



Happy New Year!

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FYI

Dental Appointments Available for Children Ages 0-9

YKHC's Dental Clinic in Bethel has numerous exam appointments available during January and February. We encourage parents who have children in this age range to call 543-6229 to schedule an exam for their child if you would like one.

Dental exams are recommended for every child at least once a year.

—Judith Burks, DDS,
 Dental Director

Tobacco Free Campus in 2018

In 2017, YKHC leadership and staff continued focus on tobacco prevention and cessation efforts. Early in the year, YKHC's Board of Directors adopted a tobacco-free campus policy that will go into effect on February 5, 2018—in alignment with World Cancer Day. Stay tuned for more information to come on this exciting transition.

To find out about Substance Use Disorder Treatment options in the State of Alaska, visit the Division of Behavioral Health website at dhss.alaska.gov/dbh and scroll down to the pdf links in the middle of the page

RESOURCES

YKHC main switchboard 543-6000
 Toll Free 1-800-478-3321

APPOINTMENTS

Outpatient Clinics
 (Yukon, Kusko, Delta) 543-6442
 Dental 543-6229
 Optometry 543-6336
 Audiology 543-6466

SUBREGIONAL CLINICS

Aniak 675-4556
 Emmonak 949-3500
 St. Mary's 438-3500
 Toksook Bay 427-3500
 Hooper Bay 758-3500

SERVICES

Inpatient (North Wing) 543-6330
 Pharmacy 543-6382
 Physical Therapy 543-6342
 Women's Health 543-6296
 Irvik Birthing Center 543-6346
 Behavioral Health Services 543-6100
 Substance Abuse Treatment 543-6730
 Sobering Center 543-6830
 Developmental Disabilities 543-2762
 Emergency Room 543-6395
 Office of Environmental Health &
 Engineering, Injury Contro
 & EMS 543-6420

ADMINISTRATION & SUPPORT

Administration 543-6020
 Human Resources 543-6060
 Public Relations 543-6013
 Travel Management 543-6360

This institution is an equal opportunity provider.

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

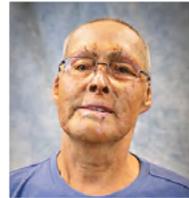
The Messenger is a monthly publication produced by the Yukon-Kuskokwim Health Corporation's Public Relations Department as a report to Tribal Members.
 For questions, comments, submission of articles, or subscription information, write to Messenger Editor, Yukon-Kuskokwim Health Corporation, P.O. Box 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 web-site at www.ykhc.org/messenger. Please ask permission to reprint articles or pictures.
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YKHC Board of Directors

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Unit 2



Geraldine Beans St. Mary's



Wassilie 'Wesley' Pitka Marshall

Unit 3

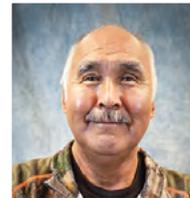


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James Nicori Kwethluk

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Stan Hoffman, Sr. Bethel



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Walter Jim Bethel



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Unit 8

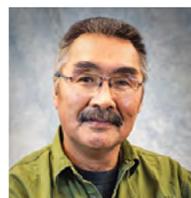


VACANT



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



Back row, Senior Leadership Team: Dr. Joe Klejka, Tiffany Zulkosky, Rahnia Boyer, Tommy Tompkins, Patty Smith and Shailee Nelson. Front row (honorees): Dr. Judith Burks, Acting Dental Director; Sally Thompson, Northwing Charge Nurse; Victoria Hardwick, Deputy Dental Director; Mark Reynolds, Deputy Dental Director; Raymond Atchak, Medicaid Enrollment Specialist.

YKHC Employees of the Quarter

Recognizing exceptional employees in the final quarter of 2017

The Senior Leadership Team would like to announce the launch of a new employee recognition program – YKHC Employee of the Quarter.

Every quarter, members of the Senior Leadership (SLT) and their teams will nominate YKHC employees who have gone above and beyond in exemplifying our mission, vision, and values—including details of how they have done so. Once a quarter SLT will review nominations and select the top three nominations for recognition.

We are excited to announce the first group of employees who have been selected for recognition during the fourth quarter of 2017!

Raymond Atchak, Medicaid Enrollment Specialist

As a relatively new Medicaid Enrollment Specialist, Raymond has set new benchmarks for excellence in productivity. During the fourth quarter of 2017, the Medicaid Enrollment team helped 663 applicants. Raymond personally helped 250 of those applicants—a small village worth of people who didn't previously have Medicaid.

Raymond is enthusiastic and takes great pride in helping his people obtain the healthcare they need. We are very proud of you!

Sally Thompson, Charge Nurse on Northwing

When Northwing was without a nurse manager, Sally was approached and was willing to step in to the interim role. She took her new responsibilities seriously, immediately beginning work on nursing schedules, approving PTO requests, dealing with payroll issues and attending various cross-division meetings.

On top of all of her work as the interim nurse manager, Sally continued to work her regular charge nurse position and never once complained. Sally is a genuinely kind-hearted individual who has earned the respect of the Northwing team.

Thank you for your commitment to excellent care, Sally!

Mark Reynolds, Victoria Hardwick, and Judith Burks, Dental

Mark, Victoria, and Judith stepped forward as a team to provide leadership during a time of transition in the YKHC Dental Clinic.

During the fourth quarter of 2017, they helped in more than doubling the number of staff dentists at YKHC. In addition to recruiting the providers, they trained and integrated them into the clinic and region.

The Dental Clinic is now able to spend more time traveling to villages, engage in more community outreach, and work towards YKHC's corporate goal of improving children's oral health.

This is an exciting time for dentistry in the YK Delta and we have these fine providers to thank for it!

A Closer Look

Message from the President/CEO

Our Tobacco-Free Campus

As we know through medical and evidence-based research, any kind of tobacco use is related to higher rates of cancer. Despite this, the Yukon-Kuskokwim Delta experiences some of the highest rates of smoking and smokeless tobacco (or chew) use in Alaska and the Nation. However, according to the Centers for Disease Control & Prevention (CDC), the good news is “within five years of quitting, your chance of getting cancer of the mouth, throat, esophagus, and bladder is cut in half. Ten years after you quit smoking, your risk of dying from lung cancer drops by half.”

On February 3, 2017, YKHC announced that we will become a tobacco-free campus on February 5, 2018. Currently, YKHC is a tobacco-free facility, but tobacco use is allowed outside of facilities in designated areas. This new policy means that tobacco use of any kind, in YKHC facilities or on YKHC properties, will be prohibited beginning on February 5, 2018. We are implementing this campus-wide policy because it aligns with YKHC’s mission, vision, values and promotes the health we seek in partnership with our customers and employees.

The City of Bethel was one of the first cities in the state of Alaska to adopt smoke-free ordinances in public places almost 20 years

ago. Our region continues to lead the state in the number of tribes that have adopted tobacco-free policies. YKHC looks forward to joining many other healthcare and educational organizations in our region and across the state that already have tobacco-free campuses, such as the Alaska Native Medical Center, Lower Kuskokwim School District, Lower Yukon School District, Maniilaq, Norton Sound Health Corporation, Providence Alaska, South Peninsula Hospitals, Tanana Chiefs Conference, University of Alaska Kuskokwim Campus and many others.



President and CEO
Dan Winkelman

Join me, our Board of Directors, our customers and 94 percent of surveyed YKHC employees who support a tobacco-free campus!

Sincerely,

The Dangers of Iqmik Use

Many people think iqmik is safer than smoking cigarettes. All tobacco is harmful whether you smoke it or chew it. Cigarettes, snuff, iqmik or blackbull all contain nicotine and many cancer-causing chemicals. All of them are very dangerous to your health.

Chemicals from iqmik go into the blood stream through the lining of your mouth. One of these chemicals is a drug called nicotine. You may have heard that heroin and cocaine are very addictive, but nicotine can be more addictive than those drugs.

Nicotine causes the blood vessels to become hard and narrow. This makes your heart beat faster and harder, putting you at risk for heart attack, stroke and heart disease.

When people mix iqmik in their mouth, their heart starts to pound hard and fast, and they may feel dizzy and sick to their stomach. These are symptoms of nicotine poisoning, which may happen when you get too much nicotine from mixing ash with tobacco.



Some people think that there’s a drug in punk and alder ash, but that’s not true. Adding punk ash or alder ash to tobacco just makes the nicotine reach your brain faster, and it also makes more nicotine enter the bloodstream.

Tobacco Prevention, Cessation, and the Great American Smokout

On November 16, YKHC took part in The Great American Smokeout, a day of cessation for tobacco users across the nation.

Leading up to it, the Tobacco Prevention and Cessation department brought a traveling booth to six locations in the Delta. Visitors were invited to sign a pledge either to abstain from tobacco on November 16 or support someone who is trying to quit.

Those who signed pledges were given a quit-kit to help curb nicotine cravings while quitting tobacco. Supporters offered tips for quitting and their reasons for abstaining from tobacco use. All who engaged in the booth were invited to take a picture with the photo-board, as well as enter in the Thanksgiving drawing to win a turkey or a ham.

In Bethel, the Tobacco Prevention outreach happened at the Kuskokwim Consortium Library, Alaska Commercial Company, Hospital lobby, Yukon Kuskokwim Fitness Center, RAVN Bethel Terminal, and the CHSB Lobby. In Napaskiak, it took place at the Napaskiak clinic.

Winners of the drawing were Chris Larson of Napaskiak, Brian Blum of Bethel, Charles Allan of Bethel and Sharon Williams of Napaskiak.

As leaders in promoting health and wellness, we encourage our staff, community partners, villagers and patients to commit or re-commit to healthy, tobacco-free lives—not just for a day, but year around.

Quitting tobacco is a process

Most of us know all too well the devastating impact tobacco can have on people's health. Tobacco use is the single largest preventable cause of disease and premature death in the United States. Yet, 40 million American adults still smoke. The most important thing smokers can do to improve their health is to quit cigarettes and other forms of tobacco.

At the same time, we know tobacco is one of the strongest addictions one can have. The Great American Smokeout used to encourage smokers to quit cold turkey on a single day. We now know that quitting is a process. It starts with a plan, often takes



Tobacco Prevention and Cessation staff: Victoria Galanopoulos, Moses Ayagalria, Elin McWilliams, Henry George.

time and requires a lot of support. YKHC provides that support through our Tobacco Prevention and Cessation Program. A local team of certified tobacco treatment specialists are available to answer your questions and assist with a personalized quit plan. To find out more about the program call 907-543-6312. Additionally our colleagues at the American Cancer Society are available 24 hours a day, 7 days a week to provide support. To find out more, visit cancer.org/smokeout or call 1-800-227-2345.

The Tobacco Prevention Department would like to thank all contributors who made this ongoing event such a success. Thank you YKHC Dental Department for the donations of toothbrushes, toothpaste, and floss. Thank you Alaska Commercial Company, Swansons and Sammys Market for your generous donations of Thanksgiving turkeys and ham!

This is Quitting:

A New Resource to Help Tobacco Users Quit

Do you have a cell phone? We thought so...

The Truth Initiative and YKHC have partnered to develop a text messaging program to help tobacco users quit called This is Quitting. This free program helps you to set a quit date and stay tobacco free by sending you customized text messages to support you in your journey.

Using the program, you can receive feedback from others on the same journey, and receive customized messages of support when you are having relapses or cravings.

To get started, text QUITNOW to 907-891-7140

For extra support with cravings,
text COPE to 907-891-7140

If you slip up, text SLIP to 907-891-7140
for help getting back on track

To stop receiving messages,
text STOP to 907-891-7140

January, 2018

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 submitted the 95% Construction Documents and partners are now reviewing them. Architects Alaska is providing an architectural peer review of the design drawings. ASKW-Davis is updating its cost estimate based on the latest design drawings and a value engineering workshop has been held to look for cost saving opportunities to keep the program within budget.

Design review and coordination meetings were held for the Laboratory and Pharmacy areas to develop layout, equipment and phasing to minimize disruptions to service in these departments. Arcadis is coordinating design team questions related to lab equipment as ASKW-Davis prepares the "rough-in" for mechanical, electrical and plumbing fixtures.

Jones and Jones is working closely with YKHC to design the wall photo panels, ceiling circles and ceiling tiles that will be integrated throughout the hospital and clinic. These wall panels will include "words of wisdom" in Yup'ik, Cup'ik, Athabascan and English.

Furniture, Fixtures and Equipment

Medical: YKHC issued a Request for Proposals to qualified medical vendors to provide price proposals. Price proposals will be submitted January 24.

Dental: The RFP for Dental Furniture, Fixtures and Equipment Procurement and Installation Services was advertised in late November. Proposals are due January 4.

Non-Medical Equipment: The BNAP design team, including RSA Engineers, has been compiling non-medical equipment information on copiers, shredders, vending machines, etc. Arcadis is working with YKHC's IT department to define the computers, monitors, and IT equipment required for the PJCP. The RFP will be advertised in February 2018.

Non-Medical Furniture: YKHC has selected BiNW of Alaska, Inc. to provide the non-medical furniture and manage the associated phased procurement, shipping and installation.

Microturbine Power Generation Plant: YKHC is working with Coffman Engineers on the design for the Microturbine Power Generation Plant.

YKDRH Abatement Services: A meeting was held with YKHC, ASKW-Davis and Alaska Abatement to coordinate phasing of hazardous materials abatement in the existing hospital.



Metal panels installed on north wall, rigid insulation placed on west wall.

Construction

ASKW-Davis continues installation of the insulated metal panels at the interstitial space. Insulated siding placement was completed on the north wall of the clinic. Rigid insulation has been placed at all other exterior walls to help maintain heat. Permanent wall siding panel installation will be put on hold until spring.

Fireproofing was completed on the second floor and CUP, and the subcontractor is off-site until the next phase of the clinic is ready. The building is closed in, insulated and heated for winter construction activities.

Interior wall framing continues on the first floor along with installation of gypsum wall board at the tops of walls. Framing has begun on the third floor and the CUP, followed by installation of hollow metal door frames.

Sprinkler piping is substantially complete on the first, third and penthouse floors, with work progressing on the second floor.

Mechanical is focused on ductwork on the third floor and vertical shafts between floors. Plumbing is working on first floor. Electrical is concentrating on rough-in of boxes and conduits in the first floor walls. Swisslog arrived on site at the end of November to start installation of the pneumatic tube system.

YKHC Staff Housing

Due to heavy rain and winds in July and August, the housing construction project incurred water damage. Bethel Federal Services started corrective work after the mitigation plan was approved. Third-party inspection services have been contracted to monitor the construction progress and mitigation of water damage.

Each year, YK Delta residents are involved in accidents while traveling on the ice. Remember that traveling on ice can be a dangerous and risky activity. Like any other activity, be aware of your surroundings including ice condition. Avoid ice that is slushy, near moving water, layered ice, or ice that has thawed and refrozen. Only go on clear, thick ice! Be sure to gather information about ice thickness before traveling.



YKHC file photo by Vernon Kylook, Sunrise at Brown Slough.

ICE SAFETY TIPS

Don't be on the river unless necessary. Also never mix alcohol with any traveling! Alcohol affects good judgment.

If you do have to travel on the river, know the ice conditions. Check the ice thickness with an ice pick when in doubt.

Get to know the different ice types:

Salt Water Ice: Most dangerous, unstable to travel on because of tide changes. Avoid this type of ice.

Cloudy Ice: Milky white in color, it's snow that has been soaked in water and frozen again. It's dangerous even if several inches thick.

Dark Ice: Brown ice can be rotten. Black ice is thin! Don't travel on these types of ice at all! **DARK ICE IS THIN!**

Clear Ice: This type of ice is clear in color and is usually formed on ponds and lakes. It has small bubbles through out the ice. This type of ice is the strongest and safest to skate or travel on.

Traveling on ice:

Traveling is best done along the sandbar side of the river where there is little or no current. Here the ice freezes first and will be the thickest.

Light blue or dark areas with a lot of water on top of the ice are dangerous. This ice may be rotten. Don't take any chances.

Traveling near the mouth of sloughs, island points and the middle of lakes and rivers can be dangerous, currents and tide actions keep these areas thin.

Travel with a partner or with groups of people. It's best to go single file and spread out. (In case someone goes through, you'll be able to help and be away from dangerous ice).

Carry extra rope with something attached so that you can toss it to the victim and be able to pull the victim(s) out of danger. (example: empty milk container, empty gas container, pole, PFD,

back pack, etc.) Never try to rescue the victim alone. This makes you vulnerable to becoming a victim yourself.

Always tell a *responsible* person:

- Where you are going
- How long you will plan to be gone
- How many people are going
- What equipment you are taking
- When you plan to return
- The route you plan to travel

One of the reasons people fall through the ice is *carelessness*. They think the ice is safe to walk or drive on and don't think falling through can happen to them.

They also may be using alcohol or a mind-altering substance or both, which affects their judgment.

Most ice fall through accidents happen during and after freeze up of the seas, rivers, lakes and sloughs.

If the ice does start to crack, turn around and go in the direction you came from. If the ice tries to break, lay down and spread your weight out, then roll to safety in the direction you came from.

If you have an ice pick, use it to spread weight to prevent further cracking of the ice. Put it underneath you while holding on to it and go in the direction you came from.

If you do fall in, *Stay calm, don't panic!* If you panic you lose air that is trapped between clothing that could help keep you warm and afloat.

If you are wearing gloves, use them to help you out by letting them freeze to the ice and then pulling yourself forward (wait until the gloves are frozen to the ice) kick your legs to help pull you out. Put one leg up and roll back the way you came.

See ICE SAFETY, p. 10

HEALTHY LIVING

January 2018 – Goals for the New Year

2018 Community Activity and Garden Awards

The YKHC Diabetes Prevention & Control Program is currently inviting all communities in the YK Delta to apply for the 2018 Community Activity & Garden Awards.

We are encouraging city and tribal governments and other non-profit agencies to partner with us to develop long-term activity programs that will help prevent diabetes and other chronic health diseases by increasing healthy lifestyle opportunities for people living in our communities.

You can download the Application Documents and find more information on our website at www.ykhc.org/diabetes.

Application Submission Deadline is 5 p.m. February 15, 2017.

Thank you for supporting YKHC's Diabetes Prevention & Control Program and ultimately, the health of the people living in your community.

If you need assistance completing the application, please call 1-877-543-6133

With every New Year people make resolutions to eat healthier foods, exercise more, and lead healthier lives. While the intention is valid and admirable, few people actually follow through with the goals they set for themselves. This is mostly due to placing too much pressure on making sudden and drastic changes to current habits. Follow these examples to create simple and manageable changes to establish a new routine or habit one week at a time.

Example Goals for 2018			
Be Soda Free by December 31, 2018		150 Minutes of Exercise per Week by December 31, 2018	
Week One	Replace soda with water or unsweetened tea for one meal on Monday, Wednesday, and Saturday	Week One	Walk for 5-10 minutes after a meal on Monday and Wednesday
Week Two	Replace soda with water or unsweetened tea for two meals on Monday, Wednesday, and Saturday	Week Two	Walk for 5-10 minutes after a meal on Monday, Wednesday, and Saturday
Week Three	Replace soda with water or unsweetened tea for two meals on Monday, Wednesday, and Saturday and replace soda with water or unsweetened tea for one meal on Tuesday	Week Three	Walk for 5-10 minutes after two meals on Monday and Wednesday; walk for 5-10 minutes after a meal on Saturday
Week Four	Replace soda with water or unsweetened tea for two meals on Monday, Tuesday, Wednesday, and Saturday	Week Four	Walk for 5-10 minutes after two meals on Monday, Wednesday, and Saturday

As you see above, the two main goals are to completely replace soda with water or unsweetened tea or increase exercise time to 150 minutes per week by December 31, 2018. When trying to achieve either goal all at once, the chances of success is fairly low. However, by working toward being soda free with *slowly* replacing soda with water or unsweetened tea or increasing exercise time over the next 12 months, the chance of success is higher. This technique is also known as **SMART**.

- S Specific:** Make your goal as specific as possible
- M Measureable:** Make sure to have ways to measure your success
- A Attainable:** Make sure that this goal is acceptable for you and you have the resources, time, and effort available
- R Relevant:** Make sure this goal leads to what you want for your future
- T Timely:** Establish a time frame for your goal and make it flexible and realistic to keep your morale high

The key to making any kind of goal a reality is to stay consistent. If you happen to stumble from time to time, try not to be overly critical of yourself. Keep in mind that the example schedule of being soda free or by getting 150 minutes of exercise a week by December 31, 2018 can be applied to various activities that you want to do throughout the New Year.

By making small and consistent changes to your daily routine, over time you will develop new habits that lead to an overall improvement to your health and wellness.

Recipe of the Month

Baked Salmon



This is an easy dish to add to your collection of salmon recipes

Ingredients

- 2 garlic cloves, minced
- 1 large onion, chopped
- 2 carrots, chopped
- 2 medium potatoes, cut into 1 inch cubes
- 6 tablespoons of light olive oil
- 1 teaspoon of dried basil
- 1 teaspoon of salt
- 1 teaspoon of ground black pepper
- 1 tablespoon of lemon juice
- 1 tablespoon of fresh parsley, chopped (can substitute with dried parsley, celery tops, or cilantro)
- 2 salmon filets (6 oz each)

Instructions

1. In a medium glass bowl, prepare marinade by mixing garlic, light olive oil, basil, salt, pepper, lemon juice and parsley.
2. Place salmon fillets, onion, carrots, and potatoes in a medium glass baking dish, and cover with the marinade.
3. Marinate in the refrigerator about 1 hour, turning occasionally.
4. Preheat oven to 375 degrees F (190 degrees C).
5. Place fillets in aluminum foil, cover with marinade, and seal.
6. Place sealed salmon in the glass dish, and bake 35 to 45 minutes, until easily flaked with a fork.

Recipe modified from geniuskitchen.com. Image source: geniuskitchen.com

Cervical Cancer— causes, warnings, prevention and screening



Cervical cancer is cancer of the cervix, which is part of the female reproductive system.

Most cervical cancer is caused by the human papillomavirus (HPV). The good news is that cervical cancer can be prevented by a routine screening called a pap test and follow-up if needed. Sometimes an HPV test is done along with the pap test. In most cases, the presence of HPV and the start of abnormal cervical cells have no symptoms, so the best protection is early detection through routine pap tests.

Who needs PAP tests?

Women between the ages of 21-65 need a routine pap test, usually every 3 years or every 5 years.

How do I know if I am due for a pap?

Call Women's Health at 907-543-6990. We can let you know when you are due for your next pap, and we can schedule you an appointment if needed.

Too expensive to come to Bethel just for a pap?

The Women's Health Grant provides free travel for eligible patients who need a pap. To qualify for travel through the grant, you only need to answer a few questions that are asked at the time you schedule your appointment. Call 907-543-6990 for more information on Women's Health Grant travel.

What else can I do to prevent cervical cancer?

Get your kids vaccinated against HPV. HPV is known to cause cervical cancer, but it can also cause other cancers. The HPV vaccine is a three-dose series that can protect against the harms of this virus. If you could provide your child with a cancer-preventing vaccine, why wouldn't you? For more information, talk with your provider about getting your child vaccinated.

Cervical cancer is preventable. Don't hesitate to take the steps that are needed to prevent this disease. Do it for yourself. Do it for your family.

Health Aides of the Month: October 2017

Kotlik Clinic Staff—Jennifer Prince, Michaela Okitkun, Lori Mike

Village clinics around the YK Delta use ATVs and snow machines to respond in emergencies and to transport urgent patients to and from the clinic. The staff in Kotlik saw the need for a new ATV, since their ATV no longer was working. The staff came together to raise funds—they held a dance and sponsored a three-day basketball tournament for the community. They raised about \$4,000.

The Kotlik Traditional Council and Bill Moore Slough Bingo donated additional funds for the Kotlik Clinic’s ATV. In addition to the ATV donations from the council, they are also donating a new television for the clinic. This will be for the float health aides to use after hours when they are staying at the clinic.

YKHC’s mission, “Working Together to Achieve Excellent Health” really plays a role in the whole community. Support from the Council and positivity from the community is greatly appreciated.

Thank you, Kotlik Staff, council, and the community of Kotlik for coming together to care for your community.



Kotlik Clinic Staff and their new ATV.

Emmonak Celebrates Norma Shorty’s Retirement

Norma Shorty, CHP, celebrated her upcoming retirement from Emmonak SRC surrounded by staff, friends and family. Her last day at work was December 29, 2017.

Norma served Emmonak as a Community Health Aide/Practitioner since 1971—over 46 years of service to her community. She provided preventative, primary, urgent, emergent and obstetrical care to many residents of her home village, and has shared these skills and insights with her colleagues openly and readily over the years.

To commemorate her contribution to the Emmonak Sub-Region, she was honored with a door plaque which will be placed on the outer door of the Emmonak SRC Urgent Care area.

Congratulations and quyana cak’neq, Norma, for your care, concern, compassion, love, and humor. You will be well missed by your coworkers and village alike.

—Christina King-Talley, Emmonak Sub-Regional Clinic Administrator



Norma Shorty at her retirement celebration. The plaque will go on the door of the Emergency area.

ICE SAFETY TIPS, from p. 7

You can also use a knife to pull yourself to safety by jabbing it into the ice and pulling yourself out. Be very careful though you have a danger of seriously cutting yourself.

Beware of **hypothermia**, which is the cooling of the body core temperature. We lose heat from our head, neck, armpits, sides of chest and groin areas. Seventy-five percent of our body heat is lost from the head and neck areas. Keep them covered at all times.

Warm a hypothermia victim slowly; do not rub a victim’s legs and arms because it can send a wrong message to the brain. The heart starts pumping blood all over the body, sending cold blood from the legs and arms that can put the heart into shock and lead to a heart attack.

Try to get the victim out of their wet clothing and into shelter of some sort. Do not give the victim any sort of liquids. Always bring the victim to clinic or hospital for a check-up.

Remember to keep all small children off the ice!

You've Been Prescribed an Antibiotic, Now What?

Your health care team thinks that you or your loved one might have an infection. Some infections can be treated with antibiotics, which are powerful, life-saving drugs. Like all medications, antibiotics have side effects and should only be used when necessary. There are some important things you should know about your antibiotic treatment.

Your health care team may run tests before you start taking an antibiotic.

Your team may take samples (e.g., from your blood, urine or other areas) to run tests to look for bacteria. These tests can be important to determine if you need an antibiotic at all and, if you do, which antibiotic will work best.

Within a few days, your health care team might change or even stop your antibiotic

Your team may start you on an antibiotic while they are working to find out what is making you sick.

- Your team might change your antibiotic because test results show that a different antibiotic would be better to treat your infection.
- In some cases, once your team has more information, they learn that you do not need an antibiotic at all. They may find out that you don't have an infection, or that the antibiotic you're taking won't work against your infection. For example, an infection caused by a virus can't be treated with antibiotics. Staying on an antibiotic when you don't need it is more likely to be harmful than helpful.

You may experience side effects from your antibiotic

- Like all medications, antibiotics have side effects. Some of these can be serious.
- Let your health care team know if you have any known allergies when you are admitted to the hospital.

C.difficile diarrhea

One significant side effect of nearly all antibiotics is the risk of severe and sometimes deadly diarrhea caused by *Clostridium difficile* (*C. difficile*). This occurs because some good germs are destroyed when a person takes antibiotics. This allows *C. difficile* to take over, putting patients at high risk for this serious infection.

- Diarrhea caused by *C. difficile* can be serious and must be recognized and treated quickly. When you are taking an antibiotic and you develop diarrhea, let your health care team know immediately.
- The risk of getting *C. difficile* diarrhea can last for up to a few weeks even after you are no longer taking antibiotics. You should let your health care team know if you develop diarrhea even after you are no longer getting an antibiotic.

Antibiotic Resistance

Another serious side effect of taking antibiotics is the risk of getting an antibiotic-resistant infection later. Infections caused by antibiotic-resistant bacteria are often more difficult to treat. In some cases, the antibiotic-resistant infections can lead to serious disability or even death.



As a patient or caregiver, it is important to understand your or your loved one's antibiotic treatment. It is especially important for caregivers to speak up when patients can't speak for themselves. Here are some important questions to ask your health care team:

- What infection is this antibiotic treating and how do you know I have that infection?
- What side effects might occur from this antibiotic?
- How long will I need to take this antibiotic?
- Is it safe to take this antibiotic with other medications or supplements (e.g., vitamins) that I am taking?
- What can be done to lower my risk for antibiotic-related diarrhea or *C.difficile* infection? (e.g., probiotics)
- Are there any special directions I need to know about taking this antibiotic? For example, should I take it with food?
- How will I be monitored to know whether my infection is responding to the antibiotic?
- What tests may help to make sure the right antibiotic is prescribed for me?

Remember, antibiotics are life-saving drugs and they need to be used properly. If you have any questions about your antibiotics, please talk to your health care team.

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