MAKING SMART MOVES ANCHORAGE PROJECT ACCESS 2014 ANNUAL REPORT

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OUR MISSION

The mission of Anchorage Project Access is to increase access to health care for low income uninsured members of our community by using a volunteer network of providers working in a coordinated fashion to create a compassionate, respectful, equitable, accountable and efficient program of necessary services for those in need.

2014 GENERAL MEMBERS

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OUR GOALS

- I. Improve the health outcomes of the low income uninsured population of Anchorage
- Increase the primary care treatment capacity in Anchorage
- III. Increase the ability of physicians and other community partners to volunteer their services effectively and efficiently
- rv. Increase collaboration within the Anchorage health care community to meet the needs of the low income uninsured population amongst us





"WOULD YOU TELL ME, PLEASE, WHICH WAY I OUGHT TO GO FROM HERE?"
"THAT DEPENDS A GOOD DEAL ON WHERE YOU WANT TO GET TO."

— (Alice and the Cheshire Cat) Lewis Carroll, Alice in Wonderland

Anchorage Project Access (APA) was created with one goal in mind – to provide increased access to health care for low income uninsured members of our community. When we first opened our doors in 2005, there were an estimated 50,000 uninsured people in Anchorage alone that could not afford basic health care and were limited – at best – to treatments available during one-time visits to an emergency room.

2014 was our first year operating in conjunction with the nationally mandated health care system established by the Affordable Care Act (ACA). Many of our former clients are now able to afford health insurance, thanks to subsidies available through ACA to low income households. In addition, our new governor has stated

that he plans to expand the Medicaid program in Alaska, closing more gaps in the health care system and allowing even more of Anchorage's medically underprivileged to receive health benefits.

But APA's work is far from finished. We still see hundreds of clients who still have no other option to meet their health care needs. Some cannot afford even minimal insurance costs. And increasingly, we are finding that many clients are finally purchasing insurance only to find that they can't afford the additional premiums required for treatment.

As we move forward, Anchorage Project Access will need to make some strategic moves to continue to serve our clients. We may need to adjust our operations to address the shifting healthcare landscape and the new challenges those changes create. But our mission is the same. And our network of health care providers has never been stronger.

I would like to thank our dedicated staff, our board, our volunteers, our incredible network of medical professionals, and our generous private, corporate, and government donors. Your work and generous hearts allow us to keep moving ahead.

Bradley Cruz, MD

President, APA Board of Directors



Health care remains a universal topic for which there are no easy answers or solutions. As in the past, it continues to be among the most expensive line items in an annual budget, resulting in many people finding themselves without health care benefits. While the Affordable Care Act has made new options available for many people, understanding these options has proven to be challenging for many seeking health care solutions. The Anchorage Project Access (APA) board of directors recently made a determination that those people who are eligible for insurance through the Affordable Care Act and choose not to sign up for it will not be eligible for APA services. This policy was implemented to ensure that those people receiving care from our generous group of volunteer providers are truly in need.

Anchorage Project Access (APA) is a local replication of a national model that has proven to improve health outcomes and reduce emergency department charity care costs in many communities. Residing fiscally and administratively under the nonprofit structure of Christian Health Associates, the project was founded and brought to the implementation stage through the collaborative efforts of many community stakeholders.

APA has been coordinating donated health care for the underserved for nine years. People who meet the program criteria are eligible for these donated services and it is offered to them in a dignified and compassionate manner. Staff performs all "back office" duties beginning with financial screening; and — once eligible — the patients' care is managed until they exit the program. APA patient care

coordinators work closely with providers on the clinical leadership team and the APA medical director when medical issues arise.

APA operates on the premise that all patients have a primary care provider; and if they do not, they are assigned one. This process guarantees the patient has a medical home to receive appropriate diagnostic tests and specialty referrals if necessary. We are hopeful this process will result in improved health habits for our patients in the future. As part of the "responsibility agreement," patients are encouraged to "pay it forward" by volunteering 20 hours in the community in whatever capacity they choose.

Anchorage Project Access has an active board of directors as well as several standing committees that include an executive committee, board development, resource development, clinical leadership team, evaluation, finance, and health care reform.

ELIGIBILITY REQUIREMENTS

- Municipality of Anchorage resident; a limited amount of people from outside the Anchorage bowl are served
- Gross household income of 200% or less of the Federal Poverty Level
- No other form of health insurance including: Medicare, Medicaid, Native, VA, Tri-Care, etc.
- Must have a medical need



Nine years ago Anchorage Project Access (APA) opened its doors and continues to be one of the major safety net organizations in Anchorage for its most vulnerable population.

Since the onset, the strength and endurance of APA continues to lie with its 530 volunteer health care providers. During Report Year 2014 (October 1, 2013 – September 30, 2014), the APA staff scheduled over 1,719 appointments on behalf of 449 eligible patients.

APA has grown and learned many valuable lessons over the past nine years. We've instigated new procedures that streamlined our processes and improved the APA experience for our patients. The value of donated care continues to be significant at \$4,246,469 for Report Year 2014.

The number of new and unique patients served for Report Year 2014 was 222. The sources of our referrals are derived from the following: 58% from the Anchorage Neighborhood Health Center; 15% from Providence Family Medicine Residency; 22% from participating APA specialists; and 5% are "self-referrals."

The demographic characteristics for Report Year 2014 remained similar to those reported in 2013. Again, she is the Caucasian female between 50 – 59 years of age. As in the past, while many are unemployed, she is typically working multiple part-time jobs without health benefits or is self-employed.

Based on internal health and wellness surveys, APA clients indicated their "poor physical health days" decreased significantly by 46.4%. This internal documentation also indicates patient employment status rose after exiting the project and more people are utilizing the primary care home they were connected with through APA.

Since APA opened its doors nine years ago, the one item that continues to be a constant is the value of care so generously donated by the APA volunteer network. Data documented for this annual report is represented in the value of services

donated to APA patients this year – estimated at over \$4 million. As in past years, many services supplied by APA volunteer providers were not submitted for documentation, making the actual amount of donated care much higher than reported.

The APA volunteer providers continue to be extremely generous and APA wouldn't exist without their contributions. However, there are those volunteers who have far exceeded their initial pledges to APA and we recognize them with the Mt. Huntington Award. This award was the brainchild of a grateful patient who donated a photo of Mt. Huntington to the APA staff

Without the assistance of APA, I wouldn't have received the surgery from Dr. Kavanaugh that I needed and would have been confined to a wheelchair in great pain. Thank you so much for everything you did, and please continue helping those of us in extreme need.

— APA Patient N.A.

in gratitude for the services he received through the Project; Mt. Huntington represented his ascent to good health. Quarterly, APA staff and board members present a certificate to a special provider. Certificates are signed by the Governor, Mayor, and Commissioner of DHSS. Special ads run in the Alaska Dispatch News listing all Mt. Huntington recipients.

For Report Year 2014 – October 1, 2013 through September 30, 2014, 222 new and unique patients were treated by an APA volunteer health care provider. Also, at some point, 449 patients were enrolled and eligible for services during this time period.

Figure 1 illustrates the demographic characteristics of these 222 new and unique Project Access patients. The demographic characteristics for Report Year 2014 remain similar to those reported last year. Once again, she is a Caucasian, single woman between 50 – 59 years old. While many of our patients may be unemployed for a variety of reasons, 32% are working full or part time or are self-employed without health benefits. Education remains fairly consistent to previous years with the majority being high school graduates. However, over 40% of our patients have attended some college or are college graduates. The homeless population continues to be significant at over 42% – an increase from last year of 6%.

I am amazed at the difference in my life since receiving services from Anchorage Project Access. Prior to enrolling in the APA program, I had 50% hearing loss and did not realize how diminished my hearing was until receiving much needed care and devices.

I can now hear the birds sing. I can hear emergency vehicles and horns from other drivers, which are important for my safety, as well as that of others. I can hear my children, at whom I was yelling, not realizing the level of my voice. Now I can speak in a reasonable tone and hear myself, as well as be heard by others.

— APA Patient C.P.

Gender	Count	Percentage
Female	128	57.66%
Male	94	42.34%
	222	100.00%
Age		
1–19	1	0.45%
20 – 29	20	9.01%
30 – 39	27	12.16%
40 – 49	52	23.43%
50-59	90	40.54%
60-69	29	13.06%
70 ±	3	1.35%
	222	100.00%
Education Level		
Less than high school	46	20.72%
High school graduate or GED	86	38.74%
Some college or vocational school	57	25.68%
College graduate	33	14.86%
	222	100.00%
Employment Status		
Unemployed	151	68.02%
Employed Part Time	38	17.12%
Employed Full Time	21	9.46%
Self-employed	12	5.40%
	222	100.00%
Household Size (Number of People)		
1	149	67.12%
2	34	15.32%
3	16	7.21%
4	11	4.95%
5	6	2.70%
6	2	0.90%
7	2	0.90%
8+	2	0.90%
	222	100.00%
Ethnicity		
White	129	58.11%
Hispanic/Latino	24	10.81%
Black/African American	19	8.56%
Asian	41	18.47%
Multi-Racial	1	0.45%
Native Hawaiian or Pacific Islander	5	2.25%
American Indian or Alaska Native	222	1.35% 100.00 %
H	222	100.00%
Marital Status Single	128	57.66%
Married	50	22.52%
Divorced	23	10.36%
Separated	12	5.41%
Widowed	9	4.05%
::::::::::::::::::::::::::::::::::::::	222	100.00%
Housing Status		
Own	44	19.82%
Rent	84	37.84%
Staying with Family / Non-Family Members	74	33.33%
Community Shelter	1	0.45%
Homeless	8	3.60%
Other	11	4.96%
	222	100.00%
Federal Poverty Level		
0% — 50%	102	45.95%
51% – 100%	67	30.18%
	2.4	15.31%
101%-150%	34	15.5170
101% – 150% 151% – 200%	19	8.56%

FIGURE 1: Characteristics of New Patients Served by APA.

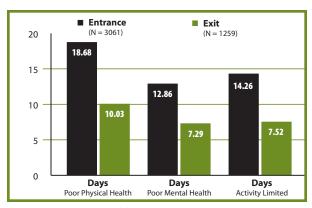


FIGURE 2: Poor Health Days.

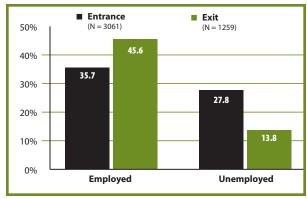


FIGURE 3: Employment Status.

FIGURE 4: Work Limitations.



I. IMPROVE THE HEALTH OUTCOMES OF THE LOW INCOME UNINSURED POPULATION OF ANCHORAGE

APA patients complete a health and wellness survey when they are enrolled in the program and again six months after their medical need has been met. Survey respondents are asked to rank their health on a scale from 1 (poor) to 5 (excellent).

Figure 2 demonstrates APA patients who completed the program reported marked improvements to both physical and mental health. The number of days reported with "poor physical health" was reduced by 46.4%; "poor mental health" days were reduced by 43.5%, and the number of days they experienced limited activity due to health issues was reduced by 47.3%.

Figure 3 shows the number of patients who were working after they completed the program went up considerably, suggesting that their improved health status made it easier to find and keep employment; 35.7% were employed at entrance versus 45.6% at exit of the program.

We also asked our patients to assess their own work limitations. Figure 4 suggests that the number of APA patients who believed they were "limited a lot" or "limited a little" before entering our program were doing significantly better after their health care needs had been met, and the number of patients who said they had no work limitations more than doubled.

All three graphs indicate a significant improvement in our patients' overall health and a reduction in their limitations due to health considerations.



II. INCREASE THE PRIMARY CARE TREATMENT CAPACITY IN ANCHORAGE

Once a person is financially eligible for enrollment in the program, APA requires they have a primary care home; and if they do not, they will be assigned one. This process ensures continuity of care and allows our patients to establish an ongoing relationship with their health care provider. As the emergency department has historically been the primary care home for many Project Access patients, establishing a relationship with a provider is a new lifestyle that must be learned. This practice creates good health habits, leading to improved overall health in the future. As shown in Figure 5, the latest APA program exit surveys indicated:

- 74.7% of APA patients had a primary care home vs. 62.2% at entrance to the program.
- 96.0% of APA patients planned to remain with their primary care provider vs. 91.5% at entrance to the program.

In 2013, APA staff scheduled 222 orthopedic surgeries. The numbers changed in 2014 as physical therapy took the lead – followed by orthopedic surgery, radiology, and anesthesiology (as shown in Figure 6.) A typical treatment may include multiple appointments or procedures on behalf of the patient. For example, a patient may begin with a consultation, followed by an X-ray or lab tests, and ending with physical therapy.

Overall for Report Year 2014, APA staff scheduled 1,719 appointments on behalf of 449 eligible patients.

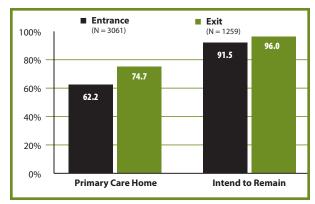


FIGURE 5: Primary Care Home and Intention to Remain.

Specialty Total Appointn	nents	Specialty Total Appoint	ments
Allergy /Immunology	8	Otolaryngology	48
Ambulatory Surgery	24	Pathology	124
Anesthesiology	124	Pediatric Cardiology	1
Audiology	8	Phlebology	6
Cardiology	82	Physical Medicine/Rehabilitation	4
Dermatology	22	Physical Therapy	193
Durable Med Equip — Slp Disorders	4	Podiatry	9
Endocrinology	26	Pulmonary Disease	11
Family Medicine	11	Radiation Oncology	4
Gastroenterology	106	Radiology	165
Hematology/Oncology	41	Rheumatology	3
Hospital Services	123	Sleep Disorders	20
Infectious Disease	8	Surgery — Breast	2
Interventional Radiology	4	Surgery — Cardiothoracic	5
Nephrology	16	Surgery – General	54
Neurology	50	Surgery — Orthopedic	173
Obstetrics/Gynecology	100	Surgery – Plastic/Reconstruction	10
Occupational Therapy	21	Urology	65
Ophthalmology	44	TOTALS	1719

FIGURE 6: Number of Appointments by Specialty.



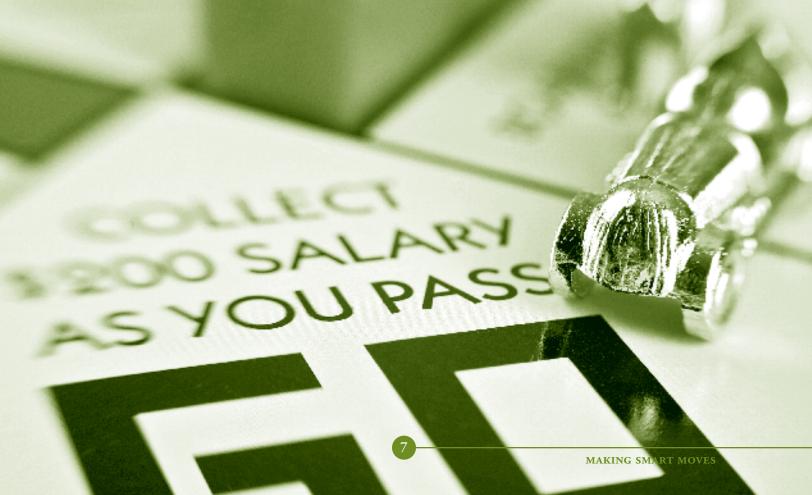
Specialty	# of Providers	Specialty	# of Provider
Allergy/Immunology	5	Pediatric Cardiology	
Anesthesiology	15	Pediatric Ophthalmology	
Audiology	3	Pediatrics	2:
Cardiology	40	Phlebology	:
Dermatology	7	Physical Medicine/Rehab	
Durable Med Equipment	1	Physical Therapy	4.
Endocrinology	5	Podiatry	(
Family Medicine	26	Pulmonary Disease	:
Gastroenterology	13	Radiation Oncology	4
Hematology/Oncology	18	Radiology	20
Hyperbaric	1	Rheumatology	:
Infectious Disease	6	Sleep Disorders	4
Internal Medicine/General	9	Support Services	9
Interventional Radiology	2	Surgery — Breast	;
Mental Health Svs Limited	2	Surgery — Cardio	!
Nephrology	15	Surgery — General	
Neurology	8	Surgery — Orthopedic	56
Neurosurgery	0	Surgery — Plastic	7
Obstetrics/Gynecology	45	Urology	12
Occupational Therapy	4		
Ophthalmology	6	Collaborating Providers:	
Optometry	3	PFMC	49
Otolaryngology	6	ANHC	2
Pain Management	5		
Pathology	8	TOTAL	530

FIGURE 7: Anchorage Project Access Providers by Specialty.

III. INCREASE THE ABILITY OF PHYSICIANS AND OTHER COMMUNITY PARTNERS TO VOLUNTEER THEIR SERVICES EFFECTIVELY AND EFFICIENTLY

Currently, 530 health care providers participate in the APA volunteer network compared to 515 last year. Figure 7 represents our volunteer network listed by specialty. However, we continue to encounter unmet needs in many areas and are constantly looking to increase provider participation. Our clinical leadership team as well as providers on the APA board of directors are instrumental in recruiting new providers.

If you would like to join the Anchorage Project Access volunteer network, please contact the executive director at (907) 743-6651. Naturally, your level of participation is entirely at your discretion and any assistance you can provide to our patients is very much appreciated.



IV. INCREASE COLLABORATION WITHIN THE ANCHORAGE HEALTH CARE COMMUNITY TO MEET THE NEEDS OF THE LOW INCOME UNINSURED POPULATION AMONGST US

REVOLUTIONS

On Saturday, February 1, 2014, Anchorage Project Access held its fifth annual fundraising event – *Revolutions: Spinning for Health Care* – at the Anchorage 5th Avenue Mall. It was another huge success as the medical and business communities joined forces to raise more than \$45,000 for their neighbors in need. Twelve teams participated in the event.

PROJECT HOMELESS CONNECT

As a major safety net organization in the Anchorage area, APA prides itself in also being a good steward in the community. APA staff participates in the annual Project Homeless Connect event at the Egan Center. Businesses and social services organizations community-wide participate to assist our homeless neighbors with their most urgent needs – addressing everything from their housing situations to getting a haircut.

OTHER COMMUNITY FUNDRAISERS

The Wilson Agency Partnership

The Wilson Agency, a private employee benefits provider, was founded in 1964. As they celebrated their 50th year in business, they chose to partner with Anchorage Project Access with a goal of raising \$50,000. Their tireless efforts and connections in the community were very successful, and APA was honored to receive more than \$55,000 through this initiative.

Pizza Olympia Fundraiser

For the second year in a row, Pizza Olympia held a fundraiser for APA on May 6.

Clothesline Consignment Fundraiser

The Clothesline Consignment shop invited Anchorage Project Access to participate in an after-hours shopping fundraiser on September 13, and donated a portion of sales proceeds to APA.



SCHOOL BASED HEALTH CENTERS

School Based Heath Centers (SBHC) has enjoyed another year's partnership with Anchorage Project Access. APA has continued to assist the SBHC by ensuring uninsured children at the health center can receive needed prescription medications and specialty care, assisting with volunteer recruitment and provider relations, and by providing expertise and assistance with resource development efforts.

The SBHC provides services at the school so students can avoid health related absences and get support to succeed in the classroom. By increasing health care access for adolescents, making services available in a way

The SBHC provides services at the school so students can avoid health related absences and get support to succeed in the classroom. By increasing health care access for adolescents, making services available in a way

that is supportive to families, and improving students' attendance at school and participation in sports, the SBHC can positively impact the educational and social lives of students, their families, and the community.

The SBHC offers comprehensive physicals, limited acute care services, and immunizations for students who attend Clark Middle School and, beginning in 2014, Begich Middle School. During the calendar year 2014, 601 students were seen for care (445 at Clark; 156 at Begich). For the current school year, over 30% of the student body currently has parent consent to receive SBHC services at both schools. The increased volume of care being provided is due, in part, to paid nurse practitioners working at both sites. Volunteer providers also provide care to students.

In 2015, SBHC will begin offering students behavioral health services at Begich Middle School, in collaboration with Volunteers of America. Nationwide, 65% of SBHCs offer behavioral health services, which have been proven to increase participation in treatment for adolescents by 10 - 20 times the rate of schools where it is not offered.

Accomplishments during 2014 included:

- An increase in the volume of student visits for physicals, acute care, and immunizations during Fall 2014.
- Of all students who visited the Clark SBHC for any service in Fall 2014, all but four were sent back to class immediately following their visit, minimizing lost time in the classroom.
- Progress in implementation of behavioral health services at Begich Middle School supported by grant funding received from the Alaska Mental Health Trust Authority and Providence Alaska Medical Center.

Our appreciation and thanks to:

- Our wonderful volunteers, including the Alaska
 Family Medicine Residency, especially Robert
 McAlister, MD; Jon Lyon, MD; Mary Blenkush,
 MD; Cathy Giessel, ANP; Susan Beesley, MD; and
 many outreach and patient support volunteers.
- Our evaluation team at the UAA Dept. of Health Sciences, especially Gabriel Garcia, PhD.
- Our generous funders at Rasmuson Foundation, Providence Health and Services Alaska, Alaska Mental Health Trust Authority, Alaska USA Federal Credit Union, and United Way of Anchorage.
- Our contributors:
 - ▶ John Armstrong
 - ▶ Stephanie Birch
 - Quincy Byrd
 - Jordis Clark
 - Diane Ingle
 - Rita Kittoe
 - Christopher Kolerok
 - ▶ Jon Lyon
 - Teresa O'Connor
 - ▶ Constance Quinley
 - ▶ Ramona Rivers
 - ▶ Kristen Valentine

MOVING MOUNTAINS TO HELP OUR PATIENTS

Anchorage Project Access first presented the Mt. Huntington Award in 2008. The award is given to APA providers in recognition of their unfaltering commitment and astonishingly generous service to our medically uninsured neighbors in Anchorage. The award is acknowledged and signed by Alaska's Governor, Anchorage's Mayor, and the Commissioner of the Department of Health and Social Services.

In 2007, Richard Willard – who received health care through Anchorage Project Access – presented a large aerial photograph of Mt. Huntington to APA in gratitude for the program. Willard had been unemployed and uninsured and in need of a double hip replacement. After successful surgeries and medical care, all donated by APA's incredible volunteer medical network, Willard recovered his health and reentered the workforce.

Rising 12,240 feet in the Alaska Range about eight miles south-southeast of Denali, Mt. Huntington is considered one of the most challenging peaks to climb in the world (while overshadowed in absolute elevation by Denali, Mt. Huntington is a steeper peak.) The photo inspired the award, which has come to symbolize some patients' steep climb to improved health.



Mt. Huntington in the Alaska Range.





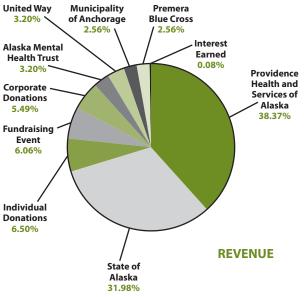
• Jerome List, Alaska Ear Nose & Throat

• Ophthalmic Associates

ANCHORAGE PROJECT ACCESS 2014 ANNUAL REPORT

APA Value of Donated Care October 2013 – September 2014 Reported Health Care Providers \$ 1,015,134 Hospitals, Radiology, Pathology, etc. 3,231,335 TOTAL DONATED CARE \$ 4,246,469

FIGURE 8: APA 2014 Value of Donated Care.



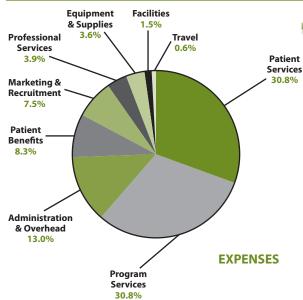


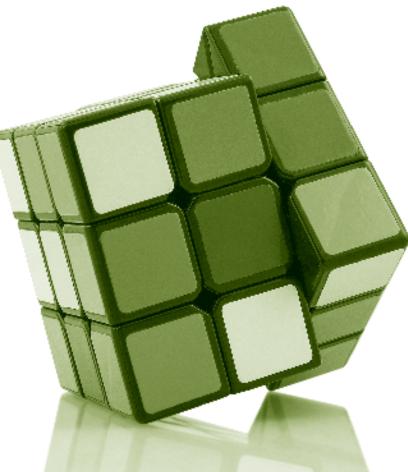
FIGURE 9: APA 2014 Revenue & Expenses.

VALUE OF DONATED CARE

Data for this report is derived from various billing sources for the period October 1, 2013 – September 30, 2014.

The value of donated care is derived through the "billing forms" submitted by APA providers to Meritain Health Care for documentation.

Data for Report Year 2014 is based on actual data from Meritain Health Care as well as from the hospitals, radiology centers, and pathology. As in past years, many services provided by APA providers were not submitted to Meritain Health Care for documentation; thus, the actual amount of donated care is actually a great deal higher than is reported.



OVERALL VALUE OF PROGRAM

As stated in previous reports, it is vital to emphasize that Project Access financials do not demonstrate additional cost savings that might include: reduced emergency room visits; hospital admissions; increased worker productivity; and decreased morbidity and mortality, resulting in lower health costs.

Many intangible benefits are also not reflected, such as our patients' improved quality of life. Additionally, because we offer a more organized and dignified method of delivering donated health care, APA patients and providers experience greater satisfaction in the overall health care experience.

I really want to thank you for assisting me when I had no insurance, no income, and some medical issues that needed immediate attention. You directed me and made it possible for doctors to assist in my health needs. I'm forever thankful to this program. I believe in the "Pass it On" motto and will help others in need just as you have helped me.

— APA Patient D.J.

As in previous years, APA continues to work in an extremely efficient manner. During Report Year 2014, the ratio of donated care to program costs was 9:1 – for every dollar spent to operate the project, \$9 was donated in medical care. Last year, the ratio was significantly higher due to a small number of patients receiving extremely costly oncology treatments.

Since the onset of Anchorage Project Access nine years ago, the total value of donated care is an astonishing \$39,241,602. It goes without saying that the Anchorage medical community is extraordinarily generous.

NOTE: Providence Health and Services of Alaska generously contributes \$100,000 per year to support Anchorage Project Access. Their commitment is made in three-year segments, most recently a \$300,000 commitment in 2013 to be paid over three years. Providence's support is shown as revenue in the year in which it is committed.

October 2013 - September 2014 Revenue **Providence Health and Services** 300,000 State of Alaska 250,000 **Individual Donations** 50,842 **Fundraising Event** 47,390 **Corporate Donations** 42,922 Alaska Mental Health Trust 25,000 **United Way** 25,000 Municipality of Anchorage 20,000 Premera Blue Cross 20,000 Interest Earned 618 **TOTAL REVENUE** \$ 781,772

APA Annual Report Financial Summary

Expenses		
Personnel		
Patient Services	\$ 150,948	3
Program Services	151,078	3
Total Personnel		\$ 302,026
Administration & Overhead		63,580
Patient Benefits		41,016
Marketing & Recruitment		36,539
Professional Services		18,973
Equipment & Supplies		17,666
Facilities		7,443
Travel		3,151
TOTAL EXPENSES		\$ 490,394
Change in net assets		\$ 291,379

FIGURE 10: APA 2014 Financial Summary.

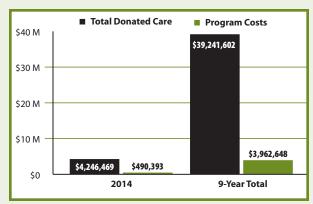


FIGURE 11: Comparison of Donated Care to Program Costs.

Mt. Huntington Circle (\$50,000+)

Providence Health & Services Alaska State of Alaska DHSS

Leadership Circle (\$10,000-\$49,999)

Alaska Emergency Medicine Associates Alaska Mental Health Trust Authority Municipality of Anchorage Premera Blue Cross Blue Shield of Alaska United Way of Anchorage

Major Benefactors (\$5,000-\$9,999)

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Aetna ConocoPhillips Alaska Moda Health The Wilson Agency The Carr Foundation

Partner in Health (\$2,500-\$4,999)

Alaska Regional Hospital Alaska Urology Anonymous BAS Health Bradley Cruz, MD First Choice Health First National Bank Alaska Fraternal Order of Eagles Auxiliary Barney & Rachel Gottstein **Imaging Associates** Mat-Su Health Foundation Jane & John Hall, MD Lorrie & Morris Horning, MD Law Office of Marc June Pick.Click.Give

Champion for Access (\$1,500-\$2,499)

United Health Care

William & Terese Columbus Susie Dietz, MD Dr. Griff Steiner & LB Gregory

Alaska Surgical Oncology

United Way Designated Gifts

Friend of Medicine (\$500-\$1,499)

Alaska Foot & Ankle Specialists Alaska Sales & Service

AFLAC

Alaska USA Federal Credit Union

Albers & Company

Alyeska Pipeline Service Company

Apokrisis Assurant Health Owen Bell, MD

Benefit Administrative Systems

Frank & Kathie Bethard James Blasingame Paul Bogumill Bravo Wellness The Brookside Group

Jamie Butler, MD John Carman

Dr. Eva Carey & Mr. Ron Dailey

Carpenter's Advancement Fund Robin Cooke, PharmD

Catherine Coward, MD **Davis Wright Tremaine**

John DeKeyser, MD Clay & Jane Dial

DOWL HKM Damien Dreis Brian Durrell

EBMS

Elite Brokerage Services

Ryan Forston

Geneva Woods Pharmacy Don Gomes & Annie Holt Robert Green

Alexander Grumman Nadja Hipszer Brian & Gayle Hoefler Kathleen Hollis Matt Heilala, DPM Joe Hodges Linda Hulteen

KC Kaltenborn & Cathie Schumacher, MDs

kbp Architects Rhonda Kitter

James Layne & Carolyn Heyman-Layne Randy Mager & Christine Chandler, ANP

Fran & Peter Marbarger, MD Mechanical Enterprises Michael & Sherryl Meek Gloria Bamberg-Merritt

ML & P

Booker & Janet Moore Northrim Bank

Peak

Henry & Juna Penney

Ira Perman

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