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For more information, visit www.anthc.org/careers or email nurses@anthc.org.
As I sit down to write this letter, I can’t help but think about our recent state and federal election seasons and the looming changes healthcare in America faces. Alaskans face many healthcare challenges, particularly in access to care and affordability.

The Alaska Legislative Session is officially underway, our state fiscal crisis remains unsolved, and effects to healthcare remain to be seen. Certainly, state agencies and state-funded healthcare programs all face further budget cuts.

At the federal level, the battle over the Affordable Care Act (ACA), or Obamacare, is shaping up to be a raucous fight. Congress and President Trump have promised a repeal of the ACA but – facing mounting pressure by constituents from all sides of the political spectrum – whether a replacement healthcare bill will be rolled out in tandem with the ACA’s repeal is still a mystery.

I have previously written about the role of nurses as advocates, but I’d like to posit another role: nurses as policy makers and policy influencers. Patient advocacy is an essential facet of nursing. I believe that nursing’s call to advocacy extends further than the bedside; we are also called to be a voice for our patients in the political realm.

Regardless of our varied feelings and opinions on US politics, it is a fact that healthcare is increasingly governed by regulations, laws and policies imposed by government agencies, legislative bodies, insurers and institutions. These policies directly affect our patients, our workplaces and our profession.

This is where nurses as policy influencers and policy makers come in. In an evermore complex healthcare industry facing great uncertainty, now is the time for nurses to speak up. If you really want to make a difference, join AaNA’s Legislative Committee to help influence policy at the state and federal level. Join us in asking Congress to work to improve healthcare delivery, to put patients first, and to protect the health and economic security of American families.

Jane Erickson
Jane Erickson, ADN, RN, CCRN
President, Alaska Nurses Association

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Is there a cause to obesity?

The cause of this epidemic is complicated. Certainly, genetics plays a role, as most patients have parents or family members who struggle with their weight. Our behavior is also important. This is where our personal choices regarding diet and exercise play a role. Many of us lead a mostly sedentary life and also eat too much fast food and processed foods. Society also plays a large role in obesity. Our culture is centered on social events with large quantities of food. Weddings, birthdays, holidays and work parties all introduce opportunities to eat, and overeat, food.

By 2050 over 42% of adults will be obese and 1 in 3 Americans will have diabetes.

What is the “Set Point”?

There is no one reason why someone is overweight or obese. It is a combination of all the factors mentioned above. To simply say you have to eat less and exercise more is plain wrong. Important new research on obesity is showing how our brain has a “Set Point” that helps regulate the amount of fat we carry. Think of it like a thermostat. No matter what we do to lose weight, our brain will compensate to maintain a certain weight range. It may slow our metabolism or increase cravings, but it always causes us to regain weight to the preset level.

Why is the Set Point being elevated in so many people?

Each of our unique genetics and developmental history causes us to respond differently to factors in our environment. Things like the change in chemical and nutrient content of our food, increased stress, decreased
physical activity, inadequate and disrupted sleep, and the use of medications that promote weight gain all play a role. Many people respond to these factors by gaining weight.

How can we get this Set Point lower?

This is the million-dollar question. The way the body maintains the set point is through a complex system of hormones secreted from bones, muscles and the gastrointestinal organs. If diet and regular exercise alone are not effective, bariatric surgery can help. Surgery, in combination with a healthy diet and regular exercise, measurably alters the GI hormones and in many people can “reset” the thermostat.

Over 200,000 bariatric surgeries are performed each year in the United States. As this option proves more popular than ever, you will certainly be faced with patients who have had an operation or are seeking one. In next issue’s article we will discuss the most common surgical procedures, including the new gastric balloons.

Over 200,000 bariatric surgeries are performed each year in the United States.

Dr. Justin J Clark, MD, FACS is the owner of Anchorage Bariatrics, as well as the Director of Bariatric and Metabolic Surgery at Providence Hospital, Alaska. For more information, visit www.anchoragebariatrics.com.
Moderate physical activity lowers HEART DISEASE RISK in young women

By American Heart Association News

Women under age 50 who do moderate physical activity can lower their risk of coronary heart disease, according to a new study.

Among women ages 27-44 at the start of the study, researchers found:

- Women with the highest level of leisure time physical activity had a 25 percent lower risk of coronary heart disease.
- Activity didn’t have to be strenuous to be beneficial; moderately intense activities such as brisk walking were associated with a lower risk of coronary heart disease.
- The frequency of physical activity didn’t affect the outcome as long as the total weekly time was at least 150 minutes.
- Regardless of their body weight when they began, women reduced their coronary heart disease risk by engaging in physical activity.

“Most women can improve their heart health significantly by incorporating some moderate or vigorous physical activity into their regular routine,” said Andrea Chomistek, Sc.D., lead author of the study and assistant professor of epidemiology and biostatistics at the Indiana University School of Public Health-Bloomington. “Physical activity appears to be beneficial across the lifespan, regardless of body weight. It’s important to remember that any amount of activity is better than none.”

Researchers analyzed surveys about the frequency, amount of time, intensity and type of preferred physical activity among more than 97,000 women in the Nurses’ Health Study II. In their 20-year follow-up, researchers documented 544 cases of coronary heart disease.

“Most women can improve their heart health significantly by incorporating some moderate or vigorous physical activity into their regular routine.” – Andrea Chomistek, Sc.D.
Upcoming Events:

- **National Wear Red Day:**
  Friday, February 3, all day in Alaska

- **Paint the Town Red:**
  Friday, February 3, 5 – 7 pm at the ConocoPhillips Atrium in Anchorage

- **Men’s Red Tie Breakfast:**
  Thursday, February 9, 7:30 – 8:30 am at the Carlson Center in Fairbanks.
  FairbanksGoRedLuncheon.heart.org

- **Go Red For Women Conference & Luncheon:**
  Friday, February 10, 8:30 – 1 pm at the Carlson Center in Fairbanks.
  FairbanksGoRedLuncheon.heart.org

- **Men’s Red Tie Breakfast:**
  Wednesday, March 1, 7:30 – 8:30 am at the Dena’ina Center in Anchorage.
  AnchorageGoRedLuncheon.heart.org

- **Go Red For Women Conference & Luncheon:**
  Wednesday, March 1, 8:30 – 1 pm at the Dena’ina Center in Anchorage.
  AnchorageGoRedLuncheon.heart.org

- **Alaska Heart Run:**
  Saturday, April 22, 9 am at the Alaska Airlines Center in Anchorage.
  AlaskaHeartRun.org

- **Fairbanks Heart Walk:**
  Saturday, May 13, 9 am at Veterans Memorial Park in Fairbanks.
  FairbanksHeartWalk.org

- **Anchorage Heart Walk:**
  Saturday, September 23, 9 am at Delaney Park Strip in Anchorage.
  AnchorageHeartWalk.org

Women under age 50 who do moderate physical activity can lower their risk of coronary heart disease, according to a new study.

The study, published in the American Heart Association journal Circulation, involved mostly white women. So researchers couldn’t assume the results would apply to men or other races or ethnicities, Chomistek said.

The content is provided by the American Heart Association. The American Heart Association does not endorse any advertiser’s company, product or service.
Congratulations!
UAA December 2016 Graduates

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**Peer Award** –
Awarded by the senior class to fellow classmates who have completed their nursing studies while balancing the daily demands of life. Presented by the Alaska Nurses Association.

- **Baccalaureate** – Angelene Ketah
- **Associate** – Tarah Alden (Anchorage)
- **Associate** – Laurie Anderson (Dillingham)

**Evidence-Based Practice Award** –
- **Doctorate** – Jyll Green and Jill Rife
- **Baccalaureate** – Stephanie Lopetrone
- **Associate** – Martha (Marcie) Merrill

**Director’s Award** –
Awarded to the student with the highest GPA.

- **Baccalaureate** – Katie Krueger (3.89 GPA)
- **Associate** – Susie Jenkins-Brito (4.0 GPA)

**Spirit of Nursing Award** –
Awarded by faculty vote to the student they feel best demonstrates the spirit of caring, science, love of learning, and compassion.

- **Baccalaureate** – Marieke Heatwole
- **Associate** – Tarah Alden
Four DNP Graduates Reach Nursing’s Educational Pinnacle at UAA

by Tracy Kalytiak, University of Alaska Anchorage

Early in 2015, UAA made available a doctoral degree enabling nurse practitioners not only to provide better care for patients but to grow leadership roles in system-wide healthcare decisions.

Four women became the first students accepted into UAA’s Doctor of Nursing Practice (DNP) program and, 15 months later, accepted diplomas at UAA’s fall commencement last month.

“Even in 2005, when I started getting my master’s, there was discussion in the literature about the DNP being required for entry into advanced practice,” said Robin Bassett, who, along with Leigh Keefer, Jill Rife and Jyll Green, was one of those inaugural four UAA DNP graduates.

Leigh Keefer grew up in “outer Wasilla,” the daughter of parents who raised her in a subsistence lifestyle—they lived in a cabin and hauled water, caught and ate their own salmon, and grew their own vegetables to sell at Anchorage’s Saturday market.

Sports and activity have always played a key role in Keefer’s life. She played volleyball and basketball for Palmer High School and later played volleyball for UAA while completing her undergraduate studies. She earned a bachelor’s degree in nursing science in 2004. She focused her master’s thesis on the nurse practitioner’s role in the management of pediatric obesity and earned her master’s degree in 2011.

Helping people lead healthy lives is the key to providing quality health care at a reasonable cost, Keefer said. Someone who exercises regularly and eats proper amounts of nutritious foods is better able to handle stress and less likely to visit a doctor or emergency room for preventable ailments.

Her DNP research focused on how to implement and evaluate a prescribed exercise program.

Jill Rife received her bachelor’s degree in nursing science at Colorado Mesa University before earning her M.S. in nursing at UAA. She worked as a family
nurse practitioner for six years at a Soldotna physician’s practice, before seeking her DNP at UAA. Her DNP research focused on implementing shared medical appointments (SMAs) as a more cost-effective and productive way of managing cardiovascular disease risk in patients with metabolic syndrome. SMAs include a one-on-one examination from a healthcare provider and a group session, in which participants help and support each other in achieving health goals.

Jyll Green obtained her bachelor’s degree in nursing at the Mennonite College of Nursing in Bloomington, Ill., before moving to San Francisco and then to Alaska to work as a traveling nurse with Providence Alaska Medical Center and in the emergency rooms and intensive care units of Providence and Alaska Regional Hospital. She also worked as a flight nurse for LifeFlight and Aeromed.

In 2004, Green earned a M.S. in nursing from UAA, becoming a family nurse practitioner after conducting research into the outcomes of gastric bypass surgery.

“Going to school at UAA and meeting the instructors there really tapped me into the community of nursing and health care in Alaska,” Green said in a previous interview.

“Oddly a lot of the people who did my clinical rotations have retired, and it’s amazing to see that they’re referring their clients back to see me—their student from 2002.”

Two years later, Green opened myHealth Clinic.

“I looked back on my essay for why I was going to UAA and I had written that I really wanted to work with an underserved population,” she said in a previous interview about myHealth Clinic, which provides care to more than 7,500 patients. Green’s clinical interests are family practice and immediate care with a special focus on hypertension, diabetes management and travel medicine.

A key aspect of Green’s DNP work involved studying how to reduce recidivism in Alaska through early access to extended-release injectable Naltrexone—a drug also known as Vivitrol. A monthly injection of the drug stops a person’s cravings for opioids and alcohol, and a person who uses opioids or liquor while on the drug will not get high.

Back in 1987, Robin Bassett was paying her way through college. Going into her senior year, she needed help with tuition.

“I had to come up with $400 a quarter; you pay more often and it’s a little bit more of a pain because you had a shorter time frame,” she said. “I went to a beauty pageant (in Georgia). This was the land of hair and makeup and beauty queens—I just wanted to be a nurse! But I won and got my tuition paid for.”

She married an Army officer and moved all over the country before settling in Alaska, earning her master’s degree in nursing and becoming a nurse practitioner and public health officer for the Alaska Native Medical Center.

Doctors who she used to work for, in a matter of a couple years, were asking her advice on nephrology, protecting people’s kidneys.

“Which was Twilight Zone-ish!” she said. “You know you’ve arrived when doctors call to get your advice. Along the way, I would have doctors that would have read my notes tell me my notes were the most complete, most helpful, and I really credit UAA for that.”

For years, Bassett talked to new nurse practitioner students about their chosen profession.

“T’d explain why I wanted UAA to create this DNP program,” she said.

“This is the way healthcare is going. Everyone is needing advanced degrees. In the future, everyone who participates in your healthcare team is going to have doctorates. I want to be on par with all my colleagues who are caring for patients. When they came out with the DNP program, I thought, heck, how can I not jump at the chance to be in the first class when I’ve been the poster child for UAA getting this done.”

Bassett’s DNP research highlighted a continuous quality-improvement project for systems change in the treatment of acute kidney injuries.

“The improvement of kidney care, the development of tools people could use to identify and treat acute kidney disease—I wouldn’t have done it if not for the push of the program to organize what I wanted to do, write it up, implement it.”

“Four DNP Graduates Reach Nursing’s Educational Pinnacle, at UAA” is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
SAVE THE DATE
2017 Nurses Week Banquet
Mindfulness
Anchorage Museum
Friday, May 12, 2017

* Nurses Week Event Schedule Coming Soon! *

Introducing AaNA’s 1st Annual
LOVE A NURSE 5K RUN!

Learn More & Register Online at www.loveanurserun.com

Save The Date

2017 AaNA Conference
October 12th-13th
General Assembly October 14th
BP Energy Center
Anchorage, AK
Christa never imagined she could become a heroin addict. She started drinking at high school parties and smoked marijuana for the first time when she was 14, calming anxiety she felt in social situations.

“I have a hard time being in crowds, and high school is the epitome of it,” she said. “You’re surrounded by people; it’s an awkward time.”

Christa didn’t comprehend addiction, then. She just wanted to experiment.

“See what this felt like, see what that felt like, have fun and then be done and move on with my life, be successful, put all this behind me,” she said. “Then I reached that point where I was like, ‘OK, this isn’t so fun anymore; this isn’t causing anything good in my life; I think I’m ready to stop,’ and I couldn’t. It was a huge shock to me—I feel like I’m smart, I’m well-educated, I have a great family, such strong will: I know better, I don’t want to anymore. And I just couldn’t stop.”

**A LONG, DEEP DIVE**

Christa started shooting heroin in 2007, ending eight months of sobriety she’d earned after a stay in a California treatment program.

“It was me making the call to my friend, but I’d already made the decision in my mind that was what I was going to do,” she said. “I’d already done injections before with meth when I’d gone to college in Reno, so I had no problem doing that with heroin.”

Heroin felt like an overwhelming soft wave, immersing her in peace and calm.

“Like all your problems are going away mentally, like a complete relaxation,” Christa said. “You don’t have anything to worry about. You physically feel good. Especially here in Alaska, it makes you warm, physically warm. The anxiety, the constant thoughts of what I should be doing, this and that, it makes your mind just escape from all that. But ultimately it’s just a mirage. Blocking your problems out doesn’t make them go away.”

California was where Christa was first arrested. Her charge for drug possession ended with her doing probation in Alaska and staying clean long enough to earn her college degree and find a Slope job.

Her sobriety ended shortly after she wrapped up her three years’ probation.

“I started slipping again because I wasn’t being monitored, no one was checking up on me anymore,” she said.
One incident ended in a DUI conviction that made her a felon. More arrests followed, mostly for violating probation.

“I have friends who are dying on a regular basis from drug-related situations,” Christa said. Two men with guns once broke into her home to steal drugs and money. They shot her boyfriend twice; Christa was able to escape out a back window.

That incident earned Christa her first probation violation, with 60 days at Hiland Mountain.

She got out—and returned to serve 90 days in jail two weeks later after violating probation by going to see her boyfriend while he was recovering from severe gunshot wounds. After being released, she stayed clean for four months.

“It just felt like nothing was going right,” she said. “I was trying to get my life back on track but it was such a struggle to stay clean every day. I wasn’t ready to get sober again after the shooting. I thought, the next time I go in, I’m going to really try and do things different and try to get sober.”

Christa was serving time for another probation violation when she first heard about a drug called Vivitrol.

“I was willing to do anything,” she said. “I’d been hearing about it for a while and thought it might help but I had no idea it was going to be as life-changing as it was. The second I got it, I made completely different decisions than I would have before, a complete 180. It was that drastic for me.”

Christa, right, talks with UAA DNP alumna Jyll Green, left, at myHealth Clinic before receiving an injection of Vivitrol. Green’s DNP project studied the effectiveness of Vivitrol shots among released prisoners. The injection Christa received Tuesday was her fourth since leaving jail. (Photo by Theodore Kincaid / University of Alaska Anchorage)

VIVITROL: ‘IT CAN BE A LIFESTYLE’

Addiction to heroin and other opioids is a full-fledged epidemic throughout the United States; Alaska ranks in the nation’s top 10 for opioid abuse.

Vivitrol first emerged back in 2006, used for treating alcoholism. Then, in 2010, Vivitrol—a “pure opioid antagonist” also known as naltrexone—was approved for use in people addicted to heroin and other opioid drugs. It provides a way to get off heroin without the need for other addictive opioids like methadone or suboxone.

“It can be a lifestyle,” said Jyll Green, a family nurse practitioner who owns myHealth Clinic in South Anchorage; Green just received her Doctor of Nursing Practice at UAA, where she researched the effects of implementing Vivitrol in the recently released prisoner population. “It’s a safety net. It also calms the brain down.”

Heroin locks into tiny proteins on nerve cells called mu, kappa and delta receptors, producing a reaction that mimics the effects of a naturally occurring nervous system chemical called dopamine, producing intense feelings of euphoria and relaxation. An injection of Vivitrol given to someone who’s been opioid-free for seven to 10 days (longer if methadone or buprenorphine have been used) will saturate all of the brain’s opioid receptor sites and make it impossible for the person to get high for 28 to 32 days—even if a person uses heroin in that time, that shot will not have any effect.

Alaska ranks in the nation’s top 10 for opioid abuse

“Then people don’t just think, ‘I have to use opioids; I have to use; Where can I get some heroin? Who’s got some heroin? What can I do to get some heroin? I need money to buy heroin. Can I call up so-and-so to meet with them and use heroin?’” Green said. “If their opioid receptor sites are saturated, they don’t crave. Within three hours of getting the shot, everyone says, ‘I can run into my dealer and I’m OK, I don’t feel the need to do heroin.’ And they can’t get high. A few people have tried it, but they can’t overcome that blockade and so they get nothing out of it.”

Green’s DNP project—done in collaboration with Partners for Progress Reentry Center—researched whether Vivitrol injections given monthly to opioid addicts released from prison would keep them from relapsing and being sent back behind bars.

“Most people have a vision of what they’d rather be,” she said. “Being an addict is not anything people want to throw on their résumé.”
Her study’s findings indicated the Vivitrol injections worked: 62 percent of the freed inmates stayed clean. The 38 percent who ended up back in prison often went for reasons unrelated to drug use, like technical violations of their probation. “It wasn’t necessarily because they were using,” Green said.

A downside of Vivitrol is its expense. The cash price for one injection is approximately $1,200. One upside: Its manufacturer, Alkermes, has a $500 rebate card, bringing down the cash price to $700 per shot. Another big upside: released inmates and others addicted to opioids often qualify for Medicaid, which will pay for the injection.

Green says obstacles are that many people don’t know about Vivitrol and how effective it is, and they don’t realize that treatment with methadone or suboxone merely switches addicts to other opioids rather than turning off their desire for any opioid. Vivitrol should be supplemented, Green said, with therapy that addresses and treats the issues—anxiety or trauma, for example—that may have contributed to drug use in the first place.

Her study succeeded, Green said, in part because the Alaska community is small, a place where it’s easy to create connections to solve problems.

“We should be able to make better connections with all of our community partners to treat this,” Green said.

Addiction is a complex problem that requires different solutions for different people.

“You’ve got to have a provider who’s willing to prescribe [Vivitrol] to treat this, to get them off the opioids,” she said. “And we really need to back that up with appropriate behavioral health [care] so they can learn some new coping skills.”

Vivitrol might provide help on a larger scale—offering a new prevention-oriented way to address budget woes associated with the raging epidemic of opioid use in Alaska.

More than 78 percent of the people incarcerated in Alaska right now self-identify as having a history of substance or alcohol abuse. “That means the [Alaska Department of Corrections] has now become the largest behavioral health provider in the state,” she said. “And they know that. In a year, they’ll treat about 500 people.”

The cost of incarcerating someone in Alaska is about $158 a day, a figure that does not include court costs, district attorney and judges’ fees and other costs outside incarceration.

“It’s just the hard-bed costs in jail or prison,” Green said. “Our prisons are saturated, the walls are bursting. We don’t need another prison. At $158 a day, it’s expensive to incarcerate people because they have substance abuse. If that 78 percent didn’t have substance abuse, they would never need to go to prison.”

‘THESE ARE NOT BAD PEOPLE’

Providers sometimes shy away from offering services to addicts.

Green said she was going to talk to the Alaska Nurse Practitioners Conference this year and someone said to her, “Aren’t you afraid of having these people in your office?”

“I said, ‘What people? You mean the patients who have addiction?’” Green recounted. “They said, ‘Well, yeah, you’ve got such a nice office, why would you want
those people running around in your office? Isn’t that bringing trouble?’ And I said, ‘We’re actually getting people off opioids, not on. It’s not like people are going to flood the gates for those shots of Vivitrol.’

Green says addicts usually want help.

“For the most part, I don’t meet addicts that want to be addicted,” she said. “It’s not a choice, it’s a disease state. These are not bad people; these are good people with a bad disease who need an opportunity to be well.”

‘I THINK IT WOULD MAKE A HUGE DIFFERENCE’

Christa applied for Medicaid while at Hiland Mountain Correctional Center and emerged from jail Oct. 27. As soon as she was out, she connected with Partners Reentry Center, which sent her to Green’s office, one of the three places in Anchorage that provide Vivitrol injections (the others are the Alaska Native Medical Center and Anchorage Neighborhood Health Center).

“When I was in jail, I heard of Partners for Progress and other people telling me you can get out of jail, and they will give it to you right there,” she said. “I found out I needed to get out of jail myself and physically go into the [Partners Reentry Center] office and tell them I want it and then they will get me to the clinic to get it. So it was up to me to get there and do that.”

That gap, she said, could present trouble for someone who’s an addict.

“That ride from [Partners] to the place to get [the Vivitrol injection], you can make a lot of bad decisions in that time,” Christa said. “Even just my day out, if I hadn’t gone and got that shot when I did, things would be drastically different for me right now.”

Ideally, Christa said, someone would give the first Vivitrol injection right there in the jail.

“The faster and easier you can get it, to where you don’t have that time to change your mind,” she said. “Because I’ve seen people walk out of the doors of the jail with a ride on their way that’s coming, that’s safe, and they’ll change their mind in a split second and take a cab and be gone. It’s that fast. A doctor waiting outside the doors...I think it would make a huge difference.”

Sandi Johnson, medical assistant at UAA DNP alumna Jyll Green’s South Anchorage practice, myHealth Clinic, shows a vial of Vivitrol. Monthly shots of the non-opioid drug prevent opioid addicts from getting high. (Photo by Theodore Kincaid / University of Alaska Anchorage)
Introducing AaNA’s Monthly Tuesday Talks!

Once a month, our Continuing Education department will be putting on a special event on the third Tuesday of each month. Tuesday Talks will feature diverse topics throughout the year, with this first month’s focus on Community Health Nursing in Action.

These events may vary in location, so please keep an eye out for that! Our first Tuesday Talk will be held on February 21st at the UAA Consortium Library 307. A map of the UAA Library location is shown below.

We hope you’ll join us for this FREE CE opportunity!

Vivitrol might not make the difference to someone who is still determined to use, but for Christa—an addicted person who was wanting to change her life—it was a lifeline.

“All I can speak for is my experience, but it’s nothing but positive things,” Christa said. “It’s completely changed my life, made my life possible again. I know I’m not the only one that would have this reaction. Why not give it a chance?”

‘EVERY BLUE CAP IS A LIFE’

Green’s medical assistant, Sandi Johnson, saves all the vial caps from vaccines and other medications the clinic administers—“You can go on Pinterest and look at vial cap art; people make beautiful pictures,” Green said.

One day, a staff member emptied all those vial caps on the carpet at the clinic. All the teal-blue caps were from vials of Vivitrol.

“It was like this sea of blue with some white and a few other colors mixed in from the vaccines we give,” Green said. “But it was predominantly blue. Thousands of caps, mostly blue. Sandi said every blue cap is a life. That was pretty phenomenal.”

“This picture shows vial caps from UAA DNP alumna Jyll Green’s business in South Anchorage, myHealth Clinic. The teal-blue caps are from vials of Vivitrol. (Photo by Sandi Johnson)
Alaska Opioid Policy Task Force Releases Recommendations

Collaborative Prevention, Treatment and Recovery Support Strategies Will Reduce Opioid Misuse in Alaska

The Alaska Opioid Policy Task Force has issued a broad set of recommendations to prevent, treat and support recovery from opioid misuse and addiction in Alaska. The task force is a partnership of the Advisory Board on Alcoholism and Drug Abuse, Alaska Mental Health Trust Authority, and Alaska Department of Health and Social Services, together with 20 volunteer members representing stakeholder groups statewide. Task Force members included people in recovery and family members, healthcare providers, law enforcement officers, rural and Alaska Native representatives, state and local elected officials, and others. The task force began in May and met 11 times over six months to hear from state and national experts and Alaskans statewide.

The task force based its work on the science of opioid addiction and how opioids affect the brain and body.

“We can’t beat this epidemic with fear and stigma. We must follow the science. Addiction is a disease with real medical consequences to the brain, so our solutions must also be medical in nature. We enlisted Alaskan experts in the field to help guide this process to be sure that the recommendations are based on the best information and will work for Alaska,” said co-chair Gunnar Ebbesson.

The recommendations follow a public health framework for addressing substance misuse and addictions promoted by the national Association of State and Territorial Health Officials (ASTHO).

“The public health framework provides a three-level approach to preventing adverse health effects of substance misuse: saving lives now through harm reduction, removing barriers to treatment, and addressing the drivers of self-medication and the flood of opioids in our communities,” said Alaska Chief Medical Officer Jay Butler, MD, co-chair of the task force and current president of ASTHO.

Strategies recommended by the task force include:

- Reduce and control access to opioids through prescribing guidelines, use of the state’s prescription monitoring program, medication take-back events, and promotion of effective and safe pain management options.
- Reduce the risk of opioid misuse by promoting healthy childhood development through parent support programs and developmental screening, school-based prevention, and improved nutrition.
- Treat opioid addiction as a chronic disease, remove the stigma of addiction, expand integration of behavioral health and primary healthcare, and make treatment options available as close to home as possible.
- Train healthcare, law enforcement and community social service professionals to better recognize and prevent opioid misuse and make referrals to treatment.
• Provide access to and education about naloxone (also known as Narcan®) statewide. Naloxone is a lifesaving medication that anyone can use to treat an opioid overdose.
• Increase the likelihood of long-term recovery by increasing access to treatment, recovery supports and programs to assist with housing, education, employment, etc.

“We learned a lot from the experts who presented to the task force and from the members of the public who shared their experiences and ideas with us. These recommendations are truly an Alaskan response to how the opioid epidemic is affecting our communities,” said co-chair Jeff Jessee.

The meeting notes and final policy recommendations are available at http://dhss.alaska.gov/AKoipidTaskForce/
On Sunday, January 15th, nurses and community members gathered in Anchorage to discuss the looming repeal of the Affordable Care Act at the Alaska Nurses Association’s Save Healthcare Day of Action event. The group placed calls to Alaska’s congressional delegation – Senator Lisa Murkowski, Senator Dan Sullivan, and Congressman Don Young – to express their concerns.

The event was organized as part of a national effort of raising concern over Congress’ effort to repeal the Affordable Care Act without a concurrent replacement, jeopardizing the future of healthcare in the United States.

Arlene Briscoe, RN-BC, who serves as vice president of the Alaska Nurses Association, said that the Affordable Care Act is not perfect but stressed, “Gutting the ACA without a plan for replacement leaves far too many of our friends and neighbors without the care they desperately need. Mend it, don’t end it.”

Nurses also hosted a Digital Day of Action for Alaskans to share their voices and support for saving healthcare online. Community members, healthcare professionals and healthcare advocates from across the state wrote letters to Congress and flooded social media with a recurring message: Save Healthcare.

“It’s terrifying to think of how many people from birth to retirement are not going to be covered,” said Pamela Horvath, a nurse educator at Charter College who attended the event.

Check out some of our favorite photos from the Day of Action!
In January, The Occupational Safety and Health Administration (OSHA) accepted the American Federation of Teachers’ (AFT) petition to promulgate a workplace violence standard to protect healthcare workers and social assistance workers. Assistant Secretary of Labor for OSHA, David Michaels, agreed with the union’s stance that workplace violence is a serious occupational hazard for these workers.

Violence is a daily threat for 15 million healthcare workers in the U.S., which is why union activists, including AFT members, have fought for a federal standard that requires protections against workplace violence.

Last summer, a coalition of unions representing healthcare workers—led by the AFT and including the American Federation of Government Employees, the Service Employees International Union and the AFL-CIO—petitioned the agency for a workplace violence prevention standard to cover all workers in healthcare and social assistance. The petition was the culmination of work started by the AFT in 2014, when it worked with key members of Congress to seek a Government Accountability Office (GAO) study to investigate whether the voluntary OSHA guidelines for workplace violence prevention in healthcare are enough to protect workers.

The GAO agreed to the investigation, thanks in large part to the AFT’s recommendation, and a report was released in May 2016. In addition, nearly 5,000 AFT members sent emails and postcards to the Department of Labor to demand a standard.

In a letter, the assistant secretary acknowledged the need for a standard to protect healthcare workers and social assistance workers. With the petition granted, OSHA is collecting information and took the first step in the rulemaking process by holding a public meeting January 10th to allow participants to share their experiences with workplace violence, discuss success stories about reducing violence, as well as make recommendations for moving forward. Members of AFT Nurses and Health Professionals were on-hand to testify about their experiences.

Helene Andrews, a registered nurse in Danbury, Connecticut, testified about incidents where patients had attacked her and she had suffered injuries that were traumatic physically, emotionally and psychologically. “I still feel traumatized and vulnerable at times—feelings that never completely go away. Perhaps most frustrating is the fact that I believe my injuries were preventable,” said Andrews, who is a member of the Danbury Nurses’ Union. “I believe that OSHA should create a strong national standard for preventing workplace violence for healthcare workers and social service workers.”

Banita Herndon, an emergency room nurse in Newark, New Jersey, described the mental health, drug challenges and gang threats that she and her colleagues face every day. Herndon, who is a member of New Jersey’s Health Professionals and Allied Employees, described a fatal attack and other incidents at her facility involving patients who were high or psychotic. “We don’t have the panic buttons we need or the training that we used to get. Without a standard, the hospital’s response is piecemeal improvements.”

Darlene Williams, an occupational therapist and member of the New York State Public Employees Federation, read a statement from a member who is an outpatient psychologist. The member was badly beaten when she intervened to protect an elderly client who was suddenly attacked by young man who was high on synthetic drugs. Although this intervention saved the geriatric client’s life, the psychologist received significant physical injuries and has suffered from depression, anxiety and nightmares. She notes that better staffing, cameras and work policies would have protected her from this assault.

**Violence is a daily threat for 15 million healthcare workers in the U.S.**

AFT affiliate leaders John Brady (AFT Connecticut) and Bernie Gerard (Health Professionals and Allied Employees) participated in a discussion on the substance of a workplace violence prevention standard. Brady stressed the importance of effective mandatory training for nurses and healthcare staff on de-escalation and other protective techniques in handling violent confrontations, while Gerard described his frustration with the lack of enforcement of the current New Jersey workplace violence law. An OSHA standard is the only guarantee that workers will be protected, said Gerard.

OSHA has also published a request for information, seeking public input for a possible future safety standard intended to reduce employee exposure to workplace violence. You can submit comments online by April 6 at the following link: https://www.regulations.gov/document?D=OSHA-2016-0014-0001.

The Alaska Nurses Association is an affiliate of the American Federation of Teachers (AFT), Nurses and Health Professionals division, a national union representing over 112,000 healthcare professionals across the United States. AaNA union members are also members of AFT.
Calendar of Events

AaNA
UPCOMING MEETINGS

**AaNA Board of Directors Meeting**
4th Wednesday each month 4:30-6 pm

**AaNA Labor Council Meeting**
4th Wednesday each month 6-7:30 pm

**AaNA Health and Safety Committee**
3rd Wednesday each month 4-5 pm

**AaNA Editorial Committee**
1st Tuesday each month 4-5 pm

Contact andrea@aknurse.org

**AaNA Legislative Committee**
Every other Tuesday 5:30-6:30 pm

**AaNA Professional Practice Committee**

**AaNA Continuing Education Committee**

**AaNA Special Events Committee**

**Providence Registered Nurses**
Third Thursday of each month 4-6 pm

**RNs United of Central Peninsula Hospital**
Contact for times: 907-252-5276

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

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Webinars by Alaska Nurses Association
LEARN ANYTIME, ANYWHERE

- **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**

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@aknurse.org

Alaska State Board of Nursing
UPCOMING MEETINGS

**Anchorage**
- May 3-5, 2017
  - Agenda deadline: April 3, 2017

**Anchorage**
- August 2-4, 2017
  - Agenda deadline: July 3, 2017

**Anchorage**
- November 1-3, 2017
  - Agenda deadline: October 2, 2017

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.

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Introducing AaNA’s Monthly TUESDAY TALKS
Community Health Nursing in Action
February 21, 2017 6-7 pm
UAA Consortium Library 307
1-1.5 CE
www.aknurse.org

**2017 NWGWEC Geriatric Winter Series**
- February 7 – Anchorage, Alaska
- February 14 – Anchorage, Alaska
- February 21 – Anchorage, Alaska
- February 28 – Anchorage, Alaska
- March 7 – Anchorage, Alaska

akcache.org

**Seeds of Caring Conference**
Saturday, April 1, 2017
8 am–4:45 pm
$75
standingwithhope.com

**2017 Alaska Heart Run**
April 22 – Anchorage
Join our team: Alaska Nurses Have Heart!
http://heartrun.kintera.org/faf/search/searchTeamPart.asp?event=1167408&team=6906256

Nurses Week 2017
May 6-12, 2017

Save the Date:
Save the Date!
2017 AaNA Nurses Week Banquet
Friday, May 12, 2017

**1st Annual LOVE A NURSE 5K Run!**
Saturday, May 13, 2017
A fun-filled 5K for nurses and community members
Benefitting Anchorage Project Access
More info at www.lovenurserun.com

Save the Date!
5th Annual Trending Topics in Nursing Conference
October 12-14
BP Center

Remember to visit www.aknurse.org/index.cfm/education for frequent updates and information on local nursing contacts, hours, opportunities and conferences.

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org.
Install and test carbon monoxide (CO) alarms at least once a month.

CO is called the “invisible killer” because it’s a colorless, odorless, poisonous gas. Breathing in CO at high levels can be fatal.

Alaska’s Tobacco Quit Line has launched a NEW suite of user-friendly services to help Alaskans quit tobacco.

Help your patient select the quitting program that is right for them.

**All Access**
Our most comprehensive package includes:
- ✔ Coaching Calls
- ✔ Web Coaching
- ✔ Text Messaging
- ✔ Email Support
- ✔ Free Patches, Gum or Lozenges
- ✔ Welcome Kit

**Web Coach**
Access helpful digital tools through this private online community:
- ✔ Web Coaching
- ✔ Text Messaging
- ✔ Email Support
- ✔ Quit Guide
- ✔ Free Patches, Gum or Lozenges

**Individual Services**
Select some or all of the following services:
- ✔ Text Messaging
- ✔ Email Support
- ✔ Quit Guide
- ✔ Free Patches, Gum or Lozenges

For more information, visit alaskaquitline.com.