed. Annual testing of the Department's fire pumps is currently postponed until Spring 2021.

Community Planning/Preparedness

- The department is working under the Operations Section of the Emergency Operations Center. Acting Fire Chief Solesbee is currently serving as the Operations Section Chief and Acting Fire Captain Haviland is the Deputy Operations Section Chief. Currently, staff are trained in precautions and PPE is used on all EMS incidents.
- Bethel Fire Department was selected as a test site for the new Medicaid Supplemental Emergency Medical Transport (SEMT) program. The City of Bethel will receive training from AP Triton in the coming months for program implementation and management. This program will allow for the Department to receive 50% of the uncompensated costs of Medicaid EMS transports from the federal government.
- Fire department staff members are conducting pre-incident planning inspections for various commercial and assembly occupancies. This information will be crucial, should an emergency incident occur at these locations.

Training

- Fire and EMS responder training is crucial to ensure operational and response readiness. In-person training will continue and all participants shall wear face masks and adhere to the department's social distancing policy.
- Staff and volunteer members have completed various online training courses.
- Department EMS Instructors have completed two of the three transition courses to meet eligibility requirements to instruct EMT courses that are compliant with the 2019 EMS Scope of Practice and new State of Alaska EMS Regulations.

Responses

- Between 11/01/2020 and 11/30/2020, the Bethel Fire Department responded to 95 EMS and 14 Fire incidents.
- During the month of October, the Bethel Fire Department has responded to a rising number of COVID-19-related incidents. Please remember to adhere to social distancing and masking requirements to help limit the spread of the virus.
- On 11/01/2020 at 9:15 a.m., medics responded to Tundra Ridge Subdivision for the report of a person who was bleeding. The patient was treated and transported to the hospital.
- On 11/04/2020 at 5:37 a.m., medics responded to City Subdivision for the report of an unresponsive person. Upon arrival, medics found the patient without a pulse and not breathing. Medics performed CPR and transported the patient to the hospital.
- On 11/17/2020 at 1:40 p.m., firefighters responded to Ron Edwards Memorial Drive for the report of a fire alarm activation. Upon arrival, it was determined that multiple juveniles had vandalized and attempted to burn contents within the building. The juveniles were apprehended by Bethel Police Department Officers.
- On 11/18/2020 at 12:11 a.m., medics responded to Kasayuli Subdivision for the report of a person complaining of chest pain. The patient was treated and transported to the hospital.
- On 11/30/2020 at 7:46 p.m., medics responded to the area of H-Marker Lake for the report of a person who sustained traumatic injuries in a snowmobile accident. The patient was treated and transported to the hospital.

Budget/Financial

- The department is operating within budget.
- The department submitted an order for the purchase of a new Unimac PPE gear extractor and a Physio-Control Lucas 3 Chest Compression System with CARES Act funding.
- The department submitted an order for a Zoll X-Series Defibrillator/Monitor and two Automated External Defibrillators, with funds allocated by the Bethel Volunteer Emergency Services Association (BVESA).
- The department ordered hand sanitizer, disinfectant wipes, and PPE items (coveralls, masks, safety glasses, etc.) for emergency operations and overall health and safety of all department members.

Grants

- The Department will continue to seek grant funding for the fire training tower replacement, BLEVE prop, additional staffing, vehicles, and equipment.
- The department received funds from the State of Alaska Department of Homeland Security for the purchase of cordless extrication tools. The department has contacted multiple vendors for quotations and will make a purchase in the coming weeks.

Staffing/Recruitment

- The City of Bethel has started the recruitment process for a new Fire Chief and three Firefighter/EMTs.
- The department hired Jim Marion, a volunteer Firefighter/Paramedic, as a Temporary Firefighter/EMT to help maintain minimal staffing levels and operations.

Vehicles & Equipment

- We have received the parts for the Class-A Foam system for Engine-4. Staff determined that a 1" valve was required, upon finding the ¾" valve shipped was too small for the current foam system plumbing.
- Fire pump testing is postponed until Spring 2021, due to COVID-19 travel restrictions and Underwriter Laboratories, Inc. policies.
- New tires were ordered for both department ATV's.

FIRE DEPARTMENT VEHICLE STATUS			
Vehicle	Type	Year	Status
Medic 4	Ambulance	1999	<i>(Backup ambulance)</i> In service.
Medic 5	Ambulance	2019	<i>(Second Out Ambulance)</i> The Stryker Loading System was repaired and all equipment/supplies have been stocked. This ambulance needs studded tires.
Medic 6	Ambulance	2017	<i>(Frontline Ambulance)</i> In service. Back-Up camera is not functioning (wiring/connection issue). Rear heat in patient compartment is intermittent. Paint defects. Staff is requesting a technician from Braun Northwest to troubleshoot and repair these issues.
Engine 4	Pumper	2013	<i>(Frontline pumper)</i> In service, Seat belt sensor silenced but still needing repair by V&E. Generator was repaired by V&E. Pump packing rings need to be tightened and/or replaced. The pressure and vacuum test ports on the pump control panel have stripped threads; replacement parts have been ordered.
Engine 3	Pumper	1986	<i>Being outfitted as a tender and water supply unit. 3000 feet of LDH (future).</i> (Poor overall, condition needs replacement). Generator was remounted. Pump packing rings need to be tightened and/or replaced. Driveshaft replaced by V&E in August 2020.
Truck 1	Ladder Truck	2017	In service. Recently serviced. Due for aerial device cleaning and lubrication.
Com 1	Pickup	2014	In service.
Com 2	Pickup	2004	In service. Needs replacement.

Amb Survey: Runs by Provider Impression

Agency Name (dAgency.03)	Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Bethel Fire Department		27	28.42%
Bethel Fire Department	COVID-19 (U07.1)	9	9.47%
Bethel Fire Department	Abdominal Pain / Problems (R10.84)	7	7.37%
Bethel Fire Department	Alcohol Intoxication (F10.92)	6	6.32%
Bethel Fire Department	Altered Level of Consciousness (R41.82)	5	5.26%
Bethel Fire Department	Respiratory Distress - Unspecified (J80)	5	5.26%
Bethel Fire Department	Traumatic Injury (T14.90)	5	5.26%
Bethel Fire Department	Chest Pain - Non-cardiac (R07.89)	4	4.21%
Bethel Fire Department	Nausea / Vomiting (R11.2)	3	3.16%
Bethel Fire Department	Pain (G89.1)	3	3.16%
Bethel Fire Department	Respiratory Distress - Bronchospasm (J98.01)	3	3.16%
Bethel Fire Department	Behavioral / Psychiatric - Disorder/Issue (F99)	2	2.11%
Bethel Fire Department	Cardiac Arrest (I46.9)	2	2.11%
Bethel Fire Department	Chest Pain - Suspected Cardiac (I20.9)	2	2.11%
Bethel Fire Department	Childbirth / Active Labor (O80)	1	1.05%
Bethel Fire Department	Dehydration (E86.0)	1	1.05%
Bethel Fire Department	Diabetic - Hypoglycemia (E13.64)	1	1.05%
Bethel Fire Department	Dizziness / Vertigo (R42)	1	1.05%
Bethel Fire Department	G.I. Bleed (K92.2)	1	1.05%
Bethel Fire Department	Hypertension (I10)	1	1.05%
Bethel Fire Department	No Apparent Illness/Injury (Adult) (Z00.00)	1	1.05%
Bethel Fire Department	Seizure - Post (G40.909)	1	1.05%
Bethel Fire Department	Sepsis (A41.9)	1	1.05%
Bethel Fire Department	Stroke/CVA (I63.9)	1	1.05%
Bethel Fire Department	Syncope/Near Syncope (R55)	1	1.05%
Bethel Fire Department	Weakness (General) (R53.1)	1	1.05%
		Total: 95	Total: 100.00%

Report Filters

Incident Date: is between '11/1/2020' and '11/30/2020'

Agency Name (Dagency.03): is in 'Bethel Fire Department'

Bethel Fire Department

Bethel, AK

This report was generated on 12/2/2020 9:39:43 AM



Count of Incidents by Incident Type for Incident Status for Date Range

Incident Status(s): All Incident Statuses | Sort By: IncidentType | Start Date: 11/01/2020 | End Date: 11/30/2020

INCIDENT TYPE	# INCIDENTS
116 - Fuel burner/boiler malfunction, fire confined	1
360 - Water & ice-related rescue, other	1
422 - Chemical spill or leak	1
480 - Attempted burning, illegal action, other	1
500 - Service Call, other	1
511 - Lock-out	4
651 - Smoke scare, odor of smoke	1
731 - Sprinkler activation due to malfunction	1
735 - Alarm system sounded due to malfunction	1
746 - Carbon monoxide detector activation, no CO	2
Total Incidents	14

This report displays Incidents by Incident type for the selected Incident Status (es) and chosen date range. Nemsis 2 & 3 Incidents Included.



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Doc Id: 1673

Page # 1 of 1

MEMORANDUM

DATE: December 1, 2020

TO: Peter Williams, City Manager

FROM: John Sargent, Grant Manager

SUBJECT: Grant Manager's Report for December 8, 2020 Bethel City Council Meeting



Below is a table of the City's current and pending grants.

#	Grant	Amount	Status: Good - OK - Needs Work
1	CSP - DHSS FY 2021	\$323,081	Good
	Completed monthly teleconference with grantor. City's request for funding to pay for a fourth CSP and/or new SUV was denied. State looking to pull back unspent grant funds. To do: Complete grant report for period ending 12-30-20 by 1-30-21.		
2	Police Dispatch Center - 12-DC-334	328,800	Good
	ProComm Alaska installed Dispatch Center console in Police Department. Project nearing completion. To do: Prepare and submit Final Report to grantor by January 30, 2021.		
3	USDA Loan - Avenues	8,250,000	OK
	To do: Resolve \$306 invoice amount on purchase of six water haul trucks. Complete Requisition #2 and submit to First National Bank for payout of loan funds.		
4	USDA Grant - Avenues	5,021,000	Good
	No action required yet. City must draw down all USDA Loan funds first and then claim expenditures against the Grant.		
5	VSW - Sewer Lagoon Dredging - 18EQ57	194,122	Good
	Prepared and submitted grant report to claim reimbursement of boat expenditure. To do: Once purchase of pump completed, collect purchase documents for Final Report.		

6	VSW - Lift Station Upgrades - 18AQ36	900,000	Good
	Prepared and submitted Final grant report to claim 100% of grant amount. To do: Confirm City met its obligations in full.		
7	VSW - Rehabilitation of Lift Stations - 20ER77	1,000,000	Good
	Completed grant report. City has signed work orders for Tec-Pro and DOWL to complete the lift station work remaining. To do: Complete grant report for period ending 12/31/20 by 1/30/21.		
8	VSW – Rehabilitation of Lift Stations (2) - TBD	400,000	Good
	New grant for full lift station rehabilitation effort. To do: Sign new grant agreement when grantor provides it to City. Document purchases. Complete grant report for period ending 09-30-20.		
9	VSW-Heat Trace Replacement - 19PR53	127,500	Good
	Completed and submitted Final grant report. To do: Confirm City met all grant obligations.		
10	Cyber security course - SHSP-GY18	4,350	Good
	Done.		
11	Fencing water plant & Thermal Imager-20SHSP-GY19	49,141	Needs Work
	Completed grant report for period ending 09-30-20. To do: Complete EHP (Environmental, Historical, and Preservation) document, get it approved. Develop, issue, and oversee RFB to purchase fencing. Complete Final Report after fencing installed.		
12	Forensic software/body cameras- 20SHSP-GY20	255,784	OK
	City signed grant agreement. Completed report for period ending 09-30-20. To do: Make purchases from pre-bid contracts.		
13	Alaska Community Transit Grant- Administration (FTA Section 5311) FY 21	153,943	OK
	To do: Prepare next year's grant application.		
14	Alaska Community Transit Grant- Administration	150,942	Needs Work

	(FTA Section 5311) FY 21		
	To do: Prepare next year's grant application.		
15	Alaska Community Transit Grant-Preventive Maintenance (FTA Section 5311) FY 21	2,000	Needs Work
	To do: Prepare next year's grant application.		
16	Section 5311: Rural Area Formula (CARES Act)	731,328	Needs Work
	City signed grant agreement. To do: Order and receive two new transit vehicles.		
17	Boardwalk Lighting Project	89,000	Needs Work
	City signed MOA with ONC for administration of this grant. City has not prepared and submitted any request for reimbursement to date from ONC. To do: Need to collect receipts for expenditures made by City and seek reimbursement from ONC.		
18	COPS – School Violence Prevention Program-LKSD	500,000	Needs Work
	City must ensure LKSD purchases items according to State procurement policies. To do: Assist LKSD in preparing bid package. Advertise bid announcement. Oversee LKSD making purchases. Collect purchase documentation, prepare and submit reports for reimbursement.		
19	COPS Hiring Program - School Resource Officer (SRO)	125,000	Needs Work
	Several City personnel now registered on Justgrants website. City General Ledger Analyst entered bank information into ASAP.gov system. To do: Sign Grant Agreement. Administer grant.		
20	USDOJ Coronavirus Emergency Supplemental Funding	42,000	Needs Work
	Several City personnel now registered on Justgrants website. City General Ledger Analyst entered bank information into ASAP.gov system. To do: Sign grant agreement and other documents. Complete reports. Purchase vehicle and use it for its intended purpose.		
21	FEMA Public Assistance Program	+\$131,100	OK
	Spoke to grantor. Completed and sent email to him explaining City's intention to use these grant funds to pay for non-congregate hotel sheltering for quarantine needs, food for those in quarantine, and continue Airport Test Incentive Program. To do: Complete full grant application and register to use FEMA website to administer grant.		

22	Yukon-Kuskokwim Health Corporation Diabetes Prevention & Control Program	\$4,738.21	Good
	To do: Purchase fitness equipment and weights specified in grant application. Complete Final Report and close grant.		

We continue to meet incoming flights, distribute participation cards for our weekly \$1,000.00 Airport Incentive drawing and distribute gift cards to participants who complete their mandatory Covid testing. We have two new Airport Incentive employees, meeting passengers and distributing gift cards and receiving participation cards. There are six people that are working with the Airport Incentive Program. We have 3-5 people at the airlines for every flight. There is one to two people inside the terminal greeting passengers, distributing participation cards and informing passengers to turn in the cards next to the nurses station where onsite Covid testing is done outside the terminal to be entered into the drawing and receive their gift card for completing their mandatory Covid testing onsite, within 72 hours, or by showing us their exemption for Critical Infrastructure Employees.

Every week, we post the video of the drawing on our City of Bethel Facebook page and contact the winners. We will have two new flights we will be meeting on Tuesday's and Thursday's. There are ten incoming flights during the week, and two flights on Saturday and Sunday. We track the number of passengers, number of participants, percentage of participation and the quantity of gift cards disbursed after every incoming flight.

We have been purchasing gift cards from restaurants that deliver in Bethel, AC, Swanson's and Alba's. Last week, we had an average of 60% participation. We have trying to purchase gift cards from various places to help the local businesses and to help support the economy.

We have been distributing disposable masks and hand sanitizer to the local airlines that serve the region to help prevent the spread of the Covid virus. Yute and Grant Airlines are now receiving masks and hand sanitizer on a weekly basis. We have also distributed gallon size sanitizer for the employees that work in the back.

We have continued to distribute disposable masks, hand sanitizer, latex gloves and alcohol wipes to local businesses, churches, elderly homes, shelters and other organizations that serve the public. We ordered cloth masks for residents of two of the elderly homes, Lulu Heron and Ayalpik Apartments. TWC requested children's disposable masks at the last distribution, which should arrive this week. We also placed an order for cloth masks for the City of Bethel employees.

We have been ordering supplies from the State EOC, and from Amazon to replenish our inventory. Some supplies are difficult to get. We have been looking online to order supplies that we have not been able to receive from the state EOC. Many supplies cannot be shipped to Alaska. We have been researching items are FDA and/or EPA approved.

There have been a few requests for food boxes for people that are under quarantine. We delivered the food boxes and personal protection kits for those people at Bentley's B&B and the Camai House. We have also been distributing disposable masks and hand sanitizer on a regular basis to the hotels, churches, airlines, post office, and other businesses that serve the elderly and the public.

Janeen Nichols,
Incentive Program Administrator
City Hall, City of Bethel
300 Chief Eddie Hoffman Highway
Bethel, AK 99559
907-545-0167 jnichols@cityofbethel.net

Memorandum

Date: December 1, 2020

To: Pete Williams, Interim City Manager

From: Bo Foley, IT Director

Subject: IT Director's Report



November 2020 Current Events

- **Server Refresh Project Update:**

The last servers needing to be swapped out have been the Police Dept.'s servers for a couple of months now. Unfortunately, the main contractor who was working on this contracted COVID-19 and was taken out of play for a time. He should be back to things soon and I'm still hoping to see the conclusion of this project sometime in December. We are trying to migrate the Police Dept.'s eForce data so that they can use their CAD and RMS systems in the new environment.

- **Phone System Replacement Project Update:**

ACS and myself are still in the infrastructure phase of this project, changing out the main switch equipment across all City buildings. Due to many oddities and snags we've run into while deploying the new hardware, this process has been much slower than usual. Nothing ever drops right into place in Bethel. The only buildings remaining are Public Works, City Hall, Police Dept, and the Courthouse.

We are including the Courthouse in preparation for next year's City Hall Improvements project where contractors will be replacing the roof of our building. This will force us to have to move all City Hall employees elsewhere. In looking at it, the Courthouse should provide plenty of space for our needs and has a lot of items in place such as network drops and a UUI fiber termination to the building. Even though the City Hall project will not even begin until Spring or Summer of 2021, I hope to set the Courthouse up and have it ready well before then.

- **Office 365 Migration Project Update:**

Office 365 has been successfully deployed across 99% of the desktop computers used by the City. I will look to update laptop computers as needed. It is harder to get to those as a lot of them are at employees' homes while they telework. The only piece left on this project is to do the physical cutover to Outlook email which is scheduled to take place the weekend of December 4th. So far, I have not had heard of any employees having issues with the new 365 software.

- **Office UPS Units:**

A recent wave of regular and irregular power outages by AVEC has prompted me to order a large set of uninterruptable power supplies (UPS) for the offices. Units will be installed at locations where the buildings eventually cut over to generator power (as it does not make sense to install

Memorandum

Date: December 1, 2020

To: Pete Williams, Interim City Manager

From: Bo Foley, IT Director

Subject: IT Director's Report



them at locations that do not have that). I should have enough to cover City Hall, the Fire Dept, and a few other offices. This action was prompted when our Finance Contractor, Carmen Jackson, lost all of her work when the building suddenly and unexpectedly lost power a couple of weeks ago. As the City pays for her work by the hour, it definitely behooves us not to force her to double her work.

- **Normal Business:**

Other than taking progressive steps on the three major IT projects for this fiscal year, the rest of the month has been spent handling everyday business such as user in-processing/out-processing, helping users with printing and scanning issues, investigating problems with various equipment, and doing a lot of phone routing management for the Finance department.

Future Plans

- **Vacation:**

As my projects begin to wrap up, I am getting a clearer picture for when I can step away for a time. As of now, it looks like I'll take a break either in latter December, January, or early February. I am in talks with ACS to see if they can provide an onsite person to man my office while I'm away. This will not only allow issues that need a physical presence to be handled, but it will also allow ACS to gain more familiarity with our location as most of their interactions with our network have been remote.

MEMO

To: Pete Williams, Acting City Manager
From: Ted Meyer, Planner
Subject: November Manager's Report
Date: December 1, 2020

SUBDIVISIONS

ONC Ciullkulek Subdivision

The Substantial Completion Inspection will take place in the spring to include ONC, contractor, DOWL representative and city staff. There are 31 properties in this subdivision.

Blue Sky Estates Subdivision

Road construction will resume in the spring. There are 75 Residential-Zoned properties and three Neighborhood Commercial-Zoned properties in this subdivision.

Tanqik Subdivision

The Tanqik Subdivision will be reviewed by the Planning Commission on December 10. The Planning Commission will evaluate for recommendation to the City Council to enter into the agreement. There are 10 yet-to-be zoned properties in this subdivision.

Tract N Subdivision (at the west end of Tundra Ridge)

Nothing to report. There are nine, Phase 2 properties anticipated.

SITE PLAN PERMITS

Two permits were approved in November. To date, a total of 56 permits have been issued for the 2020 development season.

CONDITIONAL USE PERMITS

An application for a marijuana retail store was received on November 24.

CODE ENFORCEMENT

1. Staff continues to work with the City Attorney on code violations.

- 2. Nuisance, Hazardous, and Blight Properties**

The City Council recently approved AM 20-38 for the planning department to identify nuisance/hazardous properties and present to the PC for prioritization, follow up, and recommendation to the Council. Staff is currently gathering information for a presentation of five properties to the Planning Commission.

- 3. Abandoned Cars**

The Police dept. developed and sent to the planning department a list of 55 vehicles abandoned in the City's Right-of-Way. The city manager, attorney, police department, public works, and port are all assisting. Notices of Potential Impoundment have been updated and ready to go.

POTENTIAL ZONING CODE CHANGE

Staff will present a draft BMC zoning text change in regards to allowing short term rentals in the Residential Zone for discussion at the December 10 Planning Commission meeting.

CITY OF BETHEL POLICE DEPARTMENT



November 2020 Monthly Report

Personnel:

Current Staffing			
Position	Allocated	Staffed	Vacant
Community Safety Patrol	3	2	1
Community Service Officer	2	2	
Evidence and Record Custodian	1	1	
Administrative Assistant/Taxi Inspector	1	1	
Dispatcher	5	5	
Dispatch Supervisor	1	1	
Peace Officers	16	12	4

Peace officer vacant positions are the grant funded school resource officer, two patrol officers, and one police investigator. It is anticipated that the investigator vacancy will be filled internally by mid-December, and the vacancy will revert to a patrol position. We anticipate another sworn position to be filled by an external candidate on Dec 13. We have four other applicants in various stages of the background process for the other sworn vacancies. The vacant CSP position is expected to be filled externally.

Operations:

Operations				
	Nov 2020	Oct 2020	Nov 2019	2020 Total
Calls	910	1121	1458	11950
Reports	78	101	151	1095
Intoxicated Pedestrian Calls	132	158	295	1805
Driving Under Influence Calls	8	15	10	133
Domestic Violence Reports	21	26	26	308
Animal Calls	33	27	64	441
Animal Bite Reports	1	2	0	26
Death Investigation Reports	2	2	2	21

Training:

BPD introduced the PoliceOne Academy for all personnel at the end of October. This training platform allows for officers, CSOs, CSPs, and dispatchers to pursue continuing education hours for licensure requirements and advancement, professional development, and community needs through PoliceOne Academy's online training format. The company offers more than 400 online law enforcement courses, training workflows and skills development tracking. It can also be used to enhance new officer field training, expand investigative skills, and to upload and provide in-house specific training. The website is located at: <https://www.policeoneacademy.com/>. The courses are certified through the Alaska Police Standards Council.

PORT OF BETHEL

Post Office Box 1388
Bethel, Alaska 99559
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Fax: 907-543-2311



TO: Peter Williams, Interim City Manager
FROM: Allen Wold, Port Director
SUBJECT: November 2020 Managers Report

- **Small Boat Harbor**
 - We stored the porta potties and the ports dumpsters away.
 - We tagged 26 vehicles at the harbor hearing back from at least half of them saying they couldn't move them due to lock down. 12 vehicles remain.
 - The 27 boats that were stored on the pipes were tagged for the owners to get a hold of the Port saying who it belongs to.
- **City Dock/Beach 1/Petro Port**
 - We took a walk around with companies of what will be in winter storage.
 - There are still customers in and out of the dock so we're maintaining their areas.
 - We have used our grader, loader and dozer to smooth out the dock and the beach before freeze up.
- **Port Office**
 - Property Maintenance checking on building daily.
 - Cleaning office and trucks with disinfectant daily. We have acquired a fogger that we use at the end of the day.
 - We're using a touchless thermometer daily. We have a daily log for the employee name, date, and temp.
 - In the process of getting a generator for the Port Office.
- **Admin**
 - Monthly storage/wharfage/moorage billing for customers.
 - Safety meetings with crew.
 - The Port staff getting tested for Covid every other week to be safe. So far, all negative results.
- **Seawall**
 - Daily checks along Seawall. We have gathered the life rings after the river froze and emptying the trash cans along the Seawall.
 - The Port crew is learning to weld, welding on the posts along the seawall for the cable fencing as well as tightening the fence.
- **Misc.**
 - Inventory of tools, cleaning supplies, etc. in office and shops.
 - 2 of the Port's employees have been studying for their CDL's. 1 has passed their general knowledge awaiting their next test which is scheduled for Dec 10. The other has passed his air brakes and tankers and was given the wrong general knowledge test.
 - Streets and Roads, Building Maintenance, and Utility Maint. are using our heavy equipment.
 - We made a platform to drain the fluids from abandoned vehicles. 4 vehicles have been brought to the landfill.



William Arnold, Public Works Director
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warnold@cityofbethel.net

MEMORANDUM

DATE: 11.30.2020
TO: Pete Williams, Acting City Manager
FROM: Bill Arnold, Public Works Director
SUBJECT: Manager's Report – Public Works Department

Programs/Divisions

Hauled Utilities: We are currently operating with 14 Drivers, 1 Admin, 1 Foreman for a total of 16/20 positions filled. As we move forward into winter, we continue to emphasize safety. Tamara continues to grow in her job duties in both the Admin and learning Foreman duties. We continue to audit routes and greatly anticipate the new route system to be created

Utility Maintenance:

- 17 alarms on residential lift stations were responded to. Multiple issues with grinder pumps and float systems.
- Monthly meter reading and service connections were completed.
- Clean up and organization of shops and vehicles.
- 17 residential lift station repairs
- Line flushing and leveling activities on low-flow and plugged sewer lines. Non-compliance reports were filled out per DEC requirements.
- Daily safety meeting
- Been working with contractors on the main lift station to change out bad check valves
- Been having freeze up in ASHA
- Add about 120 CU Feet Anthracite back if the waters filter at City Sub water plant

Property Maintenance:

Building Maintenance Employee of the Month: Francis Harpak

- Francis was nominated for Building Maintenance Employee of the Month by his peers for showing leadership in getting the City Hall heating line repairs completed. He led the team in diagnosing the problem and coordinating a plan of action to solve the problems. Multiple zones within the building were not receiving adequate heat through the base board perimeter radiant zones. Francis discovered large amounts of sediment that in some cases completely occluded the flow of heating fluid through the room zones. The building was flushed with water and over a gallon of sediments were collected. Complete sections of copper pipe were discovered to also need repairs. Replacement of the pipe was completed as a team, even working over two weekends to complete the project with minimal impact to weekday work for city hall employees. Francis maintained a positive

attitude to the task at hand and kept the team laughing and jovial. Francis has a big impact to the moral of our department and contributes to the team with his knowledge of building operations.

- **BUILDINGS IN GENERAL:**

- o Fire Sprinkling Systems Contract

- I recommend City Administration place a RFB for contract of professional services specifically related to Sprinkler Systems throughout the City. Contract should include; Semi-annual inspection, service, repairs and maintenance as well as any State and Federal inspection requirements.

- o Standby Power generators Contract.

- I recommend City Administration place a RFB for contract of professional services specifically related to power generators. Contract should include; periodic scheduled inspection, service, repairs and maintenance of ALL City standby power generators.

- **BUILDINGS SPECIFIC:**

- o **PW Shop Building**

- Circulation pump for Air handling system discovered making a grinding sound. Shut down pump from the breaker and contacted installer (Inlet Mechanical) to troubleshoot as part of the warranty service.

- o **City Hall**

- Front Entry hallway finishing work from previous “City Manager” remodel project yet to complete.
 - Inadequate heating in multiple zones of city hall raised red flags to potential issues with the heating system. Troubleshooting found multiple areas completely occluded with sediment and debris. Corrective actions to replace the occluded lines, flush the system and replace the failed zone valves in the works.
 - 2020 Summer projects left to complete Summer of 2021
 - Parking line permanent paint
 - Handicap area designation and paint
 - Loading/unloading designation and paint
 - Guard railing install
 - Relevel front and rear deck entrances

- o **Court House**

- Failed pressure switch on the Dry side of the Fire Sprinkler system air compressor failed, casing the lines within the building to charge with water. Lines were drained, system reset and new pressure switch installed on compressor. Normal operation of the air compressor.

o **YKFC - Pool**

- Pool is on daily observation by building maintenance staff. Sometimes several times a day.
- Leaks found on both ZP pumps 1 and 2. Suspect it is a mechanical seal and bearing issue. Parts on order.

o **Police Department**

- Secure area door reported as not able to completely close. Troubleshooting found the hydraulic closure mechanism to have stripped itself from the door. Solution is being evaluation. Repair is TBD.
- Failed zone valve on radiant baseboard found in dispatch area. Temporary fix in place as this will require the glycol system to be isolated off and partially drained down for the repairs.
- Building monitored daily.

o **Fire Department**

- Flashing where boiler exhaust passes through ceiling to outside roof inside the hose tower reported damaged. This is also on a list of things to do.
- Began installation of the water fountain bubbler and bottle fill in main entrance. Drain and water connections are not to current standards. Cut out dry wall and began evaluating the bracing that will be needed to install the new fountain. Water will need to be shut off to the building to rebuild the water lines for new connections.

o **Bethel Heights Water plant**

- Standard daily rounding.
- Discovered a problem with boiler system keeping pressure. Suspect expansion tanks not in service. Troubleshooting has begun. Evidence of sediment found in the Air separator above the Boilers.
- Replaced reheating coil on the second floor. Added a filtering material to the inlet from outside air to reduce the amount of crud and dust that collects in the coil.

o **Airport Lift Station**

- Standard daily rounding
- Union failed and slowly leaking on supply side of boilers #1 and #2
- HH Limit Aquastat failed on boiler

PARKS AND RECREATION

o **Parks and Rec in General**

- No Parks Staff.

Road Maintenance:

Streets and Roads has been scarifying the Bethel roads now that the roads are slippery. On the intersection and corners, we dispersed sand with the road sander truck.

Streets and Roads has also been digging out the sand and mud from the ends of the culverts using

the 420D backhoe. When the ends of the culvers are exposed, we would ditch from the ends so there would not be any standing water to freeze.

This month, we've had two big rainstorms; the first storm lasting a week, the roads were wet, muddy and bumpy. We hauled in D1 gravel and built up the bad areas on Ptarmigan Road and Akakeek Street. On the last night of November, it started freezing so we sent out two graders to set up the road so that it is as smooth as possible.

Streets and Roads had the road sander dispersing sand on the roads for at least two weeks in between storms. We would sand intersections, corners, and hills throughout Bethel and for water and sewer trucks in subdivision they are working in.

Vehicles and Equipment: This month we replaced Engine on 950G, replaced head on 950E. Doing repairs on light duty and heavy duty equipment as needed. Also getting quote for a new Genset for the Public works Building.

Landfill / Recycle Center:

The landfill has been hard at work at pushing and covering trash. We have been short staffed due to the Covid-19, so it has been a bare bones operation.

Staffing Issues/Concerns/Training:

Department	Hauled Utilities	Utility Maintenance	Landfill	Vehicles & Equipment	Streets & Roads	Bethel Transit	Property Maintenance
Filled Positions	16	8	3	6	5	3	5
Total Funded Positions	20	9	4	7	5	3	5
Percentage	80%	89%	75%	86%	100%	100%	100%



Bethel Transit System
 PO Box 1388
 370A 4th AVE
 Bethel, AK 99559-1388
www.cityofbethel.net
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November 2020 Transit Report

Good morning, the November report is minimal due to the continued shut down enforced by City Council and City Hall. There was zero (0) ridership for the entire month.

On 11/12, V&E took in Bus 440 for regular servicing (fluid change etc.), and to put on studded tires. The Bus was available for Transit use late the following morning. Currently, there are no standing maintenance items I am aware of.

At the request of Interim City Manager Mr. Williams and Mayor Dewitt, Bus 440 was used to help the Food Bank deliver foods to families throughout town. As of today, the bus was driven by Mr. Prince 11/16-17/2020 and 11/23-24 for 3hrs each day, and then again 11/28 for 4hrs.

I am currently waiting for the WFARGO PCARD ordered by Mr. Amik at the request of Mr. Williams in order to begin processing DMV requests for abandoned vehicles. I have received the required forms to be filed electronically to be processed by the DMV.

Below, is the data for the month of November and is current due to the ongoing shutdown:

Weekly Totals	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Month Totals
Hours Per Day	46	46	56.5	35.5	56.5	0	240.5
\$1 Passengers	0	0	0	0	0	0	0
\$2 Passengers	0	0	0	0	0	0	0
\$3 Passengers	0	0	0	0	0	0	0
# Disabled Passengers	0	0	0	0	0	0	0
\$Fares Per week	0	0	0	0	0	0	0

\$Passes Per Week	0	0	0	0	0	0	0
MonthlyPasses	0	0	0	0	0	0	0
Mileage per day	0	0	26.5	56.9	0	0	83.4
Revenue Miles	764.5	622.4	764.5	480.3	142.1	0	2773.8
Low Sulfur Diesel	0	0	0	0	0	0	0
Gas used	0	0	0	24.029	0	0	24.029



COVID-19 Shutdown
Food Bank Distribution

James Ferguson
Bethel Transit Manager



November 30, 2020

Mr. Peter Williams
Mr. William Arnold
City of Bethel
P.O. Box 1388
Bethel, AK 99559

**Subject: YK Fitness Center Emergency Repair Project
Project Status Update- #3**

Dear Mr. Arnold:

This letter summarizes activity on the YK Fitness Center Emergency Repair project.

On September 17, 2020 The City of Bethel (City) entered into contract with Wolverine Supply Inc. (WSI) for the emergency repairs listed below. WSI was hired following an open competition Invitation to Bid. The contract includes provisions to amend the Base Contract to include additional work using rates negotiated following the open competition. Below you will find a status update on the base contract items and a status of the items that have been added.

Base Contract:

- Mobilization of equipment to Bethel- **Complete**
- Installation of three unit and fin tube space heaters in the crawl space for freeze protection-**Complete**
- Installation of insulated access panels- **Complete**
- Installation of insulation in the crawl space on the pile caps- **Complete- November 23, 2020**

The following items have been added to WSI's base contract, which will be charged to the City using the agreed upon rates:

- Installation of missing insulation and flashing at the interface between the high wall and the roof- **Natatorium mostly finished by November 23, 2020 (except for directly above the pool)**
- Installation of missing insulation and flashing at the building's NW corner (conference room area) **Ongoing- Flashing ordered**
- Control system upgrades to be able to control and monitor the crawl space temperature (Sub-contract to Long Mechanical). **Long is subcontracted to WSI. Expected arrival is sometime mid-December**

DOWL hired *The Pool Company* a Seattle based pool construction specialist to visit Bethel to perform an inspection of the pool/spa/filtration/circulation/chemical dosing systems. They arrived in Bethel on November 17, 2020. In general, they found the aquatic systems to be in good condition. They verbally reported there is an issue with air circulation, or air short-circuiting through the natatorium. They will produce a report by December 7, 2020.

The issues at the YK Fitness Center are a mix of repairs, improvements, corrections of defective construction, and deferred maintenance.

At this point in the project, it is too early to estimate the value of each of the above items. The contractor, at the direction of the Project Manager and Architect, is completing the repairs and improvements on a Time and Expense basis. The items that appear to be related to defective construction are:

- Missing pile cap insulation
- Missing insulation and flashing at interface between high wall and roof

There are likely other issues related to defective construction that will come into focus as the identified repairs and improvements are executed.

Sincerely,
DOWL

Chase A. Nelson, P.E.
Project Manager

City of Bethel, Alaska

City Clerk's Office

Council Meetings

December 7, and 8 Special City Council Meeting City Manager Candidate Review

December 8, and 22 Regular City Council Meeting

Week of November 22, 2020 (City Clerk was on personal leave this week)

- Researched property information of the Log Cabin and continued working on draft property disposal through demolition legislation.
- Prepared Action Memorandum and contract amendment and extension of Carmen Jackson CPA LLC
- Held a meeting with ClearGov to review our opportunities to improve our budget review, development and publishing processes.
- Resolution on Victim Impact Statement
- Proclamation Frontline Healthcare Appreciation
- Burial Permit/Reservations
- Participated in a meeting with LKSD to identify ways community partners can work together to improve family engagement with the schools.
- Participated in the PRAHSC Committee to go over the Sugar Sweetened Beverage Excise Tax Ordinance.
- Burial Permit X 1
- Researched history of the Tundra Ridge Road project on behalf of Administration.
- Researched health implications related to Sugar Sweetened Beverages and established possible amendments to SSB Ord.
- Met with the Planning Director to discuss short term rentals and zoning concerns. The City recently began evaluating zoning for Bethel businesses which is expected to affect the operation of many short-term rentals come January (business license renewal period). It is understood the City will have to establish a plan to address this to avoid having to deny these businesses their annual license. The city clerk's office prepared a short-term rental ordinance which will be presented to the Planning Commission. The adoption of this ordinance, establishing a process to address short term rentals is not expected until the spring.

Week of November 29, 2020

- City Council legislation at a glance report of November.
- Prepared a request for quotes for web-based budget creation and review process.
- City Manager Interview Questions
- Action Memorandum on use of CARES Act Funds for BCSF community support.
- Researched budget revenues and expenses for other Alaska communities.
- Passport X 1
- Burial Permit/Reservation x2

General

- The City Clerk developed a request for proposal for budget development and review in preparation for the FY22 budget. Administration has determined to work with current contractors Carmen Jackson in the development of the FY22 budget so the Request for Proposal drafted will not be released.
- Researched a number of Remote Sellers Sales Tax provisions/questions for Finance Staff.
- Business Recovery Grant Support Meeting
- Was informed the electronic timekeeping modal initiated months ago is on hold due to staff shortages.
- When time allows, we are still working through training and ordinance modifications.

BETHEL CITY COUNCIL AT A GLANCE

**Your monthly update on
City Council Legislation**

NOVEMBER 2020 MEETINGS

**November 10, Regular Meeting
November 24, Special Meeting
November 24, Regular Meeting**

ORDINANCE

Adopted 11-24-2020, Vote: 7-0

Ordinance 20-35: Amending Chapter 4.04.080 of the Bethel Municipal Code, Budget—Control This modification to our code provisions increases the amount the administration is able to expend within a department/division line-item prior to needing to inform and receive approval from the Council. The City operates under a line item budget. If a line item within the budget requires a transfer from another line item that is under \$12,500, the administration can do that without going to council as long as there are funds within the division budget.

Adopted 11-24-2020, Vote: 7-0

Emergency Ordinance 20-36: Amending Emergency Ordinance 20-33 “The City of Bethel COVID-19 Rules and Procedures,” Which Adopt and Clarify State of Alaska Travel Protocols for All Interstate and Intrastate Non-Essential Travel to the City The Council has adopted an emergency ordinance requiring testing for those individuals arriving to Bethel through the Alaska Airlines Terminal. This amendments to the existing ordinance simply modify the references to the State documents with similar mandates. No changes in the intent of the original ordinance.

ACTION MEMORANDUMS

AM 20-54: Appointment of Committee/Commission/Board Members

We are excited to welcome Doug Boyer as a recent volunteer to join our Public Safety and Transportation Commission!

AM 20-55: Authorizing the City Manager to Negotiate and Execute a Contract with Company “A” to Implement a Hauled Utilities Digitization Solution for the City of Bethel.

The City of Bethel is looking into ways to improve the quality of delivery services for our hauled water and sewer utility; the contract with this company will help with that. This action memorandum permits the manager to negotiate a contract with the company (which is held confidentially until the timeline to appeal has expired) that won the procurement review.

INFORMATION MEMORANDUMS

IM 20-17: Presentation of the City's Water And Sewer Services Expenditures Compared to Budget from July 1, 2020 To October 31, 2020 Utilities Maintenance – Water and Wastewater Activity Report

The City of Bethel received grant funds from the USDA and “Village Safe Water” for our water/sewer infrastructure projects. This IM demonstrates one of our necessary actions to qualify for these grants by detailing out the financial position of the utility to the Council. This IM occurs monthly.

IM 20-18 Coronavirus Aid, Relief and Economic Security (CARES) Act

Procurement for Lift Station Improvements Project Administration provided notice of their use of CARES Act funds in an unexpected break in a community lift station to help ensure continued access to the water/sewer utility during the pandemic.

IM 20-19: City to Contribute \$200,000 in CARES Act Grant Funds to Bethel Community Services Foundation to Support Their Service Work in and for the Community of Bethel as a Result of the COVID-19 Pandemic

This IM informs the Council of Administration’s use of CARES Act Funds to purchase a refrigerated container and vehicle to support safe food delivery to residences.

MISC.

- Conrad “CJ” McCormick was appointed to Fill City Council vacancy with a term expiration October 2021 and will serve as Council Representative on the Finance Committee.
- Appreciation for Council Member Franko who submitted her resignation in Oct.
- Met with Gov HR Representative, Sarah Mckee for City Manager Recruitment

SCHEDULED DECEMBER MEETINGS

December 7, Special Meeting @ 6p

December 8, Special Meeting @5p

December 8, Regular Meeting @6:30p

December 22, Regular meeting @6:30p

More meetings may be scheduled after the publishing of this document

Go to www.cityofbethel.org for more information on our meeting material and meeting calendar.

Candidate 1

Scott L. Albert

Contact Information

[REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

Education

- Master of Public Affairs
University of Texas at Dallas, Richardson, Texas
- Bachelor of Science - Public Administration
University of Texas at Dallas, Richardson, Texas

Work History

2020 to Present	<u>Self-Employed Consultant</u>
2017 to 2020	<u>City of Angleton, Texas (population 20,000)</u> City Manager
2015 to 2016	<u>Consulting/HOA Services</u>
2013 to 2015	<u>Riverbend Water Resources District, Texas</u> Executive Director
2008 to 2013	<u>United States Agency for International Development and Research Triangle Institute, Afghanistan</u>
2011 to 2013	General Development Officer, Afghanistan
2010 to 2011	Local Governance Program Phase III Budget and Planning Subject Matter Expert, Iraq
2008 to 2009	Local Governance Program Phase II Multiple Advisory Roles – Local Governance, Infrastructure, City Manager and Public Finance
2006 to 2008	<u>Economists.com and City of Red Oak, Texas (population 13,100)</u> Consultant/City Manager

Work History – cont'd

2002 to 2006	<u>City of Celina, Texas (population 15,000)</u> City Manager
1998 to 2002	<u>City of Palmer, Texas (population 2,000)</u> City Manager
2001 to 2002	City Manager
1998 to 2001	Consultant
1996 to 2001	<u>Town of Fairview, Texas (population 10,000)</u> Town Manager
1994 to 1996	<u>City of Springtown, Texas (population 35,000)</u> City Administrator
1989 to 1992	<u>City of Plano, Texas (population 288,000)</u> Management Assistant

Data Summary:

Candidate:	Scott L. Albert
Organization:	City of Angleton, Texas
Position:	City Manager (former)
Organization Budget:	\$54 million
Total Number of Employees in Organization:	170
Expected Salary:	\$150,000
Reporting Relationship:	Mayor and City Council
Years of Experience:	31

Professional Affiliations:

- International City/County Management Association

Ms. Sarah McKee
Senior Vice President
GovHRUSA

October 03, 2020

I hope this cover letter finds you doing well. I am responding to your job announcement for the position of City Manager in Bethel, AK.

I am comfortable working in remote environments such as Bethel, AK. I worked overseas in remote areas of Iraq and Afghanistan for five years. I have fourteen years of experience as a City Manager with knowledge in residential and commercial development, policy development, a strong background in budget & finance, parks and recreation facilities, forte in planning, success in recruiting top notch talent, etc. I understand the City Council's desire to hire a City Manager for an extended tenure. I am also looking for a community that wants to establish a long-term relationship with a City Manager as part of their TEAM. My interest in working in Alaska began in 2013; I was one of three finalists for the Ketchikan Borough Manager's position.

I have twenty years of municipal government experience, which includes fourteen years as a Chief Executive Officer. In the early nineties, I started my career in Plano, Texas, as a Management Assistant. After five years in Plano, I pursued my professional career as a City Manager in Texas communities, Fairview, Celina, and Angleton. From 2008-2013, I served as a General Development Officer for the United States Agency for International Development. I have managed staffing levels of 25 to 170 employees and budgets ranging from \$10.0 million to \$54.0 million. I have a master's degree in Public Affairs and a bachelor's degree in Public Administration from the University of Texas at Dallas.

Throughout my career, I have several accomplishments. But I take great pride knowing I played a significant role in preparing the Town of Fairview to be ranked in the top ten out of 63 suburbs in the Dallas-Fort Worth area. I managed the formation of Fairview's commercial vision and planning for 1,000 acres along US 75 that evolved into a 200-acre regional development featuring 1,000,000 square feet of retail. I managed the idea and implementation of Heritage Ranch Active Adult Community with 1,144 homes, an 18-hole golf course, 24,000 square foot clubhouse, and other amenities. My tenure in Fairview involved multiple infrastructure projects, construction of twelve new subdivisions, and many activities associated with a growing local government.

During my tenure in the City of Celina, TX, I oversaw a staff of fifty employees and budgets ranging from \$10,000,000 to \$25,000,000. I supervised numerous capital improvements, including but not limited to acquiring right-of-way for the extension of North Dallas Tollway, future alignment of the Collin County Outer

Loop, water and wastewater improvements, and road construction. I negotiated numerous development agreements, including the Light Farms project, a 1,070-acre master-planned community recognized by the Dallas Business Journal in 2013 as the best residential community in the Dallas-Fort Worth area. I managed the following commercial developments, Shops at Carter Ranch, Celina Town Shopping Center (40-acre project with 90,000 sq. ft. of retail), etc. I was responsible for the design, financing, and construction of a forty-five-acre multi-use park.

In my previous position with the City of Angleton, I was responsible for a \$54.0 million budget and 170 employees. I oversaw the planning, financing, and construction of a \$13.0 million street improvement program. We implemented a new automated residential trash service and began the process of installing new AMI water meters. I negotiated development agreements for the following special districts; Public Improvement District, Tax Increment Reinvestment Zone, Municipal Utility District, and 380 agreements. We were awarded the Livable Centers Grant for a downtown study that would create an environment less reliant on cars and more walkable. I oversaw the planning and financing of wastewater treatment plant improvements, a new 750,000-gallon elevated water storage tank, sidewalk projects, and implementation of a new SCADA system. I negotiated the zoning and development agreement for the Gambit Energy Park, a \$35,000,000 business investment in the City of Angleton.

I have overseen multiple capital investments that include local and regional initiatives. I have managed the following projects but not limited to; right-of-way acquisition for the North Dallas Tollway extension, expansion of SH 289, multiple road improvement programs, negotiated regional water and wastewater contracts with NTMWD and UTRWD, construction of water delivery points, elevated and ground storage facilities, multiple water, and wastewater lines, rehabilitation & construction of new water and wastewater facilities, eyes and ears for the Ambassador regarding progress on the Fallujah \$100 million wastewater treatment plant, multi-use parks, downtown park, etc. I have overseen multiple planning initiatives for capital investments including, ninety-nine square miles of thoroughfares, wastewater, water, parks for a build-out population of 350,000.

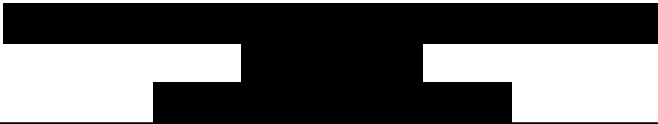
I would welcome the opportunity to discuss the role in more detail if you feel my background and experience are appropriate. Please feel free to contact me at

[REDACTED]

Respectfully Submitted,

Scott L. Albert

Scott L. Albert



EXECUTIVE SUMMARY

An accomplished public service professional with fourteen years of experience managing cities. I have a proven track record in recruiting staff, overseeing residential/commercial/industrial development, capital project planning/financing/implementation, economic development, developing strategic & comprehensive plans and zoning, budget/finance, diversity, intergovernmental relations, human resources, public policy, etc. I have managed staff of 25 to 170 employees and budgets anywhere from \$10.0 million to \$54.0 million. I have a profound ability to listen, collaborate, and engage diverse stakeholders at all levels, cultivating dynamic teams, and successfully resolving complex issues.

RELEVANT LOCAL GOVERNMENT EXPERIENCE

Consulting Services

03/2020-Present

I am currently providing consulting services regarding capital projects management, strategic planning, utility rate studies, and economic development.

City of Angleton- Angleton, Texas

01/2017-02/2020

City Manager

The City of Angleton is a diverse community with a population of 20,000, a budget of \$54.0 million, and 170 employees. The activities associated with the County Courthouse in the city will increase the daytime population well above 20,000. The City of Houston is 40 miles north, and the Gulf Coast is fifteen miles south of the City. The management team includes the following departments, Police, Fire, Human Resources, Development Services, Finance/Budget, Municipal Court, Public Works, Parks & Recreation, and Economic Development. The City of Angleton, from 2017 to 2020, increased residential and commercial development activity, improved financial reporting, created a three to a five-year strategic plan, enhanced human resource operations, reconstructed streets and utilities, increased transparency, and many other activities associated with a growing local government.

Key Achievements:

- Worked with developers on planning to build an additional 3,300 residential lots in the City.

- Establish a Special District ordinance, which served as an impetus to attracting new development.
- Implemented a new automated residential trash service.
- Constructed new sidewalks throughout the community.
- Negotiated a public-private partnership agreement to renovate an old abandoned office building downtown into a regional entertainment venue.
- Implemented the Inside Angleton magazine, which was published twice annually. It provided the community and outside stakeholders with a general synopsis on current and upcoming projects, programs, and events in the City. You can locate a digital copy of each magazine on the city's website.
- Implemented a SCADA system for water operations.
- Developed a new classification & compensation plan.
- Hired the City's first Director of Human Resources.
- Strengthened professional city management team by recruiting professional executive staff for Police Chief, Director of Parks & Recreation, and Municipal Court Administrator.
- Issued \$10.0 million in Certificate of Obligations to, build a new 750,000-gallon elevated water tank, renovate the headwalls at the Oyster Creek wastewater treatment plant, purchase a new fire truck, implement AMI smart water meters, install an ION water filtration at the Freedom Park water well.
- Issued \$13.0 million in Certificate of Obligations to reconstruct eight streets and replace utilities.
- Designed and started reconstruction of Richmond and Southside drive streets.
- Coordinated design of a new 750,000-gallon elevated water storage tank replacing the existing 500,000-gallon elevated water tank.
- Oversaw planning to renovate the Oyster Creek wastewater treatment plant headworks.
- Constructed three transit bus shelters.
- Obtained a Livable Centers grant from Houston-Galveston Area Council to perform a study on creating a downtown where people can live, work, and play.
- Involved with emergency service activities pre and post Hurricane Harvey and Tropical Storm Imelda.
- Managed the planning and negotiations for the \$35,000,000.00 Gambit Energy Park. The project uses lithium-ion batteries charged by a nearby substation when electricity is at low demand and then discharge the electricity during peak hours back onto the grid, avoiding potential blackouts. This project provides the electric grid with backup energy reserves.

City of Celina - Celina, Texas

06/2002 - 12/2006

City Manager

The City of Celina is a community with a population of 15,000. Although the City of Celina is a rural community today, its planning boundaries are ninety-nine square miles, with an ultimate build-out population of 350,000. I managed numerous capital improvements including but not limited to, acquiring right-of-way for the extension of

North Dallas Tollway, future alignment of the Collin County Outer Loop, water, and wastewater improvements, and road construction. Negotiated numerous development agreements, including Light Farms, a 1,070-acre master-planned community recognized in 2013 as the best residential community in the Dallas-Fort Worth area. I managed the following commercial developments, Shops at Carter Ranch, Celina Town Shopping Center, etc. I was responsible for the design, financing, and construction of a forty-five-acre multi-use park, and many other activities associated with a growing local government.

Key Achievements:

- Championed a \$5.6 million two-year water capital improvement program.
- Responsible for a \$7.0 million park and capital improvement program.
- Oversaw wastewater treatment plant upgrade.
- Initiated a street rehabilitation program.
- Participated in drafting Celina's first Home Rule Charter.
- Negotiated the following development agreements:
 - Light Farms (2,990 dwelling units)
 - Carter Ranch (861 dwelling units)
 - Mustang Lakes (1,800 dwelling units pending)
 - Heritage (361 dwelling units)
 - Preston Farms (400 dwelling units)
 - Celina Town Shopping Center (Grocery store and retail outlets)
 - Shops of Carter Ranch (retail development)
- Negotiated regional water and wastewater contract with Upper Trinity Regional Water District and North Texas Municipal Water District.
- Acquired right-of-way for an extension of the Dallas North Tollway.
- Executed construction manager at-risk contract and oversaw construction of \$6.5 million park.
- Acquired approximately \$2.5 million in grants.
- Completed water and sewer impact fee analysis.
- Accomplished a road proportionately study.
- Assembled a vision plan for Downtown Celina and S.H. 289 corridor.
- Revised the Celina zoning ordinance.
- Assisted in the rerating of Celina's ISO (fire insurance), which decreased from 9 to 4.
- Increased law enforcement salaries, enhanced equipment & vehicles.
- Managed the preparation of a drainage master plan for Old Town Celina.
- Oversaw Capital Improvement Plan for Old Town Celina.
- Created a Building & Standards Commission responsible for removing approx. 40 dilapidated dwellings.
- Conducted annual Council summer retreats.
- Sales tax increased 232.7 %, an average increase of 46.54% annually.
- Water meters increased 114%, an average increase of 22.8% annually.

- Annual water consumption increased 153.9%, an average increase of 22.8% annually.
- Building permits increased 123.58%, an average increase of 24.7% annually.
- Assessed property value increased 149.17%, an average increase of 29.73% annually.
- Corporate limits expanded from 3,111 acres to approximately 7,000 acres.
- Chaired the city's first Fourth of July celebration.
- Increased programs while enhancing staff efficiency and lowering the property tax rate .12 over the past four years.

Town of Fairview – Fairview, Texas

12/1996 – 03/2001

Town Manager

The Town of Fairview is a community with a population of 10,000. Although Fairview is part of the North Dallas growth corridor, the city's motto is Keeping It Country with large estate lots and visible commercial areas but hidden gems of residential enclaves. Fairview's planning boundaries are roughly fifteen square miles, with an ultimate build-out population of 15,000. I take great pride knowing the role I played in setting the foundation for the Town of Fairview to evolve from minor existence to being ranked in the top ten out of 63 suburbs in the Dallas-Fort Worth area. I managed the implementation of the Heritage Ranch Active Adult Community with 1,144 homes. I guided the formation of Fairview's commercial planning that led to a 200-acre regional development with 1,000,000 square feet of retail. My tenure in Fairview involved overseeing multiple infrastructure projects, twenty-six subdivisions, and many activities associated with a growing local government.

Key Achievements:

- Responsible for platting and planning twenty-six subdivisions and commercial developments.
- Instrumental in the planning and implementation of the first active adult resort community in the metroplex (Heritage Ranch), incorporates 575 acres. The community includes 1,144 dwellings, 18-hole golf course, clubhouse, and several other amenities. The project included infrastructure planning, development agreement, zoning, development of a specific PD, negotiations with the North Texas Municipal Water District.
- Conducted the first community impact fee study including, water, sewer, thoroughfare, and land use planning.
- Oversaw the planning and construction of the following water infrastructure; two-million-gallon ground storage, a one million gallons of elevated water storage, construction of a sixteen-inch water line and a new pump station.
- Implemented road reconstruction program.
- Managed the planning and construction of wastewater infrastructure in the commercial district along the U.S.75.
- The following steps were implemented to reduce the community ISO rating; acquired fire apparatus and equipment, implemented a program to increase

- water distribution facilities to meet superior state standards, set up an incentive program to encourage staff during the day to become volunteer firefighters to reduce response time, established five-year plan to move toward a single shift paid department, and completed expansion on fire department facilities.
- Completed a commercial vision plan for Fairview as a joint project with the University of Texas at Arlington. The Texas American Planning Association recognized the vision plan in 1998 as an outstanding project.
 - Established the water department as a true enterprise fund. The water department had been supplemented by the general fund for several years.
 - Successfully increased programs, staff, and capital projects while assisting the council in meeting one of their goals by lowering the tax rate to the lowest in the metroplex and increasing town reserves from \$900,000 to \$1,700,000.
 - Responsible for the planning and renovation of the town hall.
 - Chaired the town's first Christmas holiday community event.
 - Established the town's first Commercial Development Committee and Parks and Recreation Board, which have led to a Commercial Development Plan and Park Master Plan.
 - Implemented a program to prepare a master plan for the commercial district along US 75.

City of Springtown – Springtown, Texas

05/1994 – 11/1996

City Administrator

The City of Springtown was my first City Manager's job in rural Parker County. Although Springtown has a small population, it was a full-service community serving a rural population of roughly 35,000. Services provided by the City included police/fire protection, community development, code enforcement, street maintenance, library service, water (surface & ground), sewer, and solid waste. I enjoyed my time in Springtown but was offered an opportunity to establish a foundation for the Town of Fairview as their first Town Manager.

Key Achievements:

- Formed the first retail merchant's association, which meets monthly to share ideas and discuss joint advertising, sidewalk sales, special events, and several other activities.
- Established the Springtown Historical Commission responsible for the square, implementing the revitalization of the square (Main Street Program), educational programs regarding the history of Springtown, and development of a long-range plan for the preservation and promotion of Springtown's history.
- Identified the right legal boundaries of the city and structured a five-year plan of annexations that would double the size of Springtown.
- Created the Youth Advisory Commission to evaluate current issues affecting youth in Springtown.
- Negotiated a deal with a local owner of a vineyard to establish a tasting room.

- Prepared the cities first in-depth CAFR and received the GFOA award for excellence in financial reporting.
- Increased the general and enterprise fund balance.
- Constructed two sludge beds, rotors, contact chamber, and other infrastructure improvements to expand the wastewater treatment plant.
- Filed CDBG grant to reconstruct lagoon ponds that have been inoperative.
- Implemented a street improvement program.
- Oversaw repairs on a thirteen-mile water transmission line.

The University of Texas at Dallas

01/1993 – 05/1994

I went back to school to complete my master's in Public Affairs.

City of Plano – Plano, Texas

09/1989 – 12/1992

Management Assistant

I was one of four participants in a three-year management development program designed to prepare men and women for a career in public service. I worked in all aspects of local government operations including, office and field environments. During my tenure, Plano was the fastest growing city in the nation. I was assigned to the following work areas, Human Resources, Finance, City Manager's Office, Budget, Fire, Police, Public Works, and Parks & Recreation.

The following are work areas and a few work-related responsibilities I was involved during my tenure:

- Human Resources
 - Oversaw compensation analysis for the entire city organization.
 - Reviewed and rewrote job descriptions.
 - Performed audit on medical claims.
- Finance
 - Wrote the first comprehensive financial policy document for the city.
 - Assisted in the bond program.
- City Manager's Office
 - Community liaison to several local organizations.
 - Prepared research on demand management.
 - Assisted staff during city council meetings.
- Budget
 - Helped in the annual budget preparation.
 - Interviewed various vendors for new budget software.
- Fire
 - Participated in various EMS calls.
 - Revised draft SOPs for fire administration.
- Police
 - Worked with various departments.
 - Went out on arrests with detectives.
- Public Works

- Assisted on solid waste collection routes.
- Helped construct concrete street.
- Organized solid waste grant.

OTHER PROFESSIONAL EXPERIENCE

Consulting/HOA Services

11/2015 – 12/2016

I provided consulting services regarding real estate development and for a brief period with a Homeowners Association.

Riverbend Water Resources District

04/2013 – 10/2015

Executive Director

The Riverbend Water Resources District is a Texas water district created during the 2009 Legislative Session serving communities in Bowie, Red River and Cass counties including Texarkana, Texas, Atlanta, Annona, Avery, DeKalb, Hooks, Maud, New Boston, Tex Americas, Redwater, Leary, Nash, and Wake Village with a combined population of approximately 130,000. The Texas Legislature restructured the District in 2011, and its newly formed board hired me as their first Executive Director. Riverbend was created to assist wholesale water customers that purchase water from Texarkana Water Utilities, owned jointly by Texarkana, Texas, and Texarkana, Arkansas. The water customers formed Riverbend to address multiple water issues in the region. My initial goals require diplomatic communications to bring the various cities together and negotiate fair pricing for water. I am also responsible for leading the district in examining all possible sources of water in the region, including working with the Dallas/Fort Worth area water groups in constructing a new reservoir. Riverbend is also taking the lead in building a new regional water treatment plant. Riverbend is also leading the design and implementation of the country's first bi-state water district between Texas and Arkansas.

United States Agency for International Development (USAID) and Research Triangle Institute

10/2008 – 04/2013

04/2011-04/2013

General Development Officer

I was stationed at the task force level in Jalalabad (Eastern Afghanistan) responsible for coordinating economic development and financial initiatives in five provinces. Our economic goals include private-sector job creation, capacity building, credit & investment, and business-friendly regulations. Our overarching mission was to create transportation and trade routes into productive economic corridors. Before being assigned to the Eastern Afghanistan Task Force team, I was responsible for designing, implementing, reporting, monitoring, and advising on USAID programs in the following districts: Achin, Bati Kot, Kot, and Nazyan with a combined population of 300,000 +. I served as the primary representative for USAID/USG by establishing and maintaining

contacts with government officials, community leaders, International Security Assistance Force, United Nations, and non-governmental organizations in the districts listed above. I design and implement programs in the following areas governance, infrastructure, health, and education. I advise and mentor local government officials on various development issues. I worked with military command and several USG colleagues to develop joint strategies. I offered technical expertise on various initiatives and development projects.

Key Achievements:

- Appointed Economic Development Director for Eastern Afghanistan
 - Oversee Rodat industrial Park
 - Implement economic development initiatives along HWY 7 corridor from Jalalabad to Torkham Gate
 - Privatize state-owned industries.
- Implementation and oversight of the District Delivery Program (DDP) for Bati Kot and Mohmand Dara. DDP is a governance capacity building program designed to improve the Government of the Islamic Republic of Afghanistan (GIROA) to deliver essential services to the district level. The main impetus of the DDP was focused on the District Governor's Office and the following Line Ministries; Agriculture (MAIL), Education, Justice (Court, Prosecutor & Huqooq), Health, Rural Rehabilitation and Development (MRRD). The tangible effects of the DDPs first phase ensured District officials could receive their budgets (salaries, O&M) from the provincial mustafiat. The second phase of the DDP focused on District officials supporting basic service delivery needs through off-budget USAID programs with implementing partners. The third and final phase was working with District officials and community leaders to identify and implement infrastructure projects.
- Participated in the District Stability Framework (DSF) analysis for the Bati Kot District. DSF is a tool used in Bati Kot to study, plan, and design activities specifically to guide and support stabilization efforts. The DSF process has four basic steps; 1. Situational awareness (learn the operating environment, cultural, local perceptions. 2. Analysis – identifying potential sources of instability. 3. Design activities that will address systemic causes of sources of instability. 4. Monitoring & Evaluation - track output and impact indicators.
- USG Governance Advisor to the District Governors and Line Ministries of Achin, Bati Kot, Kot, and Nazyan.
- Field Program Officer – inspected various USAID projects executed by implementing partners (water wells, orchards, rule of capacity training, etc.).
- Advised on the rule of law regarding conducting the first public trials in Bati Kot.
- Worked with NATO Rule of Law Field Personnel in identifying justice center improvements.
- Expansion & renovations of the Bati Kot Comprehensive Health Clinic; construction of a delivery room, male and female restrooms, laundry room, incinerator, male & female waiting areas, female inpatient room, guard room,

- painting, and refurbishment (electrical, plumbing, windows, doors) of the existing structure and perimeter wall.
- Expansion & renovations of the Meshwani Basic Health Clinic; construction of a perimeter wall, delivery room, waiting room, incinerator, lab, guard room, and repairs to the existing building including electrical, painting and plumbing.
- Renovations to the Daga Basic Health Clinic repaired the main clinic roof, generator, female restroom, and electrical wiring.
- Preparation of plans for asphaltting 12 km of roads.
- Participated in the reintegration of 12 Taliban from Achin
- Prepared an electricity assessment for the following Achin, Bati Kot, Kot, and Nazyan Districts.
- Various leader engagements with government officials and village/tribal elders.

01/2010-03/2011

Local Governance Program Phase III (LGP III) – Serving in the Role as Budget and Planning Subject Matter Expert for the North Region of Iraq.

I was responsible for assisting provincial governments in implementing their authority under the Provincial Powers Act for legislation, planning, budgeting, monitoring, and organization development. Oversee budget and planning activities concerning the Provincial Powers Act (aka Law 21). Twenty-Four Iraqi nationals work with me in supporting the Governor's Office and Provincial Council. Our team implements budget and planning processes within the provincial governments of Anbar, Diyala, Kirkuk, Ninawa, and Salah-ad-Din.

Key Achievements:

- Provided technical assistance and on the job training for formulating provincial operational and investment budgets for five provinces.
- Assisted in the execution of capital projects for five provinces.
- Aided in the development of provincial development strategies for five provinces.
- Prepared and performed national training concerning budget formulation and execution.
- Facilitated numerous regional budgets and planning workshops for the north region of Iraq.
- Wrote a report on the allocation of petrodollars from the central government to Iraq provincial governments.
- Organized a regional report regarding the devolution of municipal public works (water, sewage, urban planning, and municipality) and the impact on provincial governments.
- Prepared weekly video teleconference (VTC) reports for national headquarters regarding budget and planning status in the north region.
- In charge of weekly USAID national database updates regarding budget and planning activities in the north region of Iraq.

10/2008-11/2009

Local Governance Program Phase II (LGP II) - Served in Multiple Advisory Roles - Local Governance, Infrastructure, City Manager and Public Finance

I was a member of the Embedded Provincial Reconstruction Team (ePRT) under the Chief of Mission comprised of military, diplomats, and subject matter experts who served the Fallujah District, including Ameriya-Ferris, Saqliwahy, Garma/Karmah, and multiple villages/tribes. Participated in numerous reconstruction projects, capacity building, and local governance initiatives. Assisted local Iraqi government officials in developing a transparent governmental system. Promoted political and economic development and carried out policymaking and administration matters.

Key Achievements:

- Lead the Garma/Karmah water initiative comprised of approximately 30 water projects at an estimated cost of \$7,000,000 (impact 105,000 residents, 80 schools, and 12 health clinics) which included:
 - Rehabilitation of five main water distribution lines.
 - Rehabilitation of three water treatment plants.
 - Construction of seven new water treatment plants.
 - Extension of the water distribution network to twelve villages.
- Briefed Regimental Headquarters, RAWG, and RAAB regarding project initiatives.
- Worked with USACE, GRD, and GRC on various infrastructure projects.
- Coordinated the kickoff of the Garma/Karmah electric initiative
- Provided additional oversight for the Ambassador regarding the Fallujah Wastewater Treatment Plant (Project cost \$100,000,000).
- Directed the funding initiative for the Fallujah Wastewater Treatment house connections (10,000 homes approx. cost \$4,000,000).
- Assisted with the reconstruction of Hrmah Road approx. 8 km at \$1,700,000.
- Established a planning department within the Ameriya-Ferris sub-district to assist the local government in technical matters and daily operations of the City.
- Supported Chairman Shakir with his appointment to the US International Visitors Leadership Program in Washington, DC.
- Ameriya-Ferris local Governance Advisor.
- Renovated two schools and three health clinics in Ameriya-Ferris.
- Attended multiple City and Tribal Sheik Council meetings.
- Coordinated the Provincial Development Plan conference in Baghdad.

Economists.com and City of Red Oak

2006-10/2008

Consulting/City Manager

After leaving Celina, I worked as a consultant with Economists.com performing utility rate and impact fee studies for a brief period before becoming City Manager for Red Oak, TX. My tenure in Red Oak was a short time.

City of Palmer – Palmer, Texas

Consultant/City Manager

Consultant – 1998 – 03/2001

City Manager – 03/2001 – 06/2002

While working for Fairview, I was also providing consulting services to the City of Palmer. The Fairview Council was aware that I was providing consulting services to Palmer. The City of Palmer eventually offered me a significant increase in pay and benefits to leave Fairview and work for the City of Palmer full-time.

EDUCATION

The University of Texas at Dallas

Master of Public Affairs (MPA)

Bachelor of Science (BS) Public Administration-Economics & Finance

Scott Albert



Questionnaire name: Release of Information Candidate Questionnaire BethelAK CM 11-2020

Questionnaire taken on: 2020-11-07

Job applied for: Bethel, AK - City Manager (October 30, 2020) - Bethel, AK

Question	Answer
NOTE: Any false response, misrepresentation, or omission of relevant information submitted by you to the questions below may disqualify you from eligibility, selection, or appointment. Misleading or inaccurate information may result in our client withdrawing any conditional or final job offer, or in litigation against you.	Yes, I agree with these terms and conditions.
First Name:	Scott
Middle Name:	Lee
Last Name:	Albert
Alias Names: Other names by which you've been known by. Ex. Nicknames, Legal Names, Maiden Names etc.	NA
Preferred Pronoun (ex. He/She/They etc.)	
How did you learn about this position?	GOVHR website
	
City, State, Zip:	Richardson
	
	
Male or Female (Optional):	Male

REFERENCES: Whether you have submitted references previously as part of your original submission or as an attachment to this form, please clearly indicate to us which references we can now contact without jeopardizing your present employment.

GovHR USA may contact all references that I have submitted. (*In checking this box you authorize GovHR USA to contact your references.)

Additional Reference Information:

EDUCATION: Highest Degree Earned: Master's Public Affairs

College/University & Location(city): University of Texas at Dallas

Additional Degree Earned: BS Public Administration

College/University & Location(City): University of Texas at Dallas

Additional Degree Earned:

College/University & Location (City):

CURRENT EMPLOYMENT INFORMATION: 1. Total # of full time employees in your current or most recent overall organization (if applicable): 170

2. Total # of full time employees in your current or most recent department (if applicable):

3. Total budget in your current or most recent overall organization (if applicable): \$54.0 million (operating & capital)

4. Total budget of your department or areas of responsibility (if applicable):

5. Expected compensation for this position: \$150,000.00

6. Who do you (or did you) report to (title only): Mayor & City Council

7. Related professional affiliations: ICMA

8. Please confirm that you agree to immediately advise the GovHR USA consultant assigned to your recruitment if you accept another position or your employment circumstances change at any

Yes, I agree to immediately advise the GovHR consultant and provide all necessary information.

point during the recruitment and selection process for this position.

9. At any time in the last seven (7) years, have you been convicted of any offenses relating to your operation of a motor vehicle, or has your drivers license been suspended for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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10. At any time in the last seven (7) years, have you been a party to a lawsuit in any court or administrative proceeding, personally or professionally? If yes, please provide general information and applicable dates. Additionally, please identify the applicable venue or jurisdiction of any applicable court or administrative proceeding, and if known, the current status and/or disposition of such court or administrative proceeding. Yes or No (If yes, please list and briefly explain).	No
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11. At any time in the last seven (7) years, have you been disciplined by your employer, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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12. At any time in the last seven (7) years, have you been investigated by a professional association or other organization, including but not limited to a governmental entity with investigative authority, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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13. At any time in the last seven (7) years, has anyone made a complaint against you to a professional association regarding your professional status or certification? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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14. At any time, have you been asked to resign, or have you been terminated from employment? If yes, please provide applicable dates and please indicate if a severance agreement and/or release of	No
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claims was executed by you regarding such resignation/termination.

15. At any time, has anyone made a complaint against you to a professional organization or your employer for alleged violations of state or federal civil rights or sexual harassment laws? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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Candidate 2

Janette M. Bower

Contact Information

[REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

Work History

2018 to Present	<u>City of Wadena, Minnesota (population 4,100)</u> City Administrator
2016 to 2018	<u>City of Menahga, Minnesota (population 1,300)</u> City Administrator
2003 to 2016	<u>City of Palmer, Alaska (population 6,700)</u> City Clerk
2002 to 2003	<u>City of Bethel, Alaska (population 6,500)</u> City Clerk

Data Summary:

Candidate:	Janette M. Bower
Organization:	City of Wadena, Minnesota
Position:	City Administrator
Organization Budget:	\$52 million
Total Number of Employees in Organization:	150
Expected Salary:	As Advertised
Reporting Relationship:	Mayor and City Council
Years of Experience:	18

Professional Affiliations:

- International City/County Management Association
- International Institute of Municipal Clerks



October 28, 2020

City of Bethel
Mayor and Council Members
PO Box 1388
Bethel, AK 9959

Thank you for the opportunity to introduce myself and for taking the time to review my qualifications for the position of City Manager. I currently serve as the Wadena City Administrator and believe I possess the knowledge and expertise to serve as the City Manager.

I have served in local government for 20 years, 16 of those years in Alaska. I started my local government career in Bethel and look forward to continuing my career in Bethel.

I am a well-rounded individual that truly loves local government and I possess an approachable leadership style that fosters teamwork to accomplish goals.

In each of the communities I have made it my goal to be a part of the community. By immersing myself in the community I am not only able to learn the needs but to experience them as well. I also believe this immersion has created a sense of community trust and awareness that I know and understand what is going on.

Throughout my career I have demonstrated my ability to maintain a neutral political stance. I believe everyone has a right to their stance and it is my duty to remain neutral and to complete my work according to the established policies, procedures, municipal code, statutes, and council directives.

Although I am currently in Minnesota, my husband and I desire to return to Alaska. Six of our 8 children live in Alaska. Fourteen of our 18 grandchildren live in Alaska. Relocating to Alaska will not be an issue. Both my husband and I have lived in Bethel and understand the intricacies of Bethel. We look forward to embracing the sense of community that we are familiar with and desire to be a part of.

Thank you for your time. I look forward to meeting with you to further discuss my experience and qualifications.

Sincerely,

A handwritten signature in blue ink, appearing to read "Janette M. Bower".

Janette M. Bower

Fundamental Strengths and Principles

Highly skilled individual with over 20 years of local government experience, 16 of those years in Alaska. Passionate about creating a collaborative atmosphere that is inclusive and accomplishes the organization's goals. Proficient and responsive to change. Natural leader with an approachable leadership style.

- ✓ **Passion for public service**
- ✓ **Communicate and collaborate**
- ✓ **Ability to create and work within a team environment**
- ✓ **Critical thinker**
- ✓ **Budget Management**
- ✓ **Responsible and responsive**
- ✓ **Accurate work product**
- ✓ **Organized**
- ✓ **Progressive and visionary**
- ✓ **Skilled negotiator**
- ✓ **Approachable with a good sense of humor**
- ✓ **Highly ethical**

Professional Work Experience

City Administrator, City of Wadena, Minnesota

May 2018 to present

- Direct and perform the actual day-to-day supervision and control of the administrative affairs of the city.
- Coordinate enforcement of all laws of the State of Minnesota and City of Wadena Municipal Code provisions.
- Prepare all city council legislation (legal documents) for city council adoption to ensure compliance with federal, state, and local laws.
- Prepare for City Council adoption, a single, consolidated budget including statements related to projected revenue, proposed sources of revenue and all expenditures and obligations incurred by the City in the upcoming fiscal year.
- Exercise control over the fiscal expenditures of all departments and divisions of the City. Monitor the expenditures and receipts of all departments against approved budgets and takes any needed remedial action.
- Ensure effective systems are implemented for cash flow management and appropriate investment of surplus funds.
- Prepare and monitor all capital improvement plans.
- Oversee all capital improvement projects and service programs, from inception to completion ensuring the project is within budget and all contracts are in order.
- Manage and oversee all grant projects including writing grant applications and submitting required reports.
- Manage and supervise all City departments and operations.
- Write and establish administrative policies and procedures necessary to ensure the proper and efficient operation of all departments and divisions of the City.
- Issue administrative orders consistent with state law, city code provisions, and council policy.
- Supervise and manage local elections in accordance with prescribed laws and regulations.

- Serve as the City's personnel officer and administers personnel functions within established policies and procedures. Direct the evaluation of employee performance and recommends hiring, promoting, demoting, and discharging employees.
- Serve as the City's representative for all negotiations with the City's recognized bargaining units and oversee contract administration.

City Administrator, City of Menahga, Minnesota

April 2016 to May 2018

- Directed and performed the actual day-to-day supervision and control of the administrative affairs of the city.
- Coordinated enforcement of all laws of the State of Minnesota and City of Wadena Municipal Code provisions.
- Prepared all city council legislation for city council adoption to ensure compliance with federal, state, and local laws.
- Prepared for City Council adoption, a single, consolidated budget including statements related to projected revenue, proposed sources of revenue and all expenditures and obligations incurred by the City in the upcoming fiscal year.
- Exercised control over the fiscal expenditures of all departments and divisions of the City. Monitored the expenditures and receipts of all departments against approved budgets and took any needed remedial action.
- Ensured effective systems were implemented for cash flow management and appropriate investment of surplus funds.
- Prepared and monitored all capital improvement plans.
- Oversaw all capital improvement projects and service programs from inception to completion ensuring the project were within budget and all contracts were in order.
- Managed and supervised City departments and operations.
- Wrote and established administrative policies and procedures necessary to ensure the proper and efficient operation of all departments and divisions of the City.
- Issued administrative orders consistent with state law, city code provisions, and council policy.
- Supervised and managed local elections in accordance with prescribed laws and regulations.
- Served as the City's personnel officer and administered personnel functions within established policies and procedures. Directed the evaluation of employee performance and recommends hiring, promoting, demoting, and discharging employees.

City Clerk, City of Palmer, Alaska

July 2003 to April 2016

- Served as staff to the city council.
- Served as the City's Records Manager which consisted of development of the City's retention schedule, provided training for department records coordinators, and ensure compliance with the retention schedule.
- Prepared and reviewed council legislation for accuracy and content prior to council action.
- Maintained the Palmer Municipal Code.
- Wrote and proposed amendments to the City Charter for council adoption and voter ratification.
- Supervised and managed local elections in accordance with prescribed laws and regulations.
- Prepared and defended the city council and city clerk's budgets.
- Prepared agendas and council packets.
- Ensured compliance with the Open Meetings Act.
- Developed and maintained database of council legislation.
- Served as parliamentarian.
- Responded to public information requests.
- Developed and maintained the City's website.
- Developed and maintained the City's social media sites.

City Clerk, City of Bethel, Alaska

May 2002 to June 2003

- Served as staff to the city council.
- Served as the City's Records Manager which consisted of development of the City's retention schedule, provided training for department records coordinators, and ensure compliance with the retention schedule.
- Prepared and reviewed council legislation for accuracy and content prior to council action.
- Maintained the Bethel Municipal Code.
- Supervised and managed local elections in accordance with prescribed laws and regulations.
- Prepared and defended the city council and city clerk's budgets.
- Prepared agendas and council packets.
- Ensured compliance with the Open Meetings Act.
- Developed and maintained database of council legislation.
- Served as parliamentarian.
- Responded to public information requests.
- Developed and maintained the City's website.
- Served as passport agent.

Education

Graduated from Magic City High School, Minot, ND – 1983

Griffin Business College – 1985-1987

Eighteen years of continuing education courses to obtain Master Municipal Clerk (MMC) and International Institute of City Managers – Credential Manager (IIMC-CM). These course include, but not limited to, federal, state, and local laws, human resources, management, and contract and budget management.

Janette Bower



Questionnaire name: Release of Information Candidate Questionnaire BethelAK CM 11-2020

Questionnaire taken on: 2020-11-06

Job applied for: Bethel, AK - City Manager (October 30, 2020) - Bethel, AK

Question	Answer
NOTE: Any false response, misrepresentation, or omission of relevant information submitted by you to the questions below may disqualify you from eligibility, selection, or appointment. Misleading or inaccurate information may result in our client withdrawing any conditional or final job offer, or in litigation against you.	Yes, I agree with these terms and conditions.
First Name:	Janette
Middle Name:	Marie
Last Name:	Bower
Alias Names: Other names by which you’ve been known by. Ex. Nicknames, Legal Names, Maiden Names etc.	Persinger, Rahe, Nieman
Preferred Pronoun (ex. He/She/They etc.)	She
How did you learn about this position?	Email
Male or Female (Optional):	Female

REFERENCES: Whether you have submitted references previously as part of your original submission or as an attachment to this form, please clearly indicate to us which references we can now contact without jeopardizing your present employment.

GovHR USA may contact all references that I have submitted. (*In checking this box you authorize GovHR USA to contact your references.)

Additional Reference Information:

EDUCATION: Highest Degree Earned: High school

College/University & Location(city): Griffin Business College Tacoma Washington

Additional Degree Earned:

College/University & Location(City):

Additional Degree Earned:

College/University & Location (City):

CURRENT EMPLOYMENT INFORMATION: 1. Total # of full time employees in your current or most recent overall organization (if applicable): 150

2. Total # of full time employees in your current or most recent department (if applicable):

3. Total budget in your current or most recent overall organization (if applicable): \$52,000,000

4. Total budget of your department or areas of responsibility (if applicable):

5. Expected compensation for this position: Within the posted range

6. Who do you (or did you) report to (title only): Mayor and City Council

7. Related professional affiliations: ICMA, IIMC

8. Please confirm that you agree to immediately advise the GovHR USA consultant assigned to your recruitment if you accept another position or your employment circumstances change at any

Yes, I agree to immediately advise the GovHR consultant and provide all necessary information.

point during the recruitment and selection process for this position.

9. At any time in the last seven (7) years, have you been convicted of any offenses relating to your operation of a motor vehicle, or has your drivers license been suspended for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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10. At any time in the last seven (7) years, have you been a party to a lawsuit in any court or administrative proceeding, personally or professionally? If yes, please provide general information and applicable dates. Additionally, please identify the applicable venue or jurisdiction of any applicable court or administrative proceeding, and if known, the current status and/or disposition of such court or administrative proceeding. Yes or No (If yes, please list and briefly explain).	No
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11. At any time in the last seven (7) years, have you been disciplined by your employer, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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12. At any time in the last seven (7) years, have you been investigated by a professional association or other organization, including but not limited to a governmental entity with investigative authority, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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13. At any time in the last seven (7) years, has anyone made a complaint against you to a professional association regarding your professional status or certification? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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14. At any time, have you been asked to resign, or have you been terminated from employment? If yes, please provide applicable dates and please indicate if a severance agreement and/or release of	No
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claims was executed by you regarding such resignation/termination.

15. At any time, has anyone made a complaint against you to a professional organization or your employer for alleged violations of state or federal civil rights or sexual harassment laws? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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Candidate 3

Donald G. Kewley

Contact Information

[REDACTED] [REDACTED]
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

Education

- Master of Business Administration
Pepperdine University, Malibu, California
- Bachelor of Science - Business Administration
California State University, Chico, California

Work History

2019 to 2020	<u>City of Palm Coast, Florida (population 87,600)</u> Chief Innovation Officer
2017 to 2019	<u>City of Ashland (COA), Oregon (population 21,300)</u> AFN Operations Manager
2015 to 2016	<u>Kelly Mitchell – Pacific Gas & Electric Company Contractor, San Francisco, California</u> Senior Project Manager – Contract
2/2015 to 10/2015	<u>MJM Management Group, San Francisco, California</u> Project Manager – Capital Projects
2014 to 2015	<u>The Mosaic Company, San Ramon, California</u> Senior Learning Strategist
2014 to 2015	<u>Bay Area Systems and Solutions, Inc., (BASS Electric), South San Francisco, California</u> Project Manager

Work History – cont'd

2013 to 2014

Rodan Builders, Burlingame, California

Project Manager

2011 to 2013

Richard Health and Associates Inc., Chico, California

Program Manager

Data Summary:

Candidate:	Donald G. Kewley
Organization:	City of Palm Coast, Florida
Position:	Chief Innovation Officer (former)
Organization Budget:	\$200 million
Department Budget:	\$4 million
Total Number of Employees in Organization:	450
Total Number of Employees in Department:	3
Expected Salary:	\$160,000
Reporting Relationship:	City Manager
Years of Experience:	9

Professional Affiliations:

- Project Management Institute
- National Association of Telecommunications Officers and Advisors
- U.S. Green Building Council

Donald G. Kewley



October 9, 2020

RE: City Manager Position – Bethel Alaska

Dear Hiring Recruiter,

I am interested in the City Manager Position in Bethel Alaska because my education and past work history has prepared me to meet all of the responsibilities this position carries.

While thirteen years in the California and Oregon Army National Guard I learned about the effectiveness and importance of working as a team. I gained experience making important logistical and strategic decisions while leading my team through challenging and stressful situations.

My work as a leader in municipal government and the utility industry enhanced my management skills by teaching me to effectively develop comprehensive budgets, create business plans, analyze and optimize business operations, manage stakeholder expectations and guide human capital resources towards the accomplishment of organizational objectives.

I understand the value public private partnerships provide to a community. While working as third party Program Manager in the private sector I was actively involved in five local government partnerships (municipalities, utilities, academic institutions local businesses and chamber of commerce) in Central and Northern California. As a team we were able to deliver much-needed amenities and services to twenty-three counties.

The combination of the MBA I earned from Pepperdine University in Leadership and Bachelor of Science in Business Administration Chico State University was geared towards building my leadership & managerial skill sets and taught me to facilitate change and growth in a volatile global economy. My education, military service and past work history demonstrates my commitment to be an excellent leader and manager of people and resources. I am confident that I will be a significant asset to any organization's leadership team if given the opportunity to prove myself.

Although my resume provides a summary of my background and experiences, I would very much like the opportunity to discuss, in person, how I can meet the demands of the City Manager position in Bethel Alaska.

Sincerely,



Donald G Kewley, MBA, CGCIO
530-410-5655
dkewleysr@gmail.com

DONALD G. KEWLEY

OPERATIONS OFFICER

Program & Project Oversight | Operations Stewardship | Vision & Strategy | Change Management

PROFESSIONAL SUMMARY

Results driven executive leader with expertise in operations, project and program management; financial analysis, and controllership within organizations. Skilled in collaborating with all members of the business to achieve business and financial objectives. Integral in streamlining and refining processes, boosting productivity, and implementing solutions. Highly skilled and has a proven track record of working as a project manager at organizations. Significantly experienced in strategic planning, organizing, and providing comprehensive support to managers, technical teams, and senior executives. Well-versed in implementing new projects, facilitating meetings, and communicating with employees. Able to communicate with technical professionals, teammates, and customers to review, gather, interpret, and verify information. Accustomed at leading team meetings, delegating tasks, addressing areas of improvement, and reviewing metrics and projects. Successful at sharing business and process changes for organizational support. Additional skills include:

- **Promoting proactive project collaboration** and a positive work culture by building and managing high-performance teams, establishing targetable schedules & goals, and prioritizing employee engagement strategies.
- **Establishing business and process changes** and communicating new IT infrastructure with management.
- **Assisting with business functions** and developing effective action plans to implement technical process improvements.
- **Building and leading relationships** across teams for cohesive and strategic business systems initiatives.
- **Strategic in managing business roles to** ensure the smooth transactions of operational functions.

CORE COMPETENCIES

- | | | |
|----------------------------------|-----------------------------------|---------------------------------|
| ▪ Senior Manager | ▪ Marketing & Community Outreach | ▪ Project Lifecycle Compression |
| ▪ Strategic Planning & Analysis | ▪ Resource & Logistics Management | ▪ Contract Negotiations |
| ▪ Change Management Evangelist | ▪ Business Development | ▪ Business Consultation |
| ▪ Strategic Operational Planning | ▪ Risk Management | ▪ Team Leadership |
| ▪ Technical Communication | ▪ Process Implementation | ▪ Training & Development |
-

WORK EXPERIENCE

City Of Palm Coast, Palm Coast, FL
Chief Innovation Officer

July 2019 –Sep 2020

- Was responsible for FiberNet, Economic Development, Innovation District, Information Technology and working with the drone team.
- Conducted fiber and IT infrastructure physical and cyber security assessments in partnership with the Department of Homeland Security.
- Planned, organized, and implemented departmental goals. Coordinated and integrated all activities toward expanding the City's FiberNet infrastructure and achieving Smart City's objectives.
- Provided external IT operations and program advice to city council, city management, city staff and outside agencies.
- Developed policies and directed department operations and tactical strategies to assist with capital projects, hardware and software upgrades, administrative and instructional activities, and personnel resources.
- Coordinated and participated in meetings with the city's departments to evaluate and address technology needs for business and field operations.

- Organized and implemented the City's Wireless Facilities Master Plan and 5G/Small Cell ordinances.
- Architected and facilitated the city's inaugural Tech Beach Hackathon event in January 2020.

City of Ashland (COA), Ashland, OR

Jan 2017 – Jun 2019

AFN Operations Manager

- Managed processes that increased Ashland Fiber Net revenue and number of Internet subscribers by forty percent, provided internet and technology services for the city and community.
- Managed AFN telecommunications and technology projects, coordinated cross functional teams, vendors, and subcontractors, prepared requests for proposal. Administered consultant selection processes; and approved work products. Maintained project documentation and prepared reports.
- Assisted with strategic planning, created work plans, policies and procedures developed budgets, project timelines, monitor work flow, and regulatory compliance inspections.
- Supervised and evaluated the work of subordinates. Interviewed, selected, trained, directed, and evaluated employees.

Kelly Mitchell - Pacific Gas & Electric Company Contractor, San Francisco, CA

Oct 2015 – Jun 2016

Senior Project Manager - Contract

- Led projects for the Energy Savings Assistance multimillion dollar materials contract, evolution bulk materials acquisitions and contract management with the California Public Utilities Commission.
- Assisted with strategic planning and managed contract negotiations, developed requests for proposals, bid analysis, service level agreements, and statements of work. Created project management and implementation plans.
- Partnered with IOU's researching industry trends and benchmarks associated with energy contracts.

MJM Management Group, San Francisco, CA

Feb 2015 – Oct 2015

Project Manager- Capital Projects

- Prepared requests for proposals, assisted with strategic planning, developed work plans and project timelines, and managed software development and budgets.
- Monitored, reviewed, and approved work products; maintain project documentation and prepare reports.
- Secured the public domain and real estate capital construction projects and facilitated bidder conferences thru initial contract negotiation qualification bid proposals and vendor selections.
- Orchestrated project lifecycles via MS Project and provided technical compliance vectors with California Energy Efficiency Standards, Title 24, and health and building codes.

The Mosaic Company, San Ramon, CA

Sep 2014 – Jan 2015

Senior Learning Strategist

- Helped with strategic planning, forecasting, and budgeting.
- Bolstered PG&E training academy by invigorating organizational communication relationships across lines of business.
- Facilitated Subject Matter Experts and Lines of Business conferences including Kickoff, Alpha review, Beta review, and Project Closeout (Key Learning).
- Directed learning solution effectiveness with stakeholder risk assessments and recommendations to business teams.

Bay Area Systems and Solutions, Inc. (BASS Electric), South San Francisco, CA

Feb 2014 – Aug 2015

Project Manager

- Managed city and county public works, commercial, design-build and LEED construction projects.
- Facilitated the implementation of new construction management software applications.
- Prepared budgets, Requests for Information, change orders and monitored timelines using MS Project.
- Established partnerships with cross-functional teams consisting of stakeholders, vendors, and subcontractors.

Rodan Builders, Burlingame, CA

Oct 2013 – Feb 2014

Government, Commercial, Industrial and Institutional Tenant Improvements

Project Manager

- Helped with contract negotiation, strategic planning, forecasting, budgeting, and resource allocation.
- Managed cross functional teams, vendors, and subcontractors for city and county public works construction projects.
- Collaborated Job Order Contracts including JOC, the joint construction delivery via eGordian, the construction task order catalog.

Richard Heath and Associates Inc., Chico, CA

Jul 2011 – Oct 2013

Program Manager

- Managed a \$14M portfolio of small and medium businesses energy efficiency programs for investor-owned and municipal utilities and local government partnerships in Northern and Central California.
- Assisted with contracted negotiation, strategic planning, forecasting, budgeting, marketing and customer education.
- Helped increase divisional revenue by \$2.6 million in 2 years.
- Developed and managed community outreach programs with business leaders, government and industry professionals.
- Targeted SMBs with emerging technologies aimed at improved energy expenditure and operating expenses.

ADDITIONAL EXPERIENCE & SKILLS

Outlook 365, MS Office Suite, MS Project, MS Visio, Xactimate, SAP R3, Vensim Adobe Professional, Munis, etc.

EDUCATION D& CREDENTIALS

CGCIO, Florida Institute of Government, Tallahassee, FL 2020

M.B.A., Pepperdine University Graziadio School of Business and Management, Malibu, CA. 2018

B.S., Business Administration, California State University, Chico, CA. 2009

Donald Kewley



Questionnaire name: Release of Information Candidate Questionnaire BethelAK CM 11-2020

Questionnaire taken on: 2020-11-05

Job applied for: Bethel, AK - City Manager (October 30, 2020) - Bethel, AK

Question	Answer
NOTE: Any false response, misrepresentation, or omission of relevant information submitted by you to the questions below may disqualify you from eligibility, selection, or appointment. Misleading or inaccurate information may result in our client withdrawing any conditional or final job offer, or in litigation against you.	Yes, I agree with these terms and conditions.
First Name:	Donald
Middle Name:	Glenn
Last Name:	Kewley
Alias Names: Other names by which you've been known by. Ex. Nicknames, Legal Names, Maiden Names etc.	n/a
Preferred Pronoun (ex. He/She/They etc.)	He
How did you learn about this position?	League of Cities Job Posting
	
	
	
	
Male or Female (Optional):	Male

REFERENCES: Whether you have submitted references previously as part of your original submission or as an attachment to this form, please clearly indicate to us which references we can now contact without jeopardizing your present employment.

GovHR USA may contact all references that I have submitted. (*In checking this box you authorize GovHR USA to contact your references.)

Additional Reference Information:

EDUCATION: Highest Degree Earned: MBA

College/University & Location(city): Pepperdine University, Malibu California

Additional Degree Earned: BS

College/University & Location(City): Chico State University, Chico California

Additional Degree Earned:

College/University & Location (City):

CURRENT EMPLOYMENT INFORMATION: 1. Total # of full time employees in your current or most recent overall organization (if applicable): 450

2. Total # of full time employees in your current or most recent department (if applicable): 3

3. Total budget in your current or most recent overall organization (if applicable): 200,000,000

4. Total budget of your department or areas of responsibility (if applicable): 4,000,000

5. Expected compensation for this position: 160,000

6. Who do you (or did you) report to (title only): City Manager

7. Related professional affiliations: Project Management Institute, NATOA, USGBC

8. Please confirm that you agree to immediately advise the GovHR USA consultant assigned to your recruitment if you accept another position or your employment circumstances change at any Yes, I agree to immediately advise the GovHR consultant and provide all necessary information.

point during the recruitment and selection process for this position.

9. At any time in the last seven (7) years, have you been convicted of any offenses relating to your operation of a motor vehicle, or has your drivers license been suspended for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

no

10. At any time in the last seven (7) years, have you been a party to a lawsuit in any court or administrative proceeding, personally or professionally? If yes, please provide general information and applicable dates. Additionally, please identify the applicable venue or jurisdiction of any applicable court or administrative proceeding, and if known, the current status and/or disposition of such court or administrative proceeding. Yes or No (If yes, please list and briefly explain).

no

11. At any time in the last seven (7) years, have you been disciplined by your employer, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

no

12. At any time in the last seven (7) years, have you been investigated by a professional association or other organization, including but not limited to a governmental entity with investigative authority, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

no

13. At any time in the last seven (7) years, has anyone made a complaint against you to a professional association regarding your professional status or certification? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

no

14. At any time, have you been asked to resign, or have you been terminated from employment? If yes, please provide applicable dates and please indicate if a severance agreement and/or release of

Yes, I was released due to lack of fit during the probationary period when I worked at Bass Electric in South San Francisco. There was no severance agreements or compensation.

claims was executed by you regarding such resignation/termination.

15. At any time, has anyone made a complaint against you to a professional organization or your employer for alleged violations of state or federal civil rights or sexual harassment laws? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	no
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Candidate 4

Scott D. McClure

Contact Information

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Education

- Master of Public Administration
Portland State University
- Bachelor of Science - Political Science
Portland State University

Work History

2019 to 2020	<u>City of Canby, Oregon (population 16,950)</u> City Administrator
2007 to 2019	<u>City of Monmouth, Oregon (population 9,890)</u> City Manager
2004 to 2006	<u>City of Coos Bay, Oregon (population 15,376)</u> City Manager
1996 to 2004	<u>City of Brush, Colorado (population 5,117)</u>
1998 to 2004	City Administrator
1996 to 1998	Assistant City Administrator
1989 to 1996	<u>City of Gresham, Oregon (population 75,000)</u> Management Analyst, Budget Analyst, Administrative Aide
1/1989 to 6/1989	<u>City of Gladstone, Oregon (population 10,163)</u> Intern

Data Summary:

Candidate:	Scott D. McClure
Organization:	City of Canby, Oregon
Position:	City Administrator (former)
Organization Budget:	\$61.7 million
Total Number of Employees in Organization:	138
Expected Salary:	\$135,000 - 155,000
Reporting Relationship:	City Council
Years of Experience:	31

Professional Affiliations:

- International City/County Management Association
- Oregon City/County Management Association

October 21, 2020

Sarah McKee
Senior Vice President
GovHRUSA

Re: Bethel, AK City Manager Position

Dear Ms. McKee:

Please find enclosed my application materials to apply for the position of Bethel City Manager. I am very excited to apply for this position. Based on the profile, I think I would be a great fit for the organization and could make an immediate positive impact.

I am looking for a new challenge in a great community. Bethel would be a unique and exceptional city to work and live in. Based on my research, the organization seems very progressive and forward looking and offers a full mix of services, including a port. The city itself is great, with nice commercial and residential areas circled by magnificent beauty.

I have thirty years of local government management experience in multiple, diverse communities similar to Bethel. My career has featured long term commitments to my organization and my community. I have demonstrated expertise in all areas of city administration. This includes community and economic development (including downtown redevelopment), finance and budgeting, human resources, service delivery, utility management, public safety and capital planning and construction.

I am a highly personable, collaborative and ethical leader that excels in developing relationships. My skillset ranges from visioning and strategic thinking, down to the smallest operational details. I provide the highest levels of support to elected officials, management and line staff. I am also highly engaged in the community and in professional organizations, including serving on business and non profit boards.

I would truly appreciate the opportunity to discuss how my extensive skills and experience could benefit the City of Bethel. Please contact me at [REDACTED] if you need any additional information.

Sincerely,

Scott D. McClure

Scott D. McClure

Scott D. McClure



Objective

A professional, challenging position in local government management.

Skills

- Highly knowledgeable in all aspects of city management
 - Excellent leadership and communication skills
 - Ability to create a long term vision and strategically implement the vision
 - Very involved in the community and forges strong partnerships
-

Experience

City Administrator
City of Canby, OR (Pop. 16,950)

10/19 – 2/20

Key Responsibilities: Assist the City Council with goal setting and policy making; supervise and support all City operations, including serving as Public Works Director; enforce City rules and regulations; manage the annual budget process, purchasing and financial reporting; complete major projects; implement public relations and community engagement strategies; interface with local, regional and state organizations.

Significant Accomplishments:

- ✓ Set up systems for department head communication and established team expectations
- ✓ Completed extensive community outreach to citizens, businesses, partner organizations and City advisory committees
- ✓ Enhanced city's external and internal communications
- ✓ Gained approval for a new Planner position to help keep up with rapid growth and multiple development projects
- ✓ Maintained progress on all assigned projects

Scott D. McClure

City Manager
City of Monmouth, OR (Pop. 9,890)

1/07 – 10/19

Key Responsibilities: Assist the City Council with goal setting and policy making; supervise and support all City operations; enforce City rules and regulations; manage the annual budget process, purchasing and financial reporting; complete major projects; implement public relations and community engagement strategies; interface with local, regional and state organizations.

Significant Accomplishments:

- ✓ Moved organization from a status quo position to dynamic and vision focused
- ✓ Maintain excellent financial position through a recession and ongoing cost pressures
- ✓ Transformed the Downtown area
- ✓ Upgraded City utility systems, infrastructure and parks
- ✓ Built a new Police Station and electric utility headquarters, and expanded the Senior Center
- ✓ Supported actions to improve and expand the community's broadband system
- ✓ Led a highly successful and innovative community engagement project

City Manager
City of Coos Bay, OR (Pop. 15,376)

11/04 – 9/06

Key Responsibilities: Assist the City Council with goal setting and policy making; supervise and oversee all City operations; enforce City rules and regulations; manage the annual budget process, purchasing and financial reporting; complete major projects; implement public relations and community engagement strategies; interface with local, regional and state organizations.

Significant Accomplishments:

- ✓ Corrected a significant budget imbalance
- ✓ Developed City's first system development charge programs
- ✓ Helped acquire and reopen a closed historic movie theater
- ✓ Acquired and prepped site for a new historical museum
- ✓ Started redevelopment planning for a neglected portion of the town
- ✓ Oversaw negotiations and planning for a complex development project

Scott D. McClure

City Administrator
City of Brush, CO (Pop. 5,117)

7/98 – 11/04

Key Responsibilities: Assist the City Council with goal setting and policy making; supervise and oversee all City operations; enforce City rules and regulations; manage the annual budget process, purchasing and financial reporting; complete major projects; implement public relations and community engagement strategies; interface with local, regional and state organizations.

Significant Accomplishments:

- ✓ Strengthened City's water rights portfolio
- ✓ Led complex negotiations for the expansion of a locally owned power plant
- ✓ Worked with a new company and State agencies to reopen a private prison
- ✓ Updated the City's compensation system
- ✓ Protected the City's water source from a pipeline development project

Assistant City Administrator
City of Brush, CO (Pop. 5,117)

5/96 – 7/98

Key Responsibilities: Manage building and planning functions; serve as Risk Manager; supervise front office staff; complete special projects.

Significant Accomplishments:

- ✓ Developed suite of new risk management policies and upgraded safety practices
- ✓ Assisted with enhancements to the annual budget process
- ✓ Managed recruitment for new Parks and Recreation Director
- ✓ Developed new City Comprehensive Plan

Management Analyst, Budget Analyst, Administrative Aide
City of Gresham, OR (Pop. 75,000)

7/89 - 4/96

Key Responsibilities: Provided a variety of general administrative support to City departments, including budgeting, capital improvement planning, citizen involvement and Council support.

Significant Accomplishments:

- ✓ Tightened procedures for the Sister City Program and added a new city
- ✓ Participated in a complete redesign of the City's budget process
- ✓ Coordinated development of Oregon's second Stormwater Utility
- ✓ Continually improved City's capital improvement planning

Scott D. McClure

Intern

1/89 – 6/89

City of Gladstone, OR (Pop. 10,163)

Key Responsibilities: Provided a variety of administrative support to the city administrative staff.

Significant Accomplishments:

- ✓ Enhanced presentation of annual budget
 - ✓ Developed draft grant format for development of an industrial park
-

Education

Master of Public Administration

1989

Portland State University

Bachelor of Science, Political Science

1986

Portland State University

Affiliations/Community Involvement

Current

International City/County Management
Association, Member

Oregon City/County Management
Association, Member

Previous

City/County Insurance Services, Trustee,
Past President and Vice President

Chemeketa Cooperative Regional Library
Service, Board Member

Monmouth Independence Networks
(Telecom), Vice President, President

Monmouth Independence Chamber of
Commerce, Board Member

Oregon Municipal Electric Utilities Assoc.,
President, Vice President, Board Member

Monmouth Business Association,
Secretary, President, Vice President

Scott D. McClure

Affiliations/Community Involvement (cont.)

Monmouth Independence Rotary Club,
Treasurer, President, Vice President

Bay Area Chamber of Commerce, Board
Member

Salem Health West Valley Foundation,
Vice Chair, Board Member

Colorado City/County Management
Association, President, Vice President,
Board Member

Smith Fine Arts Series, President, Vice
President, Board Member

NE Colorado RC&D, President, Board
Member

Western Oregon University Foundation,
Board Member

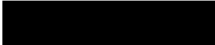
Scott McClure



Questionnaire name: Release of Information Candidate Questionnaire BethelAK CM 11-2020

Questionnaire taken on: 2020-11-03

Job applied for: Bethel, AK - City Manager (October 30, 2020) - Bethel, AK

Question	Answer
NOTE: Any false response, misrepresentation, or omission of relevant information submitted by you to the questions below may disqualify you from eligibility, selection, or appointment. Misleading or inaccurate information may result in our client withdrawing any conditional or final job offer, or in litigation against you.	Yes, I agree with these terms and conditions.
First Name:	Scott
Middle Name:	Douglas
Last Name:	McClure
Alias Names: Other names by which you've been known by. Ex. Nicknames, Legal Names, Maiden Names etc.	None.
Preferred Pronoun (ex. He/She/They etc.)	He
How did you learn about this position?	ICMA Newsletter
	
	
	
	
Male or Female (Optional):	Male

REFERENCES: Whether you have submitted references previously as part of your original submission or as an attachment to this form, please clearly indicate to us which references we can now contact without jeopardizing your present employment.

GovHR USA may contact all references that I have submitted. (*In checking this box you authorize GovHR USA to contact your references.)

Additional Reference Information:

EDUCATION: Highest Degree Earned: MPA

College/University & Location(city): Portland State University

Additional Degree Earned: BS - Political Science

College/University & Location(City): Portland State University

Additional Degree Earned:

College/University & Location (City):

CURRENT EMPLOYMENT INFORMATION: 1. Total # of full time employees in your current or most recent overall organization (if applicable): 138

2. Total # of full time employees in your current or most recent department (if applicable): 138

3. Total budget in your current or most recent overall organization (if applicable): \$61,684,504

4. Total budget of your department or areas of responsibility (if applicable): \$61,684,504

5. Expected compensation for this position: \$135,000 - \$155,000

6. Who do you (or did you) report to (title only): City Council

7. Related professional affiliations: ICMA, OCCMA

8. Please confirm that you agree to immediately advise the GovHR USA consultant assigned to your recruitment if you accept another position or your employment circumstances change at any

Yes, I agree to immediately advise the GovHR consultant and provide all necessary information.

point during the recruitment and selection process for this position.

9. At any time in the last seven (7) years, have you been convicted of any offenses relating to your operation of a motor vehicle, or has your drivers license been suspended for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No

10. At any time in the last seven (7) years, have you been a party to a lawsuit in any court or administrative proceeding, personally or professionally? If yes, please provide general information and applicable dates. Additionally, please identify the applicable venue or jurisdiction of any applicable court or administrative proceeding, and if known, the current status and/or disposition of such court or administrative proceeding. Yes or No (If yes, please list and briefly explain).

The City of Monmouth was indirectly involved in a lawsuit over a police shooting. The case was heard in U.S. District court and settled in 2017.

11. At any time in the last seven (7) years, have you been disciplined by your employer, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No.

12. At any time in the last seven (7) years, have you been investigated by a professional association or other organization, including but not limited to a governmental entity with investigative authority, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No.

13. At any time in the last seven (7) years, has anyone made a complaint against you to a professional association regarding your professional status or certification? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No.

14. At any time, have you been asked to resign, or have you been terminated from employment? If yes, please provide applicable dates and please indicate if a severance agreement and/or release of

No cause termination with a severance agreement - City of Coos Bay, 2006
No cause termination with a severance agreement - City of Canby 2020

claims was executed by you regarding such resignation/termination.

15. At any time, has anyone made a complaint against you to a professional organization or your employer for alleged violations of state or federal civil rights or sexual harassment laws? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No.
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Candidate 8

Peter A. Williams

Contact Information

[REDACTED] [REDACTED]
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

Work History

2020	<u>City of Bethel, Alaska (population 6,500)</u> Acting City Manager
2007 to 2019	<u>City of Bethel, Alaska (population 6,500)</u>
2017 to 2019	City Manager
2016 to 2017	Acting City Manager
5/2014 to 2014	Acting City Manager
2007 to 2017	Port Director

Data Summary:

Candidate:	Peter A. Williams
Organization:	City of Bethel, Alaska
Position:	Acting City Manager
Organization Budget:	\$20 million +
Total Number of Employees in Organization:	90+
Expected Salary:	\$130,000
Reporting Relationship:	City Council
Years of Experience:	13

Professional Affiliations:

- Alaska Municipal League

Peter A. Williams



October 17, 2020

Mayor Perry Barr, City of Bethel
C/o Sarah McKee, Senior Vice President
GovHRUSA
630 Dundee Road, Suite 130
Northbrook, IL 60062

Dear Mayor Barr and Members of the Bethel City Council,

I formally request to be considered for the Bethel City Manager position. I have been serving as the Acting Bethel City Manager since September and have served in this capacity on three prior occasions. I had the honor of being the Bethel City Manager for 27 months in 2017, 2018 and into the spring of 2019. I have worked for the City of Bethel, in various capacities since 2004.

While serving as the Bethel Port Director (2007-2016) I made substantial improvements on every aspect of Port Infrastructure and maintenance- from the marine barge landing to the small boat harbor. I worked in concert with the U.S. Army Corps of Engineers and various contractors to oversee the dredging of the small boat harbor. I developed a Feasibility Study to expand the Port. I served on the Y-K Transportation Board, sponsored by the State D.O.T.P.F. Most notably, I was instrumental in the re-write of the City of Bethel's Terminal Tariff and Chapter 14, Ports & Harbors, within the Bethel Municipal Code. I secured end of session emergency funding from the State Legislature when the Port's barge landing seawall and old office were in danger of eroding.

The 15 years I have been working for the City of Bethel has provided me with considerable institutional knowledge and a large network of positive relationships throughout Bethel and the YK Delta. As City Manager, I oversaw four audits, and despite chronic challenges with the Finance Department, steady improvements were made. Utilizing a collaborative approach, my team and I completed several multi-million dollar projects, the opening of the YK Aquatic and Fitness Center, a complex rewrite of the sales tax code and updated a section of the Bethel Municipal Code regarding the development of new subdivisions to address Bethel's housing issues. I also oversaw the development of a Long-Range Transportation Plan, critical to securing funding and support for streets and roads under the State Transportation Improvement Plan (STIP)

I reestablished positive working relationships with the City of Bethel's banks (Wells Fargo and Key Bank), the health insurance broker, the broker for Alaska Public Entities Insurance Company, Alaska Court System, various contractors as well as State and Federal agency contacts.

2020 has brought new challenges I look forward to addressing with the Bethel City Council, City Clerk and City Attorney.

My wife, family and I enjoy Bethel and the Kuskokwim River. I am at home here and I am invested in this community's quality of life and standard of living. I am proud of the work I have accomplished for the City of Bethel and look forward to continuing to serve our town.

Sincerely,

Peter A. Williams

PETER A. WILLIAMS

I am uniquely qualified to serve as Bethel City Manager. I have called Bethel home for 36 years and I have worked for the City of Bethel for 16 years. I have led one of the Departments that generated revenue, which provided funding to many other departments in the City. I have shown competence in developing, maintaining, and amending operating and capital budgets. I have shown outstanding leadership in competing for capital project funding, seeing those projects to completion, and maintaining and operating the projects. I have displayed my ability to oversee a workforce of 90 employees by utilizing a team approach with the City Council, Department Heads, the City Clerk, and the City Attorney. I take constructive criticism well and benefit from community feedback.

EXPERIENCE

PRESENT

ACTING CITY MANAGER, CITY OF BETHEL

JANUARY 2017 – APRIL 2019

CITY MANAGER, CITY OF BETHEL

- Oversaw the hiring of two Finance Directors, Police Chief, Human Resources Manager, Risk Manager and Public Works Director.
- Within the Finance Department, improvements were made to payroll, collecting sales tax, utility billing & general ledger; bank accounts were sorted out, two audits were completed, one readied and a fourth audit was forthcoming. The Finance Dept. provided accurate and transparent expenditures. I bird-dogged Revenues and Fund Balances on a weekly basis.
- Yearly fiscal budgets were consistently turned in on time.
- Hired an outside firm to handle the duties of a Finance Director which oversaw the Finance Department. They also oversaw the work of accounting firm Carmen Jackson and worked with auditors, Altman Rodgers.
- Directed the IT Department to upgrade the City's network and internet capabilities with emphasis on the Public Works Building, Police Department, Landfill and YK Fitness Center.
- Worked with Bethel Builders and sub-contractors to resolve problems at the YK Fitness Center after its completion. Integrated Property Maintenance to oversee mechanical spaces.
- Oversaw the adoption of Terminal Tariff/ Ordinance #005. It allowed reconciliation of billing and provided the ground rules for the Bethel waterfront. This generated substantial funding to the City of Bethel. It was the first reorganization of this kind in Western Alaska. Alaska Harbormasters and Port Administrators Association shared it as a model of best practices.
- Introduced General Service Administration contracts. These contracts resulted in substantial savings to the City of Bethel for purchases ranging from office paper to heavy equipment.

- Worked with health insurance brokers and general insurance broker services.
- Directed the Finance Dept and Fire Dept to work together to collect ambulance service fees.
- Developed lease agreement with the State of Alaska Department of Law for the lease of the Nora Guinn Court Complex.
- Amended Chapter 14, Ports and Harbors.
- At the direction of the City Council to “pursue development of one or more roads through or around the donut hole”, plans are pending for minor adjustments before it is published in the State of Alaska DOT-PF’s Long-Range Transportation Plan.
- Tundra Ridge Road Realignment Project listed in 2018-2021 Draft Statewide Transportation Improvement Plan. (Resolution 18-04).
- Pursued the acquisition of surveys and titles for all property the City of Bethel owns, including roads. Numerous easements were created for various reasons.
- Pursued partnership with Orutsararmuit Native Council to develop grant agreements for Tribal Transportation Funds as well as lighting in Pinky’s Park. This is ongoing.
- Completed the design, permitting, funding and completion of Port Operations Center.
- Completed the Institutional Corridor, which provides piped water and sewer to multiple regional facilities including the Fish and Wildlife Service, YKHC Complex, the YK Correctional Center, YK Youth Detention Facility, the Assisted Living Home, Prematernal Home.
- Sewer Lagoon Project was completed, and six new water and sewer trucks were bought to replace fleet trucks so aged parts could no longer be found to replace them.
- Bethel Bank Stabilization Project (a 30-year project) was completed.
- A new dumpster truck was purchased.
- A manlift for the pool was purchased.
- Directed the Fire Department to find alternative funding for a ladder truck. (Legislative request likely not to be funded due to lack of State Capital funding) A Lease to Own agreement was secured.
- Capital Improvement Project List for 2019: First ever Bethel capital budget introduced and passed. It includes \$4.9 million in heavy equipment and new construction.
- Preliminary Engineer Report developed for Bethel Heights water and sewer. Repairs are needed to address long standing multifaceted problems. This is a 3-4-year project with potential to provide water and sewer to 25 homes not currently receiving service. (Public Notice IM 18-54). Amendments have been made in my absence, and this is an ongoing project.
- Began the Avenues Project. When completed this project will provide for piped water and sewer services for 4th, 5th, 6th and 7th Avenues. Six additional water and sewer trucks have already been provided through this project.
- Collaborated with Friends of Canines to establish a new facility.

OCTOBER 2016 – JANUARY 2017/ MAY 2014 – FALL 2014

ACTING CITY MANAGER, CITY OF BETHEL

- Maintained the City’s insurance coverage by arranging a face to face meeting with the Insurance carrier and broker and City Department heads to mutually agree on Department follow through. Insurance coverage was nearly dropped by the carrier.
- I salvaged the Institutional Corridor project. Critical timing issues were resolved. The prescribed route was chosen directed by the 2005 Water & Sewer Master Plan. I secured easements from Bethel Native Corp. and YKHC. I also worked with DOT to trench the highway for the pipeline to cross. (Trenching was also completed for the Avenues Project

including next to Nicholson's Auto for the neighborhood adjacent to the Longhouse) Trenching before pavement completion saved the City hundreds of thousands of dollars.

- Human Resource Manager's duties were returned to the HR Manager.
- Updated the City's Procurement Code with the City Attorney.
- Worked with Pro-Dev to complete the Aquatic Center, despite the Aquatic Center Project Manager's unexpected departure. I implemented a communication process between Pro-Dev and all City Departments (in addition to the Fire Department).
- I worked intensively with the Finance Department. Accounts Receivables and Payables was in arrears, the City had no credit and was working on a cash only basis with vendors. I directed the Finance Department to resolve some sales tax issues and begin addressing ambulance billing.
- I worked with the City Police Department to receive payment for a discovered box of billings for Protective Custody cases.
- I promoted Bill Howell to Bethel Fire Chief.

2007 – 2017

PORT DIRECTOR, CITY OF BETHEL

- Began a concerted effort to document revenues and ensure correct recording by the Finance Department.
- Created position for and hired an Administrative Assistant to track revenues.
- Established an ordinance to create a funding source for the Small Boat Harbor. With correct accounting these funds provide a source of maintenance & operating cost funds for the Small Boat Harbor as well as a source of matching funds for capital projects.
- Secured funding through the US Army Corps of Engineers, Denali Commission and the City Administration for dredging and installing new boat ramps and stabilizing the embankments in the Small Boat Harbor.
- I oversaw the installation of new piers for the floats at the Small Boat Harbor.
- Upgraded embankments from Kilbuck Street to the Petro Dock, which were in disrepair.
- Constructed a new Port Office.
- A rock tow was installed from the Small Boat Harbor entrance channel to the City Cargo Dock.
- I oversaw a dredge/excavation project in a small portion of Brown's Slough during the winter to demonstrate the City can improve water depth in this area using equipment the City of Bethel owns.
- I volunteered Port staff to maintain and water East Avenue and Front Street.
- I purchased heavy equipment for the Port facilities to reduce Public Works Dept. burden.
- I initiated an effort to survey and purchase property under the Port's jurisdiction. Three purchases concerned East Ave. where the City has trespass issues on Native restrictive land. Two of the parcels are resolved, one is pending (Yukon Lodge).
- The Cargo Dock has an approximately \$11 million repair yet unresolved. 30% of dock will be lost during construction, and Northern Economics was commissioned to provide a study of the feasibility of a new dock.
- Initiated a concept plan for a new dock upriver of the Petro Dock with PND Engineers.

EDUCATION



SKILLS

- Open minded
- Team Oriented
- Results Oriented
- Hands on
- Comfortable with diversity
- Punctual
- Willing to be creative
- Diplomatic
- Open to constructive criticism
- Strong work ethic

ACTIVITIES

I enjoy reading and keeping up on current events. I play chess and board games with my grandchildren. My wife, family and I enjoy Bethel and the Kuskokwim River. I am at home here and invested in this region's quality of life and standard of living.

Peter Williams



Questionnaire name: Release of Information Candidate Questionnaire BethelAK CM 11-2020

Questionnaire taken on: 2020-11-04

Job applied for: Bethel, AK - City Manager (October 30, 2020) - Bethel, AK

Question	Answer
NOTE: Any false response, misrepresentation, or omission of relevant information submitted by you to the questions below may disqualify you from eligibility, selection, or appointment. Misleading or inaccurate information may result in our client withdrawing any conditional or final job offer, or in litigation against you.	Yes, I agree with these terms and conditions.
First Name:	peter
Middle Name:	alfred
Last Name:	williams
Alias Names: Other names by which you've been known by. Ex. Nicknames, Legal Names, Maiden Names etc.	Peter
Preferred Pronoun (ex. He/She/They etc.)	Mr.
How did you learn about this position?	City of Bethel web-site
Male or Female (Optional):	Male

REFERENCES: Whether you have submitted references previously as part of your original submission or as an attachment to this form, please clearly indicate to us which references we can now contact without jeopardizing your present employment.

GovHR USA may contact all references that I have submitted. (*In checking this box you authorize GovHR USA to contact your references.)

Additional Reference Information:

EDUCATION: Highest Degree Earned: GED

College/University & Location(city): Edmonds Comm College

Additional Degree Earned:

College/University & Location(City):

Additional Degree Earned:

College/University & Location (City):

CURRENT EMPLOYMENT INFORMATION: 1. Total # of full time employees in your current or most recent overall organization (if applicable):

City of Bethel

2. Total # of full time employees in your current or most recent department (if applicable):

90 +

3. Total budget in your current or most recent overall organization (if applicable):

\$20M plus

4. Total budget of your department or areas of responsibility (if applicable):

\$20M plus

5. Expected compensation for this position:

\$130,000

6. Who do you (or did you) report to (title only):

Bethel City Council

7. Related professional affiliations:

Alaska Municipal League

8. Please confirm that you agree to immediately advise the GovHR USA consultant assigned to your recruitment if you accept another position or your employment circumstances change at any

Yes, I agree to immediately advise the GovHR consultant and provide all necessary information.

point during the recruitment and selection process for this position.

9. At any time in the last seven (7) years, have you been convicted of any offenses relating to your operation of a motor vehicle, or has your drivers license been suspended for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No

10. At any time in the last seven (7) years, have you been a party to a lawsuit in any court or administrative proceeding, personally or professionally? If yes, please provide general information and applicable dates. Additionally, please identify the applicable venue or jurisdiction of any applicable court or administrative proceeding, and if known, the current status and/or disposition of such court or administrative proceeding. Yes or No (If yes, please list and briefly explain).

No

11. At any time in the last seven (7) years, have you been disciplined by your employer, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No

12. At any time in the last seven (7) years, have you been investigated by a professional association or other organization, including but not limited to a governmental entity with investigative authority, for any reason? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No

13. At any time in the last seven (7) years, has anyone made a complaint against you to a professional association regarding your professional status or certification? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).

No

14. At any time, have you been asked to resign, or have you been terminated from employment? If yes, please provide applicable dates and please indicate if a severance agreement and/or release of

Yes April, 2019 Dismissed without cause or due process

claims was executed by you regarding such resignation/termination.

15. At any time, has anyone made a complaint against you to a professional organization or your employer for alleged violations of state or federal civil rights or sexual harassment laws? If yes, please provide all information and applicable dates. Yes or No (If yes, please explain).	No
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