

OVERVIEW

Alaska Native 2003 User Population.

ALASKA AREA TOTAL	122,124
Anchorage Service Unit	45,041
Annette Island Service Unit	1,279
Barrow Service Unit	4,410
Bristol Bay Area Service Unit	5,207
Interior Service Unit	13,706
Kotzebue Service Unit	7,241
Mt. Edgecumbe Service Unit	15,052
Norton Sound Service Unit	7,080
Yukon-Kuskokwim Service Unit	23,108

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 10/1/2000 and 9/30/2003. User population by tribal health organization can be found in the service area sections.

Native People of Alaska. The Alaska Native population includes Eskimos, Aleuts and Indians. More than half of all Alaska Natives are Eskimos, one-third are Indians, and the rest are Aleuts. The map on the following page displays Alaska's ethnic groups.

The Eskimos. 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 the southwest and speak Yupik. Some Eskimos speak their traditional Inupiaq or Yupik language as well as English.

Along the northern coast of Alaska, Eskimos are hunters of the enormous 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. Their main occupation is commercial fishing, with other occupational jobs such as working in canneries, for the cities, boroughs, school districts and private businesses.

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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 this 586,000 square miles exist all the terrain features present anywhere else in the country. Alaska has 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.

Enormous distances separate most communities in Alaska. Anchorage is 1,445 miles from Seattle, Washington, the nearest city by airline to the 48 states. 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 often are more sparse in Alaska.

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 some 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%.

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The Alaska Native Tribal Health Consortium has worked to design and build equipment and software to allow Community Health Aides/Practitioners (CHA/Ps) and other health care providers in Alaska to provide digital images for medical consultation. The Alaska Federal Health Care Partnership sponsors the project, called the Alaska Federal Health Care Access Network (AFHCAN). The four-year project to provide AFHCAN workstations, or carts, to 235 Alaska health care sites was completed in 2002. The carts are supplied with a digital otoscope to look inside ears, an EKG to measure heart activity, a digital camera and a scanner. Cases, which are made up of multiple images, are sent over a network to the Alaska Native Medical Center (ANMC) or to other 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.

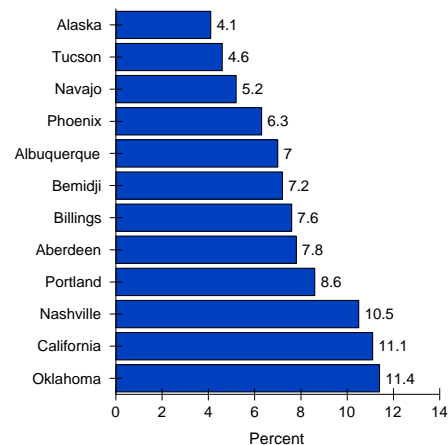
No road system exists to link over 80% of approximately 200 Alaska Native communities in the state. More than one-half of the people served by the Alaska Native tribal health organizations live in these rural and remote locations.

Air transportation is, by necessity, the primary means of travel for health services in rural Alaska. Because of distance and weather, air travel is unreliable and expensive. To receive basic medical care, a patient may fly as far as 1,100 miles. Physicians or dentists may travel an equal distance to the community. Transportation, the cost of travel, and distance have the effect of making many health services inaccessible to the people unless it is essential.

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 are still less developed. They lack the infrastructure and economy necessary to finance roads, adequate utilities, housing and fire protection.

Education. Anchorage and Fairbanks are the centers for the state. Other University of Alaska campus locations are: Tanana Valley Campus, Chukchi Campus, Northwest Campus, Kuskokwim Campus, Bristol Bay Campus, Kodiak College, Kenai Peninsula College, Chugiak-Eagle River Campus, Matanuska-Susitna College, Prince William Sound Community College, Ketchikan Campus, Sitka Campus, Juneau Campus, Interior Aleutians Campus, and the College of Rural Alaska. 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 or high school. The following table lists the total elementary/secondary schools for each service unit.

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

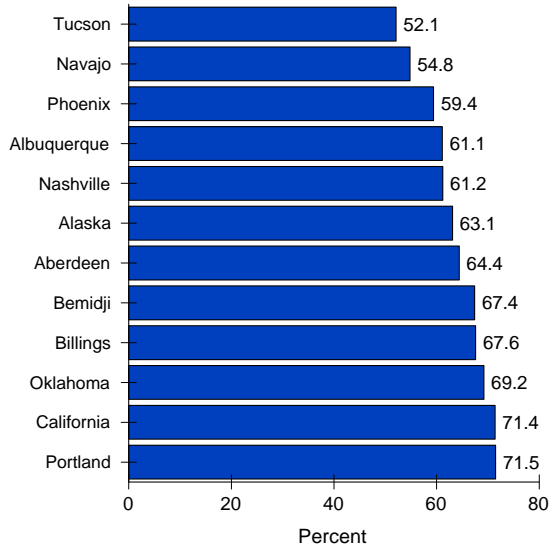


Includes data for 35 Reservation States (South Carolina and Indiana were added as Reservation States in 1994 and 1995 (respectively)). Source: DHHS, IHS, OPH, DCEH Program Statistics Team. Regional Differences in Indian Health 1997.

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 employment in a cash/salary job market is limited in most rural and 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.

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



Includes data for 35 Reservation States (South Carolina and Indiana were added as Reservation States in 1994 and 1995, respectively) Source: DHSS, IHS, OPH, DCEH, Program Statistics 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%
AI/AN ² Male	13,903	4,564	12,597	55%
AI/AN ² Female	15,679	2,907	14,080	52%

1/ Individuals who identified themselves as White alone, not in combination with another race.

2/ Individuals who identified themselves as American Indian/Alaska Native alone, not in combination with another race.

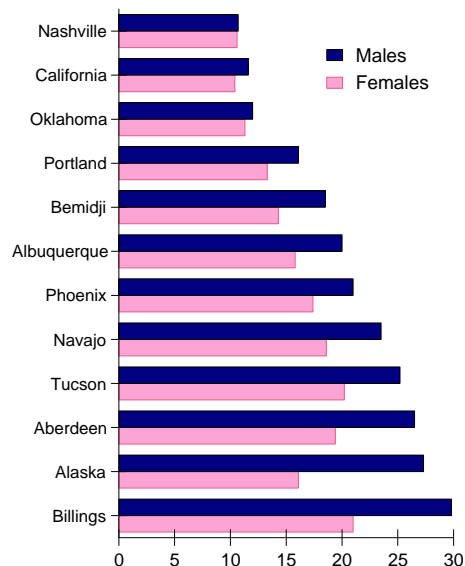
Source: U.S. Census Bureau, Census 2000 Summary File 3.

Per Capita Personal Income Alaska and by Census Area

	2001
State of Alaska	31,027
Bristol Bay Borough	42,401
Denali Borough	38,028
Anchorage Municipality	36,949
Juneau Borough	34,487
Ketchikan Gateway Borough	34,040
North Slope Borough	33,571
Haines Borough	32,971
Sitka Borough	29,734
Valdez-Cordova	29,728
Skagway/Hoonah/Angoon	29,323
Fairbanks North Star Borough	29,307
Wrangell-Petersburg	28,967
Kenai Peninsula Borough	28,506
Kodiak Island Borough	27,726
Aleutians East Borough	27,595
Yakutat Borough	27,414
Dillingham	25,534
Southeast Fairbanks	24,089
Northwest Arctic Borough	22,901
Nome	21,484
Yukon-Koyukuk	21,216
Lake & Peninsula Borough	20,745
Matanuska-Susitna Borough	20,261
Bethel	20,122
Prince of Wales-Outer Ketchikan	19,936
Aleutians West	19,192
Wade Hampton	15,004

Source: State of Alaska, Alaska Department of Labor and Workforce Development, Research and Analysis Section, Alaska Economic Trends, October 2003, p23.

Percent of Males & Females Unemployed Age 16 and Older 1990 Census State-Level Indian Data



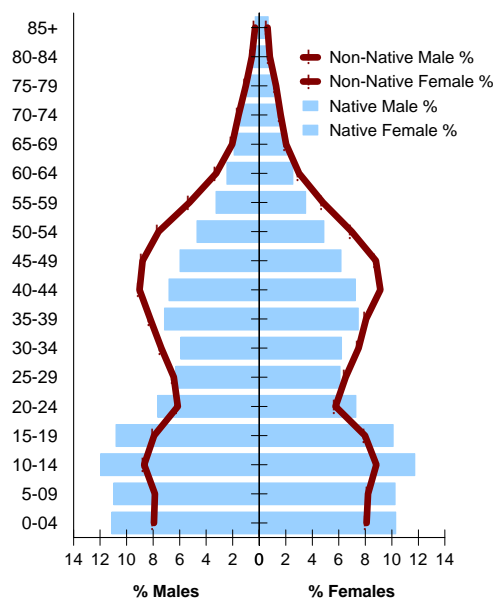
Includes data for 35 Reservation States (South Carolina and Indiana were added as Reservation States in 1994 and 1995. Source: DHHS, IHS, OPH, DCEH, Program Statistics Team, Regional Differences in Indian Health 2000-2001, p27.

Average Age. The following graph displays the 2002 population estimates of the Alaska Non-Native population vs. the Alaska Native population by age and sex. The fastest growing age segments of the Native population are children 10-14 years.

DESCRIPTION OF AREA HEALTH CARE DELIVERY SYSTEM/ ALASKA AREA MAPS

Direct Clinical Services. The Alaska Area Native Health Service works in conjunction tribal health organizations in Alaska to provide comprehensive health services to approximately 120,000 Alaska Native people. Under the Indian Self Determination Act (P.L. 93-638), the Indian Health Service (IHS) contracts with Alaska tribes for the provision of health care. The process involves twenty P.L.

Alaska Population Estimates by Age, Race & Sex 2002



NOTE: American Indian/Alaska Native alone or in combination with one or more of the other five races.
SOURCE: State of Alaska, Alaska Department of Labor & Workforce Development, Research and Analysis, Census & Geographic Information Network and U.S. Census Bureau, 2000 Census of Population & Housing, Summary File 2.

ALASKA AREA

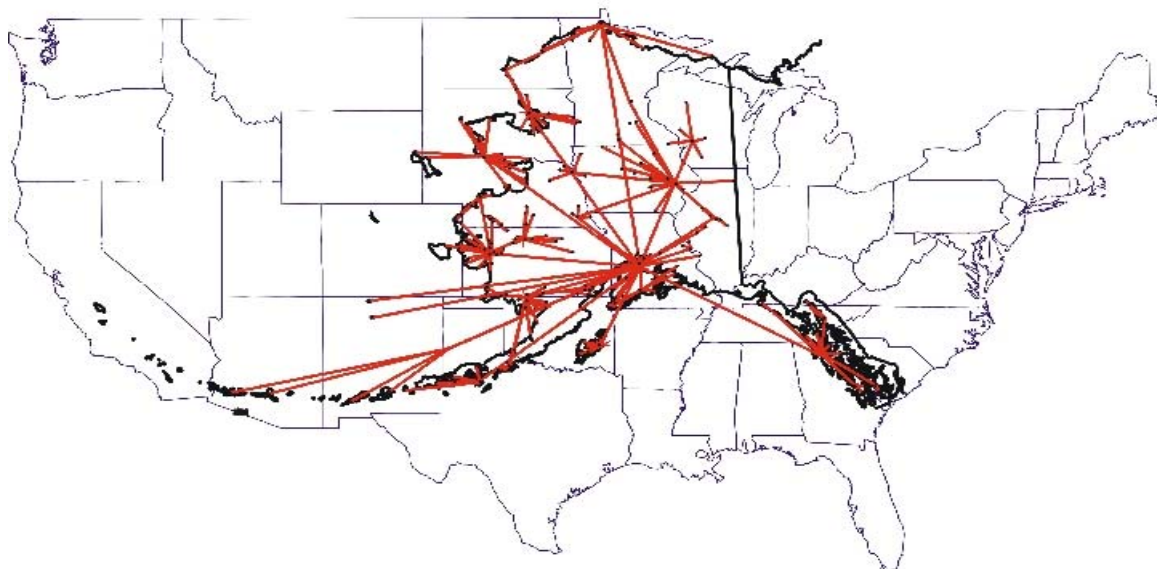
93-638, Title I contracts, twenty-two P.L. 93-638, Title V funding agreements, and 38 grants. Alaska Tribes manage 99% of the Indian Health Service funds earmarked for Alaska. Seven tribally operated hospitals are located in the communities of Anchorage, Barrow, Bethel, Dillingham, Kotzebue, Nome and Sitka. There are 28 tribal health centers and 176 tribal village clinics operated throughout the State. Private hospitals and practitioners supplement Native health care in urban centers throughout Alaska.

The Alaska Area Native Health Service is located in Anchorage with a staff of 41 individuals. Twenty-three positions are federal residual, one is a personal services contract and the remaining are transitional federal positions. Alaska is one of the 12 Indian Health Service (IHS) Areas.

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. Sixty-two percent of the inpatient days at ANMC are referred from outside of the service area and 28% of all outpatient visits are referred from outside.

The Alaska Native Medical Center (ANMC) is managed by two tribal health organizations: Alaska Native Tribal Health Consortium (ANTHC) which operates approximately two-thirds of the program, and Southcentral Foundation (SCF) which operates approximately one-third.

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 statewide health programs and services that were under the Indian Health Service were transferred from federal ownership and control to Alaska tribes who became the new owner-customers of health care. Virtually all statewide Native health services are connected in some manner to the activities of the ANTHC.

The ANTHC Tertiary and Specialty Medical Services (TSMS) division provides ANTHC's portion of services at ANMC. TSMS collaborates with tribal partners that independently operate rural hospitals and village clinics. Care is provided through on-site field clinics, consultation, referral, and joint patient management via telemedicine technology. TSMS services include medicine (cardiology, internal medicine, oncology, neurology, dermatology, gastroenterology and pediatrics), surgery (general surgery, orthopedics, otolaryngology, ophthalmology, urology and neurosurgery), adult and pediatric intensive care, high-risk OB and perinatology, and the state's only Level II trauma center supported by an air ambulance.

The ANTHC Division of Environmental Health and Engineering (DEHE) plan 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 is managed by DEHE.

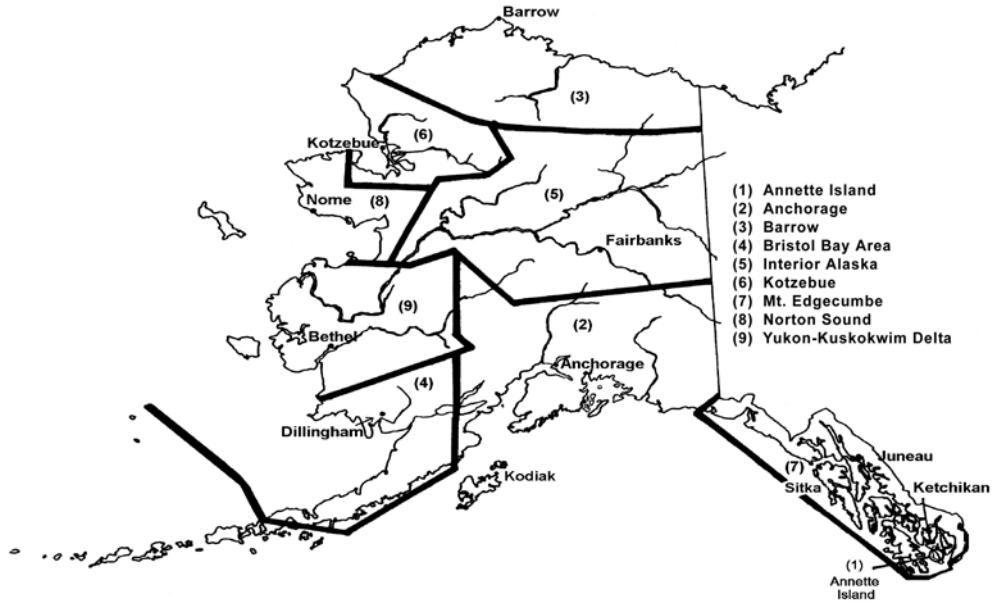
The ANTHC Community Health Services conducts research on Alaska Native health issues and provides health education services to tribal health organizations. They also develop and administer training for village-based Community Health Aide/Practitioners (CHA/Ps) including medical care, dental care and behavioral health.

The ANTHC Division of Information Technology installs and maintains telemedicine workstations in village clinics. They also implement and maintain a system of electronic medical records that ensure continuity of care between the state's network of health care facilities. Alaska Clinical Engineering Services (ACES) provides clinical engineering for digital communications equipment at remote sites around the state. They also have installed and maintain teleradiology equipment at several remote sites.

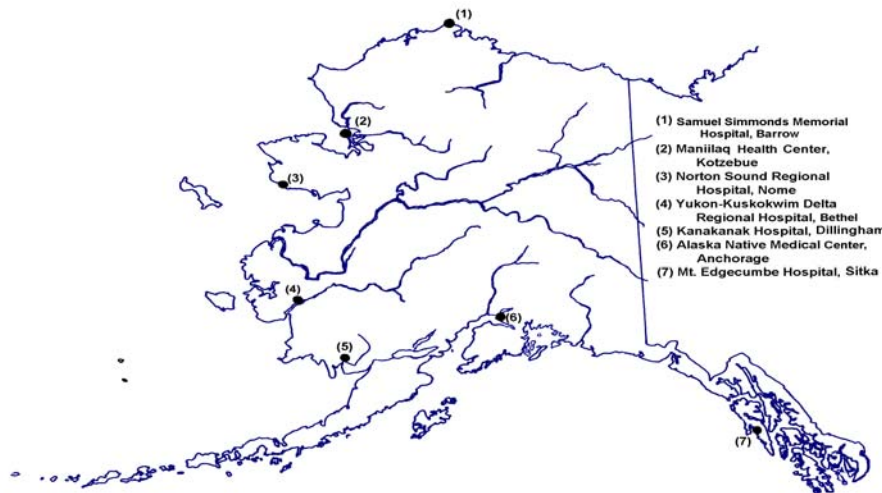
The ANTHC Division of Human Resources specializes in recruiting individuals to work in medical positions of critical shortage such as physicians, nurses, dentists and pharmacists. These positions are even more difficult to fill in rural Alaska. They administer programs, scholarships and awards that encourage Alaska Natives to enter the health care field.

ALASKA AREA

Alaska Area Service Units



Tribally Operated Hospitals



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

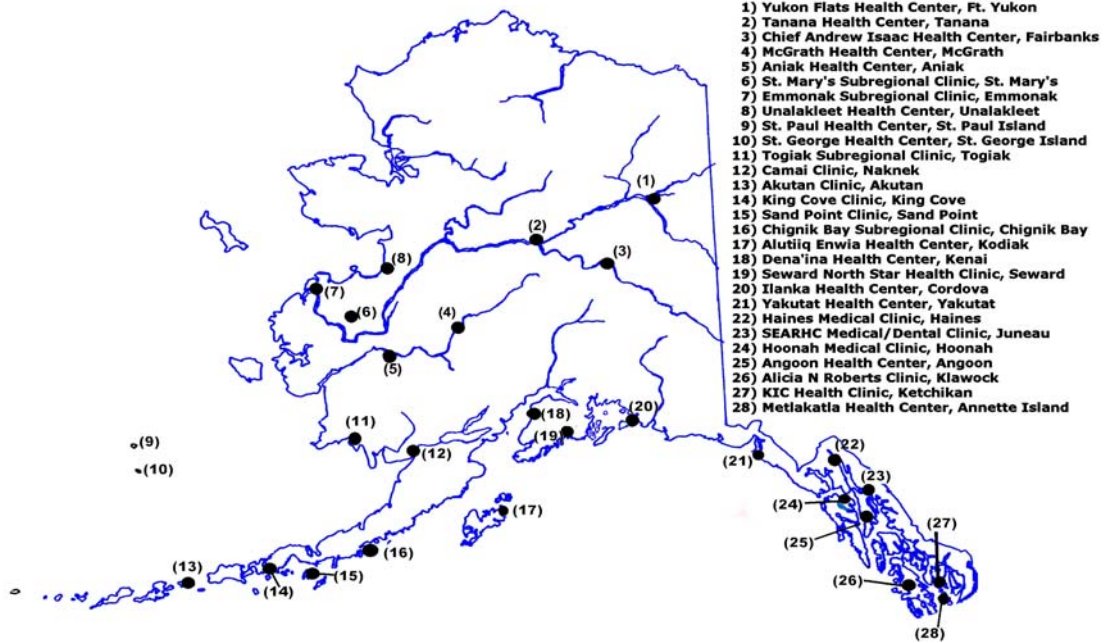
Mt. Edgecumbe Hospital - 222 Tongass Drive, Sitka, Alaska 99835

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

Tribally Operated Health Centers



Health Center Addresses.

- 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
- Camai Clinic* - P.O. Box 211, Naknek, AK 99633
- Chief Andrew Isaac Health Center* - 1638 Cowles Street, Fairbanks, AK 99701
- Chignik Bay Sub-Regional Clinic* - P.O. Box 90, Chignik, AK 99564
- Emmonak Sub-Regional Clinic* - General Delivery, Emmonak, AK 99581
- Ilanka Health Center* - P.O. Box 1388, Cordova, AK 99574
- Dena'ina Health Clinic* - 416 Frontage Road, Kenai, AK 99611
- Haines Medical Clinic* - P.O. Box 1549, Haines, AK 99827
- Hoonah Medical Clinic* - P.O. Box 103, Hoonah, AK 99829
- KIC Tribal Health Center* - 3289 Tongass, Ketchikan, AK 99901
- King Cove Clinic* - P.O. Box 206, King Cove, AK 99612
- McGrath Health Center* - P.O. Box 10, McGrath, AK 99627
- St. Mary's Sub-Regional Clinic* - General Delivery, St. Mary's, AK 99658
- Metlakatla Health Center* - P.O. Box 439, Metlakatla, AK 99926
- St. Paul Health Center* - P.O. Box 148, St. Paul Island, AK 99660
- St. George Clinic* - P.O. Box 934, St. George Island, AK 99591
- Sand Point Clinic* - P.O. Box 172, Sand Point, AK 99661
- Seward North Star Health Clinic* - P.O. Box 1429, Seward, AK 99664
- SEARHC Medical/Dental Clinic* - 3245 Hospital Drive, Juneau, AK 99801
- Tanana Health Center* - P.O. Box 130, Tanana, AK 99777
- Togiak Sub-Regional Clinic* - General Delivery, Togiak, AK 99678

Unalakleet Health Center - General Delivery, Unalakleet, AK 99684

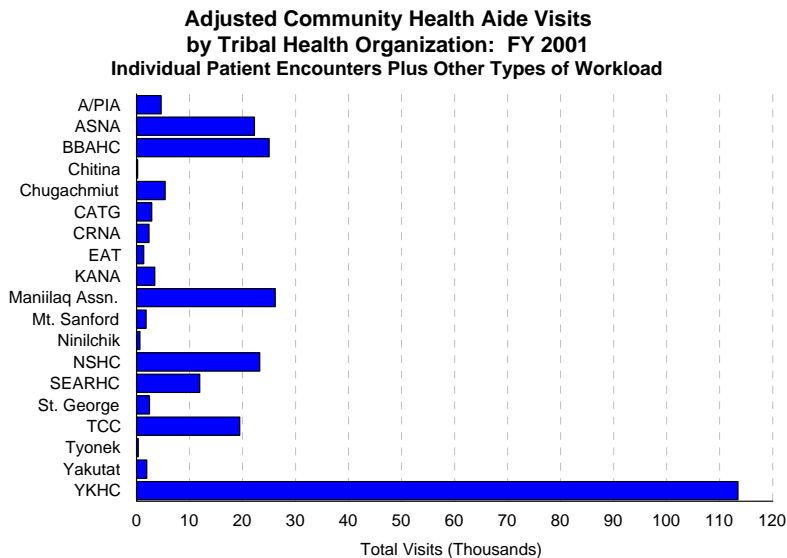
Yakutat Health Center - P.O. Box 112, Yakutat, AK 99689

Yukon Flats Health Center - P.O. Box 33, Fort Yukon, AK 99740

Community Health Aides/Practitioners (CHA/Ps)/Village Clinics. The principal provider of health services at the village level is the CHA/P. Chosen by the village council, the CHA/P is responsible for giving first aid in emergencies, examining the ill, reporting their symptoms to the physician, carrying out the treatment recommended, instructing the family in giving nursing care and conducting health education in the villages. CHA/Ps provide primary health care and preventive health services in the villages. About 90% of the villages served by CHA/Ps are accessible only by small engine aircraft. CHA/Ps respond to medical emergencies 24 hours a day in addition to working standard clinic hours. They store and dispense prescription drugs with telephone/radio physician instructions.

Periodically, other health professionals make field trips to work with CHA/Ps. These include the Alaska Native Medical Center (ANMC) or regional physicians, coordinator-instructors, sanitarians, veterinarians and public health nurses. Usually, however, CHA/Ps work alone in the villages.

There are 176 tribally operated village-built clinics with about 500 community health aides or practitioners (CHA/Ps) delivering health care to Alaska Natives. The accompanying graph displays the CHA/P visits by tribal health organization for FY 2001.



APIA=Aleutian Pribilof Islands Association; ASNA=Arctic Slope Native Assn; BBAHC=Bristol Bay Area Health Corporation; Chitina=Chitina Traditional Village Council; CATG=Council of Athabaskan Tribal Governments; CRNA=Copper River Native Assn.; EAT=Eastern Aleutian Tribes; KANA=Kodiak Area Native Assn.; NSHC=Norton Sound Health Corp.; SEARHC=Southeast Alaska Regional Health Consortium; TCC=Tanana Chiefs Conference; YKHC=Yukon Kuskokwim Health Corp. Source: ANTHC, Statistical Workload of Summary FY 1999 & FY 2000.

State Public Health Centers & Nurses.

The nursing section of the State of Alaska, Department of Health and Social Services, serves approximately 298 Native and non-native communities.

A work force of about 90 public health nurses implements most of the health service programs. Some nurses work in regular health centers, while itinerant PHNs regularly travel to small communities in rural areas. The latter work closely with community health aide/practitioners.

Public health nurses devote much of their time to serving very young children and medically underserved pregnant women and elderly people. Their mission is to provide public health nursing services in a manner that maintains dignity, promotes self-reliance and community integrity to enable individuals, families and communities to be healthy and productive.

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.

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 other 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 elderly population. At the current high 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. These growth rates will have lasting consequences in Alaska.

These high growth rates of elderly population 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 Study¹, Alaska will need an additional 317 new skilled nursing facility beds in 2008 and an additional 1,118 beds in 2118.

There are six State of Alaska Pioneer Homes with five levels of health service. The levels of service are: coordinated, comprehensive, basic assisted living, and alzheimer's disease and related disorders. The cost of care depends on the level of health care service.

¹source: State of Alaska Department of Labor and Workforce Development, Research and Analysis, Alaska Economic Trends, December 2001.

Tribally Operated Long Term Care Facilities.

The following residential and 24-hour treatment facilities are managed by a tribal health organization.

Bristol Bay Service Unit:

- ❑ Bristol Bay Area Health Corporation operates "Jake's Place," a 12 bed crisis/respite home for seriously mentally ill adults in Dillingham.
- ❑ Bristol Bay Area Health Corporation operates "Marrulut Eniit (Grandmother's House)," a 10 bed assisted living facility for elders in Dillingham.

Interior Alaska Service Unit:

- ❑ Tanana Chiefs Conference operates “Graf Rheeneerhaanjii Center,” a 18 bed residential substance abuse treatment program for adolescents in Fairbanks.
- ❑ Fairbanks Native Association operates “Ralph Perdue Center,” a 15 bed short-term residential unit, an 8 bed long-term residential unit and a dual diagnosis residential 6 bed unit for alcohol and other addictions.
- ❑ Fairbanks Native Association operates “New Hope Center,” a long-term residential treatment center for chronic alcoholics with psychosis and can serve up to 12 people at one time.
- ❑ Fairbanks Native Association operates “Life Givers,” a 9 bed residential substance abuse treatment program for pregnant teens and their children.
- ❑ Tanana Tribal Council operates “Dina’Dilna’Kka’Ya” a 16 bed elders residence in Tanana.

Norton Sound Service Unit:

- ❑ Norton Sound Health Corporation operates “Quyanna Care Center,” a 15 bed 24-hour elder nursing care facility in Nome.

Mt. Edgecumbe Service Unit:

- ❑ Southeast Alaska Regional Health Consortium operates “Raven’s Way,” a residential treatment program for adolescents with substance abuse problems in Sitka.

Yukon Kuskokwim Service Unit:

- ❑ Yukon-Kuskokwim Health Corporation (YKHC) has been operating “Phillips Ayagnirvik” since 1975, a 16-bed residential treatment and recovery program for Alaska Natives suffering from chemical addiction in Bethel.
- ❑ YKHC operates the three year old “Delta Supportive Living Program,” a 5-bed facility that provides housing for graduates of the Crisis Respite Center, of the mentally or socially-challenged individuals from the regional community in Bethel.
- ❑ YKHC operates the “Crisis Respite Center,” a 12 year old program with 6-beds that provides emergency counseling and support services for individuals with mental illness in Bethel.
- ❑ YKHC operates the “Tundra Swan Inhalant Treatment Program at the McCann Treatment Center” in Bethel, a 16-bed facility that provides outpatient clinic and a residential facility for young chronic Alaska Native inhalant abusers. This is the nation’s only treatment facility dedicated to inhalant abuse.

STATISTICS ON THE HEALTH STATUS OF ALASKA NATIVES

Mortality. The following table displays the age-adjusted Alaska Native deaths per 100,000 population for Alaska.

**Alaska Area
Age-adjusted Death Rates
Alaska Native/American Indian vs. U.S. All Races**

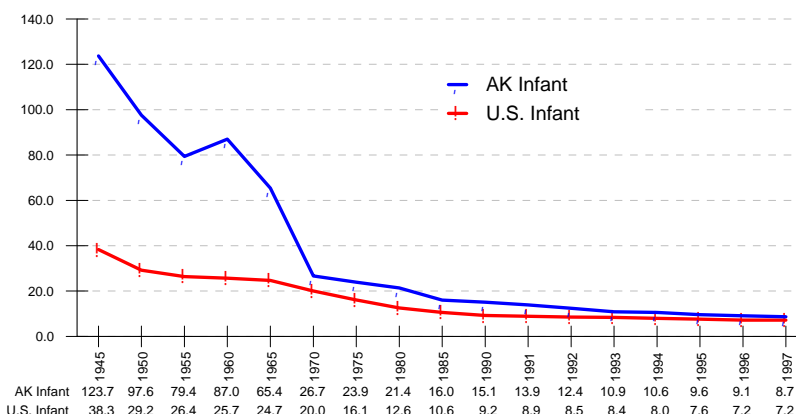
	1996-1998	
	AI/AN	U.S. All Races 1
Malignant Neoplasms 2/3	194.5	125.6
Lung Cancer 2/3/4/5	56.8	37.4
Female Breast Cancer 2/3/4	20.0	19.4
Colon-Rectal Cancer 2/3	22.7	12.1
Cervical Cancer 2/3/4	2.8	2.5
Prostate Cancer 2/3/4	10.1	13.9
Heart Disease 2/3	131.8	130.5
Unintentional Injury 2/3/6	100.8	30.1
Motor Vehicles	24.7	15.9
Other Unintentional Injuries 2/3	76.1	14.2
Alcohol Related 2/3	61.2	6.3
Suicide 2/3/4	45.9	10.6
Firearm Injury 3/7	40.2	12.2
Cerebrovascular Disease 2/3	35.8	25.9
Colon-Rectal Cancer 2/3/4	22.7	12.1
Pneumonia & Influenza 2/3	17.0	12.9
Homicide 2/3/4	13.4	8.0
Diabetes Mellitus 2/3	10.8	13.5
Gastrointestinal Diseases 2/3/4	1.9	1.3
Human Immunodeficiency Virus (HIV) 2/3/4	1.7	5.8
Tuberculosis 2/3/4	1.1	0.3

1/ U.S. rates are single year (1997).
2/ Age-adjusted rate per 100,000 population.
3/ Adjusted to compensate for misreporting of American Indian/Alaska Native race on the death certificate.
4/ Rates based on a small number of deaths should be interpreted with caution.
5/ Lung cancer death includes deaths due to cancers of the trachea, bronchus, and lung, ICD-9 codes 162.0-162.9.
6/ Includes motor vehicle crashes having ICD-9 codes E810-E825 with a fourth digit code .7. The fourth digit code .7 indicates a pedestrian was the subject decedent as a result of the motor vehicle crash. Percentages are based upon adjusted numbers of deaths.
7/ Includes deaths with ICD-9 codes: Accident caused by firearm missile E922, Suicide and self-inflicted injury by firearms E955.0-E955.4, Assault by firearms and legal intervention E965.0-E965.4, E970, and injury by firearms, undetermined whether accidentally or purposely inflicted E985.0-E985.4. Injury by firearm causes exclude explosive and other causes indirectly related to firearms.
Source: 2000-2001 Regional Differences in Indian Health, U.S. Department of Health and Human Services, Indian Health Service, Office of Public Health, Office of Program Support.

Infant Mortality Rates.

The Alaska tribal health organizations are committed to reducing infant mortality. Efforts include on-site reviews for unexplained infant deaths and prenatal high risk identification and tracking programs. Prematernal homes provide shelter close to hospitals for high risk and other village women awaiting delivery. Through education, patients are becoming more aware of the need for a healthy life style during pregnancy and the need to deliver in a safe environment.

**Infant Mortality Rates
Alaska Natives vs. U.S.: 1945 - 1997**

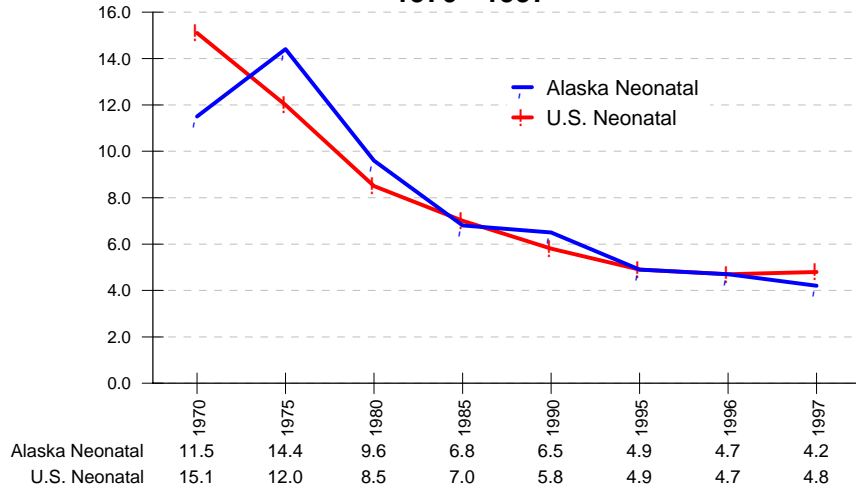


Alaska Native rates are based on three year averages, using the end year of the three year period. U.S. rates are from the National Center for Health Statistics (NCHS), and are single year rates. Infant death rates are deaths per 1,000 live births. Alaska Native infant deaths are from IHS report MINFDTH. Birth rates are rates per 1,000 total population. Alaska Native births are from IHS report NSU.

Neonatal Mortality. The following graph compares the Alaska Native and U.S. neonatal mortality rates.

Alaska Native neonatal mortality is not significantly different from U.S. rates.

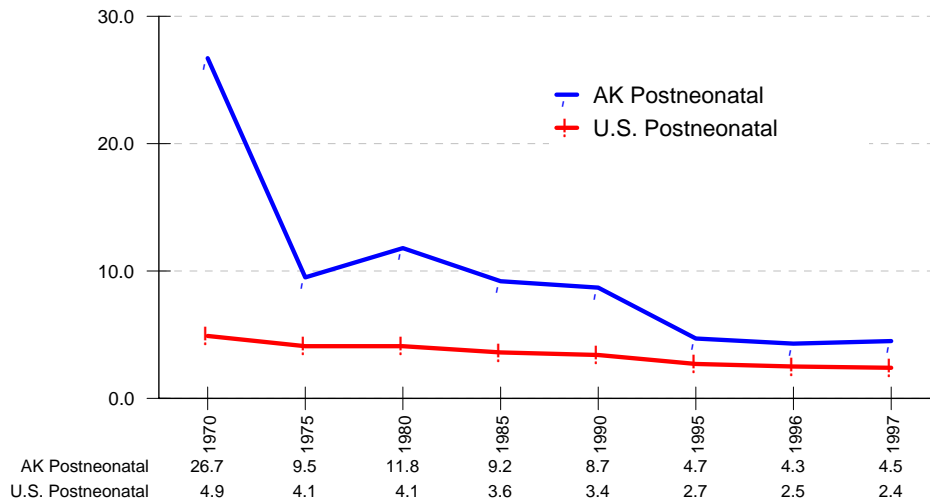
**Neonatal Mortality Rates
Alaska Natives vs. U.S.
1970 - 1997**



Alaska Native rates are based on three year averages, using the end year of the three year period. U.S. rates are from the National Center for Health Statistics (NCHS), and are single year rates. Infant death rates are deaths per 1,000 live births. Alaska Native infant deaths are from IHS report MINFDTH. Birth rates are rates per 1,000 total population. Alaska Native births are from IHS report NSU.

The leading cause of **postneonatal mortality** is Sudden Infant Death Syndrome (SIDS). The Alaska Native postneonatal death rate is decreasing, but is still almost twice that of the U.S. rate.

**Postneonatal Mortality Rates
Alaska Natives vs. U.S.: 1970 - 1997**

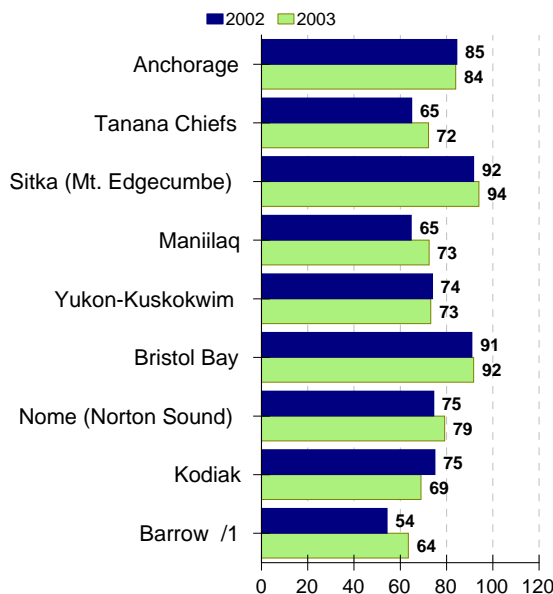


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Childhood Immunization Rates

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

Alaska Native Immunization Rates for 3 - 27 month olds Comparing 2002 and 2003 Data

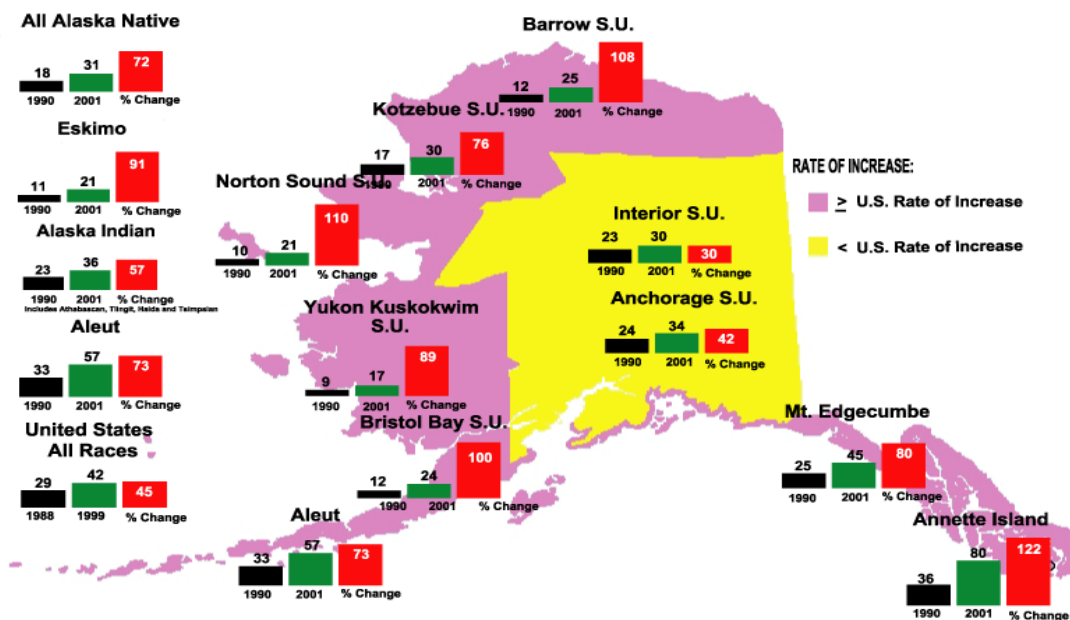


/1 Barrow did not start reporting until late 2001
Based on quarterly data 7/1/2001 - 6/30/2002; 7/1/2002 - 6/30/2003.
Source: Alaska Native Tribal Health Consortium Immunization Coordinator

ANTHC Diabetes Program

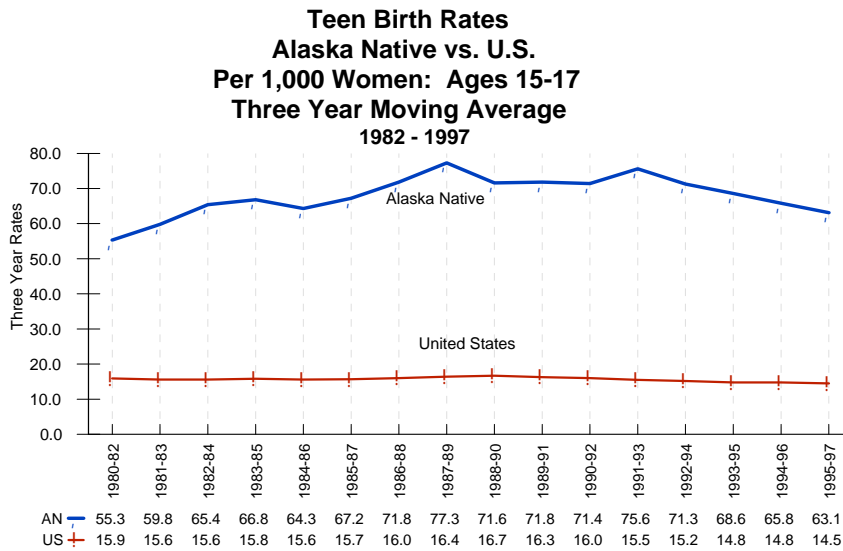
The ANTHC diabetes team tracks and monitors diabetes among Alaska Natives using a computerized registry. The program provides educational materials, public service announcements, organizational facilitation and health fair activities to help educate the public on the prevention and treatment of diabetes.

Increasing Diabetes Prevalence Among Alaska Natives 1990 & 2001 Prevalences and Percent Change Age-Adjusted Rates Per 1,000 (user population) age-adjusted to U.S. 2000 estimated population

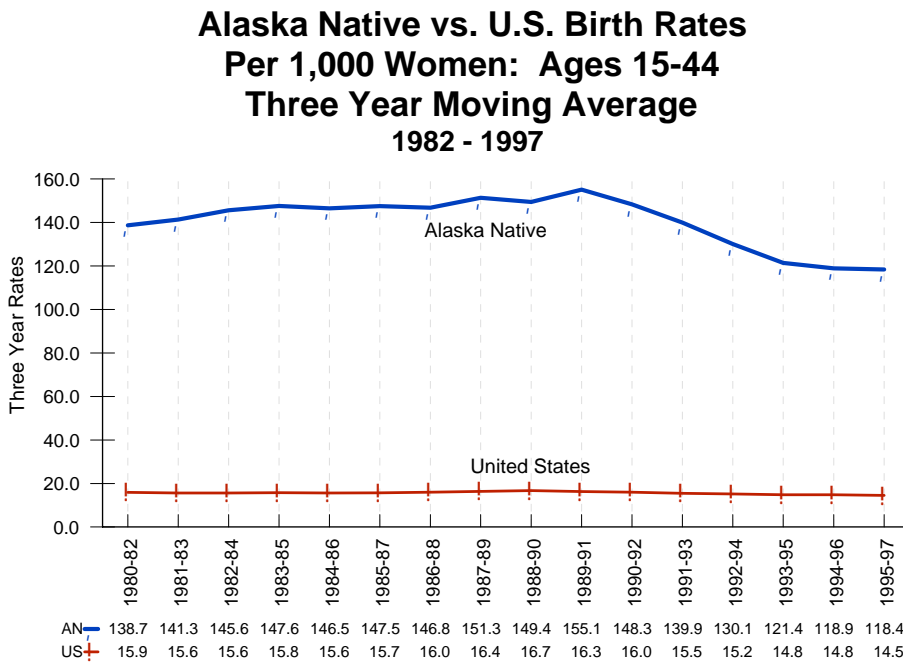


Vital Statistics on the Health Status of Alaska Natives:

Births. The birth rate for Alaska Natives age 15-17 is about four times the U.S. rate.

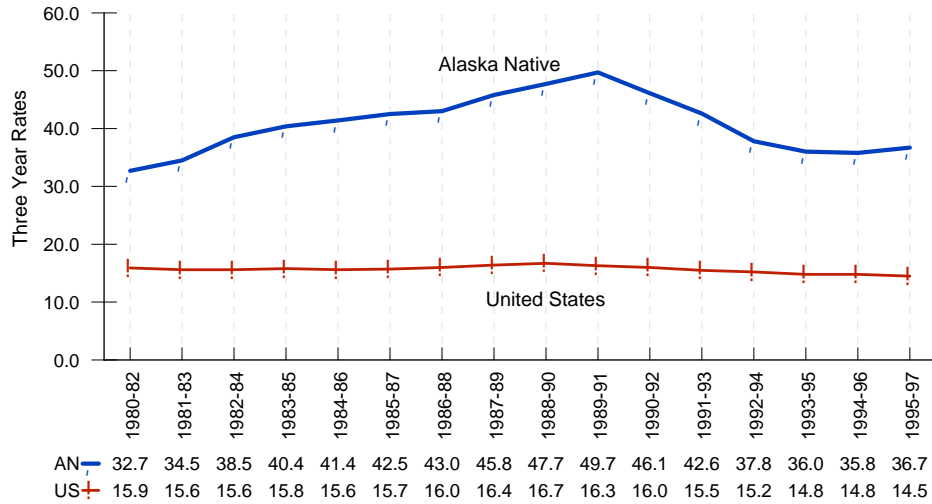


Alaska Native birth rates are rates per 1,000 women aged 15-17. The Alaska Native population figures are from the State of Alaska's Department of Labor publications "Population Overview." Alaska Native births are from IHS report NSU, and the three year average is the end year of the three year period. U.S. rates are the single year indicated. The U.S. rates are from the National Center for Health Statistics.



Alaska Native birth rates are rates per 1,000 women aged 15-44. The Alaska Native population figures are from the State of Alaska's Department of Labor publications "Population Overview." Alaska Native births are from IHS report NSU, and the three year 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.

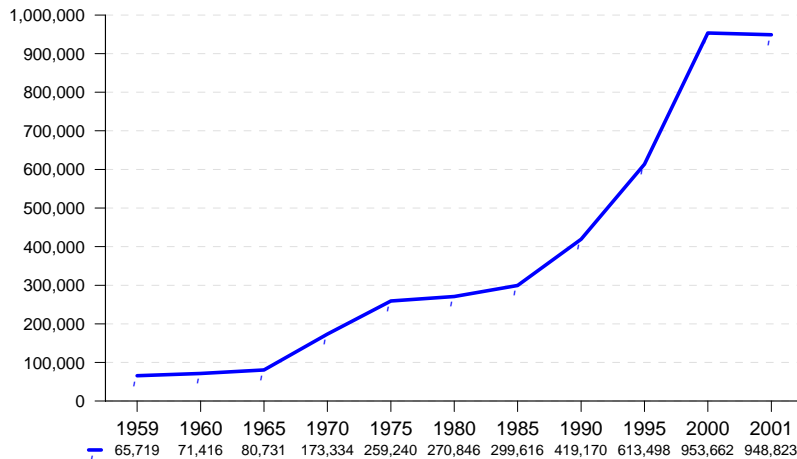
**Alaska Native vs. U.S. Birth Rates
Per 1,000 Women: Ages 35-44
Three Year Moving Average
1982 - 1997**



Alaska Native birth rates are rates per 1,000 women aged 35-44. The Alaska Native population figures are from the State of Alaska's Department of Labor publications "Population Overview." Alaska Native births are from IHS report NSU, and the three year 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.

OUTPATIENT WORKLOAD/DIAGNOSES

**Alaska Area
Outpatient Workload
1959 - 2001**



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

Alaska Area

Leading Causes of Outpatient Visits for All Age Groups; Alaska Native Totals

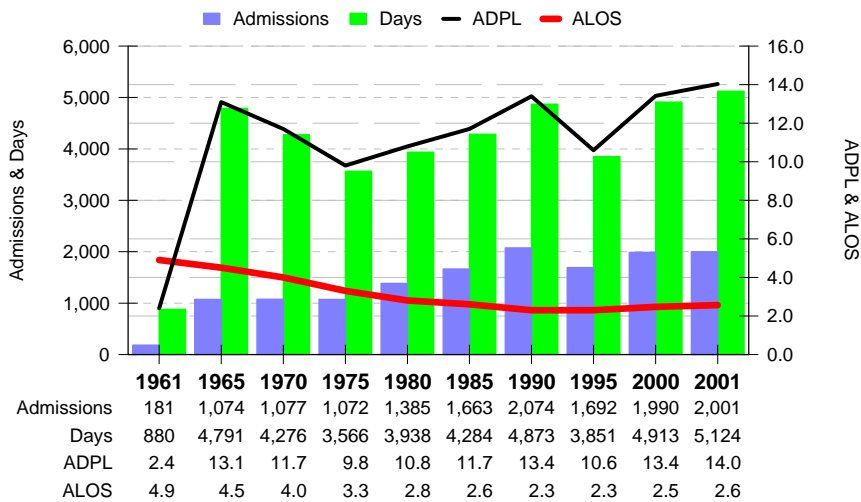
All Age Groups Alaska Native	FY 2001	FY 2002
Upper Respiratory Problems	69,428	50,747
Tests Only	78,672	41,433
Accidents & Injuries	57,900	38,058
Bone & Joint Disorders	46,405	28,970
Hospital Medical/Surgical Follow-up	44,951	28,671
Hypertension	27,710	23,958
Neuroses & Non-Psychotic Disorders	38,060	23,919
Otitis Media	28,799	21,253
Physical Examinations	20,024	16,705
Diabetes Mellitus	11,334	13,419
Gynecologic Problems & Breast	20,754	12,949

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.

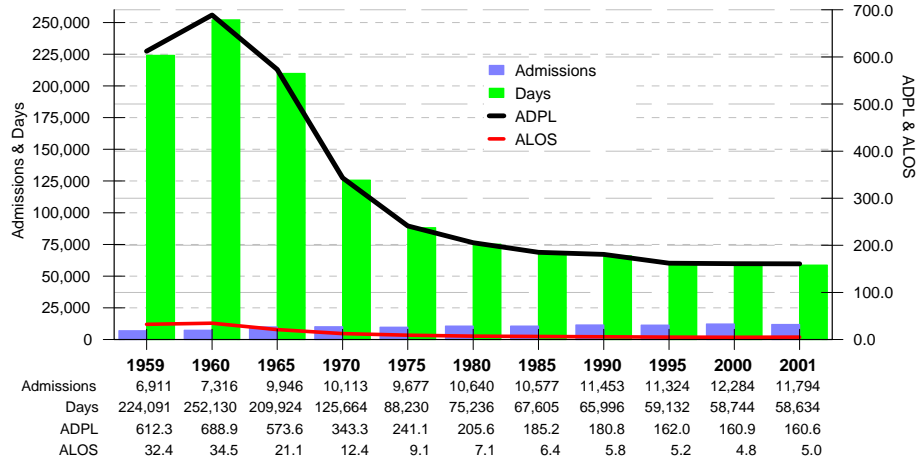
Newborn Inpatient Workload Alaska Area: FY 1961 - FY 2001



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

ALASKA AREA

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



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

DISCHARGE DIAGNOSES

Alaska Area Leading Causes of Inpatient Discharges: FY 2001 - FY 2002

All Age Groups	FY2001	FY 2002
Deliveries (Childbirth)	1,806	1,705
Accidents & Injuries	1,350	1,308
Pneumonia	646	498
Heart Disease	462	442
Infected Skin & Abrasions	466	431
Complications of Pregnancy	470	411
Bronchitis, Emphysema	398	346
Malignant Neoplasms	253	260
Urinary Tract Diseases	223	252
Alcohol Abuse	265	244

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

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM (ANTHC) INJURY PREVENTION PROGRAM

The Injury Prevention Program in years past has focused its efforts on the leading causes of death and injury hospitalization. One of the main focuses of the Injury Prevention Program has

been the reduction of drowning and motor vehicle related injuries. The table below compares the percent change in Alaska Native and U.S. injury death rates between 1990 and 1996.

Safe Firearm Storage. A study of rural Alaska firearm safety indicated that almost 90% of gun safes were used, but only about 30% of trigger locks were used. After distribution of 150 gun safes to homes in three villages, 78% of the firearms in those villages were locked. Before the gun safe program, 15% of firearms in the same village homes were locked.

Percent Change in Injury Rates Between 1990 - 1996

	Alaska	U.S.
Motor Vehicle Traffic	-20%	-12%
Pedestrian	32%	-22%
Drowning	-42%	-20%
Suicide	48%	-6%
Homicide	10%	-17%
Fire	16%	-19%
All Other Injuries	-27%	-7%

Source: ANTHC Injury Prevention Program. Data from CDC

Suicide Surveillance and Prevention.

There are several tribal programs that focus on suicide surveillance and prevention. For example, the Kotzebue-based Maniilaq Association injury prevention program has maintained a suicide surveillance system for suicidal acts among their residents for several years. Community health aides, police, doctors, nurses and counselors complete the data collection when a suicide attempt or completion occurs in the region. This surveillance system was improved and expanded when the Maniilaq Association was awarded a Substance Abuse and Mental Health Services (SAMSHA) grant to fund a suicide prevention project "Project HOPE" in FY 2001.

OTHER 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. The majority 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 for specialty care 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.

ALASKA AREA

INDIAN HEALTH SERVICE APPROPRIATIONS, FY 2003

Akiachak

Services	\$330,094
Environmental Health	\$1,720
Contract Support Costs	\$100,263
<i>Total</i>	\$432,077

ANTHC

Services	\$77,979,159
Environmental Health	\$34,098,938
Contract Support Costs	\$8,606,006
<i>Total</i>	\$120,684,103

APIA

Services	\$2,786,707
Environmental Health	\$6,218,525
Contract Support Costs	\$787,762
<i>Total</i>	\$9,792,995

Arctic Slope

Services	\$9,168,344
Environmental Health	\$403,091
Contract Support Costs	\$3,852,876
<i>Total</i>	\$13,424,311

Bristol Bay

Services	\$18,958,437
Environmental Health	\$1,099,856
Contract Support Costs	\$7,173,870
<i>Total</i>	\$27,232,163

Chickaloon

Services	\$153,154
Environmental Health	\$0
Contract Support Costs	\$15,600
<i>Total</i>	\$168,754

Chitina

Services	\$129,696
Environmental Health	\$608
Contract Support Costs	\$91,467
<i>Total</i>	\$221,771

Chugachmiut

Services	\$4,154,201
Environmental Health	\$1,085,942
Contract Support Costs	\$1,352,907
<i>Total</i>	\$6,593,049

CATG

Services	\$1,615,868
Environmental Health	\$7,871
Contract Support Costs	\$909,426
<i>Total</i>	\$2,533,165

Copper River

Services	\$2,117,368
Environmental Health	\$17,973
Contract Support Costs	\$658,210
<i>Total</i>	\$2,793,551

Diomede

Services	\$108,566
Environmental Health	\$653
Contract Support Costs	\$85,902
<i>Total</i>	\$195,121

East Aleutians

Services	\$2,187,779
Environmental Health	\$22,268
Contract Support Costs	\$432,031
<i>Total</i>	\$2,642,078

Eklutna

Services	\$272,173
Environmental Health	\$1,202
Contract Support Costs	\$24,272
<i>Total</i>	\$297,647

Hoonah

Services	\$301,122
Environmental Health	\$4,286
Contract Support Costs	\$129,407
<i>Total</i>	\$434,815

ALASKA AREA

Indian Health Service Appropriations, FY 2003

Karluk		Metlakatla	
Services	\$113,065	Services	\$2,649,212
Environmental Health	\$360	Environmental Health	\$460,182
Contract Support Costs	\$78,272	Contract Support Costs	\$677,283
<i>Total</i>	<u>\$191,697</u>	<i>Total</i>	<u>\$3,786,677</u>
Kenaitze		Mt. Sanford	
Services	\$1,738,754	Services	\$691,985
Environmental Health	\$1,897	Environmental Health	\$1,518
Contract Support Costs	\$221,949	Contract Support Costs	\$223,767
<i>Total</i>	<u>\$1,962,600</u>	<i>Total</i>	<u>\$917,270</u>
Ketchikan		Ninilchik	
Services	\$5,052,917	Services	\$576,226
Environmental Health	\$83,923	Environmental Health	\$2,889
Contract Support Costs	\$2,397,407	Contract Support Costs	\$229,964
<i>Total</i>	<u>\$7,534,247</u>	<i>Total</i>	<u>\$809,079</u>
Knik		Norton Sound	
Services	\$170,468	Services	\$16,958,048
Environmental Health	\$0	Environmental Health	\$1,734,895
Contract Support Costs	\$16,957	Contract Support Costs	\$5,570,670
<i>Total</i>	<u>\$187,425</u>	<i>Total</i>	<u>\$24,263,613</u>
Kodiak		Seldovia	
Services	\$5,675,347	Services	\$989,387
Environmental Health	\$76,435	Environmental Health	\$2,413
Contract Support Costs	\$1,488,360	Contract Support Costs	\$272,597
<i>Total</i>	<u>\$7,240,142</u>	<i>Total</i>	<u>\$1,264,397</u>
Kwinhagak		Southcentral	
Services	\$261,966	Services	\$44,412,874
Environmental Health	\$0	Environmental Health	\$1,824,658
Contract Support Costs	\$103,736	Contract Support Costs	\$14,139,166
<i>Total</i>	<u>\$365,702</u>	<i>Total</i>	<u>\$60,376,698</u>
Maniilaq		SEARCHC	
Services	\$23,090,871	Services	\$29,834,705
Environmental Health	\$1,069,997	Environmental Health	\$1,635,693
Contract Support Costs	\$9,846,945	Contract Support Costs	\$8,109,235
<i>Total</i>	<u>\$34,007,813</u>	<i>Total</i>	<u>\$39,579,633</u>

ALASKA AREA

Indian Health Service Appropriations, FY 2003

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Source: Alaska Area Office of Financial Management. Excludes diabetes funds, medicaid, medicare and private insurance collections.

Notes:

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

Southcentral Foundation includes the Cook Inlet Tribal Council.

Tanana Chiefs includes both Title I and Title V Tanana Chiefs and Fairbanks Native Association.

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

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