



Tribal Unity Gathering: A History of Priorities 1995–2014

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Tribal Gathering II — 1995

UNIT 1: Emmonak, Alakanuk, Sheldon's Point, and Kotlik

1. Unanimous vote to keep hospital as one unit administering health care services.
2. Physician and nurse retention.
3. Elders with appointments need to be seen at their appointment time, including “walk-in” elders.
4. Interpreters or translators need to be educated with proper body parts and names, also translators need to be taught both in Yukon and Kuskokwim dialect.
5. Optometrists, dentists, doctors or nurses need to make more visits to village and stay until all the patients are seen.
6. More young people need to go to health training.
7. Train people for regional clinics like physician assistants.
8. The doctors/health-aides need to explain prescription drugs and their side effects more thoroughly.
9. Need to have CPR and some other YKHC program training in villages.
10. Need more time for cultural awareness, like the first day's activities of this gathering - “The Traditional Medicine Day.”
11. Sub-regional clinic and Unit One elders' home.

Unit 2: Mtn. Village, Pilot Station, Andreafski, St. Mary's, Pitka's Point, Marshall, Russian Mission

1. Elders need assistance (TPSS Note: where and what not indicated).
2. Interpreters are needed 24 hours a day.
3. Improve outpatient care by 1) providing housing for escorts/family members, 2) re-visit next day instead of sending them home, 3) request a second opinion, and 4) educating patient rights.
4. -Improve strep testing.
 - Policies on interpreters to be specific.
 - Patient orientation to ward/room.
 - More on living wills.
 - Proper patient care to prevent malpractice suits.
 - More dental and optometry visits to villages. Need more dental information regarding appointments and reasons why only Mondays and Tuesdays are set aside for making appointments.
 - Need more information on the mental health referral system.
 - Need a hospital driver for patient's transportation.
 - No distractions for the providers while they are seeing a patient.
 - Continuity of care.
 - Color coded signs for patient flow (lab, x-rays, pharmacy, etc.)
 - Uniforms used by staff to distinguish doctors and nurses
 - Clear mission by providers - the patient comes first.

Unit 3: Chuathbaluk, Aniak, Sleetmute, Crooked Creek, Lime Village

1. Physical visitation to Aniak clinic by the specialty clinic.
2. Sewer and electricity in all villages.
3. FAS/drug counseling.
4. Elder home care.
5. Rapid strep testing.

Unit 4: Akiachak, Akiak, Kwethluk, Tuluksak

1. Water and sewer project, five year plan.
2. Alcohol and drug abuse counseling, recovery camp; family and youth counseling.
3. Home care services for elders and disabled people.
4. Proper winterizing of older homes.
5. Erosion control in communities.
6. Hostel in Bethel for traveling patients.

Unit 5: Bethel, Oscarville, Napakiak, Napaskiak

1. Water and sewer systems this includes sewage tanks.
2. Elder home care (Elder/disabled).

3. Funding for HIV/AIDS education prevention.
4. Educate our young for Traditional healing.
5. YKHC Substance Abuse Services PATC-village based office space needed if possible.
6. YKHC Regional Substance Abuse Services, PATC facilities.
7. YKHC should create scholarships for our young Native students.
8. More village-based health-aides.
9. Patient travel with medicaid/medicare assistance.
10. More field trips for the doctors.

Unit 6: Atmautluak, Nunapitchuk, and Kasigluk.

1. Need to make translators available for non-English speaking patients.
2. Registration needs to ask everyone if they need translators - not only elders.
3. Need more experienced doctors - not only trainees.
4. Need more M.D.'s
5. Need better equipment to make accurate diagnoses, so patients won't have to go to Anchorage to receive further care.
6. Health-aides need policy and procedures/guidelines to follow in an emergency.
7. Need running water and flush toilets in clinics and homes.
8. More doctor, dental and optometry visits to villages to decrease cost of patient having to go to hospital.
9. Need more specialty clinics scheduled at closer intervals - not spaced so far apart.
10. Need old folks home - closer to home such as in Bethel.

Unit 7: Kipnuak, Kwigillingok, Kongiganak and Tuntutuliak.

1. Need bilingual escorts for transports to Anchorage. Patients should be provided with transportation and their choice of escorts. Elders need to be taken care of properly. Nurse escorts never stay with their patients.
2. Speed up the emergency care process. (One patient from Kongiganak told about his eight-hour wait to be seen: 4 hours in the lobby, then he was asked to wait in the emergency room for ten minutes, which spread to another four hours.) In 1970, the villages wanted one doctor per unit, i.e. one doctor in Kwigillingok to serve Kipnuak, Kwigillingok, Kongiganak and Tuntutuliak. When the weather is bad, the people can't get to the hospital.
3. If you are going to hire a health-aide, find out how they get along with everyone, if they treat everyone equally, and if they make patients their number one priority. They need to be more professional.
4. Some interpreters aren't fluent in Yup'ik, make sure the translator is a good Yup'ik speaker to help the elders.
5. Have doctors who know what they are doing. (YKHC Board member) Jimmy Anaver knows his cousin was given the wrong medicine, because when given certain medication he experienced ringing in his ears.
6. Doctors need to examine patients more thoroughly. Have paramedics on the planes when they pick up emergencies.
7. Need an optometrist that can operate. Since it is often hard to find a place to stay in Anchorage, it would be better to find a doctor who can do surgical medicine in Bethel. On-call coverage is not being used right: on-call health aides are often hard to find, because they are out fishing, picking berries, etc. Improve the system so patients can be seen on weekends. Need parenting classes. Longer orientation for doctors/nurses and other health care workers on the culture of the people they serve, live two weeks in a village. When a child is sick, it would be better for the health-aide to come to the home to see the child, instead of bringing the child out in the cold.
8. More field trips for doctors to the villages.
9. Listen to the health-aides, sometimes doctors don't believe them when they say there's an emergency.
10. Due to the cuts in medicaid/medicare it's hard to find travel for patients. Transfer medicaid/medicare to YKHC administration. It's impossible to use it right now. Comment: A child was sick and sent home. After 15 minutes the child deteriorated, but never approached the care taker, because in our culture we do not pay back. Don't just quickly examine the patient, do a thorough exam no matter how young or old. You have a choice of who to see in the hospital, practice your right to see the appropriate person. Health-aides are supposed to work on patients, and take care with good intentions for the patients benefit.

Unit 8: Chefornak, Mekoryuk, Toksook Bay, Tununak, Newtok, and Nightmute

1. Water/Sewer/Sanitation:
 - Some villages don't have flushing toilets.
 - Running water problems not solved.
 - No hauling equipment for water and sewer.
 - Use boat to haul and dump water and sewer.
 - Look at each village's water/sewer problems.
 - Water tanks need to be changed or improved. In winter the wooden part expands which is not good for water. Suggestions were made to use hard containers or ground water pipes, like the ones used here in Bethel.
 - Water/sewer sanitation facility. A previous plan for the sewer system was not properly put/used in the village.
2. Erosion - River erodes every spring/summer towards the inner village (TPSS note: which village not indicated), they would like assistance for the erosion problem.
3. Trash/Dump sites, hauls:
 - Trash or waste hauling system: dump truck, four wheelers, snow machine.
 - New dump sites.
 - Improved road or board walk to dump sites.
 - River assisted erosion is the reason trash is dumped into the river and is affecting the fish.
 - Toksook suggests using a heavy duty truck to haul/dump trash, and to continue using similar auto for hauling trash throughout winter.
 - The dump sites are getting full, they need to be improved.
 - Mekoryuk has two lakes for a dump-site which are too close to the village, the smell goes into the village where food is being prepared.
 - need trash control
 - suggestion to put dumpsters near houses where someone can pick them up.
 - plastic bags in villages exposed to kids/village people, this can cause hepatitis.
 - waste has been seen around houses in villages.
4. Clinics:
 - Need a new and improved clinic, could be larger or renovated.
 - Tununak suggests that the new clinic be put in a central location.
 - The clinics are getting small. Need to be renovated/need larger rooms, etc.
 - Waiting rooms are so small that patients have to sit on the floor.
 - Clinics need flushing toilets and running water with sinks.
5. Health-aides:
 - Need to be provided with phones (TPSS note: location not indicated)
 - Need four-wheelers for health-aides/clinics during summer.
 - Snow machines could be used in winter by the health-aides, they could also be used in emergency situations.
 - Should have someone who has been fully trained.
 - They need someone who has better knowledge in providing medicine.
 - They need other people to help support hauling the equipment.
 - The health-aides need more training on how to operate equipment.
 - Need beepers.
 - Health-aides use PCI's
 - Need to write assessments down.
 - give a copy to the patient to take to the doctor.
 - need to watch patients carefully.
 - may need more training in patient encounter.
6. Translators/Interpreters - Need translators who are well trained in translating in Yup'ik and English. Train translators to translate to patients better.
7. Doctors, Nurses and the Hospital:
 - Villages should be given one doctor per unit (not so many different doctors); this would improve communication (English and Yup'ik).
 - CPR training for people in villages and school kids.
 - MCH should come out to villages to do pap smears.
 - Need sex education training, i.e.: AIDS prevention, teen pregnancy.

- Training should be provided to the villages on alcohol/drug prevention, gas sniffing, and substance abuse.
- Summer and winter safety prevention training.
- Doctors/nurses should improve treatment for patients; they should also explain diagnosis/medications/side effects more thoroughly.
- Village patients are not being treated well at the hospital.
- To look into improving equipment to use in the hospital for patient use.
- A patient came to Bethel and was told he missed his appointment.
- Patients should be treated equally whether or not they are from villages, or are of a different race... show friendliness and courtesy.
- Some patients are refused to be seen, because they missed their appointment due to bad weather or they arrived just a little after their scheduled appointment.
- Patients who are admitted should have their clothing laundered. There have been experiences in the past of not taking care of patient clothing. (i.e. gave wet clothing back worn when they were admitted.)
- Some patients experience being treated well; this should be practiced with every patient.
- Patients should be given better and more understandable directions where to go in the hospital.
- Doctors and nurses should pay more attention to PAEF's (TPSS note: not defined) from village health-aides.
 - Equal treatment should be given whether a person is intoxicated or not.
 - Doctor's and nurses should explain the medicine prescribed to patients thoroughly.
 - Some patients experience having been seen by doctors who do not find translators and this does not satisfy elders especially.
 - Doctors/nurses/YKHC employees should be aware of the time they are often noticed talking to/teasing each other when the patient is waiting.
 - Patients should be watched more carefully. Once, in the past, there was a tiny infant who died while waiting, the infant was not seen quick enough.
 - Would like better equipment such as cat-scan and x-ray equipment.
 - Many times "too much money involved" is being mentioned, but the hospital should look into getting better equipment to serve the patients.
- 8. Boardwalks - Need better and wider board walks and more of them.
- 9. Village, Village Council/IRA Council - Village/IRA Council should meet with the whole village and find out what their needs are or services they need from YKHC. Young people need some kind of mechanic house to use or work.
- 10. Communications - Some may recall a recent death in Mekoryuk due to lack of communication regarding the flight schedule due to confusion between health-aides and doctors; therefore, health-aides need to be better equipped with equipment for emergencies.

Unit 9: Chevak, Hooper Bay, Scammon Bay and Paimute

1. The four villages need to continue to work together to meet the needs for health care.
2. Would not understand right away but continually meeting and discussing will help.
3. Villages see a need to meet together every five years in different villages. In order to do this, need to set up time.
4. Support for the village CHA's, compliment them often, this would help to thank them.
5. Sub-regional clinics - 5 year plan.
 - SR. clinic in Aniak - Pilot project.
 - these four villages will determine in which village the SR clinic will be located.
 - How will the SR clinics be set up in each region?
 - Alcohol: conferences - CMTRS, CHA's, VPSO's, teachers, youth advocates in each village plan.
 - Interpreter/translator - need more for the elders
 - CHA's choose escort for elders who can interpret for them and also to explain medications prescribed.
6. Water and sewer - A major health issue. Water and sewer causes too much health problems.
7. Clinics:
 - Scammon Bay clinic is getting too small for the village.
 - Hooper Bay clinic is getting too small for the population.
8. Patient Assistance - Air fares for patients, including housing, meals, and taxi.
9. Sanitation: Sanitation in the past has been provided, if they could reestablish sanitation aides.
10. Hospital:

- Is the staff adequate to meet the needs of the Y-K Delta population?
- Have one doctor for each village.
- Nursery? Waiting rooms for pediatricians.

Unit 10: Eek, Quinhagak

1. Water/sewer system
2. Gravel roads to the future dumpsite and sewage (TPSS note: village(s) not indicated.)
3. Subregional clinic
4. Need fully equipped medivac air services.
5. Need more physicians, doctors and dentists field trips to villages.
6. Interpreters for patients in hospital with knowledge of medical terms.
7. Assistance to patient travel.
8. Health-aides need to be trained on how to operate the computer system.
9. YKHC health-aides.

Unit 11: Holy Cross, Shageluk, Anvik and Grayling

1. Water and sewer system for Shageluk
2. New health-aides should be well trained before they are allowed to practice in the clinics.
3. Encourage and stress that the health-aides who are on-call need to be sober at all times.
4. Would like to see more visits by professionals (doctors, dentists, and optometrists.)
5. Would like to see more services from YKHC (in the area of substance abuse, counseling, and mental health services.)
6. Support resolution - to change health-aide employee hire from the city to the tribal council.
7. Would like to see more workshops for our youth in the area of “FAS/FAE” education.
8. Health-aides need to make more home visits to the elders in the village.
9. Speed up the strep process.
10. Update the clinic buildings and equipment.

Tribal Gathering III—1996

Unit 1: Alakanuk, Chuloonawick, Billmore Slough, Emmonak, Hamilton, Kotlik, Sheldon's Point

- More thorough examinations of patients
- Improvement of patient travel problems
- Better elder care
- More updated instruments/equipment (video communications) for clinics
- Proper interpreters that give good instructions for medications (from each dialectal area)
- Better hospitality at the hospital
- Better care for escorts/patients (provide housing/medications)
- Allow health aides to practice doing stitches in villages
- More elders teaching Traditional Medicine
- Better dental care in villages

Unit 2: Andrefski, Marshall, Mountain Village, Ohogomuit, Pilot Station, Pitka's Point, Russian Mission.

- A friendlier attitude of physicians and health care providers toward patients
- Treat patients with respect
- Provide patient rights information
- 24-hour interpreters at hospital and clinics
- Alleviate appointment mix-up problems
- Improve dental care appointments (no calling back “next week” responses)
- Implementation of Traditional Medicine in Bethel area health care system
- Elder center in Unit 2
- Improve medevacs from villages
- Health Aide backups

Unit 3: Aniak, Chuathbaluk, Crooked Creek, Georgetown, Lime Village, Lower Kalskag, Napaimute, Red Devil, Sleetmute, Stony River, Upper Kalskag

- Stop the cycle of alcohol and drug abuse in villages
- Make sure patients are 100 percent healthy before being sent home
- Med-evac transportation/clinic improvements
- Create support group for mental, spiritual, physical needs for people, from children age to adult age
- Teacher training for troubled students (including adults)
- Prevention (health, alcohol, drugs, or suicide) workshops for teens NOT in high school
- Positive role model support for young people in villages
- Availability of data on alcohol-related deaths
- Revise health aide manual

Unit 4: Akiachak, Akiak, Kwethluk, Tuluksak

- Water and sewer projects
- Airport lights for emergency night flights
- VAEC support from village councils
- Expand home care services to other villages
- Natural resources/environmental impact statements by YKHC
- Pass resolutions to prevent children being taken out of the Y-K Delta for DFYS purposes
- Investigate medications given to inmates and children under State custody or jurisdiction
- Support and recognition of sober, healthy lifestyles
- Health insurance for patients
- Increase health aide training

Unit 5: Bethel, Napakiak, Napaskiak, Oscarville

- Better sanitation facilities in villages
- A nursing home in Bethel
- River patrol for river villages
- Deal with alcohol/drug abuse problems in villages
- More health aide backups
- YKHC should help organize health boards in villages
- School districts/YKHC work together in health care delivery
- Sexual/Elder abuse counselors
- Highlight positive activities
- Establishment of PATCH program in villages

Unit 6: Atmauthluak, Kasigluk, Nunapitchuk

- Prenatal care issues: hospital v. home delivery; child abuse (sexual, emotional and physical) when mother is gone
- More complete patient diagnoses (to prevent diagnoses which are too late)
- Improve health aide attitude toward and treatment of village patients, especially elders
- More devoted interpreters at hospital (no favoritism, treat all equally)
- More specialists to villages
- More prevention programs for teen pregnancy, i.e., alcohol/drug abuse
- More dental/doctor visits to villages
- Mid-wife training for health aides and others
- Fund cancer cause studies
- Why village choice of health aides not approved by YKHC?

Unit 7: Kipnuk, Kongiganak, Kwigillingok, Tuntutuliak

- Hire qualified doctors—no more trainees
- Change doctor contracts from two years to five years
- Cat-scan at hospital with support from villages
- Eye doctors, dentists, PHNs need to visit villages more than once a year
- Hospital quarters for patients
- FAS/FAE training for students and new parents
- Practice more Traditional Medicine in hospital and clinics

- Establishment or improvement of health aide communications and policies
- Recruit more young men in health positions
- Stop denial of Medicaid/Medicare benefits

Unit 8: Chefornak, Mekoryuk, Newtok, Nightmute, Toksook Bay, Tununak, Umkumuit

- Sanitation facilities in villages
- Emergency health care training for health aides
- Offices for VAECs in villages
- Runway lights for Toksook Bay
- More home care providers for villages
- Subregional clinic in Unit 8 region
- New Newtok clinic
- Boardwalk improvements in villages
- Trail markers/beacons between village
- Recreation halls for kids in villages

Unit 9: Chevak, Hooper Bay, Paimute, Scammon Bay

- More home care providers
- Lots and lots of money for water/sewer
- Suicide prevention programs in villages
- Medevacs based in one of the villages
- Emergency phone beepers for village on-call personnel
- CPR training for VPO, VPSO and counselors, students
- Increased doctor/dental visits to villages
- Expansion of clinic workers and equipment
- Inhalant abuse treatment programs in villages
- Bedding for patients in village clinics

Unit 10: Eek, Quinhagak

- Runway lights for Eek and Goodnews Bay “that glow in the dark”
- Improve water/sewer systems in YK villages
- VAEC offices in villages
- Expansion of village clinics
- More tobacco/snuff information for teens
- Provide vehicles for patient transports to village airports
- More EMT training for health aides
- Patient rides between airport and hospital in Bethel
- Incubators for premature infants
- Domestic violence assistance/prevention/counseling for adults and adolescents

Unit 11: Anvik, Grayling, Holy Cross, Shageluk

- Control of where alcohol and drugs come from
- Reintroduce the Shageluk Alcohol Recovery Camp
- School and village counselors
- Stop bootleggers
- Implementation of PATCH program in villages
- Compacting
- Teen Centers in GASH villages
- Aniak clinic
- Airfare for patients
- Increase use of military for medevacs

Tribal Gathering IV—1997

Unit #1 Sheldon Point, Alakanuk, Emmonak, Chuloonawick, Kotlik, Billmore's Slough, Hamilton.

1. Proper interpreters in clinic:
 - Bilingual secretaries (to prevent improper medication).
 - Fluent bilingual adult.
2. Direct bingo funds for patient travel.
3. FAS programs to villages.
4. Substance Abuse/Sex Education at school level.
5. More Dental visits to villages:
 - More Doctor visits on a timely manner.
6. Better hospitality in Hospital/Clinic.
7. More medication in villages.
8. At least 1 Health Aide in clinic during Noon Hour (12:00 - 1:00 PM).
9. Keeping experienced Nurses and Doctors in Hospital.
10. New staff in initial orientation in cross-cultural training.
11. For faster process: Decide priorities in one group.

Unit #2 Mt. Village, St. Mary's, Pitka's Point, Andreafski, Pilot Station, Marshall, Ohogamuit, Russian Mission.

1. Patient Quarters/Travel.
2. Elder Care - Escorting (Some Elder's can't read/write and travel alone).
 - Patients refusing to come in - knowing or thinking nothing will be done to help them.
3. Acute Care/Exams - Rather be seen by a Doctor.
 - Concentrating on past record and not asking what the current problem is. They are not looking into other areas that may be affecting them.
4. Better Care/Exams - Rather be seen by a Doctor.
 - Doctors not giving proper exam/care to patients and sending home too soon.
5. Checked sooner to prevent or stop the illness before it gets worse.
 - Waiting period in the village for a child is too long - Need them checked sooner to prevent or stop the illness before it gets worse.
6. Throat Cultures: Have the results sent to the clinic sooner by phone/fax.
7. Better Dental Care: Need more Dentists, waiting period too long.
8. Doctors assume problems and have patients wait another month or more - to come back if the problem/pain gets worse - Need better understanding with patient/doctor.
9. Medicare/Medicaid - Too long of a wait to fill out the forms.

Unit #3 Lime Village, Sleetmute, Stony River, Red Devil, Georgetown, Crooked Creek, Chuathbaluk, Napaimute, Aniak, Lower Kalskag, Upper Kalskag.

1. Clinic and Health Aide in Red Devil.
2. Water/Sewer projects.
3. Stop ETOH/Alcohol/Drug Abuse - All ages.
4. Medevac - Emergency Transport to Aniak/Anchorage.
5. A.S.R.C. - No transport - Need transportation: i.e., taxi or housing (Hotel), - Lodging for Medicare patient in the village.
6. Dentist - In A.S.R.C. - Full time.

Unit #4 Tuluksak, Akiak, Akiachak, Kwethluk.

1. Continue to pursue Water and Sewer projects.
2. Airport Lights.
3. Provide additional funds or Health Insurance to pay for private health care.
4. Village clinics need patient beds to monitor and treat critically ill or emergency patients in transition to hospital.
5. Increase number of Health Aides and provide trained secretaries for villages.
6. Van for transportation to and from hospital.
7. YKHC should provide training to villages for developing health related five-year comprehensive plans.

8. Need more Substance Abuse training for councilors and require regular job evaluations by YKHC or village councils.
9. Control Hazardous Materials and promote recycling in villages/region.
10. Home Care Providers with training and increase hours for disabled elders.

Unit #5 Bethel, Napaskiak, Napakiak, Oscarville.

1. Local Hire.
 - Cut down on registration time.
2. Health Boards in villages (same as last year): Health Board.
3. Problems of addiction (Alcohol, drugs, gambling, etc.)
4. Promote Youth Conference - Group for Bethel residents only.

5. Invite students to Gathering.
 - Triage Sign-In: Breach of Confidentiality.
6. Help teenagers with behavior problems.
7. Health Aide Training: Teenagers.
8. - Invite village-based employees to meetings.
 - Speed up services to Elders at the hospital.
9. Support hiring employees - those without degrees/education.
10. Invite students to participate in annual tribal gathering and recording - Help villages with teenage behavioral problems.

Unit #6 Atmautluak, Kasigluk, Nunapitchuk.

1. Unit 6 needs a Medical Doctor assigned.
2. More complete patient diagnosis.
3. Cancer specialist: MD to YK Region.
4. EMS travel to village to start or organize response team.
5. EMT or ETT trainee in village besides CHAP/CHP or CPR Instructor.
6. Improve CHAP/CHP attitude/treatment to village patients, especially Elders.
7. Follow-up appointments need to be improved by providers.
8. Health Aide support from local agencies, council, and community.
9. Extend MD residency.
10. More Dental and Doctor visits.
11. Unit representatives travel to village they represent for more representation.
12. New hire training.

Unit #7 Kipnuk, Tuntutuliak, Kongiganak, Kwigillingok.

1. Need more experienced doctors.
2. Groups should have a doctor available to see patients that return to hospital frequently.
3. Doctors talk too much on the job.
4. Patients should be seen on scheduled (time) appointment.
5. Change Doctor Contracts to more than 2 years.
6. Patients who are admitted should stay until they fully recover.
7. No experimental drugs to be used on patients.
8. Patient to see own medical records when requested.
9. Doctors should not advise women to stop having babies, unless they have life-threatening problems.
10. Improvement of health aides calling in for patients appointments. (Health Aide Improvements).

Unit #8 Newtok, Tununak, Toksook Bay, Umkumuit, Mekoryuk, Nightmute, Chefornak.

1. Sanitation improvements with lagoons away from villages (Including washeteria).
2. Sub-Regional clinic.
3. Mentally-ill provider (village based).
4. New clinics (CFY, WWT, NME, TNR).
5. Substance Abuse Counselor.
6. Road/sidewalk improvements.
7. Trail markers/beacons.
8. Recreational Centers.

9. Hazardous chemical disposal.
10. On-call Health Aide transportation.
Note: Gatherings - Need to change dates away from spring time activities.

Unit #9 Scammon Bay, Paimute, Chevak, Hooper Bay.

1. Counseling for Sexually Abused children.
-Health Aide training - increase refresher courses to take a shorter time.
2. VPSO/VPO to receive ETT and/or EMT training helps to support the health aides.
- Train High School students (First Aide Training).
- Train Search & Rescue Teams - ETT/EMT training.
-When coming from village to Bethel: Village residents need support/assistance in getting: Housing, Meals, Transportation, and Financial Assistance.
3. Alcohol and/or Substance Abuse a problem in villages - Counselors need more assistant's to assist them.
4. -More Dentists, Doctors and Nurses need to serve the Delta.
-More Doctor's field visits to villages instead of bi-annually.
-Warmer weather.
5. More FAS/FAE Prevention.
6. More VAEC's - Youth Advocates.
7. More education on Inhalents (Gass sniffing) to students (adolescent - high school).
-10 Commandments.
-Need more health aide back-ups who will stay in villages.
8. Drug testing for ALL YKHC Employees.
9. Need more Home Care Providers in villages.
-Care Providers to receive more training.
10. Open Communication within village operations leaders:
 - Health Aides
 - IRA/Council
 - VAEC's.

Unit #10 Eek, Quinhagak, Goodnews Bay, Platinum.

1. High Risk Medicaid Patient Travel, without Doctors approval.
2. Direct Medicaid billing and approval at local level.
3. Water and Sewer.
4. Transportation vehicles for village clinics.
5. Incubator for Premature Babies.
6. Expansion of village clinics.
7. Tobacco and snuff education for teens, adults, and everyone.
8. Parenting Skills/Counseling.
-Anger Management and Behavioral Management.
9. Village-based Physician's Assistants (PA's).
10. Per Diem.

Unit #11 Grayling, Anvik, Shageluk, Holy Cross.

1. Alcohol/Drugs (Teenagers, School and Community).
2. Community Health Representatives.
3. Medicaid/Medicare update.
4. Better communications and locations with 4 Rivers.
5. Referrals to Aniak Clinic by Doctors.
6. More Dental visits.
7. Longer visits by Doctors in village clinics.
8. Health Aide evaluations.
9. Stop bootleggers.

Tribal Gathering V — 1998

Unit 1

1. Hospital: A. Improper Diagnosis & Treatment.
2. CHA: Health Aides need to go to Elders when Elders are sick. (Sometimes Now Refuse).
3. Improve and Follow-up on last years priorities.
4. Develop Health Boards in communities to help deal with CHA's and Providers.
Problems that need resolution:
 - a) Clinic open but late.
 - b) No immediate response to Emergencies.
 - c) Village not informed on who is working.
5. Need more Doctors available to respond to Emergency calls from villages. If doctor from village on Emergency call from another 2nd and 3rd village, have to wait.
6. Doctor visits (field trips):
 - a) Doctors need to make more frequent village visits.
 - b) Need to stay until they see all appointments in their villages.
 - c) Appointments:
Make sure patient is informed on Appointment 2-3 days prior to appointment. Also need reminders so appointment is not missed.
 - d) Make sure providers complete seeing a patient before going on to next patient.
 - e) Keep appointments on-time. Some wait beyond 2-3 hours.
7. Bring back traditional healers.
 - a) Train: 1. Bring people into teach (Kotzebue).
8. More Dentists in department (Have approximately 2-3 per 6 villages now).
9. a) Doctors shouldn't wait until patient gets worse to admit or sent to Anchorage.
b) Too many rescheduled appointments without a proper assessment made on first appointment.
10. Health Aides need training in Health Prevention.
 - a) AIDS Awareness.
 - b) AIDS Prevention.

Unit 2

1. More workshops in village by YKHC on Inhalant abuse, suicide prevention, etc. and to the council
 - a. Counseling need with children with any kind of trauma
 - b. Advanced technology to prevent alcohol and drug abuse.
2. Water/Sewer at Pitkas Point with help from YKHC in this process
 - a. In villages - do not put sewage lagoons in the middle of communities
3. Prematernal home: YKHC policy - women come 30 days before due date (Bethel or Anchorage) Insurance does not cover stay - hardship on women (employed) YKHC look for monies for this.
4. Beepers for health aides on-call and keep phone and communications open
 - a. Health aides keep problems home and act professional
 - b. YKHC needs to do drug screening ,etc., on health aides
5. More communities need domestic violence shelters - prevention of drug and alcohol
6. Teach our young parents about Traditional Way to treat hypothermia and other healing aides.
7. Encourage young people to get into health fields.
8. More communications with/between nurses and doctors about their patients conditions
 - a. Do not need answering machines at hospital especially when villagers inquire about appointments or when there is a family emergency.
9. YKHC doctors travel to villages more often.
10. Marshall: Children need medical attention but cannot bring them in due to no money.
11. Marshall airport needs lights!!
12. Health Aides or back up person when regular health is off.
13. Community People need to be involved in planning services at St. Marys but regional clinic.

Unit 3

1. Water and Sewer in every house, correct sewage back-up problems that happen now.
2. See results of cancer studies and learn causes of cancer in Elders in villages.
3. Counselors (Mental Health, Drug, Alcohol, and Gas Sniffing) in each village, VPSO's in each village.

4. Prompt delivery of medications (can take up to one month between RX and delivery).
5. Job skills training for young people in villages.
6. Guidelines for EMS system (tools).
7. Need more Search and Rescue Volunteers in villages.

Unit 4

1. Promote Tribal Sovereignty and assist tribes who choose to take ownership of health programs to ensure success.
2. Ensure that health care providers, mental health, VAEC's continue to get education and training in conventional and traditional training, for youth and community members to lead healthy lives.
3. Water and Sewer Projects.
4. Airport Lights.
5. Improve roads and boardwalks to prevent infectious disease - adequate drainage.
6. Need more Health Aides at our clinics.
7. Increase self-sufficiency/decrease dependency on public assistance.
8. Prevent/Enforce illegal bootlegging laws.

Unit 5

1. Alcohol Abuse: Bethel, Napaskiak, Napakiak, Oscarville.
2. Sewage dumpsite improvement: Napaskiak, Napakiak, Oscarville.
3. Intervention/Suicide.
4. Children with behavioral problems (all sites).
5. Bethel clinic - only for Bethel, community wellness concept, all sites.
6. Health Aide Training - Respect for patients.
7. Oscarville Airstrip.
8. Child Neglect/Abuse.
9. Mental Health counseling in village.
10. Oscarville - No law enforcement.
11. Health Aide back-up in Oscarville.

Unit 6

1. More complete patient diagnosis.
2. Wrong medicine too strong for patient.
3. Not treating sick patients immediately, but waiting until patient gets worse.
4. Designate a Specialist for the villages.
5. Respect patients needs/wants, don't push if they refuse.
6. Alcohol/Drugs.
7. Home Care personnel in villages.
8. Encourage CHAP's to enhance skills in current job (i.e., Doctors, Nurses, PA-C).
9. HV by CHAP's to be done for patients 65 and older, chronically ill and homebound.
10. Nutrition counseling.

Unit 7

1. Need more than one doctor at hospital and qualified on duty.
2. Proper treatment at hospital appointmented time.
3. Prevention and Proper Medication for Patients, include traditional medicine.
4. Early detection and treatment.
5. Stop Alcohol and Drug Abuse (Also Elderly Abuse).
6. Hire trained and qualified _____??
7. Environmental Issues: including UAS, Solid Waste.
8. No internship at doctorate level.
9. Provide X-ray Equipment (EG).
10. Community Oriented Prevention (Elderly Abuse, Safe Sex Practice for both Male and Female), include Youth Activities.

Unit 8

1. Subregional clinic
2. Sanitation:
 - Lagoon in Mekoryuk too close to village
 - Nightmute lagoon
 - Tununak Running water/Lagoon
 - Newtok Lagoon
3. Lack of Services:
 - MRI Detection
 - Health Prevention
 - Vaccine - Hepatitis A
 - Improper Medications
4. Clinics except Toksook Bay

Unit 9

1. Continue Funding to CRMTS.
2. Make MOA with dependable airline for medivac (Contract).
When a patient needs immediate medications, our contract airline can hand-carry it.
3. More E-tanks in our clinics, more than one oximeters.
4. Better, faster delivery of medication or e-tanks.
5. Clinic fund should not be misused. Transfer MOA to T.C. (All tribal transfer the fundings to T.C.).
6. Doctors spend short time in villages. More visits to villages to bigger villages.
7. Improve the clinic ramps, before someone sues us.
8. More visits by our representatives to our clinics.
9. Patients being sent back home, even they're still sick without treatment.
10. Doctors spend more time with patients or Doctors listen to Health Aides reporting patients to them, patiently. Enforce Policy.

Unit 10

1. More village visits by Injury Prevention. (i.e., Spring/Fall).
2. Have more than 1 Home Care Provider for each village served.
3. Anger Management for both Adults and Children.
4. Forming of Youth Groups run by Youths.
5. Drug and Alcohol Education by the V.A.E.C.
6. Inhalent Abuse Awareness Program.
7. Continuous Education of Tobacco Abuse (i.e., Chew and Smoking).
8. Better Hospital Appointment System.
9. Better orientation of village based employees or start having them.
10. More Village Police Officers.

Unit 11

1. Alcohol Importation: 4 villages need to work together to prevent alcohol and drugs from entering village.
Alcohol and Drug Free Council Members for prevention, to enhance alcohol and drug prevention efforts in communities.
2. Water and Sewer Services (In Shageluk or villages in need).
3. Form a Youth Support Group at village level for teens/youth in the unit 11 villages (Anvik, Grayling, Holy Cross, Shageluk). Once a month meeting of YSG and rotate in village.
4. Treatment provider (local village) funding from (State, Federal) for travel, personnel.
Local Fundraising: Council - Bingo, Raffle for youth and individual in need of alcohol/abuser prevention.
5. Arctic Care service come to villages every 6 months.
6. Treatment Center (building) in our area (Unit 11).
7. Clinic Building renovation or new building for villages (Grayling/Shageluk) who need it. (Bring buildings up to code).
8. Cultural Center for Elders/Community to share knowledge, crafts, culture and provide Elder Care.
9. Provide Health Education for Abusers/Youth in schools/community.
10. Doctor's need to be kept in area, too many are being replaced.
Reduce high turn-over rate with Doctors.

Tribal Gathering XVI — 1999

Unit 1 Sheldon's Point, Alakanuk, Emmonak, Chuloonawick, Hamilton, Bill Moore's Slough & Kotlik

1. Faster emergency medical care (health aides on call; available 7 days a week via beepers).
2. Proper Service & treatment (more thorough exams & all health needs done at once).
3. Better Health Aides Service
 - evaluations monthly by YKHC w/input from villagers
 - provide stress mgmt. to Health Aides to help them manage work
 - home visits to elders
4. Doctor's & Dentist's should stay in villages longer to see everyone who wants to be seen.
5. Mental Health:
 - professional services for children & adults
 - family counseling needed
 - travel to villages more frequently
6. Patient Travel:
 - travel management for parents who don't qualify for Medicaid
 - hospital should provide advance notice to parents before appointment rescheduled (& before parent has already paid her travel with her own money).
7. Pharmacy:
 - faster service (sometimes 2-3 hours wait)
 - faster refills (sometimes 1 month wait)
 - will prevent problem of patients sharing medications.
8. Elders:
 - Home visit guidelines (including detection of elder abuse)
 - Better explanation to elders of hospital services available to them.
9. Alcohol & other drug outpatient services (including inhalants) needed in villages.
10. Area Unit Reps should be allowed to visit villages more often (with proper notice) to hear concerns of the people.

Unit 2 Mountain Village, Pitka's Point, Saint Mary's, Andreafsky, Pilot Station, Marshall, Ohogomuit, & Russian Mission

1. Better patient care (proper diagnosis & on initial visit) to prevent repeated visits or emergency situations.
2. Need more education/awareness workshops in villages to address:
 - substance/inhalant abuse
 - mental health issues
 - survival skills
 - child safety, abuse and neglect
 - youth training
 - foster care services
3. Quality of care:
 - Dr/Health aide (patient relationship)
 - patient education (self care, medication, etc)
 - better communication (inform patients of wait times, translators, etc.)
 - clear Dr. instructions to patients/health aides.
4. Youth education to get them involved/prepared for future health careers.
5. More Doctors visits to villages (and dentist)
6. Need more than one Doctor on-call to improve treatment service for village emergency services.
7. Receptionists (needed) for clinics to free up health aides for uninterrupted patient encounters
8. Immediate screening for emergency/walk-in patients.
9. More experienced doctors:
 - need to decrease rate of turnover (Dr's)
 - # of Dr's that stay.
10. More efficient way of getting a hold of on-call health aides (i.e. beepers, hand held vhf's, cell phone.)

Unit 3 Lower/Upper Kalskag, Aniak, Chuathbaluk, Crooked Creek, Georgetown, Red Devil, Sleetmute, Stony River & Lime Village

1. Better diagnosis of medical problems by doctors/practitioners.
2. Teen Counseling.
3. Programs for middle-aged are needed (alcohol & drug prevention).
4. Health aides need to be more sensitive to our health needs.
5. The VAEC program needs to improve services.
6. Elder care services need to be expanded.
7. Teen Centers
8. Travel costs for Elders
9. More dental services
10. Better representing by (Board) reps.

Unit 4 Kwethluk, Akiachak, Akiak & Tuluksak

1. Traditional Medicine.
2. More Mental Health & Support Services, Substance abuse, aftercare services that are family-focused that involves whole family in treatment.
3. Encourage youths & young adults in education & to provide full funding for their scholarships in the health fields.
4. Water & Sewer projects in all villages.
5. Airport lights.
6. Modern Health clinic (newer) in YK delta villages.
7. To promote & support villages who take over Health care system in the villages.
8. More Dental Services
9. Train youth in parent skills & healthy lifestyle in schools.
10. Health Aides needs debriefing.

Unit 5 Napakiak, Oscarville, Napaskiak & Bethel

1. Alcohol Treatment Center for Youths
2. Retain Doctors & Nurses
3. More thorough examination when seen by a doctor, less waiting time.
4. Network with school districts to provide prevention education and information on regional health care issues, integrate info local curriculum – Local agreements on use of school facilities to provide a safe place for families and their children.
5. Patients threatened by doctors at hospital when using alternative health facilities.
6. Lack of activities contributing to alcohol and drug abuse, crime inhalant abuse
7. Back up health aides (Oscarville)
8. Aftercare Facilities in Villages.
9. Utilizing elders in planning
10. Lack of adequate sanitation in Villages (water/sewer systems)

Unit 6 Nunapitchuk, Kasigluk & Atmautluak

1. Teen Suicide Prevention, and stop illegal sale of alcohol & drugs – inform VPSO's of alcohol purchase by village residents.
2. Prioritize patient travel with Travel Agent, and reserve (keep) patient medical exams for patients that are late due to plane delays.
3. Need proper & complete medical exam/treatment, such as casting broken bones and prevent misdiagnoses.
4. Patient confidentiality needs to be observed by medical professionals and personnel.
5. Meet with Health Aides by community to identify needs of community for improved surveys.
6. V.A.E.C.'s need to be more involved with communities through presentations for youth & families.
7. Teens/youth need YKHC counselors to prevent unhealthy behaviors.
8. Need to provide news sections for youth in monthly Messenger.
9. Need Cat Scan, MRI, and other radiology equipment in Bethel.

Unit 7 Kipnuk, Kongiganak, Kwigillingok & Tuntutuliak

1. Catscan
2. Inpatient Facilities
3. Appointments
4. Patient Care
5. Health Aides
6. Medicaid
7. Pharmacy
8. Intern Students
9. Not to dispose this list but to address the issues
10. YKHC Executive Board members travel to villages they Represent and update them on current issues.

Unit 8 Newtok, Tununak, Toksook Bay, Umkumiut, Nightmute, Chefornak & Meko-ryuk

1. Scanning Machine
2. More Dr./field visits
3. Improper diagnostic Treatment
4. Treatment Follow-up
5. Complete medical supplies
6. Support Health aides training
7. Sanitation
8. More Dents Visits for complete Dental Care
9. Alcohol & Drug Importation
10. Sub Regional Clinic

Unit 9 Paimute, Scammon Bay, Hooper Bay & Chevak

1. Parent involvement
2. Unemployment – Youth/Adults
3. Elder involvement in community decisions
4. Subregional clinic
5. Suicides, Alcohol & other drugs, inhalants, Domestic Violence
6. Medicaid Education
7. Water/Sewer/Garbage
8. Nursing homes
9. More office spaces for local Health Care Providers
10. Clinic Improvement

Unit 10 Quinhagak, Eek (including Goodnews Bay & Platinum)

1. Proper Treatment
2. Alcohol/Drug
3. Water/Sewer
4. Injury Prevention
5. Neglect – (not respected, not enough time with children, recreation centers)
6. Translate more clearly
7. Patients wait too long
8. Travel/RMT
9. Youth After Treatment Care
10. Community Relations (guides)

Unit 11 Grayling, Anvik, Shageluk and Holy Cross

No representation during Tribal Gathering VI due to weather.

Tribal Gathering VII — 2000

Unit 1 Nunam Iqua, Alakanuk, Emmonak, Chuloonawick, Hamilton, Bill Moore's Slough and Kotlik

1. Physician/patient communication and education
2. Better quality and professional service
3. Pharmacy service improvements
4. Open dental appointments (appointments too long)
5. Increase eye clinics in villages
6. Improvements in technology in each clinic
7. Improvements in ANMC and other Anchorage hospitals follow-up
8. Health Aides' hours should be staggered
9. Village clinic appointments should be improved
10. Clinic role in appointments with doctors (notifying patients)
11. Village wellness program in all villages
12. Recognize and support all employees (health aides to doctors)

Unit 2 Mountain Village, Pitka's Point, Saint Mary's, Andreafsky, Pilot Station, Marshall, Ohogomuit, and Russian Mission

1. Walk-in waiting at Emergency Room is slow and too long
2. Pharmacy is very slow in dispensing medications
3. Doctors should thoroughly check patients before sending them home
4. Waiting in lobby to see doctor is still too long
5. Doctors and health aides should visit villages more often and stay longer
6. Acute/critical patients from out of town should be seen right away
7. There should be a better tracking system (follow-up?) for patients needing special attention
8. More education on drugs and alcohol for children and more often
9. Qavartarvik (Family/Patient Hostel) needs better management and communication system
10. Dental appointments are too long

Unit 3 Lower/Upper Kalskag, Aniak, Chuathbaluk, Crooked Creek, Georgetown, Red Devil, Sleetmute, Stony River, and Lime Village

- 1a. Health Aides...
 - a. need to be educated on how to notify families about death of family member, and
 - b. they need to be more sensitive to our health needs and be more compassionate (not resolved from last year)
- 1b. More counselors for survivors of loved ones, especially in the matter of alcohol and other drug, plus inhalant (village-based) outpatient services
- 1c. Need counselors for spiritual/emotional and mental disorders that are not caused by alcohol and drugs
2. Pharmacy waiting needs to be shortened
- 3a. Need safe water and sewer in any and all villages (See clinic done in June @ Crooked Creek)
- 3b. Need pumphouse and laundromat, dumpsite for Red Devil
4. Encourage our youth to pursue fields in health and fully fund their education in health fields or provide full scholarships
5. Need a clinic in Red Devil
- 6a. Need nursing home for elders who cannot help themselves
- 6b. Elder Care Services need to be expanded (not resolved from last year)
7. Support for the health Aides from Tribal Governments
8. Better representation by board representatives

Unit 4 Kwethluk, Akiachak, Akiak and Tuluksak

1. Thorough examination of patients of all ages by providers/doctors
2. Patient education to prevent cancer, heart disease and diabetes
3. Reduce dental appointments to less than 1 month waiting
4. More dental visits to villages
5. Install CAT scan @ YKDRH

Unit 5 Napakiak, Oscarville, Napaskiak and Bethel

1. Water and Sewer Problems – need a “Treatment” Team
2. Nursing Home is needed
3. Install cancer screening machines (CAT scans) and develop asthma prevention (dust control)
4. Need alcohol and drug abuse prevention and treatment services
5. Patient Care and appointments — reduce waiting time and make improvements at:
 - Pharmacy
 - Dental Appointments
 - Doctor Appointments and Walk-ins
 - Doctor / Patient Professionalism

Unit 6 Atmautluak, Kasigluk and Nunapitchuk

1. Attention to drugs, gas sniffing, alcohol, snuff, black bull, and suicide issues
2. Sanitation and water systems are needed
3. Scanner for cancer detection at YKDRH is needed
4. Home care providers for Elders are needed
5. Accident prevention programs are needed

Unit 7 Kipnuak, Kongiganak, Kwigillingok and Tuntutuliak

1. Cancer Screening is needed at YKDRH
2. Correct diagnosis of condition by doctors or practitioners
3. Good communication between RMT doctors and CHAs to avoid critical situations
4. Continuity of individual patient care is needed
5. Secretary/clerk in all clinics is needed

Unit 8 Newtok, Tununak, Toksook Bay, Umkumiut, Nightmute, Chefornek and Mekoryuk

1. Road improvements are needed in villages
2. Expand (renovate) village clinics “add on to buildings”
3. Improve sewer lagoon and sanitation, e.g. dump sites
4. Funding for clerks in clinics is needed
5. Health Aides needed in summer during subsistence activities
6. Improve Health Aide relationships with patients
7. Erosion control is needed in our villages
8. Animal control for strays is needed
9. Vehicles are needed for clinics, especially Mekoryuk
10. Continue medication availability in village clinics
11. Radio stations in villages are needed to improve communication

Unit 9 Paimute, Scammon Bay, Hooper Bay and Chevak

1. A subregional clinic is needed in the area, and new clinics
2. Water and sewer services are needed
3. More Native certified doctors/nurses are needed and should be encouraged
4. Bethel-based retreat should be implemented (Employee Assistance Program)
5. Early prevention programs are needed
6. Medical terminology translators are needed
7. Village-based substance abuse treatment programs (residential) for adults and kids
8. Clinic appointments should be prioritized
9. An inter-disciplinary awareness program needs to be developed and implemented
10. More communication is needed between YKHC and communities

Unit 10 Quinhagak, Eek (including Goodnews Bay and Platinum)

1. Elders’ home care services are needed
2. The boat dock in Goodnews Bay needs to be improved
3. A clinic enlargement or new building in Eek is needed
4. A Health Aide and Elder Counselor in Platinum are needed
5. Sanitation improvements are needed:

- a. Complete fence around dump
- b. Spill proof containers to transport waste
- c. Fix dump in Goodnews Bay and develop a better road
6. Better screening is needed for emergency walk-ins
7. Appointments too slow in dental and clinic
8. Safety Security and Traditional Court are needed in Platinum
9. Need airport improvement and lights in Platinum
10. A large culvert is needed for a deep creek by the Quinhagak church

Unit 11 Grayling, Anvik, Shageluk and Holy Cross

1. Coordination of all regional services is needed
2. Need to complete responses to all priorities
3. Hypothermia training for Health Aides is needed
4. Dental care for all ages during village visits
5. More doctor visits for all ages
6. Better communication between doctors and pharmacy
7. Education on Medicaid/Medicare benefits - How system works
8. Need more holistic or chiropractic Services

Tribal Gathering VIII — 2001

Bad weather prevented many participants from getting to the Gathering that year. Priorities are combined for the unit representatives that made it in.

Units 1–4

1. The following were grouped as the #1 priority:
 - A. Preventive education of tobacco
 - B. Alcohol and drug abuse for parents
 - C. Community members to prevent domestic violence
 - D. FAS/FAE children, and
 - E. Keep tribal children from being removed into foster homes
2. Fair treatment for those who do not have health benefits because they are covered under Indian act (IHS).
3. Pharmacy needs to improve and send medication on a more immediate basis.
4. A. More immediate response for hospital appointments for early diagnosis for treatment.
B. More field trips by doctors, dentists, and other care providers on a quarterly or monthly basis, which includes elders.
5. Need funding for an automated fibulator, and reinforce training.
6. Home care that is coordinated between patient, CHA, doctor and a Home Care Provider to monitor their progress, when family members are unavailable.
7. Elderly recovering from surgery are sent home too prematurely, even though they are still sick.
8. Send the Tribal Gathering results back to villages.

Units 5–7

1. Draft resolution “Same resolution” going out to villages....Resolution supporting nursing Home in Bethel.
2. “Death in Village” - Waiting for proper authorities to release to immediate family. Families usually wait for 8-10 hrs for troopers to release a body to immediate family.
3. CAT Scan - Can YKHC get one? Sending patients to Anchorage for further examinations
4. Pharmacy: Patients given wrong prescription...need pharmacists to check & recheck.
5. Clinic Secretary/ Clerk – not all sites or villages have position.
6. Second Opinion – Patient rights to have second opinion when seen by Physician.
7. Physician Turnover Ratio – Concern: when physicians become doctors and learn, they move from our region and start over again with new physicians.
8. Clinic Home Visit Policy – Review health aides in villages not going to patients home for assessments.....Factors for patients not going to clinic. A. Transportation B. Weather (cold) (rain) etc...C. Seriousness of sickness.

Units 8–11

1. CAT Scan machine
2. New & renovation Clinic & Health aides – Platinum & clerks – all units
3. Water/sewer in villages – all units
4. E.R. after hours- wait too long to be seen.
5. More rooms for stranded patients
6. Clinic Vehicle – all units
7. Kidney and other dialysis machine
8. Health Aide Housing in villages
9. More PHNs in our area rather than served through Anchorage
10. Flouride tests in communities

Tribal Gathering IX — 2002**Unit One**

1. village based nursing homes
2. CAT scan, hospital, sub-regional clinics
4. Cancer education, tumor, illnesses
5. water quality in villages
6. More bi-lingual health aides in villages (Yup'ik-speaking)
7. Certified Nurses Assistant for elders
8. AIDS/STD education (all)
9. Helicopter landing pads above flood level
 - a. search and rescue
10. Medication refill policy
11. Fire stations and equipment in villages

Unit Two

1. Water and sewer upgrades
2. Annual spirit gatherings for youth and families
3. Village elder-assisted living homes
4. Cancer research
5. Active village youth recruitment for health professions
6. Village day care center
7. Insurance programs for Medicare/Medicaid non-eligible applicants
8. Media exposure of health related problems
9. Improved continuity of care
10. Improved access to home pre-natal care
11. Alternate providers for sub-regional clinics

Unit Three

1. Increase number of Family advocates, grievance and wellness counselors
2. Recruit resident dentist
3. Water and sewer projects
4. Supported living for elders
5. Elderly assistance (e.g. physical therapy)
6. Respect for health aides
7. More traveling optometrists
8. Home living care (i.e. elders)
9. Places to stay during travel, extensions to existing clinics
10. CAT scan, improving four-tier service delivery plan to benefit seizure patients
11. More YKDRH specialty clinics

Unit Four

1. Nursing home
2. CAT scan
3. Insurance and Medicaid/Medicare

4. More thorough exams by physicians, annual physical exams
5. Appropriateness of care levels by non-certified health care providers
6. Relocate sewage lagoons, secured dump sites
7. Recycle dead batteries
8. Runway lights
9. Vehicles for health aides
10. Only physicians to communicate with health aides

Unit Five

1. Nursing home
2. Upgrade of water sewer projects
3. Improving diagnostic techniques (e.g. cancer)
4. Better equipment in village clinics (e.g. on call phones, updating equipment), transportation survey for clinic needs
5. Education on second opinion option
6. Continuity of physicians
7. Improved prescription quality control
8. Education
 - a. Medically-trained interpreters
 - b. Native health professionals
 - c. More traditional healers
9. Equipment returns to villages
10. Dust control

Unit Six

1. Alcohol and drug prevention (e.g. youth)
2. Youth counseling
3. CAT scan
4. Bethel nursing home
5. Long waits, overnight stays
6. Wrong medications
7. Rescheduling appointments
8. Seeing one doctor instead of many
9. Choosing translator (dialect one)
10. Infant and elder home visits during bad weather

Unit Seven

1. Nursing home
2. Clinic vehicles
3. More accessibility of providers (e.g. doctors, counselors – more involvement)
4. Clinic phone systems
5. Same provider
6. Referrals, communication, long wait in exam room
7. Waiting list for dental (more resources and equipment)
8. Translators of the same dialect
9. CAT scan
10. Improve case manager chart review

Unit Eight

1. Nursing home
2. Village airport lights
3. Village water and sewer projects
4. Village emergency response team
5. Clinic vehicle
6. CAT scan/ dialysis machines
7. Increase dentist, optometrist, physician and nurse travel for one week
8. Community wellness workshops (i.e. youth)

9. On the job training for youth in health care
10. Village mid-wife

Unit Nine

1. Accurate diagnosis before being sent home
2. Sub-regional clinic support for Hooper Bay
3. Weekend dentist on-call
4. Nursing home
5. CAT scan Bethel
6. Tele-medicine
7. Support for future Native providers
8. Better telecommunications for health aides
9. Increasing Native presence of Tribal Gathering speakers, increasing tribal input on agenda, sticking to agenda to enhance self-determination
10. Wellness counselors (narrowing scope of work needed)

Unit Ten

1. Water and sewer projects
2. Senior care/hostel in villages or Bethel
3. Health services and clinic for Platinum with housing
4. Increasing PATC capacity to serve clients (i.e. families with children, square footage), local support group
5. Dust control for roads
6. Sub-regional clinic in Unit 10
7. CAT scan
8. Spirit camp for youth

Unit Eleven

1. Home care provider for elders
2. More Aniak sub-regional clinic service and space capacity for Grayling, Anvik, Shageluk, Holy Cross tribal members

Tribal Gathering X — 2003

UNIT 1

1. Alcohol and drug abuse
 - a. Bootleggers
 - b. Inhalants
 - c. Substance Abuse (Root of Problem).
2. Elder and children neglect and abuse
 - a. Elders do not have proper transportation.
 - b. Children are neglected.
3. Parent education concerning children
4. Need more EMS Trainers/ Trainees. for Injury Prevention.

UNIT 2

1. Children and elder neglect and/or abuse.
2. Alcoholism, substance abuse, bootlegging.
3. Doctors telling patients to come back when worse. Should be taken care of since transported to Bethel due to illness. Go to clinic because sick. MD should listen to patients' symptoms and not make his own diagnosis.

UNIT 3

1. Same problems every year and no solution to problems yet.
2. Water/sewer and sanitation.
3. Runway lights for emergencies. Better airports. Transportation for patients.

UNIT 4

1. Alcohol and drug abuse
2. Sanitation issues with water, sewer, and garbage.
3. Youth and elders
 - a. Activities
 - b. Youth Center

UNIT 5

1. Environmental
 - a. Need to control dust in Bethel and the surrounding villages to prevent asthma and bronchitis.
 - b. Water and sewer upgrade systems, purification, and new lagoons.
2. Upgrade and expand clinics—communities are growing.
3. Supply Health Aides with adequate equipment to match their skill levels.
 - a. Telemedicine machines need to be installed and working.
 - b. Better coordination between village clinics and regional hospitals.
 - c. Eliminate re-exams in village and at regional hospital.
 - d. Another Health Aide for Oscarville.

UNIT 6

1. Unit Policies
 - a. Review health care in the village.
 - b. Make local within Unit policy challenges; review and change if needed, work together as a Unit.
2. Repairs and renovation of clinics
 - a. More exam rooms needed in all sites.
 - b. Roofing problem in Kasigluk.
 - c. Incomplete building in Atmautluak.
 - d. Leveling/foundations of Clinics.
3. Substance abuse / neglect
 - a. Alcohol and drug counselors in all sites
 - b. Family neglect
 - c. Inhaling/sniffing preventive education

UNIT 7

1. Quality of Care
 - a. Needs to improve based on recommendations from Tribal Gathering
 - b. Health Aides need stress debriefing counselors
 - c. Decrease misdiagnosis
 - d. More Behavioral Health counselors
 - e. Treat the treatable instead of prolonging the illness
 - f. Need more Health Aides.
2. Need airport lights.
3. Periodic health check-ups for elders.
 - a. Education on usage of medication, i.e. how to use them, how long to stay on medication.

UNIT 8

1. Village water and sewer projects.
2. More community wellness programs for all of Unit 8.
3. Hire more back-up Health Aides in every village.

UNIT 9

1. Sex education in homes and at school
 - a. Too many early pregnancies.
 - b. Teach parenting skills with our youth and be a role model.
 - c. Education on smoking and chewing to the public.
2. Neglect and abuse of youth and elderly.
 - a. Lack of youth facilities. (Teen Center.)
 - b. Elders not thoroughly checked then sent home.

- c. No doctors visit Akiak.
- 3. Water and sewer pipelines exceeded useful life. Need replacement.
 - a. Relocate dump site in Akiachak.
 - b. No transportation for clinic in Tuluksak and Kwethluk.

UNIT 10

- 1. Bootlegging—Alcoholism and drug abuse leads to child neglect.
- 2. Waiting time is too long to be seen for exam and at pharmacy. Patients without Medicaid not being able to eat when in hospital. Cafeteria food is too expensive.
- 3. Sewage and Solid waste not monitored or treated.

UNIT 11

- 1. Need patient education in schools. Include alcohol counselors and safety education.
- 2. Need parent education including Behavioral Health for parent involvement. Need positive attitude along with village towards each other.
- 3. Need quicker response from medevacs.

Tribal Gathering XI — 2004

Unit 1

- 1. a. Incomplete Examinations and tests.
 - b. Hospital wait times are too long.
- 2. a. Alcohol / Drug inhalants Abuse Education.
 - b. Need more Elder counseling in Villages.
- 3. Snowmachine, boat and four wheeler accident prevention
- 4. Pharmacy refills need to be on time.
- 5. Emergency medevacs from SRCs fly direct to Bethel or Anchorage.
- 6. Doctor visits to the SRCs are too short, leave too early.
- 7. Need more home care providers in village, especially men.
- 8. Better customer relation with everyone.
- 9. More native doctors and nurses.
- 10. Medicare practices are not fair.
- 11. Elder / Child neglect.

Unit 2

- 1. a. Slow auto refills need improvement to speed process.
 - b. Confidentiality needs to be stressed for Health Aides, City Council, Tribal Councils, etc.
- 2. a. Alcohol intervention and prevention for teenagers / young people—separated from adults / teen groups.
 - b. Teen center needed for teenagers (alcohol and drug free)
- 3. STDs—Teen Pregnancy / Sex Education.
- 4. Every six months at least, doctors need to extend visits and see all patients and residents that need medical care.
- 5. Representatives need to do site visits at least on a monthly basis.
- 6. Too much bingo/playing cards. Not enough time spent with children.
- 7. Leaders of communities—pastors, city and tribal council, Health Aides, ASB's, RSB's and teachers.
- 8. More wellness counselors needed for communities.
- 9. Community activities. Not enough mentors.
- 10. Good role models—parenthood for young people.
- 11. Need for Youth Wellness Gathering, only youth getting together retreat.
- 12. Safety preventions—fire safety, gun, ATV, boating, winter survival, snowmachine, first aid, and CPR.
- 13. Environmental Issues—dumps / hazardous items, subsistence sites—trash being left.
- 14. Keeping traditional values alive.
- 15. Suicide awareness and other related issues.
- 16. Health Aide on call phone needs replacement when broken.
- 17. Appointments need improvements to see all patients needing medical assistance.
- 18. Lack of Home Care workers.

Unit 3

1. Counseling services..
2. Sex education / Alcohol and drugs—diabetes/cancer and heart diseases.
3. Transportation: (vehicles) People without Medicaid or Medicare or insurance.
4. Board Members.
5. Better dental services.
6. Auto-refills.
7. More doctor and PA visits to the villages.
8. OEH to come and test village waters.
9. More Health Aide Support.

Unit 4

1. Heart defibrillator—Possible pilot project: Need in village clinics especially for those who have cardiac arrest..
2. Youth drinking alcohol and drugs / tobacco (counseling)..
3. Gambling.
4. Boils/airborne .
5. Respecting Elders.
6. Any housing that needs housing repair—AVCP. Healthier atmosphere for elders' housing..
7. Traditional medication.
8. Dump control.
9. YKHC needs to improve its services.
10. Given too much pain pills, needs second opinion by MD (find diagnosis).

Unit 5

1. Nursing Home and Assisted Living.
 - Elders transportation—needs home visits.
 - Bethel needs more Primary Care Attendants.
 - Respect and involve elders and allow them to share experiences with youth support with services and ground transportation..
 - Adjust work hours to accommodate program needs.
 - Support Yup'ik language programs adult and youth.
 - Support Elder programs and service nutrition. State and Federal cuts are deeply affecting them.
2. Family Oriented Activities (parenting classes).
 - Support and promote positive news and activities right away through other media, newspapers and radio.
 - Suicide prevention and intervention.
 - Non-boating; drowning—young children.
 - More supervision of our youth.
 - Educational need of youth / elders (drugs and alcohol).
 - Tobacco use.
 - FAS / FAE Education.
3. Primary Care Center.
 - Behavioral services and programs and outreach.
 - MRI / CAT scan. Early detection for patients.
 - Bethel-specific specialty clinic.
 - Pharmacy refills slow.
 - HIV / AIDS education—public awareness.
 - Prevention programs offered by YKHC must be included in Bethel. For example, Wellness and Healing Gathering.
 - Cancer / Diabetes education prevention.
 - Misdiagnosis, slow diagnosis.
4. Community Pride—Expand recycle efforts locally and regionally—Sewage treatment plant.
 - Housing water bad.
 - Pedestrian Education.
 - Dust control Measures.
 - Hazardous Road Condition.
 - Oscarville-back up CHA.

Unit 6

1. Involve Health Aides in local meetings.
2. Revise hiring Policy with YKHC and Community Council.
3. Have Board Representatives visit the communities more often.
4. More support for health aids.
5. Review health care in villages and home care.
6. Need more maintenance in our clinics.
7. Need better equipments/ for medevacs/transportation.
8. Substance abuse.
9. Need more communication with Tribal Council and Health Aides.

Unit 7

1. Tobacco prevention—education / students, teachers / adults, FASD
2. Improved employees and patient relationship. Understaffed YKHC / Village clinics
3. Pharmacy—slow auto-refills, clinic supplies / demand, and train more pharmacists.
4. Leadership—adopt a strict policy of code of ethics.
5. Community wellness—suicide prevention.
6. Quality of Care. Misdiagnosis. Treat the treatables. Early detection. Village referrals. Follow-up appointments / treatments.
7. Translation problems / Mis-interpret. Translator from your area.
8. Improved Health Aide responsibilities / On-Call.
9. Improvements on home visit policy.
10. Native hire (Administration)
11. More dental visits. Longer dental visits.

Unit 8

1. Need permanent health aides in villages/ health aide patient encounter.
2. Need better water and sewage system to eliminate disease.
3. Vehicle for Mekoryuk clinic.
4. Improvement of electricity.
5. Identification of traditional healer.
6. Road improvement.
7. Medication refill.
8. Importation of alcohol and drugs.
9. Improvement of lagoon.
10. Better trash disposal.

Unit 9

1. Hiring more professional doctors—not interns.
 - a. Look for ways to retain professional support—CHA's housing incentive.
2. Elders need help! Improvement in Medicaid and medicine.
3. Waiting period too long in receiving health services.
4. Patients need to be seen regardless of illness severity and not rescheduled appointment.
5. Community Plans.
 - a. To address treatment within huffing and treatment with local village.
 - b. Support Patients returning home from treatment along with family.
6. Educate Youth about traditional living .
 - a. Nutrition.
 - b. Parenting skills.
7. Youth support facility in all villages.
8. Research / implement traditional healing methods.
9. Vehicle for all three villages.
10. More CHAs .
11. Patients need to be seen and diagnosed upon arrival from villages irregardless of the severity of the illness. Travel and lodging are expensive.

Unit 10

1. Medical Response. Dr. visits—more often, longer. Straight observation. Medical/Medevac rules up-graded. More health aides trained.
2. Health education safety, boat, ATV, snowmachine, survival—traditional values from infant to adult, etc...
3. Tobacco, alcohol and drug abuse classes. Parenting classes.
4. Safe water and sewer. Sanitation—road dust.
5. Law Enforcement. Trooper Response. Trained VPO. Sober leaders policy for all leaders from top to bottom.
6. Communication skills between all Elder, youth, organizations, community and individuals.
7. Community support. Safe homes for D/V victims, elder housing-by units-working together to help each others for wellness of our communities.

Unit 11

1. Hire more health aides and floats to give local health aides a break. Hire more doctors so the assigned doctors can travel to their villages more often. Dentists, eye doctors, etc.
2. Unit 11 needs a new SI. Does not follow up with health aides' needs. Not enough support relating to job. Not sympathetic to health aide needs and stresses. Unable to contact her. Never in office.
3. Needs a receptionist for Grayling, Anvik, and Shageluk. Take load off healthaides.
4. Clinics need summer and winter vehicles.
5. Elder and Wellness Counselors in each village. Need access to 800 numbers.
6. Drowning / sex education / gun safety career fair at least once a year to our schools.
7. More housing availability for healthaides.
8. Hire youth coordinator to plan activities for youth. Other youth will have positive role models.

Tribal Gathering XII — 2005**Unit 1:**

1. Cat Scanner in Bethel
2. Heart attack victims not detected
3. Suicide prevention
4. Drug/Alcohol abuse
5. Tribal councils involved in hiring/firing and direct supervision of health aides
6. Travel expense for patients w/no insurance or money for specialty clinic appointments.
7. More doctors and traditional healers visits to villages
8. Medical refills are too slow
9. Dental services need to be improved
10. Traditional medicine; teen pregnancy prevention and traditional parenting skill presentation at the schools.

Unit 2

1. extend/expand services w/I Yukon area
 - Youth Alcohol and drug TX/Suicide Prevention
 - Elder Home Care SVCS
 - Access to SRC (for Marshall)
2. Vacancies
 - Pitka's Point needs a Health Aide
 - Need 2 Behavioral Health Clinicians in SKC's.
 - Need SRC Dentist
3. Improve Health Care Services
 - Early detection of cancer (diagnostic imaging-MRI)
 - Better follow-up care & referral system (make sure patients don't get "lost")
 - More village trips to provide access to services (i.e. eye Dr., dental)
 - AED's in village clinic
 - Refills (always having to wait, mix-ups)
4. Water/Sewer
 - Marshall water/sewer expansion

- Pilot Station
 - lagoon – need to be moved
 - Land fill – need to be moved
- 5. Health Education for prevention
 - sex ed/Teen Pregnancy/HIV & STD's
 - YKHC services available (dept info) to public
 - training opportunities
 - education to pts/schools
- 6. Transportation & Lodging in villages
 - place to stay when weathered in
 - way to get to/from airport
 - shelter at airport
 - way to get pts to airport from clinic for medivacs
- 7. Air & Water Quality
 - dust
 - impact on subsistence food
- 8. Unit Reps to village council meeting at least once/year.

Unit 3:

1. CAT Scan & MRI needed at Bethel
2. Dental visits
3. Behavioral Health not responding to suicidal threats from their main station when village calls
4. Sub regional clinic pharmacy “locked-up” when main pharmacists is on village travel or PTO, HA's have no access to meds.
5. Increase w/preteen & young adults with drug & alcohol usage
6. Need HA's in Stony River, Lime Village and a BU float in Chuathbaluk
7. Can't make appointments at Bethel, no open
8. Pt's needs a place to stay when seen at SRC's some might not have friends or relatives
9. New HA's should have peer supervision, need back-up when at training
10. HA's should be reevaluated instead of retrain when rehired.

Unit 4:

1. CAT Scan
2. Waiting period:
 - walk in
 - Appt
 - Pharmacy
 - Expand emergency staff
 - Separate Trauma & after 5pm care
3. Health Aides
 - - Not on time
 - Supplies
 - Run out – strep test
 - Slow/late auto refill
4. Home Visits to elders and children – weather – how sick they are
5. Transportation – van clinic to airport
 - Bldgs/office space
 - Alcohol counselors
6. Have doctors evaluate instead of PA-C – have Dr's do RMT
7. Tribal doctor's – like specialty clinic

Unit 5

1. Oscarville – W/S system, improve solid waste
2. Napakiak – improve water quality
 - Improve solid waste magmt
3. Napaskiak – improve water quality
4. Bethel – dust control, solid wast magmet

5. Decommissioned vehicles to close-by village for emergency transportation and transport to Bethel (inst license)
6. Hosp/Health
 - womans clinic – prevention Ed. – screening
 - CT scan
 - Wait times
 - Misdiagnosic/incomplete exams
7. Elder Abuse and Neglect
8. New clinic – Oscarville and Napakiak
9. Suicide Prevention/intervention

Unit 6:

1. CT Scan/MRI
2. Improve water and sewer – health will improve
3. Bigger waiting area in clinic – people catching illness from each other – too close together – air ex-changer
4. Cultural sensitivity education for new providers and aeromed crew
 - New providers and aeromed crew not respectful of health aides
5. Health aides education in the villages – acohol/tobacco/drugs
6. Health aides coverage – more floats for sick H.A>, preg. Leave, vacation
7. At least 2 doctors on-call thru ER
8. Dental - No medical – no seen – or longer wating, all have long wait times
 - Hospital – long wait periods/clinics
9. Improper (wrong) diagnosis – wrong medication
10. Village communication – patients need to understand they need appt. before picking up their medications.
11. JCAHO Regulations to Tribal Councils to help support Health Aides.

Unit 7

1. Specialty Clinics available at hospital – ex: broken bones – bone specialist
2. C Scan equipment really, MRI equipment needed
3. Better care/supersvion from the village level. CHA's decisions must be looked at more closely, not wait for patients to get worse.
4. Medical refills – more efficient w/o waiting time
5. H2O/Sewer improvements
6. Outpatient visits – esp ER – some times, providers not know what the patient came for – maybe an app't process – especially village referrals
7. Village/YKHC communication – remote supervision
8. Dental appt process not working, need more dental services – ex. Filling
9. Minor surgery to be in Bethel ex- eye clinic/operation
10. Wrong prescriptions – not med's really meant for the real illnesses.

Unit 8

1. Injury Prevention
2. Suicide Prevention
3. Emergency Responders
4. Confidentiality (patients)
5. Catscan
6. Airport/Road improvement
7. Sanitation Improvement
8. Continuity of CHAP Floats
9. Improve Appointment System
10. Health Aide Support

Unit 9

1. Need more trained health aides in Chevak and Hooper Bay
 - Need trained on-call health aides in Chevak
2. Need to improve Pharmacy Med refill to village before patients run out of medications
3. Build SRC in Hooper Bay
4. Medical Providers need to keep scheduled appointments rather than
 - Rescheduling them or sending them home due to the high cost of airfare
5. Water and sewer system needed
6. Need to keep patients in Bethel until they are completely well
7. Address the increased rate of suicides in the villages
8. Need Providers and Dentists to travel to village more often
9. Need CT Scan and MRI at Bethel hospital
10. Health problems due to old water/sewer system (vomit/diarrhea)

Unit 10

1. Health Aide Training/more floats
2. CAT Scan
3. Auto refills
4. Clinic clerk
5. waiting time at hospital
6. escort meals
7. better check-ups to reduce travel back and forth
8. frequent visits by Drs. & Dentists
9. more Medivac planes to reduce waiting
10. second opinions

Unit 11

1. Water/Sewer for Shagleuk
2. Sub-regional clinic in Holy Cross
3. CT Scan – MRI
4. More Health Aide(s) in Holy Cross
5. Prefer Anchorage as the service area
6. More Dental eye clinic visits
7. Clinic transportation
8. Wellness Counselor
9. Tribal doctor visits
10. Clinic upgrade(s) Tel-med Communication

Tribal Gathering XIII — 2006**Unit 1**

1. Alcohol, Drugs and Suicide.
2. Assisted living facilities.
3. Computed Tomography.
4. Need good translators for Elders going in for appointments. Inform young adults going alone to appointments for first time about process, procedure, and where to go.
5. Eders need dental care. Also young adults then others are neglected
6. This was presented in 2005—Health aides should be mandated to respond to emergencies to prevent possible deaths, on duty and off duty.
7. Dealt with frostbite in past—Two different treatments (Native vs. Non-Native).
8. Tobacco and its effects on lungs.
9. Weekly visits to elders' homes.
10. Patient escorts have no money when escorting patients. They go hungry.
11. Serious patients need to be seen by doctors more frequently.

Unit 2

1. Health Aide needed in Pitka's Point.
2. Elders' assisted living home on Yukon and better Elder support services at village level. Home Care/ Direct Care.
3. Inpatient youth alcohol/drug and nicotine treatment programs.
4. Inter-village cooperation to achieve common goals.
5. Auto-refills slow at village clinics. No open appointments at village clinic.
6. Dust control.
7. Bigger clinic needed for Mtn. Village (building).
8. Traveling STD clinic to village that have male and female providers.
9. Don't forget about last year's priorities.

Unit 3

1. Health Aides available in Red Devil, Sleetmute and Stony River.
2. New clinics needed in Red Devil and Stony River.
3. Increase clinic lease funding (utilities, water, fuel, supplies and maintenance).
4. Increase provider village visits.
5. Home Care for elders and disabled (No attendants in Red Devil and Sleetmute).
6. Better medevac services.
7. Behavioral health counseling.
8. Traveling money for patients traveling from village-Bethel-village.
9. Upgrade clinic medical equipment.
10. Health education in schools.
11. Clinic to airport medevac transport vehicles.

Unit 4

1. Proper medication, same provider.
2. Dentist visits come back next day.
3. Proper piped water and sewer.
4. Wait time at clinic.
5. Strep throat—Identify carriers. Lower monthly treatments.
6. Behavioral health prevention/counselors.
7. Pharmacy wait time.
8. Health Aide favoritism for appointment scheduling.
9. Health Aide rank to identify who is in charge and who can attend Tribal Council meetings.
10. Need more help with YKHC services at village level.
11. Communication to Board Members.
12. Teen Pregnancy.
13. Support CT scan.
14. Proper education about breast or bottle feeding.
15. Encourage villages to help themselves.
16. No Medicaid—No money for services.

Unit 5

1. Oscarville needs water/sewer & solid waste.
2. Assisted Living—Suggest Unit 5 villages apply for ICDBG funding.
3. CT scan.
4. Speed up telemedicine rollout.
5. Traditional medicine at Tribal Gathering and traditional doctor at YKHC.
6. Suicide prevention/intervention.
7. Radio medical traffic—improve response time and doctor follow-through policy.
8. More time for Q&A at Tribal Gathering.
9. YKHC program directory and contact information mailed out to villages, including board member contact info.
10. Tribal resolutions on village priorities presented at Tribal Gathering on the first day.

Unit 6

1. CT scan.
2. Treatment of patients with Medicaid (seems to be better than those without Medicaid).
3. Increase lease to Tribal organization for clinics.
4. Home Visits by Health Aides need to increase. Written policy for mandatory visits.
5. Health Education department needs to travel to villages more often to educate our people.
6. Increase SI travel to villages.
7. Assisted living home.
8. Bigger clinics, better equipment.
9. Waiting times at the ER.
10. Medication refills are too slow to villages.
11. Increase communication between YKHC and Tribal organizations.
12. More training for new hire health aides.

Unit 7

1. CT Scan. Water and sewer.
2. More Dental Health Aides.
3. Providers to visit villages.
4. More Behavioral Health Aides.
5. More PCA's.
6. On-time delivery of chronic medication.
7. Health Educator available.
8. Traditional Healer.
9. Medicaid/Medicare travel.

Unit 8

1. CT Scan for hospital.
2. Water and Sewer.
3. Delivery of refill prescriptions on time.
4. Medicaid Travel.
5. Clinic Leases—not enough money to run clinics.
6. Improve wait times for dental appointments and specialty clinics.
7. Home care providers—wide range among villages—some villages need more reliable workers.
8. Tribal Councils should give health aides annual evaluations.
9. Not utilizing telemedicine.
10. Test fish for contaminants.

Unit 9

1. More thorough patient diagnosis.
2. More training for Community Health Aides/Floats.
3. Cup'ik translator for explanation of medicines for non-English speakers.
4. Continued support for Behavioral Health, need more trained counselors.
5. Outreach programs in Yup'ik on ARCS Radio-Health Education.
6. Annual Unit 9 CHA/YK workers conference.
7. Regular home visits for elders.
8. Maintain/replace outdated instruments/equipment.
9. Airport lighting.
10. Hooper Bay needs subregional clinic.
11. Address overcrowding houses to prevent RSV.
12. Need more Native professionals or Native doctors.

Unit 10

1. Long term Elder care.
2. Complete water/sewer projects in village.
3. Increase Behavioral Health services (e.i. grief counseling)
4. Extend dental and physician visits.
5. Increase Public Health Nurse visits in villages.

6. CT scan.
7. Appointment schedulers in village.
8. Subregional clinic in Unit 10.

Unit 11

1. Improve communication.
2. Telemedicine.
3. Doctor/Dental visits.
4. Health Aide support and training.
5. Elder home care visits.
6. More efficient clinic transportation.
7. Wellness counselors.
8. Local training for routine maintenance at clinics.
9. CT scan.
10. Supervisor Instructor visits.

Tribal Gathering XIV — 2007

Unit 1 Alakanuk, Emmonak, Kotlik, Nunam Iqua

1. Alcohol/Drug Abuse Concerns
2. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
3. Environmental Concerns: Water and Sewer, Dust, Dump
4. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
5. Improve Continuity of Care system-wide/Quality of Care Concerns
6. Medical Providers—Hiring, Visiting Villages/SRCs
7. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
8. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
9. Pharmacy/Medication/Refills
10. Community Health Aide Issues

Other Concerns: CT Scan, Suicide Prevention, Generators for Clinics

Unit 2 Andreafsky, Marshall, Mtn. Village, Pilot Station, Pitka's Point, Russian Mission, St. Mary's

1. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
2. Environmental Concerns: Water and Sewer, Dust, Dump
2. Community Health Aide Issues
4. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
5. Alcohol/Drug Abuse Concerns
6. Improve Continuity of Care system-wide/Quality of Care Concerns
7. Medical Providers—Hiring, Visiting Villages/SRCs
8. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
8. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
10. Pharmacy/Medication/Refills

Other: Child/Family counselors to address child issues and problems from “living in crisis”, domestic violence, deaths, abuse, suicide. SRCs need assisted living homes. Start small with model homes with few clients.

Unit 3 Aniak, Chuathbaluk, Crooked Creek, Lime Village, Lower Kalskag, Red Devil, Sleetmute, Stony River, Upper Kalskag

1. Cancer Testing
2. Alcohol/Drug Abuse Concerns/Suicide Prevention & Awareness
3. Community Health Aide Issues
4. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
5. Improve Continuity of Care system-wide/Quality of Care Concerns
6. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention

7. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
8. Environmental Concerns: Water and Sewer, Dust, Dump
9. Medical Providers—Hiring, Visiting Villages/SRCs
10. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff

Unit 4 Akiachak, Akiak, Kwethluk, Tuluksak

1. Environmental Concerns: Water and Sewer, Dust, Dump
 2. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
 3. Alcohol/Drug Abuse Concerns
 4. Pharmacy/Medication/Refills
 5. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
 5. Community Health Aide Issues
 5. Medical Providers—Hiring, Visiting Villages/SRCs
 8. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
 8. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
 10. Improve Continuity of Care system-wide/Quality of Care Concerns
- Other:** More Health Aides, More Medicaid Travel Money

Unit 5 Bethel, Napakiak, Napaskiak, Oscarville

1. CT Scan
2. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
3. Alcohol/Drug Abuse Concerns
4. Environmental Concerns: Water and Sewer, Dust, Dump
5. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
6. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
7. Improve Continuity of Care system-wide/Quality of Care Concerns
8. Pharmacy/Medication/Refills
9. Medical Providers—Hiring, Visiting Villages/SRCs
10. Dental Clinic
11. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff

Unit 6 Atmautluak, Kasigluk, Nunapitchuk

1. Alcohol/Drug Abuse Concerns
2. Environmental Concerns: Water and Sewer, Dust, Dump
3. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
4. Improve Continuity of Care system-wide/Quality of Care Concerns
5. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
6. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
7. Community Health Aide Issues
8. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
9. Medical Providers—Hiring, Visiting Villages/SRCs
10. Pharmacy/Medication/Refills

Unit 7 Kipnuk, Kongiganak, Kwigillingok, Tuntutuliak

1. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
2. Improve Continuity of Care system-wide/Quality of Care Concerns
3. Told to come back to the Clinic when I am worse.
4. Travel costs and lodging problems
5. Misdiagnosis and Wrong Prescription/Meds and Refill problems
6. Lack of Efficient/Effective care due to Medicaid /Medicare Benefits
7. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
8. Alcohol/Drug Abuse Concerns

9. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
10. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention

Unit 8 Chefornak, Mekoryuk, Newtok, Nightmute, Toksook Bay, Tununak

1. Environmental Concerns: Water and Sewer, Dust, Dump
2. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
3. Alcohol/Drug Abuse Concerns
4. More Medevac Teams
5. Pharmacy/Medication/Refills
5. Community Health Aide Issues
6. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
7. Improve Continuity of Care system-wide/Quality of Care Concerns
8. Medical Providers—Hiring, Visiting Villages/SRCs
8. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
9. CT Scanner
10. YKHC Annual Conference in Villages and Technical Assistance

Unit 9 Chevak, Hooper Bay, Scammon Bay

1. Community Health Aide Issues
 2. Environmental Concerns: Water and Sewer, Dust, Dump
 3. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
 4. Alcohol/Drug Abuse Concerns
 5. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
 6. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
 7. Pharmacy/Medication/Refills
 8. Improve Continuity of Care system-wide/Quality of Care Concerns
 9. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
 10. Medical Providers—Hiring, Visiting Villages/SRCs
- Other:** Behavioral Health Support. SRC Support in Unit 9. Prevent Overcrowded Housing (RSV)

Unit 10 Eek, Quinhagak

1. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
2. Village Clinic & Staff—Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
3. Community Health Aide Issues
4. Medical Providers—Hiring, Visiting Villages/SRCs
5. Pharmacy/Medication/Refills
6. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
7. Improve Continuity of Care system-wide/Quality of Care Concerns
8. Alcohol/Drug Abuse Concerns
9. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home

Tribal Gathering XV — 2008

12 tribes were unable to attend: Pilot Station, Nunam Iqua, Shageluk, Red Devil, Anvik, Oscarville, Hooper Bay, Holy Cross, Hamilton (Kotlik), Georgetown, Chuloonawick (Emmonak), and Aniak.

Unit 1 Emmonak, Alakanuk, Kotlik, Bill Moore's Slough, Nunam Iqua, Chuloonawick, Hamilton

1. Alcohol/Drug Abuse Concerns
2. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
3. Environmental Concerns: Water and Sewer, Dust, Dump
4. Pharmacy/Medication/Refills
5. Community Health Aide Issues

Unit 2 Mountain Village, Andreafski, Russian Mission, Ohagomiut, Pitka's Point, Marshall, St. Mary's, Pilot Station

1. Alcohol/Drug Abuse Concerns
2. Elder Issues-Care, Neglect, Respect, Housing, Nursing Home
3. Health Education: Sex Education, Water Safety, Injury Prevention
4. Environmental Concerns: Water and Sewer, Dust, Dump
5. Community Health Aide Issues
6. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
7. Pharmacy/Medication/Refills
8. Improve continuity of care system-wide/Quality of care concerns
9. Medical Providers- Hiring, visiting villages, SRCs
10. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing

Other: Pitka's clinic is still closed. Marshall has no schedule airline flights to SSRC. Don't like new priority setting system. Categories mean something different to each group; specific issues get lost; too short of time to set priorities.

Unit 3 Lower Kalskag, Upper Kalskag, Aniak, Sleetmute, Chuathbaluk, Crooked Creek, Lime Village, Napaimute, Red Devil, Stony River, Georgetown

1. Alcohol/Drug Abuse Concerns
2. Behavioral Health
3. Community Health Aide Issues
4. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
5. Elder Issues- Care, Neglect, Respect, Housing, Nursing Home
6. Environmental Concerns: Water and Sewer, Dust, Dump
6. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
6. Medical Providers-Hiring, Visiting Villages/SRCs
6. Improve Continuity of Care System-wide/Quality of Care Concerns
10. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing

Unit 4 Akiak, Akiachak, Kwethluk, Tuluksak

1. Elder Empowerment
2. Environmental Concerns: Water and Sewer, Dust, Dump
3. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
4. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
5. Alcohol/Drug Abuse Concerns
6. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention
7. Community Health Aide Issues
8. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
9. Medical Providers-Hiring, Visiting Villages/SRCs
10. Improve Continuity of Care System-wide/Quality of Care Concerns

Unit 5 Bethel, Napakiak, Napaskiak, Oscarville

1. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
2. Alcohol/Drug Abuse Concerns
3. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing (Focus on patient travel)
4. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
5. Environmental Concerns: Water and Sewer, Dust, Dump
6. Improve continuity of care system-wide/Quality of care concerns
7. Medical Providers: Hiring, visiting villages, SRCs
8. Health Education: Sex Education, Water Safety, Injury Prevention
9. Community Health Aide Issues
10. Pharmacy/Medication/Refills

Other: Speed up appointment visits; Prematernal Home.

Unit 6 Kasigluk, Atmautluak, Nunapitchuk

1. Alcohol/Drug Abuse Concerns
 2. Environmental Concerns: Water and Sewer, Dust, Dump
 3. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
 4. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
 5. Pharmacy/Medication/Refills
 6. Medical Providers: Hiring, visiting villages, SRCs
 7. Community Health Aide Issues
 8. Improve continuity of care system-wide/Quality of care concerns
 9. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
 10. Health Education: Sex Education, Water Safety, Injury Prevention
- Other:** Village clinic lease needs to be increased to meet higher fuel and electricity costs.

Unit 7 Kipnuk, Kongiganak, Kwigillingok, Tuntutuliak

1. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing (Focus on patient travel)
2. Improve continuity of care system-wide/Quality of care concerns
3. Medical Providers: Hiring, visiting villages, SRCs
4. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
5. Environmental Concerns: Water and Sewer, Dust, Dump
6. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
7. Health Education: Sex Education, Water Safety, Injury Prevention
8. Alcohol/Drug Abuse Concerns
9. Pharmacy/Medication/Refills
10. Community Health Aide Issues

Unit 8 Chefnak, Mekoryuk, Newtok, Nightmute, Umkumiut, Tununak, Toksook Bay

1. Alcohol/Drug Abuse Concerns
 2. Environmental Concerns: Water and Sewer, Dust, Dump (
 3. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
 4. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
 5. Medical Providers: Hiring, visiting villages, SRCs
 6. Health Education: Sex Education, Water Safety, Injury Prevention
 7. Pharmacy/Medication/Refills
 8. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
 9. Improve continuity of care system-wide/Quality of care concerns
 10. Community Health Aide Issues
- Other:** Specific comments on priorities: 1–Elementary age, sniffing, expectant mothers, hampers employments; 2–Without adequate cleanliness, leads to illnesses; airborne particles to lungs; 3–Source of existence: Yuuyaraq and Yuungnaqsaraq.

Unit 9 Chevak, Hooper Bay, Scammon Bay, Paimiut

1. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
2. Environmental Concerns: Water and Sewer, Dust, Dump
3. Community Health Aide Issues
4. Alcohol/Drug Abuse Concerns
5. Medical Providers: Hiring, visiting villages, SRCs
6. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
7. Pharmacy/Medication/Refills
8. Improve continuity of care system-wide/Quality of care concerns
9. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
10. Health Education: Sex Education, Water Safety, Injury Prevention

Unit 10 Eek, Quinhagak

1. Environmental Concerns: Water and Sewer, Dust, Dump
2. Pharmacy/Medication/Refills
3. Alcohol/Drug Abuse Concerns
4. Dental Care & Appointments
5. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
6. Health Education: Sex Education, Water Safety, Injury Prevention
7. Medical Providers: Hiring, visiting villages, SRCs
8. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
9. Community Health Aide Issues (Focus on attitude, customer service, and attendance)
10. Improve continuity of care system-wide/Quality of care concerns

Unit 11 Grayling, Anvik, Shageluk, Holy Cross

1. Village Clinic & Staff-Capitol Projects Improvement, Maintenance, Equipment & Supplies, Clinic Transportation, Support Staff
2. Elder Issues: Care, Neglect, Respect, Housing, Nursing Home
3. Alcohol/Drug Abuse Concerns
4. Health Education: Sex Education, Water Safety, Injury Prevention
5. Bethel Hospital/Clinic Related Concerns, Quality of Care, Case Managing
6. Community Health Aide Issues
7. Environmental Concerns: Water and Sewer, Dust, Dump (
8. Medical Providers- Hiring, visiting villages, SRCs
9. Pharmacy/Medication/Refills
10. Improve continuity of care system-wide/Quality of care concerns

Tribal Gathering XVI — 2008

Some tribes were unable to attend. The tribes that participated in the priority setting session are listed with the priorities.

*** Indicates a new priority or additional detail to an existing priority.*

Unit 1: Alakanuk, Bill Moore's Slough, Chuloonawick, Emmonak, Hamilton, Kotlik

1. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
** Translators for elders, dependable/responsible elder escorts, home care
2. Community Health Aide Issues
3. Alcohol/Drug Abuse Concerns
4. Pharmacy/Medication/Refills
** Translators for elders picking up medication.
5. Health Education—Sex Education, Water Safety, Injury Prevention
6. Hospital/Clinic Concerns—Quality of Care, Case Managing
7. Improve Continuity of Care/Quality of Care Concerns
** In the Behavioral Health Department, need more resources (such as Living Assistance) available for those who are FAS/FAE and are 18 years and older.
** Ensuring patients receive complete medical exams.
8. Medical Providers—Hiring, visiting villages, SRCs.
9. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
10. Environmental Concerns—Water and Sewer, Dust, Dump

Unit 2: Algaaciq (St. Mary's), Asa'carsarmiut (Mt. Village), Iqurmiut (Russian Mission), Marshall, Ohagmiut, Pilot Station, Pitka's Point, Yupiit of Andreafski

1. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
** Logistical help for escorts (i.e. transportation, housing, meals).
2. Alcohol/Drug Abuse Concerns
3. Hospital/Clinic Concerns—Quality of Care, Case Managing
4. Pharmacy/Medication/Refills

5. Medical Providers—Hiring, visiting villages, SRCs
6. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
7. Improve Continuity of Care/Quality of Care Concerns
8. Community Health Aide Issues
 - ** Health Aide Housing.
9. Environmental Concerns: Water and Sewer, Dust, Dump
10. Health Education: Sex Education, Water Safety, Injury Prevention

Unit 3: Aniak, Chuathbaluk, Kalskag, Lower Kalskag

1. ** Contract Health Services
2. Hospital/Clinic Concerns— Quality of Care, Case Managing
 - ** *Referral—Where are patients sent?*
3. Medical Providers—Hiring, Visiting Villages/SRCs
4. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
5. Pharmacy/Medication/Refills
 - ***More timely delivery of refills.*
6. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention (Education: evening sessions for adults and support for kids going on)
 - ** *Behavioral Health and Suicide Prevention*
7. Alcohol/Drug Abuse Concerns
8. Environmental Concerns: Water and Sewer, Dust, Dump
9. ***2010 Tribal Gathering—Emphasis on Native Healing, equal time on resolutions vs. presentations*
10. Behavioral Health
 - ** *Whole family counseling, not just treatment of patient*

Unit 4: Akiachak, Akiak, Kwethluk, Tuluksak

1. ** *Suicide Prevention*
2. Environmental Concerns: Water and Sewer, Dust, Dump
 - ** *Mold issues in homes.*
3. Community Health Aide Issues
4. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
5. Alcohol/Drug Abuse Concerns
6. Pharmacy/Medication/Refills
7. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
8. Hospital/Clinic Concerns—Quality of Care, Case Managing
9. Medical Providers—Hiring, Visiting Villages/SRCs
10. Improve Continuity of Care/Quality of Care Concerns
11. Health Education: Sex Ed, Safety, Water Safety, Injury Prevention

Unit 5: Bethel, Napakiak, Napaskiak, Oscarville

1. ** *Cost of Living & Transportation*
 - ** *Logistical help in Bethel/Anchorage (i.e. lodging, meals, taxi). Ambulance expense: Can YKHC pay? Can it be less expensive? Can YKHC have own ambulance? No established transportation system in village to transport patient in village to clinic or to Bethel.*
2. Pharmacy/Medication Issues
 - ** *Waiting period for meds to get to clinics. Giving wrong patient medications with same name. Village patients in Bethel waiting for medications miss flights, then it becomes a lodging issue.*
3. Alcohol/Drug Abuse and Prevention Programs in Villages
4. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
 - ** *Sent to Anchorage, get homesick, miss their traditional food, illnesses can get worse.*
5. ** *Waiting time at ER*
 - ** *How does wait time get reduced? Can clinic hours get extended? Can more doctors be staffed in clinic? Can the Peds doctor go to ER to see babies and kids? Can clinic add hours/open for weekends?*
6. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation,

Support Staff

7. Medical Providers—Hiring, visiting villages, SRCs

Unit 6: Atmautluak, Kasigluk, Nunapitchuk

1. Pharmacy/Medication/Refills
 2. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
 3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
 4. Environmental Concerns: Water and Sewer, Dust, Dump
 5. Community Health Aide Issues
 6. Improve Continuity of Care/Quality of Care Concerns
 7. Hospital/Clinic Concerns—Quality of Care, Case Managing
 8. Medical Providers—Hiring, visiting villages, SRCs
 9. Alcohol/Drug Abuse Concerns
 10. Health Education: Sex Education, Water Safety, Injury Prevention
- ** *Behavioral Health, Suicide Prevention*

Unit 7: Kipnuak, Kongiganak, Kwigillingok, Tuntutuliak

1. Hospital/Clinic Concerns—Quality of Care, Case Managing
 2. Health Education: Sex Education, Water Safety, Injury Prevention
- ** *Incorporate traditional knowledge and values from local elders.*
- ** *Suicide Prevention, HIV/AIDS, STDs.*
3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home (Cost, dignity, going away from home, language, culture)
 4. Pharmacy/Medication/Refills
 5. Improve Continuity of Care/Quality of Care Concerns
 6. Medical Providers—Hiring, visiting villages, SRCs
- ** *Young doctors—Want providers to stay, not just come in to train.*

Unit 8: Mekoryuk, Newtok, Nightmute, Toksook Bay, Tununak, Umkumiut

1. Environmental Concerns: Water and Sewer, Dust, Dump
 2. Pharmacy/Medication/Refills
 3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
 4. Alcohol/Drug Abuse Concerns
 5. Medical Providers—Hiring, visiting villages, SRCs
 6. Health Education: Sex Education, Water Safety, Injury Prevention
 7. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
 8. Improve Continuity of Care/Quality of Care Concerns
 9. Hospital/Clinic Concerns—Quality of Care, Case Managing
- ** *Emergency Care response: see injured patients first.*
10. Community Health Aide Issues

Unit 9: Chevak, Hooper Bay

1. Environmental Concerns: Water and Sewer, Dust, Dump
2. Alcohol/Drug Abuse Concerns
3. ***FAS-FIT (more assistance)*
4. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
5. Community Health Aide Issues
6. Improve Continuity of Care/Quality of Care Concerns
7. Hospital/Clinic Concerns—Quality of Care, Case Managing
8. Medical Providers—Hiring, visiting villages, SRCs
9. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
10. Health Education: Sex Education, Water Safety, Injury Prevention
11. ** *Mental Health Issues (More understand and referrals)*
12. ** *Emergency Airfare Issues (Assistance needed)*

13. Pharmacy/Medication/Refills
14. ** *Diabetes (More education and dissemination needed)*

Unit 10: Eek, Quinhagak

1. Medical Providers—Hiring, visiting villages, SRCs
2. Health Education: Sex Education, Water Safety, Injury Prevention
 - ** *Suicide Prevention*
3. Pharmacy/Medication/Refills
 - ** *Ensuring refills are given to patients in a timely manner.*
4. Environmental Concerns: Water and Sewer, Dust, Dump
 - ** *Control burning and recycling.*
5. Community Health Aide Issues
6. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
 - ** *Logistical help (i.e. travel expenses)*
7. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
8. Improve Continuity of Care/Quality of Care Concerns
9. Alcohol/Drug Abuse Concerns
10. Hospital/Clinic Concerns—Quality of Care, Case Managing

Unit 11: Grayling, Holy Cross

1. Medical Providers—Hiring, visiting villages, SRCs
2. Alcohol/Drug Abuse Concerns
3. Elder Issues—Care, Neglect, Respect, Housing, Nursing Home
4. Health Education: Sex Education, Water Safety, Injury Prevention
 - ** *Suicide Prevention, Diabetes Education, Parental guidance*
5. Village Clinic & Staff—Capital Improvements, Maintenance, Equipment & Supplies, Transportation, Support Staff
6. Improve Continuity of Care/Quality of Care Concerns
7. Pharmacy/Medication/Refills
8. Community Health Aide Issues
9. Hospital/Clinic Concerns—Quality of Care, Case Managing
10. Environmental Concerns: Water and Sewer, Dust, Dump

Tribal Gathering XVII — 2010

Unit 1 Alakanuk, Bill Moore's Slough, Chuloonawick, Emmonak, Hamilton, Kotlik, Nunam Iqua

1. Medical Providers
 - Improve provider vacancy rate.
2. Community Health Aides
 - Improve Health Aide burnout.
3. Hospital/Clinic Concerns: Quality of care/Case Managing
 - Patients will be sent home sick from the hospital.
 - Patients need to be explained their rights as a patient, most importantly the right to ask for a second opinion.
 - YKHC needs improved communication with Tribal Councils.
 - Announcements should be made to villages when the SRCs do not have providers or radiology techs present.
 - Patients from outside of the villages need to be worked into the schedule.
4. Improve Continuity of Care
 - It is not just elders that need home care. There are cases where middle-aged people require assistance around the house and they should be able to receive home care.
 - Physicians need to understand how to communicate to patients. When patients are told that they will only live for a given period of time, the patients often just give up. We need to tell the patients some-

thing positive.

5. Elder Issues
6. Village Clinic & Staff: Capital improvements
 - Village clinics need to be renovated
 - Need separate emergency room instead of treating the patient at the front entrance. Health Aides and support staff should be in separate rooms during patient counseling.
 - Clinic in Alakanuk is sagging.
 - It should not take three or four health aides to assist in an emergency.
 - It is important for all staff in the clinic to have a good attitude.
7. Environmental Concerns
8. Health Education
 - Provide the public health nurses with program materials for health education.
9. Pharmacy
 - Elders need help with medication counseling and ordering.
 - Elders need translators for med reviews, medication counseling, and ordering. Many elders cannot simply pick up the phone and call Bethel. Assistance is needed.
10. Alcohol and Drug abuse
 - Reducing alcoholism requires as much support from the community as it does from YKHC. YKHC cannot do it alone.

Unit 2 Andreafsky, Marshall, Mountain Village, Ohogomuit, Pilot Station, Pitka's Point, Russian Mission, Saint Mary's

1. Alcohol / Drug Abuse Concerns
 - Underage drinking
 - Domestic violence
 - DUI
 - Sexual Assault / Abuse
 - Child Abuse, Neglect
 - Elder Abuse, Neglect
 - Homebrew and Bootlegging
 - Alcohol related injuries
 - Alcohol-containing products sold at stores
 - Need safe homes for kids / family to go (family break-up)
 - Suicide prevention
2. Elder issues
 - Need for travel for escorts for elders
 - Elder neglect and abuse
 - Need assisted living / nursing homes
 - Need translators
 - Need home care / respite care
 - High turnover for home care workers or lack of workers
 - Programs for elders: Get-togethers—go places and do things together
3. Community Health Aides
 - Lack of health aide / no floats
 - No adequate housing for health aides
 - High turnover of health aides
 - New HA training
 - Need quicker emergency response
 - Need emergency transport vehicles
 - Clinic staffing in emergencies: need more staffing to keep clinic open for other patients
 - Need translators for Health Aides and Elders

4. Patient travel
 - Travel for patient escorts
 - Slow getting travel approved / missed appointments
5. Environmental Concerns
 - Test spring water and other community water sources for contamination
 - Dust
 - Annual flooding
 - Dumps and lagoons: Lagoon discharge into rivers

Unit 3 Aniak, Chuathbaluk, Crooked Creek, Georgetown, Lime Village, Lower Kalskag, Red Devil, Sleetmute, Stony River, Upper Kalskag

Unit 11 Anvik, Grayling, Holy Cross, Shageluk

(Unit 3 & Unit 11 priorities are combined)

1. Hospital / Clinic Concerns
 - Access to care
 - Quality of care
 - Misdiagnosis
2. Medical Providers
 - Hiring, visiting villages / SRCs
 - Villages without Health Aides / Floats
3. Village Clinic & Staff / Maintenance
 - Equipment and supplies
 - Insufficient funding to maintain clinics
4. Environmental Concerns
 - Water and sewer
 - Waste removal in river
5. Alcohol and drug abuse
6. Behavioral health
7. Health education
8. Elder issues
9. Pharmacy
10. Communication between YKHC Board Members and Tribal leaders

Unit 4 Akiachak, Akiak, Kwethluk, Tuluksak

1. Improve continuity of care
 - Ensure government does not reduce funding to IHS/YKHC
 - Patient transport to/from Bethel
2. Environmental Concerns
 - Local such as water/sewer, etc
 - National issues such as oceans, fall-out, etc.
3. Alcohol / Substance Abuse including Suicide Prevention
4. Community Health Aide
5. Elder Issues
6. Pharmacy Issues
7. Village Clinic & Staff / Capital Improvements
8. Hospital Clinic Concerns
9. Medical Providers
10. Health Education

Unit 5 Bethel, Napakiak, Napaskiak, Oscarville

1. Capital Projects
 - Assisted Living Center is top priority

- Prematernal Home (High infant mortality, ANTHC—treatment of of prenats, low birth weight, prenatal visits, tobacco use, lack of general follow-up)
- 2. Water/Sewer
 - No Water well in Oscarville. Two years ongoing problem. They're gathering water from fiver ice. Need water/sewer system.
- 3. Behavioral Health / Alcohol Education to our people
 - STDs/Alcohol—elder abuse
 - Hypertension/stroke related to STDs
- 4. Suicide Prevention
 - Upcoming generation trying to focus on the youth. Need for counseling in the village
- 5. Sobering Center
 - More need for behavioral health services. With more money and training for Sobering Center, we can assess and provide follow-up on services
- 6. Sex Education
 - 10-12 years since elimination of that department, there has been an increase in STDs
- 7. Long Wait Times in ER
 - Need more providers to see patients who get tired of waiting and just leave. There is more than one doctor to see patients.

Unit 6 Atmautluak, Kasigluk, Nunapitchuk

1. Village clinic and staff
 - Oxygen transportation concerns
2. Alcohol / Drug Abuse concerns
3. Elder issues
4. Behavioral Health / Suicide Prevention
 - Title 47 rules
5. Environmental Concerns
6. Community Health Aide Issues
7. Improve Continuity of Care / Quality of Care Concerns
8. Medical Providers
 - Visiting villages
9. Health education
 - Sex education
 - Water safety
 - Injury prevention
 - Health careers promotion
10. Pharmacy

Unit 7 Kipnuk, Kongiganak, Kwigillingok, Tuntutuliak

1. Alcohol and drug abuse (including inhalants).
 - Specifically requesting presentations by councilors at the schools and community
2. Health Aides
 - Shortage of health aides
 - Shortage of float health aides
3. Health Education
 - Sex education presentations at schools: talk about prevention and responsibility
 - Presenters should work with Tribal members to share
4. Continuity of care with same doctors
5. Elder care issues
 - Not enough home care providers
6. Behavioral Health Aides
 - Would like to see more talking circles that involve the community
 - People coming back from jail should have the name and number of the BHA for further counseling

7. Water & Sewer
 - All unit 7 villages have no water and sewer services
 - Health issues

Unit 8 Chefnak, Mekoryuk, Newtok, Nightmute, Toksook Bay, Tununak, Umkumiut

1. Hospital / Clinic Concerns
 - Patients are sent home sick from the hospital by the time the cause of their symptoms are determined, it is often too late, even if it had been preventable.
2. Environmental Concerns - Water / Sewer
 - Water and sewer for villages
3. Alcohol and drug abuse concerns
4. Community Health Aides
 - Specifically Behavioral Health Aide issues
5. Medical Providers
 - Hiring
 - Visiting villages, SRCs
6. Elder Issues
 - Care, neglect, respect, housing, nursing homes.
 - Some elders do not have someone to care for them in their villages.
7. Village clinic and staff / Capital Improvements
 - Village clinics need snowmachines and ATVs
 - Patient transportation from the airport, to the hospital, and back to the airport
8. Continuity of Care / Quality of Care
9. Health Education
10. Pharmacy
 - Medication refills

Unit 9 Chevak, Hooper Bay, Paimute, Scammon Bay

1. Water & Sewer—Dust, Dump, Lagoon
2. Behavioral Health
 - Alcohol and drug abuse
 - Parenting issues
 - Suicide prevention
 - Behavioral Health Aides
3. Elder care
 - Provide locally
4. Health Aide Support / Clinic Support
 - Equipment
 - Clinic hours
5. Communication Between Villages and Bethel
6. Access to Care
 - Travel
 - Time of provider in villages
7. Medical Staff / Providers' Training
 - DHAT
 - Provider / Health Aide
8. Parental Skills Training / Education

Unit 10 Eek, Quinhagak

1. Suicide Prevention
2. Pharmacy
3. Medical Providers
4. Alcohol, Drug Abuse Concerns
5. Community Health Aides

- Office assistant
- 6. Appointments / Referral Process
 - Village to Bethel
- 7. Environmental Concerns—Water/Sewer
- 8. Elder Issues
- 9. Hospital Clinical Concerns
- 10. Health Education

Tribal Gathering XVIII — 2011

Collective voting determines overall priorities

A different method was used to determine overall priorities at this year's Tribal Gathering. Each unit set and shared their regional priorities, then all the participants voted on each of them, using hand-held instant Audience Response System remote devices. When all the votes were collected and analyzed, this was the result...

Priority	ISSUE
1	Suicide prevention,debriefing, education, camps, d/c planning
	Youth programs, work opportunities, cultural programs
2	Pass on Traditional knowledge
	Traditional healing
	Resume Traditional Yup'ik medicine conf
3	ER wait times too long
	Better elder care and respect in ER
4	If no insurance need money for travel
	Improve patient travel between Anchorage and Bethel (cab fares or shuttle)
	Travel assistance from village to Bethel or ANMC
	Travel from airport to clinic or SRC
	Resolve Medicare/Medicaid denials
	Emergency transport cars in villages
5	Elder Care, assisted living, respite care, discharge planning
	Home care for elders
	Assisted living in SRC areas
6	More providers, specialty and floats to village
	Providers: more community contact(TC)
	Week long doctor visits to villages
	More clinic appointments available in villages
	Prevent unnecessary Bethel visits
7	Earlier cancer detection / testing in villages
	Allow and assist in getting second opinions (ANMC)
8	Increase youth involvement at YKHC
9	Quicker Medevac response
10	Improve continuity of care, more thorough care
	Providers should be on time for clinic appointments
	Improve doctor/patient respect (cultural orientation)
	Follow-up appointments take too long (includes specialty)
	Improve monitoring of patients' illness / medicine
	Need follow-up in clinic not ER
	Diagnosis on first visit to hospital
	Don't tell a person to come back if gets worse
11	Rest for health aides
	More Health aides on call in big villages
	Health aide retention and recruitment, housing
12	Trauma bag needs to be ready in village
13	Water and Sewer
14	Patient advocate to navigate system
	Educate elders on benefits

Priority	ISSUE
	Directory of services available and how to access
15	SIs to spend more time in upriver villages
16	Safe house in each village
17	Increased Behavioral Health presence in villages
	Alcohol and Drug abuse
	Alcohol importation Issues
18	EMT first responder teams in villages
19	Teen pregnancy
20	Help elderly or challenged patients order medications
Additional Priority Issues	
	Improve prescription delivery to village
	New clinic for Chevak
	New clinics in village ATT
	Oscarville well needs replaced
	ATT water storage tank
	Annual regional unit meeting
	Equitable relationship of YK with tribes
	Abuse and neglect
	Less YK employee chartering
	Pursue trust responsibility of government
	YK advocate for subsistence management
	Disaster preparation/trail marking
	Encourage community based solutions to illness
	Clinic pipes freezing
	Dust control

Tribal Gathering XIX — 2012

Unit 1 Chuloonawick, Emmonak, Alakanuk, Nunam Iqua, Kotlik, Billmore Slough, Hamilton

Mark Springer/Jay Lang - Paula Ayunerak, Martina Aparezuk, Mary Ayunerak, Minnie Moore, Stephanie Ayunerak, Michael Jimmy, Dominica Strongheart, Benedict Aparezuk

1. **Hospital/Health Services**Patient Travel: Expensive to travel from villages to Bethel;
2. **SRC/Village Services**Clinic Staffing
3. **Behavioral Health**Behavioral Health Aide Staffing
4. **Social Issues**Alcohol Abuse
5. **Hospital/Health Services**Emergency Room Issues: Waiting time; patients are hungry
6. **Hospital/Health Services**Cancer Prevention: worsening; including children getting cancer; wants doctors to thoroughly assess patients
7. **Hospital/Health Services**Wellness: Prevention; Nutrition
8. **Social Issues**Suicide Prevention
9. **Elder Care**Elder Care - Home Care
10. **Hospital/Health Services**Hospital/Clinic Housekeeping

Unit 2 Mountain Village, St. Mary’s, Andreafski, Pitka’s Point, Pilot Station, Marshall, Ohogomiut

Gail Alstrom, James Landlord, Willie J, Flora Paukan, Denise R, Rose Papp, deannie, Virginia Sipary

1. **Hospital/Health Services**Long E.R. Wait Times
2. **Community**No VPSO’s in many villages: recruitment/retention issue
- 3A. **SRC/Village Services**On-Call/emergency response vehicles for village clinics/HA
- 3B. **SRC/Village Services**Pitka’s Point Clinic: no HA, no VPSO, no Housing, no transportation from village to SRC
4. **Elder Care**Elder Services: Nursing Home, assisted living on Yukon; PCA/ Home Care support services

5. **Behavioral Health** Behavioral Health: no BHA; no BH services
6. **SRC/Village Services** Domestic Violence: safe house in village; need src women’s shelter
7. **Community** Build Community Programs: Qasgiq Model
8. **Hospital/Health Services** Cancer Screening: referrals, education, Q&A
9. **Hospital/Health Services** Patient Advocate/Interpreters: understand better, Q&A, support
10. **Social Issues** Alcohol Abuse
11. **Administrative** Tribal Gathering Participation: less attendance, incorporate Elders, Youth, TC; Help Identify Problems and Solutions
12. **Environmental Issues:** Dust Control, Annual Flooding
13. **Pharmacy/Meds:** Narcotics and illegal selling

Unit 3 Lower Kalskag, Upper Kalskag, Aniak, Napaimute, Chuathbaluk, Crooked, Stony, Georgetown, Sleetmute, Lime Village

1. **Health Services** Pharmacy, need one at SRC and better explanation for prescriptions
2. **Social** Suicide Prevention
3. **Health Services** Emergency response times
4. **Public Safety** Adequate staffing in each village and housing shortages makes it difficult to recruit
5. **Behavioral Health** Outreach and community training
6. **Elder Care** Improve transportation to and from clinic/airport for elders
7. **Environmental** Water Treatment/Rural sanitation contributes to improved overall health for communities
8. **Community** Unit Gatherings to have cohesive collaboration among village communities
9. **Community** Traditional Knowledge/Healing, respect for sharing and use of traditional uses of food and medicine
10. **Capital Projects** State/Federal funding contribute and partner with YKHC for benefit of all for timely/advanced communications

Unit 4 Kwethluk, Akiak, Akiachak, Tuluksak

1. **Community** Empower villages: Healing Wellness Journey Program
2. **Behavioral Health** Behavioral Health: Help people abusing alcohol and utilize Elders and Leaders in prevention.
3. **Administrative** A coordinator in the village as hired by YKHC
4. **Hospital/Health Services** Traditional medicine: make available
5. **Elder Care** Elder Care: Hire staff at the village level; allow elder to remain at home and cook food they are familiar with
6. **Hospital/Health Services** Families with no money:
7. **Hospital/Health Services** Clinic Lease in Akiak: YKHC to seek additional HIS funding to heat building during cold winters
8. **Hospital/Health Services** Cultural Diversification: Educate visiting providers about Yup’ik ways of living
8. **Administrative** Educate/train our people to become doctors
9. **Hospital/Health Services** Lessen ER Wait time
10. **Capital Project** Dust and Respiratory Problems
11. **Environmental Health** Dog Vaccination to prevent rabies
12. **Social Issues** Qungasvik Project: Use model and implement locally

Unit 5 Bethel, Napaskiak, Napakiak, Oscarville

1. **Capital Projects** Build Oscarville Clinic with improved Water Well
2. **Social Issues** Prevent Suicide (by incorporating traditional ways with Elder Knowledge/Sharing)
3. **Administrative** Implement Goals: How long do they have to be priorities before they become reality, such as the Oscarville Clinic?

4. **Community or Admin**..... Health Families Curriculum as developed by the late Peter Jacobs. Utilize in required training of staff/providers to better understand Yup'ik people
5. **Administrative**..... Restore Native Hire
6. **Hospital/Health Services** Traditional Healers: return to hospital with higher salary
7. **Hospital/Health Services** Elders/Children seen at ER: Less waiting period; feed those hungry
8. **Administrative**..... Prices of food at the Hospital Cafeteria too high
9. **Community Or Social Issues**.... Sex Offenders ask for help; Tribe discuss ways to help returning offender back into the community

Unit 6 Kasigluk, Nunapitchuk, Atmautluak

1. **Social Issues** Suicide Prevention: Community Model going
2. **SRC/Village Services** On-Call health aide response times too slow
3. **Community** Youth Activities for Boys/Girls with Elders: Talk about appropriate/not appropriate
4. **Social Issues** Alcohol and Marijuana: Users are getting more and more younger
5. **Social Issues** Tobacco Use and Smoking: 5 yr old chewing iqmik
6. **SRC/Village Services** Clinic patient care: issues with health aides, extra concern with providing kid care. YKHC Board support health aides, and bring health aides to the gathering to ID issues they face
7. **Hospital/Health Services** ER Wait time too long; Cafeteria closed; hungry; no money
9. **Elder Care/SRC/Village Srv** Health Aides home visits: Elders included.
10. **Elder Care** Home bound Elders getting assistance
11. **Capital Projects**..... New Kasigluk has blue print for 4 rooms, but only 3 being built
12. **SRC/Village Services/Hospital/Health Services** village based screening to reduce travel to Bethel
13. **Administrative**..... medicaid income cap, cost of living more in delta, not qualified, no medical care
14. **Community** fire safety education

Units 7 & 10 Eek, Kipnuk, Kongiganak, Kwigillingok, Quinhagak, Tuntutuliak

1. **SRC/Village Services** New SRC for Unit 7 & 10
2. **Hospital/Health Services** ER Privacy-a)partitions instead of curtains, and b) improve ER Wait times so there is a separate area for inebriates, encourage staff to use time efficiently and feed patients who are waiting for a long time.c)Want qualified providers, not students and trainees.
3. **Hospital/Health Services** Process for pharmacy refills - a) mailing can be delayed, especially with bad weather, and b)automatic refills worked in the past
4. **Hospital/Health Services** Medicare/Medicaid eligibility: adjust qualifications to cost of living and dependents b. Travel, allow patients to go home and return for follow-up appointments (continuity of care)
5. **Elder Care** Education and job opportunities for local people to become Home Care providers and to be able to customize to elder needs
6. **SRC/Village Services** Keep schedules of doctors and floats traveling to villages
7. **Community** Youth and elder conference and more communications within Service Unit
8. **Administrative**..... Train local people for maintenance of all clinics and equipment
9. **Hospital/Health Services** Number and availability of Aero/LifeMed

10. **Hospital/Health Services**Improved cleaner housing/hostel facility in Bethel

Unit 8 Chefornak, Mekoryuk, Toksook, Tununak, Newtok, Nightmute

1. **Social Issues**Suicide Prevention: Education, Conference, reading material - make
2. **SRC/Village Services**Health Aide Local support: During urgent situations
3. **Environmental Health**Water and Sewer: It helps with the health of body
4. **SRC/Village Services**Increase Qualified Staff and Services in villages: Trained work-force, not just modern practice, but including traditional practice
5. **Capital Project/Community**Land Erosion
6. **Elder Care**Home Care: Help for the Elders, Disabled
7. **Community**Traditional Education for Child rearing:
8. **Hospital/Health Services**Nutrition education: Benefits and Harmful elements of Traditional Versus Western diet
9. **SRC/Village Services**(increase) Nebulizer Machines for Village Clinics: Lots of respiratory problems
10. **Community**Debriefing for village after trauma situation: Community Healing
11. **SRC/Village Services**On-Call Vehicle for Village Clinic
12. **Capital Project/Community**Road Improvement and Maintenance
13. **Community**Traditional Medicine Conference: Mind, Body, Spirit (annual event)
14. **Hospital/Health Services**Transportation from Bethel Airport, Hospital and back
15. **Community**Language preservation
16. **Community**Annual training on all prevention matters: Address all preventable issues
17. **SRC/Village Services**Clinic Inventory on Medical supplies
18. **Administrative**.....Unit Representative Contact Lists more readily available at tribal offices, etc.

Unit 9 Vil lages: Hooper Bay, Paimute, Scammon Bay, Chevak

Facilitator: Rob Filipczak.

Delegates/Members: Eirma Peltola, Darlene Ulak, Patrick Tall, Marcia Amik, Peter Slats

1. **Hospital/Health Services**ER Wait Times
2. **SRC/Village Services** CHA/BHA burn out
3. **Community**Suicide Prevention
4. **Behavioral Health** Village services and more BHA's
5. **Community**Parenting classes and education
6. **Hospital/Health Services**Cost of travel/through check up in hospital to eliminate returns
7. **Social**Alcohol/drug addiction
8. **Behavioral Health**BHA outpatient walk in
9. **Hospital/Health Services**Nicotine cessation
10. **Capital Projects**.....Housing

Unit 11 Grayling, Anvik, Shageluk, Holy Cross

1. **SRC/Village Services**Expand SRC Services
2. **SRC/Village Services**Expand services from Aniak to Villages
3. **Hospital/Health Services**Cost of Travel from Village to Bethel
4. **SRC/Village Services**Train more Health Aides; Health Aide Floats
5. **Capital Projects**.....Water and Sewer facilities
6. **Behavioral Health**Behavioral Health Services
7. **Social Issues**Alcohol and Drug Abuse
8. **Social Issues**.....Create more opportunities for young people: Healthy and Sober activities
9. **Elder Care**Coordination of Elder care improvements between TCC and YKHC

10. **Social Issues**Suicide Prevention
SRC/Village ServicesBetter services up there desired. Feel being bounced back and forth

Rank Tribal Gathering 2012 Questions/Topics Comprehensive Results

1. Patient Travel too expensive
2. Suicide Prevention
3. Suicide Prevention conference
4. Increase/Improve Alaska Native Hire
5. Improve collaboration with villages and YKHC to identify Federal and State funding available
6. Incorporate Traditional Knowledge into Health Services
7. Behavioral Health Aides in every village
8. Hire local people for clinics and maintenance
9. Decrease Emergency Room Wait times
10. Make referrals directly to Anchorage where travel is cheaper locally

Rank Tribal Gathering 2012 Groupings TOP 10

- TRAVEL
- 1 Patient Travel too expensive
 - 10 Make referrals directly to Anchorage where travel is cheaper locally
- SUICIDE
- 2 Suicide Prevention
 - 3 Suicide Prevention Conference
 - 7 Behavioral Health Aides in Every Village
 - 18 Suicide Prevention-Qungasvik Project: use model and implement locally
- Alaska Native/American Indian Hire
- 4 Increase/Improve Alaska Native Hire
 - 8 Hire local people for clinics and maintenance
- COMMUNICATION
- 5 Improve collaboration with villages/YKHC to identify Federal and State funding available
- TRADITIONAL KNOWLEDGE/MEDICINE
- 6 Incorporate Traditional Knowledge into Health Services
- EMERGENCY ROOM
- 9 Decrease ER Wait Times

Tribal Unity Gathering XX — 2013

Overall priority rating

1. Decrease Emergency Room wait times.
2. More alcohol/drug abuse POST RECOVERY/Treatment services for all-ages.
3. Want more comprehensive services at first hospital visit (don't want to schedule 2nd trip) for diagnosis and prevention.
4. Increase Cancer Prevention Screening to SRCs and Villages.
5. Seek more funding for Health Services.
6. Increased doctor visits to villages and SRCs.
7. Increase number of health aides for population
8. Increased support for Health Aides from villages.
9. Research causes of Cancer.
10. Increase homes with piped sewer services/improve sewer lagoons.

Unit 1	Villages	Members
	Alakanuk	Elizabeth Chikigak & Sandra Sage
	Kotlik & Bill Moore's Slough	Laurentia Mike, Cheryl Sinka, and Benedict Aparezuk
	Emmonak & Chuloonawick	Gretchen Kameroff, Raymond Waska and Michael Jimmy
	Nunam Iqua	Dominica Strongheart
1	Hospital/Health Services	ER Wait Times
2	Elder Care	Elder Care at home, hospital escorts, improve hospital food, report/reduce abuse
3	Health Aide Support	
4	More Health Aide Floats	
5	Parenting Skills	
6	Suicide Prevention	
7	Continuity of Care	
8	Tribal Council Relations	
9	Immunization	
10	Flouride	
11	Bigger Clinics in Alakanuk and Nunam Iqua

Unit 2	Villages/Tribes	Members
	Andreafsky (St. Mary's).....	Darryl Sipary, George Beans
	Mountain Village	N/A
	Pitka's Point	Ruth Riley, William John
	Russian Mission.....	Olga Wigley, Tonya Evan
	St. Mary's	Flora Paukan, Thelma Johnson
1	Hospital/Health Services	Long ER Wait Times
2	Clinic Infrastructure & Capital Improvements	On-call/emergency response vehicles for village Health Aides
3	Elder Care	Nursing home on Yukon
4	Behavioral Health	More mid-level clinicians for SRC and enhanced patient services for community and BHA supervision
5	Train Native Workforce	Improve HS education and recruitment into health fields, facilitate and mentor students into health professions and allow Health Aides to transition to PA/Mid-Level programs
6	Improve Tribal Delegate attendance at Gathering	Not all villages represented (Pilot Station & Marshall) at Tribal Gathering
7	Increased Provider visits	Increase doctor visits to SRCs, higher level of services and referrals and save on patient travel to Bethel, increase SRC field visits by providers.

- 8 **Service Unit Area Designations**
.....Russian Mission is in Unit 2, but is serviced by Unit 3/11 and Marshall has no access to St. Mary’s SRC
- 9 **Community/School Education** .YKHC proactively partner with schools and tribes to address social issues such as parenting skills, teen pregnancy, suicide, STD, Good Touch/Bad Touch, Smoking and Substance abuse prevention, injury prevention, diabetes, etc.
- 10 **Medicaid/Medicare Eligibility Education**
.....Need insurance programs for folks who don’t qualify for Medicaid (eligibility restrictions)

Unit 3

Villages

Members

Aniak	Jessica McKindy, Jeanette Hoffman
Chuathbaluk	Lucy Simeon, Tracy Simeon
Lower Kalskag	Nastasia Levi, Anita Williams
U. Kalskag	Martha Evan
Stony River	Mary Willis, Carmen Zaukar
Napaimute	Devron Hellings
Georgetown	Tracy Fredericks

- 1 **Clinic Infrastructure**.....Adequate clinic facilities available at Stony River and Lower Kalskag
- 2 **Improve SRC Services**Expand services at SRC including pharmacy, enhanced prenatal care (ultrasound), more specialty clinics and streamlined d/c services to assist children to return to school sooner.
- 3 **Travel & Medicaid/Medicare Eligibility**
.....YKHC work with Travel/Medicad to streamline regular and emergency services (especially if services are closer to send patients to Anchorage instead of Bethel)
- 4 **Cancer Research**Work with other research groups to investigate the causes of cancer including water testign, sewer and air quality
- 5 **Budget/Communication**Be informed of budgeting cuts to be prepared
- 6 **Health Aide Support**Review HA staffing levels at clinics by collecting waitlists, possible scheduling options and rehire criteria
- 7 **Community Education**Increase education to youth about good touch/bad touch and increase sex education and prevention programs
- 8 **Elder Care assistance**.....Provide more trained elder workers in all villages
- 9 **Behavioral Health**Identify core issues of social/behavioral problems instead of symptoms and behaviors (intervention/prevention)
- 10 **Clinic Infrastructure & Capital Projects**
.....Assist with grant proposals for on-call and emergency vehicles to support Health Aides and improved response times for emergencies

Unit 4

Villages

Members

Akiachak	Mildred Evan
Akiak	Ivan Ivan, Michael Williams Sr, Moses Owen, James Nicolai, Sheila Williams
Kwethluk	John Andrew, Ilarion Nicolai
Tuluksak	

- 1 **Community**Empowerment of Communities with technical support in areas for capacity building, grant writing, training, etc.
- 2 **Trust Responsibility**Trust obligation/responsibilities of the federal government honored to tribes: clinic lease funds increase, costs of patient travel to Bethel and Anchorage & billing Indian Health Service beneficiaries
- 3 **Health/Hospital Services**Appt issues: walk in clinic at village and Bethel YKDRH
- 4 **Health Aide Support**Increase number of Health Aides in some villages

- 5 **Behavioral Health**BHA’s in every community
- 6 **Communication**Board representatives travel to go to Unit villages at least quarterly to meet with Tribal councils, people, etc.
- 7 **Community**Working together as a unit to address social issues
- 8 **Administration**YKHC administration being responsive to needs (if taking ownership locally, be available to help)
- 9 **Health Services/Elder Care**Make and help with scheduling flu vaccination appointments especially for chronic needs patients and elders
- 10 **Community/Capital Projects** ...Build playgrounds and basketball courts

Unit 5	Villages	Members
	<i>Facilitators</i>	<i>Jenni Dobson & Minnie Fritts</i>
	Bethel.....	Greg Hoffman, Stanley Hoffman, Bing Santamour, Angela Asicksik, Minnie Sallison Fritts, Sophie Jenkins, Forest Jenkins
	Oscarville	
	Napaskiak	Chris Larson, Shannon Samuelson
	Napakiak	Julia Andrew, John Wassillie

- 1 **Clinic Infrastructure**.....Oscarville clinic and well
- 2 **Patient Travel**
- 3 **Pharmacy**Improve pharmacy refills - need faster receipt in villages
- 4 **Train Native Workforce**Improve native hire practices; workforce development
- 5 **Substance Abuse**.....Improve and need to get assessments for vulnerable populations faster
- 6 **Public Safety**VPSO/public safety in every village to help address suicide, domestic violence, etc.)
- 7 **Hospital Services**ER Wait times - fast track for non-life threatening visits and prioritize elders/infants
- 8 **Cancer Prevention**Early diagnosis for cancer prevention & treatment options
- 9 **Hospital Services**Increase hospital capacity to allow more services, more providers and appointment availability
- 10 **Hospital Services**Improve scheduling, quick response to calls, faster appointments, returned and answer calls, no call-backs (includes Dental)

Unit 6	Villages	Members
	<i>Facilitator</i>	<i>Jean Simon</i>
	Atmautluak	Nicholai Pavilla, Marie Alexie
	Nunapitchuk	
	Kasigluk	Lucy Kassel, Elsie Nicholas, John Nicholas, Esai Twitchell

- 1 **Alcohol Prevention**.....Very big problem in our villages, causes many health problems (domestic violence, abuse, teen pregnancy, destroying homes and families, worst illness in our land)
- 2 **Drug Prevention**
- 3 **Tobacco Cessation**
- 4 **Behavioral Health**Increase workforce to support healthy families
- 5 **Cancer Prevention & Screening**
- 6 **Clinic Infrastructure/Capital Projects**
- 7 **Health Services**Increase provider visits to the villages
- 8 **Medicaid/Medicare Eligibility** ..Assist with travel costs and expense
- 9 **Hospital Services**Pharmacy services: improve mailing process. We have issues with delivery times, especially when the weather is bad for some time.
- 10 **Suicide Prevention**Increase BH workforce, our elders are our physicians - must work together

Unit 7	Villages	Members
	Kipnuk	Jimmy Paul, Lawrence Carl
	Kongiganak	Moody Phillip, Edward David
	Kwigillingok	Tony Phillip, Ingrid Charlie, David O. David
	Tuntutuliak	Alice Fitka, Clarence Daniel
1	Suicide Prevention	Suicide education
2	Clinic Infrastructure	Need generators for health clinics, especially regarding electronic health record
3	Clinic Infrastructure/Capital Projects	Need Sub Regional Clinic for Unit 7
4	Water/Sewer	Increase visits from Washington D.C. to advocate for funding for water/sewer projects for our villages
5	Education	Reduce our high school drop out rates
6	Employment/Capital Projects ..	Drug screen for employees before hiring for local workforce to be included in capital projects
7	More Providers	Hire doctors with more experience for improved continuity of care for patients
8	Hospital Services	Improve ER visits so Triage nurses able to prioritize and recognize emergencies, translators 24/7, and walls instead of curtains in rooms
9	Elder Care	Home care employees should be monitored to make sure they are doing their jobs
10	Medicaid/Medicare Eligibility .	Medicaid denials - income should not be a criteria because of cost of living in the villages is so high.
Unit 8	Villages	Members
	<i>Facilitators:</i>	<i>Bill Schreiner and Diana Therchik</i>
	Mekoryuk	David Abraham
	Tununak	Elizabeth Asicksik, Martin Albert
	Newtok	Joseph John, Mary George
	Toksook.....	Nick Chanar, Henry Friday, James Charlie, Paul John, James Sipary
	Umkumiut.....	Peter Dull, Simon Jumbo
1	Community Education	Strengthen Traditional values & English skills for future advocacy
2	Water/Sewer	Safe water and sanitation
3	More Providers	More providers to visit SRC and village clinics
4	Patient Travel	agreement between YKHC and Airlines to obtain reduced airfares for patients
5	Cancer Screening & Prevention	Increase screening at SRCs
6	Prevention	Assist communities with prevention programs of all types
7	Elder Care	Increase care takers in villages for elder care needs
8	Tribal Governance	Strengthen subsistence rights and being active
9	Comprehensive Services at Hospital Visits	Providers must conduct thorough evaluation, check for everything before patient released back to their home (don't schedule 2nd trip)
10	Environment	In-home mold & water inspections and evaluations
Unit 9	Villages	Members
	<i>Facilitators:</i>	<i>Laurinda Weston-Obrien</i>
	Hooper Bay	Minnie Simon, Maria Friday
	Chevak.....	Mary Jones, Cecelia Andrews, Patrick Tall
	Scammon Bay.....	Byron Ulak
1	Suicide Prevention	Qungasvik traditional modalities of treatment, locals and organizations need to work together
2	ER Wait times	wait all night, stay up all night, recommend urgent care providers

- 3 **Elder Care**need more personal care providers, request and make training available to potential providers
- 4 **Comprehensive Services at Hospital Visits (don't schedule 2nd trip)**
.....Pneumonia address, keep patients long enough to stabilize before sending them home. Provide information and awareness and don't send them home too early
- 5 **Parenting Skills**Yuyaraq, Cuyaraq: decrease self-harm, staying up late, improper diets, drugs, sleeping too much, more communication with family and young parents
- 6 **Community Activities**Healthier activities camping, sewing, carving, being physical and collaborating with existing Diabetes Prevention and Health & wellness programs
- 7More Rooms at Qavartarvik/Hostel
- 8New Clinic in Chevak (in planning stages)
- 9 **Improve Communication with YKHC**
- 10Increase Office Space in Community for access to technology

Unit 10 Villages

Members

Facilitators:.....*Jeff Murchison & Debra Samson*
 Eek.....*Annie Pete, Gloria Mark and Sam Alexie*
 Quinhagak*No delegates present*

- 1 **Education/prevention Alcohol Prevention & Community Education**
.....Youth Education to prevent kids grades 1-12 to avoid and prevent alcohol and drug. There
- 2 **Elder Care**Home Care in the village
- 3 **Water/Sewer Projects**Planning is already in place, still want this listed
- 4 **Eek Clinic improvement**.....Clinic Infrastructure issues, boiler always freezing, building needs to be leveled, sewer pipes keep freezing
- 5 **Hospital Services/More Providers**
.....Doctors haven't been coming to the villages, PHNs don't come either, depending on CHA's too much
- 6 **Behavioral Health**Collaborate more with church for well being of community, BHAs need to be more visible in partnerships within community for improved wellness
- 7 **ER Wait Times**Fast Track seems to be helping
- 8 **Community/Local economy**Need more work opportunities to help with local economy
- 9 **Environmental**.....Improve dump site in village of Eek
- 10 **Alcohol Importation**It still happens, it is difficult to control but want it noted as a priority

Unit 11 Villages

Members

Facilitator:*Patricia Smith*
 Holy Cross*Alfred Demientieff*
 Shageluk*Roger Hamilton, Joseph Hamilton*
 Grayling.....*Marvin Deacon*
 Anvik.....

- 1 **More Providers**Need provider in GASH for physicals every April scheduled to prepare for Fire Fighting season
- 2 **Piped Water/Sewer**Infrastructure improvements for piped water and sewer in Shageluk
- 3 **Increase SRC Services**Expand Aniak SRC services to include an ER
- 4 **Public Safety**Increase VPSO presence in Shageluk, Holy Cross and Grayling
- 5 **Patient Travel**Increase patient travel assistance and funding
- 6 **Alcohol/Drug Prevention**.....Substance abuse and alcohol addiction become a workforce issue
- 7 **Cancer Screening**Increase cancer screening and prevention services in village
- 8 **Behavioral Health**Need more BH Aides in GASH
- 9 **More Provider Visits**.....Specifically for optometry and dental increase village visits
- 10 **Elder Care**Need assisted living facility in GASH area
- 11 **Community/Traditional Diet** ...Provide traditional foods for elders in Grayling

Tribal Unity Gathering XXI — 2014

Overall Priority Rating (Top 20)

- 1 Piped Water and Sewer to all Homes
- 2 Increase Cancer Prevention Screening to SRCs and Villages.
- 3 Increase Behavioral Health Aides in villages
- 4 Increase number of health aides.
- 5 Research causes of Cancer.
- 6 More certified Doctors, not only trainees or interns.
- 7 Reinstigate Personal Care Assistants for elders and disabled in villages
- 8 ER Privacy/Confidentiality
- 9 Improved access Yup'ik translation for elders at the hospital.
- 10 Assist villages with whole community suicide prevention programs.
- 11 Elder Care Assistance with appointments/travel/scheduling
- 12 More alcohol/drug abuse POST RECOVERY/Treatment servicesfor all-ages.
- 13 Improved Patient Travel Expense Coverage to Bethel and SRCs
- 14 Oscarville needs new clinic, water well and sewage lagoon
- 15 Heart Disease Screening
- 16 Increased Provider visits to villages.
- 17 Train Native Workforce to be Doctors, Nurses, etc.
- 18 Increased doctor visits to villages and SRCs.
- 19 Increased support for Health Aides from villages.
- 20 Move dumpsite and landfill farther away from villages.

Unit 1

Villages

Members

Chuloonawick
 Emmonak.....Gretchen Kameroff
 Alakanuk
 Nunam IquaAmelia Adams
 Kotlik
 Billmore Slough
 Hamilton
 Facilitators/YKHC participantsJay Gandy, Jeanne Evans, Henrietta Knight, Marek Sturek,

- 1 Better patient travel expense coverage
- 2 Medicaid enrollment support- need to expand that idea
- 3 Better access to appointments when they want it.
- 4 Full staffing of providers (CHAP & Mid-Levels
- 5 Education & Suicide prevention, teen pregnancy, & huffing
- 6 Behavioral Health Aides in villages
- 7 Home Care Access (Personal Care Attendants
- 8 On-call Health Aide Access during after-hours
- 9 Better ways to access timely information on alcohol & drug problems
- 10 Access to clean water & sewer in all villages.

Unit 2

Villages

Members

St. Mary's
 Pitka's Point
 Pilot Station
 Marshall

- 1 Expanded BH services through additional staffing & training & offering BH education that is not court ordered
 - need more than one BHA per village
 - more preventative services that don't focus on court ordered
 - improve recruitment/retention & training of BHAs
- 2 Expand HA support- focus on retaining those HAs with trauma, crisis, etc. include education on healthy living, stress management, grief, building support networks and include float coverage to allow staff time to deal.
- 3 Cancer screening/Preventative Clinics – improved screening for 'other' cancers (stomach, pancreas,

- lung) & access to screening and fast flu for diagnosis to avoid “it’s too late” situations
- 4 Better assistance with travel, referral appointments, follow-up especially for elders who need extra help. Some clinics are hard to get into for villagers (dental, optometry)
 - 5 Better communication about visiting clinics/providers. Need variety of ways to get word out for providers from Bethel & SRC’s going to villages (i.e. email, advertisements, notices, VHF, Facebook & community calendars)
 - 6 Staff education on professionalism, confidentiality & customer service
 - 7 Better access to appointments for busy village clinics to allow for same day appointments, preventive health appointments (well child/immunizations) i.e. Pilot & Mt get so busy it’s hard to get appointment especially for well child, immunizations and non-sick patients
 - 8 YK draft letters & encourage tribes to support airlines to expand flights & regular schedule (i.e. Marshall routes to St. Mary’s for SRC access)
 - 9 YK Expand education and outreach to educate patients on different topics such as Patient Rights, Privacy, Health Aide Training, contacts for complaints or privacy breaches (i.e. Sub Regional Services calendars, e-mail, mailing lists, website, etc.
 - 10 Elder assistance and translators – need help with understanding travel, appointments, referrals, etc. especially when family can’t or won’t.

Unit 3	Villages	Members
	Upper & Lower Kalskag	Margaret Alexie, Anita Williams, Martha Evan, Polassa Evan, Billie Jean Stewart (YKHC Board Member)
	Aniak	
	Napaimute.....	Devron Hellings
	Chuathbaluk.....	Lucy Simeon Robert Golley
	Crooked Creek	
	Stony River	
	Georgetown	
	Sleetmute & Lime Village.....	
	<i>Facilitator</i>	<i>Roberta Charles (Aniak SRC Manager)</i>
1	Increase the # of Health Aides for population	
2	Improve pharmacy services for village patients (SRC pharmacy; more staff during certain busy hours)	
3	Behavioral Health increase workforce/services (intervention and response)	
4	Re-establish Home Care (elder care)	
5	Increased doctor visits to villages and SRCs.	
6	Want more comprehensive services at first SRC visit (don’t want to schedule 2 nd trip or trip to Bethel) for diagnosis and prevention.	
7	Research causes of cancer and increase cancer prevention screening to SRC’s & villages	
8	Increase homes with piped water/sewer services/improve sewer lagoons	
9	Want more comprehensive services at first hospital visit (don’t want to schedule 2 nd trip) for diagnosis and prevention.	
10	Teen pregnancy prevention and parenting classes.	

Unit 4	Villages	Members
	Akiachak	Mildred Evan (YKHC Board Member), Evan Wassillie, Ike Charles, Shirley Ivan, Helen Ivan
	Kwethluk	John Andrew, James Nicori (YKHC Board Member)
	Akiak	John Phillip, Mike Williams Sr., Moses Owen, Sheila Carl, Ivan M. Ivan
	Tuluksak	
	<i>Facilitator/Recorders</i>	<i>Barbara Jacobson, Lucy Rene</i>
1.	YKHC do not lose funding from Indian Health Service – push for Alaska to become a Medicaid Expansion state	
	<ul style="list-style-type: none"> • Public Safety/Prevention Communities have experienced several house fires, want fire extinguishers in each home • Public Education – encourage more health careers to visit local students to introduce them to health careers 	
2.	Elder care and abuse prevention. Program like well-child, but well-elder to assign high risk elders to be checked on in the community and to ensure their Medicaid doesn’t lapse	
3.	Patient travel (un or under-insured) YKHC should help with covering travel costs as it is an issue when dealing with referrals to ANMC or higher levels of care. Assistance with bills and billing issues when YKHC sends bills to patients	

4. Social issues – do not legalize marijuana, reduce bootlegging and illegal substances/narcotics in area villages
5. Health Aides are overworked. Request support systems in place to avoid their burn out and to monitor them.

Unit 5	Villages	Members
	Oscarville	
	Bethel	Gloria Simeon (ONC) Agnes Phillips (ONC), Stanley Hoffman (YKHC Board Member) Hugh Snyder (YKHC Board Member) Glenn Watson (YKHC Board Member)
	Napaskiak	Eleanor Okoviak
	Napaskiak	Carl Motgin Jacob Black Chris Larson (YKHC Board Member)
	<i>Facilitators/YKHC employees:Rahnia Boyer, Minnie Fritts, Marsha Nagasiak</i>	
1	Oscarville needs a new clinic, as well as a water well/sewage lagoon	
2	Concerns for scheduling and follow up on medical and dental appointments- not very many calls are not returned, need improvements on follow up for those who leave messages.	
3	YK Elder Home/Long Term Care facility the need for fundind and sustaining. We fought long and hard that. We want to sustain funding so YKHC isn't absorbing all the costs.	
4	Outreach communication to the community regarding would like to keep people in the BH Aides in the position, especially concerned with BHA's in Napaskiak and Napakiak. Need for explanation about what programs are available to help solve problems in villages	
5	Lack of continuity of care, continuous provider, ask for another provider without fear of retaliation	
6	Lack of privacy in the ER, the space in the ER is so close and the wait times in the ER, although they are making an effort, we wish to see continued improvements in this area.	
8	Board members have wanted training opportunities for Alaska Natives. Bright people in our area, getting education and training to run our clinics and continue education for more Health Aides, mid-levels, nurses, DHAT, and health care professionals	
9	Budget cuts- state or federal. Home Care/Personal Care Attendants are direct personnel in the vil-lages. Our concern is to remove mid management personnel that don't see patients, and reinstate direct personnel in villages (i.e. Home Care)	
10	Identify more funding opportunities through grants	

Unit 6	Villages	Members
	Nunapitchuk	
	Kasigluk	
	Atmautluak	
1.	Teen injury prevention	
2.	Improve ER wait time	
3.	Help MDs to stay longer after they train.	

Unit 8	Villages	Members
	Newtok	
	Tununak	
	Toksook Bay	
	Mekoryuk	
	Umkumuit	
	Nightmute	
	Chefornak	
1.	Water and sewer	
2.	Backup Health Aide and support team for the new health aides support person to coach them through while performing their profession, VPSO present protection with the HA	
3.	Patient travel, villages to the SRCs. Work with the airlines with two and from with the airline routing	
4.	BH services, no BHAs no services provided, if so we need police protection as needed.	
5.	Pt complaint with HA dealing with confidentially	
6.	Home Care	
7.	at least Medicaid at least 10 days in advance, due to medications	
8.	nebulizer to have a loan in the villages	
9.	ER confidentiality—needs to be more than what it is, than to talk to your providers and you know	

what’s going on next door.

10. Newtok clinic

Unit 9	Villages Chevak Hooper Bay Scammon Bay	Members
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1. Direct care providers of our elders or disabled people, we would help them
2. Suicide prevention
3. Community interaction- coordination management on healthy management, school involvement
4. Cancer screening
5. Subsistence abuse
6. Water sewer
7. Housing
8. Family planning- birth control
9. Training —first responders training
10. Health aide openings to be filled in a timely fashion

Unit 7 & 10	Villages Tuntutuliak Kwigillingok Kipnuk Kongiganak Eek Quinhagak	Members
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1. newer clinics need more room, need more health aides in the villages
2. Medication refills are delayed because of weather
3. Village to Bethel to Anchorage- no call backs for appointments
4. Education on Teen age pregnancy
5. Elders- translators for our elders
6. Cancer and heart screening

Unit 11	Villages Grayling..... Anvik..... Shageluk Holy Cross..... <i>Facilitator/Recorders.....</i>	Members David Maillelle Christine Elswick David Whitley, Evan Newman <i>Abby Zito, Deborah Samson</i>
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1. More Float Health Aides and Behavioral Health Aides in village clinics to help prevent burnout.
2. Improved career paths for village clinic office assistants
3. More repairs and maintenance in the village clinics
4. Videoteleconference (VTC) options in village clinics for referrals and consults to avoid an extra travel step and save on travel.
5. More financial support for village clinic and staff
6. Suicide prevention and behavioral health outreach and training for entire villages
7. Assistance with Medicare/Medicaid applications in villages
8. Better assistance with travel to Bethel and Subregional clinics from village clinics
9. Expand efforts on patient satisfaction after visits in village clinics specifically (via phone, text or email) asking if you are satisfied with village clinic Health Aides, care, services, cleanliness, etc.
10. Improve follow-up care in village clinics (i.e. communication from Bethel on continuing care and make sure Health Aides are giving proper follow-up care.)
11. Regular schedules for doctors and specialty services in village clinics and SRC’s
12. Community outreach as part of Behavioral Health Services (i.e. community meetings and trainings for recognition & prevention)
13. Natural medicine services in village clinics & SRCs –incorporate traditional medicine, nutrition, & effects of foods, etc. in a holistic setting

