Kodiak Clinics & Offices

Alutiiq Enwia Health Center  907.486.9800
Medical  907.486.9870
Dental  907.486.9870
Pharmacy  907.486.9860
Mill Bay Health Center  907.486.9870
Community Services Center  907.486.9879
Wellness Center  907.486.1377
Kodiak Child Advocacy Center  907.486.1378

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
Ouzinkie Health Clinic  907.680.2265
Port Lions Health Clinic  907.454.2275

ON THE COVER: Fall colors envelop Pillar Mountain.
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
OUR CORE VALUES

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 and the Sugpiaq Alutiiq Values
We honor our land, language, traditions, beliefs, and kinship in all that we do.

KANA BOARD OF DIRECTORS

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Native Village of Afognak

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Vice Chairperson
Alutiiq Tribe of Old Harbor

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Director
Native Village of Ouzinkie

Gary Watson
Director
Sun'aq Tribe of Kodiak

Petroglyphs featuring Alutiiq Male Hunter by Helen Simeonoff can be found at the Alutiiq Enwia Health Center.
Cama’i,

2020 has not been business as usual. This year has been filled with personal and professional hardships, obstacles, and no small amount of uncertainty. Despite the unprecedented challenges faced by our communities, our people have come together, neighbor helping neighbor, to persevere.

This year, our Beneficiaries have shown the values that are at the core of the Kodiak Area Native Association: Courtesy, Sharing, Caring, Respect, and Pride. Faced with the COVID-19 pandemic, you have demonstrated Courtesy for your Elders and neighbors by following the public health mandates and social distancing guidelines that protect those among us most at risk for infection. Early in the year when supply chains were being disrupted, many volunteers stepped forward Sharing their time and energy where they could, like the local artists that helped make cloth masks for those who did not have them. Wearing masks in public spaces is a proven and effective means of reducing the spread of COVID-19 by asymptomatic carriers, and wearing a mask shows your Caring for those around you. The personal sacrifices that have been made this year are a demonstration of Respect for the health of our communities, and we can take Pride in our success at managing and preventing the spread of COVID-19 within the region.

I am proud of the role that KANA has played in our region’s efforts to prevent, prepare, and respond to COVID-19. In collaboration with ANTHC, KANA brought vital stores of medical equipment to our clinics early in the year, at a time when masks, gloves, sanitizer, and other essentials were in short supply nationwide. We have led local efforts to provide free, fast, and reliable COVID testing to the entire community, whether at the Mill Bay Health Center, our drive-through testing sites, the Kodiak Airport, or village clinics. Through expanded use of video teleconferencing and telehealth, we have innovated new methods of service delivery for medical, behavioral health, and physical therapy, to minimize disruptions to patients. KANA has provided groceries and staple items to our Elders and village residents at a time when non-essential travel carried great risks to their families and communities, delivering healthy foods when many needed them most. Our youth Prevention Team has found new ways to engage with and energize families and young people of all ages like never before, with “Explore the Rock” transforming from a program serving dozens of children each summer to one that has engaged over one hundred this summer alone, with social media postings reaching thousands. And through all of this, KANA has not only survived the financial challenges and changes presented by this pandemic, we have thrived, leveraging resources and opportunities in a way that has left KANA strong as we move into a new fiscal year.

KANA has experienced success and growth this past year in no small part due to the leadership of its Board of Directors, ten community leaders that I am honored to have at our helm. Our Directors’ dedication and wisdom, the foresight and expertise of our administrators, the commitment of our hard working staff, the passion of our skilled Providers, and the strength and resilience of our Native Beneficiaries... all of these allow KANA to continue to Elevate the Quality of Life of the People We Serve, and thrive as an organization, even in the most trying of times.

Quyanaa,

Andy Teuber
President and CEO
MEDICAL SERVICES

This has been an unusual year, and KANA has been frequently adapting to continue to support our community.

In late 2019, the medical department focused on strengthening our patient care teams. This prioritized each patients’ efficient access to their health care team. It also improved the ability of each provider team to quickly respond to patient’s needs and to proactively manage our population’s health care. We also focused on recruiting medical providers who would be long–term matches in our health care teams. We have been successful in hiring a complete medical team, all clinically strong and with long-term potential to care for our population as we enter the next year.

With the arrival of the COVID-19 pandemic in February, we quickly adapted our health care delivery while emphasizing the integrity of provider–patient encounters. We pivoted from an in-person health care model to increased access to telehealth by remote care. We expanded our services to include medical appointments by video or telephone, and we have increased use of ANMC MyHealth to provide quick patient–provider email communication, which has been a great resource for care teams. For patients with limited access to technology, we provided iPads to connect with the telehealth visit. And as needed, we provided self-monitoring devices to patients including blood pressure monitors, glucose monitors, thermometers and pulse oximeters that allowed patients to report vitals for the telehealth visit.

As we have gotten more accustomed to flexible health care delivery during this pandemic, we have encouraged our patients to come into the clinic when needed, and to seek services remotely when advisable. Everyone within KANA is wearing a mask to reduce risk of virus transmission, and we are implementing policies and procedures following guidance from the CDC to ensure proper social distancing and disinfectant measures to further reduce risk of transmission.

From a community perspective, we have prioritized offering extensive testing to our population and community members, including prioritizing rapid COVID-19 testing for persons traveling to villages. This has allowed us to identify COVID-19 positive patients to prevent spread of the virus.

Now that we are transitioning into a more long-term model of working within the COVID-19 pandemic, we are refocusing on strengthening our patient care teams. Although the distancing requires adjustment to our model of care delivery, it also increases flexibility for patients’ access to care, and overall will result in a stronger health care system.
COVID Testing Team – Heroic Efforts Above and Beyond

Since being impacted by the novel coronavirus pandemic in March 2020, there hasn’t been one consistent force in helping to combat the virus – the COVID-19 Testing Team. When there was little known about the spread of the virus, these were the people working on the front lines for the communities.

Provided to the entire Kodiak community, COVID-19 testing is available seven days a week. Initially in the East Elementary School parking lot and the airport, in town testing is now located at the Bayside Fire Station, as the East Elementary testing location was moved before the beginning of the school year. Supported by the Kodiak Emergency Operations Center (EOC), COVID-19 test collections at Bayside have been a continuous collaborative effort between KANA, the City of Kodiak, Kodiak Community Health Center (KCHC) and the United States Coast Guard. Test collections at the airport is a KANA initiative that accommodates incoming travelers and travelers returning to the villages.

“Testing was largely in response to the state of Alaska’s mandate for testing,” said Karissa Stoecker, KANA’s Revenue Cycle Director. “The Kodiak EOC was really integral in initially coordinating the collaborative testing efforts for the community.”

In the early stages of COVID testing the community at-large, there were issues getting enough testing supplies due to national resource shortages. KANA was fortunate to have multiple access points for supplies and materials through the local EOC, the Alaska Native Tribal Health Consortium (ANTHC), and subsequently the State Resource Stockpile.

“There were limited supplies available and the timeline for getting supplies was somewhat challenging in terms of the shipping time,” explained Stoecker. “Through Tribal Health, KANA had access to a different resource pool. The Kodiak Community Health Center was entirely dependent upon the State and EOC for supplies, and while we have collaborative efforts, both KCHC and KANA have their own pool of patients they are testing at that joint site. The additional resource of supplies allowed us to open up our testing to the community at-large.”

In addition to having enough supplies on hand, training was also an important aspect of the testing efforts. Fortunately, KANA has a talented resource pool, which enabled them to begin testing almost immediately. The rapid COVID-19 test, utilized by KANA and KCHC, is a salivary test that uses techniques to identify RNA specific to the SARS-CoV-2 virus from a nasal swab used to collect a sample. The test is designed to detect the smallest pieces of nucleic acids in respiratory specimens from the virus that causes COVID-19. Results will tell patients if they have the viral RNA for an active COVID-19 infection.

Lieutenant Commander Ashley Frost, a United States Public Health Service Officer, is KANA’s Lab Director and has a team working directly with COVID-19 collections and testing. From Scheduling and Registration Specialists who handle the registration of new patients requesting testing, to clinical staff collecting tests at Bayside Fire Station and the airport locations. She also supervises and manages the performance of the tests at all of the clinics. Frost states, “KANA was able to hire additional staff to help relieve the burden that was being put on our team, which is an entirely new program that essentially took off overnight. The hiring of both non-clinical and clinical staff has allowed our team to work towards efficient goals while still maintaining the highest level of patient care that we can during this pandemic.”

In order to be tested, patients must be registered in our Electronic Health Record (EHR), which is being handled by existing and new scheduling and registration staff. All of the sample is then sent to clinical staff to handle the specimens. “There is also a system in place to ensure the samples collected stay valid,” explains Stoecker. “Samples are kept in a cooler; it is important that if the samples cannot be run within twenty-four hours, they are refrigerated. Our system ensures that nothing is sitting out and that we are running samples back to the clinic and processing tests in a timely manner so that our samples are valid.”

The second phase of the testing is the processing of tests on the Abbott Rapid ID. Frost has created a training procedure in line with national regulations and accreditation requirements to ensure that each test is performed exactly as required by Abbott. The third phase is entering and tracking the results of those tests. Once the test results are collected, they are added into the EHR to enable tracking of the encounters. The test results are then attached to a form and sent back to the state for tracking purposes. These numbers are also reported to Indian Health Service (IHS) and Health and Human Services (HHS).

Initially, the test samples would have to be sent out to the Alaska Native Medical Center testing facility in Anchorage. Turnaround time for getting results was approximately forty-eight hours. But as more stringent mandates developed, and the demand for testing grew, sample results could take up to a week. To expedite test processing, KANA brought in several gel, and Community Health Aide (CHA/P), Margie Helms. “The two of them have logged some incredible hours towards this testing effort, especially in those initial phases,” said Stoecker. “We didn’t have any temporary staff to pull from at the time, so we were our ‘go to’ people for being at the tents and running the tests.

Spiegel has been with KANA for three years, with the first two years working as a CHA/P in Larsen Bay. She moved to Kodiak last October, working as a Scheduling and Registration Specialist, but her dedication and experience has been a true asset at the COVID Testing locations. Spiegel has just recently been permanently assigned to work in the testing lab under Frost.

“I haven’t been in the clinic that long, but because of my experiences as a CHA/P, I have a good overall picture because of how much we managed in the village,” explained Spiegel. “It’s been interesting. Margie and I have been putting in a lot of hours at the COVID testing sites. It’s been very extensive because we have the morning and the evening jets to cover at the airport every day.”

“Amada and Margie’s level of skills, proficiency of work, and interactions with the team for training and competency have been unmatched,” added Frost. “We really could not have done this without them.”

Helms has been with KANA for 8 years and also has experience as a Community Health Aide. She has proven to be a valuable asset in providing support at the COVID testing locations. “Margie’s CHAP experience has been extremely useful,” said Sarah Arneson, KANA’s Patient Access Manager. “She’s one of the few that actually sees the process through from the beginning to the end, from when a patient calls us to be registered, clear through the end when you resolve their test.”

Frost also mentions, “recent students from the local Certified Nursing Assistant (CNA) program have also proved invaluable to our team. Many, if not all, of KANA’s existing employees have notably stepped up and volunteered to be on the team during this crisis. They all have been asked to learn and be proficient in scheduling, testing, and reporting of results, and they have all done it incredibly well. These accomplishments are a testament to the positive opportunities we have within the community and the regional Health Aid Training program.”

“I’ve been just amazed by the dedication of our team. They are willing to consistently go above and beyond in terms of their hours and the scope of their typical work,” summarized Stoecker. “They’ve all stepped up and have been so flexible, filling in last minute as needed, adjusting to the rapid changing of expectations and changing demands. We’re just so thankful for all of them.”
**DENTAL SERVICES**

**DENTAL HEALTH AIDE THERAPIST**
Erik Linduska joined the Dental team as our new Dental Health Aide Therapist (DHAT) in December 2019.

Erik completed the Dental Health Aide Therapist program through University of Washington/Medex and ANTHC in 2010. He also received his Bachelor of Science in Natural Sciences from University of Alaska Anchorage (UAA) in 2018 and is currently pursuing his Master of Public Health through UAA.

Erik worked at Eastern Aleutian Tribes from 2010 to 2016 and, after a couple years off to pursue his degree, he started with Chugachmiut in July 2019 as a locum DHAT. In addition to having strong clinical skills and a history of working as a solo provider in remote communities, Erik has a desire to take an active role in improving quality of care and increasing productivity and access.

Erik is a welcomed addition to our Dental team and well received by patients of all ages.

**DENTAL ASSISTANT APPRENTICESHIP PROGRAM GRADUATE**

In 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.

KANA is proud to announce that last year, April Inaldo became our first dental assistant to complete the State of Alaska Dental Assistant Apprentice program. She will go on to pursue the Dental Assistant National Board Exam. Currently, KANA has one dental assistant enrolled in the apprentice program.

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.

**COVID RESPONSE**

In March, Federal and State Guidelines for dentistry during the pandemic closed all non-emergent services, and dental staff began working remotely from home with the exception of Dr. Stephen Tullis and Lead Dental Assistants Penny Boschee and April Inaldo, who provided emergent care. National and State agencies developed and modified guidelines and mandates and KANA Dental has worked with administration to ensure staff and patient safety remains the highest priority.

While working remotely, dental staff conducted many different functions. The case management team triaged dental emergency calls to the Dental Director, select staff participated in village outreach and sending dental home care supplies to all villages for distribution in collaboration with BHA and CHA/P staff. Individual home care packets were made available through the KANA front desk for patients in Kodiak upon request.

Dental also participated in KANA’s community outreach collaboration between all departments in an effort to provide wellness care-vaccines, fluoride treatments, Behavioral Health services, among others, for children in the communities.

In June, two of our registered dental hygienists, Heather Parker, RDH and Katherine Gronn, RDH, began working with KANA Medical staff to provide COVID-19 testing coverage while they were temporarily unable to see dental patients due to the pandemic. They were pleased to provide clinical care to patients in a different capacity during the unprecedented times. This was a unique opportunity to work directly with many members of the medical staff and provided inter-departmental team building as testing increased dramatically in our community. Currently, the Dental Hygiene team is preparing to transition back to dental services.

**MOVING FORWARD**

As we continue to adapt to changes due to the COVID-19 pandemic, our focus remains on service provision while maintaining staff and patient safety. Currently, all dental patients are being tested for COVID-19 prior to their dental appointment; same day COVID-19 testing is coordinated with medical for patients traveling in from the villages.

Patients coming to the clinic will notice our personal protective equipment (PPE) has increased per mandates for staff and patient safety. Air filtration systems have been enhanced for optimal ventilation and safety. Aerosol production is to be reduced and eliminated wherever possible, so hand scaling for hygiene patients is the primary method used for appointments at this time. Appointment scheduling is staggered to reduce crowding in the clinic area with multiple patients passing at the same time, in an effort to ensure all safety measures are in place for our patients.

Prior to the COVID-19 pandemic, the department developed long-term schedules (6-12 months in advance) for orthodontic and oral surgery specialty clinics and proposed village travel dates. As full service resumes and staffing levels allow, our goal continues to be to provide dates for specialty clinics and village travel on a yearly basis, to assist patients and their families in planning.
BEHAVIORAL HEALTH SERVICES

NEW FUNDING HELPS EXPAND FUTURE SERVICES

KANA’s Behavioral Health Department provides behavioral health and substance use disorder (SUD) services including screening and assessment services, crisis intervention, psychotherapy, rehabilitation services and case management. This year, KANA has been preparing to provide services under the state Division of Behavioral Health CMS approved Medicaid 1115 demonstration waiver, approved through State Bill (SB) 74. “The intent of this waiver,” explains Beth Little-Terry, KANA’s Health Administrator, “is to create a data-driven, integrated behavioral health system of care for Alaskans experiencing serious mental illness, severe emotional disturbance, substance use disorder, co-occurring substance use and mental illness, and at-risk families and children.” KANA began these preparations within our Substance Use Disorder programs, the first service type approved for new waiver services.

“We began the preparation to roll out 1115 services by putting a training plan in place to ensure that every member of the Behavioral Health department who provides SUD services is positioned to earn Medicaid status as a Qualified Addictions Professional (QAP),” says Little-Terry. Providers can earn this status by earning a Behavioral Health Aide II (BHA II) or Chemical Dependency Counselor (CDC II) certification within three years. Certification planning will be put in place for all future members of the SUD department. “We are pleased to see the attention focused on increasing standards for substance use treatment programs across the state,” states Little-Terry. “And for the opportunity to create formalized training plans for our staff members and support them accessing training and achieving certification.” KANA’s clients will see a number of direct benefits under the SUD portion of the 1115 waiver. “Most notably, we will receive approval to provide, and to bill Medicaid for a range of integrated services, including treatment planning services, ambulatory withdrawal management and Medication Assisted Treatment (MAT) care coordination,” elaborates Little-Terry. “KANA already provides each of these services, but under the 1115 waiver we will be supported in implementing additional structure, and receiving reimbursement for these important services.” Moving forward, KANA is also exploring new services that would benefit clients, such as a peer support program that would connect clients with a substance use disorder to a peer who has recovered from a substance use disorder and can provide intensive coaching and support within the community.

PRIMARY CARE BEHAVIORAL HEALTH MODEL

Introduced in 2018, KANA continues to refine the Primary Care Behavioral Health model (PCBH), where Behavioral Health Consultants (BHC) are embedded in the patient-centered primary care teams. BHCs support patients in addressing a wide range of stressors through a brief episode of solution-focused services in the team-based model. “This team model includes the Medical Provider, Nurse Care Managers, Behavioral Health Consultants, Medical Assistants, Navigators and Patient Access staff, all supporting the needs of the patient,” explains Little-Terry. “The BHC’s have been challenged by the transition to virtual care as integrated care is centered on the principle of a care team that works closely together, and offers the opportunity for patients to immediately meet with a BHC through an in-person warm hand-off. With both providers and patients transitioning to virtual care, we have been challenged with finding effective ways to perform a virtual warm hand-off.” As a result of the impact of COVID, one of the greatest areas of focus has been on transitioning BHCs back to clinics, and finding ways to overcome the challenges of using technology to support integrated care. “As we continue to welcome new medical providers to KANA in the coming months,” says Little-Terry, “we will ensure that the integrated care model is incorporated as part of new provider orientation.”
CONTINUING EDUCATION FOR BEHAVIORAL HEALTH PROVIDERS

In the last year, KANA has been providing a comprehensive learning environment for staff who are interested in the Behavioral Health field. In collaboration with ANTHC, we continue to offer a robust learning environment for our village-based Behavioral Health Aides (BHAs), who do a significant amount of learning on the job. BHAs receive both individual and group supervision, and we are pleased at the progress all our BHAs are making with providing screening, assessment and intervention services.

Providing mental health care for people of all ages, our providers are versed in a wide range of evidence-based practices. We have two therapists certified in providing Eye Movement Desensitization and Reprocessing (EMDR) therapy, a practice demonstrated to be especially effective for patients with significant trauma, and many patients have taken advantage of this modality of care this year. We have also expanded the number of therapy groups we offer, adding groups for community partners; joining with these partners both supports our referral network, as well as ensuring that we are part of the spectrum of prevention, education and treatment services that support the Behavioral Health needs of our community. This year, we partnered with ANTHC and the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) to establish a collaboration between advocates and substance use counselors of Kodiak. This group supports individuals experiencing substance use disorders and/or domestic violence. We assisted in organizing an initial cross-training in the fall of 2019 that included providers from KANA and Kodiak Women’s Resource and Crisis Center (KWRCC), and have continued to convene quarterly to support the partnership.

CREATIVITY HELPS PROVIDERS CONTINUE CARE THROUGH TELEHEALTH SERVICES

KANA’s Behavioral Health Department responded swiftly to the COVID-19 pandemic, making arrangements to ensure that we were able to continue to provide our usual spectrum of behavioral health services. Mental health providers immediately transitioned to working from home, supported by our IT department in using HIPAA compliant technology to ensure our clients could engage with their therapists. The State of Alaska published service expansions authorizing our providers to provide services over audio-video mediums, telephone, and even email and messaging services to minimize barriers for clients with limited access to technology or internet. Our clinicians have been creative in responding to the challenge of providing virtual therapy services, such as providing increased coaching to the parents and guardians of young clients who were less able to engage in virtual services.

In an effort to remove barriers to care and to maintain and continue to provide the much needed group therapies via telehealth, we provided iPads to participating clients to facilitate access to groups. In addition, KANA provided technology staffing support to the clients that required assistance with the use of the technology. The counselors also went the extra mile to support their clients by providing additional individual telehealth appointments and emailing and dropping off materials prior to group meetings.

Despite the challenges of transitioning to virtual services, Behavioral Health services have remained fairly consistent. The substance use team, amazingly, has seen an increase in participation and encounters since transitioning to virtual care. A number of providers have reported decreased no-show rates in conjunction with virtual care, as this modality removes barriers such as transportation and the need to arrange childcare. The increased SUD participation is, in part, a result of an initiative on the part of our community jail and probation programs to release non-violent offenders to decrease infection risks, and enroll them in community programs to ensure ongoing accountability. The increase in the provision of SUD services however, is largely attributed to the aggressive efforts of the SUD staff recognizing the increased needs to continue to support this vulnerable population, especially during COVID, by keeping the clients engaged in treatment. The SUD program has been instrumental in supporting clients working to establish sobriety and meet legal obligations, and continues to meet regularly with our community probation and parole officers. The SUD department has resumed in-person groups, and implemented increased cleaning regimens. Mental Health providers continue to primarily offer virtual services, although occasional exceptions have been made for service modalities that require therapeutic equipment.

HELPING CLIENTS THROUGH UNCERTAIN TIMES

KANA has maintained a contract with the State of Alaska to provide services and resources under an Individual Service Agreement (ISA) to clients enrolled in a mental health or substance abuse treatment program. This contract allows us to pay for a variety of resources to help clients meet their basic needs and improve their daily functioning, and receive reimbursement from the state. This spring, the state authorized additional allowable coverage through COVID Response Individual Service Provider (CRISP) contracts. This has allowed KANA to support emergency needs for our clients, such as rent, utilities and groceries for clients whose income or housing has been affected due to the COVID-19 pandemic.

“The greatest positive impact to come from using telehealth services in our Substance Use Department was demonstrated by the use of iPads distributed to clients so they could remain connected for treatment, especially group treatment. It was important to us to continue to provide support, as many people in treatment are vulnerable to regression in their progress of recovery. Being able to remain connected to treatment, individual and group sessions during site closures has benefited not only the clients but their families too.”

Beth Little-Terry
KANA Health Administrator
COMMUNITY HEALTH

The Community Health Department is made of a diverse and skilled team of twenty-seven employees in six communities. They provide medical, behavioral health, massage therapy, physical therapy, and emergency services. They educate their communities on diabetes prevention, exercise programs, nutrition, breastfeeding for women and children, and emergency response training. They teach healthy habits for tobacco, substance, alcohol, and domestic violence prevention. This team collaborates to expand the reach of programs and activities that promote health and wellness across Kodiak.

This past year was full of successes and plenty of challenges. When the initial wave of the pandemic caused significant changes to workflow and service delivery due to precautions put in place to slow the spread of COVID-19, each team came up with creative solutions to engage with Beneficiaries and quickly learn new workflows to protect themselves and their communities. It has been impressive to see how well each team adapted service delivery to comply with local, state, and federal guidelines, while remaining responsive to patient and community needs.

In mid-March, the Nursing Director and Community Health Director traveled to village communities to review infection control guidelines and personal protective equipment (PPE) donning and doffing procedures to ensure that village staff could safely perform their job duties when seeing patients with and without symptoms. Community Health Aides (CHA/Ps) were included in all updates regarding patient care and encouraged to engage in conversations with their community leaders regarding COVID-19 concerns to share with KANA leadership.

As communities began to implement shelter in place orders and social distancing became the new normal, our IT department quickly deployed solutions to make the transition to working from home as seamless as possible. These work-at-home solutions made it possible to maintain communication between teams to keep everyone informed about our response plan, provide updated safety information and training for employees, identify specific team needs, and work quickly to overcome any challenges. In our department, all employees who could work from home were sent home, with the exception of our village based CHA/Ps who were providing our front line medical services.

Initially, direct services within Community Health were impacted as we limited in-person services to urgent and emergent medical only, and transitioned all other visits for physical therapy, nutrition, exercise coaching, WIC, and tobacco cessation, to phone or video conference. Some services, such as in-person physical therapy and prescribed exercise visits, were conservatively reintroduced with universal masking protocols and reduced patient volumes in place, while continuing to encourage phone or video visits whenever appropriate. Other services, such as massage therapy and general fitness center access remain closed at this time, though we are continually monitoring the situation and will reopen when we have the ability to do so with minimal risk to patients and employees.

As an organization, KANA is fortunate to have many technological tools available to modify department workflows, in-person services, and other activities while minimizing interruption to services. HIPAA compliant tools like TigerText support team chats and quick team responses, video conferencing services like Zoom and Vidyo provide virtual face-to-face meetings, and regular emails from both Human Resources and our Medical Director have kept everyone informed of important organization and health updates.
Prevention Activities Keep the Families and Youth of Kodiak Engaged

Prevention activities focus on community interaction and engagement using in-person workshops, educational events, presentations, health fairs, and youth activities. As a result of COVID-19, all planned events, activities, and travel for the Prevention Department were canceled, requiring that new programs be developed from the ground up to maintain engagement with community members in town and the villages while respecting social distancing measures.

SUMMER ACTIVITIES

The Prevention team worked with the Communications team to increase engagement through social media and their intentional approach proved effective. Facebook page followers for Prevention activities have doubled in recent months, with an increase in post likes also noted. Prior to April, peak posts were only reaching an average of six persons; now peak posts reach an average of 1,200 persons.

This increased viewership has allowed successful transition of the popular summer youth program “Explore the Rock” to a digital format and provided opportunity to expand participation and community engagement. When this program was a supervised in-person day program, only middle and high school students could participate, with only 15-20 youth per week and a maximum of 50 individuals registered for the summer. With the new digital format, “Explore the Rock” added elementary students and doubled registration this year, with 100 enrolled and approximately 60 regular participants. This year Prevention has an active social media page, photo entries sent in daily, and overwhelmingly positive response from participants and their families regarding the new format.

VILLAGE PREVENTION ACTIVITIES

The Prevention Team also plays a key role in coordinating annual village community events, Health Fairs, and other community-based activities with the Behavioral Health Aides (BHA/Ps). This year the two teams had to come up with alternative solutions to implement their scheduled activities while promoting community safety and social distancing. The Prevention Team supported the efforts of our BHA/Ps in a variety of ways over the past three months. They coordinated procurement of Rock Painting Scavenger Hunt kits to support positive family engagement activities in each of the village communities. They worked with the BHA/Ps to assemble family care packages to support families with children during isolation and school closures. They started conversations with village-based staff and Tribal partners to begin soft planning for resuming Village Health Fair activities beginning in September. They also coordinated with village partners to examine alternative delivery options for summer activities, culture camps, and other activities (i.e., building camping packages for families).

OTHER PREVENTION ACTIVITIES

Matthew Kozak, Prevention Grants Coordinator, worked with the Wellness Center staff to develop at-home workout DVDs to accompany a home fitness program for village residents who do not have consistent or sufficient access to the internet. The Prevention team also worked with Community Services to support distribution of more than 500 boxes of supplies and food to village residents.

Prevention had success with new activities this last year the team plans to continue into 2021. These included Alaska Native Heritage Month art shows during November; a “Family Christmas Crafting” afternoon held in December; and “Explore the Board”, a gaming event that ran for several months during the spring.

The Prevention Team will be working to create new activities and methods of engagement as they continue with current programs and begin their first year of programming for Native Connections, which focuses on improving community support structures in place for youth and young adults experiencing difficulties or crisis.

No matter what the future holds, the team will do whatever they can to continue to provide services and support community health and safety.

Explore the Rock Goes Mobile

This summer has looked different to many of us from summers past. KANA’s popular outdoor summer program “Explore the Rock” looked very different as well, though it captured the spirit of the program, of adventure and team-building, but with a pandemic twist.

The KANA Prevention team typically engages in many community outreach and youth programs throughout the summer months, including “Explore the Rock”, where staff have direct contact with middle and high school aged youth as they lead them on hikes twice a week through Kodiak’s trail systems. “Explore the Rock’s” outdoor activities are designed to promote physical activity while teaching valuable social and survival skills.

In early spring, the KANA Prevention team quickly realized that “Explore the Rock”, which relies on face-to-face contact, would have to be revamped. The team put their heads together to come up with a plan that would still encourage kids to get outside and hit the trails, while practicing social distancing and following all of the rules for the summer programs. Eventually it was decided that “Explore the Rock” would go digital, with staff mapping and posting the trails on social media, and giving participants a week to hike them in order to win prizes.

“This year’s modifications came somewhat easily,” explained Tori Frank, Prevention Specialist. “We utilized Alltrails, a trail mapping app to map out all of our hikes. It’s a system I have been using for the past couple of years while on trails across the state and in other states—it’s really a phenomenal tool that made planning this year’s activities easy.”

The team spent many hours recording trail routes with detailed descriptions and pictures, which they made available on social media so that parents could lead their families on hikes. Parents now accessing the hikes and leading their youth, whole families began to participate and the program was modified to include younger age groups. “Since the youth were hiking with their families and many have younger siblings, we changed our age group from just middle school and high school to third grade through twelfth grade,” explained Brea Dawson, Prevention Specialist. “This change had huge positive impact on the program; we attracted many more participants than in prior years.”

The Prevention team also stepped up the hiking challenges by painting and hiding rocks along the trails for participants to find and earn prizes with, along with prizes for weekly trail completions. The combination of ways to earn prizes proved to be a very motivating incentive as parents sent in hundreds of pictures of children with discovered painted rocks, mountain summits, and ocean-side trail views.

“In the beginning I don’t think we were expecting to have the number of participants we ended up with,” shares Alesha Fish, Tobacco Prevention Specialist. “We just kept seeing the number of folks registering increase and we ended up with well over 100 registered. Since I have been on board, we have had numerous participants each year, but this summer, by far, was probably the best yet.”

Kodiak families agree, as the team has received many messages of support and gratitude from parents who enjoyed the program just as much as their children did, expressing thanks for creating an opportunity for families to be outside hiking and enjoying time together during such an uncertain time.

“The response from participants and families was tremendous,” shared Matthew Kozak, Prevention Grants Coordinator. “Over 100 kids signed up, more than 200 photos were submitted throughout the summer, and we had lots of great interaction between staff and participants, despite the fact that not a single hike was led by staff.” The Prevention team is excited to keep up the momentum for next year and is already planning to make “Explore the Rock 2021” bigger and better than ever.
Maintaining Health in our Rural Communities

COMMUNITY HEALTH AIDES - THE FRONT LINE OF RURAL CARE

Community Health Aides (CHA/Ps) have been providing preventative care in Alaska for over 50 years. They are the front line of health care in our rural communities and so were poised to play a pivotal role in both meeting the health needs of our communities while limiting exposure of COVID-19. Village Health Aides have been commendable in their efforts to follow protocols, provide COVID-19 health education to their communities, and act as liaison to KANA for their city and tribal government to support local efforts to limit community risk.

Each village responded differently to the pandemic - some had strict quarantines in place, while others remained less strict. “Everyone was concerned about exposure and what would happen if”, explained Sienie Allen, Community Health Director. “But, we were able to get good protocols into place to get patients, if positive, out of the village and to town for treatment and monitoring.”

Our village Community Health Aides quickly implemented infection control protocols, learned how to perform COVID-19 testing, and adjusted their documentation workflows to record these new procedures. They learned to triage patients for COVID-19 and utilize telehealth to connect patients with the primary care provider whenever necessary, and continue to maintain social distancing recommendations and universal masking precautions.

Initially, travel restrictions and quarantine requirements made it difficult to provide routine relief coverage for villages with solo Health Aides until mid-May. “As access to rapid testing became available, we were able to expand our itinerant pool safely,” shares Allen. “We were eventually returned to using out-of-state providers when in-state or local providers were not available.”

All employees test prior to travel to a village and village providers test weekly. “All Kodiak villages have the ability to perform testing at the clinic,” says Allen. Village residents returning home from Kodiak are encouraged to obtain a rapid test before leaving Kodiak for expedited results.

Supporting the Mental Wellbeing of Our Villages

While the pandemic has created significant challenges to daily workflows, our Behavioral Health Aides (BHA/Ps) have found creative ways to continue providing quality services with a sense of normalcy to our rural communities. “Our BHA/Ps have been central to sharing community safety information,” shared Allen. “They’ve done a great job at posting reminders for good hygiene practices (hand washing, what to do if you are sick, etc.) outside the clinic and on social media to remind the communities to all do their part.” BHA/Ps continue to facilitate crisis interventions, case management, and comprehensive community support services.

The BHA/Ps also continue to support the mental health needs of their communities through activities such as bereavement support, “energy camps”, and a virtual “coffee and comedy” hour. They also worked with the Wellness Team to promote a Summer Health Bingo Challenge where participants complete an activity such as walking, hiking, etc. to earn squares. Additionally, they are providing telephone support with regular check-ins for vulnerable residents and Elders. “Our BHA/Ps have done a lot of mental health and anxiety support,” says Allen. “They’ve done a tremendous job supporting their communities.”

Taking the Next Steps in Education

KANA’s BHA/Ps have also taken on greater challenges in their clinical work with regular clients. “From independently conducting and documenting substance use assessments, to initiating peer support groups, to co-facilitating psychotherapy and counseling groups using a hybrid of in-person and video conference delivery, we are seeing BHA/Ps tackle a diverse array of clinical work with a greater degree of confidence,” says Allen.

Our BHA/Ps continue to advance in their studies, learning skills that will increase their ability to deliver expanded behavioral health services within their communities. Just like Community Health Aides, each level of certification increases their scope of practice. We are happy to announce that Behavioral Health Aide Doreen Phillips graduated from the HUMS program through the University of Alaska, earning her Associates Degree.

Emergency Medical Training for the Community

KANA, with assistance from the Southern Region EMS Council (SREMSC), has provided training for Emergency Medical Services (EMS) to the Kodiak community and villages since 1990. Our training is heavily focused on developing skills and knowledge on how to care for individuals who have had a sudden or serious injury or illness, or who have suffered major trauma. “This year alone we were able to complete 775 hours of instruction for 254 students” shares Shanna Rockenbach, Wellness Center Supervisor & EMS Training Coordinator. “My goal is to get this knowledge into the hands of our community so there is always a team of people ready to assist, especially in areas with remote access.”

While EMS training like CPR, Basic First Aid and Emergency Trauma Technician (ETT) allow for assistance after an incident, numerous injury prevention trainings and clinics are offered as a part of a bigger Wellness Program. “We don’t only focus on responding and recovering from unexpected occurrences and emergencies, we work hard to prevent them”, adds Physical Therapist Assistant Seraphima Anaya. “We recently piloted two separate Physical Therapy workshops, the Healthy Back Clinic and the Healthy Shoulder Clinic, that center on education and injury prevention through encouraging independent management of minor aches and pains.”

EMS Training Goes the Distance

The pandemic has created a unique opportunity to develop a KANA EMS Online Classroom for virtual delivery of numerous topics. With this change, nearly all training has shifted to utilizing online platforms and remote hands-on skills verification via video teleconference. By providing training kits that include CPR mannequins, training AED, and bleeding control supplies, training can take place on a more fluid schedule. This allows for the instructor and student to have the equipment needed for remote demonstration and skills practice and verification. “Teaching lengthy courses like ETT for individuals in remote locations has always been a challenge due to travel and the high number of training hours needed to complete the class,” states Rockenbach. “What was once a packed 40 hours of instruction for ETT is now being broken down into digestible sections that will permit the student to work at their own pace.”

The online classroom is a combination of PowerPoint presentations, video instruction, teleconference class discussion, homework and quizzes, and hands-on skills practice sessions. This platform also allows for regular remote skill sessions for our CHAs, VPSOs and Village Response Team (VRT) members. This method of teaching not only improves access to training, it vastly reduces overall costs and should result in increased numbers of trained individuals.

It Takes a Village

Collaboration between the BHA/Ps and CHA/Ps has resulted in an island-wide movement towards reestablishing the Village Response Teams, a program that has recently been rejuvenated in part due to the enthusiasm of village community members. Having functional VRTs significantly reduces the strain on CHA/Ps who provide emergency response around the clock, 365 days a year.

In partnership with SREMSC, through awarded mini grants, our villages received funding for emergency medical supplies in the form of EMS backpacks with valuable emergency medical supplies including tourniquets, hip slings and two-way radio sets for VRT members. Additionally, Code Blue funding is being sought after to replace worn out or nonexistent EMS transport vehicles.
KANA’s Wellness Center initiated a highly successful progressive workout program in 2019 which was available to Beneficiaries, staff members, and guests. The initiative had realized continuous member participation in these programs until services were interrupted with the outbreak of the COVID-19 virus. The Wellness Center currently remains closed due to COVID-19 public health mandates.

In order to stay connected with their members, the Wellness Center initially put together a series of online exercise videos to enable people to workout from the comfort and safety of their homes. As public health mandates evolved, they have sought new delivery models for some services, and have re-opened Physical Therapy services through tele-health and in-person appointments.

Looking for other ways to stay connected with Beneficiaries and the community, the Wellness Center personnel began to explore other possibilities. “We were doing online Facebook exercise videos for a while, but the connection was always spotty and the videos would cut out,” said Wellness Center Specialist Manya Wandersee. “After some of the mandates lifted on the island, we came up with this idea to start teaching outdoor classes. In the beginning of May, the City of Kodiak Parks and Recreation Department started advertising the use of the Baranof Ice Rink for the local gyms to hold workouts there. The weather was still bad at that time, but we decided to develop an exercise program that we could conduct outside.”

The outdoor exercise program began on May 13 and is open to Beneficiaries, veterans, and KANA’s staff, while also inviting the community to attend the open workout sessions. The program was held three days per week and limited to 20 registered participants to ensure everyone was able to participate while practicing safe distancing.

Once the weather started to warm up, the workouts were moved to the Baranof Field to allow the participants to soak in the sun while going through their exercise routine.

“Once those public gyms were allowed to open, they went back to their studios,” explained Wandersee. “We stayed outdoors and the weather has been great! We’re still here because our gym is not open yet. The Facebook video classes were great because that is what we could do at the time. There’s personal connection here, but we’re still staying safe and distanced. We don’t share equipment, we’re breathing fresh air and we’re out in the sun. So it’s all-around physical health, mental health and social health - it’s been great for us!”

KANA’s Wellness Center is more than just an exercise gym; it’s for serving Physical Therapy and Massage Therapy patients, too. “The thing about the KANA Wellness Center is we’re not just a gym” said Wandersee. “Our main priorities are our high-risk medical patients. We were scheduling patients for appointments while the gym was open for normal business. Right now, it’s only open for medical therapy treatments; Physical Therapy, Massage Therapy and medical exercise visits for medical patients.”

Wandersee is excited about the success the summer outdoor program has seen and feels those sessions will continue even after the COVID-19 mandates have lessened. “We’re hoping to get access to an indoor facility for the winter so that we can continue all-year round. We’ve had the same people all summer long, a very steady group,” she said. “We also have had a few new people attend as well, since we’re down at the community field, everybody and anybody is allowed to come. It’s been really cool to see new faces who get out there with us.”

While the workout sessions help keep people physically fit during these trying times, to Wandersee, it’s much more than the regular workouts. “I think the physical activity is great,” said Wandersee. “But I think it’s more about the social connection that everybody is missing. So getting together and doing something healthy, doing something safe while socially connecting - has been amazing.”
Adapting During COVID
Modifying Access to Care

In 2018, KANA welcomed Kate Smith, Doctor of Physical Therapy (DPT) to our care team as we began offering in-house Physical Therapy (PT) services. “Prior to COVID, Physical Therapy evaluations and treatments were typically performed in-person. During COVID, however, services were provided utilizing video teleconferencing, which was definitely challenging at first and required some serious creativity and troubleshooting on our end as well as our clients,” explains Smith. “In the end though, we were able to adapt to continue to provide services. We are very happy that the PT clinic is back up and running in-person! We are now once again seeing patients in-person at the Wellness Center while following all proper COVID precautions, ensuring our ability to provide services but do so as safely as possible for our patients.”

Over the last year, the Physical Therapy Department has made many positive improvements to expand access and the range of services available for patients.

To increase access, the PT department added Seraphima Anaya, a Physical Therapist Assistant with advanced training in outpatient orthopedics and a treatment approach known as Pain Neuroscience Education (PNE). KANA sees many patients with complex chronic pain conditions, and PNE is an evidence-based approach for improving function and quality of life for individuals that are affected. PNE presents the science of their pain in a way that is easy to understand and empowers individuals to take control of their chronic pain and their lives.

This approach can improve an individual’s understanding of medical treatment options and help them make decision in alignment with their own treatment goals. “Pain can be such a confusing and contradictory part of life,” Anaya shares. “Generally, it does its job as a survival tool – we want our bodies to be able to alert us of potential threats and danger – but so often things seem to go haywire. Persistent pain can sometimes behave more like a hypersensitive car alarm than the efficient warning system it is designed to be, going off for every little movement or for seemingly no reason at all. So many of our patients want so badly to get back to being active and their normal lives that they tell us ‘no pain, no gain’… but we like to say ‘KNOW pain, KNOW gain.’ When people understand their pain – what it is, where it comes from, what can contribute to it – they learn how to function with it and ultimately how they can control it. That’s the real magic of PNE, is self-empowerment.”

Smith has also advanced her training in Women’s Pelvic Health. She is qualified to work with women diagnosed with bladder and pelvic floor dysfunction, as well as bowel dysfunction such as fecal incontinence, fecal urgency, chronic constipation, and irritable bowel syndrome. She is also working to complete additional specialty training for conditions and/or diagnoses related to pelvic health.

Patient education is an important component of services provided through our PT department. A series of prevention classes were offered to the community throughout the year and included Healthy Shoulder Clinic, Healthy Back Clinic, and Women’s Health Clinic Love Your Pelvic Floor.

Although COVID changed daily work routines, such as working from home and using make-shift offices, the PT department was able to continue to serve our patients through video teleconferencing (VTC) services. VTC gave staff the opportunity to provide PT services to current and new patients in the safety of their own home. “The use of VTC has made PT services available to all patient from their home,” says Smith, “and as we move back to providing PT services in-person, VTC is still always available, if needed, for anyone that is unable, may be at high risk, or does not feel comfortable being seen in person.”

While working from home, the PT department began providing community education on Facebook of the benefits of physical therapy services. “Physical Therapy has always been about more than just doing some exercises, stretching and using a TENS unit,” explains Anaya. “It’s about interacting with the world through movement, regaining function, getting people back to working or playing with their kids or subsistence fishing.” She continues, “Life didn’t stop because of COVID-19 and neither did the need to live optimally. We have patients who rely on the benefits of physical movement and rehabilitation to keep them in charge of their addictions instead of the other way around, and patients who still had to get up and go to work every day despite the pandemic closing everything around them. Like any necessary medical care, it was imperative that our patients still had access to the services they needed.”

“Life didn’t stop because of COVID-19 and neither did the need to live optimally. We have patients who rely on the benefits of physical movement and rehabilitation to keep them in charge of their addictions instead of the other way around, and patients who still had to get up and go to work every day despite the pandemic closing everything around them. Like any necessary medical care, it was imperative that our patients still had access to the services they needed.”

Seraphima Anaya, Physical Therapist Assistant

Kate Smith, Doctor of Physical Therapy

“As we move back to providing PT services in-person, VTC is still always available, if needed, for anyone that is unable, may be at high risk, or does not feel comfortable being seen in person.”

This team plans to continue to offer these educational opportunities. Throughout the last several months, the PT department has continued to make changes to ensure the safety of our patients, such as providing COVID screenings, required mask wearing when in the KANA Wellness Center, required hand hygiene upon entry, and diligently cleaning between patients. Throughout this time, including adjustments needed for reopening of some in-person services, the department has worked well together to transition patients from video to in-person appointments with ease.
COMMUNITY SERVICES

ETSS EXPANDS TO MEET THE NEEDS OF THE COMMUNITY
In 2020, KANA’s Employment and Training Program – part of the Employment, Training, and Support Services (ETSS) department – focused on providing the highest quality services in the youth employment, adult employment and scholarship programs. The program expanded to include three case managers, a coordinator and two new services.

KANA Beneficiaries will now be offered additional services through ETSS including General Assistance and the Community Services Block Grant (CSBG). General Assistance is a cash assistance program for paying important expenses such as rent and utilities, while the CSBG is emergency cash assistance to help pay expenses to prevent the loss of housing or other incidents leading to the breakup of a family.

TVR RECEIVES AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES (AIVRS) GRANT
KANA’s Tribal Vocational Rehabilitation (TVR) Program received the next five-year American Indian Vocational Rehabilitation Services (AIVRS) grant. The AIVRS grant will help the TVR Program continue to provide culturally relevant vocational rehabilitation services leading to an employment outcome to Alaska Natives and American Indians with disabilities residing in the Kodiak Archipelago.

Our staff has also worked hard to enhance the cultural aspects of services including offering Traditional Native Services to our consumers that wish to engage in or reengage in subsistence activities, and learn more about their Alutiiq culture. Consumers will have the opportunity to participate in workshops led by Alutiiq experts throughout the year, including gathering, preparation, and use of subsistence items; crafts; Alutiiq language; and mindfulness techniques.

TVR PARTNERS WITH STATE VOCATIONAL REHABILITATION COMMITTEE
The Governor approved Gwen Sargent, KANA TVR Administrator, for a three-year term to represent the other AIVRS grantees on the State Vocational Rehabilitation Committee (SVRC). The SVRC works with the Division of Vocational Rehabilitation to help Alaskans with disabilities achieve quality employment outcomes. This appointment will provide an opportunity to share the gaps in services for individuals with disabilities, such as access to medical and behavioral health services, lack of knowledge of barriers by agencies and employers, and housing challenges.

TVR STAFF GRADUATE FROM NORTHWEST INDIAN COLLEGE
We are so proud that Vocational Rehabilitation (VR) Counselors Marnie Kilborn and Sarah Rastopsoff have completed coursework and will be graduating from the Northwest Indian College’s TVR Institute. This training is specific to American Indian Vocational Rehabilitation Services training as either a stand-alone credential or a stepping stone to a career ladder leading to a bachelor’s and master’s programs.

The goal, through a progressive career ladder, is for both VR Counselors to become Certified Rehabilitation Counselors (CRC). CRCs are the only professional counselors educated and trained at the graduate level specifically to serve individuals with disabilities. This includes an extensive knowledge of all aspects of disability as well as an in-depth understanding of critical considerations such as assistive technology and employment law. Unlike other counseling professionals, rehabilitation counselors are uniquely qualified to help individuals with disabilities acclimate into the workplace, and to help employers make a workplace more receptive to individuals with disabilities.
Ensuring Food Security: KANA Delivers
Supplies to Village Households

In late winter, the COVID-19 pandemic forced our Kodiak communities to impose travel restrictions to help prevent the spread of the virus within the city and outlying village communities. With the limited travel to and from the villages, one of the first concerns by KANA’s Board of Directors was having food and medical supplies readily available for those communities. By the end of March, KANA began preparations for initiating delivery of necessary supplies to Kodiak’s villages, providing each village community with much needed groceries, medical, and household supplies.

One of the first challenges faced by project leader Greg Zadina, KANA’s Employment, Training and Support Services (ETSS) Manager, was finding supplies that had already disappeared from the grocery store shelves.

“The KANA Board of Directors asked us to see if we could get supplies out to the villages,” explained Zadina. “Early on, you just couldn’t get anything, as it was just panic buying to the tenth degree. We had a number of people that were scouring the internet and anywhere else where they could find supplies, such as disinfectants, thermometers, first aid kits and other necessary items that were empty on the shelves here in Kodiak.”

Through some painstaking research through the internet, the team was able to find necessities and other necessary items that were empty on the shelves here in Kodiak.

“As the weeks went on, the team reached out to the villages to gather feedback on the supplies being received and to identify if there were other needs that could be met. There were requests for a greater variety of groceries to include fresh vegetables, eggs and dairy products.

“At first, we shopped for pantry items, things like flour, oil, oats, canned goods - ordering a pretty heavy quantity for the first two months,” said Zadina. After receiving village feedback, “we shifted to fresh food products and also started looking at subsistence supplies.”

Zadina received assistance from Indea Ford, Support Services Case Manager, and later, Visi Valenzuela, KANA Administrative Assistant, who were coordinating the ordering and transfer of supplies. Through the support and efforts of Safeway, Cost Savers, Island Air, Afognak Native Corporation, along with feedback from the villages, the delivery of goods process quickly began to take shape.

“In March we were interviewing for an open administrative assistant position when Indea came to us,” said Zadina. “She has quite extensive experience as an Executive Administrative Assistant and we were super excited to get her started. Her second day in Community Services saw us moving out of the facility because of COVID-19.”

Ford’s duties were quickly shifted to handling the logistics of finding and organizing needed supplies, and getting them delivered to all of the villages.

“She’s been an absolute trooper,” Zadina continued. “She handles the logistics phenomenally well. Without her, I don’t think that we would have pulled it off, or it would have taken at least two or more other people. I mean, she was just really amazing. She was basically coordinating the whole effort as far as putting all the pieces together and getting them out.”

KANA’s Facilities department has also played a huge role in the delivery efforts, particularly Facilities Support Technicians Chris Nocon and Roger Mendoza, who provided support in moving the supplies from stores to the airport for delivery to the villages. “They have been there since the very beginning in March,” said Ford of the Facilities Team. “They would even get there early to help the Safeway staff unload our order, because it was such a huge weight. They just went above and beyond.”

KANA sought feedback from the villages on a regular basis, and worked with Safeway to adjust the grocery orders to meet changing needs. With 100,000 lbs. in supplies delivered, and subsistence activities in full swing, the operation slowed to shift the focus towards delivering produce boxes for each household. The produce boxes were ordered from Cost Savers to fill the need for fresh vegetables, without overwhelming household pantries. Each week Cost Savers placed a special order for boxes for each household, containing a variety of seasonal produce. They have also been taking these boxes directly to Island Air at no extra cost for delivery to the villages.

To help simplify the schedule and the deliveries to each village, deliveries were split between northern and southern villages, with the Northern Region deliveries going to Ouzinkie and Port Lions, while the Southern Region deliveries taken to Akhiok, Karluk, Larsen Bay, and Old Harbor.

The need for supplies to support summer subsistence activities was also identified this summer, and orders were placed locally with Sutliff’s Ace Hardware store for canning jars, funnels, salt, pickling spice, etc. for each village. The produce boxes continued to be provided until the end of August. Additional supply deliveries will continue to be evaluated on a regular basis by working with the villages.

“From all of the feedback we have received, the villages were just super grateful and couldn’t be more thankful for everything that KANA is doing,” summarized Ford. “They could get things they needed, even if they couldn’t physically get them themselves. I think they felt taken care of and safe. They had a lot of people helping them and they were just very, very thankful.”
**KANA SERVICE AWARDS**

**Five Years**
- Rosa Cruz
- Doreen Phillips
- Stephanie Shryock
- Greg Zadina
- Caleb Pruitt
- Katherine Sorto
- Cyndy Malinit-Aquino

**Ten Years**
- Katherine Gronn
- Nichole Pruitt
- Gwen Sargent
- Sarah Rastopsoff
- Donene Amodo
- Heather Parker

**25 Years**
- Tonia Valerio
- Donene Amado
- Heather Parker

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**“Growing up with KANA”: Parker Celebrates 25 Years of Dedicated Service**

Serving the people of Kodiak Island for 25 years, Heather Parker is a Registered Dental Hygienist in the KANA Dental Clinic.

Born and raised in Kodiak, Parker attended Seattle Pacific University and Portland Community College where she received her Associate of Applied Science degree in Dental Hygiene. Between her junior and senior year of college, Parker completed a summer externship at the original KANA building downtown, where the Kodiak Wildlife Refuge building is now located. After completing national and regional board exams after graduation and receiving Alaska licensure, she began working at KANA in September of 1995.

In the early years of her career, Parker filled in part-time in a private practice in addition to her full-time position at KANA. It provided a great opportunity for her to experience both private practice and public health dentistry, but KANA and public health dentistry always had her heart.

Parker’s position has shifted slightly in the last couple of years—she currently serves a hybrid role, providing both case management services along with direct patient care. “I’ve had the honor of growing up with KANA,” shares Parker. “From our original building downtown, moving to the building now referred to as KANA Main and the opening of the Mill Bay Health Center. And as both a Beneficiary and a staff member, looking back, I’m proud of the accomplishments and growth KANA has made in the 25 years I’ve been employed here.”

Regardless of whether she is chair-side providing clinical hygiene services, patient education in Kodiak and our villages or assisting patients and families with referrals, the pride and joy Parker gets from her work is evident. “I really love to help people,” she shares, “My favorite thing about KANA is their patient-centered focus and commitment to ensuring we provide the highest quality care. Continuously raising the bar and always working toward meeting the increasing needs of our patients is something that makes me proud.”

Parker has provided consistent, quality dental care to KANA patients over the years, and has always done so with a smile and a positive attitude. “I’m honored to have had the opportunity to provide services to three generations of our Beneficiary families,” she says. When asked what KANA’s mission, To Elevate the Quality of Life of the People We Serve, means to her, she doesn’t hesitate to respond: “To me, it means that we listen to our patients, meet people right where they’re at and provide the highest quality care to improve their quality of life. It means we encourage patients to be informed, active and engaged in their health care, equipped with information to make informed choices to reach the best possible outcome for them as an individual. It’s the reason we dedicate our lives to the honor and responsibility of providing health care, striving for excellence, and treating patients the way we would want to be treated.”
## Statement of Financial Position
### Year Ended September 30, 2019 (with comparative totals for 2018)

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<th>2019</th>
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<tr>
<td>Current portion of long-term note payable</td>
<td>$419,486</td>
<td>$393,185</td>
</tr>
<tr>
<td>Current portion under capital lease</td>
<td>-</td>
<td>$26,086</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>$9,684,425</td>
<td>$9,616,499</td>
</tr>
<tr>
<td>Interest rate swap agreement</td>
<td>$9,756</td>
<td>$21,079</td>
</tr>
<tr>
<td>Note payable, net of current portion</td>
<td>$1,446,713</td>
<td>$1,866,198</td>
</tr>
<tr>
<td>Obligations under capital lease, net of current portion</td>
<td>-</td>
<td>$8,301</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$11,340,894</td>
<td>$11,512,077</td>
</tr>
<tr>
<td><strong>Net assets - unrestricted:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated</td>
<td>$43,758,491</td>
<td>$38,740,464</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$54,899,385</td>
<td>$50,252,541</td>
</tr>
</tbody>
</table>

## Statement of Activities
### Year Ended September 30, 2019 (with comparative totals for 2018)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenues</td>
<td>$35,462,941</td>
<td>$31,688,965</td>
</tr>
<tr>
<td>Grants and contracts</td>
<td>$22,289,321</td>
<td>$20,746,781</td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>$11,073,028</td>
<td>$9,285,232</td>
</tr>
<tr>
<td>Contracted service revenue</td>
<td>$224,731,367</td>
<td>$20,746,781</td>
</tr>
<tr>
<td>Investment income</td>
<td>$389,289</td>
<td>$59,840</td>
</tr>
<tr>
<td>Earnings from joint ventures</td>
<td>$513,783</td>
<td>$470,221</td>
</tr>
<tr>
<td>Rental income</td>
<td>$342,642</td>
<td>$306,171</td>
</tr>
<tr>
<td>Other</td>
<td>$97,507</td>
<td>$139,842</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$35,462,941</td>
<td>$31,688,965</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>$22,478,316</td>
<td>$20,673,106</td>
</tr>
<tr>
<td>Community services</td>
<td>$4,798,598</td>
<td>$4,342,410</td>
</tr>
<tr>
<td>Realty</td>
<td>$1,975,435</td>
<td>$1,223,040</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>$29,252,349</td>
<td>$26,238,556</td>
</tr>
<tr>
<td>Supporting services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative, net of indirect cost recovery</td>
<td>$717,839</td>
<td>$393,870</td>
</tr>
<tr>
<td>Special and restricted general fund projects</td>
<td>$474,726</td>
<td>$296,153</td>
</tr>
<tr>
<td><strong>Total supporting services</strong></td>
<td>$1,192,565</td>
<td>$690,023</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$30,444,914</td>
<td>$26,928,579</td>
</tr>
<tr>
<td><strong>Change in net assets</strong></td>
<td>$5,018,027</td>
<td>$4,760,386</td>
</tr>
<tr>
<td><strong>Unrestricted Net Assets, beginning of year</strong></td>
<td>$38,740,464</td>
<td>$33,980,078</td>
</tr>
<tr>
<td><strong>Unrestricted Net Assets, end of year</strong></td>
<td>$43,758,491</td>
<td>$38,740,464</td>
</tr>
</tbody>
</table>
Statement of Cash Flows
Year Ended September 30, 2019 (with comparative totals for 2018)

2019   2018
Cash Flows from Operating Activities
Change in net assets  $  5,018,027  $  4,760,386
Adjustments to reconcile change in net assets to net cash from operating activities:
Depreciation   1,249,173   1,155,975
Amortization  55,000   -
Contributed capital from grants   (1,111,284)  -
Change in fair value of interest rate swap agreement   (11,323)   (29,383)
Equity in earnings of joint ventures in excess of distributions   (98,977)   (2,026)
(Increase) decrease in current assets:
Patient accounts   (35,269)   (161,565)
Grants and other receivables   704,501   739,497
Prepaid expenses   (116,998)   (550)
Increase (decrease) in current liabilities:
Accounts payable   (21,967)   299,218
Accrued compensation and related liabilities   224,555   121,224
Accrued interest payable   (1,356)   (618)
Deferred revenue   (133,522)   656,625
Net cash from operating activities  $ 5,720,561 $ 7,538,783

Cash Flows from Investing Activities
Purchase of property and equipment   (1,305,329)   (1,052,856)
Proceeds from payments on notes receivable   112,104   65,659
Proceeds from sale of certificates of deposit   1,144,704   1,005,409
Purchase of certificates of deposit   (5,617,753)   (735,000)
Net cash from investing activities   (5,666,274)   (716,788)

Cash Flows from Financing Activities
Contributed capital from grants  1,111,284   -
Principal payments on long-term debt   (427,571)   (372,565)
Net cash from financing activities   683,713   (372,565)
Net increase in cash and cash equivalents   738,000   6,449,430
Cash and Cash Equivalents, beginning of year   23,235,365   16,785,935
Cash and Cash Equivalents, end of year  $ 29,973,365  $ 23,235,365

Supplemental disclosure of cash flow information:
Assets acquired from issuance of debt $ - $ 550,000
Cash paid during the year for interest   $ 81,802 $ 73,878

Combining Schedule of Expenses

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary, wage and fringe</td>
<td>$11,382,484</td>
<td>$13,383,273</td>
<td>$13,777,428</td>
<td>$14,700,396</td>
<td>$16,876,896</td>
</tr>
<tr>
<td>IPA/MOA</td>
<td>718,822</td>
<td>846,905</td>
<td>614,072</td>
<td>659,708</td>
<td>845,085</td>
</tr>
<tr>
<td>Contractual services</td>
<td>3,636,243</td>
<td>3,848,797</td>
<td>3,410,274</td>
<td>3,793,155</td>
<td>3,731,169</td>
</tr>
<tr>
<td>Travel and per diem</td>
<td>2,073,120</td>
<td>1,937,257</td>
<td>1,726,415</td>
<td>1,903,128</td>
<td>2,200,325</td>
</tr>
<tr>
<td>Facilities expense</td>
<td>947,850</td>
<td>1,164,387</td>
<td>990,277</td>
<td>1,208,727</td>
<td>1,521,695</td>
</tr>
<tr>
<td>Supplies</td>
<td>1,351,692</td>
<td>1,422,139</td>
<td>1,458,791</td>
<td>1,606,070</td>
<td>1,916,831</td>
</tr>
<tr>
<td>Contributions</td>
<td>482,501</td>
<td>497,049</td>
<td>549,108</td>
<td>726,430</td>
<td>759,652</td>
</tr>
<tr>
<td>Other expense</td>
<td>1,366,230</td>
<td>1,120,515</td>
<td>1,156,213</td>
<td>1,174,990</td>
<td>1,289,092</td>
</tr>
<tr>
<td>Depreciation</td>
<td>964,407</td>
<td>1,039,128</td>
<td>1,174,611</td>
<td>1,155,975</td>
<td>1,304,173</td>
</tr>
<tr>
<td>Total</td>
<td>$22,924,349</td>
<td>$25,259,450</td>
<td>$24,857,189</td>
<td>$26,928,579</td>
<td>$30,444,914</td>
</tr>
</tbody>
</table>

Ratios

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio</td>
<td>2.75</td>
<td>2.82</td>
<td>3.03</td>
<td>3.23</td>
<td>3.68</td>
</tr>
<tr>
<td>Days Cash on Hand</td>
<td>185.34</td>
<td>205.38</td>
<td>300.96</td>
<td>329.00</td>
<td>300.00</td>
</tr>
<tr>
<td>Percentage of Budget for Personnel</td>
<td>52.79%</td>
<td>56.34%</td>
<td>57.90%</td>
<td>57.06%</td>
<td>58.2%</td>
</tr>
<tr>
<td>Operating Expense Per Day</td>
<td>$60,164.22</td>
<td>$66,357.05</td>
<td>$64,883.78</td>
<td>$70,610</td>
<td>$79,838</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.

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.
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.

**2019 Functional Expenses**
- Health Services - $22,478,316
- Community Services - $4,798,598
- Realty - $1,975,435
- General and Administrative - $717,839
- Special Projects - $474,726

**2019 Revenue**
- Compacts, Grants, and Contracts - $22,289,321
- Net Patient Services Revenue - $11,073,028
- Contracted Service Revenue - $757,371
- Earnings from Joint Ventures - $513,783
- Investment Income - $389,289
- Rental Income - $342,642
- Other - $97,507

**Income Sources**
- 59% Federal resources
- 37% Private or other sources
- 4% State of Alaska

**Use of Funds**
- 74% Health Services
- 16% Community Services
- 10% Administrative Services

**Assets & Beneficiaries’ Equity**
- **Total Assets**
- **Beneficiaries’ Equity**

**KANA Total Revenue by Fiscal Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$16,992,394</td>
</tr>
<tr>
<td>2013</td>
<td>$24,518,913</td>
</tr>
<tr>
<td>2014</td>
<td>$22,839,655</td>
</tr>
<tr>
<td>2015</td>
<td>$27,878,072</td>
</tr>
<tr>
<td>2016</td>
<td>$36,580,161</td>
</tr>
<tr>
<td>2017</td>
<td>$31,850,601</td>
</tr>
<tr>
<td>2018</td>
<td>$24,833,913</td>
</tr>
<tr>
<td>2019</td>
<td>$24,314,185</td>
</tr>
<tr>
<td>2020</td>
<td>$26,580,600</td>
</tr>
<tr>
<td>2021</td>
<td>$27,962,706</td>
</tr>
<tr>
<td>2022</td>
<td>$28,588,605</td>
</tr>
<tr>
<td>2023</td>
<td>$29,520,000</td>
</tr>
<tr>
<td>2024</td>
<td>$31,689,945</td>
</tr>
<tr>
<td>2025</td>
<td>$35,460,941</td>
</tr>
</tbody>
</table>