



THE Mukluk Telegraph

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Photo by Debora Malavansky

Community Health Aide Christopher Diaz monitors a patient's vital signs from the man's home on St. George Island.

Home telehealth monitoring reduces transportation costs

For many residents in remote areas of Alaska, health care appointments can mean long drives, boat rides, or expensive airplane flights.

But selected patients in Adak, Akutan, Nelson Lagoon, King Cove, St. George, and Cold Bay are now capable of monitoring aspects of their own health care while staying at home due to new technology that allows their health care providers to view their status on computers at local clinics.

Seven Community Health Aides with Eastern Aleutian Tribes recently

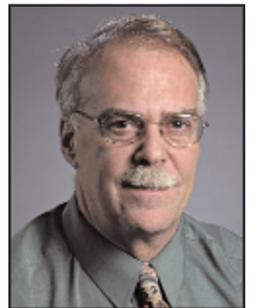
passed competency exams, enabling them to deploy Home Telehealth Monitoring, which measures vital signs, weight, and even sets parameters for abnormal values and monitors trends in their patients' conditions.

Tara Carr and Sandra Lopez, both of Cold Bay, Lorraine Loyd, Akutan, Senta Lockett, Nelson Lagoon, Michael Durfee, Adak, Kendra Eguia, King Cove, and Christopher

See [Telehealth](#) on Page 9

CEO Sherry to transition to new role

Alaska Native Tribal Health Consortium Chief Executive Officer Paul Sherry told the Board of Directors and employees Nov. 29, 2007, of his intent to step down from his position effective at the end of May 2008.



Paul Sherry

"This is not a retirement announcement," he said. "I will continue to work on a part-time basis for ANTHC in the area of health systems development."

See [Sherry](#) on Page 8

Physician lobbies for medical students, uninsured

By Heather A. Resz

"While there are shortages in many specialties of medicine, it is the shortage of primary care doctors and, specifically, general internists that concerns me the most," said Dr. Richard L. Neubauer, testifying before a Senate Health Committee hearing held in Anchorage in February 2007.

"In my view, these fields of medicine are near collapse and are critically threatened unless prompt actions are taken to reverse current trends," he continued. Neubauer is Chief of Services for Internal Medicine at Alaska Native Medical Center (ANMC).

See [Neubauer](#) on Page 9

ANTHC annual meeting garners praise, comments

About 120 people attended the ANTHC 10th annual meeting held Nov. 30, 2007, at the Anchorage Hilton Hotel.

The two main parts of the meeting were an overview of Alaska Native Tribal Health Consortium (ANTHC) 2007 activities, and eliciting customer comments on ANTHC services. CEO Paul Sherry's presentation on ANTHC activities and accomplishments in fiscal year 2007 (Oct. 1, 2006 to Sept. 31, 2007) is shown in the ANTHC annual report, which is available to all staff and the public (call 729-1900 for a copy). Highlights of his presentation are outlined below, followed by customer comments.



Peter Frost

percent are not keeping up with medical care costs and population growth.

We see substantial cost increases for utilities, employee benefits, construction, pharmaceuticals, surgical implants and travel.

It's increasingly difficult and expensive to find and keep medical professional staff.

FY2008 ANTHC Budget:	\$388 million
Alaska Native Medical Center	\$202 million
Sanitation & health facility projects	\$78 million
Environmental health	\$27 million
Health Information Technology	\$7 million
Community health services	\$16 million
Pass-thru to tribal health programs	\$10 million
Medical/pharmacy supply sales	\$23 million
Future hospital replacement	\$7 million
Administration	\$17 million

See [Meeting](#) on Page 8

Major Challenges

ANTHC faces several challenges, all directly or indirectly related to funding.

Indian Health Service annual funding increases of 1 to 2

The Voice of the People

How do you feel when you are well?

"I feel happy and glad to be well. I'm taking care of myself and family and I thank God for giving me strength to stay strong in sobriety."

– Edwin Tulik, Anchorage



Edwin Tulik



Jacqui Glavinovitch

"Lighthearted, happy and energetic."

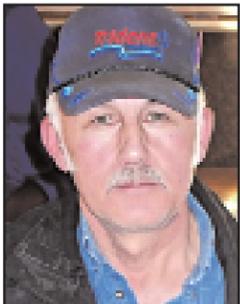
– Jacqui Glavinovitch, Anchorage

"When I feel well, I am happy, enthusiastic and, most of all, motivated to help others share in my happiness."

– Elizabeth Hankinson, Anchorage



Elizabeth Hankinson



Fred Holmberg

"I feel like singing a lot more."

Fred Holmberg, Anchorage

"When I'm feeling well I play with my sister and parents. Sometimes I will play outside."

– Jack Stettenberg, Anchorage



Jack Stettenberg

First tobacco-free initiative anniversary shows successful change

Alaska Native Tribal Health Consortium and Southcentral Foundation staff

The Alaska Native Tribal Health Consortium and Southcentral Foundation recently celebrated the one-year anniversary of their joint tobacco-free initiative.

The two organizations went tobacco-free on Nov. 15, 2006.

Tribal leaders adopted the tobacco-free policy to support the health and safety of customers, employees, and visitors. They also want to provide role models of people making healthy choices.

Neither ANTHC nor SCF wanted the policy to be a surprise to customers, employees or visitors. They worked to disseminate information about the policy. They offered and shared information about tobacco cessation services available to employees and customers. According to surveys, nearly all employees understand the policy and know

about the tobacco cessation services that are available to them.

The health benefits of tobacco cessation can be enormous. Lung cancer is the most common cause of cancer death in Alaska, and in 1998, accounted for almost a third of all cancer deaths. While cancer deaths are declining throughout the Lower 48 and among non-Native Alaskans, they are on the rise among Alaska Natives. In the 1990s, Alaska Natives were 40 percent more likely to die of lung cancer than were United States whites. Tribal leaders adopted the tobacco-free policy to help change those statistics.

In adopting the policy, ANTHC and SCF followed the lead of the SouthEast Alaska Regional Health Consortium, which had adopted a tobacco-free policy earlier. A year following the tribal tobacco-free initiative in Anchorage, the other two Anchorage hospitals followed suit. Providence Medical Center and Alaska Regional Hospital have also adopted tobacco-free policies.

TCC Campus, Fairbanks Memorial Hospital go smoke-free

By Karlene Borja and Melanie Brenner

The Fairbanks Memorial Hospital, Denali Center and Tanana Chiefs Conference campus, including Chief Andrew Isaac Health Center (CAIHC) and Bertha Moses Patient Hostel, adopted a tobacco-free policy Nov. 15, 2007.

This means staff, patients, visitors, and contractors are not permitted to use tobacco products inside or out on any of the Fairbanks Memorial/Denali Center and CAIHC properties.

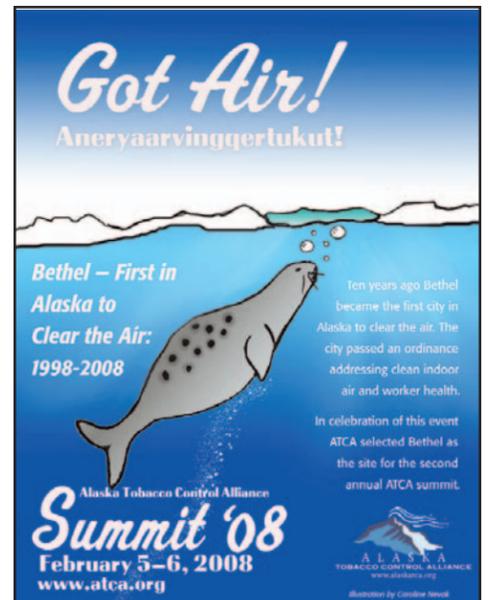
No other change in risk factors for lung cancer has a bigger impact on the frequency of lung cancer among Alaska Native people than quitting smoking.

Quitting tobacco use is the best way for individuals to reduce their risk of getting lung cancer – the leading cause of death among Alaska Native people.

Cessation classes are available for people who choose to stop using tobacco.

For more information, send e-mail to melanie.brenner@tananachiefs.org.

Karlene Borja is a Tobacco Treatment Specialist and Melanie Brenner, Hunik Zoo Editor.



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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.

Father of 2 decides to 'kick butts'

Donal Wick Jr., decided to "light up" for a final time. He knew it was time to do something about his tobacco habit, and decided to quit using tobacco altogether. His real impetus for quitting was his family. In addition, he knew it was time to do something when he saw what tobacco was doing to his mouth. "My gums were eroding and there were white patches in my mouth. I also was coughing up brown phlegm," Donal said. "I got worried."

Each day, Donal used a can or more of smokeless tobacco and smoked about a pack of cigarettes. At \$9 for a can of chew and more than \$6 for a pack of cigarettes, Donal felt he was spending too much money on tobacco. "A little over a \$100 a week, it was pretty spendy."

Donal, 26, is part Tlingit and grew up in Sitka with several family members who smoked. He started smoking when he was 8 years old. Even though he felt sick and vomited, Donal smoked an entire pack of cigarettes that first day.

Donal not only wanted to quit for his own health, but also for his children's well being. Donal has two young daughters – ages 1 and 4 – and didn't want to smoke or chew around them. Every time he would leave the house, his daughter would ask him if he was going outside for a smoke.

"I want to protect my health so I can spend more time with my kids and be there for my family."

– Donal Wick Jr.

"I don't want it to seem normal for them," Donal said. "I want to protect my health so I can spend more time with my kids and be there for my family."

Donal has tried quitting six times. This time he is using nicotine patches to wean himself off tobacco. He said the first five days were tough, and he experienced migraine headaches, sleepless nights, and sweats. The long road was worth it, however.

"I just decided I'm not going to die of cancer, and I'm not going to have my jaw fall off."

The information included in this article is drawn from the SEARHC newsletter "Health Beat."

First Dental Health Aide Therapists graduate



From left to right: Instructor Tom Beckman, D.D.S. from the University of Minnesota, Christopher Evans, of Russian Mission; Sheena Nelson, of Yakutat; Instructor Tony Brusca, D.D.S., from Arizona; DENTEX Clinical Site Director Mary Williard, D.D.S.; (sitting) Danielle Boston, from Chistochina, and Daniel Kennedy, of Klawock. On Dec. 14, 2007, the first class of Dental Health Aide Therapists completed the first year of studies in Alaska and also in the nation. They will now move on with their training, working with training staff and instructors in Bethel. This training at the Yuut Elitnaurviat Dental Training Clinic in Bethel began Jan. 14. Upon completion of their training they will be based out of rural clinics across the state.

Y-K Delta tuberculosis cases not expected to spread

YKHC Office of Public Relations

The state of Alaska and Yukon-Kuskokwim Health Corporation (YKHC) are treating a small number of people with tuberculosis (TB) and keeping a close watch for new cases.

Dr. Daniel Hartman, Tuberculosis Officer and Family Physician for YKHC, said, "We see no risk for community spread with the present case cluster and have conducted community wide screenings in coordination with the Public Health Nursing Center."

Caused by the Mycobacterium tuberculosis, TB is a bacterial disease that usually attacks the lungs and may cause a bad cough that lasts three weeks or longer, chest pain, and/or coughing up blood or phlegm from deep inside the lungs. However, it can potentially spread to other organs of the body such as the kidney, blood, and brain. If untreated, TB can cause permanent organ damage and death.

To limit further infections, Hartman said it's important for people to take their medications as prescribed.



Tuberculosis is a bacterial disease that usually attacks the lungs.

"If individuals stop taking medicine too soon they run the risk of the bacteria growing back, developing drug resistance, and infecting others," he said.

A person with "latent" TB has the bacteria existing, however it is inactive. Latent TB cannot be spread from person to person, but if the germ becomes active or if the immune system weak-

ens, it can multiply and become active TB. Latent TB is treated to prevent active TB. Once active, the disease can spread through air transmission, usually through coughing or sneezing.

Every year in the Yukon-Kuskokwim Delta, care providers provide treatment for a small number of people with TB. YKHC is now involved in the treatment of six active and 10 latent TB cases

"Our greatest concern is for our patients," said Dr. Joseph Klejka, Medical Director for YKHC. "Tuberculosis is a preventable and treatable infection and it is through early diagnosis and medical treatment that we can reduce levels of bacteria."

In partnership with the state Department of Health and Social Services Division of Public Health Section of Epidemiology and Bethel's Public Health Center, YKHC is continuously surveying TB cases and will inform the public of increased cases.

Based on an article in the Yukon-Kuskokwim newsletter, The Messenger. Visit the Web site YKHC.org for more information.

Community Health Aide wins 'Excellence in Immunization Award'

Aide exemplifies how immunization rates can be improved and maintained at a village level

Jennifer Kalmakoff, a Community Health Aide/Practitioner from Chignik Lake, is this year's winner of the Vaccinate Alaska Coalition's "Excellence in Immunization Award."

According to Gina Carpenter, Bristol Bay Area Health Corporation's Immunization Coordinator, "Jennifer exemplifies how immunization rates can be improved and maintained at a village level."

Kalmakoff has created her own tickler file with a separate card for every person who lives in the villages where she works. She started this in

Perryville where she worked for four years and has carried on the practice now in Chignik Lake, where she has worked for the past year.

During her employment with Bristol Bay Area Health Corp. over the past five years, she started out as a Community Health Aide Trainee and is now a Practitioner.

During her employment, she also had two children, making her a mother of five, and a parent



Jennifer Kalmakoff

who strongly supports vaccination.

Kalmakoff uses her tickler system to remind her when children in her village are due for their infant vaccines. Almost all the children in her village receive kindergarten doses on time at age 4. She keeps a list of all elders who need their flu vaccine. When 10 years is up for someone's tetanus booster she contacts them to come in for an update.

She is extraordinary in her energy and enthusiasm for her work, even purchasing tackle boxes with her own money to organize the clinic vaccines in the refrigerator.

Based on a story in the Community Health Aide Program Certification Board Newsletter.

DEHE stabilizes Tyonek's water supply

By Leigh Hubbard, P.E.

In 2005, the Native village of Tyonek found itself in a difficult situation. Located on the Western shore of the Cook Inlet, across from the town of Kenai, this village of 190 residents did not have reliable access to a public water and sewer system. Among its many problems, the drinking water source was a lake filled with algae; underground water mains were more than 30 years old and leaked on a regular basis; home water service lines froze during the winters; the sewer system leaked sewage onto the local public beach; and only three hydrants were in working condition.

The main concern, though, was the water treatment plant. Sections of the roof had collapsed; interior pipes were corroded and leaking; and the electrical system was in danger of setting the building on fire – but most importantly, the water filters did not work. Unlike Anchorage residents, who have access to safe drinking water and flush toilets, the people of Tyonek were forced to make do with much less.

While these conditions developed over many years, no clear solution presented itself. Each of these individual problems can harm a village; combined, they posed a serious threat to the public health of Tyonek. With this in mind, the Village Council and the Alaska Remote Maintenance Worker requested immediate assistance from ANTHC's Division of Environmental Health and Engineering (DEHE).

Although the village had recently received funding for two construction projects, neither project had a design or permits. Even in the best of times, obtaining these things can take the better part of a year. With the water treatment plant deteriorating before their eyes, Project Engineers Leigh Hubbard and Greg McConnell worked with DEHE water treatment expert John Warren to prioritize the obstacles facing the village.

Their plan was to quickly find a safe water source and replace the crumbling water treatment plant. Within five months, crews completed a geophysical investigation to locate groundwater aquifers, and located, drilled, tested and installed two new, deep groundwater wells.

At the same time, Hubbard and McConnell designed, built and tested a temporary water treatment plant in



An aerial view of the village of Tyonek.

Tyonek. The design called for a set of ultra-fine water filters to be housed in two insulated shipping containers and connected to the existing water supply system. Not a moment too soon — shortly after the changeover, the piping in the old water treatment plant failed. Had this happened sooner, the village would have been faced with drinking raw lake water. As it turned out, the temporary system provided Tyonek with the additional time needed to plan, design and permit the facilities necessary to solve its dilemma.

Since then, time has been put to good use. As of November 2007, DEHE, in cooperation with Tyonek, designed and constructed 7,200 feet of new water main, installed 22 new flush hydrants and replaced and upgraded the water service lines to 68 Native homes. The lines are insulated to prevent freezing and constructed with durable High Density Polyethylene pipe to prevent future leakage.

With the help of a local crew, ANTHC Superintendent Dave Roland repaired the community sewer septic tank and sewer outfall so that raw sewage no longer flowed onto Tyonek's public beaches. Finally, Roland and DEHE Construction Superintendent Mike Foster trained the Tyonek operators and construction crew on operations and maintenance of the new facilities. This step is just as important as the construction, since local workers are the ones who will be called upon to maintain the safety of Tyonek's

sanitation facilities in the future.

These changes benefit the community in several ways: Water quality and taste have improved dramatically; public health safety has increased; residential water service has improved, water operator training and expertise have risen substantially; and the village has begun a successful water utility billing program. Tyonek is among some of the first Alaska Native communities to benefit from the ANTHC Statewide Utility Association Utility Billing Assistance Program, an initiative of DEHE's Tribal Utility Support department, which expands the revenue used to maintain the facilities.

Just as telling, however, is what has decreased in the same time period: the amount of treated water lost due to leakage, and the cost of operating the system.

In two years, much of what originally troubled Tyonek has been put to rest. Still to come are a new, 1,500-square foot water treatment plant; a 200,000-gallon water storage tank; a fenced water compound facility and upgraded water transmission lines to treat, store, transport and protect the village's water. Combine these new facilities with the village council's improved management and technical expertise of its operating staff, and Tyonek will be poised to take possession of a new and efficient water and sewer system designed to serve the needs of its residents for many years to come.



Workers lay pipe for the new water treatment plant in Tyonek.

Veterans Administration, state to respond jointly to returning veterans needs

The Veterans Administration health care system, Anchorage Regional Office (VA) and Alaska Department of Military and Veterans Affairs signed an agreement at the National Guard Armory on Fort Richardson, Alaska on Sept. 11, 2007.

The goals are to:

- Ensure seamless delivery of health care services to rural veterans.
- Enhance home station reunion and reintegration workshop for returning global war on terrorism (GWOT) veterans to include post deployment health reassessments.

- Create multidisciplinary mobile outreach with VA and National Guard staff to ensure veterans' successful reintegration to their communities and linkage to services and benefits.

- Commit to meet regularly to address and work issues.

Alex Spector, Alaska VA Director, said "All parties are committed to working together in an ongoing comprehensive effort to ensure military service members and their families are honored for their valuable and honorable service to our country."

He said the Alaska VA has hired staff dedicated to mobile outreach and to serve as primary VA points

"All parties are committed to working together in an ongoing comprehensive effort to ensure military service members and their families are honored for their valuable and honorable service to our country."

—Alex Spector, Alaska VA Director

of contact to returning service men and women who have served in support of Operation Enduring Freedom/Operation Iraqi Freedom.

"These staff will work closely with the Guard's Transition Assistant Adviser and the Warrior Transition Units as well as facilitate a Community Network Group that meets monthly with Guard and Reserve, Department of Defense, and other community agencies," Spector said.

This staff will travel to active duty bases throughout Alaska as well as travel with the National Guard to their respective Battalion Headquarters to provide a pathway to access VA care in the state.

The Alaska VA has also hired additional mental health staff to include psychiatric providers, a suicide prevention coordinator, and a recovery coordinator to in developing health care support for veterans, their families, and working with community agencies to provide required care.

Training Center instructor receives 2 major awards

Within 24 hours, Dorothy Hight, Family Nurse Practitioner, of the Alaska Native Tribal Health Consortium Community Health Aide Training Center, received two major awards.

On Dec. 13, 2007, at 1 p.m. EST, Hight was at Indian Health Service headquarters in Maryland to receive the National Director's Award for her contributions to the education of Alaska's Community Health Aides.

The day before in Anchorage, at 1:30 p.m. AST, the YWCA of Anchorage recognized her as one of its 10 Women of Achievement for 2007.

It was a challenge to be present for both awards, but she made it in part to thank all who nominated her, and to show appreciation for the special program in which she has spent her career.

"It's been a multitude of riches," Hight said. "My Community Health Aide students have taught me more about life, health and Alaska than anything I may have taught them. They remain my inspiration for continuing to teach health care; I can do more to help improve the health of Alaska Native villagers by teaching CHAs well than I can by delivering the care directly myself. My partners in distance education, and my CHAP co-workers have made my job enjoyable.



Dorothy Hight

To have such a rewarding career and, now these awards, on top of everything, I'm just amazed and honored."

Hight's distinguished and varied Alaska health services career began in the early 1980s at the Alaska Native Medical Center (ANMC). As one of the first "mid-level" health care providers there, she was instrumental in expanding patient services.

For the past 24 years, Hight has worked at the Anchorage Community Health Aide (CHAP) Training Center. There, she has been Training Coordinator, developed curriculum, help produce/revise three of the Community Health Aide/Practitioner Manuals and served as chair of the CHAP Certification Board, among other roles.

But her biggest challenge came

recently when many in the statewide CHA programs said; "It can't be done." Although some of her peers rejected the notion that her students could not learn clinical skills effectively at a distance, she recognized that the time and technology were right to put CHA training "online."

In partnership with Eastern Aleutian Tribes Distance Learning Network, she developed skills as a distance-learning specialist, and served as a content expert. Using teleconferencing and Web site course development, she launched CHAP training into the new millennium. Hight successfully interpreted and re-purposed the complex medical curriculum required to prepare these unique community health care providers. She gave them a new way to obtain the knowledge and skills to deliver primary health care while staying in their communities. Her efforts resulted in the presentation of their training curriculum in the villages in which they work, earning them up to eight hours of college credit.

For more than 27 years, Hight has served the Alaska Native people with compassion and sensitivity. She has always been a visionary, while maintaining her commitment and dedication to the people she serves.

Ferguson heads new wellness, prevention department

The Alaska Native Tribal Health Consortium (ANTHC) has hired Dr. Gary Ferguson to direct the newly formed Wellness and Prevention Department.

"I'm excited to see ANTHC's renewed emphasis on wellness and prevention-based programs for



Dr. Gary Ferguson

Alaska Native peoples," Ferguson said. "The new department brings together some great programs and people. The staff truly has a passion for creating effective programs that address the root causes of the challenging diseases we face."

Ferguson said the goal is to align Anchorage campus efforts with those of regions and tribes, as well as with community-based creative ideas and efforts.

"One of our first steps will be to work closely with tribal health organizations to understand current prevention efforts and priorities," he said.

Tribal health organizations are responsible for wise use of scarce resources. Those resources go to provide medical services to the 130,000-plus Alaska Natives.

Tim Gilbert, Division of Community Health Services Director (DCHS), said the goal isn't just to provide quality care to patients when they get sick.

"We also think about how to keep them healthy," Gilbert said. Prevention has always had a role in the Alaska Tribal Health System, he said.

Keeping customers well is especially important during these times of tight budgets, Gilbert said.

"Through prevention, customers are healthy and vibrant; and we preserve limited resources with fewer hospital and clinic visits," Ferguson said.

DCHS will move prevention forward through its new Wellness and Prevention Department, which includes the following programs:

- Health Promotion/Disease Prevention
- Injury Prevention
- Nutrition
- Tobacco and Nicotine Control
- Wellness Media Center
- Worksite Wellness

"There cannot be enough communication about wellness and prevention among ANTHC and our regional partners, and between our program staffs and communities," Gilbert said.

Look for regular updates and wellness information in ANTHC communications including the Mukluk Telegraph.

FCC awards \$10.5 million for Alaska e-Health network

The Federal Communication Commission Rural Health Pilot Program received a \$10.5 million to grant to help develop an Alaska e-health network for telehealth and health information exchange.

The grant will finance the design and development of a statewide broadband network aimed at improving the health care infrastructure throughout Alaska. This is a critical necessary step to effectively implement electronic health information exchange in Alaska. The award is among 69 awards in 42 states totaling \$417 million.

Overall an Alaska health information exchange network will improve patient's access to care, reduce un-nec-

essary testing and procedures, improve patient safety, reduce health agency administrative costs, and enhance rapid response to public health emergencies.

The Alaska FCC proposal was developed through a partnership of Alaska healthcare providers, federal and state health agencies, insurers, and consumer groups.

The Alaska Native Tribal Health Consortium has been designated by the partners to act as interim project manager to design and develop the network. Partners envision the eventual creation of a public-private partnership to manage the Alaska e-health network for the long-term.

The specific objective is to unify

separate electronic health care networks that are being developed throughout the state, supplying rural health providers with connectivity to referral providers both in Alaska and in the Lower 48. This coordinated network will facilitate the exchange of critical health information between health providers. It will also support telemedicine services, the transfer of high-resolution images for patient care, as well as videoconferencing and Voice-over-Internet applications.

For more information, contact Rebecca Madison, Project Coordinator, (907) 729-3934 or Dr. Tom Nighswander at (907) 729-3682 or at tnighswa@anthc.org.



Mission

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

Vision

Alaska Natives are the healthiest people in the world.

Values

- Achieving Excellence • Native Self-Determination
- Treat with respect and integrity • Health and wellness
- Compassion

Statewide News



Members of the Peace of Kake wellness team are from left, Lori M. Moore, Anthony Gastelum and Georgie Reese.

'Peace of Kake' invited to the national 2008 Healthy Native Communities Fellowship

For the fourth straight year, the SouthEast Alaska Regional Health Consortium (SEARHC) employees were part of a local team that earned a spot in the national Healthy Native Communities Fellowship program.

"Peace of Kake," featuring Georgie Reese, Anthony Gastelum and Lori M. Moore, is one of 16 teams comprised of 47 individuals that are part of the fellowship program sponsored by the Indian Health Service National Health Promotion Initiative.

Reese is a SEARHC community wellness advocate. Gastelum is a SEARHC behavioral prevention specialist and a community juvenile justice advocate/youth coordinator for the village of Kake. Moore is a stay-at-home mother and volunteer emergency

medical technician with Kake emergency medical service.

"We're very glad to be working with key stakeholders of the community and also are looking forward to working with teams from all over the nation," Gastelum said.

Each team is required to design and implement a community action project. Team members attend four, week-long retreats at various places around the country. The teams also take part in weekly teleconferences where they learn how to implement their projects and discuss what works and what doesn't.

"Peace of Kake" is sponsored by the Kake Healing Heart Council. Alaska also has teams from Barrow and Emmonak that are participating in the 2008 fellowship.

TCC dental clinic welcomes 4 new doctors

Four dentists recently joined the staff at the Tanana Chief Conference (TCC) dental clinic.

In the past several months, Drs. Kimberly Lovejoy, Kevin Lee, Abe Tanner and Bryce Taylor joined the dental staff.

Lovejoy worked for TCC from 2003 to 2006 and has returned after completing a year of advanced training with the Oral Surgery Program at the University of Kentucky.

Lee joins the staff at TCC after completing a two-year Advanced General Practice Residency at the Gallup

Indian Medical Center.

Taylor is originally from Utah and completed Dental School in Detroit, Michigan.

The new staff members bring the number of dentists at the clinic near its 2005 level.

Many thanks to Drs. George Bird, Preciosa Seif, and Rebecca Cave for their extra efforts during the provider shortage last year.

Information included in this article is drawn from the Tanana Chief Conference newsletter "The Council."

Nationally recognized dentist helps make SEARHC dental clinics kid-friendly

Holt was 1 of 14 people in the U.S. to score in the top 3 percent on her qualifying exam



Kim Holt

The SouthEast Alaska Regional Health Consortium (SEARHC) has hired Juneau-based pediatric dentist Kim Holt to improve the quality of dental care for children in the region.

Holt said she is excited to rejoin the SEARHC family in her new role as a pediatric dentist. She worked for SEARHC from 2000 to 2005 before leaving to complete a two-year residency in children's dentistry at the Alaska Native Medical Center.

She is one of 14 people in the United States who scored in the top 3 percent on the American Board of Pediatric Dentistry (ABPD) qualifying exam.

For that achievement, Holt earned the American Academy of Pediatric Dentists' 2006-07 Richard C. Pugh Achievement Award. "I think this award speaks to the quality of practitioners SEARHC has been able to employ," said Dr. Tom Bornstein, Doctor of Dental Science and SEARHC Director of Dental Services. "It also speaks to the high professional standards Dr. Holt has set for herself. Obviously, we are quite proud of her for achieving this level of excellence, though, quite frankly, not too surprised.

Holt said keeping children cavity-free is of primary importance to her.

Before working at SEARHC, she earned her bachelor's of science degree from Albright College in Reading, Penn., and completed her doctorate of dentistry degree from the University of Pennsylvania's School of Dental Medicine.

Holt passed the American Board of Pediatric Dentistry written qualifying exam in 2007 and is scheduled to take the oral clinical exam in 2008. Upon passing the oral exam, she will earn Diplomate status with the board.

In her role as pediatric dentist for SEARHC, Holt will provide dental services for children enrolled in the Denali KidCare Program and in Medicaid. Denali KidCare is a state-operated program that provides health insurance for Alaskan children less than 18 years of age, and for pregnant women who meet income guidelines.

For more information about the program, visit <http://www.hss.state.ak.us/dhcs/DenaliKidCare/>.

The information included in this article was drawn from a SEARHC news release.

SEARHC to add housing for patients away from home

The SouthEast Alaska Regional Health Consortium (SEARHC) broke ground on a \$3.45 million facility to house patients across from the SEARHC Mount Edgecumbe Hospital, Nov. 16, 2007.

The 7,820-square-foot facility will have 18 rooms, including two that are fully compliant with the Americans with Disabilities Act.

The new facility will provide overnight housing for people who travel to Mount Edgecumbe Hospital for advanced health care services not available in their home towns and villages.

The facility will provide patients a much-needed "home away from home"

where they can recover until they are able to travel home.

The facility will serve both Alaska Native and non-Native patients. It will offer safe, affordable lodging rates for uninsured patients, and is Medicaid-eligible.

Funding for the building was provided by the Denali Commission, the Rasmuson Foundation, the Paul G. Allen Foundation, the Tlingit-Haida Regional Housing Authority, United States Department of Agriculture Rural Development and SEARHC.

The information included in this article is drawn from the SEARHC newsletter "Health Beat."

Southeast Tobacco Policy Coordinator wins statewide award

SouthEast Alaska Regional Health Consortium (SEARHC) Tobacco Policy Coordinator, Wilbur Brown Jr., received the Alaska Health Achievement Award at this year's Alaska Health Summit. Brown was presented the award during the Alaska Public Health Association's award luncheon in Anchorage.

"I am honored and humbled that I was selected for this award," said Brown, who emphasized the team approach used by SEARHC's Tobacco Program. "I am happy to accept on behalf of all who are working to reduce the harmful effects of tobacco."

In his role as SEARHC Tobacco Policy Coordinator, Brown assisted local officials to draft tobacco-free initiatives that were passed by voters in Sitka in October 2005 and in

"By educating the community and motivating them to choose to go tobacco-free, we are taking a huge step in protecting the ones we love."

— Wilbur Brown Jr.,

SouthEast Alaska Regional Health Consortium Tobacco Policy Coordinator

Klawock in October 2007.

"By educating the community and motivating them to choose to go tobacco-free, we are taking a huge step in protecting the ones we love," he said. "It is important that we do what we can to protect our future."

Brown also has worked with leaders of the Alaska Native Brotherhood and Alaska Native Sisterhood, SEARHC, and other organizations to

draft tobacco-free facility policies. In addition to policy development, he works to educate community members about the dangers of tobacco and secondhand smoke.

Andrea Thomas, SEARHC Tobacco Grant Manager, said "Wilbur is an outstanding role model for facilitating policy change in the state of Alaska. His work on policy in Southeast Alaska and as co-chair of the ATCA (Alaska Tobacco Control Alliance) has been instrumental in helping the state move forward in protecting all Alaskans from the dangers of secondhand smoke."

Information included in this article is drawn from a SEARHC news release.

Staff, volunteers help cancer patients with Comfort Bags

You can help with donations for the Comfort Bags

By Sharon Susook and Karen M. Mitchell

Hearing that you are diagnosed with cancer prompts a range of feelings, often including fear and a sense of isolation. Staff in the Alaska Native Medical Center (ANMC) Oncology Clinic and Division of Community Health Services (DCHS) Cancer Program saw that patients need comfort during treatment. Both local and out-of-town patients need to be fully informed. Most important, staff did not want patients to feel that they were alone.

The underlying theme for our Comfort Bags is "Making the Journey Together." It truly takes a supportive team of doctors, nurses, community health aides, family and friends to help the patient manage his or her treatment effectively. The Comfort Bags hold a guidebook with information about that team of support, as well as treatment options, common problems, pain management and traditional knowledge.

The Comfort Bags also include a CD player. Chemotherapy can last up to eight hours and the CD player gives patients a chance to listen to soothing music or audio books. Lastly, the Comfort Bag includes a "necessity kit" with hot and cold beverage bottles, a calling card, Chap Stick, hand sanitizer, Kleenex and a dental kit.

In 2004 and 2005, staff made up 300

Travel-sized items needed for 'Comfort Bags'

The following items are needed for the Comfort Bags:

- Chap Stick
- Pocket-size Kleenex
- Quart-and gallon-sized storage bags
- Tea (especially Alaska wild teas)
- Fragrance-free travel sized lotions, hand sanitizer, shampoo and conditioner.



bags. This year, staff and volunteers have put together 250 bags.

The ANMC Oncology Clinic and Cancer Program staff would like to thank all of the caring individuals who donated their time to stuff the bags. The help of more than 20 volunteers made the workload easier.

Special thanks to the following organizations for donating items for our Comfort Bags, and for helping Alaska Native Tribal Health Consortium (ANTHC) fulfill its mission to provide



Sharon Susook and Karen M. Mitchell display the contents of a Comfort Bag.

the highest quality health services for all Alaska Natives: ANMC Auxiliary; ANTHC Cancer Program; Sanofi Aventis; Southcentral Foundation/ANMC Dental; ANMC Public Relations; Dimond Center Hotel; AT&T Alascom; Municipality of Anchorage and the Department of Health and Human Services, Safe City Program; and Alaska Herb Tea Company.

For more information, or to send donations, contact Sharon Susook at ANMC Oncology, 4315 Diplomacy

Drive, Anchorage, AK 99508, call 729-1184. Or, contact Karen Mitchell, Inuit Building – Cancer Program, 4141 Ambassador Drive, Suite 118, Anchorage, AK 99508, or call 729-4491.

Sharon Susook is the Administrative Support Supervisor for Oncology at the Alaska Native Medical Center.

Karen M. Mitchell is a Community Health Program Assistant with the Division of Community Health Services.

Food aid programs aims to distribute 1 million tons of food to 13 villages

By Amy DeBruhl and ANTHC Staff

In October 2007, Food Bank of Alaska (FBA) fulfilled the first order of a food program on behalf of the Alaska Native Tribal Health Consortium (ANTHC.) A federal nutrition program, the Food Distribution Program on Indian Reservations (FDPIR) is in the pilot program stage in Alaska. The goal for the first year is to distribute one million pounds of food to low-income families in 13 rural villages. Later, more villages will be added. For now, the participating villages are Akiak, Alakanuk, Chitina, Hamilton (Kotlik), Hydaburg, Kongiganak, Nenana, Nightmute, Nunam Iqua, Old Harbor, Platinum, Seldovia and Stebbins.

ANTHC will receive, warehouse and ship commodities during the next year, helping to provide the foods for complete meals to hungry Alaskans living in the 13 villages. Collaborating on this

project helps bring FBA closer to its strategic goal of distributing 13 million pounds of food by 2013 to all Alaskans.

The project will help make a valuable difference in the lives of rural Alaskans who may not be sure where their next meal was coming from.

"In villages, where the cost of living is higher than communities linked by road and rail, people can't always afford both food and other essentials, such as rent, fuel for heating their home, or warm clothing," said ANTHC CEO Paul Sherry. "FDPIR provides a base level of support for people eligible for the program."

FDPIR is open to anyone living in the program villages, Native or non-Native, who is receiving or eligible for food stamps. People cannot receive both food stamps and FDPIR, so many people choose to participate in FDPIR because it provides a larger volume of food. The monthly food distribution package may include: canned fruits and vegetables, canned soups and meats,

pastas, cereals, grains, cheese, egg mix, dry milk, flour, dried beans, canned juices, dried fruit, and peanut butter.

The quantity and variety of food available help many families maintain a nutritionally balanced diet. "This fits in with ANTHC's goals to promote health and prevent disease," said Consortium Public Relations and Communications Director Joaquin Estus. "Good nutrition helps people avoid chronic diseases such as diabetes, cancer, and heart disease. It also helps as people heal from disease."

ANTHC recognizes the hunger needs of all Alaskans, especially the difficulties faced by those living in rural areas. FBA is proud to assist the consortium in this project and both parties look forward to future successes.

For more information, on FDPIR visit <http://www.fns.usda.gov/fdd/programs/fdpir> or call (907) 222-3112.

Amy DeBruhl is Communications Manager for Food Bank of Alaska

Kaur named '2007 Physician of the Year' by the Association of American Indian Physicians

Cancer specialist and Choctaw-Cherokee Indian Dr. Judith Kaur has been named 2007 Physician of the Year by the Association of American Indian Physicians. Kaur has come to Alaska many times as part of the Mayo Clinic's Native American and Alaska Native outreach and educational programs.

"She is one of only two Native American oncologists in the United States, and well deserves to be recognized," said Dr. Anne Lanier, Director, Alaska Native Tribal Health

Consortium, Office of Alaska Native Health Research. Other ANTHC staff describe Kaur as inspirational.

Compassionate care and community education are important to Kaur. In all her work, she speaks out for the needs of American Indian and Alaska Native cancer patients. She also wants to make a difference by motivating talented young Native students to enter medicine.

Kaur is an Associate Professor of Oncology at the Mayo Clinic College

in Rochester, Minnesota. She entered the *Indians into Medicine* program at the University of North Dakota and obtained a bachelor of science in medicine. She received her Doctor of Medicine degree with honors from the University of Colorado Health Services Center in Denver.

This article includes information from the Mayo Clinic Web site: www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography

1 in 8 Alaskans lack health insurance, ISER study says

By Rosylnd Frazier and Virgene Hanna

A study by the Institute for Social and Economic Research added Alaskan voices to the millions strong chorus of Americans who say they can't afford the cost of health insurance.

The University of Alaska Anchorage's social and economic research group organized several focus groups on behalf of the Alaska Department of Health and Social Services to learn more about why one in eight Alaskans lack health insurance.

Cost was the reason most often cited by uninsured Alaskans at the focus groups, but some also said they didn't believe they needed insurance, had pre-existing conditions that kept them from getting insurance, or weren't sure how to go about looking for insurance.

On average, the people at the focus groups said they could pay \$100 a month per person for health insurance.

Most business owners who didn't offer employee insurance also cited the costs, in addition to other factors such as uncertainty about their future business revenues, the complexity of insurance policies, and the additional administrative burden also influence their decisions.

Uninsured Alaskans at the focus groups said they most often get medical care in hospital emergency rooms or community health centers, which have sliding-fee scales for uninsured patients. Those health centers are seeing a growing share of all uninsured Alaskans – up from 21 percent in 2002 to 38 percent in 2005.

For more information, visit <http://www.iser.uaa.alaska.edu/Home/ResearchAreas/healthcare.htm>.

Sherry

Continued from Page 1

Sherry noted that ANTHC has fulfilled many of the objectives identified after its creation in late 1997. Those include building the organization's infrastructure, developing a long-term operating relationship with the Indian Health Service, and substantially increasing third-party and grant revenues. The board sought to create a vision and long-range strategy, and strengthen the Alaska Tribal Health System. Another objective was to demonstrate that through self-governance, ANTHC could creatively adapt its struc-

Proven leader sought to serve as ANTHC CEO

Grasp our vision of Alaska Natives being the healthiest people in the world. Lead us on this journey. The Alaska Native Tribal Health Consortium is seeking a dynamic individual and proven leader to serve as our CEO. The CEO provides the cultural leadership and sets the standards for operational excellence by balancing day-to-day operating issues and strategic development initiatives to position ANTHC for solid, long-term growth. ANTHC is an outstanding company not only to be a part of but to lead. Competitive salary and benefits offered. For complete job requirements or to apply online visit www.anthc.org or contact Yolonda Baucham at (907) 729-1301 or send e-mail yaknecht@anthc.org.

ture and expand its scope of services to meet the ever-changing health service needs of the Alaska Native community.

Sherry said he intends to relocate his home base back to Interior Alaska, where he lived for decades before mov-

ing to Anchorage in the mid-1990s. He plans to spend more time with his family and to pursue some other life-interests.

"As always, I am appreciative of the support offered by each and every one of you in fulfilling our mission,"

Sherry wrote in his memo to employees. "Thank you so much."

In a memo distributed later the same day, Board Chairman and President Don Kashevaroff said the board reluctantly accepted Sherry's decision. "Mr. Sherry was ANTHC's first employee and has earned our respect and admiration. He has lived ANTHC's core values working for the betterment of Native people for most of his adult life. The board all wished him well in his transition and agreed to have him continue on part-time in a new role beginning next summer."

Kashevaroff said the Board's Leadership Planning Committee began the search for a new CEO in December. "I hope you'll join me in wishing Mr. Sherry well," he said.

Meeting

Continued from Page 1

2007 Accomplishments

ANTHC created the Alaska Tribal Health System Web site (alaskatribalhealth.org), where information is posted on statewide initiatives, health system resources, Alaska Tribal Health Compact negotiations and important schedules.

ANTHC created the Healthy Alaska Natives Foundation, to focus on five key initiatives:

- Cancer center at Alaska Native Medical Center
- Elders health services
- Healthy village environments
- Alaska Native health professions development
- Wellness and prevention

Tribal/state Medicaid initiative

ANTHC received a \$1 million state grant to develop new opportunities for tribal health organizations in long-term care, assisted living, home health services, and residential behavioral health services. This will help tribal health organizations address issues of facilities development capacity and adequate reimbursement rates.

ANMC revenue enhancement

A new central registration center has been opened to ensure we maximize opportunities in capturing revenues when patients use Medicaid, Medicare and private insurance. Those revenues will be essential for funding a new hospital addition. The addition will accommodate expansions for specialty clinics, surgery, maternal and child services, laboratory, and pharmacy.

ANMC Services Initiatives

ANMC created a new sleep study center, which opened September 2007. We are expanding the oncology clinic area. We're supporting Southcentral Foundation construction of a third Primary Care Center facility.

ANMC FY07 activities

With an annual budget of \$270 million, ANMC provided the following services:

- 6,500 patients admitted
- 11,500 surgeries
- 1,400 newborns delivered
- 385,000 outpatient visits

Division of Environmental Health and Engineering

Water and Sanitation Services
In Fiscal Year 2007, the Division of

Environmental Health and Engineering (DEHE) worked in 41 Native communities to provide water and sanitation services. DEHE also received \$43.2 million for future sanitation projects.

Health Facilities Construction

DEHE is in its fifth year of ANTHC partnership with the Denali Commission, and nearly 100 new and renovated clinics have been completed Alaska-wide, with 10 designed and 15 completed in FY07. ANTHC assisted Barrow and Nome on replacement hospitals.

Village Utility Management

ANTHC has launched a new option for village utility management built upon a model developed in the Yukon-Kuskokwim region. The results promise more stable utility staffing, higher rates of collection, and better maintenance. ANTHC will develop agreements with interested communities for water/sanitation utility management in spring 2008.

Division of Community Health Services

Dental Health Aide Therapists
A lawsuit filed by the American Dental Association and Alaska Dental Society was settled out of court. A DCHS team worked to open a U.S.-based training center for dental health aides. Working through many obstacles, the team secured a facility, ordered equipment and enrolled students.

Year two of the training program will be in held in Bethel, where a training center is under construction. Tribal health organizations have 14 therapists working in rural Alaska.

Wellness and prevention

DCHS is working toward a greater emphasis on helping Alaska Native people get healthy and stay healthy through a range of programs. These include statewide technical assistance for tribal health programs in: injury prevention, HIV/AIDS prevention, tobacco cessation, diabetes prevention, cancer screening, and immunizations.

Consortium Business Support Services

Statewide Medical Care
Coordination Initiative
Health Systems Networking staff



Don Kashevaroff

organized a statewide coordination of care summit in August 2007. The initiative aims to improve chronic patient case management between tribal organizations. Objectives include: improved patient satisfaction, better medical outcomes, and lower medical costs.

Electronic Health Records

ANTHC is collaborating with others in the Alaska Tribal Health System to deploy electronic medical records and to create a statewide interoperable health information exchange. Initiatives are underway to secure both state and federal financial assistance.

Telemedicine Services Expansion

Alaska Federal Health Care Access Network telemedicine carts now have additional monitoring and diagnostic equipment. Telehealth services are continuing to grow steadily across Alaska. ANTHC is forming a subsidiary company to distribute telehealth carts nationally and internationally.

Native Health Workforce Development

In Fiscal Year 2007, ANTHC awarded \$85,000 for health careers scholarships. Fiscal Year 2007 was the eighth year of ANTHC summer internships for high school and college students. Participants in the ANTHC leadership program, known as LEAD, for 2007-09 were selected and have started the program, and we graduated the first LEAD group.

Customer comments

Attendees from across the state raised a number of concerns, while expressing appreciation for the health services ANTHC and other tribal health organizations provide. ANTHC senior leadership responded to the comments with information about ongoing efforts to resolve issues.

Here are some samples of concerns expressed and suggestions for improvements.

ANMC travel

Patient travel support continues to be a problem. Elders travel to Anchorage for care at Alaska Native Medical Center. Visitors' housing, at Quyanahouse, is often full, leaving them with expensive or inconvenient options.

Specialty Clinic Appointments

We talk about early detection of cancer and diabetes, yet when we have specialty clinics at the regional hospi-

tals they are always booked up and there is a long waiting list. We would like to see these clinics extended one or even two days each visit so that all patients that need to be seen can be seen.

Foundation will help Elders

I am grateful for the foundation that has been set up. The elders are in need of better care. Delegates to AFN passed a resolution regarding the need for elders to receive better care. I want to thank you for planning to expand the level of care you will be giving to all Natives.

ANMC Phone Courtesy

Ask all ANMC departments to answer phones by the second ring, identify their department, state their name and ask "How may I help you?" A lot of departments just say "hold."

ANMC Customer Service for Elders

Customer service is a problem at nurses' stations and clerk stations in ANMC. I have seen poor treatment of elders in the hospital. I have seen clerks or patient advisors say "That is not my problem," or "That is not my job," dismissing the elders.

Local Hire on Projects

I would like to see a Tribal Employment Rights Ordinance included in DEHE's Joint Cooperative Project Agreements. In our community, the city froze the local hire list and kept rotating the same workers for several years. No more than two tribal members were employed at one time during the seven-plus years of the sanitation project.

Funding for Village Clinics

Thank you for helping us get our new bigger clinics. Please continue to ask for more money for our clinic upkeep, clinic maintenance, janitorial services and fuel.

Home Telehealth Monitoring Availability

Will the Home Telehealth Monitoring project be available to the Yukon-Kuskokwim region? We have the largest area of people with the greatest distance to travel to reach the nearest hospital. I would like to see the project available in our region.

Water supply

The water pipe in one house in Gulkana is broken and now we're having problems with fixing it. Now this Elder has no bathroom.

Applicants sought for National Native American Youth Initiative

The Association of American Indian Physicians (AAIP) is accepting applications for the 11th Annual Patty Iron Cloud National Native American Youth Initiative, which will be held in Washington, D.C., June 21-29.

American Indian/Alaska Native (AI/AN) high school students, ages 16- 18, who have an interest in the health careers and/or biomedical research are encouraged to apply. The NNAYI scholarship pays for travel, lodging, and most meals during the program. NNAYI's curriculum is strategically designed to prepare students for admission to college and professional schools, as well as for careers in health and biomedical research.

To accompany the students, AAIP is accepting applications for counselors, age 21 and older, to serve as role models during the nine-day program. AI/AN college students and health professionals are encouraged to apply.

The deadline for student applications is April 18, and for counselor applications, the deadline is March 21.

For more information, or to apply online, visit the NNAYI Web site at www.aaip.org/programs/nnayi/nnayi.htm

Dr. Judith Kaur has been named 2007 Physician of the Year

Cancer specialist and Choctaw-Cherokee Indian Dr. Judith Kaur has been named 2007 Physician of the Year by the Association of American Indian Physicians. Kaur has come to Alaska many times as part of the Mayo Clinic's Native American and Alaska Native outreach and educational programs.

"She is one of only two Native American oncologists in the United States, and well deserves to be recognized," said Dr. Anne Lanier, Director, Alaska Native Tribal Health Consortium, Office of Alaska Native Health Research.

Compassionate care and community education are important to Kaur. In all her work, she speaks out for the needs of American Indian and Alaska Native cancer patients. She also wants to make a difference by motivating talented young Native students to enter medicine.

Kaur is an Associate Professor of Oncology at the Mayo Clinic College in Rochester, Minnesota. She earned her bachelor's degree in medicine from the University of North Dakota and received her Doctor of Medicine degree with honors from the University of Colorado Health Services Center in Denver.

This article includes information from the Mayo Clinic Web site: www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography

Neubauer

Continued from Page 1

Primary care providers and internists play a critical role in health care, says Neubauer. Working at the frontlines, they consider a person's full health needs and lead a team in meeting those needs. They provide patient-centered care services such as health promotion and disease prevention information, and support for self-care.

Neubauer leads other health professionals in urging Congress to work to boost the number of primary care providers. Potential solutions include loan repayment programs and exposure to models of primary care. He also works to expand health insurance coverage so that people can more readily receive patient-centered care.

ANMC provides care to patients whether or not they have insurance, which suits Neubauer. "I like working in a system that provides comprehensive care to patients without regard to their ability to pay," he said. "I'm very happy to be here," Neubauer continued. "It's a great place."

In addition, he said he's pleased to be part of an organization that focuses on wellness by educating its customer owners about the importance of a healthy diet and living tobacco-free.

To encourage customer owners to quit using tobacco, the Alaska Native Health Campus became a tobacco-free area Nov. 15, 2006. In November 2007, Alaska Regional Hospital and Providence Alaska Medical Center followed suit and put policies in place prohibiting the use of tobacco products.

"This place has led the way," he said.

Though he is a relative newcomer to the hospital, he said he's had his eye on a slot at the facility since it opened in 1997. Neubauer said he still remembers the tour he took of the hospital when it first opened.

"I walked through it and I thought 'Boy, I wish I worked here,'" he said.

Neubauer came to ANMC after working in private practice in Anchorage and Juneau from 1981 to 2007. "It's been a good switch. Coming here is a nice way to work in a different system."



Dr. Richard Neubauer

Neubauer completed his medical degree at Yale University in 1976 after graduating with honors with a bachelor's of science degree from Cornell University in 1972. He completed his Internship and Residency in Internal Medicine at the University of Michigan from 1976 to 1979.

Neubauer came to Alaska in 1981

after spending two years working for Indian Health Service in Wyoming at Washakie Reservation.

From 1982 to 2007, he was an Active Staff member at Alaska Regional Hospital and the Providence Medical Center, where he retains courtesy staff privileges.

In addition to his duties at ANMC, Neubauer is a Fellow of the American College of Physicians (ACP), a professional organization for internal medicine and sub specialties with a membership of 120,000 internists. He was ACP governor for Alaska for four years and is now on its Board of Regents. He also received the ACP Physicians Services Political Action Committee Distinguished Service Award in 2007.

Richard L. Neubauer and wife Eleanor Louise Ryan have two children – Julian D. Neubauer and Erin C. Neubauer.

ANMC doctor co-authors position paper for the American College of Physicians

By Heather A. Resz

Pay-for-performance programs provide incentives for good performance on specific elements of a single disease or condition. The practice may lead to better health care for some patients but may also neglect the complexity of patient care, according to a position paper in the December 2007 issue of the *Annals of Internal Medicine*, which Richard L. Neubauer, MD, co-authored with Lois Snyder for the American College of Physicians Ethics, Professionalism, and Human Rights Committee.

According to Neubauer and Snyder, little evidence exists on the effectiveness or potential unintended consequences of pay-for-performance programs.

"We need to put the patient first," Dr. Neubauer said in an interview about the paper.

The primary focus of the quality movement in health care should not be on "pay for" or "performance" based on limited measures, but rather on the

patient, the position paper states.

Dr. Neubauer said if the concept can be aligned with the goals of medical professionalism, it has the potential to help improve the quality of patient care.

He said the American College of Physicians (ACP), of which he is a board member, is concerned that the design of pay-for-performance systems will lead to worse care despite measurements that imply good care.

"Many of my patients have multiple medical conditions, such as high blood pressure, diabetes, arthritis, poor eyesight," Neubauer said. "Meeting specific performance measurements such as regular mammography screening may not be the best care for my 92-year-old female COPD [chronic obstructive pulmonary disease] patient with a myriad of other health problems. Or the care that she wants," Dr. Neubauer said. "But that may be the measure on which care is evaluated."

For more information, visit acponline.org/acponline.org/college/press-room/payfor.htm?hp.

Telehealth

Continued from Page 1

Diaz, St. George, demonstrated their skills on a combined video and audio conference with Joan Price, RN, Director of Clinical Implementation for VitelNet recently.

"In a state where access to care is a major issue, home telehealth monitoring

"In a state where access to care is a major issue, home telehealth monitoring profoundly impacts health care delivery in Alaska."

— Mark Anaruk, project manager for Alaska Federal Health Care Partnership

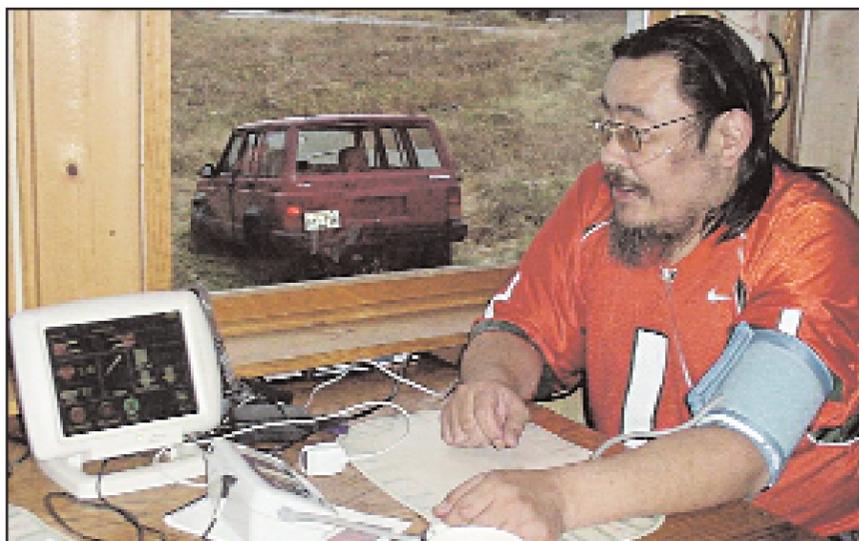


Photo by Debora Malavansky

St. George resident Agafangel Lekanof transmits data about his vital signs to the health clinic.

ing profoundly impacts health care delivery in Alaska," said Mark Anaruk, project manager for Alaska Federal Health Care Partnership, which has partnered with Eastern Aleutian Tribes in providing VitelNet Home Telehealth Monitors, also known as "Turtles."

Anaruk said home telehealth devices

eliminate costly, unnecessary outpatient appointments and provide regular monitoring, which helps to identify problems before acute conditions develop.

(Based on a press release from the Eastern Aleutian Tribes at www.easternaleutiantribes.com.)

Project increases numbers of safely stored firearms

ANTHC Staff

Safe storage of guns soared from 15 percent to 85 percent in selected villages in Western Alaska after a recent injury prevention project. About 75 percent of rural Alaska Native homeowners have at least one gun and most guns are used for subsistence hunting.

Unfortunately, Alaska Native people are experiencing a crisis in gun-related homicide, suicide, unintended injuries and violence. For example, the rate of suicide among young Native men is more than 10 times higher than that of Lower 48 men of the same age.

This project shows a potential way to reduce high rates of shootings, either intentional or unintentional, among Alaska Natives. Recent work by the Harborview Injury Prevention and Research Center at the University of Washington (HIPRC)

showed that locked guns are associated with a 73 percent reduced risk of suicide, compared with unlocked guns.

Accordingly, the Alaska Native Tribal Health Consortium teamed with two tribal health organizations in Western Alaska and HIPRC to find a way to improve firearm storage practices.

First, researchers wanted a picture of the situation so they could measure what, if any, improvements had occurred. Phase two was an "intervention," in which researchers provided a potential solution. The third step was to measure changes to see how well the intervention worked.

To start, researchers surveyed homes in 10 randomly selected villages. They worked to find out the number of households with guns, and what types of guns. They asked if guns were stored in a gun safe (a locked steel cabinet designed for gun storage). They asked if owners used a trigger lock (a device that prevents the trigger from being pulled). Results are shown below.

Gun Ownership

Any gun in home	75 percent
Loaded guns in home	4.4 percent
All unloaded guns locked	13.6 percent
Own gun safe	5 percent
Own trigger lock	29 percent



A Village Public Safety Officer helps install a gun safe in a home in rural Alaska.

Phase two of the project was to install free gun cabinet(s) in homes, have homeowners place all their guns inside, and to educate residents about the potential benefits of locking guns in the gun cabinet.

In Phase three, researchers measured changes after the installation of the gun cabinets.

The net effects were:

Activity	Percentage decrease
Loaded guns in households	4 percent
Unlocked guns in households	61 percent
Loaded, unlocked guns	65 percent

What can we learn from the study? It shows that keeping guns locked up is likely to help reduce the number of unintended gun-related injuries, and people are receptive to using gun safes.

On follow-up, people were asking for more safes. They were very interested in having a safe place to keep their guns locked and away from children. And, finally, the gun safes have already prevented a potentially dangerous situation in one village because a cabinet was locked and no guns were available for use in a volatile situation.

ANTHC dental educator trains for teaching, learning

Dr. Mary Williard, of the University of Washington and Alaska Native Tribal Health Consortium, completed intensive training in dental teaching methods and course planning. The training included guidance in how to succeed in the academic environment as well.



Dr. Mary Williard

The course is designed and led by nationally recognized experts in dental and higher education curriculum and leadership. The American Dental Education Association and the Academy for Academic Leadership (AAL) course was done in two phases over seven days of residential, fellowship-type learning experiences along with bridging activities conducted by the trainees at their home institutions.

This intensive faculty development program is a collaborative venture of the American Dental Education Association and the Academy for Academic Leadership. It is offered in partnership with the University of Missouri-Kansas City School of Dentistry and the University of North Carolina at Chapel Hill School of Dentistry.

Application details, go to <http://www.academicleaders.org>, email info@academicleaders.org or call 404-350-2098.

Got Air!

Aneryaarvingqertukut!

Bethel – First in Alaska to Clear the Air: 1998-2008



Ten years ago Bethel became the first city in Alaska to clear the air. The city passed an ordinance addressing clean indoor air and worker health.

In celebration of this event ATCA selected Bethel as the site for the second annual ATCA summit.

Alaska Tobacco Control Alliance

Summit '08

February 5–6, 2008

www.atca.org



Illustration by Caroline Nevak



Got Air! – Aneryaarvingqertukut!

Alaska Tobacco Summit Agenda At A Glance
2008 Conference - Bethel, AK

Tuesday, February 5, 2008

- 8:45 Registration, Continental Breakfast & Exhibit Setup
- 9:30 Aiyaprun Eitnaunvik Student Opening
Blessing & Color Presentation
Welcome
- 10:00 Bethel Clean Indoor Air Retrospective
Community Wellness & Tobacco
Chew Tobacco
How Tobacco Fits into Community Wellness
- 12:00 Lunch ~ Networking and ATCA PowerPoint Slide Show
- 1:00 Partnering and Supporting Alaska's Tobacco Quit Line ~ Tim McAfee
The New Best Practices For Comprehensive Tobacco Programs & How we are translating that in Alaska
The Power of Local Policy ~ Beverly May ~ Campaign for Tobacco-Free Kids
Championing ATCA's New Strategic Plan
- 5:00 Reception, ATCA Awards, Youth Poster Contest Awards, Uplaret Dancers, Slough Bead Band

Wednesday, February 6, 2008

- 8:30 Continental Breakfast
- 9:15 Blessing & Welcome
Breakout Sessions ~ Choose two 45 minute session to attend, each session will be held twice.
 1. Youth Prevention, Cessation & Media Strategies
 2. Quit Line Listening Session
 3. Tobacco Tax Tool Kit and Passing A Local Tax Ordinance
 4. Community Prevention Grant Program – One Page Evaluation Summary Successes
- 11:00 Breakout Synopsis ~ 3 lessons learned 1 thing each person is taking away to use.
- 12:00 Lunch ~ ATCA Election Announcements
- 12:30 Close
JROTC Color Removal
Tour of YKHC Facilities – optional

Your ATCA Steering Committee will meet Monday at 4:30 at the Long House. Please E-mail Brenda Holden at Brenda@alaska.com if you plan to attend the Steering Committee meeting so we can plan food appropriately. Dinner will be served to the Steering Committee and guests.

Public Health Prevention Specialist on loan to ANTHC

By Emily Wilder

The Alaska Native Tribal Health Consortium (ANTHC) and the National Institute of Occupational Safety and Health (NIOSH) are the fortunate recipients of a match with a Public Health Prevention Specialist (PHPS) from the Center for Disease Control (CDC).

Prevention Specialist Hillary Strayer is dividing her two-year assignment between the two agencies.

Fellows in the PHPS program first spend a year in a program area (Strayer worked in the CDC's Coordinating Office for Terrorism Preparedness and Emergency Response in Atlanta, Ga.),

then interview representatives from agencies that apply for a PHPS. Fellows then rank their favorite placement options – Alaska was Strayer's "No. 1 choice," she said.

The application process is highly competitive; only 25 prevention specialists enter the program each year and more than 160 agencies submit applications. Strayer's ultimate placement in Anchorage was a



Hillary Strayer

joint effort between the NIOSH Anchorage office and the DEHE Injury Prevention program (although the Injury Prevention program will be moving over to ANTHC's Community Health Services Department in the near future). While she's here, she'll be working with the elder falls project, an attempt to find ways to reduce the number of falls, particularly for Native elders in the villages.

"Injuries that come from falls can really reduce the quality of life," Strayer said. "The more reduction we can do in falls – training, exercises to improve balance, teaching people to adjust their environment – the better."

Strayer also will assist with a cost-

benefit study that examines the overall cost of injuries to the state, and how much money could be saved if these injuries were prevented. With NIOSH, she will work on the Commercial Fishing Personal Flotation Device project.

Strayer served as a Peace Corps volunteer in Mali, Africa, and has worked as a project manager with clients all over the U.S. and its territories – but this is her first time in the 49th state.

"I'm very excited about coming here," she said.

Emily Wilder is a technical writer for the Division of Environmental Health and Engineering.

Native Elders share end-of-life stories

By Colleen Anagick, Ellen Andersen and Michelle Moran

In October 2007, the Alaska Native Medical Center (ANMC) Medical Ethics Committee held a workshop entitled *Our Care, Our Decisions* at the 2007 AFN/First Alaskans Elder and Youth Conference. The purpose was to raise awareness about health care decision-making issues, increase use of advance directives and living wills, and to learn Elders' perspectives and advice on ways to increase the use of these tools.

Throughout the presentation, participants shared poignant personal stories and experiences with end-of-life decisions. A common theme was that there would have been less stress and more confidence in meeting the patient's wishes if they had been known.

One woman shared an emotional story about her experience with her uncle's death while he was a patient in

a hospital. He had expressed his wishes not to have CPR, but the medical personnel present when he had a heart attack were not aware of this. "It broke my heart," she said.

Participants made their perspectives and advice clear: people need to talk about health care decision-making needs. They need to let their loved ones and care providers know their wishes.

Here are some highlights of the information people shared.

Health care decision making can be hard because:

- Advances in medical technology allow people to survive illnesses and injuries that they would have died from in the past
- People are living much longer and some with chronic illnesses

See [Directive](#) on Page 12



Alaska Native Medical Center received a 2007 Hospital Quality Award.

ANMC wins 'Hospital Quality Award'

ANMC staff

In August, three Alaska facilities, including Alaska Native Medical Center, were recognized for their dedication to improving the care and health outcomes for their patients.

The 2007 Hospital Quality Awards recognize hospitals for their commitment to sustained performance and/or improvement in patient care. Award winners were announced during the Alaska State Hospital and Nursing Home Association's annual

meeting in Petersburg.

The Quality Achievement Award winners were:

- Alaska Native Medical Center
- Alaska Regional Hospital
- Fairbanks Memorial Hospital

Hospitals applying for the awards were required to sustain and/or improve the care they provide in a variety of areas, including treatment of heart attack, heart failure, pneumonia and prevention of surgical infections.



Photos by Mike MarcAurele

Rear Admiral Richard Barror (far right) stands with the recipients of the Outstanding Unit Citation (from left to right): John Whitesides, Tom Moeller, Matt Dixon and David Beveridge.

Rear Admiral visits Alaska Native Tribal Health Consortium

By Emily Wilder

The U.S. Public Health Service (PHS) Commissioned Corps needs more engineers, said a visitor to the Alaska Native Tribal Health Consortium (ANTHC) before presenting several awards to ANTHC staff.

Rear Admiral Richard Barror, a Chief Engineer Officer with the Corps, visited ANTHC in mid-October. He met with ANTHC CEO Paul Sherry and Steven Weaver, Senior Director of the Division of Environmental Health and Engineering (DEHE), to discuss the Corps' role in achieving ANTHC's vision.

When later speaking to Corps engineers at DEHE, Barror discussed changes in the Corps. Increased staffing needs plus declining numbers of active duty officers have led to a new emphasis on recruitment.

The Corps is improving its information technology tools for

recruiters, and has begun posting videos on popular Web sites such as YouTube.

Barror praised the Corps' response to Hurricane Katrina. The group of DEHE engineers who assisted with that response – David Beveridge, Matt Dixon, John Whitesides, and Tom Moeller – received an Outstanding Unit Citation issued by the Department of Health and Human Services.

Barror presented a PHS Commissioned Corps Achievement Medal to Mike MarcAurele for construction management in Kipnuk, and another to Rebecca Pollis for advancing the Kasigluk piped water and sewer project to construction. Barror also congratulated Norm Fairbanks, who recently retired after 30 years in the service.

Emily Wilder is a technical writer for the Division of Environmental Health and Engineering.



2007 Summer Interns and Externs are, Top row from left: Stephanie Watson from Bethel, Matthew Berry, Anchorage; Madison Christiansen, Wasilla; Sharon Dull, Toksook Bay; Emily Jensen, Anchorage; Ella Morris, White Mountain. Second row: Nicole Gagon, Anchorage; Sarah Katongan, Unalakleet; Ruth Frost, Anchorage; Kristen Romer, Kipnuk; Talitha Berger, Anchorage; Faye Dotomain, Wasilla. Kneeling: Renae Ivanoff, Unalakleet; Staci Nanalook, Bethel; Ethan Wilkinson, Kwigilingok; Thecla Joe, Hooper Bay; Dara Otness, Ketchikan; Melanie Shavings, Mekoryuk.

ANTHC 2007 summer interns and IHS externs honored

By Krista Hepworth

The Alaska Native Tribal Health Consortium (ANTHC) Education and Development office coordinated several learning opportunities for 22 students this summer through the students' participation in the ANTHC summer internship program and the Indian Health Service (IHS) Externship program.

The ANTHC summer internship program included 14 high school students, three undergraduate students, one graduate student and one doctoral student. The IHS externship program included three undergraduate students. ANTHC also partnered with First Alaskans

Institute's Summer Internship program and ANTHC coordinated an internship for one additional intern.

The interns and externs participated in training on a variety of subjects and completed two projects. The first project was the Family Traditions project that required researching family history, conducting interviews with family members, preparing and conducting a presentation. The second was the Career Project that gave the interns and externs an opportunity to research the field that they were interested in pursuing.

The summer internship and externship program ended with a celebration

luncheon attended by Garvin Federenko, Director of Consortium Support Services and Kalani Parnell, Organizational Development Coordinator with the interns and externs, their supervisors and the Education and Development staff. The interns and externs were presented with certificates of completion.

For more information, contact Krista Hepworth, Scholarship and Internship Program Assistant, at (907) 729-1348 or toll free at (800) 684-8361 or send e-mail to khepworth@anthc.org.

Krista Hepworth is the Scholarship and Internship Program Assistant.

Directive

Continued from Page 11

- Unexpected situations come up where hard decisions need to be made
- It can be a difficult, emotional conversation for families to have

Advanced directives may:

- Increase the likelihood wishes will be honored
- Reduce personal worry
- Reduce feelings of helplessness and guilt for families
- Reduce legal disputes

Advance Directives also:

- Provide instruction to the health care team
- Protect your rights to:
 - Make informed decisions
 - Accept or refuse certain types of care or treatments
 - Have some control during illness
 - Allow your wishes to be respected at the end of life

Getting started: Having the tough conversation:

- Advance directives can be uncomfortable to talk about
- Events such as the death of a loved one, a change in your health status or memorial potlatches—can provide opportunities to bring up advance directives before a crisis occurs.

Terms in health care decision making: Instruction for Health Care (also known as a Living Will)

An oral or written advance directive that conveys an individual's treatment wishes when the individual has a terminal illness or life threatening condition

Instructions for health care go into effect when an individual cannot make or communicate their own health care decisions

Durable Power of Attorney (also known as a Health Care Surrogate)

A written advance directive that allows you to designate someone else (an "agent" or "surrogate") to make health care decisions for you when your health condition prevents you from speaking for yourself.

Terms in health care decision-making

What is Instruction for Health Care (also known as a Living Will)?

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- A written advance directive that allows you to designate someone else (an "agent" or "surrogate") to make health care decisions for you when your health condition prevents you from speaking for yourself.

PUBLIC NOTICE MAGNET RECOGNITION PROGRAM® SITE VISIT

Alaska Native Medical Center has applied to the American Nurses Credentialing Center (ANCC) for the prestigious designation of Magnet. The Magnet designation recognizes excellence in nursing services.

Patients, family members, staff, and interested parties who would like to provide comments are encouraged to do so. Anyone may send comments via e-mail, fax, and direct mail. All phone comments to the Magnet Program Office must be followed up in writing.

YOUR COMMENTS ARE CONFIDENTIAL AND NEVER SHARED WITH THE FACILITY. IF YOU CHOOSE, YOUR COMMENTS MAY BE ANONYMOUS, BUT MUST BE IN WRITING.

YOUR COMMENTS MUST BE RECEIVED BY Feb. 21, 2008.

Address:

American Nurses Credentialing Center (ANCC)
Magnet Recognition Program Office
8515 Georgia Ave., Suite 400
Silver Spring, MD 20910-3492

Fax

E-Mail:

Phone:

301-628-5217
magnet@ana.org
866-588-3301 (toll free)

Alaska Native Medical Center has submitted information for the appraisers to review. That information is available, 24 hours a day, to you for review in the ANMC Library, located on the first floor of the hospital.