



# Alaska Natives Making Healthy Choices

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Alaska Native  
Tribal Health  
Consortium

2000 Annual Report

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# Alaska Natives Making Healthy Choices

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This Annual Report provides a summary of the activities of the Alaska Native Tribal Health Consortium for fiscal year 2000 (FY00), the period from October 1, 1999 through September 30, 2000.

The Alaska Native Tribal Health Consortium was formed in December 1997 to manage the statewide health services component of the Alaska Native health system. We do so through participation with other Alaska Native tribal health organizations in the Alaska Tribal Health Compact, a self-governance agreement with the Indian Health Service.

The Consortium has approximately 1200 staff, and an annual operating budget of approximately \$200 million. Our base of operations is the Alaska Native Health Campus on Tudor Road in Anchorage, Alaska.

The Consortium is a major medical center, a design and engineering business, a construction company, a purchaser of medical care services, a medical supply distributor, a professional recruiting agency, a technology development enterprise, a health research organization, a public health and health advocacy agency, and a health information systems manager.

Over the past year the Consortium has made a major effort to increase the emphasis on the prevention of illness and injury through a statewide public information campaign entitled "Inform and Inspire 2000." This campaign has featured Alaska Natives in public service announcements aired on television and radio statewide. The theme of that campaign is "Alaska Natives Making Healthy Choices."

We believe this initiative, which is also the theme of this report, will have the most profound effect on improving the health status of Native people in the years to come. Individual choice of a healthy lifestyle contributes to the quality of all of our lives, and reduces the costs to our health system for expensive hospital visits and treatments.

## Letter from the Chairman of the Board

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To all Alaska Natives:

It has been my pleasure to serve as the Chairman of the Alaska Native Tribal Health Consortium's Board of Directors during the past year. The Board is committed to fulfilling our mission of providing "the highest quality healthcare services for all Alaska Natives."



In this, our second year of full operation of the statewide health services previously managed by the Indian Health Service, we have focused on quality improvement, customer focus, Native hire and professional development, and creating management efficiencies. These are some of the areas identified in our new Strategic Plan for 2000-2005, adopted by the Board this year.

With resolution of issues relating to the transition from federal management to tribal management mostly behind us, the Board is focused on improvements. We are refining the organization of our programs, improving our financial management processes, and enhancing our relationships with the other Alaska Native health organizations we work with throughout Alaska day-to-day.

Individual Board members have been very active in addressing national issues affecting American Indian and Alaska Native health, including Congressional approval for permanent self-governance authority for the Indian Health Service and developing new legislation re-authorizing the Indian Health Care Improvement Act.

We believe strongly that investments today in our young people, whether in helping them choose a career in health services or advising them on making healthy choices in their personal lives, will make the most important difference in our future as Alaska Native people.

We welcome your comments and recommendations regarding the programs we offer and the services we provide. On behalf of our Board of Directors, thank you for your confidence and support.

Sincerely,

A handwritten signature in cursive script that reads "Don Kashevaroff".

Don Kashevaroff  
Chairman of the Board

## Letter from the President / CEO

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To all Alaska Natives:

On behalf of the administration and staff of the Alaska Native Tribal Health Consortium, I am pleased to present this annual report of our accomplishments during the past year, as well as some of our plans for the upcoming year.

Our first year of existence (1998) was a period of organizational development and negotiations. Our second year (1999) saw the transfer of responsibilities for operations of the Alaska Native Medical Center and other Indian Health Service functions to the Consortium. In 2000 we have been able to concentrate fully on our purpose and mission, the delivery of quality health services to our customer/owners, the tribal governments and individual Alaska Natives throughout Alaska.

We have been able to look ahead this year through two comprehensive planning processes, one focused on strategic development of our programs and services, and the other outlining a long-term plan for developing new facilities on the Alaska Native Health Campus.

I am excited about our new student internship and scholarship programs, our enhanced employee recognition initiatives, our new investment in improving hospital financial management systems, and our Inform and Inspire 2000 health promotion campaign.

The most significant evidence of our commitment to quality health care services is the recent rating by the Joint Commission on Accreditation of Healthcare Organizations, which ranks the Alaska Native Medical Center among the best in the United States.

While we have a long way to go in expanding and improving our services, building the facilities we need, and promoting wellness, I believe that we have made excellent progress to date and have a solid foundation for the future. Please feel free to contact our offices if you have questions, comments, or recommendations.

Sincerely,



Paul Sherry  
President and Chief Executive Officer





## Alaska Native Medical Center

*We're improving operations so that resources such as people, monies, equipment, and space are used in the best possible way to meet our patients' needs. And we will continue to provide outstanding medical care in a friendly, respectful manner.*

Dee Hutchison, ANMC Administrator

The Alaska Native Tribal Health Consortium completed its first fiscal year of operations of the Alaska Native Medical Center. This was a year highlighted by planning that involved the staff, administration and Joint Operating Board. ANMC leadership changed as Dr. Richard Mandsager resigned and Ms. Dee Hutchison assumed the role of Administrator.

Preparations for Y2K started early in the summer as committees were organized and responsibilities delegated. Adept at system-wide changes, staff assumed responsibility in stride. The hospital building, equipment and computers were all certified Y2K compliant. Staff organized a hospital operations center and coordinated activities with other hospitals in Anchorage, state agencies and the Municipality. The outcome was the best possible. Nothing unusual happened. It was business as usual the next day.

The Performance Improvement Plan, which guides the improvement initiatives for the medical campus, underwent a major revision. With input from staff and administrators, the Board, and the corporate strategic plans of ANTHC and Southcentral Foundation the document was reviewed, revised and the elements prioritized. With final Joint Operating Board review and approval, five priority areas have been identified as the focus for improvement initiatives:

- Wellness
- Patient Satisfaction and Patient Services
- Motivated and Supportive Staff
- Targeted Clinical Initiatives
- Financial, Billing and Data Support

In May, after a year-long effort, both ANMC parent boards concurred in the Alaska Native Health Campus Year 2000 Master Site and Facility Plan. This plan provides direction for the campus changes, addressing increasing patient volumes. In FY01 changes can be expected in the areas of Day Surgery, Dental Operating Room, Quyana House and the Laboratory.

The entire staff of the hospital prepared for the accreditation visit by the Joint Commission on Accreditation of Healthcare Organizations, the first survey since the change in management of the hospital. All staff were prepared to answer questions about: our mission; continuous quality improvement; patient rights; ethics and conduct; and safety and security including fire, equipment and utility failure, risk management, infection control, code management, and the hazardous material and emergency preparedness plan. The survey was done in late October 2000, and ANMC received an excellent rating score.

Construction began this summer on the Primary Care Center II. The expanded facility will accommodate program needs for increased workload anticipated by 2010. The combined PCC buildings will house Pediatrics, Women's Health, Family Medicine, Mental Health, Traditional Healing, Physical Medicine, Nutrition, Social Services, Community Education, Patient Resource Center and Laboratory, Pharmacy and Radiology departments.



*ANMC provides training and support to Alaska Natives seeking health careers. Here, Paramedic Student William Anderstrom comforts Marie Shodda of Yukutat.*

*During FY00, The Alaska Native Medical Center:*

- Admitted more than 6,600 patients and provided more than 320,000 outpatient visits.
- Maintained its high rating on an inpatient customer survey with "Good" and "Excellent" ratings totaling about 93% of the responses.
- Installed top of the line Stereotactic Breast Biopsy equipment, Making our breast imaging and biopsy capabilities are up to the best available anywhere.
- Added medical specialists in pulmonology.
- Sponsored training and development sessions to improve patient care outcomes with Dr. Brent James of Intermountain Healthcare.
- Earned \$61 million from Medicaid, Medicare and other insurance payors for services. This is a 16% growth over FY99.
- Continued to support work to reduce rates of traumatic injury. Staff were encouraged to spend up to 8 hours of duty time per year on trauma initiatives.
- Decreased waiting times for the Urgent Care Center to less than half an hour and increased hours of service to 17 hours a day, 365 days a year.
- Successfully empaneled more than 20,000 patients in the Primary Care System.
- Greatly exceeded national averages in illness prevention efforts in immunization, pap smears and mammography.
- Traditional healing with an Alaska Native Tribal Doctor is in place as well as chiropractic care, acupuncture, and massage therapy.
- Implemented a system integrating nursing functions across the entire ANMC campus assuring the same high quality of care campus wide.

*Top: An annual physical exam can catch problems in the early stages. Susie Edwards, LPN giving ear exam to Jennifer Sweeney. Middle: Pharmacists can help you get the most benefit from your medications. Here, Pharmacy Technician Sharon K. Corbett describes the use of a medication. Bottom: Brennan Katchatag, of AMNC Laboratory, where state-of-the-art equipment and highly trained, qualified staff help ensure accurate test results.*







*South Naknek workers connecting Fred Kraun's house to main sewer lines. Left to right: Hank Agwiak, Martin Angasan, Unidentified, Mike Johnson.*



***Water and sewer is a basic human health need, and the hospitals and clinics we help build and maintain are a focal point for health care in hundreds of communities across Alaska. We're working with tribes and health care providers to help make it happen.***

*Steve Weaver, DEHE Director*

## Department of Environmental Health and Engineering

The Department of Environmental Health and Engineering (DEHE) is the second largest ANTHC department. Our role is to promote safe and healthy Native communities. We provide assistance to Alaska Native tribal governments, tribal health organizations and municipalities across Alaska.

Two of ANTHC's top goals are to protect the health of, and prevent disease among, Alaska Natives. To stay healthy, it is critical people have safe drinking water, adequate waste disposal facilities, and properly operated and maintained health care and sanitation facilities.

DEHE is responsible for the construction of water, wastewater, and solid waste disposal systems as well as technical assistance in the maintenance and construction of health care clinics and hospitals. In addition to engineering expertise, DEHE personnel assist in the identification and the remediation of unsafe or unhealthy conditions in more than 190 Native communities located throughout Alaska's 586,400 square miles. The size of the state, the isolated location of many Native communities, limited transportation facilities, unique cultural considerations, and severe weather conditions combine to make sanitation facility construction challenging for ANTHC engineers, environmental health specialists and support personnel.

## DEHE Fiscal Year 2000 Highlights

- Began sponsorship of an Alaska Native engineering student through the Alaska Native Student Engineering Program (ANSEP) at University of Alaska, Anchorage (UAA). This program, through the contributions of its partners, recruits and provides scholarships for qualified Alaska Natives interested in engineering. We placed twelve American Indian/Alaska Native engineering students in appropriate positions for the summer through the DEHE summer Extern/COSTEP program.
- Awarded the contract to provide Program Management for the Denali Commission's Health Care Clinic construction program. The new program will be operated in partnership with the communities and health care providers.
- Worked cooperatively with Norton Sound Health Corporation in developing plans to complete the Clinics in Wales, Savoonga, and St. Michaels with \$1 million in Denali Commission funding.
- Started developing standard clinic designs, through collaboration with the Norton Sound Health Corporation and Yukon-Kuskokwim Health Corporation. The Denali Commission contributed an additional \$200,000 to expand the application statewide.
- Expended \$45.9 million in the design and construction of sanitation facilities in more than 70 communities.

## Division of Sanitation Facilities (DSF)

DSF is responsible for the Alaska-wide sanitation facilities construction program. Personnel are organized into four districts that carry out programs by region. DSF works cooperatively with the tribes and tribal organizations, tribal housing authorities, and with many governmental agencies. These agencies include the Indian Health Service, Office of Environmental Health and Engineering; Department of Housing and Urban Development (HUD); Environmental Protection Agency (EPA); U.S. Department of Agriculture (USDA) Rural Utility Service (formally Farmers Home); and the State of Alaska through its Village Safe Water program. To achieve sanitation facilities construction objectives, DSF provides benefits to more than 226 Federally recognized tribes located across Alaska. Sanitation facilities are provided, at the request of tribes, including regional health corporations, for homes owned and occupied by Alaska Natives and American Indians who are eligible for assistance.

The total number of Native homes eligible for service is 16,620. Of those, 6,000 have no service whatsoever: no running water, no sewer. The other 10,000 have some level of service. In all, the 1999 inventory of sanitation deficiencies identifies more than 33,000 types of assistance needed in Alaska Native homes. Providing service



*South Naknek workers forming the concrete-ring wall foundation for a 100,000 gallon bolted steel insulated water storage tank. Left to right: Milt Hanson, Mike Johnson, two unidentified workers.*

*Right: An identical completed water storage tank in Perryville.*





*Top: The New Emergency Room addition for Kakanak Hospital in Dillingham was one of 37 projects built by the Division of Health Facilities.  
Bottom: the addition under construction.*

to all the Native homes requiring sanitation facilities would cost about \$850 million. Some projects are too expensive to construct, or to build and operate, and therefore are considered, at this time, to be economically infeasible. Completing all projects considered to be economically feasible would cost over \$400 million.

In FY 2000 DSF :

- Started 103 new sanitation projects with a total value of \$69 million.
- Provided operation and maintenance emergency assistance projects in Elim, Kiana, Minto, Noatak, Russian Mission and St. Paul.

**Division of Health Facilities (DHF)**

The health facility program works cooperatively with tribes and tribal organizations by providing technical assistance in the construction and maintenance of regional and local health facilities. Individual engineers, with the support of technicians and clerical staff, serve as the primary contact for specific regional health corporations.

The federal government provides funds to Alaska Native tribes for the maintenance and improvement (M&I) of health facilities. The ANTHC distributes M&I funds to tribal health facilities based on a prioritized list of projects.

In FY 2000:

- The Alaska Health Facilities Advisory committee recommended and the ANTHC Board of Directors approved 37 projects totaling \$9.5 million, awarded to Alaska Native regional health corporations.
- In consultation with the Alaska Health Facilities Advisory Committee, DHF redesigned the way priorities are set for projects to receive Maintenance and Improvement funding.

**Division of Environmental Health Services (DES)**

DES staff serve as consultants to tribal programs statewide on technical and administrative aspects of environmental health including general environmental and public health issues, injury prevention and institutional environmental health. DES staff works closely with both the DSF and DHF programs to insure environmental compliance and occupational safety concerns are appropriately addressed. Some of the highlights during fiscal year 2000 include the following:

- Support of environmental health students through the Commissioned Officer Student Training Extern Program (COSTEP) assigned in Kotzebue and Sitka.
- The DES program assumed overall responsibility for the Construction Safety function for the DSF program to insure an injury and incident free working environment for all ANTHC staff involved in the construction program as well as insure that community members are not injured by construction activities occurring in their villages.
- The Environmental Health staff attended and participated in the Alaska Forum on the Environment (AFE) Conference. Over 30 federal, state, local, private and tribal organizations were involved in the organization and sponsorship of this event with more than 900 participants.
- Active participation in the Alaska Tobacco Control Alliance (ATCA), national IHS Tribal Injury Control initiative, the Alaska State Safe Boating Advisory Council, and sponsorship of radiological health courses.



*Community Health Aides in Elim study a photo of an infant patient. With Telemedicine equipment, they were able to instantly transmit the photo to Nome for physician diagnosis and consult.*

## Tribal Support Services



***Providing the best possible support and infrastructure for our Native health care system is our mission. Developing people and relationships is the essence of our work in Tribal Support Services.***

Vonni Carole, TSS Director

### **AFHCAN**

The Alaska Federal Health Care Access Network (AFHCAN) project, the four-year initiative to improve access to health care for federal beneficiaries in Alaska through sustainable telehealth systems, was transitioned to the Consortium from the Alaska Native Health Board on October 1, 1999. The project has just completed its second year of operations.

Second year focus included hiring key project staff to develop software and hardware for the telehealth workstations, procure telehealth equipment for the 235 AFHCAN sites, and develop the infrastructure for the statewide data network to link member organizations (in coordination with the two telecommunications companies in Alaska).

Beta site testing has been completed and the AFHCAN project has given the Consortium's health care technology support service department, Alaska Clinical Engineering Services (ACES), the "90-day ramp up" notice to prepare for the full-scale deployment of AFHCAN telehealth equipment to AFHCAN sites.

Third year efforts by AFHCAN will include continuing telehealth equipment deployment and planning for system sustainability after federal funding ends.

### **Business Office**

The Business Office continues to offer technical assistance and training to statewide tribal business offices requesting assistance in maximizing their reimbursements. Staff also assist with researching various healthcare issues ranging from Medicare/Medicaid regulations to the Health Insurance Portability and Accountability Act (HIPAA).

### **Denali KidCare Program**

In its initial year, the Denali KidCare program, a Medicaid health insurance expansion program available to income eligible children and youth under 18 and pregnant women, has already exceeded the expected three-year enrollment goal of 11,600 children.

Program staff outreach efforts this year included airing bilingual public service announcements (PSAs) statewide in Alaska's 12 different Native languages, developing written informational material, and publishing program articles in statewide newspapers and newsletters.

### **Planning Evaluation and Statistics**

Planning Evaluation and Statistics staff continue to publish population and health-related data and offer technical assistance on Alaska Native health issues.

### **Healthcare Professional Recruiting and Development**

To streamline operations, Professional Recruiting and Employee Development were merged to form Healthcare Professional Recruiting and Development. Services offered include health professional recruitment, professional development, employee recognition, and internships and scholarships. New to the department this year are internship opportunities and employee recognition.

This summer, the internship program was offered for the first time on campus. The goal of the program is to encourage Alaska Native and American Indian high school, undergraduate and graduate students to enter into the health care field. A total of 25 high school and undergraduate students, and 13 Anchorage School District

teachers interned on campus. In addition, fourteen Della Keats students were placed in job shadowing positions. The second new program, Employee Recognition, has been implemented in an effort to encourage, recognize, and reward Consortium staff achievements, innovations, and creativity which contribute to the Consortium's vision, mission, and values.

### **Regional Supply Service Center**

The Regional Supply Service Center serves as the statewide provider of medical and pharmaceutical supplies to tribally run hospitals and health centers. The supply center is continually working to improve day-to-day operations in order to meet increasing customer demands. Improvement efforts this year included decreasing overhead, offering electronic supply ordering capabilities, timely turnaround of supply orders, and staff cross-training. These improvements have resulted in the supply center increasing its fill rate, which currently exceeds 98%.



Participants in ANTHC's 2000 Summer Internship Program.

Standing from Left to Right: Amy Goodlataw, *Kenny Lake*; Lorna Wilson, *Wasilla*; Lucretia McHugh, *Juneau*; Karla Starbard, *Ketchikan*; Angel Dotomain, *Employee Development Program Coordinator, Shaktoolik*; Sheila Vogt, *Peters Creek*; Garret Spargo, *Wasilla*; Margaret Hoffman, *Anchorage*; Stephanie Myers, *Sand Point*; Peggy Willman, *Ambler*; Trina Gump, *Hooper Bay*. Kneeling Left to Right: Alicia Active, *Togiak*; LaVerne Anagick, *Unalakleet*; Jennifer Rasmussen, *Wasilla*; Lily Tuzroyluke, *Anchorage*; Julianne Westlake, *Kiana*. Sitting: Raina Theile, *Big Lake*. Not Pictured: Heidi Forster, *Homer*; Allison Kelliher, *Nome*; Luann Lauesen, *Anchorage*; Eloise Mike, *Kokhanok*; Dawn Miller, *Koyuk*; Valene Peratrovich, *Anchorage*; Kim Revels, *Wasilla*; Kristi Rutman, *Hydaburg* and Meryl Towarak, *Unalakleet*.



*The nutrition in our traditional foods is especially important to the health of mothers and babies. Through the Traditional Diet Monitoring Program, the Yukon-Kuskokwim Health Corporation, DCHS, and other agencies are looking at the health protecting factors that come from breast-feeding and eating subsistence foods.*

## Community Health Services



***We respond to community concerns, and our most important task is to put together opportunities for communities to raise their own health status.***

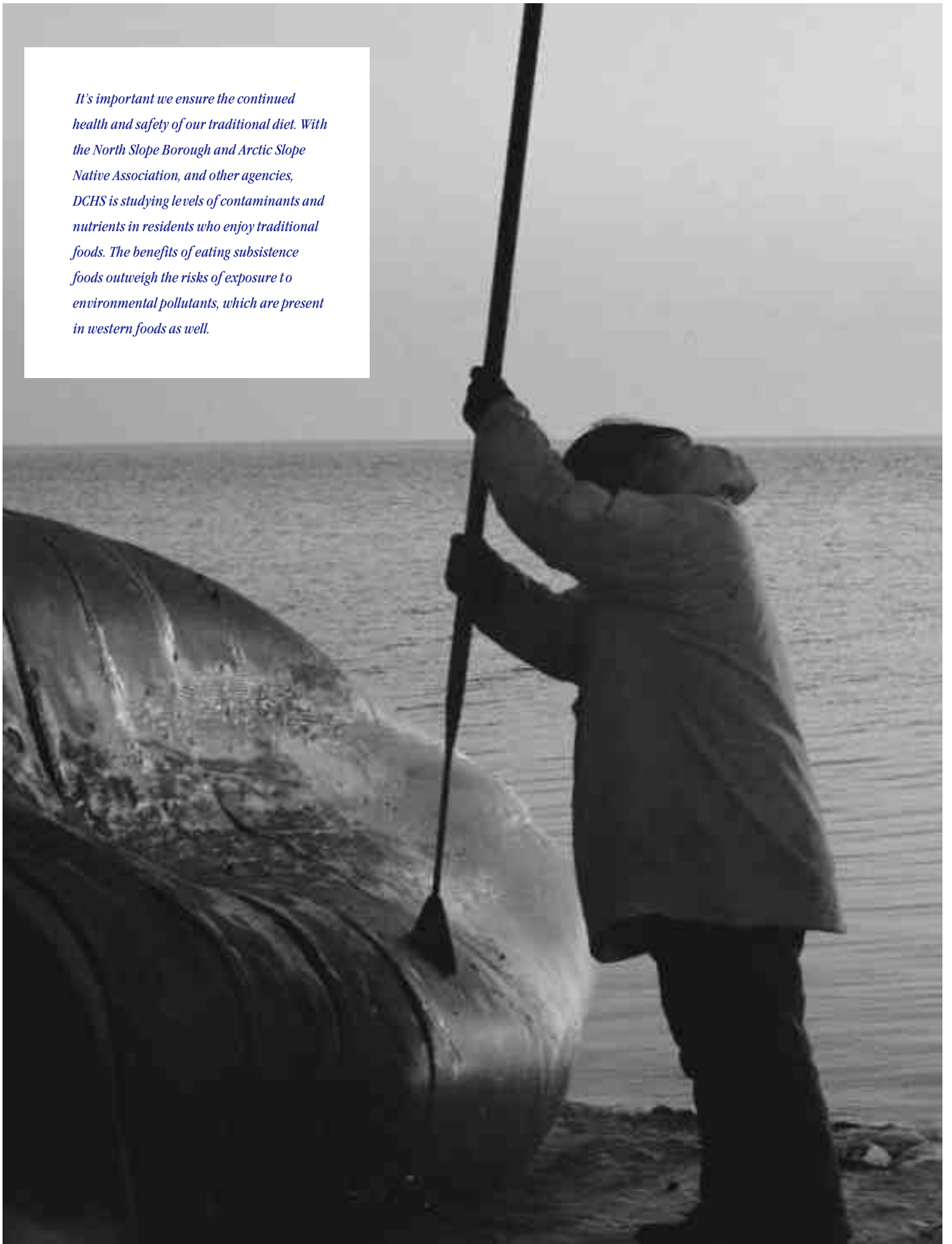
Jim Berner, MD, *DCHS Director*

The Department of Community Health Services (DCHS) has as its mission the elevation of health status of Alaska Native communities to the highest possible level.

*Highlights of FY 2000 include:*

- Implementation of the maternal and newborn umbilical cord blood monitoring program to follow levels of industrial pollutants now appearing in low levels of marine subsistence species.
- Completion of the data gathering phase of a critical investigation on the relationship of severe infant respiratory infections with asthma and chronic lung disease in Alaska Native children, being carried out by the DCHS Immunization Program staff and the DCHS staff based at the Arctic Investigations Program Laboratory.
- Based on data obtained through a unique inhalant abuse surveillance system developed by the DCHS behavioral health staff, federal funds were awarded to the Yukon-Kuskokwim Health Corporation for a statewide inhalant abuse treatment facility based in Bethel.
- The Dental Program staff won a competitive grant to develop a pilot program to train Community Health Aides to function as village primary dental providers. This will be a model program which will likely be widely utilized in other areas of the country. Ten dentists were recruited for tribal dental programs in FY 2000.

*It's important we ensure the continued health and safety of our traditional diet. With the North Slope Borough and Arctic Slope Native Association, and other agencies, DCCHS is studying levels of contaminants and nutrients in residents who enjoy traditional foods. The benefits of eating subsistence foods outweigh the risks of exposure to environmental pollutants, which are present in western foods as well.*





## Administration

Standing from left:

Tim Schuerch, *General Counsel*

Curt Sullivan, *Procurement and Contracting*

Tom Lefebvre, *Director, Planning and Development*

Joaqin Estus, *Director of Public Communications*

Garvin Federenko, *Director, Finance & Administration*

Sitting from left:

Marianne Gilmore, *Executive Administrative Assistant*

Louis Christie, *Director, Human Resources*

Paul Sherry, *President and Chief Executive Officer*

Tim Gilbert, *Health Systems Network Specialist*

The ANTHC administrative offices consist of the Office of the President/CEO, Finance and Administration (including contracts and procurement), General Counsel, Public Communications, Human Resources, Planning and Development, and Health Systems Networking. The administrative offices provide for organizational management and systems support for the four program departments of the company.

### *Administration highlight activities for FY00 included:*

- Development of a five-year strategic plan for the Consortium for the period from 2000 through 2005, outlining eight major objectives for organizational growth and diversification. The Board developed this strategic plan following an extensive process involving ANTHC's program staff and consultation with tribes and tribal health organizations statewide. The strategic plan was developed in concert with a new Alaska Native Health Campus Master Facility Plan. Mr. Thomas Lefebvre joined the ANTHC staff as Director of Planning and Development in early 2000.

- Refinement of ANTHC purchasing, travel management, and fiscal management systems to be more efficient and user-friendly.

Development of a retirement plan for our direct hire employees.

- Development of a Corporate Compliance system throughout the Consortium, including the adoption of a code of conduct, the designation of a compliance officer and compliance committee, and implementation of policies designed to guarantee compliance with all applicable federal and state law and regulations.

- Expanding our employee recognition program with financial and 'time-off' awards, on-campus staff recognition events, and publication of staff accomplishments.

- Supporting a year-long statewide personal health and wellness campaign entitled "Inform and Inspire 2000" including radio, television and print advertising throughout Alaska: Our message: "Alaska Natives Making Healthy Choices."

- Sponsoring a new internship and scholarship program on the Alaska Native Health Campus in Anchorage to encourage young Alaska Natives interested in health administration, clinical, or specialty service careers.

- Sponsoring an annual meeting with Alaska Native tribal governments, tribal health organizations, and individual 'customer-owners' to provide program and financial information and solicit recommendations for our improvement.

- Increasing ANTHC support for collaboration between all Alaska Native tribal health organizations; Mr. Tim Gilbert joined our staff to provide administrative and technical support to our Medical Services Networking Committee and tribes in the Anchorage Service Unit.

- Representation of ANTHC's concerns and interests in many national and statewide forums including the Alaska Federal Health Care Partnership, the Alaska Native Health Board, and the Alaska Tribal Health Compact.

- Advocating for Native health concerns and financial needs within the Indian Health Service, in Congress and the Alaska State Legislature; ANTHC supported passage of Title V of the Indian Self-Determination ACT (permanent Indian Health Self-Governance), and creation of new legislation re-authorizing the Indian Health Care Improvement Act.



## Future Directions

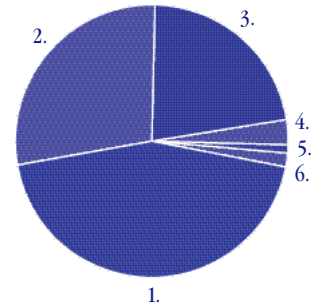
*In the coming year, the Consortium will face a series of opportunities and challenges, including:*

- Phase I renovations of the Alaska Native Medical Center (dental surgery, day surgery, and Quyana House improvements).
- Installing a new financial management system at the Alaska Native Medical Center.
- Managing the Denali Commission's new rural primary health center construction project.
- Re-alignment of the operations of our Department of Environmental Health and Engineering based on regional service lines.
- Developing an Office of Alaska Native Health Research.
- Completion of hardware installation and training in the AFHCAN telemedicine project in 235 health facility locations.
- Creating a new program to train some Community Health Aides as basic dental service providers.

## Financial Summary

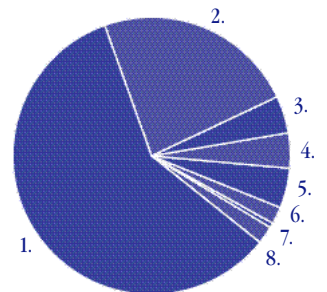
### Revenue (in millions)

1. IHS Compact	\$94
2. Sanitation Construction Projects	60
3. Third Party Collections	47
4. Facility Maintenance and Improvement	6.3
5. Telehealth - non IHS	2.1
6. Interest	3.5
<b>Total</b>	<b>215.7</b>



### Expenditures (in millions)

1. ANMC	115
2. Sanitation Projects	45.9
3. Sanitation Projects Committed funds	8.5
4. Department of Environmental Health & Engineering	8
5. Facility Maintenance and Improvement	9.1
6. Administration	3.9
7. Community Health	1.1
8. Tribal Support Services	4.1
<b>Total</b>	<b>195.6</b>



This Financial is preliminary as of 11/1/00 and is subject to a formal audit for FY 2000.



## Board of Directors

Standing, left to right: Ileen Sylvester, *Alternate for Katherine Gottlieb, Southcentral Foundation*; Andrew Jimmie, *Tanana Chiefs Conference*; Emily Hughes, *(replaces Larry Ivanoff) Norton Sound Health Corporation*; Rita Stevens, *(replaces Denise May), Kodiak Area Native Association*; Lincoln A. Bean, Sr., *SouthEast Alaska Regional Health Consortium (Vice Chairman of the Board)*; Don Kashevaroff, *Unaffiliated Tribes (Chairman of the Board)*; Robert Henrichs, *Chugachmiut*; Marie Carroll, *Alternate for Eben Hopson, Jr., Arctic Slope Native Corporation*; Paul Manumik, Sr.,

*Alternate for Michael Hunt, Sr., Yukon-Kuskokwim Health Corporation*; Michael Hunt, Sr., *Yukon-Kuskokwim Health Corporation*; Jake Wells, *(replaces Ruth M. Moto), Maniilaq Association*. Front row, left to right: Mike Zacharof, *Aleutian/Pribilof Islands Association*; Robert Clark, *Alternate for H. Sally Smith, Bristol Bay Area Health Corporation*; H. Sally Smith, *Bristol Bay Area Health Corporation (Board Treasurer)*; Eileen L. Ewan, *Copper River Native Corporation (Board Secretary)*; Evelyn Beeter, *Unaffiliated Tribes*; Frieda R. Damus, *(replaces Terrance Booth) Metlakatla Indian Community*

The fifteen members of the ANTHC Board of Directors are selected by tribes and tribal health organizations across Alaska. The Board meets about 6 times each year. The Board has established several standing committees including:

- **Bylaws and Policy committee:** develops appropriate bylaws changes and ANTHC policies for Board consideration.
- **Finance and Audit committee:** develops budgets and monitors expenditures for ANTHC; oversees audit and investment activities; recommends financial policies.
- **Alaska Native Medical Center Joint Operating Board (ANTHC selects five persons to serve, while Southcentral Foundation selects four persons to serve):** develops policies, oversees finances and operations of the Alaska Native Medical Center.
- **Medical Services Networking Committee (MSNC):** ensures coordination between ANTHC/Alaska Native Medical Center and our affiliated tribal hospitals and health centers throughout Alaska.

- **Alaska Health Facilities Advisory Committee (AHFAC):** advises ANTHC's Division of Health Facilities and recommends allocations for facility maintenance and improvement funding
- **Sanitation Facilities Advisory Committee (SFAC):** advises ANTHC's Sanitation Facility Construction program and recommends priorities for SFC projects in rural Alaska

In FY00 the Board of Directors established board training policies, developed ANTHC's 2000-2005 Strategic Plan, approved a master facility plan for the Alaska Native Health Campus, and was active in advocating ANTHC's concerns at the national Indian Health Service level and in Congress.

In FY00 there were several changes in Board membership. The names of individuals who served on the board in FY00 are shown above in parentheses, after the name of the person who has replaced them on the board. Alternates are also listed.

## **Alaska Native Tribal Health Consortium**

### *Purpose*

To provide the highest quality health care services for all Alaska Natives

### *Vision Statement*

A unified Native health system, working with our people,  
achieving the highest health status in the world.

#### **Alaska Native Medical Center**

4315 Diplomacy Drive  
Anchorage, AK 99508  
(907) 563-2662  
Fax: (907) 729-1984  
e-mail: [cramos@anmc.org](mailto:cramos@anmc.org)

#### **Department of Environmental Health and Engineering**

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Anchorage, AK 99508-5997  
(907) 729-3600  
Fax: (907) 729-3727  
e-mail: [sweaver@anthc.org](mailto:sweaver@anthc.org)

#### **Tribal Support Services**

4141 Ambassador Drive  
Anchorage, AK 99508  
(907) 729-1915  
Fax: (907) 729-1901  
e-mail: [kmmitchell@anthc.org](mailto:kmmitchell@anthc.org)

#### **Community Health Services**

4201 Tudor Centre Drive, Suite 315  
Anchorage, AK 99508  
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e-mail: [nbahr@anthc.org](mailto:nbahr@anthc.org)



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