



THE Mukluk Telegraph

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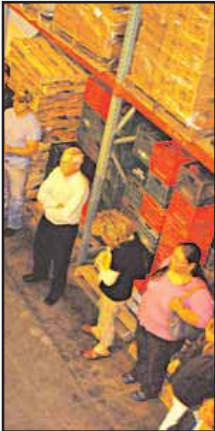
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Special AFN Edition

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Summit aims to improve care across health system

By ANTHC staff

Alaska Natives may move through several levels of care – in their village, at a regional hub, and at the Alaska Native Medical Center – and naturally want the changes to go smoothly. Health care providers want transfers to be easy for their patients as well as efficient.

Moreover, for effective follow up and continued care, it's important that critical patient information be available to the providers at each level of care.

Illness or injury is often stressful. Critical issues such as travel, lodging, and special needs during transition, (oxygen, wheelchairs and escorts,) need to be well coordinated. Patients

need to know what to expect.

On Aug. 16-17, some 78 people from across Alaska came to Anchorage for a summit on coordinated care. The goal was to improve the process of moving our customers through our tribal health system.

See [Summit](#) on Page 2

Tribal health system earns praise



Photo by Kraig Haver

ANHB chair Andrew Jimmie and U.S. Sen. Lisa Murkowski speak at health leaders' gathering in August. See story and photos on page 5.

ANMC's Dr. Edwards saves limbs for life

By Jan Welt
Technical writer
and Joaqlin Estus

Public Relations and Communications
Director Alaska Native Tribal Health
Consortium

People with diabetes are at high risk for a number of diseases, including the amputation of limbs that become infected then develop dead tissue to the point there is no way to save the limb.

The Alaska Native Medical Center (ANMC) now has a physician wholly dedicated to caring for the limbs of diabetic patients, including surgery to save a limb rather than amputate.

Rates of diabetic foot disease among Alaska Natives began increasing in the late 1990s, and, around 2000, ANMC started a program to identify patients at high risk. Physical Therapist Dan Weaver was able to reduce the rate of amputations of the diabetic population dramatically.

But ANMC still needed a podiatric surgeon with the training to get the rate



Charles Edwards, MD

ANTHC dermatologist Bocachica pioneers technology to improve access to health care

By Heather A. Resz
Mukluk Telegraph Correspondent

If John H. Bocachica, MD, were less passionate about technology, the face of dermatology and teledermatology in Alaska might look very different.

Bocachica tenaciously pioneered the use of telehealth for skin care, or teledermatology using a system created by the Alaska Federal Healthcare

Access Network (AFHCAN). It created a telehealth system that links doctors with a patient hundreds of miles away. The system relies upon computers, satellites, and exceptionally clear images. AFHCAN has created a wide range of ways to use telehealth – from cardiology and surgery, to dia-

See [Bocachica](#) on Page 4

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Alaska Native Health Board to receive operating, management services from ANTHC

The Alaska Native Tribal Health Consortium (ANTHC) is now providing management and operating services to the Alaska Native Health Board (ANHB). The goal is for ANTHC to help support ANHB's critical mission in the Alaska Tribal Health System.

The two expect to work closely and cooperatively as they have similar interests in improving the quality and availability of health care to Alaska Natives. Under the terms of a 14-month memorandum of agreement, the consortium will provide support to the Alaska Native Health Board in several areas.

The health board hosts and facilitates several important statewide meetings, and the consortium will assist with

those. Members of the Alaska Tribal Health Compact Tribal Caucus (Caucus) are all co-signers of a compact to assume management of health services from the Alaska Area Native Health Service.

The health board provides forums for meetings, pre-negotiations, and negotiations of the Caucus and Alaska Area Native Health Service. Moreover, the health board hosts quarterly meetings of the Association of Tribal Health Directors. It holds bi-annual mega meetings, which involve all these tribal health organizations plus

See [ANHB](#) on Page 7

VOX The Voice of the People

How do you continue to live a subsistence lifestyle in the big city?

"I'm not from the big city but I have relatives here and they make sure we're in close contact when the season comes to get something. Every trip I make to Anchorage I bring goodies to make sure they're OK."

— **Patience Anderson Faulkner, Cordova**



Patience Anderson Faulkner



Rufinia Hanson and son Rufinice Hanson

"That's easy, we're not from the big city; we're from Petersburg. But my brother lives here and we're always sending him smoked salmon."

— **Rufinia Hanson and her son Rufinice Hanson, Petersburg**

"My husband and son go out every summer, from May to October, in his home town on the lower Yukon and fish, and hunt moose and birds. So my freezer's full at home."

— **Ann Lawrence, Mountain Village**



Ann Lawrence



Martha Ray

"I continue to live a subsistence life in the big city. I go salmon fishing every summer. And after that I pick berries, from salmon berries to cranberries until the snow falls."

— **Martha Ray, Anchorage**

"Just this weekend we went picking blackberries up on Flattop. While there picking berries, we ran into family I hadn't seen in a long time. We had a wonderful time getting together. It was just like we were back home."

— **Laura M. Apatiki, St. Lawrence Island**



Laura M. Apatiki



ANTHC File Photos

Left to right: Starla Drenon, RN, ANMC Pulmonary and Internal Medicine Case Manager; Joanna Oudal, RN, ANMC ENT Case Manager, and Jennifer John, Southcentral Foundation Improvement Specialist.

Summit

Continued from Page 1

Many of the people at the summit are committed to improved coordination of care. These are people directly charged with assuring quality patient care, transfer, and safety. They include community health aides, discharge planners, case managers, social workers, case coordinators, medical directors, and hospital leaders. They include utilization management and quality improvement staff. Customers who receive care also attended and shared patient's views.

Participants described how things are working now, and how they would like them to work. They examined and discussed: 1) Clinical care 2) Patient clinical information transfer and preparation for transfer, and 3) Patient transfers.

They identified barriers and developed suggestions to solve them. The group generated nearly 100 ideas for improvement. Next, people will develop projects to carry out the best ideas, particularly those that will have an immediate impact.

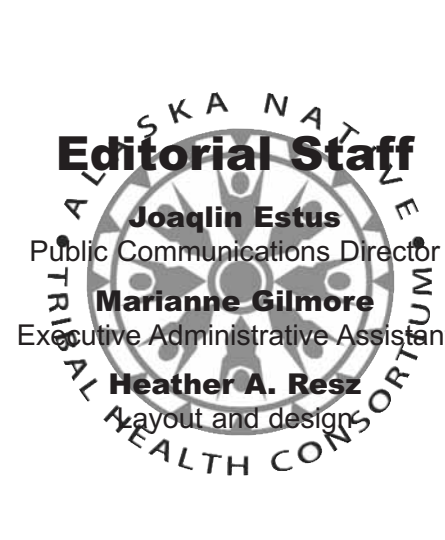
Improved care coordination is one of the top priorities for the statewide Medical Services Networking Committee, which is made up of administrators, clinical directors, and tribal leadership. Representatives of many tribal health organizations and tribes attended the Summit.

To see the results of the Summit and updates, visit the Alaska Tribal Health System Web site at <http://www.alaskatribalhealth.org>.



Julia McConkey, Copper River Native Association and Marlene Smith, RN Maniilaq Association.

ANTHC file photo



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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, call Selma Oskolkoff-Simon at (907)729-1900.

You can help strengthen the Alaska Tribal Health System

Let us know if you have, or are eligible for, Medicaid, veteran's status, Denali KidCare, Medicare, health insurance or worker's compensation.

It's easy!

There is no cost or bother to you. We handle the paperwork. It takes just a few minutes. It will not cost you anything. We pay the deductibles and co-payments for the health services we provide.

You may be eligible for free coverage for services your local Native hospital or clinic does not cover:

- Eyeglasses
- Prescriptions
- Mental health therapy
- Substance abuse treatment
- Allergy testing
- Transportation

Transportation includes air, taxi, ferry, lodging, and meals, for pre-authorized visits to other medical providers.

The Indian Health Service can pay only part of the cost of health care for everyone eligible for care at your clinic, hospital, and the Alaska Native Medical Center.

Federal and state programs and private insurance companies may cover part or all of those costs.

We can send bills for your care to those alternate resources. That can help provide better health care for all of us.

How to sign up

1. Please talk with your Family Health Representative (FHR). Let him or her know if you have:

- Denali KidCare
- Health insurance
- Medicaid
- Medicare
- Medicare Prescription Drug Plan (PDP) pharmacy coverage
- Veteran Status
- Workers Compensation

2. If you have been involved in a car accident, please tell your FHR the name of the auto insurance company of the responsible party.

3. If you have already signed up for one of these resource programs, please bring information about it to your FHR. If not, we can help you sign up. Your FHR will ask you questions to see if you qualify. Thank you for your patience as we work to see if you have or are eligible for health resources.



David Sipary is getting his vital signs checked by St. Mary's Health Aide Leslie Verns.

Photo by Clark James Mishler

Longtime USDA food distribution program debuts in Alaska

By ANTHC staff

The U.S. Department of Agriculture's (USDA) food distribution program has been available in the Lower 48 for 30 years and now it's come to Alaska. Under the auspices of Alaska Native Tribal Health Consortium (ANTHC), the Food Distribution Program on Indian Reservations (FDPIR) provides commodity foods to low-income households. The program is open to anyone, Native or non-Native, who is receiving or eligible for food stamps. Many choose to participate in the FDPIR program because they recognize that FDPIR provides a larger volume of food, helping their family maintain a nutritionally balanced diet.

Gregory Nothstine, coordinator of the program for ANTHC, said "There are currently 13 villages involved in this pilot program who will be sharing up to 1 million pounds of food."

Tribal members who may already be receiving food stamps are automatically eligible for the program. However, they cannot participate in both the food stamp program and the food distribution program at the same time or during the same month.

The monthly food distribution package may include:

- Canned fruits and vegetables; canned soups;

spaghetti sauce

- Canned meats, poultry and fish
- Macaroni and cheese; pastas; cereals; rice and other grains
- Cheese; egg mix and nonfat dry and evaporated milk
- Flour; cornmeal; bakery mix; and reduced sodium crackers
- Low-fat refried beans; dried beans and dehydrated potatoes
- Canned juices and dried fruit
- Peanuts and peanut butter
- Vegetable oil

Administrators from each of the participating tribes received training on topics that included:

- USDA's Automated Inventory System (a computer software program designed for FDPIR)
- Categorical Eligibility for screening applicants
- Non-discrimination policies for all USDA programs
- Warehouse safety and food handling regulations
- Nutritional Education and Advocacy

Tribal administrators receive computer training for the Automated Inventory System (AIS), a software database program specifically designed for keeping track of FDPIR inventory and household client information.

ANTHC has subcontracted with the Food Bank of Alaska to receive, warehouse, and ship commodities to the tribes. Out of the thirteen tribal communities, only two, Nenana and Chitina, are on the road system and will receive food by truck shipment; the rest will receive it by airfreight or bypass mail.

Participating tribes selected to introduce the program to Alaska are:

- Akiak Traditional Council – contact (907) 765-7117.
- Alaknuk Tribal Council – contact (907) 238-3419.
- Chitina Traditional Council – contact (907) 823-2213.
- Hamilton Tribal Council – contact (907) 899-4252.
- Hydaburg Cooperative Association –



Photos by Gregory Nothstine

Tribal administrators receive computer training for a software database program specifically designed for keeping track of inventory and client information.

contact (907) 285-3660.

- Kongiganak Traditional Council – contact (907) 557-5226.
- Native Village of Sheldon Point – contact (907) 498-4184.
- Nenana Traditional Council – contact (907) 832-5461.
- Old Harbor Traditional Council – contact (907) 286-3201
- Stebbins Community Association – contact (907) 934-2653.
- Platinum Traditional Council – contact (907) 979-8110.
- Seldovia Village Tribe – contact (907)234-7865.
- Umrumiut Tribal Council – Village of Nightmute – contact (907) 647-6146.

For more information on the Food Distribution Program on Indian Reservations visit <http://www.fns.usda.gov/fdd/programs/fdpiir>.



Tribal administrators tour the Food Bank of Alaska warehouse where FDPIR commodities are stored until tribes begin ordering it for eligible households in their community.

Peltola wins top CEO award from Indian Health Service

Yukon-Kuskokwim Health Corp. (YKHC) President/CEO Gene Peltola has received the Chief Executive Officer of the Year award from U.S. Department of Health and Human Services and Indian Health Service.

The award was presented earlier this year by the National Council of Chief Executive Officers of Native health organizations.

The plaque Peltola received reads, "for dedication, devotion, innovation, selfless vision, and for being a true ambassador for Native Health."

The national award recognizes Peltola's 16 years as YKHC's President/CEO. When he was hired in 1990, YKHC had 220 employees and no control over operations of the hospital. Annual payroll was \$6 million.

The Board of Directors gave him three charges:

- Assume management from the federal Indian Health Service of the Yukon-Kuskokwim Delta Regional Hospital
- Consolidate Bethel operations in one location near the hospital
- Construct a subregional clinic in Aniak to serve as a model for similar future facilities

Within 18 months, Peltola had positioned YKHC to assume operation of the hospital. The Aniak Subregional Clinic opened in 1995. Construction began on the Community Health Services Building (CHSB) in Bethel in 1996, which opened its doors in 1999.

YKHC has 1,700 employees, and an annual payroll in excess of \$70 million.

Examples of his innovative approaches to addressing the difficulties inherent in delivering health care to one of America's most isolated pop-

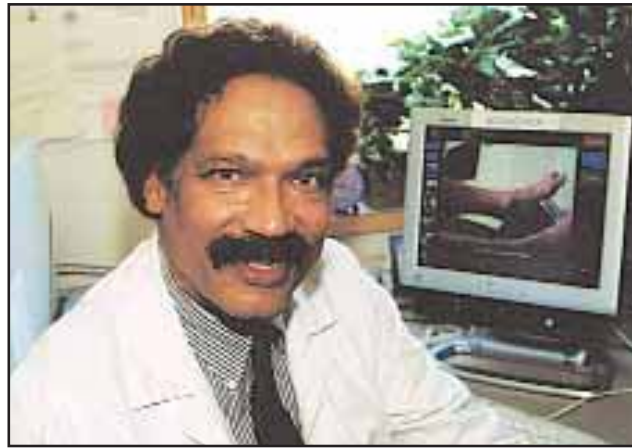


Photo courtesy of YKHC President/CEO Gene Peltola with his recent CEO of the Year award from the U.S. Department of Health and Human Services and Indian Health Service.

ulation groups abound. For example, his acquisition, for \$1, of what is now the largest medical evacuation firm in Alaska is legendary. He has developed a company owned subdivision to offer housing opportunities to employees. He was a key player in the organization of the Alaska Native Tribal Health Consortium. These accomplishments are the hallmarks of Peltola's resilience and openness to change.

Characteristically, at a recent employee gathering, he gave credit for the CEO award to "you, the employees. It is really your award."

Based on an article in The Messenger, a newsletter of the Yukon-Kuskokwim Health Corp.



Alaska Native Medical Center dermatologist John Bocachica is an internationally recognized pioneer in teledermatology.

Photo by Kraig Haver

Bocachica

Continued from Page 1

betic foot ulcers.

When Bocachica joined the ANMC team in 2002 as its first certified dermatologist, diagnosing a skin ailment took time and money. The only option was for a doctor to fly to the village or for patients to fly to the city.

"Before telemedicine, our travel budget was astronomical," Bocachica said.

Today a medical professional at a clinic in another part of Alaska can take a digital photo of a skin condition and send it to Bocachica for examination. On a daily basis, Bocachica scans images they have downloaded onto the teledermatology server. He can respond with his diagnosis, feedback, professional recommendations, and even surgical follow-up.

When a doctor is considering referring a patient to the dermatology clinic in Anchorage, the patient must first have a teledermatology consult. There are more than 250 sites throughout the state that are equipped to send telemedicine consults. The resulting high number of potential referrals has made the practice of dermatology in Alaska far more cost efficient. The only patients flown into Anchorage tend to be patients that actually require a face-to-face consult.

"We see incredible savings in travel and efficiency," Bocachica said.

Before Bocachica arrived, ANMC had one internist interested and willing to see dermatology patients. Patients might wait months for an appointment. Now, patients and their care providers usually have a response to a teledermatology consult request within 24-48 hours.

Along with a telehealth coordinator from AFHCAN, Bocachica visits the major regional health centers around the state at least yearly. He gets to meet the providers originating teledermatology consults. He answers their questions on the proper origination of a teledermatology

consult. In addition, he provides them with welcome continuing medical education in dermatology.

These visits also result in an increase in telehealth cases to Bocachica from the organizations – an effect that persists for months after his visits and provides patients more rapid access to his care.

"Teledermatology is beginning to catch fire worldwide," Bocachica said.

The First World Congress of Teledermatology recently invited him to speak in Graz, Austria. Bocachica was impressed at how many ways teledermatology is increasingly used throughout the world.

In fact, Bocachica has received several offers to work at facilities around the world. However, he chooses to live in Alaska and care for Alaskans because of his tremendous affection for and respect for Alaska.

"I have such respect for community health aides, physician assistants, nurse practitioners and physicians in rural Alaska. They do a tremendous job providing excellent health care with limited resources in an often unforgiving environment. For me to be able to work here is an incredible honor," Bocachica said. "I am truly blessed to live and work in this great land with its various marvelous cultures."

Telehealth has a wide range of uses

- AFHCAN's links to satellites and specially designed touch screen computers support clinical applications in Cardiology; Community Health Aide Program training; Dental / Oral Health; Dermatology; Ear, Nose and Throat; Emergency Medicine; Endocrinology; Family Medicine; Neurosurgery; Ophthalmology; Pediatrics – outpatient and inpatient; Pediatric Critical Care; Podiatry – diabetic foot ulcers; Surgery; Trauma follow-up; Urology; and Women's Health.

Bocachica is an international award winner, physician, professor

- American Telemedicine Association's National Award in Teledermatology recipient.
- Incoming Chair of the Teledermatology Section of the American Telemedicine Association.
- Charter member of the Telemedicine Task Force of the American Academy of Dermatology.
- Adviser on teledermatology issues locally, nationally and internationally.
- In private dermatology practice in Juneau.
- Assistant Professor of Dermatology at Loma Linda University, teaching in its dermatology residency program.

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

HIV can be passed from mother to child during pregnancy, childbirth and breastfeeding.

Respect and protect your family. Get tested for HIV.

ALASKA NATIVES MAKING HEALTHY CHOICES

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

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

National Hotline
1-800-342-2437

ANMHC Early Intervention Services
907-729-2907





Photo by Michael Jensen

Protect your family from HIV



U.S. Congressional leaders and Governor praise Alaska Tribal Health System

By ANTHC staff

National and state leaders met with tribal health leaders at two August 2007 gatherings. They described successes such as telemedicine, a \$40 million appropriation to build a Barrow hospital, the dental health aide initiative, diabetes prevention funding, and tobacco cessation.

U.S. Senator Ted Stevens and his Legislative Assistant and Health Adviser Liz Connell; U.S. Sen. Lisa Murkowski; Gov. Sarah Palin; and U.S. Rep. Don Young's Legislative Assistant Cynthia Ahwinona, met with about 100 people on Aug. 8, during a mega-meeting of the Alaska Native Health Board. Participants included representatives from tribes, tribal health organizations, the Alaska Area Native Health Service, and the state of Alaska. Later, U.S. Senator Daniel Inouye, of Hawaii, also met with tribal health leaders.

In his talk, Stevens discussed many of the concerns and achievements of tribal health leaders. These include electronic health records, tele-psychiatry, and the work of the Denali Commission, which commits one third of its budget to rural health facilities.

Comparing the Alaska Tribal Health System to private Health, Stevens read from a letter by a cancer survivor who could not find a family physician who accepts Medicare. "The current system is unconscionable," Stevens read from the letter. "What you have is better than the private system," Stevens said. "It is probably better than the Veterans



Photos by Kraig Haver

U.S. Sen. Ted Stevens shares a lighter moment with his legislative aide Liz Connell.

Administration [system]."

U.S. Sen. Lisa Murkowski, Vice-Chair of the Senate Indian Affairs Committee, is working for reauthorization of the Indian Health Care Improvement Act and has a commitment from Senate Majority Leader Harry Reid that Congress will hear it this session.

The lack of budget increases for the

Indian Health Service to cover inflation, "has been a constant source of frustration for me," Murkowski said.

She advised a change in strategy, saying "Typically the president releases his budget and we say 'That's not enough.' Then we're playing catch-up. Other groups ask their Congressional delegates to lobby the White House for a favorable number in the budget. It's time for Indian groups to do the same."

Legislative Assistant Cynthia Ahwinona thanked those who helped U.S. Representative Don Young keep the Dental Health Aide initiative in the Indian Health Improvement Act. She gave examples of other areas he addressed. These include tribal management, an area where Alaska Natives are taking the lead, said Ahwinona, plus behavioral health care for substance abuse and mental health.

Gov. Palin told the group, "It's just common sense that a raised standard of clean water and effective sanitation is critical to the health in all our areas."



Lincoln Bean, ANTHC Board's Vice Chairman, thanks U.S. Senators Stevens and Murkowski, and Gov. Palin for the new health clinic and water and sanitation work in his home town of Kake, in southeast Alaska.

She said her administration also will work with tribal health organizations on shared priorities such as health promotion and disease prevention.

"It's just common sense that a raised standard of clean water and effective sanitation is critical to the health in all our areas."

— Gov. Sarah Palin



Don Kashevaroff, ANTHC Chairman and President, presents smoked salmon to Cynthia Ahwinona, Legislative Assistant to U.S. Rep. Don Young.



"It would take months to say thank you for all you have done for Indian health care," said H. Sally Smith, Chair, National Indian Health Board, and Chair, Alaska Native Medical Center Joint Operating Board, to U.S. Sen. Ted Stevens.

ANTHC researcher receives tribute

By ANTHC staff

Anne P. Lanier received a special award at a recent national Spirit of Eagles Conference in Minneapolis. A physician with a master's in public health, Lanier was recognized for her career contributions as an epidemiologist and member of the national network of American Indian/Alaska Native cancer researchers.

Lanier has been the principal investigator in many dozens of significant research projects concerning the health status of Alaska Natives.

She is author of publications on topics such as cancer among Alaska Natives; risks of lung, esophageal and liver cancer among Alaska Natives; and cancer prevention, treatment, control, and survival among Alaska Natives; among many others. Her work on the Alaska Native Tumor Registry has been a vital tool in helping identify cancer patterns among Alaska Natives, which continue to differ from those of U.S. whites and from American Indians living in the Lower 48.

Completely surprised by the tribute, Anne was given a wool blanket, a pillow, a certificate and a funny "roasting" by Charles Wiggins, PhD., a research collaborator at the University of New Mexico Cancer Research and Treatment Center.

The National Cancer Institute (NCI) funds the Spirit of Eagles network. Spirit of Eagles reflects NCI's commitment to the areas of education, advocacy, grants, lead-



Photo by Kaohimanu Dang

On receiving her surprise awards, Anne Lanier said, "Thank you all for all you did to get me to the conference. With all the work needed to prepare ... and then to help plan a session to honor little ol' me, and without my knowing it! Great things have been accomplished but not just because of me, it is because of all of you. Many thanks!"

ership, elders, scholarships and survivors. The program is based at

the Mayo Clinic Comprehensive Cancer Center in Rochester, MN.

Mandregan named IHS acting deputy director

The Indian Health Service named Alaska's Christopher Mandregan Jr. Acting Deputy Director of the Indian Health Service as of Oct. 1. An Aleut from St. Paul, Mandregan served with the Alaska Area Native Health Service (AANHS) from 1986 until his promotion. At AANHS he worked in administrative services, then was appointed Executive Director in 1996.

As the IHS Acting Deputy Director, Mandregan shares responsibility for managing a \$4 billion national health care delivery program for that serves 1.9 mil-



Chris Mandregan Jr.

lion of the nation's estimated 3.3 million American Indians and Alaska Natives. He also participates in decision making on agency priorities, policies, strategic direction, and budget. Mandregan is responsible for the development and justifications for testimony presented to Congressional appropriation and legislative committees. He also supervises the 12 IHS Area Directors.

As the Area Director for AANHS, Mandregan was responsible for the federal portion of the health care system for Alaska Native people and for conducting government-to-government relationships with Alaska Native tribes on behalf of the U.S. Department of Health and Human Services (HHS) Secretary. He was responsible for the administration for the provision of comprehensive health services to approximately 130,000 Alaska Native peoples in Alaska.

During his career at AAIHS, Mandregan received a Public Health Service Special Recognition Award for Productivity from the Assistant Secretary for Health, HHS. In 2004 he received a Presidential Rank Award for Meritorious Service.

Dr. Kenneth Glifort, Deputy Director/Chief Medical Officer, will serve as Acting Director of AANHS.

National society hosts meeting at Alaska Native Health Campus

By ANTHC staff

National and Alaska human resources (HR) specialists met in Anchorage in mid-September to talk about rising health care costs, recruitment, immigration and other HR challenges.

The guest speaker was Sue Meisinger, President and CEO of the Washington, D.C., based Society for Human Resource Management (SHRM). The society, an influential and international voice in HR, has a global membership of more than 200,000 in 120 countries.

See **Meeting** on Page 7

Eye doctors swim 8 miles to support American Diabetes Association

By ANMC staff

The Indian Health Service eye team came in first in their category in a race held to support the American Diabetes Association. The Pennock Island Challenge is an eight-mile ocean swimming race held annually in Ketchikan. This year's race raised more than \$12,000. The team calls itself the "Charles Joughin Swim Society," after the only survivor of the Titanic to live by swimming until help came.

"I can't believe we actually finished!" said Dave Chamberlain, MD, an ophthalmologist at Alaska Native Medical Center (ANMC). Led by Chamberlain, the team included two other eye specialists from ANMC and one from Kotzebue.

"It was fun, I really want to do it again!" said India Hunter, RN. It was her first ever ocean swim race. She said she felt slightly out of place in the international competition that included elite swimmers from South America and a blind swimmer from Australia.

Henry MacPherson, the Chief of Optometry at the Kotzebue Native Hospital, trained despite the lack of a pool in that town. He sought out local ponds to try out his neoprene wetsuit against the cold: "I trained where I could."



ANMC file photo

Indian Health Service eye doctors have formed a "Charles Joughin Swim Society," named after the only survivor of the Titanic to survive by swimming. Members shown here, from left: Henry MacPherson, Robert Werner, India Hunter, Dave Chamberlain.

Diabetes is the leading cause of blindness in those of working age and its early detection and treatment are a big part of the daily job of society's members. The money raised will be

used to send the eye team to Ketchikan where they regularly hold eye clinics and see diabetic patients. Now in its fourth year, local volunteers headed by William Schultz manage the race.

Are you at risk of diabetes?

- On average, Alaska Natives and American Indians are 2.2 times more likely to have diabetes than non-Natives are.
- Diabetes is least common among Alaska Natives (approximately 2.6 percent for the state as a whole) and most common among American Indians in the southern United States and southern Arizona (26.7 percent and 27.6 percent respectively).
- However, rates of diabetes among Alaska Natives have shown the highest rate of increase – by approximately 120 percent from 1990 to 2004.

What is diabetes?

Diabetes is a condition in which the pancreas no longer produces enough insulin or when cells stop responding to insulin, so that glucose (sugar) in the blood cannot be absorbed into the cells of the body. Symptoms include frequent urination, feeling tired, excessive thirst, and hunger. Treatment includes changes in diet, increase in physical activity, oral medications, and in some cases, daily injections of insulin.

Diabetes can cause damage to the heart and blood vessels, nerve, eyes, kidney, gums and teeth. The biggest problem for people with diabetes is heart and blood vessel disease. Heart and blood vessel disease can lead to heart attacks and strokes. It also causes poor blood flow (circulation) in the legs and feet. Over time, high blood glucose can harm the nerves in your body. Nerve damage can cause you to lose the feeling in your feet or to have painful, burning feet. It can also cause pain in your legs, arms, or hands or cause problems with eating, going to the bathroom, or having sex. Nerve damage can happen slowly. You may not even realize you have nerve problems.

Nerve and circulation damage to the feet can lead to amputations. You may not feel pain from injuries or sore spots on your feet. If you have poor circulation because of blood vessel problems in your legs, the sores on your feet cannot heal and might become infected. If the infection is not treated or cannot be cured, it could lead to amputation.

Diabetes prevention

Diabetes can lead to serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

Diabetes prevention is proven, possible, and powerful. Studies show that people at high risk for type 2 diabetes can prevent or delay the onset of the disease by losing 5 percent to 7 percent of their body weight. You can do it by eating healthier and getting 30 minutes of physical activity five days a week. In other words: you don't have to knock yourself out to prevent diabetes. The key is: small steps that lead to big rewards. Learn more about your risk for developing type 2 diabetes and the small steps you can take to delay or prevent the disease and live a long, healthy life.

For more information, write the National Diabetes Information Clearinghouse, Bethesda, MD, 20892-3560; call (800) 860-8747; fax (703) 738-4929; or send e-mail to ndic@info.niddk.nih.gov.

Based on information from Web sites of the Centers for Disease Control and Prevention, and the National Diabetes Education Program, National Institutes for Health.

Nine surprising diabetes risks

1. A large waist even if you are a normal weight.
2. Eating fast food more than twice a week.
3. High stress.
4. Waking up in the middle of the night.
5. Drinking one soda a day.
6. Skipping breakfast.
7. Consuming a lot of processed meat.
8. A bout of depression.
9. Watching two or more hours of TV daily.

Meeting

Continued from Page 6

Meisinger spoke on dealing with the skyrocketing cost of health care benefits. In 2006, the average family policy cost \$12,106, a 78 percent increase since 2001. One of the consequences of higher health insurance costs has been the rise in the number of uninsured, reaching 47 million in 2006, a 5 percent increase from 2005.

Another concern of Meisinger is the increasing use of workers from other countries. Because of low unemployment rates, employers are finding it harder to recruit highly educated and skilled workers. This is leading increasingly to greater use of people having various visas allowing them to work in the United States.

"These are the same issues HR specialists are facing in the Lower 48," said Paul Bauer, the Employee Relations Manager at the Alaska Native Tribal Health Consortium and the Director-Elect of the Alaska state SHRM council. "But they play out differently here because of the higher cost of living and the difficulties we already have in recruiting staff in some fields."

ANHB

Continued from Page 1

the state of Alaska.

In addition to the meetings, the consortium will provide support to the health board in the following areas:

- Federal and state advocacy, working with Congress, the Alaska Legislature, federal and state administrations, advisory and work groups on key Alaska Native health priorities identified by the Alaska Native Health Board.

- Policy analysis and planning.
- Communications coordination.
- Administrative assistance.

As part of its administrative support functions, the Alaska Native Tribal Health Consortium will help manage offices, property, financial and program accounts, contract support, and board meetings.

ANTHC will provide support in communicating with tribal health leaders via newsletters, reports, and the ANHB Web site.

The agreement is from Aug. 1, 2007, to Sept. 30, 2008. For more information, contact Paul Sherry, CEO, ANTHC, at (907) 729-1900.

The 2007 Annual Diabetes Conference Dec. 5-7, 2007

Hilton Hotel, Anchorage

Prevention & Treatment among Alaska Natives: Diabetes Care Under the Midnight Sun

Welcome: Health care providers, nutritionists, nurses, physical therapists, and community health aides/practitioners with an interest in diabetes. This conference will provide an overview of recent developments in diabetes care.

Find out about issues related to the prevention of diabetes in the glycemic treatment of type 2 diabetes.

Learn how to reduce long-term complications with a focus on Alaska Native populations.

Registration fees are as follows:
Tribal/Indian Health Service \$25,
non-Tribal/IHS \$100

After Nov. 5, fees increase to \$100 Tribal/IHS and \$200 for non-Tribal/IHS.

Questions? Call the Diabetes Team: (907) 729-1125

See the agenda at: www.anmc.org/services/diabetes.
Click on Training and Conferences, then Annual Diabetes Conference

Dr. Julien Naylor joins staff at Mt. Edgecumbe Hospital

The SouthEast Alaska Regional Health Consortium (SEARHC) announces Julien L. Naylor, M.D., M.P.H., has returned to Sitka to rejoin the medical staff at Mt. Edgecumbe Hospital.

Naylor returns to Sitka after serving from 2000-07 as the director of the Alaska Native Medical Center's Alaska Area Diabetes Program. She was on staff at SEARHC Mt. Edgecumbe Hospital from 1995-97.

In 2006, Dr. Naylor was honored with a National Indian Health Board Area/Regional Impact Award for her work with the Alaska Area Diabetes Program.

"Dr. Naylor rejoins our staff as a specialist in internal medicine," said Dr. Marty Grasmeyer, acting medical director at SEARHC Mt. Edgecumbe Hospital. "Her enthusiasm and energy are contagious, and she brings special expertise in diabetes care and public health. We are delighted she has decided to return to Sitka and to Mt. Edgecumbe Hospital."

"I have many fond memories of working at SEARHC 10 years ago," Dr. Naylor said. "I'm excited to be back again working with the SEARHC community."

Statement and photo provided by SouthEast Alaska Regional Health Consortium



Julien L. Naylor, M.D., M.P.H.

Edwards

Continued from Page 1

as low as possible. That's where Charles Edwards, MD, Podiatrist, stepped in, "I'm trained and dedicated to preventing a limb loss, no matter what stage. My work, diabetic limb salvage, is meaningful and it's rewarding."

ANTHC also hired Carrie Nelson, a Podiatry RN Case Manager. She and Edwards make up the entire podiatry department.

"She has been absolutely essential to the services we render," Edwards said. Because of the numbers and needs of the diabetic patients, Edwards cannot see other, non-diabetic, patients.

"A lot of my operating room time is treating diabetic foot wounds," Edwards said. "When an infected foot ulcer comes in, as a limb-salvage surgeon I can go to great

lengths to prevent limb loss and amputation, whereas previously there was no surgeon dedicated specifically to that work."

When a patient has just been diagnosed with diabetes, Edwards makes a point of meeting with them.

"I can tell them they're not defenseless. It's not a given they'll go on to lose a limb, go blind or lose their kidney function. I take that [education] very seriously. I told a diagnosed diabetic today: if you can keep your blood sugars down, your blood pressure down, cholesterol down; if you can avoid tobacco and alcohol – you might never lose the feeling in your feet or circulation."

Without good blood circulation, a small sore or wound can easily get infected. However, Edwards said, "I'm actually more concerned about the numb feet. Somebody who has good circulation but can't feel pain – they're going to let something like an ingrown toenail, a corn, a callus or a blister go much further before they seek care."

"Alaska Natives have among the lowest prevalence of any ethnic group in the United States. But the flip side is they have the highest rate of new case diagnoses, too. The goal is to get people back to more of the Native diets, to the subsistence lifestyle, and to become more active," Edwards said.

"Here at ANMC we have a terrific army of dietitians, nutritionists, certified diabetes educators, and Community Health Aides. They can help people to understand what they have, what things it can cause if left to go unchecked, and provide knowledge on how to prevent things from going wrong."

"The hospital has acknowledged they need more podiatry and want more podiatry, Edwards said. "So we're all on the same page, they've been very great to me and I'm happy to be here."

Edwards lived as a missionary in Guatemala for two years, then lived in Spain for a while. He received his four-year podiatric medical training at Temple University in Philadelphia and four years of surgical training at the University of Pennsylvania. He and his wife Tiffinie came to Alaska where his first job was in the private sector, which he said wasn't a good fit for him. "I didn't like the private sector too much. My mind-set has been treating people the way I think they need to be treated, and not who has what insurance."

Edwards was ready for a change. The ANMC diabetes department was able to get a grant to fund a podiatry department in 2003. "I saw the job opening up so I jumped at the chance," said Edwards. "Tiffinie's from Colorado and I'm from Utah so we're used to the West, we're used to snow and we love it [Alaska]."

Edwards has been married for 14 years to wife Tiffinie and they have a two-and-a-half year old named Charlie. Edwards is an avid amateur digital photographer. He enjoys, jazz and indie music and writing short stories. His sports are baseball (he went to four Red Sox games in Chicago last summer), and tennis. In addition, "I recently took up golf which I'm just plain terrible at," Edwards said.



Mathilda Tlus, left, and Rose David share a light moment while waiting for coffee at a liddet dance in Wrangell in the 1930s. Both women are now deceased.

Photo © 2002 by Bill Lee

Happiness is tobacco-free

Alaska Natives Making Healthy Choices

This message brought to you by the Alaska Native Tribal Health Consortium



Alaska Native Medical Center celebrates 10th anniversary



Special commemorative section – Alaska Native Medical Center 1997-2007

Alaska Native Medical Center celebrates 10-year anniversary

In June 1997, Alaska Native Medical Center (ANMC) moved from a downtown 1950s-era hospital built for tuberculosis patients. Its new location is the hospital near Tudor Road in Anchorage. The new ANMC has 150 beds, the same number as the old hospital.

Tribally owned, quality care

ANMC is customer-owned; that's one of main reasons it's such a special place. The Alaska Native Tribal Health Consortium and Southcentral Foundation assumed management of ANMC on Jan. 1, 1999. As owners, tribes can direct funding to the areas of most need, and raise revenues from Medicare, Medicaid, and other insurance payers. That money then goes to support and improve services overall. Tribal managers have worked to provide quality care and ANMC is recognized for excellence in several areas.

ANMC has been certified as Alaska's only Level II Trauma Center, the highest level possible in Alaska.

This shows ANMC's commitment to fighting the leading cause of lost years of productive life among all Alaskans. ANMC operates a full emergency service and trauma center. It has all the equipment care providers need to help people with falls, vehicle crashes, or other traumatic injuries. ANMC serves as a key referral center for all tribal health facilities in Alaska, and, as needed, for local private hospitals.

Less than 1 percent of hospitals nationwide achieve Magnet status, and ANMC is among that select group. Magnet status shows that ANMC provides a special work environment. It fosters leadership and self-governance, and acts as a "magnet" for nurses. Magnet status is the highest level of recognition that the American Nurses Credentialing Center gives to organized nursing services nationally and internationally. ANMC is the only Magnet designated hospital in Alaska as well as the only Magnet hospital in the Indian Health Service system. It is also the northernmost Magnet hospital in the world.

Patient needs outgrow new building

ANMC was designed to handle up to 100,000 outpatient visits a year. The first year it opened, 250,000 patients came to ANMC for care. About 450,000 people are expected to receive care at ANMC in 2007.

The increased use is due to several reasons. There is spreading recognition that ANMC offers quality care. The Native population is growing. In addition, more and more Alaska Natives are moving from rural villages to Southcentral Alaska.

ANMC is actively planning for additional growth. Staff is working with architects to meet a projected growth of up to 40 percent of the Alaska Native population in the next five years.

For more information about ANMC, visit anmc.org on the Internet, or the Web sites of its two parent organizations, at anthc.org and southcentral-foundation.com.



Photo by Clark James Mishler
Alaska Native Medical Center surgical staff works in a state-of-the-art surgical center which prepares them to provide the highest quality health care services to their patients.

New facility replaces original 1953 'ANS' facility built for TB patients

Anchorage's first health facility for Alaska Natives was built to combat a tuberculosis (TB) epidemic that left thousands of Alaska Natives scarred, crippled, or dead. Named "Alaska Native Services" and called ANS, it opened in November 1953 with 400 beds. Three hundred of those beds were for TB patients because, before the development of antibiotics, rest and good nutrition seemed the best way to help TB patients. From the start, ANS lacked a laboratory and emergency room.

Over the years, health care providers worked hard to prevent and detect early cases of TB. Economic conditions improved, which reduces disease. Increasingly effective medications became available (in 1947, 1952, and 1960). ANS needed fewer beds for TB patients. By 1973, no more TB patients remained in ANS and the

facility became a medical, surgical and pediatric care hospital – renamed Alaska Native Medical Center.

Over time, more and more departments became overcrowded. Wards that once held beds became clinics and exam rooms. By 1963, the hospital needed more space for central sterile supply; beds; an intensive care unit; an isolation unit; a ward for surgical infections; outpatient clinics; operating rooms; a dental clinic; pharmacy; and storage.

As more people received treatment as outpatients, the hospital was redesigned to meet changing needs. However, limited funding and the original structure's design made it hard to make changes. Space shortages became severe. Already narrow hallways became even more crowd-

See 1953 on Page 12



Alaska Native Services was built in 1953 as a tuberculosis sanitarium. As new medications cut TB rates, it became a hospital. The original design, however, made it hard to refit it for new uses.



The architectural firm NBBJ designed the new Alaska Native Medical Center with the help of an Elders' Advisory Committee. Southcentral Foundation selected NBBJ for the expansion of the ANMC Anchorage Primary Care Center (PCC) so that its design would fit with long-term plans for the Alaska Native Health Campus. PCC is shown at the bottom left in this aerial photo.



Shown here is a wooden sculpture by Aleut artist John Hoover.



"Circle of Life" by Eskimo artist Ron Manook. It's made of Nulato wood, paint and brass.

Art helps make ANMC a showcase

Along with the architecture, displays of artwork help create an inviting, warm, supportive, and culturally appropriate environment. A volunteer group, the ANMC Auxiliary, began collecting Alaska Native art almost 20 years before construction began. Hundreds of Native arts and crafts such as dolls, carvings, clothing, tools, baskets and jewelry are on display in built-in cases in the stairwells and on each floor.

Alaska tribal groups, including Athabascan, Tlingit, Yup'ik, Inupiaq,

Alutiiq and Aleut, Haida, Eyak and Tsimpsian, are all represented in the displays. The ANMC Auxiliary manages the building's art displays and the popular gift shop, which offers Alaska Native art from all over the state. Volunteers run the gift shop. Charging a small percentage for profits, they use the proceeds to fund scholarships and to benefit patients and the hospital.

The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center (ANMC) under the terms of Public Law 105-83. These parent organizations have established a Joint Operating Board to ensure unified operation of health services provided by ANMC.



Aleut doll Grandmother's Arms, Linda Duran, Palmer. Clay, feathers, wool and ermine were used to create the doll.

See additional photo on Page 12.



Athabascan beading by artist Madeline Krol from Galena. The artwork is displayed in a grouping of various artists located just across from the ANMC Dental Clinic.



Top paddle: Alutiiq kayak paddle made by Jacob Simeonoff, Kodiak; wood, pigment.

Bottom paddle: Tlingit canoe paddle crafted by Doug Chilton, Juneau; wood, pigment, abalone shell.



ANMC managers and employees are proud that ANMC has achieved Magnet status, a sign of nursing excellence. Pictured here are patient Christian Webb, and Donna Johnson, ANMC Pediatric Nurse.

Architectural design takes culture, Alaska's environment into account

Native Elders served as advisers to the architects and engineers working to design an Alaska Native Medical Center facility that would:

- Provide a healing, caring environment for patients, their families, and friends.
- Balance technical demands with the needs and artistic preferences of the patients, their families, and staff.
- Create a stimulating workplace for employees.

During planning, architects and the Native Elder advisers traveled across Alaska to gather information and to develop ideas for cultural themes. The architectural firm NBBJ Architects and Associates emphasized cultural values shared among all of Alaska's tribal groups. Those include the importance of elders, family and community, and ties to the natural world.

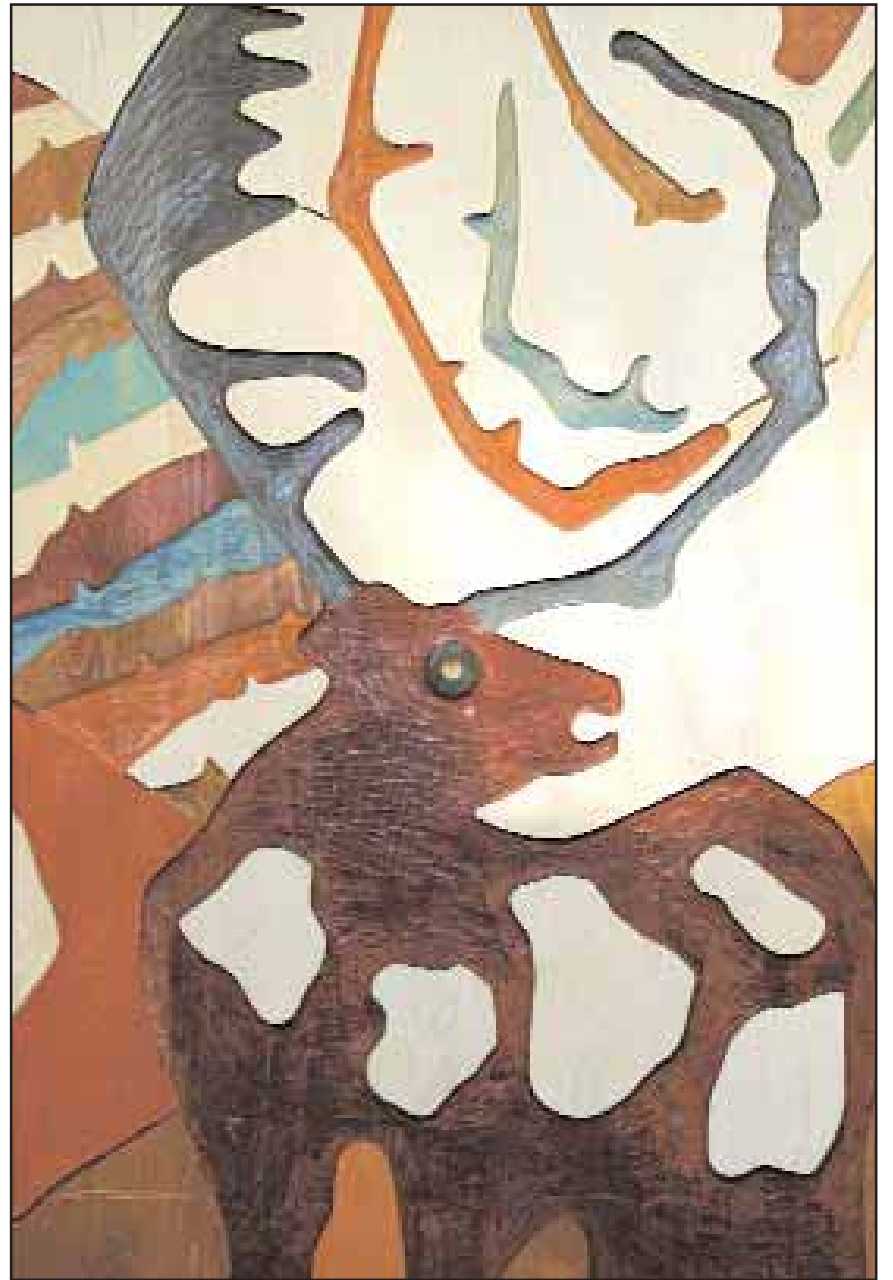
Designers also looked at ways to work with Alaska's weather. The Arctic entries

mimic an ancient Alaska Native way of keeping the cold out and the warmth in. They're curved, and have double doors. By studying wind patterns, the front buildings were designed to reduce problems with drifting snow. Covered outdoor pathways and heated sidewalks (to melt snow and ice) also add to the ease of winter access to the building.

For more information...

For more detail, see "Alaska Native Medical Center: A History 1953-1983" (1986); "Must We All Die? Alaska's Enduring Struggle with Tuberculosis," (2005) and "Days of Sorrow, Days of Healing: The Beginnings of the Alaska Native Medical Center, 1953 to 1983," (1986, revised 1997 by retired ANMC Administrator Robert Fortune).

Inupiaq art



Left, Along with its design sensitivity to Alaska Native cultures the building highlights Alaska Native art. A volunteer group, the ANMC Auxiliary, donated hundreds of items for the hospital. The Percent for Art program paid for the larger pieces. Shown here is a portion of a stained maple panel by Inupiaq artist Ron Senungetuk.

1953

Continued from Page 10

ed with equipment that had to be stored between each use.

Despite the need, lack of funding kept the new hospital in the planning stage for decades. Getting it funded took great determination and perseverance. Native health leaders, tribal members, and Indian Health Service and Public Health Service employees worked together closely. Alaskans worked with tribes in the Lower 48. They worked with IHS headquarters' staff. They asked the Alaska Congressional delegation to help obtain funding. Congress finally decided to fund construction in the 1980s. At the time, the \$167 million, 380,635-square-foot facility was the largest project the Public Health Service had ever undertaken.

How to build a hospital

When constructing a hospital, architects, engineers, and contractors must plan for the same items needed in other buildings. Those include architectural, structural, mechanical, plumbing, and electrical systems. In addition, the hospital had to be well suited for specialty, primary, inpatient, and outpatient functions, modern uses, and new equipment. Yet, hospitals require even more highly specialized features, such as:

- Imaging (X-ray) equipment installation and shielding.

- Security for laboratory and pharmaceutical areas.
- Paging, nurse call and other communications systems.
- Emergency power.

- Isolation (for someone highly contagious or especially vulnerable to infection).
- Sound control.
- Infection control.
- Patient comfort and security.

- Special requirement areas such as labor and delivery, surgery, or intensive care.
- Operating room air systems that prevent infection and provide oxygen and medical gases.



In the 1940s and 1950s, Alaska Natives experienced an epidemic of tuberculosis. At one point, more than 2,000 people were awaiting care at Alaska Native Services. Pictured here, a doctor examines an unidentified boy.

Bike Rodeo signals safety for Bethel kids

By Danielle Dizo
*Public Information Officer
Yukon-Kuskokwim Health Corp.*

The Yukon-Kuskokwim Health Corporation's 10th annual Bike Safety Rodeo attracted more than a hundred kids to its Community Health Services Building parking lot to tune their bikes, exchange old helmets, and ride the safety course.

In collaboration with the City of Bethel Parks & Recreation and the Bethel Boy Scouts, the June event offered an eight-station obstacle course, safety bus, bike safety check, bike auction, and delicious food.

"112 people went home with new bike helmets," reported Brian Lefferts, Injury Control & EMS Manager. "Thanks to the many employees and community members who volunteered at the event, it was a great success."



John Frederics, 7, catches some air. Good thing he had his helmet on.



Brian Lefferts as "The Taxi" signals for a turn while cyclists and pedestrians stay out of the way. Photos by Danielle Dizo



Steven Glasheen, 10, gets his bike tuned up by the Bethel Boy Scouts.



Young cyclists learned more about bicycle safety at the Yukon-Kuskokwim Health Corp.'s 10th annual Bike Safety Rodeo. More than a 100 young riders came to the Community Health Services Building parking lot to tune their bikes, exchange old helmets and ride the safety course.



Outfitted with a new helmet, Connor Igkurak, 3, is ready to ride.

From The Messenger, a newsletter for Yukon-Kuskokwim Health Corp., available online at www.ykhc.org.

If you're interested in either having a bike rodeo in your town, or for more information on injury prevention, call (907) 729-3600.



Photo courtesy of SEARHC

The ground breaking was Aug. 22 on a new SEARHC health clinic in Kake. From left are Jeannette Wilson (dark glasses), Alberta Shaquanie, SEARHC Board Chair Jan Hill, Rosie Fay, Phyllis Eddy of the Indian Health Service, Adeline Jackson, SEARHC Kake Board Member Lincoln Bean Sr., Roy Aceveda and Kathy Berzanske of the Denali Commission.

SEARHC breaks ground on new Kake Health Center

The SouthEast Alaska Regional Health Consortium (SEARHC) broke ground on a new Kake Health Center during a ceremony Aug. 22, in Kake.

More than 100 people attended the groundbreaking ceremony, which honored several longtime community health aides and their families. It also included Phyllis Eddy from Washington, D.C., who is Deputy Director to Indian Health Service Director Dr. Charles Grim, and Kathy Berzanske from Anchorage with the Denali Commission.

In addition to Eddy and Berzanske, others wielding shovels for the groundbreaking were SEARHC Board Chair Jan Hill, SEARHC Kake Board Member Lincoln Bean Sr. (whose mother, Tillie Jackson, was a health aide), Organized Village of Kake President Roy Aceveda, former health aide Adeline Jackson, former health aide Rosie Fay (whose mother, Lottie Nannauck, also was a health aide), and sisters Alberta Shaquanie and Jeannette Wilson (whose mother, Louise Kadake, was the first health aide in Kake). Also speaking was SEARHC Interim President/CEO Mark Gorman. The Keex' Kwaan Dancers provided the entertainment.

"This is a momentous occasion for Kake, a historical

event," said Bean, who is a former SEARHC Board Chair and serves on several state and national boards dealing with Native health. "This means a great deal to the improvement of health service to our patients in the community of Kake. I'm grateful to those who contributed to this building, which will be around for the next generation."

The expanded 7,300-square-foot clinic will be built in two phases. There will be a new 4,000-square-foot primary care wing that will house an emergency room, radiology, laboratory, and pharmacy.

Then there will be a renovation of the existing 3,300-square-foot clinic (built in 1985), which will house offices for administration, community family service workers, community wellness advocates and dental services. The expanded clinic will bring all of SEARHC's existing programs in Kake under one roof, and it will allow SEARHC to offer additional services.

The new clinic is expected to be complete by the spring of 2009.

From a statement by the SouthEast Alaska Regional Health Consortium.

SEARHC hires Roald Helgesen as new President/CEO

In September, the SouthEast Alaska Regional Health Consortium (SEARHC) Board of Directors selected Roald Helgesen to replace former President/CEO Ken Brewer, who died unexpectedly in June.

"Roald was a highly respected employee and manager when he worked at SEARHC, and the board feels he is the ideal person to lead the consortium into the future," said Jan Hill, Chairman of the SEARHC Board of Directors.

Helgesen grew up in Sitka and is an enrolled tribal member with Sitka Tribe of Alaska and the Central Council of Tlingit and Haida



Roald Helgesen

Indian Tribes of Alaska. He graduated magna cum laude from the University of Alaska Anchorage

with a bachelor's degree in political science and a minor in public administration.

Helgesen earned a master's of science degree in health care administration from Trinity University in San Antonio, Texas. He is a member of the American College of Healthcare Executives and of the Healthcare Financial Management Association.

Helgesen returned to Alaska in 1993, and worked at SEARHC in telecommunications, health systems analysis, and as VP of Administration. He left Alaska in 2004 to take a health care manager position at the Pine Lodge Corrections Center for Women in Medical Lake, Wash. In 2006, he became CEO of the Dirne Community Health Center.

"I am excited to be selected by the SEARHC Board of Directors as the President/CEO. My family is happy to be returning home to Southeast Alaska," Helgesen said.

In addition to his work in the health care profession, Helgesen has served as a volunteer firefighter and EMT with the Sitka Fire Department, working on the high angle-technical rope rescue team and as captain. He also has been a medical escort with the SEARHC Air Medical Service.

Statement and photo provided by SouthEast Regional Health Consortium

Live in the Aleutians? We'll help you help your babies

Alaska's Educational Resource Center's Infant Learning Program (ILP) provides services for families of children from birth to age 3 located in the Aleutian Chain that need assistance regarding their baby's development.

To help parents guide their baby's thinking, talking, moving and understanding, ILP collaborates with the following agencies:

- Aleutian Pribilof Islands Association
- Women Infants and Children Nutritional Program
- Regional Health Services (RHS), and Eastern Aleutian Tribes

Sand Point program

In Sand Point, a local provider holds play groups twice a month. There, families with young children meet, share questions, and have a professional observe their child's

development. These play groups also offer adults the opportunity to discuss a variety of topics regarding their child's overall growth.

St. Paul program

In St. Paul, a screening tool is being used that allows parents to identify possible delays in their child's development. Additionally, St. Paul's radio station KUHB-FM broadcasts ILP information to the residents of St. Paul and St. George islands.

Unalaska program

In Unalaska, ILP has created a quality referral system with the Iliuliuk Clinic that puts family in need of assistance with qualified personnel.

Alaska Rural Utility Cooperative launched

By John Nichols

Statewide Rural Utility Manager

It can be hard for people in rural Alaska to maintain local water and sanitation systems. Some communities don't have the money to pay water and sanitation employees. Technical, financial, and facilities management skills are sometimes limited in smaller communities. Besides all that, often there aren't any collection and enforcement policies to pay for utilities.

The lack of clean water and sanitation threatens the health of Alaska Native people. Communities have a harder time thriving without good water and sanitation.

To help solve these problems, the Alaska Native Tribal Health Consortium (ANTHC), Division of Environmental Health and Engineering (DEHE), is launching a program: the Alaska Rural Utility Cooperative (ARUC). Through ARUC, ANTHC and communities will work together to better the health of rural Alaskans by improving water and sewer systems.

When ARUC provides the same services to many communities, the costs of those services for each individual community go down. These "economies of scale" allow communities to spend their money on other important things. The ARUC will:

- Maintain rural Alaska water and sewer systems
- Protect human health
- Improve quality of life
- Set the stage for economic development
- Encourage Native self-determination

Maybe that looks like a long list of goals – but it has been done. Before ARUC, the Yukon-Kuskokwim Health

Corp. (YKHC) and ANTHC ran a similar pilot project. It was called the Rural Utility Cooperative (RUC). Studies show that the program:

- Reduced water plant operator turnover by offering better wages, financial stability, and support. Operator turnover in RUC communities – which is one of the biggest factors in water or sewer system failure – is seven times lower than in non-RUC communities.

- Met regulation requirements. RUC communities are almost twice as likely to follow state and federal regulations. Communities that meet regulations get more grants that help pay for better water and sewer systems.

- Operated working water and sewer systems. RUC communities have fewer leaks and lower costs for parts and fuel.

- Increased collection of fees. Communities that belonged to the RUC for more than two years collected twice as much in water and sewer user fees than non-member communities. Communities that belonged to the RUC for more than three years did even better. Many RUC communities that used to spend a lot of money on water and sewer systems can now use their money for other needs.

The ANTHC and YKHC will transfer operations from the RUC to the ARUC between October 2007 and January 2008. The experience that the RUC provided will strengthen the ARUC.

Once the move is made, ARUC will invite more communities to join. ANTHC will soon send letters describing ARUC in more detail to communities across Alaska. For more information about the ARUC, call John Nichols, ARUC manager, at 729-5695.



Photo by Ryan Hill

Ice grippers like the ones in this picture can help keep you safe when walking on snow and ice. Ask your health aide or doctor how to get a pair.

Help stop falls in the home

By ANTHC staff

You or a loved one might be at risk of falling, especially if you are over 65. A fall injury is the number one reason that Alaska Native Elders are admitted to a hospital for treatment.

In a 12-year period from 1991-2003 the Alaska Trauma Registry found that:

- 5,185 people were hospitalized for a fall injury. Most people needed at least one week of hospital treatment before they could get released.
- Two-thirds of all fall injuries are to

women, but more men die from falls.

- People fall as much in the summer as in the winter! There does not appear to be a seasonal difference in fall rates.

The most difficult result of falling is possible loss of independence for an older person, especially for those who break a bone. Records show that most falls occur in or around the home, often when waking up at night to go to the bathroom.

Use the tips below to help prevent falls in your home and in the home of an elder.

Clip and save safety tips for fall-proofing your home

Fall prevention checklist

- Have your vision checked once a year. Poor vision can increase your risk to fall.
- Exercise. Walking and other exercise makes you stronger and improves balance.
- Have your health aide and doctor look over your medicines. Some medicines can increase the risk of falling.
- Wear ice grippers when outdoors in winter.

In the home

- Remove all throw rugs; don't use them at all.
- Remove clutter from the floor, remove cords and wires that might cause a person to trip
- Have good lighting (especially on the way to the bathroom)
- Install grab bars in tub and by toilet
- Use rubber mats in bathtub
- Use a sturdy step stool (Never stand on a chair)
- Repair any broken stairs

Mission

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

Vision

Alaska Natives are the healthiest people in the world.

Values

Achieving Excellence – We achieve excellence through actions that support the ANTHC Mission, and which demonstrate consistency; the commitment of our leaders and all staff to our values; responsibility to the organization, our co-workers and our customers; collaboration with our colleagues; accountability for our actions; careful stewardship of the organization's resources; quality in everything we do; and continuous learning and improvement throughout the organization.

Native Self-Determination – We express the value of Native self-determination through Alaska Natives setting health policies, programs and priorities; through our Native professional and health care development activities; a focus on the importance of the Native community of Alaska; and by supporting the desirability and integrity of Native choice in matters of life and health.

Treat with respect and integrity – We value our co-workers and our customers and we aspire to act in ways that are considerate and appreciative of them. We strive to always behave ethically in our business and personal lives. We are trusting, respectful, open and honest in our interactions.

Health and wellness – We promote lifelong health and wellness by pursuing health in mind, body and spirit, safety in the workplace and balance in our work and personal lives.

Compassion – We illustrate compassion through actions that demonstrate our awareness that we are part of a larger community; through an understanding of diversity; caring relationships; sincerity in our interactions with others; and sensitivity to others' needs and ways of living.



People's Learning Center receives grant to provide temporary space for Dental Health Aide Therapist Program

The People's Learning Center, or Yuut Elitnaurvait, in Bethel, was awarded a \$108,000 grant to provide a temporary dental facility for the Dental Health Aide Therapist Program. This facility will allow Yuut Elitnaurvait to provide clinical space for the first Alaska-trained Dental Health Aide Therapists. Construction is underway on a permanent facility.

Yuut Elitnaurvait is in a unique position to provide clinical training space to the Dental Health Aide Therapist program. The program is operated by Alaska Native Tribal Health Consortium and the University of Washington. BCS Foundation joins a large collaboration of foundations and agencies supporting this program.

The BCS Foundation is dedicated to the development, growth, continuance and enhancement of community based programs and services.

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

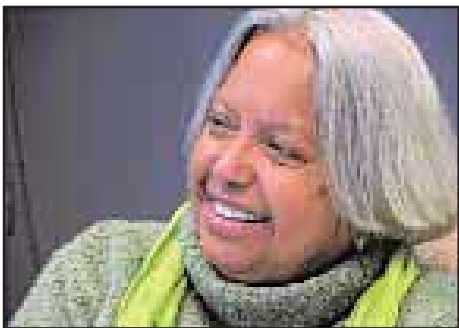
Telehealth comes of age

AFHCAN celebrates 9 years in November

Director of telehealth for the Alaska Native Tribal Health Consortium Stewart Ferguson, PhD, has been at the very center of Alaska telehealth since its start.

"In the beginning, we kind of learned as we went; we developed our own software because we couldn't find any to meet our needs," Ferguson says. "We couldn't find systems to hold the medical devices so we designed the carts. There were no wide-area networks at the time so we hired staff and they designed and managed the networks, connecting the regional organizations into Anchorage, with each other and the Consortium. As we continued forward we started to look at what other devices we could use, what prep [help with preparations], and what clinical services could be offered," Ferguson said.

As a part of its mission, AFHCAN continues to review, develop, and deploy new telehealth technologies. "Not far down the road," Ferguson adds, "we see this very powerful system where we can capture whatever data we need from a patient, send it wherever it needs to go at whatever time it needs to be there."



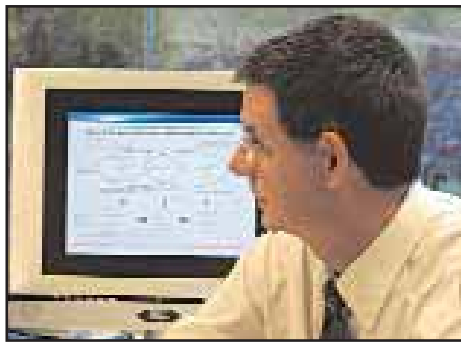
Glenda Humes, CEO of the Southwest Aboriginal Medical Service in Australia, visited Dillingham, Togiak, and Anchorage to get a sense of how the Alaska Tribal Health System works at the local, regional, and statewide levels.

With a couple of clicks to the screen you can send the data live or forward it later, interfacing with the health records systems, attaching telepathology slides or X-rays, ECGs or any other data."

Organizations across Alaska have taken the telehealth and run with it: SEARHC in Southeast has built up a video-based telehealth system. And many partners, such as Maniilaq, Yukon Kuskokwim, Bristol Bay, and others, are building very sophisticated next-generation video conferencing systems in addition to the store-and-forward solutions.

International visitors tour Alaska Tribal Health System

In recent months, the Alaska Native Tribal Health Consortium has hosted several international visitors interested in learning more about telehealth (or telemedicine as it is also called). These visitors included the Minister of Health from China, the director of the Norwegian Centre for Telemedicine, CEOs of Australian medical service units, and groups from Kosovo, and



Stewart Ferguson, PhD, is Director of telehealth for the Alaska Native Tribal Health Consortium.

Panama. They're just the latest in a long list of groups who have visited the Alaska Native Tribal Health Consortium (ANTHC) to learn about the Alaska Tribal Health System's telehealth system. The visitors come here because, in many respects, Alaska is a world leader in telehealth technologies and its creative clinical applications.

Telehealth is rather like a doctor with long, long arms; long enough to stretch across Alaska or even around the world. This extraordinary technology provides doctors at regional hospitals and clinics with the ability to see patients in villages without travel. Care providers using telemedicine carts can conduct extensive patient examinations and forward the results to doctors for review and consultations.

In September Dr. Steinar Pedersen, Director of the Norwegian Centre for Telemedicine, spent a week observing telehealth in Anchorage and Nome, accompanied by Stewart Ferguson, Director of ANTHC's Alaska Federal Health Care Access Network (AFHCAN.)

"It is nice to see how, using telehealth, a small hospital or clinic and a big distant hospital start to act like the same organization," Pedersen said.

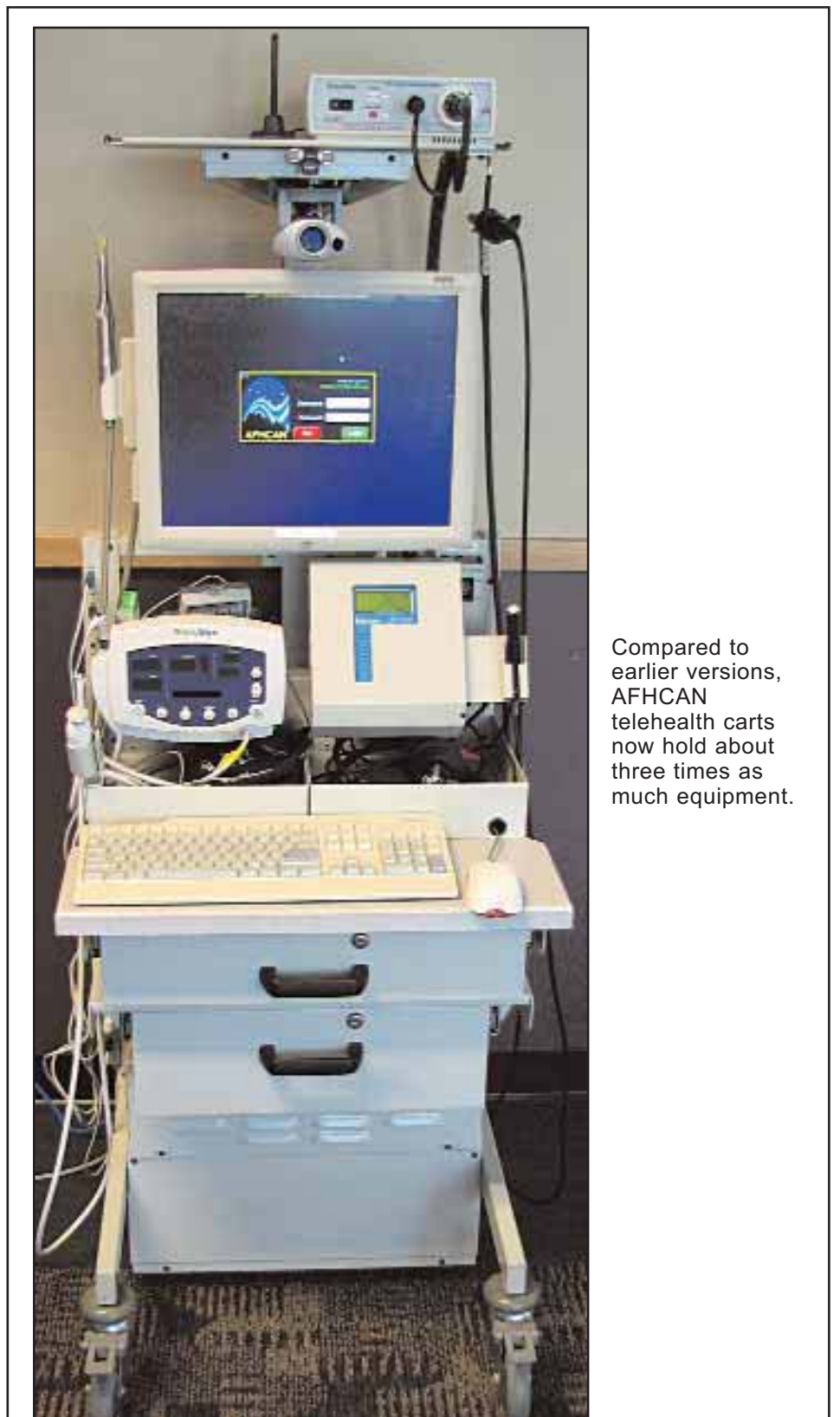
Later in the month, a five-person delegation from Australia visited the campus to observe the telehealth systems. Glenda Humes, CEO of the South West Aboriginal Medical Service, was amazed by what she saw of the telehealth program.



ANTHC CEO Paul Sherry escorts Australian visitors to the Alaska Native Medical Center.

"We have little like it in Australia. We plan to avail ourselves of this technology and soon," Humes noted.

As of November 2007, nine years will have passed since the first meeting of the Alaska Telehealth Advisory Commission. Remarkable advance-



Compared to earlier versions, AFHCAN telehealth carts now hold about three times as much equipment.

Newest telehealth cart has 3 times more health devices

Where the original telehealth cart supported four devices, the new version supports 13. Now 250 of the units are scattered all across Alaska, at tribal sites, tribal hospitals, and rural health clinics. The new carts have document scanners, tympanometers, audiometers, vital signs monitors, spirometers, and ECGs, dental cameras, general-purpose exam cameras — every scope that's out there — in other words, most of the devices used in primary care.

ments have taken place in those years, and both telehealth and the telecommunications in Alaska have expanded and grown more sophisticated each year. As testimony to its success, most of the tribal health organizations have included telemedicine as a standard part of their operational budget. It is an integral part of the way health care is delivered in rural Alaska.

AFHCAN is also sharing the cart with health care professionals worldwide. Ferguson continues, "We take what we've developed in Alaska and are finding a much larger customer base for the technology. We're seeing an acceptance and a large growth both in the Lower 48 and internationally. Currently we have our carts and system in about 10 states. The carts are also on 15 Coast Guard cutters in Alaska waters and all their stations in the Lower 48 as well as working for the Army, the Air Force, Public Health Nursing, and the

Veterans Administration.

"We just sold a system to the Arizona telemedicine program and they want to use it to take consults from the Arizona tribes and potentially the Nevada tribes. We have a system in the American Cardiology program in Flagstaff so they can take consults from as far east as South Carolina where we have a cart. We have a system in California that we're hoping will be working with the Phoenix Medical Center in taking HIV/AIDS consults. Using the revenues generated we can sustain and grow our system and ultimately provide better service and products to Alaska."

Ferguson concludes, "It's easy to be passionate about telehealth because it's not focused on the financial bottom-line. It's really focused on how you impact people's lives and their health care. It's very exciting because it makes a difference."

How does telehealth information travel?

Organizations make their own decisions on how data moves from their cart to satellites and to other computers. They choose what kind of bandwidth to use. (Bandwidth is the measure of how quickly you can move information from one point to another by cable or radio connections.) For many it's satellite-based while others have dedicated telephone lines. "To us it really doesn't matter; so long as there's some sort of bandwidth, we can move the data. We can even use dial-up," says Stewart Ferguson.



Kwethluk celebrates the opening of its new health care clinic with U.S. Sen. Lisa Murkowski.

Photos courtesy of YKHC

U.S. Sen. Murkowski celebrates new clinic opening in Kwethluk

U.S. Sen. Lisa Murkowski joined the Kwethluk community for a special ribbon cutting ceremony, hallmarking the opening of the Betty Guy Memorial Clinic.

The new health facility has been named in honor of Betty Guy who was a volunteer medicine distributor during the tuberculosis epidemic and soon after the first Health Aide for Kwethluk. As one of the first Health Aides in the region, she is remembered as a health professional role model to the Alaska Native people. Guy passed away in September 1994.

The 3,200-square-foot facility features exam rooms, a dentistry

office, sleepover quarters, a behavioral health office, pharmacy room, waiting area, bathrooms and an office.

"I love it!" exclaimed Elena Alexie, Health Aide for nearly 20 years. "It makes me feel more comfortable and I know my patients will feel more comfortable. There is a lot more room and we have an emergency room now."

In partnership with the Kwethluk IRA Council, which received approximately \$2.2 million in grants from the Denali Commission, Housing and Urban Development and the Indian Health Service, YKHC began construction in 2006.

"This has been a long awaited opening and a much needed service for our patients," said Gene Peltola, President/CEO for YKHC. "We are meeting the needs of our patients and working towards excellence in health care."

The village of Kwethluk is located along the Kuskokwim River with a population of more than 700. The Yukon-Kuskokwim Health Corporation manages a comprehensive health care system on behalf of 58 federally recognized Tribes for 50 rural communities in southwest Alaska.

From a statement by the Yukon-Kuskokwim Health Corp.



U.S. Sen. Lisa Murkowski assists in ribbon cutting at Kwethluk's new health clinic.

New Kipnuk health clinic celebrates opening

The collaborative planning effort that began in 2006 between the Kipnuk Tribal Council and Yukon-Kuskokwim Health Corp. has resulted in a new health clinic that opened in early September.

For many years, Kipnuk Community Health Aides envisioned a larger clinic that held more exam rooms to handle patient flow more efficiently and better serve patient care needs. It has become a reality. The new clinic features exam rooms, a dentistry office, traveling specialist sleeping quarters, behavioral health office, a pharmacy room, waiting area, bathrooms and an office.

YKHC and the Kipnuk Tribal Council partnered together to initiate funding and construction for the new 3,200 square foot facility. Kipnuk Tribal Council received grants from the Denali Commission in the amount of \$1,688,632, a matching grant from the U.S. Department of Housing and Urban Development in the amount of \$198,215, and an Indian Health Service Medical Equipment grant in the amount of \$306,328.

The village of Kipnuk has a population of nearly 700 and is located on the west bank of the Kugkaktik River, 85 air miles southwest of Bethel, and four miles inland from the Bering Sea Coast. The Yukon-Kuskokwim Health Corp. manages a comprehensive health care system on behalf of 58 federally recognized Tribes for 50 rural communities in southwest Alaska. The system



New clinics feature exam rooms, a dentistry office, traveling specialist sleeping quarters, behavioral health office, a pharmacy room, waiting area, bathrooms and an office.

includes community clinics, subregional clinics, a regional hospital, dental and optical services, mental health services, substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

From a statement by the Yukon-Kuskokwim Health Corp.

Building primary health care clinics in rural Alaska

By Kelly Leseman, P.E., and Simon Mawson, P.E.

One of the benefits of an organization owned and managed by tribes is the ability to expand services beyond those traditionally offered by the Indian Health Service. A good example is the Primary Care Health Clinic program at the Alaska Native Tribal Health Consortium (ANTHC).

ANTHC became a partner in the Denali Commission's Primary Health Care program in 2000. Since then, ANTHC has been involved in funding, planning, designing, and construction of new or renovated clinics throughout the state. Through the collective efforts of several organizations, 71 clinics have been built or renovated. These include the ANTHC Division of Environmental Health and Engineering (DEHE), Denali Commission, Regional Health Organizations, and others.



Aleknagik's clinic with emergency response vehicle storage garage.

The clinic program is administered in many ways. Some regional health organizations, such as the SouthEast Alaska Regional Health Consortium, have elected to manage the program directly. Others, like the Yukon-Kuskokwim Health Corp., have developed their own construction project offices and built clinics with their own local labor. Maniilaq Association chose to use private contractors to build their clinics.

Many clinic projects are managed through ANTHC. ANTHC uses both "force account" management and competitive bid contracts. Force account management assures that jobs are available for local residents and that wages stay in the community where the clinic is being built.

The new clinics are awesome. Typically, rural clinics have been housed in buildings that were less than desirable. Often the buildings were donated because nobody wanted to live in them. It was difficult to provide quality service. One health aide in Port Lions tells a story about bats that lived in the clinic, which can be exciting when you're trying to draw a blood sample from a patient. Several community residents have commented that the new facilities "even look like clinics."

One of the best features of the new clinics are their dental rooms. In the past, visiting dentists would have to bring all their own equipment, including the dental chair, tools, equipment, sterilizer, vacuum pump, and air pumps. It was not uncommon to travel with 2,000 pounds-plus of gear.

With the new clinics, all they need are their charts and personal gear. Dental rooms also provide opportunities to carry out the new Dental Health Aide program. This program will be one of the first opportunities that rural Alaska residents have available locally to prevent tooth problems.

The clinics also provide temporary quarters for visiting medical staff and other specialists. Anyone who has slept on the school gym floor or on a piece of Styrofoam in the water treatment plant can appreciate having a nicer place to stay while visiting a community. The new itinerant (travelers) quarters have bunk beds, a pullout couch and kitchen amenities.

The clinics also feature a dedicated pharmacy room, emergency trauma room, behavioral health (substance abuse recovery and mental health) space, telecommunications room, and laboratory space. Equipment is available to provide telemedicine services, reducing the need for patient travel. The equipment helps provide quality medical expertise to assist community health aides when they need it.

The Denali Commission/ANTHC health clinic partnership has strengthened DEHE's goal of providing "lasting solutions to promote healthy communities." For rural Alaskans, this means better access to health care, more locally available services, and a higher quality of health care. Helping provide this crucial infrastructure is exciting and a privilege.

Statewide News

Families move into new affordable rentals in Kasaan in southeast Alaska

This spring Kasaan residents celebrated the opening of six new affordable rental homes. Kasaan, population 36, is located on the west side of Prince of Wales Island in Southeast Alaska.

"It has taken many years and a lot of effort to build these new homes," said Richard Peterson, mayor and president of the Organized Village of Kasaan. "The construction of these six new

homes is significant to the future of our community. It will allow at least three young families to be able to move to and remain in Kasaan. The homes will house school-age children, which will allow us to keep our school funding in place."

The Tlingit and Haida Regional Housing Authority provided money for the project with the use of federal Indian Housing Funds. Funding



Kasaan, population 36, is located on the west side of Prince of Wales Island in Southeast Alaska.



Photos courtesy of the Tlingit and Haida Regional Housing Authority. Dan and Cheryl Edenshaw of Kasaan receive the keys to their new home from Kari Metz, Rental Program Supervisor for the Tlingit and Haida Regional Housing Authority.

included a grant from the Denali Commission's Senior Housing Grant Program. The Alaska Native Tribal Health Consortium contributed funds for water and sewer infrastructure.

The energy efficient homes were built by housing authority crews and offer many fuel and cost-saving features. Each unit has three sources for heat. These are state-of-the-art wood stoves, Toyo oil direct vent heaters, and electric back up. In addition, propane ranges and Rennai on-

demand hot water heaters have been installed. Other features include a multi-fan air distribution system, vinyl thermal windows, utility room, and an attached shed for freezers and firewood storage.

"The tribe was very specific when prioritizing special features," Peterson said. "We're very pleased with the results."

Based on a statement from the Tlingit and Haida Regional Housing Authority.

Southcentral Foundation begins specimen bank study

Southcentral Foundation recently began a statewide study on the ethical and cultural implications of specimen banking. Specimen banking is the storage of samples from the body such as blood, saliva, or urine for research. This new study will find out what Alaska Native people think about this kind of research.

Interviews and focus groups will be held across the state of Alaska with leaders and community members. The grant to do this study comes from the Native American Research Centers for Health, a program that is cooperatively funded by the Indian Health Service and the National Institutes of Health.

Since the 1950s, specimens from Native people and non-Native people have been stored in a bank at the Centers for Disease Control and Prevention. The study will look at the composition and history of this specimen bank in Anchorage.

In the past, Alaska Native people have not been asked their opinions about how and when research with these biological samples in the specimen bank should be done. The information learned in this study could be helpful to Alaska Native leaders in their decision-making and to researchers who would like to work with Alaska Native people.

The study will continue through September 2010. For more information, call the SCF Research Department at (907) 729-8623.



YKHC file photo

Jennifer Dobson of YKHC holds her recent award.

Jennifer Dobson wins Officer of the Year Award

Congratulations to Jennifer Dobson who received the statewide Environmental Health Officer of the Year Award from the Alaska Environmental Health Association. She has worked for the Yukon-Kuskokwim Health Corp.'s Office of Environmental Health for the past two years. Her employers say she's doing a remarkable job.

From The Messenger, a newsletter of Yukon-Kuskokwim Health Corp., available at www.ykhc.org.

Southcentral Foundation invites pregnant women to join in 2 research studies

Southcentral Foundation's research department would like to invite pregnant women to learn more about two research studies at the Alaska Native Medical Center. These studies are part of the Native American Research Centers for Health.

The first study, called "A Tradition of Healthy Families," may help us understand how much nicotine you and your baby take in if you use tobacco or breathe in smoke from others who use tobacco. Pregnant women expecting a Native baby living in Anchorage and the Mat-Su Valley are welcome to participate.

Involvement consists of up to three visits during pregnancy and five visits during your baby's first year. For your convenience, these visits will be scheduled when you are at the clinic for a regularly scheduled visit. At each visit we will ask you to complete a questionnaire and give a sample of saliva. You will receive a \$20 gift card after each visit.

The second study, called "Healthy Children/Healthy Families," may help us understand the relationship between alcohol use and non-use during pregnancy, and measurements of certain chemicals in your baby's first bowel movement.

You are invited to participate if you are a pregnant woman expecting a Native baby and are in your third trimester of pregnancy, 21 years of age or older, and planning to deliver at the Alaska Native Medical Center.

The study involves one visit during the third trimester of pregnancy during which we will ask you to fill out a questionnaire and when your baby is born, we will collect a dirty diaper sample. You will receive \$20 for completing the consent form and questionnaire, and \$10 for the collection of your baby's dirty diaper.

For more information, or if you are interested in joining either study, or have additional questions about the studies, please call the SCF Research Department at 729-8623. All information is confidential.

Mayo Clinic staff provide cancer education

By Christine DeCourtney
*ANTHC Cancer Program Plan
 and Development Manager*

Mayo Clinic oncologists and tobacco specialists traveled to Dillingham to hold a cancer education session on July 26 for the Bristol Bay Area Health Corporation (BBAHC) medical staff. The cancer specialists held a two-day education session at the Alaska Native Medical Center (ANMC) July 23-24 as well. Cancer is the leading cause of death for Alaska Natives.

Several years ago, two Mayo Clinic and Alaska Native Tribal Health Consortium (ANTHC) physicians identified the need



Photos by Christine DeCourtney

During an educational program with representatives of the Bristol Bay Area Health Corp. in Dillingham, a luncheon was held to help identify ways to expand the collaboration between the Mayo Clinic and the Alaska Native Tribal Health Consortium cancer program. Among the attendees were (back row) Emily Hughes, ANTHC board member; Dr. Judith Kaur, medical oncologist and head of the Mayo Clinic's Spirit of Eagles Program; Dr. Steve Albert, Oncologist, Mayo Clinic; Dr. Anne Lanier, ANTHC Senior Scientist; (front row) Paul Sherry, ANTHC CEO; Sally Smith, BBAHC board chair and ANTHC board member; and Dr. Robert Diasio, Director, Mayo Clinic Cancer Center.



Physicians Anne Lanier and Steve Albert celebrate the 10th Mayo Clinic cancer education program at Alaska Native Medical Center.

for cancer education for health care providers of Alaska Natives. Steve Albert, MD, Mayo Clinic oncologist and ANTHC Senior Scientist Anne P. Lanier, MD and master's degree in public health,

prepared a proposal to fund the training. For the past 10 years, the Mayo Clinic has paid all travel costs and salaries for a group of specialists to travel to Alaska to conduct an educa-

tional program at ANMC. Each year, a regional site is also selected and Mayo Clinic staff and others travel to the site to provide cancer education for health-care providers.

Hawaii's U.S. Senator Daniel Inouye visits ANMC

By ANTHC staff

On Aug. 15, Hawaii's U.S. Sen. Daniel Inouye met with some two dozen tribal representatives, several of whom explained that a lack of funds plagues the Alaska Tribal Health System. They described life in their villages and regions, where some chop ice for water and lack sanitation systems. Some said they're worried whether there will be adequate care for veterans returning from the war in Iraq.

As an example of how care for the wounded has changed, Inouye described how he lost his arm during World II, a story he had never before told publicly, he said. After he was shot, he said he lost a lot of blood as it took medics 12 hours to get him to a field hospital. During triage, the doctor indicated Inouye was beyond medical care. Inouye said a chaplain then came and said 'God loves you.' To which Inouye responded, 'Yes, but I'm not ready to meet him yet.'

Inouye said he was then taken to surgery. Later, intensive and comprehensive rehabilitation was critical to his adjustment to the loss of a limb, Inouye said. After medical treatment he had six months of training in everything from fine dining, carpentry and plumbing, to swimming (a sport was mandatory, but individuals



Photo by Jan Welt

U.S. Sen. Daniel Inouye chats with ANTHC board member Sally Smith.

chose which one). Medical advances now make it possible for more soldiers to survive head injuries and the loss of limbs than during World War II, Inouye said. He said he used to go to Walter Reed Hospital in Washington, D.C., every week to visit soldiers who had lost limbs. However, now it's emotionally painful for him to see the number

and extent of the injuries, and he visits only every one or two months, Inouye said.

Inouye said he and Alaska Sen. Ted Stevens are working to improve care for returning veterans. They have a strong partnership that increases their effectiveness in working for the betterment of the nation's two youngest states, Inouye said. He encouraged the group to support Stevens.

Tribal health system works to implement Medicaid use

The Alaska Native Tribal Health Consortium was recently awarded a grant to plan and evaluate Medicaid use in the Alaska Tribal Health System. The project is the result of recommendations to the Alaska Legislature by the consulting firm Pacific Health Policy Group.

It is in the state's interest, the report stated, to both improve quality of health services and actively participate in establishing greater capacity among tribal providers, particularly with respect to long-term care.

The consortium will form focus groups from all regions of Alaska, working in cooperation with tribal health organizations and tribes. The groups will focus on three key issues:

- 1) Definitions and planning for key services include:
 - Long-term care
 - Behavioral health
 - Health promotion
 - Disease prevention
 - Culturally appropriate community-based care initiatives to improve access to services.

- 2) Financial and legal assessment of a managed care model (a system typically covering health services up to a certain dollar amount).

- 3) Development of financial capacity in the tribal health system to sustain programs over time.

The grant is funded through June 2008.

Cancer is No. 1 killer of Alaska Native people



Mike Beiergrohslein, U.S. Public Health Service lectured at the ANTHC Tobacco Treatment Seminar.

Tobacco, the primary source of nicotine, is legal and readily available – making it society’s single most commonly used drug. Its use takes an insidiously addictive hold on the user, a hold so strong that efforts to quit often fail. On average, users try eight times before succeeding in quitting tobacco use. In September, ANTHC sponsored a four-day seminar to provide tobacco treatment specialists with new skills in assisting tobacco users to quit. Participants learned about the effects of growing tobacco use on Alaska Natives. It’s the No. 1 killer of Alaska Native people.

Eighty years ago, cancer was rare among Alaska Natives. Since 1969, the number of new cancer cases has doubled each year. Now, one in three cancer deaths among Alaska Natives are from lung cancer, and tobacco use is the number one preventable cause of lung cancer. Additionally, pregnant mothers who smoke run an increased risk of certain birth defects in their babies.

Although smoking rates in the United States have gone down by half during the past 30 years, the decline has reached a plateau. There are two

reasons for this: 1) The constant feed of teenage smokers; and, 2) smokers who could quit easily have already done so.

About 45.1 million Americans continue to smoke and 2,000 new smokers start every day. But more than 70 percent of smokers want to stop. About 46 percent try to quit each year. The average smoker has 24 cigarettes a day and with a pack of cigarettes priced upwards of \$7, a major motivation to stop is financial. A year’s supply of cigarettes costs at least \$3,000.

The goal of the tobacco treatment seminar is to provide treatment specialists with the understanding of how to best assist individuals seeking to stop. Participants discussed strategies ranging from therapists using motivational interviewing, (that is, talking with patients about reducing the risk to their health) to an intervention using nicotine replacement therapy (NRT).

The effects of the five different forms of nicotine replacement therapy were thoroughly discussed. Two NRTs are by prescription (nasal spray and inhaler) while three are available over-the-counter (gum, patch and lozenge) and don’t require a prescription. All come in different dosages, allowing for weaning from the nicotine addiction and their use doubles long term quit rates. Studies to date suggest all five medications are about equal in their effectiveness. Their use reduces withdrawal symptoms and cravings, allowing people to function while learning to live without tobacco. The Public Health Service recommends using

them for two to three months, depending on the NRT used.

Using all the various approaches, successful quit rates are only about 40 percent; the majority of people “slipping” within two weeks of quitting. Evidence shows, however, that regular follow-up with a tobacco counselor can help prevent this relapse. Aside from the health and financial benefits of stopping, most people just plain feel better after four to six weeks.

“There is no magic bullet except a person who is highly motivated to quit,” said Mike Beiergrohslein, a clinical pharmacist with the Public Health Service.



Alma Kanrilak of the Yukon-Kuskokwim Health Corp. listens intently.

You’re

10th ANTHC annual meeting

invited



**Attend Alaska Native Tribal Health Consortium’s 10th Annual Meeting
Nov. 30, 1:30 – 4 p.m.,
Denali Room
Hilton Anchorage Hotel**