

THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

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CONGRATULATIONS to the Alaska Federal Health Care Access Network (AFHCAN) on receipt of the President's Award at the American Telemedicine Association Annual Meeting held on May 4, 2004 for outstanding telemedicine organization. (See the next issue of the Mukluk Telegraph for more information).

THANK YOU for your support of the Alaska Native Health Symposium

- ANTHC Community Access Program
- Hobbs Straus Dean and Walker
- National Office of Native Cancer Survivorship
- Preston Gates and Ellis Sonosky, Chambers, Sachse, Miller and Munson
- Wells Fargo Foundation

From the Alaska Native Tribal Health Consortium and Alaska Native Health Board.

Tribes mark 10th anniversary of tribal self governance with formal

By ANTHC Staff

On March 17, 2004, more than 200 people celebrated tribal self-governance in health services at a gathering that both commemorated and formalized the Alaska Tribal Health System (ATHS). The gathering, called the Alaska Native Health Symposium, will go down in history for two reasons, says organizer Tim Gilbert, Director of Health Systems Networking for Alaska Native Tribal Health Consortium (ANTHC).

Celebrating Tribal Self Governance

The first was the recognition and celebration of ten years of tribal self-governance in health services in Alaska. Several speakers talked about the dedication and perseverance of Alaska tribes in attaining and maintaining tribal management and control of health care.

"Once upon a time," said National Indian Health Board Chair H. Sally Smith, "some Alaska Native said 'we can do this.' We had visionaries. They were inspiring. They kept alive the dream of assuming management of



our health care system." Their perseverance, said Smith, led to "compacting," agreements between Indian Health Service (IHS) and tribes regarding funding and services.

Signatories to the Alaska Tribal Health System Memorandum of Understanding, Back row (left to right): Maria Coleman, Native Village of Eklutna; Alvenia Cottingham, Hoonah Indian Association; H. Sally Smith, Bristol Bay Area Health Corporation; Ken Brewer, SouthEast Alaska Regional Health Consortium; Emily Hughes, Norton Sound Health Corporation; Andrew Jimmie, Tanana Chiefs Conference; Boris Mercurief, Aleutian/Pribilof Islands Association.

Middle Row (left to right): Victor Wellington, Sr., Metlakatla Indian Community; Eileen Ewan, Copper River Native Association; Stephanie Rainwater-Sande, Ketchikan Indian Corporation; Eben Hopson, Jr., Arctic Slope Native Association; Diane Kochendorfer, Chitina Traditional Council; Gene Peltola, Yukon-Kuskokwim Health Corporation; Ivan Encelewski, Ninilchik Traditional Council; Larry Evanoff, Chugachmiut; John Boone, Valdez Native Tribe.

Front row (left to right) Rosie Choquette, Knik Tribal Council; Beverly McCord, Native Village of Tyonek; Beverly Bremner, Yakutat Tlingit Tribe; Georgia Kashevarof, St. George Traditional Council; Don Kashevaroff, Alaska Native Tribal Health Consortium and Seldovia Village Tribe; Christina Westlake, Maniilaq Association; Anna Huntington-Kriska, Council of Athabascan Tribal Governments; Jana Turvey, Kodiak Area Native Association; Della Trumble, Eastern Aleutian Tribe, Inc. (Not pictured, Fred Christiansen, Kodiak Area Native Association)

Photo by Michael Dinneen

"A major milestone in that process," said SouthEast Alaska Regional Health Consortium President Ken Brewer,

Continued on Page 3

Native research conference reveals benefits of scientific inquiry

By Joaquin Estus, Director Public Communications and Marketing

About 144 people took part in the first ever Alaska Native Health Research Conference, held March 30-31 in Anchorage. Conference goals were to let Alaska Native people know about past and present projects, and to offer a forum for discussion on how Alaska Natives are taking charge of research in their regions. Several of the Alaska Native leaders noted that mistakes were made in the past, but urged participants to see that research is becoming a positive part of the Alaska Native Health System.

"The research that is going on today is our research," said National Indian Health Board Chair H. Sally Smith. "It is not

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Panelists discuss how they manage research in their regions. Panelists (from left to right) are Bill Kristovich, Yukon-Kuskokwim Health Corporation; Paula Swick, RN, BSN, Maniilaq Health Center; Sue Mulkeit, RN, Bristol Bay Area Health Corporation; Karen Stepanenko, EMT 1, SouthEast Alaska Regional Health Consortium (hidden from view); Katherine Gottlieb, MBA, Southcentral Foundation; Evelyn Beeter, Mt. Sanford Tribal Consortium (back to camera); and Joe Cladouhos, MS, Norton Sound Health Corporation.

Photo by Alejandro Barragan



The Voice of the People

Selma Oskoloff-Simon
Administrative Assistant

What safety advice do you have for Alaska outdoor enthusiasts?

When fishing, make sure children are with an adult at all times.



Bernadette Stone,
Chevak



Dolly Norton,
Kivalina, Barrow

Always tell someone where you are going and when you will be back. Have a safety check-off list and carry a locator beacon with you.

Bring a dog when berry picking to protect you from bears.



Jeanette Christensen,
Barrow



Michael Boston
Chistochina

When camping put food in trees away from bears, wolves and other wild life and keep a gun by your bed.



Mike and Joe Giancoli
Anchorage



Wear helmet, elbow and kneepads when skateboarding.

Alaska's first telehealth conference a great success

"Excellent and directly relevant. Very informative and helpful."

By Stewart Ferguson, PhD, Director, Alaska Federal Health Care Access Network; Chris Patricoski, MD, Clinical Director, Alaska Federal Health Care Access Network; and Joaqlin Estus, Director, Public Communications and Marketing

Alaska's first International Telehealth Conference, held in downtown Anchorage on March 4-5, was a highly successful event. Organizers were delighted with the turnout of more than 260 participants from 25 different states, four Canadian provinces, and 11 other countries.

Coordinators attribute the high turnout to the quality speakers, international experts and state-of-the-art telehealth equipment exhibit. The presentations were every bit as compelling and informative as participants hoped, judging by the evaluation comments.

Participants said the conference was "much more scholarly and rigorous than most," "excellent and directly relevant," and "very informative and helpful." One praised the benefits of hearing about "real-people cases, and the successes, as well as challenges and failures of programs." Another said, "Several presenters refreshingly stated that it's all

about helping people."

That focus on the role of individuals, whether as technological innovators, care providers, or patients, began with a review of the status and future goals for telemedicine in Alaska. It continued through discussions of evaluation and innovation of national and international programs.

Liz Connell, MBA, Legislative Assistant, regarding Health Care for Senator Ted Stevens, described the history and evolution of telemedicine in Alaska. She emphasized the dedication and pioneer spirit of Alaskans in developing and using technology to provide outreach care.

Paul Sherry, CEO for Alaska Native Tribal Health Consortium, spoke on accomplishments of the past and future directions. He showed a brief video archive of telehealth achievements that included a young and (always) dapper Senator Ted Stevens vowing to support telehealth technology for future generations.

Sally Brandel, MA, US Senior Arctic Official, US Department of State, underlined the importance of delivering medical care to remote stretches of the Arctic and health care as a collaborative effort among Arctic nations.

Another historical perspective came when a speaker compared the development of telemedicine to the evolution of change in the thinness of a pocket watch. That discussion on the curve of innovation was by Ronald S. Weinstein, MD, Director

of the Arizona Telemedicine Program and President of the American Telemedicine Association.

Presenters on innovation in clinical care covered ways to use telemedicine in dermatology, tele-ophthalmology, in homes, in telepsychiatry, and as a high-tech entry point into the emergency room.

Sessions on innovation in programs offered a global view of successes and innovations in telehealth, including what it takes to provide a comprehensive telehealth program for servicing remote Northern Canada and to establish telehealth in the Balkans.

Iditarod musher Mike Williams gave a lunchtime presentation of the challenges of life in remote Alaskan villages. Williams runs the Iditarod Sled Dog Race as a musher who advocates for sobriety and positive lifestyle change.

At another lunchtime presentation, Smiley Shields shared his personal experiences that led him down the road of inventing technical monitoring devices. Shields is creator of the microscope and spokesperson for ClosetoInfinity.com. For more information on the International Telehealth Conference, visit the web site at

www.ruralhealthconference.com/telehealth. For more information on the Alaska Federal Health Care Access Network (AFHCAN), call 907-729-2260 or visit www.afhcan.org.

A trip to the arctic

On March 7, 2004, a group of delegates to the International Telehealth Conference in Anchorage, Alaska took an unforgettable trip above the Arctic Circle. The warmth and friendship they experienced from the staff of the Maniilaq Health Center, the Kiana clinic and the Selawik clinic made this a "trip of a lifetime" and a "life-changing experience" for many of the delegates. The hard work and dedication of Eugene Smith and his staff, Dr. Mike Orms, and the health aides at Kiana and Selawik, were greatly appreciated.

Two of the delegates wrote a personal note to the AFHCAN office following this event. "Words cannot

express the gratitude that we have for the exceptional conference and post-conference experience that just occurred," they wrote. "What a time! ... We are convinced at this point that it is the people who make Alaska so special. Thank you again for inviting us and allowing us to travel to the [Arctic] Circle for the expanded experience. It is certainly something that neither of us will ever forget."

The group that visited Kotzebue and the two village clinics represented a broad spectrum of expertise in global telehealth. The group included experts from multiple states (Alaska, Arizona, Hawaii, New Mexico, New York, Wisconsin, Tennessee, and Wyoming) and several countries including Australia, Taiwan, England, Kazakhstan and five visiting digni-

taries from Russia with an interpreter.

The group departed from Anchorage on Sunday, March 7 and flew to Kotzebue. After checking into the Nullagvik hotel, the group then walked around the town and saw the Maniilaq Health Center. For many, it was a first trip above the Arctic Circle. For some, it was the coldest weather they had experienced with a temperature of -25 F during the walk around town. After the walk, everyone spent the next three hours meeting each other and sharing stories over dinner at a local restaurant. Monday morning, March 8, began with breakfast at the Maniilaq Health Center. During breakfast,

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T H E

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 patients, 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 Oskoloff-Simon at 907-729-1900.



Trip

Continued from Page 2

some of the physicians in the group joined in rounds with the local physicians. The host for the trip, Eugene Smith, had arranged for the breakfast, followed by a tour of the health center. Delegates saw a range of telehealth capabilities from telera-diology to live video conferencing to store-and-forward technology.

Lunch was served at the Borough offices, where delegates were also able to view and purchase Native art work. After lunch, everyone went to the airport to board four chartered airplanes to visit the Kiana and Selawik clinics. The trip from Kotzebue to Kiana clinic took about 30 minutes, during which delegates were able to see numerous moose scattered in the willows. Health aides met the group at the Kiana clinic and demonstrated the tele-health capabilities linking Kiana to Kotzebue.

Then the group flew to Selawik, where a small army of folks on snowmachines and sleds met them. Villagers transported everyone to the Selawik clinic, where the health aides had prepared a caribou stew and dessert. Telehealth took a back seat to food, friendship, and laughter. Many of the delegates recognized



As always – the health aides were incredible hosts. In both Kiana and Selawik, the delegates were received with warmth and joy. Here, the health aides in Selawik share some laughs with the visitors. Elsie Dexter had prepared a caribou stew for everyone.

Photo by Stewart Ferguson

Elsie Dexter from the conference. Then back to Kotzebue, in time to catch the Alaska Airlines plane back to Anchorage. It was a whirlwind trip, but a chance to see the Arctic, to meet the people, and to understand the issues facing the delivery of health care in this remote and

beautiful environment. It was also an inspirational trip for many, and provoked a deeper understanding of why we live in Alaska. One of the delegates remarked in the Kiana clinic, "I have to find a way to make my telehealth project this exciting."



Self governance

Continued from Page 1

"was the adoption of the one compact." There were only a few slots available nationwide, he said, and only one or two would come to Alaska, where six of the tribal health organizations in Alaska had expressed interest in compacting.

"We came up with the idea of one Alaska tribal health compact. A lot of phone calls, quick meetings, and IHS support for the concept, made it possible," said Brewer.

The Alaska Area Native Health Service contributed tangible support to the effort too. "As soon as the amendments were passed, we started working with tribal attorneys to draft a document that would work here in Alaska," said AANHS Director Chris Mandregan. "We sent that to Washington, DC, and it became the template, the starting place, for the actual compact agreement."

Compact negotiations have not always been easy – participants readily acknowledge that caucuses (when tribes or the IHS will meet separately to discuss positions) and negotiations are often "intense."

"It helps that we all know what's at stake," said Trudy Anderson,

President and Chief Executive Officer for Alaska Native Health Board, "the health and well-being of our people. We work very hard to maintain the integrity of the negotiations."

Alaska Tribal Health System MOU

The second event that made the symposium historic was the formal acknowledgement of the system with the signing of the *Alaska Tribal Health System Memorandum of Understanding* by tribal health organizations throughout Alaska. (Download a copy of the ATHS MOU at www.anthc.org.)

"It's unique in that it's voluntary, it allows individual tribal health organizations to retain their autonomy, and it's inter-tribal" said Paul Sherry, Chief Executive Officer of ANTHC. "It's an important milestone in our system."

Designed to formalize the system that provides health care to Alaska Native people, the MOU:

- 1) Defines the essential components of the ATHS and inter-relationships among the participants,
- 2) Defines the commitment of participants to continue and enhance the unique tribal cooperation and coordination regarding health services that has developed in Alaska, and

Care Improvement Act. Passed by Congress in 1988, Title III created the first Tribal Self-Governance Demonstration Project, in the US Department of Interior. The 1992 amendments extended the Title III self-governance demonstration to the Indian Health Service (IHS) and its programs.

Under self-governance, tribes

were authorized to consolidate multiple contracts and grants into a single funding agreement and assume control over decision-making and management of programs previously run by the federal government. The demonstration projects also gave tribes the flexibility to consolidate and redesign programs.



STATEWIDE NEWS

Patient hostel going up near hospital in Nome

Norton Sound Health Corporation expects its new patient housing to open by the end of the year. The 10,000-square-foot building will include 21 units —seven for elders 14 for other patients.

"The main reason we're doing this is to provide Medicaid housing in Nome for our patients from throughout the region," said Joe Cladouhos, NSHC president and CEO.

Medicaid covers medically necessary travel and lodging for eligible patients signed up for the coverage. But no Nome hotels or lodging businesses now will bill Medicaid for patient lodging. As a result, village patients overnighing in Nome for treatment must stay with relatives or sometimes pay a hotel bill —even though they qualify for free lodging.

Once the new facilities are complete, elders can stay there. The wing includes seven units, all with space to accommodate the patient and an escort.

Cladouhos encouraged patients to sign up for Medicaid, as patient lodging is just one of many services covered under the medical plan.

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

Alaska beneficiaries to reap savings through Medicare's new prescription drug program

US Department of Health and Human Services Secretary Tommy G. Thompson encourages people with Medicare in Alaska to learn more about how new Medicare-approved drug discount cards can save them money on their prescription medicines. In particular, he encouraged lower-income beneficiaries to pursue the additional \$600 credit they receive with a Medicare-approved card to help pay for those medicines. The cards became available May 3, 2004.

The purchasing power behind the Medicare population is expected to help beneficiaries save an average of 10 percent to 25 percent off the retail price of most drugs. Some cards will be offered for free, though others may charge a one-time enrollment fee of up to \$30 under the law.

Secretary Thompson said help in comparing and choosing drug discount cards is only a phone call away to 1-800-MEDICARE. Beneficiaries can evaluate their choices and sign up during the month of May, with the savings taking effect June 1.

From a US Department of Health and Human Services press release.

What is self governance?

The foundation for tribal self governance of health services rests in Title III of the Indian Self Determination Act, and 1992 amendments to the Indian Health



STATEWIDE

News and notes

Arctic Slope dental training program a success

Arctic Slope Native Association
Staff Report

The Arctic Slope Native Association (ASNA) has launched a successful dental assistant training program. Amanda Gaynor, DDS, Dental Clinical Director, took the initiative last year to offer a two-week training session for local and village residents.

"We're continuing to see progress each year in our efforts to recruit youth and interested residents into the health field," said ASNA Vice President for Health Services Marie Carroll. "It's exciting to see and I'm proud of our staff involved in local training programs."

Six students graduated last year, including one from the village of Wainwright. In February 2004, Dr. Gaynor collaborated with the North Slope Borough and the local Ilisagvik College to offer another training session, this time for three weeks with an addition of dental x-ray training sessions. There were seven graduates this year with another village participant from Atkasuk. ASNA encourages its professional staff to get involved in training of local residents.



Dr. Janice Sheufelt returns to Juneau to head up the clinic's medical staff

When Janice Sheufelt, MD, left her position at the Juneau Medical Center four years ago, she didn't realize how much she would miss working there. "It wasn't evident till I left how important it is for me to devote my career to working with Alaska Native people." Now she's back and excited about her new position as the clinic's medical director.

Before returning to SouthEast Alaska Regional Health Consortium (SEARHC), Sheufelt worked at the Central Washington Family Medicine Center in Yakima, a teaching hospital affiliated with the University of Washington. In addition to seeing patients, she was an instructor for family practice residents. She recently completed a fellowship that included leadership training at the University of Washington.

Sheufelt replaces Doug Smith, MD, who returned to full-time clinical practice last month after serving as medical director for the last three years.

Sheufelt grew up in Seattle, but her roots are in Southeast. She is Tlingit—a member of the Wooshkeetaan clan. Her mother is from the Truitt family of Sitka.



Moving from prison to health

ANTHC Staff Report

People leaving jail or prison sometimes face problems with mental illness or substance abuse, medical care, or infectious diseases such as STDs (sexually transmitted diseases) or HIV/AIDS. The Alaska Native Tribal Health Consortium's Healthy Transitions Project is working to address issues Alaska Natives face as they re-enter the community. The project recently began organizing and facilitating a statewide task force to begin to work on these issues. If you're interested in becoming a member of the task force, contact the Project Manager, Tracy Speier, at 907-729-3951 or email her at tspeier@anmc.org.

Nationally, prison populations pose a unique risk to the general population because they are four-to-seven times more likely to have

HIV/AIDS, STDs, or hepatitis and can bring these infectious diseases back into the community upon release. Alaska Natives make up more than 46% of Alaska's incarcerated population. The majority of these offenders are imprisoned for crimes that include substance abuse, assaults, sexual violence or violation of probation or parole. Alaska Native offenders have high rates of repeat offenses. This situation adds up to high costs economically, socially, and personally.

To help, the Healthy Transitions project is working to prevent the spread of HIV through education, screening and counseling to reduce risk. Project staff are working with Norton Sound Health Corporation (NSHC) to integrate HIV/AIDS pre- and post-test counseling and referrals into existing clinical services within

the NSHC Behavioral Health Division.

Healthy Transitions is a multi-dimensional project that collaborates with different programs within ANTHC's Office of Community Health, and externally with the Norton Sound Health Corporation (NSHC), the University of Alaska Anchorage, and the State of Alaska Department of Corrections. The Healthy Transitions Project is funded by the Health Resources Services Administration's (HRSA) Ryan White Titles and is a research project classified by HRSA as a Special Projects of National Significance (SPNS). Alaska is fortunate to have two SPNS project under this current funding cycle, a regional specific project in Bethel and a statewide project at ANTHC.



Research

Continued from Page 1

someone doing something to us, but us working on our health."

Conference goals were to encourage Native active participation in research and share information about:

- * Significant health benefits from past decades of research
- * On-going projects and Native researchers participating
- * How regional tribal health corporations review, approve and monitor research in their areas

ANTHC CEO Paul Sherry expressed appreciation for efforts to collaborate, both on the conference, and on research projects. "Agencies have contributed money, staff time, and energy to this conference and to research," said Sherry. "There's a huge amount of work involved in sorting out who does what, who can we partner with, and how to support and encourage research. We honor and value those contributions very much."

Katherine Gottlieb, MBA, President and CEO of Southcentral Foundation, asked the audience how many of them are grandparents. At a show of hands, she said, "That's why we're here—for our grandchildren. We need information to address the top ten causes of death among our people so that future generations will



Above: Unidentified woman visits exhibits at the Alaska Native Health Research Conference. The three-dozen displays, with researchers or presenters available to answer questions, covered a wide range of research topics and programs.

live long, healthy lives. Research will give us the answers."

As the conference unfolded, it became clear Alaska Natives at the community and regional level have taken a leadership role in research about Alaska Natives. A panel discussion of tribal health organization leaders showed that Native leaders are working with researchers to improve the conduct of research and to shape future research agendas. Further, many of the tribal health organizations have clearly defined the types of research they would like to see, the way they would like to see research conducted, and the process for approving research projects in their area.

"It is not surprising that tribes have adopted research as their own," said Smith. "We are rich in our cultural traditions and part of our tradition is that we thrive on positive change. It's a new millennium and research is part of a promise—to ourselves, and to those to come—to live longer, healthier lives."

Sponsors and contributors to the conference include ANTHC; Alaska Native Health Board; Southcentral Foundation; Centers for Alaska Native Health Research, University of Alaska; Alaska Native Science Commission; and Centers for Disease Control and Prevention, Arctic Investigations Program.



Ask the Cancer Information Service

Q: How many cancer deaths are attributed to lifestyle choices?

A. An estimated 50 to 75 percent (280,000 to 425,000) of all cancer deaths are caused by human behaviors, such as smoking, eating unhealthy foods, and not getting regular exercise, according to the National Cancer Institute (NCI).

Avoiding tobacco use is the single most important step you can take to reduce your cancer risk. Tobacco use causes about 30 percent (169,000) of all cancer deaths in the United States each year. Cigarette smoking is

responsible for almost all cases of lung cancer. It also is linked to cancers of the mouth, larynx, esophagus, stomach, pancreas, kidney and bladder. Pipe smoke, cigars, and smokeless tobacco also can cause cancer.

Another one-third of all cancer deaths are thought to be caused by a poor diet. The exact links between diet and cancer remain unclear. However, researchers have found that a diet high in fat increases our risk for cancer, especially colon cancer. On the other hand, a low-fat diet that includes lots of fruits, vegetables, and whole grains appears to lower our cancer risk.

Not being physically active has been associated with the development of several types of cancer. Regular exercise may reduce our risk of colon cancer by 50 percent, and it may also lower the risk of cancers of the breast and prostate. The National Cancer Institute's Cancer Information Service (CIS) is one of the country's most trusted resources. "Ask the CIS" is distributed by the CIS - Pacific Region, which serves Alaska, Idaho, Nevada, Oregon, and Washington. For more information on ways to help lower your cancer risk, call the Cancer Information Service at 1-800-4-CANCER





Elder needs assessment underway

ANTHC Staff Report

May is Older Americans Month and what better time to inform you of an exciting new project for the Alaska Tribal Health System and Alaska Native elders. The Alaska Native Tribal Health Consortium received funding from the Indian Health Service to conduct a statewide elder needs assessment. The goals of the project are to 1) assess the long-term care needs and health status of Alaska Native elders, 2) identify gaps in services and best practices, 3) develop service models for programs that are culturally appropriate and sustainable at the regional and local level, and 4) provide information for statewide, regional and local planning for our elders.

Long-term care services include a lot more than nursing homes. Long-term care can also be provided in assisted living homes and in someone's own home through community based services like personal care and respite. This project will focus on collecting information that exists in

our health care system, such as the major causes of outpatient visits and hospitalization of elders and the use of Medicaid services. We are also seeking help from the regional providers for information about services they offer elders, and their impressions of the needs of elders in their communities. Some of our regional partners have already conducted needs assessments of their elders. We hope to incorporate that information into the project.

ANTHC signed a Memorandum of Agreement with the University of Alaska Anchorage, which just received money to establish a National Resource Center for American Indian, Alaska Native and Native Hawaiian elders. UAA staff will be traveling around the state asking elders directly about their desires for care. UAA's project com-



plements the goals of the ANTHC project and will be an ongoing resource for the tribal health system.

Kay Branch is the staff person for the project. Branch has experience in developing elder services at the state, regional and tribal level and has worked with many of the ANTHC member organizations. If you have any questions about this project or would like to offer suggestions, please call her at 907-729-4498 or email pkbranch@anmc.org.



MORE STATEWIDE NEWS

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NSHC offers to manage village clinic leases, help handle maintenance

Norton Sound Health Corporation (NSHC) is offering to assume clinic leases from the Indian Health Service (IHS) in villages. Benefits of the NSHC Village Clinic Lease Program include:

- * Support from Nome-based staff who will provide technical and mechanical assistance, and janitorial and maintenance training
- * Site visits to help with routine maintenance and repairs
- * Annual inspection of facilities to identify code and condition deficiencies
- * Access to a parts inventory for clinics

Working directly with NSHC under this new arrangement, villages are decentralizing a federal program and putting it into the capable hands of a regional non-profit health organization. Another possible benefit to villages is that NSHC is in a better position to advocate for increased funding for this federally funded program. NSHC staff members are excited about this new program, which achieves a corporate vision of developing our people to deliver and manage our services.



Alaska beneficiaries to reap prescription drug savings through Medicare's new program

Secretary Tommy G. Thompson encouraged people with Medicare in Alaska to learn more about how new Medicare-approved drug discount cards can save them money on their prescription medicines. In particular, he encouraged lower-income beneficiaries to pursue the additional \$600 credit they receive with a Medicare-approved card to help pay for those medicines. The cards became available May 3, 2004.

In Alaska, there are 47,000 Medicare beneficiaries — an estimated 10,000 do not have prescription drug coverage. In addition, 8,000 of Alaska's low-income Medicare beneficiaries may be eligible for a \$600 annual credit on their discount card in both 2004 and 2005.

The purchasing power behind the Medicare population is expected to help beneficiaries save an average of 10 percent to 25 percent off the retail price of most drugs. Some cards will be offered for free, though others may charge a one-time enrollment fee of up to \$30 under the law.

Secretary Thompson said help in comparing and choosing drug discount cards is only a phone call away to 1-800-MEDICARE. Beneficiaries can evaluate their choices and sign up during the month of May, with the savings taking effect June 1.

From a US Department of Health and Human Services press release.

Cover the Uninsured Week

May 10-16, 2004

A week-long series of national and local activities designed to raise awareness and seek solutions for the 109,000 Alaskan residents who lack health care coverage. Organizers have planned a range of fun activities to help people learn about the issue, find local resources and share their stories.

Sponsors include the Alaska's Covering Kids Coalition, the Alaska Native Tribal Health Consortium, Southcentral Foundation, and the Alaska Primary Care Association.

May 11

Anchorage Alaska Native Health Campus
Outreach events at the Alaska Native Medical Center

May 13

Denali KidCare Eligibility
Technician Appreciation Day

May 12

Open House and Potluck at the Alaska Primary Care Association

May 15

Healthy Alaska Health Fair 9 AM- 1 PM
Low-cost blood tests, thyroid & prostate screenings
Mtn. View Community Center and Boys and Girls Club

May 13

Small Business and Labor Union Round-Table
Discussion, Anchorage Chamber of Commerce

For more information contact Donna Elliott on campus
at the Alaska's Covering Kids Program at
(907)-729-3953.



Wrangell Institute Student Reunion All-years

Friday, May 14, 2004 7-10 p.m.

Alaska Native Medical Center Hospital Conference Room

- * Refreshments
- * Bring a dish to share
- * Memorabilia to see
- * Share your story
- * Visit with old friends

If you know other students, please invite them!
Questions? Call James and Susan Labelle: 561-0556
Robin Sherry: 338-2099
or Lisa Dolchok: 729-4914



Yukon Kuskokwim delta high school students train to become personal care attendants

Under the umbrella of *Yuut Elitnaurviat - The People's Learning Center*, several regional organizations are providing a dual-credit Personal Care Assistant training class for about forty students from Atmautluak, Kongiganak, Kwigillingok, Toksook Bay, Tuntutuliak and Tununak. The Lower Kuskokwim School District (LKSD), Yukon Kuskokwim Health Corporation (YKHC) and Kuskokwim Campus (KUC) have been collaborating on the project since summer 2003, and a group of eight students completed a clinical session in Bethel on March 26.

Janelle Vanasse, Executive Director of the *Yuut Elitnaurviat- People's Learning Center*, said "This is an example of what can happen when organizations work together for the good of the people in our region."

Planning for the class began last summer, and the first task was to gather information from experienced Personal Care Assistants. Six PCA's participated in a 2-day DACUM (Developing A CurriculUM) work session to identify their major tasks and duties. PCA's assure client safety, assess clients, provide medical assistance, assist with client nutrition, provide personal hygiene, assist with physical activities and report client status to family members and health care providers. By providing care for elders and disabled individuals in their homes, PCA's allow them to stay in the village rather than relocating to a nursing home.

Jennifer Meyer, an Emergency Room nurse for YKHC, agreed to provide PCA training for students using LKSD's distance education equipment. LKSD provided certified teachers at each of the village sites to teach the high school health course, and support student learning for the distance delivery of PCA training. LKSD's Work Experience program provided travel, housing and ground transportation for the students. PCA trainees toured the Yukon-Kuskokwim Delta Regional Hospital and were oriented to standard precautions, workplace expectations and legal requirements for patient privacy. They attended Basic Life-Saving/Cardio-Pulmonary Resuscitation and Medic First Aid training, and earned 1 college credit for DEVS 101 - Skills for College and Career Success. Students worked with clients, learning to take vital signs including temperature



Leandra Strauss practices reading Nicole Andrew's blood pressure, as Jennifer Meyer observes.

and blood pressure, assist with patient movement, feeding and bathing, and work with clients who use home oxygen. Students spent time in various departments at the hospital, and were even able to accompany YKHC Home Care staff to visit a client's home and practice their PCA skills.

Toward the end of the two weeks of intense but enjoyable training, students learned about scholarship opportunities and health career options. "It is not only exciting that these students have earned a recognized certificate, but also that these students got to explore the health careers in a real hands-on way." Stated Vanasse "Who knows, maybe some of these students will continue their education and return as nurses and doctors to our clinics and hospitals."

A second clinical session was held in early April. The project is partially funded by the

Village Health Provider Training/Education and Employment (ViP) Initiative. The ViP Initiative is a collaboration of organizations including Alaska Native Tribal Health Consortium, Alaska Native Health Board, Alaska Mental Health Trust Authority, Denali Commission, Rasmuson Foundation, and University of Alaska. Its goal is to create self-sustaining jobs throughout rural Alaska in the areas of behavioral and dental health, and eldercare, specifically personal care assistants. Congratulations to the eight students who completed their clinical training, and to all of the Personal Care Assistant students from all their instructors and sponsoring agencies.

Excerpts of an article in The Messenger, a newsletter of the Yukon-Kuskokwim Health Corporation.



Community wisdom in action: sharing what works

By ANTHC Staff

Prevention and wellness activities took center stage on April 13 and 14, when the Alaska Native Tribal Health Consortium (ANTHC) co-hosted a *Community Wellness Champions Forum* in partnership with the Indian Health Service (IHS) and Alaska Native Health Board.

Wellness Champions are individuals making a difference through their efforts in community programs to improve the health and wellbeing of community members.

Community members and local organizations nominated their own local *Champions*. Over 40 *Champions* from communities across the state attended the forum in Anchorage. The forum offered opportunities for *Champions* to share what made their programs successful and strategies for overcoming obstacles. It gave them a chance to network, learn, share and be recognized. They also had the opportunity to:

- Gain information and resources for keeping their programs successful in the long term.

- Create a compendium of resources that will be shared among Indian Health Service sites participating in other community wellness champions forums.

- Create video documentation of peoples' stories of successful programs.

Trainers led activities and held workshops on the topics of marketing, grant writing, poster making, program evaluation, and using Alaska-specific health promotion resources.

"I remember the other participant's ideas for healthy activities, which I am trying to implement in my community now," said Community Wellness Champion Heide Wassillie of Togiak, "Everything was good. I liked everything about it."

The theme of the forum was reflected in all of the wonderful stories and ideas from participants.



Tim Gilbert, Alice Fitka, and other participants of the Community Wellness Champions and Forum staff enjoy a team-building exercise.

Photo by Marita Jones

The forum was a joint effort by a National Indian Health Service Prevention Initiative, the Alaska Native Tribal Health Consortium, and the Alaska Native Health Board. Alaska will be only the third area nation-wide to participate in this

event. A similar Forum occurred in the Navajo Area in December 2003 and one will be held in the Phoenix/Tucson Areas in March 2004. Other areas will participate through 2004.





SouthEast Alaska Regional Health Consortium expands Sitka clinic

Earlier this year, local Native elders were among the 50 patients, staff and well-wishers on hand who helped celebrate the opening of the new out-patient clinic at Mt. Edgecumbe Hospital in Sitka. Many of those who spoke marveled at the spaciousness and brightness of the new facility.

The completion of the new out-patient clinic wing marked another step in the implementation of the SEARHC hospital renovation master plan. Started in the mid-1990s, the decade-long renovation project is transforming the hospital into a state-of-the-art medical facility, said Hospital Services Vice President Frank Sutton.

In the past several years the surgery, obstetrics, critical care, acute

medical and post-operative units have all undergone major renovations. "Everything is first class now," said Sutton. "Doctors and other health care professionals who visit the hospital are amazed at how modern the facility is for a 50-year-old building."

The addition doubles the space of the old out-patient clinic. "The added space is so nice. We no longer have a bottleneck waiting for exam rooms to become available," said clinic manager Phyllis Hill. "The clinic sees between 60 and 80 patients a day. Waiting time for patients will be shorter during the busy periods now."

The new wing is also providing a much-improved space for specialty clinics. Another big benefit, said

Hill, is the new space for urgent care patients, who are now channeled into a separate area in the new wing, where staff can be more responsive to their needs. "It's so much better to be able to separate the truly sick patients from those coming in for more routine visits," she noted.

The added space will also help provide quicker care for nursing clinic patients—those who simply need blood pressure checks, immunizations and medication refills. With 21 exam rooms and two wings, the clinic staff is able to serve patients far more efficiently, she said.

From the SEARHC website.



CALENDAR

Events &

celebrations

May

- 10 ANMC JOB Policy Committee, 9 – 11 am, ANMC Conf Rm 1
- 10-16 2004 Cover the Uninsured Week 5/10 – Press Conference, ULB Boardroom, 5/11 – ANHC event
- 11 Southcentral Foundation Executive Committee, 10 am – 2 pm, SCF boardroom
- 11 Maniilaq Association Board committee meetings
- 11 Patient Safety training, sponsored by Alaska Federal Health Care Partnership and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Sheraton Anchorage Hotel (Info Casie 907-729-2936 or cwilliams@anthc.org)
- 12-13 Maniilaq Association Board meeting
- 12-13 DHSS 6th Annual Tribal Budget Consultation, HHS, Washington, D.C. (Info: Eugenia Tyner-Dawson, 202-690-6060)
- 16-20 2004 Public Health Professional Conference, Hilton Anchorage and Egan Center
- 18-19 Information Systems Advisory Committee (IHS), Phoenix
- 19 YKHC Finance Committee meeting
- 19-20 IHS National Diabetes Program Regional Meeting, Seattle WA
- 24 Anchorage Service Unit Tribal Health Council, 10 am – 3 pm, ULB Boardroom
- 25-26 IHS National Diabetes Program Regional Meeting, Minneapolis MN
- 25 Association of Tribal Health Directors Meeting, Dimond Center Hotel, Anchorage
- 26 ANHB/ATHD Joint Session, Dimond Center Hotel, Anchorage
- 27 ANHB Strategic Planning Meeting, Anchorage
- 28 ANHB Board business meeting, Anchorage
- 31 **Memorial Day – ANTHC and ANHB OFFICES CLOSED**

June

- 2 Clinical Directors Meeting, 1 – 4 pm, ULB Boardroom
- 3 Medical Services Networking Committee, 10 am – 4 pm, ULB boardroom
- 3 Southcentral Foundation Board meeting, 9 am – 4 pm, SCF boardroom
- 7 Village Services Management Team, 11 am – 3 pm, SCF Boardroom
- 9-10 **Alaska Native Tribal Health Consortium Board Meeting, Cordova**
- 14-18 Alaska Tribal Health Compact Final Negotiations, third floor, Inuit Building
- 20-23 NCAI Mid-Year Session, Mohegan Sun, Uncasville, CT (Info: www.ncai.org)
- 21 YKHC Finance Committee meeting
- 22-23 YKHC Executive Board meeting
- 22-24 National Business Office Coordinators, BP Energy Center

Public Health Challenges Working together for our future May 16 - 20, 2004

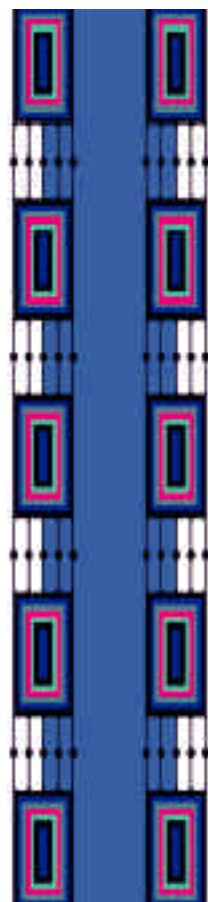
The 2004 Public Health Professional Conference will help you develop the tools, resources and contacts you need to turn today's challenges into tomorrow's opportunities. This year's conference features an expanded 3 1/2 day agenda with more educational sessions, greater networking opportunities and a

wider array of exhibitors!!

Highlights will include:

- A keynote address by Surgeon General Richard Carmona, "A New Year in the Life of Public Health"
- A Round Table Discussion featuring the deans of major public health programs.

- Exploring future trends in public health care.
- A detailed agenda is available on the conference web site at [www.coausphsconference.org/ agenda.cfm](http://www.coausphsconference.org/agenda.cfm) or by calling toll-free (866) 544-9677.



SAVE THE DATE

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PUBLIC HEALTH CAREERS

Identifying the Academic Needs of AI/AN/NH Students to Pursue Careers in Public Health

June 2-4, 2004

Emory University Schools of Nursing & Public Health
Atlanta, Georgia



Alaska Native Tribal Health Consortium Mission

To provide the highest quality health services
for all Alaska Natives



Alaska Health Facilities Advisory Committee discusses important issues

By Don Thomas
Health Facilities Coordinator
Division of Environmental Health
and Engineering

On March 11-12, 2004 co-chairman Mr. Bob Henrichs of Chugachmiut called the Alaska Health Facilities Advisory Committee (AHFAC) to order. AHFAC met in the Yukon conference room of the Division of Environmental Health and Engineering (DEHE) in Anchorage.

During this meeting, AHFAC drafted a set of Operating Guidelines that defines the roles and responsibilities of the committee. The Alaska Native Tribal Health Consortium board of directors reviewed and approved the guidelines at its April meeting. (The guidelines will soon be posted on the ANTHC website www.anthc.org.)

AHFAC was recently separated from the Maintenance and Improvement Resource Allocation Committee (MIRAC), and these guidelines establish AHFAC as a

stand-alone committee reporting directly to the board of directors.

During its March meeting, AHFAC members discussed several important health facility issues. These issues included: the system the Indian Health Service (IHS) proposes to set priorities for facilities funding; criteria for small ambulatory (walk-in) care facilities; the Alaska statewide health services and facilities master plan; the behavioral health rural needs and elder care needs assessments; and an energy savings plan and Denali Commission facility funding.

IHS Prioritization System

Mr. John Guinn of the Yukon-Kuskokwim region, provided an update on the new IHS prioritization system for health facility funding. Mr. Guinn is Alaska's representative to the Facility Appropriation Advisory Board (FAAB), a national advisory board to IHS. FAAB is made up of tribal representatives from across the nation. They work

with IHS to address funding, needs assessment, planning, and other issues related to health facilities.

Most recently, FAAB has worked with IHS to develop new criteria for distributing federal funding, which fluctuated between \$14 million and \$134 million in the past several years. The criteria are very important as they can affect how much money Congress appropriates. Moreover, they determine how that IHS funding for facilities construction is allocated among tribes.

Committee members discussed possible strategies for Mr. Guinn to take back to FAAB to better represent Alaska's interests. IHS will be delivering revised criteria for tribal review in late May.

Small Ambulatory Care

AHFAC received information on the space and staffing criteria IHS is developing for small ambulatory care facilities. The establishment of consistent criteria is critical for program and facility planning and determining the unmet health services and facilities needs for Alaska and the rest of the nation. Alaska representatives have reviewed the criteria and provided comments back to the IHS workgroup. This new information is being incorporated into the IHS Health Systems Planning (HSP) program. AHFAC will continue to monitor this process to see that Alaska's interests are clearly voiced at the national level.

Alaska Statewide Health Services and Facilities Master Plan

Donna Pederson of ANTHC presented an update on the Alaska statewide health services and facilities master plan that is being developed. This plan is due to be complete in July 2004, but the effort to gather and consolidate information from the tribal health organizations is running behind schedule. AHFAC asked the ANTHC board of directors to communicate with the tribal organizations about the urgent need to complete this critical endeavor. The development of a statewide master plan will benefit everyone associated with Native healthcare in Alaska.

Needs Assessments

A behavioral health rural needs assessment and an elder needs assessment has started. Preliminary information was provided to AHFAC members regarding this effort. A

questionnaire will be sent to the tribal health directors and responses are due back to ANTHC in May. The results of this survey will be included in the health services and facilities master plan and used to provide program guidance to tribal health organizations and agencies such as the Denali Commission.

Energy Savings Plan

Mr. Gary Kuhn, a health facilities engineer from DEHE, made a presentation to the group about the value of developing an energy savings/management plan for health facilities. Mr. Kuhn emphasized that significant savings would be realized through the reduction of operational utility costs. These savings will translate directly back into increased budgets for operations and healthcare. Mr. Kuhn stated that DEHE has offered to assist all interested organizations with completing an energy analysis and developing a plan that will result in reduced energy costs.

Denali Commission

Mr. Joel Niemeyer of the Denali Commission presented information on the Denali Commission investment policy and the priority for Denali Commission facility funding applications. Mr. Niemeyer provided information on the "other than primary care" program that was announced this year. He stated that the program is primarily concerned with the improvement of service delivery rather than repair or maintenance projects and would only fund projects that directly improve the ability to deliver services. The commission emphasized the importance of sound business plans and regional master plans that identify the local/regional importance as a priority for obtaining funding through this new program. ANTHC/DEHE has volunteered to assist tribes that would like to compete for this funding.

Next meeting

AHFAC will call a special session to review and comment on the new IHS prioritization methodology for new health facilities when it is received in May. The meeting is expected to be in June 2004. For more information about the issues discussed in this article, please contact Rick Boyce at 729-3601 or rboyce@anthc.org.



What is the Alaska Health Facilities Advisory Committee?

AHFAC is an Alaska Native Tribal Health Consortium (ANTHC) advisory committee made up of representatives from the ANTHC, the Arctic Slope Native Association (ASNA), the Bristol Bay Area Health Corporation (BBAHC), the Maniilaq Association, the Norton Sound Health Corporation (NSHC), the SouthEast Alaska Regional Health Consortium (SEARHC), the Aleutian/Pribilof Islands Association (APIA), Chugachmiut, the Copper River Native Association (CRNA), the Kodiak Area Native Association (KANA), the Metlakatla Indian Community, the Southcentral Foundation (SCF), the Tanana Chiefs Conference (TCC), the Yukon-Kuskokwim Health Corporation (YKHC), and the Knik Tribal Council, an at-large representative for the Unaffiliated Tribes.

The committee meets at least once per year with additional special sessions as needed to address critical issues involving health facilities across Alaska.

What does it do?

AHFAC serves an important purpose at ANTHC. "AHFAC is an advisory committee providing a broad perspective on Alaska Native health facility issues to members of national advisory groups, the ANTHC board, and the Alaska Native Health Board. This perspective is crucial for Alaska's representatives to adequately represent Alaska's interests in forums at the national and state level," said Mr. Rick Boyce, Director of Health Facilities Support, Division of Environmental Health and Engineering.

AHFAC advises the ANTHC board of directors on health facility issues affecting all Native health facilities programs across the state, including the Village Built Clinic and Denali Commission Health Facilities programs. AHFAC also provides program and policy recommendations to the ANTHC board of directors and the Indian Health Service Facilities Appropriation Advisory Board (FAAB) and feedback on the delivery of services to the Division of Environmental Health and Engineering.

Sign up for the Surgeon General Fun Run and Golf Tournament

Online registration is now available for the Commissioned Officers Foundation (COF) Charity Golf Tournament and the Surgeon General's 5K Run/Walk, both of which will be held in Anchorage, Alaska in May, in conjunction with the COF conference.

The Golf Tournament will be held at Settlers Bay Golf Course on the morning of Sunday May 16.

Join us for a great day of golf and networking in support of COF and the Alaska Native Medical Center Auxiliary. Registration fee includes

cart, green fees, prizes, lunch, transportation and other amenities.

The Run/Walk will be held at 4 p.m. on Sunday, May 16. The schedule has been arranged so that attendees can participate in both the Golf Tournament and the Run/Walk if they choose.

Sign up today for both events at www.coausphsconference.org

