

# OVERVIEW

## Alaska Native 2006 User Population.

ALASKA AREA TOTAL	130,682
Anchorage Service Area	52,417
Annette Island Service Area	1,331
Barrow Service Area	4,389
Bristol Bay Area Service Area	5,295
Interior Service Area	12,981
Kotzebue Service Area	7,630
Mt. Edgecumbe Service Area	15,019
Norton Sound Service Area	7,406
Yukon-Kuskokwim Service Area	24,214

Users are defined as beneficiaries who used an Indian Health Service or tribal facility that reports through the IHS data system at least once between 10/1/2003 and 9/30/2006. User population by tribal health organization are listed at the beginning of the service area chapters.

**Native People of Alaska.** *The Eskimos.* More than half of all Alaska Natives are Eskimo. The two main Eskimo groups, Inupiat and Yupik, differ in their language and geography. The former live in the north and northwest parts of Alaska and speak Inupiaq; the latter live in southwest Alaska and speak Yupik. Few Eskimos can still speak their traditional Inupiaq or Yupik language as well as English. Along the northern coast of Alaska, Eskimos are hunters of the bowhead and beluga whales, walrus and seal. In northwest Alaska, Eskimos live along the rivers that flow into the area of Kotzebue Sound. Here, they rely less on sea mammals and more upon land animals and river fishing. Most southern Eskimos live along the rivers flowing into the Bering Sea and along the Bering Sea Coast from Norton Sound to the Bristol Bay region.

*The Aleuts.* Most Aleuts originally lived in coastal villages from Kodiak to the farthest Aleutian Island of Attu. They spoke three distinct dialects, which were remotely related to the Eskimo language. When the Russians came to the Aleutian Islands in the 1740s, Aleuts inhabited almost every island in the chain. Now, only a few islands have permanent Aleut villages. Severe and unpredictable weather conditions in the Aleutian Islands make transportation both expensive and time-consuming. The region is dependent on the fishing industry, which is variable from year to year.

*The Interior Indians.* The Athabascans inhabit a large area of Central and Southcentral Alaska. They may have been the first wave of Natives to cross the land bridge over 15,000 years ago. Although their language is distinct, they may be linguistically related to the Navajo and Apaches of the Southwest U.S. There are eight Athabascan groups in Alaska. Characteristics of all eight groups include similar language, customs and beliefs.



The Southeast Alaska Indians. The three major Indian tribes inhabiting Southeast Alaska are the Tsimpsians, Haidas, and Tlingits. The community of Sitka in Southeast Alaska was the capitol of Russian America, and the community of Juneau is now the capitol city of the State of Alaska.

Environmental Factors. Alaska

encompasses one-fifth of the total land mass of the United States. Within its 586,000 square miles, Alaska has diverse climates including deserts, plains,



swamps, forests, glaciers, ice fields, fjords, river systems, volcanoes, thousands of islands and six major mountain ranges. With two oceans and three major seas, Alaska has as many miles of sea coast as the combined Atlantic and Pacific seaboards.

Most communities in Alaska are separated by vast distances. Anchorage is 1,445 miles from Seattle, WA - the nearest metropolitan center. Vast mountain ranges, stretches of tundra, glaciers, impassable river systems, and open waters separate communities within the state. The distance from many communities to the nearest medical facility is equivalent to the distance from New York to Chicago.

The State of Alaska is one congressional district. Don Young (R) is Alaska's U.S. Congressman, Ted Stevens (R) and Lisa Murkowski (R) represent Alaska in the United States senate.

**Utilities.** Communities in Alaska are often small in population and separated by great distances, vast mountain ranges, oceans and major river systems. Because of these characteristics, utilities in most settlements serve only that community. Common water supplies and waste disposal systems that exist in other states are more expensive and difficult to build and maintain. Alaska has the lowest proportion of homes with piped water and wastewater disposal in the United States.

**Communications.** Tribal health programs differ widely in their capacity to electronically access and augment patient records in the statewide data system. Small local telephone systems have problems such as inclement weather, lack of maintenance parts, lack of trained personnel, geographic barriers and distances involved. Long distance carriers in a few parts of the state need to update their infrastructure (such as satellite earth stations) to make the transmission of digital images possible. Tribal health administrators estimate that over 90% of private residences have telephone service, and some estimate in excess of 95%.

The Alaska Native Tribal Health Consortium designed and built equipment that allows Community Health Aides/Practitioners (CHA/Ps) to create and send digital images for medical consultation. The Alaska Federal Health Care Partnership sponsors the project which supplies over 200 workstations, or carts, to remote Alaska health care sites. The carts are supplied with a digital otoscope for inner ear images, an EKG to measure heart activity, a digital camera, and a scanner. Multiple images can be sent through a network to the Alaska Native Medical Center (ANMC), or to other health care providers in the partnership.



**Transportation.** According to the Alaska Department of Transportation, Alaska has 13,323 miles of roads and 2,229 ferry miles for a total of 15,552 miles. About 80% of Alaska Native villages are not linked by a road system. More than one-half of the people served by the Alaska Native tribal health organizations live in rural and remote locations. Fuel, building materials, furniture and many other supplies can be delivered to coastal and river communities by barge only during the summer months. Air freight, patient transportation and distance make health care costs high and difficult to predict.

**Housing.** Housing varies greatly throughout the State of Alaska. In Anchorage, Fairbanks, Juneau and other major population centers, residential areas have streets, utilities, fire protection and other modern conveniences. In contrast, most of the rural communities lack the infrastructure and economy necessary to finance roads, adequate utilities, housing and fire protection.

Education. Anchorage and Fairbanks are regional centers for the University of Alaska. Other UA campus locations are: Tanana Valley, Chukchi, Northwest, Kuskokwim, Bristol Bay, Kodiak, Kenai Peninsula, Chugiak-Eagle River, Matanuska-Susitna, Prince William Sound, Ketchikan, Sitka, Juneau, Interior, and Aleutians.

There are 481 elementary and high schools in Alaska. Schools in the smaller villages serve all students K-12, and can not be defined as elementary, middle or high school.



American Indians/Alaska Natives Percent



Include Lata for 35 Reservation Sates (South Carolina and Indians were added as Reservation States in 1994 and 1995 (respectively) Source: DHHS, IHS, OPH, DCEH Program Statistics Team. Regional Differences in Indian Health 1997.



Natural Resources. Alaska has the largest energy potential of any state and most countries in the world. These energy assets include coal, gas, geothermal, hydroelectric, oil, solar and wind. Also, 30 of the 32 minerals considered essential to the United States exist in commercial scale deposits in Alaska. Important renewable resources in the state are timber, seafood, and agricultural products. Developing these natural resources while protecting wilderness habitat is a challenge that will face future generations of Alaskans.

**Employment.** Rural employment opportunities are limited for American Indians/Alaska Natives (AI/AN) because the job market is limited in remote parts of the state. The unemployment rate for rural bush communities is twice as high as the urban areas of the State. In areas where fishing is the form of employment, work becomes seasonal. Natives who reside in rural communities rely on subsistence hunting and fishing and seasonal employment.

#### Graph 1.2

American Indians/Alaska Natives Percent High School Graduate or Higher Age 25 and Older, 1990 Census State-level



include c data tor 36 Recervation Bate c (Bouth Carolina and Indians were added a c Recervation Bate c in 1994 and 1996 (respectively) Bource: DHHB, IHB, OPH, DCEH Program Bat clos Team, Regional Differences in Indian Health 2000-2001.

### Race and Sex by Employment Status (persons 16 years and over)

	Employed	Unemployed	Not in Workforce	Percent Unemployed or Not in Workforce
White 1/ Male	116,738	10,056	36,098	28%
White 1/ Female	98,831	5,977	50,903	37%
Al/AN 2/ Male	13,903	4,564	12,597	55%
Al/AN 2/ Female	15,679	2,907	14,080	52%

1/ individuals who identified them serves as White slone, not in combination with

anotherrace

2/ holividusis who identified them selves as American Indian/Alaska Native (AVAN) sione, not in combination with snother race.

Source: U.S. Centut Eureau, Centut 2000 Summary File 3.



Table 1.2 Alaska All Races Per Capita Income

by Area 2003	Capita Income
	33,213
State of Alaska	24,522
Aleutians East Borough	25,885
Aleutians West Census Area	37,750
Municipality of Anchorage	22,883
Bethel Census Area	40,769
Bristol Bay Borough	39,487
Denali Borough	28,485
Dillingham Census Area	30,583
Fairbanks North Star Borough	35,542
Haines Borough	36,668
City and Borough of Juneau	29,362
Kenai Peninsual Borough	38,343
Ketchikan Gateway Borough	29,479
Kodiak Island Borough	22,697
Lake and Peninsula Borough	29,483
Matanuska-Susitna Borough	24,774
Nome Census Borough	36,613
North Slope Borough	24,425
Northwest Arctic Borough	21,492
Prince of Wales-Outer Ketchikan Census Area	31,467
City and Borough of Sitka	34,508
Skagway-Hoonah-Angoon Census Area	28,404
Southeast Fairbanks Census Area	33,321
Valdez-Cordova Census Area	15,748
Wade Hampton Census Area	31,861
Wrangell-Petersburg Census Area	31,352
City and Borough of Yakutat	22,907
Yukon-Koyukuk Census Area Bauras: U.B. CeartmentatCommerce, Bureau of Baanamia Analy	

Bouros : U.S. Ceparimentof Commerce, Bureau of Economic Analysis, Blaie of Alaska, Alaska Ceparimentof Labor and Workforce Cevelopment, Alaska Economic Trends, November 2006, p.7.

Age Factors. The median age of Alaska Natives is 24.2 years, compared to a median age of 34.1 years for all Alaskans.

## DESCRIPTION OF HEALTH CARE DELIVERY SYSTEM/ALASKA AREA MAPS

#### The Alaska Area Native Health Service

(AANHS) is located on the ANMC campus in Anchorage. With a staff of 38 individuals, the AANHS oversees one P.L. 93-638, Title V compact with 22 funding agreements, and eighteen P.L. 93-638, Title I funding contracts. The Alaska Area transfers about \$480 million in Title V funds and \$13 million in Title I funds from the Indian Health Service (IHS) to the Alaska tribes and tribal health organizations each year.

#### Graph 1.3

Percent of Males & Females Unemployed 1990 Census State-Level American Indian/Alaska Native Data



For ages 16 and older. Includes data for 35 Reservation States (South Carolina and Indiana were added as Reservation States in 1994 and 1995. Source: DHHS, IHS, OPH, DCEH, Program Statistics Team. Regional Differences in Indian Health 2000-2001, p27.



NOTE: The Madified Age Race Ber (MARB) data corrects to errors in reporting of age, race and car car that it is a sociarie as possible. American indian/Aja site Native atome or in combination: "No no er more of the other it we race a BOURCE: Bate of Aja site, Aja site Department of Labor 2. Work brue De velopment Recearch and Analysis.



Overall, about 99% of the IHS budget allocation in Alaska is managed by tribes. As one of the twelve IHS Area Offices, the AANHS enables Alaska tribes to take advantage of the federal prime vendor contract for pharmaceutical purchases. The AANHS is a co-signer on federal contracts between Alaska tribes and private itinerant health care providers, and between Alaska tribes and other federal agencies. The AANHS manages about 345 Intergovernmental Personnel Agreements (IPAs) for federal civil service employees assigned to tribes, and about 320 Mutual Operating Agreements (MOAs) for Public Health Service Commissioned Corps officers assigned to tribes. There are no Indian Health Service direct health care services in Alaska, however, the Indian Health Service has ownership of nine tribal health care facilities in Alaska, and is responsible for their maintenance.

The Alaska Tribal Health System manages seven hospitals, 36 health centers and 166 village clinics throughout the State of Alaska. Private hospitals and practitioners supplement Native health care in urban centers.

Alaska Native Medical Center (ANMC). Located geographically within the boundaries of Southcentral Foundation tribe, ANMC operates as the "gatekeeper" for most of the specialty care required by Alaska Natives in all parts of the State. ANMC is managed by two tribal health organizations. The Alaska Native Tribal Health Consortium (ANTHC) operates the secondary and tertiary services and the Southcentral Foundation (SCF) operates the primary care services.

Map 1.2

The Alaska Native Health Care System Referral Pattern



The Alaska Native Tribal Health Consortium (ANTHC) was formed in December 1997 when federal programs, services, functions and activities previously under the Indian Health Service



were transferred to Alaska tribes who became owner-consumers of health care. Virtually all statewide Native health services are connected in some manner to the activities of the ANTHC.

The ANTHC Division of Environmental Health and Engineering (DEHE) designs and constructs sanitation facilities to bring safe water and wastewater disposal improvements to rural Native communities and homes. DEHE works with tribal partners to establish health care facilities, including hospitals and remote village clinics. A community-based injury prevention program for all Alaska Natives is managed by DEHE.

ANTHC develops and presents training to village-based community health aide programs including medical, dental and behavioral health aides. The ANTHC Epidemiology Center is one of eleven tribal epidemiology centers established by the Indian Health Service to improve the health of Alaska Natives and American Indians through research.

ANTHC operates an HIV/AIDS Early Intervention Program (EIS) in Bethel, Fairbanks, Juneau and Sitka. Their clinical team in Anchorage provides HIV case management and coordination of primary care services to clients living in rural areas.

The ANTHC implements and maintains a system of electronic medical records between the state's network of health care facilities, in addition to installing and maintaining digital communications and teleradiology equipment at remote sites around the state.



Map 1.3 Alaska Area Service Area





#### Hospital Addresses.

Alaska Native Medical Center - 4315 Diplomacy Drive, Anchorage, AK 99508 Kanakanak Hospital - P.O. Box 130, Dillingham, Alaska 99576 Maniilaq Health Center - P.O. Box 43, Kotzebue, Alaska 99752 Mt. Edgecumbe Hospital - 222 Tongass Drive, Sitka, Alaska 99835 Norton Sound Regional Hospital - P.O. Box 966, Nome, Alaska 99762 Samuel Simmonds Memorial Hospital - 1296 Agvik Street, Barrow, Alaska 99723 Yukon-Kuskokwim Delta Regional Hospital - P.O. Box 287, Bethel, Alaska 99559





#### Health Center Addresses.

Adak Clinic - General Delivery, Adak, AK 99571 Akutan Clinic - P.O. Box 113, Akutan, AK 99553 Alicia N. Roberts Medical Center - P.O. Box 163, 830 Craig-Klawock Hwy, Klawock, AK 99925 Alutiig Enwia Medical Clinic - 402 Center Avenue, Kodiak, AK 99615 Angoon Health Center - P.O. Box 27, 600 Chinook Way, Angoon, AK 99820 Aniak Subregional Clinic - P.O. Box 269, Aniak, AK 99557 Chief Andrew Isaac Health Center - 1638 Cowles Street, Fairbanks, AK 99701 Chignik Bay Sub-Regional Clinic - P.O. Box 90, Chignik, AK 99564 Dena'ina Health Clinic - 416 Frontage Road, Kenai, AK 99611 Eklutna Clinic - P.O. Box 26339 Eklutna Village Road, Chugiak, AK 99567 Emmonak Sub-Regional Clinic - General Delivery, Emmonak, AK 99581 Hooper Bay Subregional Clinic - P.O. Box 49, Hooper Bay, AK 99604 Haines Medical Clinic - P.O. Box 1549, Haines, AK 99827 Hoonah Medical Clinic - P.O. Box 103, Hoonah, AK 99829 Ilanka Health Center - P.O. Box 1388, Cordova, AK 99574 Ketchikan Indian Community Tribal Health Center - 3289 Tongass, Ketchikan, AK 99901 King Cove Clinic - P.O. Box 206, King Cove, AK 99612 Metlakatla Health Center - P.O. Box 439, Metlakatla, AK 99926 McGrath Health Center - P.O. Box 10, McGrath, AK 99627 Nilavena Subregional Clinic - P.O. Box 290, Iliamna, AK 99606 Ninilchik Community Clinic - P.O. Box 39368, Ninilchik, AK 99639 Oonalaska Wellness Center - P.O. Box 1130, Unalaska, AK 99685 St. Mary's Sub-Regional Clinic - General Delivery, St. Mary's, AK 99658 St. Paul Health Center - P.O. Box 148, St. Paul Island, AK 99660 Sand Point Clinic - P.O. Box 172, Sand Point, AK 99661 Seldovia Village Health Center - 880 E End Rd, Homer, AK 99603 Seward North Star Health Clinic - P.O. Box 1429, Seward, AK 99664 SEARHC Medical/Dental Clinic - 3245 Hospital Drive, Juneau, AK 99801 Southcentral Foundation Primary Care Center - 4320 Diplomacy Drive, Anchorage, AK 99508 Southcentral Foundation Valley Primary Care Center-1451 E. Parks Highway, #200, Wasilla, AK 99687 Tanana Health Center - P.O. Box 130, Tanana, AK 99777 Togiak Sub-Regional Clinic - General Delivery, Togiak, AK 99678 Toksook Bay Subregional Clinic - P.O. Box 37028, Toksook Bay, AK 99637 Unalakleet Health Center - General Delivery, Unalakleet, AK 99684 Yakutat Health Center - P.O. Box 112, Yakutat, AK 99689 Yukon Flats Health Center - P.O. Box 33, Fort Yukon, AK 99740

#### COMMUNITY HEALTH AIDE PROGRAM (CHAP)

The principal provider of health services at the village level is the community health aide (CHA). Chosen by the village council, the CHA is responsible for giving first aid in emergencies, examining the ill, reporting their symptoms to the physician, carrying out the recommended treatment, instructing the family in giving nursing care and conducting preventive health programs in the villages. CHAs store and dispense prescription drugs with physician instructions. About 90% of the CHAP villages are accessible only by small engine aircraft. CHAs respond to medical emergencies 24 hours a day, in addition to working standard clinic hours. Itinerant health professionals make scheduled field trips to villages,



including physicians, dentists, coordinator-instructors, sanitarians, veterinarians and public health nurses, however CHAs usually work alone in the villages.

The Alaska Dental Health Aide Program has been developed as a specialty area under CHAP. Dental health aides must work under the supervision of a licensed dentist, and must be employees of the IHS, a tribe, or a tribal health organization. Their focus is on prevention, pain relief, infection relief and basic restorative services. There are four levels of dental health aide accreditation: primary dental aide, expanded function dental aide, hygienist aide, and dental therapist.

Alaska has 166 villagebuilt clinics with about 420 CHAs. Graph 1.5 displays the CHA visits by tribal health organization for FY 2006.

## State Public Health Centers & Nurses.

The nursing section of the State of Alaska serves approximately 298 Native and nonnative communities with a work force of about 90 public health nurses. Some regions use their public health nurses for health center visits and others use them for itinerant travel to small



communities. Public health nurses devote most of their time to serving very young children, medically underserved, pregnant women and elderly people.

**Contract Health Services.** Tribal health programs purchase services for Native patients from private care sources. These services are necessary in areas where direct or tribally operated IHS facilities or services are not readily available. The Alaska Native Medical Center often uses contract health care funds for consulting specialists and for providing specialized care such as cardiac or neurological surgery.

**Community Health Centers.** Alaska tribes operate 71 health facilities that are operated with P.L. 93-638 funding from the Indian Health Service in addition to Community Health Center (CHC), Section 330 funding from the Health Resources and Services Administration (HRSA). There are 57 tribally operated Community Health Centers (CHCs) that provide all-inclusive full-time services, 3 CHC's that provide all-inclusive part time services, and 11 tribal health facilities that are CHC satellites. Tribal CHC's serve non-native patients on a sliding fee schedule based on income.



**Long-Term Care Services.** With the exception of adolescent alcohol treatment programs, the Indian Health Service does not provide long-term care services. Through the conditions of the Indian Self-Determination Act, and with the availability of alternate funding sources, some Alaska tribes are operating long-term care for adolescents, elders and disabled individuals.

The major driving force in the Alaska long-term care system for the next few decades will be the extremely high growth rate of the Native elderly population. At the current growth rate, the 65 to 74 age population will double every 14 years, the 75 to 84 age population will double every 12 years, and the 85 and over population will double every 10 years. High growth rates are coupled with the high cost of providing long-term care in Alaska. Alaska's nursing home costs per day average about \$271 or \$98,915 a year. According to the Providence Extended Care Needs Study, Alaska will need an additional 317 new skilled nursing facility beds in 2008 and 1,118 beds more in 2118.

# STATISTICS ON THE HEALTH STATUS OF ALASKA NATIVES



\*Age-adjusted to the U.S. 2000 Standard population

Source: Alaska Native Mortallity Update: 1999-2003 Naska Native Epidemiology Center, Office of Naska Native Research, Division of Community Health Services, Naska Native Tribal Health Consortium



Infant Mortality is the number of infant deaths per 1,000 live births.



Neonatal Mortality is the number of infant deaths per 1,000 live births.



Alarka Native rate rate rate based on three year averages, using the end year of the three year period. Neonatal mortalility is the number of intant deaths, from birth to 25 days of age, per 1,000 live births. SOURCE: Alarka Native rate rate from the report Alarka Native Brits and Infant Deaths 1980-1997, Alarka Native Tribal Health Consorthum, Alarka Native Riths and Infant Deaths 1980-1997, Alarka Native Tribal Health Consorthum, Alarka Area Native Health Service, Division of Planning, Evaluation & Health Statistics. U.S. rate rate from the National Center for Health Statistics (NCHS) and are single year rates.



## Postneonatal

Mortality is the number of infant deaths, from 28 days to one year of age, per 1,000 live births.



Alanka Native rates are based on three year averages, using the end year of the three year period. Postheonatal mortality is the number of infant deaths, from 28 days to one year of age, per 1,000 live births, SOURCE: Alaska Native rates are from the report Alaska Native Births and Infant Deaths 1980-1997, Alaska Native Tribal Health Consorbum, Alaska Area Native Health Service, Division of Planning, Evaluation and Health Statistics. U.S. rates are from the National Center for Health Statistics (NCHS), and are single year rates.

## **Childhood Immunization Rates**

The ANTHC immunization Alaska Native Immunization Rates program tracks rates by service area for Alaska Native children and adults.

#### **ANTHC Diabetes** Program

The ANTHC diabetes team tracks and monitors diabetes among Alaska Natives using a computerized registry. The program provides educational materials, public service



Graph 1.10

for 3 - 27 month olds

Based on quarierly data ending 9-30-2005 Source : Alaska Natue Tribal Health Consortium Immunization Coordinator



announcements, organizational facilitation and health fair activities to help educate the public on the prevention and treatment of diabetes.



Source: Diabetes Audit by the Alaska Native Tribal Health Consortium, Diabetes Team.





Teen Birth Rates are births per 1,000 women aged 15-17.



The number of births per 1,000 women aged 15-44 is sometimes referred to as the "fertility rate".







Ala dia Native birth rate care rate oper 1,000 women aged 16-17. The Ala dia Native population figure care from the Biste of Ala dia's Ceparimentof (abor publication "Population Overview." Ala dia Native birth care from 148 report XBU and the three years average is the end year of the three year period. U.B. rate care the single year indicated. The U.B. rate care from the National Center for Keath Statistics.

## **OUTPATIENT WORKLOAD/DIAGNOSES**



Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Reort 1A.



# Table 1.3 Alaska Area Leading Causes of Outpatient Visits for All Age Groups; Alaska Native Totals

All Age Groups Alaska Native	FY 2001	FY 2002	FY2003	FY 2004
Upper Respiratory Problems	47,305	50,747	48,578	58,569
Accidents & Injuries	38,929	38,058	37,268	48,006
Hospital Medical/Surgical Follow-up	28,746	28,671	25,946	39,261
Assessment of Symptoms	22,320	23,665	26,989	34,332
Bone & Joint Disorders	28,436	28,970	31,608	33,567
Pregnancy, Childbirth & Puerperium	12,975	12,580	14,951	33,565
Neuroses & Non-Psychotic Disorders	24,477	23,919	21,579	30,530
Tests Only	48,098	41,433	32,356	28,196
Hypertension	20,964	23,958	21,813	26,946
Otitis Media	20,333	21,253	20,532	24,399

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

## **INPATIENT WORKLOAD**

The following graphs display the inpatient workload including and excluding newborns for the Alaska Area.



Graph 1.15
Newborn Inpatient Workload

Alaska Area: FY 1961 - FY 2001

ADPL = Average Daily Patient Load; ALOS = Average Length of Stay Source: HSA-202 Monthly Report of Inpatient Services





Graph 1.16 Inpatient Workload Excluding Newborns Alaska Area: FY 1959 - FY 2001

## DISCHARGE DIAGNOSES

Leading Causes o	Alas	ble 1.4 ka Area Discharge	es: FY 200	1 - FY 2004
All Age Groups	FY2001	FY 2002	FY 2003	FY 2004
Deliveries (Childbirth)	1,806	1,705	1,825	1,796
Accidents & Injuries	1,350	1,308	1,256	1,146
Pneumonia	646	498	663	595
Bronchitis, Emphysema	398	346	318	369
Infected Skin & Abrasions	466	431	412	361
Heart Disease	462	442	417	351
Complications of Pregnancy	470	411	410	348
Malignant Neoplasms	253	260	224	253
Alcohol Abuse	265	244	169	220
Urinary Tract Diseases	223	252	245	209

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 2C.



# **CRITICAL ISSUES**

**Costs of Providing Health Care in Alaska.** The Indian Health Service spends more percapita to provide medical and community health care services in Alaska than it does in any of the lower 48 states. In most parts of the country, the highest costs of delivering health care services are found in urban areas. This does not hold true in Alaska, where rural residents generally face higher costs than those found in the state's major population centers.

**Health Access and Patient Travel in Alaska.** About half of Alaska Natives reside in small communities which are isolated from regional hospitals and health centers by immense distances, climatic extremes and geographic barriers. Most rural Alaska communities are not accessible by road, and can be reached only by boat, snowmachine and small aircraft. Several rural communities that serve as regional hubs have commercial jet service. Costs of travel for patients to access any services, not available through the community health aide at the village clinics, are substantial. The airfare to a regional hospital can range from \$100 - \$300, and the airfare between the regional hospital and the Alaska Native Medical Center can cost between \$800 - \$1,200. When surface transportation and lodging costs are included, the cost of routine care is beyond the means of many patients, resulting in the deferral of care and increased likelihood of more serious illness.

Akiachak		Arctic Slope	
Services	\$333,711	Services	\$9,478,744
Environmental Health	\$1,574	Environmental Health	\$816,659
Contract Support Costs	\$99,675	Contract Support Costs	\$3,830,308
Total	\$434,960	Total	\$14,125,711
Alaska Native Tribal Heal	th Consortium	Bristol Bay	
Services	\$85,420,940	Services	\$20,044,831
Environmental Health	\$34,429,283	Environmental Health	\$1,322,750
Contract Support Costs	\$8,555,526	Contract Support Costs	\$7,131,851
Total	\$128,405,749	Total	\$28,499,432
ΑΡΙΑ		Chickaloon	
Services	\$3,350,639	Services	\$193,158
Environmental Health	\$6,580,161	Environmental Health	\$0
Contract Support Costs	\$783,147	Contract Support Costs	\$15,509
Total	\$10,713,947	Total	\$208,667

# **INDIAN HEALTH SERVICE APPROPRIATIONS, FY 2004**

#### SOURCES:

Alaska Area Office of Financial Management; Alaska Native Tribal Health Consortium (ANTHC) Finance Department; Southcentral Foundation (SCF) Finance Department

NOTES:

Excludes special diabetes funds, EPA funds, State of Alaska sanitation funds, and third party collections.

Sub-awards from the Alaska Native Tribal Health Consortium, Southcentral Foundation and Southeast Alaska Regional Health Consortium have been moved to the benefiting tribes.

Arctic Slope includes the Arctic Slope Native Association, Ukpeagvik and North Slope Borough contracts.



Chitina		Hoonah	
Services	\$236,826	Services	\$304,393
Environmental Health	\$515	Environmental Health	\$3,702
Contract Support Costs	\$90,931	Contract Support Costs	\$128,648
Total	\$328,272	Total	\$436,743
Chugachmiut		Karluk	
Services	\$4,205,031	Services	\$113,256
Environmental Health	\$120,157	Environmental Health	\$358
Contract Support Costs	\$1,344,990	Contract Support Costs	\$77,815
Total	\$5,670,178	Total	\$191,429
CATG		Kenaitze	
Services	\$1,601,405	Services	\$1,822,845
Environmental Health	\$7,463	Environmental Health	\$4,680
Contract Support Costs	\$904,107	Contract Support Costs	\$220,648
Total	\$2,512,975	Total	\$2,048,173
Copper River		Ketchikan	
Services	\$2,533,969	Services	\$5,065,596
Environmental Health	\$45,411	Environmental Health	\$175,504
Contract Support Costs	\$654,355	Contract Support Costs	\$2,383,355
Total	\$3,233,735	Total	\$7,624,455
Diomede		Knik	
Services	\$108,982	Services	\$210,803
Environmental Health	\$737	Environmental Health	\$0
Contract Support Costs	\$85,400	Contract Support Costs	\$16,858
Total	\$195,119	Total	\$227,661
East Aleutians		Kodiak	
Services	\$3,284,517	Services	\$5,871,119
Environmental Health	\$29,572	Environmental Health	\$152,403
Contract Support Costs	\$429,501	Contract Support Costs	\$1,479,643
Total	\$3,743,590	Total	\$7,503,165
Eklutna		Kwinhagak	
Services	\$314,702	Services	\$264,163
	\$1,187	Environmental Health	\$0
Environmental Health	J.10/		
Environmental Health Contract Support Costs	\$24,130	Contract Support Costs	\$103,129

#### SOURCES:

Alaska Area Office of Financial Management; Alaska Native Tribal Health Consortium (ANTHC) Finance Department; Southcentral Foundation (SCF) Finance Department

#### NOTES:

Excludes special diabetes funds, EPA funds, State of Alaska sanitation funds, and third party collections. Sub-awards from the Alaska Native Tribal Health Consortium, Southcentral Foundation and Southeast Alaska

Regional Health Consortium have been moved to the benefiting tribes.

The Council of Athabascan Tribal Governments includes both P.L. 93-638 Title I and Title V contracts.



## Indian Health Service Appropriations, FY 2004

Maniilaq		Southcentral	
Services	\$23,565,726	Services	\$51,062,982
Environmental Health	\$1,207,663	Environmental Health	\$1,151,308
Contract Support Costs	\$9,789,280	Contract Support Costs	\$14,114,493
Total	\$34,562,669	Total	\$66,328,783
Metlakatla		SEARHC	
Services	\$2,690,840	Services	\$31,023,153
Environmental Health	\$9,215,965	Environmental Health	\$1,787,244
Contract Support Costs	\$673,319	Contract Support Costs	\$8,061,712
Total	\$12,580,124	Total	\$40,872,109
Mt. Sanford		St. George	
Services	\$897,572	Services	\$138,794
Environmental Health	\$1,374	Environmental Health	\$704
Contract Support Costs	\$222,475	Contract Support Costs	\$39,317
Total	\$1,121,421	Total	\$178,815
Ninilchik		Tanana Chiefs	
Services	\$621,620	Services	\$27,950,230
Environmental Health	\$2,971	Environmental Health	\$618,540
Contract Support Costs	\$228,614	Contract Support Costs	\$5,007,138
Total	\$853,205	Total	\$33,575,908
Norton Sound		Tanana IRA	
Services	\$17,075,696	Services	\$878,530
Environmental Health	\$994,274	Environmental Health	\$119,750
Contract Support Costs	\$5,538,030	Contract Support Costs	\$228,707
Total	\$23,608,000	Total	\$1,226,987
Seldovia		Tyonek	
Services	\$1,035,655	Services	\$479,987
Environmental Health	\$2,423	Environmental Health	\$501
Contract Support Costs	\$271,003	Contract Support Costs	\$72,446
	\$1,309,081		\$552,934

SOURCES:

Alaska Area Office of Financial Management; Alaska Native Tribal Health Consortium (ANTHC) Finance Department; Southcentral Foundation (SCF) Finance Department

#### NOTES:

Excludes special diabetes funds, EPA funds, State of Alaska sanitation funds, and third party collections. Sub-awards from the Alaska Native Tribal Health Consortium, Southcentral Foundation and Southeast Alaska

Regional Health Consortium have been moved to the benefiting tribes.

Southcentral Foundation includes Cook Inlet Tribal Council funds.

Tanana Chiefs includes both P.L. 93-638 Title I and Title V Tanana Chiefs and Fairbanks Native Association funds.



## Indian Health Service Appropriations, FY 2004

Valdez		Yukon Kuskokwim	
Services	\$160,745	Services	\$38,306,893
Environmental Health	\$480	Environmental Health	\$7,504,690
Contract Support Costs	\$70,943	Contract Support Costs	\$13,380,748
			<b>\$50,400,004</b>
Total	\$232,168	Total	\$59,192,331
	\$232,168		\$59,192,331
Yakutat		GRAND TOTAL	
Yakutat Services	\$261,989	GRAND TOTAL Services	\$0
Yakutat		GRAND TOTAL	
Yakutat Services	\$261,989	GRAND TOTAL Services	\$0

SOURCES:

Alaska Area Office of Financial Management; Alaska Native Tribal Health Consortium (ANTHC) Finance Department; Southcentral Foundation (SCF) Finance Department

NOTES:

Excludes special diabetes funds, EPA funds, State of Alaska Sanitation funds, and third party collections.

Sub-awards from the Alaska Native Tribal Health Consortium, Southcentral Foundation and Southeast Alaska Regional Health Consortium have been moved to the benefiting tribes.