



# Tribal Unity Gathering XVI

April 1-2, 2009

*A Healthy Mind & Heart*



YUKON-KUSKOKWIM HEALTH CORPORATION





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## Conference Handbook

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**Working Together to Achieve Excellent Health**



**Day 1 Evening                      Tuesday, April 1**

- 6:30 p.m. Community Potluck..... All Delegates & Community Welcome
- 7:45      Fiddle Dance with "Sloughbeat" band..... All Delegates & Community Welcome

**Day 2 Morning:                      Thursday, April 2**

8:00 a.m. Opening Remarks and Invocation

**A Healthy Heart: Recognizing the Significance of Cardiovascular Health**

- 8:15 a.m. Overview of Heart Health – Q&A..... Ellen Hodges, MD, Chief of Staff
- 9:00      Diabetes & Cardiovascular Health..... Annette Coyle, Diabetes Educator
- 9:45      YKHC Dance Away Diabetes Presentation..... Diabetes Prevention & Control
- 10:00     Hypertension and Cardiovascular Disease within the Region – Q&A ..... Daniel Hartman, MD
- 11:15     Workgroup sessions – Objectives are building community awareness and identifying barriers to care
  - 1. Barriers to seeing your provider for follow-up hypertension visits
  - 2. Barriers to taking hypertension medications
  - 3. How you can help us get this information to your community

**12:00 – 1:00 p.m.                  Lunch – Wii Bowling Semi-finals**

**Day 2 Afternoon:                      Thursday, April 2**

- 1:00 p.m. Summary of Priority Setting Process ..... Jack Crow, VP Health Services
- 1:25      Unit Breakout Sessions: 2009 Priority Setting ..... All Delegates

**2:30                  Break – Wii Bowling Championship Final**

- 2:45 p.m. 2009 Priorities Report ..... All Units
- 3:15      Open Floor ..... All Delegates
- 3:45      Closing Remarks and Adjournment..... Staff



## 2008 Priorities Update: Progress and Challenges

### Tribal Gathering Priorities 2008

During the 2008 Tribal Gathering, Council members worked with others in their unit to set health priorities for the year. YKHC Leadership has since analyzed and summarized the top ten priorities for all eleven units.

The number one priority identified was Alcohol & Drug Abuse Concerns, with five units voting it as their top concern. Elder issues continues to remain high among several units as well.

The following represents a comprehensive look at the top ten priorities as a result of each unit's vote:

Priority ranking	Percent of units ranking as #1	Priority Category
1	91%	Alcohol, drug abuse concerns
2	88%	Elder issues
3	82%	Environmental concerns: water, sewer, dust, dump
4	60%	Village clinic & staff
5	47%	Community Health Aide Issues
6	45%	Medical providers
7	39%	Health education
8	39%	Hospital/clinic concerns, quality of care
9	35%	Pharmacy
10	33%	Improve continuity of care
	10%	Elder empowerment
	9%	Behavioral health

A breakdown of priorities by unit can be found in the 2008 Annual Report to the People.



## Capital Projects Update

*Greg McIntyre, Vice President of Support Services  
907-543-6588 – greg\_mcintyre@ykhc.org*

### Capital Projects Staff

*John Guinn – Director of Construction 543-6054  
Ron Monigold – Director of Clinical Services  
Deanna Latham – Director of Capital Projects 543-6071  
Jean Tunuchuk – Village Clinic Lease Coordinator 543-6181  
Angie Whitman – project Development Technician 543-6612*

### Clinic Projects

- Hooper Bay, Kotlik, Tuntutuliak – Spring 2009 Completion
- Kasigluk Clinic – On Bethel Dock

### Future Clinics

- Mountain Village and Nunapitchuk – 2009
- Akiachak, Napakiak, Kongiganak,  
Tuluksak, Chevak – 2010/2011

### American Recovery and Reinvestment Act (Stimulus)

- Hospital Roof
- OB Delivery
- Radiology Suite Remodel

### MIRAC Projects

- Security Access – Complete
- OB Nursery – Complete
- Sanitizer and Combustion Air – In progress

### Future MIRAC

- All Stimulus Projects
- Oxygen Generator
- Ambulance Bay Extension
- Hospital Ramp and Step Repair
- ER and PT Upgrades
- Hospital Transformer Replacement
- CHSB Generator replacement

### State Funded Projects

- Long Term Care
- Prematernal Home
- Enhanced Sleep Off



Hooper Bay SRC nears completion.



Kotlik Clinic.



Hooper Bay Subregional Clinic.

# Water/Sewer Project Update

## **YKHC Office of Environmental Health & Engineering (OEHE)**

*Karl Power, PE, Village Operations Deputy Administrator  
907 543-6420 or 800-478-6599 karl\_powers@ykhc.org*

### **Sanitation Facility Improvements:**

- 21 Projects Funded for 2009
- Total YKHC Region Sanitation Facility Project Funds — \$27,599,550
- Three-year Region Sanitation Facility Project Fund Committed — \$288,827,585

### **OEHE Activities**

- **RMW Program**
  - » Four Remote Maintenance Workers (RMWs) provide training and technical assistance to 47 village water & sewer systems.
  - » RMWs typically make one to two village trips weekly to provide onsite assistance or respond to critical emergencies. The program averages 160 village trips per year.
- **Drinking Water Laboratory**
  - » The lab provides analysis of village, school, and business public water systems drinking water samples.
  - » Approximately 1,400 water samples are analyzed each year.
- **Environmental Health**
  - » Village-based service dedicated to improving environmental health conditions in the YK Delta, staffed with four Environmental Health Officers
  - » Emphasis is placed on helping villages acquire and maintain sanitation facilities.
  - » Projects include: Environmental Consultation, Operator Training & Certification, Rabies Prevention and Control, Injury Prevention, Avian Influenza Sampling, Health & Safety Facility Surveys, Health Education
- **Injury Prevention & EMS**
  - » Dedicated to reducing the severity of unintentional injury and injury related deaths in the Yukon-Kuskokwim Delta.

### **How Tribal Members can help**

- Capacity development
- Create and maintain sustainable utilities
  - » Budgeting
  - » Billing & collections
  - » Employ highly trained utility management and technical staff
  - » Conduct routine maintenance
- Continue to cooperation with both OEHE and funding agencies
- Set community-based environmental & public health priorities

## Long Term Care Facility

Liz Lee, Home Care Director  
907-543-6123 liz\_lee@ykhc.org

Greg McIntyre, Vice President for Support Services  
907-543-6588 greg\_mcintyre@ykhc.org

### The issue

Long-term care facilities are not available in the YK Delta region and have been an ongoing request. Work continues to make this a reality.

### How we are addressing the issue

All options are being reviewed and considered – Assisted Living Home, Nursing Home, and Green House Model.

A Green House is a self-contained dwelling for 7–10 residents that are designed to look like a private home, which has specific design elements including a central hearth with an adjacent open kitchen and dining area. CNAs with additional training in cooking, first aid, teambuilding, listening and other skills have primary responsibility for the operation of the home and are supported by nurses and therapists from an umbrella institution.

Construction funding dollars are being pursued.

Operational losses are a concern and have been communicated to the State.

### Accomplishments

- Market study confirmed need for an Assisted Living Home;
- Business Plans complete;
- Senator Lyman Hoffman assisted with obtaining \$8M from the State and additional money has been requested;
- YKHC applied for Federal Stimulus Dollars; and
- State intends to go to Legislature to get authorizing language for the Public Entity Rate (Cost Based Reimbursement).

### Challenges

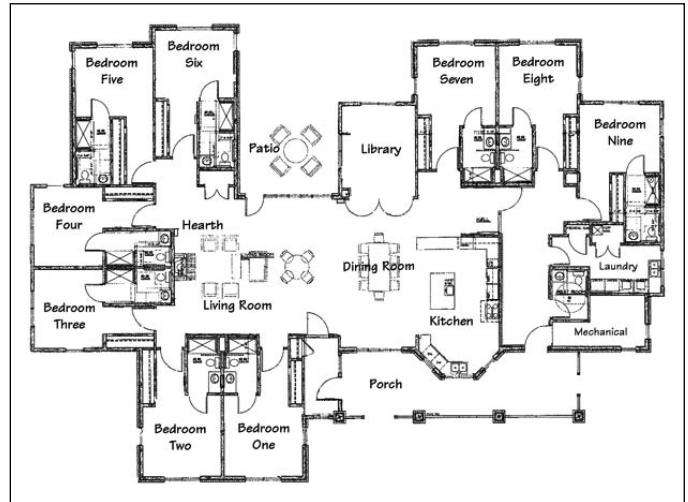
- Needed additional construction dollars
- ALH operational costs are projected to be at a loss of \$250,000-500,000
  - » Can't suffer this loss year to year.

### Next steps

- Continue to address construction and operation funding.

### How Tribal Members can help us:

- Continued support through renewed resolutions.
- Assist with sponsoring grants.
- Ongoing community input.



Blueprint of a typical "Green House."

## Detox Alternatives/Enhanced Sleep-off Facility

*Jack Robert Crow, Vice President for Health Services*

*Greg McIntyre, Vice President for Support Services*

907-543-6142 jack\_crow@ykhc.org

### **The Issue**

Bethel has the highest per capita rate of inebriates who end up in protective custody jail holds. Yukon-Kuskokwim Delta Regional Hospital (YKDRH) Emergency Department is regularly overwhelmed by alcohol-related emergencies. In 10 years time, more than 4,400 clients were held under Title 47 in the YKDRH Emergency Room or Yukon-Kuskokwim Correctional Center (YKCC) facility.

### **How we are addressing the issue**

With Bethel's current population of 6,100 and to relieve overcrowding at YKCC, Bethel is in desperate need of a facility to keep individuals safe and engage them to proper treatment to pursue sober life. Community effort for the Enhanced Sleep-off project involves YKHC, City of Bethel, Bethel Community Services and State of Alaska's Department Corrections and Division of Behavioral Health.

Community leaders decided on an Enhanced Sleep-off center in Bethel, in coordination with a community service patrol managed by the City of Bethel to transport inebriated individuals to services, therefore reducing the demand on police.

### **Accomplishments**

In winter of 2007–2008, the community engaged in series of interviews and meetings to determine a better way to manage problems for inebriated people. YKHC took a lead role in the implementation of an enhanced sleep-off program with funding from the Alaska Mental Health Trust through the Division of Behavioral Health. City Mayor Tiffany Zulkosky has convened several meetings to firm up the community service patrol and enhanced sleep-off facility plans since October 2008. Both entities have applied for the grant and it is scheduled to begin in April 2009.

### **Challenges**

The Enhanced Sleep-off program requires a facility specially designed for this purpose. At the present time, and for FY09 and FY10, the program will be run out of the YKDRH Emergency Department with extra staffing dedicated to this program while the facility is being built. It is anticipated that by FY11 the program will move to its new facility and be operating away from the hospital premises.

### **Next steps:**

- Implement the community service patrol to transport inebriated individuals to a safe place;
- Implement the Enhanced Sleep-off program
- Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the YKDRH Emergency Department;
- Initiate construction of a new Enhanced Sleep-off building facility.

### **How Tribal Members can help us**

By sharing with tribal members the information regarding this plan and its implementation.

# Village Medication Refills

*Patricia Smith, Patient Care Services Administrator  
907-543-6270 patricia\_smith@ykhc.org*

## **The issue**

### **Medication Refill Process**

- Delivery time
- Inefficient Process
- Low patient satisfaction

## **How we are addressing the issue**

### **The following have been studied**

- Delivery times
- Health aide satisfaction
- Patient satisfaction
- Pharmacy efficiency

### **To address issue we will:**

- Implement a direct to patient mailing system by implementing new technology
- Implementing new work flow processes
- Hiring additional staff
- Increasing patient ownership/involvement
- Increase health aide time for patient care.

## **Challenges**

- Space
- Logistics
- Education

## **Accomplishments**

- Completed PDSA
- Successful implementation of direct to patient system in 5 villages

## **Next steps**

- Financial Approval
- Pharmacy Redesign
- Install Technology
- Education-Patients, Health Aides, Providers, Tribal Councils

## **How Tribal Members can help us**

- Education
- Process/program support

## **A Healthy Mind** *Understanding the Importance of Mental Health*

### **Promoting Reasons for Living and Sobriety: The Elluam Tungiinun Project**

*Paula Ayunerak, Elder & YKHC Board Member*

*Marvin Paul, Program Educator*

*Gunnar Ebbesson, Elluam Tungiinun Project Director, UAF  
907-978-5367 [gunnarebbesson@mac.com](mailto:gunnarebbesson@mac.com)*

*Janice Hamrick, Director Outpatient Clinic & Village Services  
907-543-6109 [janice\\_hamrick@ykhc.org](mailto:janice_hamrick@ykhc.org)*



#### **The issue**

There is no greater source of health disparity in American Indian and Alaska Native communities than that involving alcohol use disorders and suicide, and no greater necessity in addressing this disparity than development of sustained, trusting, collaborative, and non-exploitive research relationships with those who historically experienced forced acculturation and exploitation.

At the 2004 Alaska Native Research Conference, a panel of Alaska Native health corporation directors and board members ranked them the highest priority for future research. The Alaska Federation of Natives Report: A Call for Action, described alcohol abuse as “the latest epidemic” to hit Alaska Natives. An Alaska Natives Commission Report concluded alcohol abuse was a significant contributor to the breakdown of Alaska Native family and community life. Suicide rates among Alaska Native people have increased 500 percent since 1960. From 2003 through 2006, in Alaska the average suicide rate for Alaska Natives was 51.4/100,000, in contrast to 16.9/100,000 for the non-Natives; almost five times higher than the U.S. baseline suicide rate of 11/100,000. Among Alaska Native males ages 15-24, suicide is fourteen times the national rate.

Despite an acute need, there is a lack of research on factors associated with alcohol and suicide in Alaska Native communities. This type of research with small, remote, close-knit, extended kinship-based communities can inform other culturally distinct populations and provide answers on how to address these types of behavioral health concerns in other indigenous and rural communities.

#### **How we are addressing the issue**

The People Awakening project is a long-term collaboration between Alaska Native leadership in sobriety and suicide prevention, and researchers at the University of Alaska Fairbanks (UAF). The project was initiated in 1992 as a community-based participatory research program originally conceived out of these leaders’ interest in how Alaska Native people achieve sobriety. This research led to identification of individual, community, and family strengths that functioned as protective factors from alcohol abuse. Following our first study, the Alaska Native co-researchers expressed interest in translation of the PA findings into cultural interventions that build strengths to prevent alcohol abuse and suicide among youth. Elluam Tungiinun is a Yup’ik Eskimo phrase translatable as ‘toward wellness.’ The Elluam Tungiinun intervention program is a preventive intervention built on the knowledge base created out of this 15-year collaboration. It is based on cultural activities that promote reasons for living and sobriety developed by the community in consultation with the Elders.

## Challenges

There are many challenges in using a program development process that requires community engagement and buy-in. The main one is that it takes time to establish the relationships and trust necessary to be an effective community-based program. Time for this relationship building is often not planned into funding mechanisms. Other challenges are in the context of getting the research institutions to understand the limits in scale of rural community infrastructure in such a way to enable a smooth intersection between both systems.

## Accomplishments

The first three years of this project have produced remarkable results. Over 70 community planning sessions were held in the first year and a half, and 26 prevention activities in 56 sessions were carried out during a one year time frame. Both quantitative and qualitative data shows promising results about how this project impacts youth and their families.

## Next steps

Currently, we are conducting a five year prevention trial in three new communities. The aim of this trial is to develop an evidence based practice for the prevention of suicide and alcohol abuse with Alaska Natives. This would be the first evidence based practice for Alaska Natives and, to our knowledge, one of the first evidence based cultural interventions in the United States.

## How Tribal Members can help us

In every community we enter to do our work, Tribal members are key. We cannot move forward without the support and leadership of elders and other leaders in the community, and ownership by the community of the program. This has been our biggest success to date: the communities we work in have supported us with their involvement at every level.



## Role of Behavioral Health Aides & Mental Health

*Janice Hamrick, Director of BH Outpatient Clinic & Village Services  
907-543-6109 janice\_hamrick@ykhc.org*

### **The issue**

There are currently health provider training systems in place for the Community Health Aide (CHA/P) and Dental Health Aide Therapist (DHAT) programs. Now, with great excitement, there is a Behavioral Health Aide certification process. This training and certification helps make our system of care “world class” with an innovative approach to bringing the best care to our villages.

Today, more than 550 Community Health Aides/Community Health Practitioners (CHA/Ps) are employed by 27 Tribal health organizations in 178 rural communities. Beginning in 2009 there will be the addition of Behavioral Health Aides to these already outstanding numbers.

The purpose of the BHA Program is to enhance village-based behavioral health services to promote healthy individuals, families, and communities in rural and remote Alaska Native villages.

### **How we are addressing the issue**

The Community Health Aide Program Certification Board (CHAPCB) and the Alaska Area Native Health Service (AANHS), together with the Alaska Tribal Health Organizations (ATHO), have agreed that improvements in behavioral health among Alaska Natives requires village-based health providers dedicated to behavioral health prevention and treatment, and that specialized training for those who are called “Behavioral Health Aides” is critical in increasing the health status of Alaska Natives.

The BHA certification is a multi-level provider model comprised of a BHA trainee (non-certified), BHA levels I, II, III, and a BH Practitioner who will all be supervised by a licensed behavioral health clinician or a master’s level behavioral health professional, depending on the scope of work or practice being performed

### **Challenges**

Behavioral Health is indeed unique and has a number of challenges compared to CHAP and DHAT whose work follows certain processes when determining the type of treatment needed. Overall health is directly affected by one’s mental state, so training our BHAs is essential in increasing their knowledge of how to address the various challenges seen in the villages from alcohol use, marijuana use, suicide, depression, grief, and trauma.

The certified BHA levels I & II will be primary functions and the certified BHA III & BH Practitioner will be expanded functions for more complex behavioral health services. This process will help to address the growing demand to treat individuals with behavioral health impairments in the least restrictive setting possible, beginning in the village.

## Accomplishments

The greatest accomplishment began with recognizing that mental health is directly related to the health of individuals and that you cannot have one without the other. This certification process helps to insure that individuals providing treatment in the village have the training that they need.

## Next steps

BHAs have begun the application process and will be asking for support from different Tribal members and/or Elders.

## How Tribal Members can help us

In the certification process all BHAs will need to have letters of support and documentation from local Tribes that support the individual as a BHA and that they have the ability to provide culturally sensitive treatment to people of the village.



Health Aides at the St. Mary's Conference. Behavioral Health Aides will soon be part of YKHC's front-line village care.

## Screening, Brief Intervention, Referral and Treatment (SBIRT)

*Laura Báez, Behavioral Health Administrator*  
907-543-6110 [laura\\_baez@ykhc.org](mailto:laura_baez@ykhc.org)

### **The issue**

Alcohol abuse is one of the major health issues in the YK Delta. Some outpatient and residential services are already available, but it does affect a great number of clients who may need a different approach to substance abuse services. Early intervention with nondependent users is proven to stop inappropriate use, and improving treatment delivery can achieve significant and sustained recovery.

### **How we are addressing the issue**

This project proposes to utilize our general healthcare staff and provide them with specialized training to screen and serve all of our patients. It incorporates new processes for alcohol screening and treatment in the healthcare setting. Primary care providers utilize a screening tool for substance abuse when presented with early symptoms. They then provide a brief intervention to patients by providing two 15-minute sessions addressing drinking problems and can further refer substance abusers to treatment.

### **SBIRT Services**

- Screening—Initial screens by providers to identify at-risk persons and overall prevalence in our service area.
- Brief Advice—one-time intervention for short consultation and literature
- Brief Intervention—one to five short motivational sessions to encourage and promote healthy behaviors.
- Brief Treatment—one to 12 sessions of substance use intervention provided by specially-trained substance abuse counselors.
- Referral to Treatment—for dependent users to receive specialized services and case management.

### **Challenges**

- YKHC is committed to this initiative and has formed a leading team to steer this effort.
- Funding is limited and we're relying on the current staff to launch this project.
- Prior to deployment a data tracking system will have to be developed as well as extensive training and deployment which will have to be completed in stages.
- A coordinator position has been created and job posted for the last 8 months without successful hiring to date. This has held back its full deployment.

### **Accomplishments**

Funding for the full time coordinator position has been secured, and an initial trial will begin in the emergency room this Spring.

## Next steps

The biggest current challenges will be filling the coordinator position and coordinating the trial in the emergency room, which will encompass training, deployment and monitoring of progress as well as initiating the database.

## How Tribal Members can help us

- Support SBIRT screening in your area.
- Share information with tribal members
- Promote sobriety

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## Good Stress/Bad Stress: *Stress Management and Mental Health*

*Carl Evans, Community Health Aide Program Counselor, Behavioral Health CISM Program  
907-543-6163 carl\_evans@ykhc.org*

*Louis Mallette, CISM Coordinator 907-543-6093 louis\_mallette@ykhc.org*

### The issue

- Stress is a normal part of living.
- What are the signs and symptoms of stress?
- How can stress affect your physical health and your mental health?
- What are healthy ways to deal with stress?

### How we are addressing the issue

There is a Critical Incident Stress Program under the Behavioral Health Department that is available to provide support in communities after traumatic events.

### Challenges

- Getting community members to communicate the need for an intervention to the Critical Incident Stress Management team.
- Providing CISM interventions when requested by communities after traumatic events in a culturally sensitive and timely manner.



Alfred Ulroan from Chevak, Liz Smith from Atmautluak, Louis Mallette, Sr. from Lower Kalskag—all village-based Behavioral Health Aides—met with people in the village of Chevak last year as part of a Critical Incident Stress Management team.

### Accomplishments

- The CISM Program has offered several trainings that have certified Behavioral Health Aides, VPSOs, Nurses, State Troopers and school Social workers to respond to critical incidents.
- The Bethel CISM Program Coordinator, Louis Mallette, was recently given the Community Service Award by the International Critical Incident Stress Foundations World Congress. The ICISF World Congress, held in Baltimore, Maryland, represented 41 countries and had over 700 participants.

### **Next steps**

Provide educational material for each community about the effects of stress and how they can access the CISM services.

### **How Tribal Members can help us:**

- Support healthy coping strategies after traumatic events.
- Notify the CISM team of the potential need for an intervention.

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## **YK Delta Suicide Awareness Prevention Intervention and Healing Coalition**

*Brian Lefferts, SAIPH Coalition Vice President*

*907-543-6420 1-800-478-6599 ykdelta.saiph@gmail.com*

### **Mission**

Empowering communities and organizations to prevent suicide

### **Vision**

Communities engaged in suicide prevention and promoting safe, healthy lifestyles

### **Values**

Family, Respect culture and uniqueness of communities, Hope, Life, Ethics, Interconnectedness, Community driven, Self-determination, Dignity

### **Members**

- Alaska Public Health Nursing
- Alaska Division of Behavioral Health Division of Prevention and Early Intervention Services
- Yukon Kuskokwim Health Corporation
- Lower Kuskokwim School District
- Lower Yukon School District
- Alaska Native Tribal Health Consortium
- University of Alaska Fairbanks.

### **SAIPH Activities**

#### **Community Readiness Model**

- The Community Readiness Model offers tools to measure readiness and to develop stage-appropriate intervention strategies to maximize chances for success. The model matches an intervention to a community's level of readiness by combining prevention science and community experience.
- Community Readiness Model training was held in Bethel in December. Four individuals attended the training. One community is currently working through the process, and the effectiveness of the training will be evaluated.

### **Gatekeepers**

- The Alaska Gatekeeper Training will help prepare and give knowledge about suicide, including identifying risk factors, warning signs as well as protective factors that influence a person's ability to care for them during a crisis.
- Three coalition members have been trained by the state as Gatekeeper trainers.

### **Other Activities**

- The coalition has begun compiling a list of resources available to individuals and organizations pertaining to suicide prevention intervention and healing.
- Monthly teleconferences are held to keep coalition members updated on activities related to suicide prevention occurring in the area.
- A publicity team has been developed to begin a broad awareness and stigma reduction campaign.

### **How Tribal Members can help**

- Communities interested in working with the coalition to implement the Community Readiness Model should call 1-800-478-6599 or e-mail [ykdelta.saiph@gmail.org](mailto:ykdelta.saiph@gmail.org)
- If your community has a program with a suicide prevention focus, please e-mail the coalition so that it can be included in the list of resources.
- Those interested in joining the coalition should notify the president, Louis Malette, by e-mailing [ykdelta.saiph@gmail.org](mailto:ykdelta.saiph@gmail.org) or by calling 543-6698.
- A call in number for the monthly teleconference calls can be provided upon request.



## **A Healthy Heart:** *Recognizing the Significance of Cardiovascular Health*

### Overview of Heart Health

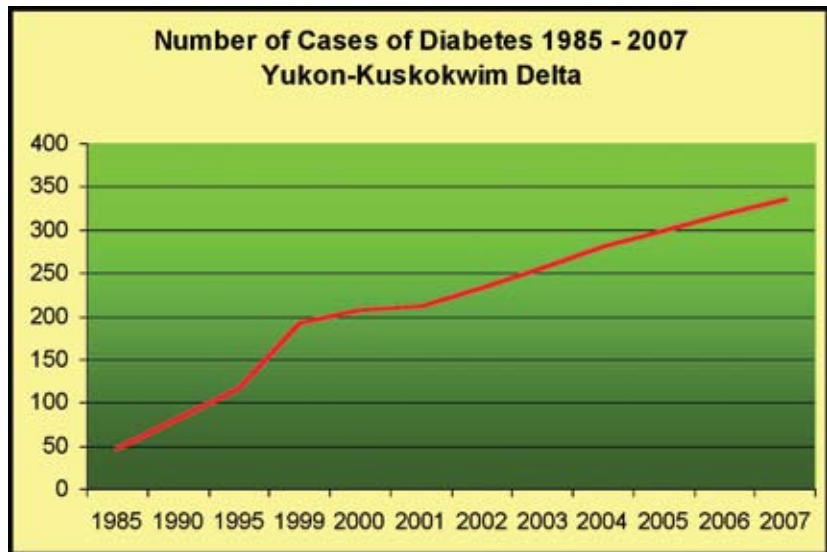
*Ellen Hodges, MD, Chief of Staff*

### Cardiovascular Health and Diabetes

*Annette Coyle, RD LD, Diabetes Prevention and Control Coordinator  
907-543-6989 annette\_coyle@ykhc.org*

#### The issue

- If current trends continue, one out of three Americans, and one in two minorities, born in 2000 will develop diabetes in their lifetime.
- While the Yukon-Kuskokwim Delta has one of the lowest rates of type 2 diabetes in the State of Alaska, that rate is increasing.
- Heart disease and stroke account for about 65% of deaths in people with diabetes.
- Living with poorly managed diabetes greatly increases the risk of heart disease.
- The risk for stroke and death from heart disease is 2 to 4 times higher among people with diabetes.



Outreach Coordinator Laurie Smith doing a Glucose screening.

#### How we are addressing the issue

##### Diabetes Control

Clinical Diabetes Educators track individuals with type 2 diabetes and provide diabetes self management education (DSME), including information to help lower the risk of heart attack and other complications. Individuals are encouraged to see their provider at least once each year. Individuals with DM2 are invited to our diabetes one-stop clinics at the subregional level. There they are offered DSME, physical, foot, eye and dental exams.

## Diabetes Prevention

Clinical Diabetes Educators also track individuals at high risk of developing type 2 diabetes and perform screenings as well as provide prevention strategies and counseling.

Diabetes Outreach Coordinators visit schools on the YK Delta and provide diabetes prevention education to grades K – 12.

Members of the team provide a variety of programs, glucose screenings and presentations in Bethel and surrounding communities to promote the prevention of diabetes in particular and the importance of a healthy, active lifestyle in general.

We award funds to schools and communities to establish or continue programs to promote physical activity. Additionally, we fund community garden projects to encourage eating fresh vegetables.

## Challenges

- Recruitment of Clinical Diabetes Educators.
- In difficult economic times persuading people to place health promotion on their list of priorities.
- Educating people about the seriousness of type 2 diabetes – a disease which initially is not painful and may take years to cause complications.
- Affordability and availability of a variety of nutritious foods.
- Limited opportunities for dental care due to lack of dental providers on staff.



Debbie Michael leads some stretching exercises during Senior Health & Fitness Day.

## Accomplishments

- Completed grant application for next year to ensure continued program funding.
- Held six diabetes one-stop clinics in 2008 providing services to 115 individuals.
- Visited 53 villages for prevention/control work since the last Tribal Gathering.
- Hosted the annual Family Health and Fitness Day.
- Hosted Senior Fitness Day.
- Trained community health aides in Pilot Station and Kwethluk in the management of individuals with type 2 diabetes.
- Initiated “Living Well with Chronic Disease” workshop in Kwethluk.
- Developed three culturally relevant diabetes brochures.
- Funded 12 community (\$79,200) and 15 school (\$55,200) physical activity projects.
- Initiated a project to provide new or replacement dentures for individuals with type 2 diabetes with the goal of improving nutrient intake and overall health status.
- Developed the YKHC “Dance Away Diabetes” dance team and performed at Camai.
- Continued with local activities such as weekly senior center exercise program, presentations at pre-maternal home & PATC, monthly radio show, monthly diabetes support group, blood glucose screenings, and regular contributions to print publications.
- Enhanced our website.

- Participated in two youth culture camps.
- Developed and aired English and Yup'ik diabetes prevention public service announcements.

### **Next steps**

- Continue to collaborate with the Community Health Aide Program regarding training of health aides in the management of diabetes.
- Continue to recruit for Clinical Diabetes Educators.
- Continue to collaborate with tribal and city councils.
- Expand the “Living Well with Chronic Disease” program.

### **How Tribal Members can help us**

- Be a role model in your community.
- Help your community apply for physical activity and garden awards.
- Spread the word about diabetes prevention.
- Tell us what **you** want.

*He who has health has hope;  
and he who has hope has everything.  
—Arabian Proverb*

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## **Hypertension and Cardiovascular Disease within the Region**

*Daniel Hartman, MD MPH, Medical Staff President  
907-543-6381 daniel\_hartman@ykhc.org*

### **The issue**

Hypertension (persistent high blood pressure) is the most common reason for adult clinic visits in our nation, among non-pregnant patients. Hypertension is also a leading cause of cardiovascular disease and death among adult patients. Hypertension is present in 29% to 31% of persons over 18 years of age in the United States, and rates of hypertension are increasing as our population ages and as obesity climbs. Although it is a common disease, hypertension remains difficult to control. Nationally, only 34% of persons with hypertension have their blood pressure controlled. Among active patients at YKHC with a diagnosis of hypertension, 64% have their blood pressure controlled.

### **How we are addressing the issue**

YKHC village and outpatient clinic access allows for diagnosis and management of this common disease. The outpatient Advanced Access effort and exemplary pharmacy distribution systems support improved control of hypertension in individual patients. Lifestyle modifications as encouraged by the Healthy Hearts initiative, tobacco cessation, and YKHC diabetes prevention and control are vital to slowing the rate of growth of hypertensive and cardiovascular disease in our region.

## **Challenges**

Access to primary care and medications, and difficulty for patients in adhering to a prescribed medication for a condition that usually has no symptoms. Lifestyle changes are difficult to sustain, but are central to the prevention and control of hypertension and cardiovascular disease.

## **Accomplishments**

The establishment of YKHC Advanced Access in outpatient clinics has allowed more patients to see their chosen medical provider. The single best predictor of health outcome in the management of hypertension and cardiovascular disease is a relationship with a health care provider who understands your health issues. Also, YKHC pharmacy services set a standard of excellence in distance distribution of medications, which is central to hypertension management in our remote region.

## **Next Steps**

Maintain and improve on the achievements of the Advanced Access effort. Support initiatives which improve lifestyle and reduce rates of obesity and tobacco use. Support efforts at recruitment, training, and retention of village health aides and hospital/sub-regional medical staff.

## **How Tribal Members can help us**

Encourage and support efforts at improving the continuity of health care delivered by YKHC, both in the villages and in Bethel. Support and expand lifestyle initiatives such as YKHC Healthy Hearts, diabetes prevention, and tobacco cessation.

## Workgroup sessions

**Objectives are building community awareness and identifying barriers to care**

**1. Barriers to seeing your provider for follow-up hypertension visits**

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**2. Barriers to taking hypertension medications**

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**3. How can you help us get this information to your community**

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## Numbers to Call

YKHC.....	543-6000
Toll Free .....	1-800-478-3321
Support Services Division .....	543-6558
Public Relations .....	543-6038
Office of Environmental Health & Engineering.....	543-6420
Human Resources.....	543-6060
Administration .....	543-6020
Medical Director.....	543-6082
Hospital.....	543-6300
Emergency Room.....	543-6395
Hospital Community Relations.....	543-6350
Performance Improvement .....	543-6068
Social Services.....	543-6225
Diagnostic Imaging.....	543-6238
Senior and Disabilities Services.....	543-6123
Family Medicine Clinic Appointments .....	543-6442
Dental Appointments .....	543-6229
Optometry Appointments.....	543-6336
Audiology Appointments.....	543-6466
<b>Subregional Clinic Appointments</b>	
Aniak.....	675-4556
Emmonak .....	949-3500
St. Mary's.....	438-3500
Toksook Bay .....	427-3500
Public Health Nursing .....	543-2110
Pharmacy.....	543-6382
Travel Management Center.....	543-6360
WIC Program.....	543-6459
Women's Health Program.....	543-6990
Family Infant Toddler Program.....	543-3690
Health Services .....	543-6024
Village Operations.....	543-6160
CHAP .....	543-6160
ICEMS.....	543-6080
Community Health & Wellness.....	543-6190
Well Child Program .....	543-6859
Immunizations.....	543-6955
Diabetes Prevention & Control .....	543-6114
Behavioral Health Services.....	543-6100
Phillips Ayagnirvik.....	543-6700
Village Services .....	543-6740
Home Care Services .....	543-6170