



# Qik'rtarmiut Asiitmen Kodiak Native Wellness News

## Kodiak Area Native Association

Promoting wellness & knowledge for Kodiak's Native People



SPRING - UGNERKAQ 2010

## The Indian Health Care Improvement Reauthorization and Extension Act

No matter your feelings on the passage of the Patient Protection and Affordable Care Act, it is clear that its inclusion of the Indian Health Care Improvement Reauthorization and Extension Act is a positive step toward better health for Alaska Natives.

For the past 11 years, leaders in the Alaska Tribal Health System have worked tirelessly to pass these amendments to the Indian Health Care Improvement Act. The law has promoted a wide range of improvements over the years, but it needed to be updated, and the authorization to appropriate funds expired several years ago. These new amendments remove the first hurdle to seeking additional funding from Congress, and require the Indian Health Service to consider adjustments for medical inflation rates and population growth.

These changes are significant because the IHS has been dismally underfunded for basic services, and funding to expand or improve services has been extremely limited. The new act improves the health status of Alaska Natives and American Indians by eliminating health disparities through specific goals, programs and resources.

The health disparities between Alaska Native people and the rest of the U.S. population are striking — 30 percent more cancer, twice as many unintentional injuries, twice as many infant deaths, and almost four times as many suicides. Yet until now, there has been little or no increase in federal funding for tribal health. Meanwhile, our population has continued to grow and health care costs have continued to rise.

At the same time, our understanding of comprehensive health care has evolved to focus on the whole person. For example, the amendments now address services for behavioral health — the IHS has funded programs for alcohol and substance abuse for some time, but behavioral health programs now include services for fetal alcohol spectrum disorders and domestic violence.

The amendments streamline the youth suicide prevention grant process for tribes — critical in Alaska, where one Native person dies by suicide every eight days. Alaska Native males ages 15-24 are nearly nine times more likely to die by suicide than other U.S. males in the same age group.

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## Hoehn reflects on KANA's early years

Approximately forty years ago, Tina Hoehn read an ad placed in the Kodiak Daily Mirror seeking Alaskan Native participation at a health organizational meeting. Hoehn responded and found herself in a room with, among others, Hank Eaton, Florence Dyson, Helena Schweitie, and Karl Armstrong. Hoehn recalls, "Helena was working at Lil's Cafe and I was in the cannery." The Alaska Native Claims Settlement Act (ANSCA) had yet to pass; Koniag was in its formative years, and Kodiak Island Natives needed to create a non-profit association to accompany it and the emerging tribal corporations. Their mission was to have the non-profit association in place in time to benefit from ANSCA legislation, when and if it did pass. Hoehn explains, "We wanted a non-profit going before ANSCA passed. Then, when ANSCA passed, it would be an easy transition."

The group set about creating bylaws and reviewing the organizational structure of other Native non-profits around the state. Hoehn remembers, "We met in the Public Health nurses' office, a building behind the Erskine house [now the Baranov Museum], and cranked it out. It was about [February or March]—cold, dark and rainy. We borrowed a typewriter and carbon paper and, since I was the only one who could, I typed it."

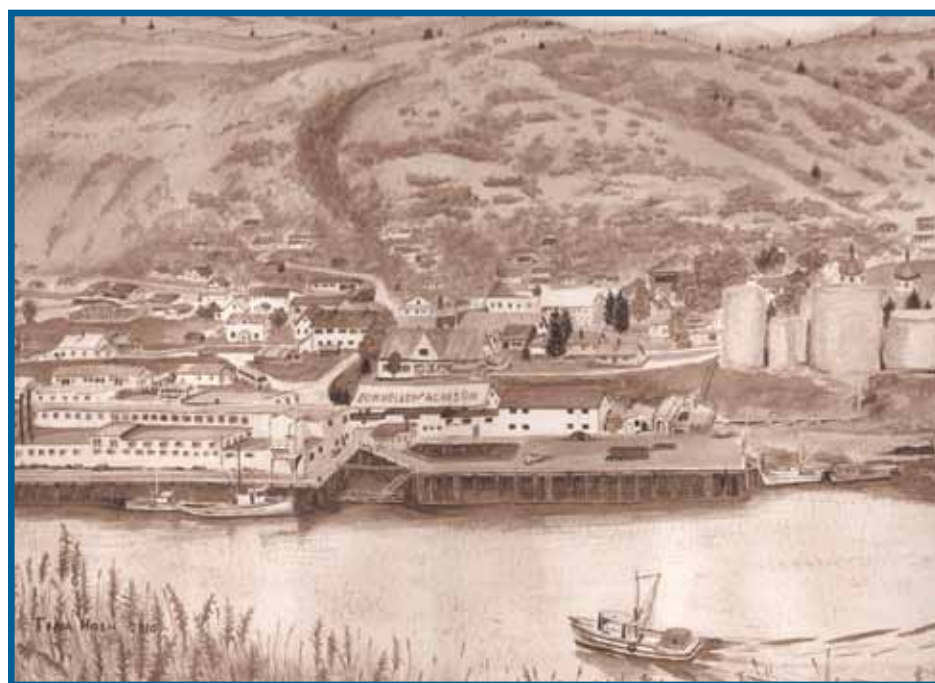
Hoehn found herself an unlikely founding member of the Kodiak Area Native Association, a health

care organization that has grown, in the past forty years, to be the envy of many around the state. Hoehn was born in Kodiak, in 1943, to Natalie and Kelly Simeonoff, Sr. One of seven children, raised on Woody Island and Kodiak, Hoehn brought a unique and commanding skill set to the founding group.

"This past summer was the first summer I had off since I was 11 years old. I've been working since I was 11." Hoehn's multi-layered professional background included supervisory experience as a floor manager at B&B Fisheries (now Western Alaska), and establishing a family business, Cy's Sporting Goods. "I was the youngest floor manager in Kodiak. Jerry Tilley, the foreman at B&B, showed a lot of faith in me. B&B was a big cannery; we processed king crab, shrimp, salmon, halibut and scallops."

Hoehn brought her leadership to KANA's creation process. The founders were especially concerned about Native health care services. "Health care

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*Kodiak Sepia Waterfront* watercolor painting by Tina Hoehn, to be featured in new KANA/Koniag Building in KANA's Community Department.

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## Board Member Profile: Loretta Nelson



Photo by Jan Pennington.

Loretta Nelson is the daughter of Willis and Martha (Berestoff) Nelson, from Afognak and Port Lions. Though Loretta was born in Kodiak, she was raised in Afognak until the 1964 tsunami. Afterwards, she relocated to Port Lions with her family—her parents, four sisters and two brothers: Virginia Ward, Wilma Nelson, Nancy Nelson, Roberta Bartleson, Kenny Nelson and Peder Nelson.

Loretta brings to the board a knowledge and love of health care. Her first job was as a Community Health Aide (CHA) and Community Health Representative (CHR) for KANA in Port Lions. "It was very interesting work. I liked being there for the people and having that medical knowledge. In the villages, the CHA is often the only health care provider. You knew everybody and were on call 24-7."

After the Exxon oil spill in 1989, Loretta relocated to Kodiak and began working for Afognak Native Corporation, where she has been for twenty years, as the Shareholder Relations Manager. The Native Village of Afognak singled Loretta out as a candidate for the KANA Board, believing her experience with working in the health care field and the villages would be invaluable.

Since her entry to the Board in 2004, they have worked to improve and increase the health services and doctors provided to the villages. Loretta believes they have succeeded, though the Board still strives to maintain and improve village services.

Loretta enjoys working for and representing KANA beneficiaries. "As a Board member, I have an open door policy. It doesn't matter what village or tribe they're from, I'm always willing to listen to them and the concerns they may have. Throughout my life, in all my jobs, I've worked for my people." ■



The new KANA/Koniag building on Near Island will house KANA's Community Development Department. Our grand opening is planned for May 27, 2010.

### Indian Health Care Act... continued from page 1

The new act also facilitates the creation and expansion of programs for long-term care, home health care, assisted living, and community-based care, especially important in rural Alaska. It allows escort travel to be covered for patients who need assistance during medical travel.

The new Indian health care act improves access by increasing support for recruitment and retention of health care professionals and incentives to use innovative cost-saving health facility construction methods, which could make funding available for other long-awaited projects. Nearly \$100 million in backlogged health and sanitation facility construction projects may now be completed, especially with authorization to facilitate collaboration and contributions by multiple federal agencies on these projects.

We can now begin to ensure the health care Alaska Natives receive reflects the modern delivery of health care. We are moving toward parity with other federal agencies in bringing a high standard of health care to our people.

Yet our work is not complete. We cannot assume the federal government will provide the funding and resources we need to provide the quality of care our people deserve. We must continually

seek improvement from the federal government and our own programs to achieve better health.

Alaska Natives and American Indians are exempt from the insurance mandate included in the general health reform bill, though they may choose to participate. While Alaska Natives are still eligible for IHS services, the tribal health system depends on private insurance, as well as other third-party revenue sources to maintain our services at appropriate levels.

For those of you who carry private insurance, or are eligible for Medicaid, Denali KidCare or Medicare, and who bring these sources of payment to the tribal health system, you're strengthening our system and providing much needed resources. This is one of the important ways we can help each other achieve overall health and wellness. When we share our resources, we're helping our communities and maintaining our tradition of taking care of one another, as we've always done.

If you think you may be eligible for Medicaid, Denali KidCare or Medicare, please contact JJ Marsh at 486-9828. ■

## KANA's Early Years... continued from page 1

contracts were held by private physicians. We wanted our own non-profit—we needed this before anything. At that time, Rural CAP was here, but there were limited funds. For serious procedures and operations, we went to ANS in Anchorage. Village residents still had to come to Kodiak for health care. We wanted it to be more fair. Also, we had no access to some services, like education, health aid, and grants. We wanted those things to be available to Kodiak.”

However, Hoen emphasizes, “We didn’t have a list [of priorities]. We didn’t know we could make one! We were figuring out what to do. Native people had never been in charge of their own health and education. White people owned and headed everything—schools and government. Everything was challenging. We were asking questions; we didn’t know what we needed. Thank goodness for people like Hank [Eaton] and Karl [Armstrong] in the forefront. They were aggressive Native leaders. Karl was the newspaper editor for the Kodiak Mirror; he was very involved in Native politics, and Hank, too.”

Hoen recalls those years as challenging times, personally and within Kodiak’s society as a whole. “I worked all day long and went to meetings all evening long.” The simultaneous development of KANA, Native Corporations and ANSCA brought discrimination and biases

to the surface as well. “There was an awful lot of discrimination against Natives, especially when ANSCA started going through, because we owned a lot of Kodiak after that. Some people came up to me and said, ‘We didn’t know you were Indian!’ I’d say, ‘What did you want me to do, wear a feather in my hair?’ People who hadn’t had problems with Natives before now considered us a threat.” It was a tumultuous time in the city as well. “Kodiak was being rebuilt [after 1964’s tsunami]. They were tearing old buildings down and putting up new ones.”

The formation of KANA also created a new, positive self-awareness for many of Kodiak’s Natives, which in turn has led to the revitalization of Alutiiq culture. “My grandmother brought my mother here from Unga. My mother talks about being in school on Woody Island and being slapped for speaking Aleut. We didn’t think of it as oppression, it was just the way things were. My father spoke no English until he was in school. He spoke Russian and four or five Aleut dialects. He could understand Eskimo. Out in summer camp we’d hear religious programs from the Interior on the air and my dad understood them. But if you get slapped for speaking Aleut, you don’t speak it, so they didn’t teach us and we didn’t learn it. Now they are teaching the language again. I think Larry Matfay and others had a lot to do with it. There was a push to make sure languages weren’t absolutely lost.”

Hoen also participated in the first Alaska Native Women’s Organization convention. After working on the formation of KANA, Hoen participated in the creation of Lesnoi and served on the Lesnoi Board of Directors. Lesnoi asked her to represent them at the convention. While there, Hoen designed the group’s logo. “I designed three women, with a background of a map of Alaska. The three faces were of youth, women and elders, representing looking back, our present life, and the future.” Though Hoen did not continue with the organization, she donated both the logo and her prize money back to the group.

KANA’s eventual, successful formation was a welcome event that changed the life course of every Kodiak Native. “KANA’s development over the years has been marvelous. It was a wonderful thing when they opened their first clinic. It has steadily got better and better. We are the envy of some other areas. We have doctors, dentists, a clinic. I appreciate it very much. I’m glad to not fly to Anchorage for services.”

Hoen’s involvement in KANA’s foundation now comes full circle, as she’s been commissioned to design original artwork for KANA’s new building on Near Island. A self-taught painter, Hoen carries on her family’s artistic gifts. “My mother was a writer and my father was a carpenter. He created hand carvings and made me canvas bags, woven in patterns, that I still use today. He made toy boats and cars for my brothers.” Through her artwork, Hoen’s many contributions will continue to be on display at KANA. ■

## Provider Profile

### Mark Johnson, Deputy Chief Pharmacist

Mark Johnson, KANA’s new Deputy Chief Pharmacist, recently arrived in Kodiak and couldn’t be happier about his new job and location. As Deputy Chief Pharmacist, Johnson ensures accurate filling of prescriptions, counsels patients, monitors patient therapy and provides pharmaceutical information for nurses and doctors.

Born in Manhattan, Kansas, Johnson moved with his family to Proctor, Minnesota at the age of one and enjoyed a childhood outdoors, hunting and trapping. As a child, he knew he wanted a profession in the sciences. He took several years off after high school, and, while working toward a Chemistry degree at St. Cloud State University, he was accepted into Pharmacy school at the University of Minnesota.

After graduating from Pharmacy school, Johnson accepted a position in Florida. “I liked it, but it was so busy all the time, with traffic backed up. One night I was at work and got out a map of the U.S. I thought, ‘What would be the polar opposite of this?’ I found Alaska and said, ‘That’s where I’m going.’ I wanted to see snow again and leaves changing color.”

Johnson moved to Eagle River and worked as a pharmacist at ANMC for five years. When the opportunity came to live in Kodiak, he thought it would be an adventure and a good place

to work. Though he’d never been to Kodiak, he immediately felt it was home. “I like the outdoors quite a bit, the people are really nice and I’m getting used to the rain,” Johnson quips. He counts hunting, fishing, biking, hiking and camping among his hobbies and has discovered many new favorite spots in Kodiak.

“Heitman Mountain and Lake is one of my favorite areas. I’ve enjoyed the Pasagshak area, too. In town, the Three Sisters area is a beautiful place.” An avid hunter, Johnson is looking forward to hunting in Kodiak. He has been moose hunting in Bristol Bay and his favorite hunt is the Kenai caribou hunt. His name was drawn two years ago and he enjoyed hiking the fourteen miles to the hunting area. “It’s an amazing area, as soon as you get on the peaks up there. Just to hike there is fun.”

He moved to Kodiak with his wife, Amanda, (whom he met in Minnesota) and two cats, Kita and Chida. Amanda recently completed a Masters at UAA and a teaching assignment at East High School; she is hoping for a position at Kodiak High School teaching Biology.

Regardless, Johnson and Amanda now consider themselves lifelong Alaskans. Johnson especially enjoys his new position at KANA. “My favorite aspect of this job is dealing with customers, helping and counseling people. I’m here to help [KANA beneficiaries] with all



Mark Johnson at work.  
Photo by Heather Johnson.

their pharmacy needs.” He adds, “Anytime, if people ever have any questions or concerns, feel free to stop in.” ■

# KANA creates new Health Services Advisory Committee

The KANA Health Division is working hard for our Beneficiaries. Between October of 2008 and June of 2009, we've received 26,105 visits from our Beneficiaries for the many services offered by our Medical, Dental, Pharmacy and Behavioral Health departments. Additionally, our Community Health Aides received 1,865 visits within their respective communities during this same time period. These statistics represent a trend in increased patient encounters that KANA has experienced over the past four years, showing a 28% increase in patient encounters since 2005.

KANA's exceptional staff provide services in each community on Kodiak Island. Each year we respond to the changing needs of our Beneficiaries as identified by you and we address disparities identified by the department of epidemiology at the Alaska Native Tribal Health Consortium.

An independent survey of Beneficiaries conducted in June, 2008, revealed that 92% of those surveyed were either satisfied or very satisfied with services they receive from our Health Division.

As KANA strives to maintain this level of satisfaction and to improve the overall well-being of its Beneficiaries, we are developing enhanced methods to involve patients in the planning and evaluation of their health services.

One such method is the formation of a Health Advisory Committee. This committee will work closely with the Health Division to provide feedback on KANA's health services, to identify gaps or unmet health needs and offer suggestions for resolution to identified deficiencies.

Members will also serve as liaisons to bring health related information to and from their respective communities and the Committee.

KANA sought one appointed representative from each Tribal Chapter to comprise this committee. The committee will meet by video conference on a bimonthly basis.

Currently, the following Health Advisory Committee members have been appointed:

- Beverly Farmer, Ouzinkie Tribal Council
- Brenda Friend, Sun'aq
- Carol Katelnikoff, Larsen Bay Tribal Council
- Susan Kewan, Native Village of Port Lions
- Stella Krumrey, Old Harbor Tribal Council
- Loretta Nelson, Native Village of Afognak
- Cheryl (Dee Dee) Christofferson, At Large
- Margaret Roberts, Woody Island Tribal Council



*Photo courtesy of Dake Schmidt.*

- Father Ioasaph (James Tucker), Akhiok Tribal Council

An updated listing of Health Advisory Committee Members and contact information is maintained on KANA's website at: [www.kanaweb.org](http://www.kanaweb.org) ■

## Provider Profile

### Laura McDermott, Family and Youth Integrity Coordinator

Three years ago, Laura McDermott decided she wanted an adventure and began scouting interesting places to work. Alaska topped the list; that's the short story of McDermott's relocation to Kodiak. The long story of KANA's new Family and Youth Integrity Coordinator is even more exciting.

Raised in Imperial, Missouri, a suburb of St. Louis, McDermott earned a Bachelor degree in Human Development and Family Studies from the University of Missouri in Columbia. "That was my first move away from home. It was two hours away and at the time seemed very far to me." She then moved even farther, completing her Masters in Marriage and Family Therapy at the University of Connecticut.

"When I was growing up, I always knew I wanted to be a part of the process to help families heal." Marriage and family therapy seemed ideal. Prior to moving to Kodiak, McDermott worked with adolescents in residential and psychiatric hospitals at partial hospitalization and intensive outpatient programs. She worked mainly with youth ages 12-16, and some up to age 20. She also gained experience providing in-home treatment for adolescents in the juvenile justice system, meeting with their families, schools, churches and other supports to assist in coordinating and designing services.

The *Bring the Kids Home* program is designed to provide intensive support services for Kodiak



*Laura McDermott, Family and Youth Integrity Coordinator, with her husband Lemuel. Photo courtesy of Laura McDermott.*

youth at risk of being removed from the Island to Anchorage or out-of-state treatment facilities. KANA was awarded the grant in the summer of 2009; McDermott interviewed and accepted the position in November.

The years in between her decision to move to Alaska and her arrival in February, 2010 were a whirlwind. Originally, McDermott visited Bethel but, after beginning a relationship with a gentleman in Chicago, reconsidered; Bethel seemed too remote. That relationship led to

an engagement with future husband, Lemuel McDermott, and so she moved to Connecticut, though the idea of Alaska was still on her mind. "After we were engaged, I proposed the idea of Alaska to him." McDermott interviewed at KANA in October; her fiance was sold. "If I didn't want to move, I shouldn't have brought him with me. Kodiak was one of the most beautiful places we'd ever seen. The people were friendly. We liked the small-town feel, but there seemed to be a lot to do for a family. We'd like to have children and it's important for us to live somewhere where there's a sense of community."

The McDermotts married in December. After the honeymoon, they packed up and drove to Alaska. They are looking forward to summer hiking and kayaking, as she settles into her new job at KANA. "This profession is wonderful. Sometimes you have moments when you feel like the sunshine is following you around and you see people grow. Sometimes you don't see the fruit, but you have to trust the process, that it will bear fruit down the road. It's a whole group that works together."

McDermott is looking forward to being part of that group with KANA. "I feel like the health and support of adolescents is a community effort and I'm looking forward to being a part of that community, and getting the support and input from the rest of the community as well." ■

# Child Services Program

## Changing Tides

Promoting the health, safety and well-being  
of all children on Kodiak Island

The entire month of February was designated *Teen Dating Violence Awareness Month* by Congress and by Alaska Governor Sean Parnell. The *Teen Dating Violence Awareness and Prevention Initiative* was spearheaded by teenagers across the nation who chose to take a stand and put a stop to teen dating violence.

Findings from a 2006 study show that alarming numbers of teens experience and accept abusive behavior in dating relationships. Many teens also feel physically and sexually threatened.

- **1 in 5 teens** who have been in a serious relationship report being **hit, slapped or pushed by a partner.**
- **1 in 3 girls** who have been in a serious relationship say they've been **concerned about being physically hurt** by their partner.
- **1 in 4 teens** who have been in a serious relationship say their boyfriend or girlfriend has tried to **prevent them from spending time with friends or family**; the same number have been pressured to only spend time with their partner.
- **1 in 3 girls** between the ages of 16 and 18 say **sex is expected for people their age** if they're in a relationship; half of teen girls who have experienced sexual pressure report they are afraid the relationship would break up if they did not give in.
- **Nearly 1 in 4 girls** who have been in a relationship (23%) reported **going further sexually than wanted** as a result of pressure.

*Liz Claiborne Inc./ Teenage Research Unlimited*

Teens and parents can find a great deal of information about teen dating violence on

the Internet. Conversely, the Internet and cell phone can be used to promote unhealthy relationships. Monitor your child's postings on social network sites and talk with them about safety and limitations.

Awareness and information on teen dating violence were included in recent activities in Kodiak:

### Child Abuse Prevention Summit

KANA and collaborating partners hosted a second *Regional Summit on Child Abuse Prevention* on **March 22-23, 2010.**

### Abuse Awareness March

Governor Parnell invited all Alaskan communities to raise awareness of the realities of abuse and interpersonal violence in Alaska by standing together on **March 31st.** Kodiak joined communities across the state to mark the beginning of *April Child Abuse Prevention Month* by marching against child abuse, domestic violence and sexual assault.

Community events are planned for throughout **April for Child Abuse Prevention Month.**

Another focus for the spring months is a *Tribal Foster Parent Campaign* to assure options for children who cannot safely remain in their homes. Temporary, emergency and more long-term foster families are needed. KANA is working with Tribal Councils to provide orientations and training for potential new parents.

Please contact Cindy Harrington at 486-9878 for information on our child advocacy initiatives. ■

*Anirturkii uswillra'apet*

**Alarming  
numbers of teens  
experience and accept  
abusive behaviors in dating  
relationships.**

## How Do I Know if I'm in an Abusive Relationship?

Recognizing abuse in a relationship is difficult. There are many types of relationship violence that teens may not view as abusive or even consider "normal." Although teen relationships differ from adult relationships in many ways, teens experience the same types of abuse as adults.

Teens face unique obstacles when they decide to get help. Unlike many adults, teens may not have money, transportation or safe places to go. They may have concerns about lack of confidentiality and parental notification when reporting to police and child protective services.

It is important to remember that teens do have the right to a safe and healthy relationship. In Alaska teens may apply for restraining or protective orders. If you or someone you know needs help, contact the *Kodiak Women's Resource & Crisis Center* at 486-6171 or KANA at 486-9800.

## Ten Warning Signs of an Abusive Relationship

- **History of discipline problems.**
- **Blames you for his/her anger.**
- **Serious drug or alcohol use.**
- **History of violent behavior.**
- **Threatens others regularly.**
- **Insults you or calls you names.**
- **Trouble controlling feelings like anger.**
- **Tells you what to wear, what to do or how to act.**
- **Threatens or intimidates you in order to get their way.**
- **Prevents you from spending time with friends or family.**

Reference [www.jenniferann.org](http://www.jenniferann.org) for additional information.

### Additional Resources:

*Break the Cycle – Empowering Youth to End Domestic Violence*  
[www.breakthecycle.org](http://www.breakthecycle.org) • Hotline: 1-888.988.TEEN

*A Break the Cycle.org Project: Information about Cellphone and Internet Safety*  
[www.thesafespace.org](http://www.thesafespace.org)

*National Teen Dating Abuse Helpline*  
<http://www.loveisrespect.org> • Live chat on: 1-866-331-9474

*Family Help in Alaska*  
<http://www.focusas.com/Alaska-Programs.html>

*P:arents' Dialog with Teens about Healthy Relationships*  
<http://www.chooserexpect.com>

*Teen Dating Violence Prevention Project*  
<http://www.teendvmonth.org/about-teen-dating-violence.html>

*KANA Child Services Program Information*  
<http://www.kanaweb.org/html/health-programs/childrens-services.php>

# Living with Diabetes

## Portion Distortion?

by Shanna Moeder, Registered Dietitian

We have all heard the phrase, "Portion Distortion" and most of us have seen the picture of the hamburgers from the past and the hamburger today. The portion today has grown 2-3 times bigger than the hamburger 20-40 years ago.

This growth is not because producers want to be nice. It is because consumers are wanting more or think they need more. Therefore, this is causing many people today to tip the weight scales by gaining those few unwanted pounds. Instead of losing them they hang on to them, despite how they might try to lose them. If you think about it, people do not need more calories today than we did decades ago, as we rely more heavily on convenient transportation means, choosing to drive our fast, warm cars, snowmachines and 4-wheelers over walking.

When someone has diabetes, we talk about how foods, especially carbohydrates, affect your blood sugar. So we educate patients to count carbohydrates and think about how important it is to control (portion control) intake of "starchy foods" or "sugary foods" at each meal. When someone has pre-diabetes or would like to lose

some weight, we talk about fat and calories and how much is eaten at a snack, meal or throughout the day.

Incorporating exercise obviously will help control weight, but it can't be just light exercise that will help you control your blood sugars or extra weight. Portion Control is such a huge part of it. Even though I am a Dietitian, I love eating chocolate or a cinnamon roll. However, it is important to think of how often I eat chocolate and whether it was a small piece of chocolate or a regular size candy bar. It is the same thing with a bagel. Sure a bagel is a great snack or breakfast food, but did you know that a typical (big) bagel is 4 servings?

In order to control portions there are websites and handouts that can be found to help identify certain servings with a common item (ie: a deck of cards is equivalent to 3 oz of meat like salmon or steaks). Another way to control portions is to break your plate up into serving sizes. Vegetables should make up 50-75% of your plate. It doesn't hurt to have 2 vegetables



at one meal! Meat/protein and carbohydrate (starch or fruit) should make up the other half of your plate, but each should be a quarter of that half, and always return back for that vegetable if you are still hungry.

By learning more about serving sizes of each food, and watching your portions so they are not distorted, it will help you to be healthier this year. Before long you will feel better and that extra weight will melt off. ■

Check out this website and take the quiz:  
**Portion Distortion!**  
**Do You Know How Food Portions Have**  
**Changed in 20 Years?**  
<http://hp2010.nhlbibin.net/portion/>

## Provider Profile

### Shanna Moeder, Registered Dietitian

When people hear the word "Dietitian" they think of someone who tells them what they can't eat. Shanna Moeder's motto is, "you can eat anything and everything you want, you just have to control how much you eat or just make it fit into your day." She adds, "I don't like to tell people that they can't eat something because regardless of our age we should be able to eat what we like as long as we move everyday and control how much we eat or drink." Eating colorful, healthy foods, exercising, working and helping people are her passions.

Shanna Moeder was born and raised in western Kansas. During her college years at Kansas State University, she attended an internship experience in Nome, Alaska. That summer she found out many things about herself. She realized she had a runner's spirit within her, and had a profound love for Alaska and its cultures. After completing her Dietetics degree at KSU, she moved to Anchorage to finish the required internship to be able to sit for her national exam to become a registered and licensed Dietitian (RD, LD). In 2006, she moved for the fourth time back to Nome. She served as a Staff Dietitian in the diabetes department there from December 2006 till January 2010.

Since a young age, Shanna has loved to help people. Raised in a family who taught her to be



Shanna Moeder

compassionate, caring, and a hard worker, she has always reached out to help people without thinking twice. For as long as she can remember she has loved to help people and most important help make people's life healthier through motivating them by example, her excitement or

helping them find ownership in their life and health. One of Shanna's professional goals is to become a Certified Diabetes Educator.

By joining the team at KANA, she will be able to work more directly with the local Beneficiaries to prevent or manage diabetes better. She will be working with high risk clients through the WIC program, be providing medical nutrition therapy for other Beneficiaries that need a little extra help with a unique diet or who possibly want to gain or lose a few pounds. She will be working with the local community Healthy Tomorrows taskforce. Pretty much anything that a Beneficiary needs regarding nutrition, exercise or diabetes, she is ready to help out.

As a Commissioned Corps officer you will find Shanna tromping around in a military uniform. She is currently a Lieutenant in the United States Public Health Service. Besides working at KANA, you might see her running the local trails with her dog Spalding, doing yoga, sewing at the local quilt shop, hiking, fishing or doing other outdoor adventures. She also is a certified lifeguard and Emergency Trauma Technician (ETT). She is excited to be here at KANA and in Kodiak with her partner, Sam who also works at KANA. She is excited and looking forward to working with the people of the island! ■

# VPSO Program Update

by Joseph Masters,  
Department of Public Safety Commissioner

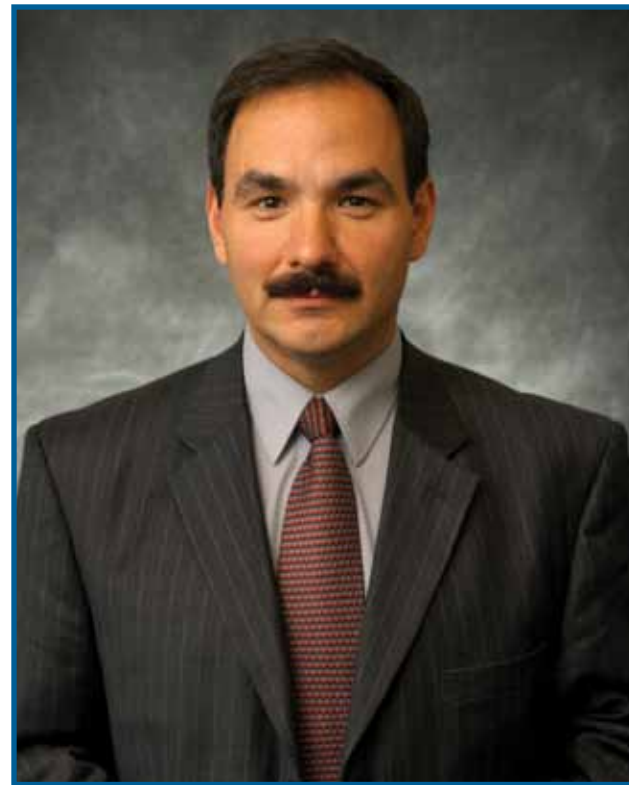
For law enforcement in rural Alaska to be truly effective, we need to meet the need for some type of law enforcement presence in every community.

Our Alaska State Troopers do a fantastic job responding to reports of crime, conducting investigations and making regular visits to communities and schools. However, our current hub-and-spoke model, utilized to optimize troopers' response, certainly does not provide the presence I believe is necessary to end domestic violence and sexual assault within a decade. This administration recognizes that fact and has set a goal to have a meaningful law enforcement presence in rural Alaska. We are offering every community in Alaska the opportunity to have a trained law enforcement officer – if they want one. To start, the Department of Public Safety has requested continued funding for 15 additional Village Public Safety Officer positions every year for the next 10 years as long as we can continue to fill them. Currently, there are 71 funded positions.

The purpose of standing up a law enforcement presence in every community is to prevent crimes instead of simply responding and making arrests. VPSOs make a difference. Having an officer's presence has a significant impact on reducing victimization and when victimization does occur, it has an affect on our ability to prosecute. Research conducted by University of Alaska Anchorage's Justice Center determined having VPSOs reduced the rates of serious injuries caused by assaults in those communities by 40 percent. Unfortunately, there are 90 communities in Alaska with a population of more than 50 people that are without a law enforcement presence. In

addition, the likelihood that the Department of Law accepted troopers' sexual assault investigations for prosecution was 3-1/2 times greater in instances where a VPSO did the initial response. In a state that has more than twice the average of forcible rapes as the rest of the country, getting well-trained VPSOs in more villages will have an immediate impact in lowering the number of sexual assaults and sexual abuse of minors. VPSOs are valuable in assisting troopers in their investigation of sexual assaults by taking the initial report, securing evidence and helping victims get the proper support.

The dedication and commitment of the VPSOs I've met around the state is amazing. As Jacob Tobeluk Jr., a VPSO in Marshall, said, "It's not just the uniform, it's not just the pay, it's the community that I work for. I love making a difference in the community." These sentiments were echoed by the many other VPSOs. Fundamental to recruiting and retaining VPSOs is creating positions that provide a sense of value, achievement, belonging and empowerment. We have made some significant gains to strengthen compensation for VPSOs such as increasing the starting hourly wage from \$17 to \$21 and implementing an automatic graduated increase for longevity. Future plans include adding cost of living increases and facilitating the development of quality housing. I am very pleased with Gov. Sean Parnell's request of \$1 million in Alaska Housing Financing Corporation grants and low-interest loans to assist communities in building VPSO housing. These investments are working and have resulted in a 50 percent increase in filled positions over the past two years. In addition to providing critical support for the troopers, VPSOs' duties includes misdemeanor criminal investigations, search and rescue, emergency trauma treatment, assisting health aides and



*Department of Public Safety Commissioner Joseph Masters has spent 28 years in law enforcement including positions as a Village Police Officer, Village Public Safety Officer, Municipal Police Officer and Alaska State Trooper.*

maintaining and organizing a fire department and its equipment and most importantly, do community policing. DPS provides training and oversight for the program and troopers provide guidance. A VPSO is also directed by community leaders, giving the community a direct influence to better meet their own needs. I applaud the efforts of Alvin Jimmie Sr., the VPSO coordinator for the Association of Village Council Presidents, whom has filled 20 of his 24 positions with Alaska Natives. All 20 either grew up in the village or a neighboring village. When you hire locally, the community has significant input in how their officers perform, what they focus on and can help provide solutions. There is a sense of pride and accomplishment in making the place you grew up safer. Just ask VPSO Tobeluk. VPSOs make a difference. ■

Photo courtesy of Dake Schmidt.



## We want to hear from you! Comments & Suggestions

*If you have a comment or suggestion for the Kodiak Area Native Association, please let us know. We welcome the opportunity to better serve the needs of our Beneficiaries. Thank you.*

Name (optional) \_\_\_\_\_

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\_\_\_\_\_

Clip and drop off this card at the KANA reception desk, or mail to:

**Kodiak Area Native Association**  
3449 East Rezanof Drive, Kodiak, AK 99615

**Quyanaasinaq!**

## Rural Providers' Conference: *Lighting the Lamp for Strength in Unity*

**June 7-10, 2010**

**Kodiak High School  
722 Mill Bay Road, Kodiak**

The RPC is an annual gathering designed by rural Alaskans who are substance abuse service providers, youth, Elders and family members interested in celebrating and encouraging the continual growth of the Alaska Native Sobriety Movement. The RPC embraces and unites traditional Alaska Native knowledge and modern treatment methods in the battle against alcohol and drug abuse.

The conference features ceremonies, talking circles and cultural events. Workshops and general sessions are geared toward clinicians working with rural Alaskans, those in recovery, as well as Elders, youth, and other adults. UAA-Kodiak College academic credit, Alaska Commission for Behavioral Health Certification, as well as CEU credits are available for conference attendees.

For more information, please contact Janice Berry at RurAL CAP, [jberry@ruralcap.com](mailto:jberry@ruralcap.com) or 907-865-7354 or Margie Bezona at KANA, 907-486-9800. ■

*Sunset photo above courtesy of Dake Schmidt.*

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## Broken Appointments: Working together to improve access to healthcare

KANA is responding to the need to increase the number of appointments that are available to patients who require health services. We've expanded clinic hours and staggered employees' schedules to create more appointments, but unfortunately, many of those appointments go unused because patients do not keep their scheduled appointments and do not call in advance to cancel. KANA has a high broken appointment rate. Nearly 15% of all scheduled appointments are broken without cancellation. Certain departments, such as the dental department, experience broken appointment rates in excess of 25%.

Without notifying KANA in advance regarding missed appointments denies other patients the opportunity to access healthcare. For that reason, KANA began enforcing its broken appointment policy on January 1, 2010.

The policy is outlined below:

### Policy:

*A patient who consistently fails to keep scheduled appointments will be temporarily restricted from scheduling appointments and will only be seen for urgent or emergent care as authorized by a healthcare provider. Routine or preventative services will be available only as "quick call" or "short notice" appointments which will be managed by the scheduling staff.*

### Purpose:

*To increase the number of appointments that are available to patients who require services and to decrease the number of broken appointments for maximum clinic efficiency, access and production.*

### Procedure:

*A patient who fails to keep three (3) scheduled appointments within a six (6) month period will not be rescheduled for a period of six (6) months from the last broken appointment, except as outlined below:*

### Urgent and Emergent Care:

*Patients who require urgent or emergent care will be screened by a provider or the Triage Nurse to determine whether or not the patient requires immediate treatment. Patients who require immediate treatment will be worked into the schedule the same day, or as authorized by the provider.*

### Routine or Preventative Care:

*Patients who require routine or preventative care will not be allowed to schedule an appointment beyond the date that the request is made. If an appointment is available the same day that they call, they may be scheduled that day or they may be added to the "quick call" list to be fit into the schedule when another patient cancels a scheduled appointment.*



### Definition: Broken Appointment:

*Any instance that a patient does not arrive to the clinic for a scheduled appointment; or any instance in which a patient is 15 minutes or more late for a scheduled appointment (except when late due to flight delays from villages); or any cancellation of an appointment without giving 24 hours notice.*

If you are unable to keep a scheduled appointment, please remember to call the day before the appointment so that we can offer the appointment to another patient.

Together, we can all improve access to healthcare. ■