

INTERIOR ALASKA AHEC

Healthcare Workforce Development for the Interior

SUMMER 2008
VOL 2, NO 3

A partnership with Fairbanks Memorial Hospital/Denali Center and the University of Alaska Anchorage

- *Recruitment into Health Careers*
- *Assistance to Students Scheduling Clinical Rotations*
- *Retention of Rural Providers through Expanded Continuing Education Opportunities*

NATIONAL AHEC CONFERENCE INSPIRES ALASKA AHECS

Denver, CO—AHEC program staff from all over the country gathered in Denver at the end of June to share success stories and ideas for the future. “Moving Mountains to Overcome Health Disparities” was the theme of this year’s National AHEC Organization (NAO) conference. Certain states such as North Carolina have well-established programs that have grown and developed over 30 years’ time, and have a lot to share.

Interior AHEC sent all three full-time staffers Lillian, Russ and Tania, who joined Program Office director Beth Landon and other Alaska center directors Lauri O’Brien and Kathy Lum. It became an opportunity to discuss state-wide issues as well as absorbing as much as possible from other more experienced AHECs.

To judge from session titles, many states are preoccupied with the task of tracking students and demonstrating outcomes. Everyone is concerned with finding the most effective ways to tell the story of the work we are doing.

Interior AHEC staff and Beth Landon presented information with the Hawaii AHEC Program about the online web-based data collection system we have been developing for the past two years. There are some ways our system is ahead of others, and some ways we still have much to learn.

Healthcare career pipeline programs are also a big concern for states, as they begin to target younger and younger students for recruitment. The Youth Health Service Corps curriculum developed by Connecticut AHEC is one product we are interested in adapting for Alaska.

COMMUNITY HEALTH AIDES MEET FOR CE

For the third August running, Interior AHEC collaborated with Tanana Chiefs Conference and the Council of Athabascan Tribal Governments to offer a week of continuing education for Interior community health aides. This year the event was held at the Wedgewood Resort during State Fair week.

Despite the usual (rainy) weather, 12 health aides traveled to Fairbanks from Tok, Northway, Fort Yukon, Eagle, Allakaket, Stevens Village, Venetie, Chalkyitsik, Beaver, Manley, Ruby and Circle. Topics covered over the course of the week included eye emergencies, smoking cessation, HIV/AIDS, diets for high risk or chronic illness

patients, discovering diabetes, dental emergencies, pediatric assessment, food poisoning, lab update and much more.

The continuing education units earned during this week will help these community health aides to maintain their certification, which has an annual continuing education requirement. The partnership that results in this event

helps to keep up with skills and new developments in health care. There is agreement across the board that the training also helps rural providers to be less isolated and more connected to their colleagues.

For more information, contact Lillian Ruedrich, 458-6417.

Contact Us:

Lillian Ruedrich (907)458-6417
Director
lillian.ruedrich@bannerhealth.com

Tania Clucas (907)458-6416
Education Specialist
tania.clucas@bannerhealth.com

Russell Amerson (907)458-6409
Clinical Rotation Coordinator
russell.amerson@bannerhealth.com

Kitty Griffin (907)458-6953
Administrative Assistant
kitty.griffin@bannerhealth.com

www.interiorahec.com



HARSH REALITY OF RURAL HEALTH CARE IN ALASKA

This story is excerpted from an essay by University of Washington medical student Christopher Davis, who visited Alaska this summer as part of the Rural/Underserved Opportunities Program (R/UOP).

"I awoke abruptly in the middle of the night to the loud blaring of a familiar voice over my emergency call radio, "Tok EMS this is Alpha 2, we have a request for an ambulance to [outlying community] for a paraplegic male who has been vomiting profusely, and is in need of transfer to the Tok Clinic." From this short sentence I recognized the patient instantly as JT, a frequent patient at the Tok Clinic due to the severity of his injuries. I listened intently as several members of the EMS responded to say they would take the call, and three hours later JT was lying on a gurney in the small two-bed ER maintained by the clinic, appearing deathly ill.

"As they began his workup, it quickly became obvious to the attending physician that JT was septic, and immediately the doctor was on the phone to arrange for JT's transfer to the nearest hospital, 205 miles away in Fairbanks, Alaska. As this scene unfolded before me, I thought to myself how it had come to this point, and how it was that this poor man who had already suffered so much was now laying before me dangerously ill. JT was the unfortunate victim of a car crash several years ago involving a series of bad choices by himself and his friends. This accident left him completely paralyzed from the waist down with only limited use of his arms and hands, and no ability to relieve his bladder and bowels.

"Since that time, he has been in a constant battle trying to build a new life for himself and dealing with the seemingly never-ending complications of his injury. After an unsuccessful stay in a long-term care facility, he returned to his community, though it meant he was no longer in proximity to anyone capable of providing the needed care. He began making regular trips to the Tok Clinic 50 miles from his home. It did not take long for this travel to become a heavy burden. JT's health soon became directly dependent on his success in recruiting drivers. Some weeks, he would receive regular wound dressing changes and bowel care, and other weeks we would see JT only once, when he would come in bloated, in pain, with ulcers burrowing deeply into his atrophied body.

"I found myself standing back from this scene, wondering how it had all come to this point. I thought about all the wrong turns that his health had taken and the way our health care system had failed to help this man. As I pondered these thoughts over the next few days and compared JT's story with that of many other patients who frequent the Tok Clinic, some answers began to surface.

"I had never thought twice about Tok, Alaska, until the University of Washington told me I would spend the month of June, 2008 working at the small private

medical clinic in the Tok area. As I had only recently completed my first year of medical education, my goal was to act like a sponge, absorbing the life of rural medicine and helping out any way I could. In preparation, I researched this small town of 1,300 people and the expansive surrounding area to which it provides medical care. I learned that a clinic with three exam rooms, a two-bed ER, a lab and x-ray department, a small dispensary, and a part-time dental office services a region encompassing over 15,000 square miles, including five small Native Alaskan villages and many other people living throughout this large rural area. The Tok Clinic is the only source of health care for many miles.

"Working in a rural health clinic in Alaska has opened my eyes to many things and shaped me as a future physician in ways I am only beginning to realize. It has made me aware of a whole series of patient concerns not necessarily apparent in an urban setting. I have caught glimpses

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of sacrifices the members of a rural community make to obtain adequate healthcare for themselves and their loved ones. I have learned how much social and economic issues affect the health of people, and have seen how medical concerns can tear lives apart when proper care is unattainable due to limited or difficult access.

"As I stood there watching the emergency crew load JT into an ambulance, I felt frustrated knowing that this man might not have found himself in such dire health if he had only been able to receive regular care three times per week. Despite his best efforts to obtain his crucial care and move on with his life, here he was strapped to a gurney, plagued with the unfair consequences of a failing health care system. If he had only had a steady means of transportation to his appointments, a resource he could turn to, or a clinician nearby who could provide his basic care, he might not have been lying in the back of a speeding ambulance, racing to receive emergency care in an attempt to keep him alive."