

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 2008 ANNUAL REPORT



CELEBRATING OUR 10TH ANNIVERSARY 1998-2008



The **Alaska Native Tribal Health Consortium** is part of the Alaska Tribal Health System, which is made up of regional tribal health organizations and tribes providing health services across Alaska. Those tribes and regional health organizations are represented on the Consortium's board of directors. The Consortium provides statewide services to Alaska Natives across Alaska through three operating divisions and support staff. Our operating divisions are the: Alaska Native Medical Center, Division of Environmental Health and Engineering, and Division of Community Health Services. The Consortium provides a wide range of services, including:

- Specialty medical care
- Construction of clean-water and sanitation facilities
- Community health services such as research on the causes of disease, and monitoring of the health status of Alaska Natives
- Information technology
- Training and educational support

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and President of the Board - 2

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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." The ink is dark and the signature is fluid and legible.

Lincoln A. Bean, Sr.

DON KASHEVAROFF

CHIEF EXECUTIVE OFFICER

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



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, Maniilaq; 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).

1998

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 sanitization 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.

1999

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*.

2000

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 Quyana 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.

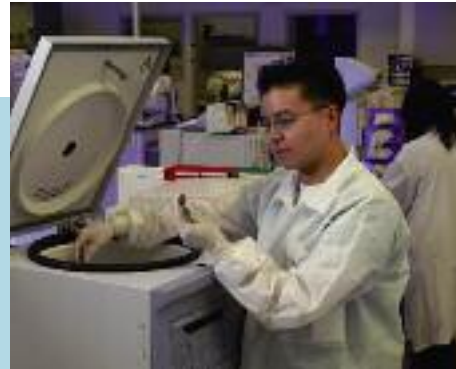
The Consortium created the nation's first Dental Health Aide Therapist training facility in partnership with the W.K. Kellogg Foundation, the Rasmuson Foundation, Bethel Community Services Foundation, and academic partner University of Washington.

Ten students are in training at two sites, one in Anchorage and the other in Bethel at the Yuut Elitnaurviat (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 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-conference (VTC) system to all Alaska tribal clinics and tribal health care partners. This connects families with their relatives at Qujana 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)

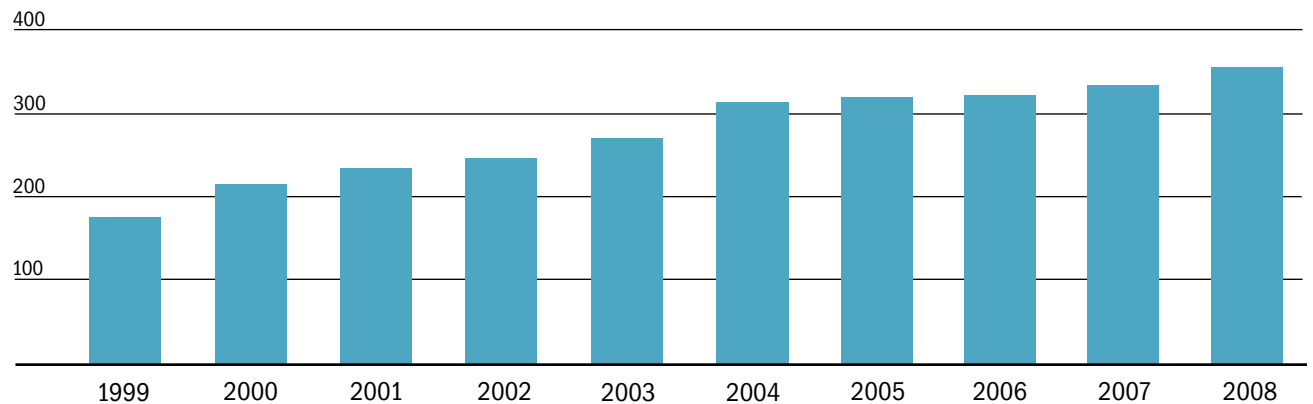
1. Indian Health Service Compact	118
2. Grants Activity	21
3. Medicare, Medicaid, Private Insurance	117
4. Sanitation and Facility Projects	63
5. Statewide Warehouse	19
6. Interest	-3
7. Other	8
Total	343

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.

We honor and are grateful to the many individuals and organizations that helped make the first ten years of Consortium operations a success. We look forward to building on the strong base created through your dedication and many contributions. Our thanks to:

- The visionary tribal health leaders who led the way for the creation of ANTHC to assume management of statewide health services for Alaska Natives.
- The 130,000-plus Alaska Native customer-owners of the Alaska Native Tribal Health Consortium.
- Tribes and tribal health organizations that have worked hand in hand with ANTHC to provide a wide range of services to our customers.
- Partners and stakeholders that share our vision of quality health services for Alaska Natives and often share financial, human, or other resources.
- The Consortium's 1,855 innovative, dedicated employees.
- Paul Sherry, our first, and now former, Chief Executive Officer, who brought extensive knowledge and experience in the Alaska Tribal Health System to the newly formed Consortium.

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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Division of Community Health Services

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