

CONACH on mission to improve Native American health care

by Luann Zanzola
Associate Editor

"Welcome to Kotzebue. Temperature: 57 degrees. Sunrise: June 2. Sunset: June 21."

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.



Dr. Jantz

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 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 1970s legislation that allowed tribes to take over their own health care.

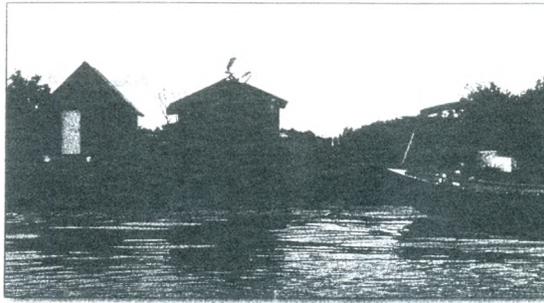
"Alaska was out in the front" of that transition, said Dr. Chilton. Dr. Jantz agreed: "The folks up there are doing an absolutely exemplary job."

A different kind of medicine'

"For pediatricians out there, part of 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.; Joann Bodurtha, M.D., M.P.H., FAAP; Dr. Linder; Todd Askew; Jandel Allen-Davis, M.D.; (rear, from left) Thomas Tonniges, 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 Peck, M.D., FAAP; William Green, M.D., FAAP; and David Grossman, M.D., M.P.H., FAAP, CONACH chair.



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." Expectant moms, for example, routinely are asked to report to health facilities a month before their due dates, and provisions are made before birth for at-risk newborns-to-be.

The key to this long-distance management is tribal facilities' mastery of telemedicine and their innovative system of community health aides.

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.

Dr. Chilton elaborated: "They have a remarkable telemedicine system that can transmit a picture of an eardrum 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. Jantz.

A new hospital in Anchorage, the Alaskan Native Medical Center, mimics Native Alaskan structures in its design and dimensions and "is filled with Native American and Alaskan art," reported CONACH member Sheila Gahagan, M.D., FAAP, of Ann Arbor, Mich. "It's very culturally appropriate for the patients."

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 particularly high injury rate from all-terrain vehicles and snowmobiles, as well as gun, fire and drowning 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, those 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 Ana Garcia at (800) 433-9016, ext. 4739, or e-mail agarcia@aap.org.



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