OVERVIEW

Alaska Native 2006 User Population.

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

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 Athabaskan 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.

Graph 1.1

American Indians/Alaska Natives Percent Bachelor’s Degree or Higher Age 25 and Older 1990 Census Same-Level Indian Data

- Tucson: 4.6%
- Navajo: 5.2%
- Phoenix: 6.3%
- Albuquerque: 7%
- Bemidji: 7.2%
- Billings: 7.6%
- Aberdeen: 7.9%
- Portland: 8.6%
- Nashville: 10.5%
- California: 11.1%
- Oklahoma: 11.4%

Includes data for 26 Reservation Bases (South Carolina and Indiana were added as Reservation States in 1994 and 1995, respectively). Source: DHHS, IHS, OPH, DCEI Program Evaluation 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.

Table 1.1
Race and Sex by Employment Status (persons 16 years and over)

<table>
<thead>
<tr>
<th></th>
<th>Employed</th>
<th>Unemployed</th>
<th>Not in Workforce</th>
<th>Percent Unemployed or Not in Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>White 1/ Male</td>
<td>116,738</td>
<td>10,056</td>
<td>38,098</td>
<td>28%</td>
</tr>
<tr>
<td>White 1/ Female</td>
<td>90,024</td>
<td>6,077</td>
<td>50,903</td>
<td>37%</td>
</tr>
<tr>
<td>AI/AN 2/ Male</td>
<td>13,903</td>
<td>4,564</td>
<td>12,597</td>
<td>55%</td>
</tr>
<tr>
<td>AI/AN 2/ Female</td>
<td>16,679</td>
<td>2,907</td>
<td>14,080</td>
<td>62%</td>
</tr>
</tbody>
</table>

1/ Individuals who identified themselves as White alone, not in combination with another race.
2/ Individuals who identified themselves as American Indian/Alaska Native (AI/AN) alone, not in combination with another race.

Source: U.S. Census Bureau, Census 2000 Summary File 3.
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.
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.

The Alaska Native Health Care System Referral Pattern
Same Scale Comparison - Alaska Area to Lower 48 States

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.
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
Alutiiq 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 99654
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
Metylakatla Health Center - P.O. Box 439, Metlakatla, AK 99926
McGrath Health Center - P.O. Box 10, McGrath, AK 99627
Nilavina 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 village-built 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 non-Native 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

Graph 1.6

Age-Adjusted Mortality Rates* for Leading Causes of Death
Alaska Natives vs. U.S. Whites for 5-Year Interval
1999 - 2003

Cancer
Heart Disease
Unintentional Injuries
Cerebrovascular Disease
Chronic Obstructive Pulmonary Dis
Pneumonia & Influenza
Suicide
Chronic Liver Dis & Cirrhosis
Homicide & Legal Intervention

*Age-adjusted to the U.S. 2000 Standard population
Source: Alaska Native Mortality Update: 1999-2003 Alaska Native Epidemiology Center, Office of Alaska Native Research, Division of Community Health Services, Alaska Native Tribal Health Consortium
**Infant Mortality** is the number of infant deaths per 1,000 live births.

**Graph 1.7**

**Infant Mortality Rates**

*Alaska Natives vs. U.S.: 1945 - 2002*

<table>
<thead>
<tr>
<th>Year</th>
<th>AK</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1945</td>
<td>123.7</td>
<td>38.3</td>
</tr>
<tr>
<td>1950</td>
<td>97.6</td>
<td>25.2</td>
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<tr>
<td>1955</td>
<td>79.4</td>
<td>26.4</td>
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<tr>
<td>1960</td>
<td>64.4</td>
<td>25.7</td>
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<tr>
<td>1965</td>
<td>56.7</td>
<td>24.7</td>
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<tr>
<td>1970</td>
<td>53.8</td>
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<td>1975</td>
<td>46.1</td>
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<td>1980</td>
<td>39.6</td>
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<td>1985</td>
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<td>1990</td>
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<td>9.2</td>
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<td>1995</td>
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<tr>
<td>2000</td>
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<tr>
<td>2001</td>
<td>20.7</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Alaska Native rates are based on three-year averages, using the end year of the three-year period. Infant mortality is the number of infant deaths per 1,000 live births. SOURCE: Alaska Native rates are from the report *Alaska Native Births and Infant Deaths 1955-1995*, Alaska Native Tribal Health Consortium, 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.

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

**Graph 1.8**

**Neonatal Mortality Rates**


<table>
<thead>
<tr>
<th>Year</th>
<th>AK</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>15.1</td>
<td>12.0</td>
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<tr>
<td>1975</td>
<td>14.4</td>
<td>9.5</td>
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<td>7.0</td>
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<td>1985</td>
<td>6.8</td>
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<td>6.5</td>
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<tr>
<td>2000</td>
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<td>4.6</td>
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<tr>
<td>2001</td>
<td>5.9</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Alaska Native rates are based on three-year averages, using the end year of the three-year period. Neonatal mortality is the number of infant deaths, from birth to 28 days of age, per 1,000 live births. SOURCE: Alaska Native rates are from the report *Alaska Native Births and Infant Deaths 1955-1995*, Alaska Native Tribal Health Consortium, Alaska Area Native Health Service, Division of Planning, Evaluation & Health Statistics. U.S. rates are 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.

**Childhood Immunization Rates**
The ANTHC immunization 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...
announcements, organizational facilitation and health fair activities to help educate the public on the prevention and treatment of diabetes.

Map 1.6

2004 Diabetes Prevalence Among Alaska Natives Per 1,000 User Population
Age-Adjusted to U.S. 2000 estimated population
Regions by Previous IHS Service Units

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

Map 1.7

Rate of Increase in Diabetes Among Alaska Natives 1990 Compared to 2004
Prevalence Per 1,000 (user population)
Age-Adjusted to U.S. 2000 estimated population

Rate of Increase:
≥ U.S. Rate of Increase
< U.S. Rate of Increase

Source: Diabetes Audit by the Alaska Native Tribal Health Consortium, Diabetes Team.
Teen Birth Rates are births per 1,000 women aged 15-17.

Graph 1.11
Teen Birth Rates - Alaska Native vs. U.S.
Per 1,000 Women: Ages 15-17
Three Year Moving Average
1982 - 1997

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

Graph 1.12
Alaska Native vs. U.S. Birth Rates
Per 1,000 Women: Ages 15-44
Three Year Moving Average
1982 - 1997
OUTPATIENT WORKLOAD/DIAGNOSES

Graph 1.13
Alaska Native vs. U.S. Birth Rates
Per 1,000 Women: Ages 35-44
Three Year Moving Average
1982 - 1997

Alaska Native birth rates are per 1,000 women aged 16-17. The Alaska Native population figures are from the 1989 Census. Depart of Labor, Bureau of Labor, "Population Overview". Alaska Native birth rates from HHS report #81-104 and the three year moving average is the end year of the three year period. U.S. rates are the single year indicated. The U.S. rates are from the National Center for Health Statistics.

Graph 1.14
Alaska Area
Outpatient Workload
1959 - 2005

Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, ACP Report 1A.
Table 1.3
Alaska Area
Leading Causes of Outpatient Visits for All Age Groups; Alaska Native Totals

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 2001</th>
<th>FY 2002</th>
<th>FY 2003</th>
<th>FY 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Respiratory Problems</td>
<td>47,305</td>
<td>50,747</td>
<td>48,578</td>
<td>58,569</td>
</tr>
<tr>
<td>Accidents &amp; Injuries</td>
<td>38,929</td>
<td>38,058</td>
<td>37,268</td>
<td>48,006</td>
</tr>
<tr>
<td>Hospital Medical/Surgical Follow-up</td>
<td>28,746</td>
<td>28,671</td>
<td>25,946</td>
<td>39,261</td>
</tr>
<tr>
<td>Assessment of Symptoms</td>
<td>22,320</td>
<td>23,665</td>
<td>26,989</td>
<td>34,332</td>
</tr>
<tr>
<td>Bone &amp; Joint Disorders</td>
<td>28,436</td>
<td>28,970</td>
<td>31,608</td>
<td>33,567</td>
</tr>
<tr>
<td>Pregnancy, Childbirth &amp; Puerperium</td>
<td>12,975</td>
<td>12,580</td>
<td>14,951</td>
<td>33,565</td>
</tr>
<tr>
<td>Neuroses &amp; Non-Psychotic Disorders</td>
<td>24,477</td>
<td>23,919</td>
<td>21,579</td>
<td>30,530</td>
</tr>
<tr>
<td>Tests Only</td>
<td>48,098</td>
<td>41,433</td>
<td>32,356</td>
<td>28,196</td>
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<tr>
<td>Hypertension</td>
<td>20,964</td>
<td>23,958</td>
<td>21,813</td>
<td>26,946</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>20,333</td>
<td>21,253</td>
<td>20,532</td>
<td>24,399</td>
</tr>
</tbody>
</table>

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
DISCHARGE DIAGNOSES

Table 1.4
Alaska Area
Leading Causes of Inpatient Discharges: FY 2001 - FY 2004

<table>
<thead>
<tr>
<th>All Age Groups</th>
<th>FY2001</th>
<th>FY 2002</th>
<th>FY 2003</th>
<th>FY 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries (Childbirth)</td>
<td>1,806</td>
<td>1,705</td>
<td>1,825</td>
<td>1,796</td>
</tr>
<tr>
<td>Accidents &amp; Injuries</td>
<td>1,350</td>
<td>1,308</td>
<td>1,256</td>
<td>1,146</td>
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<tr>
<td>Pneumonia</td>
<td>646</td>
<td>498</td>
<td>663</td>
<td>595</td>
</tr>
<tr>
<td>Bronchitis, Emphysema</td>
<td>398</td>
<td>346</td>
<td>318</td>
<td>369</td>
</tr>
<tr>
<td>Infected Skin &amp; Abrasions</td>
<td>466</td>
<td>431</td>
<td>412</td>
<td>361</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>462</td>
<td>442</td>
<td>417</td>
<td>351</td>
</tr>
<tr>
<td>Complications of Pregnancy</td>
<td>470</td>
<td>411</td>
<td>410</td>
<td>348</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>253</td>
<td>260</td>
<td>224</td>
<td>253</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>265</td>
<td>244</td>
<td>169</td>
<td>220</td>
</tr>
<tr>
<td>Urinary Tract Diseases</td>
<td>223</td>
<td>252</td>
<td>245</td>
<td>209</td>
</tr>
</tbody>
</table>

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 per-capita 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.

INDIAN HEALTH SERVICE APPROPRIATIONS, FY 2004

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

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.
## Alaska Area Profile

### Chitina
- Services: $236,826
- Environmental Health: $515
- Contract Support Costs: $90,931
- **Total**: $328,272

### Hoonah
- Services: $304,393
- Environmental Health: $3,702
- Contract Support Costs: $128,648
- **Total**: $436,743

### Chugachmiut
- Services: $4,205,031
- Environmental Health: $120,157
- Contract Support Costs: $1,344,990
- **Total**: $5,670,178

### Karluk
- Services: $113,256
- Environmental Health: $358
- Contract Support Costs: $77,815
- **Total**: $191,429

### CATG
- Services: $1,601,405
- Environmental Health: $7,463
- Contract Support Costs: $904,107
- **Total**: $2,512,975

### Kenaitze
- Services: $1,822,845
- Environmental Health: $4,680
- Contract Support Costs: $220,648
- **Total**: $2,048,173

### Copper River
- Services: $2,533,969
- Environmental Health: $45,411
- Contract Support Costs: $654,355
- **Total**: $3,233,735

### Ketchikan
- Services: $5,065,596
- Environmental Health: $175,504
- Contract Support Costs: $2,383,355
- **Total**: $7,624,455

### Diomede
- Services: $108,982
- Environmental Health: $737
- Contract Support Costs: $85,400
- **Total**: $195,119

### Knik
- Services: $210,803
- Environmental Health: $0
- Contract Support Costs: $16,858
- **Total**: $227,661

### East Aleutians
- Services: $3,284,517
- Environmental Health: $29,572
- Contract Support Costs: $429,501
- **Total**: $3,743,590

### Kodiak
- Services: $5,871,119
- Environmental Health: $152,403
- Contract Support Costs: $1,479,643
- **Total**: $7,503,165

### Eklutna
- Services: $314,702
- Environmental Health: $1,187
- Contract Support Costs: $24,130
- **Total**: $340,019

### Kwinhagak
- Services: $264,163
- Environmental Health: $0
- Contract Support Costs: $103,129
- **Total**: $367,292

### 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

<table>
<thead>
<tr>
<th>Community</th>
<th>Services</th>
<th>Environmental Health</th>
<th>Contract Support Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maniilaq</strong></td>
<td>$23,565,726</td>
<td>$1,207,663</td>
<td>$9,789,280</td>
<td><strong>$34,562,669</strong></td>
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<tr>
<td><strong>Southcentral</strong></td>
<td><strong>$51,062,982</strong></td>
<td><strong>$1,151,308</strong></td>
<td><strong>$14,114,493</strong></td>
<td><strong>$66,328,783</strong></td>
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<tr>
<td><strong>Metlakatla</strong></td>
<td>$2,690,840</td>
<td>$9,215,965</td>
<td>$673,319</td>
<td><strong>$12,580,124</strong></td>
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<td><strong>SEARHC</strong></td>
<td><strong>$31,023,153</strong></td>
<td><strong>$1,787,244</strong></td>
<td><strong>$8,061,712</strong></td>
<td><strong>$40,872,109</strong></td>
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<td><strong>Mt. Sanford</strong></td>
<td>$897,572</td>
<td>$1,374</td>
<td>$222,475</td>
<td><strong>$1,121,421</strong></td>
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<td><strong>St. George</strong></td>
<td><strong>$138,794</strong></td>
<td><strong>$704</strong></td>
<td><strong>$39,317</strong></td>
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<td><strong>Ninilichik</strong></td>
<td>$621,620</td>
<td>$2,971</td>
<td>$228,614</td>
<td><strong>$853,205</strong></td>
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<tr>
<td><strong>Tanana Chiefs</strong></td>
<td><strong>$27,950,230</strong></td>
<td><strong>$618,540</strong></td>
<td><strong>$5,007,138</strong></td>
<td><strong>$33,575,908</strong></td>
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<td><strong>Norton Sound</strong></td>
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<td><strong>Tanana IRA</strong></td>
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<td><strong>Seldovia</strong></td>
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<td><strong>Tyonek</strong></td>
<td><strong>$479,987</strong></td>
<td><strong>$501</strong></td>
<td><strong>$72,446</strong></td>
<td><strong>$552,934</strong></td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th></th>
<th>Valdez</th>
<th>Yukon Kuskokwim</th>
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</thead>
<tbody>
<tr>
<td>Services</td>
<td>$160,745</td>
<td>$38,306,893</td>
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<tr>
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<td>Total</td>
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<table>
<thead>
<tr>
<th></th>
<th>Yakutat</th>
<th>GRAND TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Services</td>
<td>$261,989</td>
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</tr>
<tr>
<td>Environmental Health</td>
<td>$3,730</td>
<td>$0</td>
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<tr>
<td>Contract Support Costs</td>
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<tr>
<td>Total</td>
<td>$361,209</td>
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</tr>
</tbody>
</table>

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.
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