

# MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

## Kashevaroff to head national committee on self-governance

ANTHC Staff Report

A national advisory committee on self-governance has elected Don Kashevaroff as its new chairman. Kashevaroff is board chairman and president of the Alaska Native Tribal Health Consortium, and president of the Seldovia Native Association. "I'm honored to have been elected chairman of this group," said Kashevaroff. "Alaska tribes were the first to take on tribal management of health services and have a lot of experience to share with other tribes."



Don Kashevaroff

The Tribal Self-Governance Advisory Committee (TSGAC) has 18 members, all tribal chairpersons or elected officials. Committee members represent IHS areas with tribes exercising control of health programs through self-governance. The committee provides recommendations to the IHS director for consideration on various issues and funding methodologies. The TSGAC meets regularly, at least quarterly, and holds special meetings as needed.

The committee was formed under the auspices of Michael H. Trujillo, MD, former director of the Indian Health Service (IHS), and held its first meeting in 1996. TSGAC has continued to work with Dr. Charles Grim, the new IHS director. The IHS Office of Tribal Self-Governance (OTSG) works with the TSGAC in a liaison role. The TSGAC is also identified in the IHS Consultation Policy as one of the entities that will be included in consultation activities. TSGAC requests input from and provides information to the 286 tribes exercising their sovereignty under P.L. 106-260, Title V.



## INSIDE

Alaska delegation wins Medicare payment increases for Alaska tribal health organizations.  
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## Consortium annual meeting generates valuable feedback

ANTHC Staff Report

About 300 people attended the Alaska Native Tribal Health Consortium annual meeting held on December 8, 2003 in Anchorage. Participants heard presentations from board chairman and president Don Kashevaroff, chief executive officer Paul Sherry, and directors of the five divisions of ANTHC. Those divisions are: Alaska Native Medical Center (ANMC), Division of Environmental Health and Engineering (DEHE), Community Health Services, Information Technology and Human Resources. Tribal members were invited to provide comments during an open microphone session, or by filling out comment cards. This provides the Consortium a wealth of ideas on ways to improve its programs and services. Here some of the comments and the answers staff offered.



Paul Sherry, chief executive officer.

**Comment/Question:** Sometimes you go to the Emergency Room and you sit there and sit there.

**Answer:** (Don Kashevaroff) One thing to know is that Saturday, Sunday, and Monday are the busiest days of the week at the emergency room. We get a lot of people coming in those days. Also, we see the most seriously ill patients first, requiring those not as ill to wait. I know that we are faster than the other two hospitals in town but we would like to get even better. The way to reduce waits is to add staff. If you add more folks, it costs more money. We want to get our finances lined up before we start adding a lot of new people. That's what we're working on right now.

See Annual Meeting, page 8



File photo

From left to right: Alaska Native Tribal Health Consortium board members Lincoln Bean, representing SouthEast Alaska Regional Health Consortium; Christina Westlake, representing Maniilaq Association; Emily Hughes, representing Norton Sound Health Corporation.

## H. Sally Smith elected to chair National Indian Health Board

Alaska Native Tribal Health Consortium Health Report

Board members of a national Native health advocacy organization have elected Sally Smith, of the Bristol Bay Area Health Corporation, as their chair. The National Indian Health Board (NIHB) advocates for the improvement of health care delivery on behalf of federally recognized tribes.

"We're working on re-authorization of the National Indian Health Care Improvement Act, and increased Indian Health Service funding, plus the changing needs of a growing and aging population," said Smith. "It's an exciting time to be NIHB chair."

NIHB presents the tribal perspective on federal legislation and net-

works with other national health care organizations to engage their support on Indian health care issues. It works to inform tribes about policy decisions at the federal level and changes in mainstream health care management so tribes can make effective and sound health care policy decisions. It also seeks to manifest progress in health care and to further strengthen tribal sovereignty.



H. Sally Smith

### To ensure the highest quality of care...

To ensure we provide the highest quality care, Alaska Native Medical Center needs your help to make sure that we provide services only to those people who are eligible for care here. Starting in January, 2004 ANMC will begin checking to make sure everyone receiving care has proof of eligibility on file.

### Why is that necessary?

Alaska Native Medical Center (ANMC) provides pre-paid medical services to eligible Alaska Natives and American Indians.

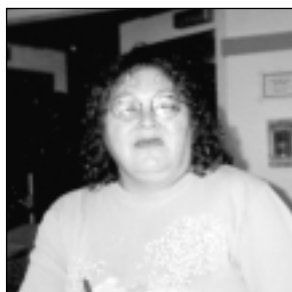
See Eligibility, page 7



# Vox

Voice of the people

Do you have a New Year's resolution on health?



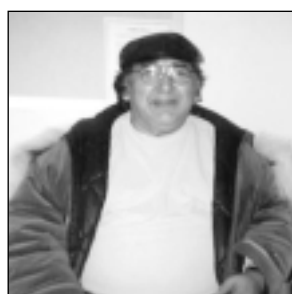
"To quit smoking and drinking. I'd also like to learn more about diabetes because I'm here to see the doctor about it."

— Marie Tickett  
St. Paul Island



"I was born in Kiana and live in Wasilla. My New Year's resolution is that I would like to go on a diet."

— Kitty Dale  
Wasilla



"I would like to eat more traditional Native foods such as caribou, fish, whale meat and muktak."

— Darold Tuckfield,  
Point Hope



"I would like to eat lots of fruit but I live far away from getting fresh fruit. I had weight loss surgery so I'm watching what I eat."

Esther Dzawa and  
1-year-old son, Eric,  
Sitka



## Editorial Staff

Joaquin Estus  
Public Communications Director

Selma Oskolkoff-Simon  
Administrative Assistant

Marianne Gilmore  
Executive Administrative Assistant



# The IHS Electronic Health Record Project

By Howard Hays, MD, MSPH,  
Indian Health Service-Electronic Health  
Records Clinical Lead

Electronic medical records are coming to Indian Health Service and tribally operated health care facilities. The Indian Health Service has long been a pioneer in using computer technology to capture clinical and public health data.

The IHS Resource and Patient Management System (RPMS) is a very powerful database that contains decades of clinical information about American Indian and Alaska Native people. Now IHS is moving to the next level of clinical technology, by making the RPMS database even more capable and more accessible to clinical users.

The IHS Electronic Health Record (IHS-EHR) will display RPMS data in a graphical user interface (GUI), or Windows® program. This means that clinicians will be able to enter and retrieve clinical information such as orders, test results, and notes, in a way that is more familiar and intuitive to the typical PC user.

The idea of keeping medical records on computer instead of in a paper chart has been around for many years, and the technology has been steadily improving. A number of RPMS applications have been developed that allow for on-line entry of laboratory and radiology orders, consults and referrals, and for posting of X-ray and test results.

Many Alaska facilities are already storing such results in their computer systems instead of on paper. The IHS-EHR will add to these capabilities with such enhancements as computerized provider order entry for medications, allergy tracking, clinical reminders, and template-based clinical note authoring, all in a GUI environment. A fully capable EHR will



Photo by Kraig Haver

Tribal health system providers rely on the computer Resource and Patient Management System for access to medical records. Betty Ruuttila, right, uses RPMS to review Naomi Bahnke's health care records. In 2003-04, all RPMS systems in Alaska are receiving major software upgrades.

eventually eliminate the risk and inconvenience of misplaced or inaccessible charts, and the need for filing and storage of the paper record.

There are many reasons to use an electronic record, the chief of which is patient safety. Many studies have shown that on-line entry of medication orders is much safer than written prescriptions, and greatly reduces the chance of medication errors.

In addition, users at many locations can simultaneously access an electronic record and every provider will be able to see the full record.

Providers in outlying clinics with network connections also will have access to the same information.

Using an EHR, prescriptions and other orders go directly to the right department, potentially reducing waiting times for medications or other services. Billing information is transmitted immediately to the business office, which means more accu-

rate invoices and faster turnaround time for payments. Privacy of health records is ensured by restricting access to only authorized users and by keeping track of who is entering or viewing information.

Because the IHS and VHA computer systems are similar, the IHS-EHR will be very much like the VHA Computerized Patient Record System (CPRS). IHS and VHA have a long history of working together on computer applications, and will continue to collaborate on future EHR development.

Formal testing of the IHS Electronic Health Record is expected to begin this winter, and IHS expects to release the first version of the EHR by next summer. Using an electronic record means big changes for how just about every department in a health care facility does business, so it is not too early for interested sites to begin planning.



## Preventing and treating diabetes in Alaska Natives

ANHC Staff Report

The Alaska Area Annual Diabetes Conference held on Dec. 3-5, 2003, drew about 250 health care professionals from throughout the state. The aim of the conference was to update clinical skills and share information on primary and secondary community prevention strategies, according to Carol Treat, Dietician, Alaska Native Tribal Health Consortium Diabetes Program.

"It was excellent. We look forward to it every year," said Lois Schumacher, BSN, CDE, Diabetes

Program Coordinator, Bristol Bay Area Health Corporation (BBAHC). "The data, the information the presenters share, is very pertinent to our education program."

BBAHC sends people to the conference from several departments, said Schumacher. "It brings our whole team closer, so we all are working toward the same goal and all know the importance of diabetes prevention and best ways to treat diabetes related complications."

Participation included people from a range of medical disciplines, including community health

aide/practitioners (CHAP), doctors, nurses, nurse practitioners, dieticians, physical therapists and pharmacists.

The conference featured a presentation by Kelly Acton, MD, Director for the Indian Health Service National Diabetes Program, who gave an overview of special diabetes grant programs for American Indians and Alaska Natives. The Alaska Area Diabetes Program also hosted a special appreciation luncheon for CHAPs to thank them for all the hard work they do.

Please mark your calendars for next year's conference, Dec. 1-3, 2004.



# MUKLUK TELEGRAPH



The Voice of the Alaska Native Tribal Health Consortium

The Mukluk Telegraph is published bi-monthly by the Alaska Native Tribal Health Consortium for patients, employees and associates of ANHC statewide.

To receive a copy of the Mukluk Telegraph, send your name and address to:  
4141 Ambassador Drive, Anchorage, AK 99508,

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## Letters to the Editor

You are welcome to submit articles for publication, or to comment on articles published in the Mukluk Telegraph.

If you have questions about sending in articles or feedback, please don't hesitate to call Selma Oskolkoff-Simon at (907) 729-1900 or send an e-mail to:

[sosolkoff-simon@anthc.org](mailto:sosolkoff-simon@anthc.org)





# Performing electrocardiograms in remote regions of Alaska

Alaska Federal Health Care Access Network Staff Report

Health care providers working in the most remote locations of Alaska are able to overcome the barriers of weather, landscape, and vast distances using technologies developed by the Alaska Federal Health Care Access Network (AFHCAN) and Midmark Diagnostics Group.

Four years ago, clinicians were looking for a software program that could transmit 12-lead electrocardiograms. The AFHCAN project office reviewed the possibilities before choosing the IQmark Digital ECG by Midmark Diagnostics.

“We initially selected Brentwood/Midmark based on the quality of ECG readings and portability of the hardware,” said Stewart Ferguson, PhD, AFHCAN Director. “The real benefit, we later learned, came from the cooperative nature of their staff. They worked closely with us, and worked hard to overcome the technical challenges of what we were trying to accomplish.”

The resulting product is an AFHCAN Telemedicine Cart with a simple user interface, allowing clinicians to select the ECG as one of four biomedical devices. After logging into the software, the user can access any of the biomedical peripherals on the cart with no more than three mouse clicks or presses of the touchscreen monitor.

The AFHCAN web-based software cleanly interfaces with the IQMark Digital ECG. The ECGs are saved as a case and sent from the server of one health care organization...over satellite...to the server of another health care organization. Active X Controls are used initially to display the cardiac waveforms while the clinician is performing the ECG; they are also used later for reading and interpreting the stored data. The telemedi-



Photo by Kraig Haver

Telemedicine often speeds diagnosis and saves travel costs and inconvenience. Using a telemedicine cart at the Dutch Harbor Wellness Center, Irene McGlashan transmits electrocardiogram (ECG) results to a referral physician in Anchorage.

cine cart and ECG are gaining popularity among clinicians.

“The ECG was received from the village health aide ...the ECG showed an acute myocardial infarction,” describes Floyd Elterman MD of Chief Andrew Isaacs Health Center in Fairbanks, AK. “It was possible to be very definite with the patient, who had no health insurance, about the necessity for hospitalization.”

AFHCAN Clinical Director, Chris Patricoski, MD, notes, “It’s all about ease-of-use and durability. With this device, they start pressing green buttons and before you know it, they are creating a case and performing ECGs.”

About 150 sites are using the ECG unit as part of the AFHCAN telemedicine cart. The sites have been deployed one after another over the past two years and in that time, 671 cases have included an ECG.

Each case normally includes three ECGs, so approximately

2000 ECGs have been performed and sent. Most ECGs are performed by Community Health Aides in remote villages and sent to regional Family Physicians, who then may forward to a cardiologist in Anchorage.

“ECG transmission from Alaska’s interior villages to Fairbanks physicians...has proven beneficial,” describes Gina Pender MD, staff physician for Chief Andrew Isaacs Health Center. “In some instances, the decision to urgently transfer the patient with acute ECG findings was facilitated...In other cases, ECG telemedicine has prevented unnecessary travel of patients to the acute care setting. During physician medical field visits to the village, the 12 lead ECG unit has been useful in evaluating patients...”

It is too early to tell what kind of impact this new technology is having on outcomes. But it is clear from practitioners in the field that it is here to stay.



## ANTHC hosts village-based health provider summit

By Charmaine Ramos,  
Project Manager, Community Health Services  
Alaska Native Tribal Health Consortium

On Dec. 9, 2003, Alaska Native Tribal Health Consortium hosted a statewide meeting to facilitate discussion and gather input on its Village-Based Health Provider Training/Education and Employment Project. The goal of the Village Providers Project is to create 100 self-sustaining village jobs in the areas of behavioral health, dental health, and personal care assistance. Participants in the Anchorage Summit represented tribal health and non-profit, state, and private organizations from across the state of Alaska.

Beginning the Summit, ANTHC staff provided an update on the multi-faceted project.

Each discipline is at various stages of development and implementation

region by region.

Then the Summit participants were asked three questions to facilitate their thoughts and group discussion, the questions were 1) What is happening in your region now?; 2) What is your strategic plan and priorities for the next two – three years; and 3) How may ANTHC assist with realizing your strategic plan and priorities?

Summit participants’ responses covered their hopes and dreams for their programs and services. They shared some of the wisdom they have gained through their experiences in planning and developing other programs. Participants’ comments will be used to shape the Village Providers Project so it fits the needs of villages and tribal health organizations.

ANTHC sponsored the Summit on behalf of a coalition called the Alaska Rural Community Health & Economic Solutions (ARCHES).

Members of this coalition include Alaska Native Health Board, Alaska Mental Health Trust Authority, Denali Commission, Rasmuson Foundation, and University of Alaska. In addition to support from the ARCHES partners, private funders of the Village Providers Project include Ford Foundation, National Rural Funders Collaborative, and Paul G. Allen Foundation and public funders such as Indian Health Services.

Following the Summit, there was a roundtable discussion on the planning, development, and implementation of the behavioral health project. Before the Summit, both the dental health and personal care assistance projects met with management of their respective discipline to discuss their projects. To find out more about the Village Providers Project, contact project manager Charmaine Ramos at 729-4491.



## STATEWIDE

News and notes

### Study supports need for assisted living home in Bethel

Yukon-Kuskokwim Health Corporation  
Media Services Staff Report

A feasibility study commissioned by the Yukon-Kuskokwim Health Corporation (YKHC) and other agencies recommends construction of an 18-bed assisted living home in Bethel for a growing population of elders. With resident trained staff of personal care attendants and nurses, an assisted living home would offer a transitional stage between congregate living for elders and a nursing home.

The long-term plan includes this first step of constructing an assisted living center. The proposed facility would accommodate 18 elders, but would be built to allow future expansion as the population of elders needing the services is expected to increase. Additional future steps include the addition of a nursing home on the YKHC Regional Hospital campus. The feasibility study also looked at the Aniak sub-region and concluded that an eight-bed facility there should also be built once the Bethel home is open and occupied.

*From The Messenger, a newsletter of the Yukon-Kuskokwim Health Corporation.*

### SouthEast Alaska Regional Health Consortium helps keep water, sewer, sanitation systems going in Hydaburg

SEARHC staff recently responded to a request from the City of Hydaburg to provide emergency technical assistance to that Prince of Wales Island community. Due to a delayed payment in state revenue sharing funds, the City of Hydaburg experienced significant financial hardship resulting in the layoff of all city employees. SEARHC staff met with the City Council, the Hydaburg Community Association, and other community leaders. Staff helped develop a plan to ensure the continued operation of health services and the community water, sewage and sanitation systems during this period of financial uncertainty.

### SouthEast Alaska Regional Health Consortium laboratory accredited with distinction

The SEARHC Mt. Edgecumbe Hospital Laboratory was recently granted Accreditation with Distinction from the College of American Pathology. The laboratory is one of a select group of laboratories that has been evaluated and found to be in compliance with rigorous CAP laboratory accreditation standards designed to help ensure quality patient care. The laboratory is classified as a "highly complex laboratory" providing services to the hospital, outpatient clinic, and the village clinics around SE Alaska.

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Statewide  
News ...

From page 3

The lab has experienced significant workload increases over the past years. Volume, based on "billable units", runs approximately 40,000 /year. Seven years ago, there were 28,000 billable units, representing a 43 percent workload increase in the past 7 years.

New Angoon clinic  
under construction

North Pacific Erectors of Douglas broke ground on the new 8,000 square foot Angoon Clinic in September. Finally under way, SEARHC has been planning the construction of a new clinic in the Southeast village for more than six years.

The new facility will provide over three times the space of the current clinic and will have expanded dental, behavioral health, primary care space, a very efficient emergency room and X-ray services. Construction of the facility is scheduled to be completed in July 2004.

New behavioral health  
clinicians on board

By Sandra Klevens  
Yukon-Kuskokwim Health Corporation

After many months of consideration, most village clinician positions within Yukon-Kuskokwim Health Corporation's Behavioral Health program have been filled.

A 90-day training and orientation period has begun. It includes both classroom sessions and days spent shadowing providers in the various elements of Behavioral Health. This includes time spent with the emergency "on call" staff, and days at two facilities in Bethel: the Residential Diagnosis and Treatment Center (RDT) and McCann Inhalant Treatment Center (MTC).

Valerie Warren offered this first impression of the Yukon-Kuskokwim Delta, "Words fail me. My impression developed over days. It was very different. It was wet and I found it interesting that no one used umbrellas. I was getting wet." In spite of this she says, "I was really affected and moved by the friendliness of the people."

Valerie holds a dual position in partnership with the Child Advocacy Center, housed at Tundra Woman's Coalition, and YKHC Village Services. It's challenging to balance both roles, she said, "But it's a fabulous job because the opportunities to make a difference are enormous."



From *The Messenger*, a newsletter of the Yukon-Kuskokwim Health Corporation.

Nanwalek has water again

By Leigh Hubbard and Kelly Leseman,  
Project Engineers  
Division of Environmental Health and Engineering

Last summer, the Alaska Native Tribal Health Consortium and the Native Village of Nanwalek worked closely together to remedy a water shortage after low winter snowfall and an unusually warm summer left the village reservoir nearly empty. The southcentral Alaska village was forced to shut off water service overnight, and sometimes to ration it to only one hour each day.

Nanwalek is a small picturesque village located on the southern tip of the Kenai Peninsula, approximately 20 miles south of Homer, Alaska. Like many Alaskan villages, its 220 residents have a school, a church, a clinic, and a small store. What set Nanwalek apart for much of the past year was its lack of a safe drinking water source.

Nanwalek began experiencing water shortages during the early summer of 2002. According to James Kvasnikoff, the Nanwalek IRA Council Second Chief, the water level in the village dam decreased considerably during this time.

The problem was that not enough water was entering the watershed. Rain and snowmelt from the watershed collects in the dam. The water is then treated, disinfected, and stored in a water tank. Village residents believed an unusually warm summer and low winter snow fall reduced the amount of water in the watershed.

This trend continued through July of 2002, when the dam water level dipped so low that village water service was shut off at night to conserve water. By limiting service and using water only for drinking and cooking, the village managed to conserve water until the fall rains arrived and filled the reservoir once again.

During the following winter, water flowed into the system. However, a warm winter left a smaller snow pack that melted sooner than previous years. Village concern that a second dry and hot summer would cause a water shortage led Council members to raise the issue in the village and look for ways to avert another shortage. However, shortly thereafter, Nanwalek began experiencing another water shortage that forced it to shut off water service overnight. Water supply became so limited that at times water was available for only one hour each day.

In April, the Nanwalek IRA Council contacted the Alaska Native Tribal Health Consortium (ANTHC) Division of Environmental Health and Engineering (DEHE) and asked for assistance. In response, the ANTHC acquired funding from the Indian Health Service (IHS) and began the search for alternative water sources.

ANTHC Engineers Kelly Leseman and Leigh Hubbard traveled to Nanwalek and identified two possible sources to supplement the watershed. One stream, called Switchback Creek by local residents, appeared to be the most promising. It had the capacity to supply the quantity of water needed and connect to the reservoir without using pumps. This and other alternatives were presented to the Tribal Council, who agreed with the Switchback Creek option.



A new water transmission line project was completed in Nanwalek in September 2003.



ANTHC Superintendent Roger Fuiten (right) pauses for a break with the local laborers who assisted with the Nanwalek water transmission line project in September 2003. The laborers, who are pointing to a water collection box, are (from left to right) Emerson Kvasnikoff, Martha Hetrick, and Maurice Kvasnikoff.

On July 30, 2003, the village water treatment plant operator, Paul Swenning, informed the Council that the water tank was empty. The Council declared an emergency and had 90 gallons of water flown in from Homer.

Each household was rationed two gallons of water, beginning with the elderly, children, and diabetics. Later in the day, the Council and the English Bay Corporation arranged for water to be delivered to the village in a manner never seen before.

A barge that normally supplies drinking water to cruise ships delivered 50,000 gallons of water. Together with a second delivery, the 150,000-gallon water storage tank was filled to half capacity.

In the meantime, the village worked together once again to conserve water during the shortage. Emilie Swenning, First Chief of the Nanwalek IRA Council, explained that residents collected stream water and distributed it among village households to use in toilets and to wash clothes. They also kept clean by swimming in a nearby lake. Neighboring village of Port Graham also donated fresh water in bottles and 5-gallon buckets, and local fishermen transported the water from Port Graham to Nanwalek.

The Council notified DEHE the day after declaring an emergency. After consultation between the project engineers and the director of DEHE Regional Facility Services, Ralph Hogge, a decision was made to designate the pipeline project a priority. Despite the fact that funds were still not available from the IHS, ANTHC forward-funded the project at its own expense.

To guide and oversee the project planning, a final design meeting was held, and by the end of August a project superintendent was selected, the pipeline route was surveyed, design plans were completed, and materials had been ordered and shipped to Nanwalek. Construction began on Sept. 1, 2003.

ANTHC Superintendent, Roger Fuiten, along with Leigh Hubbard oversaw a local force account labor crew of three that completed the construction. Local laborers Martha Hetrick, Maurice Kvasnikoff, and Emerson Kvasnikoff provided invaluable help, while engineer Kelly Leseman kept needed parts and materials coming into Nanwalek.

With a concentrated effort by the local help and the ANTHC DEHE, construction was completed in five days. The dam, which only weeks earlier almost ran dry, now overflowed only hours after the pipeline was put into operation. The flow rate measured at an astonishing 40 gallons per minute, which was much greater than expected.

Because of the collaboration of the villages of Port Graham and Nanwalek, the English Bay Corporation, and the ANTHC DEHE, this project was a success. In this instance, the water shortage not only served to unite many individuals to see a village through difficult times, but it also demonstrated the strength and resiliency of the people of Nanwalek.







START – Simple Triage and Rapid Treatment

“It is a race against time...”

You’re first at the scene of a horrible, terrifying wreck. People are screaming in pain and fear, writhing in agony and despair. You freeze; you want to run, so many hurt people, where do you START? The woman with a broken femur sticking out of her thigh? The kid choking on his own blood, the other kids squirming like a bucket of black-fish? You feel overwhelmed and your mind is overloaded.

This is a problem all responders may face, sooner or later. Too many patients and too little resources, you will need to triage; (from the French word “to sort”) and you need to do it fast.

In 1983 the Newport Beach Fire Dept. developed the START system. This stands for Simple Triage and Rapid Treatment. This triage system has been updated and has rapidly become “state of the art” for triage in the United States. The system comes in a red fanny pack, with about 35 colored and numbered triage tags along with some paramedic shears and tie wraps and some red reflective adhesive “Immediate” stickers. It is simple; it was designed for rescuers with basic first aid skills and it has been proven in the field.

First, as with any scene, ensure your safety! Then you want to move the “walking wounded.” They get green tags. For example, Aeromed Delta did this in the April 2001 Nelson Island aircraft crash. Gene Wiseman, MICP, shouted, “everyone who can walk come over here.” All but two of the patients then got up and walked over. He then knew which patients were the most serious.

- Open the airway. If the patient is not breathing after a head tilt/chin lift and an oral pharyngeal airway insertion (OPA), this patient will get black tags (dead/dying).
- Remember R.P.M. Respirations, Pulse, Mental Status.
- Then you check respirations. If respirations are over 30 a minute, the patient gets a red tag (immediate).
- Check the patient’s radial pulse. If they have none, they get a red tag (immediate).
- Check the patient’s mental status. If they are unable to follow simple commands, they get a red tag (immediate).
- Otherwise, all patients will get a yellow tag (delayed).

All red-tagged patients get the adhesive reflective sticker placed on them. This helps the responder keep track of the immediate patients in low light situations.

More information can be found at [www.start-triage.com](http://www.start-triage.com)

Reprinted from *The Messenger*, a newsletter of the Yukon-Kuskokwim Health Corporation.



Milestone Day for nursing in the Northwest Arctic Region

By Phyllis Boskofsky, RN  
Director of Nursing Services

Oct. 16, 2003, marked a milestone for the Maniilaq region. That day was the first clinical day at the Maniilaq Health Center Acute Care Unit for Mary Viveiros and Susan Walker, students in the first remote distance-delivered Licensed Practical Nursing program in rural Alaska.

Viveiros and Walker had already spent many hours in clinical instruction and practice in the nursing laboratory at the Alaska Technical Center. The students learned under the watchful eyes of the clinical instructor from Maniilaq Health Center registered nurse (RN) Nichole Vetter, and the oversight of Dara Whalen, RN, MSN (Masters of Science in Nursing), from Maniilaq’s Public Health Nursing Department, in preparation for caring for real patients.

More than two years ago, Maniilaq formed a partnership with the University of Alaska Fairbanks Chukchi Campus at Kotzebue, the Alaska Technical Center, and Utah’s Weber State University, to deliver Licensed Practical Nurse and Registered Nurse programs in the Northwest Arctic Borough. In spring 2001, the Director of the School of Nursing at Weber State, Debra Huber, RN, and Pam Hugie, Outreach Coordinator, came to Kotzebue and conducted a feasibility study to see if it would be possible to bring the university program to a remote area.

The community greeted them in a unified showing of community support and commitment from businesses, organizations, community members, the local secondary education schools, and communication organizations.

Maniilaq proposed a plan for Weber State to deliver the classroom portion of the courses, with a local clinical instructor overseeing the students in the clinical practice portion of the program at the Maniilaq Health Center. The Alaska Native Medical Center at Anchorage also offered support in the form of additional clinical experience for some areas. The Weber State representatives also met with a group of approximately 15 individuals interested in becoming nurses.

As a result, Weber State decided it was possible to deliver the program, and the cooperating agencies launched the project. Students took pre-requisite college courses in math, English, anatomy and physiolo-



Left to Right, Nichole Vetter - Clinical Instructor, Susan Walker - Nursing Student, Helen A. Bolen - President/CEO Maniilaq Association and Mary Viveiros - Nursing Student

gy, chemistry, microbiology, and nutrition in preparation for the course. Through the efforts of the University of Alaska Fairbanks Chukchi Campus, the Alaska Technical Center, and the Maniilaq Health Center, the group located local, qualified, masters-prepared instructors who provided the needed courses locally.

In August 2003, two students, Susan Walker and Mary Viveiros, who had successfully completed all the pre-requisites, began the Licensed Practical Nurse program. They will graduate in May 2004, and will have the opportunity to continue in the Registered Nurse program with an anticipated graduation in May 2005.

That will fulfill Maniilaq’s long-held vision of providing local, licensed Native nurses to provide health care to the predominately Inupiaq people of Maniilaq’s service area. This is the ground breaking first step in moving toward a medical facility professionally staffed by local people.

For more information, contact Rebecca Orms in the Maniilaq Human Resources Department at: (907) 442-7661.



Why is it important to get Denali KidCare, health insurance or other resources?

- 1) It brings alternate resources into our Alaska tribal health system.
- 2) It’s easy, and happens at no cost or inconvenience to you.
- 3) Our Family Health Resources team at the Alaska Native Medical Center are willing to help determine if you are eligible for any resources such as Denali KidCare.

Alaska’s Covering Kids presents:

*Facts on how Denali KidCare helps children, teens, and pregnant women in the Alaska tribal health system.*

- 1) Children and teens receive a full range of prevention and treatment services such as doctor’s visits, check-ups, vision exams, eyeglasses, prescriptions, medical transportation, and more!
- 2) Enrollment in the Denali KidCare program helps bring resources into our Native healthcare system—making us stronger!
- 3) Enrollment is easy, and we have Family Health Resource staff available to answer any questions you may have or assist you in enrolling or renewing your insurance. Please call them at 729-3254 to find out more about what you’re eligible for! If you would like to request a Denali KidCare mail-in application by phone, call 269-6529 (in Anchorage) or 1-888-318-8890 (toll-free Statewide).



# CALENDAR

## Upcoming Events

### January 2004

- 4 "Breaking the Silence" video, KTUU Channel 2, 9 a.m.  
 5 ANHB Board of Directors, 1 pm, ULB Boardroom  
 7 Alaska Tribal Health Compact Tribal Caucus (tentative)  
 9-23 Dental Health Aide Training – Expanded Function Dental Health Aide II, TCC, Fairbanks  
 12-16 SEARHC Quarterly Meeting  
 12-16 Dental Health Aide Training – Expanded Function Dental Health Aide I, TCC, Fairbanks  
 19-23 Norton Sound Health Corp board meeting, 9 am – 5 pm, Pioneer Hall, Nome  
 19 NSHC Scientific Advisory Board, 9 am – noon, Pioneer Hall, Nome  
 20 Medicaid Task Force Meeting, 10 am – 5 pm, ULB Boardroom  
 20 NSHC Hospital Services Committee, 9 am – noon, HR Conf, Nome  
 20 NSHC CHS Committee, 9 am – 5 pm, Pioneer Hall, Nome  
 21 Sanitation Facilities Advisory Committee, 11:30 am – 5 pm, Yukon Conf Rm, DEHE Bldg  
 22 Sanitation Facilities Advisory Committee, 7:30 am – 1 pm, Yukon Conf Rm, DEHE Bldg  
 23 RASC Quarterly Meeting, 9 am – 5 pm, ANHB Conference Room  
 23 Denali Commission quarterly meeting, Sitka  
 27 Alaska's Covering Kids Coalition meeting, Anchorage, location TBA  
 27-29 Tribal Self Governance Advisory Committee, Washington DC Embassy Suites Hotel  
 28 Clinical Directors meeting, location TBA

### February 2004

- 3 Association of Tribal Health Directors Meeting, Centennial Hall, Juneau  
 4 ANHB MEGA Meeting, Centennial Hall, Juneau  
 5 Medical Services Networking Committee, 10 am – 4 pm, ULB boardroom  
 5 ANHB Business Meeting, Centennial Hall, Juneau  
 9 Alaska Native Tribal Health Consortium Board Meeting  
 9 Village Services Management Team, 11 am – 3 pm, SCF Boardroom  
 16 Elizabeth Peratrovich Day.  
 23-25 NCAI Executive Council Winter Session, Wyndham Hotel, Washington, D.C.  
 (Info: [www.ncai.org](http://www.ncai.org))  
 23-26 Indian Health Service Annual Meeting of Combined National Councils of Clinical Directors, Chief Executive Officers, Chief Medical Officers, Oral Health & Nurse Consultants, Bahia Resort Hotel, San Diego, CA (Info: 602-364-7777)  
 24-25 Maintenance and Improvement Resource Allocation Committee (MIRAC), 8:30 am – 5 pm, ULB boardroom

# Alaska delegation wins Medicare payment increases for Alaska tribal health organizations

By Joaquin Estus  
 Director, Public Communications

The Alaska tribal health system will soon see increases in Medicare reimbursements, thanks to the new Medicare law enacted on December 8, 2003. Medicare is the national medical care program for people over 65.

During negotiations over the final House-Senate compromise, the Alaska congressional delegation added several Alaska-specific items. The new law adds drug benefits to Medicare, increases the reimbursement amount for doctors' care of patients on Medicare, and directs Medicare to pay remote clinics for patients' overnight stays.

"These changes will bring much-needed additional revenues to the Alaska tribal health system," said Consortium chairman and president Don Kashevaroff. "We have an outstanding congressional delegation. Senator Murkowski is a great addition to the team and really went to bat for us."

H. Sally Smith, chair of the National Indian Health Board, agreed with Kashevaroff's assessment.

"She's compassionate, intuitive, a quick study – and works well with Senator Stevens," Smith said. Smith also praised Brian Gavitt, Murkowski's

health legislative aide for closely shepherding several key provisions through congressional negotiations.

The new law increased the rate at which doctors are reimbursed. Doctors now receive about 37 cents reimbursement for every dollar. Under the new law, they'll get about 55.5 cents on the dollar. U.S. Senator Ted Stevens said the new Medicare rates equal those paid by the Department of Veterans Affairs to doctors who see veterans in Alaska.

"That means up to \$1.2 million more a year for Alaska Native Medical Center," said Jim Lamb, director of patient financial services at ANMC. "We get about \$4.8 million per year from Medicare for physician fees," said Lamb. "Depending on the regulations, under the new law, we'll get somewhere between \$900,000 and \$1.2 million more per year."

The new law also clearly allows Medicare to pay tribal or Indian Health Service pharmacies for prescription costs. Tribal health organizations will



U.S. Sen. Lisa Murkowski

be able to charge Medicare up to \$600 per year for prescription drug charges for people signed up for Medicare.

"That's a significant savings and will certainly help offset the cost of medications, which have been rising anywhere from 17 to 25 percent every year," said ANMC Administrator Dee Hutchison.

Murkowski and Stevens also sponsored an amendment that will direct Medicare to pay remote clinics for patients' overnight stays. Gavitt said Medicare currently will only pay for overnight stays in hospitals.

The Centers for Medicare and Medicaid programs are developing rules to implement the new law. Alaska Native Tribal Health Consortium and other tribal health organizations are actively involved in reviewing and commenting upon those rules.

Heather A. Resz  
 contributed to this article.



U.S. Sen. Ted Stevens

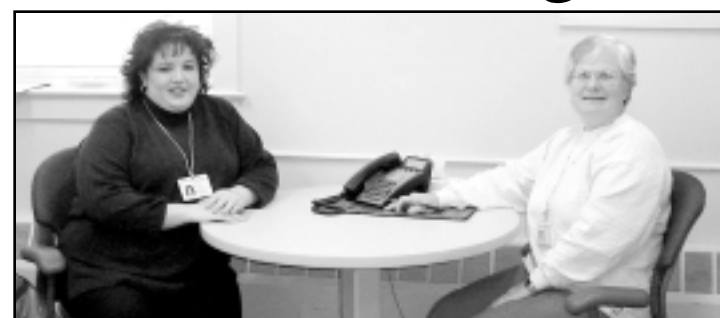
## Bristol Bay Area Health Corp. launches Nicotine Dependence Treatment Program

The Bristol Bay Area Health Corporation (BBAHC) in Dillingham has launched its new Nicotine Dependence Treatment Program. The new program offers cessation services to clients interested in quitting tobacco and includes the use of state-of-the-art counseling techniques and drugs. Many have already taken advantage of the new services offered, with more than 60 people entered so far.

According to Shannon Fuller, a BBAHC Nicotine Dependence Treatment Counselor, clients are eligible for the program if they are ready to quit tobacco in the next 30 days. "Our clients are assisted by developing a personalized treatment plan, including a personalized counseling schedule and nicotine replacement dosing if indicated. The program provides regular follow-up phone counseling for up to one year."

"By offering counseling services and nicotine replacement therapy, patients can gain the added support to help them through the quitting process" says Marilyn Thorson, Program Manager of the new program. "Quit rates are shown to double if patients take advantage of medications available for treating tobacco dependence combined with counseling services."

If you've found quitting tobacco extremely difficult, you're not alone. "Slipping and starting to use tobacco again is all part of the quitting process. We stress persisting until the client is successful. Sometimes it takes people five to seven quit attempts to stay quit for good. We're here to



Nicotine Dependence Treatment Counselor Shannon Fuller and Marilyn Thorson, Program Manager coordinate Bristol Bay Area Health Corporation's new Nicotine Dependence Treatment Program.

support clients until they are successful" said Fuller.

Alaska Natives have a higher rate of tobacco use compared with the national average (43 percent versus 23 percent). Quitting tobacco can greatly impact your health. It is never too late to quit. Tobacco causes the highest number of preventable deaths in the U.S. each year. 90 percent of lung cancers are from patients smoking. Smoking and chewing tobacco cause many other cancers and are associated with many health risks.

Services are located in Dillingham at BBAHC Kakanak Hospital and can be contacted for more information at 1-800-478-5201 ext 6320.

## SAVE THE DATE! March 30-31, 2004

**BP Energy Center,  
 900 E. Benson Blvd.,  
 Anchorage, AK.**

**Alaska Native Health Research  
 Conference Task Force**  
 4201 Tudor Centre Drive,  
 Suite 105  
 Anchorage, Alaska, 99508

Fax: (907) 729-2924

For more information, send  
 e-mail to [dlbrollink@anthc.org](mailto:dlbrollink@anthc.org)

The Alaska Native Health Research Conference is for :

- **Sharing Research Results**  
 Presentations featuring health research studies.
- **Putting Research into Practice**  
 Presentations on Alaska Native health promotion and disease prevention programs developed based on Alaska Native Health research projects.
- **Research Panel Discussion**  
 Discussions with regional and statewide research review boards.

### Who Should Attend?

- Tribal Health Organizational Board Members
- Research Review Members
- Tribal Health Directors





# Eligibility ...

From page 1

Indian Health Service funding covers only part of the cost for everyone eligible for care at ANMC. Thus, it is important that ANMC provides services only to those people who are eligible for services at the ANMC accredited campus. The only way to be sure we are doing that is to have proof. If we don't have proof of eligibility on file, we will ask for your help to get it.

## How can you help?

You can help by providing the paperwork or documentation that proves you are Alaska Native or American Indian by being an enrolled member or a descendant of a member of a federally recognized tribe.

The papers that may prove your eligibility include, but are not limited to, the following:

- Bureau of Indian Affairs-issued card or Certificate of Degree of Indian Blood.
- Tribal card or enrollment verification from a federally recognized tribe.
- Birth certificates demonstrating lineage from an eligible beneficiary with their proof of eligibility documentation.
- A card or statement from your Alaska Native Claims Settlement Act (ANCSA) corporation stating that you are a Native person listed on the ANCSA roll (issued in 1971), or a lineal descendant of a Native person



Alaska Native Medical Center (ANMC) is owned and operated by the people it serves. The Alaska Native Tribal Health Consortium and Southcentral Foundation (SCF) jointly own and manage ANMC under the terms of Public Law 105-83.

listed on the ANCSA roll.

## What if you don't have one of these?

If you don't have the paperwork or issued card, ANMC can give you an application to the Bureau of Indian Affairs for a Certificate Degree of Indian Blood (CDIB). Once you complete the application and mail it to the BIA office, they will send ANMC the CDIB.

## Where can I get the papers I need to prove I'm eligible?

For a Certificate of Degree of Indian Blood contact: Bureau of Indian Affairs 3601 C Street, Suite

1100 Anchorage, AK 99508 Phone (907) 271-3519 or 271-3517 Toll-Free: (800) 645-8465, Option 1.

For Adoption, Birth or Marriage Certificates contact: Bureau of Vital Statistics Anchorage Recording Office 3601 C Street, Suite 128 Anchorage, AK 99501, phone (907) 269-0990.

For other eligibility questions contact: Eligibility Manager Alaska Native Medical Center 4315 Diplomacy Drive, 1st Floor Anchorage, AK 99508, Phone (907) 729-2353 Fax (907) 729-4451 E-Mail [eligibility@anmc.org](mailto:eligibility@anmc.org).

## Important notes:

1. Individuals may be required to

- pay for services if ANMC determines they are not eligible, or if they fail to provide the paperwork that proves they are eligible.
2. ANMC now requires that patients to provide proof of eligibility within 120 days of being asked for it.
  3. Starting January 1, 2004, patients will be required to show proof of eligibility before they will be scheduled for any elective appointments or surgeries.

The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center under the terms of Public Law 105-83.

These parent organizations have established a Joint Operating Board to ensure unified operation of health services provided by the Medical Center. Alaska Native Medical Center 4315 Diplomacy Drive Anchorage, AK 99508.

## Disclaimer

This information is solely intended as a general tool to educate and empower ANMC patients on their rights and responsibilities as eligible recipients of pre-paid health care at ANMC.

This information is not intended in any way to substitute, replace or alter the policies, procedures or contract commitments of the Alaska Native Tribal Health Consortium, Southcentral Foundation, or the Alaska Native Medical Center regarding ANMC medical service eligibility.

A complete copy of ANMC's Direct Care Eligibility policies and procedures is available on request. This information is subject to change at any time without notice. Or online at [www.anthc.org](http://www.anthc.org).



# Anchorage to host U.S. Public Health Professional Conference May 16-20

The conference features U.S. Surgeon General Richard Carmona and other important public health leaders at a three-and-a-half day gathering open to all health care professionals.

It will include a full-day of profession-spe-

cific topics for physicians, nurses, pharmacists, dentists, environmental health officers, dietitians, therapists and others.

General sessions will feature national and international speakers on emerging trends and issues in public health.

A significant number of continuing education credits will be available.

For more information, call toll-free (866) 544-9677 or register online at [www.coausphsconference.org](http://www.coausphsconference.org).

## Use tobacco? No way!

Just think: You could go to Disneyland or you could smoke a pack of cigarettes a day for a year. The cost is about the same.

"Smoking or chewing tobacco is disgusting," says Genevieve O'Neill. "Kids can make a better choice."

Don't even start using tobacco. It's not worth it.



### Choose health!

Photo ©2000 Ray Salomon



## Babies were born to be breastfed

Research suggests that exclusive breastfeeding can reduce an infant's chances of ear infections, diabetes, becoming overweight, or getting asthma.

### Breastfeeding guide for Native families available

"An Easy Guide to Breastfeeding for American Indian and Alaska Native Families" is now available in print and electronic PDF. The guide takes the reader through four sections: benefits of breastfeeding, how to get started, continuation upon returning to work, and frequently asked questions. The "Easy Guide to Breastfeeding" will be a useful tool. Please share this resource.

Bulk orders of the "Guide" can be requested at 1-800-994-9662. This is a DHHS supported hotline for breastfeeding questions and concerns as well as for ordering the guide. Pamphlets should arrive in two to three weeks.

For more information, or to see a copy, go to the Indian Health Service, Maternal and Child Health website at: [www.4woman.gov/Breastfeeding/EasyGuide.NA.pdf](http://www.4woman.gov/Breastfeeding/EasyGuide.NA.pdf)

*Produced by the U.S. Department of Health and Human Services, Office on Women's Health, the project also received funding from the National Institute of Diabetes, Digestive and Kidney Diseases, and the Centers of Excellence at Phoenix Indian Medical Center.*





# Annual Meeting ...

From page 1

**Question:** I had a friend come in and the doctor told him it was all in his head. And it wasn't a mental thing. He should have been able to see another doctor who could figure out what was wrong.

**Answer:** (Dee Hutchison, ANMC Administrator) If you feel you need a consultation with a second person, you have a right as a patient to request that. Sometimes, if it requires a specialist that we don't have in our system, we can make other arrangements for you. Sometimes we cannot pay for the cost of sending you to an outside specialist. In those cases, we have discussions with you about that on an individual basis.

**Question:** I'm very happy with the services I receive and the expedience of them as well. I'm very pleased with having a nurse coordinate getting you into all the various areas, to see the specialists, is really great. I've received care all over the western United States, I have never had that, and it's a great help.

**Answer:** Thank you for that comment.

**Question:** I'm from Grayling [in the Yukon-Kuskokwim region]. There's some policy here that you can't go to the emergency room. I've been here seven months. I went to the ER twice. They said they have a policy that says I can't do that. I want to know my rights.

**Answer:** (Don Kashevaroff, Chair and President) If you're in Anchorage and need service, you should not be denied service. If you know of someone who is denied service, call Dee Hutchison at 729-1997. We need to know right away so we can help. Southcentral Foundation created a few services, like the chiropractor, that are only for Anchorage residents, but those are very few.

**Comment:** We have some friends who were told they are not eligible for services here.

**Answer:** (Dee Hutchison) I'm glad you brought that up because we are working on eligibility right now, but no one should be turned away. We have a situation where we have some people coming in for care who are not Alaska Natives or American Indians. We are trying to make the best use of our resources, which are just for American Indians and Alaska Natives. We are trying to make sure that we are serving only the people who are eligible for services at Alaska Native Medical Center. The board has just updated our policy about who is eligible for care at Alaska Native Medical Center. The only way you can tell who is a Native is with a Certificate of Indian Blood (CIB) (from the Bureau of Indian Affairs). So, if our chart does not have proof of eligibility, you will be asked to provide proof. We have a brochure that clearly outlines who is eligible and what is needed to prove



A few of the participants in the ANTHC Annual Meeting Dec. 8, 2003.

it. We will work with people to get their documents. What we have communicated to our staff is that no one is to be turned away and I will re-emphasize that to staff. If you know of someone who is turned away, immediately ask for someone (or me) from administration to help you. Eventually, if proof of eligibility is not provided by a patient, that patient will be sent a bill for medical services from ANMC.

**Question:** What if I have to see a specialist and some ER nurse says no? Do I have to go back to Bethel to see a doctor?

**Answer:** (Dee Hutchison): If you're from an area with its own hospital and primary care center, you should receive your primary care there. If you want to go directly to our specialty clinic, you need to be referred by your primary care provider in writing. If you are in Anchorage, you can come to our emergency room for care and we will not deny you services. In order to receive care at the Primary Care Center you have to be a resident of Anchorage for a certain period of time before you can access services. It's a result of the way funding is set up, along with policies and agreements. It's important to understand how that works.

**Question:** When will the water and sewer in the villages be completed, how much will it cost and how much more money is needed?

**Answer:** (Steve Weaver, Senior Director, DEHE) The sanitation deficiency system has identified Alaska's unmet need at \$640 millions. We are funded at a rate of about \$60-65 million per year.



Alaska Native Medical Center Nurse Executive Lorraine Jewett (left) receives the U.S. Public Health Service Nurse of the Year award certificate from Alaska Native Tribal Health Consortium chief executive officer Paul Sherry.

So, if everything stayed equal, and there were no cost changes, no more births, no deaths, no more changes in laws, we could do it in ten years. But those things do change. DEHE has a great deal of information about specific villages and the work that is needed or underway.

**Question:** Some of the requirements for getting water are too hard. You have to have electricity; you have to have a certain level of housing. I'd like to have you look at that.

**Answer** (Steve Weaver): Electricity is needed is so that the pipes won't freeze and burst when people are away during the winter. That takes a heat source that's controlled by a thermostat and keeps the temperature above freezing. Housing requirements help ensure that piped water and sewerlines provide good service throughout their design life, so that the public health benefit is maximized.



## Alaska Native Tribal Health Consortium 2003 highlights

**Alaska Native Medical Center**  
Alaska Native Medical Center continues to experience significant growth, up to seven percent in some services, due to Alaska Native population growth and relocation from rural to urban Alaska. In FY03, ANMC provided 341,420 clinic visits; 6,422 inpatient admissions, 1,283 infant deliveries, and 10,595 surgical procedures. Alaska Native Medical Center achieved Magnet Status for Nursing Excellence, the 71st hospital in the nation to receive this honor from the American Nurses Association, the nation's largest such group. ANMC was certified as Alaska's only Level II Trauma Center, the highest level possible in Alaska.

**Division of Environmental Health and Engineering**  
The Division of Environmental Health and Engineering received the Academy of Environmental Engineers grand prize in Operations/Management for a water and sewer system project in the Northwest Alaska village

of Savoonga. Through DEHE:  
• 2,646 homes in 93 communities received improved water and sanitation services at a cost of \$55 million  
• Eleven tribal health organizations received \$10 million for design and construction of 38 hospital and clinic improvement projects  
• Forty-two health clinic projects are in the planning, design or construction phases

**Community Health Services**  
The nation's first dental health aides have been certified after receiving training through the Division of Community Health Services. Community Health Services (CHS) is working to place 50 new behavioral health aide positions in villages, and to increase the number of personal care attendants serving in rural communities as well. CHS has a number of Native health research projects underway, and has improved the policies and procedures for review and approval of Native health research and publication.

**Division of Information Technology**  
The Division of Information Technology provides quality health information and technical services to assist providers in giving the best possible health care to Alaska Natives. These include telemedicine carts at 235 sites in Alaska; 46 tele-radiology sites; and more than a million patient encounter records transported annually.

**Division of Human Resources**  
The Division of Human Resources works to improve employee recruitment and retention for the Consortium and for tribal health organizations statewide. Professional recruiting staff recruited 98 new employees to the tribal health system, including 25 physicians, 57 nurses, and 16 advance practice nurses and physician assistants. Promotion and support of the Indian Health Service student loan repayment program resulted in loan repayment awards to 139 professionals in the tribal health system in Alaska. Those awards have a value of more than \$4.5 million.







STATEWIDE

News and notes

Diabetes increasing rapidly for younger people

By Liza Sarah Vent, RN,  
Chief Andrew Isaac Health Center  
Tanana Chiefs Conference

As we prepared for the Tanana Chiefs Conference 2003 health Summit, I noticed how quickly diabetes is rising for younger people.

In a two-year time span, the number increased from 29 to 52 for those people under age 40. This is close to a 50 percent increase for this age group in only two years.

A majority of these people were diagnosed with Type 2 Diabetes, in which the body makes too little insulin or the cells in the body become insulin-resistant.

This type of diabetes accounts for approximately 95 percent of diabetes nationwide. It was once called adult-onset diabetes.

A few of the risk factors for diabetes are obesity, when your Body Mass Index (BMI) is greater than 30 (sometimes due to an inactive lifestyle), being American Indian or Alaska Native, and having a family history of diabetes.

Some of the symptoms to watch for are increased thirst and urination, unusual weight loss, blurry vision, and fatigue.

Type 2 Diabetes is a preventable disease. Health food choices and exercise are two of the best ways to prevent diabetes. Physical activity is powerful! It is also recommended to get your blood sugar checked at least once a year and find out what your BMI means, which is calculated by your height and weight.

If you have any questions or would like to set up an appointment, please see your health care provider. Be healthy, be active, the “power is in you.”



YKHC creates public relations department

A new department is being organized to keep the public informed about what the Yukon-Kuskokwim Health Corporation does to improve healthcare in the region.

“Too often, the innovative programs we develop and even the services we provide on a daily basis, are not adequately communicated to our customers and partners,” said Support Services Vice President Hugh Short.

“We need to get proactive about communicating the positive, exciting things we’re doing, not only to keep our own people informed, but people all over the state and the rest of the world as well,” said President/CEO Gene Peltola.

YKHC’s media services and tribal relations programs will be gathered into the new department, and other functions will be added. Additions

DEHE attends science and engineering conference

By Darryl Alleman,  
Northwest Regional Manager  
Division of Environmental Health and  
Engineering

The Division of Environmental Health and Engineering had a booth at the Job Fair of the American Indian Science and Engineering Society National Conference, held in Albuquerque, New Mexico on Nov. 20-22, 2003. DEHE also was a sponsor of the annual event, which attracts the nation’s brightest American Indian students, as well as professionals in the fields of science, engineering and technology.

There were more than 2,000 participants and 200+ exhibit booths at this year’s conference. ANTHC staffers Darryl Alleman, Jacob Hess, and Paul Bauer attended.

Many Native American students interested in summer internships in Alaska visited the booth. The team returned to Anchorage with contact information and resumes for 26 students. Eighteen students are enrolled in engineering-related programs and eight are enrolled in medical or health-related fields.

A highlight of the conference was a presentation at the opening ceremony by John Herrington (Chickasaw Nation of Oklahoma), the first Native American astronaut to go into space. More than 200 Americans



AISES Board Member Andrew Duff presents a pottery vase to ANTHC staffers Darryl Alleman and Paul Bauer in recognition of ANTHC’s continuing support of AISES.”

have flown in space, and now these esteemed ranks include a Native American. Herrington served as the flight engineer on SST-113, which flew in November, 2002.

During the conference, the AISES board of directors presented ANTHC with a pottery vase in recognition of ANTHC’s continuing sponsorship and support of AISES-related activities.

AISES is looking forward to bringing it’s 26th Annual National Conference to the Egan Center in Anchorage, November 11-14, 2004.

The 3-day event includes a Career Fair, dynamic nationally-recognized speakers, panel discussions, and workshops for students, teachers and professionals. Conference sessions are provided by top trainers and are designed to benefit students and professionals alike.

For more information on the AISES National Conference, visit the Web site at aises.org.



I eat well — like my ancestors did

Our ancestors lived healthy lives for thousands of years, eating food gathered from the land and sea.

**Choose health!**

The protein and nutrients found in traditional foods offer many health benefits: They help protect us from cancer, diabetes and heart disease.

Take care of your body. Eat traditional foods!



Photo ©2003 Bill Hess





**New CHAP Database Web site**

Community Health Aide/Practitioners (CHAP) Directors have launched a certification and training database and a Web site for statewide program use. The database is complete and on-site training has occurred in Anchorage, Bethel, Nome and Sitka.

The Web site, [www.akchap.org](http://www.akchap.org), is hosted by the Alaska Native Tribal Health Consortium and is open to the public. The web-site also serves as the access point for the database, although security protocols apply. To get access to the Web site, call Rebecca Paulsen at 729-3624, or email: [rpaulsen@anmc.org](mailto:rpaulsen@anmc.org).



*Video on CHAP program and need for funding gets positive reactions*

The video “Alaska Rural Health Care at Risk,” describing the Community Health Aide/Practitioner program and need for additional funding, was completed by Alaska Native Health Board. Copies were distributed to CHAP Directors for regional viewing by staff, tribal councils, and communities. The video met a positive reception at the CHAP Convocation and CHAP Directors’ meeting.



*Videoconferencing is a valuable training tool*

Alaska Native Tribal Health Consortium  
Staff Report

The Alaska Federal Health Care Access Network (AFHCAN) has been promoting videoconferencing for two years. For example, Maniilaq and SEARHC are using the AFHCAN network now to hold some training sessions. Two years ago, the Veterans’ Administration used AFGHAN equipment to provide a medical ethics conference to the providers in Kotzebue.

Earlier this summer AFHCAN had two pilot videoconferencing sessions from its office: One on HIV testing and the other on Denali KidCare. AFHCAN will be hosting a videoconferencing room that could be used for clinical sessions as well as training sessions. AFHCAN is obtaining space and making the infrastructure upgrades (painting, lighting, and network connections) so it can do this more regularly.

As for Community Health Aide/Practitioners (CHAP) training, AFHCAN is working on a project to create a telehealth/distance delivery series of programs in various formats, including video teleconferencing, to augment CHAP training. Some of the health corporations support and encourage telehealth so their CHAP are more savvy and connected users. Continued extension and elaboration of AFHCAN’s use across the state is ongoing.



**Attention:  
Community Health  
Aide/Practitioners**

*Mark your calendars!*

The 2004 CHAP Forum is set for April 19-23, at the Hawthorne Suites in Anchorage.

The state of Alaska will assist this year with planning and organizing. For more information, contact Torie Heart at 729-3642.

**Alaska  
Rural/Telehealth  
Conference**

**From Local to Global**

**A primary care/rural health conference**

March 1-3 in Anchorage

Highlighting primary care, rural health, and rural hospitals.

If you work in a village clinic, community health center or rural hospital, you will find valuable content at this conference for policy makers, community clinic and hospital management and administration, and health care professionals including medical, dental, and mental health care providers, and pharmacists

**“Innovation and evaluation  
An international telehealth conference**

March 4-5 in Anchorage

This two-day conference will bring together people interested and involved in designing, using, and evaluating telehealth systems in rural and remote settings across the United States and the Arctic. This week-long conference will be held in Anchorage, Alaska at the Anchorage Downtown Marriott hotel. To ensure the low conference room rate, make your reservations now by calling 1-800-228-9290.

Use reservation code: Rural Health Conference.



**Keep them sweet without pop!**

A typical can of soda pop has 11 teaspoons of sugar in it. Combine that with the acid

in pop and you get cavities! Plus, kids who drink soda pop every day are more likely to become overweight or obese —

conditions that are linked to diabetes.


**Stop the pop!**

**Choose  
health!**





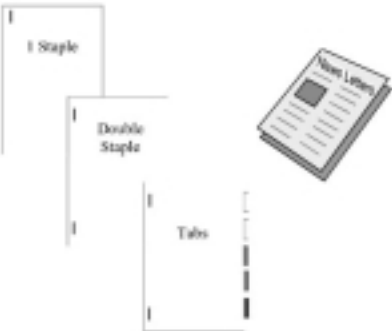





## Did You Know?

**We can print -**

- Black and white or color
- Single sided or double sided
- Single or double stapled
- Newsletters
- Pamphlets
- Overhead transparencies in color
- Documents with covers and/or tabs
- Documents with tape binding
- and much more -



**Did you know -**




We can print from hard copy black & white or color originals.  
We can print from electronic media —  
(3 1/2" floppy, CD, ZIP disc or over the network)

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You don't even have to leave your desk to get your jobs to the Copy Center?

**Did you know -**


You can send jobs to the Copy Center as application  
(word, excel, powerpoint etc) or as PDF's?



files

**Did you know -**

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The Copy Center is run by **YOUR PEOPLE**



Send files to Clifford Johnson  
Copy Center Supervisor  
at: [cyjohnson@anthc.org](mailto:cyjohnson@anthc.org)  
or call 729-3655 for more information

# Copy Center

# Norton Sound Regional Hospital scores high after tough inspection

Norton Sound Regional Hospital and Quyanna Care Center were put under the microscope by inspectors twice recently, and both times got rave reviews. Two state inspectors thoroughly scrutinized hospital operations Sept. 22-25, then approved the hospital's request to be designated a "critical access hospital." The change will not affect services but will boost Medicare reimbursements.

Then, on Oct. 8-9, an inspector from the Joint Commission on Accreditation of Healthcare Organizations went over the hospital and QCC with a fine-tooth comb. The inspector gave a glowing preliminary report, and final results are expected in late November. "The preliminary report is the best report we've ever had in our history of being accredited," said Karla Homelvig, quality assurance manager for Norton Sound Health Corporation. The hospital will receive a score of at least 95, with no

Type I deficiencies, the inspector said. The hospital is surveyed every three years and in the past decade has always scored in the mid-to high-80s with several deficiencies that needed to be corrected. Quyanna Care Center scored an excellent 99 out of 100. "This demonstrates our ability to provide and maintain quality care, especially with all the different services we provide," said Charles Fagerstrom, vice president for Hospital Services at NSHC. "It proves our ability to achieve national standards, which sometimes is difficult in a rural setting." Joint Commission (JCAHO) accreditation involves evaluating the hospital's performance in areas that most affect patient health and safety.

*From Kanigsirugut News, a newsletter of the Norton Sound Health Corporation.*

# Bering Straits region gets three new ambulances

Three new ambulances arrived in the Bering Strait region in September thanks largely to funding granted to Norton Sound Health Corporation by the U.S. Department of Agriculture. The Nome Volunteer

Ambulance Service got a brand new ambulance just in time to retire one ambulance that was 20 years old and another that was 25 years old. Ten years is considered the normal life of an ambulance, according to Nome Volunteer Ambulance Service Chief Charlie Lean.

Smaller new ambulances went to Unalakleet and St. Michael.

The ambulances were purchased through the USDA's Code Blue grant program. The funding program was developed with the Rasmuson Foundation to help update Alaska's aging emergency medical equipment. USDA covered 75 percent of the cost of the ambulances and the Rasmuson Foundation contributed 20 percent.

The city of Nome paid the remaining five-percent for its ambulance. Lean thanked the Fagerstrom family of Nome for raising more than enough money through the annual Iditawalk event to pay that five-percent.

*From Kaniqsirugut News, a newsletter of the Norton Sound Health Corporation*

# Dive in ... to good health

Swimming builds endurance, strength and flexibility, and gives your heart a workout.

**Choose health!**

In fact, being active every day lowers your risk for diabetes, heart disease, stroke and cancer. No matter what your age or

level of fitness, an active life is a healthy one.

Photo ©2003 Bill Hess

# STATEWIDE

News and notes

# YKHC ...

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include managing YKHC's website, public events and VIP tours, as well as maintaining the professional quality of corporate publications and presentations. One of the most important functions of the new department will be to act as liaison to the news media. YKHC will soon fill two new positions, a Public Relations Director and a Public Information Officer.

*From The Messenger, a newsletter of the Yukon-Kuskokwim Health Corporation.*





# Communications key to getting families signed up for Denali KidCare

Alaska Native Tribal Health Consortium  
Staff Report

On Nov. 12-14, three Alaska Native Health Campus employees traveled to Washington, D.C. for the 2003 Robert Wood Johnson Foundation (RWJF) Covering Kids and Families (CKF) Communication Camp. Emily Johnston, Lead Manager of ANMC's Family Health Resources team attended the three-day conference along with Donna Elliott, Statewide Project Coordinator for Alaska's Covering Kids (ANTHC), and Joaqlin Estus, Director, Public Communications (ANTHC).

They heard from top-notch trainers on topics such as how to better promote Medicaid and Denali KidCare programs statewide for all populations, and ways to get more people to stay enrolled.

"Some states invest heavily in promotion and others, like Alaska, have a relatively low level of funding for outreach," said Elliott. "So you see

everything from very sophisticated, well-tested ad campaigns, to some very small creative efforts. You really get a sense of the many possibilities."

"They taught us some ways to encourage parents that they're doing the right thing by enrolling their children in Denali KidCare," said Emily Johnston. "It gives parents peace of mind that if their child gets sick, they can get the help they need, more help than the Indian Health Service can cover."

Trainers included media strategists, communications specialists, and reporters from The News Hour with Jim Lehrer (public TV) and ABC News, as well as presenters from programs in states such as Illinois, Nevada, Wisconsin, and Arkansas.

As the statewide CKF lead, ANTHC seeks to improve simplification, coordination, and outreach/retention issues concerning all Medicaid and Denali KidCare recipients. When children, teens, and pregnant women are signed up for any third-party resource such as Denali KidCare and Medicaid, it speeds up access to health care services for patients, covers travel/lodging costs, and frees up resources

coming out of IHS contract health revenues.

The Alaska Primary Care Association, a local CKF grantee, addresses access to healthcare coverage issues for non-English speaking and Immigrant/Migrant populations. Southcentral Foundation, another local grantee administers the three goals for Native and non-Native populations within the Anchorage Service Unit.

Under the leadership of the Alaska's Covering Coalition, CKF grant staff works to address the increasing needs of the uninsured children and families in Alaska.

For more information about Denali KidCare/Medicaid application technical assistance and training, or to find a way you can help address the



Emily Johnston and Donna Elliott visiting the Smithsonian Museum of Natural History before training starts.

## Six graduate from Licensed Practical Nursing program

Six Y-K Delta students completed their Licensed Practical Nursing Program and received a certificate and LPN pins from the University of Alaska Anchorage Dec. 1. A ceremony to celebrate this occasion was held on Dec. 1 at the Cultural Center in Bethel. The students also attended the UAA ceremonies Dec. 13 at the University of Alaska Anchorage campus.

Graduates are: Roy A. Alexie, Bethel; Alexandra S. Active, Kipnuk; Jeanne Santacrose Franklin, Bethel; Fannie Hernandez, Quinhagak; Dorothy L. Tuluk, Chevak; and, Shirley Walters, Mountain Village.

The Licensed Practical Nursing Program began in January 2003 and was administered by the YKHC Learning Center staff. The program was funded by the U.S. Dept. of Labor, Employment and Training Administration. Additional student financial support was provided by the Alaska Job Center Network and AVCP, Inc.

The students will take the national exam sometime within the next several months. In the meantime, several of the students are seeking employment with YKHC as Licensed Practical Nurses.



## Alaska Native Tribal Health Consortium Jobs

Want to find out about job vacancies? Visit the ANTHC Web site, at ANTHC.org. Tell your friends too!  
Here are just a few of the jobs now listed at ANTHC.org.

- Data Entry Supervisor
- Administrative Assistant III & IV
  - CHAP instructor
  - Telephone Operator
    - Medical clerk
    - Neurosurgeon
- Case Manager Assistant
  - Pharmacist
    - LPN
    - RN
- Mammography Technologist



### Public Health Challenges Working Together for Our Future May 16 - 20, 2004

The 2004 Public Health Professional Conference will help you develop the tools, resources and contacts you need to turn today's challenges into tomorrow's opportunities. This year's conference features an expanded 3 1/2 day agenda with more educational sessions, greater networking opportunities and a wider array of exhibitors!!

**Highlights will include:**

- A keynote address by Surgeon General Richard Carmona, "A Year in the Life of Public Health."
- A round table discussion featuring the deans of major public health programs ams exploring future trends in public health care

**General Sessions**

On topics such as the role of PHS officers in global health, building a new health care system in Iraq.

**Mini-Sessions**

On topics such as the History of PHS in Alaska; The Epidemic of Suicide in Adolescents; and Cultural Competency.

A detailed agenda is available on the conference web site at [www.coausph-conference.org/agenda.cfm](http://www.coausph-conference.org/agenda.cfm) or by calling toll-free (866) 544-9677. Continuing education credits available.