

MT. EDGECUMBE SERVICE AREA

OVERVIEW

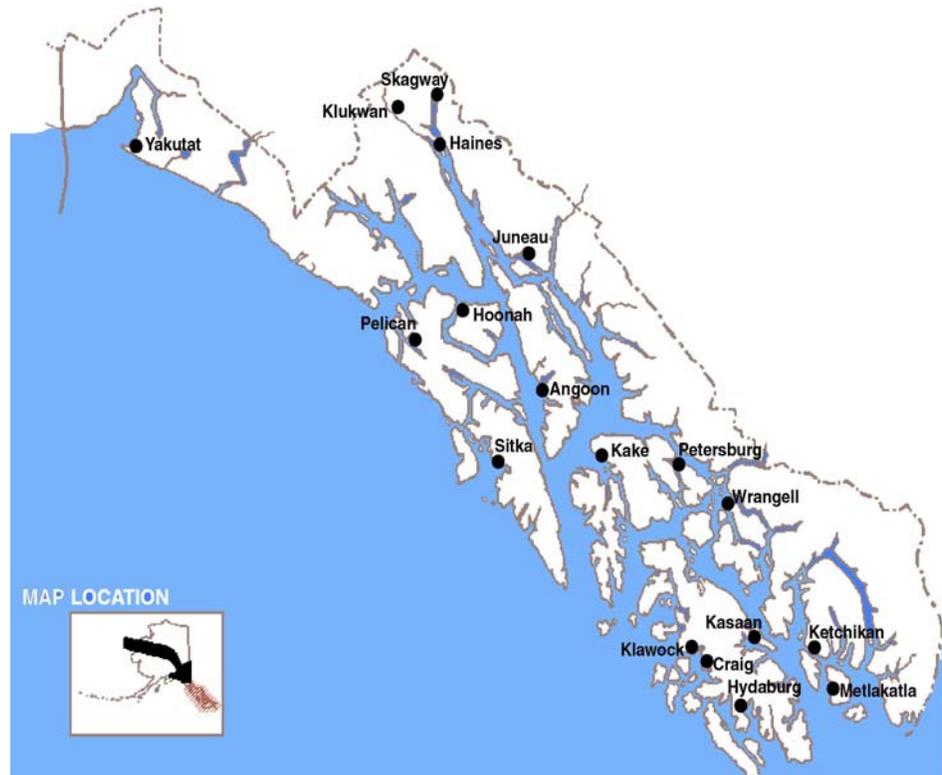
Alaska Native 2003 User Population.

MT. EDGECUMBE SERVICE AREA	15,052
Ketchikan Indian Corporation	2,907
Southeast Alaska Regional Health Consortium	12,145

Users are defined as beneficiaries who used a facility that reports through the Indian Health Service data system at least once between 10/1/2000 and 9/30/2003.

Environmental

Factors. The Mt. Edgecumbe Service Area covers about 42,162 square miles and encompasses the entire Southeast Alaska area except for Annette Island. It lies along a 550-mile strip of coastal land and many islands. Forming the western boundary is the Gulf of Alaska. On the north, south and east is the Canada border. A Native population of 15,059 lives on islands or on the coast, with most communities isolated by mountains, rough terrain and water.



Mt. Edgecumbe Hospital is on picturesque Japonski Island. Sitka lies to the east, on Baranof Island. A bridge spans the 1/4-mile channel separating the two islands. Mt. Edgecumbe actually consists of three interconnected islands. These rugged islands have forests of beautiful spruce, hemlock and yellow cedar. The entire region consists of thousands of islands covered with dense, deep green forests. Above timberline, alpine peaks rise to snowcaps and glaciers move slowly from the valleys to the sea.

Sitka and the southeast areas have a moist, mild coastal climate. The average temperature is 55 degrees F^o in July and 32 degrees F^o in January. Annually, the average temperature is 43 degrees F^o. It is beautiful but wet. The annual precipitation is 96.6 inches, and the annual snowfall is 47.4 inches.

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In lower Southeastern Alaska, Ketchikan is nestled on the southwest side of Revillagigedo Island, a 550 mile strip of coastal lands and islands with the Pacific Ocean on the west and Canada on the north, south and east border. Revillagigedo Island lies on Tongass Narrows opposite Gravina Island. Ketchikan is 235 miles south of Juneau; 90 miles north of Prince Rupert, British Columbia; and 600 miles north of Seattle, Washington.

Ketchikan is a linear waterfront city. The use of a scheduled ferry service is required to travel from the airport into downtown Ketchikan because there is no bridge access. Much of the 3-mile-long business district sits above water on pilings driven into the bottom of Tongass Narrows. Narrow winding streets lead up steep, wooded hillsides. Long wooden staircases reach homes perched on cliffs.

The climate of the area is rainy, with an average annual precipitation of 168 inches. The greatest annual precipitation recorded was 202 inches in 1949. In July, the average daily maximum temperature is 65 degrees. In January, the average daily minimum temperature is 18 degrees. The average snowfall is 33 inches. Prevailing winds are southeasterly year-round.

Ethnic Groups. Ethnically, three major Tribes inhabit Southeast Alaska: the Tsimpsian, the Haida and the Tlingit. The Tsimpsians, originally came from British Columbia. They migrated to Annette Island after the United States Congress gave it to them. About 1400 Tsimpsians inhabit Annette Island, most living in Metlakatla. Like the Tsimpsians, the Haidas came from Canada, and many of them still inhabit the village of Hydaburg and its surrounding area. The largest Tribe, the Tlingit, immigrated from Interior Alaska and Canada. By the time Europeans first made contact with them, the Tlingits were well-distributed in Southeast Alaska. Their villages now lie from Ketchikan to Yakutat.

While it is true that the predominate “Tribes” are the Haida, Tlingit and Tsimpsian, Southeast Alaska Regional Health Consortium (SEARHC) represents any member of a federally-recognized tribe with the proper tribal identification.

Utilities. Most communities in the region have electricity, water and sanitation facilities.

Transportation. Haines, Klukwan, Skagway and Hyder are accessible by the Canadian portions of the Alcan Highway. Skagway has road

access to the Yukon Territory, and Hyder has a road to British Columbia. All other communities are accessible by airplane or boat. Aircraft and the Alaska Marine Highway (ferry) continue to be the principal mode of travel among island communities. Steep coastlines, multiple fjords and mountainous terrain prevent the state from developing further road links between communities.

**Mt. Edgecumbe Service Unit
Number of Homes With and Without Complete
Water and Sewer Service¹**

	# Homes With	# Homes Without	Total # of Homes ²
MT. EDGECUMBE SERVICE UNIT	2,434	487	2,921
Ketchikan Indian Community	89	0	89
Southeast Alaska Regional Health Consortium	2,345	487	2,832

¹Complete service means operable plumbed indoor water and sewer service. Information applies only to year-round primary homes, including individual homes, duplexes and apartment units. Data from FY 2002.

²Excludes homes covered by urban local government water and sewer service.

Source: Alaska Area Native Health Service Office of Environmental Health.

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The ruggedness of the terrain, long distances and stormy weather of the area make access to health-care facilities difficult by sea and air. Air travel is a fast but expensive method of travel for residents in outlying communities who need immediate health care.

Housing. Housing varies in cost and availability in each community.

Education. Schools range from elementary to the high school level. College courses are offered through Sheldon Jackson College in Sitka and the University of Alaska Southeast, which has campuses in Juneau, Sitka, and Ketchikan. All villages provide elementary through high school education. The State of Alaska operates Mt. Edgecumbe High School in Sitka, a boarding school for students from all over the state.

**Southeast Alaska Region
Education Status
by Borough and Census Area**

	High School Graduates	Bachelors Degree or Higher
Haines Borough	517	395
Juneau Borough	4,370	7,167
Ketchikan Gateway	2,673	1,814
POW/Outer Ketchikan Census Area	1,561	538
Sitka Borough	1,417	1,657
Skagway-Hoonah-Angoon Census Area	693	491
Wrangell-Petersburg Census Area	1,589	710
Yakutat Borough	174	92

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

Natural Resources. Fish and timber are the natural resources that support the economy in Southeast Alaska. Throughout the region, logging, fishing, mining, and fish processing are important industries.

Economic Conditions. Southeast Alaska is struggling with unemployment losses due to the timber industry. The sawmill in Haines closed in 1991 causing employment and wages to fall about 20%. The pulp mill in Sitka closed in 1993 causing employment and wages to fall nearly 11%. The sawmill in Wrangell closed in 1994 resulting in an employment drop of 22% and a wage drop of nearly 30%. Recently, the retail trade has offset other areas of employment loss. Tourism has grown in recent years with the expansion of the cruise ship industry in Southeast Alaska.

**Southeast Alaska Region
Employment Status
by Borough and Census Area**

	Employed	Unemployed
Haines Borough	992	157
Juneau Borough	16,537	935
Ketchikan Gateway	7,017	581
POW/Outer Ketchikan Census Area	2,614	461
Sitka Borough	4,352	367
Skagway-Hoonah-Angoon Census Area	1,471	274
Wrangell-Petersburg Census Area	3,031	373
Yakutat Borough	440	37

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

**Southeast Alaska Region
Per Capita Income (1999)
by Borough and Census Area**

Haines Borough	\$22,090
Juneau Borough	\$26,719
Ketchikan Gateway Borough	\$23,994
POW/Outer Ketchikan Census Area	\$18,395
Sitka Borough	\$23,622
Skagway-Hoonah-Angoon Census Area	\$19,974
Wrangell-Petersburg Census Area	\$23,494
Yakutat Borough	\$22,579

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

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Tribes. The following are the federally recognized tribes in the Mt. Edgecumbe Service Area.

Southeast Alaska Regional Health Consortium Region
Angoon Community Association IRA - P.O. Box 188, Angoon, AK 99820
Chilkat Indian Village (Klukwan) IRA - P.O. Box 210, Haines, AK 99827
Chilkoot Indian Association IRA - P.O. Box 490, Haines, AK 99827
Craig Community Association IRA - P.O. Box 828, Craig, AK 99921
Douglas Indian Association IRA - P.O. Box 020478, Juneau, AK 99802
Hoonah Indian Association IRA - P.O. Box 402, Hoonah, AK 99829
Hydaburg Cooperative Association IRA - P.O. Box 305, Hydaburg, AK 99922
Organized Village of Kake IRA - P.O. Box 316, Kake, AK 99830
Organized Village of Kasaan IRA - General Delivery, Kasaan, AK 99924
Klawock Cooperative Association IRA- P.O. Box 122, Klawock, AK 99925
Petersburg Indian Association IRA - P.O. Box 1418, Petersburg, AK 99833
Sitka Tribe of Alaska IRA - 456 Katlian Street, Sitka, AK 99835
Skagway Village - P.O. Box 399, Skagway, AK 99840
Wrangell Cooperative Association IRA - P.O. Box 868, Wrangell, AK 99929

Yakutat Tlingit Tribe Region
Yakutat Tlingit Tribe - P.O. Box 418, Yakutat, AK 99689

Ketchikan Indian Corporation - 429 Deermount Avenue, Ketchikan, AK 99901
Organized Village of Saxman - Route 2, Box 2-Saxman, Ketchikan, AK 99901

DESCRIPTION OF HEALTH-CARE DELIVERY SYSTEM

The Southeast Alaska Regional Health Consortium (SEARHC), Ketchikan Indian Community (KIC), Hoonah Indian Association and Yakutat Tlingit Tribe provide health care to residents of the Mt. Edgecumbe Service Area.

Facilities Operated by Hoonah Indian Community, P.L. 93-638, Title I.

Hoonah Health Center, P.O. Box 103, Hoonah, AK 99829

Facilities Operated by Ketchikan Indian Community (KIC), P.L. 93-638, Title V.

Ketchikan Tribal Health Clinic – 2960 Tongass Avenue, Ketchikan, AK 99901

Facilities Operated by Southeast Alaska Regional Health Consortium (SEARHC), P.L. 93-638, Title V.

Alicia Roberts Medical Center, P.O. Box 69, Klawock, AK 99925
Angoon Health Center, P.O. Box 27, Angoon, AK 99820
SEARHC Haines Medical Clinic, P.O. Box 1549, Haines, AK 99827
Hydaburg Health Center, P.O. Box 333, Hydaburg, AK 99922
JDHS Teen Health Clinic, 1639 Glacier Ave., Juneau, AK 99801
Kake Health Clinic, P.O. Box 605, Kake, AK 99830
Kasaan Health Center, P.O. Box KXA, Ketchikan, AK 99950-0349

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Klukwan Health Center, P.O. Box 690, Klukwan, AK 99827

Pelican Health Center, P.O. Box 101, Pelican, AK 99832

SEARHC Medical-Dental Clinic, 3245 Hospital Drive, Juneau, AK 99801

SEARHC Mt. Edgecumbe Hospital, 222 Tongass Drive, Sitka, AK 99835

Facilities Operated by Yakutat Tlingit Tribe, P.L. 93-638, Title I.

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

Mt. Edgecumbe Hospital. Mt. Edgecumbe Hospital was built in the 1940's to serve as a naval air station clinic. Next, it became a sanitarium for Alaska Native victims of tuberculosis, and then an IHS general hospital for Southeast Alaska. In January 1986, SEARHC assumed responsibility for the Mt. Edgecumbe Hospital and health care delivery to the all of southeast Alaska under a P.L. 93-638, Title I contract. On January 1, 1995, SEARHC entered into a P.L. 93-638, Title V funding agreement with the Indian Health Service, and became a member of the Alaska Tribal Health Compact.

Mt. Edgecumbe Hospital is a five-story, concrete and steel, 119,000 square-foot facility. The facility has 60 beds for acute and protracted care. The hospital is on Japonski Island, with access by bridge to Sitka. It has received accreditation with commendation in 1998 by the Joint Commission on Accreditation of Healthcare Organizations.

Clinical services include family medicine, internal medicine, obstetrics, gynecology, otolaryngology, oncology, psychiatry, radiology, optometry, and pediatrics. A staff of dentists and dental assistants deliver services to beneficiaries at the hospital and on an itinerant basis to Angoon, Yakutat, and Hoonah. Haines, Kake, Petersburg, Skagway and Wrangell receive contracted services from private sector dentists. SEARHC dental services are provided in the schools from time to time at the elementary through high school levels, and sealant clinics are conducted in Petersburg and Wrangell.

The outpatient mental health program has moved out of the Mt. Edgecumbe Hospital into a newly renovated duplex building on the hospital grounds. This setup provides more space and privacy for clients.

Building 212 on the Mt. Edgecumbe Hospital campus houses SEARHC Community Health Services (CHS). CHS provides administrative support for the field-based programs, and oversees the community health aide/practitioners, community family services, emergency medical services, and Raven's Way, an adolescent residential treatment program for youth with alcohol-abuse problems. The Bill Brady Healing Center, formerly the chemical dependency unit, has moved out of the hospital and transitioned into an adult residential treatment program. In addition, Deilee Hut was opened to provide residential alcohol treatment for women who wish to bring their children with them. Together, these programs reach into all the rural communities of Southeast Alaska.

From time to time, SEARHC clinicians provide services at the following sites outside of SEARHC and tribal facilities:

Bartlett Regional Hospital, 3260 Hospital Drive, Juneau, AK 99801

Haines Senior Center, 1st Avenue South, Haines, AK 99827

Juneau Pioneers' Home, 4675 Glacier Hwy., Juneau, AK 99801

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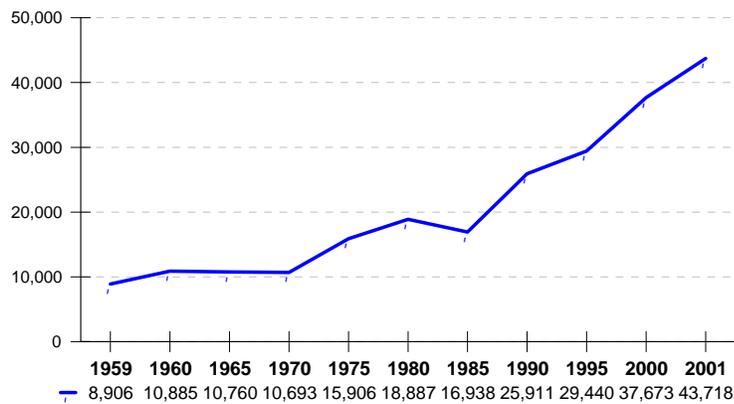
Sitka Pioneers' Home, 120 Katlian St., Sitka, AK 99835
 St. Ann's Care Center, 415 – 6th Ave., Juneau, AK 99801

Other SEARHC Services. SEARHC also provides health care through community health aide/practitioners in the villages. SEARHC monitors and evaluates primary medical care services, training and supervision of health aides. The following villages have community health aides:

Angoon Hydaburg Kake Kasaan/Klawock* Klukwan Pelican Tenakee Springs

* The Kasaan and Klawock health aides now work at the Alicia Roberts Medical Center in Klawock under the supervision of a primary care provider.

**SEARHC Mt. Edgecumbe Hospital Sitka
 Outpatient Workload: FY 1959 - FY 2001**



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

**Mt. Edgecumbe Hospital
 Leading Causes of Outpatient Visits: FY 2001 - FY 2002**

All Age Groups	FY 2001	FY 2002
Hospital Medical/Surgical Follow-up		3,057
Neuroses & Non-Psychotic Disorders		1,649
Accidents & Injuries		1,571
Upper Respiratory Problems		1,518
Tests Only		1,376
Bone & Joint Disorders		1,028
Physical Examinations		941
Psychoses		819
Arthritis		792
Gynecologic Problems & Breast		751
Well Child Care		627
Otitis Media		593
Precordial & Abdominal Pain		571
Diabetes		551

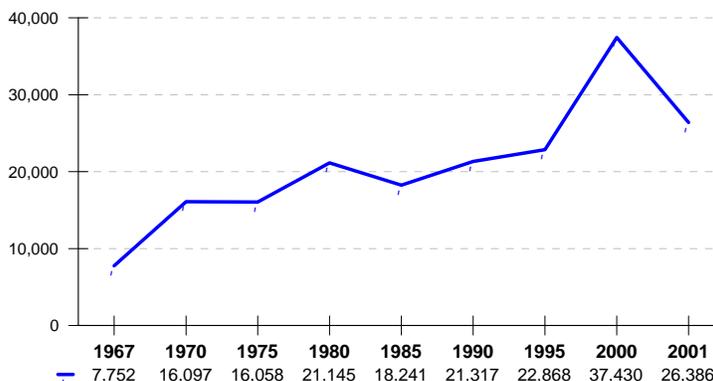
Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

SEARHC Medical & Dental Clinic - Juneau.

In 1982, SEARHC assumed management of the Alaska Area Native Health Service health clinic in Juneau. By June 1987, SEARHC moved into a larger clinic building at the base of Hospital Drive in Juneau. Because of increasing demands for clinic space, SEARHC purchased a building across the parking lot for its corporate

headquarters in 1991. Finally, in 2003, SEARHC constructed and opened a new Juneau Medical Clinic at the top of Hospital Drive that will allow a much needed 40% increase in patient visits, and allows SEARHC to offer optometry and physical therapy services in Juneau for the first time. The old building will be remodeled to house dental and behavioral health services.

**SEARHC Medical-Dental Clinic, Juneau
Outpatient Workload: FY 1967 - FY 2001**



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

**Juneau Medical & Dental Clinic
Leading Causes of Outpatient Visits: FY 2001 - FY 2002**

All Age Groups	FY 2001	FY 2002
Upper Respiratory Problems	1,058	1,296
Bone & Joint Disorders	953	1,192
Physical Examinations	726	1,150
Accidents & Injuries	966	1,067
Hypertension	574	826
Tests Only	743	726
Arthritis	688	725
Neuroses & Non-Psychotic Disorders	922	671
Diabetes Mellitus	396	629
Hospital Medical/Surgical Follow-up	429	617
Gynecologic Problems & Breast	472	551

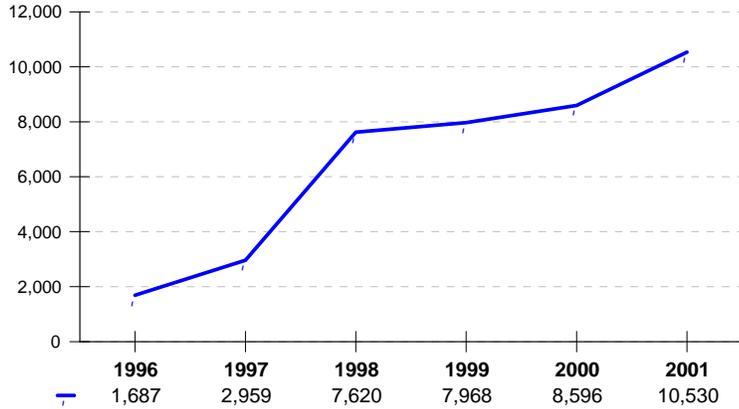
Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

SEARHC Alicia Roberts Medical Center – (Klawock) Prince of Wales. A new clinic, the Alicia Roberts Clinic in Klawock, opened on Prince of Wales Island in July 1995. SEARHC assumed management for Prince of Wales Island in January 1994.

A dentist working in the SEARHC Alicia Roberts Medical Center serves residents of Prince of Wales Island.

Physicians and physician's assistants from the Alicia Roberts Clinic go to the villages of Hydaburg and Kasaan. Quite frequently, patients come to the clinics for health care needs. Those days that have "round trip" ferries scheduled are set aside for Prince of Wales patients to make appointments. This occurs usually twice a week except during January through March when only one day per week is scheduled.

**Alicia Roberts Medical Center (Klawock)
Outpatient Workload: FY 1996 - FY 2001**



As of FY 1998, Kasaan residents now receive health care services at the Klawock Health Center. Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1A.

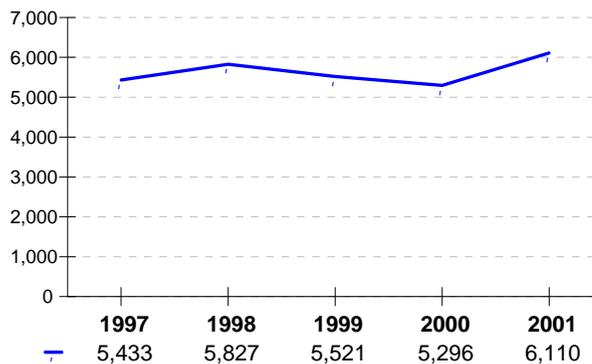
SEARHC Haines Medical Clinic – Haines. In early 1998, SEARHC assumed management of the Lynn Canal Medical Center to better serve Native beneficiaries in the region. The clinic was renamed the SEARHC Haines Medical Clinic. A physician and a physician's assistant work to meet the medical needs of the people of Haines and Klukwan.

Hoonah Indian Community.

Hoonah Health Center, P.O. Box 103, Hoonah, AK 99829

The Hoonah Indian Community began operating the Hoonah Medical Center and the village health aide program in December 1996. Services at the Hoonah Health Center include a community health aide, community health representatives, alcohol and mental health services, and a state funded midlevel provider. Periodic physician and dental services are provided by SEARHC.

**Hoonah Medical Center
Outpatient Workload: FY 1997 - FY 2001**



Includes Community Health Aide (CHA) encounters. Source: Workload counts from the Hoonah local database.

Ketchikan Indian Community (KIC) Tribal Health Center - Ketchikan.

Ketchikan Tribal Health Clinic – 2960 Tongass Avenue, Ketchikan, AK 99901

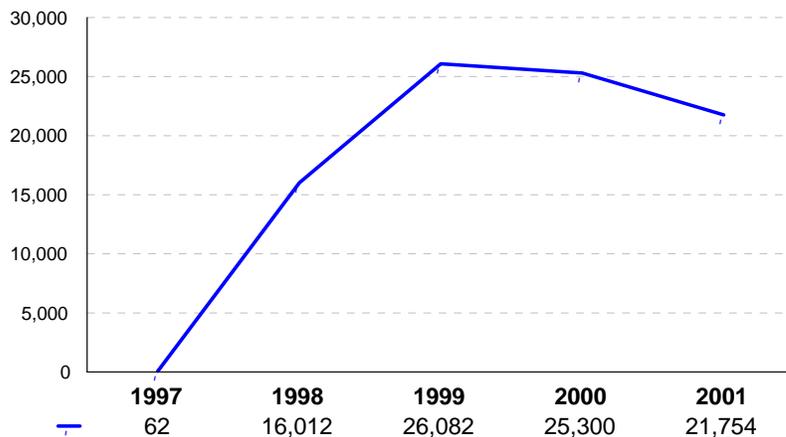
The Ketchikan Indian Community assumed management of health care services to Alaska Native/American Indian residents of the Ketchikan Gateway Borough as of October 1, 1997. By October 1, 1998, the service population was further defined as including Saxman Village residents.

Medical services include family medicine, internal medicine, obstetrics, gynecology, pediatrics, diabetes program, physical therapy, laboratory services, dental, pharmaceutical, social services, and health information services. KIC Tribal Health Clinic provides 24-hour physician coverage. An on-call physician provides medical care for life threatening or after-hour emergency medical crises through the Ketchikan General Hospital emergency room. Medical referrals are done both on the local and regional level if the service cannot be provided at the KIC Clinic.

The following medical specialists are available in Ketchikan intermittently on a visiting basis: allergy, audiology, dermatology, neurology, ophthalmology, otolaryngology, plastic reconstructive & hand surgery, podiatry, and urology. KIC Tribal Health Clinic cooperates with both SEARHC and Ketchikan General Hospital to schedule specialty clinics so visits are cost effective. Other services provided by KIC are dental, pharmaceutical, social and health information.

The nursing staff works in conjunction with all departments. Their responsibility consists of but not limited to: chemotherapy, patient education, immunizations, maternal and child health, infection control, employee health, triage, specialty clinics, and patient travel to arrange referrals for specialized care at Mt. Edgecumbe and Alaska Native Medical Center.

**Ketchikan Indian Corporation Tribal Health Clinic
Outpatient Workload: FY 1997 - FY 2001**



Ketchikan Indian Corporation (KIC) assumed management of health services on 10/1/97 for the residents of Ketchikan. On 10/1/98 Saxman residents began receiving services at KIC Health Clinic. Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1A.

**Ketchikan Health Center
Leading Causes of Outpatient Visits: FY 2001 - FY 2002**

All Age Groups	FY 2001	FY 2002
Upper Respiratory Problems	1,071	1,960
Neuroses & Non-Psychotic Disorders	1,434	1,903
Hypertension	1,163	1,614
Diabetes	1,103	1,538
Bone & Joint Disorders	1,009	1,453
Hospital Medical/Surgical Follow-up	1,240	1,431
Accidents & Injuries	820	1,067
Gynecologic Problems & Breast	579	823
Alcohol Abuse	606	746
Heart Disease	538	743

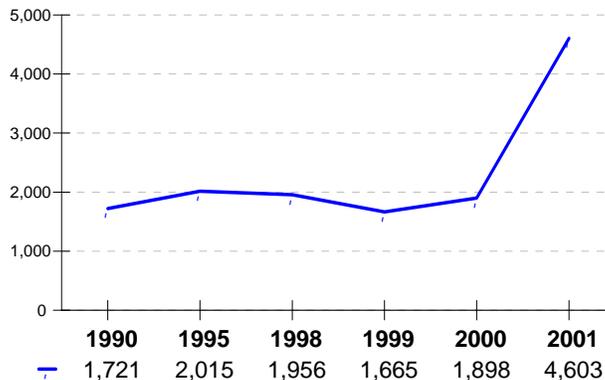
Source: Indian Health Service Inpatient/Outpatient Reporting System in Albuquerque, APC Report 1C.

Yakutat Tlingit Tribe.

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

Under a P.L. 93-638, Title I contract with the Indian Health Service, two mid-level providers and two community health aides provide services to people of Yakutat. The community health aide/practitioner provides home health visits to elderly patients and also sees patients at the clinic, Health education is provided in the schools, The Tribe operates the EMS program and some mental health services. Periodically, services are offered by private specialists traveling to the community. SEARHC also has a primary care physician, acute dental services and other specialists visit the community.

**Yakutat Health Center
Outpatient Workload: FY 1990 - FY 2001**



Source: Alternate local data systems

NON-TRIBAL HEALTH AGENCIES AND FACILITIES AND TYPES OF SERVICES PROVIDED TO SERVICE POPULATION

In addition to the health facilities operated by SEARHC, private hospitals are in Sitka, Juneau, Petersburg, Wrangell, and Ketchikan.

The private health-care providers throughout the region complement SEARHC services through contract health care monies and private insurance payments.

Itinerant public health nurses who are State of Alaska employees serve the Southeast Alaska communities.

HEALTH SERVICES AND FACILITIES PLANNING ISSUES

The following assumptions provide a qualitative assessment of the changes expected in the demand for health-care services in the Southeast Alaska.

1. The percentage of elderly and children in the Native population continues to increase. The demand for geriatric services and long-term care will grow. Increases in the incidence of heart disease and stroke will impact the demand for inpatient and outpatient, and rehabilitation services. The demand for pediatric and adolescent services will grow.
2. There will be increased services to patients with AIDS and chronic diseases. These patients will have a greater need for outpatient services, which may include home health care and will increase utilization of laboratory, pharmacy and x-ray services. Inpatient services will include high-intensity nursing and physician services and will demand increased need for intensive care services.
3. There is a dramatic increase in sexually transmitted diseases. There is a need for increased space for outpatient evaluations; this also includes lab utilization.
4. There are an increased number of cancer patients, especially lung cancer, colon cancer, cancer of the cervix, and AIDS-related malignancies. These patients utilize more outpatient and inpatient services, laboratory services, surgical services, and radiology services.
5. The number of patients with diabetes and obesity problems is increasing. Additional patient education is needed. Utilization of both inpatient and outpatient services is also impacted.
6. Substance abuse continues to be a major problem. Both prevention and treatment programs will need to expand. The demand for family involvement in therapy is evident. Medical complications from abuse and alcohol-related accidents will impact both inpatient and outpatient services.
7. The availability of new technology will increase the type of services offered which will in turn, increase the number of inpatient and outpatient services delivered.
8. More procedures will be available on an outpatient basis (e.g., ambulatory surgery), decreasing the demand for inpatient beds. However, this will require appropriate ambulatory surgery facilities.

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9. Dental services will be expanded to include orthodontics and prosthetics.
10. Health education will become a major focus of inpatient and outpatient services, increasing the resources required to support these services.
11. The role of village clinics will expand as centers for medical, dental, counseling and educational services.
12. The demand for mental health services will increase and will be met through expanded inpatient and outpatient services. The need for transitional living arrangements will greatly increase.
13. When SEARHC acquires an orthopedist for its medical staff, the number of surgical cases seen at Mt. Edgecumbe Hospital will increase. Additional equipment and facility renovation will be necessary.

HEALTH STATUS OF ALASKA NATIVES LIVING IN THE MT. EDGECUMBE SERVICE AREA

Mortality. The following table displays the leading causes of crude death rates for the Mt. Edgecumbe Service Area.

Mt. Edgecumbe Service Area
Alaska Native Deaths
Three-Year Average Crude Death Rates per 100,000 Population

Leading Causes of Death	1994-1996 /4	1995-1997 /4	1996-1998 /4
1) Heart Disease	141.1	143.6	124.4
2) Malignant Neoplasms /1	92.3	85.6	114.5
Lung Cancer	35.9	32.7	32.3
3) Unintentional Injuries (Accidents) /2	77.0	70.5	74.6
Water Transport/Drowning	25.7	20.2	24.9
Motor Vehicles	12.8	15.1	22.4
4) Alcohol Related /3	38.5	40.3	29.9
5) Suicide	20.5	25.2	27.4
6) Chronic Obst. Pul. Diseases	20.5	20.2	22.4
7) Pneumonia & Influenza	12.8	22.7	19.9
8) Cirrhosis	18.0	22.7	17.4

1/ Lung Cancer is included in Malignant Neoplasms.

2/ Does not include injuries purposefully inflicted or injuries undetermined whether purposefully or accidentally inflicted. Motor Vehicle and Water Transport/Drowning are also counted in the total Accidents; it does not include alcohol related deaths.

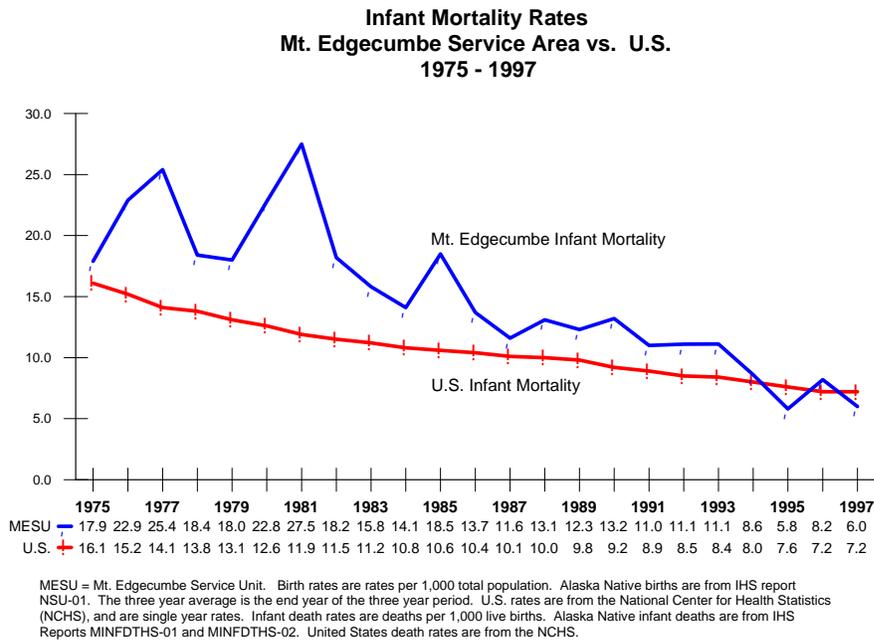
3/ Alcohol Related deaths include alcoholic psychoses, alcohol dependence syndrome, alcohol abuse, alcoholic liver disease and cirrhosis, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, excessive blood level of alcohol, and accidental poisoning by alcoholic beverages and ethyl alcohol.

4/ Causes not included when deaths average less than one per year.

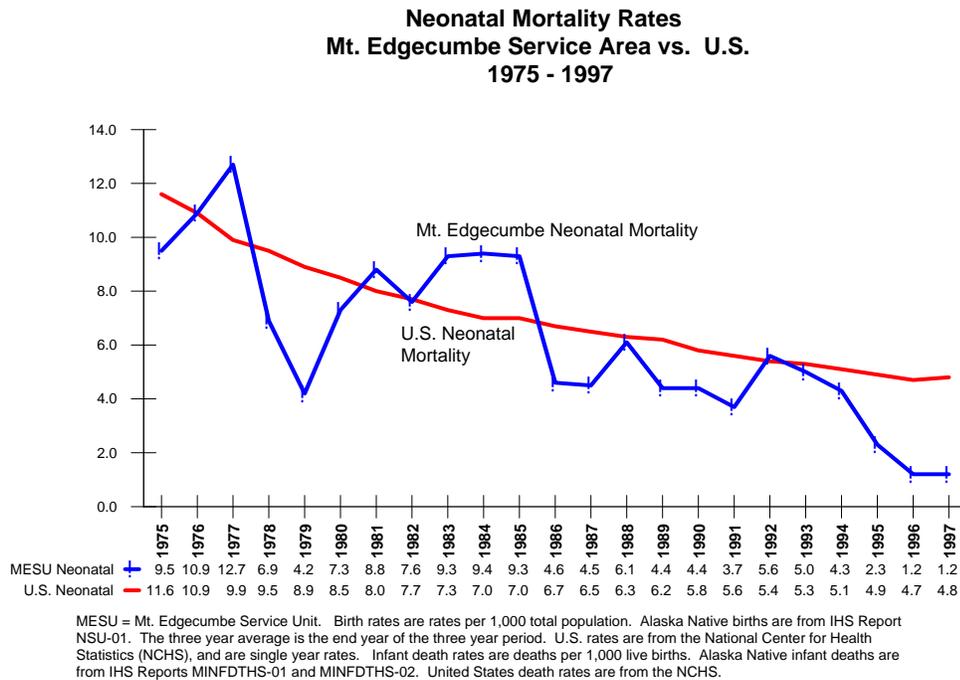
Alaska Area Native Health Service, Division of Planning, Evaluation & Health Statistics.

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Infant Mortality. The following graph compares the Mt. Edgcumbe Service Area and U.S. infant death rates.



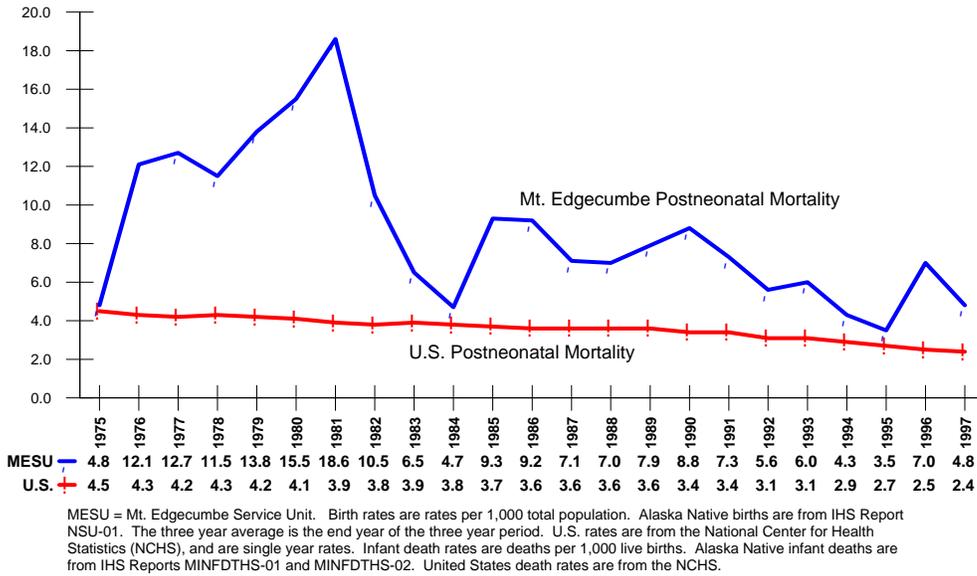
Neonatal Mortality. Neonatal mortality for Mt. Edgcumbe Natives is lower than the U.S. rate. The neonatal period is defined as 28 to 365 days of age.



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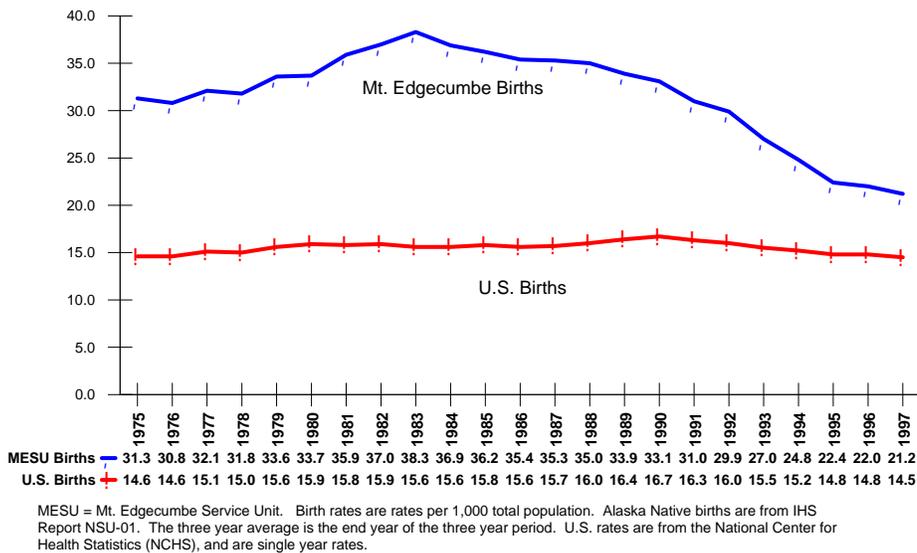
Postneonatal Mortality. The Mt. Edgecumbe Service Area postneonatal death rate is higher than that of the U.S. general population. The neonatal period is defined as 28 to 365 days.

**Postneonatal Mortality Rates
Mt. Edgecumbe Service Area vs. U.S.
1975 - 1997**



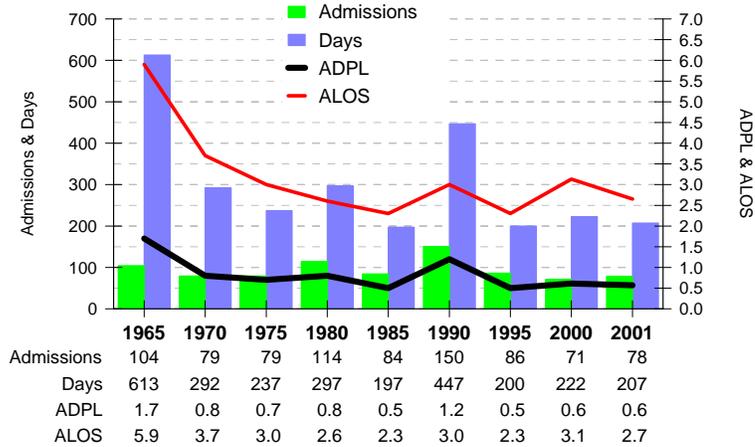
Birth Rates. The graph below compares the birth rates between the Mt. Edgecumbe Service Area and U.S.

**Birth Rates
Mt. Edgecumbe Service Area vs. U.S.
1975 - 1997**



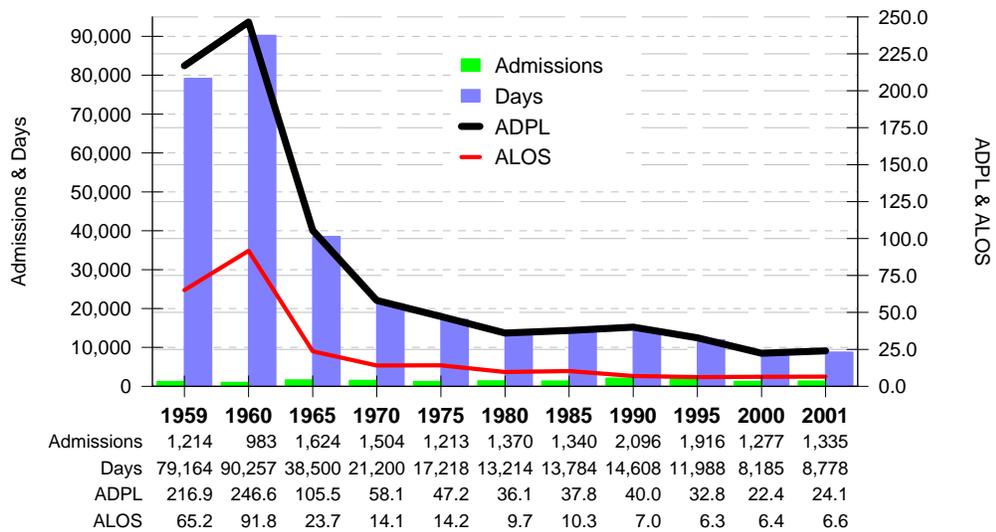
INPATIENT WORKLOAD

**Mt Edgcumbe Hospital
Newborn Inpatient Workload
FY 1965 - FY 2001**



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

**Mt Edgcumbe Hospital
Inpatient Workload Excluding Newborns
FY 1959 - FY 2001**



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

High rates of hospitalization in the late 1950's and early 1960's reflect the twentieth century Alaska Native tuberculosis epidemic.

DISCHARGE DIAGNOSES

**Mt. Edgecumbe Hospital
Leading Causes of Discharges: FY 2001 - FY 2002**

	FY 2001	FY 2002
Accidents & Injuries	115	107
Alcohol Abuse	134	82
Heart Disease	70	60
Psychoses	63	52
Deliveries (Childbirth)	78	50
Disease of Gall Bladder	38	42
Diseases of the Stomach	25	28
Pneumonia	33	23
Infected Skin & Abrasions	16	22
Tonsil & Peritonsil Disease	25	21
Complications of Pregnancy	48	21
Asthma	19	20

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