

Kanjiqsirugut News

kang-ik'-see-roo'-koot (Iñupiaq): we understand

Spring 2018

The Newsletter of Norton Sound Health Corporation

No. 68

State seeks region's input on plan to address opioid crisis

What will it take for Nome and the surrounding region to successfully combat opioid and heroin use?

That question led to a long conversation between about 20 community members and several State of Alaska representatives on February 27.

The region provides many avenues for youth and adults to steer clear of substance abuse, including summer

camp, after-school activities, sports, and art and education opportunities. Yet it has not been immune to the impacts of heroin and opioid misuse.

During the state-sponsored "Your Voice, Your Community" opioid discussion at the Mini-Convention Center, led by the Office of Substance Misuse and Addiction Prevention (OSMAP), several people shared how

addiction has reached their circle of friends, family and coworkers.

"Sister and nephew addicted," someone wrote on a post-it note attached to a banner encouraging people to share how the opioid/heroin epidemic has touched them.

"See change in the community," wrote another person.

"Inability to maintain employees,"

wrote yet another.

The purpose of the discussion was to feed information about Nome's response, as well as the region's, to opioid misuse to the state, so ideas can be used in creating a comprehensive plan to address the epidemic. OSMAP officials, along with representatives from the Department of Public Safety and

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Nurse Call Line improves patient care

It was fall time in Savoonga when there was a report of a Honda accident more than 50 miles out of town.

Preston Rookok, Savoonga search and rescue coordinator and Norton Sound Health Corporation board member, knew what to do first: He called NSHC's Nurse Call Line to report the accident with injuries.

There was no airport near the accident site, no way to transport the patient safely, he told the nurse.

By the time he hung up and dialed the Alaska State Troopers for help, they were already responding to the accident. While on the call with Rookok, the nurse had contacted

"The rescue happened a lot easier because we didn't have to transport the victim."

NSHC Emergency Medical Services staff, who immediately contacted the troopers and U.S. Coast Guard, which had a helicopter available in Kotzebue.

"It was incredible that all parties worked together to make this effort work," said Rookok.

The quick coordination meant a faster response than what was available in Savoonga. Unfortunately, the patient later died from injuries

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And much more ...



Photo: Reba Lean

NSHC's Village Facilities Management team works to keep clinics in top shape. Front: Chase Gray, manager; Mandy Ellanna, admin assistant; Samuel Ahkinga, Diomedes; Sharosha Tocktoo, Brevig Mission. Second row from left: Angela Gorn, NSHC president & CEO; Joseph Akaran, St. Michael; Larry Sereadlook, Wales; John Apangalook, Gambell; Alfred Ningeulook, Shishmaref. Back: Paul Bekeolak, Shaktoolik; Bredan Tran, Nome; Calvin Kiyuklook, Savoonga; Lonny Booshu, Nome, Shane Saccheus, Elim; Isaac Okleasik, Teller. (since photo was taken, have added Joseph Musich and Alexander Gray in Nome, Christine Nassuk, Koyuk, and Digna Andrews Jr., Stebbins. Lonny Booshu and John Apangalook no longer with the department).

Training program hits nail on head for clinic maintenance workers

Your village clinic is an important place. It needs to be in top shape and ready when you need health care.

Thanks to a partnership between Norton Sound Health Corporation and the University of Alaska Fairbanks Northwest Campus, NSHC's village clinic maintenance technicians are learning to troubleshoot issues, prevent problems, and make repairs to keep area clinics up and running.

"When our local techs begin, most of them have minimal experience in

the maintenance field," said Chase Gray, manager of NSHC's Village Facilities Management Department.

"These classes provide hands-on experience, which builds up confidence. We are helping to build a local workforce in each village."

NSHC is putting 11 village-based and several Nome-based maintenance staff through UAF's facility maintenance occupational endorsement program at Northwest Campus.

Students must pass nine courses

on topics like interior repairs (dry-wall, woodwork trim, window replacement), flooring installation (vinyl, wood, parquet), and boiler troubleshooting and burner repair. Instructors from Fairbanks and Anchorage teach the courses in an NWC classroom or an NSHC shop.

The trainings began in fall 2016. Four technicians are now on track to receive their endorsement at NWC's May commencement ceremony.

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Angie's Report

Angela Gorn
CEO & President

Norton Sound Health Corporation's fiscal year 2018 is off to a great start, and the NSHC Administrative Team is to be commended.

The Board of Directors approved a \$150 million operating budget for this fiscal year (October 2017 through September 2018). The budget includes over 700 employees: 150 based in our villages, and 500 based in Nome.

Our human capital remains our most important asset. Workforce development strategies include cultural sensitivity and humility training and customer service training.

It is our goal to improve health care delivery through our new patient-centered care model. The model integrates an entire team—provider (physician, mid-level, or health aide), behavioral health/village-based counselor, nurse case manager, social worker, and educators—to provide a quality health care experience for you and your family. NSHC is the first tribal health organization in Alaska to be recognized for implementing this care model.

NSHC is blessed to have the ability to provide such care, which is sustained by remaining financially strong.

Our finance staff successfully increased cash collections by \$11 million last year (from \$53 million the prior year up to \$64 million). Much appreciation goes to our tribal members for applying for insurance coverage—Medicaid, Medicare, or other third-party insurance—as this allows the limited funding we receive from Indian Health Services (less than 50% of our operating budget) to go further. Medicaid Expansion has allowed for an additional 1,050 individuals to be covered.

The NSHC Board of Directors is reinvesting funds to ensure all communities have access to state-of-the-art facilities and adequate housing.

Construction will start this June in Shaktoolik for a new community health clinic. Both Gambell and Savoonga opened the doors of their new facilities in September 2017. Two new duplexes will be built for health professionals and a village public safety officer this summer in Savoonga, and NSHC has purchased the former health clinic in Golovin to modify into housing for a health aide or other traveling health professionals.

An MRI addition and machine, currently under construction, will be operational in October 2018.

NSHC's top priority for FY2019 is to secure capital funding for the Wellness and Training Center, a multipurpose building that will provide intense day treatment and detoxification services for patients and families coping with opioid addiction and other substance abuse. The second level of the building will expand NSHC's Health Aide Training Program.



Photo: Esther Pederson

Meet NSHC's administrative team

Standing, from left: Kelly Bogart, assistant vice president for Hospital Services; Balla Sobocienski, executive assistant; Chris Bolton, chief operating officer; Laurel Katchatag, administrative advisor; Reba Lean, public relations manager; Debbie Peacock, chief financial officer; Phil Hofstetter, vice president for Hospital Services; Maggie West, administrative advisor; Becca Luce, administrative advisor; Kirsten Timbers, Human Resources director; Shannon Miller, administrative assistant; Meredith Ahmasuk, administrative assistant. Front from left: Darlene Trigg, assistant vice president for Community Health Services; Angie Gorn, CEO; John Kitchens, compliance/general counsel; Lucy Apatiki, vice president for Community Health Services. *Not pictured: Megan Alvanna Stimpfle, self-governance liaison; Megan MacKiernan, quality improvement/risk management director; Devynn Johnson, administrative advisor; Mike Kruse, facilities director; Chase Gray, assistant facilities director; Mandy Ellanna, Village Clinic Improvement Program manager.*

NSHC building addition for MRI machine

Last fall, a resounding clanging of metal on metal signified the beginnings of an MRI hospital addition project.

An MRI (magnetic resonance imaging) machine will help reduce travel and wait times for NSHC patients in need of the detailed image testing. Each year, around 350 patients travel outside of the region for MRI testing. In a 2016 community health needs survey, participants ranked an MRI as the fourth-highest health care need.

NSHC's Board of Directors wanted to include an MRI machine in the new hospital that opened in 2012, but Indian Health Services funding formulas indicated our region's population was too small to qualify for an MRI machine.

The hospital already has X-ray machines and a CT scanner, but MRI images are more detailed, and, unlike CTs and X-rays, MRIs do not use radiation. Instead, they use a powerful magnet and radio waves to create high-resolution cross-section images of bones and soft structures inside the body.

NSHC's Board approved \$5.86 million for the MRI addition. It is now under construction behind the hospi-

tal's Emergency Department. Patients may hear some noise as work continues through the summer, but won't see much of the action from the emergency room. It was important to board members that the addition be part of the hospital building, not a separate structure.

A corridor leading to the machine will start from the first floor hallway connecting Quyanna Care Center to the main hospital. This will be the only publicly visible construction for the next few months from inside the hospital; the rest will go on behind the scenes.

Substantial completion of the addition is expected for October of this year, but the first MRI images may not be taken until the beginning of 2019.

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Maria Dexter, Eva Menadelook, and Evelyn Karmun make up the Nome-based tribal healer team. A fourth tribal healer, Marian Mike (not pictured), joins their ranks but will remain Stebbins-based.



Photo courtesy of Patricia Pungowiya

Savoonga baby is NSHC's first of 2018

Rylan Curtis Pungowiya became Norton Sound Health Corporation's first baby born in 2018 on January 7. The healthy baby boy, weighing 6 pounds 14 ounces, arrived early — he wasn't expected for another two and a half weeks.

"I was surprised," said mom Patricia Pungowiya on finding out her son was the first baby of the year—especially since 2018 was already one week old. Dr. Julie Sicilia helped deliver Rylan, who arrived at 2:15 a.m., measuring 18.5 inches long.

"He's doing great," Pungowiya said from home in Savoonga in January. "He's already grown an inch and three-quarters."

Rylan is Patricia and Danny Pungowiya's fourth son. He will grow up with older brothers Kayden, Clarence, and Jonathan.

Rylan's family includes great-grandparents Maryann Wongittilin and Amelia Kingeekuk; maternal grandparents April Wongittilin and Mitchell Toolie; and paternal grandparents Adeline and Perry Pungowiya. All were very excited for his arrival.

Perry Pungowiya named his new grandson Savwaaghhaq in St. Lawrence Island Yupik, which means "little harpoon head with a shaft."

Tribal healing team grows by two

In 1998, Evelyn Karmun was working as a registration clerk at Maniilaq Association's outpatient clinic when she first became interested in becoming a tribal healer.

Sitting near the clinic's waiting area, she watched a mother and son arrive. She noticed the boy's abdomen was wrapped in a bandage that contained some sort of medicinal plant. She was struck by the sight and thought, "I want to learn how to do that!"

When an opportunity to join Maniilaq's tribal doctor training program popped up about a month later, Karmun jumped at the chance to become a trainee. In 2004, after several years of training and practice, her fellow tribal healers gave her their blessing, and she became a tribal doctor.

Evelyn recently joined the NSHC Tribal Healing Team. She was convinced to move to Nome by her colleagues, Maria Dexter and Eva Menadelook, who had traveled to Kotzebue to train under her guidance in 2005 and 2014, respectively.

Like the other tribal healers, Karmun's toolkit consists mostly of her hands. She can work to align ligaments,

tendons and organs, and can help ease neck and back pain. She also deals in prenatal care. While she doesn't use many medicinal plants in her practice, she does like to educate patients to use the plants she knows would help them.

Dexter and Menadelook had shorter formal training than Karmun, but both women had prior experience in the healing field. They both worked as community health aides — Dexter in Golovin and Menadelook as an itinerant who traveled out of Nome to where she was needed.

The second new member of NSHC's tribal healer team is Marian Mike, who worked as a health aide in Stebbins from 1987 to 2006 and is well versed in healing.

Though Marian starts as a tribal healer in April, her fellow tribal healers say she needs little guidance because of her long years of experience as a health aide.

Mike will continue to be based out of Stebbins, while the Nome-based tribal healers continue to treat patients in Nome and travel to surrounding villages as much as possible to treat residents there.

Nome clinic lauded for patient-centered approach

As of February, NSHC's Nome Primary Care Clinic is recognized by the National Committee for Quality Assurance as a Patient-Centered Medical Home at the highest level.

According to the NCQA, research shows that PCMHs improve quality, reduce costs for patients, improve the patient experience with comprehensive and coordinated care, and improve staff satisfaction through efficiency.

Qualifying as a PCMH meant NSHC organized a team approach to patients' health care to improve patient outcomes and consistency. The patient-centered care team includes case managers to coordinate medical care, as well as the pharmacy, Behavioral Health Services, laboratory, WIC, CAMP, and other NSHC departments.

As a PCMH, NSHC is eligible for additional funding from the Health

Resource Service Administration and other sources.

Several NSHC employees put a lot of time and effort into making this recognition happen, including Amy Hollis, Richelle Fisher, Kelly Keyes Zweifel, Megan Mackiernan, Mark Schroeder, and Preston Robler.

The recognition is an indicator of a systemic shift in patient care delivery at NSHC, which includes many more employees and departments.

There are 30 health centers in Alaska that are recognized as PCMHs.

Of those, 17 (including NSHC PCC) achieved Level 3 recognition, which is the NCQA's highest level.

NSHC will be eligible for review and re-evaluation in three years.

NSHC hopes to work in the future to certify some of its larger village clinics as well.



Photo: Esther Pederson

Anna Moore, RN, treats James Omiak at the Nome Primary Care Clinic.

Your Best Life

NEWS & VIEWS FROM THE CAMP DEPARTMENT AT NORTON SOUND HEALTH CORPORATION

NSHC's Department is here for you!

Did you ever wonder what CAMP stands for?

Is it a place for you to get away from the busyness and stress of everyday life, relax and enjoy the surroundings or do some subsistence food gathering?

Maybe it is or can be—right here at Norton Sound Health Corporation!

The Chronic Care Active Management and Prevention (CAMP) program helps communities develop culturally-sensitive programs that promote healthy lifestyles and prevent chronic illnesses. CAMP also works to empower individuals to take ownership of their own healthcare with family and community support.

A variety of CAMP health professionals and educators work to provide a wide array of services, including:

► **Diabetes Prevention and Management Services.** Tools you can use to prevent diabetes for you and your family. (i.e. glucometer training, medical nutrition therapy)

► **Medical Nutrition Therapy.** Evidence-based nutrition education for specific disease provided for you by our registered dietitians.

► **Health Promotion and Weight Management.** Encouragement and ideas to help you maintain your health and understand the benefits of self management.

► **Weight Loss Classes.** Classes to encourage and support you as you work to improve your health.

► **Tobacco Cessation Counseling.** We're ready to help you reach your goal to stop smoking and decrease your health risk factors. Smoking prevention education is available for



Photo: Reba Lean

Kim Gray, CAMP administrative specialist (above, right), and her sister Christine Piscoya wave hello as they set out on the CAMP-sponsored Turkey Trot stroll in November.

schools and employers, and at community programs.

► **Lactation Counseling.** Breastfeeding education and assistance.

► **Childbirth Education.** Education to help you prepare for one of the most special moments in your life. Learn options and techniques to promote a successful, happy birth.

► **Step-by-Step Screening Program.** Cholesterol and glucose screening program to encourage self-management of healthy lifestyles.

► **Summertime.** Our 8-week nutrition education and exercise program for kids in the summer.

► **Health Fairs.** Community-wide opportunity for health education

and important screenings. Learn about your health resources in our community.

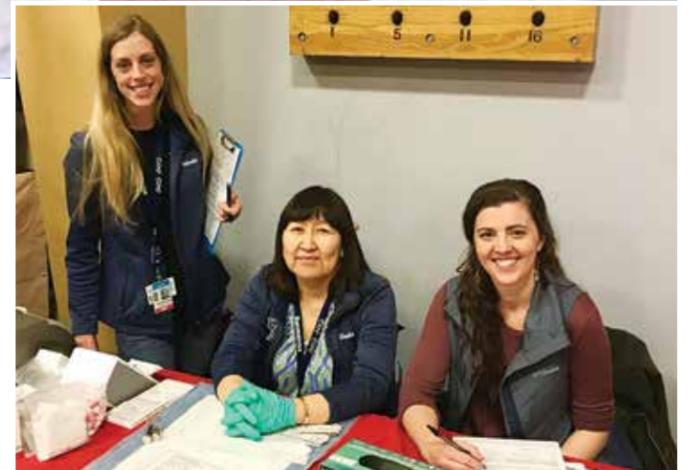
► **Community Health Education.** Health educators and dietitians welcome the opportunity to provide information at your workplace, school, church or other organization.

► **Walk/Run Events.** Take a fun, quick break and go for a walk with community members. You'll increase your activity for the day—

and get fresh air, too!

Upcoming CAMP event

30-Day Wellness Challenge. Watch for a new challenge every month! Call us at 907-443-3365.



Stephanie Stang, CAMP manager and registered dietitian; Wanda Iya, tobacco cessation prevention educator; and Bailey Martin, registered dietitian, offered free health screenings at the 2018 Iditarod basketball tournament.

FROM → TO	MILES (30 minutes of activity = 10 mi)
Nome → Savoonga	163
Savoonga → Gambell	39
Gambell → Teller	190
Teller → Brevig Mission	7
Brevig Mission → Wales	50
Wales → Little Diomedes	25
Little Diomedes → Shishmaref	87
Shishmaref → Koyuk	168
Koyuk → Shaktoolik	40
Shaktoolik → Unalakleet	35
Unalakleet → Stebbins	52
Stebbins → St. Michael	7.7
St. Michael → Elim	79
Elim → Golovin	24
Golovin → White Mountain	15
White Mountain → Nome	61

Walk around the Sound with CAMP!

Have you ever wanted to visit all the villages of Norton Sound?

Now you can! Join the CAMP Department's newest exercise adventure while "touring" the communities in our region.

Our virtual tour kicks off in Nome and covers 1,043 miles. While you won't actually walk to these villages, 30 minutes of physical activity will equal 10 virtual miles along the trail.

For each village you reach, you win a button and are placed on our Norton Sound map. The first three people to complete the 2018 Walk Around the Sound challenge will receive a medal!

Any intentional physical activity that gets your body moving counts. Examples include walking to work, walking the dogs outside, running on a treadmill, or playing basketball with your friends. Please have someone certify your physical activity completed.

Registration forms and tracking sheets are available at the CAMP Department (hospital first floor); at CAMP's web page (<https://www.nortonsoundhealth.org/services/hospital-services/camp/>), or by email from kgray@nshcorp.org.

Completed tracking sheets can be turned in at the CAMP Department or by email to kgray@nshcorp.org.

Exercising is so important for good health, reducing the risk of heart disease, cancer, high blood pressure, diabetes and other diseases. The federal Centers for Disease Control recommend getting at least 150 minutes of physical activity per week. If you exercise 150 minutes per week, it will take you only 21 weeks to complete the challenge!

We encourage everyone in the region to sign up and enjoy the adventure with us. Questions? Call 443-3365

Go nuts for health

By **BAILEY MARTIN**
CAMP Registered Dietitian

Are nuts as good for us as people say, and if so, in what amounts?

I am here to answer this question and explain why you should incorporate these nutritious powerhouses into your daily food intake.

Our diet is made up of three macronutrients, which contain many micronutrients (minerals and vitamins).

These macronutrients are fat, protein, and carbohydrates.

Nuts contain all three of these macronutrients: fat, protein, and a type of undigestible carbohydrate called fiber.

The healthy fats help keep us feeling full, the protein helps our muscles stay strong, and the fiber keeps our hearts healthy and digestion working well.

Some research has concluded that nuts can help increase bone and brain

health and prevent heart disease, the onset of type 2 diabetes, gallstone formation, and metabolic diseases.

That is a pretty impressive list, and eating only one handful of nuts a day is recommended to receive these benefits. More than a handful per day, however, can cause weight gain for people.

It's important to get a variety of nuts throughout the week as they all bring a unique set of micronutrients. See the table below to learn about the benefits of nuts.

This is only a snapshot of their benefits for us. And remember, nuts are healthiest in their natural form—not honey roasted or covered in sugar.

Now that we have learned about these nutritious foods, follow this recipe as a way to get some more nuts into your day. This recipe has a bit of a kick to keep you warm and happy!

Your health size: Tips for creating a lifestyle that truly “fits” you

By **BAILEY MARTIN**
CAMP Registered Dietitian

In 2018 did you set a New Year's resolution for your health?

Maybe you wanted to lose weight, start an exercise program, or get to that dream size you've always wished for.

With all the talk about improving yourself and your looks, let's change the discussion a bit; let's focus on finding your perfect health size.

Your health size is not measured by a tape measure, size chart, weight scale, or your appearance. It is measured by finding a lifestyle that makes you feel clarity—both mentally and physically.

Consider trying some of these resolutions this year!

► **Accept.** Every day is not going to go as planned and that is OK.

► **Find movement.** This might mean taking the stairs instead of the elevator, walking instead of driving, exercising to in-home videos, taking a 10-minute walk during lunch, or even dancing alone in the bathroom.

► **Be conscious.** There are no bad or good foods, but some foods will provide you with mental clarity and energy throughout the day, and others will make you feel sluggish. Be conscious of how a food impacts your day and choose foods that make you feel well!

► **Slow down.** Sometimes our work-life is full, and we feel we don't have a moment to breathe. Taking a 5-minute break to breathe deeply or stretch can reform your day.

► **Self-appreciate.** Realize that we can improve, but are also great as we are. Let's fuel our healthy changes with appreciation rather than judgment and anger. The journey toward

health is sometimes more important than the end result.

Once these resolutions are made, begin making small changes that will help you be well in the area you hope to focus on. Check out the ideas below!

Tips to help you feel mentally sharp and achieve or maintain a healthy weight

► **Eat protein with your breakfast** (eggs, fish, nuts, seeds, meat, cheese).

► **Drink more water**—at least 8 cups a day.

► **Choose high-fiber foods** (whole grains, vegetables, fruit, nuts, seeds).

► **Eat simply.** Healthy does not mean complicated.

► **Find an accountability partner** to help your motivation.

Tips to relieve stress

► **Post encouraging notes** around your office and home space to remind you how capable you are.

► **Help someone else.**

► **Smile at others.**

Tips to have peace with food and your body

► **Look at yourself in the mirror and find at least one thing you like about yourself.**

► **Bring attention to what your body is capable of**—hugging and helping others, even something as simple as breathing to keep you alive.

You can find a healthy lifestyle that makes you feel more confident and happy in who you are. Remember, changes are made one choice at a time.

The CAMP Department has three dietitians happy to help you find the lifestyle that fits you!

Spiced Nuts

Ingredients

► 3 cups of nuts of your choice (these can be a mixture of almonds, walnuts, pecans, cashews, macadamia nuts)

- 1/2 tsp salt
- 1/2 tsp garlic powder
- 1/2 tsp pepper
- 1/2 tsp chili powder or 1/4 tsp cayenne pepper
- 1/2 tsp cumin
- 1 tbsp olive oil

Directions

- Preheat oven to 350 degrees Fahrenheit
- Place nuts in a single layer on the baking pan. Place in oven to roast for 15 minutes, turning halfway through.
- While nuts are roasting, prepare spice mixture by combining chili powder, garlic powder, cumin, black pepper, salt and cayenne pepper in a small bowl.
- Remove nuts from oven and allow to cool. Transfer to a bowl and coat nuts with olive oil, then coat with spice mixture.
- Store in an airtight container at room temperature.

This recipe is adapted from a Spicy Nut recipe from RealSimpleGood blog at <http://realsimplegood.com/spicy-nuts/>.



Photo: RealSimpleGood blog

Eat a variety of nuts for a variety of healthy nutrients

NUT	MINERALS & VITAMINS - BENEFITS
Almonds	Vitamin E – supports healthy skin Magnesium – helps your sleep
Cashews	Vitamin E – increases immune function Vitamin B6 – supports healthy metabolism Zinc – boosts immune system, helps when you get a cold
Walnuts	Calcium – keeps your bones strong Iron – keeps your energy high
Pecans	Antioxidants – helps slow the aging process
Hazelnuts	Folate – lowers the risk of depression Potassium – improves blood pressure
Macadamia nuts	Monosaturated fats – supports a healthier heart
Pistachios	Omega-3 oil – lowers triglycerides

Source: www.nutritionaustralia.org



Photo: Reba Lean

A wild time at health fair safari

A hospital is usually seen as a place to go only when you're sick. But on Nov. 8, Norton Sound Regional Hospital opened its doors to the community for a fun night on safari at its annual health fair. The theme, "Wild about Health," was reflected in 29 exhibits staffed by NSHC departments, Nome Community Center, National Park Service, and others offering health and wellness education and family fun up and down the hospital halls. Behavioral Health Services staff (above, from left: Kara Wideman, Cynthia Garza, Keith Morrison, Kim Knudsen, Lance Johnson, Spencer Cook) were honored for having the "best booth," offering popcorn and a bounce house as well as information about services. Other activities that week included bingo and Nome-St. Lawrence Island Dance Group performances at Quyanna Care Center; kuspuk sewing; and low-cost blood tests and free flu shots. Almost 300 people attended health fair events.



Photo: Reba Lean

Apatiki earns master's degree with thesis on historical trauma and health care

Lucy Apatiki, vice president of Community Health Services at Norton Sound Health Corporation, graduated in December from the University of Alaska Anchorage with a master of social work degree.

While studying, much of her research focused on the people of the Norton Sound/Bering Strait region and how to improve their health care. Her thesis was titled "How Does Norton Sound Health Corporation Currently Identify and Acknowledge Intergenerational Historical Trauma in Health Care Delivery Services?"

She interviewed NSHC board members and employees from different departments to form themes, including:

- The cycle of intergenerational trauma is felt in physical ways, and the solutions are elusive.

- The essential needs to address intergenerational trauma impacts are many and resources are few.

- Intergenerational trauma was imposed by outside forces and was beyond the control of the people.

- The impacts of intergenerational trauma are complex and require inclusion of non-traditional methods or ideas.

Apatiki's themes led to implications that call for reshaping the health care system to include more non-Western methods, like spending more time with the patient during doctor's visits and getting to know the patient as a person rather than

a disease to treat. Apatiki said the patient-centered medical home model is a step in the right direction but has a long way to go to create a safe environment for true work and healing to begin.

Apatiki is one of NSHC's longest-serving employees. Her career with NSHC began in 1976 as a community health aide in Gambell. She held that position until 1999, when she decided to step away for a few years. She returned to NSHC in 2004 as a village-based counselor and worked toward her bachelor's degree in social work through distance learning. She accepted the role of vice president of Community Health Services in 2015 and splits her time between Gambell and Nome.



Photo: Esther Pederson

Former NSHC audiologist Jamie Burford shows a patient an image of his inner ear.

NSHC expands Elder Fund benefits

Eligible elders will now be able to access more discounted services, thanks to a recent decision by the Norton Sound Health Corporation Board of Directors.

The Elder Fund was developed by the board to ensure elder needs were being met for eye care, dental and audiology services. If a person is 55 years of age or older, a resident of the Bering Strait region, and an Indian Health Services beneficiary, he or she is eligible for assistance from the Elder Fund. Services are available at a significant discount to elders who meet the specific eligibility criteria.

In a recent update to the fund, the Board

approved striking the requirement that elders must not be eligible for third-party insurance that includes audiology, dental or eye care coverages.

Eligible elders can ask their providers about dental crowns and dentures, eye glasses and low-vision aids, and hearing aids.

Also approved are additional provisions, including covering contact lenses, a second pair of glasses, and hearing aid batteries.

For more information about the program, please contact department staff, the Patient Benefits Program, or the patient advocate. Staff members will be happy to explain the program and what services are offered.

Sliding fee scale can help with health care bills

Norton Sound Health Corporation will not deny health care services because of a patient's inability to pay.

Our sliding fee scale discount is available to help uninsured or underinsured patients!

The scale is based on the federal poverty guidelines and provides a 100% discount to those who fall equal to or less than the guideline. The discounts get smaller as patients' incomes grow.

The discount schedule consideration is also available to patients who have insurance with a deductible plan or co-pay amount and wish to supplement the cost not covered by insurance.

If you have questions about the sliding fee scale discount, please contact NSHC Patient Benefits at 443-6408 or 443-3323.

Norton Sound Health Corporation					
SLIDING FEE SCALE DISCOUNT SCHEDULE					
Approved January 31, 2018					
Based upon Federal Poverty Guidelines published in the January 18, 2018, Federal Register					
% of poverty level	100%	101% to 125%	126% to 150%	151% to 200%	201%
Discount	100% discount	75% discount	50% discount	25% discount	No discount
Family Size	A N N U A L I N C O M E				
1	\$15,180	\$15,181 - \$18,975	\$18,976 - \$22,770	\$22,771 - \$30,360	\$30,361
2	\$20,580	\$20,581 - \$25,725	\$25,726 - \$28,380	\$28,381 - \$41,160	\$41,161
3	\$25,980	\$25,981 - \$32,475	\$32,476 - \$35,805	\$35,806 - \$51,960	\$51,961
4	\$31,380	\$31,381 - \$39,225	\$39,226 - \$43,230	\$43,231 - \$62,760	\$62,761
5	\$36,780	\$36,781 - \$45,975	\$45,976 - \$50,655	\$50,656 - \$73,560	\$73,561
6	\$42,180	\$42,181 - \$52,725	\$52,726 - \$58,080	\$58,081 - \$84,360	\$84,361
7	\$47,580	\$47,581 - \$59,475	\$59,476 - \$65,505	\$65,506 - \$95,160	\$95,161
8	\$52,980	\$52,981 - \$66,225	\$66,226 - \$72,930	\$72,931 - \$105,960	\$105,961
9	\$58,380	\$58,381 - \$72,975	\$72,976 - \$80,355	\$80,356 - \$116,760	\$116,761
10	\$63,780	\$63,781 - \$79,725	\$79,726 - \$87,780	\$87,781 - \$127,560	\$127,561
11	\$69,180	\$69,181 - \$86,475	\$86,476 - \$95,205	\$95,206 - \$138,360	\$138,361
12	\$74,580	\$74,581 - \$93,225	\$93,226 - \$102,630	\$102,631 - \$149,160	\$149,161
13	\$79,980	\$79,981 - \$99,975	\$99,976 - \$110,055	\$110,056 - \$159,960	\$159,961
14	\$85,380	\$85,381 - \$106,725	\$106,726 - \$117,480	\$117,481 - \$170,760	\$170,761
15	\$90,780	\$90,781 - \$113,475	\$113,476 - \$124,905	\$124,906 - \$181,560	\$181,561
16	\$96,180	\$96,181 - \$120,225	\$120,226 - \$132,330	\$132,331 - \$192,360	\$192,361
Based on \$15,180 for a family of one • \$5,400 for each additional family member					



Kiara Okleasik is led through a series of tests during the Hearing Norton Sound visit in February. After first getting the usual annual school screening from a teacher, Okleasik sat with Kelly Bogart (above, left), a certified assistant with the project and NSHC's assistant vice president of Hospital Services, for a new type of automated screening done with a smartphone app. Finally, Okleasik

underwent thorough diagnostic testing. NSHC audiologist Samantha Kleindienst Robler (center) used iPad software to look for hearing loss across different frequencies. Phil Hofstetter, audiologist and NSHC's Hospital Services vice president, looked into Okleasik's ear with a tiny camera, projecting the images onto a computer screen. Over 800 regional youth have participated in the project.

Finding and treating childhood hearing loss

Community, school, NSHC partnership key to unique project

"Hi, come on in!" Samantha Kleindienst Robler, director of audiology at Norton Sound Health Corporation, tells kindergarten students coming to the classroom for a hearing screening.

"We're going to take pictures of the inside of your ear! Isn't that cool? And you can see it!"

The young students light up at this thought and sit right down for an audiometric hearing screening—a thorough series of tests similar to those done at NSHC's audiology clinic in Nome.

This scene and others like it have been replayed many times since last fall in almost all schools in the Bering Strait region as part of Hearing Norton Sound.

The 3-year project is looking for the best ways to detect and treat hearing problems early so that students stay on track with learning.

Improving the childhood hearing screening process may seem simple.

But to ensure improvement, the Hearing Norton Sound team conducts three hearing screenings with each student enrolled in the project:

- First, there's the state-mandated school hearing screening that students get every year, usually from a special education teacher.

- Next, students are screened with a new system run from a simple app on a smartphone. The team wants to know whether this new system will yield more accurate results than the current school screening.

- Finally, students receive an extensive audiometric screening from an NSHC audiologist. This in-depth screen will allow the Hearing Norton Sound team to evaluate whether the new smartphone system really is more

accurate than the system currently used in schools.

The in-depth screening will also play another important role: It will allow researchers to put numbers on the widespread problem of treatable childhood hearing loss due to ear infections in rural Alaska.

The project's triple testing "may seem like a lot for a child to do during one school day," said Patty Vink, Bering Strait School District special education director.

"But to take the extra time now to ensure every child arrives in the classroom ready to learn is worth it," Vink stressed. "Hearing is an essential component to a child's success and we're

cause hearing to fluctuate, making it hard to detect.

"If you have fluid in your ear and it goes untreated, it gets thick," Kleindienst Robler said. "It can be like you're hearing underwater—for months. You can hear, but it's muffled. It's not permanent hearing loss, but it's enough to make learning to read in the school setting hard."

The Hearing Norton Sound project began in 2016 as a partnership between NSHC, and researchers at Duke and Johns Hopkins universities. It is funded by the Patient-Centered Outcomes Research Institute (PCORI).

The first priority of the project team, which includes area residents,

to allow their children to participate in the project, team members worked hard with contacts in each community to get out the word and let parents know about the opportunity. In one village, a school secretary went door to door collection permission forms.

With just a few villages left to visit, the project aims to screen at least 80 percent of students in the region, Kleindienst Robler said. In some villages, the rate is almost 100 percent.

Once the project team settles on the best screening methods for childhood hearing problems common in the region, it will turn its attention to improving the speed with which children get needed treatment and follow up.

"The way the process is set up right now, kids just aren't getting the treatment that they need," Emmett said. "And it's not a fault of the family, the children, the school, or the health care system—it's just a gap in the current system."

NSHC clinics in each village are equipped with state-of-the-art telemedicine carts that allow direct visual communication with audiologists in Nome and specialists at ANMC. Relying on input from partners, the Hearing Norton Sound team will develop a new system to take full advantage of the telemedicine carts, improved screening tools, and expertise at BSSD and in NSHC's village clinics.

"With assistance from staff in BSSD schools, the Hearing Norton Sound team's observations have identified ear problems and hearing loss that may have otherwise not been detected," said Kleindienst Robler.

"It's exciting and we're hopeful a better system for our students will be in place once our research is completed."

To learn more about this project, visit the web site: <https://hearingnorton-sound.com>

Savoonga! Shishmaref!

There's still time to enroll

The Hearing Norton Sound team will visit Savoonga and Shishmaref in the coming weeks, and welcomes all families with children in grades K-12 to participate!

To take advantage of this thorough hearing testing opportunity, complete the required enrollment forms, which are available at the school. Completed forms should be turned in at your school's front desk.

thrilled to be a part of research that will improve the system."

"Hearing loss has a huge, lifelong impact on children," explained Susan Emmett, an ear, nose and throat surgeon from Duke University who is part of the project. "They have speech and language delays in early childhood. They're more likely to do worse in school. They're more likely to drop out early. They're more likely to have trouble getting jobs."

There is a lot more hearing loss in rural Alaska than in other parts of the country, Kleindienst Robler said. The type of chronic ear infection common among children in this region can

was getting input from regional communities.

In a series of meetings in area villages, they learned how hearing is important on an individual and community level. They heard testimony from parents, like the one who said her child finally started talking after tubes were inserted in his ears and he could hear. They gathered ideas for how best to coordinate their project in each community.

Then last fall, thanks to a close partnership with BSSD, team members began traveling to each village to screen as many students as possible.

Because parents must sign forms

Our past is still present

New NSHC staff learn how history impacts health care in region today

Darlene Trigg, NSHC's assistant vice president for Community Health Services, wants new Norton Sound



Darlene Trigg

Health Corporation employees to understand the people they will be serving.

So, every two weeks, Trigg and other NSHC trainers spend a morning with a dozen or so new hires to share a lesson on history—and hope.

"We're going to talk about a story from an Alaska Native perspective, and it's not often told," Trigg told the group.

"I'm not telling any one of you this story to hurt your feelings or make you feel bad. I care about you and I care about your experience that you're going to have here at Norton Sound, so I'm going to take the time to talk to you about these really challenging things."

Trigg's presentation to new employees is called "Cultural Orientation and Historical Trauma."

It began with an overview of the Native cultures of the Bering Strait region. Both traditional arts and traditional values were critical survival tools, Trigg explained. She showed a slide listing Inupiaq traditional values.

"We didn't just survive here, we thrived here, and it was through our values that we were able to thrive on this land and in this environment," Trigg said. "Our values serve us well."

The values were typically taught through storytelling, Trigg said.

"I may say things that you might not agree with"

And with that, she transitioned into the story of some of the truly traumatizing events that resulted when whalers, explorers, missionaries, and others started coming into the region over 150 years ago.

"If we don't talk about the things that have harmed us, the underlying problems, we're never going to get better," Trigg said. "For those of us who are Native people, understanding our history is important. For those of you who are non-Native people, your presence here is important and necessary for our healing."

"I may say things that you might not agree with, and that's OK," Trigg added.

"But if you don't agree with something that I'm saying you should ask yourself the question: 'Why does she think that way?' It's an open invitation for you to ask that question back to me, whatever it is you're feeling."

Trigg described some conflicting values of western and indigenous cultures.

While western culture focuses on the success of the individual (for example, getting an education in order to get ahead and make money), Native culture focuses on the success of the community (for example, getting an education in order to come home and serve the community).

Western culture uses clock and calendar to mark time. Native cultures follow events in nature.

"They're in conflict with one another," Trigg pointed out. "It's not to say that one is better or worse, it's just that they're in conflict with one another and it can create very challenging situations."

Health care providers need to keep these different viewpoints in mind.

"We have to question that about ourselves all the time," Trigg said. "How do I handle a situation where I may be dealing with somebody whose value system is different from my own? We have to be humble enough to recognize that what *we* understand to be true and what *we* know to be true—might not be the same for someone else."

Traditions taken, not lost

It's often said that traditional dancing, healing practices, spirituality, language and other expressions of Native values were "lost" after the two cultures came into contact.

But they were not lost, Trigg stressed; they were taken by force—with catastrophic consequences for people's sense of self and ability to make life choices.

"Those people who experienced those things, those are our aunties and uncles, our moms and dads, they are us. They are our grandparents. So this is not a far-removed situation," Trigg said.

"Historical trauma" is a term coined by Maria Yellow Horse Brave Heart, a Lakota social worker and mental health expert who studied Native people and Holocaust survivors.

Brave Heart defined historical trauma as "the cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences."

"What she is saying here," Trigg explained, "is that the things that have happened in our past, they impact us today."

Historical trauma with us today

"We here at Norton Sound are dealing with the health impacts of historical trauma on a day-to-day basis. It's coming into our building every day. But we're not always making the connection to why."

Trigg showed a slide listing the most common emergency room and acute care diagnoses at the hospital: Alcohol dependence or abuse, high blood pressure, thoughts of suicide, major depression. All are recognized outcomes of historical trauma.

Respect for all Cultures in our Region

As employees of Norton Sound Health Corporation:



NSHC Tribal Healers- Maria Dexter, Eva Menadelook, and Evelyn Karmun

Communication & Behavior

- Pay attention to body language & facial expressions:
- ❖ Raising of eyebrows for 'yes'
 - ❖ wrinkling of nose for 'no'
 - ❖ shrugging of shoulders for 'I don't know'
 - ❖ downcast eyes can be a sign of respect or disagreement
 - ❖ be aware of personal space-do not stand too close
 - ❖ Look at us as individuals

- **Speak slowly & quietly** as a sign of interest & respect
- **Be comfortable with pauses** to allow time to think of how best to respond to you
- **Be aware that quietness might not be shyness:** it can be waiting to build trust
- **Remember – When people are seen at any of our clinics, they are at their most vulnerable.**

One of the slides in the Cultural Orientation and Historical Trauma presentation shared at NSHC new employee orientation sessions every two weeks. The orientation is eye-opening for lifelong and longtime residents as well as for short-term travelers and employees new to the region. The orientation will soon be extended to all existing NSHC staff.

Trigg then detailed some of the traumas that have impacted Native people in our region—a history seldom taught in schools.

The 1918 Spanish Influenza epidemic decimated entire villages, killing healthy adults and leaving behind children and elders with no mothers and hunters to care for them.

In Wales, Trigg said, missionaries had boys and girls ages 14 and up stand in two lines facing each other — then matched up those across from each other and married them. The younger children were given to these new couples to raise as their own.

Tuberculosis killed many Native people. Those stricken with the disease were sent to sanitariums, often never to be seen by family again.

Boarding school legacy

Another terrible trauma for many Native people was boarding school life.

"It was a policy of the government to take kids from their very loving, caring homes and put them into environments where they were meant to be assimilated into western culture," Trigg said.

At Wrangell Institute, children were called by a number instead of their names. Sexual abuse and physical violence by school officials was common at many boarding schools.

"The boarding school era is an era we don't talk about. I can understand why our parents, our aunties and uncles, didn't talk about their experiences."

A legacy of the boarding schools, Trigg said, was a very different "normal" for many who grew up in them — children who became adults with no opportunity to learn parenting skills or their own language, children for whom abuse was a daily reality.

"If you were a child who experienced a lot of physical abuse or sexual abuse at a young age, those things become normal," Trigg said. "So of course, when you come home, if your

normal is to do those things, what do you think happens?"

"Many people didn't know how to handle all their emotions around all these things, so many of them started to drink, they started to try to numb the pain of their experience, and many of them attempted suicide," Trigg said.

"Again, those are things that we see here in this region. There's nothing inherently wrong with us as Native people; we've experienced a very significant amount of trauma which has led us down this path to where we are today."

The missionary message

Another trauma for Native people was the coming of missionaries. Language, dancing and the healing practices of shamanism were often condemned as heathen, savage, and bad. Native spirituality involved beliefs that good would come to those who did good to others, and bad to those who acted badly. As they watched bad things happen to their communities—decimation by disease, alcohol and other harmful impacts of contact—many Native people bought into the missionaries' message that Native spirituality was in the wrong, and were willing to embrace the new religion.

"So making traditional healing available at the hospital, inside this facility, is very important," Trigg noted.

Along with the new religions came the practice of replacing people's given Native names with English names. Sexual abuse by church representatives was not uncommon, with some organizations shuffling known predators into remote Native communities.

"We have a lot of people who are deeply spiritual and very connected to their churches now, and now in some churches there's been some effort to acknowledge the horrific acts that occurred," Trigg said. "But it's not commonly talked about."

Many stressors on Native people
Continued on next page

Expanded orientation focuses on culture

New employee orientation at Norton Sound Health Corporation looks different this year.

Now 2.5 days long instead of just one, the orientation teaches employees about local cultures, traditional values, and marine mammal safety along with information typically shared with new hospital employees everywhere.

“We see cultural orientation as an investment in our employees,” said Angie Gorn, NSHC president and chief executive officer. “We know that when we understand the history of this region, we can better serve our patients.”

In past years, new employees gathered for a one-day orientation that included an overview of the organization, patient confidentiality, emergency procedures, infection control, and other aspects of working at a health care facility.

Orientation was expanded in response to a feeling that new employees — especially those completely new to the region — had a steep learning curve when it came to NSHC operations and life in rural Alaska.

The second morning of this expanded orientation is spent at the hospital going over a cultural orientation presentation designed by Colleen Aukongak and Barbara Cromwell for NSHC about 10 years ago.

Darlene Trigg, assistant vice president of Community Health Services, and Kirsten Timbers, director of Human Resources, lead the session.

“We talk about how unique our healthcare model is so that it better meets the needs of our people including tribal healers, village-based counselors, community health aides and dental health aide therapists,” said Timbers.

New employees also learn about the three distinct cultural groups of the region (Iñupiaq, St. Lawrence Island Yupik and Yup'ik). And they learn



Photo: Reba Leon

Katirvik Cultural Center director Lisa Ellanna leads new NSHC employees on a tour of the facility as part of new employee orientation. During her session, Ellanna credits Mary Miller and Jones Wongittilin, both of whom have passed away, for bringing the discussion about historical trauma to the region decades ago.

about the region’s complex history of colonization.

“We discuss the direct health care impacts of historical trauma, including depression, substance abuse, and suicide ideation,” said Timbers.

New employees spend that afternoon at Kawerak’s Katirvik Cultural Center to learn more about regional cultures while being immersed in them.

KCC director Lisa Ellanna—along with Aukongak (who now works at Kawerak) and Tanya Wongittilin, KCC project assistant, and sometimes joined by Bertha Koweluk, Panganga Pungowiyi and Trigg—help the new NSHC employees better understand the patients they will work with. The session includes deep discussions about traditions and relationships.

Ellanna says that while the topics can be difficult to broach and some-

times uncomfortable to hear, the discussions allow new employees to serve people of the region with a more informed approach.

Though raised in Nome, Joseph Musich says his eyes were opened to a history he never learned when he attended orientation as a new Village Facilities Maintenance technician.

Musich was surprised to learn about the many hardships that indigenous people of the region faced, including epidemics that wiped out many populations; government and religious intrusion; boarding school requirements and abuse; and other traumatizing events.

“In my opinion, this was a perfect storm,” Musich said. “When you get into the details about what was going on, it is hard for me to believe that the culture is doing as well as it is today. But there is still a lot of healing to be

done.”

Musich said the lessons had a big impact on him and others in the room. He believes the information is critical to understanding challenges people face today.

“The presentation helped me change my perspective and the way I view others in the community. It helped me to understand that the devastation in the past can contribute to alcohol and drug abuse in today’s society,” Musich said.

“We need preventative maintenance and more understanding. We need to get the information out.”

The expanded cultural orientation for new employees has been in place for one year. NSHC now plans to extend the training to current employees who have not had an opportunity to learn about the region’s history.

PAST IS PRESENT

Continued from prior page

continue today. Housing shortages mean overcrowded living situations. A third of area communities lack water and sewer. Life in a cash economy makes it harder to support a family. Climate change, competition with commercial and sports fishermen and hunters, marine mammal endangerment, and environmental contaminants are additional sources of stress.

Not the end of the story

“Our way of life is at risk,” Trigg said. “There are many stressors, and specifically on Native men when it comes to hunting rights. Their ability to feel good about themselves and strong in who they are in fulfilling their role inside of our society, Native society, is challenged all the time.”

But this is not the story’s end.

Just as repercussions of trauma pass down through generations, so too does resiliency. Native people are working

to revitalize language and traditional rites of passage.

“These things that have happened to our community and people, they have certainly impacted us, but *they do not define us*. Our values are still alive and well,” Trigg said.

“We can acknowledge the things that have happened to us. It doesn’t mean that we are healed from them because we acknowledge them, but we can acknowledge them, and we can take upon ourselves the effort to collectively work together to heal from that.

“That’s an honor, that’s a privilege that we get to have.”

Trigg said she and fellow trainers who candidly share details of historical trauma to promote healing follow the example of Native leaders from this region and beyond who began openly talking about these issues over 20 years ago—Mary Miller, Jones Wongittilin, Jim LaBelle, and others.

“We stand on the shoulders of others who have dedicated their lives to finding pathways for us to heal,” she said.

Orientation encourages NSHC employees to get involved

“When people come inside our facility, they’re not at their best,” Darlene Trigg, Norton Sound Health Corporation’s assistant vice president for Community Health Services, told new NSHC staff during an orientation session on Feb. 13.

“They’re sick. They need something. They need care. They might not necessarily be acting in their best way. But that doesn’t mean that’s who they are, right?”

“So you have to actively make an effort to see people at their best,” Trigg said. “You have to make sure you’re engaging inside the community, outside of these four walls.

“Because if you don’t, every association that you have about people will be informed only by this experience.

“And that’s not who we are. We’re not always sick, we’re not always sad. We’re happy, joyful people.”

Ways new NSHC employees can engage with people in the region:

- Build strong relationships with elders and others in the community
- Participate in community events: Potlucks, funerals, school events
- Volunteer at Quyanna Care Center
- Make an effort to see people when they are their strongest

See related story on page 6: “Apatiki earns master’s degree with thesis on historical trauma and health care.”

New leadership for NSHC's Office of Environmental Health

New hires and activities within NSHC's Office of Environmental Health are keeping the department busy.

In February, Emma Pate joined the team as the OEH specialist. She joins Mike Kruse, facilities project manager, and Kevin Zweifel, who recently retired as OEH director but is staying on board remotely as a contract employee. A new director, Racheal



Emma Pate

Lee, is expected to take the reins in late April.

Pate was raised in Golovin and has lived in Nome for the last 30 years. She has worked for several of the large organizations in Nome, including Kawerak, NSHC, and Nome Eskimo Community.

In her roles, she gained experience in a variety of programs, many of which included grant funding, which will come in handy in her new position.

Pate hit the ground running upon joining OEH and is involved in a bed bug pilot program, disseminating needed bed bug prevention and intervention supplies and working with a local contracted consultant, Houdini's Bed Bug Services, to help households region wide.

She is also preparing for the spring season's increased rabies vaccination demand. In partnership with the State of Alaska Department of Epidemiol-

ogy, Pate will help coordinate distribution of the vaccines across the region, which will be administered by volunteer lay vaccinators.

Former director Kevin Zweifel remains actively involved in OEH, although from afar. Zweifel spent 20 years with NSHC, collaborating with regional partners to equip communities with water and sewer infrastructure and help maintain existing equipment. He is also credited with creating the Village Clinic Improvement Program, which led to the NSHC oversight and maintenance of each of the village clinics. Recently, Zweifel has been working on funding opportunities, including one competitive grant that would help OEH expand the capacity of water and sewer operations in regional communities.



Kevin Zweifel



Racheal Lee

Racheal Lee will be joining NSHC as the new OEH director in April, fresh from Fairbanks and the Tanana Chiefs Conference. A U.S. Public Health Service officer like Zweifel, Lee has extensive knowledge of environmental health in rural Alaska.

ANTHC soon to arrange travel for NSHC Medicaid patients

Starting soon, Alaska Native Tribal Health Consortium will take over processing Medicaid travel for NSHC.



Mark Allred

Those who are enrolled in Medicaid and need to make travel arrangements for health care can call 907-729-7720 or 866-824-8140. Please choose option 1 for "prior authorization", or option 3 for "patient travel"

After your prior authorization has been approved and your travel has been booked, you will receive a travel packet via mail detailing the travel arrangements. Please follow the instructions provided in the packet as this will ensure a much smoother travel experience.

Once a patient arrives in Anchorage, the travel packet will detail what they will need to do. If a patient has any questions while in Anchorage please feel free to reach out to Mark Allred, NSHC travel liaison, at (907) 434-1323. He will be able to assist with any of your travel needs. He is available Monday-Friday, 9 a.m. until 9 p.m.

NORTON SOUND HEALTH CORPORATION

Travel Liaison

Mark Allred

434-1323 | mallred@nshcorp.org

DON'T LET BED BUGS HAVE THEIR WAY



NORTON SOUND HEALTH CORPORATION

SIGN UP TO RECEIVE A BED BUG CONTROL AND PREVENTION KIT TODAY

Kit may include:

**mattress pad cover bed post intraceptors
bed bug traps and more!**

Contact Office of Environmental Health Specialist Emma Pate at (907) 443-3308

NSHC is working with Houdini's Bed Bug Service to provide solutions in all communities (financial support is available)!

**Do you have a concern?
Let us know**

NSHC Ethicspoint Hotline: Call 855-541-4193 or visit www.nortonsoundhealth.org and click on "File a Concern" link

Contact the Compliance Officer: Call John Kitchens at 907-443-4596 or email compliance@nshcorp.org

NSHC Internship Program

Are you an Alaska Native/American Indian college or graduate student? Are you looking for real-life, PAID experience in your field of choice?

Applicants must be full or part-time students currently enrolled or recently graduated from an undergraduate or graduate degree program or technical school in one of the following areas:
Accounting | Administration | Finance | Social Work | Sociology | Behavioral Health | Nursing | Information Technology | Human Resources | Healthcare-Related Fields

Applications are due April 27, 2018

Contact Irvin Barnes for more information on how to apply!

Tel: 907-443-4559 | Email: ijbarnes@nshcorp.org



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Aurora Johnson named distinguished provider

12-year dental health aide therapist is role model of success

Aurora Johnson of Unalakleet has been recognized as a health care provider whose dedication has made a difference in the lives of her patients and the Alaska Tribal health system.

One of NSHC's original dental health aide therapists, Johnson was named the Healthy Alaska Natives Foundation's 2018 pick for the Distinguished Provider Award.

Nominated by Diane Kaplan, president and CEO of the Rasmuson Foundation, and Kathy Reincke, director of communications of the W.K. Kellogg Foundation, Johnson's recognition was supported by Bering Straits Native Corporation and the Native Village of Unalakleet.

"Because of her dedication to rural residents, dental health in the region has improved beyond measure," Kaplan and Reincke wrote. "Besides

being a great dental therapist, Aurora is a role model for children and young adults in the community. She is living proof that with hard work you can achieve professional status and serve your people."

Johnson took her family along with her when she moved to New Zealand in 2003 to attend a two-year training to become a dental health aide therapist. When she returned to the region, she started a three-month preceptorship under Dr. Mark Kelso at the NSHC Dental Clinic. It took about three years for her to be able to return to her home of Unalakleet.

When she did return, she almost immediately faced the biggest challenge of her career. The American Dental Association was suing dental health aide therapists individually to stop them from practicing.

"We're all done training, we're back in Alaska, and the ADA was trying to sue us and have us not do any work at all," Johnson explained. "And so that's when I was like 'Wow, all that training



Photo courtesy of Aurora Johnson

Aurora Johnson (center) with her long-time dental assistants Deborah Ivanoff (left) and Jerilyn Alakayak at NSHC's dental clinic in Unalakleet.

(for nothing)."

Eventually, the ADA dropped the case and allowed the dental health aides to continue their work.

Johnson works with the same two dental assistants in Unalakleet as were there when she started in 2006. She credits them for getting her through the last 12 years because they work as such a cohesive team.

Upon learning of her distinction, Johnson thought of her assistants,

Jerilyn Alakayak and Deborah Ivanoff, and how they support one another and don't go in search of recognition.

"We do our work to do our work because we love our jobs," Johnson said. "To be awarded for it, that's ... wow. I'm honored."

Johnson attended the Healthy Alaska Natives Foundation 11th annual Raven's Ball on March 24 to receive her award.



Photo: Reba Lean

Night of Honor recognizes region's emergency responders

On Friday, February 23, the Emergency Responder Night of Honor event recognized dedicated individuals from Nome and around the region, including Nome Volunteer Ambulance Department volunteers, Nome Fire Department volunteers, retired volunteers, community health aides, NSHC medical staff, and EMS staff. The event, sponsored by NSHC and the City of Nome, sold tables to individu-

als and organizations as a fundraiser for the Nome Volunteer Ambulance Department. Attendees enjoyed a prime rib dinner and dessert; live music from the Bering Strait Jackets, Usual Suspects and Landbridge Tollbooth; and a silent auction. About 165 people attended, raising over \$8,500. Angie Gorn, NSHC president and CEO (above, left), called health aides to the stage, including Ronald Dan-

iels (Elim), Frieda Eningowuk (Shishmaref), Sheila Baker (Teller), Sharon Johnson (Unalakleet), Henrietta Ivanoff (Unalakleet), Tanya Pelowook (Wales), Ida Lincoln (White Mountain), Helen Eningowuk (Nome/itinerant), Kinik Nakak (St. Michael/itinerant), Darlene Trigg (assistant vice president of Community Health Services)



Photo: Reba Lean

QCC trains more local certified nurse aides

Stephanie Cummings, Quynna Care Center staff education coordinator, is training another group of local residents to work as certified nurse aides with residents at the facility.

This is the third cohort of students that NSHC has sponsored in recent years by paying training wages throughout the students' learning at UAF Northwest Campus and will hire upon certification. Interest in the training is high.

As a result, there are now 13 local CNAs working at QCC. Hiring local CNAs is a priority as they help make the long-term care facility a better home for the residents.

CNA class from left: Sheikea Bright, Linda Ozenna, Veronica Verbridge, instructor Stephanie Cummings, Amanda Noyakuk and Becky Kunayak.

OPIOIDS PLAN

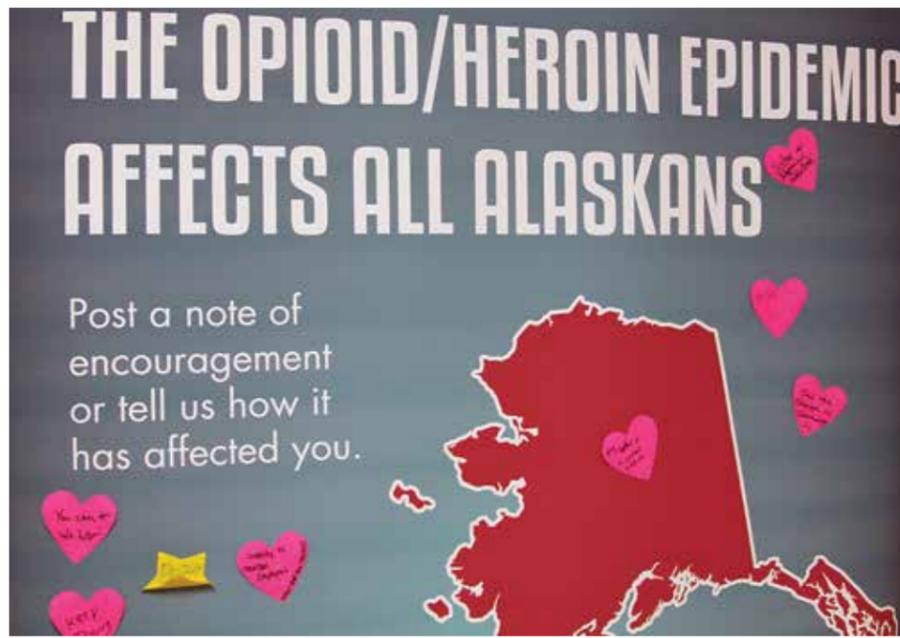
Continued from page 1

Division of Behavioral Health, have been traveling to communities around Alaska to gather similar information. They hope to travel to at least 15 communities before starting work on the comprehensive plan, which Gov. Bill Walker ordered.

Andy Jones, OSMAP director and deputy incident commander for Gov. Walker's task force on the opioids issue, explained that they didn't want to go into communities to share a plan that had already been drafted because that would mean the communities would have virtually no input.

"Community is truly the answer to the problem," Jones said.

The state also hopes to put partnerships in place with organizations and people who have vested interests in the health of their communities. Jones said partnerships help make plans sus-



Personal notes show how close to home the issue of opioid misuse reaches. Some of the notes said family members have become addicted to the drugs, while others show a change in the community or workplace due to the drug.

tainable when the state's support is not always guaranteed.

Many members of Nome's gath-

ering agreed that prevention is key in battling the epidemic. People spoke in support of substance abuse education

in schools and in the home. Some community members spoke in support of exploring traditional healing methods before opioids are prescribed, and if they are prescribed, people said there should be consistent follow-through from pain management teams.

On the enforcement end, it is clear that drugs find their way to Nome through many routes, including by post, airplane, and boat or barge. Steve Adams, deputy commander for the Alaska State Troopers Statewide Drug Enforcement Unit, encouraged community members to report suspicious activity so troopers can look into possible drug trafficking. He said AST is working hard to block traffickers, but arrests will not be the end of the problem.

If you have suggestions or comments that you believe would help the state in drafting a plan to combat the opioids/heroin epidemic, please visit dhss.alaska.gov/osmap or email osmap@alaska.gov.

Photo: Reba Lean

NSHC cuts opioid prescriptions by 45%

In September 2016, the Bering Strait region got a wake-up call when a federal prosecutor and agents from the FBI and DEA hosted an intense community conversation in Nome about opioid and heroin abuse.

The dramatic increase in the use of prescription opioids observed nationwide in recent years has been called an epidemic. Some 40 percent of the record 42,000 deaths from opioid use in 2016 involved prescription opioids.

In Alaska, the rate of death from opioid and heroin use is 50 percent higher than the national rate. And Alaska's death rate is higher yet for prescription opioid deaths.

In the Bering Strait region, this crisis hits too close to home.

At the September 2016 Nome meeting, regional law enforcement officials reported that opioid and heroin use in the region most often starts with prescription use. Many community members told their story that night, hopeful for answers and a solution.

One community member even gave Norton Sound Health Corporation a strong dose of supervision by demanding that the organization take a close look at the volume of opioid pills being dispensed by the hospital pharmacy.

This recommendation was taken seriously.

Since late summer of 2016, NSHC had been aggressively addressing the region's opioid crisis inadvertently caused by its own facility.

As a result, NSHC is proud to share that controlled substances dispensed at Norton Sound Regional Hospital have decreased from 425,121 pills in 2015 to 233,388 in 2017 — a 45 percent reduction.

Through implementation of NSHC's new Cerner electronic health record, which became fully operational in January 2015, data reports finally became available to quantify the alarming volume of prescription opioids (hydrocodone, oxycodone,

morphine, and fentanyl) being dispensed by its own facility.

NSHC identified at least 47 patients who were being prescribed opioids outside the CDC recommendations, which state that when opioids are started, clinicians should:

- ▶ Prescribe the lowest effective dosage;
- ▶ Use caution when prescribing opioids at any dosage;
- ▶ Carefully reassess evidence of individual benefits and risk when increasing dosage to 50 morphine equivalent (MME) per day;
- ▶ Avoid increasing dosage to 90 MME per day or carefully justify a decision to adjust the dosage to 90 MME per day.

NSHC identified one patient who received 11,000 tablets per year. That's 30 tablets per day—equal to 1,500 MME per day—prescribed for a period of over two years.

Over the course of those two years, there were 68 original prescriptions for four different drugs filled at four different pharmacies.

During the course of its investigation and analysis, NSHC chose not to renew the contract of a longstanding physician at NSHC, which met with much community controversy.

By improving the way opioids are prescribed through clinical practice guidelines, NSHC can ensure patients have access to safer, more effective chronic pain treatment while reducing their risk of opioid use disorder, overdose, and death.

The existing medical staff at NSHC has gone above and beyond to safely wean patients from opioids through the medication safety committee.

This committee identifies patients who can benefit from a multidisciplinary team reviewing their medical record and designing a better health care plan, involving the patient for feedback.

Prescribed opioids: Addictive killers

Over the past two years, the nation has lost two music icons to opioid overdoses.

First there was Prince in April 2016, followed by Tom Petty, whose opioid-linked death was announced at the beginning of 2018. Looking back over 40 years ago, even Elvis Presley died from his painkiller addiction.

Unfortunately, this opioid overdose trend does not only go hand-in-hand with the celebrity lifestyle. This is a public health crisis that has largely unfolded with little attention — until recently.

Prescription opioids can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer. In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks and the lack of evidence about their long-term effectiveness.

But prescription opioids can also be addictive and dangerous.

According to the National Institute on Drug Abuse, prescription opioid use is a risk factor for heroin use; the initiation of heroin was 19 times higher for those who reported use of prescription painkillers for nonmedical necessity prior to starting heroin.



The federal Centers for Disease Control is running a nationwide campaign to educate the public about the dangers of prescription opioids.

Mother-daughter team breaks opioids' chains

Over the course of 10 years, doctors slowly increased the dose of opioids Alma Smithhisler of Nome took daily to control the pain of migraine headaches and irritable bowel syndrome.

Gail Smithhisler noticed that though the rising doses gave her mom relief, Alma was no longer “her bubbly, happy self”. And if Alma missed a dose or was late by even an hour, withdrawal symptoms raged.

“When I was taking them it used to make me angry and anxious and

“I went outside early in the morning and I cried out to God and I said, ‘God I am so tired of taking these medications’.”

upset all the time,” Alma said. “The only way I could get out of it was to jump into my pickup and go for a ride to let the steam off and try not to take it out on my family.”

Then one day in summer 2016, she’d had enough.

“This summer when we were at camp, I went outside early in the morning and I cried out to God and I said, ‘God I am so tired of taking these medications,’” Alma recalled in a January 2017 interview with radio station KNOM.

“I didn’t like the way it had made my relationship with my family

when I was angry. That was not me, that was the pain medication that was making me ugly.”

Thanks to support from her doctor, pharmacist, and daughter, Alma no longer uses prescription opioids. Now, over a year later, she remains free from what used to feel like a prison.

“It’s such a big difference,” Gail said. “She’s her super silly self again!”

To break the addiction, Gail started reducing Alma’s six daily opioid doses a little at a time, every two weeks — without telling Alma which of the two prescription opioids she was cutting, nor by how much.

“Don’t tell me what you’re going to take me off — I don’t want to know!” Alma would tell Gail.

Then one day, Gail told her mother that she had gone for two whole weeks with no opioids. “She cried. She was happy!” Gail remembers.

The four-month journey to that day was filled with anger and panic attacks.

“At first I went in thinking, ‘All right, I’m going to be positive, I’m going to be tough, we’re going to get



Photo: Gail Smithhisler

Alma Smithhisler credits her daughter, Gail, for helping her break free of the powerful prescription opioids that Alma depended on for 10 years. She never abused her prescriptions, but withdrawal symptoms that surfaced every time she was late taking a dose drove her to seek a way out.

this done!” Gail said. “But by about week two it was really starting to wear on me. It’s hard to watch someone you love suffer, and it’s hard when you can help them only so much.”

Gail learned to purposely anger Alma, distracting Alma from her panic. Gail would then point out that the panic attack had ended — and apologize for making her mom mad.

Gail’s advice to people trying to help a loved one break dependence on opioids is to be patient and to ask questions of medical providers until you understand what is going on and what you need to do. “If you’re not understanding something, how are you going to explain it to the person you’re caring for?”

“I don’t think I could have done it without my daughter’s help because she was my big support,” Alma told KNOM. “I never wanted to hurt my family, and I am so thankful today that I am not taking them anymore.”

Her advice to those who want to follow her lead: “You have to be determined. You have to want to be free and not do it because someone told you to. That’s how you’ll be successful.”

This article combines quotes from a KNOM interview with recent comments from the Smithhislers. To hear the Smithhislers tell their story, go to www.knom.org and do a search for “Alma Smithhisler.”

Project seeks best treatments for smokers

Do you smoke more than five cigarettes a day and have high blood pressure or high cholesterol levels?

It’s not too late to join a project that just might help you get healthier.

The Healing and Empowering Alaskan Lives Toward Healthy Hearts (HEALTHH) Project is using private telemedicine video calls to counsel 300 people in the Bering Strait region.

The program is for Alaska Native men and women in the region who smoke five or more cigarettes a day and have high blood pressure or high cholesterol. Wanting to quit smoking is not required.

The project’s goal: Identify culturally-appropriate, helpful treatments for tobacco use and other risk behaviors for Alaska Native men and women in the region.

Since June 2015, HEALTHH Project staff have flown to Nome and area villages 100 times. During weeklong visits they have enrolled 262 community members. They plan to recruit through October to reach a goal of 300 participants.

Those enrolled are part of the HEALTHH project for 18 months—and can receive up to \$200 for their time spent answering questions about their health behaviors and their thoughts about the program.

About half the participants are



Photo: Carol Gales

Sarah Stinson, research coordinator, and Derek Searcy, research associate, are part of the HEALTHH Study team trying to identify the best treatment for tobacco use in our region. Team members have made 100 visits to Nome and area villages since 2015 to enroll residents in the study.

men, half are women. Almost all area communities are represented.

Enrollees are randomly assigned to one of two groups:

- For one group, the focus is on smoking and physical activity. These participants receive a pedometer to track their steps and are offered nicotine patches, gum, and lozenges to help them stop smoking.

- For the other group, the focus is on eating a heart-healthy traditional diet

and taking heart medications. These participants receive a traditional foods cookbook and a bag for their medications.

All participants get four personalized counseling sessions, printed feedback that reflects their answers to questions during the sessions, and a booklet filled with information on healthy lifestyle changes.

Researchers are comparing the progress of participants in the two groups to gauge effectiveness of the

two approaches. Most participants have said they would recommend the program to others.

The HEALTHH Project is part of a partnership between Norton Sound Health Cooperation, the Alaska Native Tribal Health Consortium, Stanford University, and the University of California, San Francisco.

These partner organizations teamed up for another recent project, aimed at finding out how Alaska Native residents in the region define quality of life.

Nine themes were identified by participants in meetings conducted by the Goodness of Life for Every Alaska Native (GLEAN) Project:

- Family
- Subsistence
- Access to resources
- Health and happiness
- Traditional knowledge and values
- Acts of self
- Providing
- Sobriety
- Healing

The HEALTHH and GLEAN Projects are funded by the National Heart, Lung and Blood Institute.

Do you or does someone you know smoke tobacco? You can still join this project! Please call 1-907-310-4566 or email hearthealthh@gmail.com to learn more.

Year-end awards recognize great staff

NSHC Values Awards



Pride Award – Nome Staff **Celia Jennings**, Pharmacy Technician, Nome. Noted for her inquisitive nature, Jennings strives to be the best resource possible for patients and coworkers alike. A problem solver and a positive figure in the pharmacy, she provides the highest quality care to all patients while also being a patient advocate for them.



Pride Award – Village Staff **Beverly Nakarak**, Community Health Aide, Elim. Dedicated to her community and job, Nakarak is always the first to arrive at the clinic, eager to be there for any patients and to solve any issues. She cares deeply about the health and wellbeing of her patients and is proud to be a member of the Elim clinic team.



Teamwork – Nome Staff **Gabriel Ercolino**, Flight Paramedic, Nome. The high-stress and demanding role of a flight paramedic takes a special type of person to fulfill. Ercolino was recognized after volunteering to go on one life-saving mission, where he remained “cool as a cucumber,” that proved exceptional level of work and patient care.



Teamwork – Village Staff **John Prentice**, Clinic Travel Clerk, Koyuk. Prentice’s planning, foresight and efficiency made all the difference for a visiting provider. Working overtime, scheduling appointments and picking up patients to bring them to their appointments, all so a provider could maximize the use of her short visit, Prentice showed how essential he is to his clinic’s operations.



Compassion – Nome Staff **Carrie Murray**, RN Case Manager, Nome. Known for her sweet and caring nature, Murray recently went above and beyond to make a home visit for a family going through end-of-life care. The family was grateful, and Murray’s peers were encouraged to know they work with such a caring nurse.



Compassion – Village Staff **Rebecca Wurmstein**, FNP, Brevig Mission. Not only an attentive and dedicated caregiver to patients, this mid-level provider is a huge supporter of the community health aides. Wurmstein volunteered to spend her holiday season in Little Diomedes in order to ensure health aides could stay home with their families.



Always Learning and Improving – Nome Staff **Alex Bahnke**, Laboratory Technician, Nome. Bahnke has been working his way up through the laboratory ever since he started as a student intern in high school. Now having gone through three levels of certification, he is pursuing a bachelor’s degree to continue to reach his goals at the NSHC lab and is serving the entire region in the process.



Always Learning and Improving – Village Staff **Joseph Akaran**, Village Maintenance Technician, St. Michael. Eager to learn and enthusiastic, Akaran absorbs as much as he can while attending training courses in Nome, away from home. He is working toward receiving an occupational endorsement and has stood out as someone who is dedicated to improving operations at his local clinic.



Cultural Sensitivity and Respect for Traditional Values – Nome Staff **Anne Marie Ozenna**, Phlebotomist, Nome. Ozenna is a member of a diverse team and is inclusive of each person. She is a resource to provide insight into the rich heritage of the region and is open to answering questions about her life and values from coworkers. She is able to provide a solid connection with the very roots that support NSHC.



Cultural Sensitivity and Respect for Traditional Values – Village Staff **Duane Lincoln**, Village Based Counselor, White Mountain. Lincoln is a longtime employee who has demonstrated leadership by becoming very involved in regional organizations. As a member and representative on so many boards and committees, he provides a valuable voice to the region. Using his thoughtful and helpful nature, he provides meaningful insight everywhere he goes.



Integrity – Nome Staff **Greg Walls**, EMS Director, Nome. Walls is always honest in his approach, whether the news is bad or good. He shows compassion to everyone and is always willing to step in and help out one of his employees, even if it involves organizing a search party for a missing item at the city dump. He helps shape young minds through CPR classes and molds them into potential future NSHC employees.



Integrity – Village Staff **Rebecca Biasi**, Pharmacist, Unalakleet. Biasi’s commitment to patients has increased the level of care in NSHC’s sub-region. In accepting a position at the Unalakleet pharmacy, Biasi became a constant figure in the lives of patients of the area. Though the clinic is short-staffed, Biasi keeps things going, regardless of the stress level, in favor of providing continued access to her patients.

Employee of the Year Awards



Nome Staff **Stephanie Cummings**, Quyanna Care Center Staff Education Coordinator, Nome. Cummings was nominated by five people for her outstanding performance in 2017. She helped turn things around in QCC to provide more local caregivers, who are sharing their knowledge of the region and traditional values, making the environment more familiar to residents. Cummings is a great role model, who people can equally respect and get along with.



Village Staff **Marcia Pete**, Clinic Travel Clerk, Stebbins. Pete has been a NSHC employee for 25 years. Well versed with the ins and outs of her role, she is dependable and dedicated in her home clinic and makes sure it is a smooth operation for community members and visiting providers. She cares deeply for her job, co-workers, and for the customer-owners that she serves.

Manager of the Year Award



Josette Bendickson, Environmental Services/Laundry, Nome. Nominated a total of six times for recognition, Bendickson is widely acknowledged as a great leader whose management style inspires others. She makes sure her employees are trained and rewards them for reaching new levels. Other managers commend her collaborative teamwork and say she is a problem solver, flexible and kind. Her employees are motivated and high-performing, which speaks to her skillfulness.

Phil Hofstetter Humanitarian Award



Daniel Hobbs, Phlebotomist, Nome. Hobbs is known to be an active volunteer in Nome, White Mountain, and Shaktoolik. He is a volunteer chaplain at NSHC and always willing to help, whenever asked. He has volunteered many times with the Safety Patrol and at QCC events, and is usually the first to respond whenever the call goes out for volunteers. He and his wife Carol go out of their way to welcome new folks to Nome and NSHC to make sure people find friends, fun, and that feeling of home. On top of it all, he is a beloved laboratory employee.

2017 Employees of the Month honored



January
Sharon Johnson,
Itinerant CHA,
Unalakleet
Her extra work after hours made the Teller clinic a comfortable place for staff and patients.



February:
Myra Murphy,
BHS Clinical
Supervisor,
Nome
Wise, flexible, a good listener, humble, easy to work with. Has great empathy.



March:
Sierra Johnson
Dental Assistant,
Nome
She is patient care focused and stays on top of her duties. Goes extra mile so patients can be taken care of.



April:
Kara Blevins, BHS
Admin Assistant,
Nome
Her kind demeanor is one of the first that clients come across over the phone, setting the tone for BHS services.



May:
Travis Kulowiya,
CTC, Savoonga
Very helpful, kind and courteous. Greets anyone with a smile and is always willing to help. Very professional.



June:
Karla Homelvig,
Employee
Health/Infection
Prevention, Nome
Her willingness to reach out to others, even in times of discomfort, is especially needed.



July:
Kayla Gabby,
CMA, Nome
When volunteers are needed, she is one of the first to step forward. Invaluable when she assists with specialty field clinics.



August:
Stephanie Fahey,
Eye Care, Nome
Went above and beyond patient expectations. Patient complimented her excellent customer service.



September:
Lonny Booshu,
Village Facilities
Maintenance,
Nome
Stays focused on tasks, prioritizes projects, follows through until they are complete.



October:
James Standish,
Security, Nome
Was able to take care of an elder in distress while maintaining that elder's safety, dignity, and respect. Professional, helpful.



November:
Stephanie Stang,
CAMP, Nome
She demonstrated collaboration, initiative, financial responsibility and great leadership in organizing the health fair.



December: Nolan
Vacek, Facilities
Maintenance,
Nome
Attention to detail, goes the extra mile. Quickly fixed a broken tool, minimizing patient care delays.

Staff rewarded for earning praise from patients

Norton Sound Health Corporation's Consumer Appreciation Awards are a new recognition, given to people who received patient/consumer compliments in the prior year.

Each recipient won an Alaska Airlines round-trip ticket.

NSHC has put a lot of focus on customer service over the past year, and this award is a way to recognize efforts toward that. Congratulations to these staff members!

Kristine Kienberger, Pharmacy
Anne Ivanoff, Unalakleet Wellness
Dan Thomas, Health Aide
Training
Anna Pehle, Unalakleet Clinic
Travel Clerk
Sonya Cranston, Radiology
Daphne Weyiouanna, Dental
Valerie Fuller, Physical Therapy
Jill Perry, Dental
Kierra Bright, Dental
Anthony Tobuk, Specialty Clinic
Riley Bennet, Medical Staff
Seth Winn, Emergency
Department
Remi Elie, Radiology
Mikey Wongittilin, Security
Morgan Miller, Patient Driver
Eva Menadelook, Tribal Healing

Florence Okpealuk, Health
Information Management
Kathryn Sawyer, Pharmacy
Jackie Ivanoff, Unalakleet
Wellness
David Head, Medical Staff
Reba Lean, Public Relations
Jamie Lockwood, Patient
Financial Services
Travis McQueen, Primary Care
Center
Renee Cooper, Unalakleet
Wellness
Rachel Olson, Nutrition Services
Stephanie Fahey, Primary Care
Center
Annie Blandford, Primary Care
Center
Lydia Evan, Shaktoolik Clinic



Some of NSHC's Consumer Appreciation Award winners for 2017. Top row: Kristine Kienberger, Mikey Wongittilin, Rachel Olson, Travis McQueen. Middle row: Dan Thomas, Annie Blandford, Valerie Fuller, Anthony Tobuk, Reba Lean. Bottom row: Kathryn Sawyer, Roberta Castel, Florence Okpealuk.

Roberta Castel, Primary Care
Center
Nancy Analoak, Human
Resources
Dolly Kiyutelluk, VHS/Shishmaref

Andrew Milligrock, Diomedes
Clinic
Morgan Lockwood, St. Michael
Clinic

Employees recognized for longevity with NSHC

Congratulations to the following employees for their years of service with Norton Sound Health Corporation!

TWENTY YEARS

Maria Dexter
Angie Gorn

FIFTEEN YEARS

Jeanette Iyatunguk
Mabel Takak

Troy Klunder

TEN YEARS

Edna Apatiki
Gwen Mueller
Laura Crisci
Kathleen Irrigoo

FIVE YEARS

Belinda Mattingley
Kamesha
Milline-Cardenas
Spencer Cook
Anthony Tobuk

Beverly Nakarak
Herman Seetook
Janelle Murray
Meredith Ahmasuk
Riley

Bennett-Vockner
Jocelyn Wyman
Kari Lyon
Kathryn Rycroft
Remi Elie

THREE YEARS

Alin Ledford
Garrick Fuller

Phyllis Farrell
Sonja Simpson
April Shadrick
Chandra Preator
Deanna Jackson
Helena Seetot
Joseph Lyon
Robert Carr
Victor Spivey
Jackie Kitchens
Kristen Barron
Shannon Miller
Yong Kim
Danielle Reynolds

Julie-Ann Dickerson
Tae Ok
Wanda Iya
Joshua White
Kayleen Fayer-Evans
Kenna-Sue Contreras
Mark Schroeder
Amanda Patrick
John Kitchens
Clarissa Nakak
Marie Katchatag
Nancy Analoak



Photo: Reba Lean

Mark Schroeder and Yong Kim, two of NSHC's 3-year employees.

NURSE CALL LINE

Continued from page 1

sustained in the accident, but the chance of survival was improved by the response. It would have taken a health aide and four-man search team six or seven hours to get to the patient, not to mention moving the patient to a runway, Rookok noted.

“The rescue happened a lot easier because we didn’t have to transport the victim,” he said.

This is just one of the many stories of how NSHC’s Nurse Call Line, an over-the-phone health care advice service launched in January 2017, has helped area residents.

First offered as an after-clinic-hours help line for Brevig Mission, Elim and Golovin, the Nurse Call Line is now available around the clock to everyone in the region.

And patients count on it.

In its first year, the Nurse Call Line has fielded over 4,200 phone calls.

When village clinics are closed, the service forwards clinic phone lines to a nurse in the NSHC Emergency Department in Nome.

The call may be from a parent in Koyuk whose child is fevering, or from a Gambell resident whose friend just broke several bones in a four-wheeler accident. Callers seek help with all kinds of ailments, illnesses, health care questions and concerns.

The nurse answering the phone asks each caller a series of mandatory questions, including the name of the patient, the caller’s relationship to the patient, a date of birth, the location of the caller and the complaint.

Taking the caller through a set list of questions, the nurse can determine whether the patient needs immediate health care or can be helped over

the phone. While speaking with the patient, a nurse can simultaneously contact a local health aide to respond to the patient or arrange for a possible medevac.

In an ongoing survey of Nurse Call Line users, 94 percent of 490 callers contacted said they were satisfied with the care and advice they received.

Ninety percent said the Nurse Call Line has been a positive change for them and their family.

The idea of the Nurse Call Line was suggested a few years ago by Village Health Services staff and NSHC’s Board of Directors. But finding the right service for our region took time.

Many triage phone services are operated by people—in some cases, not even nurses or health care professionals—outside of Alaska. NSHC wanted phone calls to be fielded by local providers, who would be familiar with patients and best able to coordinate emergency services.

The program NSHC ultimately chose, Clear Triage, allows nurses in Nome to follow its protocols to give health care advice over the phone.

NSHC medical staff approved using the nationally known program after a careful review of its processes for adult and child medical issues.

The next step, preparing to launch the service, took about six months.

Along with technological challenges that involved installing new phone lines and forwarding calls, NSHC needed to ensure it had support from village health aides. Village clinic staff provided the Emergency Department with lists of important village contacts and high-risk patients.

As the Nurse Call Line was rolled out gradually across the region, it gained support, proving to be a successful, consistent way to address health care



Here for you, at all hours.

Now Announcing: Extended Primary Care Clinic Hours

Monday-Thursday: 8 a.m.-8 p.m.

Friday: 8 a.m.-6 p.m.

Call 907-443-3333 to schedule an appointment

After hours: Call the Nurse

Call Line at 1-844-58-NURSE or 907-443-6411 for medical advice



needs outside regular clinic hours.

First in Alaska to use Clear Triage, NSHC has been able to offer valuable input that has made the program more appropriate for Alaska. This will bene-

fit the entire state as other Alaska organizations adopt the program.

You can reach the Nurse Call Line 24 hours a day and seven days a week by dialing 1-844-58-NURSE or 443-6411.



Photo courtesy of Stephanie Cummings

Gwen Minners, QCC interim director of nursing, and Stephanie Cummings, QCC staff education coordinator, help package muskox meat that was donated to residents last summer.

QCC a top nursing home in Alaska

NSHC’s Quynna Care Center ranks among the top eight nursing homes in Alaska, tied for third place on the Medicare Nursing Home Compare site.

QCC’s recent five-star rating is based on health inspections, staffing levels and quality measures.

Recently, QCC leadership has put a large emphasis on retaining quality staff, especially with the continuation

of the certified nurse aide training program. Local students are trained to become CNAs with the goal of developing a culture of familiarity for residents and long-lasting, invested employees.

Check out Nursing Home Compare at www.medicare.gov/nursinghomecompare to see how QCC rates compared to other facilities across the state.

FACILITY MAINTENANCE

Continued from page 1

NSHC and NWC will continue to offer the training courses so that all technicians have a chance to learn these important skills.

Gray especially wants his employees to take the boiler troubleshooting and repair course. Some of the most common issues village clinics face are related to boiler systems and back-up generators.

Sharosha Tocktoo started working at the Brevig Mission Clinic in the fall of 2015. He had some maintenance experience under his belt, but says he has learned a lot more from the trainings.

On track to graduate in May, Tocktoo says the courses have built his confidence that he can take care of issues that arise.

“They’ve been really helpful,” Tocktoo said of the courses. “It taught me a lot. It helped me at my job and at home.”

To Gray, the endorsement program has been a big improvement for village clinic maintenance. Area villages sometimes have a small hiring pool, purely based on the community’s size. It can be difficult to find someone



Photo: Reba Lean

Instructor Ryan Ford traveled to Nome in November 2016 to teach a course on construction skills. Village maintenance technicians learned to install doors, windows and drywall.

experienced in maintenance repairs, who also meets other NSHC requirements, to take on the job of helping their local clinic operate smoothly.

“In my opinion, every community needs a handful of trained and skilled maintenance workers,” Gray said.

“We have been given the opportunity to hire and train people from every community, while giving them marketable skills and confidence.”