



THE

Mukluk Telegraph

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Building better health



Construction of the new Norton Sound Regional Hospital in Nome, Alaska, is well underway. NSHC will own and operate the hospital that will include inpatient acute care and labor and delivery/nursery; ambulatory, audiology, dental care, emergency, eye care, primary care, and physical therapy; ancillary, diagnostic imaging, laboratory, pharmacy, and respiratory therapy; behavioral, mental health and social work; preventative, environmental health, health education, public nursing, and public health nutrition.

GREGORY BURKEL PHOTO

Maximizing health care for the future

Filling out insurance forms helps strengthen tribal health system

BY PATRICIA BURTON

Less than one third of the Alaska Native Medical Center's budget — including primary care clinics, specialty clinics and the hospital — comes from the Indian Health Service. The other two thirds come from Medicare, Medicaid and commercial insurance companies who pay ANMC if patients have health insurance. Other medical facilities that serve Alaska Natives throughout the state rely on the same external funding sources.

The priorities of the Alaska Native Medical Center rest on its vision that Alaska Natives are the healthiest people in the world. The priorities of commercial insurance companies, however, are to decrease costs and increase profits.

Paying claims for medical services is the insurance companies' biggest cost. To decrease claims payments, many commercial insurers work very hard to deny claims. One claims denial strategy is to send patients forms or

questionnaires — if the form or questionnaire isn't filled in, signed and returned in the time allowed, the claim can be denied. When that happens, the tribal health facility is not paid for the medical care and the insurance company increases their profit.

Requests from insurances companies vary. You might be asked for information about the reason for the medical services: Was there a workplace accident? Or a motor vehicle accident? Did you seek care for this medical condition before? You might be asked for information about your family relationship: How are you related to the insured? Is the person your dependant? Are you or is your dependant a full-time student? Sometimes the health facility has all the information the insurance company is asking for, such as documentation of medical necessity, but the form is sent to the patient instead.

SEE "INSURANCE," PAGE 8 ►

Maternal and Child Health conference focuses on women’s, children’s, and adolescent health in Alaska

BY BRENDAN SMITH

In September 2010, professionals, educators, and physicians convened for the second Alaska Maternal Child Health (MCH) and Immunization Conference in Anchorage.

A biannual event, the MCH Conference provided opportunities to network and learn about best practices and tools on prevention, diagnosis, and treatment of key women’s, children’s, and adolescent health issues in Alaska. This year, the event was organized by the Alaska Native Tribal Health Consortium’s Epidemiology Center and the State of Alaska’s, Section of Women’s Children’s and Family Health. A special workshop focusing on infant safe sleep was added to the program on the final day of the conference.

With more than 220 participants, 40 presenters, and keynote speakers that included Dr. Andrew Kroger of the Center of Disease Control (CDC) and Dr. Michael Fraser, CEO of the Association of Maternal and Child Health Programs, this particular conference has quickly become one of the most important venues for maternal and child health in Alaska. Program and medical directors, physicians, nurses and nurse practitioners, Community Health Aides/Practitioners, and social workers all attended the event.

“The conference was a huge success, in large part because of the participation and support of organizations and health care providers from around the state,” according to Margaret Young, co-conference chair, from the State of Alaska’s Department of Health and Human Services.

The Alaska Native Epidemiology Center awarded 29 travel scholarships to state and tribal health professionals who live outside the Anchorage area — participants who most likely would not have attended due to the financial burden of traveling from small towns or villages in Alaska.

“The travel scholarships are crucial to help provide continuing education to Alaska Tribal Health System maternal and child health providers,” noted Dr. Melissa Kemberling, senior epidemiologist of the Alaska Native Epidemiology Center. She went on to say that by providing these educational opportunities to rural providers, it increases awareness and action on key health issues that impact rural and remote communities of Alaska.

Maternal health, children’s health, adolescent health, and immunizations — all keys to growing up healthy in Alaska. 2010 MCH Conference materials are available online at the Alaska Native Epidemiology Center’s website, www.anthc.org/chs/epicenter. The next MCH Conference will be held in 2012. ■

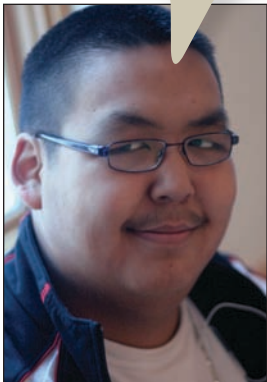
Brendan Smith is Lead Technical Writer for the Alaska Native Epidemiology Center at ANTHC. He can be reached at bsmith@anthc.org.

VOICE OF THE PEOPLE

This Issue’s Question:

What’s your health goal for 2011?

“Lose weight.”
– Eben Hensley, Anchorage



“Exercise every day.”
– Jane Griffin, Anchorage

“Quit smoking.”
– Karen Pestrikoff-Eggers, Kodiak



“Stay away from fatty foods.”
– Tom Noatak, Mekoryuk

“Start eating healthier food.”
– Cassie Fisher, Anchorage



THE MUKLUK TELEGRAPH	HOW ARE WE DOING?	SUBSCRIPTIONS	STAFF	CONTACT US
The Mukluk Telegraph is the official newspaper of the Alaska Native Tribal Health Consortium.	Have a suggestion or a compliment for the Mukluk Telegraph?	Want to receive the Mukluk Telegraph in the mail? Write to marketing@anthc.org and we'll add you to our mailing list.	EMILY WILDER — <i>Communications Manager</i>	Alaska Native Tribal Health Consortium
The paper is published quarterly and distributed at no charge to customer-owners, employees and partners of ANTHC statewide.	We would love to hear from you. E-mail the ANTHC Marketing Department at marketing@anthc.org .	The Mukluk Telegraph is available online at www.anthc.org/abt/news .	FIONA BROSAN — <i>Public Relations Manager</i>	Attention: Mukluk Telegraph
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Sustainable utilities for Alaska’s rural communities

BY EMILY MENARD

Clean water in our rural communities can drastically reduce the number of Alaska Natives who suffer from life-threatening or chronic illnesses such as serious respiratory diseases. To that end, the Alaska Native Tribal Health Consortium’s Division of Environmental Health and Engineering, or DEHE, works to provide clean water and sewer systems to support the health of Alaska Natives across the state.

Once those systems are in place, however, a new challenge begins: keeping the systems in operation for many years. Water and sewer systems not only need the financial support to keep running, but trained operators and replacement parts. With fuel costs averaging \$3.50 per gallon in some areas and \$6 per gallon in others, handling unexpected costs in addition to day-to-day maintenance can place a heavy burden on communities. That’s why several of Alaska’s rural communities are pooling their resources into a collaborative.

DEHE’s Alaska Rural Utility Collaborative, or ARUC, provides the services, operations training, and employment Alaska’s communities need to keep these essential systems operating. ARUC supplies wholesale parts and manages each community’s individual utility to support a reserve fund for equipment replacement and bulk fuel purchases. In emergency situations, ARUC can connect communities with knowledgeable staff to address problems.

Under ARUC, each community retains ownership of its water and sewer systems and has a voice on the ARUC Advisory Committee. At the same time, communities benefit from ARUC’s compliance with the State of Alaska’s Rural Utility Business Advisor, or RUBA, essential indicators: by joining ARUC, each community also becomes RUBA compliant and therefore eligible for certain types of funding.

ARUC’s strength in numbers, with its 2,133 connections in 21 full membership communities and 13 billing-assisted communities, means the collaborative can get volume discounts on things like fuel, parts and supplies. The clerks, managers, plumbers and operations specialists working

with ARUC are all paid for by grants from USDA Rural Development, the Environmental Protection Agency, and the Indian Health Service.

Under ARUC, member communities continue to benefit from clean water without the challenge of asking residents to collect from one another. In addition, in some ARUC communities, residents pay up to three dollars less per gallon of fuel than non-ARUC communities in their geographic area, while their operators receive better salaries and benefits.

This collaborative effort between ANTHC and Alaska’s communities has proven so effective that ARUC has become a model both nationally and internationally.

Representatives from the Nashville Area Indian Health Service and the United South and Eastern Tribes, a consortium similar to ANTHC, came to Alaska in October to review the ARUC program and visit Tyonek, an ARUC member community. In early November, ARUC Manager John Nichols traveled to Nashville

to attend the Nashville Area IHS annual workshop and discuss ways that the ARUC concept could be adapted to meet the water and sewer management needs of the tribes in Maine.

“I feel confident our guys will know who to call to work through their utility management questions and issues now,” wrote Scott Helgeson, Director of Facilities, Construction, and Sanitation with the Nashville Area IHS.

At the September 2010 World Health Conference on the Environment in Vancouver, Canada, the ARUC program was showcased under the international water presentation. Conference goals include sharing knowledge about environmental health between nations, promoting field studies, making government agencies on all levels aware of environmental issues, and building international cooperation. During the conference, Utility Program Coordinator John Spriggs shared how the ARUC model can be adapted to any small-system environment. Attendees were excited to learn more about the strategies behind the program and

how those strategies could help their local communities.

More and more of Alaska’s communities are taking advantage of the opportunity that ARUC presents. In fact, ARUC signed on over 400 new homes between October 2009 and September 2010 and is working to help hundreds more homes benefit from its services in the coming year. As membership increases, ARUC will continue to provide financial, logistical, and support-related benefits to its member communities.

If you are interested in your community becoming part of ARUC or would simply like to learn more about the program, please contact ARUC Manager John Nichols at (907) 729-5695 or jpnichols@anthc.org or Utility Program Coordinator John Spriggs at (907) 729-4088 or jspriggs@anthc.org. ■

Emily Menard is a technical writer with the Alaska Native Tribal Health Consortium’s Division of Environmental Health and Engineering. She can be reached at edmenard@anthc.org.

ANTHC welcomes new regional liaison

Michelle Anderson is ANTHC’s new senior executive liaison. In this newly created role, she will be instrumental in relationship building with tribal and regional health organizations and improving the customer service experience for ANTHC customer-owners. She will also work on special projects, including alternative energy and resource development fundraising for various projects.

Anderson was born in Colorado, raised in Glennallen and is Ahtna Athabascan. Her background includes management positions held in private and government sectors in Alaska. She has held leadership roles at Ahtna Heritage Foundation, Ahtna Development Corporation and Ahtna Enterprises Corporation where she focused on regional development.

Anderson held prior positions as Operations Specialist in Field



Policy and Management Division, U.S. Department of Housing and Urban Development and Liaison to the Denali Commission where she managed the \$10 million rural teacher housing program and \$20 million elder supportive housing program; as well as the Director of Rural Affairs, U.S. Department of Agriculture, Rural Development and staff to the Denali Commission. “[Anderson] comes to this job with a wealth of experience and

a proven record of dedication to the Alaska Native community,” said Don Kashevaroff, CEO of the Alaska Native Tribal Health Consortium. “We are grateful that she has agreed to join our team. ... Her background and years of experience will prove to be invaluable to the Alaska Native Tribal Health Consortium to further enhance our vision of seeing Alaska Native people as the healthiest in the world.”

Anderson received a “Top Forty under 40” Award from Alaska Journal of Commerce. She holds a Bachelor of Arts in Political Science from the University of Alaska Anchorage and Master of Arts in Rural Development from the University of Alaska Fairbanks.

Anderson can be reached at 907-729-2857 or michelleanderson@anthc.org. ■

Battling youth obesity

Communities learn science-based strategies to help youth maintain a healthy weight

BY DENISE RAMP

The Alaska Native Tribal Health Consortium’s Diabetes Program hosted an Alaska We Can!® Regional Training Oct. 7-8 at the Millennium Hotel in Anchorage.

We Can! (Ways to Enhance Children’s Activity & Nutrition), developed by the National Institutes of Health, is a science-based education program designed to give parents, caregivers, and communities a way to help children 8 to 13 years old maintain a healthy weight. It was sponsored by the ANTHC Diabetes Program, Subway restaurants, and the State of Alaska Department of Health and Human Services.

The program focuses on three important behaviors: improving food choices, increasing physical activity and reducing screen time. It offers a wide range of tips, tools, resources and strategies, including curricula for parents and for youth, to help families and communities lead healthier lives.

The goal of the We Can! training is to encourage groups across the state to implement We Can! programming, so consistent, healthy messages reach all residents in Alaska.

A total of 91 participants from all Alaska regions participated in the training, including representatives from 28 tribally affiliated entities serving a primarily Alaska Native population.

Attendees included health care providers and staff; public school staff and administrators; coordinators and instructors of after-school programs; public health program coordinators; academic researchers; health insurers; and nutrition educators.

Participants received hands-on training on We Can! curricula for parents and youth, heard innovative ideas to help launch and strengthen We Can! programming, and networked with others working to prevent childhood overweight and obesity throughout Alaska.

Training rooms buzzed with activity as attendees practiced the physical activities; analyzed media messages and brainstormed alternatives to improve fitness

and health; and planned how to network and use We Can! skills in their home communities.

According to the 2007 Alaska Youth Risk Behavior Survey, 27 percent of Alaska youth are overweight, and 11 percent are obese. Research shows that overweight children are at a higher risk of becoming overweight or obese as adults.

Obesity is on the rise in Alaska, and people who are overweight or obese have a greater risk of developing diabetes. We know people can make lifestyle changes that can help lower their risk of developing diabetes.

“We Can! takes research into the community to help our nation’s children develop lifelong habits and skills to maintain a healthy weight,” said Karen Donato, S.M., team lead for We Can! and coordinator of Overweight and Obesity Research Applications for the National Heart, Lung, and Blood Institute at the National Institutes of Health.


“We’ve taken tested strategies for preventing overweight and turned them into tools for parents and caregivers to promote healthy eating, increase physical activity and reduce sedentary time within their families, and we were delighted to have had the opportunity to bring a We Can! training to Alaska.”

Diabetes in Alaska is a rapidly growing public health issue. In 1985 only 610 Alaska Native people in the state were diagnosed with diabetes. In 2006, 23 years later, approximately 3,600 Alaska Natives in the state had diabetes — a 6.5 fold increase.


The 2006-2008 Alaska Behavioral Risk Factor Surveillance System survey showed 6.1 percent of respondents reported having diabetes. Alaskans are fast approaching the 7.8 percent prevalence diabetes rate in the United States.

The toll of diabetes in Alaska may increase as more overweight or obese Alaskans are at high risk for conversion to Type 2 diabetes. A December 2009 report from the


SEE “DIBAEATES,” PAGE 8 ►



ALASKA NATIVE
MEDICAL CENTER



www.anmc.org/services/diabetes



Diabetes is a tradition
not worth passing
down to our children.

As a leader you are in the best
position to influence others
in making better lifestyle choices.

Diabetes
can be stopped

SEARHC and ANTHC staff respond to fire damage in Klawock’s water treatment plant

BY DEHE STAFF

On the morning of September 13, a fire at Klawock’s water treatment plant caused extensive damage to the building. The fire weakened the plant to the point that it was no longer able to produce safe, potable drinking water for the 800 residents of the community.

The fire was extinguished quickly by local volunteer fire fighting personnel; however, the remaining challenge was to provide water

treatment capabilities before the community ran out of safe drinking water. Upon discovering the water treatment plant was on fire, the City of Klawock’s City Administrator, Leslie Isaacs, immediately called upon SouthEast Area Regional Health Corporation Remote Maintenance Worker Phil Downing and Alaska Native Tribal Health Consortium Project Manager Mark Spafford for support in addressing the



SEARHC Remote Maintenance Worker Phil Downing, right, and Klawock’s Water Treatment Plant Operator Bennet Charles turn on valve from the water plant discharge line to the community water distribution system.
MARK SPAFFORD PHOTO



Klawock’s fire-damaged water treatment plant.
MARK SPAFFORD PHOTO

emergency situation.

As fate would have it, Downing was on Prince of Wales Island at the time the fire started and responded immediately to the City of Klawock’s call for support. Within moments of the blaze being extinguished, Downing assessed the situation, formulated a strategy, and implemented the plan to produce potable water for residents and customers. Throughout the emergency situation, Downing directed city staff, ANTHC personnel, and local residents to help restore the

community’s water treatment capabilities.

Less than 48 hours after the water treatment plant fire was put out, under Downing’s direction and with his hands-on support, the water treatment plant was back online and producing water for community residents.

The quick reinstatement of Klawock’s water treatment plant would not have occurred in such a timely or organized manner without the exceptional efforts of Downing, the City of Klawock, and ANTHC personnel. ■

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Alaska’s Suicide Prevention Careline

Save the
date!

The fourth annual Raven’s Ball — the signature event for raising awareness and funding to improve health and wellness in the Alaska Native community — will be held Friday, March 25, 2011 at the Hotel Captain Cook in Anchorage.

Space is limited! To reserve your sponsorship or table, please call (907) 729-5652, or e-mail ravensball@inspiringgoodhealth.org.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Village clinic construction program increases rural Alaskans' access to care

BY EMILY MENARD

Alaska Native and American Indian people have long struggled with health problems such as diabetes, cancer, and substance abuse without available, quality medical treatment. Each year, the National Indian Health Board (NIHB) recognizes those who make a positive difference in health care quality and availability for Alaska Natives and American Indians.

This year, NIHB honored the Alaska Native Tribal Health Consortium's Division of Environmental Health and Engineering (DEHE) with the Area/Regional Impact Award for its work with the Alaska village clinic construction program. The award recognizes an individual or organization whose work has contributed to improving American Indian or Alaska Native health care or effected change on an area or regional basis. DEHE's Health Facilities Manager, Paul Morrison, accepted the award at this year's NIHB conference in Sioux Falls, South Dakota.

In his nomination letter, Andrew Teuber, CEO of the Kodiak Area Native Association and Chair and President of ANTHC, described DEHE's involvement in the construction or funding management for 114 clinics built or remodeled in Alaska's rural communities since 2001. In the vast majority of these clinics, local or regional tribal health organizations provide services to Alaska Natives and American Indians. "The new and remodeled clinics have greatly increased both access to and quality of health care facilities around the state of Alaska," Teuber wrote. "Many of the old clinics were located in inadequate facilities that, oftentimes, were not intended to be clinics."

To support Alaska's rural residents, DEHE and the Denali Commission collaborated to assess needs for rural health clinics, which laid the groundwork for construction funding. A partnership between tribal health organizations, DEHE, and several federal agencies including the Indian Health Service and the Denali Commission, enabled

the proposed clinic projects to receive the funding they needed for construction. In addition, DEHE brought multidisciplinary architectural and engineering resources, project and grant management, and project and financial oversight to the partnership with federal and tribal entities. Because of these collaborative efforts from start to finish, tribal health organizations have been able to provide state-of-the-art primary care facilities in rural Alaska.

The new clinics meet each community's needs by providing a well-constructed, clean and modern environment specifically designed and arranged for clinic operations. Architects and engineers who specialize in health facilities for Alaska's unique and varied climate conditions design community health clinics that carry the lowest possible long-term costs, have the most durable construction, and take into account community-specific factors such as permafrost, snowdrifts, and utilities locations.

Many communities served by health clinics are off the road system. Therefore, most new clinics include a trauma room and telemedicine equipment, as well as exam, behavioral health and dental rooms. Many clinics



A local work crew helps construct a health clinic in Hughes, Alaska.
JC CRAWFORD PHOTO

even include temporary living quarters and patient care rooms built specifically with itinerant health care providers in mind. Having facilities available for specialty care means itinerant providers do not need to spend travel time setting up and breaking down major care tools like dental chairs. Instead, these providers can focus their entire time in each community on caring for Alaska's people. In addition, each clinic is tailored to the community's population size, ensuring the care available meets the community's needs.

Aside from the obvious health benefits, the new clinics support their communities by providing local employment. The commitment to use local force account labor for clinic construction where possible means Alaska's rural residents have seen new job opportunities and developed a sense of ownership in local health care facilities from the ground up. Once the clinics are ready for use, they provide long-term local jobs in health care and facility maintenance in addition to state-of-the-art health care.

The increased access to care that these 114 new clinics provide has significantly enhanced Alaska Native health care services, furthering the NIHB's goals of raising awareness about health issues and improving health care for Alaska Natives and American Indians. ■

Emily Menard is a Technical Writer with the Alaska Native Tribal Health Consortium. She can be reached at edmenard@anthc.org.



Stacy Bohlen (left), Executive Director of the National Indian Health Board, and Reno Franklin (right), NIHB Chair, present the Area/Regional Impact Award for the Alaska village clinic construction program to ANTHC Health Facilities Manager Paul Morrison.

VALERIE DAVIDSON PHOTO



Annual retreat helps men share and learn about cancer survivorship

BY STACY KELLEY

“Come sit with us in a circle of uncomfortable chairs and talk about your feelings.”

While there are support groups in Alaska for cancer survivors, men are far less likely than women to join cancer support groups. That is why the Alaska Native Tribal Health Consortium and the State of Alaska Comprehensive Cancer Control Programs partnered for the second year to offer a Men’s Retreat for Prostate and Testicular Cancer Survivors.

The retreat, held in Cooper Landing at Alaska Wildland Adventures’ Kenai Riverside Lodge, is a two-day event that brings together survivors in a supportive and relaxed environment to discuss and share their experiences. Doctors and other health care providers join them for the weekend. This year, the retreat included flyfishing, rafting and evening fireside discussions on cancer survivorship led by cancer experts.

For those who have been diagnosed with prostate or testicular cancer, survivorship is often complicated by disease-specific treatment side effects, which can challenge a man’s physical, mental and social wellbeing.

Despite the proven effectiveness of support groups to reduce depression in cancer patients, men typically do not participate in them. Men with these cancers have individualized needs that must be specifically addressed and joining a general support group may not appeal to men or address their concerns.

The retreat has been beneficial to both the survivors and the medical staff who assist with the retreat. Health care providers have gained insight on many of the issues men face when diagnosed with prostate or testicular cancers.

One provider commented, “I learned things from these men that I have not heard in my 15 years of practice.” The groups not only talk about their personal struggles with survivorship, but they also share their frustrations with treatment choices, and lack of resources provided at the clinic level.

Participants have expressed their desire to continue their new friendships and many have made plans to become more involved with future cancer awareness events and fundraisers. “I have learned to be a survivor, not a victim,” one participant said. As the retreat came to a close, another commented “It’s hard to put into words the impact it has had on each of us. I’ll just say that it was a significant emotional event that will probably stay with us forever.”

With the help of sponsors from the Alaska Men’s Run, Anchorage Radiation Therapy, Alaska Regional Hospital, Alpine Urology, and the Mayo Clinic Cancer Center, men were able to attend not only from Anchorage but from all over the state — Kotzebue, Hydaburg, Wrangell and other remote areas. With limited resources in smaller village communities in Alaska, the retreat serves as an important opportunity for survivors to connect with each other face to face.

Planning is underway for two Men’s Cancer Retreats in 2011 in Cooper Landing and in Southeast Alaska. For additional information, contact the ANTHC Cancer Program at (907) 729-2927 or cancer@anthc.org. ■

Stacy Kelley is the Cancer Partnership Program Coordinator for the Alaska Native Tribal Health Consortium. She can be reached at (907) 729-2927 or sfkelley@anthc.org.



Participants in the 2010 Men’s Retreat for Prostate and Testicular Cancer Survivors don personal flotation devices in preparation for a rafting trip on the Kenai River.
STACY KELLEY PHOTO

Culturally relevant cancer education for Alaska Natives

Two community health aide educators recognized for cancer education efforts

BY TRINA LANDLORD

The American Association for Cancer Education (AACE) recognized two of the Alaska Native Tribal Health Consortium’s Community Health Aide Program (CHAP) Educators, Melany Cueva and Reggie Kuhnley, at this year’s International Cancer Education Conference in San Diego, Calif.

The pair presented two written pieces under the coursework titled “Path to Understanding Cancer,” which received awards for best papers: “Arts-based Cancer Education with Alaska Native Peoples” by Cueva, and “Learning about Cancer has Brightened My Life” by Kuhnley and Cueva.

The conference is a forum for advocacy, development, evaluation, reporting and dissemination of cancer information. Kuhnley and Cueva recognized that one size does not fit all when talking about cancer education, which is a topic that may be frightening to discuss openly. With the help of the Alaska Native community, they designed educational resources and information to make the materials more culturally appropriate and relevant to the Native community. “The paper reflected what I had heard from people about the use of expressive arts to support holistic ways of knowing, being and understanding,” said Cueva.

Prior to 1998, no cancer education materials existed and in basic community health aide training, only a few hours were dedicated to the topic. Identifying this as a critically important need as cancer rates increased, Cueva worked with Dr. Anne Lanier of ANTHC to develop cancer education materials using expressive arts, such as brochures, readers theater, CDs and digital storytelling.

Between 1999 and 2004, the “Path to Understanding Cancer” course was offered 20 times in six locations across Alaska, to 168 CHAPs and rural providers from more than 100 communities.

Many participants shared their experiences in follow-up phone interviews. Kuhnley and Cueva also spoke with people in rural communities whose lives have been touched by cancer. Those conversations evolved into the piece “Learning about Cancer has Brightened My Life.”

In the phone interviews, community health aides talked about what happened after they went home after the weeklong course. They described changes in perceptions of cancer, including shifts in knowledge, attitudes and beliefs about the disease. After the coursework, participants reported feeling more comfortable talking with people about cancer, had increased cancer education and increased cancer screening referrals for patients.

The two papers, Cueva said, “are examples of things that really connect with people in meaningful ways and we wanted to be able to pass that forward, because maybe there was a part of this that worked and was supportive for people here in Alaska maybe that connect with people in other parts of the country or world.”

The next steps are to create an interactive toolkit that includes photos, video clips and written examples of how the arts can be woven into educational offerings.

SEE “CANCER EDUCATION,” PAGE 8 ►

INSURANCE, FROM PAGE 1 ►

Commercial insurance companies routinely send these forms and questionnaires as a management and cost-saving strategy. Fewer Alaska Natives respond than the general population because their care is covered either way — there’s no personal financial incentive for Alaska Natives to respond. As a result, this is a successful strategy in reducing claims paid to tribal health facilities.

In these instances, every dollar that increases commercial insurance company profits reduces health care resources for Alaska Natives.

In 2008, commercial insurance companies increased their profits by more than \$1.3 million by denying claims for Alaska Natives who did not return the forms or questionnaires they received. In 2009, commercial insurers increased their profits by more than \$2 million for this reason. So far in 2010, commercial insurers have increased their profits by almost \$2.7 million for this single denial reason.

That’s a total of \$6 million lost to ANMC — just one medical facility in the Alaska Tribal Health System — in three years because forms and questionnaires weren’t filled in and returned to commercial insurance companies.

Can you imagine the positive impact an extra \$6 million would make reducing wait times, enhancing diagnostic equipment or providing therapeutic services in facilities throughout the Alaska Tribal Health System?

To strengthen the Alaska Tribal Health System for yourself, your family, your community and future generations, please respond to these insurance companies’ requests for information. Fill out the form, sign it and either mail or fax it to the address provided.

If you need any help with the form or questionnaire or you need more information, please contact Kathy Anderson at 729-4986. She will answer any questions and help you respond to information or requests from insurers. ■

Patricia Burton is a Senior Project Manager at the Alaska Native Medical Center in Anchorage. She can be reached at pburton@anmc.org.

CANCER EDUCATION, FROM PAGE 7 ►

On the topic of her staff’s awards, Lanier said “our providers that attend these conferences are well respected by their peers ... [it] gives them professional recognition and tells us that we’re doing quality work among the whole network of people that are doing cancer education.” She added that Kuhnley and Cueva assess what the communities recognize as a need and tailor the cancer education in a positive way.

For more information about CHAPs and cancer education, visit www.akchap.org. ■

Trina Landlord is a contractor with the Alaska Native Tribal Health Consortium’s Marketing and Communications Department. She can be reached at tlilandlord@anmc.org.

DIABETES, FROM PAGE 4 ►

State of Alaska, Department of Health and Social Services stated that in 2007, 73 percent of the Alaska population was overweight, obese, or morbidly obese — a 15 percent increase since 1991.

The ANTHC Diabetes Program and recipients of We Can! training are committed to promoting physical activity and nutrition in our youth, to reverse the trend of childhood overweight and obesity in Alaska, for a healthier Alaska now. Come join the effort. We can make it happen!

For more information on We Can! in Alaska, networking with We Can! participants from your community, or services, programs, and future trainings from the

ANTHC Diabetes Program, please call (907) 729-3925 or e-mail dbramp@anmc.org.

More information about We Can! can be found at <http://nhlbi.nih.gov>. For information about future We Can! trainings throughout the U.S., visit www.wecantrainings.org. ■

Denise Ramp, MSN, CNM, NP-C, is Community Educator with the Alaska Native Medical Center Diabetes Program. She can be reached at (907) 729-3925 or dbramp@anmc.org.

No other medical center provides better care than ANMC.

The Fact.

ANMC provides superior care — and we have proof.

The Best Care.

ANMC’s Emergency Room is the only Level II Trauma Center in the state — we provide the highest level of trauma care in Alaska. No other Alaska facility has achieved “Magnet Status” for Nursing — ANMC’s nurses provide a level of care achieved by only one percent of hospitals in the entire United States. Fully certified by the Joint Commission, ANMC meets the highest health care quality standards out there.

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