

MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

2005 IHS funding inadequate, Kashevaroff testifies

By Don Kashevaroff,
Chairman and President,
Alaska Native Tribal Health Consortium

On February 11, 2004, Don Kashevaroff, Chairman and President of the Alaska Native Tribal Health Consortium, testified before the US Senate Committee on Indian Affairs.

Excerpts of his testimony are shown below.

Throughout Indian Country, the need for funding to narrow the health disparities gap is a great challenge.



Don Kashevaroff

At the Alaska Native Medical Center (ANMC), for example, we have been challenged with over 10 percent annual growth in patient encounters; nearly 10 percent annual increases in costs; and a fast-growing overall service population. However, at the same time, between Fiscal Year 2001 and FY 2004, IHS funding has only increased at levels of 1.96 percent, 3.20 percent, 2.41 percent, and 1.21 percent respectively.

Now compare Indian Health Services' (IHS) small funding increases to other healthcare cost indexes: Medicare funding grew at 8.5 percent in 2001 and 9.3 percent in 2002. Medicaid expenditures grew by more than 10 percent those two years. Drug expenditure growth was over 15 percent in the same years.

This variance between actual costs

See Funding, page 9

INSIDE

Iditarod musher Joe Garnie speaks out for healthy living.

Pages 6-7

Copper River girl launches local 'Stop the Pop' campaign.

Page 8

Norton Sound Regional Hospital among top in nationwide accreditation survey

Only 7 percent of participating hospitals nationwide have scored better than Norton Sound Regional Hospital on an accreditation survey by an independent national organization.

The Nome hospital scored 98 out of 100 after a survey in October by an inspector from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO, pronounced "jayco").

The hospital is surveyed by JCAHO every three years and in the past decade has always scored in the mid- to high-80s with several deficiencies that needed to be corrected.

The 98 earned this year is the highest score the hospital has received in its history of accreditation with JCAHO, which surveys 80 percent of U.S. hospitals.

"This demonstrates our ability to provide and maintain quality care, especially with all the different services we provide," said Charles Fagerstrom, former vice president for Hospital Services at Norton Sound Health Corporation.

"It proves our ability to achieve national standards, which sometimes is difficult in a rural setting."

A JCAHO inspector was in Nome in October. She evaluated Quyanna Care Center and gave it an excellent score of 99 out of 100 – a score matched or bettered by only 6 percent of long-term care centers surveyed.

The inspector also surveyed the hospital and gave a positive verbal report, but did not announce a score until December.

JCAHO inspectors evaluate a hospital's performance in areas that most



Photo by Carol Gales

Norton Sound Regional Hospital received a score of 98 out of 100 after a survey in October by an inspector from the Joint Commission on the Accreditation of Healthcare Organizations.

affect patient health and safety. Many of these areas are regulated by state or federal agencies. JCAHO adds further standards. Meeting JCAHO standards shows the government that the hospital is qualified to be reimbursed by Medicaid and Medicare.

Jumping through the JCAHO hoops requires constant vigilance and lots of communication and cooperation among various departments, Fagerstrom said.

There are thousands of regulations to follow, and new ones are added every six months. The hospital never knows which of these regulations inspectors will focus on.

Inspectors pore through patient records, consumer surveys, human resources files, policies and procedures. They might ask to see fire drill

reports from each shift for each quarter. They might ask to see obscure preventive maintenance records (such as those for smoke dampers, which must be checked just every four years). They review temperature logs for refrigerators in the lab. They check for cleanliness. They interview patients about quality of care and interactions with hospital staff. At Quyanna Care Center the surveyor ate with residents and attended a residents' council meeting.

"They look at documentation but the real test is going out on the floor and seeing what staff are doing," Fagerstrom said.



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

DEHE launches construction skills training

Project will help rural workers climb construction career ladder, promising higher wages and journeyman licenses

Staff Report
Division of Environmental Health and Engineering
Alaska Native Tribal Health Consortium

In 2003 the Division of Environmental Health and Engineering (DEHE) partnered with the Alaska Energy Authority and with Village Safe Water to establish a construction skills training program that will help rural workers progress in the construction field.

"We hire locally on all our jobs — hundreds of people every year — but construction projects come around to any one village only every so often, which makes it hard to build a strong resume," said Steve



Photo by Jennifer John

From left, plumbing trainees Willie Wassillie, Jeremy Nicolai, and Eric Vargason check for clearance while installing piping into a classroom model of plumbing standards used in commercial and residential construction.

See Training, page 5

VOX

Voice of the people

Now that the days are getting longer, what kinds of outdoor activities are you doing?



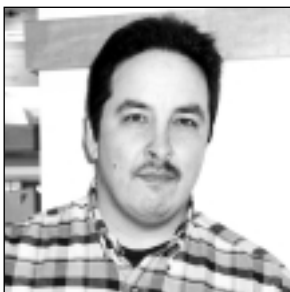
"Hiking! That is what keeps me healthy."

— Frank Dennis,
Haines



"I enjoy taking my three children for walks."

— Valentina Andrew
and daughter, Amarii West,
Kwethluk



"Walking on the trails."

— Russell Owens,
St Paul Island



Venetie washeteria adds solar panels

By Scott Henrickson,
Project Engineer
Division of Environmental Health and
Engineering

On my wall at the Division of Environmental Health and Engineering (DEHE) office hangs a photograph of the *Stanley Frank Washeteria* building in Venetie, constructed in the early 1990s. What is unique about this washeteria is an array of solar panels affixed to the roof, directed at the probable location of our elusive sun.

In the photograph, these solar panels are covered almost entirely with snow. For me, it is a reminder of the numerous design challenges facing engineers in rural Alaska. It is also an ironic snapshot of how technology can be hampered by the harsh reality of the arctic.

With each visit to Venetie, located north of Fairbanks and Fort Yukon and above the Arctic Circle, I resolved to find out more on solar technology and determine whether it would be worthwhile to incorporate into the design of health and sanitation facilities. For information, I turned to Lance Whitwell, the Tribal Energy Program Manager for the Native Village of Venetie Tribal Government (NVVTG), a position funded by a tribal energy grant from the United States Department of Energy. Whitwell was instrumental in bringing solar technology to both Venetie and Arctic Village, and he continues to be an outspoken advocate for alternative and renewable energy, not only in the Gwich'in community where he resides but also at conferences state - and nationwide.

Venetie first began its formal examination of renewable energy resources in 2000, as the nation debated drilling for oil in the Arctic National Wildlife Refuge (ANWR), home to the Porcupine Caribou Herd upon which the Gwich'in depend for sustenance. During this examination, Venetie was determined to reduce its dependency on diesel fuel and increase its self-sufficiency — a quality that emanates from each resident of this sovereign Native village. In doing so, Venetie could not only reduce facility-operating costs but also reduce the cost and risk of transporting fuel to the village on air tankers. Such risk is evident by the carcass of an old fuel plane that crashed on take-off in the mid-1990s and now rests on a gravel bar on the Chandalar River not far from town.

In the summer of 2001, Venetie installed a series of fixed array, pho-



Photo by Scott Henrickson/DEHE staff
Venetie's *Stanley Frank Washeteria* shown with the fixed array, photovoltaic solar panels mounted on the roof.

tovoltaic (PV) solar panels on the roof of the washeteria connected to a Sunnyboy 1,500-watt inverter in the mechanical room. Lacking energy storage cells, the Sunnyboy converts the solar energy into electrical power to offset the immediate electrical demands of the washeteria. The total cost to construct this system was approximately \$10,000 obtained from a grant through the Environmental Protection Agency. A similar "fixed array" system was also installed in Arctic Village at about the same time. Initially, these systems were plagued with problems related to the integration of photovoltaic power with the existing grid and the limited ability to monitor the system's performance. Those problems have since been addressed after a manufacturer's recall led to system upgrades in fall 2002.

Although NVVTG was proud to be operating a solar system so far north, it was not satisfied with the power output from the fixed array PV system. In summer of 2002, Venetie installed a tracking array PV solar unit about 100 feet from the washeteria with a Sunnyboy 2,500-watt inverter. The unit is constructed on a gravel-filled steel support box foundation, with a mast pole supporting the solar panels. It has the ability to rotate 360 degrees to face the sun during the lengthy summer days. The total cost to construct the tracking array system was about twice as much as the fixed array at approximately \$18,000 obtained from a grant through the Administration for

Native Americans, Social and Economic Development Service (ANA/SEDS).

After the first full year of operation, Whitwell reports that the two systems produced some power from mid-January through mid-December, harnessing both sunlight and reflection to augment the generator set in the power plant. In the winter months between October and March, this power did not amount to much. However, in the summer months between mid-May and mid-July, the power from solar technology met the entire electrical demand from the washeteria. A PV performance monitoring system was recently enabled via the Internet, allowing Whitwell to compile and analyze solar data from the relative comfort of his office. Whitwell also reports that the maintenance and operation of the solar technology has been minimal, involving some snow removal and annual grease for the tracking assembly.

Despite these promising results, there are some drawbacks. Aside from the obvious limitations related to long dark winters and arctic weather, Venetie currently does not possess the equipment to store excess solar energy generated from the midnight sun to use at a later time. If Venetie were storing energy from such devices as hydrogen or zinc-air fuel cells or lead-acid batteries, it faces the additional requirement of maintaining and disposing of these potentially haz-

See Energy, page 11

MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

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

ANTHC Staff Report

Pete Petersen, Associate Counsel

The Alaska Native Tribal Health Consortium Office welcomes Pete D.A. Petersen as its new associate counsel. Petersen has practiced law for a private law firm here in Anchorage. He worked primarily in litigation and workers' compensation law and also previously assumed duties as a city prosecutor for the Municipality of Anchorage. He also worked with a regional non-profit corporation, Chugachmiut, addressing policies and procedures on employment and village health clinic matters.



Petersen is an American Indian from the Navajo Nation and grew up on the Navajo reservation. He earned a Bachelor of Arts degree in political science from the University of New Mexico and his law degree from the University of New Mexico. He is permitted to practice law in state and federal courts of Alaska. He lives with his wife Cindy Thomas in Anchorage.

Charles Fagerstrom, Manager of Extended and Residential Services

The Alaska Native Tribal Health Consortium welcomes Charles Fagerstrom, Manager of Extended and Residential Services. Fagerstrom will be assessing the need, availability and resource capacity for extended and residential care services. This includes the full



continuum of long-term and community-based care from assisted living facilities to nursing homes. These much needed and culturally appropriate services will benefit our patients (especially elders) and enhance the Alaska tribal health system.

Fagerstrom is originally from Nome where he was the administrator for Norton Sound Regional Hospital and Quynna Care Center for eight years. He earned a Bachelor of Science degree in Business Finance from Seattle Pacific University, his Master of Public Health degree from the University of Hawaii, and is finishing an Executive MBA program in Health Administration through the University of Colorado.

Charles recently moved to Anchorage with his wife, Christine, and their son, Will. They are expecting another child in September.

Elizabeth Ferucci, Rheumatologist

The Alaska Native Tribal Health Consortium Office of Alaska Native Health Research welcomes Dr. Elizabeth Ferucci. Dr. Ferucci is a rheumatologist dividing her work time between the ANTHC Office of Alaska Native Health Research and a private practice in rheumatology. Dr. Ferucci is studying the epidemiology of arthritis, especially rheumatoid arthritis and other types of arthritis (spondyloarthropathy), which tend to occur at high rates in some groups of Alaska Natives and American Indians elsewhere.



She hopes to better understand the high rates in Alaska Natives with the hope of developing ways to prevent and better treat these diseases. The OANHR will also be donating her time to the Internal Medicine Clinic in Anchorage, where she will be seeing patients for rheumatology consultations weekly.

Dr. Ferucci is originally from Baltimore, Maryland. She earned a Bachelor of Arts degree in chemistry from Columbia College, her medical degree from New York University School of Medicine, and completed her internal medicine residency and rheumatology fellowship at the University of Colorado Health Sciences Center. She is board certified in Internal Medicine and Rheumatology.

Dr. Ferruci came to Anchorage from Denver, Colo. with her husband, Paul, who was born and raised in Anchorage, and their daughter.



STATEWIDE

News and notes

Julia Brown receives Barbara Berger Award at Health Summit

By Deborah Olick

On Dec. 3, 2003, the Alaska Health Education Consortium recognized Julia Cauyaq Brown's work as a Health Educator and presented her the Barbara Berger Award for Excellence in Health Education at the Alaska Health Summit.

Brown's first job as a Community Health Representative (CHR) was recertifying moms into WIC and going over health and nutrition information for mothers and children. Now she posts notices and prevention material, shows videos and explains each monthly topic in and around her community as well as on their local cable channel. Brown enjoys traveling to villages to do presentations, attend trainings and organize health fairs. She also writes articles and submits them to YKHC's Messenger, among many other responsibilities.



*From the Yukon-Kuskokwim
Health Corp. newsletter
The Messenger*

ANTHC welcomes Nutrition Research Specialist Diana Redwood

ANTHC Staff Report

The Alaska Native Tribal Health Consortium Office of Alaska Native Health Research welcomes Diana Redwood. She is a nutrition researcher who will be working primarily on the Alaska component of the EARTH Study, a national prospective study specifically enrolling Alaska Natives and American Indians.

This study focuses on how diet, physical activity and other lifestyle factors influence the development of various chronic diseases. Redwood will also assist with the Alaska Native Dietary and Subsistence Food Assessment project, a study that is developing a dietary assessment instrument for rural Alaska and collecting traditional food samples for nutrient analysis.

Redwood grew up in Palmer, Alaska, and received her Bachelor of Science in food studies and nutrition at The Evergreen State College, Olympia, WA. She also has a Master of Public Health degree with a concentration in nutrition, and a Master of Science in Nutrition, both received from Tufts University in Boston, MA.

Redwood has been involved in many community health projects, including obesity and osteoporosis prevention among school children, nutrition education for Chinese immigrants in the Boston area, and oral food histories in the Matanuska Valley.

Thank you to research conference supporters

Special thanks to the sponsors and contributors to the 2004 Alaska Native Health Research Conference.

Conference sponsors are:

- Alaska Native Health Board
- Alaska Native Tribal Health Consortium
- Southcentral Foundation

Additional contributors are:

- Alaska Native Science Commission
- Center for Alaska Native Health Research at the University of Alaska
- Centers for Disease Control and Prevention

For more information, call (907) 694-5709, or toll-free at (866) 694-5711, or send e-mail to toanhrc@anthc.org.

Alaska Native Health Research Conference





Statewide ...

From page 3

Mt. Edgcumbe hospital expands outpatient facility

The SouthEast Alaska Regional Health Consortium (SEARHC) recently celebrated the completion of its new outpatient clinic within the Mt. Edgcumbe Hospital in Sitka with an open house and traditional celebration in the renovated hospital wing. The renovation increases the outpatient capacity by eight exam rooms, bringing the total for the hospital to 20. The renovated wing will be home to urgent care, specialty clinics, community health aid training and nurse clinic. The previously existing outpatient space will continue to provide primary and prenatal care.

From the Web site SEARHC.org.

SEARHC participates in Sitka Community Health Care review

SEARHC continues to work with the City of Sitka and the Sitka Community Hospital to review alternatives to improve the health care status of the community while allowing both hospital organizations' objectives to be met. The three parties selected representatives to sit on an Ad Hoc committee, and has begun meeting. The committee set an objective of proposing a fully integrated, multiple access point health delivery system. Several scenarios to achieve this objective were considered for review. Those included the concept of a single management organization overseeing a collaborative environment for multiple providers to coordinate the most effective delivery of health care for Sitka.

From the Web site SEARHC.org.

SouthEast Regional Health Consortium promotes Chief Financial Officer to VP

Chief Financial Officer Barbara Searls has been given the higher-level post of vice president for finance at the SouthEast Alaska Regional Health Consortium. While keeping her CFO duties, the new vice president will also serve as an executive-level spokesperson for the consortium, explained SEARHC president Ken Brewer.

In naming Searls to the new post Brewer said, "She will now have greater responsibility in representing the organization in strategic negotiations and contracting with the Indian Health Service, granting agencies and state and federal elected officials."

As vice president, Searls will also participate in SEARHC executive-level decision making as a member of the SEARHC President's Council.

"Barbara's credentials are impeccable," said Brewer. "She's proven her competency and has shown the high caliber of leadership that has made SEARHC the success it is." Searls, a certified public accountant, joined the SEARHC staff a year ago as CFO. Prior to that, she served for 10 years as CFO of the Sealaska Corp.

See Statewide, page 8

President's Cancer Panel invited to visit Alaska

The tidal wave of attention currently being given to cancer treatment, diagnosis and survival in the mainstream U.S. may hit Alaska in the coming months.

The President's Cancer Panel, a small but expert group charged with listening to public concerns about cancer and providing recommendation to the President of the United States, was formally invited to have a meeting in Alaska in 2004 by the Anchorage-based Office of Native Cancer Survivorship (ONCS).

Alisa Gilbert, Executive Director of ONCS, was invited to provide testimony to the panel in Birmingham, Alabama. Gilbert's comments included both personal experiences from her survival of breast cancer as a young Native woman, and information on the many unmet needs of Alaska Natives related to cancer care and survival.

"It was an honor to be able to relay some of the cancer care concerns of Native people to this prestigious group," said Gilbert. "I hope I conveyed the most pertinent information that will lead to improved cancer care and increased long-term survivorship for Alaska Natives."

At the end of the presentation, an invitation was provided to the President's Cancer Panel, whose members include: Dr. LaSalle LeFall, Jr., Lance Armstrong, Margaret Kripke, PhD, and Executive Secretary Maureen O. Wilson, PhD.

"I encouraged them to accept the



Left to right, President's Cancer Panel Chairman Dr. LaSalle Lefall Jr., Margaret Kripke, PhD, member, Alisa Gilbert-ONCS, and, Lance Armstrong, member.

"It was an honor to be able to relay some of the cancer care concerns of Native people to this prestigious group."

— Alisa Gilbert,
Executive director of ONCS

invitation and they responded positively" said Gilbert. "If the session transpires, ONCS will work with the appropriate tribal health organizations and other groups in Alaska to make sure the President's Cancer Panel - Alaska visit is well organized to achieve

the desired outcomes."

ONCS, which is funded in part by Echoing Green Foundation, Mayo Clinic Spirit of EAGLES Program, and the Lance Armstrong Foundation, attempts to represent the interests of all Native cancer survivors, with a special emphasis on Alaska Natives.

For more information, visit www.oncs.org, or send e-mail to sulook@aol.com, particularly if you're looking for current information about cancer survival and celebrating life, or call (907) 333-2071.



24th annual Alaska Governor's Safety & Health Conference

By Al Grant
Safety Coordinator
Division of Environmental Health and Engineering

In its 24th year, the Alaska Governor's Safety and Health Conference remains the premier event for safety, health, and environmental (SH&E) professionals statewide. This year's conference will be held March 15-17, 2004 at the William A. Egan Civic and Convention Center in Anchorage. The theme for the conference is "Worker Safety - Improving Your Return on Investment." The Alaska Safety Advisory Council (ASAC), a group of 14 members representing industry; labor; the general public; and federal, state, and local governments, administers the conference. As with past conferences, you can look forward to excellent educational seminars, awards and keynote lunches, networking, exhibits, and door prizes.

Educational Seminars

Both conference veterans and first-time attendees will be pleased with the caliber of presenters; there is an excellent mix of local and outside talent. Cutting-edge topics are designed for delivery at the basic to advanced level. The Occupational Safety and Health Administration (OSHA) ten-hour Construction and General Industry Outreach programs

will also be offered. Attendees will be able to earn continuing education units (CEUs), and continuance of certification (COC) points will be available for Certified Safety Professionals (CSP) and Certified Industrial Hygienists (CIH). Each educational seminar is scheduled for 90 minutes with topics being offered in the broad areas of management, health/injury prevention, and advanced construction.

Networking

In addition to outstanding learning opportunities, the Governor's Safety and Health Conference provides an excellent forum for networking. Nothing can provide as good a reference resource as an extensive network of contacts in your field. Building and cultivating these contacts is one of the best reasons to attend the conference. The time spent talking to your peers outside of the sessions is valuable time spent. Attending the conference can help to give you a fresh perspective on your daily challenges. The revitalizing experience of interacting with professional peers can also be a great reminder of why you entered the SH&E profession.

Exhibit Hall

There will be more than 60 exhibitors and non-profit group exhibits on location, featuring the latest in workplace safety products,

health and wellness products and services, rescue equipment, ergonomic innovations, and community programs. The exhibit hall will allow companies to provide attendees with an up-close and personal look at their products and services. There will also be opportunities for hands-on demonstrations. Exhibit hall hours are: Tuesday 7:00 a.m. - 5:00 p.m. and Wednesday 7:00 a.m. - 2:00 p.m.

Professional Image and Your Opinion

Show your professionalism while attending the conference by being considerate of speakers and other attendees; turn off pagers, cell phones, beepers, and similar devices, or place them on silent operation. Each attendee will be asked to submit an overall conference evaluation, as well as individual session evaluations. Your feedback will help the planning committee develop future conferences. Identifying what worked or didn't work ensures that the conference will continue to improve. Enjoy your experience in Anchorage at the 24th Annual Alaska Governor's Safety & Health Conference. If you have questions about the conference, refer to www.labor.state.ak.us/lss/asac.htm or contact Kathy Miller at 269-4922.





Training ...

From page 1

Weaver, Senior Director, Division of Environmental Health and Engineering. About 80 percent of the workers on DEHE rural sanitation and health facilities projects are local hire. Local laborers work side by side with and are overseen by licensed plumbers, electricians, or other skilled tradesmen, thereby gaining valuable work experience.

“We see people with excellent skills and a real aptitude,” said Weaver. “Now they’ll be able to get the training, the documentation, and certification they need to.”

In the past, the number of hours worked by a laborer or trades helper was not documented. Their work experience and proficiency in the construction trades was not recorded. The absence of this documentation prevents many rural construction workers from progressing to the next level of job performance, from earning the higher wages equal to their experience, or from ultimately obtaining a journeyman’s license in a certain construction skill.

That is changing with the Construction Skills Training Program. The program has three parts: it coordinates workshops that teach construction skills, it arranges on-the-job training for laborers, and it arranges apprenticeship training for tradesmen. The program will also develop a database that records the levels of work experience achieved by the laborers and tradesmen working on DEHE projects, and a process for sharing that data among partners.

The process of sharing the data—of matching worker skills with construction project needs—is what will create training and employment opportunities for rural Alaskans.

Jennifer John is the training coordinator for the construction skills training program, and works within DEHE’s Department of Sustained Operations. John coordinated her first construction skills training event from November 9 – 21 at the Ciunerkiurvik Training Facility in St. Marys, Alaska. Twenty-eight trainees from Kwethluk and Kasigluk received training in three classes: Occupational Safety and Health Administration 10-Hour certification, introduction to residential carpentry, and introduction to residential plumbing. First aid/CPR training was cancelled because poor weather conditions grounded the instructors’ flight.



Twenty-eight construction workers from Kwethluk and Kasigluk completed this two-week workshop, earning a certificate of completion and an Occupational Safety and Health Administration 10-Hour certification card.

DEHE organized this training upon receiving a grant from the Denali Commission. The grant was administered by the Alaska Department of Labor & Workforce Development, which the Commission has partnered with to support workforce development within rural Alaska. DEHE then partnered with Alaska Works Partnership Inc. (AWP) and the Associated General Contractors of Alaska to develop the training, provide the workshop’s instructors and assess the trainees’ skill levels. The five agencies share a common goal of encouraging the potential for economic development within rural Alaska via improving the construction skills of rural workers.

AWP instructors Mike Tucker and Randy Alvarez began the workshop with the OSHA 10-Hour certification class. The class emphasizes how entry-level construction workers can identify, control and avoid hazards commonly found on construction sites. The class covers mandatory construction safety topics, such as electrical safety, fall protection, and an introduction to OSHA, has several elective topics, and includes other construction industry standards. All trainees earned certification cards.

To evaluate each trainee’s knowledge of carpentry and plumbing, multiple-choice tests were given. The tests are

“We see people with excellent skills and a real aptitude.”

— Steve Weaver,

Senior Director, Division of Environmental Health and Engineering

based on the skills apprentices must know to earn a journeyman license.

During classroom instruction, trainees received carpentry and plumbing textbooks, safety materials, and toolboxes of carpentry and plumbing tools, all of which they kept as personal property.

The last portion of the workshop involved hands-on training—the introduction to residential carpentry and plumbing classes, which, John said, the trainees were anxious to begin. Tucker and Alvarez taught the carpentry class in which trainees built full-scale models of carpentry standards typically used in commercial and residential construction. AWP instructor Craig Hatley taught the plumbing class.

The classes contained a mix of skill levels: “We had some guys that had considerable amounts of experience, and they were awfully good mechanics,” Tucker said. “Then we had a few that it was pretty obvious that they hadn’t had many tools in their hands, but they made some great progress and you could see it. ... They gained some skills that they didn’t have before they got there.”

Tucker has taught construction skills to rural Alaskans through AWP for three years, and has 30 years’ experience in the construction trades.

John said aspects of the training, such as the workshop’s overemphasis on commercial construction techniques and the use of concrete – neither is widely used in rural Alaska – will be changed to improve future training events. “Overall, this being our first construction skills training event and collaboration with key organizations, it was immensely successful,” John said. “It was a challenge. And great effort was put into this training to make it a reality. As a result, we accomplished our goal of introducing construction skills training to 28 trainees who will continue their training with our [DEHE] con-

struction projects in the near future.”

Each trainee that completed the workshop was given a certificate of completion, John said.

After training, Tucker sees a difference in the trainees – that they hold their heads higher, that they’re proud of what they’re doing.

“It’s opening doors for them,” Tucker said. “They’re seeing opportunities that, ‘Hey, you know, I can have a job. I can stay here in the village and stay at home where I want to be and there’s hope. You know, there’s a chance that maybe I can get a job and work here or work in my region somewhere. But not travel or try to move to Anchorage just so I can have a job.’”

Tucker and John said they hope to work together again on future training events. John said many villages have expressed interest in receiving construction skills training, “It is of great need and we are taking it all under consideration. The same training will be held for three Interior villages this spring in Fairbanks.”

Each year, the Division of Environmental Health and Engineering designs, builds, or oversees the construction of sanitation and health facilities in partnerships with tribal and local governments. To rural communities, the facilities represent long-awaited and much-needed improvements in sanitation and health care as well as advancements in standards of living.

To rural Alaskans, the facilities represent opportunities for hundreds of local construction jobs – hard to find in rural Alaska and important for economic development. The Construction Skills Training Program will help ensure that local communities get the maximum benefit from construction projects in their area. For more information contact Jennifer John, Construction Training Coordinator, ANTHC, DEHE, (800) 560-8637.



Mark your calendar for the ..
Alaska Native Health Symposium

March 17, 2004

Anchorage Marriott Downtown
820 West 7th Avenue
Anchorage, AK

We are inviting Tribal Leadership and Board Members of Tribal Health Organizations to participate in the Alaska Native Health Symposium. This first-ever symposium will include training on key health issues, Alaska Tribal Health System Memorandum-of-Agreement signing ceremony, and reception to celebrate 30 years of self-governance!

For more information, contact either:



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Garnie to speak out for health



NSHC, prominent area musher unite to prevent diabetes

Joe Garnie knows what he has to say will offend people.

But the 14-time Iditarod finisher, who has spent the last 12 years rebuilding his life after a dark and sometimes notorious period as an active alcoholic, is determined to speak out.

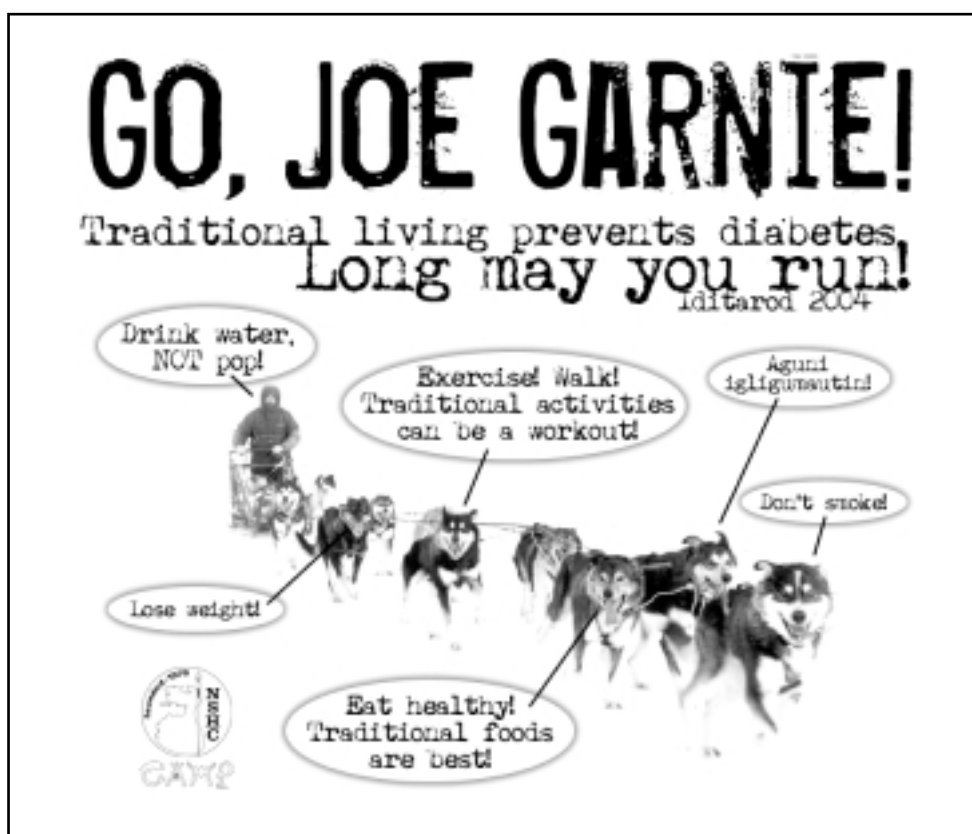
For the next few months he will share his views, on behalf of Norton Sound Health Corporation, about how traditional living is key to good health for Alaska Natives. Garnie, 50, is being sponsored in the 2004 Iditarod by NSHC's diabetes prevention program, CAMP (Chronic Care Active Management and Prevention).

"I'm going to badger my own kind," Garnie said. "You just gotta shame them into being proud of being comfortable with who they are."

Garnie said he is "blown away" by the drastic lifestyle changes in the villages since he was a boy. He still hunts and fishes regularly, uses a dog team more than a snowmachine (for fishing, hunting, hauling and family outings), and eats Native foods daily. Few others in his village of Teller do.

"Basically, traditional meals are just on the wayside," Garnie said. "A lot of young people don't eat it now and it's not their fault at all. The parents allowed it to happen." Some families cook a big meal of subsistence food, then microwave pizza as a separate dinner for the kids, he said.

Garnie is shocked at the amount of pop consumed in the village. It's the top seller at the store next to Garnie's dog lot.



This T-Shirt logo supports Joe Garnie and healthy habits such as exercise, eating traditional foods, and drinking water.

"The amount of 12-packs of Pepsi and soda pop being carried in and out of there just blows me away," Garnie said. He barely drinks a can a month, he said. His daughters get pop about that often and can't even finish a can. Yet one of his nephews drinks 12 cans a day.

Garnie knows how much sugar that translates to—about nine teaspoons per can—and constantly points it out to others. He links sugar intake to another big change in the village in recent years: widespread

obesity among youth.

"If your intake is greater than you can burn up, it's going to go into storage—it's plain and simple," he said. "What's bad is you see the really obese young people walking down the street eating candy or drinking soda pop. You can see where it's coming from. They're definitely not healthy people."

Four-wheelers, snowmachines, TV, food stamps, and the village store are some of the factors diverting people from the exercise they once got sim-

ply by hunting and collecting food, Garnie believes.

With most food coming from the store, many young people today are not learning to use the vast food resources of the region. Garnie has offered to show young men how to cut up a seal, but they decline, saying it smells too bad.

"In one generation all of a sudden the smell of a main staple in our life cannot be stood? We've become like sport hunters," he said, adding that his dog team often benefits from hunters who bring back game but don't want to deal with cutting and preparing it to eat.

Garnie's family, on the other hand, keeps busy collecting food. "We make a family deal out of it," he said. Since the salmon runs go right past their home, that's fish camp. They don't have to go up the river and can spend more time putting away fish.

Though government housing, food stamp, and other programs have helped many people survive in a cash economy where there are few jobs, Garnie believes all the government support has weakened Alaska Natives.

"It's a changed way of life and not necessarily for the best," he said. "I see a lot of wrong we've done. All the handouts are a part of the problem. Nobody needs to be real useful anymore. There's little struggle or strain."

The result for some: a feeling that "I've ceased to become a contributor. I'm useless." And that has led to a high suicide rate, Garnie believes.



lthy living



Photos by Carol Gales

Garnie said Native people need to take ownership of problems in villages today – from changes in diet to loss of language and suicide.

“We can’t wait,” he said. “It’s easy to blame somebody but we as a group of people have to take responsibility for it. We have to quit passing the buck.”

Dogs were part of Garnie’s life from the beginning. His earliest memory is riding in his mother’s sled. His grandfather raced and both his parents mushed. Returning home after finishing high school in Oklahoma and Oregon, Garnie was dismayed to find snowmachines had essentially replaced dog teams.

Garnie wouldn’t let go. Instead of using dogs for hunting, trapping and gathering, he turned to racing. He was

part of the very first Iditarod in 1973 when, at age 20, he acted as handler at the race start for his uncle John Komok of Teller.

Between 1978 and 1993 Garnie competed in the Iditarod 15 times, scratching only once, finishing in the

top 20 twelve times, and placing second, third, and fourth in the mid-1980s.

After a five-year break he came back in 1998 determined to win. But he placed sixteenth. The next year he placed 17th. Something was wrong.

“The aggression level wasn’t there,” he said. “I was just in there going along. And I’ve been over the trail enough times to know I could have more fun at home if I just want to be out with dogs.”

So he took four years off to raise a more competitive team. He is counting on being in this year’s top five.

Yet this might be his last Iditarod.

“It’s so time-consuming, day in and day out,” he said. “I can’t see continuing and robbing both me and my family of family time.”

Garnie is very focused on the health of his team—including himself—during the race.

He cuts out coffee before the race

Garnie conquers painful alcohol past

Many people in the Bering Strait region remember the Joe Garnie whose drinking and related violence landed him in nearly every jail in the state.

But he has changed.

Sober for 12 years, he has been rebuilding his life in Teller, focusing on family, and helping other people escape the trap of alcohol.

“I don’t hide from it, that’s No. 1,” Garnie said. “You have to face the deepest, worst part of it and look it in the face. I’m one drink away from being a drunk.”

While drinking, Garnie said and did things he will never forget.

“There’s a scar on your soul the rest of your life,” he said. “And you have to live with it. I know the blackness of it – the dark, deep, painful memories of that life. Alcohol is hard on your health – mentally, physically and spiritually, it wounds you with lifelong, devastating blows.”

Garnie said he tried to quit drinking but wasn’t able to until he met someone who had been sober for 15 years. With 12 years of sobriety behind him, he now thinks he is ready to help other alcoholics.

“That’s why I came home,” Garnie said. “I left here about 10 years and was getting along pretty comfortably. When I got clean

and sober I came home. I helped to destroy this little community. I’m here to help heal what I destroyed.

“I’ve always been here if somebody put a hand out,” Garnie added. “If I’ve helped one person from that lifestyle it’s well worth it. That one person will help another person someday.”



Joe Garnie and his lead dog “Spark.”

to avoid dehydration and poor rest. On the trail he drinks mainly water or Exceed, a drink that replaces electrolytes lost with sweat. His trail diet includes dried fish, seal, seal oil, steaks, bacon, bagels, creamed spinach, smoked salmon, trail mix,

dried fruit, and chocolate.

“If you’re going to be burning that much energy, going 18-20 hours a day with all that exposure to the great outdoors, you can’t be eating Twinkies and chips,” he said.

His dogs are fueled by a mixture of beef, lamb, pork, fish, beef fat, seal meat, seal blubber, whale blubber and dry dog food.

Garnie’s 29 dogs and five pups include a mix of hounds and village huskies, including descendants of a half-wolf his grandfather had. There are no dog houses in his yard. At night he takes the dogs into a small barn with 16 wooden kennels raised off the ground. His parents had a similar barn off the kitchen. The dogs are spared the stress of cold nights and burn fewer calories generating warmth. In the morning, each dog is put on its own chain in the lot. Garnie immediately collects the dogs’ morning droppings, keeping the yard, chains and dogs clean.

Garnie is grateful for the sponsorship by NSHC’s diabetes program. The program’s message – that traditional living prevents diabetes and other serious health problems – matches Garnie’s personal beliefs and lifestyle today. With 12 years of sobriety behind him, he feels ready to start speaking out about problems he sees and ways to get back on track.

“We have to start instilling some pride in eating the way we do,” he said, adding with a smile: “I’ll force them into thinking it’s cool!”



School Children from the village of Brevig turn in their pledge forms, which Garnie will carry on the trail.

Article, photos and graphics provided by Norton Sound Health Corporation





Help Kristina Clark Stop the Pop

Kristina Clark has written a poem to express her concern for the well being of others. Last year in school she started a Stop the Pop Campaign on her own for her peers. She made posters to express her stand against drinking soda pop and to stand up against having soda in the schools.

This campaign did not go through at the school they are still selling soda pop in the vending machines. She is a young lady who would like to see the soda pop not sold in the schools.

Can we help her? Yes, we can.

If you would like to see a difference in this problem please write a letter to your school district superintendent and make a difference. She is being featured for her courage to step out of her box and try to change her surroundings.

She attended the Youth Leadership Conference in August at Kluti-Kaah Hall held by the Wellness Program with other youth warriors older than her and learned about stepping out of her box and standing up for what you believe. She received a Leadership Award for her Outstanding Leadership.

Kristina, 12, attends Glennallen School. This young lady is going to be a very productive adolescent and will in the future become a strong leader as an adult. This article is sponsored by the Diabetes Program and the Wellness Program of the Copper River Native Association.

Thank you and remember to encourage our youth.



Kristina Clark started a *Stop the Pop* Campaign on her own for her peers. She also made posters to express her concern about selling soda in the schools. This photo was taken at the World Eskimo Indian Olympics in the Native Regalia contest, in which she took first place.

Be Healthy

By Kristina Clark

Be healthy, watch your sugar intake

Be healthy, exercise everyday

Be healthy, and don't eat fat

Be healthy, and feed it to your cat

Be healthy, and you'll live longer

Be healthy, and you'll be stronger

Be healthy, and have some fun

Be healthy, go out and run

Be healthy, don't drink pop

Be healthy, junk food has to stop

Be healthy, don't drink or smoke

Be healthy, take care of yourself

It isn't a joke!

Alaska Native Tribal Health Consortium, state receive cancer grants

ANTHC Staff Report

For the first time, the Centers for Disease Control and Prevention in Atlanta (CDC) has awarded cancer-planning grants to both a statewide tribal entity and to a state agency. The Alaska Native Tribal Health Consortium and the Alaska Department of Health & Social Services will each receive \$300,000 over two years to develop comprehensive, integrated cancer plans.

"When people find out they have cancer, they and their families have enough to deal with. They shouldn't have to spend a lot of time figuring out how to get the care they need," said Don Kashevaroff, Consortium Chair and President. "This grant will help us develop a cancer control plan so Alaska Natives have easier access to the best possible care."

The dual grants recognize that Alaska is the only state where cancer is consistently the leading cause of death, as well as the statewide roles of the two grant recipients. The grants are designed to aid in the development of a comprehensive cancer control plan. The plan will address everything from prevention, screening, diagnosis and treatment to survivorship and palliative care (for the terminally ill). Coordination is particularly important given the complexity of cancer care and prevention.

"The fight against cancer involves a lot of people," said Paul Sherry, Consortium chief executive officer, "including patients and their families, researchers, health educators, policy makers and clinicians. The grants will help tribal health organizations and the state pull everyone together for coordinated cancer care."

This will be ANTHC's first comprehensive cancer planning effort.



Dr. Greg Marino, Director, Outpatient Hematology and Oncology, Alaska Native Medical Center, and Ethel Lund, founder and former president of the SouthEast Alaska Regional Health Consortium, are co-chairs of the core planning group for a statewide, comprehensive cancer planning effort.

The state will update its 1994 plan, adding treatment, survivorship and palliative care components to it.

The two groups will work closely together to make sure plans reflect

needs, trends and resources available to address cancer. Jeanne Roche, Director of Cancer Prevention and Control Program, will direct the planning efforts for

the Division of Public Health, Alaska Department of Health and Social Services and Christine DeCourtney for the Alaska Native Tribal Health Consortium.

Guidance for plan development is provided by a Core Planning Group (CPG), which includes tribal leadership, Alaska Native Medical Center and regional hospital healthcare providers and other representatives. Six work groups have been established to address specific areas of cancer such as prevention and treatment.

The targeted date for completing the plan is June 2005 with drafts available for comment in early 2005. Christine DeCourtney, Cancer Program Planning and Development Manager, will coordinate the planning process.

About 1,800 new cases of cancer will be diagnosed in Alaska this year, and about 700 people will die from cancer, according to American Cancer Society estimates. Cancer has been the leading cause of death in Alaska since 1990 and the leading cause of death for Alaska Natives since 1997.



Cancer is No. 1 cause of death among Alaska Natives

Cancer is the leading cause of death for Alaska Natives. Not only is the Alaska Native population increasing, the rate of cancer in this population is also increasing.

In the five-year period 1969-73, 396 Alaska Natives were diagnosed with cancer. In 1996-2000, 1,353 Alaska Natives were diagnosed with cancer.

Anne Lanier, M.D., M.P.H. began tracking Alaska Native cancer cases more than 30 years ago, resulting in a data base that provides important information about the changing patterns of cancer in Alaska Natives.

Everyone is touched by a diagnosis cancer – family and friends as well as the patient. It is important to use healthcare resources to not only to provide care for patients diagnosed with cancer, but also to help people learn how to prevent cancer and to coordinate diagnosing and treating cancer.

Statewide ...

From page 4

Searls was born and raised in Juneau. She is a member of the Kaagwaantaan clan and is actively involved in several Native cultural and community organizations, including the Alaska Native Sisterhood, the Eagle-Raven Dancers, and the Tlingit Gospel Singers. She earned a master's degree in business administration from the University of Hawaii.



From the Web site SEARCHC.org.



Subregional clinic opens doors, makes history in Unalakleet

Norton Sound Health Corporation made history with the opening of its first subregional clinic in December.

About 200 Unalakleet residents and dozens of dignitaries and visitors filled the gleaming new lobby and spilled into the adjacent halls of the 17,000-square-foot facility for a grand opening ceremony the afternoon of Monday, Dec. 15.

The crowd heard from local elders and officials, spokespersons from nearby villages, representatives from funding agencies and Native health organizations, and Unalakleet's traditional dance group.

"This facility is all you said it would be," said Bill Allen, Alaska director for the U.S. Department of Agriculture, Rural Development, which provided \$3 million for the \$8.15 million project. "It's absolutely beautiful. As a representative of the USDA I am very happy to be a part of it. Clinics like this are hard to find. They are almost impossible to replace."

"This place has come alive because this community has come together," said Jeff Staser, co-chair of the Denali Commission, the project's major funder. "We're bragging about you like you wouldn't believe. You've taken a concept most of us talk about and dream about, and you've done it!"

U.S. Senator Lisa Murkowski called the clinic a "gift that keeps on giving" for the community. She said the "can-do attitude" shown by Unalakleet in the project should be copied by other villages. She



Photos by Carol Gale

The Unalakleet dancers performing at the start of the grand opening ceremony.

praised the project for staying within budget while using 100 percent local and regional hire.

Murkowski asked everyone to make resolutions for a healthier community in 2004.

"Clinics are important but they are only part of the equation," she said. "The buildings alone don't make you healthy." She urged the community to commit to ending drug and alcohol abuse, fetal alcohol syndrome, suicide, domestic violence and tragic accidents, and to work together for a healthy village.

IRA President Middy Johnson told of the project's origins, describing how village entities put aside differences to begin planning the clinic at the suggestion of elders Stanton and Fred Katchatag. Planning meetings begun in 1997 led to a groundbreaking ceremony in June 2001. Unalakleet Native Corporation donated land for the clinic and is building an 8-plex to house staff and patients visiting from nearby villages.

Elder Fred Katchatag told the group he was amazed that funding could be found to turn the dream of a subregional clinic into reality.

"There's nothing much as an elder I can do to help in here, but I can sure support the people who are working in here with my prayers," he said. "I know my children and grandchildren and great-grandchildren will receive a lot of blessings in here."

Stanton Katchatag marveled that the land now occupied by the clinic was once open tundra. His wife Irene described her work as an early health aide in the village and then at the Native hospital in Anchorage.

"This building reminded me of ANS hospital in Anchorage, the prettiest hospital you will ever see," she said. "This is somewhat like it. I wish I was younger. I would look for work in here."

See Unalakleet, page 10



Jeff Staser and U.S. Sen. Lisa Murkowski visit with two men who worked on the building.

Funding ...

From page 1

of operations and actual funding levels has created significant problems for our health care delivery system in Alaska. At ANMC, for example, we suffer from chronic budget shortfalls, staffing challenges, and severe clinic space shortages. In particular:

Staffing costs are rising by over \$2 million per year. For fiscal year 2004, the mandatory Federal employee pay increase was for 4.1 percent, which we had to give to all of our employees, including our hundreds of Federal officers and employees. This cost us \$2.3 million. However, our IHS funding for all personnel costs only rose a little more than \$600,000 in that same year. This created a \$1.7 million shortfall, leaving us no choice but to pay for it out of funds that otherwise would have been used for patient care.

Pharmaceutical costs have risen by double digits in each of the last five years, and are now costing us nearly \$15 million per year. Because we received only nominal IHS funding increases to help pay for these costs, we have had no choice but to pay for the vast majority of these costs out of funds that otherwise would have been used for patient care.

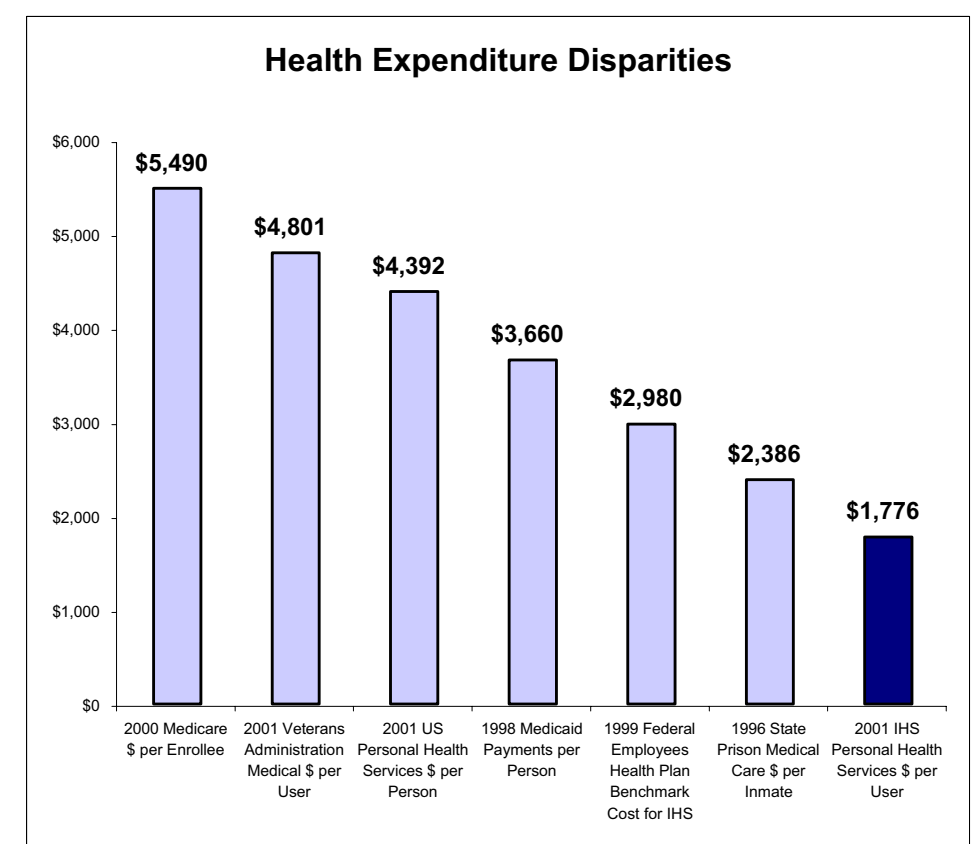
Facility upkeep costs must also be

made to keep up with our ever-increasing patient encounter volumes. ANMC had to invest over \$4 million in facility upgrades the last two years, with only nominal IHS funding increases to pay for it, thus forcing us to pay for it out of funds that otherwise would have been used for patient care.

Health information technology costs also continue to rise. Quality patient care, quality medical records systems, effective compliance systems, and effective billing and collections systems all require a first rate health information system. ANMC has had to invest over \$6 million in information system upgrades, above and beyond the ordinary recurring costs of maintaining our information systems, and will continue to invest heavily in these systems in the future. Because we received only nominal IHS funding increases to pay for these costs, we have had no choice but to pay for the vast majority of them out of funds that otherwise would have been used for patient care.

Fiscal year 2005 IHS contract support shortfalls hurt the Consortium's ability to provide services to Alaska Natives.

The Consortium is under-funded by more than \$8 million per year in contract support funding, calculated on the basis of federally authorized negotiated contract support rates. These underpayments severely hurt our ability to pro-



vide services to Alaska Natives.

Although we have been able to cut our administrative overhead to the bare minimum, due in part to excellent management practices, the fact is, allowable contract support costs are very legitimate and very real, as is documented in applicable OMB Cost Principle Circulars.

So because we have already cut our actual, OMB-allowable contract sup-

port costs to the bare minimum, the amounts that we are under-funded do not have the effect of improving our efficiency, which is already optimized, but rather, have the detrimental effect of significantly reducing the amounts available for direct health services for Alaska Natives.

Thank you again for the opportunity to testify before you this morning.





ANTHC developing Alaska Native statewide health services and facilities master plan

Collaborative effort will promote comprehensive, coordinated health care delivery and facilities construction

By Rick Boyce

Director of Health Facilities Support, Division of Environmental Health and Engineering

At the request of the Indian Health Service, the Alaska Native Tribal Health Consortium (ANTHC) is developing a statewide health services and facilities plan for the Alaska tribal health system. The plan will identify existing and required healthcare services and determine the type and location of facilities required to provide those services. IHS will use the plan in setting its funding priorities for facilities construction.

"This is a large undertaking but with a big payoff. I think it'll help the tribal health organizations deliver comprehensive health care services in a coordinated fashion," said ANTHC President and Chair Don Kashevaroff. "It'll help us direct limited resources to the areas of most need."

"It'll have a big impact on future funding so we

want to make sure we have our partners involved in making this a thorough and accurate plan," said Steve Weaver, Senior Director, Division of Environmental Health and Engineering. "We'll work closely with the other tribal health organizations, both formally, through the Alaska Native Health Board and the Association of Tribal Health Directors, and in other forums."

Timeline

The Alaska Native Statewide Health Services and Facilities Master Plan will document needs for Alaska Natives through 2015. IHS requested the plan be completed by July 2004.

Two-part plan

The Alaska Native Statewide Health Services and Facilities Master Plan will have two parts, one on service delivery, the other on facilities.

Part one – service delivery

The first part will be a comprehensive system-wide healthcare service delivery plan. This section will identify existing and required healthcare services, and determine the location and general type of facility required to provide these healthcare services.

Part Two – facilities

The second part of the master plan will deal with facilities. It will determine the appropriate amount of space for existing and anticipated services, evaluate the condition of existing facilities, and identify new facility requirements.

Coordination with other efforts

Several other healthcare planning efforts are underway by or with other tribal health, state, and federal organizations. ANTHC is working with other organizations to ensure that its planning is done in consultation and coordination with those efforts. These healthcare planning efforts include the following:

- As part of developing the Health Services and Facilities Master Plan, ANTHC is conducting a Statewide Native elder health assessment that will document the health status of Alaska Native elders and identify their needs.

The process will identify, prioritize, and report on the elder care needs of Alaska Natives and will identify service models that are culturally

See Plan, page 11

New health clinic opens to serve Unalakleet

Unalakleet's new clinic officially opened for business Jan. 5. Health aides saw the first patient there – a basketball jamboree participant from out of town – the prior week-end.

Though the breaking-in period is still underway, health aides and their patients are enjoying the new building.

"The health aides have their own space," said Dave Davalos, physician assistant and director of the clinic. "They're not waiting outside

a room for another patient to get out. Patients can't hear each other. There's room for kids to play in the lobby, and people visit."

A big plus of the new facility is teleradiology. Now X-rays can be taken digitally and sent immediately via computer to Anchorage and Nome. This eliminates the hassles of dealing with film, chemicals and shipping delays.

Clinic staffing has risen from eight last year to 16. Full staffing is expected to reach 24 within two years.



Unalakleet's new clinic officially opened for business Jan. 5.

"You have to build this program. It won't just happen by itself," Davalos said. "We are developing a system to draw in patients from Koyuk, Shaktoolik, Stebbins and St. Michael."

An NSHC audiologist moved to Unalakleet in February to work in

the clinic's fully equipped audiology office. Specialty clinics are also part of the plan. Unalakleet Native Corporation is building an eight-plex with four units to house patients visiting Unalakleet for treatment. It will be completed this summer.

Unalakleet ...

From page 9

Emily Hughes, chair of the NSHC Board of Directors, thanked NSHC's Capital Projects crew – mostly residents of Unalakleet working under supervisor Terrence Katongan – for "bringing our vision to life."

Marlin Sookiyak of Shaktoolik, Elvina Naranjo of Koyuk, and Virginia Washington of St. Michael voiced thanks on behalf of three of

the four villages that ultimately will send patients to the subregional clinic (Stebbins is the fourth village).

"We know our health will be in good hands," Naranjo said.

"You can rely on our health aides," said Kathy Johnson, NSHC board member from Unalakleet.

Sen. Donny Olson said new clinic will help health aides do a better job.

"When you have a facility with the equipment ready to deal with these things it makes all the difference between whether (patients) are going to live or they're going to

die," he said.

Loretta Bullard, president of Kawerak, Inc., said Anchorage contractors often complain there aren't enough skilled workers in villages. "The work that was done here proves that's not true," she said.

Tim Gilbert, representing Alaska Native Tribal Health Consortium, said he explored the clinic with residents before the ceremony and "could feel the pride coming directly from the people, especially the elders, of being able to have such a facility."

NSHC President and CEO Joe Cladouhos lauded the planning and work that got the clinic built. "Page two starts after we move in here and how we're going to provide the care when we get in here. We did it, and thanks to all of you for helping."

The ceremony ended with Emily Hughes and Fred Katchatag setting the final lobby floor tile, etched with part of NSHC's logo, into place. The crowd then migrated to the school multipurpose room for a potluck followed by a fiddle dance.



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

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

Highlights will include:

- A keynote address by Surgeon General Richard Carmona, "A Year in the Life of Public Health."

- A round table discussion featuring the deans of major public health programs and exploring future trends in public health care

General Sessions

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

Mini-Sessions

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

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

Continuing education credits available.



Alaska Native Health Board picks Trudy Anderson as President, Chief Executive Officer

The Alaska Native Health Board has selected Trudy Anderson as its President and Chief Executive Officer. Anderson is of Yup'ik and Inupiat descent. She was born in Nome, Alaska and grew up in McGrath, along the Kuskokwim River. She received a BA in Organizational Management from the Alaska Pacific University and is a certified Paralegal. Most importantly, she says, she is the mother of three daughters, Rachel, Halie, and Ema.

With contributions from its member organizations, the Alaska Native Health Board has been active for thirty-five years as an advocate on behalf of health needs and concerns of all Alaska Natives. ANHB continues to emphasize the importance of "self determination in health care services and encouraging wellness and healthy ways of life in Native communities."



Live longer, stop using tobacco today

Why I Need to Stop

- I'm tired of tobacco
- I want to look and feel healthier
- I want to have more energy
- I don't want cancer
- It will lower my blood pressure
- I can save money to buy a new snow machine and lots of other things for me, and my family
- Tobacco use sets a bad example for my kids
- I don't want to have a heart attack
- I'll get fewer colds and infections and be more productive
- I can feel proud of myself

Resolve to STOP using tobacco, be and feel healthier – for you and your family.

The YKHC Nicotine, Control, and Research Program can help you.

For information and help in quitting tobacco call YKHC Nicotine Control and Research (800) 478-3321 or (907) 543-6312.

Energy ...

From page 2

ardous materials.

These and other challenges do not escape Whitwell. "Since completing this demonstration project, we have altered our initial goal of total energy independence to a more obtainable goal of supplemental and emergency power for critical village infrastructure such as the clinic, school, communications, and water treatment." Potentially that could include hybrid power using a combination of PV with energy storage and diesel powered generators.

Among Venetie's other initiatives, it is converting a percentage of waste heat given off by the generator set in the nearby power plant into energy to heat the washeteria. As a result, the boilers only turn on during periods of peak demand in cold weather, thus conserving the fuel oil that powers the boilers.

Whitwell reports that, "before employing the waste heat recovery system, the community had to fill the 300-gallon day tank about once per week in the winter; now it gets filled once every three to four months, even less in the summer, to the point that the water plant operator often forgets to check the level of the tank."

Although the advantages and disadvantages of incorporating solar technology into facility design depend on numerous factors, foremost a community's preference and capabilities, I no longer look upon that photo of snow-covered solar panels with such cynicism. The impassioned leaders of Venetie have made it work for them by reducing their dependency on diesel fuel and increasing their self-sufficiency.

For more information contact Lance Whitwell, tribal energy program manager, NVVTG at (907) 849-8165, or visit www.rusg.com/educational/nrthrsol/stations/stations.shtml.



Photo by Scott Henrickson/DEHE staff
Lance Whitwell of Venetie, far right, stands on the foundation of the tracking array photovoltaic solar unit with three technical consultants from Earth Energy Systems.

ANTHC launches training program for new HIV/AIDS test

ANTHC Staff Report

The Alaska Native Tribal Health Consortium has received a \$50,000 grant to support the use of a new test that will help people find out if they have contracted HIV or AIDS. The one-time \$50,000 is from the Health Research and Services Administration, in the US Department of Health and Human Services.

The grant will allow the Division of Community Health Services, Ryan White Title III Early Intervention Services HIV/AIDS program to provide training on the use of Ora-Quick, a new finger-prick test that provides preliminary results within

20 minutes.

The goal of the grant is to establish guidelines and a "cookbook" for any provider, clinic or regional health service to implement the rapid test. Unlike other antibody tests for HIV, this test can be stored at room temperature, requires no specialized equipment and can be used outside of traditional laboratory or clinical settings.

Early testing enables infected individuals to avoid unknowingly spreading the virus, potentially saving lives. It also helps those who test positive obtain medical care earlier in the course of their infection, when medications can work

more effectively to slow the course of the disease.

About 1 million people are estimated to be living with HIV or AIDS in the U.S., about a third of whom are unaware of their diagnosis. The human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome, known as AIDS.

This virus is passed from person-to-person through sexual contact and blood-to-blood contact, including needle-sharing. Pregnant women with HIV infection can pass the virus to their baby during pregnancy or delivery, as well as through breastfeeding.



Plan ...

From page 10

appropriate and sustainable at the regional and local village level with existing or newly identified community resources. The project is intended to provide useful and accurate information to support statewide and regional planning for future services to Alaska Native elders.

ANTHC is partnering with the State of Alaska Department of Health and Social Services, the Alaska Mental Health Trust Authority, and the Denali Commission to conduct a statewide behavioral health needs assessment. Working closely with the Association of Tribal Health Directors, this effort will identify

existing Native/non-Native behavioral health programs, services, and facilities for rural Alaska and identify gaps in current services and facilities.

Based on input from across the state, "a continuum of care" service delivery model will be developed outlining how services will be provided. These services range from village-based (outpatient) services to residential treatment. The facilities needed to provide these services will also be documented in the master plan.

- The Comprehensive Cancer Control Planning Project for Alaska Natives will also provide information for the master plan. ANTHC is conducting this two-year project, which began in October 2003. The project will cover all facets of cancer care and control, including prevention, early detection/diagnosis,

treatment, rehabilitation, and survivorship. The project will identify priorities and key strategies for cancer control as well as gaps in current service delivery.

The project will also predict future planning needs. ANTHC is working closely with key tribal health system service providers as well as with state and public/private organizations on this project.

Many benefits of planning

The master plan will assist tribal health organizations in Alaska in many ways.

First, it will promote a comprehensive and coordinated medical service delivery system that provides a framework to start addressing the healthcare needs of each tribal health organization.

Second, the plan will be a valuable reference to use when tribal health

organizations are planning for program or a facility expansion or both.

Also, the plan will help tribal health organizations to identify high priorities and to most effectively use limited resources on those priorities. Last, the plan will also provide the support documentation needed for tribal health organizations to apply for state and federal resources.

Overall, the Health Services and Facilities Master Plan will coordinate the Alaska tribal health system's efforts to provide affordable, accessible, high quality health care that is responsive to individual patient needs. The planning being done now will result in better health services and facilities for Alaska Natives in the future. For more information, please contact Rick Boyce, Director, Health Facilities Support, at 729-3601 or email rboyce@anthc.org.





Telepharmacy speeds delivery of medications to rural Alaska

By Southcentral Foundation
Staff Report

New technology allows Alaska Native Medical Center (ANMC) to dispense medications safely and quickly to remote Alaska villages.

"This is a dramatic improvement over mail delivery," said Capt. Douglas Herring, ANMC Assistant Chief of Pharmacy Services. "It cuts down on the delivery time by days, even up to a week if the weather's bad."

Herring supervises the rural remote prescription-dispensing program at ANTHC.

The equipment allows a care provider at a remote site to get a prescription filled via a secure cabinet in the clinic.

A pharmacist at the central facility receives the prescription. A computerized machine dispenses the medication into a container at the remote site. Then the local health aide attaches a label and delivers it to the patient.

To provide additional security, cabinets in the villages dispense medications only after a code is entered at the site.

"We looked at several systems and chose this one because the manufacturer has a reputation for building reliable, durable equipment," said Herring. "Plus, it's easy to use."



Screenings key to early diagnosis, intervention, brain development

By Margaret Lanier

According to national estimates, congenital hearing loss is likely to occur in about 30 Alaskan children each year. Left undetected, hearing impairments in infants can negatively impact many aspects of a child's life including life-long delays in language, cognitive, academic, and socio-emotional development. If detected early, however, these negative impacts can be diminished and even eliminated through early intervention services including assistive listening devices, such as hearing aids. The National Institutes of Health's (NIH) Consensus Development Conference on Early Identification of Hearing Loss (1993) concluded that all infants should be screened for hearing impairment through universal newborn hearing screening, preferably prior to hospital discharge. In the absence of Universal Newborn Hearing Screening (UNHS) programs, many children with hearing loss are not identified until 14 months to three years of age, well after critical periods for brain development have passed.

Upon admittance to a birthing facility and throughout the prenatal period, parents receive information on universal newborn hearing screening (UNHS). The screening test will check to see if your baby's hearing is normal or whether further diagnostic testing is needed. The screen does not hurt and can be done quickly.

The screening results are either pass or fail. If the baby does not pass the screen, he/she is referred to a pediatric audiologist for diagnostic testing. If a hearing loss is confirmed, the baby and family are referred to the primary care provider and other needed services.

The conclusion of 2003 marked a significant milestone for the Alaska EHDI program. To date, all 23 birthing hospitals in the state have the necessary screening equipment to perform newborn hearing screening on infants born in their facilities. The most recent data suggests that approximately 80 percent of all newborns in Alaska receive the screening prior to 1 month of age.

Alaska's largest challenge is to develop a system of linkages to ensure that infants referred from screening in the hospital receive timely audiological evaluation, connection



Hearing tests for newborns help babies get the care they need.

to primary care providers, and enrollment into early intervention services. Monitoring a child for hearing loss does not stop after hospital discharge. Some children can develop progressive or late onset hearing loss. In an effort to educate families throughout Alaska, and particularly those residing in rural communities, the EHDI program will begin airing television and radio public service announcements during 2004. In addition, the EHDI program has developed an instructional video for Community Health Aide/Practitioners (CHA/Ps). Through this video, the viewer will become more familiar with hearing loss, the high risk factors for progressive hearing loss, the developmental milestones for speech and hearing, and most importantly, the proper protocol regarding diagnosis and early intervention for an infant/child with a suspected hearing loss. The EHDI program worked closely with the ANMC CHA/P program to develop both the public service announcements and the video, and would like to thank the CHA/P staff for their time and efforts.

For more information, contact margaret_lanier@health.state.ak.us or (907) 269-3466 or <http://hss.state.ak.us/dhcs/newborn>.



New ANTHC Business Resource Center will centralize services

History

The Alaska Native Tribal Health Consortium (ANTHC) currently provides various statewide support functions to Native health facilities including Regional Supply Service, Alaska Clinical Engineering Services, telehealth, professional recruiting, and the statewide business office coordinator. Providing services from a centralized source enables tribes to take advantage of economies of scale, maintain staff

knowledge in the issues and realities of isolated delivery systems and their specific and sometimes very unique needs. Cognizant of the difficulties that exist in attracting and maintaining quality resources, ANTHC can also capitalize on access to a more competitive market because of its geographic placement in Anchorage.

What is the Business Resource Center?

The Business Resource Center

(BRC) is a logical addition to the menu of services provided by ANTHC.

A major focus of tribal organizations during recent years is the development of third party revenues as Indian Health Services funding declines and no longer fully supports the beneficiary's health needs.

The premise of the BRC function is to develop financial and billing expertise and a support network to ensure adequate resources are developed and maintained to meet the ANTHC vision of "A unified health system working with our people, achieving the highest health status of the world."

Why ANTHC?

The BRC function fits easily into the role of ANTHC in supporting the efforts of the outlying tribal health organizations.

The regional and independent facilities can focus on their own community services and utilize and train local hires to build their revenue cycle workforces instead of relying on traveling/locum staff. ANTHC can assist tribal facilities with the education and training needed to enhance their revenue cycle process.

BRC Services

The potential menu of services the BRC could provide has expanded since the original concept. Initially, the focus was strictly revenue cycle

training services. There has always been a statewide demand for other services such as accounts receivable follow up, collections and temporary business office staffing.

Although the immediate focus is still on revenue cycle training, in developing the long-term vision of the BRC, it is necessary to look at other potential opportunities as well.

Projects currently underway:

- Tribal resource list for services and support
- Centralized and Distance Coding module
- Clinic Best Practice Procedure Manual
- 3rd Party Training module
- Method E cost report evaluation
- A/R Analysis & Recommendation module
- Clinical Documentation Training module both distance and on site
- "Travel Arranging" training module (now available)

If you have further questions and/or suggestions, contact Nichole Hunt, Business Resource Manager at (907) 729-2874 or Inhunt@anmc.org



YOUR VILLAGE NEEDS YOU!

Be a valued asset for Elders in your village. Be a Personal Care Attendant.

Your healing touch will enhance their quality of life.

Receive training and earn a steady, year-round income with opportunities to advance in other health professions.

For information on how to become a Personal Care Attendant contact your Tribally managed health organization.

