



Spotlight on
ANCHORAGE
PROJECT ACCESS

APA ANNUAL REPORT 2016

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OUR MISSION

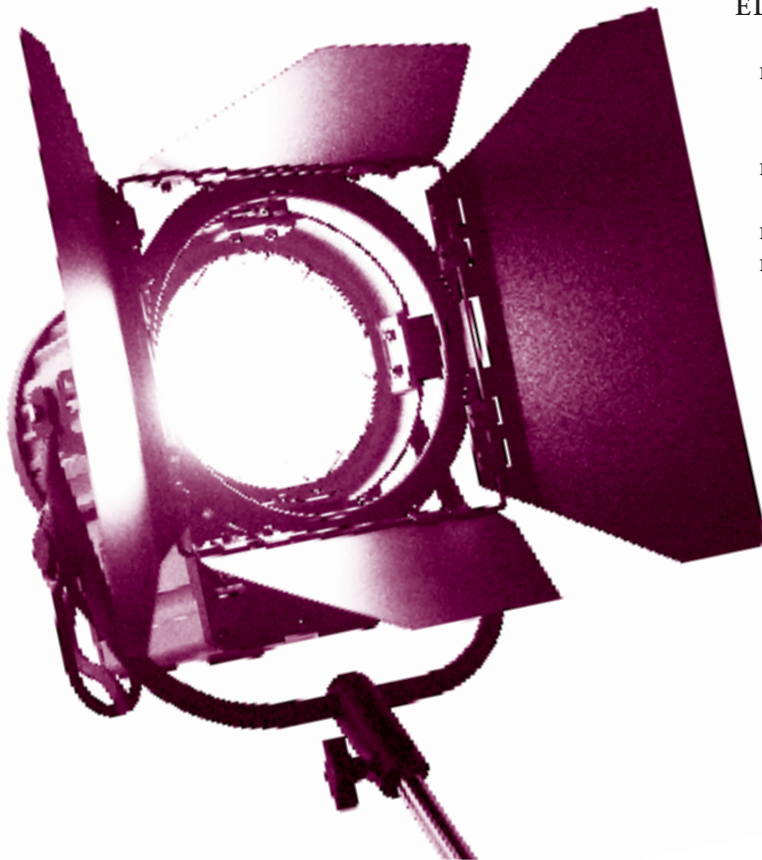
The mission of Anchorage Project Access is to increase access to health care for low income uninsured members of our community by using a volunteer network of providers working in a coordinated fashion to create a compassionate, respectful, equitable, accountable and efficient program of necessary services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

OUR GOALS

- I. Improve the health outcomes of the low income uninsured population of Anchorage
- II. 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
- IV. Increase collaboration within the Anchorage health care community to meet the needs of the low income uninsured population amongst us

ELIGIBILITY REQUIREMENTS

- I. Municipality of Anchorage resident; a limited amount of people from outside the Anchorage bowl are served
- II. Gross household income of 300% or less of the Federal Poverty Level
- III. No other form of health or dental insurance
- IV. Must have a medical or dental need





"IT IS IMPOSSIBLE TO GRASP ANOTHER HUMAN'S INNER WORLD. BUT EVEN IN THE DARKNESS OF THE DENSEST FOREST, THERE CAN ALWAYS BE THE LIGHT OF A FIREFLY."

— Krupakar, *Birds, Beasts, and Bandits: 14 Days with Veerappan*

Anchorage Project Access (APA) was founded with the idea that we could help improve the lives of some of our community's most underserved neighbors. By establishing an amazing volunteer network of medical professionals, APA has been able to bring a ray of light to our clients by pointing them to donated health care treatments they would otherwise have had to do without.

Health care seems like such a routine activity to most of us. But to a low income family, an uninsured single mother, or an unemployed student, even basic health care can easily fall out of reach. With the support of new subsidies made available through the national Affordable Care Act (ACA), more Alaskans than ever before

have been able to sign up for health insurance in the last few years. But, we discovered, the application process could be murky and difficult to navigate.

This year, Anchorage Project Access decided to address changes in our national health care system by branching out. APA still provides its traditional, core services – matching client needs with appropriate health care providers in our volunteer network. Although this year marked a downturn in the need for donated services (because we were able to help so many clients sign up for subsidized health insurance options as well as for Medicaid), we still saw our network grow to a record number of volunteers. Current efforts to repeal or replace the ACA mean we need to keep our network as strong and viable as ever.

In addition to traditional Project Access services, APA has begun to offer oral health care options, a program we have long wanted to bring to our clients. Although our network of dental professionals is small right now, we look forward to working with our generous and talented local care providers to expand the program quickly.

Finally, APA is involved in a number of outreach projects. We are collaborating with more and more Anchorage organizations to offer our services to the widest possible audience. APA now has a trained Certified Application Counselor on staff, to help shed a guiding light on the enrollment process for Medicaid and ACA marketplace insurance.

This February marked the end of my term as board president. I want to take this opportunity to express my appreciation for our staff, board, tireless volunteers, our brilliant network of health care professionals, and our incredibly passionate donors. I would also like to welcome Jerome List, DDS, MD as incoming board president. I have no doubt he will find the work as fulfilling and inspiring as I have.

Bradley Cruz MD

Bradley Cruz, MD
President, APA Board of Directors



Residing fiscally and administratively under the nonprofit structure of Christian Health Associates, Anchorage Project Access (APA) enrolled its first patient in December 2005. At that time we had a database of approximately 350 health care providers willing to volunteer their time and services. Since then, our database has grown to 615 health care providers, dentists, hospitals, radiology centers, physical therapists, and ancillary organizations. We've learned a lot and have helped thousands of our most vulnerable neighbors in need.

The climate in our country has changed dramatically since 2005 and we are now faced with much different challenges. One thing that hasn't changed is our mission – to increase access to health care for the low income uninsured members of our community.

The Affordable Care Act (ACA) and Medicaid expansion have made momentous changes in the lives of many Alaskans. Understanding the changes to our country's health care system and how best to meet the health care needs of clients has been a challenge for APA, but we've persevered, evolved in our expertise, and continued onward with our mission.

At the APA annual board retreat in 2016, board members and staff addressed these changes and decided APA's value to the community depended on expanding and evolving its mission. Thus, we became a three-tiered organization consisting of traditional donated care, dental, and assistance with enrollments with Medicaid and insurance on the ACA marketplace.

While our eligibility requirements have remained the same since 2005, we have adjusted

income eligibility to be 300% of the Federal Poverty Level to coincide with the policy of one of our major hospitals.

One APA staff member is a Certified Application Counselor (CAC) and works with various local social services agencies to assist their clients with Medicaid and ACA insurance enrollment.

We've also started a dental program that centers on the "pay it forward" philosophy.

Because of the uncertainty and challenges currently facing our nation's health care system, it is important to point out that APA is earnestly attempting to keep its "core" program intact in order to make progress where we are needed. It is vital that we maintain the strong volunteer network that makes up Anchorage Project Access.

While these new endeavors have been challenging, they have also been extremely rewarding. For the first time in many of our patient's lives, their health care is being addressed and they are very grateful.

Finally, it is a testament to the APA volunteer providers that despite the national challenges we are facing, not one provider has dropped out of our organization. They continue to keep their doors open to the most vulnerable and are more than willing to serve our clients.

DENTAL

The need for dental services for Anchorage Project Access clients has always been a challenge. Prior to Medicaid expansion in Alaska, our patients typically did not have dental services offered to them besides the sliding fee scale at the Anchorage Neighborhood Health Center (ANHC) dental clinic or self-pay with a private dentist. While dental health maintenance is routine for the average Alaskan, it poses a significant problem for our clients. While putting off their medical health care, these same people have been putting off their oral health care because their priorities have been paying their rent and putting food on their tables.

With the assistance of Dr. David Nielson and United Way of Anchorage, APA launched a “pay it forward” dental program in 2016. Modeled after a successful program in Battle Creek, Michigan, the APA program currently has twenty dentists participating. Current specialties include restorative fillings and build-ups, routine extractions, surgical extractions, acrylic anterior-only partials (labs will be donated), anterior root canals, exams, x-rays, cleanings, dental hygiene, and oral health education.

Patients are referred to APA from the emergency departments at Providence, Alaska Regional, the ANHC dental clinic, health care providers, and various other sources throughout the community. Patients are required to fulfill community service, based on a designated dollar amount, prior to receiving their treatment. Patients with an emergent need receive their treatment as soon as possible and are asked to complete their community service at a later time. The “pay it forward” component is not new to APA. The patient responsibility form signed by patients in the traditional APA model states that patients are required to pay 20 hours in community service for treatments received.

Once APA receives a dental referral, the client is financially vetted and, if eligible, enrolled in our program. They are then sent to ANHC dental clinic for a needs assessment, x-rays, and treatment plan. This plan is then sent to the APA patient care coordinator, who tries to fill the patient’s needs by matching them with specialty care providers.

While dental is a welcome and much needed addition to APA, the launch continues to face challenges. The number of referrals APA has received has not been as robust as we anticipated. Recruitment, education, and marketing continue, and we are optimistic this will address our referral situation.

Another challenge is a lack of oral surgeons in our volunteer network. We are hopeful this will change as our program expands, and shares the same success as our traditional project.

To offer your services as an oral health care provider, please contact: APA dental director and board member David Nielson, DDS at (907) 441-6002, or APA executive director Charlene Spadafore Vassar, at (907) 743-6651.

OUTREACH

To best guide our clients through new health care options, we have a Certified Application Counselor (CAC) on staff to assist them with the various processes of enrollment and education available for Medicaid and insurance. In the process, APA learned a lot about collaborating with Anchorage service providers, and has been able to assist more people with their health needs.

Community outreach is ongoing and constantly growing. The APA CAC spends a good portion of her time every week at the following organizations:

- Municipality of Anchorage, DHHS
- St. Francis House Food Pantry
- Beans Café
- Mental Health Consumer Web
- Alaska Primary Care Associates Health Care Coalition

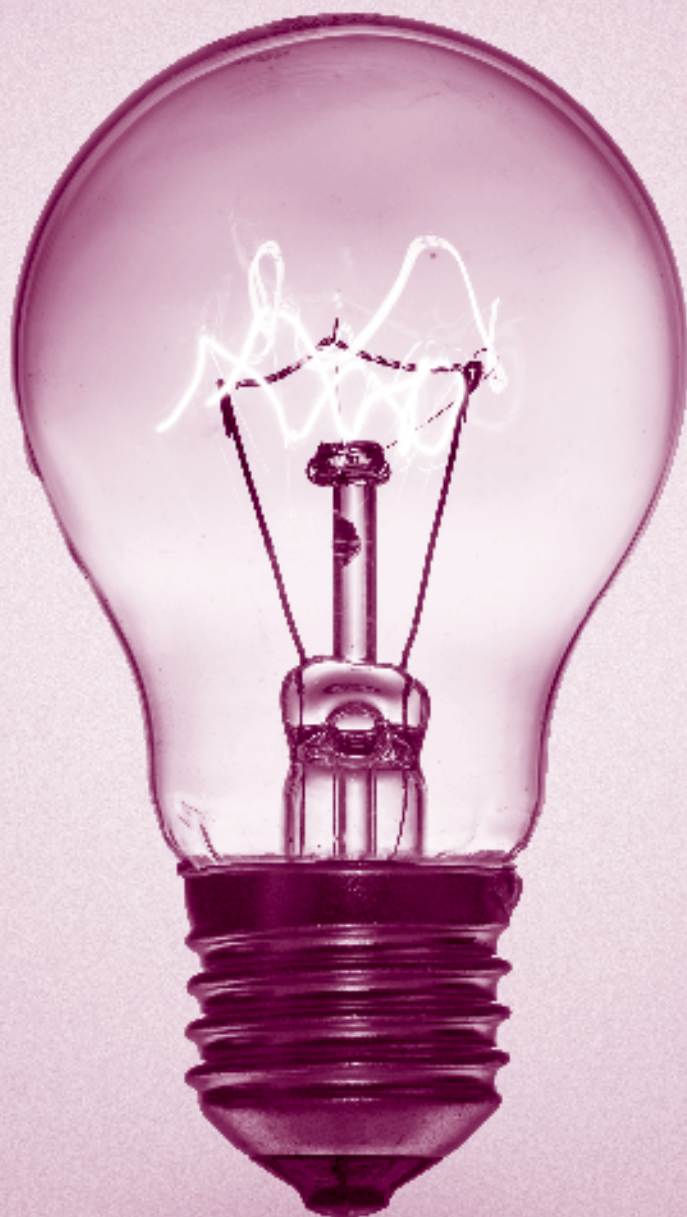
She also works in close collaboration with:

- Anchorage Neighborhood Health Center
- Providence Family Medicine Center
- Providence FICO Team
- United Way

Aspects of this service have proven to be extremely time consuming, especially when working with translators due to frequent language barriers. Client education is also a huge factor, as most of our clients are not familiar with the sometimes confusing aspects of insurance – deductibles, co-pays, out of pocket expenses, etc. The people we assist in navigating insurance are classic APA patients who meet all our eligibility requirements. They have prioritized their monthly finances to include rent, food, and – if there’s additional money – health care. Assisting these clients has proven to be extremely fulfilling.

For Report Year 2016 – October 1, 2015 through September 30, 2016, 121 new and unique patients were treated by an APA volunteer health care provider. A total of 193 patients were enrolled and eligible for services during this time period.

Figure 1 illustrates the demographic characteristics of these 121 APA clients. For the third year running, the Caucasian, single woman between 50 – 59 years of age is our primary patient. Also similar to years past, while the majority of our clients are high school graduates, approximately 30% are college graduates or have acquired some college credits. Additionally, 40% are employed full or part-time or are self-employed and do not have access to health benefits. While down approximately 7% from last year, the homeless population continues to be significant with over 40% falling into this category.



Gender	Count	Percentage
Female	62	51%
Male	59	49%
121	100%	
Age		
1 – 19	6	6%
20 – 29	10	8%
30 – 39	17	14%
40 – 49	26	21%
50 – 59	31	26%
60 – 69	26	21%
70 +	5	4%
121	100%	
Education Level		
Less than high school	33	27%
High school graduate or GED	54	45%
Some college or vocational school	24	20%
College graduate	10	8%
121	100%	
Employment Status		
Unemployed	74	61%
Employed Part Time	18	15%
Employed Full Time	19	16%
Self-employed	10	8%
121	100%	
Household Size (Number of People)		
1	68	56%
2	18	15%
3	13	11%
4	7	6%
5	8	7%
6	5	4%
7	2	1%
121	100%	
Ethnicity		
White	48	40%
Hispanic/Latino	28	23%
Black/African American	14	12%
Asian	22	18%
Multi-Racial	1	1%
Native Hawaiian or Pacific Islander	8	6%
American Indian or Alaska Native	0	0%
121	100%	
Marital Status		
Single	64	53%
Married	31	26%
Divorced	17	14%
Separated	2	2%
Widowed	7	5%
121	100%	
Housing Status		
Own	15	12%
Rent	57	47%
Staying with Family/Non-Family Members	40	33%
Community Shelter	0	0%
Homeless	6	5%
Other	3	3%
121	100%	
Federal Poverty Level		
0% – 50%	48	40%
51% – 100%	29	24%
101% – 150%	20	17%
151% – 200%	14	12%
201% – 300%	10	7%
121	100%	

FIGURE 1: *Characteristics of New Patients Served by APA.*

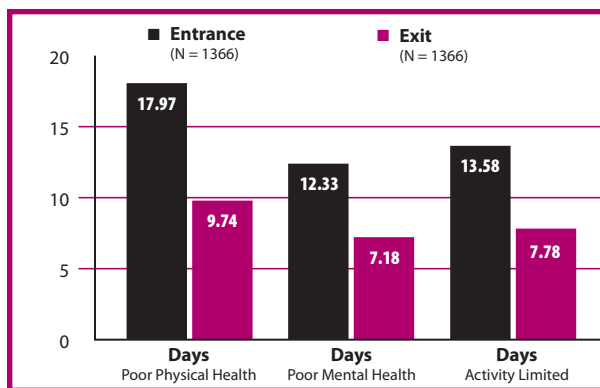


FIGURE 2: Poor Health Days.

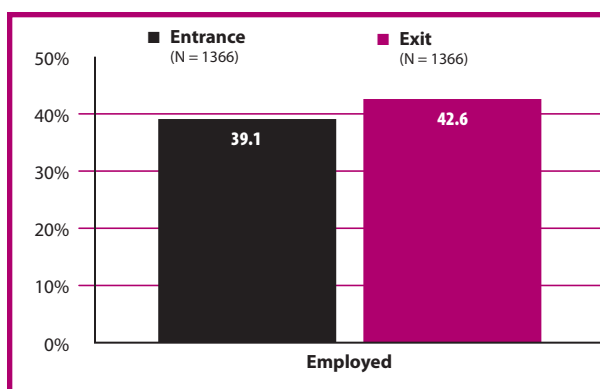


FIGURE 3: Employment Status.

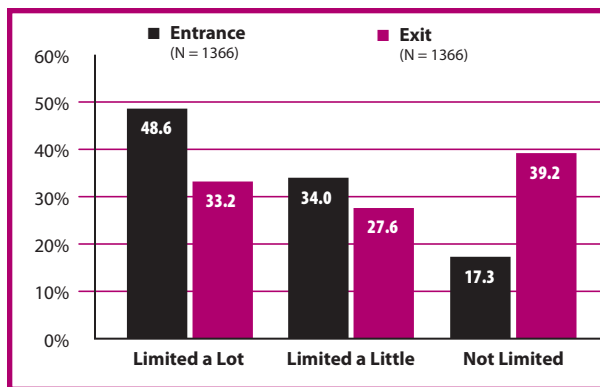


FIGURE 4: Work Limitations.

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 45.8%; “poor mental health” days were reduced by 41.8%, and the number of days they experienced limited activity due to health issues was reduced by 42.7%.

Figure 3 shows the number of patients who were working after they completed the program went up, suggesting their improved health status made it easier to find and keep employment; 39.1% were employed at entrance versus 42.6% 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.

New APA programs, which include dental and assistance with enrollment in Medicaid and ACA marketplace insurance, further strengthen our clients’ overall ability to access the health care they might need – and thus, their ability to make better choices for their physical and oral health habits.

“I’m very grateful for Anchorage Project Access and the doctors who helped me; I had two major health problems.”

— APA Patient S.H.

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. We can report that 100% of our patients adhere to that premise. This process ensures continuity of care and allows our patients to establish an ongoing relationship with their health care provider.

Typically, our patients are referred to either the Anchorage Neighborhood Health Center or Providence Family Medicine Center. Although these clinics operate on a sliding fee scale, our patients have access to any ancillary services they might need throughout their lives and have acquired a medical home. If a patient currently has a primary care provider and wishes to keep him/her, they are certainly encouraged to do so.

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:

- 72.3% of APA patients had a primary care home at one of the local community health centers vs. 62.0% at entrance to the program.
- 96.0% of APA patients planned to remain with their primary care provider vs. 91.4% at entrance to the program.

As illustrated in Figure 6, Radiology was the lead specialty during report year 2016, with 193 appointments being made – followed by Physical Therapy, with 65 appointments. A typical treatment may include multiple appointments or procedures on behalf of the patient, representing many new specialties.

Overall for report year 2016, APA staff scheduled 896 appointments on behalf of 193 eligible patients.

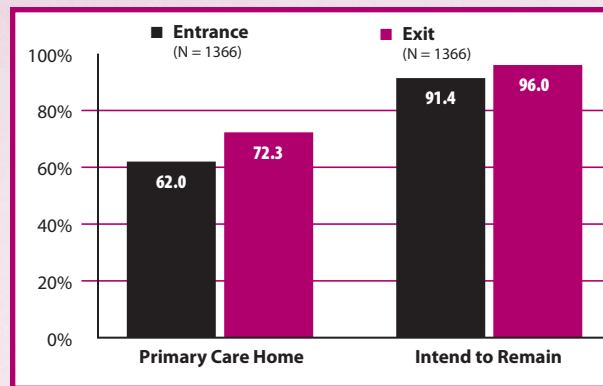


FIGURE 5: Patients Utilizing Community Health Centers.

Specialty	Total Appointments	Specialty	Total Appointments
Allergy /Immunology	6	Pain Management	1
Ambulatory Surgery	20	Pathology	60
Anesthesiology	57	Pediatric Cardiology	2
Cardiology	35	Pediatrics	1
Dental	7	Physical Medicine/Rehabilitation	1
Dermatology	27	Physical Therapy	65
Durable Med Equip – Slp Disorders	2	Podiatry	2
Endocrinology	13	Pulmonary Disease	11
Gastroenterology	50	Radiation Oncology	53
Hematology/Oncology	16	Radiology	193
Hospital Services	44	Rheumatology	8
Interventional Radiology	3	Sleep Disorders	7
Nephrology	9	Surgery – Cardiothoracic	1
Neurology	14	Surgery – General	23
Obstetrics/Gynecology	24	Surgery – Orthopedic	33
Ophthalmology	54	Surgery – Plastic/Reconstruction	7
Otolaryngology	18	Urology	29
TOTALS		896	

FIGURE 6: Number of Appointments by Specialty.

Specialty	# of Providers	Specialty	# of Providers
Allergy/Immunology	9	Pediatric Cardiology	1
Anesthesiology	12	Pediatrics	27
Audiology	2	Phlebology	1
Cardiology	37	Physical Medicine/Rehab	3
Dental	16	Physical Therapy	58
Dermatology	9	Podiatry	4
Durable Med Equipment	5	Pulmonary Disease	4
Endocrinology	5	Radiation Oncology	5
Family Medicine	34	Radiology	35
Gastroenterology	13	Rheumatology	3
Hematology/Oncology	18	Sleep Disorders	6
Hyperbaric	1	Support Services	6
Infectious Disease	7	Surgery – Breast	2
Internal Medicine/General	6	Surgery – Cardio	4
Interventional Radiology	2	Surgery – General	9
Mental Health Svs Limited	1	Surgery – Orthopedic	58
Nephrology	14	Surgery – Plastic	2
Neurology	17	Urology	15
Obstetrics/Gynecology	55		
Occupational Therapy	2		
Ophthalmology	8	Collaborating Providers:	
Optometry	2	PFMC	52
Otolaryngology	7	ANHC	24
Pain Management	5		
Pathology	9	TOTAL	615

FIGURE 7: Anchorage Project Access Providers by Specialty.

Due to major uncertainties facing health care in our nation, now more than ever it's crucial for Anchorage Project Access to maintain its volunteer network of providers.

Currently, 615 medical and oral health care providers participate in the APA volunteer network, compared to 578 last year. Figure 7 represents our volunteer network listed by specialty. 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 or simply want information on how you might participate, 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.

SCHOOL BASED HEALTH CENTERS

In addition to Anchorage Project Access, Christian Health Associates is the fiscal agent for Anchorage School Based Health Centers, serving students at Begich and Clark Middle Schools. Over 2600 medical visits since 2010 and 750 counseling sessions have been provided at Begich since 2015.

When the program began Anchorage Project Access committed \$5,000 for student prescriptions. That need did not develop. Therefore, the APA Board authorized the reallocation of that money to direct ASBHC services. The support from APA allowed more students to be seen for care in the school setting.



Anchorage School-Based Health Centers

Our appreciation and thanks to:

- Our wonderful volunteers, including Mary Blenkush, MD; Cathy Giessel, ANP; Molly Rothmeyer, ANP; Chelsey Jacobs, PA; the Alaska Family Medicine Residency, and faculty members Robert McAlister, MD, Teresa Bormann, MD, Kim Thomas, MD, and Justin Carricaburu, DO; and Pebbles Shanley, MD.
- Our contributors:
 - ▶ The Rasmuson Foundation
 - ▶ Stephanie Birch
 - ▶ Kelly Brakora
 - ▶ Julie and Mike Graham
 - ▶ Heather Ireland
 - ▶ Diane Kaplan
 - ▶ Barbro Lyon
 - ▶ Barbara Norton
 - ▶ Teresa O'Connor
 - ▶ Nathaniel Perry
 - ▶ Margaret Robinson
 - ▶ Rachel Samuelson



REVOLUTIONS

On Saturday, February 6, 2016, Anchorage Project Access held its 7th annual fundraising event – *Revolutions: Spinning for Health Care* – at the Anchorage 5th Avenue Mall. Fourteen teams of riders, five volunteer professional spin instructors, and dozens of sponsors joined together and raised more than \$60,000 for our neighbors.

PROJECT HOMELESS CONNECT

Anchorage Project Access prides itself as one of the major safety net organizations in the community and we strive to always remain a thoughtful community steward. Yearly, APA participates in the Project Homeless Connect event held at the Egan Center. The event is a community-wide collaboration to assist the homeless with their most basic needs – everything from housing, food, health care, and personal hygiene.

PIZZA OLYMPIA FUNDRAISER

The Maroudas Family once again generously hosted a spaghetti feed, with a percentage of proceeds benefitting Anchorage Project Access. The wonderful food and hospitality raised \$580 for our program.

“I wouldn't have made it without Anchorage Project Access – thank you!”

— APA Patient K.S.

“APA and providers saved my life.”

— APA Patient J.H.

PATIENT STORY ONE

APA received a gynecology referral from Dr. Kelton Oliver with the Anchorage Neighborhood Health Center. The patient had been diagnosed with uterine fibroids, and was enrolled in the APA program. She worked full time as a janitor, but did not qualify for Medicaid/ACA as she was undocumented. At enrollment, the patient expressed that she was fearful of losing her job due to her immigration status and requested that no contact be made at her work.

An APA care coordinator connected the patient with Dr. Owen Bell, who referred her to Providence Imaging Center and Alaska Radiology Associates for an MRI. The patient had an abdominal myomectomy, performed by Dr. Bell with Dr. Andrea Wang from Anchorage Women's Health assisting. APA staff assisted the patient in applying for Providence financial assistance, which she received at the 100% coverage level.

This was a difficult time for the patient – her husband had lost his job, she needed surgery, and she was fearful of losing the only income for her household. But she reports that her recovery went well, she is now feeling great, and both she and her husband are back to work. “My life is now back on track. I’m so thankful for APA, and especially for Dr. Bell, for all that he has done for me. I will ever be grateful – thank you, thank you.”

In a show of gratitude, the patient sent APA staff thank-you cards and treated them to loaves of Mexican bread!

PATIENT STORY TWO

After an APA patient had cataract surgery at Ophthalmic Associates on both of her eyes, she was so grateful she proceeded to deliver pies and coffee to the APA staff. When one staff member told her she really didn't need to deliver the wonderful treats, she looked at everyone, gave them hugs and said, “Yes, I do because now I can see all the people that helped me find Dr. Griff Steiner.”

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.

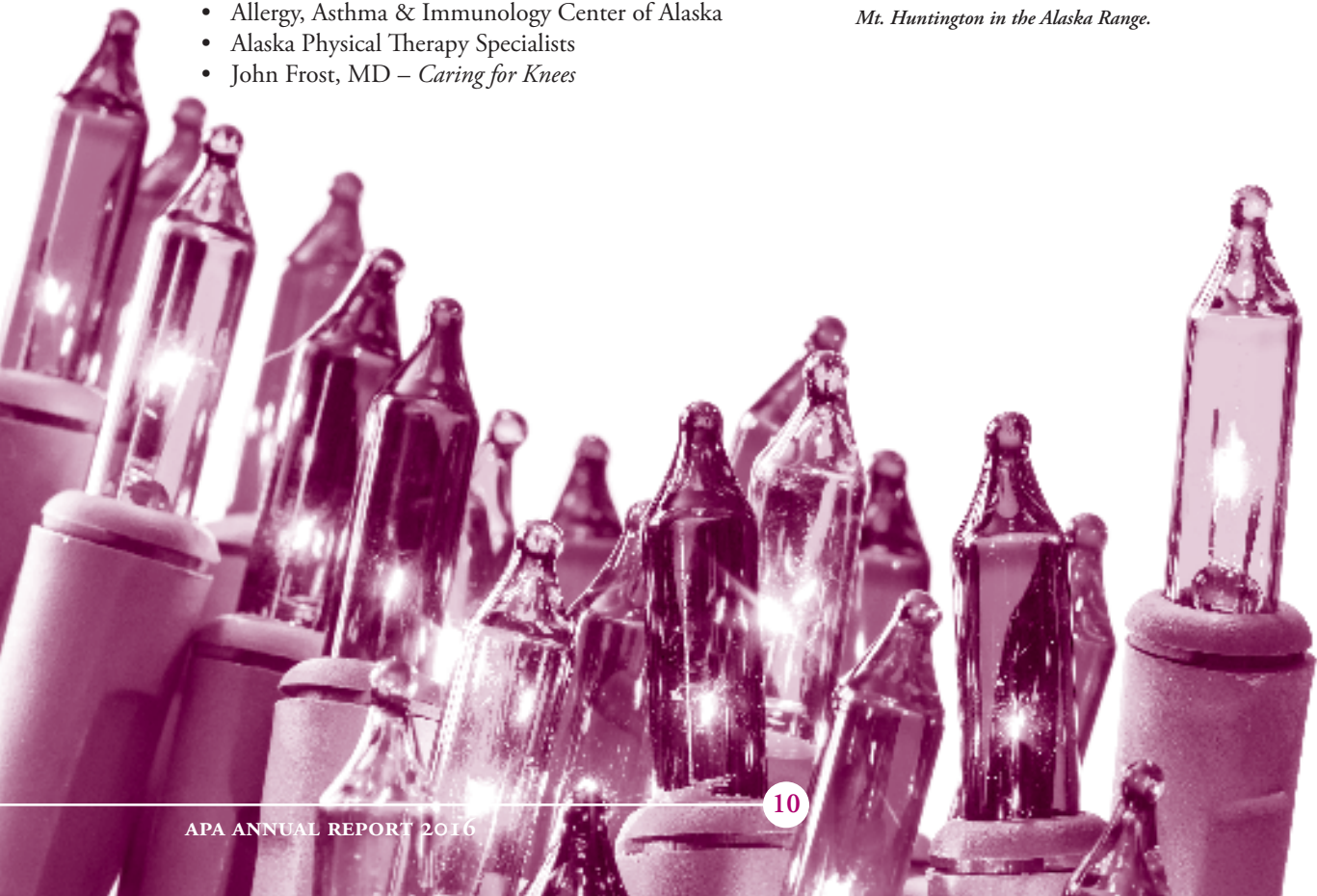
Rising 12,240 feet in the Alaska Range about eight miles south-southeast of Denali, Mt. Huntington is considered one of the most challenging peaks to climb in the world (while overshadowed in absolute elevation by Denali, Mt. Huntington is a steeper peak.) The photo inspired the award, which has come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

Our award recipients in Report Year 2016 included:

- Judith Whitcomb, MD
- Allergy, Asthma & Immunology Center of Alaska
- Alaska Physical Therapy Specialists
- John Frost, MD – *Caring for Knees*

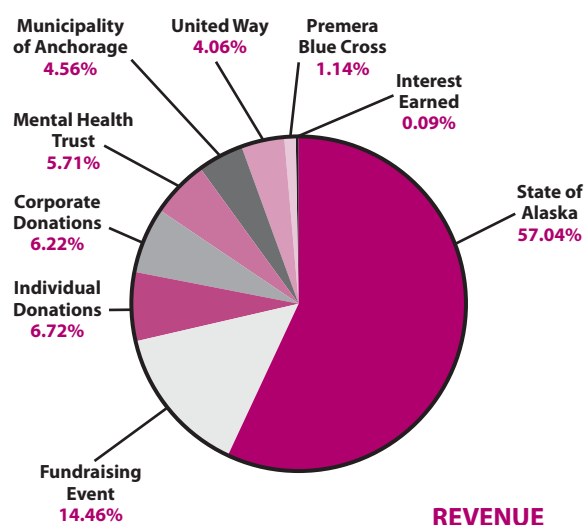


Mt. Huntington in the Alaska Range.

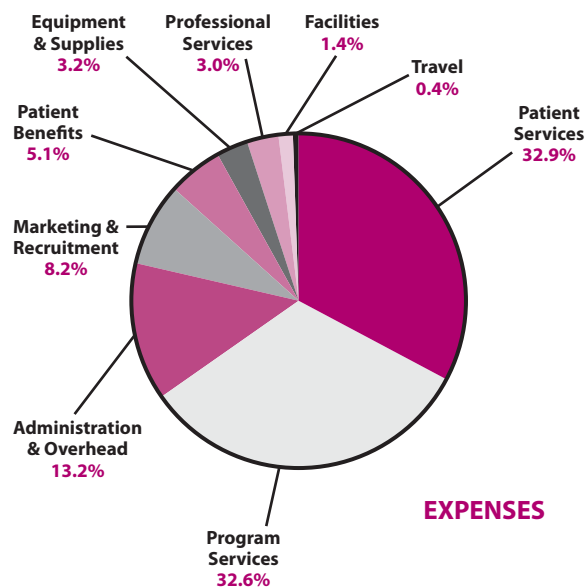


Value of Donated Care October 2015 – September 2016	
Reported	
Health Care Providers	\$ 856,606
Hospitals, Radiology, Pathology, etc.	586,647
TOTAL DONATED CARE	\$ 1,443,253

FIGURE 8: 2016 Value of Donated Care.



REVENUE



EXPENSES

FIGURE 9: APA 2016 Revenue & Expenses.

VALUE OF DONATED CARE

Data for this report is derived from various billing sources for the period October 1, 2015 – September 30, 2016.

The value of donated care is derived from the “billing forms” submitted by APA’s volunteer network of providers and documented by Meritain Health “pro bono.”

Data for Report Year 2016 is based on actual data from Meritain Health 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 for documentation; thus, the actual amount of donated care is actually a great deal higher than is reported.

“APA was wonderful and I really appreciate them.”

— APA Patient C.H.



OVERALL VALUE OF PROGRAM

The documented value of donated care for this report period is lower than in the past due to the restructuring of Anchorage Project Access in order to address the health care challenges facing our nation. However, the amount reported is still significant at \$1,443,253. Additionally, since the founding of APA eleven years ago, the total value of donated care is a remarkable \$44,913,169.

Coinciding with this lower amount, the ratio of donated care to program cost is 3:1 – meaning, for every dollar spent to operate the project, \$3 was donated in medical care. Nevertheless, this ratio still represents the extremely efficient manner in which the APA office operates.

NOTES:

- Providence Health and Services of Alaska generously contributes \$100,000 per year to support Anchorage Project Access. Their donation is made in three year segments, most recently a \$300,000 commitment for program years 2015 – 2017. Providence's support is shown as revenue in the year in which it is committed.
- ROI is lower than in past years due to changes in APA's operating structure. APA now operates as a three-tiered organization – traditional donated care, dental, and assistance with enrollments with Medicaid and insurance on the ACA marketplace. Approximately 66% of APA program and patient services expenses were divided among APA's new three-tiered operation.

“I might not be here if not for APA and the doctors. I really appreciate the help; I'm homeless and unemployed and could have never gotten the help I need.”

— APA Patient G.M.

APA Annual Report Financial Summary October 2015 – September 2016

Revenue

State of Alaska	250,000
Fundraising Event	63,353
Individual Donations	29,436
Corporate Donations	27,259
Alaska Mental Health Trust	25,000
Municipality of Anchorage	20,000
United Way	17,813
Premiera Blue Cross	5,000
Interest Earned	402

TOTAL REVENUE **\$ 438,263**

Expenses**Personnel**

Patient Services \$ 162,818

Program Services 161,210

Total Personnel **\$ 324,028**

Administration & Overhead 65,216

Marketing & Recruitment 40,590

Patient Benefits 25,125

Equipment & Supplies 16,191

Professional Services 14,750

Facilities 6,927

Travel 1,765

TOTAL EXPENSES **\$ 494,592**

Change in net assets **(\$ 56,329)**

FIGURE 10: APA 2016 Financial Summary.

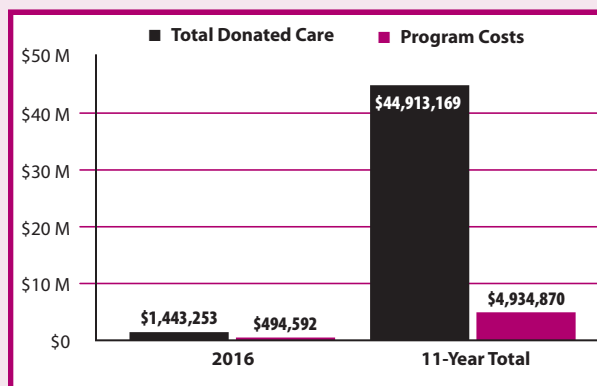


FIGURE 11: Comparison of Donated Care to Program Costs.

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

Anonymous
Providence Health & Services Alaska
State of Alaska DHSS

Leadership Circle **(\$10,000–\$49,999)**

Alaska Mental Health Trust
Municipality of Anchorage
United Way of Anchorage

Major Benefactors **(\$5,000–\$9,999)**

Alaska Emergency Medicine Associates
Alaska State Employees Share Campaign
ConocoPhillips Alaska
Rachel & Barney Gottstein
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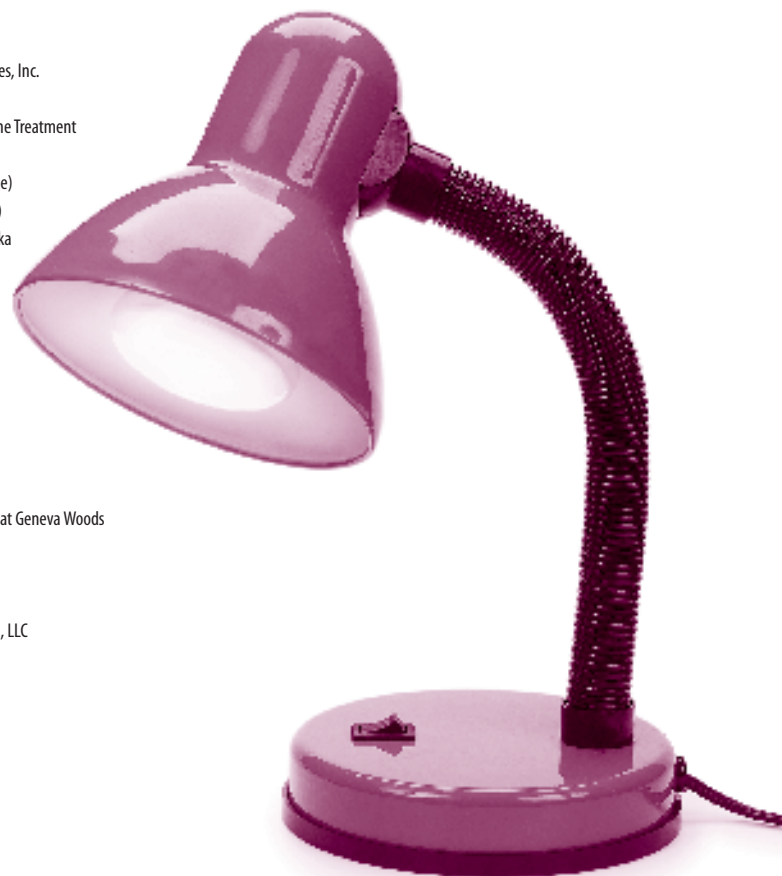
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