

2/20/09

**PRESENTA-
TION:
ALASKA
TRIBAL
HEALTH
SYSTEM**

Jackson, Patsy A

From: Jackson, Patsy A
Sent: Thursday, February 05, 2009 9:44 AM
To: 'Linda_Zaugg@legis.state.ak.us'
Cc: Davidson, Valerie; Dotomain, Evangelyn (ANHB)
Subject: S HSS - February 20

Linda,

Thank you for your help in working with Senator Davis and the Senate HSS schedule to carve a window of time on February 20. We will provide you with handout materials, and I'd like to give you the names of the people who will present.

Will you identify the presentation topic as an overview of the Alaska Tribal Health System with presentations from the Alaska Native Tribal Health Consortium and the Alaska Native Health Board. Please let me know if you think of anything specific you need or if Senator Davis has anything specific she would like to have prepared for the meeting.

Thanks again.

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*Reached w Pat
2/13 - she hopes to
have their info & name
by close of business today*

Alaska Tribal Health System Sustainability Issues

Presented by
Valerie Davidson, Legal &
Intergovernmental Affairs
Alaska Native Tribal Health
Consortium
February, 2009

Outline

- Introduction to the Alaska Tribal Health System
- Introduction to the Alaska Native Tribal Health Consortium
- Sustainability issues & Medicaid's role

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Indian Health Service

- Provides health care in recognition of government to government relationship between Tribes and the U.S. to members of federally recognized Tribes and their descendents
- 3.3 million American Indians/Alaska Natives (AI/AN) in 560 federally recognized Tribes.

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Alaska Native health history

- **1900-1970:** Health care for Alaska Natives was provided by the U.S. government

- **1970-1998:** Alaska Natives organized health care organizations under Self-Governance legislation and assumed ownership of health services
 - *Indian Self-Determination and Education Assistance Act* facilitated gradual transfer of health programs from federal to tribal ownership (1976)
 - "Self-Governance" legislation provided for perpetual "compact" agreements between U.S. Department of Health & Human Service and tribal programs (1994).

- **1998-2007-Future:** All Alaska Native health care is provided by Alaska Native organizations

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Why Tribal Ownership?

- **Customer-owned health program**
- **Integration of primary care around the family**
- **Local priority setting and budget allocation**
- **Local decision-making & flexibility**
- **Culturally-relevant health programs**

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Alaska Tribal Health System

- A voluntary affiliation of over 30 Alaskan tribes and tribal organizations providing health services to Alaska Natives/American Indians

- Each tribe or tribal health organization is autonomous and serves a specific geographical area

- Entire Alaska Tribal Health System serves approximately 130,000 Alaska Natives (projected to 160,000 by 2015)

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Alaska Native Demographics

- Alaska Natives represent 20% of Alaska's population

- Median age is 23.6 years compared to
 - 35.3 years for U.S. All Races and
 - 32.4 years for All Alaskans

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ATHS Service Population

- Anchorage/Mat-Su valley	40,000	31%
- Rural Southcentral Alaska	12,000	9%
- Arctic Slope (northern coast):	4,300	3%
- Manillaq (northwest coast):	7,600	6%
- Norton Sound (west coast):	7,400	6%
- Bristol Bay (southwest):	5,300	4%
- Yukon-Kuskokwim (southwest):	24,200	19%
- Southeast Alaska:	16,300	12%
- Interior Alaska:	13,000	10%
TOTAL ALL REGIONS:	130,600	100%

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Alaska Native Health Status

- Leading Causes of Death:
 - Cancer
 - Heart Disease
 - Unintentional injuries
 - Water transportation/drowning
 - Suicide
 - Alcohol-related
 - Cerebrovascular
 - Chronic Obstructive Lung Disease
 - Influenza and Pneumonia
 - Homicide

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Alaska Native Health Status

- Leading causes for primary care visits
 - Upper respiratory conditions
 - Accidents and injuries
 - Otitis Media
 - Medical/surgical follow-up
 - Bone and joint disorders
 - Neurosis/other non-psychotic
 - Hypertension
 - Immunization
 - Pre-natal care

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Alaska Native Health Status

- Leading causes of hospitalization
 - Deliveries
 - Accidents and injuries
 - Pneumonia
 - Pregnancy complications
 - Arthritis
 - Heart Disease
 - Bronchitis/Emphysema
 - Alcohol abuse
 - Cancer

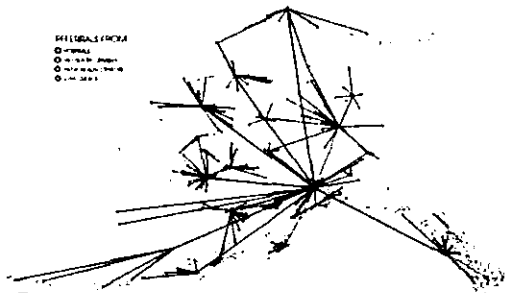
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Levels of Medical Care Services

- 180 small community primary care centers
- 25 subregional mid-level care centers
- 4 multi-physician health centers
- 6 regional hospitals
- Alaska Native Medical Center tertiary care
- Referrals to private medical providers and other states for complex care

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Alaska Tribal Health System Referral Patterns



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Village-Based Medical Services

180 small community health centers

- ~550 Community Health Aides/Practitioners
- ~125 Behavioral Health Aides
- ~20 Dental Health Aides/ 12 Therapists
- ~100 Home health/personal care attendants

- Average Alaska village: 350 residents

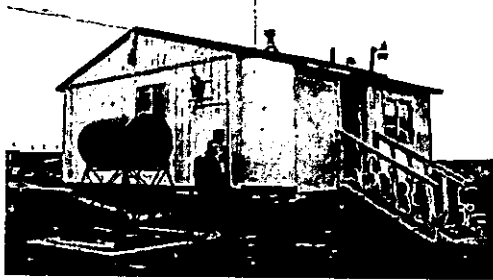
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Community Health Aide/Practitioners



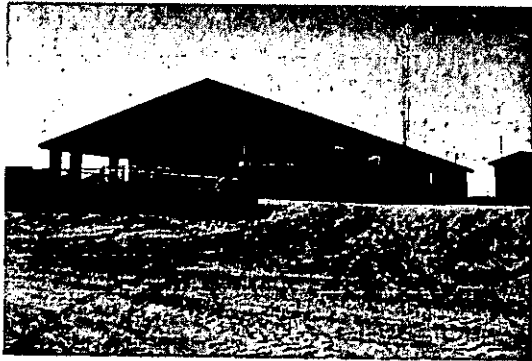
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Old Newtok Clinic
Yukon-Kuskokwim Delta



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Kiana Village Clinic- Northwest Alaska



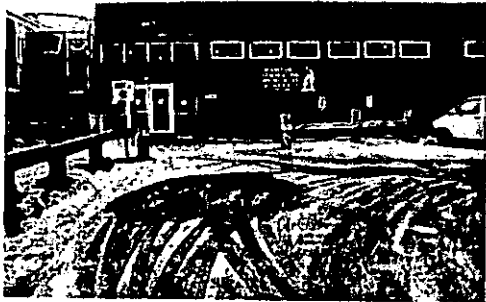
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Alaska's North and Western Coasts

- Health Systems: Regional health organizations with hospitals serving between 10-50 village clinics
 - Arctic Slope Native Association (6)
 - Maniilaq Association (12)
 - Norton Sound Health Corporation (20)
 - Yukon Kuskokwim Health Corporation (58)
 - Bristol Bay Area Health Corporation (32)

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Samuel Simmonds Memorial Hospital
Barrow, Alaska



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Maniilaq Health Center
Kotzebue, Alaska



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Norton Sound Regional Hospital
Nome, Alaska



10/03/2002

Yukon-Kuskokwim Delta Regional Hospital
Bethel, Alaska



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Bristol Bay/Kanakanak Hospital
Dillingham, Alaska



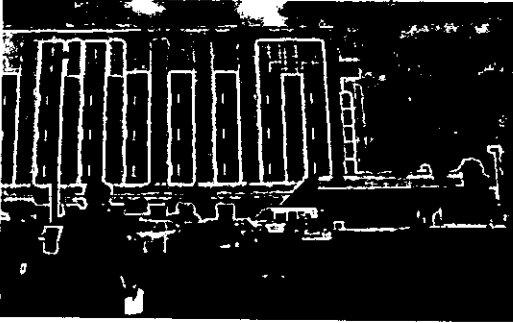
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Interior Alaska

- Interior region Native health system:
 - 25 village clinics
 - 4 subregional mid-level health centers
 - Physician Health Center in Fairbanks
 - inpatient care purchased from Fairbanks Memorial Hospital

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Chief Andrew Isaac Health Center and
Fairbanks Memorial Hospital



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Southeast Alaska

- Regional hospital in Sitka : Mt. Edgecumbe
- Physician health centers in Juneau and Ketchikan
- Physician assistants, nurse practitioners, and Community Health Aide/Practitioners in 18 island communities
- Contractual agreements with some community hospitals

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SEARHC Mt. Edgecumbe Hospital
Sitka, Alaska



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Metlakatla Health Center
Metlakatla, Southeast Alaska



Southcentral Alaska
("Anchorage Service Unit")

- Southcentral Foundation provides
 - direct primary care and community health services in Anchorage, the Matanuska-Susitna Valley, the upper Kuskokwim area, and the Iliamna area
 - primary care support for sixteen (16) Native health organizations in rural Southcentral Alaska

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Alaska Native Tribal Health Consortium

- Created in 1998 with Congressional authorization
- Provider of statewide health services, supporting all Alaska tribal health organizations and communities
- 1,800 employees
- Provides:
 - Tertiary and specialty medical care,
 - Community health and research,
 - Environmental health & engineering, including water and sanitation facilities construction & management
 - Health information technology services
 - Professional recruitment

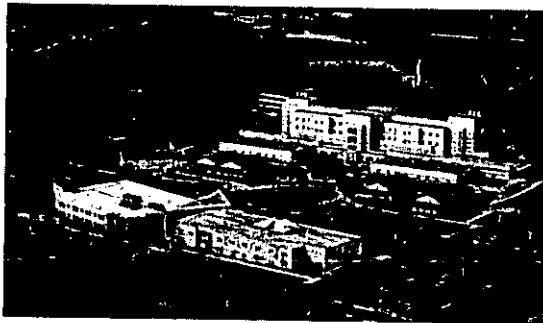
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Alaska Native Medical Center

- Jointly managed by ANTHC (statewide) and Southcentral Foundation (regional)
- Primary hospital services for Alaska Natives from Anchorage and rural Southcentral Alaska
- Tertiary/specialty hospital for all regions

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Alaska Native Medical Center, Anchorage



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Alaska Native Medical Center

- 150 beds
- 6,500+ admissions annually
- 1,400+ infants delivered annually
- 385,000 specialty/primary outpatient visits
- 11,000+ surgeries and endoscopies
- 250 medical staff, 700+ nurses
- \$250 M operating budget (ANTHC+SCF)

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Residential Treatment Centers

- Southcentral Foundation (Adolescents/Women)
- Cook Inlet Tribal Council (adults)
- Yukon Kuskokwim Health Corporation
(adolescent inhalant/adults)
- Fairbanks Native Association (adult/adolescent)
- Tanana Chiefs Conference (recovery camp)
- Maniilaq (adult recovery camp)
- SEARHC (youth/adult/women)
- Copper River (family/youth recovery camp)

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Dental Services

- 14 regional hub dental clinics provide itinerant services to 150 villages
 - 3 to 50 chairs per clinic
- Dentists spend up to 15 weeks a year traveling for village services
- System-wide: 65 dentists/25 vacancies
- ANTHC is training and deploying mid-level Dental Health Aide Therapists

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Community Health Services

- Medical system is complemented by 'wraparound' community health services programs, provided by tribes and tribal health organizations, and supported by ANTHC:
 - health promotion/disease prevention
 - health research
 - injury prevention
 - food safety monitoring
 - emergency preparedness
 - immunizations

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Health Facilities

- Annual federal investment in building, renovating, and maintaining Alaska Native health facilities is estimated at \$55 million
- ANMC needs a \$100M+ expansion
- Barrow and Nome hospitals are ready for replacement at over \$100M each
- Nearly 100 primary care clinics have been replaced, another 50+ need replacement
- Long-term care facilities are also needed

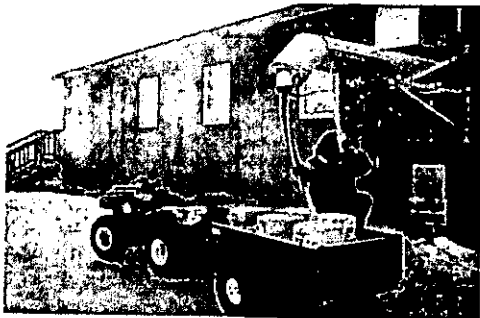
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Sanitation Facilities Construction

- Statewide funding for all Native community water and sanitation facility projects estimated at \$60 million annually from all sources (State, HUD, EPA, Rural Development, Indian Health Service)
- \$600 million+ unmet need remains: primarily in 40 western Alaska communities

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Community Watering Points

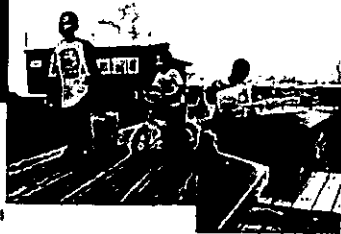


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"Honeybucket Haul Systems"



Honeybucket disposal in Atmautluak



Honeybucket Haul

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Water Service Utilidors



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Why invest in sanitation?

- Infants in communities without adequate sanitation are:
 - 11 times more likely to be hospitalized for respiratory infections
 - 5 times more likely to be hospitalized for skin infections

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ATHS Employment & Economic Impact

- Alaska Native tribes and tribal health organizations employ over 7,000 full and part-time staff statewide
- Resources circulate in the state because we are local

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Some major Alaska Native health initiatives

- Care coordination for chronic/high-acuity patients
- Electronic Health Records deployment
- Tribal long-term care, residential and home-based services development
- Alternative health resources enhancement (Medicaid, Medicare, insurance)
- Wellness/health promotion effort

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Sustainability Issues

- The Indian Health Service funds only 51% of the level of funding needed to provide basic health care services.
- IHS funding does not keep pace with basic medical inflation.
- IHS funding is "discretionary" and competes with national parks for funding.

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Sustainability Issues

- *Severe underfunding of the Indian Health System results in layoffs & reduction in services:*
- Due to the gap between IHS funding and need, health services to AI/ANs are severely rationed.
- Funding levels especially restrict:
 - Adult dental care
 - Non-hospital skilled nursing care
 - Rehabilitation, substance abuse treatment
 - Behavioral health services
 - Psychiatric care

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Authority to Bill

- Due to this disparity, Congress authorized IHS facilities to recover reimbursements from:
 - Medicaid,
 - Medicare, and
 - State Children's Health Insurance Programs (ie. Denali KidCare)

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Partnership with State

- Long Term Care
 - Home & Community Based Services
 - Residential
- Behavioral Health Continuum of Care
- Financial Infrastructure
- Managed Care Feasibility

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Alaska Benefits

- The Centers for Medicare & Medicaid Services (CMS) provides a Federal Medical Assistance Percentage (FMAP) of 51% to the State of Alaska.
- However, State receives 100% FMAP for AI/AN patients who receive their care in an IHS facility.
 - A 49% savings to the State General Fund when patients use the ATHS.

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Sustainability Issues

- *Facility Demands*
 - *Facility Development Innovations*
 - *Joint Venture*
 - *Small Ambulatory Program*
 - *Facility Operational Needs*
 - *Medical Equipment Replacement*
 - *Facility & Environmental Support*
 - *Maintenance & Improvement*
 - *Village Built Clinic Lease Program*
 - *Other Facility needs*
 - *Long Term Care Facilities*
 - *Residential Alcohol & Substance Abuse Facilities*

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Sustainability Issues

- *Energy Crisis and its impact on health*
 - *Increase in demand for health services*
 - *Decrease in ATHS ability to provide care*

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Sustainability Issues: Energy Crisis

- Increase in demand for health services
 - infectious disease due to overcrowded homes (especially in communities without sanitation facilities)
 - behavioral health needs as families begin to experience increased financial pressures
 - Compromised health due to inability to maintain body heat, especially for those with compromised immune systems
 - People who are reliant on durable medical equipment who are not able to pay for increased electrical costs will increase need for emergency care

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Sustainability Issues: Energy Crisis

- Decrease in ability to provide care
 - Fuel and electricity costs already represented 33% of the cost of clinic operations before the energy crisis
 - Rising fuel and electricity costs combined with chronic underfunding result in exceed the capacity to provide the care
 - Clinics are limiting hours of operation during a time we expect to see an increased demand for health care

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Sustainability Issues: Energy Crisis

- Need to address sustainability
 - Facility costs for addressing energy needs for:
 - Clinics
 - Hospitals
 - Sanitation Facilities
 - Operating Costs to meet additional burdens on
 - Additional demand for care
 - Transportation costs
 - Increased supply costs
 - Special consideration needs to be made for populations in which there is no other health care provider

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Questions?

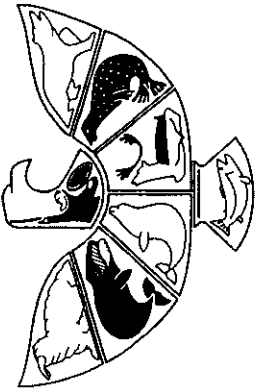
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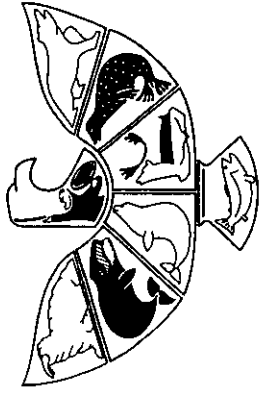
**ANTHC Vision: "Alaska Natives Are
the Healthiest People in the World"**





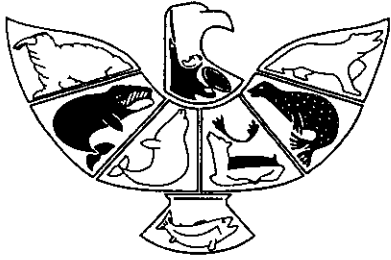
Alaska Native Health Board Overview

Evangelyn Dotomain
February 20, 2009



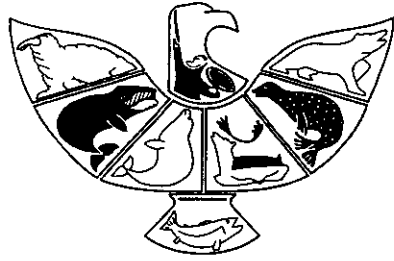
Topics of Discussion

- Overview of ANHB
 - Mission & Operation
 - Statewide Membership
- Economic Impact
- State Priorities
 - Issues
 - Needs
- Questions



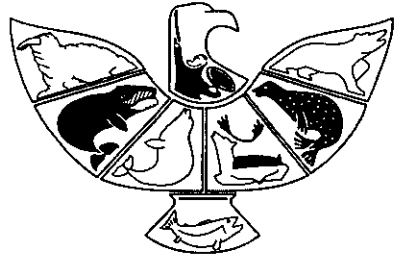
Overview of ANHB

- Mission:
“To promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. “
- Founded in 1968
- Tribal Health Advocacy
 - Federal and State Advocacy, BOD Support, Facilitation & Statewide Forum, Tribal Information & Communication



Membership

Alaska Native Tribal Health Consortium • Aleutian Pribilof Islands Association • Arctic Slope Native Association • Bristol Bay Area Health Corporation • Chugachmiut • Copper River Native Association • Council of Athabascan Tribal Governments • Eastern Aleutian Tribes • Karluk IRA Tribal Council • Kenaitze Indian Tribe • Ketchikan Indian Community • Kodiak Area Native Association • Metlakatla Indian Community • Mt. Sanford Tribal Consortium • Native Village of Eklutna • Native Village of Tyonek • Ninilchik Traditional Council • Norton Sound Health Corporation • Seldovia Village Tribe • Southcentral Foundation • South East Alaska Regional Health Consortium • Tanana Chiefs Conference • Valdez Native Tribe • Yukon Kuskokwim Health Corporation



Tribal Health Among Alaska's 100 Largest Employers

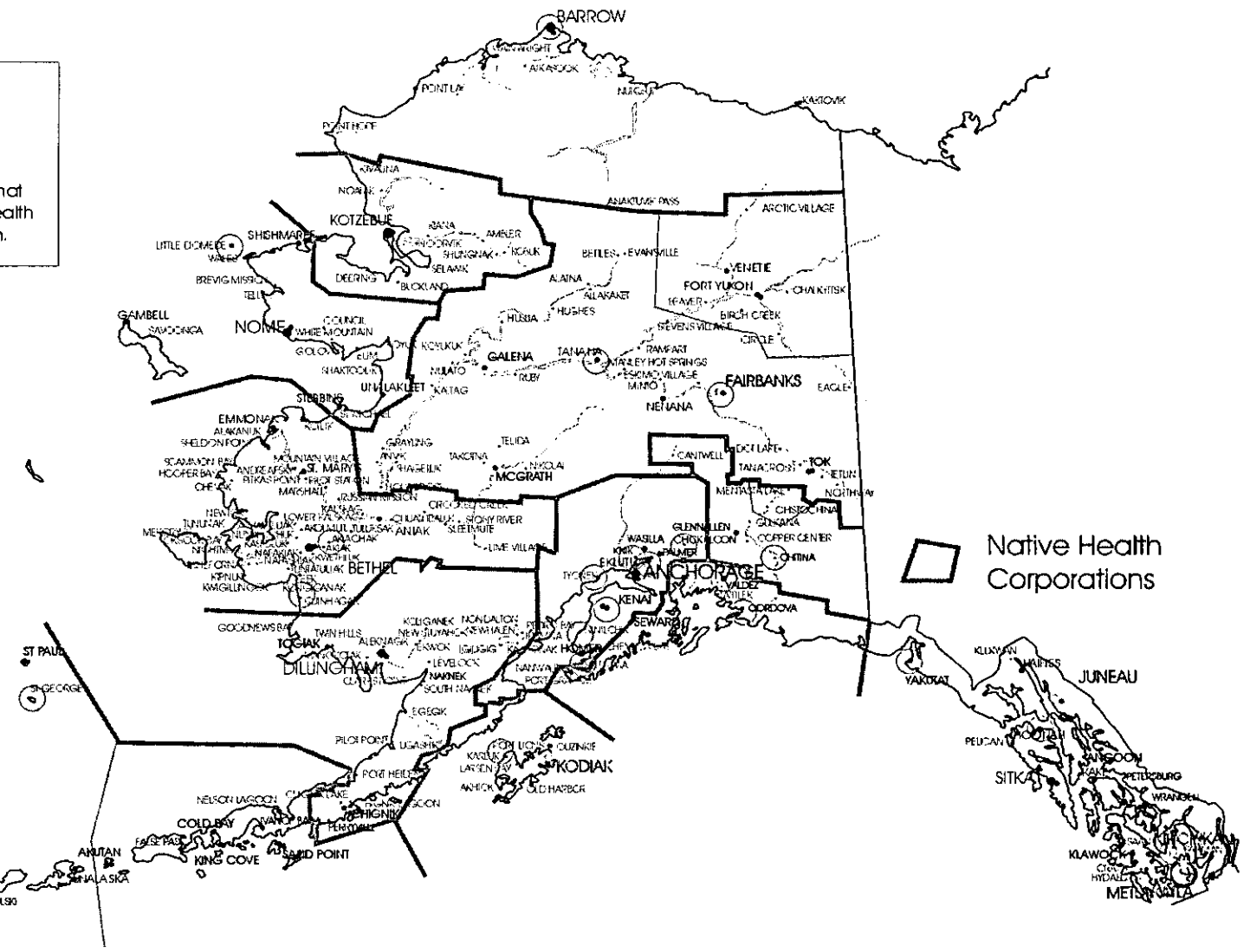
	<u>Employees</u>	<u>Ranking</u>
Alaska Native Tribal Health Consortium/ Alaska Native Medical Center	1855	11
<i>Yukon Kuskokwin Health Corporation</i>	<i>1292</i>	<i>15</i>
Southcentral Foundation	1250	16
<i>SE Alaska Regional Health Consortium</i>	<i>826</i>	<i>28</i>
Maniilaq Association	555	44
<i>Tanana Chiefs Conference</i>	<i>485</i>	<i>56</i>
Norton Sound Health Corporation	478	59
<i>Bristol Bay Area Health Corporation</i>	<i>355</i>	<i>70</i>

2007 Alaska Economic Trends

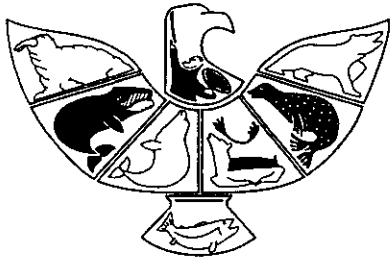
THE ALASKA NATIVE HEALTH CARE SYSTEM

Location Names and Service Level

- HOSPITALS
 - MD HEALTH CENTERS
 - PA/NP HEALTH CENTERS
 - PHN HEALTH CENTERS
 - CHA CLINICS
- Bold Face Names indicate that a higher level of Contract Health Care is available in that town.

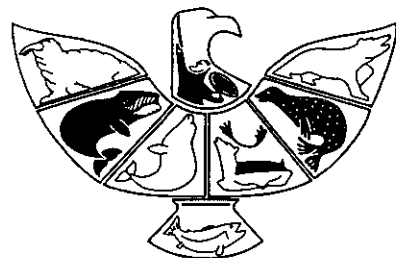


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nah@nahnco.org



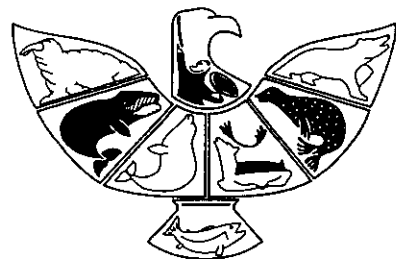
Tribal Health Overview

- Tribal health care has improved health for Alaska Natives
- Disease rates have dropped dramatically due to:
 - Improved access to health care
 - Increase in basic public health measures
 - Childhood and Other Vaccines
 - Sanitation and Water Facilities
- However, there are challenges
 - Chronic under-funding
 - Staffing shortages
 - Increasing health care costs
 - Growing Alaska Native population
- Coupled with inadequate funding for Indian Health Service (IHS) for many years
 - Increases have not kept up with yearly inflation rates or medical cost inflation



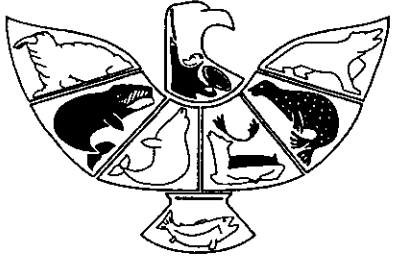
A Perfect Storm

- **Socio-economic Status**
 - Remote Communities with little economic base
 - High unemployment rates
 - Low income levels
- **Health Care Issues: A Perfect Storm**
 - Travel farther than others to receive health care services
 - With money they don't have
 - Usually much sicker and with more medical issues than the average person by the time they receive care at a health facility
 - Fewer medical resources available
 - Higher costs than other facilities in the United States



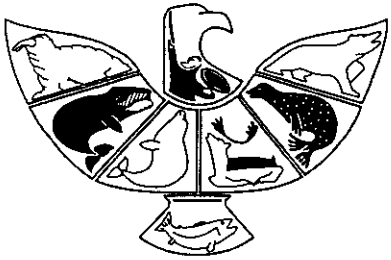
State Priorities

- Energy Solutions for Health Care
- Medicaid
- Behavioral Health
- Water & Sanitation
- Electronic Health Records
- Ensuring Safe Communities



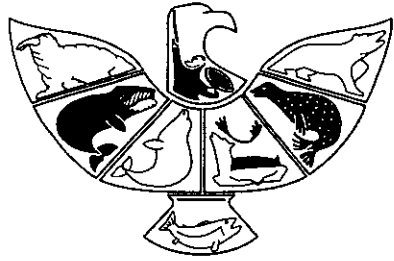
Energy Solutions for Health Care

- Power Cost Equalization
 - Fully fund for FY10 Operating Budget
 - Expansion of Regulation to include
 - Clinics
 - Non-Profits
- Additional Energy Assistance



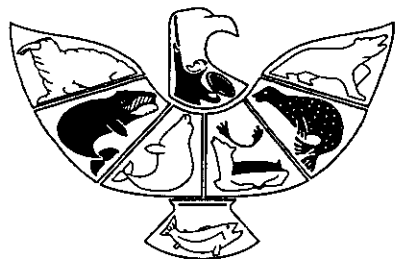
Medicaid

- ANHB encourages the State of Alaska to continue to invest in demonstration projects to test innovative approaches through the ATHS
- Any proposed changes to current Medicaid policy should:
 - Enhance or maintain access to Medicaid by vulnerable residents
 - Expand or maintain types of services currently covered by Medicaid
 - Ensure payment rates cover the entire cost of providing the service
 - Improve health, save lives, and reduce emergency health care costs



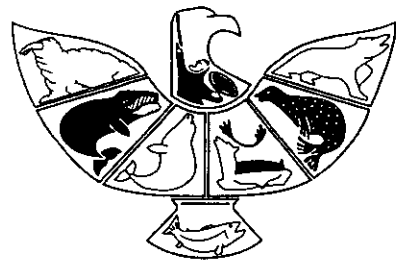
Behavioral Health

- Support behavioral health grants and programs by utilizing the tribal consultation methodology to direct funding in the most effective manner
- Continue financial support for the Alaska Tribal-State Forums on domestic violence, child abuse, child neglect and sexual assault
- Additional funding to establish housing and treatment options for severely and chronically mentally ill
- Support and funding for the Rural Psychiatric Treatment Center (RPTC) programs
- Strongly supports Suicide Prevention programs which are culturally appropriate and impactful



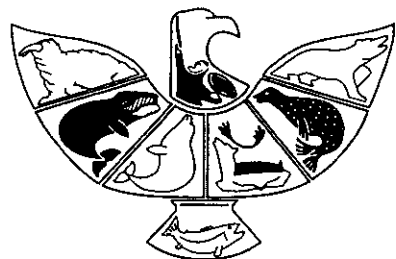
Water & Sanitation

- Village Safe Water Program support to design and construct water and sanitation facilities in rural Alaska
- Operations & Maintenance Subsidy
 - \$15 million investment to support water and sewer operations and maintenance for one year would help protect public health, the major capital investment in this infrastructure, and help extend the life of water and sewer systems



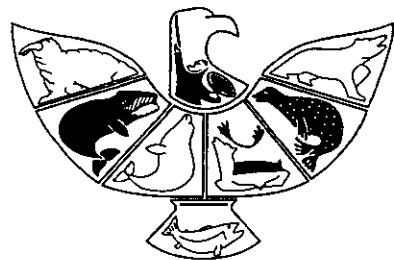
Electronic Health Records

- State appropriations to support the Alaska eHealth Network focusing on the deployment of electronic health records and a system for private, secure exchange of health information between medical providers, their patients, and the payers
- Support for electronic health records to allow for greater continuity of care, less medical and pharmacy errors, and greater efficiency



Ensuring Safe Communities

- Substantial and ongoing increases in funding for VPSO program
 - Greater need for first responders
 - Shortage causes CHA/Ps to take on much of this work
 - But the partnership is essential to both to reduce burnout and provide needed service

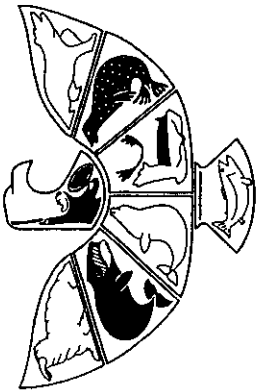


Additional: Workforce Development

- High vacancy rates:

Occupational Groups	Statewide Estimates			Tribal Vacancy
	Positions	Vacancies	Vacancy Rate	
All Occupations	34738	3529	10.2%	16.5%
Physicians	1931	226	11.7%	27.1%
Professional Nurses	7139	696	9.8%	15.5%
CNA/LPN/PCA/HHA	1762	111	6.3%	14.3%
Dentist/Pharmacists/ Therapists	2281	404	17.7%	42.9%
Behavioral Health	7450	1033	13.9%	14.5%

- Support for loan repayment and incentive programs
- Increased outreach and workforce development opportunities



Alaska Native Health Board State Legislative Priorities Fiscal Year 2010



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ALASKA TRIBAL HEALTH SYSTEM

The health status of American Indians and Alaska Natives (AI/ANs) is much poorer than that of the average American. Many live in remote communities with little economic base, high unemployment rates and low income levels. These conditions result in a "perfect storm" of health care obstacles: AI/ANs in Alaska travel farther than others to receive health care services with money they don't have, and are much sicker, with more medical issues, than the average person by the time they receive care at a health facility that has fewer resources and higher costs than other facilities in the United States.

Funding for health has led to improved Alaska Native health status

Despite these obstacles the Alaska Tribal Health System (ATHS) has worked to improve health for Alaska Natives. Rates for diseases, such as tuberculosis, have dropped dramatically with improved access to health care and basic public health measures, like childhood vaccinations and installing water and sewer systems in rural Alaska. Between 1950 and 1997, Alaska Native life expectancy rose from 46 years to 68 years of age (ISER, Status of Alaska Natives Report, 2004).

Still, Alaska Natives continue to suffer from significantly higher rates of suicide, violent injury, and unintentional injury than the general population and face unprecedented rates of cancer, obesity, and diabetes. The ATHS provides a broad range of services, consistently improving health care delivery. However, chronic under-funding, increasing health care costs, and a growing Alaska Native population are hampering much needed progress.

Funding has not kept pace with need, inflation

The Indian Health Service (IHS) has not received adequate funding for many years. Modest increases have not kept up with inflation, increasing medical costs, or the ever expanding funding gap.

Overview of the Alaska Tribal Health System

ATHS is a multifaceted, interdependent healthcare system with sophisticated patterns of referral developed over 40 years by Alaska's 231 federally recognized Tribes. The ATHS strives to provide better health care to our people, half of whom live in remote communities across 586,412 square miles of largely road-less land. Alaska's Tribes and Tribal organizations manage more than 99 percent of IHS programs under the Indian Self-Determination and Education Assistance Act and, since 1994, the Alaska Tribal Health Compact, allowing federal programs to be redesigned to meet the needs in Alaska.

The Alaska Native Health Board (ANHB) is the

statewide voice of Alaska Native health advocacy, consistently emphasizing the importance of self-determination in healthcare services and encouraging wellness in Native communities through policy change. The ANHB continues a 40 year commitment to ensuring healthier Alaskan Natives. ANHB encourages our federal and state policymakers to join us in finding solutions and funding to help us save lives, improve Alaska Native health, and use resources more efficiently and effectively.

The Alaska Native Health Board (ANHB) represents 24 tribal health organizations serving approximately 130,000 Alaska Native and American Indian individuals. These priorities reflect the current state needs of these members and will be the focus of ANHB state advocacy for Fiscal Year 2010.

PRIORITY ONE: ENERGY SOLUTIONS FOR HEALTH CARE

ANHB urges the Legislature to continue the Power Cost Equalization (PCE) benefit at 100% for FY09 and to fully fund PCE in the Administration's FY10 operating budget. The PCE should be expanded via regulation in three crucial ways for it to be truly effective in rural Alaska:

- Include Clinics, regardless of funding source
- Include non-profits
- Include fuel/heating oil

PRIORITY TWO: MEDICAID SUPPORT AND FUNDING

The federal government covers 100% of Medicaid payments for Alaska Native Medicaid beneficiaries if they receive care from the Alaska Tribal Health System (ATHS). This provides a unique opportunity for the State of Alaska to improve the health of Alaska Natives and save money by:

- Continuing to invest in demonstration projects to test innovative approaches through the ATHS.

PRIORITY THREE: BEHAVIORAL HEALTH SUPPORT & FUNDING

ANHB invites the State Legislature to support the Governor's request for \$19.1 million in behavioral health grants. The increased funding level will help address significant unmet needs by:

- Enabling DHSS grant funded programs for domestic violence, mental health, suicide prevention, and substance abuse services to operate in rural Alaska,
- Train providers, community based counselors and behavioral health aides.

DOMESTIC VIOLENCE, CHILD NEGLECT & ABUSE

Continued financial support for Alaska Tribal-State Forums on domestic violence, child abuse, child neglect and sexual assault (DV/CA/CN/SA), as well as increased funding for programs and shelters in Alaska Native communities.

SEVERELY AND CHRONICALLY MENTALLY ILL - HOUSING

ANHB urges support for additional funding to establish housing and treatment options for the severely and chronically mentally ill.

BRING THE KIDS HOME

ANHB encourages continued support and funding for the Rural Psychiatric Treatment Center (RPTC) programs. RPTC programs are needed to ensure children are able to obtain treatment as close to home as possible and provide in-state options for care.

PRIORITY FOUR: WATER AND SANITATION SUPPORT & FUNDING

VILLAGE SAFE WATER PROGRAM

ANHB requests support for \$22.9 million for the State's Village Safe Water (VSW) program to design and construct water and sewer facilities in rural Alaska.

OPERATIONS & MAINTENANCE SUBSIDY

An investment of \$15 million for water and sewer operation and maintenance for one year would help protect public health, the capital investment in the infrastructure and help extend the life of water and sewer systems.

PRIORITY FIVE: ELECTRONIC HEALTH RECORDS SUPPORT & FUNDING

ANHB recommends a state appropriation of \$6.5 million to support the Alaska eHealth Network focusing on the deployment of electronic health records (EHR) and a system for private, secure exchange of health information (HIE) between medical providers, their patients, and the payers.

ELECTRONIC HEALTH RECORDS RPMS

The Alaska Tribes propose that all E-health initiatives allocate a percentage of funds to support the Indian Health Service Resource and Patient Management System (RPMS) public domain system.

PRIORITY SIX: ENSURING SAFE COMMUNITIES

ANHB recommends substantial and ongoing increases in funding for the Village Public Safety Officer program (VPSO). In December 2005, there were only 48 VPSOs across the entire state. At least 147 were needed. As a result of the shortage, victims of violent crimes in rural Alaska communities often wait days before a State Trooper can respond.

Priority One: Energy Solutions for Health Care Across Alaska



Rural Alaska has been battling the Energy Crisis for years, but the burden of the crisis has become so severe that Alaskans are being forced to choose between heating their home or hunting for food for their families. In a time of surplus, no one should have to make this choice. It is time to be inclusive of those in the hardest position and be innovative in leading future alternative energy solutions.

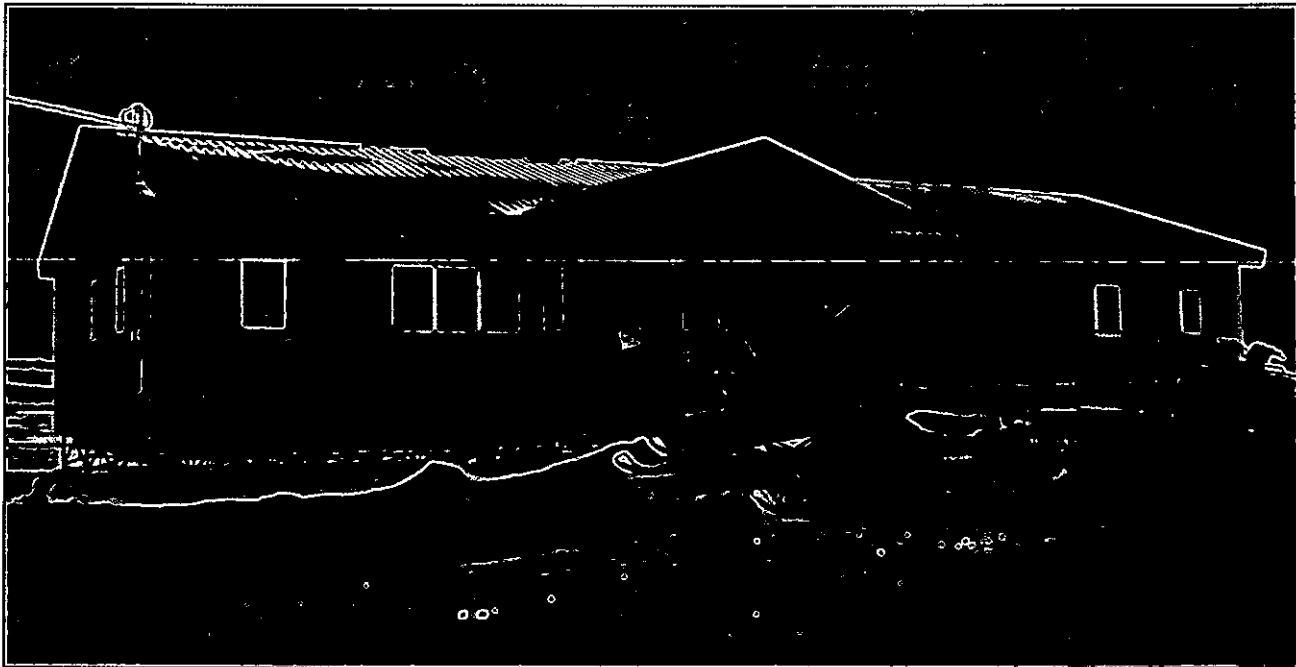
Higher utility and operational costs are negatively impacting health care delivery throughout Alaska, especially in Rural Alaska.



Alaska Native Health Board (ANHB) urges the Legislature to continue the Power Cost Equalization (PCE) benefit at 100% for FY09 and to fully fund PCE in the Administration's FY10 operating budget.

The goal of the PCE program is to provide economic assistance to customers in rural areas of Alaska where the kilowatt/hour charge for electricity can be 3 to 5 times higher than the charge in more urban areas of the state. PCE only pays a portion of approximately 30% of all KWh's sold by the participating utilities. PCE helps small rural areas maintain the availability of communications and the operation of basic infrastructure and systems, including water and sewer, incinerators, heat and light. In order for a clinic to qualify for PCE:

- Must be designated as a Community facility
- Clinics that are designated as government facilities do not qualify for PCE



The PCE should be expanded via regulation in three crucial ways for it to be truly effective in rural Alaska:

- Include Clinics, regardless of funding source
- Include non-profits
- Include fuel/heating oil

Priority Two: Medicaid Support and Funding



The federal government covers 100% of Medicaid payments for Alaska Native Medicaid beneficiaries if they receive care from the Alaska Tribal Health System (ATHS). **This provides a unique opportunity for the State of Alaska to improve the health of Alaska Natives and save money by:**

- **Fully funding and supporting Medicaid, and**
- **Continuing to invest in demonstration projects to test innovative approaches through the ATHS.**

While Alaska Natives are 19% of the state's population, in State FY 2005:

- Natives were 38.8% of the Medicaid-eligible population,
- Of these, almost 70% were children, and
- Of all Medicaid eligible Natives, 88.1% used some form of Medicaid services. (*FY 2005 Tribal Medicaid Activity, State of Alaska DHSS*)

Medicaid is important to Alaska Natives because of the high unemployment and poverty rates in our communities. Like all low/no-income families and children, Alaska Natives who qualify for Medicaid are at higher risk of diseases, injury, and premature death. Ensuring Medicaid covers basic health care for Alaska's most vulnerable residents will decrease costs associated with emergency room visits, increased disease, more complex care, and higher death rates for these Alaskans.



Priority Two: Medicaid Support and Funding

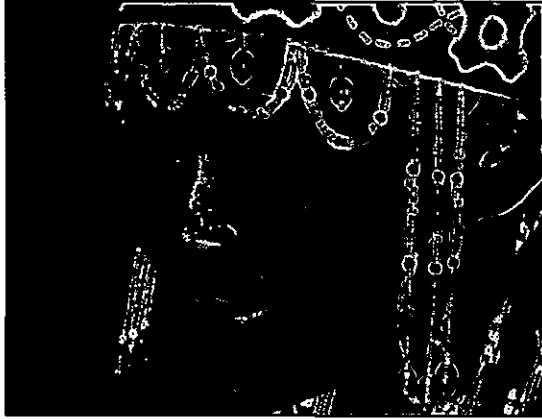
Any proposed changes to current Medicaid policy should:

- Enhance or maintain access to Medicaid by vulnerable residents
- Expand or maintain types of services currently covered by Medicaid
- Ensure payment rates cover the entire cost of providing the service
- Improve health, save lives and reduce emergency health care costs

Medicaid helps Alaskans avoid huge social and economic costs otherwise borne by the State and its residents. The State of Alaska will realize substantial cost-savings by continuing to collaborate with the Alaska Tribal Health System.



Priority Three: Behavioral Health Support and Funding



Many Alaska Natives still do not have access to behavioral health services despite the clear need. An integrated health system requires availability of qualified and trained behavioral health providers in every community. The full establishment of this vision is only possible with State financing which supports the concept of services in the right place and at the right time to prevent escalation of the need for more intensive and costly services. To assist in meeting this vision, the following program support and funding is needed.

ANHB invites the State Legislature to support the Governor's request for \$19.1 million in behavioral health grants and provide support for behavioral health programs and utilizing the tribal consultation methodology to direct the funding in the most effective manner.

The increased funding level will help address significant unmet needs by:

- Enabling DHSS grant funded programs for domestic violence, mental health, suicide prevention, and substance abuse to operate in rural Alaska,
- Support substance abuse and mental health services, and
- Train providers, community based counselors and behavioral health aides.

Many other health challenges facing Alaska Natives are tied to behavioral health conditions; chief among these is substance abuse. The combination of substance abuse and mental illness is associated with much higher rates of multiple diseases and early death:

- 1 in 11 Alaska Native deaths is alcohol-induced
- Alcohol was the 4th leading cause of death from 1993 to 2002 (*Alaska Bureau of Vital Statistics*)
- Alcohol contributed to 85% of reported domestic violence cases and 80% of reported sexual assault cases between 2000-2003 (*ISER, Status of Alaska Native Report, 2004*)
- Suicide among Alaska Natives remained steadily at 2 times the non-Native rate from 1992 to 2000 (*Alaska Bureau of Vital Statistics*).

DOMESTIC VIOLENCE, CHILD NEGLECT & ABUSE
Continued financial support for Alaska Tribal-State Forums on domestic violence, child abuse, child neglect and sexual assault (DV/CA/CN/SA), as well as increased funding for programs and shelters in Alaska Native communities are direly needed.



Additional support is needed because:

- For the past 27 years, Alaska has ranked nationally in the top five for DV/CA/CN/SA
- American Indian/Alaska Native (AI/AN) people are victimized 3-4 times more frequently than other Alaskans
- Alaska's child sexual assault rate is 6 times the national average
- 75% of AI/AN women are physically and/or sexually assaulted during their lifetime
- In 2005, 62.5% of female homicide victims murdered by men were AI/AN



SEVERELY AND CHRONICALLY MENTALLY ILL— HOUSING

ANHB urges support for additional funding to establish housing and treatment options for the severely and chronically mentally ill. Among AI/AN people with mental illness, the morbidity rates for various mental illnesses are astronomically higher (alcoholism=770% higher; suicide=190% higher) than those of their non-Native peers. (*National Alliance on Mental Illness 2003 Strategic Plan*)

- 33.5% of 21,037 Alaska's State Mental Health Authority clients for 2006 were AI/AN people; this figure represents 6.6 % of the total AI/AN in Alaska, more than double the rate for all Alaskans, and three times the rate for all Americans. (*US HHS Center for Mental Health Services 2006 State Report for Alaska*)
- 36 % of homeless Alaskans are Alaska Native people (who comprise 19 % of the state's total population).
- 4,700 Alaskans are released from institutional care (prisons, state hospitals) to homelessness; 35% of Alaska prison inmates surveyed said they had no place to reside upon release and would enter a homeless shelter or live on the streets.

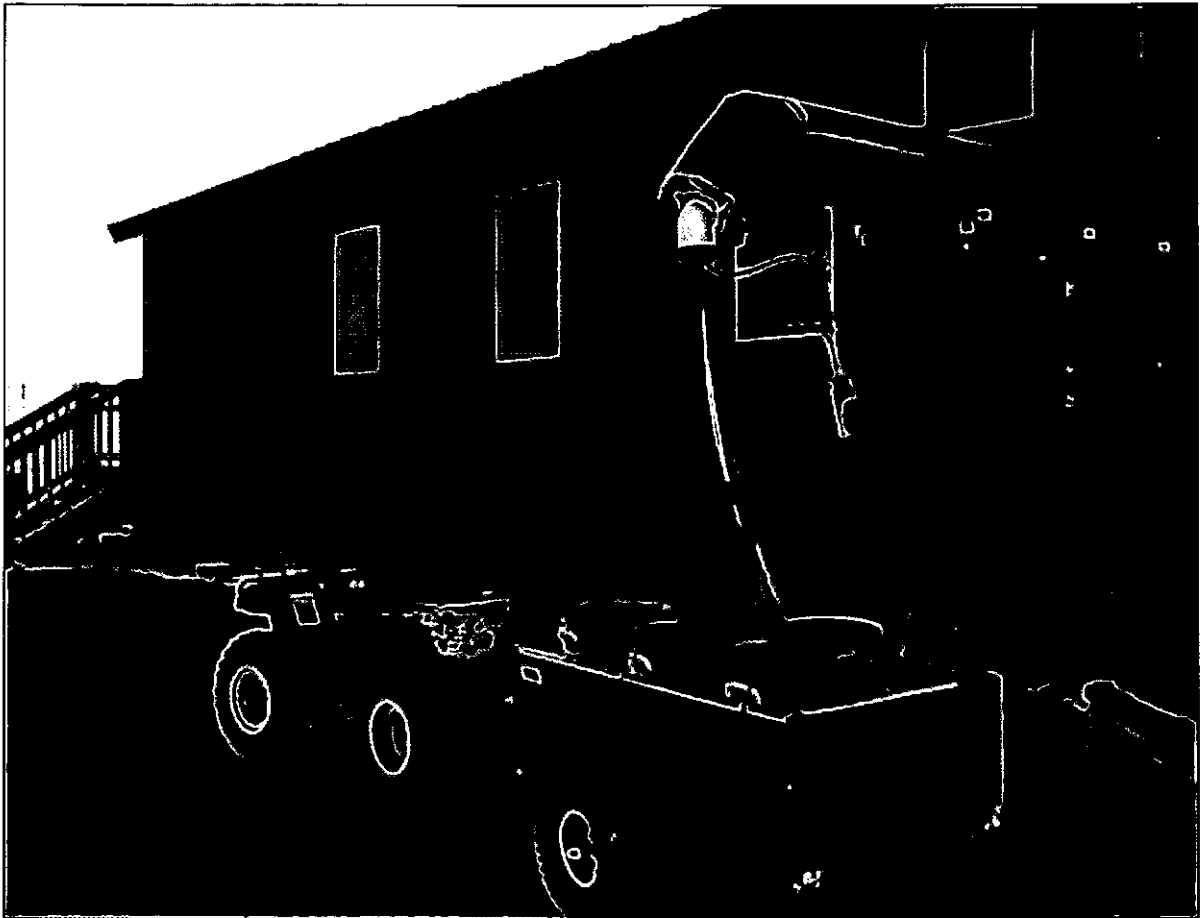
BRING THE KIDS HOME: Number of Alaska Native children in out-of-state RPTC

ANHB encourages continued support and funding for the Rural Psychiatric Treatment Center (RPTC) programs. RPTC programs are needed to ensure children can obtain treatment close to home and provide in-state options for care.

On May 5, 2008, there were 281 children in out-of-state care. Of these, 33% were Alaska Native youth. All six state regions had Alaska Native youth in out-of state care. The largest proportion of these youth were from the Anchorage region (40%), followed by the Northern region (26%), the Southeast region (11%), both the Mat-Su and Southwest regions (8% each), and finally the Kenai Peninsula region (4%). Home regions were not recorded in slightly over 3% of the Alaska Native youth in out-of-state care.



Priority Four: Water and Sanitation Support and Funding



VILLAGE SAFE WATER (VSW) PROGRAM

There is an urgent and continuing need for safe running water and wastewater systems in many rural communities in our state.

- More than 6,000 homes in rural Alaska are without safe drinking water
- Nearly 14,000 homes require upgrades or improvements to their water, sewer, or solid waste systems to meet minimum sanitation standards
- Leveraging state dollars brings 3 times as many federal dollars to provide safe drinking water and sewage systems to rural households in Alaska

The VSW Act has been momentous to the construction of sanitation systems. In 2005, the Department of Environmental Conservation, VSW received \$74 million in federal funding for design and construction of sanitation projects. This funding requires a state match at the rate of \$1 for every \$3 in federal funding and in FY08 State funding required amounted to just over \$18 million.

ANHB requests support for \$22.9 million for the State's Village Safe Water (VSW) program to design and construct water and sewer facilities in rural Alaska.



OPERATIONS & MAINTENANCE SUBSIDY

Having adequate financial resources for water and sewer O&M is necessary for protecting public health as well as the \$2.5 billion capital investment in the water and sewer infrastructure.

High operational costs due to exorbitant fuel and energy costs, may result in rural water systems being

shut down during the winter months. A large percentage of rural residents have limited seasonal incomes that prevent many rural water utilities from generating the revenue necessary to operate effectively without an outside subsidy. Water utility operations have historically been underfunded, resulting in decreased operational life of infrastructure and unreliable water service in many rural villages.

Ineffective or non-existent attention to the O&M of water and sewer systems is a major, long standing threat to the health and economic well being of Alaska Native people.

- Health benefits are generally not seen until people use 8 to 14 gallons of water per day per person.
- Rural residents who travel to haul their water are reported to use as little as 1.8 gallons per day, while the average American uses 80 to 100 gallons per day.

ANHB looks forward to the day when we can report to the Legislature that all the households in rural Alaska have adequate water and sewage systems.

An investment of \$15 million for water and sewer operation and maintenance for one year would help protect public health, the capital investment in the infrastructure and help extend the life of water and sewer systems.





ANHB recommends a state appropriation of \$6.5 million to support the Alaska eHealth Network focusing on the deployment of electronic health records (EHR) and a system for private, secure exchange of health information (HIE) between medical providers, their patients, and the payers. State assistance will help to ensure that EHR and HIE become part of the strategy for health care reform in Alaska. The EHR Network is a vital step in making health information exchanges a reality in Alaska. Studies from other states show real cost savings for purchasers, providers, and other health care entities, and improved quality of health care.

EHR/HIE deployment brings multiple benefits for Alaskans:

- State matching funds will attract larger federal grants for EHR
- Timely access to secure, clear, appropriate information leading to decreased medical errors and quick response to epidemics and bioterrorism
- Better health care for patients, especially in emergencies, through access to more complete medical history, test results, current medications, allergies, etc.
- Recruitment of new medical providers to Alaska through access to advanced medical support systems

Despite soaring health care costs and concerns about improving the quality of care, health information is maintained and transmitted in much the same way that it has for over 50 years resulting in duplication, waste, and health risks. The technology exists today to create electronic health records that are safe, secure, and provide immediate, meaningful access to personal health care information.

The Alaska Tribes propose that all E-health initiatives allocate a percentage of funds to support the Indian Health Service Resource and Patient Management System (RPMS) public domain system.

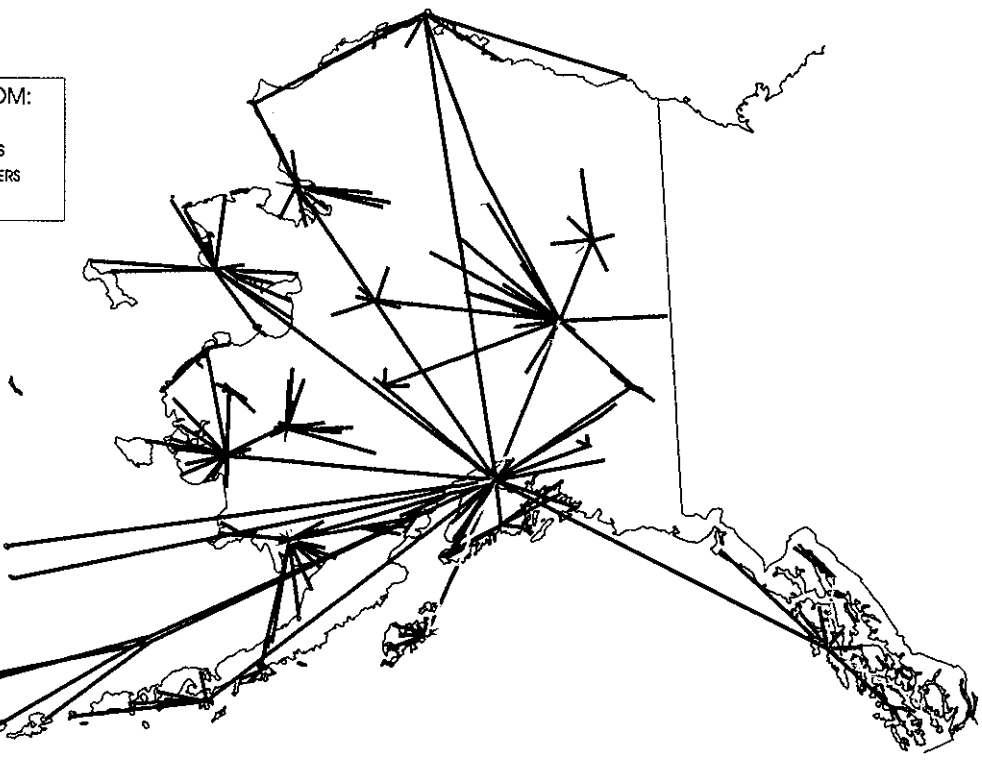
RPMS is the Indian Health Service IT-solution for all Tribal Health Organizations participating in the GPRA Tribal reporting project. The flexible hardware configures over 50 software applications and combines appropriate network communication components to provide a comprehensive clinical, financial, and administrative solution. ANTHC provides technical support for the Tribal RPMS Users in Alaska. This support includes installation of new and updated software for new and current sites; training on the applications; and tech support for users.

As a whole IHS does not receive adequate funds to support RPMS nationally and has indicated that they may be forced to implement fees in the future for Tribes wishing to fully use the system.

THE ALASKA NATIVE HEALTH CARE SYSTEM

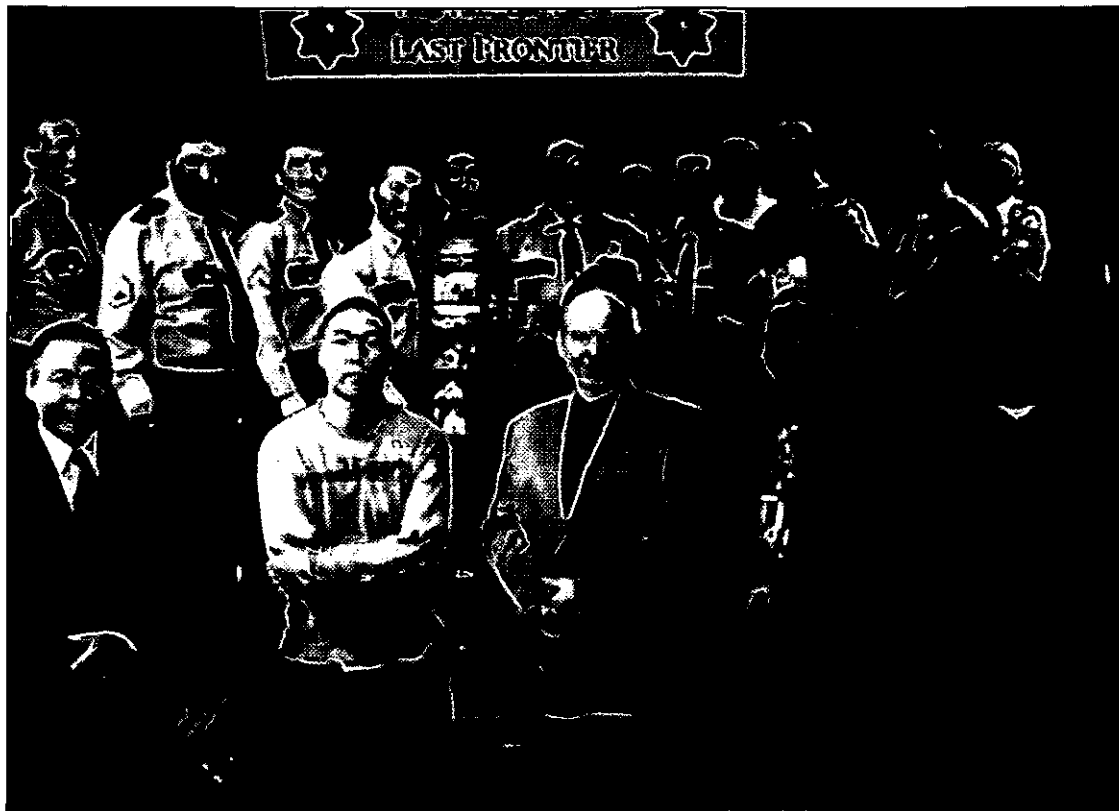
Typical Referral Patterns

- REFERRALS FROM:
- HOSPITALS
 - MD HEALTH CENTERS
 - PA/NP HEALTH CENTERS
 - CHA CLINICS



Map provided by Alaska Native Health Consortium Division of Information Technology www.anhc.org

Priority Six: Ensuring Safe Communities



“The Village Public Safety Officer Program was designed to train and employ individuals residing in the village as first responders to public safety emergencies such as search and rescue, fire protection, emergency medical assistance, crime prevention and basic law enforcement. The presence of these officers has had a significant impact on improving the quality of life in the participating villages.”

ANHB recommends substantial and ongoing increases in funding for the Village Public Safety Officer program.

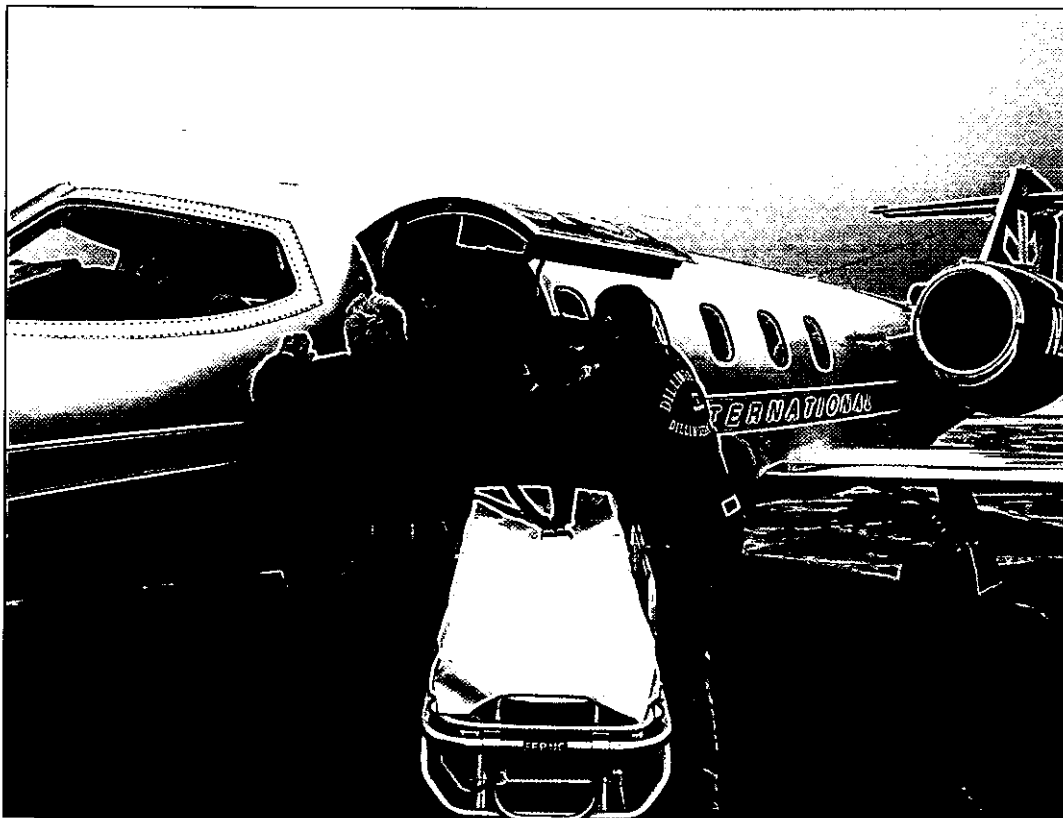
With rising costs of energy moving families into smaller homes and causing greater questions about how families will pay energy bills, is it expected that greater need for first responders to increased domestic violence calls, suicide attempts, violent crimes, and other emergent issues.

Unfortunately, there is a dire shortage of VPSO officers in rural Alaska, despite the original intent of the program. In December 2005, there were only 48 VPSOs across the entire state. At least 147 were needed. As a result of the shortage, victims of violent crimes in rural Alaska communities often wait days before a State Trooper can respond.

In addition, when there is no VPSO in a rural community, Community Health Aides from the local clinic are often called in to be the first responder. During these times, Community Health Aides are not available to provide health care. Also, it is very difficult for proper, high quality health care to be administered amidst crime or in unsafe environments.

Community Health Aides and Community Health Practitioners have been providing primary health care in rural Alaska villages as the first link in the Alaska Tribal Health System.

During major emergencies or epidemics, coordinated responses between VPSO, Volunteer Firemen, Health Aides, and Emergency Medical Services are necessary to the safe provision of health care. However, with a shortage of VPSOs, it can be difficult to provide a unified response.



Priority Six: Ensuring Safe Communities



The Alaska Native Health Board, Alaska Tribal Health System, and our state and federal partners working together to provide the highest quality health care and promote Alaska Native wellness in all aspects of Native life.

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Chairman
Tanana Chiefs Conference

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Executive Committee Alternate
Ketchikan Indian Corporation

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Arctic Slope Native Association

Lincoln Bean, Sr.
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Seldovia Village Tribe

Cassandra Trenton
Native Village of Tyonek

Jan Hill
3rd Member At Large
South East Alaska Regional Health Corporation

Ivan Encelewski
Ninilchik Traditional

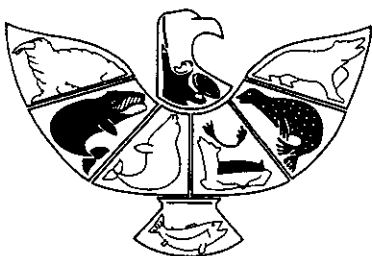
Alicia Reft
Karluk IRA Tribal Council

ALASKA NATIVE HEALTH BOARD

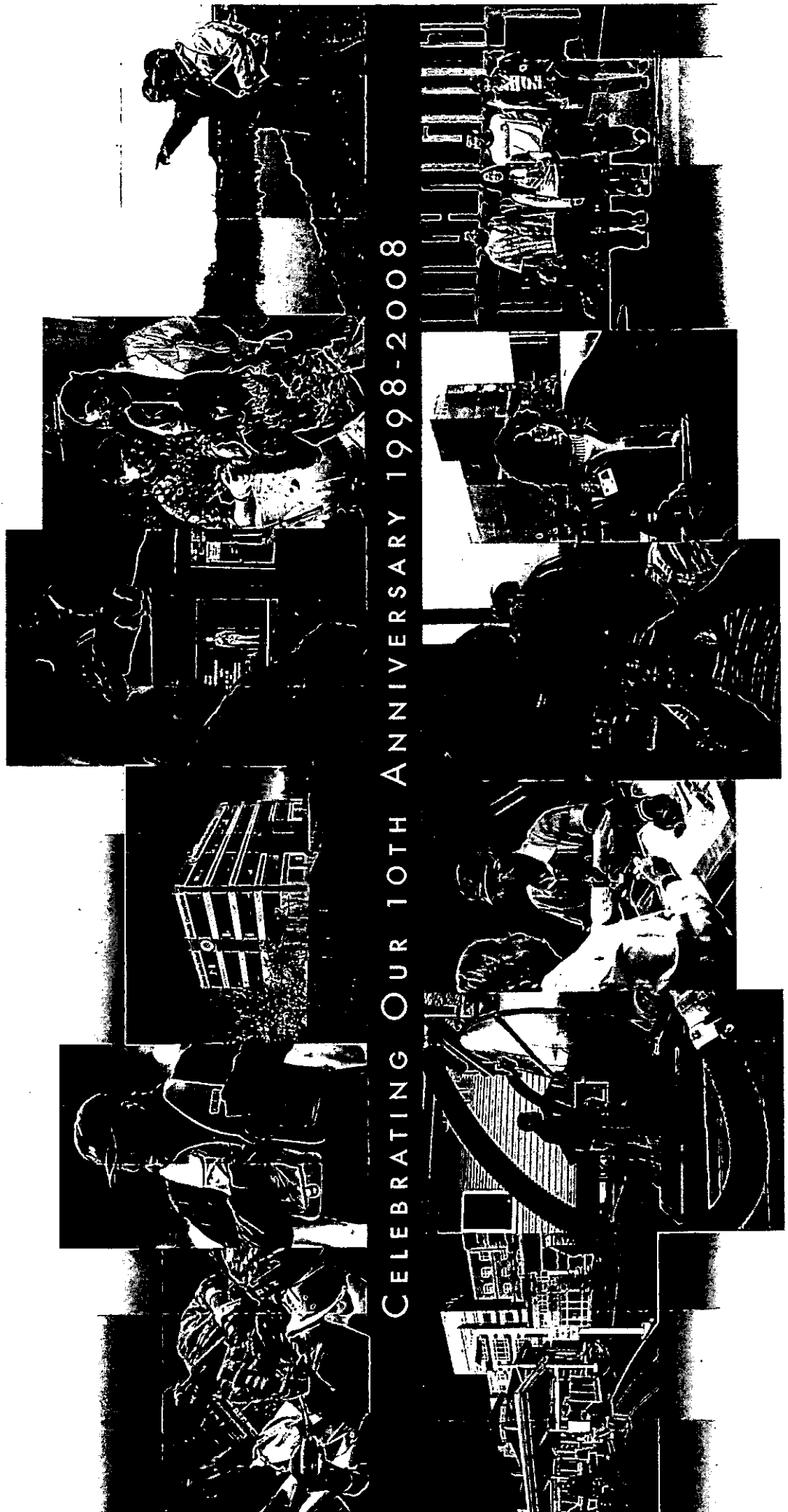
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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
2008 ANNUAL REPORT



CELEBRATING OUR 10TH ANNIVERSARY 1998-2008

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INTRODUCTION

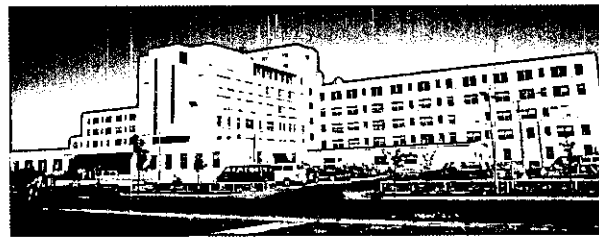
The leaders of the Alaska Native Tribal Health Consortium have a vision: *Alaska Natives are the healthiest people in the world.* To achieve that vision, we work with our customers, members of the Alaska Tribal Health System, and non-Native agencies that share common objectives. We work toward a unified health system to achieve the highest quality services. These efforts continue a journey to wellness that began many years ago.

In the 1800s, infectious diseases such as influenza, smallpox, and tuberculosis (TB) caused deadly epidemics among Alaska Natives. As late as 1950, Alaska Natives had a life expectancy of 47 years, compared to 66 years for non-Natives.

As new remedies became available, that extreme gap between Alaska Native and non-Native life expectancy narrowed, but it didn't close. In 1998, life expectancy was 69 years for Alaska Natives, versus 76 years for non-Natives. Alaska Natives now experience high rates of death from cancer, heart disease, and unintentional injuries. Infectious diseases continue to affect Native people too.

The photographs and timeline in this annual report show some of the steps the Alaska Native Tribal Health Consortium has taken to improve the health status of Alaska Natives since it began operations in 1998. The report outlines the Consortium's achievements during Fiscal Year 2008 (October 1, 2007 to September 30, 2008 or FY08). It shares our hopes for the future.

To help achieve our vision, we ask our employees to provide the highest quality health services, a level of service that makes Alaska Natives proud. We encourage Alaska Natives to make healthy choices and to help keep our families and communities strong. To stay healthy, be informed about health. Be physically active and eat nutritious foods. Be well.



In parts of Alaska in the 1940s, as many as 90 percent of Alaska Natives test positive for tuberculosis (TB). To fight the TB pandemic, the Indian Health Service opens the Anchorage Medical Center of the Alaska Native Service in downtown Anchorage. Commonly called ANS, it serves as a sanitarium until new medications make TB rare, then becomes a medical center offering acute and specialty, as well as outpatient care. *Photos courtesy of University of Alaska Anchorage Archives and Anchorage Museum of History and Art.*

CHAIRMAN OF THE BOARD
AND PRESIDENT



LINCOLN A. BEAN, SR.

Dear friends,

The Alaska Native Tribal Health Consortium is unique. We are the largest, most comprehensive tribal health organization in the nation. Tribal members are our customers and own and manage the company. Moreover, we serve our customers, all across Alaska, throughout their lives.

In the ten years since tribes assumed management of statewide tribal health services in Alaska, tribal health leaders have taken the company in new directions, tailored to tribal needs. In those ten years, the Consortium has taken great, unprecedented, strides to improve the health status of Alaska Native people.

- The percentage of rural Alaska Native homes with water and sewer systems rose from 63 to 76 percent, an increase of 13 percent.
- In 1998, the Alaska Native Medical Center (ANMC) provided medical care for about 100,000 outpatient visits. In FY08, ANMC provided care for more than 400,000 outpatient visits.
- The Consortium has expanded programs to educate and train Alaska Natives in health professions, and has conducted research on many of the priority causes of disease among Alaska Native people.
- Our technological advances have enabled us to improve our level of customer service, and have attracted national awards and international attention for innovation.

In addition, traditional cultures have a strong role in shaping the organization to provide culturally appropriate services.

These feats are the result of the hard work and determination of our partners, stakeholders, and employees. I appreciate your continued support and look forward to a bright future. It is a great honor to serve as Board Chairman and President of the Consortium. *Gunalcheesh* (thank you in Tlingit) for the opportunity.

A handwritten signature in cursive script that reads "Lincoln A. Bean Sr.".

Lincoln A. Bean, Sr.

DON KASHEVAROFF

Greetings,

As you may know, I served on the Consortium's Board of Directors for ten years, before becoming the Consortium's Chief Executive Officer in June 2008. To better serve our customers, the Board has overseen many changes and alterations in direction, priorities, and programs.

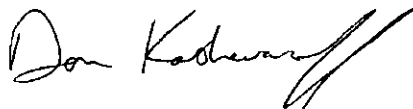
One thing that hasn't changed is that federal funding to meet the health needs of Alaska Native people has been limited. Now we face even greater budgetary challenges. We expect the buying power of public funding to continue to decline due to inflation. In addition, experts predict that the Alaska Native population will keep growing. There is strong demand for ANTHC services and we expect that to continue to grow.

Fortunately, in addition to the funding we receive from the Indian Health Service, we are able to seek funding from other federal agencies. Under tribal management, the Alaska Native Medical Center is able to seek reimbursement from programs such as Medicare and Medicaid, and from private insurance.

In the coming year, the Consortium will more actively reach out to customers who have these forms of insurance. This will bring added dollars into the Alaska Tribal Health System, which helps improve the quality of health services for all Alaska Natives. We also continue to set targets and work toward long-term financial goals. As always, we remain committed to delivering unsurpassed value to every customer.

As you read this annual report, you will see highlights of FY08, and a timeline and photographs outlining achievements from our first ten years. However, our goal is not to stop with these accomplishments. We plan to keep moving forward and working with our people toward a healthier life.

Please let me know how we are doing and how we can improve services across Alaska – many of our achievements have been the result of your comments and suggestions. Thank you for your support.



Don Kashevaroff

CHIEF EXECUTIVE OFFICER



ANTHC DIVISIONS

Working as One Family, Alaska Native Tribal Health Consortium employees cultivate relations that promote trust and value for all parties, or "win-win" relationships. We are building operational excellence – to work faster, better, and at lower costs without compromising the quality of health services we provide. We continue to work to offer exceptional quality services leading to the best outcomes. Our employees strive to be our customers' first choice by exceeding customer expectations in a culturally respectful and positive manner.



Alaska Native Medical Center opens on Tudor Road in Anchorage in 1997.



Alaska Native Medical Center

The Alaska Native Medical Center (ANMC)* is part of a network of health care providers located in small village clinics, health centers, and regional hospitals. With other network members, ANMC provides services to patients, and works with their families to help create a warm, healing environment.

ANMC has achieved Magnet Status for nursing excellence, a level of recognition given to only about one percent of all the hospitals in the nation. ANMC is also Alaska's only Level II Trauma Center, the highest level possible in Alaska. It operates full outpatient services and a multi-disciplinary trauma center.

ANMC is a 150-bed inpatient facility and trauma center. The hospital offers a full range of medical services including, for example, board-certified specialists in heart disease, cancer, and in intensive care for babies. ANMC employs close to 250 physicians and midlevel practitioners and more than 525 nurses.

* Together Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center (ANMC) under the terms of Public Law 105-83. These parent organizations have established a Joint Operating Board to ensure unified operations of ANMC.

A new era of statewide management of tribal health services begins on June 1, 1998 when the Alaska Area Native Health Service signs a contract transferring statewide services to the Alaska Native Tribal Health Consortium. Pictured here at the signing, seated, from left: Lincoln Bean, SouthEast Alaska Regional Health Consortium; Chris Mandregan, Director, Alaska Area Native Health Service; Alaska Native Tribal Health Consortium Board Chairman Larry Ivanoff, of Norton Sound Health Corporation (NSHC); ANTHC Board Secretary H. Sally Smith, of Bristol Bay Area Health Corporation. Standing, from left to right: Paul Manumik, Yukon-Kuskokwim Health Corporation (YKHC); Ben Atoruk, Manillaq; Evelyn Beeter, Mt. Sanford Tribal Consortium; Connie Chya, Kodiak Area Native Association; Katherine Grosdidier, Southcentral Foundation; Mike Zacharof, Aleutian/Pribilof Islands Association; Henry Hunter, Sr., YKHC; Pat Aamodt, Arctic Slope Native Association; Anne Walker, Chugachmiut; Terrance Booth, Metlakatla Indian Community; and Carolyn Crowder, NSHC.

December 1997 - The US Congress creates the Alaska Native Tribal Health Consortium under Appropriations Legislation, Section 325 (Public Law 105-83).

1 9 9 8

February 1998 - newly formed Alaska Native Tribal Health Consortium hires its first employee, Chief Executive Officer Paul Sherry.

ANTHC Division of Environmental Health and Engineering works to provide services to some of the 62.8 percent of homes throughout rural Alaska lacking water and sewer service.

Tribal status allows Consortium to collect reimbursements from Medicaid, Medicare, and other insurance payers, which ANTHC uses to expand and improve services for customers.

Division of Environmental Health and Engineering

The Division of Environmental Health and Engineering (DEHE) works to protect the health of Alaska Natives. To stay healthy, it is critical people have safe drinking water, adequate waste disposal facilities, and health care facilities that are properly operated and maintained.

DEHE provides assistance to Alaska Native tribal governments, tribal health organizations, and municipalities across Alaska. It fulfills its role – lasting solutions to promote healthy communities – by providing facility construction and engineering, environmental health support, and tribal utility support. DEHE provides technical support, utility operations, and public works job training to tribal utilities. It assists with utility operations by handling billing and collections.



Inventory of sanitation deficiencies in Alaska identifies more than 33,000 types of sanitation assistance needed in Alaska Native homes, with an estimated cost of about \$850 million. The only alternative for many villagers is to collect waste in "honey buckets," which they haul to an open lagoon to empty.

Division of Community Health Services

The Division of Community Health Services (DCHS) also seeks to elevate the health status of Alaska Native communities. It works directly with many tribal health organizations and with Alaska Native communities to improve the health of Alaska Native families. As just a few examples, DCHS provides these services through:

- Training
- Research
- Health status monitoring
- Promotion of family wellness

DCHS staff develop comprehensive regional and community-based solutions for priority health problems. DCHS provides technical assistance to communities and tribal health programs, and develops partnerships with other agencies for these purposes.



July 1999 – Alaska Native Medical Center earns certification as Alaska's only Level II Trauma Center, the highest rating available in Alaska for emergency treatment providers.



October 1999 – Launches statewide telehealth project Alaska Federal Health Care Access Network (AFHCAN), which will allow clinicians statewide to share data for diagnosis and treatment.

1 9 9 9

January 1999 – Recruits Alaska Natives for engineering externships, with assignments in Bethel, Sitka, and Dillingham.

WORKING WITH OUR PEOPLE

One of the Consortium's strategic objectives is to be responsive to our customers' needs, and to provide best-in-class customer service. One way to do this is to increase our ability to support professional development of Native health service providers. This will promote Native employment and foster customer service that is culturally relevant and respectful of Alaska Native cultures.

In FY08, ANTHC created a protocol for assessing community excellence in environmental health. This helps communities decide where to focus limited time and resources to achieve the greatest health benefits.

We conducted research on diseases that are a priority for Alaska Native people and used research results to create better standards of care. Topics included hepatitis, suicide, and helicobacter pylori (a carcinogen and risk factor for gastric cancer).

Nearly 200 Alaska Native Medical Center patients and ANTHC employees enrolled in the Consortium's tobacco cessation (quitting) services. This helps address Alaska Native tobacco use rates that are more than twice the national average.

To increase the ability to provide treatment for nicotine dependence, and to develop or improve on-site programs, ANTHC provided technical assistance to 10 Alaska health care organizations and held its annual tobacco treatment specialist training.

ANTHC worked to ensure agencies address health issues when evaluating and permitting large development projects. We developed a health impact assessment for the proposed expansion of the Red Dog Mine and for oil and gas leasing in the Chukchi and Beaufort seas.



Division of Environmental Health and Engineering works on design and construction of sanitation facilities in more than 70 communities. In 2002, 6,000 homes were still without running water and sewer services.



ANTHC Division of Community Health Services implements a maternal and newborn monitoring program to follow low levels of industrial pollutants now appearing in marine subsistence species.



ANTHC launches a statewide personal health and wellness campaign entitled *Inform and Inspire*, including radio, TV, and print advertising in Alaska. Our message: *Alaska Natives Making Healthy Choices*.

2 0 0 0

May 2000 - Completes an Alaska Native Health Campus site and facility plan outlining changes needed to accommodate growth, including changes to day surgery, dental operating room, Quyana House, and the laboratory.

Summer 2000 - Begins an internship program to encourage Alaska Native and American Indian high school, under-graduate and graduate students to enter health fields.

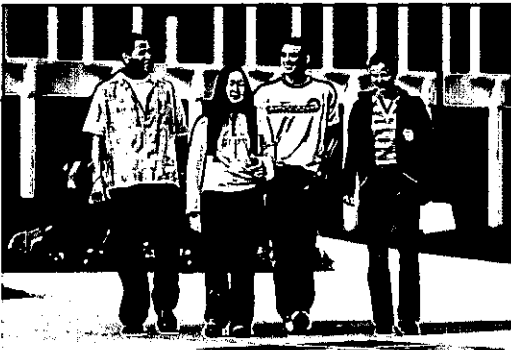
November 2000 - Dr. Richard Mandsager retires after nearly 15 years as Alaska Native Medical Center Administrator.

ANTHC coordinated efforts to increase colorectal screening. About 60 percent of colorectal cancer cases would be prevented if those above the age of 50 were screened.

ANTHC banned soda pop sales at all of its facilities. This action supports the health of our customers, employees and visitors, and provides role models of people making healthy choices.

Following the emergence of a few cases of serious, sometimes fatal, vaccine-preventable diseases such as Haemophilus influenzae (Hib) and pneumococcal meningitis, ANTHC began an educational campaign about the importance of receiving vaccinations on schedule.

ANTHC created two Anchorage outreach programs, PROMISE, and Mpowerment, to help reduce the impact of HIV and sexually transmitted disease. We also offered training on HIV and infants, and HIV and dentistry.



ANTHC helps raise the number of Indian Health Service scholarships from an average of less than a dozen per year to a record 32.

ANTHC coordinated several training sessions and statewide meetings. These included workshops on end-of-life decisions, population projections, statistics, and data analysis. We offered mentoring on scientific research techniques.

The Consortium, in partnership with the State of Alaska, held a statewide Maternal and Child Health and Immunization Conference, with two dozen speakers and 30 sessions. Participants included health providers such as midwives, nurses, physicians, and Community Health Aide/Practitioners.

ANTHC held focus groups for parents, interviewed youth, and developed an educational campaign about a vaccine that prevents a virus linked to 70 percent of cervical cancer cases. The prestigious *International Journal of Circumpolar Health* accepted a manuscript on the Consortium's Human Papilloma Virus Parent Focus Group Study.



ANTHC assists tribes in administering injury prevention projects involving smoke detector installation, car seats, and float coats.

ANTHC created a suicide prevention video, and began work on a video about historical trauma and its effects on mental and spiritual health.

Staff spoke in international, national, and statewide forums about their research on priority diseases affecting Alaska Natives, a reflection of the significance of their work. These talks included presentations on the Hepatitis B vaccination at the World Health Organization, and on traditional food safety to an Australian conference.



Completes several hospital remodeling projects, including the day-surgery area, the addition of an operating room, and renovation of the laboratory, and expanded guest areas in Quyan House.

2001

Begins development of a Dental Health Aide program to increase dental care services in rural villages.

March 2001 - ANTHC launches a *Stop the Pop* campaign using letters to schools and stores, support of legislation, and advertising to reduce soda pop consumption and sales in schools.

Constructs \$48 million in sanitation facility projects in Alaska Native communities, improving sanitation service to 2,552 homes, 359 of them for the first time.

The Consortium creates the Office of Alaska Native Health Research to study priority issues of Alaska Native health and to train Alaska Native health researchers.

WORKING WITH OUR PARTNERS

Many federal, state, nonprofit, and private organizations support our vision and share funding, time, and other resources to work toward common outcomes. Working with our customers and partners, the Consortium is in a unique position to continue our leadership role in the national Indian health system and in health services statewide. In FY08, ANTHC worked with its partners on a wide range of projects.

Anticipating the effects of high-energy costs on village utility systems, ANTHC has taken steps to help reduce those impacts. We worked with the State Remote Maintenance Works Program, and the State Department of Commerce and Economic Development to help reduce or eliminate fuel shortages and emergencies.

With the Denali Commission and the people we serve, we helped build six clinics and designed nine clinics in FY08.

The Consortium co-hosted an international conference on sexually transmitted disease among Alaska Natives and Inuit, First Nations, and Métis of Canada.

With the State of Alaska, ANTHC assisted 100 villages in developing community and clinic disaster plans to reduce rates of preventable injury and disease.

With funding from the Federal Communications Commission, we began work on an "Alaska e-Health Network," an electronic health records system that would allow secure exchange of patient information among Alaska health care providers. This would prevent potential errors and repeated tests, and increase efficiency.



ANTHC raises \$4 million in grants to provide training for village-based dental health aides, counseling, and home health care for elders. Dental Health Aide Therapists travel to New Zealand for the best and most cost-effective program training available.



A research project tests the effects of a pneumococcal vaccine that fights serious blood infections, meningitis, and pneumonia.



The ANTHC Division of Environmental Health and Engineering (DEHE) creates the Statewide Utility Association to help member communities connect with resources and create an exchange of knowledge.

DEHE creates the Alaska Utility Supply Center, with a parts warehouse that buys supplies in volume at lower cost and stocks and ships supplies for rural water and sewer systems.

2002

AFHCAN telemedicine project completes goal of providing telemedicine carts to 235 Alaska health care sites.

Division of Environmental Health and Engineering and the Yukon-Kuskokwim Health Corporation create the Regional Utility Cooperative to help reduce outages, improve water quality, lower costs, and provide training.

ANTHC hosted a three-day national Indian Health Service Nursing Leadership Conference with more than 200 participants from across the United States.

With State of Alaska funding, and working with two other tribal health organizations, ANTHC began work to plan and develop new long-term care facilities. ANTHC also completed a feasibility report about long-term care services.

Five staff took part in the Governor's climate change sub-cabinet created to build scientific knowledge, develop policies to protect and prepare for impacts, and assess opportunities to reduce greenhouse gas emissions to decrease the amounts contributing to climate change.

With the Alaska Food Bank, we launched a food distribution program in thirteen villages, with plans to expand it to others.

The Consortium sold telehealth technology, now available in any language, to buyers who wish to expand access to health care for people in remote areas. Sales included the first of 15 telehealth cart deployments to Greenland.

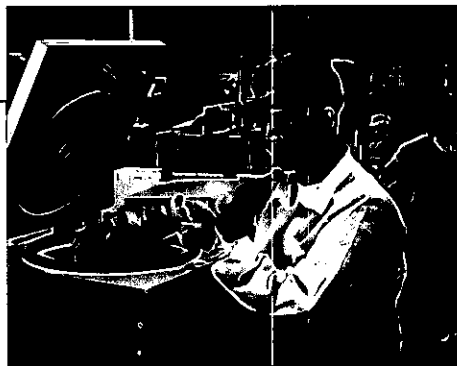
The Consortium created the nation's first Dental Health Aide Therapist training facility in partnership with the W.K. Kellogg Foundation, the Rasmuson Foundation, Bethel Community Services Foundation, and academic partner University of Washington.

Ten students are in training at two sites, one in Anchorage and the other in Bethel at the Yuut Eliitnaurviat (people's learning center) Dental Training Clinic. The first US-trained students will graduate in December 2008.

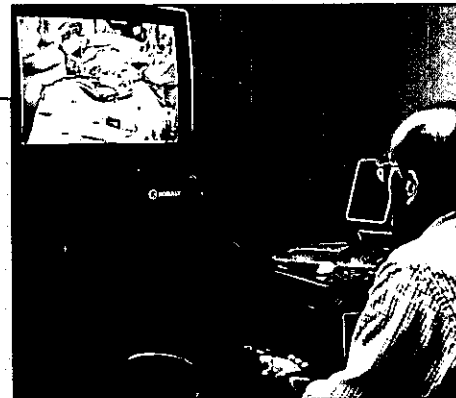
The success of this program is the result of a huge collaborative effort among tribal health organizations, funding partners, and academic institutions - all working to improve oral health among Alaska Natives.



Alaska Native Medical Center achieves prestigious *Magnet Status* for nursing excellence, an honor achieved by only 1 percent of all US hospitals.



College of American Pathologists reviews Alaska Native Medical Center laboratories and honors it for being in the top 3 percent of laboratories nationally.



Telemedicine helps save the life of a woman who is hemorrhaging and could not be transported to an operating room because heavy fog prohibited air travel. In this photo, Dr. Daniel Szekely uses video teleconferencing to help guide the actual surgery in Kotzebue.

2 0 0 3

Teleradiology project begins installing equipment in villages, linking health care providers with teleradiology specialists both in and outside Alaska, and reducing time for diagnosis and treatment.

Telemedicine system AFHCAN receives the *Grace Hopper Award for Innovation in Technology*.

Division of Environmental Health and Engineering receives the U.S. Academy of Environmental Engineers Grand Prize in Operations and Management for its work with the Village of Savoonga's water and sewer project.

A UNIFIED HEALTH SYSTEM

The Consortium is part of the Alaska Tribal Health System, a group of tribal health organizations that work together to promote Native self-determination and health. We work to organize our services so they are in line with services of other Alaska Tribal Health System members. We also work to ensure our internal operations are integrated and aligned with our mission.

ANTHC works with others to ensure patients move smoothly from one location or level of care to another. People representing clinical, patient, and logistical perspectives are considering options on how to redesign processes and develop procedures for use throughout the Alaska Tribal Health System. ANTHC is working to facilitate improvements in areas such as discharge planning, patient referrals, and patient travel.

ANTHC staff met with people from other tribal facilities and formed a laboratory quality assurance committee to ensure accurate and timely laboratory test results for all Alaska Natives.

ANTHC continues to support operation and management of rural water and sewer systems through the Statewide Utility Association. The Association includes the Alaska Utility Supply Center, a parts warehouse that buys and ships supplies, and provides billing and collections services. It also includes an eight-village Regional Utility Cooperative, created with the Yukon-Kuskokwim Health Corporation to help reduce outages, improve water quality, lower costs, and provide training.



Division of Community Health Services staff provide personal care attendant and certified nursing assistant training to 60 students in Bethel and Nome.



Alaska Native Medical Center purchases a 16 slice, high-speed Computer Tomography (CT) Scanner, providing state-of-the-art diagnostic data.



November 2004 - New ANTHC office building opens.

2004

March 2004 - ANTHC is one of thirty tribal partners who sign Memoranda of Agreement to pursue common interests as members of the Alaska Tribal Health System.

The Division of Community Health Services Hepatitis Program establishes a molecular biology diagnostics laboratory. Typically found only in research centers, this is the nation's first housed in a tribal facility.

ANTHC Division of Environmental Health and Engineering starts a construction skills training program that teaches life-long skills and provides Alaska Natives opportunities for advancement.

Internship program provides ten Native undergraduate and graduate students the opportunity to work with Division of Environmental Health and Engineering staff.

ANTHC provided technical assistance to water, wastewater, and solid waste system operators and managers, and project support for sanitation facility construction.

ANTHC coordinated training for utility operators, managers, and local residents, including opportunities in construction trades and operation of water treatment plants.

ANTHC met with tribal health care directors to develop recommendations to the State of Alaska on long-term care, behavioral health, and other aspects of Medicaid reform.

The Consortium saved about \$14 million (between 2001 and 2007) by using telehealth in the care of more than 27,000 patients. In one in five of these cases, telehealth helped prevent patient travel, eliminating the inconvenience of being away from family and community. In 7 percent of the cases, telemedicine helped determine that the patient did not need to travel and see a specialist. This promotes early diagnosis, when treatment is likely to be of greater benefit.

ANTHC is conducting a 27-year follow-up of children to study the duration of the Hepatitis A vaccine. We are working with 1,350 chronic Hepatitis B carriers to determine risk factors for serious liver disease and liver cancer.

The Consortium expanded a video-teleconference (VTC) system to all Alaska tribal clinics and tribal health care partners. This connects families with their relatives at Quyana House (temporary housing at ANMC for outpatients and escorts). It allows people to connect into meetings and training without having to travel.



ANTHC launches Rural Alaska Video E-Health Network (RAVEN) videoconference project, allowing people in clinics across Alaska to "meet" via videoconferencing



Division of Community Health Services provides basic Health Aide training for 60 students.



ANTHC selects first 15 employees for two-year on-the-job Leadership Excellence through Achievement and Determination, or LEAD, training, which includes a college scholarship.

2005

Division of Community Health Services increases enrollment to 2,586 in a study of the effects on health of diet, physical activity, lifestyle, and cultural activities. The Education and Research Towards Health (EARTH) study involves Alaska Native and American Indian people in Alaska, the Navajo reservation, and North and South Dakota.

Health Information Technology supports more than 10,000 telemedicine encounters, 20,000 telepharmacy encounters, 40,000 teleradiology encounters, and 1 million patient care encounters.

Division of Community Health Services develops training and certification standards for Behavioral Health Aides.

HIGHEST QUALITY HEALTH CARE

The Consortium has created systems to deliver services of ever-improving value to its customers. We strive to boost our overall capability, effectiveness, and productivity. The Consortium works to constantly improve services to become more flexible and responsive to customer needs.

The Alaska Native Tribal Health Consortium extensively remodeled the Alaska Native Medical Center laboratory to improve efficiency, safety, and patient care. ANTHC added computerized systems to the hospital laboratory for processing and testing. This helps produce test results on an efficient, consistent basis.

The changes to the hospital's laboratory improve test turnaround time. This increases safety and reduces the need to send tests to other labs, leading to time and cost savings.

Operation of a new sleep lab was begun to help identify medical problems that can interfere with sleep. Research shows lack of sleep contributes to heart disease and high blood pressure, depression, and impaired immune systems.

The Consortium had construction crews in 32 communities throughout the state to provide safe and reliable in-home water supply and wastewater disposal.

The Consortium's Division of Environmental Health and Engineering completed construction designs despite a 30 percent engineering vacancy rate. Through nation-wide recruiting, DEHE was able to reduce professional level staffing vacancies overall from 35 percent to about 10 percent.



The Division of Community Health Services processes 292 Community Health Aide/Practitioner (CHAP) and Dental Health Aide certification applications for the CHAP Certification Board.



To promote health among employees and customers, ANTHC establishes tobacco-free workplace.



Division of Environmental Health and Engineering improves water and sanitation services in 1,012 homes and works on active projects in 160 communities throughout Alaska.

2006

Alaska Native immunization rates increase to more than 90 percent statewide.

April 2006 - ANTHC publishes the Fourth Edition of the *Alaska Community Health Aide/Practitioner Manual*, as well as a *Comprehensive Cancer Plan for the Alaska Tribal Health System*.

The Consortium's Regional Supply Service Center distributes \$5.9 million worth of medical supplies and pharmaceuticals to 95 tribal health facilities.

The following numbers of students received training to work in communities across Alaska:

- 17 students in commercial driver's license (CDL) and heavy equipment operation
- 42 students in carpentry and plumbing
- 98 students in advanced water treatment
- 189 students in water plant operations including basic certification
- The Consortium coordinated Community Health Aide/Practitioner (CHAP) training in multiple learning environments: Nine basic sessions, one clinical update, and one distance session. As a result, 76 students completed CHAP training. Working for tribes and tribal health organizations, CHAPs provide medical care in villages and communities across Alaska.

During FY08, engineering staff completed preparations to expand three important Alaska Native Medical Center service areas:

- A \$950,000 construction project to add two new operating rooms
- Remodel and expand oncology
- Build a new neurosurgery clinic

The Consortium held a fundraising Raven's Ball for our *Healthy Alaska Natives Foundation*, which has identified five initiatives: cancer care improvement, elder care support, healthy village environments, wellness and prevention, and Alaska Native health professions scholarship support.



ANTHC launches Camp Coho, a pilot program to help children cope with the loss of loved ones due to cancer.



Consortium completes a groundbreaking study that shows that children in communities where most homes have pressurized, in-home water service have far fewer respiratory disease requiring hospitalization and skin infections.



ANMC receives first of two *Hospital Quality Achievement* awards from Mountain Pacific, a Quality Improvement Organization designated by the US Centers for Medicare and Medicaid Services.

2007

The ANTHC Injury Prevention Program completes the nation's first research project on safer firearm storage practices, installing gun storage cases in 300 homes in six Western Alaska villages to reduce firearm injuries.

ANTHC launches the Healthy Alaska Natives Foundation, which identifies five initiatives to sustain and inspire a healthy Alaska Native community: cancer care improvement; wellness and prevention; healthy village environments; scholarship fund; and elder care support.

The State of Alaska selects the Consortium's Regional Service Supply Center as the agency to deploy National Strategic Stockpile emergency medical supplies in major emergencies.

FUTURE DIRECTIONS

In Fiscal Year 2009, a new revenue development team will develop collaborative relations with Congress, the Alaska Legislature, federal and state agencies, and private funders to increase revenues to ANTHC.

ANTHC will increase its efforts to prevent employee injuries and to reduce time lost due to injuries, which will increase employee satisfaction through lower rates of injury. It will also allow ANTHC to manage costs and realize savings from reduced premiums for Workers Compensation Insurance.

ANTHC is working to build leadership from within and to transform our workplace culture through leadership training. We are creating a program to build the leadership skills of 200 managers and 700 healthcare providers. We will work to develop employees who are positive and engaged, and who align their efforts with ANTHC mission and values.

Employees who take pride and are happy in their work contribute to customer satisfaction, and we are working to

improve internal communications and teamwork. We will continue to strive to hire the best employees, and nurture and develop their talents.

ANTHC is building systems to help the organization "work smarter." We have created a fund to promote and fund innovation within the company. Increased use of technology has already changed the way we do business. We will continue to look for solutions that reduce costs and maintain or improve quality.

The nation is grappling with declining numbers of health care providers, which is even more of a problem in Alaska. We will continue to work to attract, hire, and retain a host of trained professionals such as doctors, nurses, engineers, dentists, computer technicians, biomedical professionals, respiratory therapists, behavioral health specialists, and trainers. We will continue to sponsor students interested in health careers through internships, externships, and scholarships.



ANTHC begins work on the Alaska e-Health Network, an electronic health records system that provides confidential, secure access to medical records, reduces potential errors and repeated tests, and increases efficiency.



Remodels and adds computerized systems to the Alaska Native Medical Center laboratory to improve efficiency, safety, and patient care.



To support cancer patients and health care providers, the Alaska Native Tribal Health Consortium publishes the *Traditional Food Guide for Alaska Native Cancer Survivors* in April 2008. To order copies of the guide, visit anthc.org on the Internet, or call (907) 729-4491.

2008

June 2008 - Paul Sherry retires as CEO and the Board of Directors hires Don Kashevaroff to fill the CEO position.

Timeline Photographers: Brian Conner, Allen Cousens, Evangeline Dotomain, Kraig Haver, Clark James Mishler, Jan Pennington and Raymond Solomon

The Alaska Native Tribal Health Consortium is grateful to the representatives of the tribal health organizations who served on the Consortium Board of Directors during our first ten years of operations.

Aleutian/Pribilof Islands Association

Mike Zacharof, 1998 – current

Arctic Slope Native Association

Eben Hopson, 1998 – 2005

Herman Kignak, 2005 – 2006

Bernice Kaigelak, 2006 – current

Bristol Bay Area Health Corporation

H. Sally Smith, 1998 – current

Chugachmiut

Esther Ronne, 1998 – 1999

Robert Henrichs, 1999 – current

Copper River Native Association

Eileen Ewan, 1998 – 2004

Julie Bator, 2004

Veronica Nicholas, 2005 – 2006

Charlene Nollner, 2006 – current

Kodiak Area Native Association

Denise May, 1998 – 1999

Rita Stevens, 1999 – 2006

Andy Teuber, 2006 – current

Manillaq Association

Ben Atoruk, 1998

Ruth Moto, 1998 – 2000

Jake Wells, 2000 – 2001

Percy Ballot, 2001 and 2004

Dennis Tiepleman, 2002

Guy Adams, 2002 – 2003

Christina Westlake, 2003 and 2005

Fredericka Schaeffer, 2006 – current

Metlakatla Indian Community

Terrance Booth, 1998 – 2000

Frieda R. Damus, 2000 – 2004

Linda Clement, 2004 – current

Norton Sound Health Corporation

Larry Ivanoff, 1998 – 1999

Emily Hughes, 2000 – current

Southcentral Foundation

Katherine Gottlieb, 1998 – 2008

Charles Clement, 2008 – current

Southeast Alaska Regional Health Consortium

Lincoln A. Bean, Sr., 1998 – current

Tanana Chiefs Conference

Will Mayo, 1998 – 1999

Andrew Jimmie, 1999 – current

Unaffiliated Tribes

Don Kashevaroff, 1998 – 2008

Gary Harrison, 2008 – current

Paul Theodore, 1998

Evelyn Beeter, 1998 – current

Yukon-Kuskokwim Health Corporation

Henry Hunter, 1998 – 1999

Michael Hunt, 1999 – 2000

Earl Hoelscher, 2000

Fritz George, 2001 – 2003

Bill Kristovich, 2003 – 2004

Ray Alstrom, 2004 – current

BOARD OF DIRECTORS

FINANCIAL SUMMARY

2008 Revenue (in millions)

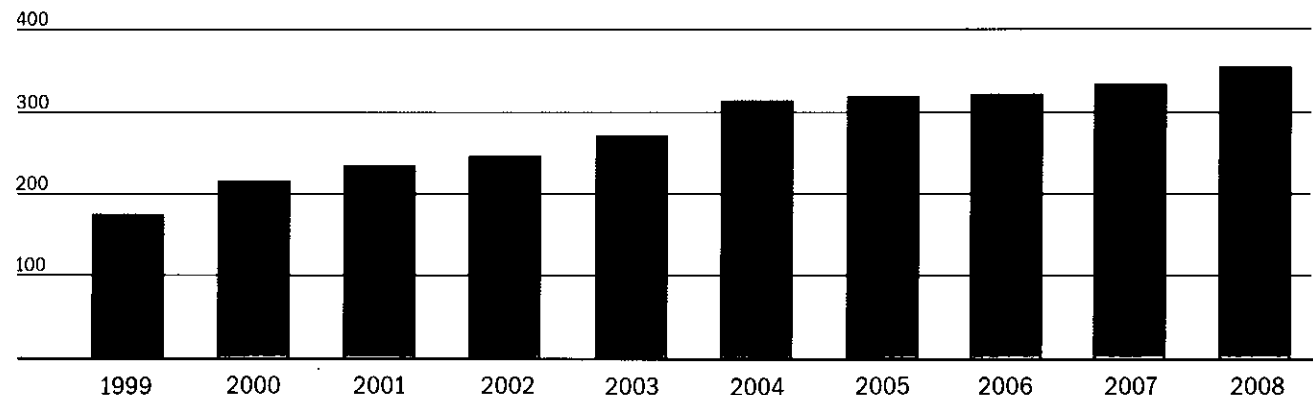
1. Indian Health Service Compact	118
2. Grants Activity	21
3. Medicare, Medicaid, Private Insurance	117
4. Sanitation and Facility Projects	63
5. Statewide Warehouse	19
6. Interest	-3
7. Other	8
Total	343

2008 Expenditures (in millions)

1. Alaska Native Medical Center	201
2. Sanitation and Facility Projects	63
3. Regional Service Supply Center/other	20
4. Grant Activity	21
5. Community Health Services	10
6. Environmental Health and Engineering	7
7. Administration	17
8. Pass-through awards	8
Total	347

This Financial Summary is preliminary as of 10/31/08 and is subject to a formal audit for FY 2008.

Total Revenues 1999-2008 (in millions)



The Alaska Native Tribal Health Consortium was formed in December 1997 to manage statewide health services for Alaska Natives, and began operations in 1998. All Alaska Natives, through their tribal governments and through their regional nonprofit organizations, own the Consortium. It is one of 23 co-signers of the Alaska Tribal Health Compact, a self-governance agreement with the Indian Health Service. In FY08, the Consortium employed 1,855 people, and had an operating budget of \$380 million. It is based on the Alaska Native Health Campus near Tudor Road in Anchorage, Alaska.

Vision

**Alaska Natives are the healthiest
people in the world**

Mission

**Providing the highest quality health services in
partnership with our people and the Alaska
Tribal Health System**

Values

Achieving excellence

Native self-determination

Treat with respect and integrity

Health and wellness

Compassion



Alaska Native Tribal Health Consortium

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(907) 563-2662
Fax: (907) 729-1984

**Division of Environmental Health
and Engineering**

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