YKHC hosts U.S. Surgeon General

Last month, YKHC was honored to host Dr. Vivek Murthy, United States Surgeon General. After a briefing about healthcare delivery in the YK Delta, local opioid use and treatment options, and other regional health issues, YKHC brought Dr. Murthy to Napaskiak.

While in Napaskiak, Dr. Murthy met YKHC Board Member Chris Larson (above) and toured the village clinic to get an introduction to frontline healthcare delivery in our remote region. Quyana, Dr. Murthy for your visit to Southwest Alaska! We hope your trip gave a better look into what healthcare delivery in the YK Delta entails.

(Y-L-R) Community Health Practitioner Augusta Williams, Community Health Aide Ross Nicholas, Dr. Murthy, Behavioral Health Aide Dora Johnson, and Office Assistant Janet Clark during the Surgeon General’s visit to the Napaskiak Village Clinic.

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FYI
September is National Suicide Prevention Awareness Month

The purpose of this health observation is to promote resources and awareness around the issues of suicide prevention, how you can help others and how to talk about suicide without increasing the risk of harm.

Suicidal thoughts can affect anyone regardless of age, gender or background. Suicide is a leading cause of death among young people and is often the result of mental health conditions that affect people when they are most vulnerable.

Suicidal thoughts and suicide occur too frequently but should not be considered common and can indicate more serious issues. In many cases the individuals, friends and families affected by suicide are left in dark, feeling shame or stigma that prevents talking openly about issues dealing with suicide.

See page 6 for more on what to do and not to do when there is a concern for suicide.
Message from the President/CEO

As health care professionals, many of us began our careers so we could help others. So when we receive a thank you from a patient or family member about a service we provided, it is especially rewarding.

Recently I received a thank you note from a family member of a young person that attended one of our treatment programs. The family member thanked YKHC for providing substance abuse treatment that enabled their family member to recover and resume family activities again.

Besides September being National Suicide Prevention Awareness Month, it is also National Recovery Month. National Recovery Month is sponsored by the federal government “to increase awareness and understanding of mental and substance use disorders and celebrate the people who recover.” www.recoverymonth.gov

At YKHC, we have several residential treatment centers that provide a number of services ranging from substance abuse treatment to assisted living centers that help people in crisis. We recently were visited by the U.S. Surgeon General, Dr. Vivek Murthy, who received an overview of YKHC’s health care delivery system. We also discussed YKHC’s substance abuse services and more specifically, the opioid dependence the nation is experiencing. We notified Dr. Murthy that, over the last several months, YKHC has been developing a medication-assisted program to treat opioid dependence.

I am pleased to announce that later this year YKHC will be leading Alaska by offering one of the few rural medication-assisted outpatient treatment programs for opioid dependence. A key component of the program will be YKHC’s use of the drug suboxone which has been shown to reduce withdrawal, cravings and does not create an opioid induced euphoria which can lead to further abuse. Between now and its opening, staff will be receiving additional training. Stay tuned to the Messenger for when the program will begin and how it can be accessed.

Together these behavioral health programs with their diligent providers enable YKHC to continue to help people improve their quality of life. The thank you’s we receive confirm that.

Quyana,

Umyuar peggun cakviuquvet qayaagaurluten ikayuaste kwakevnek
Call for help if you’re having a tough time
543-6499
or toll-free 844-543-6499
YKHCBehavioral Health
DHAT moving to Bethel

We are very thankful that Phylicia Wilde has agreed to take the Dental Health Aide Therapy position that we opened here in Bethel. She has been working as a DHAT at St. Mary’s Subregional Clinic for four and a half years and will be starting in Bethel in September. Her plan is to help out with the patients that are seen in Bethel, but also to travel and provide care for the villages of Kipnuk, Kongiganak and Kwigillingok.

—Judith Burks, DDS, DHAT Coordinator

New CHAP Director on Board

Please welcome Asela Calhoun, who has joined YKHC this week as the new Director, Community Health Aide Program/Education.

Asela is from the Los Angeles area with over 18 years of management experience in non-profit healthcare organizations—including the last nine years as director of clinical and non-clinical education for three hospital health systems in southern and central California and a number of prior years as maternal/child health clinics manager.

She holds a Master’s degree in management from Azusa Pacific University, and a Doctorate in Psychology from the Chicago School of Professional Psychology.

As the CHAP Director, Asela oversees the CHAP departments including Field Supervision, Training, Immunization/Well Child, Compliance, and CHAP Registration.

We’re excited to fill this critical position and hope you join us in welcoming her to the YKHC family!

—Rahnia Boyer, VP Village Health
HEALTHY LIVING

The Good, the Bad, and the Ugly of Cholesterol

The Good: We could not survive without cholesterol! Cholesterol is a waxy substance in the body with many functions. It helps synthesize vitamin D, helps digest food, is needed for hormone production, and is part of our cell walls. Our bodies make enough cholesterol to do all of these things.

The Bad: Cholesterol is also found in food. Foods that contain cholesterol include: meat, poultry, and full-fat dairy products. Foods high in saturated fat and trans fat will affect cholesterol too. If we eat too much of these foods, we will make too much cholesterol.

The Ugly: Too much cholesterol can create plaque in our arteries. This makes the heart work harder, increasing our risk for heart attack and stroke.

Luckily, cholesterol can be managed with diet, lifestyle, and medications if needed. Follow these steps to prevent or manage high cholesterol, and ask your health care provider if a medication is right for you.

Choose fat wisely. Fats that are liquid at room temperature are better for your cholesterol than fats that are solid at room temperature. Try oil, fish, and nuts for healthier sources of fat.

Get tons of fiber from fruits, vegetables, and whole grains. Remember – canned, frozen, and dried all count for fruits and vegetables.

Drink plenty of water. This helps with cholesterol elimination.

Be active! Daily exercise reduces risk for heart attack and stroke.

Quit using tobacco. Tobacco use hinders cholesterol excretion and negatively affects the lining of blood vessels. Call our quit line at 543-6312 to talk to a counselor today.

Recipe of the Month

SPICY RED LENTIL CURRY

Serves 2

Ingredients

- 2 Tbsp oil
- 1 1/2 Tbsp minced garlic
- 1 tsp minced ginger
- 1-2 carrots, chopped
- 3 Tbsp red curry paste
- 1 6-ounce can tomato paste
- 2 cups low sodium vegetable broth, or 1 bouillon cube + 2 cups water
- 1 cup water
- 2/3 cup dry red lentils, rinsed and drained
- 1-2 Tbsp honey or maple syrup
- 1/2 tsp ground turmeric, plus more to taste

Instructions

1. In a large skillet add oil, garlic, ginger, and carrots. Sauté for 2 minutes, stirring frequently.
2. Add curry paste and sauté for 2 minutes, stirring frequently.
3. Add tomato paste, vegetable broth, and water; stir to combine.
4. Add lentils, honey or maple syrup, turmeric, and stir.
5. Simmer for 20 minutes, or until lentils are tender. Stir frequently, add more vegetable broth if the mixture becomes too thick.
6. Taste and adjust seasonings as needed.
7. Serve over brown rice, top with chopped red onion and cilantro for extra flavor.

Recipe and images adapted from minimalistbaker.com, pintrest.com, bembu.com, and washingtonpost.com
Piling and site preparation begins for new clinic

Construction activity is underway on the north side of the hospital in Bethel. The site for the new clinic, part of the PJCP, has been cleared and leveled.

YKHC will begin driving pilings toward the end of September and will continue through December. As activity increases, there will likely be noise and heavy equipment traffic. Crews are expected to be at work for 10 hours a day, six days a week. YKHC will be providing several notifications about piling installation activities as work continues.

We will do our best to minimize disruption to patients, employees, and neighbors. Thank you for your patience as we bring improvements to the healthcare facilities that serve our region! A ceremony for the site is planned for April 2017.

Schematic Design ends, Design Development begins

After months of meetings between architects, contractors, patients, tribal members, staff, leadership and other stakeholders, the final design of the project is coming into view. And the long wish lists have been reconciled with the realities of budgets and space. The end of schematic design brings design of the new clinic to 35% complete—still plenty of time for continued input, but enough to decide where pilings will go, final size of the new building and what materials are needed to get started.

YKHC will now begin design development—the phase that puts details (like where fixtures are needed in rooms) into the general design of the new building. Selection of furniture, fixtures, and equipment are completed during this phase. Design development brings design to 65% complete and is expected to be completed by December.

Throughout the planning, the project team hasn’t lost sight of the guiding principles of the project, as stated above: Represents the cultures of the region, promotes customer-centered care and stays within construction and operation budgets.

YKHC evaluates Mock-ups

Using hangar space at the Bethel airport, the PJCP design team assembled life-size mock-ups of proposed exam spaces and patient areas in the new building. During a workshop held August 23-24, providers, patients and staff were asked to evaluate the rooms, to ensure they are designed with the patient in mind, and for maximum efficiency.
**Spotlight on Behavioral Health Services**

**Crisis Respite Center**

The Crisis Respite Center is a five-bed voluntary facility for adults, where individuals can get help to solve a crisis as they are stabilizing. Nobody is forced to come or stay once they arrive. The time it takes for a person start feeling good about returning home is different for everyone—varying from two days to two weeks, with the average being more than a week. There is constant support by trained staff (most all of whom speak Yup’ik), including a dedicated clinician.

The CRC is part of the Emergency Services department within Behavioral Health. The Crisis Response Team responds to calls 24/7 and directs the care of those who are struggling. Sometimes just talking with a trained and caring professional is all that is needed to help a person through their immediate struggle; sometimes a person needs to be hospitalized. However, if a person needs something between the brief or the intense, then the CRC is the ideal middle ground.

A crisis is not defined by anybody other than the patient, but mostly the needs fall into one of two categories: the need to adjust psychiatric medications or the need to get connected with ongoing behavioral health services.

Crises don’t usually happen out of the blue. Typically there is a build-up of events a patient and their family attempt to fix. Sometimes people don’t find a solution and one problem gets stacked on top of other problems that have not been solved. The structure of the CRC, along with the support of the clinician, helps unravel those tangled layers so when the patient wants to return home they can do so knowing that they had a whole team of people behind them.

Because this is a crisis treatment center, the only way into it is through the Behavioral Health Crisis Response Line. Emergency Services has their finger on the pulse of what is going on throughout the YK Delta, and are able to triage the Behavioral Health needs—it is our hope that everybody throughout the region knows how to contact Emergency Services: 907-543-6499 or toll-free 844-543-6499.

—Christopher Byrnes, CRC Clinical Coordinator

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**When there is a concern for Suicide... 543-6499**

**What to do**

- Get involved and become available—show interest and support—make a connection
- Ask directly if they are thinking about killing themselves
- Talk openly and freely about suicide
- Actively listen, without judgment
- Allow for honest expression of feelings
- Offer hope—alternatives are available
- It’s okay to normalize brief thoughts of suicide, especially following the suicide of others (it’s normal for a second or two)
- Call our Crisis Response Line toll free 844-543-6499—They are staffed by trained people who want to help you, as well as the person in crisis

**What not to do**

- Don’t normalize plans for suicide, or dwelling on suicidal thoughts—these are not normal
- Don’t say that everybody is killing themselves—it’s just not true
- Don’t get into debates about suicide, such as the rightness or wrongness
- Don’t lecture on the value of life
- Don’t dare them to do it
- Don’t ask “Why?”—it encourages defensiveness
- Don’t act shocked
- Don’t swear to secrecy

**Common Occurrences Surrounding Suicide**

- Being drunk—even without any depression or other indicators of suicide
- Previous suicide attempts increase a person’s risk
- A recent significant loss (such as a relationship ending), or sometimes the threat of a loss
- A recent death of a loved one or close friend—sometimes even if it was expected from old age
- Sense of hopelessness about the future
- Drastic changes in behavior or personality
- Unexpected preparations for death, such as making out a will or giving away prized possessions
- Uncharacteristic impulsiveness, recklessness, or risk-taking
- Increased use of marijuana or other drugs

For any and all Behavioral Health crises, from suicidal ideations to concerns about how a person is acting, 543-6499 is the number to call
Outpatient Services—Responding to the call

Behavioral Health Outpatient Services includes village-based Behavioral Health Aides as well as clinicians in Bethel.

Emergency On-Call Responders, Emergency Services Clinicians and Complex Care Managers are available 24 hours a day to respond to behavioral health crises for all individuals in the Yukon-Kuskokwim service area. The responders provide immediate mental status examinations and work with the primary care providers in the village or hospital to plan care for management of the crisis and follow-up of the individual. On-Call Attendants are available to stay with an individual admitted to the hospital for evaluation when ordered by an admitting physician to provide safety and security for a client.

During the evaluation period comprehensive mental health and substance abuse assessments are completed by the Emergency Services Clinician to assess and manage the client within the behavioral health system of care. The Emergency On-Call Response Team is available 24 hours a day at 543-6499 or 1-844-543-6499.

Village Services—The Behavioral Health Aides

The growth of Behavioral Health Village Services has added great value to the services YKHC provides. Since I began as director in October 2015, our family has increased from eight behavioral health aides, one clinician, and one village clinical supervisor to 12 BHAs, two clinicians, and one village clinical supervisor, a total of 16 providers.

The focus for service delivery has shifted to helping others through a relational accountability perspective. Meaning, we are not “in” a relationship with our colleagues and clients, we “are” the relationships.

Working collaboratively with the Prevention Team, almost all BHAs and clinicians are trained in Calricaraq (traditional Y/Cup’ik healing) providing us with the skills and knowledge passed down from our Elders. We believe the most effective way of treatment is the integration of cultural knowledge and clinical practice.

—Michael Vigil, Director of Village Services

Preventative Services

Preventative Services was established in 2011 as a result of a Board directive. This required the organization to add cultural programs and activities to enhance the Behavioral Health Services treatment outcomes with our indigenous population. Calricaraq services is a compilation of different activities created by Yup’ik service providers, staff and elders of the region. These consist of activities utilizing ancestral wisdom and teachings that promote healing and provide the necessary tools for healthy living. All activities are supported by three separate federal grants.

The department includes 14 Native staff from this region and 35 or more elders who provide guidance and leadership for the department.

YKHC’s Preventative Services Department provides traditional, community-based Calricaraq (Indigenous Healthy Living Promotion & Practices) in communities throughout the region in partnership with regional, tribal and local organizations. These mental health services are available for all YK Delta communities upon request.

Calricaraq activities are provided with elders’ guidance and are designed to meet community needs, such as response to a crisis or teaching traditional coping and life skills to schoolchildren. Three-day gatherings may be held in a community at the invitation of the local tribal council or school district. All activities are designed for delivery in culturally aligned care systems, ensuring safety and respect for the wellbeing of participants.

Calricaraq addresses three primary areas, including: historical trauma and mental health challenges, Qaruyun (traditional healing), and Calricaraq (the cycle of life).
Developmental Disabilities Services 543-2762

- Short Term Assistance and Referral or STAR Grant Services
- Care Coordination Services
- DD Community Grant & Direct Care Provider Services
- Family Infant Toddler/Infant Learning Program or FIT/ILP Grant Services.

We help and support people with intellectual and/or developmental disabilities, and children with complex medical conditions through Medicaid and grants. Our department has approximately 95 staff which include Administrative, Direct Care Providers (one-on-one) and Developmental Specialists (one-on-one) who provide services to more than 200 individuals and families in the YK Delta. We support them in learning and living in the village of their choice instead of having to go outside their homes or the region for services.

STAR Services Program

The Short Term Assistance and Referral (STAR) Coordinator is the first person to call for information on available resources for people who experience an intellectual or developmental disability in the YK Delta. The STAR Coordinator provides this information as well as assistance with the State DD application process. The coordinator also helps with applications for mini grants that cover needed items not paid for by Medicaid and when other funding sources are unavailable.

Family Infant Toddler/Infant Learning Program

Through two State grants, the FIT team provides critically important services to children birth to 3 years old. The team does assessments and helps parents teach their children certain play techniques to ensure the children are healthy and developing correctly. Services may also include speech/language, occupational and physical therapies. Parents can call 543-1772 to get more information if they have concerns about their baby’s development.

Care Coordination Services

This program helps people who experience intellectual or developmental disabilities get the help and services they need to live at home, or wherever they want to live, as normally and independently as possible with the same opportunities and choices as anyone. Care Coordination Services include face-to-face visits in the villages, services coordination, annual plans of care and goal amendments. The program serves 66 individuals and families in 25 villages in the YK Delta and is funded through Medicaid waivers.

CDDG Grant & DCP Services

The Community Developmental Disabilities Grant (CDDG) and all of the “Medicaid Waiver” Direct Care Provider (DCP) Services help and support approximately 105 individuals and families in 33 villages. The grant provides case management to help meet immediate family needs, prevent crisis situations, and provide relief or respite for the primary caregivers of State-qualified individuals who experience an intellectual or developmental disability. The Medicaid Waiver Direct Care Provider (DCP) Services are approved by the State and provide services like community activities (Day Habilitation), Supported Living, and Respite.

Residential and Recovery Services

Bautista House

Bautista House is a home for adults in the region with a severe and persistent mental illness. It is a 10-bed licensed assisted living home. The program serves as a long-term home for more disabled individuals. Some residents also have an intellectual disability. The program teaches them daily living, job-seeking and independent living skills as appropriate, and provides access to cultural and community activities.

Bautista house was the first home in Alaska designed and built specifically to be a group home for people with mental illness. It was the second group home opened in Alaska. It was named after Helen Bautista, a woman who spent a lifetime caring for individuals with disabilities in Bethel.

Malone Home

Malone Home is a five-bed licensed assisted living home for adults with intellectual disabilities. The team members work closely with Developmental Disability services to provide ap-
propriate services and habilitation to the residents. The home provides a long term setting for those that live there. Recent activities include boating, fishing, and berry picking. Some of our residents have lived there many years.

**Morgan House**

Morgan House is a five-bed group home for adults with severe and persistent mental illness. Residents are provided 24/7 care in a long-term setting and services are coordinated with primary care providers. Residents are afforded access to community activities and family members for social and emotional support. Recent activities include summer boating and fishing.

**Phillips Ayagnirvik (PATC)**

Phillips Ayagnirvik Treatment Center (PATC) offers a “new beginning” to individuals suffering from the disease of substance abuse or addiction. PATC currently has two components, Residential Treatment and a Therapeutic Court Treatment Program.

**Residential Program:**

PATC operates an ASAM Level III.3 treatment facility with 16 beds for both men and women. The program follows an “open enrollment” model, with an average stay of six-weeks. It is co-occurring enhanced, with the ability to deal with both substance use disorders and mental health problems. Both regional and statewide referrals are accepted. Evidence-based treatment modalities in a structured environment are enhanced with cultural teachings by elders, positive Native family values, traditional crafts and subsistence activities.

**Therapeutic Court:**

Bethel Therapeutic Court Treatment Program is a collaborative effort of YKHC, PATC, the Alaska Court System, the District Attorney, Public Defender Agency and Probation Department. The program provides outpatient alcohol and drug treatment, intensive psychotherapy, close monitoring of abstinence, pharmacological treatment when appropriate, case management and community service, and weekly review of treatment progress in front of the presiding judge. It follows a matrix model of service delivery for up to 15 program participants.

**McCann Treatment Center**

McCann Treatment Center is a 14-bed facility for male youth ages 10–18. The youth work with team members to develop their strengths, learn skills to live at home, and reduce symptoms of emotional disturbance and substance abuse. McCann follows a “four-legged stool” model: Subsistence education, school, clinical services, and rehabilitation services.

A key component of McCann is a strong culturally relevant subsistence program. Youth are involved in year-round subsistence activities, including winter trapping, summer fishing, fall berry picking and spring ice fishing.

McCann has two full-time licensed clinicians directing the treatment planning. Youth participate in individual, group, and family therapy weekly. Youth are seen by a psychiatrist regularly as appropriate. Treatment plans are reviewed monthly.

The Tundra Swan Academy is a fully accredited school inside the treatment center. Youth participate in school year-round, see BEHAVIORAL HEALTH, p. 10
**BEHAVIORAL HEALTH, from p. 9**

often working to get up to appropriate grade level.

Youth receive regular rehabilitation services, including life skills training, case management, and group psycho-education.

Eight beds are available for youth placed in the Behavioral Rehabilitation Services (BRS) program. This serves youth in the custodial care of the Office of Children’s Services or Department of Juvenile Justice. Six beds are available for community referrals. Services offered to both sets of youth are indistinguishable.

**Sobering Center**

Sobering Center provides a safe shelter for intoxicated people, and services which includes a basic medical screening and close monitoring. Program goals include providing safety, brief screening and interventions for alcohol issues, and to free up the emergency room. We work closely with the Bethel Police Department, the emergency room, PATC, and Bethel Winterhouse.

Over time the Sobering Center has increased hours (now 24/7), SBIRTS, and referrals to treatment. Census of individuals with alcohol diagnosis in the emergency room has dropped to 4 percent. Team members are training in ETT/EMT and in Mandt (de-escalation techniques).

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**July Health Aide of the Month**

**Kimberly Beebe-Hoffman, CHP from Eek**

Kimberly Beebe-Hoffman from Eek has been chosen to be the Health Aide of the Month for July. During the month of July, Kim responded to urgent calls from elders. Her patients were safely transferred on for additional care.

She is reliable, responsible and always willing to respond day or night. Kim has been on-call most of the time since January of 2016 and she has proven her dedication and willingness to provide emergency care to anyone needing urgent care.

The people in the community of Eek are fortunate to have Kim as a caring, dedicated, and courageous community health care provider. Thank you Kim on behalf of YKHC and keep up the wonderful work!

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**Village Clinic On-Call**

**Emergencies**

*Health Aides do not work after hours for non-emergencies*

**EMERGENCIES...**

...are those conditions that if not treated very soon could result in placing the person’s health at serious risk, serious harm to bodily functions, serious harm to any bodily organ or part.

**NON- EMERGENCIES...**

...can wait until the next working day.

**Please Note:**

For your safety and ours, no emergency medical provider is allowed to respond to an unsafe situation which involves alcohol, drugs, weapons or violence.

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**Airport Shuttle Schedule**

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Richard Robb (left) is the Director of Residential Services. Shane Carlson is the Behavioral Health Residential Nurse. He helps out in all the facilities with consumer medication and team training. Both are long term YKHC team members.
**Diabetes Summer Outreach**

Ray Petersen, Diabetes Outreach Coordinator, traveled to 16 communities from June through August delivering part of a wellness curriculum to empower kids to discover their own strengths in partnership with the Campfire program.

Ray focused on education about the health effects of diabetes and tobacco use.

To kick off the inaugural session, Ray and staff from the Tobacco Prevention program traveled to Crooked Creek to host activities and provide health education about the effects of tobacco. The team worked with Campfire staff to explore the theme of “strong kids, wise kids” and helped kids to discover their “superpowers,” such as having strong lungs, and the ways that substances like tobacco can weaken those superpowers.

The Tobacco Prevention program also joined the Diabetes staff in Chevak and Aniak throughout the summer.

**Chevak youth show that it takes healthy lungs to blow up balloons and keep feathers in the air with a soda straw.**

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**Zombies On The Loose!**

On Saturday, August 20, the Diabetes Prevention & Control Department hosted the Third Annual “Spawn of the Dead: Zombie Run” at the YK Fitness Center. Sixty-eight people registered for the event. The total time for the run was 49 minutes and 33 seconds.

In spite of the rain, the event drew a dedicated crowd. (photos by Greg Lincoln)

Women’s winners: Jackie Klejka and Jessie Judy.

Men’s winners: Josh Klejka and Mack Lincoln.

“A zombie’s after me! Gotta run!”

Dellarae Charlie and Brad Judy won prizes for the most “casualties.”
2016 Employee Appreciation

YKHC celebrated its employees throughout the region with carnival-themed activities this summer.

Top left: Danielle Shavings, Shara Davis, and Linda Davis participate in carnival fun at the Mekoryuk Clinic.

Top right: Jenni Dobson (left) won the watermelon eating contest during the July 28 picnic for Bethel employees.

Bottom left: Benefits Manager Angela Smith, Bob Duford, and Sara Guinn indulge in cotton candy during the Bethel picnic.

Bottom right: Rick Robb gets dunked during the picnic carnival activities.