February 8, 2000

Dear NIHB Representative:

The American Academy of Pediatrics (AAP) Committee on Native American Child Health (CONACH) is a national committee of pediatrician volunteers dedicated to improving the health and well-being of American Indian and Alaska Native (AI/AN) children. Through consultation visits to Indian Health Service (IHS) and Tribal health facilities, a locum tenens program, and advocacy efforts on Capitol Hill, the committee strives to improve the health care available to AI/AN children throughout the United States.

To address the Area-level needs of AI/AN children, members of the CONACH maintain regular contact with IHS pediatricians and IHS Area offices. Although this communication has been valuable, we would also appreciate more input from the Tribes and from the Tribal facilities in each Area. One way we have identified for increasing Tribal input is to have the CONACH member assigned to your IHS Area contact you two to three times a year to learn about the concerns and priorities you perceive.

The information the CONACH members gather from you will be used to determine the priorities for the committee and for the Academy’s advocacy efforts in Washington, DC. We hope you will be open to this endeavor and that you will find it rewarding.

If you have any questions about this activity or the committee, please feel free to contact me at 206/521-1537, or to contact the CONACH member assigned to your Area. A roster of the CONACH assignees is enclosed.

Thank you very much for your help.

Sincerely,

David Grossman, MD, FAAP, MPH, Chairperson,
AAP Committee on Native American Child Health

DG/ag

Enclosure

cc: CONACH Members
CONACH on mission to improve Native American health care

by Luann Zanzola
Associate Editor


Reading this sign as his plane touched down in the Alaskan bush, Lance Chilton, M.D., FAAP, realized he and his colleagues were about to glimpse the singular satisfaction — and challenge — of practicing medicine near the Arctic Circle.

For instance, simply getting patients to a doctor's office can be a problem. "In summer," explained Jonathan Jantz, M.D., FAAP, "transportation is by boat. In winter, the government pays to plow the river. In spring or fall, when the ice is breaking up, they fly the patients in."

"It's an outback," added Charles W. Linder, M.D., FAAP. "It's bush country, and a different way of living and surviving is required."

The three pediatricians were part of a 15-member AAP team that spent a late June weekend touring and advising tribal hospitals and clinics at three sites in Alaska: Anchorage, Bethel and Kotzebue, along with the three sites in Alaska: Anchorage, Bethel and Kotzebue, along with the tribal villages near each.

Their visit fulfilled a unique responsibility of the AAP Committee on Native American Child Health (CONACH). It is under contract to the Indian Health Service (IHS) and receives $25,000 a year to evaluate and monitor child health care at any one of the 12 IHS Areas in the United States.

"We try to highlight programs that are models for Native American health care around the country, so that we can show them to other places that might benefit from their use," said Dr. Chilton, of Albuquerque, N.M.

This is especially crucial as Native Americans face a transition from federal management of health services to tribal management. The switch was made possible by 1976 legislation that allowed tribes to take over their own health care.

"Alaska was out in the front of that transition," said Dr. Chilton. Dr. Jantz agreed: "The folks up there are doing an absolutely exemplary job."

"A different kind of medicine"

"For pediatrics, it's out there; their workload is a different kind of medicine than other people are used to practicing," observed Dr. Jantz, of Newton, Kan.

The team that traveled to Alaska included: (front, from left) Ana Garcia, M.P.A., Joaan Bodurtha, M.D., M.P.H., FAAP, Dr. Linder, Todd Askew, Jandel Allen-Davis, M.D., rear, (from left) Thomas Tommenges, M.D., FAAP, Jonathan Jantz, M.D., FAAP, Sheila Gahagan, M.D., FAAP, Bernadette Freeland-Hyde, M.D., FAAP, former chair Lance Chilton, M.D., FAAP, Gary Rick, M.D., FAAP, William Green, M.D., FAAP, and David Grownman, M.D., M.P.H., FAAP, CONACH chair.

On a trip to a tribal village outside Bethel, Charles Linder, M.D., FAAP, made two new friends.

CONACH consultants traveled by boat to this and other Alaskan bush villages to observe community health aides and patients.

"Because their population is so scattered, they can spend a couple hours a day on the phone dealing with the health aides. ...The actual population they're seeing (face-to-face) may not be that high, but they're managing a lot of patients."

And because travel is so difficult at many times of the year, anticipation of patient problems is essential. "In terms of managing good health care for the community, you have to be extremely cautious with the entire population to make sure you don't make any mistakes," Dr. Chilton said. "Expectant moms, for example, are recruited and trained by in-town practitioners to provide on-site eyes and ears for the physicians," said Dr. Linder, of Augusta, Ga.

"They have a remarkable telemedicine system that can transmit a picture of an ear drum 100 miles away and let the doctors see it better than I can in my office."

When in Kotzebue...

Among highlights the AAP team noted were state-of-the-art hospitals and clinics, designed to withstand Arctic weather and to reflect Native Alaskan culture. In Bethel, the Yukon-Kuskokwim Delta Regional Hospital, known as "the yellow submarine" because of its yellow exterior and tubular design, rests on metal stilts "because they have such serious ground freeze in winter," said Dr. Linder.

The aides, mostly interested individuals from outlying villages, are recruited and trained by in-town practitioners to "provide on-site hands and eyes for the physicians," said Dr. Linder, of Augusta, Ga.

"They have a remarkable telemedicine system that can transmit a picture of an ear drum 100 miles away and let the doctors see it better than I can in my office."

Trouble-shooting obstacles

CONACH consultants also offer advice on problems outlined by the Alaskan practitioners. "They're dealing with a tremendous responsibility and illness burden," Dr. Jantz said. "They've got the highest RSV incidence in the United States, a high rate of pneumococcal disease... just a tremendous load of kids with chronic ear infections."

"The population they're dealing with seems to have some changes with how the immune system responds. This is partly due to the environment and how much of the year is cold and wet, partly due to some of the crowded living conditions... you'll have a lot of families living in very close proximity in very small homes. They're still dealing with a lot of issues regarding poverty."

Dr. Linder added, "They're doing a good job, but there are some pretty overwhelming problems: alcoholism, drug abuse, spouse abuse, suicide, mostly mental health problems. They also face a problem of high injury rate from all-terrain vehicles and snowmobiles, as well as gun, fire and drown- ing accidents."

According to Dr. Chilton, "It doesn't appear there's a large-scale effort to identify and follow children with special health care needs, and there's little child mental health care at all."

Another difficulty is recruiting and training pediatricians, nurses and community health aides, especially tough in view of the isolation and harsh climate that must be endured.

To feed the manpower shortage, CONACH continues to oversee a locum tenens project, helping to match qualified physicians with IHS and tribal facilities needing short-term help, reported Dr. Chilton.

Assignments can be as brief as two weeks, perfect for physicians with vacation time or a short sabbatical (see note below). However, these applying need the latest skills and enough energy to handle night call, Dr. Jantz warned.

End of an era

The June 25 trip was Dr. Chilton's fourth and final visit to Alaska for the committee. After 14 years, many of them as chair, he has "retired" to serve as vice president of the AAP New Mexico Chapter and chair of the Practice Action Group of the AAP Council on committees.

"Among other things, I think we've had an effect on budgets for the Indian Health Service and on pre-authorization of the Indian Health Care Improvement Act," said Dr. Chilton. "I have learned a great deal, and felt my time was well spent."

For more information on the AAP Committee on Native American Child Health and its locum tenens project, contact Luann Zanzola at (800) 433-9016, ext. 1739, or e-mail Ln-zanzola@aap.org.
For over 30 years, a small group of pediatricians has met to advocate for the health needs of American Indian and Alaskan Native children. This committee of the American Academy of Pediatrics, now called the Committee on Native American Child Health, offers its expertise to others concerned about issues facing the young among the First Americans.

Each member of the committee is selected for her/his willingness to work hard and without compensation on behalf of Native American children, as well as previous experience in working directly with young Native Americans on reservations and in cities and rural areas. Each of us maintains contact with tribal, urban, and Indian Health Service programs in a specified area of the country. In addition, each of us keeps up with important changes, legislation, and regulations affecting Native American health in general (for example, Indian self-determination) and Native American child health in particular.

The committee meets twice a year, once to make a consultation site visit to an Indian Health Service Area (the box below notes our major goals in these visits). The other meeting is held near the offices of the American Academy of Pediatrics in Washington, DC, or near AAP headquarters outside of Chicago in Elk Grove Village, IL. At each meeting, we discuss major problems affecting Native American children and youth and how we, and pediatricians in general, can deal with those problems.

Over the past 30 years, the problems have changed markedly, largely due to the major strides those serving Native American children have made in controlling infectious diseases. This has unmasked problems that have been present all along but were hidden in the background when meningitis, gastroenteritis, and tuberculosis were the major concerns.

Changing Problems in Native American Child Health

<table>
<thead>
<tr>
<th>1973</th>
<th>1998</th>
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<tbody>
<tr>
<td>pneumonia</td>
<td>&quot;accidental&quot; injuries</td>
</tr>
<tr>
<td>gastroenteritis</td>
<td>suicide and homicide</td>
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<tr>
<td>meningitis</td>
<td>child abuse</td>
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<tr>
<td>tuberculosis</td>
<td>learning problems</td>
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<tr>
<td>malnutrition</td>
<td>obesity</td>
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<tr>
<td>otitis media</td>
<td>type II diabetes</td>
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We have been forced to become experts in problems such as violence, sudden infant death syndrome, injury prevention, child abuse, and learning problems. Reservation children in 1973 were often malnourished, underweight, and consuming inadequate protein and calories. Now the problem is more often reversed due to the availability of large amounts of food and decreasing exercise. Obesity and the resulting type II diabetes mellitus are extremely common among Native American people.

Purpose of Consultation Visits
1. To find successful programs aiding Native American children and to disseminate them
2. To detect problems in providing Native American child health care and suggest remedies
3. To aid pediatricians and others serving Native American children in finding fulfillment in that service

Organizations with Liaison to the Committee
- American Academy of Child and Adolescent Psychiatry
- American College of Obstetricians and Gynecologists
- Association of American Indian Physicians
- Canadian Paediatric Society
- Indian Health Service
If the expertise discussed here and the following examples of approaches taken sound as if they might promise help with problems that you see in Native American child health, or if you would like further information on committee members and their activities, please contact staff member Ana Garcia, MPA, American Academy of Pediatrics, Elk Grove Village, IL, 1-800/433-9016, ext 4739; Todd Askew, AAP Department of Federal Affairs, Washington, DC, 1-800/336-5475; or David Grossman, MD, MPH, committee chair, 206/521-1537.

### Examples of Problems and Approaches

<table>
<thead>
<tr>
<th>Problems Found</th>
<th>Approaches Taken</th>
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<tbody>
<tr>
<td>Specific needs for immunizations for Native American children</td>
<td>Consultation with IHS, CDC, and Academy experts, for development of a policy statement on giving immunizations to Native Americans</td>
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<tr>
<td>High rate of injuries among Native American children</td>
<td>Verbal and lobbying support for IHS and tribal injury prevention programs; consultation with IHS and Academy experts to develop a policy statement on approaches that work</td>
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<td>Lack of coverage for children when their usual physicians are unavailable</td>
<td>Development of a locum tenens program for Academy fellows to fill in for absent IHS/tribal physicians</td>
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<td>Increasing concern about obesity and consequent diabetes</td>
<td>Study of preventive approaches; development of guidelines for treatment of type II diabetes (ongoing)</td>
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<td>Inefficiencies in the pediatric clinic of a major IHS hospital</td>
<td>Academy team visits and surveys patients, administration, and care providers; develops extensive set of recommendations leading to major improvements in patient and provider satisfaction</td>
</tr>
<tr>
<td>IHS providers encounter problems obtaining continuing medical education in child health</td>
<td>Consultation visits now include several hours of CME at each site</td>
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1999-2000

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