



# THE Mukluk Telegraph



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## Dental health aides promise relief in rural Alaska

By Alaska Native Tribal Health Consortium staff

Did you know that:

- due to a shortage of dentists, Alaska Natives in rural Alaska suffer from very high rates of oral disease?
- Alaska Natives suffer rates of dental caries (decay) 2.5 times the national rate.
- One-third of rural Alaska school children miss school because of dental pain.
- A quarter report covering their laughter or smiles because of the way their teeth look.

*Dental caries, and the resulting loss of teeth, are epidemic in Alaska Native villages. The main cause is lack of consistent, accessible care.*

## The solution: Dental Health Aides

The Alaska Dental Health Aide (DHA) Program is a specialty practice area focused on prevention, relief of pain and infection, and basic restorative services. Dental health aides and therapists will provide the access and continuity of dental care needed in rural Alaska.

The DHA program is authorized under section 121 of the Indian Health Care Improvement Act (IHCIA), 25 U.S.C. § 16161. It's an expansion of the highly successful Community Health Aide/Practitioner Program. The American Dental Association has been lobbying members of Congress to remove part of

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## Top-level US officials visit Alaska Native Health Campus and villages

By Karen M. Mitchell, Executive Administrative Assistant

US Senator Lisa Murkowski hosted a meeting of top-level Bush administration officials and tribal health leaders at the Alaska Native Health Campus on August 8. Participants included Environmental Protection Agency (EPA) Administrator Stephen L. Johnson and President Bush's Chief Domestic Policy Advisor Claude A. Allen, as well as several of their staff, including representatives of EPA Alaska and Region X offices.

The visit came at Senator Murkowski's request, who asked these top-ranking White House officials to meet with and provide an opportunity to Alaska's tribal leaders to share their statewide rural sanitation concerns. Presentations included overviews of the following:

- The Alaska Tribal Health System and the role of Alaska Native Tribal

See EPA visit on page 2



(From left to right): President Bush's Chief Domestic Policy Advisor Claude A. Allen and Alaska Native Tribal Health Consortium Chairman/President, Don Kashevaroff pause in front of the Atmaultluk Community Watering Point in southwest Alaska. They toured water and sanitation projects in several rural Alaska communities, along with Environmental Protection Agency Administrator Stephen L. Johnson, and EPA Chief of Staff George Ingrebretson.

Photo by Steve Weaver

## Skilled care shortages, logistics keep patients in Alaska Native Medical Center longer

By Joaquin Estus, Public Relations and Communications Director

Alaska tribal health leaders are working to make better use of Alaska Native Medical Center (ANMC) after a recent study showed many hospitalized patients do not need the acute care services the hospital provides. The ANMC hospital provides acute specialty and tertiary care (see definitions below) to patients referred from all across Alaska. Unfortunately, the study found that 26% of all the days patients spend in the hospital are for non-acute care. And, 39% of all patients spend at least one day in the hospital when they do not need acute care services.

Over 60 percent of these non-acute patients are at ANMC because of limited availability of skilled services in rural Alaska and in Anchorage. Some examples of skilled services a patient may need are: intravenous (IV) medications, wound care, dressing changes, physical therapy, occupational therapy, and speech therapy. Other examples of skilled care a patient may need are: comprehensive rehabilitation for orthopedic conditions, spine problems, neurological conditions, e.g. stroke, traumatic brain injury, and psychiatric care. These services can be provided by a range of health care providers other than specialty, tertiary, and acute care providers.



Another finding in the study was that on average 8 of the 150 hospital beds are occupied by patients who do not have an appropriate escort available after their outpatient or day surgery. Day surgery patients must be under adult observation for several hours after they are discharged, to ensure full recovery from anesthesia and surgery. An underlying cause of the lack of escorts is the high cost of travel between Anchorage and rural Alaska.

This information is the result of a study the Joint Operating Board of ANMC chartered the staff to conduct. Recognizing that non-acute days in the hospital setting are not reimbursed by

See Skilled-care on page 3

Photo by Brandy M. Hand

## ANMC team works to reduce days of non-acute care

By Julie McNulty, RN, MSN

An Alaska Native Medical Center team has been looking for ways to reduce the number of days patients are at the hospital for non-acute care. The team engaged in exercises that helped outline the situation "as is" and then ideas on the situation "as it should be." That work helped the team identify priority areas for improvement. The team

See Non-acute on page 3

**Vox**  
The Voice of the People

By Selma Oskolkoff-Simon  
Senior Office Specialist

What are you doing to help your kids prepare for school?



*Kim and David Flaherty  
Anchorage*

My shopping is done. I just have school registration and meeting left.

I always wait until the last minute, but I plan to shop for clothes and supplies for my 4 and 16 year olds.



*Lucy Adams  
Kotzebue*

Photo not available

*Nelo, Susanne, Clyde and  
Connie Anderson and  
Tina Badger  
Wasilla*

We got our backpacks, new clothes and now we are here for our hearing tests for school. ◀

**DHAs**

Continued from p. 1

IHCIA, arguing that DHAs don't have the necessary training.

In fact, DHAs receive ample training to provide quality care. DHAs must meet rigorous requirements including:

- Training, with hands-on practice under a dentist's supervision
- Continuous education
- Federal certification
- Ongoing performance evaluation

DHA therapists (DHATs) receive two years, or 2,400 hours, of classroom training and clinical experience. They spend about 760 hours in a clinic treating children. In fact, they perform more clinical procedures while in college than the average graduate of American dental schools.

The aides are trained at the University of Otago, School of Dentistry in New Zealand. Why New Zealand? Otago is the only school of dentistry to offer the caliber of training needed at an affordable cost. It is also an internationally recognized school of dentistry with more than 85 years of experience with this practice model. It is the creator of the dental health "nurse" program, designed to provide care to Maori children in remote settlements and villages. This program has since become a way of life in New Zealand, where nearly 100% of school children, grades K-12, receive dental care annually.

Is there any evidence the Dental Health Aide Program can work?

DHAs are new to the United States, but the World Health

Organization shows that dental health aide/therapists now work in 42 countries, including Australia, Hong Kong, Great Britain, and Canada.

After Canada started its program, the ratio of teeth pulled to teeth fixed dropped from over 50% to less than 10%. A thorough study of the Canadian effort compared the work of dental therapists and dentists and found that the quality of restorations by therapists equals that of dentists.

Plus, a role model exists in medicine — with physician's assistants, nurse practitioners, and in Alaska, Community Health Aides. These mid-level providers have had a major impact on increased access to general medical care. So too can DHAs impact dental health care in rural Alaska.

Finally, before its launch, this program received a favorable review for technical and scientific merit, by a panel of non-federal experts and Tribal health staff.

**American Indian and Alaska Native Children**

Age	Have had caries	Untreated caries
2 - 4	79%	68%
6-14	87%	68%
15-19	91%	68%

**What does Senate Bill 1057 do?**

Sec. 121 of SB 1057 provides for the continuation of this program. In addition, it requires a study of DHA implementation over the next four years, with reports to the Congress on the outcome, and it prohibits DHAs from being certified outside Alaska during the period of the study.

**Program enjoys broad support**

Organizations with a profound interest in public health have all expressed support of DHA. These include the Indian Health Service, under Director Dr. Charles Grim, himself a dentist, and the Alaska Department of Health and Social Services (DHSS). DHSS Commissioner Joel Gilbertson said the program "holds great promise for addressing the profound dental prob-

See DHAs on page 3

**EPA visit**

Continued from page 1

Health Consortium (ANTHC)

• The Alaska Native health status trends related to environmental factors/sanitation challenges in Alaska, and

• The Alaska rural sanitation program and the progress it has made within the state to date

Both Johnson and Allen solicited feedback from the tribal leaders and staff regarding what can be done to address sanitation needs and challenges within the state. Responses included:

- The sanitation program is successful and meeting a critical public health need in rural Alaska
- Much has been done; much remains to be done

• EPA is a key partner in the team of federal and state agencies working with ANTHC to provide safe water and adequate waste disposal facilities

• It is critical for EPA to maintain funding levels

In addition, site visits were arranged for August 9 to three Yukon-Kuskokwim villages—Atmaultluak, Nunapitchuk, and Kasiqluk. The White House representatives were given a first-hand view of the various sanitation conditions experienced in Alaska's villages -- from honeybucket haul, enclosed haul, to piped water system. ◀



(From left to right) EPA Administrator Stephen L Johnson, his Chief of Staff George Ingebretson, and Steve Weaver, Senior Director of ANTHC Division of Environmental Health and Engineering, discuss water and sanitation systems while touring Kasigluk, a village in southwest Alaska.

Photo by Don Kashevaroff

**Editorial Staff**

Joaqlin Estus  
Public Communications Director

Selma Oskolkoff-Simon  
Senior Office Specialist

Marianne Gilmore  
Executive Administrative Assistant

*The* Mukluk  
Telegraph

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Alaska Native Tribal Health Consortium  
4000 Ambassador Drive, Anchorage, Alaska 99508  
Attention: Mukluk Telegraph  
Phone 907-729-1900  
Fax 907-729-1901  
E-mail [ssimon@anthc.org](mailto:ssimon@anthc.org)

**Letters to the Editor**

Readers of the Mukluk Telegraph are encouraged to comment on subjects covered in the newsletter. Your opinions may be shared with readers of subsequent issues of the Mukluk. Letters may be edited for length, taste and clarity. We will attempt to publish all opinions. If you have questions about submitting letters, please call Selma Oskolkoff-Simon at 907-729-1900.

## DHAs

**Continued from p. 2**

lems of rural Alaskans, and we applaud Congress for giving the program a chance to demonstrate its potential for success.”

The American Association of Public Health Dentistry, Oral Health America, and many foundations and groups have also voiced their support of the program. Another demonstration of the broad support for the program is the number of funding contributors.

The program is funded by the Indian Health Service, Rasmuson Foundation, Robert Wood Johnson Foundation, Denali Commission, Paul G. Allen Family Foundation, Ford Foundation, National Rural Funders Collaborative, and Alaska Mental Health Trust Authority.

### Why is dental care such an issue in Alaska?

Alaska has a severe shortage of dentists. Imagine your child has a toothache and it becomes unbearably painful. There's no local den-

tist. In fact, the only ways out of town are by boat or airplane, and the airfare is hundreds of dollars. Dentists come to your village only once a year.

What if you are the one with the toothache? Tribal and Indian Health Service dentists make the care of children's teeth their first priority, so you may not be able to get an appointment during that annual visit. That's the reality of life for about 85,000 Alaska Natives in rural Alaska.

Despite intense recruitment efforts and financial incentives from tribes to attract dentists, most Alaska Natives do not have consistent, accessible dental care. For many years, vacancy rates for dentists have been 25% and turnover 30%.

### What about using volunteers?

Some dental groups have suggested that the Alaska tribal health system recruit volunteers to provide care in rural Alaska. Unfortunately, a volunteer program cannot meet the need. Few dentists have shown an interest in providing volunteer dental care in rural Alaska, where travel can be unpredictable and time-consuming, especially in winter.

### Questions?

To see reports on Dental Health

Aide training, success rates, history, and much more, visit the Public Health Service website at [www.phs-dental.org](http://www.phs-dental.org), and click on a link at the bottom of that home page. To find out more about the Alaska Native Tribal Health Consortium, which manages the Dental Health Aide program, visit our website at [anthc.org](http://anthc.org). ◀



Dental Health Aide students from left to right: Conan Murat and Mike Andrews, with "patient" Ricky Goodro.

Photos by Brian P Conner

## Four levels of Dental Health Aides

### Primary DHA

Education, dental assisting, preventive services

### Expanded Function DHA

Expanded duty dental assistants in dental clinics

### DHA Hygienists

Dental hygiene services

### DHA Therapists

Oral exams, restorations, stainless steel crowns, extractions in villages

## Skilled-care

**cont. from page 1**

Medicare, Medicaid, or other insurance carriers, the JOB wanted to completely understand the problem and find solutions. The revenues received from Medicare, Medicaid, and other payers have allowed ANMC to purchase better equipment and to offer a wider range of services than when it was under Indian Health Service management. Finding solutions will improve the care to patients by delivering the right care at the right time in the right setting. These solutions will significantly lower costs, increase revenue, and enable greater service delivery.

The study provides a clear snapshot of the extent and causes of the non-acute days problem. This information

will be helpful to leaders in the Alaska Tribal Health System as they work together on solutions. While some solutions, such as the development of skilled care facilities in the regions or in Anchorage, could take years to develop, others may have a more immediate effect, e.g. developing home care services.

### Alaska Native Medical Center

is co-managed by the Alaska Native Tribal Health Consortium and Southcentral Foundation.

### FAQs

#### What is acute care?

Acute care refers to the services needed to manage the sudden or rapid

onset of a severe or serious condition or disease.

#### What is specialty care?

Specialty care is services provided by a physician who has received advanced training in a specific field such as surgery, neurology, cardiology, rheumatology, dermatology, oncology, orthopedics, ophthalmology, and others.

#### What is tertiary care?

Tertiary (third level) care is that which requires specialized skills, technology, and support services. Examples include coronary artery bypass grafts, adult and newborn critical care in intensive care units, and brain surgery. Tertiary care is reserved for complex,

rare, or severe diseases that involve multiple organ systems or require sophisticated technology and treatment skills.

#### What is primary care?

Primary care is the services a patient receives upon first contact with the health care system. Primary care may be provided by a Family Medicine Physician, Physician's Assistant, Nurse Practitioner, or, in rural Alaska, by a Community Health Aide/Practitioner.

Please contact Customer Service with questions and comments at: (907) 563-2662. ◀

## Non-acute care

**Continued from page 1**

has six workgroups focusing on the following areas:

- Meeting admission and observation criteria to facilitate reimbursement
- Defining alternate levels of care
- Decreased number of day-surgery patients admitted due to no escort
- Improved care plan coordination
- Optimized process for placement

and minimizing barriers

- Improved coordination of discharge planning

When a patient does not need acute care yet is in the hospital, it adds stress and time away from home for the patient. It also adds costs as ANMC is not able to receive reimbursement for services provided for patients who do not meet acute care criteria. That funding could be better used to improve services in other areas.

The Non-acute Days Team, co-

chaired by Julie Palm, RN, and John Harvey, MD, has been meeting since March. The team is part of the ANMC Operational and Clinical Excellence Project and the aim is to identify a cost savings or a reduction in non-acute days at ANMC. The team has utilized the Iowa Model of Evidence Based Practice and the "Plan, Do, Study, Act" (PDSA) Model for improvement. Following the Inquiry Model, they conducted a brainstorming activity and built upon the information from the

Non-acute days study conducted by Charles Fagerstrom and Dr. Ed Gilkey.

Interdisciplinary team membership includes Colleen Anagick, Nancy Bilyeu, Deb Freudenthal, Kristen Hites, Julie McNulty, Dorothy Merchant, Rick Walicki, and Denise Williamson. The team recently reported its progress to the ANMC Joint Operating Board, and hopes to achieve breakthrough improvement in this area within the next six months. ◀

**ANTHC Vision**  
**Alaska Natives are the healthiest people in the world**

## Statewide News

### YKHC Rural Utilities Cooperative prepares to help Chevak

A western Alaska village dogged by financial woes is stepping forward to try to alleviate its fiscal challenges. As a first step, the village is moving in the direction to become a member of the Yukon Kuskokwim Health Corporation (YKHC) Rural Utilities Cooperative (RUC).

In July, Chevak's city council contacted YKHC and indicated their desire to join its RUC Program.

"We are working with Chevak on a management plan as we speak," said Seth Smith, YKHC's RUC Manager.

According to Smith, Chevak's membership should become effective sometime this fall. "RUC's first step will be to start billing and collections for Chevak's water and sewer utilities in August," he said. "RUC would then assume overall management of the utilities by October 1."

Toward that end, RUC staff traveled to Chevak and started collecting copies of the city's water and sewer records needed to make management of the village's sanitation system more successful.

"Our first order of business will be to determine how much it costs to run the Chevak water and sewer system," said Smith. "We also want to make sure the monthly billings are current. The rates residents will pay after October 1 will be the same as the rest of the cooperative."

When building a utility in a village, residents need to know what the cost is going to be for the community before and after it's built, said Smith. "The residents ultimately end up paying for it. If you don't collect enough revenue, the utility will go into debt or go under."

Chevak's municipality has been in the news regularly, especially for its delinquent debts to the Alaska Village Electrical Cooperative. Recently, the village had been warned to pay up its electricity debts soon, or else face a power shutdown to municipal-owned buildings, therefore its many local services, including the water and sewer utility.

According to the *Tundra Drums*, the village was a model village that kept current with its obligations until four years ago, when the city's administration changed. Then things went downhill. Last fall, after learning just how far downhill they went, its residents took action by voting in new members for its city council.

See Statewide News on page 5

## IHS Chief Medical Officer to address Behavioral Health Summit

By: Scot Prinz, Director of Behavioral Health Services, ANTHC Community Health Services

### Definition:

Behavioral Health is the integration of addictions/substance abuse, and mental health/mental illness issues and services for the provision of comprehensive prevention, early intervention, treatment, case management, and follow-up.

Mark your calendars for the second Behavioral Health Workforce Summit, set for September 28 and 29, 2005 at the Fourth Avenue Theater in Anchorage Alaska. The Summit will focus on education, recruitment and retention of a qualified behavioral health workforce. This has been prompted by a continuing shortage of behavioral health services providers in Alaska that is expected to become even greater within the next decade. A highlight of the Summit will

be a presentation by Assistant Surgeon General W. Craig Vanderwagen, MD, who is scheduled to address the Summit attendees during lunch on September 29. Organizers anticipate that his remarks will reflect new and developing efforts by the Indian Health Service to provide quality behavioral health services for American Indians and Alaska Natives.

As Chief Medical Officer, Dr. Vanderwagen, provides medical advice and guidance to the Director of Indian Health Services (IHS) and staff on American Indian and Alaska Native health care policies and issues. He is the primary liaison and advocate for IHS field clinical programs and community-based health professionals. He provides national and international health care leadership and representation for the agency. In addition, he ensures that patient care and medical standards and concerns are represented in the decision-making process of the agency.

Dr. Vanderwagen has been a consultant for the Pan American Health Organization on Indigenous health

issues. He directed a portion of health care provided to Kosovo refugees during the Balkans conflict in 1999. He has also served as the Chief of Public Health for the Coalition Provisional Authority and the Ministry of Health in Iraq, and for the United States response to the health needs of the survivors of the December 2004 Tsunami.

The Summit is being hosted by the Alaska Behavioral Health Partnership, which is made up of the Alaska Mental Health Trust Authority, Alaska State Division of Behavioral Health, and University of Alaska. This Summit is a follow-up to a previous one held in 2004.

For more information about the meeting and registration please go to: [www.alaska.edu/health/BHSummit](http://www.alaska.edu/health/BHSummit) ◀



Assistant  
Surgeon  
General W.  
Craig  
Vanderwagen  
MD

## Challenges to promoting quality end-of-life care in rural Alaska

By Bob Swope, MDiv, RN  
Coordinator, Home Health &  
Palliative Care Bristol Bay  
Area Health Corporation

Two years ago Bristol Bay Area Health Corporation (BBAHC) completed a project promoting excellence in end-of-life care. Working with Yup'ik elders, this grass-roots study produced a series of three training manuals and support materials called Helping Hands. The Robert Wood Johnson Foundation (RWJ) funded the project.

The goal of this RWJ curriculum is to allow elders to remain safely in their own villages and homes as they move into the final stages of living and dying with dignity. Keeping Native elders in the places they have done subsistence living, among family and friends who know their culture and language, proves to be the best way to prolong quality of life even with terminal illness.

The challenge has been to recruit and train end-of-life caregivers in rural areas. There is no traditional hospice here, no nearby nursing home. Many capable young adults leave the village to find better jobs. Traditional healers and family caregivers have also become scarce. It is very difficult to keep volunteers ready and willing to keep up the

skills for comfort and palliative care.

Still, there are a few compassionate and mature people around who ask, "What can I do to help? What do I have to learn to make Grandmother's journey more comfortable?" Integrating traditional ways with modern palliative guidelines, these few begin the journey of those willing to become trained caregivers. They must be able to translate medical English into Native ways of seeing and doing. They must commit to a longer term of care than just a couple of visits. Above all, they need to be the natural caregivers whom elders recognize and respect. The RWJ curriculum helps shape what is already there.

In this era of declining resources, we look to telemedicine and audiovisual conferencing to help promote and educate potential caregivers. Distance learning in the village clinic or even elder's home may become the classroom of the future for promoting informed, quality end-of-life care.

The Home and Palliative Care



Department at Kakanak Hospital in Dillingham is the national repository for these RWJ training materials.

You can find out more about Helping Hands by contacting Nurse Coordinator, Bob Swope, by email [bswope@bbahc.org](mailto:bswope@bbahc.org), or via fax at (907) 842-9246.

[This article corrects and updates information presented in the July/August 2005 issue of Mukluk Telegraph. It accurately reflects the perspective of the last Principal Investigator for the RWJ Helping Hands project.] ◀

## ANTHC Values

Providing the highest quality health services  
in partnership with our people and the  
Alaska Tribal Health System

# Troy Ritter explores water and waste - water operations in the Northwest Territories

By DEHE Staff

In the July 2004 edition of the Mukluk Telegraph, we announced that ANTHC environmental health specialist Troy Ritter had received the National Environmental Health Association's (NEHA) Sabbatical Exchange Ambassador Award. This award provided funds for Ritter to spend three weeks learning how water and wastewater services are provided in the Canadian Northwest Territories (NWT). Subsequently, Ritter spent time between March 6 and March 27, 2005, working in the communities of Yellowknife, Deline, Norman Wells, Inuvik, Aklavik, and Tuktoyaktuk, as well as two remote oil camps.

Ritter believes that Alaskans can benefit by learning how our NWT counterparts provide sanitation services. The Canadians also face the challenges of harsh climate, isolation, small populations, and lack of economies of scale. However, they have chosen to address these challenges with a somewhat different approach. As part of the sabbatical process, Ritter conducted a research project which identified significant differences between the opposing service delivery models. Differences were then analyzed using a process which emphasized overall value and consistency with Alaskan values in order to identify opportunities for improvement. Ritter hopes to have his work published in a future issue of the National Journal of Environmental Health. The following bullets highlight a few of the most intriguing features of the NWT approach:

- Drinking water regulations are a territorial function in the NWT, rather

than a federal function as in Alaska. In addition, there is a lot of flexibility within the NWT regulatory scheme. These two factors allow regulators to recognize the challenges faced by rural communities and impose only those regulations which are needed to ensure health.

- The Government of Northwest Territories (GNWT) officials recognize that small communities occasionally lose capacity to operate and maintain their sanitation systems and offer special assistance to these communities during times of transition.

- Emergency preparedness is critical in arctic and sub-arctic climates. The Canadians have adapted principles of the Hazard Analysis Critical Control Points (HACCP) program, a food safety program, to use in sanitation systems emergency preparedness. The comprehensive nature of HACCP may be advantageous in rural Alaska as well.

- The Government of Northwest Territories (GNWT) has realized that not every community can afford to operate and maintain modern water and wastewater facilities. Because GNWT considers safe water and proper disposal of sewage to be critical factors in protecting health, it provides subsidies to communities that have a predicted gap between potential revenue and operation and maintenance (O&M) costs. This approach gives every NWT community the opportunity to have modern sanitation facilities.

- Sanitation services in the NWT are provided using a very streamlined organizational structure, as opposed to Alaska's multi-organizational structure. Ritter suggests that Alaskans could improve service delivery by conducting a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. He also recommends exploring how principles of the



Once common, honeybuckets have since been eliminated from NWT communities. Residents of the NWT community Norman Wells named this road in remembrance of something that was once very much a part of their lives.

Photos by Troy Ritter

Incident Command System (ICS) could be incorporated into the Alaskan approach.

- Beginning in 2007, NWT capital projects funds will be distributed through a block grant program. Communities will receive an annual lump sum payment to cover eventual capital replacement. Communities will have freedom to spend this money as they wish but no additional financial assistance will be provided.

While learning more about the NWT approach may provide a broader prospective for service delivery improvements in rural Alaska, Ritter notes that caution must be used when adopting practices from the Canadians, "Even though we face similar challenges, we are different people with different values and very different expectations of government. However, developing a better understanding of how the NWT professionals address similar challenges may provide insights to overcoming challenges in Alaska."

Ritter has hopes of continued collaboration with the NWT professionals. The next logical step would be for Alaskans to host a GNWT environmental health officer through the NEHA Sabbatical Exchange Ambassador Program. Both sides also have hopes of expanding their partnership to include environmental health professionals from other circumpolar regions, such as other arctic regions of Canada, Russia, and the Scandinavian countries. There are also plans to expand collaboration beyond water and wastewater into areas such as rabies prevention, food safety, and injury prevention. At the April 2005 DEHE All-Staff meeting, ANTHC Chairman/President Don Kashevaroff stressed the need for innovation by stating, "Innovation is key." Perhaps aspects of the NWT approach can lead to service delivery innovations in Alaska. ◀



NWT communities are similar to those of rural Alaska. Shown above is a fish smoker used to preserve arctic char caught from the Great Bear Lake. The community of Deline is the only one located on the shores of the world's ninth largest lake. About 91 percent of Deline inhabitants are members of the Dene Band.

## Statewide News

Continued from page 4

### Help for Chevak

The new council then decided to seek help from YKHC. "But before RUC can assume management, Chevak will need to satisfy AVEC's demands for all of its debt obligations—not just for its water and sewer services," Smith said.

To that end, the State Department of Economic and Community Development staff has also been working with Chevak to assist in the development of a payment plan for those debts. Once an agreement between the village and AVEC is accomplished, RUC can begin management of Chevak's sanitation system.

But joining RUC will not alleviate the village's debts, said Smith. "Chevak will still need to continue working with AVEC to resolve its debt issues."

RUC is a water and sewer utilities cooperative that was created in 2002 by a partnership of YKHC, ANTHC, Denali Commission, Environmental Protection Agency, and the Rasmuson Foundation.

RUC's intent is to lower the high costs of maintenance of water and sewer systems in villages who join the cooperative and/or prevent their shutdown for one reason or another.

The first village joined RUC in the summer of 2003. Currently, RUC manages the utilities for six villages: Toksook Bay, Holy Cross, Grayling, Upper Kalskag, Alakanuk, and Russian Mission.

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

### Chief Andrew Isaac Health Center Hozelleeh Denh "Place Where We Exercise"

The Tanana Chiefs Conference Diabetes Program is excited to open the doors of Hozelleeh Denh (Zel-ee Den). Hozelleeh Denh's Athabascan translation by Eliza Jones is simply "Place Where We Exercise." Located in the basement of the Chief Peter John Tribal Building, the center is open from 7 a.m. to 7 p.m. Beneficiaries and TCC employees 18 and older are welcome to register at the center. Physical Activities prescriptions can be obtained at Chief Andrew Isaac Health Center for beneficiaries. Memberships are free to health beneficiaries and \$45 per quarter/\$135 per year for TCC employee/non-health beneficiaries.

*Excerpted from an article in The Council, a newsletter of the Tanana Chiefs Conference. ◀*

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# US Health and Human Services Secretary appoints Valerie Davidson to Medicaid Commission

## Excerpt of a National Indian Health Board Staff Report

On Friday, July 8, 2005, Health and Human Services Secretary Michael Leavitt announced Valerie Davidson, Executive Vice President Yukon-Kuskokwim Health Corporation and Chair of the Centers for Medicare and Medicaid Tribal Technical Advisory Group (TTAG) was appointed to the Medicaid Commission.

The Commission is tasked with reporting recommendations on a proposed \$10 billion in cuts to Medicaid over the next five years. The Commission is to publish two reports: the first on September 1 and the second on December 31. This Commission was conceived by US Senators Smith (R-WA) and Bingaman (D-NM) and was intended to be bi-partisan and comprised of such individuals as former and

current governors, public policy makers and state Medicaid directors. During Senate budget resolution debate, however, the Secretary of Health and Human Services (HHS) used current legal authority to seat the Commission as an advisory committee to HHS. In response, democratic lawmakers and the National Governors Association feel that the Commission will not be able to produce a fair and balanced report.

Davidson is a non-voting member of the Commission; however, as evidenced from those who were appointed to the Commission, selection was a rigorous and highly-competitive process. She will have influence and be at the table for discussion, although she will not vote on the final recommendations. As the TTAG Chair, Davidson will be able to bring attention to ensuring that new program recommendations will interface with the Indian health system in a manner that is efficient, and assure

access to care for American Indian and Alaska Native Medicaid beneficiaries.

Indian health care is unlike any other part of the American health care delivery system. It is primarily a federally-funded system that is based on the federal trust responsibility, treaty rights, and a government-to-government relationship between Tribes and the federal government. In several meetings with Centers for Medicare and Medicaid Services (CMS) Administrator Dr. Mark McClellan, Davidson was assured that CMS would "do no harm" to Indian Health Service, Tribal and Urban Indian health programs.

Two other leaders in the AI/AN community were also recommended: Frank Dayish, Jr., Vice President, Navajo Nation and TTAG

Co-Chair and Ron Allen Chairman, Jamestown S'Klallam Tribe and TTAG Member.

Former Tennessee Governor Don

Sundquist will chair the commission and former Maine Governor Angus King will serve as vice-chair. The commission members include Nancy Atkins, Commissioner for the Bureau of Medical Services, Department of Health and Human Resources, West Virginia; Melanie Bella, Vice President for policy, Center for Health Care Strategies, Inc. and Gail Christopher, Vice President for Health, Women and Families at the Joint Center for Political and Economic Studies and Director of the Joint Center Health Policy Institute. ◀



*Valerie Davidson*

## Health careers spotlight: environmental health specialist

The Office of Environmental Health (OEH) has three full-time Environmental Health Specialists (EHS) on staff: Charles Woodlee, Kyle Wright, and Alicia Holland. They are dedicated to providing Tribes with technical assistance, training, and support that allows Tribes to effectively manage their village-based environmental programs. On-site training may include how to prepare reports required by the State for the operation of the community water

system. Or this assistance may include working with a village environmental coordinator on grant development and management.

In order to provide the best assistance, staff travels extensively to the villages. They conduct water system and clinic facilities surveys with an emphasis on protecting public health. On village visits, staff provides rabies shots to dogs as part of the State rabies program. They also certify rabies lay vaccinators that give rabies shots to dogs in their

own villages. When communities are working on planning studies, staff reviews the plans and attend community meetings to address questions and concerns about proposed water and sewer projects. Our staff are also instructors for many of the classes offered for water plant operators, utility managers and council members.

The OEH staff have taken on a number of special projects through the years. Carbon monoxide (CO) testing was part of a special project conducted in 2000. The study found that a number of cooking stoves were emitting high levels of CO because they were set up for natural gas and not propane. This study resulted in repairs to the stoves and a reduction in CO emissions. Currently, Woodlee is conducting an Elder's Fall Prevention Study that has the goal of identifying the cause of falls in Elders and reducing fall incidence.

When asked about the favorite part of their jobs, working with the people in villages is always at the top of the list.

Job satisfaction comes from a hands-on approach in finding something that



Environmental Health Specialists Kyle Wright and Alicia Holland conducting a drinking water fluoride sample.

**TCC file photo**

works and seeing it through.

For more information, call toll-free at 800-478-6822 or email [sheri.hadley@tananachiefs.org](mailto:sheri.hadley@tananachiefs.org). ◀

### Education requirements:

There are a small number of four-year Bachelor of Science-Environmental Science/Health programs within the country; for example, Colorado State University, Illinois State University, and Eastern Kentucky University to name a few.

### Core courses for this degree include:

- toxicology • biology • physics • anatomy • physiology • organic • chemistry • food safety • environmental engineering • epidemiology • water quality • air quality •

## The Awards Committee of the Alaska Public Health Association

is seeking nominations for awards to be given at the *Alaska Health Summit*  
Completed nominations must be received by October 1, 2005.

### Award categories include:

**Alaska Meritorious Health Service Award**  
**Alaska Health Achievement Award**  
**Barbara Berger "Excellence in Public Health Award"**

**ALPHA Service Award for Long Term Service**  
**ALPHA Service Award for Short Term Service**  
**Alaska Community Service Award for Health**

ALPHA Awards Committee ALPHA awards provide an opportunity to recognize your colleagues and acknowledge their contribution to the Alaska Public Health Association and to public health in Alaska.

A full description of the nomination criteria and form are available at [www.alaskapublichealth.org](http://www.alaskapublichealth.org).

Alaska Public Health Association  
P.O. Box 91825  
Anchorage, AK 99509-1825  
Fax: 332-1036  
e-mail: [publichealth@alaska.net](mailto:publichealth@alaska.net)

# Construction underway on the new Annette Island Service Unit Health Center

From the Metlakatla Indian Community

Mayor Victor Wellington Sr. of the Metlakatla Indian Community (MIC) announces that the construction of the new Annette Island Service Unit (AISU) Health Center and staff housing is well underway. Construction of the new \$18 million health care facility is being funded by grants from Indian Health Service and the Denali Commission for the Planning Project. Staff housing is being constructed with funding provided by Indian Health Service. McGraw Custom Construction of Sitka, Alaska is the general contractor for construction of the new health care facility. The facility includes a new two-story, 31,000-square-foot Health Center and four residential duplexes (eight units) for the Health Center staff.

The outpatient health care program that will be provided in the new Health Center will be managed by the Annette Island Service Unit of the Metlakatla Indian Community and administered by Rachael Askren, Service Unit Director. The program will be operated under a P.L. 93-638 Title V compact with Indian Health Service. The Annette Island Service Unit has a staff of 63 employees and provided health care for over



Rachael Askren, Service Unit Director of the Annette Island Service Unit, and Butch Hayward, AISU Project Manager, monitor progress on the new Health Center in Metlakatla.

22,000 outpatient visits in 2004.

The new Health Center will replace existing outdated AISU medical facilities and offer a full-range of ambulatory care services and comprehensive community health services in a single facility. Services that will be provided in the new Health Center include: emergency and urgent care, ambulatory care, laboratory, radiology, pharmacy, dental, physical therapy and community health services such as mental health, substance abuse, social services and com-

munity health representatives.

New services that will be offered by the AISU include health education, public health, nutrition and environmental health.

Construction of the AISU Health Center is scheduled for completion in December 2005. Construction of the staff housing is complete. Currently three of the housing units are occupied and the other two will be occupied in June 2006. ◀

Photo by David Sheakley

## Brushing for your baby

By Barbara O'Donnell,  
TCC Registered Dental Hygienist,  
Dental Clinic

Within days of birth, your newborn will be exposed to germs. Germs can cause tooth decay when their teeth come in. In the old days this was not a problem because diets did not contain refined sugar. Refined sugar (juices, candy, and cake) feed these germs. Germs nourished with sugar produce acids that break down tooth enamel. This causes cavities. If baby has a lot of cavities it's called "bottle mouth" or "baby bottle tooth decay" because juice

in a bottle supplied sugar to the germs.

Two easy ways to avoid bottle mouth are:

- Ensure a low sugar diet
- Wipe out baby's mouth with a washcloth after eating

I recently went to grocery stores in Fairbanks and found good baby toothbrushes for sale. Most of these come with fluoride-free baby tooth gel or toothpaste. Babies cannot control swallowing so there's no need for fluoride until the age of six months or more. These kits cost \$4-\$5.

TCC Dental gives a miniature

washcloth to new parents who come in and request it. And everyone already has the right thing to keep baby's mouth clean — a regular washcloth or washrag. Just use a damp washcloth to wipe out baby's mouth after they eat or drink from a bottle. Keep it handy in the kitchen and rinse with water before and after using. This will keep baby's mouth germ-free and moistened. Combine this with low-sugar diet and your baby will have a happy, beautiful smile. ◀

From *The Council*, a newsletter of the Tanana Chiefs Conference

## Your baby's dental development

By Monica P. Rueben, Registered  
Dental Hygienist, Dental Clinic

### When do my baby's teeth begin to develop?

The primary (baby) teeth begin to develop during the first three months of pregnancy. At birth, 20 primary teeth will be growing in the baby's tiny jaws. The formation of the primary teeth is completed by the baby's first birthday. The permanent (adult) teeth develop during the second trimester and continue developing until the child is 12 to 13 years old. The hard tooth enamel begins forming during the second trimester for the primary teeth - poor maternal

health during pregnancy can affect the formation of the primary teeth.

### Can medications affect my baby's teeth?

Taking certain medications, especially tetracycline, can produce discoloration and defects of the primary teeth. The medicines you take should be carefully selected to protect your unborn baby.

### When will my baby start getting teeth?

The first tooth to erupt is usually the lower front tooth. This occurs around six months of age, but can vary considerably. Other teeth will appear intermittently every six months, with all of the primary teeth

being present somewhere between 2½ to 3 years of age.

### What is teething and how can I help?

Teething is the eruption (coming through the gums) of primary teeth. The symptoms of teething may include: disrupted sleeping and eating patterns, sore gums, restlessness, irritability and loose stools. The symptoms of teething can be treated by allowing the child to chew on something cold such as a chilled teething ring or clean washcloth. ◀

Reprinted from *The Council*, a newsletter of the Tanana Chiefs Conference.

## Upcoming health-related events

### September

- 5 Labor - Day ANTHC offices closed
- 7-9 HIPAA Summit, Renaissance Washington DC Hotel ([www.HIPPAASummit.com](http://www.HIPPAASummit.com))
- 12-16 Norton Sound Health Corporation annual board meeting, Nome
- 15-17 22nd Annual Alaska Nurse Practitioner Association Conference, Anchorage Marriott Downtown. For more information, visit ([www.alaskaanp.org/conference.htm](http://www.alaskaanp.org/conference.htm))
- 19-21 National Institute for Environmental Health Sciences, Talkeetna Alaskan Lodge (Hosted by Aleutian/Pribilof Islands Assn - Info: [sueu@apia.org](mailto:sueu@apia.org))
- 20-22 Maniilaq Association board meeting
- 21 ANMC JOB meeting, 9 a.m. - 4 p.m., Inuit Bldg, Conf. Rm 313
- 28-29 Behavioral Health Workforce Summit, Fourth Avenue Theater, Anchorage (Info: 907-450-8096)

### October

- 4 Health Research Review Committee, 1:30 pm, location TBD
- 4 Clinical Directors Meeting, 1 pm - 5 pm, COB, Conference Room 3
- 4 Alaska Telehealth Advisory Council, 9:45 a.m. - 12:45 p.m., COB Boardroom
- 5 A-MSNC, 8 - 10 a.m., COB, Conference Room 531
- 5 Medical Services Networking Committee, 10 a.m. - 4 p.m. COB Conference Room 3
- 5-7 Statewide Physician Assistant Conference (All-Alaska Medical Conference) Anchorage ([www.akapa.org](http://www.akapa.org))
- 10 Alaska Native Traditional Health Celebration Day ANTHC offices closed.
- 10-14 Fall Tribal Self Governance Conference, Washington, DC
- 11 Southcentral Foundation board meeting,
- 16-19 National Indian Health Board 22nd Annual Consumer Conference Hyatt Regency, Phoenix ([www.nihb.org](http://www.nihb.org))
- 17-21 Alaska Federation of Natives Convention, Fairbanks
- 17-18 AFN/First Alaskans Elders and Youth Conference, Carlson Center, Fairbanks ([info@firstalaskans.org](mailto:info@firstalaskans.org))
- 18 Customer Service Education Program: If Disney Ran Your Hospital—Some Things You'd Do Differently - Grant Hall Theater, APU Campus
- 19 YKHC Executive Board meeting, Pikes Landing, Fairbanks
- 20 NIH 2005 Tribal Public Health Workshop, Hyatt Regency, Phoenix

See Events on page 9

# 2005 ANTHC Summer Internship Program

## ANTHC staff report

ANTHC Education & Development office coordinated several learning opportunities for 19 students this summer through the students' participation in the ANTHC Summer Internship program, Indian Health Service (IHS) Externship and the First Alaskans Institute Internship program. The programs started on Monday, June 13 and concluded on Friday, August 12, 2005. The ANTHC Summer Internship program included four high school and ten undergraduate students. The IHS Externship program included four undergraduate students with the fourth IHS extern beginning the program on August 8th through mid-September. The First Alaskans Institute Internship program included one undergraduate stu-

dent who interned with ANTHC through a memorandum of agreement.

"I have enjoyed so much working with this group of bright, committed interns!" said Sheila Turner, Scholarship & Internship Coordinator.

Angeline Coffin, summer intern from Noorvik, said "My nine week sojourn as an ANTHC intern was stupendous! It has motivated me even more to passionately pursue my goal of becoming an RN and returning to ANMC. Without a doubt, I truly enjoyed working with the employees from all branches on campus. We, the Alaska Natives, are definitely lucky to be blessed with their presence."

The interns took part in workshops on Conflict Resolution, Conducting Effective Presentations, Effective Interviewing and Resume Writing, and

Successful Scholarship Application Techniques and were trained and received certification in Cardio-Pulmonary Resuscitation and First Aid. They also enjoyed trips to the Alaska Native Heritage Center and the Anchorage Museum of History and Art.

In addition, the interns completed two projects – a cultural project that culminated with all the interns researching and conducting a presentation about their culture, and a career ladder project that gave them the opportunity to research and present on their career interest.

The summer culminated in a celebration luncheon. Paul Sherry, ANTHC Chief Executive Officer, Don Kashevaroff, ANTHC President/Chairman, and Sonya Conant, Human Resources Director, attended along with

the interns, their supervisors, and the Education and Development staff. The interns were presented with certificates of completion.

ANTHC Education staff and Development would like to offer sincere thanks to each of the departments and supervisors who made this summer's program such a success.

"I am gratified by the commitment and support of ANTHC leadership, the departments, staff, presenters and the wonderful intern supervisors who truly believe in the mission, vision, and values of the Alaska Native Tribal Health Consortium," said Sheila Turner.

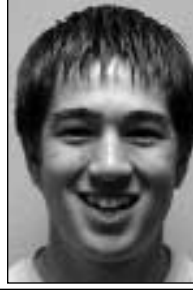
The following shows each student's name and hometown, the school he or she will or currently is attending, his or her field of interest and the department where each worked this summer. ◀

## 2005 First Alaskans Intern

**Name:** Camille Milroy  
**Family Hometown:** Anchorage  
**Current Year in School:** Junior  
**School:** Southern Oregon  
**Career Interest:** Nursing  
**Department Assigned:** ANMC Quality Resources



**Name:** Adrian A. Furman  
**Family Hometown:** Egegik  
**Current Year in School:** Junior  
**School:** Stanford University  
**Career Interest:** Medicine  
**Department Assigned:** ANMC Physical Therapy



**Name:** Joann L. Jenkins  
**Family Hometown:** Amautluak  
**Current Year in School:** Senior  
**School:** University of Alaska Anchorage  
**Career Interest:** Nursing  
**Department Assigned:** ANMC Inpatient Medicine Unit



## 2005 ANTHC Interns

**Name:** Olivia M. Agnes  
**Family Hometown:** Nulato  
**Current Year in School:** Freshman  
**School:** University of Alaska Anchorage  
**Career Interest:** Accounting  
**Department Assigned:** ANMC Financial Services



**Name:** Amber R. Huhndorf  
**Family Hometown:** Nikiski  
**Current Year in School:** Senior  
**School:** Nikiski High School  
**Career Interest:** Nursing  
**Department Assigned:** Safety and Environmental Management



**Name:** Christina J. Piakak  
**Hometown:** Kipnuk  
**Current Year in School:** Sophomore  
**School:** Biola University  
**Career Interest:** Business  
**Department Assigned:** ANMC Materials Management



**Name:** Stephanie R. Alvarez  
**Family Hometown:** Anchorage  
**Current Year in School:** Senior  
**School:** Bartlett High School  
**Career Interest:** Nursing  
**Department Assigned:** ANTHC Education and Development



**Name:** Joshua J. Huhndorf  
**Family Hometown:** Nikiski  
**Current Year in School:** Sophomore  
**School:** Oregon State University  
**Career Interest:** Medicine  
**Department Assigned:** ANMC Surgery Support



**Name:** Holly M. Stebing  
**Family Hometown:** Unalakleet  
**Current Year in School:** Freshman  
**School:** Stanford University  
**Career Interest:** Medicine  
**Department Assigned:** ANMC Risk Management/Corporate Compliance



**Name:** Angeline B. Coffin  
**Family Hometown:** Noorvik  
**Current Year in School:** Senior  
**School:** Mt. Edgecumbe High School  
**Career Interest:** Nursing  
**Department Assigned:** ANTHC Business Office



**Name:** Jolene A.M. Jackinsky  
**Family Hometown:** Newhalen  
**Current Year in School:** Freshman  
**School:** University of Alaska Anchorage  
**Career Interest:** Nursing  
**Department Assigned:** ANMC Internal Medicine Clinic



**Name:** Jessica L. Tweto  
**Family Hometown:** St. Mary's  
**Current Year in School:** Freshman  
**School:** Not Known  
**Career Interest:** Nursing  
**Department Assigned:** ANMC Inpatient Medicine/Surgery Unit



**Name:** Ruth A. Frost  
**Family Hometown:** Togiak  
**Current Year in School:** Sophomore  
**School:** University of Arizona  
**Career Interest:** Pharmacy  
**Department Assigned:** ANMC Ear, Nose, and Throat Clinic



**Name:** Lynette G. Jackson  
**Family Hometown:** Shaktoolik  
**Current Year in School:** Freshman  
**School:** University of Alaska Anchorage  
**Career Interest:** Nursing  
**Department Assigned:** ANMC Oncology




**Name:** Steven L. Wilson  
**Family Hometown:** Eagle River  
**Current Year in School:** Junior  
**School:** University of Alaska Anchorage  
**Career Interest:** Speech Pathology  
**Department Assigned:** ANMC Physical Therapy



**2005 ANTHC Scholarship Recipients  
- Graduate -**

**Name:** Christina V. Anagick  
**Family Hometown:** Anchorage  
**Current Year in School:** Senior  
**School:** University of Washington School of Medicine  
**Career Interest:** Medicine




**Name:** Ann M. Garibaldi  
**Hometown:** Anchorage  
**Current Year in School:** Freshman  
**School:** University of Washington  
**Career Interest:** Physician Assistant

Photo not available

**Name:** Lawrence Chee  
**Family Hometown:** Anchorage  
**Current Year in School:** Freshman  
**School:** University of New Mexico  
**Career Interest:** Nursing


Photo not available

**Name:** Aaron L. Peters  
**Hometown:** Ruby  
**Current Year in School:** Junior  
**School:** University of Alaska Anchorage  
**Career Interest:** Nursing




**2005 IHS Externs**

**Name:** Jessica Alison  
**Hometown:** Irving, Texas  
**Current Year in School:** Senior  
**School:** Kennesaw State University  
**Career Interest:** Medicine  
**Department Assigned:** ANMC Cardiology Unit



**2005 ANTHC Scholarship Recipients  
- Undergraduate**

**Name:** Andrea J. Greene  
**Family Hometown:** Kotzebue  
**Current Year in School:** Freshman  
**School:** Lewis and Clark Law School  
**Career Interest:** Law




**Name:** Adrian A. Furman  
**Family Hometown:** Egegik  
**Current Year in School:** Junior  
**School:** Stanford University  
**Career Interest:** Medicine



**Name:** Nancy Kelley  
**Hometown:** Eagle River  
**Current Year in School:** Junior  
**School:** University of Mobile  
**Career Interest:** Nursing  
**Department Assigned:** Internal Medicine Clinic




**Name:** Michelle L. Parker  
**Family Hometown:** Kodiak  
**Current Year in School:** Senior  
**School:** University of Alaska Anchorage  
**Career Interest:** Clinical Psychology




**Name:** Shelley L. Larson  
**Family Hometown:** Talkeetna  
**Current Year in School:** Senior  
**School:** University of Alaska Anchorage  
**Career Interest:** Nursing




**Name:** Nicole Shangin  
**Hometown:** Anchorage  
**Current Year in School:** Senior  
**School:** Seattle Pacific University  
**Career Interest:** Medicine  
**Department Assigned:** ANMC Labor and Delivery Unit




**Name:** Nicole R. Thomas  
**Family Hometown:** Nome  
**Current Year in School:** Freshman  
**School:** George Washington University  
**Career Interest:** Physician Assistant



**Name:** Holly M. Stebing  
**Family Hometown:** Unalakleet  
**Current Year in School:** Freshman  
**School:** Stanford University  
**Career Interest:** Medicine




**Name:** Aaron Trimble  
**Hometown:** Eagle River  
**Current Year in School:** Junior  
**School:** Eastern Mennonite University  
**Career Interest:** Medicine  
**Department Assigned:** ANMC Surgery Support Unit




**2005 ANTHC Scholarship Recipients  
- Undergraduate, Auxiliary -**

**Name:** Robin M. Cope  
**Hometown:** Dillingham  
**Current Year in School:** Senior  
**School:** University of Washington  
**Career Interest:** Physician Assistant



**Name:** Elise M. Pletnikoff  
**Family Hometown:** Kodiak  
**Current Year in School:** Senior  
**School:** Carroll College  
**Career Interest:** Medicine



**Events**

Continued from page 7

- 22-26 CHAMPS / NWRPCA Fall 2005 Primary Care Conference, Seattle (Info: 206-783-3004 or [www.nwrpca.org](http://www.nwrpca.org))
- 30 National Congress of American Indians 62nd Annual Convention, Tulsa, OK Nov 4 (Info [www.ncai.org](http://www.ncai.org))

**Conjunctivitis: how to avoid "pinkeye"**

By Dr. Charles Jaworski, Eye Clinic

The three main types of conjunctivitis are infectious, allergic and chemical. The infectious type, commonly called "pink eye," is caused by a contagious virus or bacteria. Your body's allergies to pollen, cosmetics, animals, or fabrics often bring on allergic conjunctivitis. And, irritants like air pollution, noxious fumes and chlorine in swimming pools may produce the chemical form.

Common symptoms of conjunctivitis are red, watery eyes, inflamed inner eyelids, blurred vision, a scratchy feeling in the eyes and sometimes, a pus-like or watery discharge. Conjunctivitis can sometimes develop into something that can harm vision so you should see your optometrist promptly for diagnosis and treatment.

A good way to treat allergic or chemical conjunctivitis is to avoid the cause. If that does not work, prescription or over-the-counter eye drops may relieve discomfort. Infectious conjunctivitis, caused by bacteria, can be treated with antibiotic eye drops. Other forms, caused by viruses, cannot be treated with antibiotics. They must be fought off by your body's immune system. To control the spread of infectious conjunctivitis, you should keep your hands away from your eyes, thoroughly wash your hands before applying eye medications and do not share towels, washcloths, cosmetics, or eye drops with others. ◀

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

**ANTHC VALUES**

- Achieving excellence
- Native self-determination
- Treat with respect and integrity
- Health and wellness
- Compassion

## Statewide News

### Kids learn about poison prevention at library presentation

On Wednesday, August 3, two pharmacy students working at the Yukon - Kuskokwim Regional hospital gave a Poison Prevention presentation at the Bethel City Library during children's story hour.

The pharmacy students are Jamie Keller and Lori Sorensen. They are going to be entering their fifth year of pharmacy school at South Dakota State University (SDSU). They led a discussion about poisons with the kids at the library that addressed the different forms of poisons (solids, liquids, gases), ways of being poisoned (touching, tasting, inhaling, splashing in eyes), and how not all poisons are "bad" (medicine, perfume, and gasoline can all be good when used in the proper way).

Jamie and Lori showed a short video, and then presented an



Pharmacy student Lori Sorensen helped present poison prevention information to children at the Bethel library recently.

activity that compared different medicines to candy to see if the children could "guess the poison." After that, they handed out a worksheet, taught the kids the song "Where's the Poison," and then passed out coloring sheets and candy for the children to take home.

The participants were also given poison control center telephone number magnets and stickers (courtesy of YKHC injury prevention).

The presentation is put on by one of the SDSU student pharmacy organizations. They decided that it would be good to present to kids anywhere, so they brought it to Bethel. Jamie and Lori arrived in Bethel in May, and will be leaving in August.

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

## Alaska Native Elder Health Advisory Committee meets



(Above, front row, left to right) Gladys Jung, Bethel; Rose Ambrose, Huslia; Lothe Wolfe, Mentasta Lake. (Back row, left to right) Mary Schaeffer, Kotzebue; Ethel Lund, Juneau; Isaac Akootchook, Kaktovik; Rose Heyano, Dillingham; Janet Guthrie, Metlakatla; Dan Karmun, Nome; Andrew Jimmie, Minto; Iver Malutin, Kodiak.

(Below, left to right) Cheryl Easley, Dean of the College of Health and Social Welfare at UAA, and Dan Karmun, Nome, in front of a recruitment display for personal care service attendants, who are hired by regional health care corporations to help elders with anything from shopping, bathing, and meal preparation to reminders to take medications.

Photo by Greg Martin



By Kay Branch, ANTHC Elder Health Services Planner

The Alaska Native Elder Health Advisory Committee held its third meeting in July 2005 and took the

following actions:

- Recommended ANTHC Board approval for the draft report, Long Term Care Needs of Alaska Native Elders
- Adopted a motion to send a resolution of support for the Dental Health Aide Program
- Reviewed the UAA projects for the past year, including studies about respect and disrespect, the boarding school experience and best and promising practices
- Discussed the importance of personal care and other services provided in elders' homes
- Three members decided to apply for seats on the Alaska Commission on Aging (and ANTHC sent support letters to the governor). The group was encouraged about the recent focus on Alaska Native elders and is excited to be a part of this work with in the Alaska Tribal Health System.

The Elders Committee was formed in 2004 to guide development of elder care services within the Alaska Tribal

Health System. The thirteen members of the group represent all areas of Alaska and become members of the committee through nominations by their tribal health organizations.

They meet twice a year and offer guidance on elder care service development to the Alaska Native Tribal Health Consortium (ANTHC) Board of Directors. They are advisors also to the Rural Tribal Personal Care Attendant Work Group, which works to recruit and promote higher quality personal care services through increased training, for instance. Personal care service attendants are hired by regional health care corporations to help elders with anything from shopping, bathing, and meal preparation to reminders to take medications. In addition, the Elders Committee serves as advisors to a program of the University of Alaska Anchorage (UAA) -- the National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders. ◀

## Health careers: Dental Assistant Supervisor

Dalarie Peters is the daughter of Carol Ann Peters, who is originally from Tanana, and Charles LoneWolf, originally from Columbus, Ohio. She is Athabaskan Indian and Yupik Eskimo and is a shareholder of Doyon Corporation.

"I was born and raised in Bethel, but in 1999 when I was seventeen I went to Job Corps in Sedro Woolley, Washington, for vocational training as a dental assistant and to complete high school. I received my high school equivalency at Skagit Valley College in Mt. Vernon, Washington."

Peters returned to Bethel in 2003 and completed her training in a dental assistant apprentice position at YKHC. "I went through three weeks of on-the-job training and after a year as an apprentice I became a dental assistant. I was a chairside assistant, which involved traveling to numerous villages and training out-of-town. I worked very

hard helping out my supervisors and after a year and a half I became Dental Assistant Supervisor.

"I am responsible for supervising 11 dental assistants. I make sure that all policies are followed and that we always have enough assistants here at the Clinic. I am also in charge of inventory of all clinic supplies and ensure that everyone has what they need for village trips. Although I rarely get to assist anymore, I still love doing it. I love working with the patients and helping new assistants. I encourage them to stick around, because dental assisting is more than just a job. There are so many opportunities in this field. I truly believe it is a great career.

"Stay on track. Always, always have



Dalarie Peters

### Dental Assistant Supervisor basic requirements:

- Two years experience as a dental assistant and work experience with the YKHC Dental Program
- Certified Dental Assistant with one year work experience in a multi-chair clinic.
- Starting wage: \$19.97 hr.

goals, whether they are big or small. Goals give you motivation to achieve things. ◀

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

# Posters to help prevent HIV and sexually transmitted diseases coming soon

## ANTHC Staff Report

The Alaska Native Tribal Health Consortium has printed 18,500 posters to address the topics of HIV human immunodeficiency virus (HIV) and sexually transmitted diseases (STD). The posters are designed to reflect Alaska Native cultures and lifestyles of rural Alaska. They will be mailed out across Alaska in coming weeks.

Posters will go to organizations across the state, including State of Alaska public health clinics, tribal health clinics and hospitals, various other tribal organizations and domestic violence shelters. They'll be available for other uses as well, such as displays and distribution at healthcare related conferences and meetings, including the *Embracing our Traditions Values and Teachings: Native Peoples of North America HIV/AIDS Conference* scheduled in Anchorage in May 2006.

The project was funded by the State of Alaska HIV program and had three primary goals. These were:

- To raise community awareness of the risks of HIV infection and risk reduction precautions
- Encourage people who may be at

risk to seek additional information and prevention services including counseling, testing, and medical services

- Encourage community support for persons living with HIV

This HIV and STD project built on the success of an earlier ANTHC campaign using images of Alaska Natives in posters to promote healthy messages in positive ways. It promotes the idea of "Alaska Natives making healthy choices." The posters promote healthy behaviors while targeting the topics of tobacco and alcohol use, activity levels, diet, diabetes and chronic disease prevention, and injury prevention.

Several ANTHC divisions and departments collaborated with the State HIV program on this project. Participants included representatives of ANTHC Public Relations and Communications; Health Promotion/Disease Prevention; Behavioral Health and Rural Services, and Early Intervention Services. Staff worked together and with ANTHC customers to ensure that the posters' message and images would resonate with individuals across the state, especially in rural communities. ◀

"We got tested for HIV before we started our family."

HIV can be passed between a man and a woman, and from mother to child during pregnancy, childbirth and breastfeeding.

Respect and protect your family. Get tested for HIV.

ALASKA NATIVES  
MAKING HEALTHY  
CHOICES

For more information and locations for HIV and sexually transmitted disease testing, call:

Statewide Helpline  
1-800-478-5245 (24/7)

National Helpline  
1-800-457-3417

ANTHC Early  
Intervention Services  
907-274-7912



Photo by Michael L. Brown, Alaska Native Tribal Health Consortium. Photo by Michael L. Brown, Alaska Native Tribal Health Consortium.



## Protect your family from HIV

## Back to school safety tips

It's that time of year! As your kids prepare to return to school, there are some very important safety tips you should know.

These tips should help reduce the number of days your child spends outside of the classroom.

**Keep your child healthy.** Make sure they are up-to-date with all their immunizations. Children in school are exposed to many germs throughout the day. By being properly immunized, your child will have a reduced risk of catching many illnesses. Check with your provider to see what immunizations your child may need. Also teach your child proper hand washing techniques and the importance of washing your hands many times throughout the day. Proper hand washing consists of 15

seconds of scrubbing with soap and water (have them sing happy birthday) before rinsing. After rinsing, be sure their hands are dried completely. This will eliminate many harmful germs.

**Keep your child safe.** Although playgrounds are supposed to be fun, and generally are, they can also be dangerous. Many accidents happen on school grounds. Be sure your child knows the dangers associated with playground equipment and that there is proper supervision during recess times. Backpack safety is also very important for each child. A backpack should weigh no more than 15 percent of the child's total body weight. Also make sure the child is using both shoulder straps because this helps distribute the weight to both shoulders.

**Help your child eat right.** Check the school lunch menu to be sure your child likes the food provided. Educate them on healthy food choices that will help their body grow. If your child does not like the food choices provided, help pack a healthy lunch they will enjoy. Also be sure your child knows the importance of staying hydrated. Kids often use a lot of energy during recess and they need to re-supply their bodies with fluids. Every child looks forward to after school snacks, so help them choose snacks that are healthy and do not contain high amounts of fat or sugar.

**Keep your child energized.** Ensuring that your child is getting the proper amount of sleep can increase their performance during school hours.

Follow a bedtime routine that includes more relaxing activities at night.

Going back to school is a very exciting time for many children. Following a few safety tips will help make your child's learning experience easier and healthier.

If you have any questions about back to school health tips, talk with your provider or pharmacist. For more information visit [www.mayoclinic.com](http://www.mayoclinic.com) ◀



## Honor an outstanding nurse

*Alaska March of Dimes  
Nurse of the Year Awards*

The Alaska March of Dimes Nurse of the Year Awards program recognizes nurses in 18 categories. The recipient in each category will be a RN or LPN whose leadership and contributions have made a significant impact in their community and to the profession of nursing. Colleagues, friends, patients, businesses and organizations may nominate nurses.



## Nominate a nurse today!

Applications available at [www.marchofdimes.com/alaska](http://www.marchofdimes.com/alaska) or call 1-800-478-5245 or (907) 276-4111

### Nominations Due:

(CE program Friday afternoon)  
Friday, September 30, 2005

### Awards Dinner & Celebration:

Friday, November 18, 2005  
Anchorage Marriott Downtown

**The mission of the March of Dimes Birth Defects Foundation is to improve the health of babies by preventing birth defects and infant mortality.**

# New website a valuable resource and forum for Alaska Natives affected by HIV/AIDS

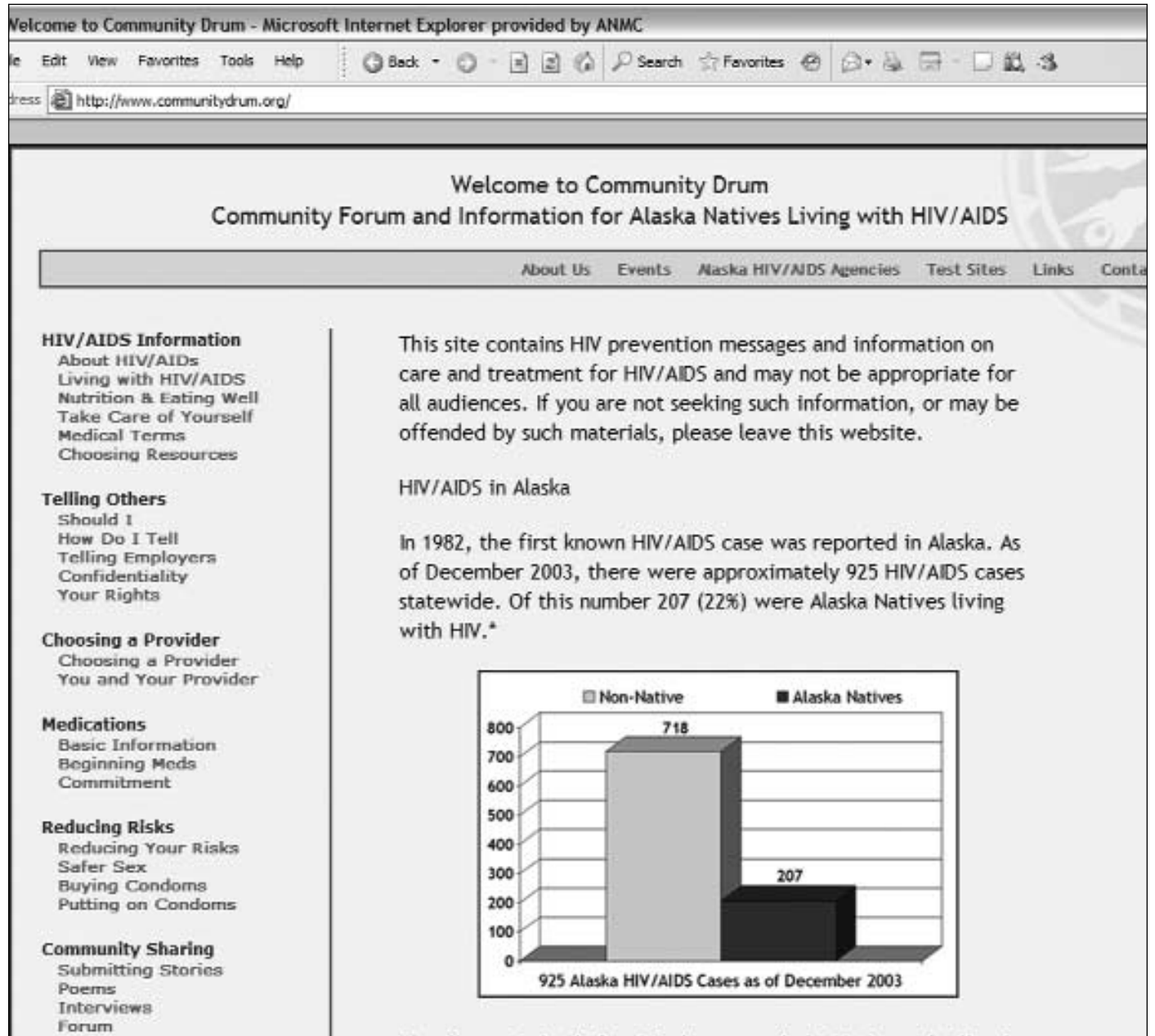
## ANTHC Staff Report

The Alaska Native Tribal Health Consortium HIV/AIDS Program has created a website for Alaska Natives who are living with, or affected by, HIV/AIDS (see web address at the end of this article). The aim of the site is to improve access to information and educational resources, and to establish an online community for Alaska Natives living with HIV or AIDS and the affected family, community, and caregivers.

In addition to providing valuable information and a forum for interaction, the Community Drum website is unique in that it includes materials drawn from the cultural traditions of Alaska Natives. Whenever possible, the Community Drum website uses traditional languages, graphics, and stories to facilitate patient, family, and community communications. It includes interviews and stories from Alaska Natives living with HIV/AIDS and their families. This project is a unique effort within Alaska, and is designed to serve as a model for adaptation and use by other Native American and rural communities.

Until this site was created, electronic information about HIV/AIDS existed for medical providers, but there was no current website specifically targeting or written for the Alaska Native patient population. The National Library of Medicine (NLM) provided funding to ANTHC, the first tribal health organization to receive NLM funding to develop a website specifically aimed at Alaska Natives.

Everyone who worked on the project is proud to bring you Community Drum. To see the site, go to: <http://www.community-drum.org>. For more information, contact Laura Revels at [lrevels@anthc.org](mailto:lrevels@anthc.org), or (907) 729-4563. ◀



# Tribal time bomb: Fighting HIV and AIDS must be a priority for Native Americans

**HIV/AIDS is a "time bomb" for Native Americans. Then-Surgeon General David Satcher gave the warning in 2001.**

## Four years later, it's still ticking.

The remoteness of many tribal communities once seemed a protection against HIV, the virus that causes AIDS. In a two-part series last week, *Arizona Republic* reporter Judy Nichols showed how that isolation is making it harder to prevent and treat HIV.

The AIDS infection rate for Native American adults and adolescents passed the Anglo level in 1995 and is now more than 40 percent higher.

The number of cases could explode, propelled by three risk factors for contracting HIV. Among Native Americans, there are high rates of hepatitis C, found in intravenous drug users; alcoholism, which feeds poor decisions; and sexually transmitted disease, a sign of unprotected sex.

At a time when there should be an all-out effort to prevent AIDS from ravaging the Indian population, the resources are too skimpy and disconnected.

The disease is at a tipping point, according to Dr. Charlton Wilson, associate director of the HIV Center of Excellence at the Phoenix Indian Medical Center. The conditions are ripe for HIV to spread in epidemic proportions among Native Americans. And AIDS could be particularly devastating because of the high incidence of other health problems, from diabetes to tuberculosis.

**But with enough effort, we can tip the balance the other direction.**

HIV-positive Native American patients need better access to treatment. The Indian Health Service budget has, essentially, no line item for treating HIV/AIDS. With competing needs in rural areas, there's a lack of funding to put people on a costly regime of HIV-suppressing drugs. Other resources are available, but patients face logistical and bureaucratic hurdles on reservations.

We need not only more money but also more collaboration. Federal, state, local and tribal agencies must work in partnership, Wilson says, to determine the needs of each community and decide who is best positioned to meet them.

Prevention is the only way to put the brakes on AIDS, but there aren't enough strategies tailored to Native Americans. A program won't be effective unless it meshes with tribal culture, using the right degree of explicitness, respecting taboos about discussing sex and finding the appropriate ways to address sensitive issues.

In a promising step, the National Native American AIDS Prevention Center is adapting some of the science-based prevention approaches promoted by the Centers for Disease Control. Those must then be evaluated to make sure they're effective, says Laura Oropeza, deputy director of the non-profit.

Testing is another critical tool for fighting HIV, and it needs to be promoted and adapted. Because the disease isn't yet a pressing concern in many communities, there's no push for people to get tested. And people hesitate to go to a local clinic, where they don't

feel a sense of privacy because employees are from their own community.

**One solution that's getting a trial run is to offer rapid testing at powwows. [Editor's note: Or, in Alaska, at other cultural gatherings.]**

## Getting the word out is critical.

In recent years, courageous Native Americans with AIDS have stepped forward to tell their story. Isadore Boni, a San Carlos Apache who was diagnosed with HIV three years ago, gives interviews to sound the alarm and helped set up a support group.

"By keeping quiet," he says, "we live with it secretly and die secretly."

With people like Boni speaking out and with the right resources, there's still time to snip the wires on this time bomb targeting Native Americans. ◀

*Reprinted from the July 11, 2005 issue of the Arizona Republic*

**Find out about new Alaska posters designed to encourage behaviors that prevent HIV and sexually transmitted diseases, on page 11.**