



U.S. Senator Lisa Murkowski (R-Alaska), center front, visited the Yukon-Kuskokwim Ayagnirvik Healing Center on Thursday, August 17. After touring the new facility, Senator Murkowski heard about alcohol and opioid treatment options in the YK Delta from program staff and YKHC leadership. Pictured, from top left, are: Andre Taylor (Behavioral Health Clinician), Crim Phillips, Deanna Latham (VP of Support Services), Esai Twitchell, Jr. (Chairman of the Board), Shailee Nelson (Compliance Administrator), Dr. Ellen Hodges (Chief of Staff), Dan Winkelman (President/CEO), Jim Sweeney (VP of Hospital Services), Tiffany Zulkosky (VP of Communications), Danielle Moss (Outpatient Counselor), Dr. Joe Klejka (Corporate Medical Director), and Ray Watson (YKAHC Director).

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FYI

OCS makes it easier to report child abuse

August 23, 2017, ANCHORAGE — The Office of Children’s Services (OCS) has made it easier to report cases of suspected child abuse. Alaskans who know of a child that may be at risk of abuse or neglect can now call **1-800-478-4444** or email **reportchildabuse@alaska.gov**.

“The number one priority at the Office of Children’s Services is to ensure the safety and wellbeing of Alaskan children,” said OCS Director Christy Lawton. “We rely on Alaskans to call and report children at risk of maltreatment. We are now offering an easier way for citizens to help us protect Alaskan children.”

In the past 12 months, OCS received 18,599 reports of child abuse. Every report is screened by the division for additional action. Further investigation resulted in 8,200 of those children and families identified for assessments by OCS.

The division has also expanded its intake office hours from 7 a.m. to 7 p.m., allowing Alaskans to report suspected child abuse outside regular business hours.

RESOURCES

YKHC main switchboard543-6000
 Toll Free 1-800-478-3321

APPOINTMENTS

Outpatient Clinics
 (Yukon, Kusko, Delta)543-6442
 Dental543-6229
 Optometry543-6336
 Audiology.....543-6466

SUBREGIONAL CLINICS

Aniak675-4556
 Emmonak949-3500
 St. Mary's.....438-3500
 Toksook Bay427-3500
 Hooper Bay758-3500

SERVICES

Inpatient (North Wing)543-6330
 Pharmacy.....543-6382
 Physical Therapy543-6342
 Women's Health543-6296
 Irvivik Birthing Center.....543-6346
 Behavioral Health Services.....543-6100
 Substance Abuse Treatment.....543-6730
 Sobering Center543-6830
 Developmental Disabilities543-2762
 Emergency Room543-6395
 Office of Environmental Health &
 Engineering, Injury Control & EMS...543-6420

ADMINISTRATION & SUPPORT

Administration.....543-6020
 Human Resources543-6060
 Public Relations.....543-6013
 Travel Management.....543-6360
 Facilities & Maintenance543-6203

BETHEL & REGIONAL RESOURCES

Public Health Nursing543-2110
 Tundra Women's Shelter543-3444
 Alaska State Troopers.....1-800-764-5525

ATTENTION: If you speak Yup'ik, free translations services are available to you. Call 907-543-6603.

The Messenger is a monthly publication produced by the Yukon-Kuskokwim Health Corporation's Public Relations Department as a report to Tribal Members.

For questions, comments, submission of articles, or subscription information, write to Messenger Editor, Yukon-Kuskokwim Health Corporation, P.O. Box 528, Bethel, Alaska 99559; or call 907-677-2232.
 E-mail: publicrelations@ykhc.org.

Deadline is the 10th of the month, or the preceding Friday if the 10th is on a weekend, for publication on the first of the following month.

The Messenger is also available for download on our website at www.ykhc.org/messenger. Please ask permission to reprint articles or pictures.

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Message from the President/CEO

PJCP is on the rise!



Dan Winkelman,
 President/CEO

The Dr. Paul John Calricaraq Project is progressing on time and within budget. The Project has three components: 1. build a new primary care clinic and renovate the existing hospital to new; 2. build 54 units of new staff housing; and 3. after completion of the new facilities, the Indian Health Service (IHS) will request additional funding from Congress for new staff.

The construction of the new primary care clinic will be finished by the end of 2019 while the hospital renovation has yet to begin and will finish in 2021. Our general contractor ASKW/Davis recently finished erecting the steel and pouring the concrete for the new primary care clinic of the hospital. We are continuing to work on its roof, exterior stud framing and then the exterior walls. The next major milestone is to have the structure enclosed by the end of the year or earlier.

The new housing construction is also well underway and will be finished by the end of 2017. It consists of one and two bedroom units and is primarily for new staff. Our housing general contractor is a subsidiary of the local village corporation, Bethel Native Corporation.

Because the federal government budgets two years in advance, we are already beginning to work with the IHS and Congress on YKHC's request for new staff. We will continue this work until completion in 2021.

Safety is our team's top priority. Daily observations and weekly safety meetings are held with our crews and all are watching out for one another.

Sincerely,



Staff housing construction is well underway.

YKHC Board of Directors

Unit 1



Mary Ayunerak Alakanuk



Michael Hunt, Sr. Kotlik

Unit 2



Geraldine Beans St. Mary's



James C. Landlord Mtn. Village

Unit 3

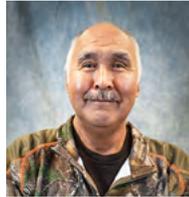


Unit 3 Seat Vacant



Betty Turner Lower Kalskag

Unit 4



Phillip K. Peter, Sr Akiachak



Mildred Evan Akiachak

Unit 5



Stan Hoffman, Sr. Bethel



Gloria Simeon Bethel



Hugh Snyder Bethel



Chris Larson Napaskiak

Unit 6



Esai Twitchell, Jr. Kasigluk



Adolph Lewis Kwigillingok

Unit 8

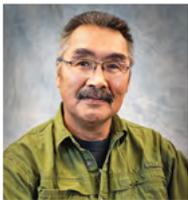


Dale Smith, Jr. Mekoryuk



James Sipary Toksook Bay

Unit 9



Patrick Tall Chevak



John Uttereyuk Scammon Bay

Unit 10



Joshua Cleveland Quinhagak

Unit 11



Marvin Deacon Grayling

Honorary Board Member



James Charlie, Sr. Toksook Bay

Frieda Bean Retires



After 38 years of service to YKHC's mission, vision, and values, Frieda Bean has decided to move on to retirement. YKHC has been lucky to employ such a dedicated, hard-working individual.

Frieda began working for YKHC in May of 1979, only 10 years after YKHC was founded. She joined the organization as an accounts clerk and has done everything under the sun while employed here.

In the 38 years that Frieda has served YKHC she has had titles such as Purchasing Officer, Compensation and Benefits Specialist, Acting Personnel Manager, Senior Accountant, Comptroller, Housing Manager and Finance Administrator, just to name a few.

Frieda has been a valuable asset not only to the Finance Division, but YKHC as a whole. Her strong will and determination have helped form the organization we are today. Her adherence to policies and procedures and strong backbone shaped the work ethic of many in the finance division..

I would like to thank Frieda for her tireless service to YKHC. She has always kept the organization's best interest at the forefront. She is, and will continue to be, an inspiration to me, our team, and the organization. Thank you Frieda, we hope you enjoy retirement.

—Sherry A. Smith, Director of Finance Operations

Nurture your emotional well-being

“No matter where you go, there you are.”
—Confucius

Emotional well-being is a cornerstone of chronic disease management and health status. Having strong emotional health is associated with having good coping strategies, good self-esteem, and strong work performance. Poor emotional well-being is associated with increased reports of stress, depression and anxiety.

When emotional well-being is compromised it becomes difficult to perform self-management strategies and consequently makes chronic disease management more difficult.

Emotional well-being also plays a role in the relationships we build with others. By staying emotionally well, it is easier to maintain healthy relationships and care for the needs of others. Just like the body’s physical demands, it is important to take time to address emotional needs. Take a look at these strategies to strengthen emotional well-being this month:

Spend time alone – Taking time to be alone can facilitate the processing of feelings, situations, and tough decisions. Try writing in a journal, thinking out loud, or quietly meditating on feelings before acting on them.

Practice positive thinking – Emotional well-being can be compromised by internal thoughts of negativity. Negative thoughts can be habitual, occurring frequently throughout the day and in specific situations. Take time to recognize negative thinking, and aim to transform these thoughts into positive ones. For example, change “I’ll never get better at this” to “I see room for improvement here.” With practice, this will become easier.

Reduce negative influences – Whether this is from music, television, friends or family, negative influences can create internal negativity. It is important to limit exposure to negative influences if possible and practice healthy coping strategies for when this is inevitable. Consider spending time with people that inspire feelings of emotional wellness.

Be kind to your body – Treating yourself with kindness can often come secondary to treating others well. Before caring for others, make sure to get enough sleep, water, and enough healthy energy to sustain activity throughout the day.

Express gratitude – Gratitude is one of the easiest positive emotions to conjure. Expressing gratitude can help create positivity and increase emotional well-being in as little as one sentence.

Laugh – It has been reported that individuals who laugh easily and frequently have better self-esteem and a more positive outlook on life. While laughter may not change unwanted circumstances, it can help change the perception of them.

It is important to talk about emotional well-being with your healthcare provider, especially if it is impacting disease self-management strategies. Diabetes Distress, a symptom of compromised emotional well-being specific to people with diabetes, is estimated to occur in 18–45 percent of people with diabetes. Diabetes Distress can affect behaviors relating to taking medications, eating habits and exercise. However, this too can be reduced by working with the healthcare team and strengthening emotional wellness. Consider discussing your emotional well-being with your provider at your next appointment.

Recipe of the Month

Whole Wheat Blueberry Muffins

Ingredients

- Cooking spray
- ½ cup whole wheat flour
- ½ cup all purpose flour
- 1½ cups oatmeal (quick cooking)
- ½ cup granulated sugar
- ¼ tsp kosher salt
- 1 tablespoon baking powder
- 1 cup 1% milk
- 1 egg
- 2 tablespoons canola oil
- 2 teaspoons vanilla extract
- 1 cup of tundra blueberries fresh or frozen



Instructions

1. Preheat oven to 400 degrees.
2. Spray muffin tin with cooking spray.
3. Combine all dry ingredients in a large bowl.
4. In a separate bowl whisk together the milk, egg, oil and vanilla.
5. Add the wet ingredients to the dry ingredients. Stir just until all of the ingredients are combined.
6. Gently fold in the blueberries.
7. Divide the batter evenly between the 12 muffin cups.
8. Bake for approximately 20 minutes until muffins are lightly browned and a toothpick comes out clean.

Recipe modified from dinneratthetree.com

What is recovery and how do we do it?

by Donald Desper, MS, LPC, YKHC IMPACT Manager

So, what is “recovery” and how do we achieve it? According to the Substance Abuse and Mental Health Services Administration, recovery is a “process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”

This is a simple enough definition of recovery but achieving it is much more complex. Understanding the connection between stress and drug addiction, interpersonal relationships, physical health and all around “wellbeing” gives us a basic understanding of how to achieve “recovery.”

People who have experienced early life trauma, such as child abuse, have other mental health problems, such as depression and anxiety, and are more likely to become addicted to drugs. Many people addicted to opioids report that they began using drugs to cope with stress, and identify stress as a major contributor to relapse. Being addicted to drugs is, in itself, extremely stressful. For these reasons, stress management and coping strategies are essential to any successful recovery.

Another significant contributor to drug addiction and relapse is a person’s inability to develop and maintain intimate relationships. Rebuilding relationships with non-using family and friends is also an important aspect of recovery. This often requires accepting responsibility and “making amends” for past

behavior. It is important to remember that family and friends are also adversely affected by a person’s addiction and may need recovery support as well as information on how to support the recovery of their loved one.

Other factors involved in a successful recovery often include exercise, meditation, and re-establishing cultural and community connections. Since opioid addiction takes a tremendous toll on the body, engaging in regular physical activities such as walking or playing sports not only benefits us physically but also reduces stress and often increases positive social interaction.

Maintaining a drug habit requires a lot of time and effort. Replacing time spent seeking drugs and maintaining negative drug relationships with positive community activities aides the recovery effort in many ways. It is also important to address the expense required in maintaining a drug addiction. Addressing these issues in recovery help in re-establishing positive social and cultural connections and reduces stress as well.

Staying on the path to health and recovery takes patience, loving relationships, and emotional resilience. People in drug abuse recovery need all the help we can provide but it should be understood that allowing others to avoid responsibility and the natural consequences of their behavior is not helpful.

Patient Airport Shuttle Service

Hospital to Airport

1. Report to the customer service desk at the front of the hospital prior to the departure time listed below.
2. Provide your travel documentation (Medicaid travel voucher or YKHC-generated travel itinerary) to security and the shuttle driver for review.
3. Security Personnel will check the patient’s eligibility and make a list of riders for each route departure.

RTE #	DEPART HOSPITAL	DROP OFF RAVN	DROP OFF GRANT
1	09:45 AM	09:52 AM	10:00 AM
2	10:45 AM	10:52 AM	11:00 AM
3	12:45 PM	12:52 PM	1:00 PM
4	1:45 PM	1:52 PM	2:00 PM
5	3:45 PM	3:52 PM	4:00 PM
6	4:45 PM	4:52 PM	5:00 PM

Airport to Hospital

1. Be ready and waiting at the air carrier before the shuttle arrives at that location.
2. Provide your approved travel documentation (medicaid travel voucher or YKHC-generated travel itinerary) to security and the shuttle driver for review.
3. The shuttle driver will check riders’ eligibility before allowing them on the shuttle.

RTE #	PICK UP RAVN	PICK UP GRANT	RETURN TO HOSPITAL
1	10:15 AM	10:22 AM	10:30 AM
2	11:15 AM	11:22 AM	11:30 AM
3	1:15 PM	1:22 PM	1:30 PM
4	2:15 PM	2:22 PM	2:30 PM
5	4:15 PM	4:22 PM	4:30 PM
6	5:15 PM	5:22 PM	5:30 PM

Shuttle service is for YKHC patients to and from Grant Aviation and RAVN.

1. Patients must be able to provide documentation that clearly proves they are a patient on the current date or following date.
2. There are only five seats available in the shuttle and they will be filled on a first come, first served basis.
3. Plan ahead and determine which shuttle to take to make your flight or appointment on time.
4. YKHC Shuttle service transports patients between the hospital and airport **ONLY**. No additional stops will be made.
5. Children under the age of 13 are **REQUIRED** to use child seats or booster seats in accordance with Alaska Dept. of Transportation regulations.

The Shuttle runs Monday through Friday, excluding holidays

Healthy Relationships

'Both partners making it as one'

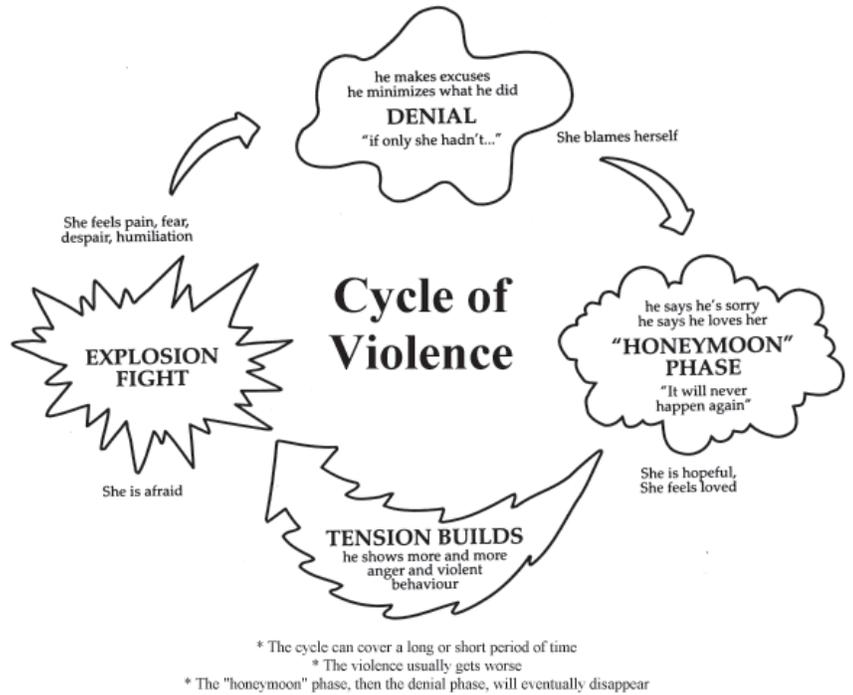
by Annie Mae Lee and Eileen Arnold

Tundra Women's Coalition (TWC) Elder Katie Green says that "a healthy relationship is both of the partners making it as one. It's like treatment, if one goes and the other goes off doing anything they want, then it's not going to work, it's going to be like it was. But if both the partners are trying to make it together, it will work."

A healthy relationship is a relationship where both partners are equal and respectful to one another. A healthy relationship is one based on trust, respect, consideration, and equal and respectful communication.

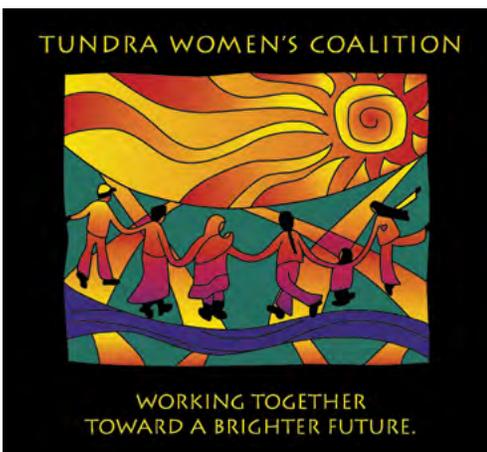
An unhealthy relationship commonly includes what's called "The Cycle of Violence." Everything starts out well. It's like a honeymoon! But tension builds as time goes on and if partners don't communicate what the problem is and how to solve it together, then the tension builds to violence. The violence could be physical, verbal, emotional, or sexual. And then the cycle continues. Things go back to being good. But they don't stay that way. Tension builds again and every time a couple cycles through, the violence gets worse and worse. Sometimes people are killed by their partners. Sometimes people leave an abusive partner. And sometimes people choose to change and to choose respect and stop the abuse. But that can't happen unless someone takes responsibility for their abusive behavior.

Many Elders say, "There is always a place of turning around." At TWC we believe that people can change, but it takes hard work and commitment to change. And no one can change anyone else's behavior. People have to choose for themselves.



Safety Plan – If you have an abusive partner, make sure you have an exit plan for if things get violent. Stay away from people who can be violent when they're drinking. Alcohol does not cause domestic violence, but it adds fuel to the fire. It makes a dangerous situation potentially lethal.

If you are experiencing any of these abuses, it's important to know that violence recovery for the victim and perpetrator of violence is very difficult. It's important to know that the safety of yourself and/or your family is very important and it's best to consider this before your relationship. If you want to leave an unhealthy or violent relationship there are a lot of resources for crisis situations and emotional support, for you and your family.



"Like" Tundra Women's Coalition on Facebook:
<https://www.facebook.com/tundrapeace/>

There is help! TWC has a 24-hour crisis line: 907-543-3456 or 1-800-478-7799. TWC has many other services for women, children, and men—check our website at www.tundrapeace.org. YKHC, ONC, and AVCP all offer Healthy Families classes for parents looking to increase their strengths through this Yup'ik created curriculum.

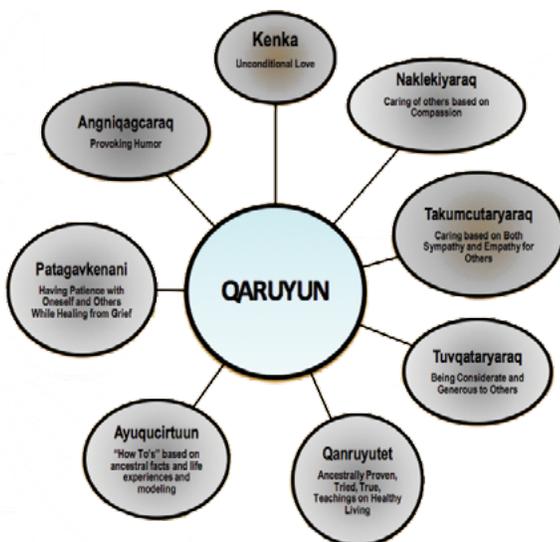
‘Medicine for a grieving mind’

Nicholai Pavilla is an Elder Panel member of YKHC’s Behavioral Health Preventative Services. He is a Yup’ik Culture Bearer from Atmautluak, Alaska. He has lead several discussions about Yup’ik Ways of Counsel for the people of the YK region during wellness gatherings in several YKHC communities. This is a role-playing scenario to empower families into healthy relationships; it is a strength-based and traditional way of counsel.

He said that counsel must be held to a high standard, made brief and to a specific point. He uses as an example a man who might be abusing alcohol in the village. The man was married and living with his wife where children were also of concern.

What Nicholai understood, and suggested that the counsel apply, was to state words in a way that will provoke the man’s thoughts deeper about how he is repeatedly abusing alcohol, destroying his family and leading to consequences he may have to endure. It was left to the man to ponder upon himself questions or stories posed by an Elder man. Indeed, this counsel isn’t only for the man and addiction; however, it was pointedly directed at him to entice him into making informed decisions on his own. Hence, accountability, ownership of the addiction and foreseeing possibilities were planted into his mind without blaming.

At the heart of *Qaruyun* is unconditional and non-judgmental ways of stating counsel and telling personal stories or legendary tales. The counsel is meant to nurse the man back to the state of wellbeing over time, by applying *Qaruyun* principles. It is the well-versed Elder or two in the community who are able to orally convey *Qanruyun* for those in need. *Qanruyun* is a key component of the framework of Yup’ik wellness.



“*Qanruyutem yuk qaill’ ayuqengraan kitugcugngaa.*”

— Fred Phillip, Kwigillingok Elder

“Words of wisdom will lead a person to healing from within, no matter what might be a personal issue.”

“*Qaruyun iinruuguq umyuamun navgumalriamun.*”

— Nicholai Pavilla, Sr., Atmautluak Elder

“Traditional Yup’ik Counsel is medicine for a grieving mind.”

Deeper knowledge is drawn by the Elder as applicable in his community and spoken to those who might lend a listening ear. The same *Qaruyun* and *Qanruyun* have content designed for the women as well.

The addiction is addressed by Elders applying *Qaruyun* with Yup’ik words of wisdom and nurse the gentleman or woman back towards holding his/her own counsel well. The Elder knows this will work because it is what he/she epitomizes today as they patiently walk the wellness path. They are willing to share their knowledge on healing with you.

Qaruyun outcomes include:

- Healthy relationships within the family
- Both man and woman become productive citizens in their community
- *Qaruyun* and *Qanruyun* is passed down to the family; they are free to practice the same counsel with other members of their community

Contact for information:
 YKHC Behavioral Health Preventative Services
 P.O. Box 528
 Bethel, Alaska 99559
 Phone: (907) 543-6741

Students earn YKHC scholarships

YKHC is excited to announce that 23 college students have been awarded YKHC Scholarships for the 2017 Fall Semester. This scholarship fund is dedicated to support people throughout Alaska to pursue a college degree in a healthcare field. We hope these future graduates consider working at YKHC, but we are honored to help support their goals of improving the quality of people's lives wherever they may work. We wish all these recipients the best for the coming fall semester.

The 2017 recipients are:

Sherilyn Soots (UAA)	Denae Ulak (UAF)
Phillip Kopanuk (Oak Hills Christian College)	Vivian Hunt (UAA)
Miranda Johansson (UAF)	Roberta Jimmy (UAF)
Charles McNamara (NYIT College of Osteopathic Medicine)	Danielle Agnus (UAF)
Cheyenne Siverly (University of Hawai'i at Manoa)	Josephine Amaktoolik (Fort Lewis College)
Maggie McNamara (Lyon College)	Erica Jung (AVTEC Seward)
Tamija Woods (Ilisagvik College)	Melody Hoffman (UAA)
Balassia Olsen (Charter College)	Charmae Chavez (UAA0)
Tara Agwiak (UAA)	Laura Ellsworth (UAA)
	Nikki Corbett (UAA)
	Zhi Hastie (UAA)
	Grace Yoon (UAA)
	Candice McKinnon (UAA)
	and Marissa Tomaganuk (UAA).

For YKHC Scholarship applications please visit our website at www.ykhc.org/scholarship-program

HELP US IMPROVE WAITING TIMES

You asked us to work on reducing our patient wait times.

You can help us make more appointment slots available by making an appointment and keeping it.

If you know you will not make it to your appointment, call to cancel or reschedule as soon as possible in order to give the appointment to someone else who may need it.

This allows us to make the most use of our schedulers, providers, case managers, and ultimately, your time.

**YKHC Scheduling desk: 543-6442
or 1-800- 478-3321 ext 6442**

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, call 543-6499 (toll free: 844-543-6499)

Lung infections linked to indoor air quality

Healthy Homes Study shows that housing improvements and education can reduce respiratory symptoms, school absenteeism in children with lung problems.

By AJ Salkoski and Rosalyn Singleton, ANTHC; Jenni Dobson, YKHC, Jennifer Skarada, BBAHC.

Our indoor house environment is important for our health. Rural Alaska Native children have very high rates of lung infections – up to 10 times higher than urban Alaska Native children and other U.S. children. Severe or frequent lung infections can lead to permanent lung damage. Factors that can increase risk of lung infections include too many people living in one house, smoking indoors, wood burning, chemicals, lack of running water, and poor ventilation.

In 2010, the ANMC lung specialist, Dr. Farah Madhani, contacted ANTHC Division of Environmental Health and Engineering to get help in improving the household environment for patients with lung disease. ANTHC partnered with YKHC and BBAHC in the “Healthy Homes Study” to study whether improving the household environment could improve lung health. The first part of the study included observing indoor air quality in the homes of participants. Staff found that the houses had high levels of particulates (PM2.5) and volatile organic compounds (VOCs). Both pollute the air and are connected with respiratory infection symptoms in children. The second part of the study involved staff sitting down with participants and talking about best burn practices, cleaning tips for keeping indoor pollutants out of the home, and how to take lung medications. Participants also received house fixes including better ventilation and new woodstoves to improve the air quality in their homes.

The Healthy Homes study found that education and house fixes led to fewer runny noses, coughs, wheezes and hospital visits among children and adults. Children missed less school because of lung infections, and children with lung problems had fewer medical visits for lung infections. While children were treated less often for these illnesses, breathing clean air is important to everyone in the home. In the study, household adults also had fewer symptoms and visits.

Similar to the “Healthy Homes Study,” ANTHC Community Environment and Health (CEH) is now partnering with tribal health organizations and regional housing authorities to help improve indoor air quality. CEH is testing an “Environmental Health Consult” service for families whose children are in the hospital with lung infections at ANMC. ANTHC CEH is providing education and toolkits for family members to improve their own indoor environment. They are also providing a referral to housing authorities to make changes to homes that will improve the indoor air. They hope that by providing education, toolkits and housing authority referrals to the people in the study that children will get sick and end up in the hospital less often.

There are things you can do to have healthy indoor air! If you have a woodstove, you can make sure your woodstove is EPA certified and clean, use only dry wood and kindling, and limit the number of times you stock your woodstove. For all homes, you can avoid using toxic cleaning materials in some cases. Instead, you can use some green cleaning products, which can be less expensive. Vacuum with a HEPA filter vacuum at least once a week is important to keep dust down. Keep gasoline and chemicals outside the house.

YKHC pharmacists unite for the purpose of mentorship

Dana Glovick, a high school senior, expressed to her aunt, YKHC provider Lisa Evans, MD, about her interest in a career in the field of pharmacy. Dr. Evans worked with YKHC Area Health Education Center (AHEC) to coordinate shadowing experiences with several of YKHC’s pharmacists, showing Dana the vast pharmacy opportunities available in rural areas.

The role of the Pharmacist at YKHC has expanded in recent years. Currently, YKHC has pharmacists in the outpatient and inpatient pharmacies, Diabetes Prevention and Control, and Electronic Health Records.

Dana will be able to take home with her an understanding of the role pharmacists play in many disciplines of health care and will use the information to help guide her future career path. We wish you the best, Dana!



Dana Glovick, center, is pictured with Pharmacists Nicholas Berres, Amy Aumann, Kathryn Kenes and Edward Meriwether.

June 2017 Health Aides of the Month: Cindy Lawrence, CHP, and Hazel Andrews, CHP, of Mountain Village

by Richard Lincoln, SI

Cindy Lawrence and Hazel Andrew have both have been recognized as the Health Aides of the Month for the month of June, 2017. The Mtn. Village clinic had been broken into and vandalized and supplies that were needed for emergencies were no good to use.

It was a quiet day; we were cleaning the clinic as a team, making sure supplies were viable and disposing of supplies that were not good to use anymore, when the on-call phone rang. Hazel shouted out to get the AED (automated external defibrillator), bag valve mask and oxygen. Cindy went right to it and we responded within five minutes. As we all arrived, Cindy applied the AED while Hazel was talking [on the phone?] with the doctor and I was performing chest compressions. Cindy was bagging the patient every time I was done with the cycle of compressions.

With the teamwork and communication, the rotation of the lifesaving skills was done with precision and no errors. Cindy and Hazel's life saving skills had successfully revived the patient. The teamwork, training and communication played a



Cindy Lawrence, CHP, and Hazel Andrews, CHP, of Mountain Village celebrate their selection as health aides of the month.

big role in making sure that the patient was revived. What surprised me most, as their Supervisor, was that they had revived the patient with a limited amount of supplies. This just shows what great teamwork and great skills they have.

Mtn. Village is truly blessed to have great health aides. Thank you, Cindy and Hazel for your tireless work. Your dedication to care for your community is greatly appreciated.

How to get your medications delivered **DIRECT TO YOU**—

1 CALL US at the Pharmacy **7 days** before you run out of medicine **1-877-543-6988**

2 TELL US...

- Your full name (Please spell it)
- Your date of birth or medical record #
- What village you are calling from
- **Name of the medication**
- **Prescription number**
- **Prescription expiration date**
- Your phone number



3 PICK UP your medication at **YOUR** Post Office Box in 1–3 days

September, 2017

Dr. Paul John Calricaraq Project

For more information about PJCP, visit our website: www.ykhc.org/pjcp



Guiding Principles: Represent the Y-K region's Culture & Identity | Promote Customer Centered Care | Affordable Cost & Sustainable Operations

PJCP Design

The design team is advancing the 95 percent construction documents. An all-day design team work session was held on July 26.

A work session was held with the nursing staff to review nurse call technology and mobile features. Building security systems were also discussed and selected.

YKHC launched a "Call for Photography" to request photography submissions from community members in the YK Delta region reflective of subsistence, crafts, arts, recreation, regional landscapes and sky/horizon landscapes. Hundreds of photos were received prior to the August 25 submission deadline.

Safety First

Safety is the team's top priority. Crews are working safely and watching out for one another. On July 25, YKHC construction personnel participated in Davis Construction's safety orientation, which is given by "Safety Mike" for all new contract employees working on the Paul John Calaricaraq Project. This orientation is mandatory before anyone can work, as Davis is dedicated to running a safe and clean job site.



The safety cable fall restraints hadn't been strung up yet so the tour of the third floor was limited. The picture was taken in that section, which didn't have the concrete floor poured at the time. From left to right: John Kameroff, Troy Burns, Mark Vrooman, Gabriel Martin, Chad Latham.

After the orientation, Safety Mike walked the YKHC plumbers team around the building to look at construction techniques and to get an overall familiarity with the job. YKHC Plumbers can now install a temporary job site water line while working safely with the other trades.

PJCP Construction

ASKW/Davis completed the main steel erection for the new three-story clinic. Much of July was spent placing and finishing concrete on levels 1, 2 and 3 and will continue work on penthouse and stairs in August. Exterior metal stud framing began in late July. GMI, MCC and Samson installed hangars, supports and sleeves for the mechanical, plumbing and electrical infrastructure. ASKW/Davis started the layouts for interior metal framing.



Exterior metal stud framing and window openings began in late July.

In August, the YKHC Steering Committee reviewed the two options for the pedestrian/bike pathway/turn lane design that will run parallel to the highway.

Warehouse/Materials Management: HRS Consulting continues meetings with YKHC and department heads to review materials management and storage needs. A report of their recommendations is forthcoming.

Arcadis is developing a master schedule that includes all elements—Design, Construction, Procurement, New Clinic Construction, Hospital Phasing, Medical Equipment, Non-medical furnishings and equipment, IT, and Department Moves.

YKHC Staff Housing

YKHC and the Bethel Federal Services construction team, a Bethel Native Corporation subsidiary, have been working to mitigate construction schedule impacts from high winds and heavy rain in Bethel throughout July and early August.

Exterior siding on the two-story housing modules is underway. The three-story module is dried-in with a reinforced air infiltration barrier. YKHC is providing inspection services to monitor construction progress and activities. The PJCP staff housing furnishings and fixtures have been procured and are being shipped to Bethel this month.

Talking Wall Question of the Month:

What regional photos would be most interesting to you? Landscapes, people, places, activities?

Write on the Wall, or call into our suggestion line: 907-543-6600 or send an email to ykhcproject@ykhc.org.

CARE for you
for others

YKHC IS GOING TOBACCO-FREE

**Join us as we
count down to a
tobacco-free campus!
FEBRUARY 5, 2018**

WOULD YOU LIKE TO QUIT TOBACCO?

Counseling services are available in both Yup'ik and English, and you can enroll by walking in, asking your provider to make a referral, or calling 907-543-6312 or 1-800-478-3321 ext. 6312.