Division of Community Health Services
COMMUNITY REPORT

Alaska Native Tribal Health Consortium
leaders in life care
“Prevention is the tip of the spear in the hunt for achieving the ANTHC vision of Alaska Natives as the healthiest people in the world,” says Dr. Jay Butler, Senior Director of the Division of Community Health Services, when describing the work of DCHS. “We work with our Alaska Tribal Health System partners and external partners with a focus on health and wellness through prevention programs and health education.”

Dr. Butler says that as public health continues to evolve in the 21st century, the department is well-positioned as a public health entity to move into a new era of tribal sovereignty in health care and public health practice. “Protecting the health of Alaskans is not something any one group can do alone. Our goal is to strengthen our partnerships and set the standard of tribal organizations being an integral part of the public health system.”
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Fact: The number of Alaska Native teens who smoke has gone down 30 percent since 1995.

Working with the Alaska Tribal Health System to build high-functioning and, ideally, self-sustaining programs is the goal of the Wellness and Prevention Department.

“Our department focuses on prevention, as well as a wellness model,” Director Dr. Gary Ferguson said. “The goal is to help people avoid getting sick in the first place, to integrate a culture of wellness into Alaska Native communities.”

During fiscal year 2010, the department partnered with tribal entities and other collaborative organizations to launch a digital storytelling program. The program blends storytelling traditions with computer-based technology as a way for people to tell their stories using free multimedia tools. Ferguson said the department has collected hundreds of stories on a variety of health topics. “These are voices from the Native community. Our storytellers address challenges, but speak mostly of hope,” he said. The department is working to archive all stories on its website, and several are available to download now.

SUCCESS STORY

SUCCESS STORY

WELLNESS AND PREVENTION DEPARTMENT

In an effort to move forward with drowning prevention and cold-water survival interventions, with funding from ConocoPhillips, the Injury Prevention program worked with partner agencies to coordinate the successful launch of a float coat project targeting whaling crews in northern Alaska.

Drowning accounted for 20 percent of all unintentional injury deaths for Alaska Natives (male and female) from 1999-2005. Men were six times more likely to die from drowning than women. Alaska Native people were 3.3 times more likely to die of drowning compared to Alaskans of all races.

While statistically few whalers drown while hunting, “whaling captains and crew are looked upon as leaders in their communities,” ANTHC Injury Prevention Coordinator Helen Stafford said. “We wanted their help in modeling a safer lifestyle. Our hope is others in the community will see the benefit of wearing a personal flotation device [PFD] while engaging in boating or other ocean and river activities.”

Previously, whalers rarely used float coats because they were traditionally orange, which were known to scare away the whales. Therefore, the Injury Prevention Program’s pilot project implemented the creation and usage of white float coats. It required the help of the U.S. Coast Guard to persuade Mustang Survival, a supplier of survival solutions to military, professional and recreational users, to create a model white float coat.

“In our pilot project, we learned the whalers were extremely happy with the PFD-style parkas we provided them. We learned that even in cold, windy conditions, the coats kept them warm and the ice that formed on the coats would fall right off without causing any wetness to seep through the coat. One whaling captain told us that he will no longer allow anyone on his boat without a coat,” Stafford said.

Fact: Data from the Alaska Native Epidemiology Center shows a high prevalence of obesity among Alaska Native pediatric patients: 30 percent of active clinic patients 2 to 5 years old are obese. The Wellness and Prevention Department’s Health Promotion/Disease Prevention Program is creating curriculum to address childhood obesity. “It focuses on best practices around nutrition and physical activity. It’s action-oriented and experiential, which makes it perfect for young people,” Ferguson said.

Fact: The number of Alaska Native teens who smoke has gone down 30 percent since 1995.
Mental health and substance abuse are the primary focus areas of the Department of Behavioral Health and Rural Services (BHRS). The department places great value on attending to the training needs of Alaska communities and those individuals and entities that serve Native Alaskans. Many of the training efforts supported by BHRS relate to the Behavioral Health Aide (BHA) Program, which seeks to recruit, foster and sustain rural village-based behavioral health providers. BHAs are trained to address the behavioral health concerns of their communities.

Forty BHAs have been certified, and the department is working to certify an additional 26 by the end of FY11. Last October, BHAs were brought together for the first time at the Behavioral Health Aide Forum, a gathering of 40 certified BHAs, clinical supervisors and members of the Behavioral Health Academic Review Committee. The forum functioned as a sharing tool to learn from tribal behavioral health care employees from around the state. “The BHA program is unique because it’s tribally focused,” said Kathy Graves, director of BHRS. “It emphasizes the integration of traditional Alaska Native values into its training standards, thus helping to ensure the viability and survival of rural and remote Alaska Native villages.” Since December 2009, BHRS has been working on meth and suicide prevention campaigns. To date, campaign advertisements have run in six regional newspapers and on several radio stations.

**Success Story**

**Department of Behavioral Health and Rural Services**

Barb Franks is a program associate with BHRS. She recently held an Applied Suicide Intervention Skills Training (ASIST) in her hometown. ASIST is designed to help caregivers become more willing, ready and able to help people at risk of suicide.

“At the time I was contacted there had already been four suicides, two attempted suicides and one drowning in the community of fewer than 1,000 residents,” Franks said. “The school had just hired a new counselor, and people were left wondering what step to take next.”

The school partnered with local leaders, the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse to offer the training. Franks traveled from Anchorage for the two-day workshop.

“Of the 29 participants, one was a friend of the most recent suicide. Another participated so she’d know how to ‘act’ around her friend who lost her daughter to suicide. School counselors, retired teacher’s assistants, the Chief of Police, and friends and loved ones who lost someone to suicide — they all came to learn how they can help in their community,” Franks said.
Community Health Aides/Practitioners (CHAPs) work in their villages to provide a critical link in the Alaska Tribal Health System as the patient’s first point of contact with a health professional. This year, ANTHC provided intensive training for 60 CHAPs and an award-winning cancer education course using digital storytelling. Through the Distance Learning Center (www.akdistancelearning.net), ANTHC reached an additional 137 learners. Next year, the program will retool and revise training options to make the best use of adult learning theory and available technology to reach students in traditional and virtual classroom settings.

Launched in 1999, www.akchap.org provides information on all aspects of the program. With input from tribal partners, the website continues to grow and reflect the needs of CHAPs and program managers. The CHAP Certification Board is working to implement an electronic application process by the end of 2011, using existing telemedicine technology available throughout the state.

ANTHC received approximately $1.47 million from the Indian Health Service to create an “electronic Community Health Aide Manual,” or eCHAM. The project will provide both a stand-alone eCHAM product and an integrated eCHAM within the RPMS Electronic Health Record system.

CHAP also includes the Dental Health Aide Therapist training program, which emphasizes community-level dental disease prevention for underserved Alaska Native populations. The program operates in Anchorage and Bethel and has graduated 10 students to date. The training curriculum is being evaluated in preparation for admitting the next class in August.

SUCCESS STORY

COMMUNITY HEALTH AIDE PROGRAM

Danielle Boston didn’t plan on being a Dental Health Aide Therapist, but after becoming a Community Health Aide, she decided she wanted to try something “a little different.”

Danielle is from Chistochina, a village of approximately 100 residents located midway between Tok and Glennallen. With assistance from Mount Sanford Tribal Consortium, Danielle enrolled in the DENTEX program, a collaboration between ANTHC and the University of Washington School of Medicine.

“When I started the program, I was scared. I remember thinking, ‘What have I gotten myself into?’ But it’s become my passion – it’s something I truly enjoy doing. I really feel like I’m making a difference in the oral health of Alaskans.”

Danielle graduated with the first cohort of Dental Health Aide Therapists in December 2008. In February, Danielle traveled to Washington, D.C. to address oral health advocates from five states looking to start dental health aide programs. The event was sponsored by the W.K. Kellogg Foundation, the seventh largest philanthropic foundation in the U.S.

In October, a two-year study was released showing that dental therapists are making a positive difference in remote Alaska Native villages where they practice. The study was funded by the Rasmuson Foundation, the Bethel Community Services Foundation and the W.K. Kellogg Foundation.

Fact: Alaska Native people have the highest tooth decay rate of any population group in the U.S. ANTHC will graduate its third cohort of Dental Health Aide Therapists in December 2010. As of March 2010, the students had treated more than 300 patients.
The Epidemiology Center contributes to ANTHC’s mission by monitoring and reporting health data, providing technical assistance and supporting initiatives that promote health. The Center’s four function areas are data dissemination, technical assistance, disease control and prevention programs, and surveillance databases and epidemiological studies.

“The Center uses health data to improve the health of Alaska Native people,” Director Dr. Ellen Provost said. “Data allows us to identify areas of concern, as well as demonstrate improvements over time.”

Fiscal year 2010 highlights include producing two regional health profiles; five more are being developed. A total of 12 profiles will help facilitate strategic planning, policy development and grant-making in each of the regions. A report on Alaska Native mortality was completed this year.

**SUCCESS STORY**

**DATA IS OUR FOUNDATION**

Epidemiological data is the foundation for prioritizing, building and evaluating public health programs. Thirty-five years of cancer surveillance data reveals colorectal cancer as the leading cause of new cases of cancer among Alaska Native people. A variety of pilot projects to improve colorectal screening were initiated through collaboration with the Indian Health Service and the US Centers for Disease Control and Prevention.

These projects led to the receipt of federal funding to improve colorectal cancer screening. With these funds, the Epidemiology Center is partnering with four Alaska tribal health organizations to improve colorectal cancer screening throughout Alaska.

**Fact** The number of new cases and deaths from colorectal cancer among Alaska Native people are about twice those of U.S. whites. Colorectal cancer is the leading cause of new cases of cancer and the second-leading cause of cancer deaths. Screening saves lives.
Partnering with the tribal health system, local and regional governments, and public and private organizations, the Department of Community Environment and Safety (CES) develops strategies that encourage wellness, resilience and sustainability in Alaska villages.

“We examine environmental change and impacts, assess health effects and work to encourage positive health outcomes,” Director Michael Brubaker said.

The department has five program areas: the Center for Climate and Health, Emergency Preparedness, the Health Impact Assessment Program, the Healthy Village Environments program and Traditional Food Safety.

In fiscal year 2010, the Center for Climate and Health published Alaska’s first Climate Change Health Assessment Report. A partnership with the Maniilaq Association, the North Slope Borough and the Northwest Arctic Borough, the report documented specific effects on food and water security and public safety in the community of Point Hope, and provided a model for addressing climate change impacts in rural Alaska communities.

After the H1N1 pandemic emerged in April 2009, the Emergency Preparedness program partnered with state agencies to organize and coordinate a response. Goals included immunizing Alaskans; assisting communities, clinics and regional health corporations dealing with the pandemic; providing supplies and equipment; and providing information to the general population and health care professionals.

Also in fiscal year 2010, the Healthy Village Environments program provided five Community Environmental Demonstration Project grants ranging from $15,000 to $30,000 to Native villages. The grants help communities address environmental and health threats such as poor air quality, high energy costs, water contamination and flooding associated with climate change.

Looking ahead to fiscal year 2011, CES will extend demonstration project grants to five new communities, expand the Center for Climate and Health, train new communities in emergency preparedness, and launch an environmental planning and training course to build capacity for tribal environmental staff. These initiatives contribute to the mission of achieving safe, healthy, sustainable communities across Alaska.

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SUCCESS STORY

DEPARTMENT OF COMMUNITY ENVIRONMENT AND SAFETY

In 2010, thanks to a grant from ANTHC’s Healthy Village Environments program, the Native Village of Paimut (Hooper Bay) assembled a community monitoring team and partnered with Perdue University to use simple measurement techniques to develop flood maps for the village. Over the last year, the village estimates it lost approximately 20 feet of shoreline. When flooding occurs, residents fear for their safety and the village becomes contaminated with trash from the landfill and honey bucket waste from the lagoon. The flood maps will help minimize public and private losses due to flood conditions in specific areas.

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Fact: In 1996, Alaska became the first universal hepatitis A vaccine state. Since the vaccine was introduced, Alaska went from having the highest rate of hepatitis A in the U.S. to the lowest rate in the world.

Hepatitis Program

Providing comprehensive services in liver disease and viral hepatitis, conducting research and determining better methods of treatment and prevention — since the 1970s, Dr. Brian McMahon and his team of researchers have been improving the health of Alaska Natives who either have or are at risk for hepatitis and other liver disease.

“In the U.S., hepatitis A really isn’t a problem anymore because all the states have copied Alaska’s vaccination program,” McMahon said. “In Alaska, any child between the ages of one and 20 can get the vaccine free of charge.”

In fiscal year 2010, the team produced the largest study in the world determining the long-term protection of hepatitis A and B. The study, published in the medical journal Vaccine, showed 100 percent of individuals vaccinated as children were still protected 15 years later. “That means no need for booster shots, which will save the U.S. millions of dollars,” McMahon said.

“We also have a very active partnership with other circumpolar countries,” McMahon said. “This year we’ll meet to work with those countries on developing public health and research programs.”

HIV/STI Program Services

ANTHC’s HIV/STI programs are comprised of Clinical Services and Prevention. As the nation’s only tribal Ryan White/Health Resources and Services Administration-funded early-intervention services program for HIV, Clinical Services provides specialized HIV/AIDS clinical care and case management to HIV-positive individuals in Anchorage. It also provides clinical and case management consulting services for statewide providers. The program is a local performance site for the Northwest AIDS Education and Training Center, providing trainings throughout Alaska that highlight the need for prevention and early detection of HIV.

HIV/STI Prevention efforts focus on multimedia HIV/STI prevention education and outreach services (such as www.iknowmine.org) in the tribal health system, provider trainings, and rural community consultations regarding STI prevention efforts. In addition, the program provides capacity building assistance for best practices in HIV/STI screening and treatment.

In 2010, 19 rural health aides received STI/HIV prevention training. “Through collaboration, we’re addressing how to treat and prevent STIs in Native populations,” said Connie Jessen, STI program manager. “We also convened a meeting with stakeholders — both tribal and non-tribal — from all over the state to work on improving HIV/STI control strategies and prevention and lowering the rate of STIs.”

SUCCESS STORY

Clinical and Research Services, HIV/STI Programs

On June 27, ANTHC and Southcentral Foundation hosted a National HIV Testing Day event targeting Alaska Native people. National HIV Testing Day is an annual campaign coordinated by the National Association of People with AIDS to encourage people of all ages to “Take the Test, Take Control.” Today the CDC estimates approximately 250,000 Americans are living with HIV but do not know their HIV status.

According to the Indian Health Service, HIV/AIDS is a growing problem among American Indians and Alaska Natives. Alaska Native people experience high rates of Sexually Transmitted Diseases (STDs) and for this reason are at increased risk for HIV/AIDS; someone with an STD is three to five times more likely to transmit or acquire HIV.

The HIV testing event was a success, with 144 participants statewide — including 121 people who agreed to get tested and the medical practitioners who performed the testing. All participants were eligible to win prizes. A participant from the Bristol Bay area won 25,000 Alaska Airlines miles and Christopher Campbell, a Physician Assistant with Southcentral Foundation, won an iPod touch.

“I think having an event like National HIV Testing Day removes the stigma—it’s just something you’re supposed to do as part of routine care,” Campbell said. The CDC recommends everyone between the ages of 13-64 gets tested for HIV at least once.

Early HIV diagnosis is critical so people who are infected can fully benefit from available life-saving treatments. Currently, almost 40 percent of people with HIV are not diagnosed until they already have developed AIDS. This can take up to 10 years after they first become infected with HIV. During that time they can unknowingly transmit HIV to others.

“That’s another benefit of having a national event like this,” Campbell said. “If a preliminary result does come back positive, we can get that person into counseling and treatment immediately. And with early detection, HIV’s role is minimized.”

Fact: Increasing numbers of Alaska Native people are taking control and responsibility over their health by knowing their HIV status. In 2010, HIV tests in the Anchorage Service Unit have increased by 18 percent compared to last year.
With the goal of reducing cancer death and disease among Alaska Natives, the ANTHC Cancer Program in 2003 developed a major comprehensive cancer plan. Funded by the U.S. Centers for Disease Control and Prevention, the plan addresses prevention, early detection screening, diagnosis, treatment, survivorship and palliative care.

“The context of what we do is in that plan,” Manager Christine DeCourtney said. “We have funding from many sources that support our program. Our objective is to reduce the burden on cancer, the leading cause of death in Alaska Native populations.”

One 2010 highlight was the Men’s Survivorship Retreat for prostate and testicular cancer survivors in Alaska. Held in Cooper Landing, the event brought together survivors in a supportive environment to discuss and share their experiences. The two-day retreat included fly-fishing and rafting activities, followed by fireside discussions on cancer survivorship.

Camp Coho, a one-day children’s grief camp for Alaska Native children, was held in May. Talking circles, art activities and playtime helped children express their feelings. The camp also addressed the lack of grief resources for Alaska Native children living in remote communities and provided a safe, supportive environment for grieving children to share about losing a loved one to cancer or other chronic disease.

In fiscal year 2011, the Cancer Program will publish a report that highlights the goals achieved by the cancer plan during its first five years. The next five-year plan will be published around the first of the year. It will also print the third edition of the Traditional Food Guide for Alaska Native Cancer Survivors and host the Third International Telehealth Palliative Care Symposium, an annual provider educational event featuring nationally and internationally known palliative care experts.