



# THE MUKLUK TELEGRAPH

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Photo by Joaqlin Estus/ANTHC

Trudy Anderson, President and CEO of Alaska Native Health Board, speaks at the Alaska Federation of Natives Convention Oct. 20.

## AFN backs health initiatives

ANTHC Staff Report

Paul Sherry, chief executive officer (CEO) of Alaska Native Tribal Health Consortium, and Trudy Anderson, president and CEO of Alaska Native Health Board, spoke Oct. 20 at the Alaska Federation of Natives (AFN) Convention in Fairbanks. They asked delegates to adopt several resolutions for increased funding and changes to laws affecting Native health services. AFN delegates adopted all the resolutions, described below:

- For the Community Health Aide/Practitioner (CHA/P) program, requested increases of \$6.1 million for CHA/P positions, \$2.3 million for the number of field supervisors, \$1.2

See AFN on Page 3

## Congress mulls amendments to health care act

ANTHC Staff Report

The Alaska Native Health Board, among other tribal advocacy groups, is lobbying Congress for the adoption of amendments to the Indian Health Care Improvement Act (IHCIA). IHCIA, enacted in 1976, included the initial authorization for the Indian Health Service (IHS) and tribal health programs to bill Medicare and Medicaid. As amended, it would establish behavioral health, long-term care, suicide prevention and other initiatives. It authorizes a full range of health programs, rather than "demonstration projects." This would allow IHS, tribes and urban Indian organizations to take advantage of opportunities and set priorities that specifically respond to the needs of the local population.

After considerable debate, the Senate Committee on Indian Affairs voted Oct. 27 against an amendment to IHCIA

that would limit the types of procedures dental health aides can perform. During the discussion, several senators expressed concerns about quality of care, and that the program would expand throughout Indian Country. Supporters described the need for and quality of the program. The committee adopted amendments that limit the program to Alaska and that require a study to measure quality of care.

Other principles of the reauthorization include:

**Home and community-based care.** Updates the Act to focus on "programs" instead of "facilities" to recognize that nationally the length of stay in hospitals has decreased in favor of other care models.

**Facility funding flexibility.** Authorizes more flexible funding alternatives and inter-agency funding partnerships to help reduce the backlog in facility construction and maintenance.

**All tribal members are invited to the Alaska Native Tribal Health Consortium annual meeting on Wednesday, Dec. 7, from 2:30-4:30 p.m. in the Howard Rock Ballroom of the Sheraton Anchorage Hotel.**

# New Stuyahok: A DEHE billing success story

By John Spriggs

Utility Operations Program Coordinator,  
Division of Environmental Health and  
Engineering, Alaska Native Tribal Health  
Consortium

Many cities and villages in rural Alaska have developed creative ways to save money, improve services for their customers, or find new ways to pay for programs. Working with the Alaska Native Tribal Health Consortium's (ANTHC) Division of Environmental Health and Engineering (DEHE) Department of Tribal Utility Support (TUS), the City of New Stuyahok took the initiative to change the way it is managing its water and sewer utility—it is an excellent model for other communities with utilities issues.

New Stuyahok was struggling to maintain a basic water and sewer system. There was no extra money for critical spare parts and many of the plant components needed repair. Resources to help maintain the water system were limited, and sometimes the village ran out of water. After struggling for some time to maintain the utility, city management contacted TUS for assistance. New Stuyahok then chose to join the newly formed Statewide Utility Association (SUA).

TUS helped develop a relationship between New Stuyahok and the association, which generated different strategies to address various utility management processes. First, they looked at the way the city was handling billing.

At that time, the utility had a billing and collection program that consisted of a manual ledger to bill and track utility user fees. One of the collection strategies was to use the local VHF radio to announce when it was time to pay utility bills. They were struggling to generate enough revenue to operate their water system on a daily basis. City officials decided to drastically change the way they did business.

The utility management process needed a sustainable solution. The new mayor attended a utility-management training course sponsored by Bristol Bay Area Health Corp. Upon completion of the course, he wrote a letter to all the residents of New Stuyahok asking them to pay their utility fees or they would be shut off. With the loss



Photo by John Spriggs/DEHE

## New Stuyahok Community Church.

of village-state revenue sharing, the city could no longer afford to subsidize the water and sewer system. This loss in revenue had to be made up by the community. The mayor had learned from the training course that New Stuyahok needed to take control of its utility management, and that generating revenue for utilities was the answer.

The mayor then turned to the residents for their cooperation. Working with the utility operator, he took it upon himself to initiate a collection program for the customers of New Stuyahok. It consisted of going door-to-door with a letter explaining the need for them to pay for their utilities and that their water and sewer would be disconnected if they did not pay their fees. After this initial collection process, the city partnered with the TUS Billing Program, which has been running for two years.

This is one of the first times a utility program helped to sustain a city, instead of the city having to sustain the utility. New Stuyahok's utili-

*The mayor had learned from [a utility-management] training course that New Stuyahok needed to take control of its utility management, and that generating revenue for utilities was the answer.*

ty management personnel, with the support of the City Council, initiated a team approach that has enhanced their utility goals. The community has rallied to support its utility, and understands the importance of a properly managed water and sewer program.

Due to better management, improved customer service, and city leaders and residents working together, New Stuyahok has a collection rate of over 80 percent and is now in compliance with the Safe Drinking Water Act.

Over the past few years, New

Stuyahok decided to increase user fees to increase capacity and sustain their utility. This increase helps pay for the higher costs of fuel, other operating costs, and critical spare parts.

The city is working toward an even better-managed utility program. With higher collection rates, they have increased their opportunity to improve the community's water and sewer system through the Indian Health Service Sanitation Deficiency System Program and the Village Safe Water Capital Improvement Program application process. As a result of their success, New Stuyahok now has funding for a larger water storage tank.

The City of New Stuyahok is a great example of a community that worked together and sought out the available resources to solve its utility problems. If you would like to learn more about how you can do the same for your community, contact the City of New Stuyahok directly or John Spriggs, DEHE's Utility Operations Program Coordinator, at (907) 729-4088 or [jspriggs@anthc.org](mailto:jspriggs@anthc.org).

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 THE  
Mukluk  
Telegraph

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## 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.

## ANTHC receives research grant

Alaska Native Tribal Health Consortium (ANTHC) received a \$664,000 grant for several research projects on Alaska Native and American Indian health. ANTHC is one of 13 tribal programs nationwide to be awarded a Native American Research Centers for Health (NARCH) grant for fiscal years 2006-2009.

"These grants are an important part of the efforts to improve the health status of Alaska Native and American Indian people," said Indian Health Service (IHS) Director Charles Grim, DDS. "Additional benefits from the NARCH program will be culturally sensitive research, and research influenced and sanctioned by tribal communities."

Jeremy B. Berg, MD, director of the National Institute of General Medical Services (NIGMS), said, "[The Institute] is pleased to continue partnering with IHS in this important initiative."

The principal investigator for the grant is Calle Gonzales, MD, MPH, a pediatric intensivist at Alaska Native Medical Center, and the program director is Anne P. Lanier, MD, MPH, director of the Office of Alaska Native Health Research, Division of Community Health Services.

The award supports five research projects and training for Native researchers. Gonzales will focus on injury epidemiology and prevention with mentoring from James Berner, MD, director, Division of Community Health Services; Ronald Perkins, executive director, Alaska Injury Prevention Center; and David Grossman, MD, MPH, Harborview Injury and Research Center, Seattle.

Several projects are included in the grant. ANTHC projects and investigators include:

- **Autoimmune liver disease** – Kathy Hurlburt, MD, and Brian McMahon, MD, Liver and Hepatitis Program.
- **Nicotine Exposure and Metabolism** – Caroline Renner and Anne Lanier, Nicotine Research and Control Program; Office of Alaska Native Health Research.
- **Bronchiectasis** – Ros Singleton, MD, ANTHC pediatrician.

Two research projects to be conducted by Native doctors and staff at Southcentral Foundation include:

- **Tobacco-Free Alaska Native Families** – Ruth Etzel, MD, PhD, medical director of research, and Kristin Murray, MD, Women's Health Services.
- **Prenatal Alcohol Exposure Among Alaska Native Infants** – Stacey Anderson, MD, Women's Health Services, and Ruth Etzel, MD, PhD, medical director of research.

NARCH is a program supported by the Indian Health Service, National Institute of General Medical Sciences and other National Institutes of Health (NIH). NARCH was established to increase the number of American Indian and Alaska Native researchers; and conduct research that is culturally relevant and of priority to the Alaska Native people.

## Blumenstein, Madros-Lord take AFN health awards

Every year, the Alaska Federation of Natives (AFN) board of directors selects individuals to recognize their outstanding achievements in areas such as parenting, culture-bearing, hunting/fishing, public service, youth leadership, and citizen of the year. This year AFN's healing and health awards went to Rita Blumenstein and Darlene Madros-Lord.

### Della Keats "Healing Hands" Award

Rita Blumenstein is a mother, grandmother, great-grandmother, wife, aunt, sister, friend and tribal Elder. She was born on a fishing boat and raised in Tununak, Alaska. She is employed by Southcentral Foundation as a tribal doctor—the first to be certified in the State of Alaska to see eligible Alaska Native and American Indian patients at the Alaska Native Medical Center Primary Care Center. She has traveled to and taught in approximately 167 countries. Her

teachings include Alaska Native plant medicine, basket-weaving, songs and dances, and cultural issue classes where she instructs on the "talking circle." Her curriculums, such as *Earth Dyes: Nuunam Waralirkai*, have been recorded and published.

Blumenstein has always focused on the health and social development of people. She believes in quality and family wellness, and personifies these values by promoting her culture throughout the world. Blumenstein believes in educating and healing others through sharing cultural and traditional ways to promote self-awareness and understanding as well as empowering individuals to move from illness to wellness; creating a collaborative environment in which individuals choose their path or their way in the wellness process.

### Health Award

Darlene Madros-Lord was born in Tanana in 1956, and raised in Kaltag.

She's the daughter of Anna and the late George Madros Sr., and the sixth of 10 children. She has demonstrated a strong commitment to improving the health care of Indian Health Service beneficiaries. She built a home-care model program that is recognized statewide as a "wrap-around" service for Elders. She has worked for Tanana Chiefs Conference for 10 years as clinical nurse, home-care nurse and program director. She also helped Alaska Native Tribal Health Consortium on the cancer and personal care attendant task force. Madros-Lord is a sponge for education. She has received three college degrees: a bachelor of science in nursing in 1994, an associate's in business in 2002, and a bachelor of arts in rural development this year. She continues to increase her knowledge base to improve services for our villages. She states that vocal communication is the key to her success.

## AFN

Continued from Page 1

million to build training capacity, and \$3 million to assure program standards.

- AFN's complete support of the Dental Therapist Program for our people.
- A 20 percent increase in Indian Health Service (IHS) funding for 2007.
- For medical evacuation air ambulance services (Medevac), \$2 million in recurring base funding through IHS to meet the costs associated with Federal Aviation Administration requirements for critical-care air ambulance services, and an additional \$2 million increase in recurring base funding to adequately address patient travel needs.
- An increase of \$20 million to

President Bush's budget for IHS sanitation construction, for such funding to be designated for solid waste management, and that such funding go to solid waste management projects and projects that are not eligible for existing funding sources.

- Passage of the US Senate version of the Indian Health Care Improvement Act, S. 1057 (see related article on Page 1).
- As a June 2000 study revealed that 33 percent of the 177 village health clinics need improvement or replacement, a \$5.5 million increase for the Village-Built Clinic Lease Program over a three-year period.
- Federal action to correct the formula for the federal medical assistance percentage in Alaska to allow for the 2005 rate of 57.58 percent federal assistance for Alaska, and 42.42 percent state assistance to be maintained,

and to take whatever additional actions are necessary to hold Alaska harmless from proposed reductions in the federal medical assistance percentage here.

- Support the Alaska Legislature to ensure a full 20 percent from Alaska's tobacco settlement and 8.9 percent of the revenues from the increased cigarette tax enacted in 2004 to be used for funding a comprehensive statewide tobacco prevention program with adequate funding for programs that directly impact Alaska Natives, and that AFN endorse the protection of tribal community members from tobacco use and secondhand smoke through smoke-free air policies in indoor workplaces and public places, providing access to high quality tobacco cessation services, and increasing the price of tobacco through taxes and other means.

## 15 ANTHC employees take the LEAD

Alaska Native Tribal Health Consortium has created Leadership Excellence through Advancement and Determination (LEAD), a two-year program to develop staff for leadership excellence, knowledge and skill, and to ensure succession planning for the future. The objective is to build capacity for Native health professional development for employment within ANTHC, the Alaska Tribal Health System, and the Alaska Native community. This year ANTHC selected 15 employees to take part in LEAD.



Photo by Kraig Haver

Front row, from left: Cindy Wilson, Irene Douthit, Roberta Webb, Karen Mitchell, Matt Lone and Brenda King. Second row, from left: Michaela Straughan, Deanna Chaney, Angel Dotomain, Rhoda Baines, Pamela Miljure and William Kost. Back row, from left: Glenn Buchta and Joe Kashevaroff. Not pictured: Dennis Benson.

## Tanana Chiefs Conference cuts nearly two dozen health-care jobs

By Diana Campbell

Staff Writer, Fairbanks Daily News-Miner

In an effort to stop the flow of red ink, the Tanana Chiefs Conference (TCC) has eliminated more than 20 health-care positions, which is expected to save the agency \$2.3 million.

Workers who lost their jobs were mostly front-line providers at Chief Andrew Isaac Health Center, TCC President Harold "Buddy" Brown said. The last day for the laid-off workers was in October, but they will be paid through November.

"TCC is a large company, but is small in that many of us are related to one another," Brown said. "We're going to go through a grieving process."

The layoffs should not affect clients in the future, he said, though there may be difficulty scheduling appointments in the coming weeks, he said. Many of the employees who were let go were registered nurses, as well as a doctor and a dentist. Some of the positions were vacant and will not be filled.

It was TCC's second expense-cutting measure this year. This summer, TCC officials announced they would no longer use local doctors and specialists if the same service is provided at the Alaska Native Medical Center in

Anchorage. The nonprofit also started limiting the types of over-the-counter drugs dispensed by its pharmacy. The changes saved the company about \$1.5 million to \$2 million for fiscal year 2005.

The actions were not enough to keep the company out of the red for fiscal year 2006, which started Oct. 1, Brown said. Projections for 2006 showed the company would be short about \$4 million.

The layoffs will save \$2.3 million for the 22.75 full-time positions. Officials will continue the same cost-saving measures instituted in the summer.

TCC's health services budget is about half of its nearly \$80 million annual budget, Brown said. The health center takes up about two-thirds of the \$40 million.

The layoffs represent about 7.7 percent of health services staff and 3.5 percent companywide, he said.

Brown blamed rising employee health insurance costs, increased pharmaceutical prices, the higher cost of health care in general and insufficient Indian Health Service (IHS) funds.

The cutbacks also represented a culling of inefficiencies and redundancies, Brown said. He noted the action should solve revenue problems for a

long time.

About \$27 million of TCC health service money comes from IHS, a federal department dedicated to the health of Alaska Native and Native American people, according to US policies and treaties.

IHS funds have barely kept up with inflation, if at all, Brown said.

TCC will receive from IHS a 2 percent inflation increase for 2006, he said. However, other federal Indian programs did not do well in Congress because funds have been channeled to pay for the Iraq war or US hurricane relief, both costing billions.

"We've been luckier than most," he

said.

Brown said TCC's reductions would make services more efficient. Some of the positions were designated for a single service and would cause a bottleneck for patients if that person wasn't available. Now providers will be cross-trained on multiple services.

"We see this as finally getting a handle on our fiscal situation, finally getting a handle on fiscal realities," Brown said.

*Diana Campbell can be reached at 459-7523 or dcampbell@newsminer.com. This article is an excerpt of one published by the Fairbanks Daily News-Miner.*

## YKHC lays off 19 employees

By Gene Peltola

President/CEO

Yukon-Kuskokwim Health Corp.

I was quoted in the Tundra Drums newspaper earlier this year as saying there would be no more reduction in force (RIF) at Yukon-Kuskokwim Health Corp. (YKHC). I would like to make it clear to everyone that my statement to the paper pertained to fiscal year (FY) 2005, which ended on Sept. 30.

Regrettably, our continuing financial circumstances required us to take these actions in FY 2006.

YKHC's board, senior leadership and employees throughout the corporation have worked hard to formulate our FY 2006 budget. YKHC's projected revenues are \$143.5 million. Even after three rounds of budget reductions we were faced with proposed expenditures of \$151 million, a difference of nearly \$7.5 million.

We have succeeded in reducing expenditures and setting the direction for YKHC by developing a balanced operating budget of \$142,497,604.

With payroll making up 60 percent of our annual expenditures, it was necessary that we reduce FY 2006 staffing to meet our budget. We also made significant reductions in areas such as travel, training, tuition, miscellaneous, food, furniture and equipment. But let me be clear that although there were no budget increases, the majority of departments saw no budget decrease

from FY 2005 levels. However, my own corporate administrative budget was reduced by 30 percent.

For FY 2006, YKHC will see a reduction of 19 positions corporate-wide; 10 are Bethel-based, nine are village-based. Most affected employees were notified on Wednesday, Sept. 21. All will have 30-days' notice as well as priority for rehire into existing vacancies.

Some of these positions are being eliminated as a result of the expiration of grants. As a practical and fiscal reality, YKHC cannot continue to fund programs that have previously been grant-funded. Other positions have been eliminated as a result of streamlining functions through merging and consolidating responsibilities as well as careful consideration of the overall impact positions have on our mission of "Working Together to Achieve Excellent Health."

My senior leadership team and I are optimistic that over the coming fiscal year, YKHC will make great strides toward our goals of improving customer service and the health of our people in pursuit of our vision of becoming "the healthiest people." I want to emphasize that none of the actions described above were taken lightly, and I appreciate the support that all YKHC employees have shown throughout this difficult process.

*Reprinted from The Messenger, a newsletter of the Yukon-Kuskokwim Health Corp.*



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23<sup>rd</sup> Annual

### Alaska Health Summit

November 28<sup>th</sup> - December 2<sup>nd</sup>, 2005

The Hotel Captain Cook  
Anchorage, Alaska

Creating and Sustaining a  
Healthy Environment for all Alaskans

Convened by the Alaska Public Health Association



Sageold Julinsen has HIV (the virus that causes AIDS).

Supporting each other is our tradition.

Please show compassion for people who have HIV.

ALASKA NATIVES MAKING HEALTHY CHOICES

**My friends are here for me**

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

Statewide Helpline: 1-800-478-6000 (24/7)  
National Helpline: 1-800-342-2437  
ANWH Early Intervention Services: 907-728-2100

## Dental health aides more than competent, says evaluator

By Joaquin Estus

Public Relations and Communications Director, ANTHC

A dentistry professor at the University of Washington has given the Dental Health Aide program all A's after a week-long firsthand examination. In his written quality assessment of the care provided by the therapists, Louis Fiset, Doctor of Dental Science, concluded that the therapists exceed standards of care in patient management and are meeting current standards of care in the important areas of cavity preparation and restoration, patient safety and record-keeping.

Fiset's evaluation is based on work done Sept. 18-24,

when he visited the Yukon-Kuskokwim Health Corporation dental clinic in Bethel, and clinics at Buckland and Shungnak, in the Maniilaq Association region. As part of the evaluation, he examined X-rays, dental work, records and interviewed both the therapists and their supervising dentists. He also observed the therapists while they interacted with patients.

Fiset, an author of scientific articles on dental fear, was particularly impressed with the patient-management skills of the therapists, who he said exhibited a professional demeanor at all times. "They were adept in communicating with patients who were children as well as their parents, and articulate in explaining the patients' problems," said Fiset.

## 3 complete primary dental health aide II training

ANTHC Staff Report

Faculty members from the University of Kentucky School of Dentistry visited Bethel Aug. 17-25 to teach the final part of the three-part primary dental health aide II curriculum. Congratulations to Kristy Tulik from Toksook Bay, Mary Mann from Hooper Bay, and Selma Jackson from Kake for their completion of the training. They have worked hard for more than a year to reach their goal. In order to earn certification, dental health aides must complete classroom training as well as

many hours of clinical training for each service they provide. This training is being supported through grants from the Rasmuson Foundation and the Robert Wood Johnson Foundation.

Primary dental health aides learn to provide oral health education, apply fluorides, give cleanings, apply sealants, perform x-rays and place temporary fillings. They use telehealth to help dentists with patients who have urgent needs, and work alongside the dentists when they are in the village. They also provide important preventive services to help

patients keep their teeth healthy.

In other news, Dr. Bill Stenberg, a regional periodontal consultant with Indian Health Service, visited Tanana Chiefs Conference in Fairbanks and the Norton Sound Health Corporation clinic in Nome to provide both basic and advanced periodontal courses. These classes further develop the skills of experienced dental assistants so they can provide cleanings and educate patients about oral hygiene. These services aim to improve patients' access to these services as well as improve efficiency in the clinic.



Photo by George Brown

Community Health Aide Bertha Moses on the radio in Allakaket around 1970.

## Health aide oral history project seeks people to contribute stories

By Karen Brewster

Research Associate, Oral History Program, University of Alaska Fairbanks

The University of Alaska Fairbanks (UAF) Oral History Program has initiated an oral history project about the early days of the Community Health Aide Training program. The story of this historic program, which began in 1968, is being told in the words of people from around the state who started it: the first health aides, the doctors who taught and administered the program, and the technicians who built the communication systems that the health aides use. Some of the themes described will help current health delivery professionals better understand the nature of health issues in rural communities, such as use of traditional medicines, the role of family and community in health care, midwifery, traditional preventive medicine, and responses to Western medical practices.

All of these oral history recordings and some associated photographs are integrated into an interactive computer-based program called "Project Jukebox," which is available on the Internet at [www.uaf.edu/library/jukebox](http://www.uaf.edu/library/jukebox), which is updated as new interviews are conducted. The original recordings are preserved and publicly available at the UAF Alaska and Polar Regions Collections at Elmer E. Rasmuson Library.

This project is funded through the University of Alaska, Statewide Health Programs, and the Community Health Aide Program directors offered their support at the September 2004 quarterly meeting in Anchorage.

We are interested in interviewing more former and/or current health aides, doctors, technicians and administrators. We are hoping to involve individuals from around the state. Please contact Karen Brewster at 907-474-6672 or by emailing [fnknb@uaf.edu](mailto:fnknb@uaf.edu) if you wish to participate or would like to suggest someone you believe should be interviewed.



Kendra Hoffman and Lisa Whitman are certified paraoptometrics who work in Bethel.

## Health careers spotlight: paraoptometrics

As certified paraoptometrics (CPO), Kendra Hoffman and Lisa Whitman work with patients to repair, fit, dispense and order glasses and contact lenses. They are the first to greet patients at the front desk, make appointments, teach proper contact lens wear, and adjust and fit glasses as they arrive.

Their fluency in Yup'ik allows them to connect with all patients and provides an essential communication link. Both women decided to become certified to further their expertise in the optometry field so they could better serve the patients of the Yukon-Kuskokwim area.

Hoffman, the daughter of Kenneth and Bessie Berlin of Kasigluk, was raised in Bethel and graduated from Bethel Regional High School in 1996. Her Yup'ik names are Qununaq and Saskuar. She began her optometry career in 2001, when she began working as a receptionist. Her on-the-job training and courses in medical terminology and human anatomy provided a strong background when it came time to take the exam.

"Receiving this certification allows me to do more for our patients," Hoffman said. "A paraoptometric collects patient data, administers routine and technical tests of the patient's visual capabilities, and assists in office management. We also can assist the optometrist in providing primary patient care examinations, which include contact lenses, low vision, vision therapy and ophthalmic dispensing. I am happy to have received this certification so that I may better help our patients."

See CAREER on Page 6

## Calendar

### November

- 7 Medevac Summit II, 9 a.m.-5 p.m., ANTHC DEHE Building, Yukon Room (contact [beking@anthc.org](mailto:beking@anthc.org) or [kberzanske@anhb.org](mailto:kberzanske@anhb.org)).
- 7 Health Research Review Committee, 1:30-5 p.m., COB Board Room.
- 8-9 ANTHC board meeting, 9 a.m.-5 p.m., COB Fifth Floor Board Room.
- 10 Alaska Tribal Health Directors meeting, BP Energy Center (contact [kberzanske@anhb.org](mailto:kberzanske@anhb.org))
- 11 Alaska Native Health Board business meeting, location TBA.
- 11 VETERANS' DAY—ANTHC OFFICES CLOSED.
- 11-13 12th Annual Sobriety Celebration, Cordova (contact [belen@nveyak.org](mailto:belen@nveyak.org) or 907-424-7738).
- 14-15 Tribal Self Governance Advisory Committee meeting, Phoenix, Ariz.
- 14-18 Norton Sound Health Corp. board meeting, Nome (contact [bsobocienski@nshcorp.org](mailto:bsobocienski@nshcorp.org)).
- 15 Alaska Telehealth Advisory Council, 9:45 a.m.-12:45 p.m., COB Board Room (contact [drodewald@anthc.org](mailto:drodewald@anthc.org) or 729-1936).
- 15-17 Maniilaq Association board meeting.
- 16-18 American Indian and Alaska Native Long-Term Care Conference, Albuquerque, N.M. (more info: [www.aianlongtermcare.org](http://www.aianlongtermcare.org)).
- 16-18 Yukon-Kuskokwim Health Corp. full board meeting.
- 21 Anchorage Service Unit Tribal Health Council (ASUTHC), 10 a.m.-4 p.m., COB Conference Room 4.
- 24 THANKSGIVING DAY—ANTHC OFFICES CLOSED.
- 28-Dec. 2 Alaska Health Summit, Hotel Captain Cook, Anchorage (more info: [www.alaskapublichealth.org/healthsummit.htm](http://www.alaskapublichealth.org/healthsummit.htm)).
- 29 Hospital Services Assessment Team (HSAT), 11 a.m.-5 p.m., COB Conference Room 4.
- 30-Dec. 1 Clinical Directors Meeting, 8 a.m.-5 p.m., COB Conference Room 4.

### December

- 2 A-MSNC, 8-10 a.m., COB Conference Room 531.

See CALENDAR on Page 6

## Statewide News

### Kids Do Float Program

The Chickaloon Village Health and Social Services Department together with Valley Hospital's Health Communities, Spenard Builders Supply, Riverside Deli, US Coast Guard, State of Alaska Department of Health and Social Services, Alaska Office of Boating Safety and Alaska Safe Kids have sponsored the "Kids Don't Float" program. Through this program the community of Sutton will have 14 new lifejackets available for children there to borrow. A sign will be located at Slipper Lake and will have hooks to hold the lifejackets, instructions showing the proper way for children to wear a lifejacket, and safety tips. Project sponsors will be listed on the sign. Spenard Builders and Chickaloon Village supplied the materials for the sign, and Riverside Deli employees will erect the sign. Chickaloon Village Health and Social Services staff will put the lifejackets out each spring and then store them for the winter. If we save just one life we will have made a difference.

From *Chickaloon Village*, a newsletter of Chickaloon Village.

### Shockley wins Udall Scholarship

By Genevieve Haas  
Dartmouth College

Dartmouth College junior Joy Shockley, a Koyukon Athabascan of Stevens Village and Manley Hot Springs, Alaska, granddaughter of Judy Woods and the late Walter Woods Sr., daughter of Dorothy and Barry Shockley, was awarded the Morris K. Udall Scholarship and Excellence in National Environmental Policy.

Shockley received the scholarship for her outstanding work in promoting tribal land management and stewardship of the Yukon River Watershed. Shockley, who was awarded the scholarship for the second year in a row, and who was chosen as a Udall intern as a freshman, has worked closely with her tribe and affiliated tribes both in Alaska and Washington, D.C., to promote tribal sovereignty and stewardship over the watershed.

She said the issue of tribal sovereignty is important to her and that she hopes to help develop "a fresh view of Native sovereignty. [Tribal] resource management programs are a way of showing sovereignty in practice."

Shockley plans to use the scholarship this fall to participate in an environmental studies program in South Africa, where she will split her time between the University of Pretoria and field work in surrounding countries.

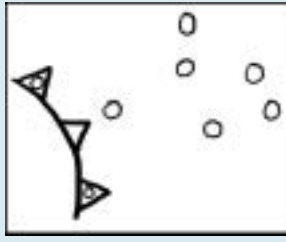
When she returns to Dartmouth for her senior year, she will complete her thesis on tribal resources management and the Yukon River Watershed. Shockley, who is majoring in Native American studies with an environmental studies component, writes poetry when she can find the time and plans to pursue a doctoral degree after graduation.

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

## Nicotine addiction—what happens in your brain

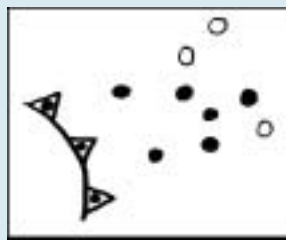
**Figure 1:**

The brain, like the rest of the body, uses chemical reactions to function. We have natural chemicals in our brains that develop as we grow from babies into adults. For example, adrenalin is the chemical that causes the "fight or flight" response, and growth hormone is a chemical that causes our bodies to grow. Endorphins are chemicals that work in our brains to make us feel happy, content, satisfied, calm and relaxed. Every brain has receptor sites for chemicals like endorphins.



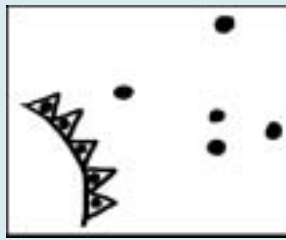
**Figure 2:**

Within seconds of putting tobacco into a person's body, nicotine reaches the brain and plugs into these receptor sites.



**Figure 3:**

The brain then stops producing endorphins and gets its "quick fix" from the nicotine. The brain starts



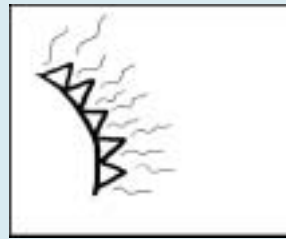
making more receptor sites to get even more nicotine. Nicotine is even more addictive than heroin or cocaine.

Remember: Because chemicals in the brain continue to develop until age 21, kids are therefore much more susceptible to nicotine addiction. In fact, it can take as little as seven cigarettes for a teen to become addicted. On the other hand, if a person doesn't start smoking until after age 21, they have a much smaller chance of becoming addicted to nicotine.

### Nicotine withdrawal

**Figure 4:**

When the brain stops getting the "quick and easy fix" of nicotine (when a person quits using tobacco completely), all the receptor sites in the brain are still expecting their "fix." It takes the brain 21 days to start making the endorphins again to plug into the receptor sites. During that time, you'll probably feel those sites screaming for their "fix."



What you might notice and what you can do about it:

- **Hunger:** Drink a lot of water, chew gum or hard candy, eat

healthy snacks.

- **Restlessness, irritability:** Keep busy with other activities, and get plenty of exercise.
- **Urgent cravings for tobacco:** Drink a big glass of water, take 10 deep breaths, do 25 jumping jacks (or push-ups or sit-ups), or snap a rubber band against your wrist.
- **Wanting something in your mouth:** Use toothpicks in place of a cigarette; keep gum or hard candy in your mouth in place of dip or chew.
- **Anxiousness:** Talk to a friend or take a walk.
- **Need for a "nicotine fix" at a certain time of the day:** Change your routine.
- **Finding yourself using tobacco before you even realize it:** Leave notes wherever you keep your tobacco to remind yourself that you don't use it anymore.

Remember, these feelings will only last until your brain builds up enough chemicals of its own to plug into the receptor sites. If you can make it until then, you have it made. Nevertheless, if you slip and use tobacco, the feelings of withdrawal start all over again and it takes another 21 days for the brain to start making the chemicals again.

From *The Messenger*, a newsletter from Yukon-Kuskokwim Health Corp.

## CALENDAR

Continued from Page 5

- **2** Medical Services Networking Committee, 10 a.m.-4 p.m., COB Conference Room 4.
- **4** St. Paul Health Center grand opening, St Paul Island (contact Cara Bethe at carab@apiai.org).
- **5-6** Alaska Native Elder Health Advisory Committee meeting, COB Conference Room 4.
- **5-6** Alaska Inter-Tribal Council annual meeting, Coast International Hotel (contact Ann Jourdan, 563-9334).
- **7** ANTHC annual meeting, 2:30-4:30 p.m., Sheraton Anchorage Hotel.
- **8-9** ANTHC board meeting, 9 a.m.-noon, COB Board Room.
- **9** Yukon-Kuskokwim Health Corp. holiday—Traditional Chief's Day.
- **10-14** American Public Health Association 133rd Annual Meeting & Exposition, Philadelphia (more info: [www.apha.org/meetings/](http://www.apha.org/meetings/)).
- **12** Village Service Management Team meeting.
- **13** Southcentral Foundation board meeting, 9 a.m.-4 p.m.
- **14-15** Yukon-Kuskokwim Health Corp. executive board meeting.
- **26** CHRISTMAS DAY OBSERVED—ANTHC OFFICES CLOSED.

## CAREER

Continued from Page 5

Whitman, the daughter of Geraldine Fairbanks and the late George Usugan of Newtok, was raised in the coastal village of Tununak and graduated from Paul T. Albert Memorial High School in 2002. Her Yup'ik name is Negaryaq. She began working in optometry in March, and decided to further her scope of work and become certified.

"I wanted to get certified because I wanted to know more about the eye anatomy, the technology optometrists use, and the medical terminology for the eye and eye illnesses," Whitman said. "I also wanted to further my education and understand my work environment better."

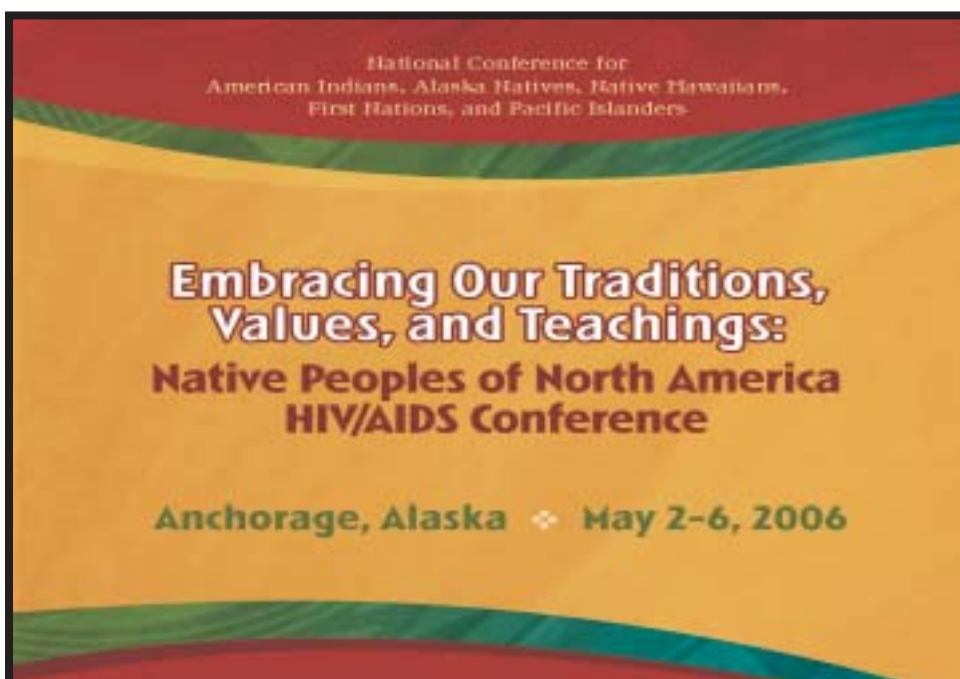
Now that they are certified, Hoffman and Whitman have climbed the first step of the optometry career ladder. They now have the ability to further their careers and become certified opticians.

### Paraoptometric career information

Basic requirements to become a certified paraoptometric:

- High school diploma
- Pass national paraoptometric certification exam
- Beginning wage is \$23.98 per hour (senior optometry technician)

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



# In case you forget your toothbrush on a trip ...

By Barbara O'Donnell, RDH

Hygienist, Tanana Chiefs Conference Dental Clinic

Traveling? Don't forget your toothbrush! But if you do, there are ways to deal with the fuzzy growth (dental plaque) on your teeth.

What did people do before modern plastic and nylon toothbrushes anyway?

Though the following methods are not endorsed by dental professionals for daily home care, they do come in handy in an emergency. Unchecked plaque causes lots of problems, most notably puffy, bleeding gums (gingivitis), cavities and bad breath.

• **Swish with water.** Potable drinking water is safe and can remove some food, germs and acids after eating or periodically during the day. Filter, treat

or boil any surface water to remove harmful bacteria before using.

• **Rub teeth, gums, tongue and inside cheeks with a washcloth or towel.**

Terrycloth is rough enough to cleanse buildup off smooth surfaces. A dry towel will break up films of slimy germs, followed by a damp towel to sweep more out of your mouth. A clean paper towel or tissue will work too, but not as well as terrycloth. A shirtsleeve will also work if you have nothing else.

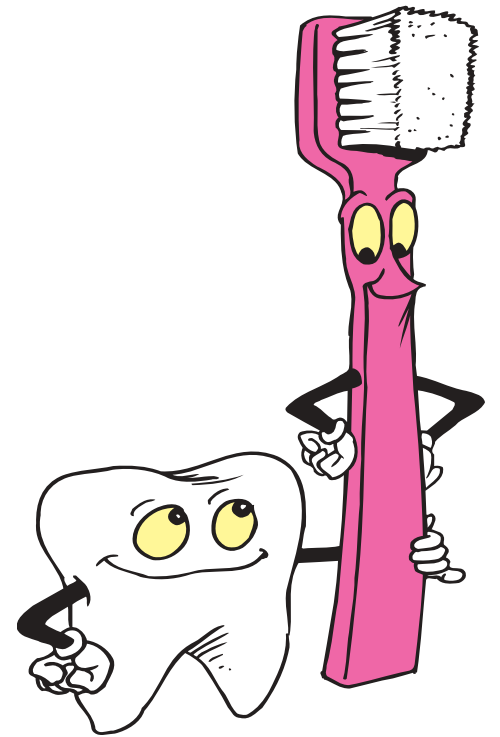
• **Use toothpicks.** Be careful with toothpicks—they can splinter. A splinter in the mouth can cause infections or bone loss. Stim-U-Dents are a soft and tapered toothpick, which makes them effective. They also stimulate gum tissue, which helps prevent gingivitis.

• **Floss.** If you remembered the floss you are in luck. It is most effective at

removing germs between teeth, which is extremely important. Used correctly (hugging or wrapping the tooth as it is slid up and down), floss can remove a lot of plaque. Then follow with a washcloth for the smooth surfaces.

There are probably a lot of variations on these ideas, but the main idea is to break up the slimy film of plaque that is constantly forming in our mouth and spit it out. Germs lead to cavities, gingivitis and bad breath, so it's best to remove them before they can do damage. So remember to pack your toothbrush on any adventure before you leave, because then plaque removal will be easy.

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



## Applications now being accepted for health policy scholars program

The Kaiser Family Foundation's Barbara Jordan Health Policy Scholars Program sends talented African American, Latino, American Indian/Alaska Native, and Asian/Pacific Islander college seniors and recent graduates to Washington, D.C., during which time the scholars are placed in congressional offices in order to learn first-hand how health policy is developed and implemented.

Through the nine-week program (May 23- July 28, 2006), scholars will learn about federal legislative procedure and health policy issues while further developing their critical thinking and leadership skills. In addition to gaining experience in a congressional office, scholars participate in seminars and site visits to enhance their knowledge of health care issues. Upon completion of the session, scholars write and present a health policy research memo.

The Kaiser Family Foundation established the scholars program to honor the legacy of late U.S. Congresswoman Barbara Jordan, who was a foundation trustee, and to expand the pool of students of color interested in the field of health policy.

Eligible candidates must be U.S. citizens who will be seniors or recent graduates of an accredited U.S. college or university in the fall of 2006.

Currently enrolled law, medical, and graduate students are not eligible to apply.

Successful applicants will show evidence of academic achievement and will demonstrate the following:

- Be a member of a population that is adversely affected by racial or ethnic health disparities; and
- Have experience working in or with programs that address health disparities (e.g., local health departments, com-

## Strokes are fourth leading cause of death in Alaska

By Barbara Cole Ph.D., M.I.J., M.S. Ed., CHES

Director of State Health Alliances, American Heart Association, Pacific Mountain Affiliate

In the State of Alaska stroke ranks as the fourth leading cause of death in comparison to the third ranking cause of death in the United States as a whole. In both Alaska as well as in the entire United States, stroke is the No. 1 cause of disability. Among Alaska Natives, the ranking is in keeping with that of the rest of the Alaskan population: fourth as the primary cause of death and first as the main cause of disability. Yet little is mentioned of this health condition in the media in comparison to other leading killers such as heart disease, cancer, HIV/AIDS and diabetes. Most people cannot recognize in either themselves or others the signs and symptoms of stroke, nor do they know how to respond to a stroke event. They also do not know the risk factors associated with stroke. We need to correct this lapse in public education if we want to reduce these significant rates of death and disability.

The signs of stroke may be misinterpreted and attributed to other causative factors than stroke. Many people might simply ascribe these typical signs of stroke to being too tired, having consumed too much alcohol or being too stressed from work. When one perceives numbness in an arm, leg or face, it may be interpreted as having positioned one's self wrong during sleep. In the event of experiencing confusion, trouble speaking or understanding, the misperception might be that this is due to the onset of old age. Dizziness, trouble seeing or abrupt migraine headaches might be states ascribed to working too hard or drinking an insufficient amount of fluids. Yet these too are common signs of stroke and most patients susceptible to such symptoms may not recognize them as such.

The risk behavior factors of stroke are also very similar to those that serve as precursors to our other leading killing diseases. Most killing disease rates of heart disease, diabetes and cancer could be dramatically reduced if we could cause the three most common bad habits of poor

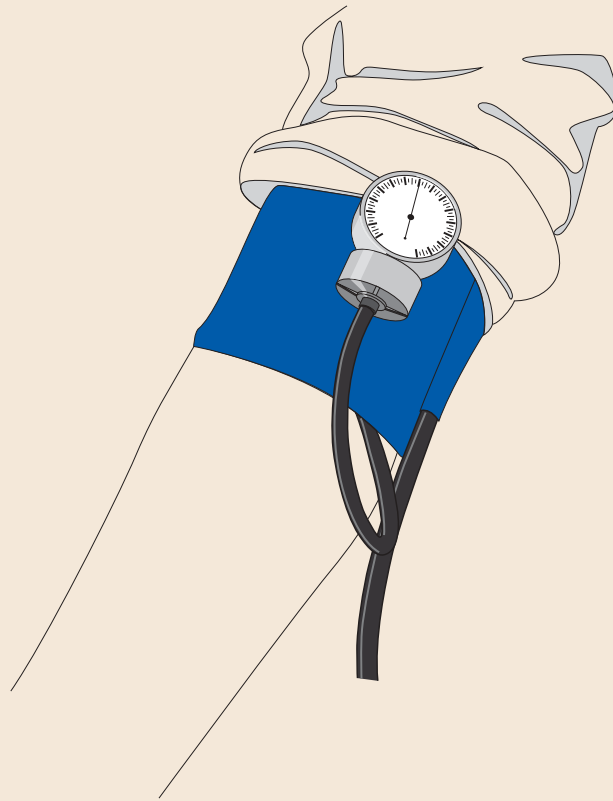
nutrition, inactivity and smoking to be abated. If hypertension were to be lowered as a consequence of eliminating this trio of poor health habits, we would go a long ways toward reducing stroke deaths and disabilities. The leading risk factor for stroke is hypertension. Known as the "silent killer," as one-third of Americans suffer from hypertension but are largely unaware of it, once detected, it can be controlled. It can be regulated via medical treatment and through a combination of increased physical activity, sound nutrition and, most importantly, smoking cessation. Lowering salt in one's diet also seems to reduce stroke risk and hypertension. Coming to terms effectively with stress is also a critical component in stroke prevention.

Coaxing patients along these lines of lifestyle changes remains one of the most formidable challenges facing health care practitioners. Many people who practice poor health habits such as smoking, inactivity and consumption of diets with a low nutritional value are aware that these habits are not good for their health. But they do not know how to change, are convinced that change is too difficult, and because they feel overwhelmed from the onset, do not endeavor to change, or they only change for brief periods of time. They will then lapse back into the practice of poor health habits feeling discouraged and

defeated. Even more challenging is that risk factors of age, race, gender and family history are out of our control.

The good news is that most of the risk factors can indeed be controlled or prevented altogether. This is not to say that raising awareness among the public of both the signs and symptoms of stroke as well as altering behavioral risk factors that lead to stroke will be easy. It will require a strong and orchestrated effort on behalf of health practitioners, health educators and all those who serve to improve patient understanding and health behavior. When stroke does occur, the public should understand the appropriate action to take.

With stroke, time is of the essence in preventing death and disability as death may occur abruptly or the brain



See **SCHOLARS** on Page 8

See **STROKE** on Page 8

# SCHOLARS

Continued from Page 7

munity health centers, inner city/rural hospitals or organizations that conduct research on or develop policy related to health or health care disparities) or have done previous academic work (e.g., taken courses, written papers or participate in research projects) related to health disparities.

Candidates will be selected based on academic performance, demonstrated leadership potential, and interest in health policy. A distinguished national advisory committee guides the program's highly competitive selection process and strives to select a class of scholars who are

academically, geographically and culturally diverse.

Scholars receive approximately \$7,000 in support, which includes a stipend, daily expense allowance, airfare and lodging. While in Washington, D.C., scholars reside at Howard University.

Application materials will be accepted starting Nov. 1, 2005. Please be advised that applications will be processed and reviewed as they are received. Applications will not be accepted after Jan. 9, 2006.

Application forms and additional information about the scholars program are available online. All application materials are due no later than Jan. 9, 2006. For further information, contact program manager Jomo Kassaye at (202) 238-2385 or [bjscholars@howard.edu](mailto:bjscholars@howard.edu).

# STROKE

Continued from Page 7

may be gradually starved of oxygen with a clot. Calling 911 is the simplest and easiest remedy. But poor access to primary care physicians in rural areas of Alaska renders this solution to a more complex matter. This is why the thrust of our efforts should be toward prevention. We know that in Alaska the logistics of getting to a physician in a timely matter are often complicated by the arbitrary nature of our severe weather patterns and the great distances one might need to travel. Community leaders and health professionals need to make an extra effort to spread the word on the signs of stroke that action can be taken before a critical event occurs. The American Stroke Association, a division of the

American Heart Association, offers a number of tools to facilitate this educational process. On the ASA web site, [www.strokeassociation.org](http://www.strokeassociation.org), a myriad of educational tools exist that are user friendly for all levels of understanding and all manner of purposes.

Downloadable materials are available for health professionals in need of patient education materials. For those who wish to conduct a community awareness program, there is a free downloadable kit for just such a campaign. Other useful materials are likewise available not only for prevention, but also for after-the-fact of a stroke. "Successful stroke support groups" is just such a link. The best part of all this, is that it is free.

In the United States a stroke occurs every 45 seconds, and on average every 3 minutes someone dies of stroke. That many of these premature stroke incidents can be prevented through awareness and behavior change should serve as motivation enough to spread the word on stroke. But oftentimes it takes more than that. Usually a friend, a family member or a neighbor will suffer from a stroke before we take action. Before that happens, be the catalyst for change in your community. Visit the American Stroke Association web site to learn more about stroke and what you can do to prevent it.

## The CIRI Foundation awards \$6,000 to OPAG to train health care workers

Older Persons Action Group Inc. (OPAG) has received a \$6,000 grant from The CIRI Foundation to help with the administration of a personal care attendant and nurse's aide training program designed to help train Alaska Natives as health care workers. This training includes both classroom instruction led by Renae Ferry, RN, and clinical training at sites such as Mary Conrad Center, Anchorage Pioneers' Home, Providence Horizon House and Alaska Native Medical Center. Application and scholarship forms are available by calling 276-1059, 1-800-478-1059 (outside of Anchorage) or online at [www.opagak.org](http://www.opagak.org). Orientation for new applicants will be Thursday, Dec. 15, from 4:30-6:30 p.m. New classes begin on Jan. 2, 2006.

Prevent the spread of HIV and sexually transmitted diseases (STDs).

Condoms protect against HIV and STDs.

Get tested.

Seek treatment if you are infected.

### ALASKA NATIVES MAKING HEALTHY CHOICES

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

Statewide Helpline  
1-800-478-AIDS (2437)

National Hotline  
1-800-342-2437

ANTHC Early Intervention Services  
907-729-2907



Rita Doney Choctaw, of Anchorage, and Linda Avogadro-Doney, Cupik, of Chisik, help spread a message about safer sex while sporting for holiday with friends on Twentymile Beach. Photo by Michael Dwyer



# Protect each other from HIV

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