



THE Mukluk Telegraph



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ANTHC celebrates new office building

By Joaqlin Estus

Public Relations and Communications Director

The Alaska Native Tribal Health Consortium held an Open House for its new office building on February 1, 2005.

"We wanted the building to be welcoming to our people and partners, and a good work environment for our employees," said Don Kashevaroff, ANTHC Chairman and President. "As a better long-term fiscal strategy, the board wants us to own our own buildings, rather than lease. The Open House celebrated our success in achieving all those goals."

About 200 people attended to look at the 2-story lobby and office spaces, to see newly installed artwork, and take in beautiful views of mountains on three sides of the building. They enjoyed lunch, tours of the facility, and entertainment by the Tlingit and Haida Dancers of Anchorage and the Miracle Drummers.

"Construction came in on schedule and \$100,000 under

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Photo by Joaqlin Estus/ANTHC

Two Fur Rendezvous sled-dog racers pass the new building Feb. 25. Consortium employees, friends and relatives enjoyed reindeer sausage and chili from NANA Catering as they watched the mushers from the patio.

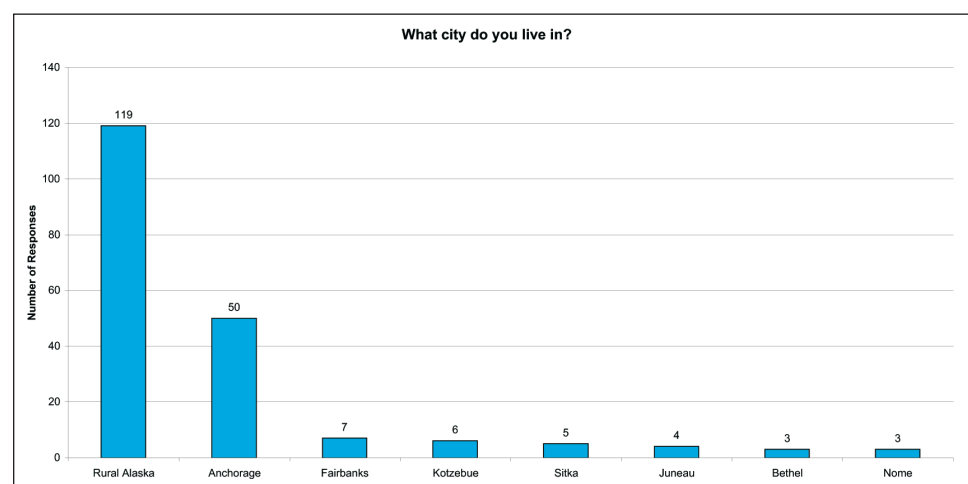
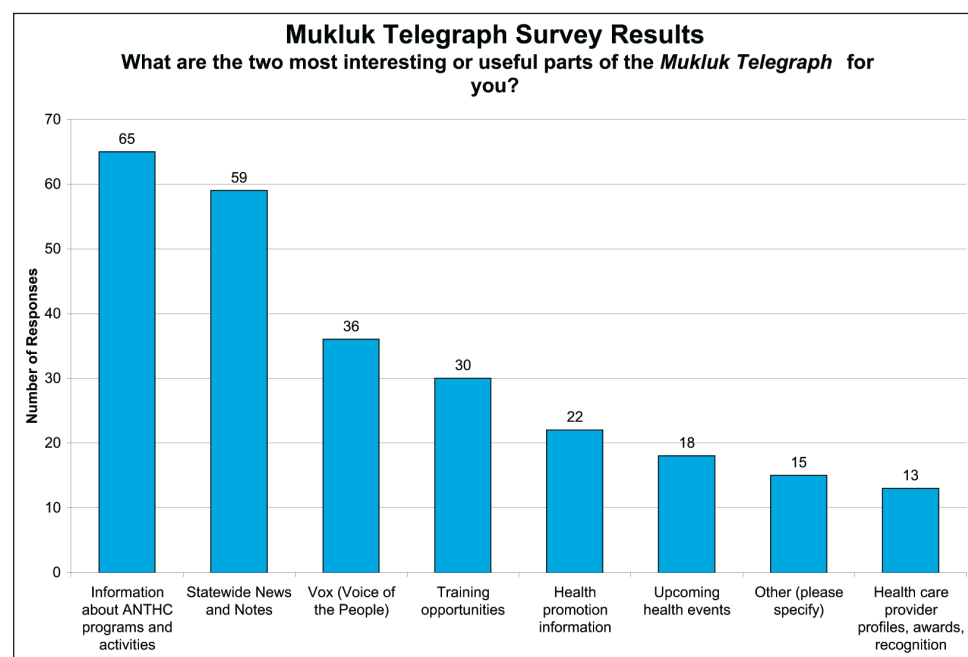
Mukluk survey results are in

In October, Alaska Native Tribal Health Consortium, the publishers of the Mukluk Telegraph, asked for feedback on the newsletter. We received about 260 responses. Thank you to everyone who responded!

• Theresa Manumik of Marshall won a \$25 cash prize.

- Shirley Wolkoff of Anchorage won a fleece vest.
- A fleece jacket and outer shell goes to John Evan of Tununak.

The two charts below show where the people who filled out survey forms live; and what they are most interested in reading in the Mukluk Telegraph.



Board adopts new mission, vision, values

On Feb. 2 the ANTHC Board of Directors approved a new mission, vision and values as follows:

Vision

Alaska Natives are the healthiest people in the world.

Mission

Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System.

Values

Achieving excellence
Native self-determination
Treat with respect & integrity
Health & wellness
Compassion

Denali Commission improving, building new health clinics

By Roger Marcil

Statewide Planning and Funding Coordinator, Division of Environmental Health and Engineering

Does your village have a new or remodeled health clinic? Since 2001, the Denali Commission has embarked upon a program to replace or remodel all the rural health clinics in Alaska. The Commission, formed by Congress in 1998, has identified over 200 rural

See CLINICS on Page 2

Vox
The Voice of the People

By Susan Gordner
Administrative Assistant

What’s your favorite way to
relieve stress?



Getting out of the
city, camping in
Denali and Kenai.

— Agnes Mayac
King Island

Crochet, listen to
gospel music, sitting
and visiting with
people who come
here from the village.

— Katherine Black
Kiana

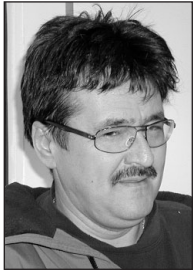


Taking a hot soothing
bubble bath with aro-
matherapy candles.

— Martha Carey
Talahquah, Oklahoma

Physical activity,
snowmachining,
boating, 4-wheeling,
to get your mind on
things other than
what is causing the
stress.

— Alfred Tellman
Knik



Running, playing
basketball, hunting,
being outdoors in
nature, talking with
friends, being alone
for an hour or two.

— Herman Ahsoak
Barrow

CLINICS

Continued from Page 1

communities in need of clinics. Fifty clinics have been completed to date. You can see them in communities such as Grayling, Deering, Nulato, Savoonga, and Akutan. Currently there are twenty-nine clinics under construction and thirty-nine projects in planning or design.

The Commission requires communities to prepare a community master plan and clinic business plan to qualify for funding; however, the Commission provides technical assistants to guide applicants through this process. Tribal Health Organizations and the Alaska Native Tribal Health Consortium are also involved and provide additional assistance. Communities can enter the program by submitting an application to the Commission, located at the Commission’s website. Once the application is accepted, the community begins conceptual planning, where community meetings are held to select a clinic

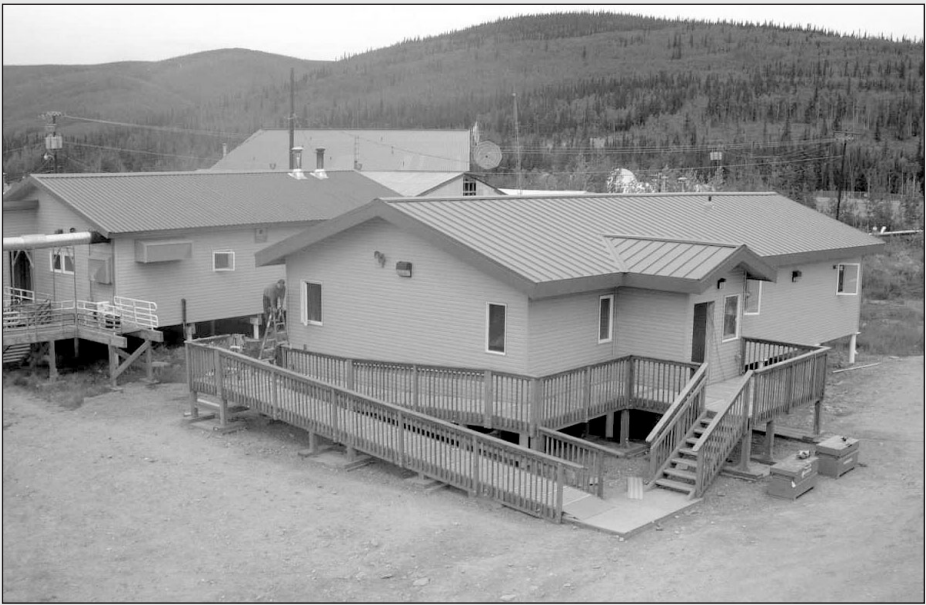


Photo by Dave Roland/a zoom boom life

The Tetlin health clinic was completed in December 2003.

site and determine the services to be provided. Following conceptual planning, the design phase begins and is followed by clinic construction.

It can take up to three years for a community to obtain a new clinic, so communities should inquire about this program as soon as possible. If you want to know where your com-

munity stands in this program, contact your Tribe or Tribal Health Organization. More information about this program is located on the Denali Commission website at www.denali.gov or you can contact ANTHC Statewide Planning and Funding Coordinator Roger Marcil at (907) 729-3747 or by email at rmarcil@anthc.org.

There are several options to treating dry eye

By Dr. Charles Jaworski
Tanana Chiefs Conference Eye Clinic

The tears your eyes produce are necessary for overall eye health and clear vision. Dry eye means that your eyes do not produce enough tears or that you produce tears that do not have the proper chemical composition. Often, dry eye is part of the natural aging process. It can also be caused by blinking or eyelid problems, medications like antihistamines, oral contraceptives and antidepressants, a dry climate, wind and dust, general health

problems like arthritis or Sjogren’s syndrome and chemical or thermal burns to your eyes.

If you have dry eye, your symptoms may include irritated, scratchy, dry, uncomfortable or red eyes, a burning sensation or feeling of something foreign in your eyes and blurred vision. Excessive dry eyes may damage eye tissue, scar your cornea (the front covering of your eyes) and impair vision and make contact lens wear difficult.

If you have symptoms of dry eye, see your eye doctor for a comprehensive examination. Dry eye cannot be

cured, but your optometrist can prescribe treatment so your eyes remain healthy and your vision is unaffected.

In addition to tear replacement therapy there are now new options to help you make and keep more of your natural tears. In many cases this can result in a dramatic improvement in comfort and vision and even allow some people to comfortably wear contact lenses when they could not before treatment. In rare cases surgical closure of the drainage ducts may be recommended.

From The Council, a newsletter of the Tanana Chiefs Conference.

YKHC Diabetes Program sponsors Iditarod musher

The YKHC Diabetes Prevention and Control Program is proud to sponsor local Akiak musher Mike Williams in the Iditarod on March 5, 2005. Mike will promote diabetes prevention and wellness during the race and at the finish line. He will also make diabetes prevention and wellness presentations in 10 villages during the coming year.

Mike Williams was born in Akiak as one of seven brothers. He went Outside to boarding school and college and played football. He joined the Army and served in Korea and through it all maintained his love of dogs and mushing.

Iditarod fans remember his Race for Sobriety when he dedicated his Iditarod run to fighting alcohol abuse.

Aside from dog mushing and sobriety, he is well known for his leadership in tribal government at the village, state and national levels.

As diabetes increases in the Delta and takes a bigger toll on the health and wellbeing of its residents, we are indeed fortunate to have Mike promoting diabetes prevention and wellness.

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

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THE
Mukluk
Telegraph

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Letters to the Editor

Readers of the Mukluk Telegraph are encouraged to comment on subjects covered in the newsletter. Your opinions may be shared with readers of subsequent issues of the Mukluk. Letters may be edited for length, taste and clarity. We will attempt to publish all opinions. If you have questions about submitting letters, please call Selma Oskolkoff-Simon at 907-729-1900.

Gun cabinets may help prevent firearm injuries

By Ryan Hill
Injury Prevention Specialist, Division of Environmental Health and Engineering

According to the Centers for Disease Control and Prevention (CDC), 146 Alaska Natives died as a result of firearm injuries between 1999 and 2002. Almost 80 percent occurred to Alaska Native males, most between the ages of 15 and 44 years of age. During this time period, firearm injuries were the leading cause of fatal injury among Alaska Natives. In fact, almost twice as many Alaska Natives died from firearm injuries than the next leading cause of injury, motor vehicles.

For the many Alaska Natives living a subsistence lifestyle, firearms are a necessary tool and are readily available to most village residents. A project conducted in southwest Alaska estimates that residents in that region kept four to six firearms per household. Easy access to firearms, however, increases the risk of firearm-related injuries.

To address the problem of firearm injuries in Alaska, the Bristol Bay Area Health Corporation (BBAHC), Yukon-Kuskokwim Health Corporation (YKHC), Alaska Native Tribal Health Consortium (ANTHC), Indian Health Service (IHS), and University of Washington have started a project to improve firearm storage in rural Alaska. This project consists of two phases: 1) completing a survey of how firearms are stored in rural homes, and 2) installing gun cabinets to prevent unauthorized use of firearms.

The first phase of the project, surveying village homes for gun storage practices, began in January 2005 in both the YKHC and BBAHC regions. A total of 10 villages will be surveyed over the next two months. The project partners hope to use the results of this survey to estimate the need for programs to improve gun storage in rural Alaska such as the installation of gun cabinets for residents.



Photo by Dr. Tom Koepsell/University of Washington

Teresa Markham, YKHC Injury Prevention Educator, conducts a household firearm storage survey in Upper Kalskag. The survey sought to estimate the number of guns in the village and how these guns were stored.

The potential effectiveness of the second phase of this project was recently demonstrated in a study conducted by the Harborview Injury Prevention and Research Center (HIPRC) in Seattle. Based on this study, it is estimated that locking a firearm is associated with a 73 percent lower risk of suicide or unintentional injury among youth.

Similarly, a recent demonstration project in Alaska conducted by BBAHC and HIPRC showed that Alaska Native households from a small sample of villages were very interested in having access to gun cabinets to improve the storage of household guns. Full-size gun safes were installed and owners were educated in their use. The evaluation showed that the proportion of homes with unlocked guns in the participating households decreased from 85 percent to 14 percent.

The stakeholders in this project have evaluated the findings of this apparently successful pilot project and have developed a partnership to conduct further research by expanding the



Photo by Dr. David Grossman

The village of Twin Hills was one of the communities surveyed to find out how residents there store their firearms.

scope and increasing the scientific rigor of the project. While we expect that installing gun cabinets in rural homes will increase the number of safely stored firearms, the long-term goal of the project is to reduce the rate of firearm injury among Alaska Native youth. If successful, this model could be replicated throughout Alaska.

For more information about this project, please contact the ANTHC Injury Prevention program at (800) 560-8637.

Y-K Delta behavioral clinician shares success story

Guy Taurraq Guy, son of Phillip and Nastasia Guy of Kwethluk, Alaska, earned his Bachelor's in Social Work from the University of Alaska, Fairbanks, in 2002 and received his Master's degree in Social Work from the University of Alaska, Anchorage, in 2004. Guy attended High School in Kwethluk through 11th grade, and in 1987 graduated from Shannon High School in Shannon, Mississippi.

"My parents supported and encouraged me to 'stay in school' throughout my education. It was their value in education, as well as my late grandmother, Betty Guy's, example that strengthened my determination to pursue a higher education. Today, I work as a village-based Clinician with Behavioral Health, serving the villages of Oscarville, Napaskiak,



Guy

Napakiak, Atmautluak, Nunapitchuk, and Kasigluk. My education has helped me to gain and improve my professional skills in Behavioral Health services.

"The health field is important in our healing from many kinds of illnesses, and our work can be very rewarding, especially when we know of people recovering after receiving help. If you think the health field is for you, take the risk and challenge yourself! Help someone get better. You will not just be achieving your personal and professional goals but will take part in someone achieving their aspirations in good health.

"As a Village Clinician, I provide an array of Behavioral Health Services that include: Mental Health and Substance Abuse Services; such as assessments, treatment planning, discharge planning, case reviews, treatment recommendations with our treatment teams, clinical

supervision to behavioral health aides, counseling and therapy. I work with my clients/patients in obtaining their goals and objectives towards health."

Behavioral Health Village Clinician

- Master's Degree in Social Work, Psychology, Counseling or Marriage & Family Therapy
- Experience in a cross-cultural setting preferable with Native American cultures
- Licensed or License Eligible in the State of Alaska
- Travels to assigned village to provide assessment and treatment plans for children and adults
- Ensure that counseling services are provided for people who are experiencing mental illnesses and/or substance abuse
- Starting pay \$31.93/hr

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

Statewide News

Grayling goes all out to celebrate new clinic

On Jan. 18, 2005, a beautiful day weather-wise, the village of Grayling commemorated the opening of their new and modern clinic with a celebration that lasted the whole day.

Grayling villagers of all ages and YKHC staff from Aniak and Bethel gathered at the new clinic for a luncheon of finger food, moose ribs, spaghetti and a celebration cake.

Support Services Vice President Hugh Short opened the ceremony saying that the new facility is an example of YKHC's new mission, values and goals.

"I want to thank the local people for all the hard work done by them in making the clinic a reality," Short said.

"You should be proud of your new clinic," said Dan Winkelman, YKHC General Counsel, whose mother is from Shageluk, "because the design is being borrowed by other health organizations. This is the flagship community health clinic in the State."

Winkelman went on to recognize and thank the local people who worked in the construction of the new facility, including the plumbing and electrical work. He also gave special mention of the clinic employees, referring to them as the backbone of the new facility.

"From the local hire of people to build the clinic, to the staffing of community health aides from the village, our employees make this a great place," Winkelman said.

Village leaders Gabe Nicolai, President of the IRA council, and Shirley Clark, Mayor of the City Council, also spoke to the crowd, thanking YKHC and the village for supporting the project and said words of encouragement to their constituents.

Long-time health aide Mary Deacon also spoke of the new clinic. "It's a good place to be sick—but please don't be sick," she said. "Thank God for the medevacs; regardless of the weather, they fly in all kinds of weather. We are not the only ones (to thank)...there are other people, too."

Behavioral Health staffer Marvin "Marvelous Marv" Deacon, whose office is located in the new clinic, also stood to have a say. "I take my hat off to the health aides—Dora (Peter) and Mary. Working here with them, I see the hard work they do."

Afterwards, the health aides

See STATEWIDE on Page 4

Spirit of the Wolf Dance



Photo by Michael Dinneen

“Spirit of the Wolf Dance,” designed and created by Joe Senungetuk, honors an Inupiaq dance traditionally performed to return the spirits of animals killed by hunters to the spiritual world so they could be reborn. A mobile made of a drum and drumsticks hangs nearby in the two-story lobby of the new Consortium Office Building. Air currents move the drumsticks so they occasionally hit the drum, making music. Senungetuk, an Inupiaq originally from Wales, now lives in Anchorage.



This cake was part of a luncheon held at Grayling’s new clinic to celebrate the opening of the facility.

Rural People in Motion

The Bristol Bay Diabetes Team has a program aimed at getting people in rural Alaska moving. The Rural People in Motion (RPM) Program is promoted to all the surrounding villages in hopes of getting everyone in Bristol Bay walking on the same day and time. Individuals receive a T-shirt at the end of a 1 mile walk.

Eastern Aleutian Tribes is the first region to begin pediatric height, weight survey

In 2005, many regions of Alaska will be taking part in a national IHS survey, which will look at the heights and weights of children throughout Alaska.

The first region to begin this survey was Eastern Aleutian Tribes.

Dr. Gary Ferguson, Jacci Spry, Robin Gould and Tara Carr organized a large student health fair to begin the kick-off. Although the only information needed for the national survey is height and weight, Dr. Ferguson and his team also collected blood pressure, blood glucose and vision information. With the help of volunteers from the clinic, booths were set up with information on tobacco, drugs, healthy foods and dental care. The health fair had free-throw and jump rope contests and students were served healthy snacks. Water bottles were given to students who visited each booth.

EAT will be providing health fairs and collecting data in each of their villages. Great job, EAT, for going the extra mile to serve your region!

From “News you can use on diabetes” a newsletter of the Alaska Area Diabetes Program.

STATEWIDE

Continued from Page 3

cut a ribbon taped across the entrance and officially opened the new clinic. Although the new facility was opened in October of 2004 for general business, the grand opening was finally and formally celebrated.

Attending from YKHC were Aniak SRC Manager Sue Hoeldt, Aniak SRC Support Coordinator Ginny Rose, Hospital Services Vice President Jack Crow, CHAP Field Supervisor Ed DeMoss, HR Director Larry McGuire, PR Director Allen Joseph, and Public Information Officer Chris Ho.

In the evening, the village continued their celebration with a community potluck.

YKHC will rent the clinic from the Grayling IRA to run its health services, which includes primary care and behavioral health.

Yukon-Kuskokwim Health Corporation Public Relations Staff Report.

Attention CHA/Ps! Tele-podiatry Services Now Available!

Anytime a person with diabetes has a cut or sore on their feet they need immediate medical attention. But when do they need to be seen at the regional hospital or in Anchorage? Do they need antibiotics? These are some of the questions you can ask the ANMC podiatrist Dr. Edwards. A podiatrist is a doctor who specializes in the foot. They are an important referral for a person with diabetes who is having any issues at all with their feet.

You can now consult with Dr. Edwards through telemedicine service. Send your clinic questions and a digital photograph to Dr. Edwards using the podiatry icon on the telemed cart screen.

If you have questions about telemedicine you can consult the folks at AFHCAN at 729-2260.



Photos by Michael Dinneen

Top: A member of the Miracle Drummers dance group performs.
Above: The Tlingit and Haida Dancers of Anchorage exit after performing at the Open House.
Below right: Don Kashevaroff, Chairman and President of Alaska Native Tribal Health Consortium, welcomes people to the new Consortium Office Building.
Below: Health Educator Lakota Murray has a tour group stop in CEO Paul Sherry's office to see views of Alaska Native Medical Center and the Chugach Mountains.

BUILDING

Continued from Page 1

budget,” said Chief Executive Officer Paul Sherry, “thanks to outstanding staff work.” He said the building will help solve a need for more space at Alaska Native Medical Center. “With all the environmental and safety controls that a hospital requires, that space is best used for patient care,” said Sherry. With the new building complete, several non-clinical jobs are being moved out of the hospital, freeing up more space for patient care. It allowed some scattered programs to be consolidated as well.

Architecture

Rim Architects designed the building. They were asked to include several design elements to avoid an institutional office look and feel. For instance, the building is curved around a small lake to the east. And it’s set at an angle to get good views of the Chugach and Alaska mountain ranges, and of Alaska Native Medical Center. A large arch over the front entry marks the building’s role as a gateway to the Alaska Native Health Campus. Brickwork on the exterior brick was chosen to complement the hospital’s exterior.

Interior design

Rim Architects were asked to choose colors that would be warm and inviting and remind people of nature. The architects used rich autumn and other natural colors such as blue for snowdrifts, glaciers, and the sky; purple and orange for tundra in fall; and gray, brown, beige for organic materials such as earth and stone

The building is five stories tall and 65,000 square feet. The first floor is larger than the other floors. It includes several conference rooms, including one that can accommodate 90 people.

Art: A work in progress

ANTHC is beginning to collect art to decorate the new building. So far, art displays include one large piece by Joe Senungetuk, and a few displays of other pieces. ANTHC also has received donations and has purchased items from across Alaska. Those will be put on display in the coming year. The goal is to have a collection that represents all the Alaska Native language or cultural groups. The artwork will also have labels describing the artwork and artist.



2005 is the Year of the Booster

For the Chinese, 2005 is the “Year of the Rooster”!



But for Alaskans, 2005 is the “Year of the Booster!”



In 1975 there was an outbreak of diphtheria in Alaska. Thousands of Alaskans received their tetanus/diphtheria (Td) booster vaccine in 1975 to protect them from diphtheria. To keep up protection from these diseases, a booster Td vaccine is required every 10 years. Alaska has held booster campaigns every decade since 1975. This year, 2005, marks 10 years since the last booster campaign – it’s time for Alaskan adults to make sure they are protected against vaccine-preventable diseases.

To commemorate the Year of the Booster, ANTHC and YKHC have joined with Talking Circle Media to produce an educational video for adults, “Vaccines – Not Just for Kids”, which is coming soon to a clinic near you. Most of us think that vaccines are for infants and young children. It’s true that years ago, epidemics of measles, smallpox, hepatitis A and influenza caused serious illness and death in many villages and towns across Alaska. Now vaccines have eliminated many of these infections. For instance, smallpox and polio are eliminated and we no longer see hepatitis A or measles outbreaks since children are vaccinated. However, adults still need certain vaccines:

- **Td or Tetanus-diphtheria** shot is needed by everyone every 10 years, or after 5 years if you get a dirty wound.
 - o The tetanus germ lives in the soil and can get into the body through a puncture or scratch. Tetanus causes “lockjaw” – severe muscle spasms that can stop breathing. Tetanus is rare, but usually occurs in adults.
 - o The diphtheria germ leads to a severe sore throat. Mucus can block breathing and cause death. Diphtheria is very rare now; however,

Most of us think that vaccines are for infants and young children. It’s true that years ago, epidemics of measles, smallpox, hepatitis A and influenza caused serious illness and death in many villages and towns across Alaska. Now vaccines have eliminated many of these infections.

a US citizen traveling to Haiti recently died of diphtheria because he wasn’t vaccinated.

- **Pneumococcus** (or pneumo) vaccine is recommended for persons 55 years and older and younger persons with diabetes, heart failure, lung disease, or immune problems like AIDS, or alcoholism.
 - o The pneumo germ causes most cases of meningitis and blood infections in adults. It causes much pneumonia. Pneumo kills 40,000 people in the U.S. each year.
- **Influenza** (the Flu) vaccine is recommended every year, especially for elders and people with chronic medical problems.
 - o The Flu is a very contagious disease. It starts with fever, sore throat, cough and body aches. It can lead to pneumonia, and even death, especially in elders and people with medical problems.

Make sure that your booster is up to date. For more information, contact the ANTHC Immunization Program, 729-3418 or 3647.

Wisewoman: Lessons from the past point to healthier choices

By **Barbra Holian**
SouthEast Alaska
Regional Health Consortium

To look at Charmayne Druley today, no one would ever guess that she had once been a loner who never felt that she truly belonged. Today, a wife and mother of five children, she appears happy and content. But Charmayne didn’t always feel that way. Born in Juneau into the Eagle Bear clan, Charmayne grew up in Connecticut far away from family. “Everyone there thought I was Mexican or Asian. No one thought I was Indian,” she said. By her late teens and early twenties, Charmayne had drifted into alcohol and drug use. Reflecting back on those times, she said that when she was drinking, feeling that she wasn’t a part of things was all right.

She credits the time she spent living with the Lakota Indians as a turning point in her life. “They taught me to take care of myself so I can be there for others.” Occasionally, she participated in powwows held on the Pine Ridge Reservation. “It was a different culture from my own, but something about it was comfortable,” she said. “They showed the same respect for others, for family and culture.”



Charmayne Druley

Photo courtesy SEARHC

By attending tribal gatherings, she learned to reach out to others. She said that the personal network of friends she developed on the reservation gave her the sense of belonging she needed to stop drinking and drugging. Looking back, she now believes that being sober is an important part of growing up. Eventually, she moved back to Juneau and reconnected with her family. “You can’t have a healthy life on the outside if

you haven’t made peace on the inside – with your family and your past. By the time I moved back to Juneau in 1994, I felt that I had learned from my past and was ready to make a brighter future.” Getting sober, making peace with her family and returning to her culture were among the many steps Charmayne has taken to become healthier. In February 2003, Charmayne learned from her doctor that she was at

She said that the personal network of friends she developed on the reservation gave her the sense of belonging she needed to stop drinking and drugging.

risk for diabetes and that heart disease and breast cancer ran in her family. Her road back to health began soon after, when she joined the SEARHC WISE-WOMAN program for support and to learn new strategies for healthy eating and adding more physical activity into her life. “Little by little,” she brought her blood sugar and cholesterol down to healthier levels. “We cook our own food now and buy a lot less fast food, chips, TV dinners and fried foods.” She buys cookbooks that offer healthier cooking ideas, makes her own popcorn from scratch to control the salt and fat added and through WISEWOMAN has learned to make healthier versions of family favorites. “I’m pretty lucky. My family wants to grow and be happy,” she said. “I want to set a good example for my children.”
From the website of SouthEast Alaska Regional Health Consortium, SEARHC.org.

Health center implements electronic health record system

By Jim Kohler
Director, Chief Andrew
Isaac Health Center

Chief Andrew Isaac Health Center (CAIHC) is one of the first Native clinics to implement an Electronic Health Record (EHR) system in the nation. EHR is a system with software and processes that allow health care providers to create, store, organize and retrieve patient records entirely from a computer. But it is more than just the electronic equivalent of paper; it allows you to automate many time-consuming, paper-driven office tasks.

EHRs enhance communication, access to data and documentation, and eventually results in improved clinical and service quality. Clinical quality is improved by having immediate access to all relevant clinical information at the time of the patient visit or phone call, reminders of drug interactions or allergies, and the ability to easily identify patients who are due for follow-ups.

Service is improved through direct e-faxing of prescriptions to pharmacies, customized patient education instructions at time of care and even the ability to provide copies of clinical notes to patients and consultants at the conclusion of a patient visit.

CAIHC will also be able to immediately respond to patient phone calls. Since the patient chart will be available at the time of the call, many “we’ll pull your chart and call you back later” interactions can be eliminated. According to Jim Kohler, CAIHC Director, “Patients will be able to have access to their files almost as soon as their health care providers.”

Creating, handling, filing and copying paper documents, forms and messages invariably involve more steps and time versus performing the same roles electronically.

Witness what has happened in banking and the airlines industries; paper processes cost more and take longer. Fully implemented EHRs move toward a completely “paperless” office, not as a goal but as a consequence of the benefits they offer.

Transition to EHR began in June 2004 and should be completed in June 2005. Phase one consisted of a conversion of the CAIHC pharmacy in August 2004. Next, a group of CAIHC doctors and nurses will begin using it in February with the full team using it by June 2005.

From The Council, a newsletter of the Tanana Chiefs Conference.

Almost like being in the same room



Photo by Michael Dinneen

Wide Area Network Manager Tom Bunger, right, describes uses of video-teleconferencing to carpenter Fred Olin and others during a tour of the new Consortium Office Building Feb. 1. Lori Eussen, Sales and Marketing Director for the Alaska Federal Health Care Access Network, is shown on the screen, though she was actually just in the next room. Video-teleconferencing allows groups in several distant locations to meet nearly as if they were in the same room. For instance, a patient in a village, a physician in a hub community such as Bethel or Kotzebue, and an Anchorage-based specialist could meet via video-teleconferencing.

How vulnerable are you to stress?

By Tanya Yatlin
Health and Safety Coordinator,
Yukon Tanana Subregion

Today stress is everywhere. We are not able to avoid it all the time, but we can learn to manage it. Here is a fun, fast way to recognize and control stress in your life.

Below are some questions that are factors of stress. This survey is designed to help you discover your trouble spots. Rate each item from 1 (always) to 5 (never), according to how much of the time the statement is true to you. Be sure to mark each item, even if it does not apply to you; for example, if you don’t smoke, write 1 next to item six.

- I eat at least one hot, balanced meal a day.
- I get seven to eight hours a sleep a least four nights a week.
- I give and receive affection regularly.
- I have at least one relative within 50 miles, on whom I can rely.
- I exercise to the point of perspiration at least twice a week.
- I limit myself to less than half a pack of cigarettes a day.
- I take fewer than five alcoholic drinks a week.
- I am the appropriate weight for my height.
- I have an income adequate to meet

You can make yourself less vulnerable [to stress] by reviewing the items on which you scored three or higher and trying to modify them. Notice that nearly all describe situations and behaviors over which you have a great deal of control.

- basic expenses.
- I get strength from my religious beliefs.
- I regularly attend club or social activities.
- I have a network of friends and acquaintances.
- I have one or more friends to confide in about personal matters.
- I am in good health (including eyesight, hearing, teeth, etc).
- I am able to speak openly about my feelings when angry or worried.
- I have regular conversations with the people I live with about domestic problems—for example, chores and money.
- I do something for fun at least once a week.
- I am able to organize my time effectively.
- I drink fewer than three cups of coffee (or other caffeine rich drinks) a day.



- I take some quiet time for myself during the day.

To get your score, add up the figures and subtract 20. A score below 10 indicates excellent resistance to stress. A score over 30 indicates some vulnerability to stress.

You are seriously vulnerable if your score is over 50. You can make yourself less vulnerable by reviewing the items on which you scored three or higher and trying to modify them. Notice that nearly all describe situations and behaviors over which you have a great deal of control. Concentrate first on those that are easiest to change—for example, eating a hot balanced meal daily and having fun at least once a week—before tackling those that seem difficult.

YKHC joins Building, Maintenance and Repair Apprenticeship Program

On Jan. 19, Yuut Elitnaurviat (YE) partnering agencies joined heads at a Bethel Native Corporation (BNC) Complex meeting room and agreed to work together in building a better jobs skills training program in the Yukon-Kuskokwim Delta.

YE Director Carlton Kuhns, Association of Village Council Presidents (AVCP) Housing Executive Director Ron Hoffman, AWP Director Mike Andrews, Yukon-Kuskokwim Health Corporation (YKHC) President/CEO Gene Peltola, and Apprenticeship Training Coordinator Gary Abernathy gathered around a table and signed agreements to make YKHC a “Participating Employer” in the Building, Maintenance and Repair (BMR) Apprenticeship Program.

“It is a very positive step for YKHC to participate in apprenticeship training for our people,” said Peltola. “I believe it is very important for our youth today to have multiple opportunities available to them in order to have choices for good, productive and fulfilling careers.”

Three documents were signed at the meeting, according to Abernathy. “The first two are dedicated to YKHC's participation in the existing BMR Program,” he said. “The third outlines the purpose, responsibilities, procedures, and directives by the

partner organizations that are present today.”

The inclusion of YKHC in the BMR Program will aid in the training of apprentices hired for maintenance and repair in addition to construction activities of the company, said Hoffman. “YKHC and AVCP Housing are the two largest builders in the region. Training and documentation by AWP will now be available to YKHC.”

AVCP Housing, along with AWP, developed the successful BMR Step-Up Apprenticeship Program for the Delta in 2001. “AVCP Housing has played a major role in developing apprenticeship for the Delta,” said Abernathy.

“There's also a step-up provision that allows BMR apprentices to apply to the specific trades program, which mentors apprentices all the way to journeyman status as a carpenter, plumber or electrician,” Abernathy said.

Oil, gas and mining jobs are also coming up, said the group. “We're definitely in the right place and time,” said Kuhns. “Job indicators say that 8,500 jobs are going to be available very soon—with a total of 29,000 jobs opening up in the next eight years.”

The biggest project that will add to the jobs market will be the construction of the Alaska gas pipeline, Kuhns said. “Local hire and training are going to be emphasized in this project and we're

going to be the 'pipeline' to this pipeline.”

There'll be a tremendous need for welders, said Andrews. “Because of a certain kind of pipe to be used in building the pipeline, the technology involved in working with it will require a lot of training.”

Governor Frank Murkowski wants 90 percent of jobs in the pipeline to be held by Alaskans or local hire, said Andrews. “So we are going to see mandatory employment for our residents.”

“But getting to those jobs won't be easy,” added Kuhns. “Everyone interested in those jobs needs to understand that local hire will involve only those individuals who are already trained.”

Yuut Elitnaurviat, headed by Kuhns, manages the Y-K Delta Apprenticeship Program. It is supported by nine partner organizations to provide training in career-oriented programs focusing on health, construction trades, education and early childhood, and aviation.

The partnership includes the Alaska National Guard, AVCP, AVCP Regional Housing Authority, Calista Corporation, City of Bethel, Coastal Villages Region Fund, Lower Kuskokwim School District, University of Alaska/Kuskokwim Campus, and YKHC.

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

Native Researchers' Cancer Control Training Program

June 12-30, 2005
Oregon Health & Science University
Portland, OR

The Native Researchers' Cancer Control Training Program is designed to help develop research skills for implementation and evaluation of cancer control programs in Native communities. Under funding from the National Cancer Institute, this program is aimed primarily at increasing the number of Native people involved in cancer control activities.

To help achieve this goal, we offer intensive training sessions of three weeks duration with follow-up opportunities and some technical field support for graduate trainees.

The Native Researchers' Cancer Control training program will be offered as an all-expenses-paid* scholarship to qualified candidates. This includes airfare, ground transportation to and from the airport, hotel, books, and per diem meal allowance during the three weeks of training.

*Because we are a federally funded program, we are not permitted to cover the travel expenses of other federal employees.

Sponsored by
National Cancer Institute
Indian Health Service
Oregon Health & Science University
Northwest Portland Area Indian Health Board

Applications must be submitted
by March 31, 2005 to:
Keely Moriarty, Oregon Health & Science
University, Department of Public Health and
Preventive Medicine, 3181 SW Sam Jackson Park
Road, CB-669, Portland, OR 97239
Phone: (503)-494-2947 • FAX: (503)-494-7536
E-mail: moriarty@ohsu.edu

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