



# THE MUKLUK TELEGRAPH



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## Inside ...



Wide Area Network (WAN) brings Alaska statewide health care.

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## Board celebrates opening of Minto clinic



At left: Evelyn Alexander, Minto's first Community Health Aide, with Patrick Smith and LouAnn Titus, cut the ribbon for the Minto Health Clinic grand opening. Evelyn Alexander was also a midwife and remembers delivering 67 babies during her career. At right: villagers tour the clinic.

On June 1-2, Alaska Native Tribal Health Consortium board members held its regularly scheduled meeting in Minto, an Interior Alaska village of about 200 people. "The people of Minto were gracious and generous hosts," said Board Chairman and President Don Kashevaroff, "and we all enjoyed the relaxed pace of life. Everything's just a short walk away."

Minto is 92% Tanana Athabascan and many families have fishing or hunting camps in the area. Minto is near the Minto Flats State Game Refuge, home to abundant waterfowl, moose, black bear, beaver, muskrat, and marten. The area also has provides habitat for salmon and other fish. Villagers provided menu items such as salmon soup and

moose stew for meals during the two-day meeting. The Minto Youth dance group performed as part of the welcome by Village Chief Paul Smith, elders, and others.

The ANTHC board of directors meets once a year in a rural or regional hub community. As one

**See Minto on Page 8**

## ANTHC offers billing assistance to tribal utilities

By John Spriggs, Operations Program Coordinator, Tribal Utility Support Department, Division of Environmental Health and Engineering,

A Tribal Utility Billing Assistance program is being offered by the Tribal Utility Support program at the Alaska Native Tribal Health Consortium's (ANTHC) Division of Environmental Health and Engineering (DEHE). This no-cost program is designed to help your utility by standardizing the billing-process. By using this service, your community will:

- Have consistent utility billing
- Be able to better track utility transactions
- Have a documented history of customer billing
- Increase your revenue

This can help rural utilities score higher with potential funding agencies.

Please note that the collection of revenue is still done at the local level; this program handles only the billing.

DEHE is using QuickBooks, which is the standard accounting program for most communities in rural Alaska. This accounting program makes it easier to convert any existing local community accounts to our billing system.

The Utility Assistance Billing Program consists of an agreement between each community utility and DEHE, which outlines the responsibilities of each party.

The program provides each participant with a manual containing information about what the billing invoices may look like, as well as samples of ordinances and tariffs that can be used to create your own customized invoice to send to your customers. The manual also provides examples of possible letters that can be used to help explain why it is important to work together to promote a unified utility service delivery program. In addition, the manual also discusses the opportunity for DEHE to help you complete a rate study. This study could provide you with the information needed to adjust your

billing rate to be within five percent to ten percent of the true cost of operating your utility. This is important to help bring your utility operational expenses closer to your revenue in order to move forward building capacity and enhance the sustainability of your utility system.

We now provide billing service to ten villages and we are looking to increase it for more users. If you would like to learn more about how other communities have used this program, please feel free to contact some of our current billing program members. The community of New Stuyahok has been using our service over the past year and has been very pleased with the results. The Yukon Kuskokwim Health Corporation Rural Utility Cooperative has six villages that are also having great success with the service.

To find out more about the Utility Billing Assistance Program, please contact John Spriggs by phone at 1-800-560-8637 (ext 4088) or by email at jspriggs@anthc.org. ◀

**Vox**  
The Voice of the People

By Eric Breiby  
Office Specialist

What is your favorite picnic food for the summer?



Dryfish (coho)

**Greg Willard Hoonah**



Moose burgers

**Stuart A. Boyles, Sr. Juneau**



Halibut

**Virginia L. Rude Flat**



Burgers!

**Thomas W. Phillips Aniak**



Whale blubber

**Priscilla Mann Hooper Bay**

**Denali Commission expands health program**

**By Roger Marcil, Statewide Planning and Funding Coordinator, Division of Environmental and Engineering**

Beginning later this year, the Denali Commission, in partnership with the Alaska Native Tribal Health Consortium (ANTHC), will begin funding the design and construction of assisted living centers for elders and patient hostels for rural Alaska.

The Commission recently programmed funding toward four projects sponsored by the Norton Sound Health Corporation, South-East Alaska Regional Health Consortium, Yukon-Kuskowim Health Corporation, and the Loudon Tribal Council. ANTHC will provide program management, on behalf of the Commission, and technical assistance to grant recipients. This program is expected to expand in future years as statewide requirements for these types of facilities are identified. The goal of elder assisted

living centers is to provide affordable living for elders within their communities. The patient hostels provide affordable lodging for patients and their families traveling to the regional hospitals for treatment.

The Loudon Tribal Council project involves a collection of regional tribes partnering to construct an elder center in Galena. This project is nearing completion of design and will be constructed in phases over the next few years. The Norton Sound Health Corporation project is already underway, involving a new patient hostel to support the existing, and future, regional hospital.

Funding these types of facilities is seen as a natural extension of the Commission's Health Program by improving the quality of life for our elders and increasing access to regional care through affordable temporary lodging. The Health Program's primary focus remains community health clinics; however,

as the clinic construction nears completion, other health related programs will increase in priority. ◀

**Elder Mentor Program offers help to Alaska Native students**

**By Gregory Moses, Elder Mentor Program Coordinator, Alaska Community Services, Inc.**

The transition to high school poses difficulties for all students; however, Alaska Native students regularly face additional obstacles in school. A recent study shows that 34.9 percent of the students who dropped out of Alaska's schools in 2000 were Alaska Natives. More recent reports show a rate of about 50%. It's disturbing that only 22.7% of all enrolled students are Alaska Native, making them the most impacted ethnic group in the nation.

To assist with academic improvement, cultural enrichment, increased school attendance and social skill integration, the Elder Mentor Program focuses on building the capacity to provide ongoing mentoring services in rural Alaskan communities. By reaching out to rural areas and encouraging relationships between youth and Alaska Native Elders, Alaska Community Services (ACS) is able to continue the valuable history, culture and traditions of Alaska Natives.

Elder Mentors are recruited from among retired, low-income seniors/elders. Their volunteer time is spent acting as youth mentors, primarily in a classroom environment, and typically with special needs and high-risk children. Many elders, for whom formal schooling was not completed, find themselves immersed in a learning and teaching environment, where they can improve their academic skills and become more supportive of formal education within their community.

*See Elder on Page 7*

**Bristol Bay Area Health Corporation promotes excellence in end-of-life care**

**By Rod Swope, Principle Investigator, BBAHC**

The Bristol Bay Area Health Corporation's Ikayurtem Unatai program (Helping Hands in Yup'ik), responds to the needs of people dying in isolated, rural village communities in southwest Alaska. For many Alaska Natives, living in the rugged land of their ancestors surrounded by natural beauty adds quality and meaning to life.

However, many Alaska Natives are forced to leave their villages for hospitals in Dillingham or Anchorage to receive medical care as they die. They often spend the last days of their lives away from family, friends and their community, putting them at significant risk for suffering.

In this program, community health aides in 34 southwest Alaska communities serve dying patients while receiving consultation and direction via radio or phone from medical staff in Dillingham.

In addition, trained volunteers care for dying patients and offer support to grieving families. These volunteers are trained utilizing the highly successful Volunteer Emergency Medical Service Program. Bristol Bay Area Health Corporation also is developing a curriculum and training program for all its health care workers on death, dying and hospice care.

Promoting Excellence in End-of-Life Care is a national program of The Robert Wood Johnson Foundation dedicated to long-term changes in health care institutions to substantially improve care for dying people and their families.

Visit [PromotingExcellence.org](http://PromotingExcellence.org) for more resources. Or, for more information, contact Robert Swope, at (907) 842-3405, or Email, [bswope@bbahc.org](mailto:bswope@bbahc.org). ◀

**Editorial Staff**

**Joaqlin Estus**  
Public Communications Director

**Eric Breiby**  
Office Specialist

**Selma Oskolkoff-Simon**  
Senior Office Specialist

**Marianne Gilmore**  
Executive Administrative Assistant

**THE** Mukluk  
Telegraph

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4000 Ambassador Drive, Anchorage, Alaska 99508

Attention: Mukluk Telegraph

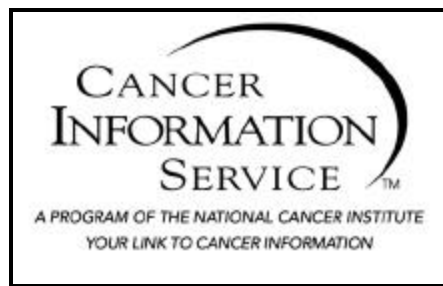
Phone 907-729-1900

Fax 907-729-1901

E-mail [ecbreiby@anmc.org](mailto:ecbreiby@anmc.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 Eric Breiby at 907-729-1900.



**Q:** Is it true that certain methods of cooking meat can cause cancer?

**A:** Research has shown that cooking muscle meats at high temperatures creates some chemicals that may increase cancer risk. Muscle meats include beef, pork, fowl and fish.

Studies have looked at the relationship between different methods of cooking and the development of specific types of cancer. The largest numbers of cancer-causing chemicals are created when meat is fried, broiled or barbecued. Fewer chemicals form when meat is oven roasted or baked. Almost none of the chemicals are created when meat is stewed, boiled or poached. Researchers also have found that gravy made from meat drippings contains a substantial number of the cancer-causing chemicals.

One recent National Cancer Institute study looked at the link between how long meat is cooked and cancer risk. Researchers found that people who ate their beef medium-well or well-done had more than three times the risk of stomach cancer than those who ate their beef rare or medium rare. In particular, the development of colorectal, pancreatic and breast cancer has been linked to diets high in well done, fried and barbecued meats. However, more research needs to be done before health guidelines on eating meats can be made.

In the meantime, people can reduce their cancer risk by cooking meats at lower temperatures, eating their meats medium rare or rare, and by avoiding gravy made from meat drippings. Another way to reduce harmful chemicals is to partially cook meat in the microwave before cooking it by other methods.

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 - Northwest Region, which serves Alaska, Idaho, Nevada, Oregon, and Washington. Call the CIS toll-free at 1-800-4-CANCER (1-800-422-6237) between 9 a.m. and 4:30 p.m. Monday through Friday. ◀



## Students research stinkweed

Reprinted from The Messenger, a newsletter of the Yukon-Kuskokwim Health Corp., which ran the article with the following editor's note: The following article appeared in the May-June issue of "Sharing Our Pathways," a publication of the Alaska Native Knowledge Network, UAF. Candace Kruger, the author, is the daughter of Anvik Health Aide Melody Deacon.

By Candace Kruger

An Anvik science teacher gave students the assignment to do a project and enter it in the school science fair. Students Candace Kruger and Erik Grundberg did a project on the amount of vitamin C in the plants around the villages of Anvik and Galena. The following is an excerpt of their report:

First we chose the plants to test: cranberries, blueberries, rosehips, stinkweed, fireweed, spruce, and yarrow. Then we made a hypothesis, we guessed that rosehips would have the most vitamin C. We remembered hearing this somewhere, but we were not sure from where.

To perform the test, we followed a procedure designed by scientists that uses cornstarch, water and iodine. We boiled the plants individually and extracted the juices. We mixed

an iodine and cornstarch solution, which was a dark blue-purple color. Then we added the iodine to the juice hoping that the iodine would turn clear as it mixed. The faster the solution turned clear would indicate the more vitamin C in the plant.

According to Dr. Jerry Gordon, on the website How Stuff Works, the recommended dietary allowance is 60-190 milligrams of vitamin C daily to prevent a range of ailments. He goes on to say, "Men should consume more vitamin C than women and individuals who smoke cigarettes are encouraged to consume 35 mg. more of vitamin C than other adults. This is due to the fact that smoking depletes vitamin C levels in the body and is a catalyst for biological processes which damage cells."

Gordon explains that vitamin C is essential because it helps produce collagen. Collagen is all over the human body. It is in cartilage, the connective tissue of skin, bones, teeth, ligaments, the liver, spleen and kidneys, and the separating layers in cell systems such as the nervous system. Americans get an average of 72 mg. a day. Studies show that if the body has too high a daily intake

See Stinkweed on Page 7

## Office of Alaska Native Health Research welcomes Marie J. Lavigne

ANTHC Staff Report

The Alaska Native Tribal Health Consortium (ANTHC) Office of Alaska Native Health Research welcomes Marie J. Lavigne. She serves as the National Cancer Institute's Cancer Information Service Partnership Program Coordinator for Alaska. This is a new position at ANTHC, supported by the NCI-CIS Northwest Region, Fred Hutchinson Cancer Research Center, in Seattle, Washington.

The CIS's Partnership Program priorities in Alaska include enhancing the comprehensive cancer planning efforts now underway at ANTHC, offering cancer education and access to the latest and most accurate cancer information.

"This partnership is an opportunity for ANTHC to share resources toward common goals and to design programs with wider reach and greater impact," Lavigne said. "I am excited to join efforts of these incredible organizations to address cancer's impact in Alaska and to improve health and wellness."

A licensed social worker, Marie is a graduate of Cornell College (BSS) and the University of Alaska Anchorage (MSW). She completed a medical social work practicum at Alaska Native Medical Center in 1997-98. She brings fourteen years leadership experience overseeing

statewide and regional non-profit organizations committed to improving the community's health. Most recently, Marie served as the Executive



Marie J. Lavigne

Director of the Alaska Public Health Association. In that role, she was involved in Alaska's Comprehensive Cancer Planning efforts and organized the Alaska Health Summit. Her volunteer experience has included board leadership, facilitating support groups, hospice and community bereavement support.

A French Canadian originally from Ottawa, Canada, she traveled extensively before moving to Alaska in 1997. She resides in east Anchorage with her husband David Schneider, a geophysicist at the Alaska Volcano Observatory, and their two young children, Matthew and Emily Claire.

She can be reached by telephone at (907) 729-2927 or by email at [mjlavigne@anmc.org](mailto:mjlavigne@anmc.org) ◀

## Statewide News

### Helmet festival

Yukon-Kuskokwim Health Corporation and village of Tununak team up for kid's bike helmet festival.

The first village-based collaboration between YKHC's Health Education and Injury Control and Emergency Medical Service departments can be counted a success!

The Injury Control/EMS Department donated dozens of children's bike helmets and goodie bags for the Tununak Bike Helmet Fest, held on May 31. Health Education Department staff participated by lending helmet fitting services and taking on set-up and clean-up duty.

The continually heavier rains of the afternoon could not dampen the spirits of the 76 participants, ranging in age from 2-14, who showed up at the Tununak Rock People Youth Center. The Paul T. Albert Memorial School, Tununak TRC, Tununak Native Store, and the Native Village of Tununak supported this event through generous donations of a variety of door prizes, with the grand prizes being one girl bike and one boy bike. The winners wore great big smiles, as well as their new helmets, when their names were called.

From The Messenger, a newsletter of the Yukon-Kuskokwim Health Corporation, available on-line at [ykhc.org](http://ykhc.org). ◀

### Maniilaq Health Center using new patient visit information system

By Phyllis Boskofsky, Clinical Applications Coordinator

The Maniilaq Health Center has established a reputation for being on the cutting edge in providing patient care in remote settings, due in part to its extensive use of telemedicine. Maniilaq Association is adding to its continuous effort to improve the quality of care and access to that care by using the Electronic Health Record, or EHR. Maniilaq is among the first health care providers to use this system. The new software allows two major changes.

First, doctors can directly enter orders for the pharmacy, laboratory, X-ray, nursing,

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# Wide Area Network brings easier,

## ANTHC Staff Report

A little boy's arm gets X-rayed in Dillingham. The X-ray image flies thousands of miles into space, and lands in Anchorage at the Alaska Native Medical Center (ANMC) Radiology department.

An audiologist in Nome takes a picture of a little girl's ear and minutes later an Anchorage specialist is providing a diagnosis based on it.

A patient in Galena has a face-to-face talk with a behavioral health specialist in Anchorage.

Every day, thousands of people throughout the Alaska Tribal Health System (ATHS) benefit from telehealth technologies made possible by the ATHS Wide Area Network (WAN, rhymes with fan), a computer network that spans the state.

Technology helps tribal health system endure money woes

"In just a few years, WAN has changed the way health care is delivered throughout the Alaska Tribal Health System," said Alaska Native Tribal



**Dr. John Midthun, Chief of Radiology at ANMC, dictates notes while viewing digital X-rays sent to him via the Alaska Tribal Health System Wide Area Network.**



**Tami Dietrich, ANTHC Instructor, teaching a class on an electronic patient records management system known as RPMS, which is also supported by the ATHS WAN. The Resource and Patient Management System is running at most Alaska tribal health care sites and is being deployed at several additional small Alaska tribal clinics.**

Health Consortium Chairman and President Don Kashevaroff. "It's bringing better quality of care, easier access to specialists, and lower costs. Those cost savings are particularly important as we face growing demand for services, and no funding increases."

### A vital link

The ATHS WAN links more than 160 clinics and hospitals located all across Alaska. Since its creation in 2000, WAN has quickly become an essential tool in sharing a huge amount of information among those sites.

In a typical year, WAN carries data from:

- 1 million patient encounters
- 40 thousand teleradiology cases
- 20 thousand telepharmacy prescriptions
- 10 thousand telemedicine cases

The system was designed and built as part of the Alaska Federal Health Care Access Network (AFHCAN), and replaced an outdated Indian Health Service network. The AFHCAN project focused on sending still and video images

(photos) across vast distances. WAN has since expanded to take on many other uses such as videoconferencing, teleradiology, and telepharmacy.

### The people behind WAN

The network is managed by three talented professionals at the Alaska Native Tribal Health Consortium (ANTHC) in Anchorage: WAN manager Tom Bunker, and WAN specialists John Moore and Phil Wheelahan. The three have a combined 24 years of WAN experience, mostly in building and maintaining rural Alaska networks. Bunker has been working to build, expand and improve the ATHS WAN for nearly four years.

While thousands of bits and bytes flow across the network, the three work to make sure the information is secure and the network is up and running at all times. They work closely with ATHS organizations around the state to help engineer new network connections, test new uses, and provide personal service.

Bunker says he and his staff want to be invisible to most users. "The network is kind of like a road, if it's in good shape, people generally don't notice it's there," said Bunker. "If it's in bad shape or

non-existent, people notice."

### How WAN helps with health care delivery

#### Telehealth

Telehealth technologies have helped rural healthcare providers improve access to healthcare for people all across the state. For instance, Yukon Kuskokwim Health Corporation Audiologist Mike Comerford uses telemedicine to communicate with Ear, Nose, and Throat specialists (ENT) at ANMC.

"Waiting time for a field clinic appointment has gone from four to five months a year ago to one to two months now," said Comerford. "I've probably got 100 stories of patients or parents who were pleased with the quicker, easier access to ENT services they received either through telemed or direct referral."

Comerford and other providers use WAN to send and receive ENT (ear, nose, and throat) cases, dermatology (skin) cases, and EKG (electronic heart graphs) data via a cart created by AFHCAN. The cart includes a computer with touch-screen commands, and the equipment needed to look into a patient's ear, conduct an EKG, or take a high-resolution digital photograph or video.

The images taken in rural areas are then sent via satellite to providers in regional hubs or in Anchorage for diagnosis.

#### Teleradiology

WAN is also used at several sites for teleradiology, that is, the transmission of X-rays and other radiological information. New teleradiology equipment has been deployed at ATHS hospitals and some of the larger clinics. ANTHC staff are seeking federal funding to deploy new equipment to many of the mid-size and smaller tribal clinics around the state.

#### Electronic health records

Many times patients receive care at different facilities. This can make it a challenge for care providers at the various sites to track the care provided at others. Nationwide, discussions are underway about using wide area networks to share medical records among facilities to improve continuity of care. That would mean medical records of a patient seen in one site would be

**See WAN on Page 5**

# faster, better health care to Alaska

## WAN

*Continued from Page 4*

transmitted or available to another hospital.

In the Alaska Tribal Health System, a solution is already at hand for most facilities, which exchange medical information electronically using "Multi-Facility Integration (MFI)." This software relies on WAN to transfer records around the state. Every year, some one million encounters are shared using this system.

### Long-distance telephone

Yet another use of the AHS WAN typically saves rural facilities more than \$4,000 per month in phone charges. If you've made a phone call to Anchorage from one of the clinics or hospitals in the AHS, chances are, you were using the AHS WAN. The network has helped save per-minute long-distance charges by re-routing voice traffic from places like Barrow, Nome, Dillingham and Kodiak to move over the same network that carries data traffic.

### Videoconferencing

One of the newest and most exciting applications on the WAN is videoconferencing. Some AHS organizations have been videoconferencing within their regions for several years. Videoconferencing can allow a provider in Anchorage to "meet" with a patient or provider in a remote area via high-quality video.

With funding from the US Department of Commerce, WAN Manager Tom Bunker is building the Rural Alaska Video E-health Network (RAVEN). This videoconferencing network will make it easier for healthcare professionals around the state to communicate via videoconferencing for meetings, educational sessions and clinical consultations. The three-year, \$470,000 grant will pay for a full-time videoconferencing coordinator and the equipment needed to build an automated scheduling and management system.

These new capabilities led to a pilot project for the ANMC Emergency Room. WAN staff have just connected a video camera and are working with health care providers to test it. The two-way camera will allow physicians at remote sites to talk face to face with ANMC ER staff.

### The future

"Because technology and sharing of information has become the standard in medicine, our WAN has become indispensable to the Alaska Tribal Health System," said Rich Hall, ANTHC Director of Information Technology. In one case, videoconferencing helped save the life of a woman in Kotzebue. The woman needed surgery, but severe weather kept planes from flying. A surgeon in Anchorage was able to guide a Kotzebue doctor through the surgery by connecting to a video camera at Maniilaq hospital using the AHS WAN.

Telehealth applications continue to improve access to healthcare all across Alaska. AHS leaders are addressing the future needs and the long-term financial support of these vital services. To find out more, contact Tom Bunker, at 729-2957, or [tbunker@anthc.org](mailto:tbunker@anthc.org).

## Definitions

**AFHCAN** – The Alaska Federal Health Care Access Network was created as an initiative of the Alaska Federal Health care Partnership, a group that includes the Indian Health Service, US Coast Guard, Veterans Affairs, Department of Defense, and ANTHC. This project developed custom telemedicine software and hardware to deploy to 235 sites in Alaska. This project also developed the Alaska Tribal Health System Wide Area Network.

**ATHS** – the Alaska Tribal Health System (ATHS) is a group of 39 Tribal health organizations linked by an agreement on common goals and objectives. Formed in 2004, AHS members work closely to share information, resources, and talent.

**Electrocardiogram (ECG or EKG, abbreviated from the German Elektrokardiogramm)** a graphic produced by an electrocardiograph, which records the electrical voltage in the heart in the form of a continuous strip graph. It is the prime tool in cardiac electro-physiology, and has a prime function in screening and diagnosis of cardiovascular diseases.

**Telemedicine** is composed of the Greek word tele meaning distance and the Latin word mederi meaning healing and literally meaning distance healing. It is therefore the delivery of medicine at a distance. A more extensive definition is that it is the term given to the use of modern telecommunications and information technologies for the provision of clinical care to individuals located at a distance and to the transmission of information to provide that care. ([wikipedia.org](http://wikipedia.org))

**Teleradiology** is the process of sending radiologic images from one point to another through digital, computer-assisted transmission, typically over standard telephone lines, wide area network (WAN), or over a local area network (LAN). Through teleradiology, images can be sent to another part of the hospital, or around the world. ([Kodak.com](http://Kodak.com))

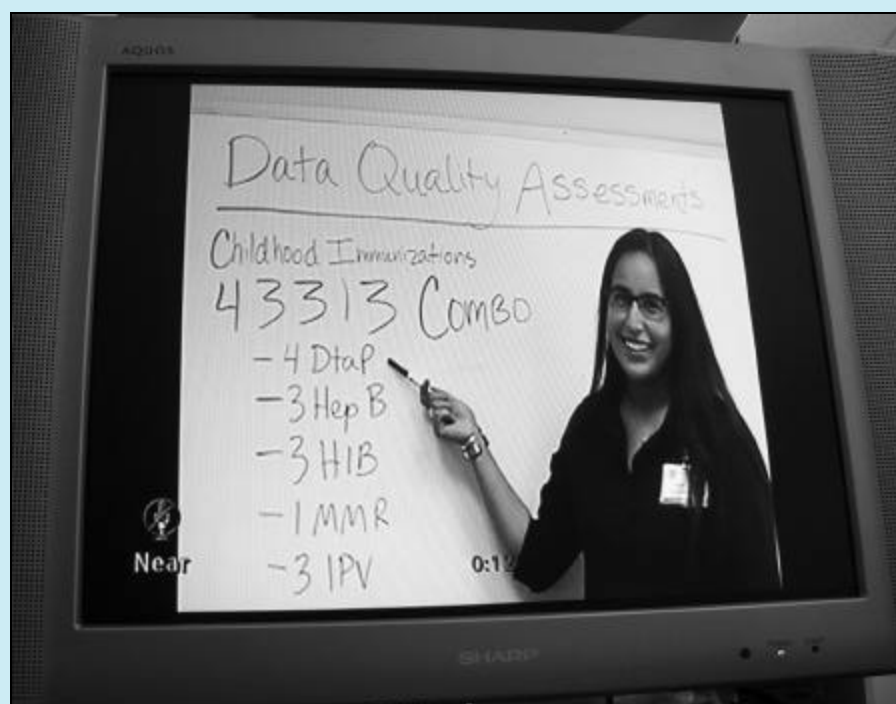
**Videoconferencing** is communication across long distances with video and audio contact that may also include graphics and data exchange. Digital video transmission



**ANTHC WAN Specialist Phil WHEELAHAN looking at a program that monitors computer connections in the Alaska Tribal Health System wide area network (WAN). He's in the Data Center located in the new Alaska Native Tribal Health Consortium office building.**

systems typically consist of camera, codec (coder-decoder), network access equipment, network, and audio system. ([ohsu.org](http://ohsu.org))

**WAN** - A Wide Area Network (WAN) is a computer network that spans a large geographical area. A group of computers connected together within one building or group of buildings is called a "local area network" (LAN). WANs typically connect multiple LANs. Within the AHS, many of the tribal health organizations operate regional WANs that connect and clinics within a region. For example, 15 clinics in the Norton Sound region connect to the hospital in Nome via the Norton Sound Health Corporation WAN. This network then connects to the AHS WAN, along with many other clinics and hospitals throughout the state. These networks typically lease satellite space or wires from phone companies to connect with each other over vast distances. ◀



**This video monitor shows ANTHC Field Statistician Karol Dixon, of the Health Statistics department in the Division of Information Technology of ANTHC, talking about Childhood Immunizations via a videoconference on the AHS WAN.**

## Alaska Palliative Care Symposium successful

ANTHC Staff Report

Joining together to share palliative care and knowledge was the theme of the first Alaska palliative care conference held May 10-12. Alaska Native Tribal Health Consortium (ANTHC), through the Cancer Program in the Office of Native Health Research, took the lead in sponsoring the three-day symposium. More than 250 health care providers from around the country attended the conference, including teams from Alaska Native Medical Center (ANMC), Southcentral Foundation (SCF), all tribal regions of Alaska, Indian Health Service units around the United States, and healthcare providers from outside the Alaska Tribal Health System.

As medical providers we know that sometimes we cannot cure our patients. When that happens, we must work toward providing the highest level of comfort and quality of life that we can. Palliative care is given to patients and their families when we know that a cure may not be possible. It also provides care for patients suffering from chronic diseases such as cancer and congestive heart failure. Palliative care focuses on comfort, pain and symptom management and treats the whole person, body, mind, and spirit. It offers emotional and spiritual support to the patient and family while respecting culture and tradition.

The first morning of the conference began with a prayer led by Paul Marks, a Tlingit culture bearer from Southeast Alaska and the Alaska Native Heritage Center, and welcome remarks by Chris Mandregan, Jr., Director of the Alaska Area Native Health Services and Paul Sherry, ANTHC CEO. They reminded participants that palliative care is part of the sacred trust, allowing us to fulfill our obligations to one another. Representatives from Providence Alaska Medical Center, Alaska Regional Hospital and Hospice of Anchorage provided prayers, and welcomed comments for days two and three. Conference topics included the appropriate use of pain medicines, talking with patients and families about death, grief, and bereavement, and meeting a patient's needs through modern medicine as well as traditional and complementary care.

This was the first ever Alaska Palliative Care Symposium and was made possible by a grant from the National Cancer Institute and time and resource contributions from many partners including Providence Alaska Medical Center, Alaska Regional Hospital, State of Alaska, National Cancer Institute Cancer Information Service, University of Alaska, Alaska Pain Network,

Hospice of Anchorage, Intercultural Cancer Center, Alaska Federal Health Care Partnership, Cancer Care Coordination Advocates, Centers for Disease Control and Prevention and the Department of



**Audrey Armstrong, Sarah Barton and Eleanor Andrews discuss the importance of culture in palliative care before the story-telling luncheon.**

Veterans Affairs. A second symposium is planned for Spring 2006. For more information, contact Christine De Courtney at 729-3922 or [cdecourtney@anmc.org](mailto:cdecourtney@anmc.org) ◀

## Scholarships for CNA/PCA Training

From the Older Persons Action Group

Scholarship funds are available for two rural Alaska Native students who enroll for Certified Nurses Assistant (CNA) and Personal Care Attendant (PCA) classes. These tuition scholarships, with a value of one thousand dollars each, are designated for Alaska Native applicants. The American Association of Retired Persons (AARP) Alaska and Older Persons Action Group (OPAG) are offering the scholarships. AARP will also award an additional \$500 for travel costs for a student from rural Alaska. OPAG will offer CNA and PCA training in Anchorage starting on September 12, 2005. PCA students will complete their training in four weeks, while CNA students will continue for an additional four weeks of clinical training ending on August 29, 2005. Clinical training will occur at one or more of the following locations: Anchorage Pioneer Home, Mary Conrad Center, Providence Horizon House and the Alaska Native Medical Center.

For CNA and PCA applications contact OPAG at 276-1059, 1-800-478-1059 or [adminopag@gci.net](mailto:adminopag@gci.net) ◀

## Statewide

Continued from Page 3

Maniilaq continued

consults, etc. into the computer system, which those departments can instantly see. Second, doctors can immediately write patient notes online for each visit during or right after the visits. No longer will patients have to wait for the pharmacy to get a chart in order to fill a prescription. When patients need lab work or x-rays, they will not have to hunt for paperwork. The required information will already be available in the computer.

The EHR gathers data from the current system and puts it into an easily read document that gives providers complete and up-to-date health information on each patient. That will help coordinate patient visits so that providers can complete any needed testing, immunization updates, screening, or education in one visit.

This is a major change for the hospital, and will gradually be phased in over the next year. The health center will also carry out on-going training and up-grading over the next year as one doctor at a time receives training in use of the new system.

From the Maniilaq Newsletter, Northwest Arctic Nuna, available at [Maniilaq.org](http://Maniilaq.org) ◀

## Grace David, Dispensing Optician

Grace David, daughter of James and Emma David, graduated from Dick R. Kiunya School in Kongiganak, Alaska. She moved to Bethel to work for the Yukon Kuskokwim Health Corporation as an Optometrist's Assistant.

Today, she is certified in both Optician and Refractometry at the Eye Clinic and is soon to become a State Licensed Dispensing Optician once she passes her Career Progression Program Exam.

To prepare for an Optician career, "I took some home school courses for a year that taught me to accurately measure, technical optical dispensing knowledge, analyze and interpret prescription, fit and dispense spectacles and other ophthalmic devices and use standard ophthalmic equipment.

"My job at the Eye clinic has prepared me to become an Optician. As an Optician, I will be able to



Grace David

provide the best quality eye care to my own people in the Yukon-Kuskokwim Delta Region. Get your degree while you are still young!

"If I can do it, so can you!"

Dispensing Optician  
Fit eye glasses and lenses prescribed by ophthalmologist or optometric physicians

Measure facial contours and assist in frame and lens selection

Adjust eye glasses

Dispense contact lenses from the prescription provided by an ophthalmologist or optometric physician

Teach patients about the use and care of contact lenses

From The Messenger, a newsletter of the Yukon-Kuskokwim Health Corporation, available at [YKHC.org](http://YKHC.org). ◀

### Health Care Compliance Association

#### HCCA Alaska Area Annual Conference

Hilton Anchorage Hotel,  
Anchorage, AK  
July 21 - 22, 2005

Find out about:

- federal and state perspectives of fraud and abuse
- quality assurance
- Payment Error Rate Measurement (PERM)
- Comprehensive Error Rate Testing (CERT)
- health care compliance issues

Hosted by HCCA, which exists to champion ethical practice and compliance standards and to provide the necessary resources for ethics and compliance professionals and others who share these principles.

QUESTIONS?

[info@hcca-info.org](mailto:info@hcca-info.org)  
1-888-580-8373

## Angoon joins national wellness project

**SouthEast Alaska Regional Health Consortium Staff Report**

"Gooooood morning, Angoon!" This exuberant greeting met Angoon residents listening on their CBs each morning during one week in January. The cheerful voice riding the airwaves belonged to Cheri Hample, EARTH (Education and Research Towards Health) project coordinator for the SouthEast Alaska Regional Health Consortium (SEARHC). Cheri and two other SEARHC staff spent a total of ten days in Angoon spread across two visits in December and January to enroll Alaska Natives and American Indians in the long-term health and wellness study.

Each morning, Cheri issued her greeting and invited Native residents to visit the SEARHC clinic to enroll in the study. And, despite uncooperative weather, the people and community of Angoon responded enthusiastically. "The City of Angoon and the Angoon Community Association were very supportive, allowing employees time off from work to complete the study," Cheri said. "The clinic staff were so helpful, especially Doreen McClusky, the community wellness advocate who helped with recruitment, and the community as a whole was very responsive."

The survey asks detailed questions about such things as the participant's eating habits and physical activity. The health screening provides each participant with information about their blood pressure, cholesterol, triglycerides, glucose levels and other helpful information, such as safety concerns and family health history. "By virtue of doing the study, people learn a lot about themselves," Cheri said.

"They receive a four-page health summary before they leave."

Old-fashioned word of mouth was quite effective. "People who completed the study saw the value of it and spread the word. They wanted their family members and friends to be included," Cheri said.

Among participants were 91-year old Martha Nelseon, possibly the oldest person to be recruited for the study in Alaska, and a home-bound woman who had contacted the staff herself. Using portable medical equipment and a paper version of the computer survey that participants normally complete on touch-screen computers,

See Angoon on Page 8

## Stinkweed

*Continued from page 3*

of vitamin C, the worst result would be diarrhea.

And the winner is...

To our surprise, stinkweed had the most vitamin C, with rose hips coming in second. Our teacher, Shane Hughes, said that oranges have little vitamin C compared to stinkweed, regardless of the advertising that orange juice is high in vitamin C. Although orange juice may taste a lot better, stinkweed is best when you need vitamin C. You can make a tea out of it. ◀

### Alaska Native Tribal Health Consortium

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

## Elder

*Continued from Page 2*

This also assists children and youth to attend school to graduation, reducing the dropout rate.

Elder Mentor volunteers receive a tax-exempt stipend that they do not have to declare as income. They can also receive: supplemental insurance and prescription programs, free meals, physical exam and TB test, free transportation and/or mileage reimbursement, and of course recognition and a renewed sense of worth and self-value.

Alaska Community Services, Inc. Elder Mentor program serves 28 rural communities and 36 program sites. These communities are in the Bristol Bay region, Interior Alaska, Kodiak, Kotzebue region, Norton Sound region and the Yukon-Kuskokwim Delta. In addition, Alaska Community Services, Inc. operates in collaboration with 238 schools, village councils, Head Start Centers, Native corporations and other non-profit organizations throughout Alaska. A few examples include Big Brothers/Sisters, Tanana Chiefs Conference, Bristol Bay Native Corporation, Boys and Girls Clubs, and McLaughlin Youth Center.

For more information about these programs, please contact Gregory Moses, Elder Mentor Program Coordinator, at 907-276-6472. ◀

## Calendar of Events

### July

- 6-8 National Indian Health Board Meeting, Washington, D.C.
- 6-8 Maniilaq Association board meeting
- 11 Village Services Management Team meeting, 10 am – 3 pm, Kenai (Info: Sean Brean 729-4975)
- 13-14 Tribal Self Governance Advisory Committee Quarterly Meeting, Seldovia (darrenj@tribalself-gov.org)
- 18-19 Compact Negotiations, 8 am – 8 pm, COB Conf Rms 1 & 2,
- 18-20 Business Office Managers Workshop, Hilton Anchorage (lrerickson@anthc.org)
- 19 YKHC Finance Committee meeting
- 19-20 Alaska Native Elders Health Advisory Committee, 9 am – 4 pm COB Conference Room 4
- 21-22 Health Care Compliance Association Annual Conference, Hilton Anchorage (Info: www.hcca-info.org or 1-888-580-8373)

### August

- 9 Southcentral Foundation board meeting, 9 am – 4 pm
- 9-11 Alaska Native Health Board Mega Meeting, Anchorage (743-6106)
- 10 Clinical Directors Meeting, 1 pm – 5 pm, COB, Conference Room 3
- 11 A-MSNC, 8 – 10 am, COB, Conference Room 531
- 11 Medical Services Networking Committee, 10 am – 4 pm COB, Conference Room 3
- 16 YKHC Finance Committee meeting, Bethel
- 16 BBAHC Finance Committee meeting, Dillingham (Jlivermont@bbahc.org)
- 17 BBAHC Joint Conference & Credentialing Committee, Dillingham (Jlivermont@bbahc.org)
- 17-18 YKHC Executive Board meeting, Bethel
- 18-19 BBAHC Executive Committee meeting, Dillingham (Jlivermont@bbahc.org)
- 22 ANTHC Finance Committee meeting, 10 am – 5pm, COB Boardroom
- 30-31 ANTHC Board meeting, COB Boardroom

### September

- 5 Labor Day - ANTHC offices closed
- 6 Southcentral Foundation Executive Committee, 10am-2pm

National Conference for  
American Indians, Alaska Natives, Native Hawaiians,  
First Nations, and Pacific Islanders

**Embracing Our Traditions,  
Values, and Teachings:  
Native Peoples of North America  
HIV/AIDS Conference**

Anchorage, Alaska ♦ May 2-6, 2006

Abstract Submission Forms and  
Scholarship Applications due September 6, 2005

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## Itinerant Health Practitioners/Aides always go the extra mile

By LaVerne Schafer, Program Secretary, Community Health Aide Program, Tanana Chiefs Conference

Itinerant Health Aides seem to travel tirelessly throughout our villages relieving other Community Health Aide/Practitioners (CHA/P) in need of a break. It takes a special person to do an Itinerant's work. First of all, you must be willing to leave your home, family and friends for weeks at a time, which literally leads into months away from home each year. You must be willing to work in an environment that may not be familiar to you; every clinic is set up differently, the sizes of villages vary affecting the patient load you will be responsible for and, of course, the people may be strangers to you.

So those of you who have a job where you have worked "forever in one position or career" and are



Helen Attla

totally in your "comfort zone," it may be hard for you to understand "living out of a bag," eating microwave meals alone or with "new friends," sometimes not having transportation, sometimes having all the comforts of home, but most times not. It isn't the life for just anyone. Two of our Itinerants described why they work in this position.

Helen Attla says "As an Itinerant Health Aide, I travel to most of TCC's clinics. I have also traveled to many clinics in the Fort Yukon and McGrath areas to do Itinerant coverage. Sometimes I work with other Health Aides and sometimes I work alone. As Itinerants, we must work independently, be self-motivated and willing to work even if it is a stressful situation. We must keep up with all paperwork, ordering medical and office supplies, inventory the medication and do village refills every three months, just as if we are fulltime CHAs. We attend training regularly. It's good to work with the patients. The only thing I don't like about traveling is sometimes the weather is bad and I can't make it to the place I need to work at or I get stuck somewhere trying to get back home."

Henry Nickoli says "I am an Itinerant CHAP from Kaltag. I have been [doing this] since 2001. It's great to meet and help out other

people in other villages. I really don't have a favorite community, but have enjoyed where I have gone to so far."



Henry Nikoli

It is with great respect and appreciation that we acknowledge our CHAP Itinerants for the job they do. Without them, our villages would be without health care when their CHA/P's take much needed time off. Please take the time to show your appreciation to these wonderful people when they are out in your village.

From The Council, a newsletter of the Tanana Chiefs Conference, available at [www.tananachiefs.org](http://www.tananachiefs.org). ◀

## Angoon

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the staff was able to enroll the woman by going to her home.

The two visits to Angoon yielded a total of 109 participants out of about 300 eligible residents. Forty-five men were enrolled in the study, quite an accomplishment, according to staff. "A lot of wives brought in their husbands to have them checked," said Walleen Whitson, research assistant. "Some came because they didn't know much about their health and wanted to learn more, and others wanted to help promote good health among future generations of Alaska Natives."

Besides Angoon, Sitka is the only other Southeast Alaska community currently involved in the study, although negotiations are under way for the study to include Kake. In Sitka, the study has enrolled 183 of 1,200 eligible residents during the past year. ◀

## When is a Health Aide not a Health Aide?

By Suzanne McKechnie, Director, Community Health Aide Program, Tanana Chiefs Conference

Many questions have come up over the years regarding "ex- health aides" and whether or not they can work in the village clinics when the regular health aides are at training or on personal leave. The answer is no! The Community Health Aide Practitioner (CHA/ P) is a position unique to the Indian Health Service (IHS) and to Alaska.

In order for someone to be considered a CHA/P, they must be:

- A current employee of a tribal health organization
- Under the supervision and monitoring of a Physician and Field Supervisor
- Hold a current ETT or EMT certification
- Current on all continuing medical education and emergency medical education requirements.

When a CHA/P leaves employment with Tanana Chiefs Conference, they no longer have legal access to the supplies and equipment kept in the village health clinic. In cases of emergencies they may assist as any bystander would, but with more expertise, by making sure the patient is in a safe location, controlling bleeding, keeping the patient still or using available materials from the area (wood, torn cloth, first aid kit, etc) to stabilize a limb and by taking a leadership role at the scene until help arrives. If they are current with either ETT or EMT, they can respond to the emergency

and perform skills appropriate within that certification's scope of practice.

Another twist to this question that comes up frequently is "When is a Health Community Health Aide and when are they considered an ETT/EMT?" This question has been asked statewide for over a year. An accurate answer was provided at the CHAP Director's face-to-face quarterly meeting in Anchorage, stating: If the Health Aide is responding as a member of an EMS squad, they are bound by the EMS certification they hold (ETT or EMT). However, once the patient is taken to the clinic, the Health Aide is able to "change hats" and provide any and all patient care associated with being a Health Aide. For example, I am certified as an EMT 1. If there was a snow machine accident and I responded as a member of the EMS squad, I would assist with stabilizing the patient, keeping them warm and transporting them to the clinic. Once in the clinic, I can start an Intravenous line (IV), further evaluate the patient's condition and provide additional treatment. Even though I am trained to start an IV as a Health Aide, I cannot start one on the patient until they are at the clinic because starting an IV is not a skill under my EMS certification. On the other hand, if I responded as the Health Aide on-call, I can provide all care and treatment per my training as a Health Aide.

From The Council, a newsletter of the Tanana Chiefs Conference, available at [tanachiefs.org](http://tanachiefs.org). ◀

## Minto

*continued from Page 1*



Villagers enjoy the Minto Clinic's grand opening potluck.

board member commented about this meeting, "[This was an] excellent opportunity for Board to expand exposure to our member organizations. [The] hospitality and arrangements were first class." Another stated, "[I'm] very grateful for the opportunity to come to Minto. People were very nice."

ANTHC also held the grand

opening of the Minto Health Clinic on June 1. The 2,500 square foot clinic is double the size of the clinic it replaces, to better serve the 1,200 patient visits per year. The project was funded through the Denali Commission, and the Rasmuson Foundation. ◀