



Dr. Marsha Dunkley and CHP Virginia Lozano recently went to Crooked Creek for a three-day village visit with Dr. Elizabeth Roll (inset). The team met with approximately one third of the village population, giving flu shots and providing chronic and preventative health care.

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## FYI

### Medicaid and YK-Pay Patient Travel

- Patients must travel on the airline that is designated on their itinerary. If you alter from your itinerary in any way you may be responsible for your own air fare, taxis, lodging and meals.
- Escort must stay with the patient at all times.
- Check in two hours prior to your flight's departure time.
- Remember to bring vouchers, identification, incidental money for items not covered by Medicaid, and snacks.
- Taxi vouchers are not to be used for any reasons other than your medical appointments, to and from lodging or to and from airport.
- If your travel plans change you must call **543-6625 for Medicaid** or **543-6360 for YKPay**.
- If you are in Anchorage, please contact your provider or Quyana Travel.

## 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  
Irrivik 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 Control & EMS ..... 543-6420

## ADMINISTRATION & SUPPORT

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

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

This institution is an equal opportunity provider.

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

## YKHC BOARD OF DIRECTORS

### Unit 1



Mary Ayunerak  
Alakanuk



Michael Hunt, Sr.  
Kotlik

### Unit 2



Geraldine Beans  
St. Mary's



Wassilie 'Wesley' Pitka  
Marshall

### Unit 3

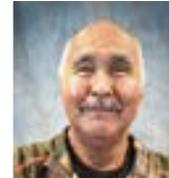


Bonnie Persson  
Upper Kalskag



Patricia Yaska  
Chuathbaluk

### Unit 4



Phillip K. Peter, Sr  
Akiachak



James Nicori  
Kwethluk

### Unit 5



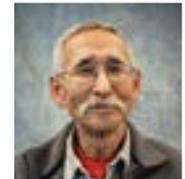
Stan Hoffman, Sr.  
Bethel



Gloria Simeon  
Bethel



Walter Jim  
Bethel



Chris Larson  
Napaskiak

### Unit 6



Unit 6 Seat is currently  
vacant.

### Unit 7



Adolph Lewis  
Kwigillingok

### Unit 8



Abraham David  
Mekoryuk



James Sipary  
Toksook Bay

### Unit 9



Patrick Tall  
Chevak



John Uttereyuk  
Scammon Bay

### Unit 10



Darren Cleveland  
Quinhagak

### Unit 11



Marvin Deacon  
Grayling

### Honorary Board

#### Member



James Charlie, Sr.  
Toksook Bay

# Message

from the  
President & CEO

I hope everyone had Happy Holidays! Now that we are entering 2019, I want to share with you some positive changes to look forward to at YKHC.

Over the next year, we will be briefing you on our Paul John Calricaraq Project (PJCP), which is the name given to our joint venture construction project with the Indian Health Service to refurbish and greatly expand our existing hospital. The PJCP is on time and on budget. The first phases of construction are forecasted to be completed by the end of 2019 with the last phase of the hospital completed in 2021.

In each Messenger edition over the next year, we will let you know of the new and expanded services that we will be offering. Recently, our new Diagnostic Imaging center was completed. Inside is a new computed tomography scanner, otherwise known as a CT. Our old CT was a 16-slice scanner. I am proud to say this CT is a 32 slice scanner and will have a much greater capability.

This month I want to introduce you to Director of Diagnostic Services Scott Cox, who will share more about our new Diagnostic Imaging center.



President and CEO  
Dan Winkelman

## NEW CT SCANNER LEADS THE WAY TO BETTER DIAGNOSTIC IMAGING

*by Scott Cox, Director of Diagnostic Services*

Since the beginning of June, Diagnostic Imaging has been undergoing an extensive remodel as part of the Paul John Calricaraq Project. Once completed, this center will primarily take images of emergency care patients. Another imaging center will open on the second floor of the newly constructed primary care building.

The first completed room for Diagnostic Imaging recently went fully operational after installation, testing, and staff training was completed. The suite is equipped with a Siemens Somatom Perspective, which brings modern hardware and software imaging technology to the YK Delta. The upgrade in imagery and data will aid in more consistent and proper diagnosis, and shorter turnaround time, for patients.

Along with the advances in technology, it's all about location. The CT suite is located right down the hallway from the Emergency Room. The first thing you will notice, compared to the previous suite, is that the double entry doors are significantly larger. This allows for quicker and more simplified access as well as portability—especially for those who need transport.



CT Technicians Ronald Fern and Nicholas Sanders with the new Siemens Somatom Perspective CT scanner.

see CLOSER LOOK, p. 6

# PRECISION MEDICINE RESEARCH A KEY TO BETTER HEALTH

by Bert Boyer and Scarlett Hopkins, Alaska Native Health Research

Precision medicine research (PMR) is a new area of health research to better understand why some people get certain diseases and others do not.

A person's health may be affected by many different factors and experiences in their lifetime. In PMR, researchers look for differences between people who have a health condition or disease and those who do not.

People who participate in PMR will often be asked to provide a lot of information about themselves, including providing a blood sample or other biological samples (e.g. saliva or stool), answering questions about their health habits, family health history, living conditions, the food they regularly eat, how well they sleep, and how active they are.

Some of this information may be obtained by answering surveys or wearing electronic devices such as a Fitbit that measure daily activity. Their biological samples might be used for genetic studies or to determine levels of cholesterol or blood sugar. The hope is that this kind of research could lead to better tests to predict and diagnose diseases, and to provide better care and treatment for patients.

Several diseases such as diabetes, cancer and heart disease are caused by multiple factors, including what a person eats, how active they are in life, whether they use tobacco, and whether they are exposed to troubling stressful events in their life, or to certain types of pollution.

Family members can also contribute to their children's overall disease risk through their DNA (genetic make-up) that they pass on to their children. The goal of PMR is to understand how all of these different factors work together to influence a person's disease risk.

## Pharmacogenetics Research

One example of PMR is pharmacogenetics research. Medications are often prescribed as "one size fits all" where each person receives a standard dose of medication. But not everyone responds to medications the same way. Some people may need a higher or a lower dose. Some people experience negative side effects from certain medications, ranging from something slightly noticeable to life-threatening.

How a person's body breaks down medication can be determined by factors like body weight, or other medications they are taking. A person's genetics can also affect the way their body breaks down medication and other substances.

Researchers hope that pharmacogenetics research will lead to a better understanding of how genetics influences the way people respond to medications. This knowledge could lead to the development of genetic tests that will help providers determine the best medication and the right dose for patients.

## Epigenetic Research in the YK Delta

An example of PMR currently being conducted in the YK Delta is epigenetic research. This is a new area of science that looks at how everything we are exposed to in our lives influences our protection from or risk for developing many diseases.

Bert Boyer and Scarlett Hopkins have been conducting research in the YK Delta for the past 17 years to understand how a Yup'ik diet rich in subsistence foods from the ocean may protect people from developing type 2 diabetes. They are studying many factors, including what people eat and their health habits such as smoking, how active they are and their sleep patterns.

All of these can change gene expression by modifying our DNA in ways that can be passed on to future generations. These epigenetic changes may occur to an unborn child during pregnancy and throughout one's lifetime to change gene expression. Many epigenetic changes are normal and a regular part of gene activities, but some epigenetic changes can increase a person's risk of developing certain health conditions.

The specific benefits that will come from PMR pharmacogenetic and epigenetic research cannot be predicted. However, it is hoped that this research will lead to better care and treatments for individual patients, and to better understand why some diseases are more common in some communities than others.

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For more information, call 907-543-6028



January 2019

## DR. PAUL JOHN CALRICARAQ PROJECT

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

### PJCP DESIGN

The Bettisworth North/ZGF Architects/Jones & Jones design team continues to provide construction administration services. The team continues working on exterior building signage and interior glass glazing. The building name will be determined by the YKHC Board in April.

### PJCP CONSTRUCTION

A commissioning meeting was held in early December with YKHC and the commissioning agent, Coffman Engineers, for coordination of work and contractor requirements prior to turnover of spaces and equipment.

First floor work includes finishing walls and soffits at the main entry area and stairs. Lighting circuits are being run and powered with panel termination in the electrical rooms. Electricians are pulling wire for PA system, door access and fire alarms. The architect's and engineer's above-ceiling inspections are underway, with the contractor completing punch list items prior to installing ceiling tiles. Work continues on wall framing and rough-in of electrical, plumbing and HVAC at the east end, with removal of the temporary construction loading docks. Exterior doors at the CUP are being installed.

Work continues at the second floor, including pulling communication cable, painting walls and door frames, ductwork terminations and insulation, and wall guard wainscot.

On the third floor, work progresses on plumbing medical gas and air, and electrical work at the north room headwalls. Casework and wall guard finishes are ongoing. Door access control cables were installed. Radiant heat panel plumbing tie-in was completed at perimeter walls. Final review of the headwalls in the labor and delivery rooms was scheduled for mid-December. Fire hydrant waterlines in the clinic interstitial space and connection to hydrants are complete. The new boilers are providing heat for the water line glycol heat trace and for temporary building heat until the building is permanently connected to AVEC heat lines.

### HOSPITAL RENOVATION

Certificates of Substantial Completion were issued for Phase 1A Housekeeping and Kitchen. The Certificate of Substantial Completion for Phase 2A Diagnostics CT area is forthcoming. Contractors are completing remaining punch list items from the architect's and engineer's inspections. Kitchen equipment startup and training was accomplished and videotaped. The new CT scanner was installed by Siemens the last week of November, with training for YKHC medical staff the following week. The old CT scanner is scheduled for removal mid-December, opening the space for the contractors to start demolition and begin renovation for Phase 2B Radiology.

Phase 1B Servery, adjacent to the new kitchen, is underway with demolition of the old housekeeping office and storage spaces followed by renovation for the new space. Ductwork, plumbing, insulation, and electrical rough-in are in progress. Structural steel upgrades are being installed at the first floor and interstitial spaces of the Servery. Water lines are being installed in the interstitial space for the new fire system and will also connect the existing storage tank.

### OTHER PROGRAM ELEMENTS

**Medical FF&E:** Arcadis and YKHC continue to refine the specifications and procurement list needed to purchase most of the medical equipment by December 31, 2018. Medical FF&E will be shipped to YKHC's consolidator in Lakewood, WA. YKHC is coordinating with manufacturers on direct purchase items. FF&E: Arcadis and YKHC are working with Burkhart Dental on dental equipment procurement.

**Furniture:** Arcadis and YKHC are working with BiNW on miscellaneous furniture additions and modifications to clinic and pharmacy areas. BiNW will provide planning and cost estimates for 2-bin shelving and medical equipment shelving.



Set up of new hospital kitchen by Dietary team

## CALLING ALL ARTISTS!

YKHC is soliciting artwork proposals for the new Hospital and Clinic until January 31, 2019!

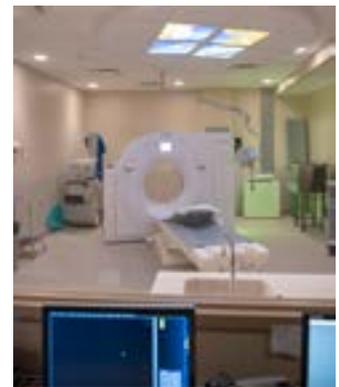
[www.ykhc.org/work/](http://www.ykhc.org/work/)

# A Closer Look

## Diagnostic Imaging



Left: The Siemens Somatom Perspective in the new CT room at the hospital. Below, the view from the control room.



### Continued from page 3

The entrance to the control room is adjacent to the double doors, giving the technologist a better oversight of the patient from the control room. The view is better, and the exit from the control room into the exam area is much less cumbersome. This is important to ensure patient safety—monitoring for movement that could lead to injury, providing assistance when a patient feels uncomfortable, and ensuring they remain positioned properly.

Additionally, image quality will be improved, with fewer repeat scans needed. And with fewer repeat scans, the total amount of radiation during the examination process is reduced significantly.

Which brings up an important safety factor: Keeping the amount of radiation exposure to a minimum during an examination. Preventing undue exposure to radiation is important to reduce the possibility of acute and cumulative long-term symptoms from occurring. With the new CT, exposure is decreased by at least 30 percent and can be decreased by as much as 50 percent compared to our old CT, depending on the exam and the location being scanned.

The software also speeds up the acquisition and transfer of the images from the CT into the control console, where the technologist can determine that the correct anatomy is in the image, and that the quality is adequate for correct diagnosis at the time of the exam.

The shorter exam time will also make the procedure more comfortable, since patients won't have to hold still as long. We will also be able to offer more types of exams, some of which have not previously been available. The opportunity for adding new exams to the CT menu will potentially give us the capability to identify certain conditions and illnesses locally, without having to send patients outside the region.

We are very excited about all of the improvements we have to offer. With this first piece of PJCP being completed, we are contributing to improving the overall patient experience by making people more comfortable, shortening the exam time, reducing radiation exposure, and increasing accessibility. We are widening the scope of CT capability with better image quality, leading to better diagnosis and treatment. We are overjoyed to be kicking off the first leg of completion of the PJCP and to offer these enhanced services to our patients.

## WINTER SAFETY TIPS

### Shoveling Snow

With snow storms, and even every day, run-of-the-mill snowfalls, comes a risk of death by shoveling. Picking up a shovel and moving hundreds of pounds of snow, particularly after doing nothing physical for several months, can put a big strain on the heart.

- Do not shovel after eating or while smoking.
- Take it slow and stretch out before you begin.
- Shovel only fresh, powdery snow; it's lighter.
- Push the snow rather than lifting it.
- If you do lift it, use a small shovel or only partially fill the shovel.
- Lift with your legs, not your back.
- Do not work to the point of exhaustion.

### Snow Blower Safety

- If the blower jams, turn it off.
- Keep your hands away from the moving parts.
- Do not drink alcohol and use the snow blower.
- Be aware of the carbon monoxide risk of running a snow blower in an enclosed space.
- Refuel your snow blower when it is off, never when it is running.

## Safety Tips for Snowmachines

Why is snowmachine safety important?

- It is a very common form of travel between villages
- Isolation, weather and trail conditions can make travel unsafe

What should I be aware of while traveling by snowmachine?

- The fact that each year residents are involved in accidents and some deaths while traveling this way,
- Weather and trail conditions,
- Avoid ice that is slushy, near moving water, layered, or ice that has thawed and refrozen. Only travel on clear, thick ice,

How can I be prepared for traveling by snowmachine?

- Prevent exposure resulting in hypothermia by dressing appropriately: Inner layer to wick moisture from the skin—synthetic or wool. Middle layer to provide additional insulation and absorb moisture—cotton or wool. Outer layer to protect from wind, wet and cold—nylon or oilskins,
- Do not travel alone,
- Complete an outing assessment and trip plan,
- Conduct a pre-ride inspection to include oil and fuel levels,
- Wear safety gear including helmet and goggles,

Speed considerations: Speed should be maintained according to weather and terrain conditions and the ability of the operator.

## EATING HEALTHY IN TUNUNAK

Diabetes Prevention would like to thank the Native Village of Tununak for proclaiming November as National Diabetes Month in their community. The signing of this proclamation stressed the importance of eating healthy, exercising, and reducing stress as a means of preventing the development of Type II Diabetes and other chronic health problems.

If you or your community are interested in learning more about different ways to live a healthier life, please contact Diabetes Prevention at 543-6133 or by email at [Diabetes\\_Program@ykhc.org](mailto:Diabetes_Program@ykhc.org).



## RECIPE OF THE MONTH

### Balsamic Roasted Vegetables

#### Ingredients:

- 6 cups of assorted vegetables – a combination of some or all of the following vegetables works well: onion, cauliflower, carrots, celery, sweet potato, butternut squash, mushrooms, and tomatoes
- 1 Tablespoon olive oil
- 3 Tablespoons balsamic vinegar
- ½ teaspoon salt
- ½ teaspoon pepper

#### Instructions:

1. Preheat your oven to 425 degrees and coat a sheet pan with olive oil
2. Chop the vegetables into one inch pieces
3. Toss vegetables in the oil, balsamic vinegar, salt and pepper
4. Spread vegetables on a single layer on the sheet pan and roast in oven for 20-30 minutes, tossing and flipping them over about halfway through, or until veggies are tender

*Adapted from [www.cupcakesandkalechips.com](http://www.cupcakesandkalechips.com)*

# Healthy Living

## MAKING NEW YEARS RESOLUTIONS? “FOCUS ON FOUR”

By Shane Paulson, Board Certified Exercise Physiologist, Director of Community Health and Wellness

Happy New Year on behalf of myself and our teams in the YKHC Community Health and Wellness departments! It's the time of year when many consider making resolutions to start new healthy habits. I thought I'd share some information that might help motivate your plans for 2019.

Heart disease and stroke together are the number one killer in the United States, accounting for about 810,000 deaths each year. The medical and productivity costs of heart disease and stroke are estimated to be \$316 billion per year. Cancer follows with about 600,000 deaths each year and 1.7 million new diagnoses. Cancer costs an estimated \$174 billion per year.

Diabetes is another disease that develops over time and its complications push it into the top three healthcare issues we face. Would it shock you to learn 29 million people have Diabetes while 86 million more have pre-diabetes? It is estimated that one in four people with diabetes don't know they have it. It's also estimated that diabetes costs \$245 billion each year.

There are other chronic diseases like Alzheimer's, arthritis, epilepsy, lupus, lung disease, obesity, high blood pressure and tooth decay. The Centers for Disease Control (CDC) says 75% of chronic disease is preventable. Obesity, for example, affects one in five adults and one in three children. Obesity increases the risks of developing other diseases like diabetes, heart disease and even some cancers. Obesity is a condition that is completely preventable. We can prevent many health risks and problems if we do the right things.

*What are those 'right' things? Let's focus on four.*

### #1 TOBACCO: Don't Start or Stop Now

Tobacco use is the leading cause of preventable death! Smoking and chewing tobacco are directly related to the development of cardiovascular disease and cancer. A 2015 Alaska Health Survey showed YK Delta smoking rates were twice the national average, and that use of chewing tobacco was seven times the national average.



Smoke and tobacco chemicals can linger in a space, or on clothes, and expose children, family and elder non-users to

these harmful risks. Every year, November 15 signifies *The Great American Smoke Out*, but we hope that all tobacco users will consider quitting any day, as soon as possible.

Because tobacco is so addictive, even the high cost or fear of disease and early death is often not enough for one to commit to quit.

**At YKHC Tobacco Prevention we have resources to help people break the addiction and move away from tobacco—call 543-6312 for information and assistance.**

Each of us, in our own way, can help children and others understand that tobacco is not part of our culture and the best way to quit is to never start—this is true prevention. Succeeding in this one resolution or helping someone else in their efforts to stop tobacco is my number one recommendation for your 2019 health efforts!

### #2 INCREASE PHYSICAL ACTIVITY AND EXERCISE: 60 minutes per day

By definition, all movement is activity. Exercise is activity that is done at an intensity and duration that is sufficient to cause our physiology to adapt and improve.



Without this stimulus to keep our body's systems running efficiently, they become less efficient, or weak, and this is where chronic disease gets started and can progress.

A good goal is to be physically active at least 60 minutes per day. You can do small amounts several times a day or all at once. Going for a brisk walk every day and doing some work with your muscles, like pushups on the living room floor or squats at the kitchen counter can help improve heart health, reduce

# Happy New Year...Here's to your Health!

body fat (obesity), and even prevent diabetes. Studies show that starting an exercise routine in conjunction with stopping tobacco increase adherence to both programs!

Start with walks on a convenient schedule and build over time. Try to exercise one hour every day and not miss more than two days in a row! Children should be encouraged to have at least 60 minutes of active play every day; they'll be healthier adults!

Whether your goals are for health or fitness, **YKHC's Diabetes Prevention can provide resources and education about how to start, maintain and progress your exercise program. Call 543-6133 anytime to learn more.**

## #3 REDUCE SUGAR INTAKE: Learn about healthy eating

Food is fuel that makes our bodies move. Much of the processed foods we buy at the store have added sugar to make them taste good. Many of our drinks like soda pop, Kool-Aid, and Tang are loaded with sugar. If we don't burn off this excess energy with physical work or exercise, it starts to be stored in our body as fat and can even elevate blood sugar concentrations, which is the early disease process of diabetes.



**Diabetes Prevention has education and support programs to help people learn about healthy eating and how it can prevent diabetes and other health problems. Call 543-6133 to learn more.**

Another of YKHC's resources for providing nutrition and education is the Women, Infants, and Children (WIC) program. It is designed to provide nutritious food to mothers and children during the period of life that is the foundation for our physical and mental development.

If you or someone you know would like to learn about this resource, you can **contact YKHC's WIC program by calling 543-6447**. Learning to avoid added sugar in food is a life-long commitment and a great priority for your 2019 resolutions.

## #4 Avoid Alcohol

Excessive alcohol consumption is attributed to one tenth of adult deaths. Alcohol poisoning and accidents while under the influence of alcohol are completely preventable.

Alcohol consumption can cause high blood pressure, heart disease, stroke, liver disease, digestive problems, cancers of the breast-mouth-esophagus-liver and colon. Alcohol consumption can lead to memory problems, dementia, depression, anxiety, and create alcohol dependence or alcoholism.

**YKHC's Behavioral Health Services has resources to help individuals break free from alcohol. Call 543-6100 to learn more about helping yourself or a loved one who wants to stop and needs some help.**

## COMMITMENT: The key to success

Making these changes can be difficult. Sometimes it takes many efforts to stop tobacco, or continued focus to reduce the sugar-added foods we buy and eat. Sticking to a new exercise program is the number one problem people report with exercise—we tend to lose our motivation or feel defeated if our willpower fails a little bit.

**Success comes from your commitment to start over if you fall out of your program. If you just keep working at these four things over the next year, you'll find it gets easier as long as you keep trying.**



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1-800-QUIT-NOW  
IT'S FREE. IT'S CONFIDENTIAL. AND IT WORKS.  
alaskaquitline.com

# CHAP NEWS

## Community Health Aide Program

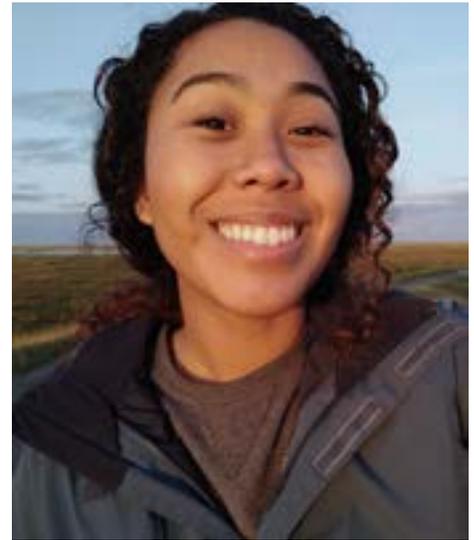
### NOVEMBER 2018 HEALTH AIDE OF THE MONTH: Jovani Brown, CHA II from Chevak

Jovani Brown is from Chevak, one of the busiest clinics in the YK Delta, with a population of about 1,000 and where the coastal weather is changeable from day to day, sometimes hour to hour. Jovani continues to care for her village day and night, even with the challenges she faces.

The weather is one of the biggest challenges. In rural Alaska, people travel and start moving when the weather allows. Travel is mostly by air, especially when rivers are still dangerous to travel on. Like changes in the weather, emergencies and trauma can happen any time, anywhere without notice. Jovani recently used her quick judgement to provide additional care for a patient before a bad storm came in, incurring an expense that helped the patient get to their destination. Jovani went above and beyond, thinking outside the box to get her patient to further treatment.

Health aides all across the YK Delta provide care for everyone in their communities. Whether it's delivering a baby, caring for a sick child, caring for teens, or adults and Elders, our health aides are there day and night. Care sometimes does not stop at work; it continues outside of work. Health Aides help with flights, answer phone calls at wee hours of the night about what to do with medication dosing, and are even stopped by patients in the grocery store. We thank all Health Aides from all over the YK Delta for providing care for their communities!

—Katherine Evon, BS, Field Supervision Coordinator



Jovani Brown

### A FOND FAREWELL...

The Community Health Aide Program is saying goodbye to two instructors who have dedicated a combined 41 years to teaching Health Aides.

Chester Mark started with the program in 1990 and Myrna Peter came in 2005. Over the years they have been instrumental in Health Aide Training and have been advocates for the Health Aides. Their expertise will be missed and we wish them well as they start the next chapter in their lives.



## BEHAVIORAL HEALTH AIDE FORUM



ANTHC recently hosted the annual Behavioral Health Aide Forum in Anchorage. The forum is a three-day training opportunity for BHAs to assist with their continuing education and meeting requirements for certification. Pictured at the event from YKHC are BHA-Ts (kneeling) Adrienne Beans, Mountain Village; Dinetta Morris, BHA supervisor; Veronica Babich, St. Mary's; Pearl Semaken, Hooper Bay; (Back Row) Bessie Francis, Toksook Bay; Elizabeth Bell, Hooper Bay; Greg Bell, Director of Outpatient Services; Martha Olick, Kwethluc; Starr Abdiu-Lucas, Bethel; Evelyn Yazzi, Aniak; and Dora Johnson, Napaskiak.

—Greg Bell, Ed.S., LPC-S, RPT, BHP, Director of Outpatient Services, Behavioral Health

## STAFF MOVES

### Coder Certification

Congratulations to Lauren Ashepak who recently passed the AAPC Certified Professional Coder exam. Lauren has been with YKHC for 11 years, advancing through the Health Information Management career ladder and we are ecstatic she has accomplished this milestone we have envisioned with her.



—Lianna Brown, Coding Manager, Revenue Cycle

### New Employee Relations Manager

Please welcome our new Employee Relations Manager Dean Vaillancourt to Human Resources! Dean comes to us from Massachusetts with 32 years of HR experience. Dean has previously worked for General Dynamics, FedEx and Broad Ridge. His wife is a teacher and their son is currently in college.



### New Benefits Specialist

Please welcome our new Benefits Specialist Shanna Perry to Human Resources. Shanna is from Bethel and attended Mount Edgecumbe high school. She worked previously at the Kuskokwim clinic in outpatient care. Shanna is new to HR but says she is very excited for the new environment.



## Connecting Alaska Native People to **QUIT** Smoking

# CAN Quit Study

To participate in the research study you must be an Alaska Native person.

### You must:

- be 19 years or older
- be willing to use Facebook
- have internet access
- be currently smoking
- be willing to try quitting
- **NOT** be in a quit smoking program right now

The Alaska Native Tribal Health Consortium and Mayo Clinic want to learn how to help Alaska Native people who smoke.

If you join, you will take part in a phone interview for up to one hour. You will give opinions on content we created for a Facebook group. The group connects Alaska Native people to quit smoking.

Receive a \$25 Visa gift card for your time.

<http://www.mayo.edu/research/can-quit-study>

Contact toll free #: (833) 874-2522

or email [canquitstudy@mayo.edu](mailto:canquitstudy@mayo.edu) to participate.



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

NIDA funded # R34DA046008-01

IRB # 2017-12-054

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## WHO'S COMING TO A CLINIC NEAR YOU?

The following providers will be bringing healthcare services closer to your home in the coming months. To schedule an appointment time, contact your village health clinic.

Dates are subject to change dependent on weather.

### January 2019

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#### DENTAL

<b>Kwigillingok:</b> Sean Davis, Dentist .....	1/7-18
<b>Chuathbaluk:</b> Conan Murat, DHAT .....	1/7-11
<b>Scammon Bay:</b> Sadie Green, DHAT .....	1/7-11
<b>St. Mary's:</b> Bernadette Charles, DHAT with Janelle Amos and Kara Stevens .....	1/7-10
<b>Russian Mission:</b> Carrie Tikiun, DHAT .....	1/14-18
<b>Chevak:</b> Sadie Green, DHAT .....	1/21-25
<b>Scammon Bay:</b> Erin Feller, Dentist .....	1/23-2/1
<b>Sleetmute:</b> Carrie Tikiun, DHAT .....	1/28-2/1

#### FAMILY MEDICINE

<b>Kipnuk:</b> Sara Omary, RN, MSN .....	1/7-9
<b>Toksook Bay:</b> David Compton, MD/OBHYN .....	1/7-10
<b>Chevak:</b> Sandy Beeman, PA-C .....	1/8-10
<b>Tuluksak:</b> Kevin Krennek, FNP .....	1/14-17
<b>Pilot Station:</b> Vicki Lear, PA-C .....	1/15-18
<b>Chevak:</b> Linda Hewett, FNP .....	1/22-24
<b>Scammon Bay:</b> Rebekah Diky, PA-C .....	1/29-31
<b>Upper Kalskag:</b> Colleen Brit, FNP and Agnes Nicoli .....	1/29-2/1
<b>Hooper Bay:</b> Jeff Thompson, PA-C .....	1/28-2/1
<b>Mountain Village:</b> Vicki Lear, PA-C .....	1/28-31

#### HEALTH AIDE TRAINING

<b>Toksook Bay:</b> Brandon Nelson .....	1/28-2/1
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### February 2019

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#### DENTAL

<b>Sleetmute:</b> Carrie Tikiun, DHAT .....	2/1
<b>Upper Kalskag:</b> Conan Murat, DHAT .....	2/4-8
<b>Marshall:</b> Steven Burnett, Dentist with Nadine Long .....	2/4-8
<b>Scammon Bay:</b> Sadie Green, DHAT .....	2/11-15
<b>Russian Mission:</b> Carrie Tikiun, DHAT .....	2/18-22
<b>Pilot Station:</b> Steven Burnett, Dentist .....	2/10-15
<b>Holy Cross:</b> Conan Murat, DHAT .....	2/25-28

#### FAMILY MEDICINE

<b>Chevak:</b> Sandy Beeman, PA-C .....	2/12-14
<b>Scammon Bay:</b> Linda Hewitt, FNP .....	2/19-21
<b>Chuathbaluk:</b> Rachael Youngblood, FNP and Rachel Konteh .....	2/26-28
<b>Mountain Village:</b> Denise Tran, FNP .....	2/26-28

### March 2019

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#### DENTAL

<b>Crooked Creek:</b> Carrie Tikiun, DHAT .....	3/4-8
<b>Grayling:</b> Erin Feller, Dentist .....	3/11-15
<b>Chevak:</b> Sadie Green, DHAT .....	3/11-15
<b>Anvik:</b> Conan Murat, DHAT .....	3/18-22
<b>Pilot Station:</b> Bernadette Charles, DHAT with Janelle Amos and Kara Stevens .....	3/18-22
<b>Stony River:</b> Carrie Tikiun, DHAT .....	3/25-29

#### FAMILY MEDICINE

<b>Lower Kalskag:</b> Colleen Britt, FNP and April Mattson .....	3/4-7
<b>Chevak:</b> Sandy Beeman, PA-C .....	3/5-7
<b>Scammon Bay:</b> Rebekah Diky, PA-C .....	3/12-14
<b>Pitka's Point:</b> Denise Tran, FNP .....	3/12-14
<b>Grayling:</b> Rachael Youngblood, FNP with Agnes Nicoli .....	3/19-22
<b>Chevak:</b> Linda Hewett, FNP .....	3/19-22