We believe that healthy individuals live in healthy communities. We have prioritized offering resources accordingly to elevate the quality of life of those we serve.
The Kodiak Area Native Association (KANA) is a 501(c)3 nonprofit corporation providing health care and social services for the Alaska Natives and our communities throughout the Koniag region.

We have been providing resources for improved health and wellbeing for generations since 1966. Services include Medical, Dental, Behavioral Health, and Community Service Programs to serve the communities of the City of Kodiak, Akhiok, Karluk, Old Harbor, Ouzinkie, Port Lions, and Larsen Bay.
Loretta Nelson
Chairperson
Native Village of Afognak

Alfred B. Cratty, Jr.
Vice Chairperson
Alutiiq Tribe of Old Harbor

Cheryl Christofferson
Secretary
Gwangkuta Suuget (At-Large)

David Eluska, Sr.
Director
Native Village of Akhiok

Alex Panamaroff, Jr.
Director
Native Village of Larsen Bay
Phyllis Amodo  
Director  
Kaguyak Village

Vickie Novak  
Director  
Native Village of Ouzinkie

Arnold Kewan  
Director  
Native Village of Port Lions

Gary Watson  
Director  
Sun’aq Tribe of Kodiak

Margaret Roberts  
Treasurer  
Tangirnaq Native Village
Cama’i,

2018 has been another year of expansion and growth for the Kodiak Area Native Association. Expanded services, additional facilities, new community programs, and the introduction of new leadership within our organization helped make this a successful year.

In April of 2018, KANA opened the doors of 323 Carolyn Street, a new outpatient treatment facility that assists individuals struggling with addiction and chemical dependency. Centrally-located in downtown Kodiak, this space provides one-on-one and group therapy sessions with Behavioral Health Clinicians and Chemical Dependency Counselors, as well as Case Managers for referrals to other necessary services including off-island residential treatment programs, if needed.

This much-needed expansion of quality substance use disorder and mental health services was made possible, in part, with the assistance of the Health Resources & Services Administration (HRSA). KANA was awarded a $290,500 HRSA grant to enhance implementation of evidence based strategies to expand access to quality integrated substance use disorder and mental health services. Additionally, KANA has relocated the Parenting with Love & Limits (PLL) and the Prevention programs to the 323 Carolyn Street location.

KANA also received an important grant from Indian Health Services (IHS) for developing integrated behavioral health programs. The Behavioral Health Integration Initiative (BH2I) funding will provide an opportunity to expand our family medical home to create a more connected and personalized experience for KANA’s Beneficiaries. With the aid of two Behavioral Health Consultants (BHCs), we’ve built a bridge connecting our medical Providers and behavior health specialists to create a dynamic, whole health approach to total wellness.

We have continued expanding our support in village communities throughout 2018. Our villages received increased visits from medical, dental, and behavioral health Providers this past year. Staff hosted Health Fairs showcasing available services and programs to KANA’s Beneficiaries, including Behavioral Health, tobacco and suicide prevention, WIC (Women, Infants, and Children) and the Wellness Center.
2018 also marks fifty years of the Community Health Aide program. Community Health Aides and Practitioners (CHA/Ps) are the frontline of health care in rural Alaska. Many of our village residents rely on CHAs for preventative care. I’m proud to report that as of this fall, all Community Health Aide positions in our island communities have been filled.

Training staff from our villages is essential in providing quality care to those communities. Our Board of Directors acknowledges staff development in rural clinics and our Kodiak facilities as a crucial goal in our 2018–2023 Strategic Plan. Focusing on staff development ensures our Beneficiaries receive care from highly qualified staff, retains valuable employees, and provides opportunities for growth within the organization.

I would like to thank the Board of Directors for their ongoing support as we celebrate the year’s accomplishments and their guidance moving into the future. Their collective experience and knowledge continues to make KANA a leader in Tribal Health Care. Our success is also determined by our Native Beneficiaries. Many of our services and programs are direct results from ideas and feedback that you have shared with us. Your constructive comments are encouraged. You may email KANA's leadership team through kodiakhealthcare.org, fill out a comment card at your next appointment, take a survey at one of our lobby kiosks, or even send us a message through Facebook.

While all feedback is essential in improving services, recent accolades for KANA staff have been a particularly welcome reminder of why our organization exists and of our impact in your daily life. Hearing positive experiences from patients and reading community recognition of outstanding staff are rewarding, reassuring, and motivating. We are grateful to have a team of passionate specialists dedicated to our mission of elevating the quality of life of the people we serve.

Quyanaa,

[Signature]

Andy Teuber
President and CEO
Mission
To Elevate the Quality of Life of the People We Serve

Core Values
Courtesy, Sharing, Caring, Respect, Pride, and the Sugpiaq Alutiiq Values

Vision
Healthy Thriving Communities
Success = Strong Board, Strong Staff, Unrestricted Funds
## 2018–2023 Strategic Plan

### CUSTOMER SERVICE

- **Continue to improve KANA's internal and external communications**
  - Promote KANA’s high quality of care through storytelling
  - Increase emphasis on describing our programs and services

- **Promote Wellness**
  - Holistic medicine
  - Wellness Centers

- **Staff development**
  - Develop transition plans
    - All Key Staff
  - Staff development and training
    - Employee retention
    - Provide opportunities for growth within KANA

- **Board development**
  - Transition plan
    - Mentor emerging leaders
    - Ongoing training and support
    - Partner with other organizations to educate community on role of the Board

### STEWARDSHIP

- **Focus on a comprehensive financial plan, balancing financial resilience and mission**
- **Ensure diversified financial portfolio**
  - Monitor political landscape
    - ACA and Medicaid
    - National/State
    - FCC subsidy
  - Monitor compliance

- **Village/tribal sustainability**
  - Ensure sustainable staffing
  - Support services for tribal capacity
  - Ensure right people engaged in resource boards and commissions
  - Alaska Pacific University initiatives
  - Tribal courts

- **Ensure adequate support for hospital services in Kodiak**

- **Develop strategic partnerships with**
  - ANCSA organizations
  - State
  - Tribes
  - Alaska Pacific University

### QUALITY IMPROVEMENT

- **Substance abuse prevention and treatment**
  - Work with the partners to cultivate support for ongoing needs
  - Increase prevention education programs in schools
  - Seek innovative solutions
  - Secure Opioid Funds

- **Support for Elders**
  - Help identify, train and support Personal Care Attendants for villages
  - Support transportation services
  - Elder Advocate
  - Develop training for families to understand issues with aging members
  - Continue to identify additional beds as needed for long-term needs

- **Maintain accreditation and compliance for associated operational site visits and reporting**
Health Services
Medical
Dental
Pharmacy
Behavioral Health
Medication Assisted Substance Abuse Treatment Program
Health Promotion and Disease Prevention Services
Nutritional Counseling
Massage Therapy
Women Infants & Children (WIC)
Child Advocacy Center
Wellness Center

Community Services
Family Services
Employment & Training
Infant Learning
Tribal Operations
Vocational Rehabilitation
Elder Services
Public Safety
Economic Development

Administration
Human Resources
Information Systems
Facilities & Maintenance
Finance
Communications

KANA provides integrated wellness services to the entire Kodiak Island community with focus on our Alaska Native Beneficiaries. Through our excellent customer service, KANA implements its cultural values to serve our community members when and where they need care.
Courtesy
We honor the rights and needs of all in order to improve the quality of life in our communities.

Sharing
We value our families, each other, and what we all stand for.

Caring
We are responsible for our people and ourselves.

Respect
We value togetherness and cooperation to ensure wellness for all.

Pride
We honor our land, language, traditions, beliefs, and kinship in all that we do.
AAAHC ACREDDITATION

KANA achieved accreditation again this year by the Accreditation Association for Ambulatory Health Care (AAAHC). Accreditation distinguishes our organization from many other outpatient facilities in that we provide the highest quality of care to our patients as determined by an independent, external process of evaluation.

Status as an accredited organization means we have met nationally recognized standards for the provision of quality health care set by AAAHC. More than 6,000 ambulatory health care organizations across the United States are accredited by AAAHC.

Ambulatory health care organizations seeking accreditation by AAAHC undergo an extensive self-assessment and on-site survey by AAAHC expert surveyors made up of physicians, nurses, and health care administrators. The survey is consultative and educational, presenting best practices to help an organization improve its care and services. Not all that undergo the rigorous on-site survey process are granted accreditation.

KANA’s certification as a Patient-Centered Medical Home was also awarded by AAAHC for our delivery of health services in a manner which emphasizes patient rights and responsibilities, the patient/care team relationship, the comprehensiveness, continuity, and accessibility of care, the quality and completeness of health records and the overall quality of care provided.

ANMC/KANA PATIENT TRAVEL PILOT PROGRAM

Last fall, KANA introduced a patient travel program with the Alaska Native Medical Center (ANMC). This program—the first of its kind in the Alaska Tribal health system—aims to improve the referral system for patients living outside of Anchorage who receive care at the ANMC by improving the appointment and travel experience for patients and escorts.

The program provides a dedicated travel team for KANA patients. This simplifies the travel coordination process for patients. The travel team can be contacted seven days a week and serves as the central point of contact for any travel-related issues, including appointment information, housing reservations, flight arrangements, and vouchers. The team also has access to resources with both KANA and ANMC regarding medical appointments.

Overnight stays have been simplified as well. Patients can speak with housing representatives on the airport shuttle to assist with confirming rooms and making sure they arrive at the correct place with all necessary information. Housing staff have received additional training to improve the level of service patients receive when arriving to patient housing, especially nighttime check-ins and special Elder care.

HEALTHY KODIAK 2018

Healthy Kodiak 2018, created by the Health Services Advisory Committee, was held on September 5, 2018, receiving over 110 attendees from Kodiak and surrounding communities.

“Life on an island has its obvious challenges,” said Dr. Heidi Baines, KANA Clinical Director, as she introduced the event. “Today’s event is about finding solutions. Healthy Kodiak 2018 has two main goals: providing practical tools that can be implemented right away to achieve desired health goals and to empower the community to solve local health challenges, so that we can all experience health outcomes and quality of life.”

Local and off-island health care and wellness specialists explored a range of topics addressing whole health, including emotion, behavior, activity, nutrition, education, and spirituality. KANA
Chemical Dependency Clinician James Price shared ways to maintain relationships with family members who struggle with substance use disorders. KANA Behavioral Health Consultant Samantha Marlar-Enbom discussed the benefits of nature for a positive mental wellbeing. Alaska Pacific University President Dr. Bob Onders, Alaska Department of Labor Coordinator Jackie Garcia, and Kodiak College Academic Counselor Barbara Brown discussed the importance of rural education opportunities in developing healthier communities.

The day-long forum also included a discussion by Dr. Christopher Piromalli, Palliative Care Medical Director of ANMC, on long-term health care needs; a local foods demonstration by Gayla Pedersen; a presentation on the benefits of community walks by Walk2Connect co-op owner Nicole Huguenin, followed by a group walk on Near Island; and a storytelling session by Alaska Native artist Gene Tagaban.

Healthy Kodiak 2018’s message of integrating whole health within an individual’s daily lifestyle was well-received. “We’ve heard great feedback about the forum, with several people expressing how they’re already looking at their health care differently,” explains Community Health Director Siene Allen. “Our presenters showed them ways they could immediately take charge of their quality of life.”
NEW DENTAL DIRECTOR

Dr. Travis Perkins joined KANA as the new Dental Director in April 2018. Dr. Perkins received his Doctorate of Dental Medicine from Nova Southeastern University in 2002 and completed the American Academy of Implant Dentistry’s Oral Implantology course in 2007.

Dr. Perkins performs both general dentistry and implant reconstructive dentistry, and has managed private practices and provided consulting services in Nevada and Utah since 2002. He has also served in a teaching role, both with his work as a faculty member at the UNLV School of Dentistry from 2002 to 2004 and training his own staff within his practice. Dr. Perkins and his family moved to Kodiak from Salt Lake City, Utah.

Before relocating to Alaska, Dr. Perkins spent ten years in Las Vegas where he worked with the Nevada Institute of Implant Dentistry, The Nevada Institute for Advanced Dental Education, and the University Medical Center. In 2013, he made his way to Utah where he worked in private practice, centered around General Dentistry.

As Dental Director, Dr. Perkins is in charge of KANA’s dental program, directing departmental activities. He also provides preventive dental services for our Beneficiaries and promotes the importance of preventive oral health care through patient education to all ages.

KANA ADDS NEW MEDICAL PROVIDER

KANA added an additional Physician’s Assistant in September 2018. Alison Starr, PA-C, graduated with a Bachelor of Science in Human Nutrition from Kansas State University in 2015 and her Masters of Physician Assistant Studies from Wichita State University in 2017. She is a Nationally Board Certified Physician Assistant with an active DEA certification. Alison spent the last year practicing at Trego County Memorial Hospital in Kansas providing Primary Care, Urgent Care, and Emergency Medicine to patients of all ages. She also served as a locum provider in rural areas of Kansas providing emergency medicine and clinic coverage in remote settings with limited resources. Alison focused her employment search on small communities with an emphasis on public health, and she is especially interested in the community health aide program and village travel.

AT-RISK DENTAL CARE

In January 2017, KANA’s dental services were expanded to include dental surgery procedures with the addition of oral surgeon Dr. Lindsey Douglas, allowing Beneficiaries living on-island to obtain services locally rather than traveling to Anchorage.

Previously, patients went through several steps to obtain dental care. Travel expenses were a direct cost to KANA and Indian Health Service (IHS). Patients would fly to Anchorage for a screening appointment, the procedure, and follow-up at ANMC after being placed on a waiting list.

By implementing an oral surgery program within KANA, we have increased access to surgical care that was previously not available in a timely or cost-effective manner.
The addition of an Oral Surgery Clinic at KANA has made it possible for some of our at-risk patients to receive integrated, safe care for serious dental issues, specifically our patients taking medication-assisted treatment for opiate use disorder.

Patients on medication-assisted therapies need to be weaned, or discontinue use, prior to surgery so that adequate sedation and anesthesia is possible during the procedure. Taking a patient off their medication-assisted therapy puts them at a higher risk for relapse. After surgery, in order to ensure adequate pain control and getting back on the medication-assisted treatment without relapse takes careful planning.

KANA is fortunate to have our primary Oral Surgery RN, Geneva Risch, also doing case management for the MAT (Medication-Assisted Therapy) program and KANA's Chief Dental Assistant Damiana Ode’s knowledge in the dental sphere. These two staff members have anticipated patient operative needs, reached out to the medical and behavioral health teams to inform them of the upcoming surgery, implemented custom plans both pre- and post-operatively, and followed these patients through their post-operative period closely until they are successfully back to their baseline medications and substance use disorder treatment program of therapy and groups.

This is an example of truly integrated care being performed by caring staff that know the patients. KANA staff are working with dental, medical and behavioral health teams—as well as the patient’s own support system—to provide the highest quality care possible. These are patients who have had dental disease for years due to their other medical and behavioral issues, that are now able to continue their road to recovery with one less obstacle due to KANA's Oral Surgery program and team of staff that are responsible for its success.

**DENTAL ASSISTANT APPRENTICESHIP PROGRAM**

On June 15, 2018, KANA had the honor of announcing the successful implementation of the first Dental Assistant Registered Apprenticeship Program in Kodiak approved through the U.S. Department of Labor. Registered apprenticeships are high-quality, work-based learning, and post-secondary, earn-and-learn models that meet national standards for registration with the U.S. Department of Labor. The Dental Assistant Apprenticeship Program is a 2,000-hour, one-year program, supplemented by the minimum required 144 hours of related instruction.

KANA's Dental Team has been providing on-the-job training for Dental Assistants for years, and the apprenticeship program builds on this work by providing a formal and structured program that offers our Dental Assistants the tools and resources to provide the highest quality of care and eventually complete the Dental Assistant certification process.

**MYHEALTH INTRODUCED**

MyHealth is a health management tool provided by Cerner® as a way for patients to access health records online. MyHealth includes a variety of health records, including: a clinical record summary (allergies, immunizations, health issues, surgeries and procedures); limited lab results (excluding sensitive test results or results that may require further discussion with your Provider); limited personal information; and secure messaging with your Provider.

MyHealth has been a helpful tool for Beneficiaries needing quick access to basic health information while travelling, or their children’s medical information when preparing for school.

**NEW BEHAVIORAL HEALTH DIRECTOR**

Jessica Kell joined KANA this winter as our new Behavioral Health Director. Jessica is a chemical dependency and mental health counselor with a Master's degree in Clinical Psychology from Trinity International University. She is a Licensed Professional Counselor in the States of Alaska, Washington, Idaho, and Hawaii. Ms. Kell holds a National Counseling credential and a Chemical Dependency Counselor I certification.

Her clinical expertise is in individual counseling with adolescents and adults and in couples counseling. Her specialty areas include substance abuse, depression, anxiety, and recovery from grief and trauma. She also addresses family dynamic concerns such as parenting, communication, and relationship building.

Ms. Kell has been in practice for over a decade, most recently serving with Iliuliuk Family Health Services in Unalaska. “I’m originally from Germany and spent my childhood in West Africa,” she said, “and I’ve called America my home since 2000. In 2009, I became an official transplant to Alaska from Washington state and truly hope to never live anywhere else.”

**BEHAVIORAL HEALTH INTEGRATION**

In September 2017, KANA was awarded the Behavioral Health Integration Initiative (BH2I) grant from the IHS. This funding will provide an opportunity to expand our family medical home to create a more connected and personalized experience. Behavioral Health Director Jessical Kell elaborates: “One way you will see us accomplish this is through Samantha and Michael—our two new integrated Behavioral Health Consultants—who will be working alongside medical Providers.”
BHCs will facilitate intake into care and ensure ongoing collaboration between Behavioral Health and other KANA Providers, as well as assisting clients in accessing other community services as needed. One of the program goals is to increase engagement rates for patients with undiagnosed behavioral health risk factors.

The BHCs will be available to meet with patients during or following their primary care visit to help engage in solution-focused interventions for patients needing immediate intervention. “KANA is becoming dynamic in its approach to total wellness,” says Kell. “This includes helping patients make the behavioral changes needed to reach their health care goals.”

FIFTY YEARS OF COMMUNITY HEALTH AIDES

Alaska Community Health Aides (CHAs) are the front-line of health care in their communities. For many people living in rural areas, CHAs are providing the preventative care that is helping to improve the health of all Alaska Native people.

The Community Health Aide Program (CHAP) was developed in the 1960s in response to a number of health concerns across the state, including the tuberculosis epidemic, high infant mortality, and high rates of injury in rural Alaska. In 1968, CHAP received formal recognition and congressional funding. The long history of cooperation and coordination between federal and state governments as well as Tribal health organizations has made access to care closer to home a reality for more people in Alaska.

CHAP now consists of a network of approximately 550 Community Health Aides and Practitioners in more than 170 rural Alaska communities. Community Health Aides work within the health care guidelines of their training and care manual—the Alaska Community Health Aide/Practitioner Manual—which standardizes the high level of care provided by each Community Health Aide and outlines assessment and treatment protocols.

Community Health Aides are often selected by their communities to receive training and provide care for the people in the place where they live. There are four sessions of CHAP training, each lasting three to four weeks. Training centers are located in Anchorage, Bethel, Nome and Sitka. Between sessions, Community Health Aides work in their clinics completing a skills list and practicum.

After successfully completing the four-session training curriculum and examination, the Community Health Aide qualifies as a Community Health Practitioner. Community Health Aides at any level of training may obtain certification by the Community Health Aide Program Certification Board. KANA is pleased to support CHAP in preparing Community Health Aides for their vital role in the Tribal health system.

FREE LEGAL AID FOR QUALIFYING BENEFICIARIES

The Medical-Legal Partnership (MLP) is a resource added in 2018 to help improve the health of Alaska Natives by addressing health-harming legal needs. The MLP attorney, through Alaska Legal Services Corporation (ALSC), provides free, civil legal services to our qualifying patients.

Recognizing that legal issues can impact a patient’s ability to address health needs, AmeriCorps has funded the Partnering for Native Health program. Fourteen MLPs now serve health care facilities in Alaska and four other states.

The MLP attorney can assist with a variety of civil legal issues
including powers of attorney, guardianships, wills, and Miller Trusts. They also assist in issues regarding public benefit denials or termination of Medicaid, Medicare, food stamps, Social Security, or disability.

A health care Provider may refer a patient to the MLP attorney, or a Beneficiary can contact the attorney directly. After a consultation, the attorney may either provide legal advice or directly represent the patient. If she cannot provide advice or representation, she may direct them to self-help resources or refer them to a different attorney.

**VILLAGE HEALTH FAIRS**

In an effort to promote services and provide health education to our island communities, KANA organized health fairs throughout the year. Each fair highlighted community and health services available at KANA, including behavioral health, fitness, nutrition, child advocacy, infant learning, dental care, substance abuse prevention, tobacco prevention and cessation, and medical care.

KANA Community Health Director Siene Allen helped develop several public events around the island in 2018. “Health fairs provide us an opportunity to deliver important health and prevention information in a relaxed setting,” she said. “We really try and make the health fairs fun and engaging for participants. For example, instead of just saying that smoking causes build-up of tar and chemicals in your lungs, we show attendees actual vials of tar to put it into perspective and create a visual impact that sparks further conversation.”

Interactive elements are also helpful. Manya Wandersee is a Wellness Center Specialist who developed a fitness program for Kodiak’s rural youth through instructional videos and a printed guide. The children participating in the program were able to meet Manya in person at village health fairs and tried out some of the exercises included in the self-directed materials.

**EMPLOYMENT TRAINING FOR QUALIFIED BENEFICIARIES**

KANA’s Supplemental Youth Employment Training Program (SYETP) provided valuable job training to Native youth throughout the year. SYETP enables participants to become active members of the community by providing them with employment and training. Participation also gives opportunity for youth to explore different occupational fields and helps them gain confidence and skills needed to continue towards their goals as they enter adulthood.

As of September, SYETP provided paid work experience for forty-one youth in 2018, totaling over 4,300 hours of employment. KANA’s Employment, Training and Support Services (ETSS) program assisted nine Beneficiaries with attaining vocational and higher education training scholarship funding so far this year. Employers...
included a range of industries, including customer service, construction, mechanics, food services, and nonprofit organizations. To participate in the Supplemental Youth Employment Program, applicants must be 14–24 years old and meet income eligibility.

In May, ETSS aligned a CDL (Commercial Driver’s License) Training in partnership with KRS Marine Services and Native Village of Ouzinkie. One course was completed by KRS Marine mid-May and the second course was completed in early September. More than 135 hours of training have been delivered to students, of which more than 75 hours have been one-on-one instructor/student training hours. Five beneficiaries have completed the coursework and two now have successfully received their State of Alaska CDL. Courses consist of thirty-two in-class hours of instruction followed by twenty-four hours of one-on-one instructor training. Trainings are highly individualized and more or less hours can be arranged depending on student progression.

**TAY EVENT**

In October, over forty middle school and high school students from Kodiak’s rural communities came to the city of Kodiak for Sun’arausqat Katurgwiat, or, the Young People’s Gathering Place. Through a series of activities and events, students discovered what their career and educational interests were.

This was Positive Youth Pathways’ fourth year. The program consists of rural school outreach and hosting of the annual Sun’arausqat Katurgwiat by the Kodiak Transition Age Youth (TAY) Coalition. The coalition consists of members representing local businesses, Native organizations, secondary and post-secondary institutions, and government bodies that work together to align services, share best practices, and devise innovation transition activities.

Activities provided are rooted in Alutiiq-Sugpiaq values that focus on knowledge and leadership as our youth plan their next steps forward into adulthood. Anticipated long-term outcomes will include a rise in rural youth graduating from high school and enrolling in vocational/postsecondary institutions.

High school students engaged in a job shadow experience with local employers representing the career interests the students expressed interest in. They saw firsthand what tasks a professional does, learned what skills and knowledge it takes to do the tasks, and got a feel for what the work environment and routine is like.

**INDIAN ENVIRONMENTAL GENERAL ASSISTANCE**

In 1992, Congress passed the Indian Environmental General Assistance Program Act (IGAP). This act authorized the Environmental Protection Agency (EPA) to provide IGAP financial and technical assistance to Tribal governments to assist in developing environmental programs, particularly addressing hazardous waste issues. Priority funding is provided to federally-recognized Tribes, with remaining funds granted to inter-Tribal consortia programs.

KANA has been awarded (IGAP) funds to develop a consortia program for Kodiak’s ten federally-recognized Tribes. Seven of our ten Tribes are located off the Kodiak road system. Native Village of Afognak, Sun’aq Tribe of Kodiak, and Tangirnaq Native Village currently receive solid waste services from the Kodiak Island Borough. Communities not on the road system have varying degrees of waste management activity.

Each village community experiences waste management challenges in similar ways. By creating a central consortia, KANA can organize communications and provide technical support to assist Tribes and municipalities in addressing these waste management challenges as well as other environmental challenges.

“We will assist in communicating, promoting collaboration, and sharing information on priority environmental issues,” said Stephanie Mason, KANA’s Regional Environmental Coordinator. “It is in our current work scope to focus on developing a sustainable solid waste/hazardous waste back-haul program and a regional water quality sampling project.”

“I look forward to addressing Kodiak’s environmental and public health concerns while assisting villages to develop self-sustaining
solid waste management programs in their communities,” she 
continued. “Facilitating communication processes will help improve 
the efficacy of existing environmental protection efforts, increase 
efficiency, and hopefully reduce the costs.” 
KANA and Kodiak Island Borough recently partnered in a massive 
island-wide cleanup of hazard household and industrial waste, 
including a total of 2,625 tons of scrap metal and 27,939 pounds of 
lead-acid batteries.

However, as villages continue to receive commodities, solid and 
hazardous waste will continue to accumulate.

Meanwhile, warming ocean conditions and lowering pH is creating 
a stressful environment for marine life. The warming of the ocean 
temperature is specifically creating an environment for the growth 
and spread of harmful algae. Researchers are investigating if harmful 
algal blooms are connected to the recent mysterious deaths of 
marine mammals in the region.
KANA Dental Oral Surgery Team Awarded

KANA’s Dental Oral Surgery Team was nominated and approved for the Unit Commendation Medal by the Commissioned Corps Awards Board for their contributions to increasing access to dental oral surgery services for Alaska Native residents of Kodiak Island from Jan 1, 2017 to December 31, 2017.

KANA Staff Voted Best of Kodiak

Two KANA employees were voted “Best of Kodiak” in the Kodiak Daily Mirror’s annual Readers’ Choice Awards in 2018. Clinical Coordinator Geneva Risch, RN, was voted Kodiak’s Best Nurse. Registered Dental Hygienist Heather Parker won Best Dental Hygienist. We are proud to have Heather and Geneva on our team and we thank them for representing KANA with professionalism and kindness.

KANA Awarded with Healthy People 2020 Certificate

KANA was recognized as one of three Alaska Tribal health organizations with the highest immunization rates in the state. Only seven organizations statewide qualified for the Healthy People 2020 goal of immunizing for the childhood series among 19–35-month-old patients.

The Advisory Committee on Immunization Practices (ACIP) recommends a vaccination series of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, and 4 PCV.

“This is very good news for Alaska,” said Dr. Jay Butler, Alaska’s Director of Public Health and Chief Medical Officer. “The progress that has been made shows a commitment to improving the daily lives and futures of all Alaskans. Congratulations to all the organizations, agencies, individuals and communities for all their hard work to improve the health and wellbeing of the people of our state.”

The Healthy People 2020 project is a national initiative to provide science-based, 10-year national objectives for ambitious—yet achievable—goals for improving the health of all Americans. The State of Alaska has adopted the plan into a Healthy Alaskans 2020 program.

To learn more about HA2020’s 25 Leading Health Indicators, or to participate in Healthy Alaskans 2020 efforts, visit ha2020.alaska.gov.
Service that goes above and beyond: Georgia Blain

“I have a lot of great things to say about my KANA nurse, Georgia Blain,” said LuVonne Shields-Chaco. “I had elected immunotherapy [allergy shots] to alleviate my worsening allergy symptoms.” LuVonne’s treatment required frequent visits over a five-year span, starting out with two appointments every week. “Not only was that a lot of appointments, but they each required a 30-minute observation to make sure I had no adverse anaphylactic symptoms.”

LuVonne explains how Georgia got her through those long sessions: “We spent a lot of time together in those five years. One thing I noticed about Georgia is that she was the type of nurse who brought me into her office rather than leaving me alone. We had a lot of meaningful conversations over those appointments while she worked—I was always her first appointment of the day—and I could sense her very genuine care and concern she had for her patients.”

One appointment in particular still stands out for LuVonne. “Georgia could tell I was not myself. She very gently helped me process and work through the tough decision of having to put my dog down. She has that incredible ability to sense and connect with her patients and remain completely professional in the process. I will always have incredible things to say about her—despite the fact that she was giving me a painful shot every time.”

Georgia retired in 2018 after more than eleven years of dedicated services with KANA. While she held a previous role with KANA, her nursing career began on August 6, 2007 as a Licensed Practical Nurse.

In July 2013, Georgia officially took on the role of Immunization and Employee Health Nurse. She has been integral maintaining a smooth and efficient immunization program. Georgia has worked tirelessly to increase KANA’s immunization rates in our communities; her efforts have been recognized around the state of Alaska. Her hard work, tenacity, and devotion to improving the care of the people we serve have set a new standard of excellence.

Beating diabetes at the KANA Wellness Center

When CJ Christiansen was diagnosed with diabetes in early 2017, he was taken by surprise. “I hadn’t been feeling well, so I saw Dr. Chelmo at KANA. He asked if I had ever been tested for diabetes. I didn’t think that was something I’d ever considered.” The next day, CJ got confirmation that he was diabetic. “It was kind of a shock. I spent two days feeling sorry for myself. I just didn’t know what to do and then I made the decision that I wasn’t going to let it beat me.”

After his diagnosis, diet was CJ’s first lifestyle change. Sugar and bread were eliminated immediately. He spent the first weeks using a glucose monitor to read how different foods affected his blood sugar levels.

The next step was to develop a fitness plan. While he was physically active in his youth, he gradually became more sedentary with age. “You can lose weight when you’re a commercial fisherman, but when I became a sport fishing guy, I really started to see my weight climb. I was around 240 lbs. in 2003 when I quit commercial fishing. Last summer I weighed 297.”

CJ worked with the staff of the KANA Wellness Center to develop a routine. He started working out three days a week, but once he started seeing results, he came in more frequently—often six days a week! “I have a lot more energy now,” he said. “I’m a lot more motivated to get out of the house and do stuff. Before, I would run up the stairs and I’d be huffing and puffing. I’m a lot stronger now.”

A few months after CJ’s diagnosis, he attended a diabetes Specialty Clinic at KANA. CJ’s blood test results improved significantly! “Someone asked why I was even there, if I even had diabetes. I told her, ‘Yeah, I’ve been diagnosed with diabetes and I’ve just been taking care of myself in the past few months.’ It was a pretty good feeling.”
Statement of Financial Position
Year Ended September 30, 2017 (with comparative totals for 2016)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$16,785,935</td>
<td>$10,874,876</td>
</tr>
<tr>
<td>Investments</td>
<td>2,741,563</td>
<td>2,753,818</td>
</tr>
<tr>
<td>Receivables:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>3,771,581</td>
<td>3,260,605</td>
</tr>
<tr>
<td>Patient accounts, net of allowance for contractual of $286,371 in 2017 and $257,184 in 2016</td>
<td>1,020,250</td>
<td>844,266</td>
</tr>
<tr>
<td>Other</td>
<td>1,095,209</td>
<td>1,398,768</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>8,371</td>
<td>71,252</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td>25,422,909</td>
<td>19,203,585</td>
</tr>
<tr>
<td>Investments in joint ventures</td>
<td>1,417,988</td>
<td>1,280,039</td>
</tr>
<tr>
<td>Notes receivable and other long-term assets</td>
<td>606,078</td>
<td>767,044</td>
</tr>
<tr>
<td>Property and equipment, net of accumulated depreciation</td>
<td>16,820,679</td>
<td>17,071,087</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$44,267,654</td>
<td>$38,321,755</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$ 561,210</td>
<td>$ 596,662</td>
</tr>
<tr>
<td>Accrued compensation and related liabilities</td>
<td>1,017,061</td>
<td>955,147</td>
</tr>
<tr>
<td>Accrued interest payable</td>
<td>8,789</td>
<td>3,881</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>6,533,719</td>
<td>5,000,955</td>
</tr>
<tr>
<td>Current portion of long-term note payable</td>
<td>227,941</td>
<td>214,681</td>
</tr>
<tr>
<td>Current portion under capital lease</td>
<td>39,499</td>
<td>42,820</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>8,388,219</td>
<td>6,814,146</td>
</tr>
<tr>
<td>Interest rate swap agreement</td>
<td>50,462</td>
<td>119,754</td>
</tr>
<tr>
<td>Note payable, net of current portion and debt issuance costs</td>
<td>1,809,383</td>
<td>2,099,157</td>
</tr>
<tr>
<td>Obligations under capital lease, net of current portion</td>
<td>39,512</td>
<td>81,471</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>10,287,576</td>
<td>9,114,528</td>
</tr>
<tr>
<td><strong>Net assets - unrestricted:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated</td>
<td>33,980,078</td>
<td>29,207,227</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$44,267,654</td>
<td>$38,321,755</td>
</tr>
</tbody>
</table>
Statement of Activities
Year Ended September 30, 2017 (with comparative totals for 2016)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and contracts</td>
<td>$19,817,754</td>
<td>$18,681,286</td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>7,883,686</td>
<td>6,130,553</td>
</tr>
<tr>
<td>Contracted service revenue</td>
<td>347,985</td>
<td>912,612</td>
</tr>
<tr>
<td>Investment income</td>
<td>48,779</td>
<td>71,777</td>
</tr>
<tr>
<td>Earnings from joint ventures</td>
<td>431,599</td>
<td>351,660</td>
</tr>
<tr>
<td>Rental income</td>
<td>386,938</td>
<td>361,482</td>
</tr>
<tr>
<td>BA contract support settlement</td>
<td>512,564</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>200,735</td>
<td>79,235</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>29,630,040</td>
<td>26,588,605</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health services</td>
<td>18,715,720</td>
<td>20,062,246</td>
</tr>
<tr>
<td>Community services</td>
<td>4,092,253</td>
<td>3,953,603</td>
</tr>
<tr>
<td>Realty</td>
<td>350,874</td>
<td>512,416</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>23,158,847</td>
<td>24,528,265</td>
</tr>
<tr>
<td>Supporting services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative, net of indirect cost recovery</td>
<td>1,249,037</td>
<td>509,741</td>
</tr>
<tr>
<td>Special and restricted general fund projects</td>
<td>449,305</td>
<td>221,444</td>
</tr>
<tr>
<td><strong>Total supporting services</strong></td>
<td>1,698,342</td>
<td>731,185</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>24,857,189</td>
<td>25,259,450</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>4,772,851</td>
<td>1,329,155</td>
</tr>
</tbody>
</table>

**Unrestricted Net Assets**, beginning of year
29,207,227

**Unrestricted Net Assets**, end of year
$33,980,078
$29,207,227
Statement of Cash Flows
Year Ended September 30, 2017 (with comparative totals for 2016)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flows from Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$ 4,772,851</td>
<td>$ 1,329,155</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash from operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,174,611</td>
<td>1,039,128</td>
</tr>
<tr>
<td>Contributed capital from grants</td>
<td>(926,988)</td>
<td>(212,715)</td>
</tr>
<tr>
<td>Gain on sale of equipment</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Change in fair value of interest rate swap agreement</td>
<td>(69,292)</td>
<td>(14,358)</td>
</tr>
<tr>
<td>Equity in earnings of joint ventures in excess of distributions</td>
<td>(137,949)</td>
<td>(41,105)</td>
</tr>
<tr>
<td>(Increase) decrease in assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient accounts</td>
<td>(175,984)</td>
<td>(182,158)</td>
</tr>
<tr>
<td>Grants and other receivables</td>
<td>(207,417)</td>
<td>401,507</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>62,881</td>
<td>(18,042)</td>
</tr>
<tr>
<td>IHS receivables</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Increase (decrease) in liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>(35,452)</td>
<td>(144,021)</td>
</tr>
<tr>
<td>Accrued compensation and related liabilities</td>
<td>61,914</td>
<td>34,588</td>
</tr>
<tr>
<td>Accrued interest payable</td>
<td>4,908</td>
<td>(6,398)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,532,764</td>
<td>738,857</td>
</tr>
</tbody>
</table>

Net cash from operating activities | $6,056,847 | $2,924,438 |

| **Cash Flows for Investing Activities** |        |        |
| Purchase of property and equipment    | (928,336) | (503,921) |
| Proceeds from sale of property and equipment | 4,131  | -      |
| Proceeds from payments on notes receivable | 160,966 | 40,666 |
| Proceeds from sale of investments     | 1,517,040 | 1,457,998 |
| Purchase of investments               | (1,504,785) | (1,982,618) |

Net cash for investing activities | $(750,984) | $(987,875) |

| **Cash Flows from Financing Activities** |        |        |
| Contributed capital from grants        | 926,990  | 212,715  |
| Principal payments on long-term debt   | (321,794) | (196,229) |

Net cash from financing activities | $605,196 | 16,486 |

Net increase in cash and cash equivalents | $5,911,059 | 1,953,049 |

**Cash and Cash Equivalents**, beginning of year | $10,874,876 | $8,921,827 |

**Cash and Cash Equivalents**, end of year | $16,785,935 | $10,874,876 |

Supplemental disclosure of cash flow information:
Cash paid during the year for interest | $163,370 | $146,627 |
Combining Schedule of Expenses


<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary, wage and fringe</td>
<td>$9,655,367</td>
<td>10,037,372</td>
<td>11,382,484</td>
<td>13,383,273</td>
<td>13,777,428</td>
</tr>
<tr>
<td>IPA/MOA</td>
<td>903,974</td>
<td>850,428</td>
<td>718,822</td>
<td>846,905</td>
<td>614,072</td>
</tr>
<tr>
<td>Contractual services</td>
<td>3,447,842</td>
<td>3,250,807</td>
<td>3,636,243</td>
<td>3,848,797</td>
<td>3,410,274</td>
</tr>
<tr>
<td>Travel and per diem</td>
<td>1,332,356</td>
<td>1,625,026</td>
<td>2,073,120</td>
<td>1,937,257</td>
<td>1,726,415</td>
</tr>
<tr>
<td>Facilities expense</td>
<td>889,246</td>
<td>1,166,954</td>
<td>947,850</td>
<td>1,164,387</td>
<td>990,277</td>
</tr>
<tr>
<td>Supplies</td>
<td>1,013,467</td>
<td>997,357</td>
<td>1,352,692</td>
<td>1,422,139</td>
<td>1,458,791</td>
</tr>
<tr>
<td>Contributions</td>
<td>641,071</td>
<td>486,275</td>
<td>482,501</td>
<td>497,049</td>
<td>549,108</td>
</tr>
<tr>
<td>Other expense</td>
<td>916,126</td>
<td>1,070,456</td>
<td>1,366,230</td>
<td>1,120,515</td>
<td>1,156,213</td>
</tr>
<tr>
<td>Depreciation</td>
<td>786,973</td>
<td>888,097</td>
<td>964,407</td>
<td>1,039,128</td>
<td>1,174,611</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$19,586,422</strong></td>
<td><strong>20,372,772</strong></td>
<td><strong>22,924,349</strong></td>
<td><strong>25,259,450</strong></td>
<td><strong>24,857,189</strong></td>
</tr>
</tbody>
</table>

Ratios


<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio</td>
<td>2.54</td>
<td>2.78</td>
<td>2.75</td>
<td>2.82</td>
<td>3.03</td>
</tr>
<tr>
<td>Days Cash on Hand</td>
<td>178.58</td>
<td>193.40</td>
<td>185.34</td>
<td>205.38</td>
<td>300.96</td>
</tr>
<tr>
<td>Percentage of Budget for Personnel</td>
<td>53.91%</td>
<td>53.44%</td>
<td>52.79%</td>
<td>56.34%</td>
<td>57.90%</td>
</tr>
<tr>
<td>Operating Expense Per Day</td>
<td>$ 51,505.34</td>
<td>53,382.67</td>
<td>60,164.22</td>
<td>66,357.05</td>
<td>64,883.78</td>
</tr>
</tbody>
</table>

**Current Ratio = Current Assets divided by Current Liabilities**

This ratio measures the ability to pay back short-term liabilities (debt and payables) with short-term assets (cash, cash equivalents, unrestricted investments). The higher the current ratio, the more capable a company is of paying its obligations. A ratio under 1 suggests that the company would be unable to pay off its obligations if they came due at that point.

**Days Cash on Hand = Cash and Cash Equivalents/Operating Expense Per Day**

Measures how long, in days, an organization could meet operating expenses without receiving new income. Many organizations typically strive to maintain at least 90 days cash on hand.

**Percentage of Budget for Personnel = Total wages, taxes and benefits divided by total expenses**

Percentage of costs for staffing.

**Operating Expense Per Day = Total expenses before depreciation divided by 365**

This describes the amount an organization spends per day, on average, to conduct activities.
Financial Summary
Year Ended September 30, 2017

KANA raises funds through investment earnings, joint ventures, patient service revenue, and rental income in order to provide the highest level of services for our Beneficiaries.

2017 Functional Expenses
- Health Services – $18,715,720
- Community Services – $4,092,253
- General and Administrative – $1,249,037
- Special Projects – $449,305

Assets & Beneficiaries’ Equity

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Assets</th>
<th>Beneficiaries’ Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$33,980,078</td>
<td>$44,267,654</td>
</tr>
<tr>
<td>2016</td>
<td>$29,207,227</td>
<td>$38,321,755</td>
</tr>
<tr>
<td>2015</td>
<td>$27,878,072</td>
<td>$36,580,161</td>
</tr>
<tr>
<td>2014</td>
<td>$22,839,655</td>
<td>$31,850,601</td>
</tr>
<tr>
<td>2013</td>
<td>$17,122,166</td>
<td>$24,833,913</td>
</tr>
<tr>
<td>2012</td>
<td>$16,592,394</td>
<td>$24,314,185</td>
</tr>
</tbody>
</table>
**Income Sources**
83% Federal resources
14% State of Alaska
3% Private or other sources

**Use of Funds**
76% Health Services
17% Community Services
7% Administrative Services

### 2017 Revenue
- **Compacts, Grants, and Contracts** – $19,817,754
- **Net Patient Services Revenue** – $7,883,686
- **Contracted Service Revenue** – $347,985
- **Investment Income** – $48,779
- **Earnings from Joint Ventures** – $431,599
- **Rental Income** – $386,938
- **Other** – $200,735
- **IHS Contract Support Settlement** – $512,564

**KANA Total Revenue by Fiscal Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>$13,972,366</td>
</tr>
<tr>
<td>2008</td>
<td>$14,366,298</td>
</tr>
<tr>
<td>2009</td>
<td>$15,956,698</td>
</tr>
<tr>
<td>2010</td>
<td>$16,345,876</td>
</tr>
<tr>
<td>2011</td>
<td>$19,345,852</td>
</tr>
<tr>
<td>2012</td>
<td>$20,043,715</td>
</tr>
<tr>
<td>2013</td>
<td>$20,116,194</td>
</tr>
<tr>
<td>2014</td>
<td>$26,090,261</td>
</tr>
<tr>
<td>2015</td>
<td>$27,962,766</td>
</tr>
<tr>
<td>2016</td>
<td>$26,588,605</td>
</tr>
<tr>
<td>2017</td>
<td>$29,620,040</td>
</tr>
</tbody>
</table>
Highlights in Our History

This timeline acknowledges the people and events that have helped establish the foundation on which KANA was built and the steps we’ve taken since 1966. We are grateful for the leadership and vision that has shaped KANA, allowing us to provide resources for the wellbeing of our people. Although much has changed since 1966, our commitment to elevate the quality of life of the people we serve remains the same.

1966
Kodiak Area Native Association is founded to pursue local land claims agreement.

1970
KANA begins exploring implementation of health care and social programs.

1971
The Alaska Native Claims Settlement Act (ANCSA) is passed by Congress. KANA is listed in ANCSA and charged with the formation of a regional corporation.

1972
Koniag, Inc is incorporated under ANCSA.

The Marine Mammal Protection Act becomes law with the important provision that Alaska Natives would be able to continue traditional use of marine mammal harvests.

1974
KANA begins contracting to deliver services to our people.

1977
As mandated by state law, modern schools are built in each of Kodiak’s Alutiiq villages.

1980
Alaska Legislature repeals the state income tax and creates the Permanent Fund.

President Jimmy Carter signs the Alaska National Interest Lands Conservation Act, or ANILCA, into law.

1981
Kodiak’s King Crab industry flourishes with over 20.4 million pounds harvested from the area.

Directors from Uyak, Uganik, Kaguyak, Shuyak, and Bells Flats are now eligible to be elected as an “At Large” director.

1983
Archaeologists begin intensive studies of Alutiiq heritage with support from KANA.

1984
Kodiak King Crab fishery closes.

1986
KANA invests in Lucky Strike Bingo.

1987
KANA Board of Directors resolved that the exploration and celebration of Native culture was essential to the well-being of Alutiiq communities.

KANA established island-wide programs to teach Alutiiq arts, language, and investigate Alutiiq history, with the vision of a museum for the Alutiiq people.

1989
The Exxon Valdez runs aground in Prince William Sound. 1,500 miles of shoreline were polluted as oil drifted southwest toward Kodiak.

KANA secures $1.5 million from the Exxon Valdez Oil Spill Trustee Council to build a state of the art repository, a place where artifacts from the spill area could be cared for.

1990
KANA opens the Alutiiq Culture Center, beginning the repatriation of Kodiak’s archaeological artifact collections.

1991
The Smithsonian Institution returns hundreds of Alutiiq skeletal remains to the community of Larsen Bay for reburial.

1994
Construction for the Alutiiq Museum and Archaeological Repository facility began.

1995
The Alutiiq Museum and Archaeological Repository opens to the public under the governance of the Alutiiq Heritage Foundation.

KANA is one of 13 original signers to the Alaska Tribal Health Compact.

The Alutiiq Enwia Health Center begins construction.

1998
The Alutiiq Word of the Week, a short lesson in Alutiiq vocabulary and cultural traditions, debuts on KMXT Public Radio.

2001
KANA donates $20k for Alutiiq Museum exhibit: “Looking Both Ways.”

Larsen Bay Health Clinic is constructed.
2002
Koniag, Inc. enters into a conservation easement with the State of Alaska and the U.S. Fish and Wildlife Service to preserve more than 56,000 acres of Koniag land along the Karluk River and around Karluk Lake.

2006
Old Harbor Health Clinic is constructed.

2007
Port Lions Health Clinic is constructed.

2008
The Alutiiq Museum debuts the “Giinaquq – Like a Face” exhibition. The exhibit features the return of 34 Alutiiq masks that French explorer Alphonse Pinart collected in Kodiak in 1871.

2009
Akhiok Health Clinic is constructed.
KANA purchases land for future Wellness Center.

2010
Ouzinkie Health Clinic is constructed.
KANA collaborates with Koniag, Inc. to develop the facility on Near Island named Angayumaluta, which means “we are all partners.” This facility houses Koniag, Inc. Headquarters and KANA’s Community Services Center.

2011
KANA receives a perfect Indian Health Service (IHS) Provider site score—one of 9 sites nationwide.
KANA develops the Child Advocacy Center to provide services to the Kodiak community.

2013
Health Resources and Service Administration (HRSA) funding allows KANA to provide Primary Health Services to all village residents and transient cannery workers.
KANA purchases property for the future Mill Bay Health Center.

2014
KANA purchases the Child Advocacy Center facility to improve service delivery for child advocacy programs.
KANA awarded grant funding as sub-grantee of John A. Hartford Foundation to implement the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) model.
The Alaska Mental Health Trust Authority awards funding for the integration of Behavioral Health services into the primary care setting.

2015
KANA achieves accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC) and certification as a Patient-Centered Medical Home.

2016
KANA receives a perfect Indian Health Service (IHS) Provider site score—one of 9 sites nationwide.
HRSA awards funding to support provision of primary health services to all residents in the City of Kodiak.
KANA’s first Dental Health Aide Therapist completes DHAT Program through ANTHC.
Alutiiq Word of the Week made available in podcast form on iTunes.

2017
KANA’s Kodiak Child Advocacy Center receives accreditation by National Children’s Alliance.
KANA Community Services launches new Early Childhood Comprehensive Systems (ECCS) Program.
KANA Dental expands village care with increased Provider visits.

2018
KANA secures HRSA funding to provide community support and rehabilitation services for drug abuse.
2,600 tons of scrap metal removed from Kodiak area villages through Coastal Impact Assistance Program (CIAP) Grant, administered by KANA and the Kodiak Island Borough.
KANA Dental expands village care with increased Provider visits.
KANA opens a Behavioral Health facility focused on substance use treatment and prevention.
Remembering Judge Roy Madsen

Judge Madsen was born at home in March of 1923 in the village of Kanatak, Alaska to Charles and Mary Madsen (née Metrokin). When Roy was around four years old, the Madsens moved to Mary’s hometown of Kodiak, the community that he would devote the rest of his life to. Before his career in law, Roy worked in the hunting industry; first assisting his father in his bear camp at the age of ten by scraping skulls, and then later as a certified bear guide in his own right. He served in the U.S. Navy during WW II as a gunner and navigator on a PT Boat in the South Pacific, and then spent some time working as a commercial fisherman on a double-ender sailboat in Bristol Bay before completing law school.

After 22 years as an attorney and prosecutor in Kodiak, Judge Madsen had the honor of becoming the first Alaska Native to serve as a superior court judge, a position he held for 15 years from 1975-1990. Judge Madsen was a founding member of the Kodiak Area Native Association, worked in his capacity as an attorney to form Koniag, Inc., and was involved in the passage of the Alaska Native Claims Settlement Act. After retirement, Judge Madsen’s service to the community did not end: he devoted many hours to the board of Saint Herman’s Seminary, and was appointed to the Alaska State Commission for Human Rights. He also participated in “the Color of Justice” campaign, traveling to Sitka to address young people on Human Rights issues. Judge Madsen’s aptitude as a public speaker and storyteller, along with his deep knowledge as an Elder, ensured that he was a frequent speaker at community events.

Respected by his peers and the community for his years of public service, Judge Madsen has been the recipient of a number of honors. The courthouse in Kodiak was rededicated in his name in 2013 as the Roy H. Madsen Justice Center. The Saint Herman’s Cross was bestowed upon Judge Madsen by Bishop Gregory Afonsky (in Blessed Memory) of Alaska and California. In December 2017, he was named Elder of the Year by the Kodiak National Wildlife Refuge for his dedication to their Kodiak Brown Bear program, and the University of Alaska bestowed upon him an honorary Doctorate of Humanities. Earlier in October 2017, the documentary “Magnetic North” premiered in Kodiak, which featured Judge Madsen’s life.

Judge Roy H. Madsen has truly left a lasting mark upon Kodiak and the State of Alaska, and stands as an enduring testament to our Sugpiaq values and promise as a people.

Dated: at Kodiak, Alaska, this 28th day of November, 1966.

Harry C. Carter
Box 2561, Kodiak, Alaska

Roy H. Madsen
Box 321, Kodiak, Alaska

Helena Schmitz
Box 2391, Kodiak, Alaska

Marie Olson Chandler
Box 1635, Kodiak, Alaska

Marie Olsen Chandler
Box 216, Kodiak, Alaska
“Wisdom is the result of all wisdom of past ages. It is not ours to keep. We are its guardians and if we fail to pass it on to succeeding generations, we have failed in the purpose of our being.”

—Roy Madsen
Kodiak Clinics & Offices

Alutiiq Enwia Health Center  907.486.9800
  Toll-free  1.800.478.5721
  Medical  907.486.9870
  Dental  907.486.9850
  Pharmacy  907.486.9860

Mill Bay Health Center  907.486.7300
  323 Carolyn Street  907.486.7380
  Community Services Center  907.486.9879
  Wellness Center  907.486.1377
  Kodiak Child Advocacy Center  907.486.9878

Village Clinics

Akhiok Health Clinic  907.836.2230
Karluk Health Clinic  907.241.2212
Larsen Bay Health Clinic  907.847.2208
Old Harbor Health Clinic  907.286.2205
  or 907.286.2307
Ouzinkie Health Clinic  907.680.2265
  or 907.680.2262
Port Lions Health Clinic  907.454.2275