

MUKLUK TELEGRAPH



The Voice of the Alaska Native Tribal Health Consortium

SPECIAL SECTION

DEHE: Building a healthy future for rural Alaskans



The ANTHC Division of Environmental Health and Engineering works with Alaska's Native communities to plan and construct sanitation system improvements. These facilities help prevent disease and promote a healthy and safe environment for the Alaska Native people.

STARTING ON PAGE 5...

INSIDE

Disposable cameras enhance cultural awareness in the classroom: Page 4

Diabetes among Alaska Natives: Page 9

West Nile Virus not in Alaska yet: Page 9



U.S. Cabinet member visits Alaska

by ANTHC Staff

U.S. Department of Health and Human Services Secretary Tommy Thompson, along with Senator Ted Stevens, visited the Alaska Native Health Campus Sunday, August 4, 2002. Thompson met with leaders of the Alaska Native health system for more than an hour at the Alaska Native Medical Center (ANMC). He also used the ANMC Primary Care Center to announce several awards to Alaska programs.

ANTHC Chairman and President Don Kashevaroff described some of the Consortium's top priorities for federal and Congressional attention, including:

ANTHC supports the Secretary's strong commitment to closing the health disparities gap between Alaska Natives/American Indians and the general population about hospital and clinic operations funding.

ANTHC encourages the Secretary to submit an FY04 budget to Congress that reflects the resources required to empower Indian Health Service (IHS) and tribal health providers to close this gap.

For years, IHS and tribal providers have been challenged with enormous patient population growth and nearly double-digit annual increases in costs, but have not been funded adequately to keep up with this growth.

ANTHC asks the Secretary to submit an FY04 budget to Congress that includes the resources required for tribal health



ANTHC Chairman and President Don Kashevaroff presents a grass basket by Anna Beavers, of Goodnews Bay, to Secretary Tommy Thompson of the U.S. Department of Health and Human Services as U.S. Senator Ted Stevens looks on.

Photo by Karen M. Mitchell

continued on p. 2

ANTHC Board attends clinic ground-breaking ceremony in Metlakatla

By Kathleen Hallinan, for the Mukluk Telegraph

The southeast Alaska community of Metlakatla provided a warm welcome for the Alaska Native Tribal Health Consortium (ANTHC) board of directors, said Consortium chairman and president Don Kashevaroff, "We saw dance group performances, had some great meals in the community, and really enjoyed the warm, sunny weather." The board held its regularly scheduled board meeting in Metlakatla August 15 and 16.

Board members were particularly happy, said Kashevaroff, to attend the ground-breaking ceremony for a new multi-million dollar medical clinic in the works for Metlakatla. The new state-of-the-art clinic will offer improved medical services to Annette Island's mostly Native community of 1,500 people. The new



Rachael Askren, Annette Island Service Unit Director, and Mayor Victor C. Wellington, Sr., break ground for the new Metlakatla clinic.

33,000 square foot medical center will sit on an 11-acre site. The design includes the medical facility and eight housing units for the clinic's two doctors and other medical staff.

The Metlakatla Indian Community

continued on p. 2

Finding out what "Rural" means...



Secretary Tommy Thompson of the U.S. Department of Health and Human Services (DHHS) chats with Kwethluk Health Aide Martha Olick.

Photo by Rose Henderson, YKHC Media Services

by ANTHC Staff

His agency had just finished a report on ways to improve health care for Americans in rural areas. So it makes sense that Secretary Thompson and several of his senior staff members visited Kwethluk, Galena, Bethel, and Dillingham as well as Fairbanks and Anchorage, during his trip to Alaska.

Still, some of the conditions in rural Alaska were surprising. On August 3, Thompson traveled in a small boat from Bethel, up the Kuskokwim River, to Kwethluk (pronounced qweeth-look), a Yup'ik village of about

continued on p. 12



VOX

Voice of the people

Our question is: When you return to your village, what will you say about your stay at the Alaska Native Medical Center?

Louise Hiratsuka, Dillingham



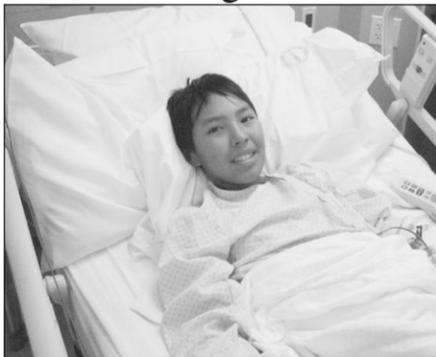
"No one treated me badly. I liked my stay at the hospital."

Roberta Atkinson, Metlakatla



"Everyone was good to me. No complaints."

Carl Williams, Lower Kalskag



"Things were boring until I was able to watch television."

DHHS Secretary visits Alaska

Continued from p. 1

providers to close the health disparities gap with regard to documented sanitation facilities and health facilities needs. Statewide, Alaska has prioritized unmet needs in sanitation facilities that exceed \$650 million, and prioritized unmet needs in health facilities that exceed \$570 million.

ANTHC supports the Secretary's "One HHS" initiative and believes it should be carried out in a customer-friendly way that involves close, frequent tribal consultation; doesn't pre-determine the end result to be complete Departmental centralization; and empowers rather than harms IHS and tribal providers' ability to carry out the Secretary's mandate to narrow the Alaska Native/American Indian health disparities gap.

ANTHC brought to the Secretary's attention that it is critical that the Centers for Medicaid and Medicare (CMS) provide strong support of IHS and tribal health providers to empower IHS and tribal health providers to close the health disparities gap. ANTHC would ask CMS to work closely with tribal health providers, the IHS and the Secretary to ensure that seemingly minor CMS policy positions or actions do not inadvertently harm IHS and tribal health provider's efforts to carry out the Secretary's mandate to close the health disparities gap.

After the listening session, Senator Stevens and Secretary Thompson held a press conference at the ANMC Primary Care Center. There, Thompson announced that DHHS has awarded more than \$15 million in grants for community health centers, \$250,000 for dental services for Alaska Natives, \$3.75 million for substance abuse prevention and treatment services, and \$7.6 million in programs for Alaska children.

Thompson also announced the first stages of a program to determine if Alaska Natives are enrolling in programs such as Denali KidCare, Medicaid and Medicare. He also showed off a new ambulance the rural community of Nondalton, a Tanaina (Iliamna Athabascan) village about 190 miles southwest of Anchorage, purchased using DHHS funds.

Senator Stevens' Legislative Assistant, Liz Connell, accompanied the Senator. Secretary Thompson brought many of his senior officers, who met with ANTHC, SCF, and other Native health organizations later in the week. Those officials included Bob Wood, Chief of Staff; Matthew Bluhm, Traveling Aide to the Secretary; Andy Knapp, Counselor to the Secretary; Wade Horn, Assistant Administrator, Adm. on Children and Families; Janet Hale, Assistant Secretary for Management and Budget; Charles Currie, Adm., Substance Abuse and Mental Health Services; Ruben King-Shaw, Deputy Adm., Centers for Medicare and Medicaid Services; Marsha Brand, Director, Office of Rural Health Policy; Mike Lincoln, Acting Director, Indian Health Service; and Gena Tyner-Dawson, Special Assistant to the Secretary.



Director Paula Williams (left), Indian Health Service Office of Tribal Self Governance, discusses with Mark Anderson (center), ANTHC Senior Engineer, the construction schedule of a new health clinic being built in Saint Michael, Alaska, while standing in front of the city office on May 10, 2002. Also shown are Pius Washington (second from right), IRA President, and Carl Otten (right), Mayor. While visiting Alaska, Williams reviewed a variety of rural construction projects throughout the state that will improve the delivery of health services and quality of rural life.



Secretary Tommy Thompson, U.S. Department of Health and Human Services (third from right, wearing white shirt), visited several Alaskan communities from Aug. 1-6, 2002. While traveling, Thompson reviewed the condition of water, sewer, and solid waste facilities that exist in rural Alaska. He is shown with Kwethluk villagers, Yukon-Kuskokwim Health Corp. staff, and Health and Human Services staff.

YKHC Media Services

Metlakatla Clinic

has operated the current Annette Island Service Unit since taking responsibility for medical services in 1988. Staff members continue to provide primary medical services in scattered buildings that are literally falling down around them, said Annette Island Service Unit Director Rachael Askren. "We have an almost 30 year old facility that sits in muskeg. It rains all the time and it's taking a toll on the buildings," she said. A sagging floor, collapsed wall and leaky roof have pushed clinic accreditation out of reach, Askren said.

continued from p. 1

"The new facility will have an enormous impact on the Metlakatla Indian Community. We will be able to provide more services," she said. The condition of the current facility has made its replacement a funding priority for various interests, Askren said. She said the Consortium has been key in helping lobby for federal funding.

To date, lobbying efforts have succeeded in securing \$1.4 million in planning funds from the Denali Commission and \$3.4 million from the Indian

Health Service. Askren says the total cost for the project, including planning, design, construction and equipment, will top \$18 million. If Congress continues to approve elements of a three-phase funding request, the new facility is expected to be operational by the end of fiscal year 2004. The new clinic is expected to employ 60 people, an increase of 12 positions from the current staffing level.



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The Voice of the Alaska Native Tribal Health Consortium

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Study to look at effects of Native lifestyle on chronic disease

Staff Report, Office of Native Health Research, Alaska Native Tribal Health Consortium

The National Institutes of Health has awarded a grant to the Alaska Native Tribal Health Consortium to take part in a national collaborative study that will answer important questions about the effects of culture and lifestyle on chronic disease. Rates of cancer, heart disease, diabetes and other chronic conditions are rising among Alaska Natives and Native Americans. But little is known for sure about the factors that affect their development. This "Prospective Study of Alaska Natives and American Indians" will help give us a better understanding of any links between specific factors and these diseases, according to Dr. Anne Lanier, the Director of the Office of Alaska Native Health Research at ANTHC.

The project includes three major Native groups in the United States: Alaska Natives, Sioux, and Navajo. The goal is to determine how diet, physical activity, and other lifestyle and cultural factors influence the development of chronic diseases. About 2,500 Alaska Natives will be enrolled during the first five years of the grant. Project organizers plan to eventually enroll 80,000 Alaska Natives and American Indians nationwide.

Residents in the three geographic

areas (Anchorage bowl, Yukon-Kuskokwim Delta, and Southeast Alaska) who choose to enroll will be asked to complete questionnaires about past medical history, medication use, family history of diseases, diet and behavioral risk factors. In addition, participants will have baseline measurements of height, weight, blood pressure, as well as screening lab tests (blood sugar, cholesterol, HDL, etc.).

The study investigators will collect the health data by computer and provide prompt feedback to individual participants and communities about the findings. Periodically, medical records and/or death records will be reviewed to identify persons in the cohort who develop major illnesses. The factors responsible are compared among those with disease and those without, providing information of the risk (chance) of developing disease if specific factor(s) are present.

A prospective study, also known as a cohort study, is one in which participants are enrolled and then followed for a long period. The most famous U.S. cohort study is the Framingham Study, started in the 1950s. In that study, we learned much of what we know today about the effects of smoking, cholesterol,

high blood pressure, and other risk factors on heart disease. The Framingham Study continues today and now includes adult children of the original participants. There are now multiple on-going studies but this is the first to focus on Alaska Natives and American Indians. Most cohort studies continue to be funded for dozens of years.

Funding for the project goes primarily to other participating tribal health organizations. Southcentral Foundation, Yukon-Kuskokwim Health Corporation, SouthEast Alaska Regional Health Consortium are participating this first five years. It is expected that there will be opportunity for others to participate in the future.

A cohort study of Alaska Natives and American Indians is long overdue. This study will help answer questions about why some Alaska Natives live long and healthy lives and others die young of diseases. With the results from this study, it will be possible to tailor prevention programs to the specific needs of Alaska Natives.

Each region is currently recruiting for Alaska Natives who will be part of the research team. The study investigators are also currently seeking Native artists to develop a study logo to be used on

all study materials. The logo design should portray a multi-tribal image of some or all of the following attributes: health and wellness, culture and tradition, and historic and contemporary lifestyle, ranging from Alaska in the North, Lakota tribes on the Plains, and the Navajo and Pima in the Southwest. Native artists are encouraged to enter the logo contest before the December 1, 2002 deadline. The winning artist will receive \$750 and national recognition.

Contact Dr. Catherine Schumacher at 907-729-3664 or Dr. Anne Lanier at 907-729-3663.



STATEWIDE

News and notes

SEARHC receives award to provide health care to Juneau's homeless

During his August visit to Alaska, U.S. Department of Health and Human Services Secretary Tommy Thompson announced a \$440,000 award to Southeast Alaska Regional Health Consortium (SEARHC) to provide primary care, mental health, substance abuse, and oral health services to the homeless population of Juneau.

Almost half of Juneau's estimated 300 homeless population are Alaska Native. SEARHC intends to rent space in close proximity to the Glory Hole as early as this fall to renovate space for a small health care clinic, with services projected as early as November.

The Glory Hole is Juneau's sole inclusive service provider for Southeast Alaska's homeless.

From the SEARHC website.



New Southcentral Foundation clinic breaks ground

On June 11, Southcentral Foundation (SCF) held a groundbreaking ceremony marking the start of construction of a new facility on Tudor Centre Drive. The new structure will be called the 'Fireweed Building.'

It will contain an expanded dental clinic with twenty-five additional chairs, and will provide adult dental care. The existing dental clinic in the hospital will remain open and will be primarily for children.

The second floor of the new building will be for optometry, consolidating the two existing Southcentral Foundation optometry clinics in Anchorage in order to provide services from one convenient location. The capacity for optometry will double from its current six lanes to twelve.

The top floor of the new building will be used for Behavioral Health Services, replacing existing outdated space and contributing to SCF's high quality of care to the Native community.

The three-story, steel frame medical office building will have a basement parking garage. The gross building area will be 54,297 square feet on a 2.19-acre site located in the Tudor Center, home to Alaska Native Medical Center and associated services. Work began on the facility on June 10, 2002, and it is expected to open in the summer of 2003.

From Anchorage Native News, a newsletter of the Southcentral Foundation.



Celebrating Family Wellness

Family Wellness Workshops

Free workshops for AFN participants and community members.
Featuring Alaska Native leaders and national speakers.

• **MONDAY, OCT. 21, 9 A.M.-5 P.M.**

Free luncheon to the first 500 people.

• **TUESDAY, OCT. 22, 9 A.M.-5 P.M.**

Door Prizes!

For more information call Virginia Wilcoxson at Southcentral Foundation, 729-5224.

Supported by: Alaska Federation of Natives, Alaska Native Health Board, Living Waters Education and Research Center, M.J. Murdock Charitable Trust, Phillips Alaska Inc., Rasmuson Foundation and Southcentral Foundation.

FAMILY WELLNESS

WARRIORS

INITIATIVE

GOING BOATING?



Use your PFD!



STATEWIDE

News and notes

Angoon to build expanded clinic

The U.S. Department of Agriculture (USDA) announced in early August a \$1.7 million award to the Southeast Alaska Regional Health Consortium (SEARHC) for construction of a new clinic in Angoon.

These funds will provide for site development and construction of a 7,800 square foot clinic, which will also feature telemedicine services.

The increase from the existing 2,200 square foot clinic will enable SEARHC to significantly expand services and programs to the Angoon community.

This award is the result of a unique collaboration between the Angoon Community Association, Kootznoowoo, Inc., City of Angoon, Denali Commission, Paul Allen Foundation, USDA, and SEARHC.

Site development is projected for this fall, with an anticipated opening the summer of 2003.

From the SEARHC website.



Tradition-based program a success in Southeast

With summer's season closing, the Southeast Alaska Regional Health Consortium's Health Promotion program says that over 300 adults and youth participated in its Traditional Canoe Program.

Started in 2000, the program seeks to involve Alaska Native adults and youth in traditional-based physical activities, while promoting healthful lifestyle choices.

The program also maintains an ongoing successful relationship with local Native at-risk youth who are integral to the annual canoe activities and race events. Future components to the program include off-season training, and increased cultural relevance of canoeing.

From the SEARHC website.



Collaborative efforts create innovative dental program

In response to growing obstacles in providing dental care in rural Alaska, SEARHC recently developed an innovative Pediatric Dental Program, which has greatly expanded and improved children's dental services in Southeast Alaska.

A collaborative effort between SEARHC and the State of Alaska Children's Health Insurance Program enabled the Denali Kid Care Program to provide over 2,100 patient visits in eight rural Southeast Alaska communities last year.

Dental teams comprised of a pediatric dentist, dental hygienist, and two dental assistants traveled to rural communities for visits lasting up to a week.

From the SEARHC website.



Disposable Cameras: A tool to enhance cultural awareness in the classroom

By Heather A. Resz, ANMC Correspondent

Disposable cameras are proving to be an effective tool to broaden cultural perspectives and develop cultural awareness.

Anchorage Community Health Aide/Practitioner Training Center Director Leslie Fox-Leyva said training Health Aides and Practitioners who serve in Alaska's 178 rural, isolated villages poses unique opportunities and challenges.

Prior to a four-day cancer education course held in Anchorage, Community Health Aides/Practitioners were mailed disposable cameras. They were invited to take pictures of any aspect of their community they would like to share with their peers, instructors and people interested in learning more about life in rural Alaska, Melany Cueva course facilitator stated.

The goal was to use students' photos to build a bridge between their villages and Anchorage.

"Suddenly, you can appreciate how the sight of trees, tall buildings and mountains can appear confining," Peggy McMahon CHAP Instructor said. "Knowing that a CHA/P has grown up on the Aleutian chain surrounded by water is different from seeing and understanding from a photograph what an integral part the sea plays in that CHA/P's life."

By reaching out to make these connections, Cueva said, instructors hope to foster a learning environment where the differences in student backgrounds are used to enhance learning. "Adult learners bring a wealth of experience to the learning environment," she said. "This was a concrete way to incorporate their knowledge by fostering a collaborative learning experience."

At the beginning of the course, cameras were collected and duplicate photos were made. Of ten course participants, nine shared photos, she said. The tenth student registered late and was disap-

pointed to not be involved in the photo opportunity.

"We were reminded that just as each set of pictures has its unique qualities, each student brings their own individuality to the classroom," Cueva said. "Instructors and CHA/Ps were immediately transported to rural Alaska, catching a glimpse of the rich diversity of village life."

The snapshots are an adaptive and effective tool to help build connections between people, she said.

"These pictures open the door for conversations," Cueva said. "And they foster a dialogue that may have otherwise remained silent."



To help spark dialogue about their background and village life, CHA/Ps taking a cancer education course brought in photos such as this one of one-year-old Chyenne Marli Buterin, child of Shannon and Jeny Buterin.

Photo by Jama Rukorvishnikov



Students and instructors in the first class of Path to Understanding Cancer course, held at ANMC on November 12-15, 2001. (Far back left to right) Lotta Roll, Unalaska; Nora, David, Mentasta; Melany Cueva, Course facilitator; (middle row left to right) Walter Starkloff, Tyonek; Cynthia Coffin, Noorvik; Anna Marie Merlino, Koliganek; Anita Ballott, Buckland; Jama Rukovishnikov, Saint Paul; (front row left to right) Veronica Necolas, Cantwell; Claudette Amadon, RN Clinical Nurse ANMC Oncology (She was a teacher for the class.); and Dianna McGlashan, Anchorage.

File photo

New study targets prevention of Pneumococcal Disease

Streptococcus pneumoniae, or Pneumococcus, is a bacterium that causes much illness and death in the U.S. every year.

This bacterium can cause serious infections of the lungs (pneumonia), bloodstream (sepsis), and covering of the brain (meningitis). Up to 30 percent of people who get meningitis from pneumococcus die from the infection.

Anyone can get pneumococcal infection; however, Alaskans over 55 years of age, the very young, and persons with health problems like heart or lung disease have the greatest risk. Alaska Natives have had a higher rate of pneumococcal disease than other Alaskans, but in

recent years, the rate of disease in Alaska Native elders over 65 years has decreased from 192 to 90 per 100,000 persons—we believe because of the pneumococcal vaccine.

ANTHC is one of the recently NIH-funded Native American Research

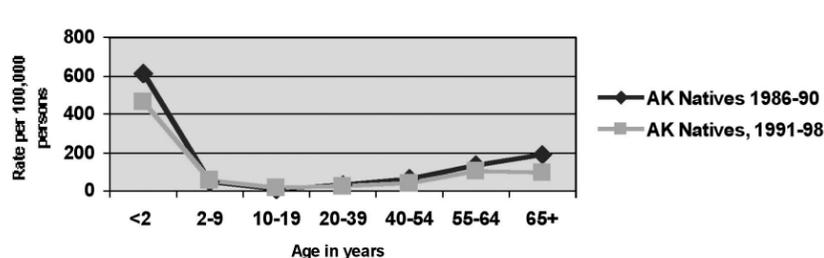
has decreased pneumococcal disease in Alaska Natives, and to look at ways to improve pneumococcal education and vaccination of high-risk Alaska Native adults.

One of the goals of the ANTHC Research Center is to increase the

number of Alaska Natives doing health research. Two Alaska Natives are working on the Pneumococcal Study. Florence Burton is an Inupiat and is in her third year of nursing school at UAA. Anuska Tilden is Yupik from Dillingham.

If you have questions about this study, call Rosalyn Singleton, MD, at CDC's Arctic Investigations Program, 729-3418.

Rates of Pneumococcal Disease in Alaska Natives



Centers for Health (NARCH). One of the NARCH studies, cofunded by CDC, is Pneumococcal Prevention in Alaska Native Adults. The purpose of this study is to determine how much vaccination





MUKLUK TELEGRAPH SPECIAL SECTION

The Alaska Native Tribal Health Consortium

Division of Environmental Health & Engineering

Building a healthy future for rural Alaskans



ANTHC'S DIVISION OF ENVIRONMENTAL HEALTH AND ENGINEERING (DEHE) plans, designs, and constructs water, sewer, and solid waste systems for Alaska Native homes and communities.

These sanitation facilities help prevent disease and promote a healthy and safe environment for the Alaska Native people.



Franklin Ulroan, Operator of the Chevak Water Treatment Plant, checks his valves. Ulroan is Certified for Level I Water Distribution. Top: Building a water line in Elim.



DEHE Project Superintendent Milt Hanson and a local cyclist outside the St. Michael Clinic. The clinic is being constructed with funding from the Denali Commission.

The State of Alaska and several federal agencies provide funding for these construction projects. Four regional service areas have been established along regional health corporation boundaries: Northwestern, Interior, Western, and Southern.

Once funding is secured, agreements are made with local governments. Usually, construction is completed using local labor with experienced DEHE tradespeople directing the work. This cooperative effort, known as "force account," improves community health; allows local decision making; and provides capacity development, economic opportunity, construction skills training, and utility operation training. The goal is to produce quality facilities on time and within budget with maximum involvement from the community.

The Denali Commission has established a grant program to enhance the quality of health care in rural Alaska. One aspect of this program is the construction or upgrade of rural health clinics. The Denali Commission has designated ANTHC responsible for much of this program's grant funding. Often the community or regional health corporation takes the lead role in the construction of these clinics. When requested by the community, DEHE manages the project activities, including force account construction. As with sanitation facilities construction, the majority of the workforce for these projects is composed of individuals living in the community that has received the Denali Commission grant.



MUKLUK TELEGRAPH SPECIAL SECTION

DEHE: Building a healthy future for rural Alaskans

SUCCESS STORIES:

DEHE and local communities work together to create effective sanitation facilities

The success of these construction projects lies in the cooperative nature by which they are carried out.

Eagle

The Eagle project is an example of community and individual involvement in a needed facility. On August 6, 2002, Joanne Beck, First Chief of Eagle Village and DEHE Project Liaison, was presented with an award in recognition of her contributions to provide a safe drinking water source for the residents of Eagle before last year's winter freeze-up.

For almost two years, ANTHC and the Eagle Village Council monitored the water quality at the community well/watering point constructed at the village health clinic during spring of 1999. The test results indicated lead in concentrations higher than regulatory maximum levels. Emergency funds were available for the new well but not for a building to house the water treatment and system equipment. After drilling the new well, the Eagle Village Council, represented by Chief Joanne Beck, contributed all material, labor, and equipment resources to clear the new site, construct a gravel pad, construct the 8' x 10' well house building next to the well, provide fuel and fuel containment, and connect the building to local power supply. All of this work was completed in two to three hectic weeks in preparation for ANTHC Superintendent Vern Hyde who relocated the necessary system appurtenances, plumbing, and electrical systems from the old system at the health clinic to the new well house. These efforts brought Eagle a

safe drinking and washing water source before winter freeze-up.

Chief Beck responded to this emergency with a great sense of urgency, mobilizing the workforce immediately for the benefit of the community's health and welfare.



Chief Joanne Beck operates the new water point at Eagle.

Others who played an integral part in this emergency project and deserve recognition include Donna Westphal (Tribal Operation Coordinator); Rick Nix (Equipment Operator); Howard David, Mary David, Richard Silas, William Silas (Workers); Dennis Layman, Barry Westphal, and Dempsey Stanley (Construction Support), many of whom volunteered their efforts, illustrating that successful projects are often founded from the cooperative spirit.

Fiscal Year 2002 Construction

Much work has been accomplished in Fiscal Year 2002. Active sanitation facilities construction has occurred in 72 Alaska Native communities. The table below shows these communities by DEHE service regions of the state.

Southern	Interior	Western	Northwest
Hoonah	Alatna	Akiak	Stebbins
Craig	Allakaket	Bethel	Elim
Port Graham	Chalkyitsik	Holy Cross	Noatak
Igiugig	Dot Lake	Kasigluk	Ambler
King Salmon	Eagle	Kwethluk	Golovin
Naknek	Evansville	Lime Village	Brevig Mission
Togiak	Ft. Yukon	Scammon Bay	St. Michael
Kenai	Galena	Tuluksak	Kiana
Chignik Lagoon	Hughes	Chevak	Noorvik
Chignik Bay	Huslia	Eek	Savoonga
Goodnews Bay	Kaltag	Kotlik	Selawik
Kake	Ruby	Kwigillingok	Shungnak
Nanwalek	Tanacross	Nunam Iqua	Deering
Angoon	Venetie	St. Mary's	
Port Lions	Wainwright	Pilot Station	
Perryville	Nikolai	Grayling	
Cordova	Rampart	Tuluksak	
	Tanana		
	Tetlin		
	Northway		
	Healy Lake		
	McGrath		
	Minto		
	Nenana		
	Fairbanks		

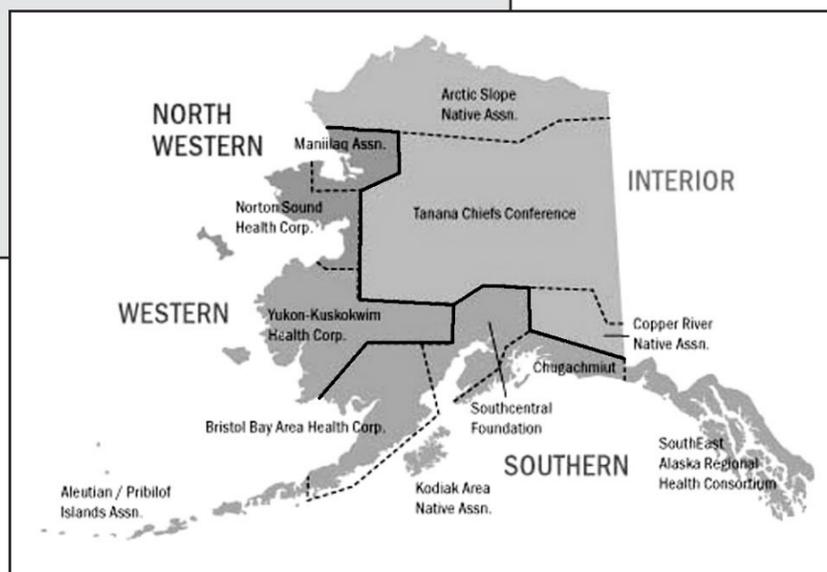
Kake

In June, 2002, DEHE completed construction of a seven-mile-long water pipeline from the Alpine Lake water source to the Water Treatment Plant in Kake, Alaska. The project employed 20 - 30 local workers for the past three years as heavy equipment operators, truck drivers, laborers, and trades-helpers. The pipeline follows a route that includes existing logging roads, bridge crossings, and newly constructed trails and roads. The pipeline, constructed of 12-inch diameter hi-density polyethylene (HDPE) pipe, cost \$4 million to complete. Additionally, the water treatment plant received upgrades and modifications to improve the city's water quality and meet the State of Alaska's new surface water treatment regulations.

While this project was under construction, the city's existing dam was destroyed when a large log was washed down Gunnuk Creek. ANTHC assisted the community in securing emergency funding and installed a temporary water supply system until the pipeline could be completed. The emergency system will remain in place and serve as a back-up water supply for the city.



The St. Michael Utilidor, part of the city's new water and sewer system. Far left: Workers piece together Eek's new Water Storage Tank.





Chevak

DEHE, in conjunction with the Community of Chevak, has completed central sanitation facilities for an aboveground piped-water distribution and sewer collection system in the Village of Chevak. A new water treatment plant, vacuum sewer collection facility, and sewage disposal lagoon were completed in 2002 and put into operation. Additionally, water and sewer mainlines, service lines, and interior plumbing have been installed in 140 of the 180 homes in the community. Homes were served by running water and piped sewage disposal for the first time in the community's history. For these homeowners, and the remaining 40 homeowners that will be served in 2003, the honey bucket has been officially retired.

In addition to providing the village with much needed sanitation facilities, the community has taken a proactive role in managing and building the project. Over 90 percent of the labor force employed during construction was from Chevak, and local community members currently operate and maintain the new facilities. As the ultimate owners of the system, the local crewmen were able to provide suggestions and make modifications during construction to ensure that the final product would function properly and also suit their individual needs.

During the progress of the project, several local crewmembers worked under the direct supervision of ANTHC journeyman electricians and plumbers, earning hours towards an electrician's or plumber's license of their own. Lance Fermoyle, an electrician's apprentice, is scheduled to take his residential journeyman electrician's license exam in the winter of 2002, using qualifications earned working under ANTHC personnel. Several other community members documented hours as laborers, equipment operators, carpenters and crew leaders. All of the Chevak residents who worked on the project learned valuable construction trades skills that they will be able to apply to future projects both in and out of the community.



Chevak's new water and sewer system under construction. Local residents made up more than 90 percent of the labor force for this project.

Hoonah

The City of Hoonah requested the assistance of ANTHC, DEHE in order to replace the existing sewage outfall (pipeline into the salt water) that was leaking onto their beach. The new outfall is 10-inch hi-density polyethylene pipe. Reinforced concrete collars were installed to keep the pipeline on the bottom of the bay. Tubes were used to float the entire pipeline until it was positioned correctly. The air was then released from the tubes and the pipeline gradually settled to the bottom of the bay.



The Hoonah Sewage Outfall is being arranged with float tubes to ensure the correct positioning. The City of Hoonah requested DEHE's assistance with this project.



Concrete collars were installed along the Hoonah Sewage Outfall to keep the pipeline on the bottom of the bay.

Kiana, St. Michael, Elim, Port Graham, Eek

Other examples of projects include the new Kiana Water Treatment Plant, the new St. Michael Water and Sewer System, the Elim Water Transmission Pipeline, the new Port Graham Water Storage Tank and Water Treatment Plant, and the new Eek Water Storage Tank.



The Alatna Clinic, Water Treatment Plant, and Washeteria: DEHE is constructing this multiple-use facility with funding from the Denali Commission.

The Denali Commission's Clinic Program

Progress has also been made this year in the Denali Commission clinic program. DEHE is providing oversight in 12 "Fast Track" clinic projects. The communities are Shageluk, Nunam Iqua, Nightmute, Kiana, Pelican, St. George, Akutan, Nanwalek, Egegik, Alatna, Beaver, and Tazlina.

DEHE is currently constructing the Alatna clinic, which is a multiple-use building with multiple grants and includes a water treatment plant and washeteria. Although the facilities are still under construction, the basic structure is already complete.

The Denali Commission has funded an additional 44 clinics for replacement, renovation, or repair. Three of these clinics are under construction in St. Michael, Elim, and Stebbins. All of the communities that have received funding are listed below.

Southern

- Pilot Point
- Eyak
- Craig
- Bridges Network
- Atka
- Chignik Lake
- False Pass

Northwest

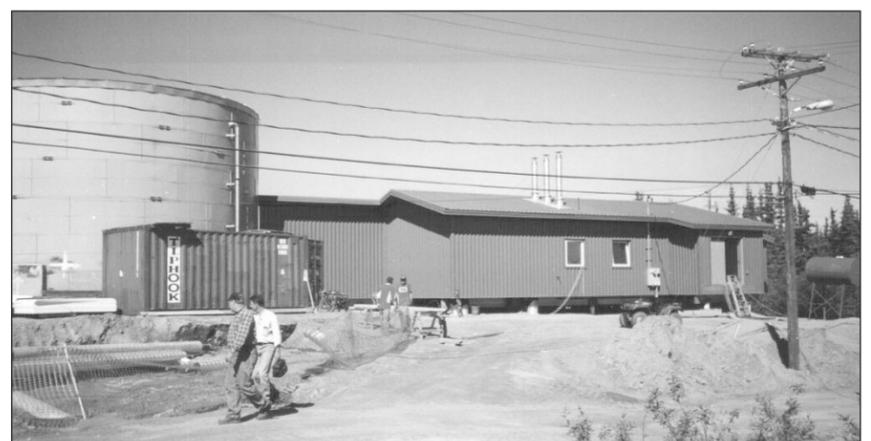
- St. Michael
- Elim
- Stebbins
- Noatak
- Shungnak
- Ambler
- Little Diomed

Interior

- Nulato
- Tetlin
- Tanacross
- Arctic Village
- Chalkyitsik
- Evansville
- Hughes
- Huslia
- Kaltag
- Minto
- Nikolai
- Stevens Village
- Takotna
- Circle
- Copper Center
- Venetie
- Ft. Yukon
- McGrath

Western

- Alakanuk
- Pilot Station
- Russion Mission
- Scammon Bay
- Sleetmute
- Aniak
- Toksook Bay
- Grayling
- Holy Cross
- Newtok
- Mekoryuk
- Bethel



The new Kiana Water Treatment Plant.



MUKLUK TELEGRAPH SPECIAL SECTION

DEHE: Building a healthy future for rural Alaskans

MORE THAN JUST CONSTRUCTION: Establishing Sustainability In Rural Facilities

While DEHE is proud of its construction projects, constructing facilities is only part of our responsibility. As part of ANTHC's commitment to bring the highest quality health care to Alaska Natives, DEHE is also committed to sustaining sanitation facilities, that is, ensuring their continuing success.

Sustainability in rural Alaskan villages is often hampered by some or all of the following:

- Site remoteness/Lack of access
- Harsh climates
- Low service populations
- High operator turnover rates
- Limited technical and financial skills training opportunities
- Increasingly complex regulatory requirements
- Lack of contacts with technical resources.

To overcome these obstacles and make facilities sustainable, DEHE has implemented three new programs: the **Alaska Statewide Utility Association (ASUA)**, the **Alaska Utility Supply Center (AUSC)**, and the **Regional Utility Cooperative (RUC)**

Alaska Statewide Utility Association

The Alaska Statewide Utility Association seeks to create connections among member communities that want to improve their utilities but lack the connections to make a change. The ultimate goal is to maintain the highest standard of living for the Alaska Native community by 1) producing water and sewer service that is reliable and affordable and 2) managing these modern sanitation facilities in a way that respects traditional culture.

The Association seeks to achieve this goal by providing two important services to a select number of communities in rural Alaska. First, the Association seeks to connect villages with resources that can address the community's utility concerns. Second, the Association hopes to create an exchange of knowledge and ideas about utilities management among its member communities.

Connecting Villages with Resources

As the Statewide Utility Association Coordinator, John Spriggs hopes to work with village administrators to create more efficient utility management systems by using his connections in the health, engineering, technical and business fields that serve rural Alaskans. John brings his extensive background in environmental health, O&M, engineering, and consulting to the position. He has previously worked as an environmental health specialist in the Kotzebue district and is now the Senior Consultant for Utility Services at ANTHC.

If utility managers have problems with a certain

aspect of their system—bill collection, preventive maintenance plans, budgeting, ordinances—the Association can work with the managers to create a solution. Each member community maintains control over its own utility system but now has access to a single point of contact that can connect the villages to resources that provide technical knowledge and tools. Because the Association is a part of ANTHC, member communities have access to ANTHC programs such as the Alaska Utility Supply Center as well as all the statewide associations that work with ANTHC.

If a village wanted to computerize its billing system, how would it begin? This is the sort of question that the Association can answer. It can work with village administrators to create a plan, put the village in touch with the technical resources, and also bring ideas and advice from other members of the Association.

Creating an Exchange of Knowledge and Ideas

Villages who are members of the association will each create specific plans for the best utilities management. Additionally, these villages will be able to exchange ideas among themselves. The Association seeks to create a link among its members that allows utility management to become easier for everyone.

For example, the Association has helped the Bristol Bay village of New Stuyahok update the preventive maintenance and safety hazard plans for its water system. These improvements have meant fewer breakdowns and thus, lower costs to the village. If a community in Norton Sound also wanted to update its preventive maintenance plans, how would it know New Stuyahok had just gone through the process? This is a link that the Association can provide—an important link in rural Alaska, where communication is difficult. Mr. Tim Murphy Andrew, Mayor of New Stuyahok, commented, "It is nice to see ANTHC has got this kind of service we can use."

Membership Information

The Association currently has two members. New Stuyahok was the first member. The newest member is Elim, whose city clerk Mr. Luther Nagaruk said, "I am glad ANTHC has this program. We in the village have been looking for this kind of assistance."

To inquire about membership, call John Spriggs at 907-729-4088 or 1-800-560-8637 ext. 4088.

Alaska Utility Supply Center

The Alaska Utility Supply Center (AUSC) has been operating since January, 2001. This center is a parts warehouse that stocks and ships supplies for rural water



Art Amaktoolik of Elim receives his award as the Norton Sound Health Corporation "Operator of the Year" from NSHC Environmental Health Director Kevin Zweifel. Art received a monogrammed Carhartt® jacket and a paid trip to Sitka to attend the Alaska Water/Wastewater Management Association annual conference in April, 2002.

and sewer systems.

Before the AUSC, each community would have to work with several vendors and pay full price for each needed part. As a member of the AUSC, communities can now call one phone number and receive any part. Most importantly, because the AUSC buys supplies in volume, prices are discounted. The staff at the AUSC knows the rural Alaskan sanitation systems and stocks the most common and important supplies so they can be shipped quickly from Anchorage. By providing its members with discounts, quick service, and a staff that is familiar with the rural sanitation systems, the AUSC is a major advancement in the effort to establish sustainable facilities across Alaska.

Already, 103 members, three Regional Health Corporations, and dozens of project accounts have joined the AUSC program. This part of the Alaska Statewide Utility Association helps to maintain village sanitation systems, minimize system down time, and save villages money.

If you would like to know more about the AUSC, call John Thein, AUSC Manager, at 907-729-3525 or 1-866-800-2872

Regional Utility Cooperative

ANTHC is working in a partnership with the Yukon-Kuskokwim Health Corporation (YKHC) to develop a Regional Utility Cooperative (RUC) that will involve up to 10 villages in the YKHC area. The goal of this cooperative is to help regional villages sustain efficient utility systems. Communities applying to the RUC are to be selected through a rigorous screening process. DEHE and the YKHC will help RUC members work together to achieve the following goals:

- **Continuity of service**—the frequency and length of utility outages will decline because of improvements in plant facilities, supply acquisition, and operator training
- **Quality product**—the water quality will be higher because of improvements in plant facilities and operator training. State and federal regulations will be met.
- **Value**—the cost of utility services will decline as the system becomes more efficient and supplies become less expensive.
- **Flexibility**—better training will create skills that can be applied elsewhere in the villages. For example, accountants who run the billing system may learn new computer skills. Operators may learn new electrical skills.
- **Health**—higher water quality and fewer system breakdowns may inspire villagers to drink more water and fewer soft drinks.
- **Accurate accounting records**—reliable utility information can be used to create dependable budgets and to set appropriate rates for operations.

The creation of the RUC has been made possible by funding from ANTHC, the Denali Commission, the Yukon-Kuskokwim Health Corporation, and the U.S. Environmental Protection Agency.



Elizabeth Martin of St. Michael does laundry at an aging washeteria. The washeteria is scheduled for renovation. St. Michael recently installed a new water and sewer system.





Diabetes among Alaska Natives

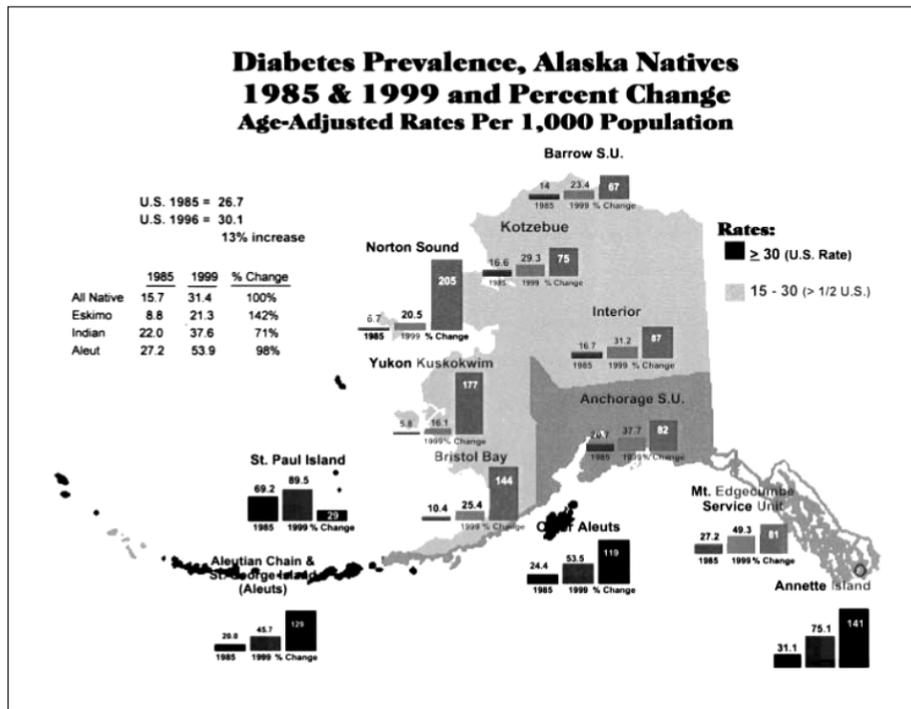
ANTHC Staff Report

In the 1960s, diabetes was rare among Alaska Natives. Now it's becoming more and more common. Today, nearly all Alaska Natives know someone who has diabetes. This wasn't the case 50 years ago.

"Prevalence" means the proportion of a population that has a given disease. The prevalence of diabetes among Alaska Natives varies with the overall tribal group. Aleuts have the highest prevalence, followed by Indians and Eskimos (whether Yup'ik, Inupiaq, Cup'ik, or Siberian). Diabetes is much more common in certain regions than others. The Indian populations of Southeast Alaska are at especially high risk. Residents of the Anchorage area also have a high prevalence.

Among some groups of Alaska Natives, the rate of increase is higher than among others. This means that although Eskimos have the fewest number of people with diabetes, the rate is increasing faster than Aleuts and Indians. All Alaska Native populations have a higher rate of increase in diabetes prevalence than the U.S. as a whole.

Why is this increase occurring? The best information we have suggests that



it is due to changes in diet and lifestyle. People are much less physically active than they were 50 years ago when diabetes was rare. Also, people tend to eat more high sugar and high fat junk foods from the store. These lifestyle changes often lead to obesity. Obesity is a big

risk factor in getting type 2 diabetes. For someone to reduce their risk of diabetes it is recommended they get 30 minutes of activity a day. Also, if someone is overweight they should try to lose weight.



Anchorage hosts AAIP conference

August 1-6 in Anchorage, the Association of American Indian Physicians held its most successful annual conference yet. More than 450 doctors and other health professionals attended.

Numerous physicians and care providers from the Alaska Native health campus presented papers. Subjects included success stories on new treatments and the successful prevention of diseases, as well as reports about the rising rates of diseases such as cancer and diabetes among Alaska Natives.

Topics included FAS, community health aides and their training, Hepatitis B and C, prostate cancer, pediatric obesity, staph skin infections, RSV, mammography, Ilizarov method, H. Pylori infection, palliative care, Haemophilus Influenzae Type B (HiB), and palliative care.

Cultural and social events included a Alaska Native Dress Review, tours, and an evening gathering at Alaska Native Medical Center and a powwow. The powwow drew a crowd estimated at 2,000 people and featured drum groups, dancers, performers, and speakers, as well as arts and crafts tables.

The AAIP conference was held in conjunction with the Alaska Native Traditional Healers conference, which also featured numerous workshops and presentations.



Thirty minutes every day— It's easier than you think

Roughly half of Alaskan adults (53 percent) have a sedentary lifestyle. Of males, 49 percent are sedentary and of females, 57 percent are sedentary.

Being physically active is a very important part of reducing your risk of diabetes. Daily physical activity also reduces the risk of high blood pressure, heart disease, depression and obesity. Some of the reasons people give for not being active are: I'm tired, I can't run, my knees hurt, it's cold out....

It is important that we overcome our barriers to physical activity. Being physically active does not have to mean running outside. All activity counts.

If it is very cold you can play basketball, dance, or play an aerobics video. If your knees hurt you can chair dance or swim. If you are tired—nothing gives you more energy than a physically active body. Physical activity should never be boring. Find an activity that is fun to you. Start slow and work up to 30 minutes a day.

Examples of physical activity:

- Basketball
- Beachcombing
- Berry picking
- Carrying wood
- Chopping wood
- Dancing
- Dog mushing
- Gardening
- Hiking
- Hunting
- Playing games
- Pushing a stroller
- Rowing
- Scrubbing
- Skiing
- Snow shoeing
- Swimming
- Walking
- Washing windows or floors

West Nile Virus heads west but not yet in Alaska

CDC Staff Report

While much has been reported about the West Nile Virus in recent months, experts say there is no immediate threat in Alaska. Still, experts say people should be aware of how West Nile Virus is transmitted and the symptoms of infection.

The virus can infect humans, birds, mosquitoes, horses and other mammals. Infection is transmitted by the bite of an infected mosquito. Rare cases of possible spread by organ transplantation or blood transfusion are being investigated

The Centers for Disease Control and

Prevention (CDC) is issuing frequent advisories about the West Nile Virus. By mid-September, more than 1,500 cases of West Nile Virus infection had been reported with more than 70 deaths. Most deaths have occurred in the elderly.

The most recent update and information about preventing West Nile Virus infection can be found at the CDC website: <http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm#map1>

West Nile Virus is commonly found in Africa, West Asia and the Middle East. CDC scientists believe the virus has been in the eastern U.S. since the summer of 1999. Its continued expansion

in the U.S. leads scientists to believe that the virus is permanently established in the Western Hemisphere.

"It's not likely to be here yet," said Dr. Jay Butler, the Anchorage-based Director of the CDC's Arctic Investigations Program. It is not yet known whether conditions in Alaska are suitable for spread of the virus. But he cautioned that persons who travel to areas where the virus is transmitted may become ill after returning to Alaska. One case has been diagnosed in Alaska in a tourist from Illinois who became infected before trav-

continued on p. 12

STATEWIDE

News and notes

New plan could double Alaska nursing graduates

By Kathleen Hallinan, Mukluk Telegraph Correspondent

Several hospitals and health care organizations plan to invest heavily in a plan that could double the number of graduates from the University of Alaska's School of Nursing. The plan aims to help combat the nation's nursing shortage and help Alaska hospitals and clinics retain nurses.

The University's school of nursing now produces about 110 graduates each year, according to program director Tina DeLapp. Backers hope that increasing the number of graduates will improve the chances of filling open positions in Alaska.

"It's better to grow our own," said Paul Sherry, Chief Executive Officer for the Alaska Native Tribal Health Consortium, which, with Southcentral Foundation, runs the Alaska Native Medical Center. Alaska hospitals are finding it increasingly difficult to recruit and retain nurses, both nationally and internationally, he said. "It's best to invest in Alaskan students who are more inclined to stay in Alaska," Sherry said.

The new effort is welcome news to rural Alaska communities that offer medical services. "I'm tickled that they're going to be throwing money at it," said Sonia Handforth-Kome, Administrator of Iliuliuk Health Clinic in Unalaska.

The Aleutian Islands clinic has been fortunate with its staffing, but Handforth-Kome is aware that could change. Even with a staff of two full-time nurses, she said the national problem is reflected in Unalaska. "Nurses are aging out. One of our nurses is a grandmother."

Handforth-Kome believes the new effort is a wise investment though rural communities need nurses with added practical experience to handle emergencies in rural Alaska, she said.

Over the next three years, several Alaska hospitals and health care organizations will contribute more than \$1.8 million to university nursing programs, including seven regional programs. The university will match the contributions with money and other resources.



ANMC, Mt. Edgecumbe honored for innovations

Qualis Health of Anchorage, a non-profit healthcare quality improvement organization, honored five organizations with the first Alaska Quality Awards at the annual meeting of the Alaska State Hospital and Nursing Home Association Aug. 28 in Soldotna.

The Alaska Native Medical Center (ANMC) was honored for successfully increasing the number of patients referred to pharmacist-run anticoagulation services. ANMC Family Medicine Ambulatory Care and Pharmacy decided to assess the value and benefit of pharmacist-run anticoagulation services for control of atrial fibrillation (irregular

continued on p. 12



STATEWIDE

News and notes

Larsen Bay health aides work to 'Stop the Pop'

Hooray for Larsen Bay CHAs Jud Brenteson and Jennifer Moe-Spivey, two Health Aides working hard to keep their communities healthy. The Health Aides had recently attended a diabetes training and a CHAP forum on obesity, and had received information from the Kodiak Area Native Association (KANA) Dental Department.

Brenteson and Moe-Spivey had already noticed that local youth were drinking unhealthy amounts of soda pop. In fact, Larson Bay had sent four children to Anchorage for oral surgery because of tooth decay in the last four years. So when the Larson Bay school board approved the sale of pop in the school's vending machines, Jennifer and Jud took action.

At the next school board meeting, Brenteson made a presentation. He told the board about the increasing rates of type 2 diabetes and tooth decay in children. He explained that one bottle of soda pop has 16 teaspoons of sugar and the acid in pop can dissolve a nail in four days. He wanted the school board to understand that selling pop to raise money is bad for children's health. After Brenteson's presentation, the school board members all agreed to replace the soda with a healthier choice like water.

The school board is now looking for other ways to raise money for the school. Brenteson, Moe-Spivey and KANA's registered Dietitian Gwynn Anderson are working together to offer healthier beverages for kids.



From *News You Can Use*, a newsletter by the ANTHC Diabetes Program.



Upcoming Health-related Events

September 2002

- 22 - 22 United States Conference on AIDS, Anaheim Hilton Hotel, Anaheim, CA (Info: www.nmac.org/usca2002/ Phone 202-483-6622 x 343 or pwoods@nmac.org)
- 20 ANMC JOB Policy Committee, 9 - 11 a.m., ANMC Conf Rm 1
- 23 ANMC JOB Finance Committee, 1:30 - 4 p.m., ANMC Conf Rm 2
- 23-27 SEARHC Board meeting, location TBA
- 24 ANTHC CMT meeting, Room 311, 10 a.m. - noon
- 24 ANMC JOB JCC, 1:30 - 4 p.m., Room 311, Inuit Building

continued on p. 11

ANTHC expanding dental, behavioral, eldercare training opportunity

The Alaska Native Tribal Health Consortium has succeeded in obtaining grants totaling \$2.8 million for village-based health care provider training in three areas: dental care, counseling, and home health care for elders. The Division of Community Health Services will administer the project.

The Rasmuson Foundation is contributing one million dollars for the ANTHC dental health aide project, adding to the \$1.3 million the Indian Health Service has budgeted for the project. The six-year project calls for training that will prepare Dental Health Aides (DHAs) for two distinct roles. One role will be to assist with dental procedures at the regional health corporation "hub" dental clinics. The second role will be to provide services in a village much like their counterparts, the Community Health Aide/Practitioners.

ANTHC has also garnered \$527,000 for a related three-year project to train village-based health providers in dentistry, behavioral health, and elder-personal care. The National Rural Funders Collaborative has provided \$300,000, matched by the Rasmuson Foundation, the Denali Commission, and the Alaska Mental Health Trust Authority. Additional foundation funding is being sought.

The Native regional health organizations are at differing stages of readiness for expansion of training services and have varying needs for training in the three target areas. Therefore ANTHC will provide options to the regional health organizations so they can select the most appropriate training arrangements for themselves. Distribution of training resources will be arranged with the regional health organizations. Options available will be:

1. Dental Health Aide

ANTHC will incorporate the funding for this project into the Dental Development Center, which has initiated the DHA program and will provide the Dental Health Aide Training. Regional health organizations can request training slots for new Dental Health Aides that will be paid for with these grant funds.

2. Village-Based Counselors

The demand for both training and services in the arena of behavioral health far outstrip supply. The University

of Alaska Fairbanks (UAF) has a proven curriculum—Rural Human Services (RHS). ANTHC will support RHS enrollees as well as regionally specialized training.

3. Personal/Elder Care Attendants

PCA trainers are available immediately to be contracted to provide the training. The training regimen has three components, including Personal Care Assistant Skills, CPR/First Aid and Hospice/grief and loss. The regional health organizations will determine local logistics; ANTHC will facilitate contractual arrangements.

To sustain the programs that develop as a result of this training, Native health organizations will look toward reimbursement from Medicaid and private health insurance. The personal/elder care services expanded

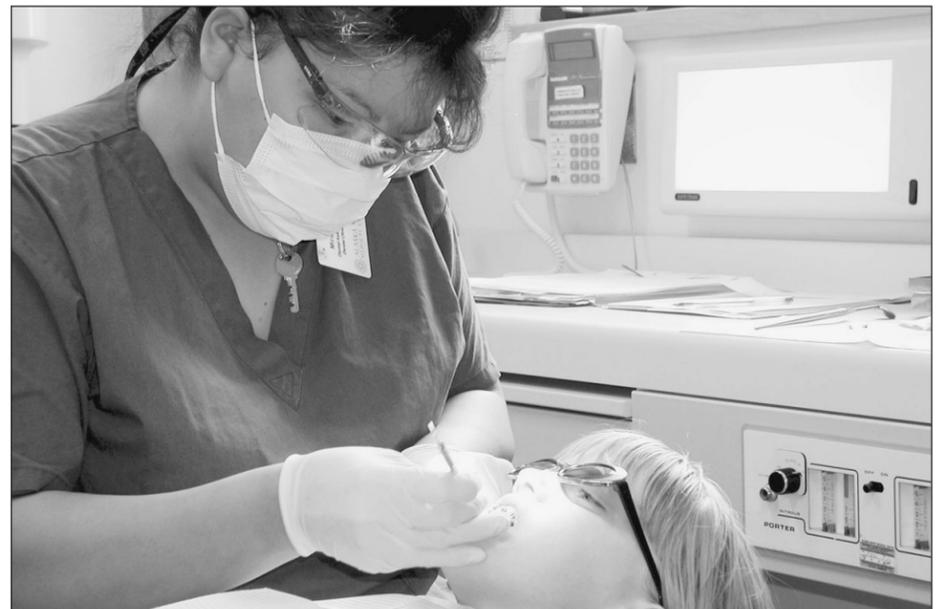
under this project are already fully reimbursable under the State's home-based services waiver program. Most DHA services will be fully reimbursable through Medicaid, once skills have been achieved.

ANTHC and the University of Alaska have submitted a proposal to the Alaska congressional delegation, seeking appropriation of recurring funds in the Indian Health Service budget for 40 Behavioral

Health Aides. The State of Alaska has long supported the development of reimbursable paraprofessional-based rural health care services, and the State is an active partner with ANTHC in maximizing



Medicaid access and coverage for eligible children and families.



ANTHC will assist regional health corporations in providing training in dental care, behavioral health, and elder care. Miranda Lopez, an Expanded Function Dental Health Aide, checks 10-year-old Julia Nesslage's teeth at the ANMC Dental Clinic operated by Southcentral Foundation.

Photo by Charles Tice

Above: ANTHC will facilitate training in personal/elder care, CPR and First Aid, and Hospice/grief and loss.

Photo by Martha Vlasoff

Why this project is so badly needed

As a result of geographic isolation, lack of a State oral health program, vacant dentist positions, and high yearly dentist turnover in rural dental clinics, the oral health of Alaska Natives is far worse than the U.S. "all races" oral health status. IHS surveys conducted in 1991 and in 1999 show that the rate of decay among children in Alaska is two-and-a-half times the national rate. Currently there are about 120,000 Alaska Natives in Alaska, one of every six Alaskans. About 35,000 Alaska Natives live in communities with dentists and 85,000 live in the 215 villages that make up rural Alaska. Many of these villages receive no on-site dental services, and the remaining villages have between one and four

annual five-day visits from dentists based at regional tribal health dental clinics. The priority for service on these visits is school age children. Infants, toddlers, and adults rarely receive anything except emergency care.

The Alaska Area has 21 dental clinics, managed by 14 different Tribal organizations serving the entire state. These clinics range from 2 - 23 dental chairs (125 total) and account for 80 full-time dentist positions with 20 - 25 unfilled positions. Most of the unfilled positions are in the rural dental clinics. Although yearly dentist turnover rates have remained relatively constant at 25-30 percent area-wide, annual turnover ranges from 0-100 percent, with

the highest rates in rural clinics.

Program expansion has increased the vacancy rates significantly. In addition to providing dental services in these dental clinics, dental staff travel with portable equipment to serve the people living in remote villages. Depending on the needs of the region, each dental team spends 4-15 weeks providing itinerant care.

Geographic isolation, harsh conditions, and a great demand for care make this itinerant work difficult and challenging. Access to dental services for Alaska Natives, which has historically been limited, has now reached a crisis.





NSHC dental assistants ready to clean teeth

New skills mean shorter waits for patients

By Carol Gales,
Kaniqsirugut News

Smiles will soon be brighter and whiter in this region, thanks to a new program that trains dental assistants at Norton Sound Health Corporation to clean teeth.

"We're going to be able to see so many more patients—especially children in villages," said Dr. Owen Mandanas, dentist. "It's going to change a lot."

In most dental offices, teeth cleaning is done by a dental hygienist, leaving the dentist free to focus on diagnosing and treating dental problems. In Nome, however, the clinic is so small that there is not enough space to accommodate a full-time hygienist. So NSHC dentists must do cleanings.

"I spend a lot of time doing cleanings," Mandanas said, "and it's not the best use of my time."

Under a new federal program, seven NSHC dental assistants are being trained to clean teeth. It's a big step forward for the dental assistants, who spend most of their time doing patient education, sterilizing instruments, or assisting as a dentist treats a patient.

"It's about time!" said dental assistant



Melissa Bell (left) practices cleaning dentist Owen Mandanas's teeth with assistance from Tammy Gologergen.

Sharon Lock. "It's always interesting to learn new things that we haven't done before."

The Alaska Native Tribal Health Consortium planned and is delivering the training around the state with a grant awarded in November 2000.

"Every region has its own way of implementing this program," said Ron Nagel, director of ANTHC's Alaska Dental Support Center. Some regions are using the training to create new village-based positions: dental health aides. These staff can offer patient education and preventive fluoride treatments year-round in their villages. When a dentist visits, the dental health aide can assist with patient care.

In this region, village clinic staff already provide patient education and fluoride treatments. NSHC dental assistants, based in Nome but traveling regularly with dentists to area villages, are getting the new training.

By mid-July, NSHC dental assistants Tammy Gologergen, Kathy Ezukameow, and Hannah Kostiew had treated the required number of patients under a dentist's supervision and thus completed part of the necessary training that will eventually lead to certification as a Dental Health Aide. Their new skills will have the greatest impact in villages with clinics that have space for two dental chairs. While the dentist is busy filling cavities, pulling teeth, and performing other treatments, one dental assistant will be cleaning teeth. For the first time, many children will be able to have their teeth cleaned.

"I had Melissa clean my teeth and she did an excellent job," Mandanas said. "I would trust any of them for sure."

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



Primary Dental Health Aide Training (PDHA I)

BETHEL: October 30th – November 6th, 2002

The six-day course will be taught by instructors from the University of Kentucky School of Dentistry. Subjects such as oral hygiene instruction, diet counseling, and topical fluoride applications will be part of the certification process.

The course covers topics such as:

Infection & Communicable Diseases
Caries Disease Process
Oral Hygiene Instruction
Intro to Dental Anatomy
Basic Infection Control Principles

This training is a prerequisite to PDHA II training. Students will need to have completed either the DHA core curriculum (20 hrs.), or CHAP Pre-session, or CHA session I or higher prior to taking the course. This course satisfies the requirements for Sec. 7.20.020. (Primary Oral Health Promotion and Disease Prevention) and Sec. 7.20.030. (Basic Dental Procedures) in the draft certification standards.

During this six-day training session there will also be an opportunity for potential trainers to become familiar with the curriculum in order to provide this training locally in the future.

Tribal health corporations can nominate students, trainers, or a combination of both from their region.

Corporations that desire to develop village-based Dental Health Aides should **contact Ron Nagel, DDS MPH at 907-727-2000** to submit nominees, or request more information.

Don't wait until it hurts! Get dental treatment for children

Benefits of dental treatment—

Less pain and infection:

Early treatment of cavities causes less pain. If the baby teeth are lost early, the permanent teeth may come in crooked. Baby teeth help save space for the permanent teeth.

Less cavities in the permanent teeth:

Children who get all of their cavities filled in their baby teeth will have less cavities in their permanent teeth. This is because children with unfilled cavities have more germs in their mouth.

Fewer speech problems:

Children who don't get their cavities filled often end up losing their baby teeth early. Early loss of the front baby teeth can cause speech problems for your child.

Protect your child's smile!

Offer health snacks and limit snacks to 2 - 3 times per day.

Brush daily with a fluoride toothpaste.

Don't give bottles past one year of age.

Ask about fluoride and sealants.

Visit the dentist!

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

By Monica P. Rueben, RDH

Upcoming Health-related Events

continued from p. 10

24-26 National Forum on Health Disparity Issues for American Indians and Alaska Natives, Adams Mark Hotel, Denver CO (Info: 1-800-303-3672)

25 ANMC Joint Operating Board, 9 a.m. – 4:30 p.m., Room 311, Inuit Building

October, 2002

1 - 4 Arctic Council Environmental Symposium, Rovaniemi, Finland

4 Alaska Telehealth Advisory Council, 3rd Floor, Inuit Building

4 Denali Commission meeting, Carlson Center, Fairbanks (Info: www.denali.gov)

9 2002 Children's Mental Health Conference – "Ways to Care: Our Journey Ahead" Hotel Captain Cook (Info: 800-770-1672 or 907-451-5045)

8 ANTHC CMT meeting, Room 311, 10 a.m. – noon

8 SCF Board Meeting, 9 a.m. – 4 p.m., SCF Board Room

9 - 10 Sanitation Facilities Advisory Committee, Yukon Conf Rm, DEHE Bldg, Bragaw

12 American Association of Managed Care Nurses Fourth Annual Conference, Tropicana Resort & Casino, Las Vegas NV (Info: www.aamcn.org)

14 Holiday – Alaska Native Traditional Health Celebration – ANTHC Offices Closed

14 Village Services Management Team meeting, 11 a.m. – 3 p.m., SCF boardroom

17 - 18 KANA Board Meeting (Info Christina Magnusen, 907-486-9803)

19 KANA Annual Meeting (Info Christina Magnusen, 907-486-9803)

23-23 Children's Summit, sponsored by ANHB & SCF's Report on 12 Month Project on Child Abuse & Neglect Prevention (Info: Jorene Volkheimer 743-6124)

22 ANTHC CMT meeting, Room 311, 10 a.m. – noon

21 - 25 Alaska Federation of Natives Convention

22 Yukon-Kuskokwim Health Corporation finance committee, Bethel

23 - 24 Yukon-Kuskokwim Health Corporation executive board meeting, Anchorage

25 AFHCAN Steering Board, location TBD

29 - 31 Bristol Bay Area Health Corporation Board meeting, Dillingham

31 Alaska Tribal Conference on Environmental Management, location TBA (Info: Nicholas Morgan, nmorgan@anhb 743-6117)

November, 2002

1 - 3 Ninth Annual Sobriety Celebration and Memorial Potlatch, Cordova

5 - 8 2002 Tribal Self-Governance Fall Conference, Hyatt Regency La Jolla, San Diego (Info: maureen@lummination.bia.edu)

6 - 8 Maniilaq Board and committee meetings

8 ANMC JOB Policy Committee, 9 – 11 a.m., location TBD

11 Holiday – Veterans Day – ANTHC offices closed

11 ANMC JOB Finance Committee, 1:30 – 4 p.m., location TBD

11 SCF Executive Committee meeting, 10 a.m. – 2 p.m., SCF Board Room

12 ANMC Joint Operating Board JCC, 1:30 – 4 p.m., location TBD



Teams Honored

continued from p. 9

heartbeat). Atrial fibrillation often causes the heart to pump blood less efficiently, and pooled blood can form clots that break off, travel to the brain and cause stroke. The outpatient clinic achieved a 31 percent increase in the number of patients referred to pharmacist-run anticoagulation services. Pharmacist services in anticoagulation clinics have been shown to reduce strokes and the risk for bleeding which can occur from the use of anticoagulant medication.

The SouthEast Alaska Regional Health Consortium (SEARHC) Diabetes Team in Sitka was honored for instituting diabetes prevention programs to impact the rising rate of diabetes among Native populations. The SEARHC Diabetes Team adopted a systematic approach to the identification and management of patients with diabetes. SEARHC also adopted a case management model with a diabetes educator who coordinated patient care, and gave blood glucose monitors to all diabetic patients to promote their involvement in self-care. Healthy lifestyle counseling, physical activity programs for overweight children and providing pedometers as incentives to exercise also were provided.

Awards also went to the Denali Infection Control Center, in Fairbanks for its success in providing pneumonia vaccinations to long-term residents; to Natalie Roberts, MD, of Wasilla, for improvements in the care of patients with diabetes; and to Alaska Regional Hospital, of Anchorage, for changes that led to a significant decrease in rates of patients on ventilators who became infected with pneumonia.



"Rural"

continued from p. 1

700 people. None of the 147 homes in Kwethluk have complete plumbing. Honeybuckets are hauled to a sewage lagoon. As the group approached the lagoon, "the wind was blowing our way," said Chris Mandregan, Director of the Alaska Area Native Health Service." Thompson clearly didn't expect to see those kinds of conditions in any part of the United States.

Construction is underway in Kwethluk on an ANTHC-managed water and sewer project. The washeteria was recently rehabilitated, and a new water treatment plant and water storage tank are currently under construction. David Reiser, Construction Superintendent, and Matthew Dixon, Western Regional Manager, both of the Division of Environmental Health and Engineering, were on hand to represent ANTHC and provide information to the Secretary.

ANTHC leaders later expressed appreciation to Secretary Thompson for taking the time to go to rural Alaska and become personally familiar with the conditions under which the first level of health care is delivered.

The DHHS report, "One Department Serving Rural America," recommends improvements in access to services, strengthening families, support for rural economic development, better cooperation between government and tribal entities, and finding better ways to inform government officials about the unmet needs in Rural America.



Patient needs, not profits, drive health care delivery at ANMC

By Heather A. Resz, Correspondent

Alaska Native Medical Center and its 12 outlying clinics provide health care that would be the envy of all America - if it weren't such a well-kept secret.

"ANMC is geared to what the patient really needs. What's best, with an eye to cost," said Jeff McDonald, a new hospitalist at ANMC. "It's nothing like you'll see anywhere else."

At ANMC, staff members are expected to do what's right for the patient.

Hospitalists Creed Wait and McDonald recently joined the ANMC team to continue improving the high quality of health care provided to Alaska Native people.

"This is just a remarkable place to work," Wait said. "Working here has probably been the most remarkably profound experience of my life."

"Every doctor here is just trying to provide the best care

possible. The motive is to do the right thing - not the profitable thing."

With "profit" gone from the equation, staff members are freed to focus on caring for patients.

"People are generally proud to be part of this hospital and the quality care they provide," McDonald said. "It is a system that is geared toward helping patients and getting people the care they need."

"I'm disappointed I can't be a patient here."

Adult, non-surgery patients admitted to ANMC receive care by hospitalists, an area of specialty within internal medicine.

Wait said "hospitalist" is a new concept developed in the last few years. Internists used to divide time between seeing patients in clinics and at hospitals. Now doctors can specialize in one of several areas: general medicine, cardiology, diabetes or hepatitis.

In the hospital, internists provide care for patients with asthma, kidney problems, heart problems and infections.

ANMC hospitalists also do phone consultations with health care providers at outlying clinics. Some patients are transferred from rural clinics to ANMC to receive special kinds of care, McDonald said.

"We provide an additional level of care that is not available in the clinics," he said. For reasons of cost, not every piece of equipment is available at each rural facility.

Outlying hospitals and clinics are an integral part of the unique health care network that blankets Alaska.

"They provide very good medicine but they don't provide all of the services that are available here," Wait said of the sister clinics. "It's a continuum of care - from the community health aides in villages to the hospital."

ANMC hospitalists also work rotating shifts in the internal medicine clinic, about once every eight months.

Both McDonald and Wait are new to Alaska, but both men have long dreamed of living and working in the Great Land.

McDonald left his private practice in Oregon to join ANMC in February.

"When I came to interview it seemed like a really nice place to work, and it is."

He first fell in love with Alaska years before university and medical school on a visit to an uncle's house here when he was 12.

"I was always kind of had the bug," McDonald said.

Wait has been at ANMC since December 2001. He left a private practice in Utah for the past nine years to pursue old dreams.

Some 27 years ago when he asked his wife to marry him, he also asked a second question: "If I get a chance to work in Alaska will you go with me?"

"It took 27 years but we finally made it," Wait said of his Alaska job.

"It far exceeds my expectations. Alaska and the people of Alaska have intrigued me my entire life."

West Nile Virus

continued from p. 9

eling to Alaska.

Symptoms of mild forms of West Nile Virus infections may include:

- Nausea
- Malaise
- Vomiting
- Eye pain
- Headache
- Rash

Approximately 1 in 150 infections will result in severe neurological disease with encephalitis and meningitis. Advanced age is the most significant factor in developing severe neurological disease.

Symptoms of severe infection include:

- Fever
- Weakness
- Gastrointestinal problems



If You Have . . .

- Medicaid
- Veteran status
- Denali KidCare
- Medicare
- Health insurance
- Workers' Compensation



...you can help us build a strong Alaska Native health system for you, your family and future generations.

When you go to a hospital or clinic that's part of the Alaska Native health system, the clerk may ask if you have health insurance or other health resources such as Medicare, Medicaid, Veteran status, Denali KidCare, or automobile insurance. (If you have been injured in an auto collision, the clerk may ask you to provide the name of the auto insurance carrier of the responsible party.)

Please help us maintain a high level of care by providing the needed information. It takes only a few minutes, won't cost you anything, and can make a big difference in the services the Native health system can provide to you and your family.

Why?

Ultimately, it brings money into our Native health care system. The Indian Health Service can provide only part of the cost for everyone eligible for care through the Native health system. Your tribal or regional health corporation makes up the difference by billing federal, state, and private insurance companies for those of our patients who are covered.

It's easy!

This happens at no cost or inconvenience to you. If you have private insurance, you will not be required to pay deductibles or co-payments that you receive in the mail. We handle the paperwork.

How can you help?

Have information on your insurance policy or eligibility for other resources handy. Be patient as we work to determine whether you are eligible for or already have health resources in place. We also encourage you to sign up for insurance if you're eligible for it.

Alaska Natives operate the Native health care system in Alaska. Help us make it as strong a system as possible for you, your family, and future generations.

