Rural Nursing in Alaska
President’s Letter
Jane Erickson, ADN, RN, CCRN
Alaska Nurses Association President • Anchorage, AK

I hope everyone had a great holiday season. Christmas dinner was at my house this year. Lots of friends and family came over and we enjoyed celebrating together and visiting with each other. A fun time was had by all. The days following Christmas however, were very busy at work. I saw a lot of families dealing with life altering experiences. My care for their loved ones, and also caring for the families, in a small way helped to ease some of their pain and frustrations.

The new year is symbolic of a fresh start, but I also feel it’s a time for reflection. Let’s not forget why we became nurses. We must remain passionate about our jobs. Nurses are a very unique group of people from all walks of life. Your calling into the field of nursing shows the love and empathy you have for people. However, be sure to take time for yourselves also in order for you to carry on and provide compassion to your patients.

Staying healthy and getting exercise will provide much-needed self-care and help you focus on what’s important. I like to take walks with my dog, Beara. The cold air helps me to clear my head and to take stock of what I have — not what I don’t have. Some of you like to go to the gym and work out, while others like to ride their fat tire bikes all around town. Whatever exercise you like to do, please do it.

If spirituality is an important aspect of your life, take time for those activities, too. Whether it’s going to church or using meditation to help ease the frustrations and sadness during dark times, don’t forget to take the time to take care of your spiritual needs. Take the time or make the time. We need to be able to take care of our patients and their families, and also be there for ours.

I know in my last letter I was very passionate about what was said on The View and the momentum that was created from that show. The stories that have been shared in the “Show me your Stethoscope” Facebook group are so numerous and heart-warming. I would like to open up this column for stories that you would like to share; the patients that you have taken care of that have changed your life as a nurse. Please write to me at jane@aknurse.org and tell me about your experiences. You can also share your story on our Facebook page. I would love to hear from you.

To our members, thank you for letting me be your president. I am honored to represent our great profession in our great state.
Professional Quality of Life in Nurses

By Kari Green, BSN, RN, FNP-S

Nursing is a profession based on being compassionate and bearing witness to human suffering. The desire and ability to care for others is often what calls us to do this rewarding work. However, it can also cause suffering in our own lives, if we care for people at the expense of our own wellness. In fact, the more empathetic and compassionate we are to others, the greater the risk for experiencing the negative effects. In other words, the better nurses we are, the more likely we are to experience the “cost of caring.”

Ever since I was a little girl, I have had wanted to become a nurse to help people. After much dedication and determination, I graduated from nursing school in 2009. I was ecstatic to land my first nursing job in float pool, where I found it challenging and thrilling to work all over the hospital with a variety of patients. I felt truly blessed for the intimate connections forged with patients, their families, and my coworkers. I felt like I was living my calling in life.

And yet, after less than a year on the job, I found myself emotionally, physically, and spiritually exhausted. I experienced headaches, muscle strain, and weight gain. Worrying about patients and their families kept me awake some nights. I started dreading going to work and felt easily frustrated with coworkers. Most days, I left the hospital feeling like there hadn’t been enough time in the previous 13 or more hour shift to provide the kind of care I desired to give each and every patient. I found myself questioning whether I was fit to be a nurse and why I couldn’t handle my job with more grace.

As my own personal stress, anxiety, and existential questioning increased, I turned to running and yoga. I switched to working part-time and stopped picking up extra shifts. I felt conviction to practice what I preached to patients about eating healthy, exercising, and getting adequate sleep. Slowly but surely, I felt enthusiasm and a sense of accomplishment for my profession return. I started practicing mindfulness, which is paying attention to the present moment without judgment. I find it helps me be more present and authentic with patients and coworkers, and I don’t react as easily to stress.

I didn’t realize at the time that I was experiencing compassion fatigue, which has a sudden onset and is associated with the stress of caring for patients and families. I have also come to understand the related phenomenon of burnout as having a gradual onset and associated with work-related stressors. Compassion satisfaction is the fulfillment derived from being a nurse, and it provides insulation against stress and the negative aspects of caring for people.

In order to maintain the joy and excitement for the calling, we need to care for ourselves first and foremost. Practicing our own self-care can enhance our ability to care for patients. It is essential for all nurses and healthcare professionals to develop awareness and find balance between the risks and rewards inherent in a profession based on caring. For caring is a commodity and renewable resource in nursing that we must not allow to become depleted. Otherwise, compassionate care can become dispassionate care.

If you or any nurse you know would like more information about compassion fatigue and/or burnout, I have created an online course to promote awareness and help ameliorate the potentially negative effects through self-care and mindfulness practices. To gain access to this course, please visit the Alaska Nurses Association website (www.aknurse.org). Click on the “Education” tab. I hope you find the information and tools useful.
Everyone thought I was a little crazy when they heard I got a job and was moving to Alaska. In 2012, I was living in West Los Angeles where it was warm, sunny, and had every amenity a person could need. The greatest shock was from my wife who said, “Alaska, really?” I replied, “Not just Alaska ... North Alaska.” In the summer of 2012, my wife and I moved from Los Angeles, California, to Kotzebue, Alaska, for my first nursing job.

I spent the summer of 2012 applying to different hospitals around southern California and not having any luck. I worked in home health as a one-on-one caregiver after graduating nursing school. But as a nurse, I did not have any direct nursing experience to put on my resume and found it to be an uphill battle getting employers to see me as a viable candidate for work. So even after learning that Maniilaq Health Center offered me a full-time nursing position, I did have some personal reservations because it would mean moving to such a remote region, causing my wife and I to leave our community in southern California. California was a place of safety; I knew I liked living in California and I had family to fall back on. Yet, I did not want to continue to sit around waiting for a couple more months to pass before given another opportunity.

Alaska has always been rich with natural resources, beautiful wilderness and tundra, native culture, amazing fish and crab. But another area of opportunity is for skilled workers. Hospitals all around the state have multiple openings seeking nursing staff. Rural hospitals offer employment packages to attract skilled workers. I also looked at Kotzebue because I have a family link to this city. My grandfather, in the late 1930s, traveled to northern Alaska seeking work as a mechanic and met my grandmother. Over the years, my aunt and cousin were living in Kotzebue, so I had two close family members to help with transition to the city.

My number one goal to move to a rural hospital was to gain experience. I had my nursing degree and license but wanted to put it into action. I originally started in acute care but quickly moved over to long-term care. My training was short but over time my confidence increased in my nursing ability and I quickly learned to identify emergent situations with my residents. Communication and teamwork with staff have been some of the most important tools I have learned while giving care and providing safety to my residents. It’s great to be part of team to influence and participate in creating policy for our department. Our administrative staff is fairly small. During meetings we are able to give our input toward new policies that are created. Our staff is a huge source of information to fine tune our policies and make them work for our department.

Rural hospitals offer attractive employment packages with competitive salary rates. Shortly after I started with the hospital, my wife was also hired on to the long-term care department as charge nurse. We received a small signing/moving bonus and took advantage of low-cost employee housing and retirement plans. Our hospital is part of the Indian Health Service. I took advantage of the student loan repayment plan to help lower my education debt. The IHS repayment plan asks a two year commitment to working as a clinical nurse in any department within our hospital. The reimbursement is very generous but each hospital is given a ranking and priority goes to those hospitals with greatest nursing staff shortages. Alaska rural hospitals generally rank high.

Lastly, living in a rural community has its advantages. Since moving here to Kotzebue in 2012, I have not spent one minute sitting in traffic while driving to work. This is because my apartment is only a 15 minute walk from work. Some may view this as trivial, but I really enjoy the simplicity. One day after getting off of work at 7:30 in the morning, I started my walk home, stopped by the local market for a quick snack, continued to walk home, took a shower, and lay down in bed. Looking at the time again, the clock stated 7:55 AM. Small town living has some upsides that people may not appreciate or think about.

I have enjoyed my unique and challenging experience as a nurse in a rural community. My wife and I have worked hard and put in many hours at our hospital. But we have also been rewarded by the experience working for an Alaska Native community. The opportunities we have taken advantage of have moved our nursing careers in a positive direction.
Rural Nursing in the Aleutian & Pribilof Islands

By Rita M. Kittoe, MSN, RNC

My Alaskan nursing career started over 35 years ago with my first job as a staff nurse at Providence Hospital in the orthopedic unit. Since then, I have been lucky to have had the opportunity to work in many settings including hospital, community, outpatient, and academia. Those experiences have given me a diverse and rewarding career as a patient caregiver, teacher, advocate, team player and critical thinker. Ten months ago, I made the decision for another career change — one as an itinerant public health nurse for the State of Alaska.

My itinerant travel takes me to several Alaskan villages: west to Saint Paul Island where the fog rolls in and the wind blows sideways and down the Aleutian chain to False Pass during the salmon berry picking time. During my visit to False Pass, I was warned by the community health aid not to walk too far because of bear sightings. The clerk at the grocery store said I should be safe walking if I had a dog or a gun. Unfortunately, I didn’t have either so I stayed very close to the clinic! I traveled to Platinum, a small Aleut community on the Bering Sea, which has a population of 40. The village clinic has no running water; the community health aide has to cross the road to the school to use the bathroom. You can tell the clinic is open if you see the door propped open with a crutch.

When I fly into Cold Bay enroute to Sand Point or King Cove, I deliver McDonald’s quarter pounders with cheese to the clinic staff; I figure everyone needs their fast-food fix. I’m guilty, too, as I sneak some snacks (healthy and not-so-healthy); it gives me my caffeine/chocolate fix as I wait patiently for delayed or canceled flights. Meal planning can be another dilemma while traveling. I have learned I can live off tuna sandwiches and tuna with crackers for days (I splurge buying the albacore). On my last visit to Dutch Harbor/Unalaska, I feasted on eggs benedict stuffed with fresh king crab for breakfast. Unfortunately, I missed the all-you-can-eat seafood buffet, the one time my flight was on time.

How do you identify rural public health nurses? Just look for the traveler with a haggard look on their face, bundled up and armed with suitcases, audiometer, immunization cooler, and backpack. I consider myself lucky if my luggage makes it to the scheduled destination. When my daughters travel, I always advise them to “carry a clean pair of underwear with them just in case.”

Unfortunately, their mother learned the hard way when my luggage to Sand Point was delayed. The following morning, I had to borrow medical equipment from the clinic to complete the scheduled health screenings at school. Luckily the Sand Point clinic staff was happy to share their equipment with me; we shoved the vaccine, syringes, needles, alcohol wipes, scale, and plastic tape measure all in a plastic garbage bag and away I went. I could not do my work without the assistance of my colleagues, my supervisors, and of course the community health aides (CHA). The CHA program is a successful, crucial, and culturally acceptable health care delivery system in most of the Alaskan villages. They have a very demanding position with the health care of the community being their responsibility 24/7. I could go on about the role of the CHA and my experiences with them, but that’s another story. Itinerant public health nursing in the Aleutian and Pribilof Islands sure is an adventure.
I live and practice nursing at the end of the road. Literally. The only road in and out of town, the Seward Highway, ends in front of the Alaska SeaLife Center. I recently drove this highway for the first time in April, for an interview with Seward Community Health Center. The clinic was looking for a nurse case manager and educator and I was looking to live amidst the beauty of Seward. Fortunately, we both got what we wanted.

I've been here eight months now and the reality of living at the end of the roadway system has sunk in. I thought I was prepared for life and practice in a small town because I recently moved from Cody, Wyoming: population 10,000. The next closest big town from Cody was 1.5 hours away. The hospital I worked at was a 25 bed critical access facility that mediflighted out its share of patients. I discovered after only a few weeks that my “rural” experience in Wyoming did prepare me in some ways for life at the end of the road. Namely a long drive to “town” and driving through potentially hazardous areas with no cell reception. But in other ways, I was shocked.

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I discovered after only a few weeks that my “rural” experience in Wyoming did prepare me in some ways for life at the end of the road. Namely a long drive to “town” and driving through potentially hazardous areas with no cell reception. But in other ways, I was shocked. Even arriving at the start of the tourist season with the town fully open and awaiting the first cruise ship of the season, there were several amenities missing that I took for granted. I asked my co-workers where to buy sheets, towels, and common household supplies to stock my new place. I was told Safeway or “the Fish House,” a marine and outdoors supply shop. Without fail, they all recommended I make the drive to a bigger town because it would have what I wanted and cost less.

One of my first patient encounters was assisting with scheduling an eye exam. Since I was new to the area, I asked a coworker, “What's the number for the eye doctor?” Her reply was “There is no eye doctor.” That was the beginning of my wake up call. I wasn't in a rural town. I was in a small rural town.

I quickly learned patient referrals for anything other than the dentist (we do have one of those) required a trip to Anchorage. If you need an eye doctor appointment, colonoscopy procedure, podiatrist, allergy and asthma specialist, lung and heart problems, it's time for a trip to Anchorage. You also need the resources to get to Anchorage and possibly an overnight stay.

One example that really brought home to me the impact of living in a small rural town on the roadway system was assisting a patient with a referral their insurance had denied. The alternative for the patient was multiple trips to Anchorage when the original referral required only one trip. As a case manager, I was able to advocate for the patient by writing a letter to their insurance company pointing out that the Seward Highway System is the most dangerous paved roadway system in Alaska. I further explained in my letter that denying the original referral increased the patient’s potential for harm and added stress and anxiety. The insurance reversed their decision and allowed the original referral to stand.

Now that winter is here and the town has all but closed down until the next cruise ship arrives in May, I am discovering there are even fewer options available. With snow and icy roads a constant reality, getting to Anchorage this time of year becomes a greater challenge. So even though we are located on the roadway system, accessing medical care in “town” is fraught with danger and potential for harm.

Soon, when I consider a trip to Anchorage, I have to consider the potential of avalanches. I am told avalanches that block the road for more than a few hours are not common. But townsfolk still remember the avalanche in 2009 that blocked the town from needed food and medicine for a week. In fact, medicine had to be airlifted to town.

Without a doubt, Seward is an amazing place to live. And the approximately 2,700 people who call it home take in stride the healthcare challenges they face in order to call Seward home. Fortunately, they have a champion in Seward Community Health Center. Just over a year and a half ago, the community health center opened its doors to provide primary and preventative care.

In addition to the typical services found at a clinic, the health center seeks out the underserved and marginalized populations and offers them access to quality healthcare. The clinic also serves as an advocate for the healthcare needs of the community. They serve to bridge the gap between the available services in Seward and the specialized medical resources in Anchorage.

Living at the end of the road is beautiful and exciting. Knowing that healthcare resources are available: priceless.
Despite advances in medical technology, nursing education and the capabilities of health care establishments, Alaska’s patients and long term care residents continue to present with multiple comorbidities in our rural communities. Alaska’s 735,601 residents are uniquely spread out across 663,300 square miles of unforgettable beauty and vast geography. This immense land of mountains, waterways and arctic tundra creates challenges for the hundreds of rural communities providing health care to Alaskans.

Health care occurs in some of the most remote places in Alaska. Traveling has its challenges due to weather and geography. Accessibility to these remote areas can affect the delivery of products, goods and services. Many providers have issues obtaining basic supplies and complex medical devices. Providers have battled this issue by being strategic in their ordering process. It is important for health care facilities to understand the potential issues that can delay supply deliveries. Strategies such as advance ordering and understanding use-patterns can lower the risk of being undersupplied.

Availability of a health care workforce can be a concern for rural providers. Many rural communities rely on traveling nurses. At times, this can cause challenges because many of these nurses are new to Alaska and lack a common understanding of Alaska Native culture. Nursing care must be developed and implemented strategically with considerations for the local culture. Many health care facilities now include cultural awareness to their orientation for new hires. This helps new staff develop a better awareness of the cultural diversity that makes Alaska an inimitable and wonderful place to both live and work.

Being the largest state, Alaska contains many distinctive climates. Health care providers must be prepared for extreme arctic temperatures, high winds, floods, mudslides, excessive snow and other harsh or dangerous situations. Facilities must prepare for worst case scenarios. For example, heating and water systems must be constantly maintained.

Not all rural communities have the resources for addressing some of these concerns and often pay high costs for getting supplies and technical personnel from larger cities or the lower 48.

Also, because of the distances between communities and major municipalities, the availability of higher or advanced health care can be hindered or prolonged. Many Alaska residents must be transported to Anchorage or Seattle due to the lack of locally available specialized medical care. The transport time from some of regions to Seattle can take up to six hours. As medical professionals, nurses understand time can be critical. Many smaller villages, in collaboration with larger ones, will arrange transport to a central “hub” location to stabilize patients before transport to Anchorage for advanced care. Critical medical care is needed in rural Alaska, but it doesn’t have immediate access to level one trauma hospitals or specialized clinics to care for the seriously ill. Nurses in rural communities see longer facility-to-facility transport times and cases that their facility may not be equipped to handle.

Providers have developed amazing and innovative processes and procedures for handling the exceptional situations that arise in rural Alaska. As Florence Nightingale said, “I attribute my success to this — I never gave or took any excuse.” Alaska health care facilities have embraced this ideology and thinking. The only way to be successful in such a unique and challenging state is by never giving up, not making excuses, and doing what needs to be done.

Health care occurs in some of the most remote places in Alaska. Traveling has its challenges due to weather and geography. Accessibility to these remote areas can affect the delivery of products, goods and services.
By Michelle A. Rountree, BSN, RN, PHN II

Itinerant nursing, or nursing that involves traveling to different locations/communities, is an essential part of public health in general. Itinerant public health nursing in Alaska, however, is a very distinctive experience. This article will discuss the challenges and experiences of public health nurses who travel to some of the most remote areas of Alaska.

According to the Alaska Department of Commerce, Community, and Economic Development, Alaska has 147,805 square miles of remote region stretching from the North Slope to the Alaska Peninsula, with an area large enough to hold Japan, Germany, and Great Britain. The 60,500 residents live in five regional centers including about 150 small communities. Over half the populations of people are indigenous Alaska natives. One of these five regions is the Yukon-Koyukuk.

In 2010 the population of Yukon-Koyukuk was 5,695 individuals and comprised of 147,805 square miles of land, which is roughly the size of Montana. Its population density, at 0.0449 inhabitants per square mile, is the lowest in the United States. Over half of the population is Alaska Native tribes, including the Athabaskan, Tanana, Gwich’in, Koyukon, Inupiaq, and Han.

Imagine a backdrop of towering snow-capped mountains with temperatures at a crisp 30 degrees below zero as the six-passenger Piper drops you and your eight bags safely along the village airstrip. To greet you is a friendly face on a snow machine with an attached freight sled for all of your gear. The air is cold and stillness surrounds you. This is an average work day for most itinerant nurses working for the Division of Public Health Nursing. The following is a first-hand account of day in the life for itinerant nurse Melissa Guy, BSN, RN, PHN III.

Melissa started her public health nursing career in Nome, Alaska, as an itinerant public health nurse III and now works out of the Fairbanks Public Health Center providing nursing services into underserved areas.

Joanne started her career as a social worker prior to getting a bachelor’s degree in nursing through the University of Alaska Anchorage. Her initial direction was midwifery but after seeing a posting for a public health nurse in Nome, Alaska, she knew this was her calling. Joanne has worked as an itinerant public health nurse for 22 years and brings a wealth of knowledge and experience to the area she serves.

Experiences of Public Health Nurses Across Alaska

The services provided by public health nurses, in support of our mission, include a variety of health assessments, health promotion, immunizations, school screenings, tuberculosis screening, and disease prevention. In addition, there are program management services in the area of infectious diseases, family planning, well child exams, individual health, violence and injury, health data assessment, and community health. While most nurses care for one patient at a time, public health nurses care for entire populations. By working with communities as a whole, public health nurses are able to educate people about health issues, improve community health and safety and increase access to care. Some public health nurses such as Joanne Pross, BSN, RN, PHN III, travel significant distances by road to meet with the community and bring health care services into underserved areas.

By working with communities as a whole, public health nurses are able to educate people about health issues, improve community health and safety and increase access to care. Some public health nurses such as Joanne Pross, BSN, RN, PHN III, travel significant distances by road to meet with the community and bring health care services into underserved areas.
The Matanuska-Susitna Borough consists of 24,607 square miles of land and a population of 88,995. At the northeast corner along the Glenn Highway the Mat-Su borough empties into the expansive Copper River Basin which is comprised of 20,649 square miles. There are 20 small communities in the Copper River Basin and a population in 2010 of 2,952 individuals. Communities in both Mat-Su Borough and Copper River Basin are on the Alaska road system—though some of the roads are seasonal. The residents are diverse in ethnicity, age, and socioeconomic background.

As the sole PHN for this vast area for the past 20 years, Joanne has watched children grow into adults, families form and communities change and grow. She serves a diverse culture of individuals and communities each one of which has its own unique personality. Joanne’s home base of operation is Mat-Su Public Health Center in Wasilla. Here she organizes equipment, completes necessary paperwork and communicates with communities she will soon visit before she is on the road again. Joanne logs thousands of miles a year serving Alaska’s communities along the road. She never tires of the breathtaking scenery and long stretches of open road but what she loves the most is the people and communities she has helped to become more self-reliant and healthy.

As state employees, PHNs are members of the Executive Branch of state government. The governor, as chief executive officer of Alaska, directs the executive office of the state. To accomplish the goals the governor sets forth, there are 14 departments. Public Health Nursing is located under the Department of Health and Social Services (DHSS).

Under DHSS, the Division of Public Health is divided into 6 sections, including the Section of Public Health Nursing. Public health nursing is then divided into geographic regions that are overseen by a Regional Nurse Manager. Regional management is further divided into nurse managers that work in health centers. Overall services in Alaska are provided through a network of 2 administrative offices, 4 regional offices, 20 public health centers, and itinerant services to 250 communities across 663,827 square miles.

Deborah Baley MSN, RN, WHNP-BC, is an advanced nurse practitioner who provides primary care services in the area of women’s health and screening for sexually transmitted diseases. Deb grew up in Alaska and went outside to Texas University to obtain her master’s in Nursing. She worked in Texas for a while, however, Deb wanted to return and serve the people of Alaska. She saw a posting for an Advanced Nurse Practitioner with Kenai Public Health Center and worked the Southcentral region for three years, traveling to Seward, Valdez, and communities on the Kenai Peninsula. She then relocated to Anchorage for easier access to travel and greater involvement with leadership.

Deb travels to public health centers that are located in rural areas. She travels by air and coordinates her visits with center-based nurses. Sometimes Deb is the only healthcare provider patients have seen for a number of years. Consequently, after gathering a general history which includes questions that identify health risk behaviors, family size, environmental situations, social settings and family planning method, it can take up to an hour to establish the most important reason they have come to the clinic.

Deb serves public health centers in rural communities such as the Haines Borough, which includes Skagway, Klukwan, and Mosquito Lake. She also travels to Valdez, Seward, and the communities of the inside passage: Ketchikan, Sitka, and Juneau while covering for the ANP of that area. The key responsibilities of the PHN nurse practitioner include providing family planning, reproductive health, and sexually transmitted disease screening and treatment.

Deb states that she “hit the jackpot” with this job as it is great to travel Alaska and meet different people and serve rural communities. It’s very rewarding to see the child you screened when they were five years old, come back as a teen for services, then later as a young adult starting a family and in control of their destiny.

No matter where she travels she is always greeted by the smiling face of the public health center PHN. Together they work towards creating a healthy community, which is what public health nursing is all about: partnering with people and communities to improve health. Public health nurses are respected in Alaska and we guard that trust carefully, recognizing the responsibility we have to Alaskans in protecting and promoting their health.

Michelle Rountree is a public health nurse with Mat-Su Public Health.

References
On January 28th, the Alaska State Senate Labor and Commerce committee held a hearing for Senate Bill 111, commonly known as the “Toxic-Free Children’s Act.” This bill, along with its parallel in the House (HB 199), would prevent the manufacture, sale, and distribution of children’s products and furniture in Alaska that contain ten toxic flame retardants, and would also require the labeling of products that contain flame retardants. The particular chemicals that are addressed in the bill have been linked to developmental disorders, cancer, and reproductive harms, and are used despite having no proven fire safety benefits. Flame retardants have recently been identified as persistent organic pollutants (POPs), accumulating in our environment, wildlife and people. As the following article will demonstrate, there is an urgent need to pass the Toxic-Free Children’s Act, especially to protect the health of vulnerable populations in Alaska, particularly people living in rural Alaska. The Alaska Nurses Association supports this important legislation.

More than 25 years ago, scientists made the unexpected discovery that levels of persistent organic pollutants (POPs) in the breast milk of Nunavik Inuit women in Arctic Canada were seven times higher than in the breast milk of women of southern Quebec. This discovery prompted international action to address POPs contamination as a global issue because it demonstrated the capacity of these chemicals to harm people who live in a region of the world that is far distant from areas of production and use.

POPs are a class of synthetic chemicals including banned or restricted “legacy” chemicals such as PCBs, as well as currently used and emerging chemicals such as brominated flame retardants. The Arctic acts as a “cold trap” and is a hemispheric sink for POPs that are transported through a process known as global distillation via prevailing atmospheric and oceanic currents from warmer regions. POPs bioaccumulate in the lipid-rich Arctic food webs, some to dangerous levels. Thus, the Arctic is an important indicator region because the presence of chemicals here serves as a warning sign to policy makers that there is a need for protective action on national and international levels.

Following the revelation that Arctic Indigenous Peoples are among the most highly exposed people to POPs, countries of the world came together to negotiate what would become the Stockholm Convention on Persistent Organic Pollutants (the “POPs treaty”), a global legally-binding treaty signed by 152 nations in 2001. The POPs treaty includes provisions to eliminate the production and use of twelve initial chemicals known as the “dirty dozen,” however the real strength of the treaty is that it also includes provisions to add new chemicals that meet scientific criteria for persistence, long-range transport, bioaccumulation, and adverse effects. The Preamble of the Convention also acknowledges that “Arctic ecosystems and indigenous communities are particularly at risk because of biomagnification of persistent organic pollutants and that contamination of their traditional foods is a public health issue.”

The Stockholm Convention is now ratified by 179 nations of the world and provides a powerful tool to address chemicals that warrant global action.

Brominated flame retardants are chemicals added to products such as furniture foams, insulation, and electronics to make them fire-resistant.
resistant. Brominated flame retardants are now known to increase fire toxicity without proven benefits to fire safety and are associated with a range of serious health effects in animals and people.1 The Stockholm Convention specifies that substances may qualify as POPs if they are subject to long-range transport far from source areas. Indeed, results from studies investigating the status and trends of POPs in the Arctic were major factors in the decisions to include four brominated flame retardants under provisions of the treaty and to require steps toward global elimination. In 2009, the nations of the Convention decided to list hexabromobiphenyl (a component of polybrominated diphenyls or PBBs, used in plastics for electronic products and in auto upholstery foams), as well as two polybrominated diphenyl ethers (PBDEs), pentabromodiphenyl ether (Penta-BDE — used in furniture foam) and octabromodiphenyl ether (Octa-BDE — used in plastics for electronic products).2 In April 2013, hexabromocyclododecane (HBCD), a flame retardant used in polystyrene foam insulation, was listed under provisions of the Convention for global phase-out. And in October 2013, the expert scientific committee of the Stockholm Convention determined that another PBDE known as deca-BDE, used in polystyrene plastics for electrical equipment, met the scientific criteria for inclusion under the Convention and will be advanced to the next evaluation stage. HBCD and deca-BDE are two of the five brominated flame retardants that would be banned under the Toxic-Free Children’s Act.

PBDEs are now ubiquitous contaminants in Arctic biota, from plankton to polar bears, as well as humans. Deca-BDE levels in the Arctic atmosphere are increasing rapidly, with a doubling time of 3.5-6.2 years.3 Levels of deca-BDE are increasing in certain Arctic species such as peregrine falcons.4 HBCD is also ubiquitous in the Arctic environment and now found in Arctic birds of prey, marine fish, seabirds, ringed seals, beluga whales, and polar bears.5 Ikonomou et al. (2002) reported an exponentially increasing trend of PBDE concentrations in Arctic ringed seals and predicted that at “current rates of bioaccumulation, that PBDEs will surpass PCBs to become the most prevalent organohalogen in Canadian Arctic ringed seals by 2050.”6 Killer whales off the coast of Alaska have the highest levels of PBDEs when compared to other marine mammal species in the circumpolar Arctic and with similar high concentrations in Faroe Island long-finned pilot whales.7

PBDE concentrations found in maternal blood serum of Yupik women within the Yukon-Kuskokwim Delta area of Alaska are

the highest known human PBDE levels in the Arctic.8 Indigenous peoples who rely on marine foods as the basis for their traditional diets in the Arctic are at particular risk from contaminant exposure. Many POPs, including flame retardants, are present at elevated and biologically relevant levels in the Arctic.9,10,11 The traditional diet provides critical cultural and public health benefits, but it is also a primary source of exposure to POPs, which pose health risks even at low chronic exposure levels. Although consumption of traditional foods high in omega-3 fatty acids and other nutritional qualities may confer significant cultural and public health benefits, exposure to POPs contaminants may also increase risk for diabetes, hypertension, adverse neurological effects, osteoporosis, thyroid disorders, developmental disorders, and certain malignancies.12 Exposure to PBDEs has been linked with neurodevelopmental and endocrine disruption in animal and human studies. Elevated levels of PBDE exposures during pregnancy in women are also associated with changes in maternal thyroid hormone levels, decreased fertility, and lower birth weight babies.13

In addition to the PBDEs and HBCD discussed above, monitoring studies in the Arctic find other brominated and chlorinated flame retardant chemicals, demonstrating that they are persistent and subject to long-range transport. These include a veritable alphabet soup of substances that the chemical industry is using as regrettable substitutes for flame retardants that are being phased out. These include some of the replacement fire retardant chemicals such as components of Firemaster 550 (EH-TBB and BEHTBP);5 decabromodiphenyl ethane (a substitute for deca-BDE); TCEP (Tris (2-chloroethyl) phosphate — used in foams in strollers, nursing pillows, couches and chairs), and replacement chemicals for penta- and octa-BDE, including tetrabromobisphenol A (TBBPA), 1,2-dibromo-4(1,2-dibromoethyl) cyclohexane (TBECH), 1,2-bis(2,4,6-tribromophenoxy)ethane (BTBPE), hexabromobenzene (HxBBz), pentabromoethylbenzene (PBEB).14 These chemicals have been linked to various health impacts, for example TCEP has been found to increase cancer risk and is linked to adverse reproductive and neurological effects15,16,17 and TBBPA may affect endocrine system, including thyroid hormone and estrogen levels, and causes uterine tumors in laboratory animals.18 Both of these chemicals would be banned under the Toxic-Free Children’s Act. The fact that all these chemicals are present in the Arctic

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should be cause for state, national, and international regulatory action. Passing the Toxic-Free Children’s Act would be a positive step toward protecting Alaska’s natural resources and future generations.

1 Lougheed, Tim. 2010. The Changing Landscape of Arctic Traditional Food. Environmental Health Perspectives 118(9):A386-393.


Alaska State Board of Nursing Report

January 20-22, 2016

By Beth Farnstrom, BSN, RN
AaNA Director of Professional Practice

Senate Bill 53, which pertains to updating the title of advance practice nurses to Advance Practice Registered Nurse, APRN, is moving through the House committees. When this Bill passes in the legislature, all Advance Nurse Practitioner, Certified Registered Nurse Anesthetists, Certified Nurse Midwives and Clinical Nurse Specialist will be known as Advance Practice Registered Nurses or APRNs. Laura Sarcone, CNM, is the lead for this bill. Passage of Senate Bill 53 will bring Alaska into national compliance of the APRN consensus model.

A new executive administrator, Gail Burth, has been hired as of March 1st. Gail presently lives out of state but had served on the Alaska State Board of Nursing in the 1990s. The Advance Nurse Practitioners had representation to explain why the ANPs feel the CE renewal requirements for their specialty should be revised.

A previous advisory opinion practice question pertaining to not allowing LPNs to flush PICC Lines was upheld. A review of newly expanded scope of practice programs was completed. The continued support for these expanded scope of practices at specific sites were made and future times to report back to the Board were made.

The annual January review of educational programs was made by each of the schools of nursing. Board support for continuance of these educational programs was made.

A review of the finances and board operations were reviewed. Board appointee Tina Gillis, RN, from Bethel, is waiting on confirmation from the legislators this session. The Governor has also appointed Wendy Thorn, from Eagle River, as the new ANP board member and Jennifer Stukey, from Wasilla, as the LPN board member to begin their 4 year terms beginning March 2016. They will also need the legislators to approve their appointment.

Thanks to outgoing Chair Denise Valentine for her 8 years of volunteer service to the Board. LPN Carrie Miller completed her term and the Board thanked her for her service as well. An election of officers was held; the newly elected Chair is Julie Gillette, public member; Vice Chair is Sharyl Toscano, RN; and Secretary is Jennie Grimwood, public member. The next Board of Nursing meeting will be March 9-11, 2016 in Anchorage.
Save the Date
Nurses Week 2016
May 6 – May 12
WWW.AKNURSE.ORG
Banquet * Kids Art Contest * Heroes in Nursing Awards * Continuing Education * Student Nurse Appreciation Day * & MUCH MORE!

More than half of patients in drug and alcohol treatment will die from tobacco-related disease.

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Calendar of Events
Save the Dates!

AaNA Board of Directors Meeting
4th Wednesday each month
4:30 to 6:00 p.m.

AaNA Labor Council Meeting
4th Wednesday each month
6:00 to 7:30 p.m.

AaNA Health and Safety Committee
3rd Wednesday each month
4:00 to 5:00 p.m.

AaNA Editorial Committee
1st Tuesday each month
4:00 to 5:00 p.m.

AaNA Legislative Committee
Every other Tuesday
5:30 to 6:30 p.m.

Contact caryn@aknurse.org for times:

AaNA Professional Practice Committee
AaNA Continuing Education Committee
AaNA Special Events Committee

Providence Registered Nurses
Third Thursday of each month
4:00 to 6:00 p.m.

RN’s United of Central Peninsula Hospital
Contact for times: 907-252-5276

KTN Ketchikan General Hospital
Contact for times: 907-247-3828

Alaska State Board of Nursing
Upcoming Meetings

March 9-11, 2016 – Anchorage
Agenda deadline February 17, 2016

July 6-8, 2016 – Anchorage
Agenda deadline June 15, 2016

October 26-28, 2016 – Fairbanks
Agenda deadline October 5, 2016

The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers, and the public. To sign up for this free service, visit www.nursing.alaska.gov.

National Nurses Week 2016!
May 6-May 12
Join the Alaska Nurses Association for our annual banquet celebrating YOU! Stay tuned for special events including CE opportunities, a banquet, awards, free coffee, kids art contest, and more! Suggestions? andrea@aknurse.org

2016 AaNA Nurses Week Banquet!
Saturday, May 7 – Anchorage Museum
RSVP at www.aknurse.org

Upcoming Continuing Education Events
Learn Anytime, Anywhere – Webinars by the Alaska Nurse Association

Current offerings:
• Documentation in the Nursing Setting – Avoiding Legal Hazards
• People First – Effective Communication with Individuals with Disabilities
• Sex Trafficking in Alaska
• Alaskan Minor Consent Laws in Caring for Homeless Youth
www.aknurse.org/index.cfm/EDUCATION

The AaNA Continuing Education Program is working diligently to add on a regular basis diverse, interesting online continuing education activities relevant to Alaska’s nurses. Suggestions? andrea@alaskanurse.org

Principles of Pediatric Care Coordination
March 1-April 19
An 8-week online course presented by UAA
www.aknurse.org/index.cfm/EDUCATION

Alaska MS Center:
2016 Multiple Sclerosis Summit
March 4, 2016 – Anchorage, Alaska
www.alaskamscenter.org

Excellence in Dementia Care: Enhancing Well-Being & Improving Living Spaces
March 15, 2016 – Anchorage, Alaska
March 16, 2016 – Juneau, Alaska
http://www.alzalaska.org/event-calendar/

Emergency Nursing Pediatric Course
March 23 & 24, 2016 – Palmer, Alaska
March 28 & 29, 2016 – Petersburg, Alaska
March 29 & 30, 2016 – Fairbanks, Alaska
May 5 & 6, 2016 – Anchorage, Alaska
www.alaskaena.org/enpc.html

2016 Alaska School Nurses Association Annual Spring Conference
April 29-May 1, 2016 – Fairbanks, Alaska
www.alaskasna.org

Save the Date
2016 Alaska Child Maltreatment Conference
November 14-18, 2016
www.aknurse.org/index.cfm/EDUCATION

Remember to visit:
www.aknurse.org/index.cfm/education
for frequent updates and information on local nursing contact hour opportunities and conferences.

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to caryn@alaskanurse.org

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