

# MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

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## Are you getting quality care?

By Karen Y. Wainwright, RN, MPH, CCRP  
Office of Quality Resources  
Alaska Native Medical Center

Do you remember the last time you or a family member needed to go to the hospital to receive care? Maybe it was to give birth, to fill a pharmacy prescription, or maybe you went in for a surgical procedure. Did you receive "quality

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## New patient privacy law coming

ANMC Staff Report

A new federal law that will streamline and improve handling of patients' medical information goes into effect April 14. The Health Insurance Portability and Accountability Act (HIPAA) affects how health care providers use and disclose medical information. It clarifies how patients may access

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## Long may you run!

**Norton Sound Health Corporation sponsors Shaktoolik man to race in Iditarod for diabetes prevention**

Palmer Sagoonick of Shaktoolik is gearing up for his third Iditarod Trail Sled Dog Race, but this one will be different.

Sagoonick is now being sponsored by Norton Sound Health Corporation's

(NSHC) diabetes prevention program, and will race under the slogan *Traditional living prevents diabetes—long may you run!*

"We're going to let Western Alaska and the whole world know we're

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At right: Palmer Sagoonick puts booties on one of his leaders for a 45-mile training run in January. Sagoonick is running the Iditarod under the slogan *Traditional living prevents diabetes -- long may you run!*

File Photo



## Tribal self-governance takes another step forward

By Melissa Campbell

During more than 20 years of working in the Alaska Native medical field, Dr. Richard Mandsager has witnessed a change in the balance of power. As former director of the Alaska Native Medical Center, he remembers when the hospital was run by the Indian Health Service (IHS). He recalls how Alaska Native facilities were run using rules that fell under a blanket policy system; how policies and procedures that worked for Lower 48 tribes were brought to this state and put into place here. And how they sometimes didn't work.

**The early rules were so tilted against the tribes**

But all that changed with Title V, an amendment to P.L. 93-638 that essentially shifted the balance of power from the government to the tribes themselves through compacting.

"The early rules were so tilted against the tribes," Mandsager said. "The requirements, the complex language in

the contracts . . . I think back and I shake my head now. Everyone thought that you've got to have everything written down, that you can't trust your partner. Fortunately, our thinking has changed."

"As IHS developed a trust, started making agreements under compacting, it has made a real difference in creating an environment where more innovative thinking could take place. We never would have gotten it done without compacting."

Before compacting, Alaska Native and Native American health care facilities oper-

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As self governance increases in the areas of health and social services, tribes can look forward to positive changes. These include more predictable funding, and the ability to better tailor programs to promote safe and stable families. (Above) As a parent, foster parent, and Head Start teacher, Matilda Hardy works to strengthen families in Shaktoolik. Pictured here, she takes son Brice through his daily reading assignment.

Photo courtesy of Carol Gales, NSHC

**The Indian Self-Determination and Education Assistance Act of 1975, Public Law 93-638, was enacted by Congress "To provide maximum Indian participation in the Government and education of the Indian peoples; to provide for the full participation of Indian tribes in programs and services conducted by the Federal Government for Indians and to encourage the development of human resources of the Indian people."**



# VOX

## The Voice of The people

Is it Spring yet and what are some of your favorite activities in the Spring?

Well, it is too cold to be Spring! I love to watch the grass turn green and the flowers and trees come to life.



Carl Tingook Jr.  
Point Hope

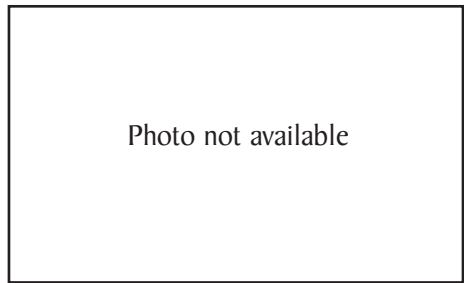


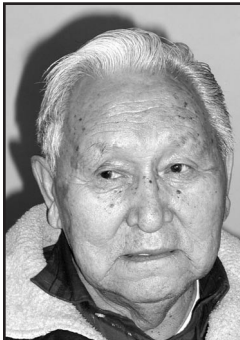
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Al and Rita Lopez  
Dillingham

Yes it is Spring! And we love it! We love to get out the grill and barbecue with the family.

No, Spring is not until May.

Back where I am from we hunt seals about that time.



Ben Gregg  
Kotzebue



Cynthia Kanayorak-Austin  
Barrow

I hope it's Spring I don't want any more snow now.

I love to walk around Cheney Lake (in Anchorage) especially during the Spring.

## Hooper Bay students say "be head smart, wear a helmet"

by Gretchen S. Brown,  
Dept. of Injury Prevention and  
Emergency Medical Services,  
Yukon-Kuskokwim Health Corporation

Following a tragic four-wheeler crash in which a teenager lost her life, the students of Hooper Bay have taken it upon themselves to make sure every person in the village has access to a snowmachine or ATV helmet.

Under the leadership of Jack and Sabine Silvernail, teachers at Hooper Bay's school, the students are selling snowmachine and ATV helmets through their coffee shop.

Since the inception of the "Helmets for Hooper" program, more than 100 helmets have been sold. Hooper Bay's teachers and students have done a great job in increasing the number of residents who ride their snowmachines and four-wheelers responsibly.



Hooper Bay students with their helmets on. Teacher Jack Silvernail is at left.

Photo courtesy of Michael Faubion, YKHC

Learn from Hooper Bay—Be head smart, wear a helmet.



## Privacy law

Continued from Page 1

their records.

For health care providers, protecting patient confidentiality has long been an important professional ethic. HIPAA will put tools and procedures in place to make it easier to do that. With HIPAA, we can take increased pride in the trust patients place in us. After all, protecting our patient's privacy is part of quality care.

HIPAA is a federal law with rules to protect the privacy and confidentiality of all health care related information. HIPAA calls this information, "Protected Health Information" or PHI. HIPAA requires healthcare organizations nation-wide to make sure everyone's health information is kept secure. The new law says that without specific authorization, a person's health information may be used, released or disclosed only as needed to provide medical care, ensure proper payment for health care and to help health care organiza-

### Protecting our patient's privacy is part of quality care

tions plan their operations.

HIPAA requires all health care providers to provide every patient with a *Notice of Privacy Practices*. This notice tells our patients how we

may use their private protected health information (PHI).

We have all known that privacy matters, and this law simply reinforces that. Still, there will be changes with HIPAA.

We need to be sure medical information is kept secure. What are some simple things we can do right away to protect patient privacy?

- Keep your computer screen covered or turned from the view of others
- Keep medical charts and schedules off counters or desks where other patients or the public can see them

For almost two years, a statewide tribal HIPAA Task Force has been meeting to develop tools and procedures needed to carry out the new law. This task force is under the direction of the Medical Services Network Committee, which, in turn, is guided by the Alaska Native Tribal Health Consortium (ANTHC) board of directors. Members of the HIPAA task force represent most of the Alaska regional tribal health care facilities and clinics.

This group is working together to provide clear, consistent direction, legal resources, and tools to all the tribal entities throughout Alaska. Similar approaches will make it easier for our patients to understand how their PHI is protected as they move among and receive health care from tribal facilities across the state.

At the Alaska Native Medical Center (ANMC), tribal managers are

working through the ANMC HIPAA Oversight Group. This group is responsible for all the changes ANMC needs to make to comply with HIPAA. The Oversight Group guides several other sub-groups and as many as twelve work teams to identify areas needing increased privacy protections and other changes required by HIPAA. These groups are creating processes, new or revised policies (three) and procedures (37) and HIPAA-related education for the medical campus.

One of the sub-groups is a Privacy Work Group composed of clinical, health information and information technology staff. The Privacy Work Group will make sure ANMC staff carefully consider clinical and departmental practices and implement best practice standards. HIPAA is not intended to make it harder to

### HIPAA is not intended to make it harder to get health information for medical care

get health information for medical care. It is meant to protect the privacy and confidentiality of that information.

Get ready! HIPAA is coming our way!



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# MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

The *Mukluk Telegraph* is the official newsletter of the Alaska Native Tribal Health Consortium. It is published bi-monthly and distributed to customers, partners, employees and associates of ANTHC statewide.

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## Letters to the Editor

All readers of the *Mukluk Telegraph* are welcome to comment on subjects covered in the newsletter. Your opinions may be shared with other readers in the following issues of the *Mukluk*. Responses will be edited for length and good taste. We will attempt to publish all opinions. If you have questions about sending in letters, please don't hesitate to call Selma Oskolkoff-Simon at 907-729-1900.



## “Pokey the Clown” boosts immunization rates



“Pokey the PHN Clown made us smile after we got our pokes. WE’RE IMMUNIZED!” Pokey the PHN Clown, also known as Bobbie Gomez, PHN Administrative Assistant, with two fans.

Joaqin Estus, Director ANTHC Public Communications

Pokey the PHN Clown has caught the attention of the ten-and-under age group in northwest Alaska. Kids know that if they come and get a “poke” (vaccination) from Pokey, they can get their picture taken with her too.

“It’s wildly popular,” says Maniilaq Public Health Nursing Program Manager Polly Swick. “We even had a little girl come in who was completely up-to-date on all her vaccinations. We were so happy when we realized she still needed her TB tine test! We didn’t want to disappoint her and her Mom!”

Bobbie Gomez, PHN Administrative Assistant, one of two Maniilaq employees

File photo

who play Pokey, said she also talks with kids and their parents about the importance of getting all their vaccinations. “It’s gets a serious message across with a little humor,” said Evans.

Vaccines protect children by helping prepare their bodies to fight serious and sometimes deadly diseases. Vaccines prevent disease in the people who get vaccinated and protect them if they come into contact with a person who hasn’t received their vaccination yet. Vaccines have helped prevent infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenza type b (Hib). To find out more, contact your local health care provider.



## MORE STATEWIDE NEWS

### White Mountain clinic, children win Norton Sound Health Corporation dental fluoride campaign

The results are in for the Norton Sound Health Corporation Dental Clinic Village-wide Fluoridation Campaign! White Mountain, Koyuk, and Wales won first, second and third prizes for administering the most fluoride treatments to school kids. White Mountain managed to administer fluoride four times every month to their school kids since the start of the school year. Prizes of \$500, \$250 and \$150 gift certificates at their local Native store were given to the winners. Plus every clinic that sent in fluoride reports was eligible for a drawing for a \$100 prize. The same prizes will be awarded for the second half of the school year also, to help children have great smiles!

Excerpted from the *Kaniqsirugut News*, a newsletter of the Norton Sound Health Corporation.



### Check it out: ANTHC.org

The Alaska Native Tribal Health Consortium internet site ([www.anthc.org](http://www.anthc.org)) has been revised and updated. It has a new look. It has new information. It has new links. The revised site includes:

- \*a whole section on professional recruiting with information about where jobs are available around the state.
  - \*more information about ANTHC, especially the community based services
  - \*links to health corporation websites
  - \*information about internships and scholarships.
- And, of course, there is the ANTHC job vacancy list and applications.

ANTHC Staff Report



## Iditarod musher

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Palmer Sagoonick, Shaktoolik

fighting diabetes here in the north country,” said Sagoonick, 56. “I want to encourage Native people to stick to Native foods, which are more healthy than the commercial foods coming in.

“I’m sure the media is going to pick up on it,” he added. “I’m going to talk about it every chance I get!”

NSHC’s diabetes program had been looking for someone to hold up as a role model of healthy, traditional living, said Dr. Mike Swenson.

Sagoonick is perfect.

“Dog mushing is a pretty traditional activity, and Palmer believes in living a traditional lifestyle and promoting those kinds of values,” Swenson said.

NSHC’s three-year sponsorship will help Sagoonick buy sleds, harnesses, tuglines, gloves, runners, booties, and many other things needed for the race.

In return, Sagoonick will talk about diabetes on the trail, and after the race will visit classrooms in the Norton Sound region to tell youth about diabetes and how to avoid the disease with exercise and healthy eating that includes traditional Native food.

The message is similar to one Sagoonick has long promoted.

After he got into sport mushing in 1993, he encouraged others in the village to get involved with mushing. He felt the healthy activity would give unemployed young people a sense of purpose. Four other people started dog teams, and the Shaktoolik mushers organized events for children and elders.

Since focusing on the Iditarod, however, Sagoonick has had less time for community events.

He’s out of the house early every

morning, spending hours repairing sleds, feeding his 42 dogs, scooping the lot, and doing other chores.

Sagoonick grew up taking care of his family’s dog team. He was relieved when snowmachines replaced dog teams in the 1960s, which meant less work for him.

But 30 years later, when Sagoonick strung together a few dogs people had given him and took a mile run, he found himself hooked.

“And once you’re hooked, the hook goes deeper and deeper,” he said.

The hard work and financial support of family and friends got

### Last year, Sagoonick carried in his sled the names of people who were critically ill, and was named “Most Inspirational Musher.”

Sagoonick to the 2001 Iditarod, in which he placed 45th. Last year’s run was funded largely by prize money his dogs earned in several races, as well as several sponsors. He cut his time by 48 hours to place 36th.

This year he wants to cut another 24 hours off his time to place in the top ten.

Running for diabetes, Sagoonick is adapting a motivational tool he’s used for years.

It all started about eight years ago when he ran a local race for his father, sick with cancer. “It gave him something to look forward to in his last days,” Sagoonick said.

During his 2001 and 2002 Iditarod runs, Sagoonick carried in his sled the names of people who were critically ill. People from around the world had submitted their names via his Web site. This year, Sagoonick will carry names of diabetes patients. While Sagoonick’s hard work on the trail inspires these ill people, carrying the names helps Sagoonick keep going.

“I feel like I need to get their names to Nome,” he said. “If I scratched on the trail, can you imagine how they’d feel?”

In 2001, Sagoonick almost did scratch.

Just ten miles outside White Mountain, three snowmachiners who’d “closed the bars in Nome” came flying down the trail toward Sagoonick’s team in the morning darkness. The third machine slammed Sagoonick’s front dogs, throwing them into the air, screaming.

When the driver came back to see what he’d hit, Sagoonick begged him to send help from White Mountain. As he waited with his hurt leaders in the dark, Sagoonick was passed by three mushers—the three generations of Seaveys running the race that year. They urged Sagoonick to finish the race.

After help arrived and the injured dogs were taken away for medical care, Sagoonick decided to turn his remaining dogs toward Nome.

It was a memorable, emotional finish that earned Sagoonick the Most Inspirational Musher Award.

At Safety, volunteers were “jumping and hollering” for Sagoonick. Later, a small plane landed near the team, the pilot yelling, “Go, Palmer!” Over the small radio he carries on the trail, Sagoonick heard KNOM announcers urging, “Come on, Palmer!” People rooted him on at Cape Nome. At the road, fans hung out of trucks, yelling, “Go! Go! Go!”

“It was a real emotional time for us,” Sagoonick remembered.

“It’s a feeling of accomplishment like no other,” he said of running the Iditarod. “You know you just came 1,100 miles over the toughest terrain of Alaska, seeing the beauty of Alaska and knowing you did it!”

His race this year will add another accomplishment to that list: Helping in the fight against diabetes.

Reprinted from *Kaniqsirugut News*, a newsletter of the Norton Sound Health Corporation.



## MORE

### STATEWIDE NEWS

#### SEARHC hires new Chief Financial Officer

SouthEast Alaska Regional Health Consortium's (SEARHC) new Chief Financial Officer, **Barbara Searls**, is a member of the Kaagwaantaan clan of the Tlingit tribe, and holds a Master's Degree in Business Administration. Searls is a Certified Public Accountant and Juneau business owner. Hired as CFO in December, Searls is responsible for SEARHC's financial oversight and fiscal management.

From the SEARHC Website.



#### ANMC graduates first new nurse interns

The Alaska Native Medical Center (ANMC) Nursing Internship Program has graduated its first class. **Flora Baker, Nina Heavener, and Crystal Skille** are the first Registered Nurses to complete the program. The internship is a challenging, intensive, ten-week program that combines clinical and instructional activities, with the goal being to move the novice nurse toward competency. It is available to newly graduated nurses who work at ANMC or rural hospitals in the Native health system. The Nurse Interns worked individually with their preceptors in their clinical areas, and came together for the class and sharing portion of the internship. Group discussions facilitated the development of critical thinking skills, improving expertise in clinical skills as well as leadership development.

Flora Baker is a graduate of University of Alaska Anchorage and is working at ANMC. Nina Heavener is also a graduate of UAA and will be returning to Bristol Bay Health Corporation to work. Crystal Skille is a graduate of Oregon Health Sciences University and will also be working at BBAHC.

ANMC Staff Report



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## Self-governance

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Dan Savetilik

ated under contracts between tribes and the government, namely the IHS, in the Department of Health and Human Services' (DHHS). IHS funded the programs, sending money to the facilities in installments. To continue to receive funding, tribes had to wade through reams of paperwork to meet various reporting requirements.

**Many of the things that have been accomplished never would have happened without compacting.**

"Title V says here's the money, you provide the services you need," said Paul Sherry, chief executive officer of the Alaska Native Tribal Health Consortium (ANTHC). "This gave tribes the flexibility to reallocate money and reorganize health care programs."

Title V continues the intent of the Indian Self-Determination and Education Assistance Act. In somewhat of a footnote to the addition, Congress also required a study to look into the possibility of expanding the same policy to organizations and services outside the realm of IHS, by adding Title VI.

#### History of Tribal Self-Governance

President Richard Nixon in 1970 began the work toward a new federal policy to promote tribal self-determination. The first step was Congressional passage of the Indian Self-Determination and Education Assistance Act in 1975. This allowed tribal management of programs that were previously managed on their behalf by the federal Interior, Health, Education and Welfare departments.

Title I of the act authorized tribes to assume management of the programs in the Bureau of Indian Affairs (BIA) and IHS through contractual agreements with the two agencies. Under IHS, for example, contracts were made to run hospitals, clinics and dental services.

Later titles to the act expanded the scope of tribal control over BIA and IHS programs. Title III, passed in 1988, created the first Tribal Self-Governance Demonstration Project in the Department of Interior. Here,



At left is Dan Savetilik, 79 years old, of Shaktoolik, one of many elders who may benefit if tribes assume greater management of programs such as the Administration for Aging's grants for Native Americans and Head Start. Above, a student at the Southcentral Foundation's Head Start program in Anchorage.

File photo

tribes were authorized to consolidate multiple contracts and grants into a single funding agreement and assume control over decision-making and management of previously run BIA programs. The demonstration gave tribes the flexibility to consolidate and redesign programs to better meet tribal needs.

In 1994, the demonstration's success was recognized and Congress amended the act to create a permanent self-governance authority in the BIA. Two years later, the act was amended to allow tribes to take over control and management of programs in the Department of Interior outside the BIA.

Amendments to the Indian Health Care Improvement Act in 1992 extended the Title III self-governance demonstration to the IHS and its programs. Michael E. Lincoln, then Deputy Director of the Indian Health Service (IHS) testified in 1998 that the demonstration project allowed "tribal leadership to implement aggressive and successful health promotion and disease prevention initiatives which are truly responsive to the health needs of their service population."

The Tribal Self-Governance Amendments of 2000 confirmed that success with the passage of Title V of the act, making tribal self-governance permanent within the IHS. These amendments also added Title VI, requiring the Secretary of DHHS to conduct a study to determine the feasibility of a tribal self-governance demonstration project for the appropriate programs, services, functions and activities of the agency. This title applies to non-IHS programs administered by DHHS.

#### Compacting Trust

For those in the health care field, passing Title V into law was a statement of trust in tribes across the nation.

"Title III, the demonstration project, was a success," said Sherry. "But as long as it was a demonstration project, we understood that anything we built could come to an end. We've built a system around self-governance, so it was like an ax out there that could fall at any time."

Sherry said he managed Title I self-determination contracts for years and experienced the struggles of quarterly reports, asking IHS permission for changes and the tussle to submit proper budgets and get approvals. Title V freed administrators of those efforts and gave those in the field time to do health care, he said.

"Congress saw that tribes can take care of themselves," Sherry said. "It took a lot of hard work and quite a while, nearly 20 years, to get that level of trust."

Compacting rules allow the federal government to pay these groups a lump sum, where before the money came in periodic installments. The pooled money can sit in the bank, drawing interest that can be added to the organizations' budgets.

ANTHC Chairman Don Kashevaroff says that compacting offers tribes much more freedom to choose what is best for their particular region, and gives organizations the option to move money from a well funded program to one that lacks the resources to continue.

**Compacting offers tribes much more freedom to choose what is best for their particular region**

Tribal leaders, board members and those in the health care field are also held more accountable to the people they serve, Kashevaroff said.

"We all go back to the village and hear when we do something good or something bad," he said. "The government never had to do this. Under compacting, we can sit in a board meeting and make a huge change."

"It's our cousins, our fathers and friends who we provide health care for," he added. "Now we are treating ourselves, which is a huge incentive to do the best you can."

#### Sharing Trust

Title VI studied the possibilities of bringing the same procedures to programs such as Head Start, tribal welfare services and elder programs.

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## Self-governance

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“Self governance agreements would ensure long-term stability,” Sherry said. “Today a single village doesn’t know from year to year if their Head Start program will continue. By passing Title VI, Congress is tip-toeing into that area. The DHHS wants to explore with the tribes what it will take to do this.”

Recommendations on how to proceed have been given to Congress. Congress will write Title VII, laying out the steps for a demonstration project to determine if a law similar to the Title V compacting law is feasible.

The study suggests that only federally recognized tribes be included in the demonstration, which should be limited to up to 50 projects made up of tribes or inter-tribal consortiums. The nation has more than 560 federally recognized tribes, over one-third of which reside in Alaska.

The study also suggests that 11 existing DHHS programs be included in a tribal self-governance demonstration project. Programs suggested include: the Administration on Aging’s Grants for Native Americans; the Administration for Children and Families’ Tribal Temporary Assistance for Needy Families, Low Income Home Energy Assistance, Community Services Block Grant, Child Care and Development Fund, Native Employment Works, Head Start, Child Welfare Services, Promoting Safe and Stable Families, and Family Violence Prevention: Grants for Battered Women’s Shelters; and the Substance Abuse and Mental Health Services Administration’s Target

Capacity Expansion program.

While the groundwork has already been laid for such a demonstration to be passed into law, Sherry admits it likely won’t be an easy endeavor.

“Part of it is an educational process to get managers and public officials to understand what self-governance is and to get used to it,” he said. “Congress wants to see evidence that tribes can and want to enter into agreements and that it will work.”

“A side benefit is that it will reduce government overhead,” Sherry added. “Somebody in the country is counting all those beans; somebody is reading all those

**Part of [getting a demonstration project made permanent] is an educational process to get managers and public officials to understand what self-governance is and to get used to it.**

reports, monitoring all those payouts. If you get rid of all those requirements, you can get rid of all that overhead.”

Before Title III, for example, Sherry said that the IHS office in Anchorage employed more than 300 people. After compacting began, the office downsized, reducing the number to around 50. Positions were reassigned so they could provide health care in the field, to the patients and clients.

Sherry said other changes are there, though subtle. He’s seen them in health care, and believes the same benefits will become evident in programs affected under Title VII.

First, programs should find that they have more resources available. Interest can be collected on the government-issued funding that can go toward the program. Administrative duties – especially the numerous paperwork requirements – will be greatly reduced, and federal overhead should lessen.

All these changes could allow programs to add staff and equipment to better serve clients.

Dr. Mandsager saw such improvements during his years. Compacting – combined with other efforts – has allowed resources for the new medical center, as well as for the expansions of the Southcentral Foundation clinics. Compacting freed money that ultimately allowed these facilities to bring the salaries of doctors and nurses more even with the private sector, and that brought better, more standardized care to patients and to Alaska Natives.

“This certainly hasn’t been easy and there is still much to work on over the next ten years,” he said. “Many of the things that have been accomplished never would have happened without compacting.”

To find out more, contact your regional health corporation staff or board members. Or visit these website addresses:

- www.lummi-nsn.org
- www.narf.org
- www.ncai.org
- www.ihs.gov

IHS will hold a Tribal Self-governance Spring Conference, in Phoenix, Arizona from April 27-May 1.

## MORE STATEWIDE NEWS

*Continued from Page 4*

### Alaska Native Medical Center expands Oncology Department space

Alaska Native Medical Center staff recently remodeled the ANMC Oncology/Hematology Department to double the patient care area. The remodel added two chemotherapy chairs, a new phlebotomy (blood draw) chair, one exam room and a four-chair waiting area. The reception area has been reconfigured. The project was done with help from the ANMC maintenance, communications, information resources management, and housekeeping departments.

Oncology-Hematology has only one physician, Dr. Greg Marino. Yet it is the only cancer program in the country dedicated solely to the care of Native people with cancer and blood disorders.

“Unfortunately,” said Dr. Marino, “cancer is a worsening problem in the United States, and it is the number one cause of death among the Alaska Natives. For ANMC this is a particularly difficult challenge because patient numbers grow by 15% per year. Treatment continues to change as well, with more agents available for more cancers.” The department handled 5,000 patient visits last year.

The remodel is just the first step of a plan to expand facilities and staff to better serve Alaska Native people with cancer. The goal is to create a comprehensive integrated cancer treatment program that will help meet the needs of oncology patients and their families.

*ANMC Staff Report*



### Thanks extended for Denali KidCare

A word of appreciation is extended to Karleen Jackson, State of Alaska Deputy Commissioner of Health & Social Services, for her visit during the ANTHC *Alaska's Covering Kids Coalition* meeting on February 14, 2003. The Coalition serves as an independent voice for the ANTHC Robert Wood Johnson Foundation grant for expanding and retaining enrollment of children in Denali KidCare.

*Statewide News continued on Page 6*



### Programs that may become eligible for compacting, or direct management by tribes, include:

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>* Administration on Aging’s Grants for Native Americans</li> <li>* Administration for Children and Families’ Tribal Temporary Assistance for Needy Families</li> <li>* Low Income Home Energy Assistance</li> </ul> | <ul style="list-style-type: none"> <li>* Community Services Block Grant</li> <li>* Child Care and Development Fund</li> <li>* Native Employment Works</li> <li>* Head Start</li> <li>* Child Welfare Services</li> </ul> | <ul style="list-style-type: none"> <li>* Promoting Safe and Stable Families</li> <li>* Family Violence Prevention Grants for Battered Women’s Shelters</li> <li>* Substance Abuse and Mental Health Services Administration’s Target Capacity Expansion program.</li> </ul> |
|--|--|---|

### Take Heart Alaska: A New Day in Cardiovascular Health statewide conference March 13-14, 2003

The Hotel Captain Cook, Anchorage

This two-day program will cover the most up-to-date information on cardiovascular health and new directions in cardiovascular disease prevention. The program is designed to meet the needs of health providers working in risk reduction for cardiovascular disease or involved in the care of patients with cardiovascular disease. Dietitians, cardiac rehabilitation providers, health educators, diabetes educators, nurses, physicians' assistants, advanced nurse

practitioners, and community health aides will find the content of this conference especially relevant. Participants will receive continuing education credits. The conference will bring together the latest research, programs, information, and products relevant to cardiovascular health. We hope you will be a part of this exciting conference "Take Heart Alaska: A New Day in Cardiovascular Health," the first statewide conference focusing on

cardiovascular health in Alaska. Sponsored by the Dept. of Health & Social Services, Division of Public Health, Community Health & Emergency Medical Services, Take Heart Alaska, American Diabetes Association, American Heart Association and the Centers for Disease Control and Prevention





## MORE STATEWIDE NEWS

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### SouthEast Alaska Regional Health Consortium (SEARHC) adds MRI services at S' Axt' Hit

SEARHC's S'áxt' Hit (Mt. Edgecumbe Hospital) is adding a new diagnostic Magnetic Resonance Imaging (MRI) scanner to pinpoint many problems that used to require surgery. Providing this service allows patients to stay closer to family and friends while receiving the most sophisticated testing available. In addition, the hospital is replacing its CT scanner with a newer model. Computer Axial Tomography—commonly called CT or CAT scan—is a x-ray procedure in which three-dimensional images of the body are constructed by a sophisticated computer. The new scanner will provide a number of images with greater speed and improved detail. *Reprinted from the SEARHC website.*



### Southcentral Foundation's new building to house dental, optometry, behavioral health clinics

Southcentral Foundation is building a new medical office facility at the corner of Tudor Road and Tudor Centre Drive, near the Alaska Native Medical Center in Anchorage. The new facility will house expanded dental and optometry clinics as well as behavioral health services. The structure, called the Fireweed Building, is a steel-frame, three-story facility with a basement parking garage, and will be completed by mid-summer.

The first floor of the facility will house a dental clinic for adults. The existing dental clinic at ANMC will remain open and will provide services for children.

SCF will move all its optometry clinics in Anchorage to the second floor of the Fireweed Building. The top floor will house SCF's Behavioral Services to replace existing outdated space.

SCF would like to thank the City of Palmer and Wells Fargo Bank for their partnership to help provide tax-exempt bond financing for the project. SCF is also thankful to the Denali Commission for its generous support in funding the dental equipment for the new clinic.

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



## Yukon-Kuskokwim ER certified as Level IV Trauma Center

The State of Alaska issued a certification to the Emergency Department at Yukon Kuskokwim Health Center (YKHC) for a Level IV Trauma Center on January 15.

The certification is a recognition that YKHC's Emergency Medicine Center is dedicated to improving health care for the people of the Yukon-Kuskokwim Delta.

To qualify for the Level IV Trauma Center designation, the staff (physicians and nurses) had to complete additional education in Trauma Medicine and Nursing. The physicians completed the Advanced Trauma Life Support training and the nurses completed Trauma Nurse Core Course.

Several Quality Assurance and Quality Improvement projects were undertaken which resulted in improvements in the way emergency patients are cared for.

The verification visit took place on November 8, 2002. The inspectors -- Dr. Frank Sacco from Alaska Native Medical Center (ANMC) and Mary Leemhuis, RN, ANMC Trauma Coordinator -- were representatives from the State of Alaska.



Emergency Room staff at the Yukon-Kuskokwim Health Corporation hospital: (Left to right, bottom row:) Barbara Hopkins, Niki Jerome, Jennifer Meyer, Colleen Hearn, Diane Ishimoto, Lucy Lewis. (Standing:) Don Wells, Chester Witzak, Glen Jorgensen, Tom Pratt, Tommy Duvall, Jeff Matthews, Dr. Patrick Martinez.

*Photo courtesy of Michael Faubion, YKHC*

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



## CHAPs, you are a true inspiration

That's what a University of Alaska Anchorage (UAA) nursing student, LaVerne Anagick, says. This doesn't come as a surprise considering all that CHA/Ps do for their communities. Being a patient's first contact within the vast health care system that Alaska offers, I imagine isn't a light load to carry.

Here are LaVerne's own words. This is her essay for the Recruitment and Retention of Alaska Natives into Nursing (RRANN) Scholarship that was recently published in their newsletter. RRANN is a federally funded program within the School of Nursing at University of Alaska Anchorage (UAA). Its main goal is to recruit and assist Alaska Native and American Indian students at UAA.

*My true inspiration of becoming a nurse was my admiration of the health aides in my hometown, Unalakleet. The health aides demonstrated how the health profession dealt with arts and sciences by their ability to improve health care, although there were limited resources or the situation seemed overwhelming at times. The health*

*aides were capable of making the patient feel at ease, and allowing the patients to understand the purpose of their visit. As a nurse, I will proudly obtain that capability that the health aides uphold within our community. Furthermore, I will be able to provide the health care that our elders and ancestors did not receive in the past.*

*LaVerne Anagick, BS Nursing*

Some people are inspired by incredible people like CHA/Ps. Others, such as Jeanne Jemewouk, a Community Health Practitioner (CHP) from Elim, have always known that they wanted to help people. Jemewouk's inspiration came from her family. Her grandmother, Marion Aukon, was a health aide in Elim for 30 years and there are two other health aides in her family. Jemewouk states that the best parts of being a health aide are working with elders and children, and being thanked by elders. Jemewouk's dream of working in health care came true when she was subbing at the Elim School and



Laverne Anagick and fellow nursing student Alexandra Taylor.

*File photo*

a health aide position opened in the clinic. She applied in 1996 and has been working in the clinic since. Jemewouk is going back to UAA after an 8-year break. She will be working with the RRANN program while pursuing her degree in Nursing. Good luck to both LaVerne and Jeanne.

*From the CHAP Certification Newsletter with thanks to Carol Gales of Kaniqsigut News for Jeanne Jemewouk information.*



### Cross Cultural Medicine Workshop

April 25 -26, 2003  
Santa Fe, New Mexico

- Objectives: Participants will be able to**
- ☞ Identify strategies to improve communication between American Indian and Alaska Native patients and health professionals
  - ☞ Describe current health issues affecting Indian communities in both reservation and urban settings,

- ☞ Compare and contrast Western and Traditional Medicine views of health,
- ☞ Improve understanding of the role of traditional healers

**To Register – Contact the Association of American Indian Physicians**  
1225 Sovereign Row, Suite 103  
Oklahoma City, OK 73108  
Phone: 405-946-7072 Fax: 405-946-7651  
Email: aaip@aaip.com



# Pneumococcal vaccine puts a big dent in childhood infections

Rosalyn Singleton MD, Immunization Consultant, ANTHC

The newest childhood vaccine, Prevnar(r), protects infants and young children against the seven main types of pneumococcus.

Pneumococcus is a bacteria which causes serious infections like:

- \* meningitis (infection around the brain),
- \* blood infections, and
- \* pneumonia

Until recently, Alaska Native chil-

dren had very high rates of pneumococcal infections.

Since January 2001, Prevnar(r) has been a routine child vaccine in Alaska. Thanks to nurses, doctors, certified medical assistants, and health aides around Alaska, it is already making a big dent in disease!

\* In the two years since Prevnar(r) has been used, the number of serious pneumococcal infections in Alaska Native infants has decreased 5-fold.

\* The number of life-threatening infections caused by the seven types

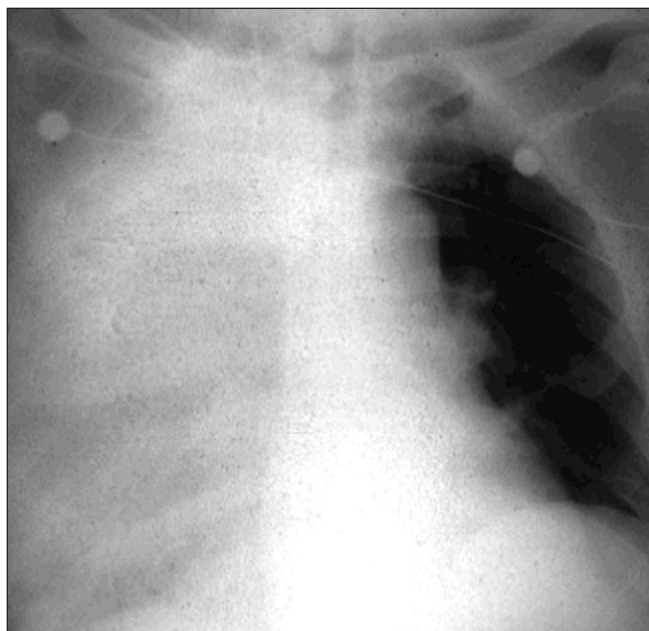
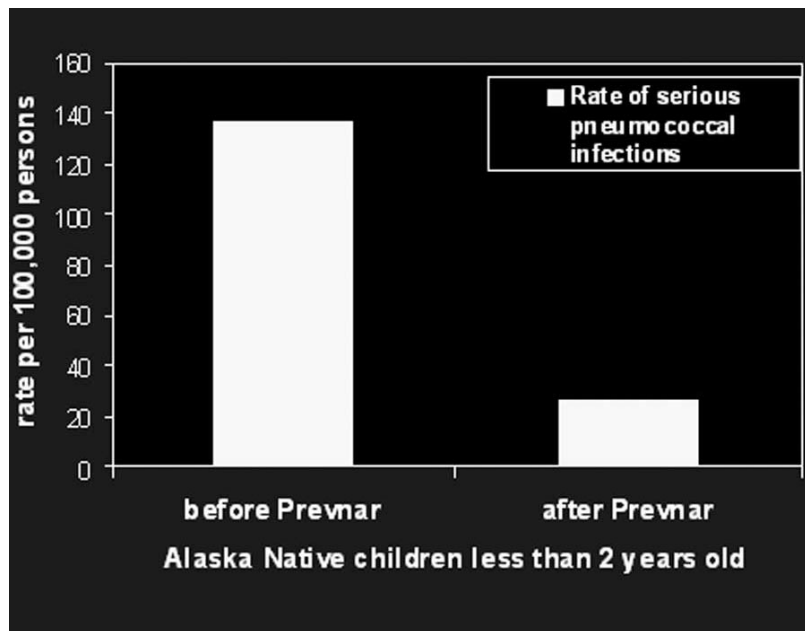
in the vaccine has dropped 10-fold.

\* Most Alaska Native infants have received Prevnar(r) vaccine, even though the vaccine has been in short supply.

Prevnar(r) is not as effective in preventing ear infections but should decrease the number of children who need ear tubes by about one-fifth.

Ask your local health care provider for more information about childhood immunizations.

Celebrate Health!



The chart above shows the dramatic decrease in rates of pneumococcal infections as a result of Prevnar vaccinations. The x-ray image at right shows a multilobar R-sided pneumonia in an (adult) patient with serotype 3 pneumococcal pneumonia.



## Clinical guidelines

Continued from Page 1

care?" Were you confident that your provider was giving you the highest quality care possible? Did you give a second thought to whether your provider was practicing evidence-based medicine to achieve best practices in his or her field of medicine?

The Alaska Native Tribal Health Consortium's mission is "To provide the highest quality health services for all Alaska Natives." To that end, ANMC's Quality Resources Department has been working closely and diligently with statewide regional health corporations on an initiative that will, along with other efforts, help achieve our mission. The initiative, called the ANMC Healthcare Delivery Improvement Course (HDIC), was initially developed as an annual course to improve healthcare delivery and practice at

**Regional teams have developed guidelines that reflect the finest available scientific data and professional judgment.**

Alaska Native Medical Center.

HDIC's primary purpose is to develop clinical guidelines using evidence-based medicine to achieve best practices in clinical care. The guidelines are developed through collaboration among regional health



Clinical Guidelines participants (back from left to right): Dr. Dayna Ferguson, Yukon-Kuskokwim Health Corporation; Dr. David Dexter, Alaska Native Medical Center; Dr. Cate Buley, Maniilaq; Karen Wainwright, ANMC; Dr. Amy Schumacher, Southcentral Foundation; Dr. Carol Koeble, SCF; Mac Huff, ANMC; Ella Gonzalez, ANMC; Dr. Kevin Stange, ANMC; and Dr. Pam Schamber, Bristol Bay Area Health Corporation;

(Front, left to right) Dr. Patricia Martinez, YKHC; Dr. Elizabeth Roll, YKHC; Colleen LaPalm, ANMC; Dr. Lisa Britton, Maniilaq; and Dora C. Moore, ANMC.

File Photo

organization providers and ANMC specialty physicians. That collaboration has led to the formation of unique, patient-centered, multi-disciplinary teams. This process is not as straightforward as it may seem, however. Team members need to agree on what constitutes best practices. They need to reach consensus on what clinical protocols need to be in the guidelines once the medical literature has been reviewed and considered (this is what is meant by "evidence-based"). Once the guidelines are developed and tested in actual clinical practice, there is still the work of evaluating the effectiveness by carefully monitoring outcomes data. The collaborators hope that once the guidelines have been fully developed, they will be adopted by all health care organizations in the

Alaska Native health system to further ensure that all Alaska Natives receive quality health care.

Now in its third year, HDIC III is currently focused upon developing statewide clinical practice guidelines for: 1) Heart attack, 2) Community acquired pneumonia, 3) Fever in infants, and 4) Gastric disease. Fifteen physicians and nurses from Alaska Native Medical Center and the regional health organizations are working to refine state-of-best-practice clinical guidelines in these four high-volume areas. Working with the help and guidance of Kevin Stange, MD, ANMC; Patricia Martinez, MD Yukon-Kuskokwim Health Corporation; and the ANMC Quality Resources Department, the regional

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## CALENDAR

### March

**10 - 14** Tanana Chiefs Conference Annual Board Convention, Chena River Convention Center, Fairbanks

**12** Anchorage Service Unit Tribal Health Council, 10 am - 3 pm, Room 312, Inuit Building

**23 - 28** Arctic Climate Impact Assessment Synthesis Workshop, Concord, NH

**30 - April 2** Men's and Women's Wellness Gathering II, Reno NV (Info: nativewellness.com)

**31 - April 4** SEARHC board meeting

### April

**7** Village Service Management Team, 11 am - 3 pm, SCF Board Room

**8** Southcentral Foundation Regular Board Meeting, SCF Conf Rm, 9 am - 4 pm

**11** Medical Services Networking Committee, location TBA

**14** ANTHC Finance Committee, Rm. 312, Inuit Building, Anchorage

**15** YKHC Finance Committee, Bethel

**16 - 18** YKHC Board meeting, Bethel

**18** Denali Commission meeting, Nome

**22** ANTHC Health Research Review Committee, 1 pm - 5 pm, Room 242, Inuit Building

**23 - 24** ANTHC Board meeting, 9 am - 5 pm, Room 311, Inuit Building

**27 - May 1** Tribal Self-Governance Spring Conference, Phoenix AZ (Info: maureen@lumination.bia.edu)

**30 - May 1** EAT board meeting, Anchorage

**30 - May 1** Sanitation Facilities Advisory Committee, DEHE Building, Yukon Conf Rm

### May

**6** Southcentral Foundation Executive Committee, SCF Conf Rm, 10 am - 2 pm

**19 - 24** Norton Sound Health Corporation Board Meeting, Nome

**20** Alaska Telehealth Advisory Council

**26** ANTHC OFFICES CLOSED for Memorial Day



## Alaska Native Medical Center nurses awarded Magnet Site visit

ANMC Staff Report

A team of surveyors will be arriving at Alaska Native Medical Center (ANMC) on March 31, 2003 to determine if the organization is eligible for Magnet Recognition. The Magnet Recognition Program provides national recognition to health care organizations that demonstrate sustained excellence in nursing care. The program is administered by the American Nurses Credentialing Center (ANCC). Achieving Magnet Designation will serve as a "magnet," attracting a reputation that is among the finest in the nation. It is

one of the highest honors in professional nursing.

### Why is ANMC seeking Magnet Designation?

The nursing staff at ANMC excels in the delivery of a high level of care. The work they do is worthy of this designation. The care teams they are part of deserve this recognition as well as the patients we care for.

Nursing leadership at ANMC has shown a high level of commitment to continuing to improve

patient care. Simply put, we strive to be the best.

The journey that led to qualifying for a site visit from the ANCC's Magnet program has been a long one. The constant in that journey has been the commitment on behalf of all the staff at ANMC to provide the highest level of patient care possible. That's what the surveyors will see when they visit ANMC.

Becoming a "Magnet Hospital" can help in ongoing retention and recruitment efforts. It recognizes the emphasis that ANMC places on positive collegial relationships between

nurses, physicians and other members of the care team.

It's another way of acknowledging and sharing with our internal and external customers that ANMC is a great place to work and receive care.

Only 67 out of approximately 5,810 hospitals in the United States that have achieved the Magnet Award. If ANMC receives the designation it will be the highest honor for our nurses. It means we will have met the toughest possible standards for nursing care! Good luck, ANMC nurses, and be proud of your accomplishments!



## CHA/P cancer education project receives international recognition

ANMC Staff Report

Melany Cueva, RN, MA, and her co-workers Regina Kuhnley, CNM, and Anne Lanier, MD, MPH, were recently awarded the *R. Davilene Carter Presidential Prize for Best Paper* at the annual conference of the American Association of Cancer Educators (AACE). Their paper presented highlights of the project *Cancer Education for Community Health Aides/Practitioners (CHA/P) in Alaska*. Presentation of the paper allowed Alaska Community Health Aides and Community Health Practitioners to receive international recognition and praise for their knowledge, resourcefulness and cancer education activities.

AACE conference attendees had nothing but praise for the project.

### The commitment of CHA/Ps is inspiring.

"Community Health Practitioners are playing pivotal roles in bringing life-saving information to Alaskans," said Georgia Sadler, PhD, Professor of Surgery at the University of California, San Diego. "They help people discover cancer's early warning signs and get prompt treatment so they can enjoy long and productive lives.

"They face many extra challenges because of the great distances

between villages, the ruggedness of the terrain, and the uncertainty of the weather. That makes their work as community health providers all the more heroic and important. I know my colleagues join me in thanking them for the vital work they do."

Another Canadian conference attendee, Audrey Friedman, MSW Princess Margaret Hospital Toronto, Ontario, said, "The CHA/P initiative exemplifies how a community-based education strategy can impact on health outcomes in rural, isolated villages. The commitment of CHA/Ps is inspiring. Congratulations on sharing with us what caring, support and education is all about! Well done!"

The Cancer Education for CHA/Ps in Alaska project is a research and education study administered by the Alaska Native Tribal Health Consortium's Office of Alaska Native Health Research. Dr. Lanier, the Director of the Office of Alaska Native Health Research, is the project Principal Investigator, and Melanie Cueva is the Project Director. The project is funded by a five-year grant from the National Cancer Institute.

The project goals are to decrease fear of cancer, increase knowledge and understanding of early detection and treatment, and reduce the prevalence of lifestyle and behavioral factors that increase the risk for cancer. The project provides cancer educa-

tion learning opportunities and resources for both CHA/Ps and Alaska Native community residents. Cancer education courses are designed to increase basic knowledge and understanding of cancer, as well as build familiarity with existing national cancer information resources. Additionally, the project has developed Alaska-specific cancer education resources. *The Story Basket: Weaving Breast Health into Our Lives* is a 30-minute movie that emphasizes the importance of women taking care of themselves by doing self breast exams, and having clinical breast exams and mammograms. An easy to understand interactive brochure emphasizing the six simple choices we can make to decrease cancer risk was also designed, piloted, and evaluated. A basic cancer CD-ROM is in the development phase.

**The great distances between villages, the ruggedness of the terrain, and the uncertainty of the weather .. makes their work as community health providers all the more heroic and important.**

The project began in 2001; however, many of its components had already been tested in the field. Since 1999, three courses: *Path to*

*Understanding Cancer; Cancer: Risks, Diagnosis and Treatment, and Breast Health: A Self-Directed Learning Course*, have been offered at CHA/P education forums and through the University of Alaska Fairbanks-Kuskokwim campus distance education. After busy days providing health care in their clinics, these courses allow CHA/Ps to go to college by telephone in the comfort of their own homes. Ninety people representing 65 different villages have participated in these cancer education courses.

Since the project's start in 2001, CHA/Ps have extended their cancer learning to their communities. CHA/Ps have facilitated approximately 35 village based cancer education activities. Several communities have requested opportunities for breast cancer prevention activities or MammaCare breast exam training or both. CHA/Ps have also played an active role in developing a play *Understanding* for presentation in their communities. They have reviewed the script, recommended suggestions, hosted the play in their communities, participated in community cancer discussions with the audience, and completed detailed evaluation of the play as a forum for cancer education. If you are interested in cancer education resources, or learning opportunities, please call 729-2428.



## Clinical guidelines

Continued from Page 7

teams have developed guidelines that reflect the finest available scientific data and professional judgment.

"This is an important collaboration as far as

we're concerned" said Dee Hutchison, ANMC Hospital Administrator. "We are supportive of this important effort as it has a direct impact on the improvement of quality of health care services to Alaska Natives."

So what does this mean to you personally? Hopefully you have a greater appreciation that we, as your health care providers, are striving to improve the quality of health care services not

only on the ANMC campus, but throughout the state. These and related efforts will help us achieve the mission of delivering high quality health services to you and your family.

For more information about how to access the developed guidelines or become a participant in the HDIC IV, please contact Karen Wainwright at 729-1970 or email at kwainwri@anmc.org.



## 4th Annual Pediatric Critical Care Conference June 25-26, 2003 at the Alaska Native Medical Center

Mark your calendars!

The Alaska Native Medical Center pediatric department is planning the Fourth Annual Pediatric Critical Care Conference.

This year the conference will be held on June 25-26 on the Alaska Native Medical Center campus.

All disciplines of medical providers are welcome.

There are a wide variety of topics related to taking care of the critically ill or injured pediatric patient.

Topics include:

*Pain management,  
Medications and pharmacology,  
Traditional healing,  
Legal aspects of child abuse for care providers,  
Developing collaborative relationships with the family members,  
and Respiratory disorders and management.*

Please call or e-mail Roberta Webb for more information at 729-1076, rwebb@anmc.org.

