The **Alaska Native Tribal Health Consortium** is a not-for-profit health organization owned and managed by Alaska Native tribal governments and their regional health organizations. We provide statewide services in specialty medical care; construction of water and sanitation and health facilities; community health and research; information technology; and professional recruiting.

Our operating divisions:

The **Alaska Native Medical Center** Division operates a state-of-the-art 150-bed facility providing comprehensive medical services to Alaska Natives and American Indians. ANMC is jointly managed with Southcentral Foundation and includes the Anchorage Native Primary Care Center.

The **Division of Environmental Health and Engineering** provides planning, design, construction and operations support of public health infrastructure in Alaska Native communities. DEHE focuses on sustainable public health solutions.

The **Division of Community Health Services** monitors and improves the health of Alaska Natives by conducting research on important health issues, training rural health aides and providing education for prevention. They study trends in deaths and illness and develop solutions for priority health problems.

Finance, legal, human resources, strategic planning and marketing: These and other departments make up ANTHC's **Consortium Business Support Services**. The division includes a statewide professional recruitment system, as well as technical support, coordination, and training for clinical engineering, patient records, telemedicine, and statistics for the Alaska Tribal Health System.
Our Vision
Alaska Natives are the healthiest people in the world

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

Our Values
Achieving Excellence
Native Self-Determination
Treat with respect and integrity
Health and Wellness
Compassion
Dear friends,

The face of healthcare is changing dramatically. We hear constant news about electronic health records, technological advancements, health insurance reform — the list goes on. Fortunately, our customer-owners can rest assured ANTHC is not only positioning itself to face these changes, but setting the standard for how they are faced.

While most regional health organizations in the Alaska Tribal Health System are moving toward electronic health records, different organizations use different systems. ANTHC is taking the lead in health information exchange — how various entities can collaborate and share information despite independent systems.

Financially, ANTHC received a boost this year from the American Recovery and Reinvestment Act. In addition to over $40 million in statewide water and sewer sanitation projects, the stimulus will also fund health facilities upgrades throughout the state.

Yet an unexpected leg up does not in itself guarantee financial soundness. Federal funding only goes so far, and ANMC relies on third-party payers like Medicaid, Medicare and private insurance to keep quality high and service exceptional. We continue to encourage customer-owners with alternative payment sources to use them, and thereby strengthen health services for everyone.

Thank you for helping the Alaska Native Tribal Health Consortium move toward the vision that Alaska Natives are the healthiest people in the world. With your support, it truly is possible.
Greetings,

ANTHC is a dynamic company — and 2009 has been a particularly dynamic year. Change can be hard, but our workforce has risen to the challenge.

For example, this was the first year ANTHC’s managers and supervisors attended the Leadership Development Institute, a quarterly session designed to train and align leaders, improve communication and inspire results across the organization.

2009 was also the first full year ANTHC used a “balanced scorecard” to translate strategy into measurable objectives that drive behavior and performance. We are moving from an organization that once gauged success on anecdotal evidence to one that measures success by quantifiable progress. Today, we have a clear focus on areas to improve and where we’re best in class.

We’re doing great at some pretty remarkable things, by the way. The Alaska Native Medical Center received full reaccreditation from the Joint Commission this year. And our nursing staff once again achieved Magnet status — the highest level of recognition the American Nurses Credentialing Center gives to nursing services.

I’m thrilled to be a part of providing the quality of health care services our people can be proud of. I look forward to celebrating many more achievements along the path toward the fulfillment of our vision. Thank you for your support.

Don Kashevaroff  Chief Executive Officer
Holly Boyer and Jocelyn Price Magnet Nurses

Magnet status* may not mean much to people who have never heard of it. If you’re one of those people, let us just tell you: It’s a big deal.

The highest possible honor in nursing excellence, Magnet® designation is bestowed to only five percent of hospitals nationwide.

This year, and for the second time, ANMC was named part of that elite group. It is the only hospital in Alaska and the only tribal facility in the nation to receive the prestigious distinction.

It’s a “huge privilege” to be among a Magnet-designated hospital’s nursing staff, says Registered Nurse Holly Boyer of Ketchikan, Alaska.

In August, ANMC received full accreditation from the Joint Commission, the nationally recognized symbol of quality that reflects a health care organization’s commitment to meeting the highest performance standards.
“Magnet motivates me as a nurse to go above and beyond for our patients,” Holly says. “It pushes us to be progressive, allowing nurses working at ANMC to branch out and have the autonomy to develop and incorporate improvements in the way we provide care to our patients.”

The award itself is nice — but Magnet designation is more than congratulations and fancy gold plaques. Simply put, it means superior patient care.

“Magnet means we’re always open to doing what’s best for our patients,” Holly says. “The nurses at ANMC are dedicated to providing our patients with the best care possible.”

*The American Nurses Credentialing Center is the world’s largest and most prestigious nurse credentialing organization, and a subsidiary of the American Nurses Association (ANA). The American Nurses Credentialing Center developed the Magnet Recognition Program® to recognize health care organizations that provide nursing excellence.

ANMC remains the only hospital in Alaska with a certified Level II Trauma Center, providing the highest level of trauma care possible in the state and serving as the trauma referral center for all Anchorage hospitals and statewide tribal health facilities.
Tammy Gologergen Dental Health Aide Therapist

Tammy Gologergen of Nome, Alaska, started working as a dental assistant right out of high school. In Savoonga, where her mother’s family is from, she witnessed a “huge need” in oral health.

She learned about ANTHC’s Dental Health Aide Therapist program, which puts dental providers in rural Alaska and improves the level of dental services available to Alaska Natives.

After completing the two-year training program, where she learned to clean, fill and extract teeth and educate communities on preventative care, she went to work as a DHAT in Savoonga, Gambell and Nome.

This year, managers and supervisors attended the first sessions of the Leadership Development Institute, a training and organizational development program. Among other best practices, leaders now routinely “round” with their staff to ensure processes are running smoothly and everyone has the tools they need. Not surprisingly, employees are reporting higher job satisfaction.
“Everybody knows me out there. They talk to me in my language … everyone there is technically my cousin,” she laughs.

She says she doesn’t need to hear any thanks; it’s enough to see the smiles on her patients’ faces. For Tammy, increased access to health care in her region is why she does what she does.

“I love my job,” Tammy says. “It makes me feel good, you know?”

ANTHC’s Division of Community Health Services trains Community Health Aides, Behavioral Health Aides and Dental Health Aide Therapists to provide vital services in remote areas.
Which water would you rather drink?

The residents of Shishmaref, a remote coastal community in Western Alaska, were faced with an unpleasant choice: Put up with their murky brown water, made unhealthy, foul-tasting and smelly by microbial pathogens … or pay around $10 per gallon for drinking water at the local store.

ANTHC’s Division of Environmental Health and Engineering faced a related problem: New water plants aren’t cheap, and Shishmaref’s rapidly eroding coastline meant the community may eventually need...
to relocate. But residents still needed a solution to improve everyone’s quality of life in the meantime.

That’s exactly what they got.

“We did amazing things with a very small amount of money,” said DEHE’s John Warren, Director of Engineering Services. The new treatment process removes contaminants and delivers clear, clean, healthy water.

“The community is very impressed,” John says. “One of the first things they did was fill a five-gallon bucket and take it to the city office — they couldn’t wait to make coffee with the new water!”

In 2009, the Consortium’s Department of Environmental Health Support partnered with the Centers for Disease Control and the University of Alaska to prove that piped water service in Alaska Native villages dramatically reduces medical treatment costs for acute respiratory infections.
Martin Cary Healthy Alaska Natives Foundation Supporter

When ANTHC announced the first Raven’s Ball — a black-tie event benefiting the Healthy Alaska Natives Foundation — Martin Cary jumped to get a table.

As Vice President and General Manager of Managed Broadband Services at GCI, Martin works throughout Alaska, especially in rural health care. When he was looking for a place to put his charitable dollars, he found HANF. The foundation raises funds for initiatives that sustain and inspire healthy Alaska Native communities.

“When I saw they were putting together an event to improve healthy lifestyles in rural Alaska, it was a perfect fit,” he says.
Martin has attended both Raven’s Balls to date, and has already bought GCI’s place at the head table for 2010. But he doesn’t just attend the Raven’s Ball — he means business.

“I come there to spend money,” he says. “I typically get a number of silent auction items and I’m usually looking for something special in the live auction . . . I just think it’s become one of the ‘funner’ fundraising events we have in Anchorage.”

Among his 2009 winnings is a beautiful Haida mask, proudly displayed in his office among other works of Alaska Native art.

“My entire career has been spent living or working in rural Alaska,” Martin says. “I’ve got a real connection to it.”

Since the federal government provides only half the funding we need, ANTHC’s new Marketing Department is charged with a critical task: Get the truth out that the Alaska Native Medical Center provides world-class patient care, so people with third-party payer sources like Medicare and private insurance choose us first.
Galen Kelly LEAD Graduate

Galen Kelly was looking to expand his horizons. He was accepted into LEAD — Leadership Excellence through Advancement and Determination — ANTHC’s program designed to empower a Native workforce. Participants attend executive meetings, job shadow coworkers, volunteer in the community and complete an innovation project.

For his project, Galen wanted to introduce students from small towns to different career possibilities. (Galen was born in Anchorage and raised in Bethel; his family is from Mountain Village.) He facilitated a presentation on becoming a radiologist technician and

The Centers for Disease Control gave ANTHC’s Epidemiology Center $800,000 to enhance colorectal cancer screening efforts for Alaska Natives, who have substantially higher rates of colorectal cancers compared to other ethnic groups.
videoconferenced with eighth graders from Toksook Bay, Kwethluk, Eek, Kwigillingok, Oscarville and Tuntutuliak.

Everyone loved it — students asked questions, teachers want to see more, and ANTHC employees want to develop presentations on other careers, like nursing and engineering.

“It felt good,” Galen says. LEAD got him hooked on community service, and now that he graduated from the program, there’s a void he wants to fill.

“You don’t want to be complacent anymore,” he said. “You want to really step up.”

Responding to concerns about the effects of climate change on residents of rural villages, ANTHC established a Center for Climate and Health. The Center studies the impacts of climate change on community health, and works with local leaders to develop adaptive strategies.
2009 by the numbers

4 Dental Health Aide Therapists graduated in the United States for the first time

45 sanitation projects and 6 rural health clinics built in 35 communities

55 graduates of the Community Health Aide program

100 digital telehealth stethoscopes deployed to rural health clinics

157 doctors and 482 Magnet® nurses

230 individuals trained in suicide intervention skills

1,548 babies delivered

1,953 total employees

6,641 inpatient admissions

11,794 surgeries and endoscopies performed

52,600 Emergency Room visits, 5,632 of which were Level II Trauma cases

404,000 outpatient visits

800,000 grant dollars to increase colorectal cancer screening among Alaska Natives

1,000,000 grant dollars secured to study Hepatitis

113,500,000 dollars secured for future DEHE projects

ANTHC Board of Directors

The Alaska Native Tribal Health Consortium is owned and operated by its customers, represented on our Board of Directors by 15 Alaska Native leaders from various regions.

ANTHC is a part of the Alaska Native Health Board, and works closely with the National Indian Health Board on Alaska Native and American Indian health issues.

Board committees include the Joint Operating Board, Bylaws and Policy, Finance and Audit, Leadership Planning, Health Research Review, ANTHC Foundation Advisory, Alaska Native Elder Health Advisory, Maintenance and Improvement Resource Allocation, Alaska Health Facilities Advisory, Sanitation Facilities Advisory, and Medical Services Networking.

The board meets four times each year and hosts an annual meeting each December, inviting Alaska’s tribal governments, tribal health organizations, and our Alaska Native and American Indian customer-owners.

This year, we are saddened by the loss of our esteemed board member Frederica Schaeffer, of Noatak, Alaska. Frederica represented the Maniilaq region in Northwest Alaska. She will be dearly missed.
ANTHC and the American Recovery and Reinvestment Act

Of the $787 billion the federal government put into this year’s economic stimulus package, the Alaska Native Tribal Health Consortium secured $61,926,391 for future projects.

The bulk of that total will go toward statewide sanitation infrastructure — the Division of Environmental Health and Engineering received the go-ahead on $41,957,263 in water and sewer sanitation projects. The plan is to move quickly on “shovel-ready” projects, and to supplement funding for existing projects that have been stalled by coverage gaps.

After that, $19,219,128 will go toward future maintenance and improvement projects for health facilities throughout the state. The Alaska Native Medical Center is funded for projects such as expansions in the Emergency Department and Oncology Clinic; four private post-partum rooms; and facility upgrades to accommodate expanded radiological equipment. ANMC received an additional $750,000 in stimulus funds for a CT scanner.

For more information, please visit www.recovery.gov.

The Alaska Native Tribal Health Consortium’s AFHCAN department remains at the forefront of advancements in telehealth. The AFHCAN Cart, a mobile workstation that allows providers to electronically capture patient information and forward it to a distant location for review and consultation, continues to improve access to health care across six states and three nations.
Financial Summary

### 2009 Expenditures (in millions)

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<tr>
<th>Category</th>
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<td>2. Sanitation and Facility Projects</td>
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<tr>
<td>3. Statewide Warehouse</td>
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<td>4. Grant Activity/Statewide Support</td>
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<td>5. Community Health Services</td>
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<td>6. Environmental Health and Engineering</td>
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### 2009 Revenue (in millions)

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<td>2. Grants Activity</td>
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<td>3. Medicare, Medicaid, Private Insurance</td>
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<td>4. Sanitation and Facility Projects</td>
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<td>5. Statewide Warehouse</td>
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This Financial Summary is preliminary as of Oct. 31, 2009, and is subject to a formal audit for the 2009 fiscal year.

**Total Revenues 2005-2009 (in millions)**

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