From time to time throughout each year, Health Education is asked to host a table at local events to promote departmental services and share the work that we do to improve the health and well being of our Tribal population. At the Winter Wings Festival at OIT, there were many conservationists, environmentalists, and people who had traveled to our beautiful Klamath Basin, from all over the world, to attend workshops and bird viewing field trips. Along with smoking cessation information, healthy heart, and prevention brochures, we shared a handout on fruit and herb-infused waters; this was part of the “Stop the Pop” campaign and a way to offer recipes and ideas on how to drink more water and to avoid unhealthy choices. On the back of the Hot Cheetos handout there was a healthy snack alternative recipe for chili popcorn. A school teacher from Bonanza High School requested flyers for her writing class. They tried several different fruit and herb-infused waters and the chili popcorn recipe. Here are some from the students:

**The Experiment:**
Mrs. Heidrich’s Composition Class at Bonanza High School recently tried fruit and herb-flavored waters as alternatives to sodas, coffee, and energy drinks, and here is what our students had to say:

**Testimonials:**
- Drinking water flavored with fruit and herbs reminds me of a sweet summer day. – Lupe Ortiz
- A citrus drink tastes exactly like the delicious lemon and orange inside the flask. – Elena Dahl
- I would change my daily drink to cucumber water! – Angela Kelly
- Cucumber water has a delicate taste that appeals to this tea drinker, and is worth a try for anyone wanting to reduce their intake of sugar, caffeine, or unhealthy sugar substitutes. – Melinda Richter
- Cumber-mint water is a fresh alternative to my usual drink choices. – Tommaso Azzetta
- I have tried citrus, mint, cucumber, basil, rosemary, and blackberry water. My favorite is blackberry. – Carson Huffman
- I really enjoyed the water with orange and lemons because it is healthy and not too sweet. I’d choose it over soda any day of the week. – Ethan Shulmire
- All of the different flavors of water were good, but I’d have to say that the cucumber one would be the one I would pick if I wanted to stop drinking unhealthy drinks. – Patricia Dahl
- If you love oranges and water, orange-infused water makes a complete, not-too-sweet drink that tastes like fresh-peeled oranges. – Brandon Romero

If you wish to try the recipes for chili popcorn or fruit and herb infused water please contact: Diabetes Management Program Coordinator: Aislyn Ukpik 541-892-1487 x304
Why is Medication Synchronization (Med Sync) Important?

- It is estimated that 21% of Americans use three or more medications and 10% take five or more medications. A study by Harvard Medical School found that when medications were not synchronized, patients had adherence rates that were 8.4% lower than patients for which medications were synchronized.
- Poor medication adherence contributes to worse health outcomes and higher healthcare costs to individuals and the health care system as a whole. Non-adherence to medications accounts for 33% to 69% of medication-related hospital admissions and approximately 125,000 deaths annually in the United States. Poor medication adherence costs the U.S. healthcare system $290 billion annually – 13% of total healthcare expenditures.
- The U.S. healthcare system spends $290 billion annually on preventable complications caused by non-adherence.

How Does Med Sync Work?

1. Your pharmacists will review your prescription list with you and formulate a plan for synchronization of your medications. If needed, the pharmacist will perform partial or short fills to synchronize to the determined recurring date.
2. Each month, the pharmacist will call you to discuss your medications. This call is made 7 or 8 days prior to you picking up your medications. This is a good time to discuss changes, side effects, or any questions you may have.
3. The pharmacy will then proactively refill your medications, relieving worries of missed refills or running out of your medications.
4. You will pick up your medications in one visit to the pharmacy. The pharmacy will deliver the meds to you if you are eligible for home delivery.

What are the Benefits of Med Sync?

- It allows for greater pharmacist oversight to address potential contraindications, duplicate drug therapy, and errors.
- It reduces disruption of treatment through delayed or missed refills.
- It minimizes confusion over when a prescription is due to be filled and avoids an opportunity for patient education on medication use.
- It eliminates repeated trips to the pharmacy each month, saving you time and transportation costs.

For more information on how to register for this service, please contact Debra Ryan in the Medical Records Department at (541) 882-1487 ext. 329.

Left to Right: Tiffany Rich, Tehnie Clark, Debra Qujada, Shanti Tweetop

Asthma Workshop Available

With allergy season upon us, asthma flare-ups are on the rise. Approximately 26 million Americans, including 6 million children, may experience asthma symptoms during this peak season. While there is no cure for asthma, the chronic lung disease can be controlled. From gaining a good understanding of asthma triggers to everyone playing a part to create asthma-friendly spaces, together we can ensure that those living with asthma breathe easier.

With proper attention and management, those living with asthma can live an enjoyable, healthy life. The Living Well Coalition of Klamath County is offering the American Lung Association’s Breathe Well, Live Well workshop.

This workshop includes topics such as:

- How to recognize and manage triggers like allergens, the environment, behaviors and respiratory infections
- Understanding the importance of creating a plan to stop an asthma emergency from occurring
- Knowing how to respond to a breathing emergency

For more information or to register, please contact Cally or Valerie at (541) 274-7250.

The upcoming workshops are scheduled for Tuesday, July 10th from 2 pm-5 pm or Saturday, July 14th from 9 am-12 pm. These workshops are free to the public.

If you are experiencing asthma symptoms please call your KTHFS provider today!

National Nurses Week

National Nurses Week is celebrated annually May 6th through May 12th. National Nurses Week is a national observance that not only celebrates nurses, but raises awareness about the importance of their contributions to society. This celebration started in 1962 and is celebrated by all nurses.

The week ends on May 12th and marks the birthday of Florence Nightingale.
Klamath Tribal Health & Family Services (KTHFS) provides a variety of physical health, dental, and behavioral health services to its patients. However, at times it is necessary for KTHFS patients to have referrals to other facilities. A referral is an order from your primary care provider to see a specialist for a specific medical service that we do not have available on site. This is initiated during an office visit or scheduled appointment at Klamath Tribal Health & Family Services.

Referral is a process that requires action from various entities. Our referral staff will first verify your insurance status. If you do not have insurance, our Patient Benefits Coordinator is happy to assist with the application process. If you are currently insured, a Patient Registration Clerk will take a copy of your insurance card for our records. A request listing required service details is also sent to our P/RC (Purchase/Referred Care) Technicians for review and is typically approved or denied by the following Wednesday. In this case all required forms and documentation are sent by the KTHFS referral staff. Insurers all have a process of their own. While most will approve or deny a service request within around 3-5 business days, some like Oregon Medicaid Plus can sometimes take 60-90 days to respond.

After receiving any required prior authorizations, your referral is then sent to the Medical Service Specialist. The referral is reviewed and urgency is prioritized by diagnosis for you to be scheduled. Most often the specialty scheduler will attempt to contact you by phone. On some occasions, new patient paperwork or packets will be sent to you by mail and can be required prior to your appointment. It is always in your best interest to keep your contact information up to date with us so the specialty service can reach you.

Tobacco 21 – Our Travel Center Excels!

Oregon passed the Tobacco 21 law, raising the legal age to purchase tobacco products to 21, which went into effect this spring. Our own Crater Lake Junction Travel Center (CLJTC) decided to adopt this measure, being proactive in protecting our young people, even though such state laws do not pertain to sovereign tribal properties. Kudos, to management at the CLJTC!

The health of our people, and especially our kids, will benefit from steps and strategies intended to protect and inform. According to Oregon Health Authority staff, quite a few tribal entities have adopted Tobacco 21, accepting that this measure will at the minimum decrease legal tobacco product purchases by our younger people. Given that Native American youth statistically begin smoking at an earlier age, measures such as these are a step in the right direction.

Thank you to all of the staff at the Crater Lake Junction Travel Center!

Stop. Think. Connect.

Stop. Think. Connect. is a national public awareness campaign aimed at increasing the understanding of cyber threats and empowering the American public to be safer and more secure online. Cyber threats affecting you, your family, and members of your community include:

Identity Theft
- Identity theft is the illegal use of someone else’s personal information in order to obtain money or credit.
- Identity theft can happen to anyone in any location across the country.

Fraud and Phishing
- Fraud is the intentional perversion of truth in order to induce another to part with something of value or to surrender a legal right.
- Phishing is a scam by which an email user is duped into revealing personal or confidential information that the scammer can use illicitly or fraudulently.

Learn more at: www.dhs.gov/stopthinkconnect
Women's Health Update

Honoring our Women will be the theme for Restoration Celebration this August 2018. As a reminder, Klamath Tribal Health & Family Services (KTHFS) has four providers, three women and one male, ready to help any patient improve their health. In particular, all our providers are ready to see you for your annual screening, exams and any other women's health care service. Appointments are now available during our extended hours from 8:00 am to 4:30 pm every weekday.

If you are planning a pregnancy, please come in for an appointment before you are pregnant so we can help you get your prenatal vitamins, update your vaccines and give you advice on what medications you can take in pregnancy. Vaccination against whooping cough is recommended for all members of households that include infants. Taking your prenatal vitamin before you become pregnant helps prevent brain and spinal defects that can occur before you even know you are pregnant. All tribal facilities can give you information support for you and all members of your household to quit smoking. Of course, it is best to taper off all alcohol and substances a month or more before you get pregnant. For additional information check www.ihsgov/womenshealth/maternalchildhealth/prenatal. If you think you are pregnant, come in to our Walk-in Clinic for a confirmatory pregnancy test and referral for care during your pregnancy. Our Walk-in Clinic hours are 8:00 am to 3:30 pm every weekday.

If pregnancy is not in your plan, the clinic provides information on all forms of birth control, family planning, and abstinence. Non hormonal IUDs are available along with hormonal long term birth control like Nexplanon, Mirena, and Depo-Provera. All services in the clinic are free of charge to registered patients. For additional information check www.medlineplus.gov/birthcontrol.html.

If you think you need a referral for a mammogram and are a registered patient at the clinic please call and leave a message at 542-882-1487 or 1-800-552-6290. Pap smears and mammograms catch abnormalities early and with early small procedures done locally you can stay home with your family and prevent the death or disability associated with late stage cancer. If you are not yet a registered patient, call us and we will help you come in and get registered. The providers at KTHFS are here to help keep all members of your family healthy. Call in today for an appointment.

STD Awareness

BY ANDRIA APOSTOLOU, PHD, MPH, IHS NATIONAL STD PROGRAM LEAD, DIVISION OF EPIDEMIOLOGY AND DISEASE PREVENTION, IHS

April is recognized as Sexually Transmitted Disease (STD) Awareness Month and brings attention to the nearly 20 million new STDs that occur in the United States each year. The theme for this year’s STD Awareness Month was “Treat Me Right,” which focuses on the relationship between healthcare providers and their patients. For providers, “Treat Me Right” is an opportunity to ensure that they have the needed tools to properly detect and treat infections. It also, however, presents an opportunity to share resources about how to build door-to-door trust with patients that extends from the waiting room to the exam room, as well as how to engage with patients in a way that makes them feel heard and respected. This year’s theme also reminds us that we need to encourage patients to learn about STDs and STD prevention, but just as importantly, to empower them to ask their provider what they can do — and how they can work together — to stay safe and healthy. The CDC’s STD Awareness month website contains resources for patients and providers including fact sheets, brochures, STD testing site locators, “Treat Me Right” graphics, sample tweets and Facebook posts.

While STDs affect all racial and ethnic groups, American Indian/Alaska Native (AI/AN) populations bear a disproportionate burden. In October 2017 the Centers for Disease Control and Prevention (CDC) released its latest Sexually Transmitted Diseases Surveillance Report with data through 2016, showing for the third year overall increasing rates for chlamydia, gonorrhea and syphilis. While STDs can impact anyone, the CDC report underscores how disparities are deepening for the hardest-hit and most vulnerable groups including youth aged 15-24, gay, bisexual and other men who have sex with men (MSM) and pregnant women and their infants. The report identifies the following key findings for the AI/AN population:

• The chlamydia rate for AI/AN in 2016 was 749.8 cases per 100,000 population, an increase of 5 percent from 2015. The chlamydia rate among AI/AN women 15-24 years of age.

• In 2016, the gonorrhea rate for AI/AN is 4.4 times the rate among Whites, an increase of 26 percent from 2015. The disparity was larger for AI/AN women than for AI/AN men.

• There was a 43 percent increase in the rates of Primary B Secondary (PBS) syphilis among AI/AN during 2015-2016 with again the disparity larger for AI/AN women than for AI/AN men.

• There was an increase of congenital syphilis rates observed among AI/AN during 2015-2016 with rates among AI/AN 6 times the rate among Whites.

In an effort to stem the rising rates of STDs in Indian Country, the IHS National STD Program, in collaboration with CDC has developed surveillance reports and additional technical assistance resources that can be used as-is or adapted by individuals and clinicians to guide local STD screening and treatment efforts. These resources include sample policies and protocols that are available to sites to adopt or adapt based on site’s needs and local epidemiology. National EHR reminders prompting STD screenings for targeted patient groups are available for deployment at local sites to improve chlamydia and other STD screening rates. Policies and standing orders, the consistent use of clinical reminders in the Electronic Health Record (EHR), and patient and provider education are important and proven interventions for improving STD screening rates and disease prevention. Since many STDs are asymptomatic, routine screening high risk groups and treating people with STDs and their partners are also key strategies for preventing new infections.

The IHS National STD program is committed to continue raising awareness of STDs as a high priority health issue and supporting partnerships, collaborations, policies and education that help reduce the impact of sexually transmitted diseases in Indian Country.

In the special issue of the IHS STD newsletter you can find information on success stories of STD prevention in Indian Country, an inter-professional approach to improve HPV prevention, resources on how to reach youth and provider trainer opportunities and announcements of upcoming trainings. A literature summary to highlight recent articles addressing STDs among AI/AN is also presented.

We encourage you to share this information with your colleagues, outreach to your patients regarding STDs and to leverage the momentum spurred by the STD Awareness month observance to bring a renewed focus to your STD prevention efforts.

Visit www.ihsgov/epi/std-program/
The Difference Between Grief, Mourning and Bereavement

These three words are often heard and yet many times their true meaning gets lost. It is worth a moment to stop and understand the difference between these words in service of your grief journey.

What is grief?
Grief is our internal experience to loss. This includes the thoughts and feelings that each of us have when someone we love dies. Our ability to grieve stems from our capacity to give and receive love. Many of us have been given the message that grief is something “to get over.” The reality of the situation is that grief is not something that one “gets over.” Rather we integrate our grief by being touched by the feelings. In a way it is our grief that manages us or guides us rather than us trying to manage our grief. Grief is integrated when it is welcomed rather than being based on a set time.

What is mourning?
Mourning, often heard interchangeably with grief, is different. Mourning is the outward expression of our grief. In other words, it is our shared social response to loss. In simple terms, mourning is grief gone public.

It is through authentic mourning that our grief begins to soften. The fancy term for this process is perturbation which is the capacity to experience change and movement. Emotions are a vast source of information for us and that extends to grief as well. At times grief is something many of us want to run away from or evade because the emotions that come along with it don’t feel good. However, when we run away from those emotions and deny them a chance to be felt we set ourselves up to be stuck in grief. Emotions want to be felt. They need motion. That is not to say, however, that there isn’t a time and place for mourning.

What is bereavement?
One final word to explore within the grief journey is bereavement. To be bereaved is being torn apart and to have special needs. After the loss of a loved one in our lives, we may feel torn to pieces or feel like there is a hole in our lives. And we do have special needs. Things are different and our needs have shifted.

No matter where one is on their grief journey, it is a journey. Moving from our internal feelings and thoughts into authentic mourning and knowing that we can’t go back to the way it was before. Rather we seek a new integration, a new normal, all the while knowing that there will be days when tears will flow or smiles will come. Be it 5 days after the loss or 50 years. Being open to giving yourself permission to feel these emotions is a healthy step in managing how we are feeling.

Complicated Grief: Recognizing When Grief Becomes Disabling
Following are some of the symptoms that can indicate your grief has shifted into complicated grief if you are still experiencing them six months to a year after the death of your loved one:
• Persistent and invasive thoughts of your loss that disrupt daily activities
• Avoiding or feeling consumed by reminders/memories of your loved one
• Unable to accept the finality of the death
• Intense yearning for your lost loved one
• Feeling angry about the death
• Feeling numb or confused, developing a loss of trust in others
• Isolating from others
• Suffering physical symptoms similar to that experienced in the deceased’s final illness
• Feeling that life is meaningless and hopeless without your loved one

If you can identify with the above signs and symptoms, please know that the point isn’t to put these feelings behind you altogether; that’s not possible or even desirable. The point is to gain perspective and help grief find its rightful place in your life. There is a way back to healthy grief. Loss and love can walk side by side into the future that is patiently waiting for you.

If you are interested in seeking support for coping with grief and loss, please contact Tribal Health’s Youth and Family Guidance Center at 541-884-1841. We have counselors that are available to provide support and a listening ear.

KTHFS now has a Behavioral Consultant in our primary care clinic. We wanted another location for you to talk to a provider. Or you can make an appointment to see a provider at YFGC.
KTHFS Chiloequin Building
Plans Update:

Klamath Tribal Health & Family Services (KTHFS) is pleased to give an update on two major building projects taking place in Chiloequin. We have a teaching kitchen building remodel project underway as well as the new 3,570 sq ft - Multi-Use Community Building project being constructed right next to the Health Education modular. This is an exciting time for the Klamath Tribes to provide two new buildings to address and support the work space shortage that Tribal Health is currently experiencing.

The newly remodeled teaching kitchen will be a great compliment to the Health Education team. It will include several new fully-functioning work space kitchens for teaching nutrition classes, food preparation, and community teaching events. The space will also be utilized for food storage and office space.

Since the Klamath Tribes’ modular building (located across from the Chiloequin Park) burned down in October 2016, the tribes have worked hard to come up with a solution to remedy our office and meeting space short falls. This is a pivotal moment, because it means we’re growing and expanding services to our people.

The new Multi-Use Community Building is currently under construction. This building will provide the much needed meeting/office space for Tribal Health programs like YFGC Prevention Program, Diabetes Prevention program, BH programs, dietitian services, health education services, screenings and other community based services. The 3,570 sq ft - stick-built building will also feature collapsible walls to provide additional expanded work and meeting space when needed.

First, we would like to thank Tribal Council for providing the support, leadership, and additional expanded work and meeting space that Tribal Health is currently experiencing.

The groundbreaking ceremony for the Multi-Use Community Building took place on June 7, 2018 with Tribal Council, KTHFS Staff, and Modoc Contracting Co., Inc. It was a great success. We gathered at the project site wearing hard hats with shovels in hand. The sun was shining and tribal faces were smiling. What a great day and an even greater feeling to know that these buildings are going to enhance the health and well being of our tribal community!

Good Food Good Medicine!

The KTHFS spring session of the project ‘Childhood Obesity Prevention through Good Food Good Medicine’, was very well received by the youngsters attending the after school program, titled Chiloequin Learns After School (CLAS).

Patty Case, from the Klamath County Extension Office, was our instructor for this 3-part project, who had extraordinary support from our own Aislyn Ukpik and various volunteers. The classes intended to teach kids how to handle food, to safely use kitchens equipment, and to expand their knowledge of vegetables and fruits. The project provided the ingredients for the class and also sent home these ingredients so the kids could share what they learned with their families. Participation varied from 25 to 30 students.

Two students, Hannah and Diane, from Oregon Institute of Technology, under the guidance of Dr. Sophie Nathenson, participated in observing the kids, to prepare an evaluation of the project. We hope that this evaluation will show the need and the success of this project, and enable us to expand and carry on.

On the last day of these classes, the kids were “tested” and excelled! Ms. Case also asked them what their favorite recipe was, and it was a close tie between spinach strawberry smoothies and black bean dip. At our celebration event, the kids received an award certificate, chef hats, aprons and knives to encourage them to continue learning.

Our last sessions of class were held June 25 through June 28, from 10:30 am to 12:00 pm, in the form of a summer camp open to all children. This event was held at the United Methodist Church by the park, just before this summer’s ParknPlay event. We are grateful to the Church for housing our Summer Camp, as our kids enjoyed the cooking and the presentations. We are looking forward to continuing such classes at our own modular in the near future!

Preventive Dentistry for Children

Our children are our future and our joy. We love them and want to give them all the advantages we can. Preventative dentistry for children is one gift we can all give them. The dental clinic is focused on doing all we can to prevent dental disease in our children. The biggest problem children have is tooth decay.

Prevention of cavities is the best answer. Some of the things parents and guardians can do for their children is to make sure they have a dental home as soon as they begin to get their teeth. The small children learn quickly and remember their visits to the dental clinic. If they start coming before they have cavities or a dental problem, they learn to trust the dental clinic. Limiting the amount of sugary foods we give our children will go a long way in prevention of decay. Also, brushing or wiping their teeth for them and teaching them how to care for their teeth is important.

The dental clinic has a Minimal Invasive Program in place which means we do all we can to minimize or lessen the negative dental experiences a child will have. Those children with decay can be treated with a special formula called Silver Diamine Fluoride which slows down the decay until it can be addressed. The dental clinic has qualified dentists who can do many of the procedures. Luckily, we also have a pediatric dental specialist who comes once a month to the Wellness Center and can take extreme cases at his office in Medford.

We all care for our children and want the best for them. Preventative dentistry goes a long ways in accomplishing this. We thank the tribal community for all their support and trust.
KTHFS Pharmacist Deployed to Atlanta, Georgia to Support Hurricane Irma & Maria Relief Efforts

LETTER FROM TIM LANGFORD, USPHS PHARMACIST

As one of your pharmacists and a US Public Health Service officer at Klamath Tribal Health & Family Services (KTHFS), I appreciate the opportunity to work for you and to earn your trust over the last 12 years. In March of this year, I deployed to Atlanta, Georgia for 2 weeks to serve high needs medical evacuees from the hurricanes that devastated the US Virgin Islands, Puerto Rico, and the east coast states. The goal of this mission was to help medically stabilize and return people to their homes as medical services become available.

During this deployment, I did not work as a clinical pharmacist. Instead, I served as a Case Management Director of contractors and oversaw 20 to 30 case managers, registered nurses (RN), and certified medical assistants (CMA) along with in-home care providers, housekeepers, transporters, food service providers, etc. This group of contractors helped provide care of medical evacuees stable enough to not be hospitalized, yet still not able to return to their home for medical reasons.

I worked with another 20 to 30 officers that were overseeing the whole mission, providing logistical support, and providing direct case management of 10 to 15 patients that continued being hospitalized. For more information, look up the article “Driven From Island Homes by Storms. Dialysis Patients Can do Little but Wait” that was published in The New York Times on February 17, 2018 to further understand the challenges medical evacuees suffered and continue to suffer.

I appreciate KTHFS and The Klamath Tribes for supporting this mission. Thank you for supporting us. Our Public Health Services officers to serve others in our nation with high needs and for the opportunity to represent you in this service. Sincerely,

Tim Langford

Patient Satisfaction Survey

Each year during the month of December, KTHFS conducts its annual Patient Satisfaction Survey process across the medical, dental, behavioral health, transportation and pharmacy program areas. This year we even incorporated a health education survey! Patient satisfaction surveys help us identify areas where we are doing well and ways of improving our practice. Ultimately, that translates into better care and happier patients. What’s more, it shows our staff and patients that we are really interested in quality and are looking for ways to improve.

Like most health clinics, KTHFS has three general goals when it comes to how we interact with patients:
• To provide quality health care
• To make that care accessible
• To treat patients with courtesy and respect

Our survey questions covered each of these three areas:
• Quality concerns (i.e., is the patient satisfied with his or her medical care?)
• Access concerns (i.e., is it easy to make an appointment or get a referral?)
• Interpersonal communication (i.e., are the physicians and staff caring and compassionate?)

We included some open-ended questions too:
• “What do you like best about our practice?”
• “What can we do to improve?” It was very powerful to learn what our patients are thinking in their own words.

“They are constantly aiming & striving to provide excellent care. Making an improvement in services & attention to patients is noticeable to myself, I like & appreciate it” - KTHFS Patient

Summary of 2017 Patient Satisfaction Survey Results compared to 2016 (highs and lows):

<table>
<thead>
<tr>
<th>Service Area</th>
<th>2017 (n)</th>
<th>2016 (n)</th>
<th>High</th>
<th>Excellent</th>
<th>Good</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Poor</th>
<th>Fair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td>High</td>
<td>Excellent</td>
<td>Good</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Poor</td>
<td>Fair</td>
</tr>
<tr>
<td>Caring concern of your doctor/nurse practitioner</td>
<td>(n205)</td>
<td>(n201)</td>
<td>85%</td>
<td>Excellent</td>
<td>28%</td>
<td>Good</td>
<td>10%</td>
<td>Sometimes</td>
<td>8%</td>
</tr>
<tr>
<td>Caring concern of the pharmacist</td>
<td>(n35)</td>
<td>(n30)</td>
<td>100%</td>
<td>Excellent</td>
<td>85%</td>
<td>Good</td>
<td>10%</td>
<td>Sometimes</td>
<td>5%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
<td>High</td>
<td>Excellent</td>
<td>Good</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Poor</td>
<td>Fair</td>
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<tr>
<td>Friendliness and courtesy of front desk clerk</td>
<td>(n271)</td>
<td>(n263)</td>
<td>89%</td>
<td>Always</td>
<td>12%</td>
<td>Usually</td>
<td>8%</td>
<td>Sometimes</td>
<td>3%</td>
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<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td>High</td>
<td>Excellent</td>
<td>Good</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Poor</td>
<td>Fair</td>
</tr>
<tr>
<td>The pharmacist offers written information about my medicine</td>
<td>(n212)</td>
<td>(n190)</td>
<td>100%</td>
<td>Excellent</td>
<td>95%</td>
<td>Good</td>
<td>5%</td>
<td>Sometimes</td>
<td>0%</td>
</tr>
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<td>Transportation</td>
<td></td>
<td></td>
<td>High</td>
<td>Excellent</td>
<td>Good</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Poor</td>
<td>Fair</td>
</tr>
<tr>
<td>The scheduler is courteous and friendly</td>
<td>(n35)</td>
<td>(n30)</td>
<td>100%</td>
<td>Always</td>
<td>2%</td>
<td>Usually</td>
<td>8%</td>
<td>Sometimes</td>
<td>0%</td>
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<tr>
<td>Health Education</td>
<td></td>
<td></td>
<td>High</td>
<td>Excellent</td>
<td>Good</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Poor</td>
<td>Fair</td>
</tr>
<tr>
<td>The friendliness and courtesy of the health education staff</td>
<td>(n355)</td>
<td>(n300)</td>
<td>75%</td>
<td>Always</td>
<td>25%</td>
<td>Usually</td>
<td>0%</td>
<td>Sometimes</td>
<td>0%</td>
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</tbody>
</table>

In response to your feedback, KTHFS recently improved “Walk-in Clinic” in both the Medical and Dental clinic, we recruited and hired permanent providers, expanded our hours of operation, we participated in Customer Service training, recruited additional program staff and initiated quality improvement projects. Your voice matters. We encourage all patients to participate in this important process...
A goal of the HIPAA Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide quality health care and to protect the public’s health and wellbeing.

What is the HIPAA Notice I receive? Klamath Tribal Health & Family Services offers all patients a copy of its “Notice of Privacy Practices”. This Notice is important because it describes how medical information about you may be used and shared and how you can get access to this information.

What is in the Notice? The Notice describes how the Privacy Rule allows providers to use and disclose protected health information. It explains that your permission (authorization) is necessary before your health records are shared for any other reason. The Notice also describes your health privacy rights, the organization’s duties to protect health information privacy, and how to contact the organization for more information or to make a complaint if you believe your privacy rights have been violated.

What information is protected? The Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate, whether it is in electronic, paper, or oral format. This information is referred to as “protected health information (or PHI)”. PHI is any information that relates to or includes:

- An individual’s past, present or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual
- Common identifiers such as an individual’s name, address, birthdate or social security number

Why do I have to sign a form? The HIPAA (law) requires us to state in writing that you received the Notice. Signing does not mean that you have agreed to any special uses or disclosures (sharing) of your health records. Refusing to sign the acknowledgment does not prevent a provider or plan from using or disclosing health information as HIPAA permits. If you refuse to sign the acknowledgment, the provider must keep a record of this fact.

How can I receive or view a copy of the Notice of Privacy Practices? There are many ways to obtain a copy or view the KTHFS HIPAA Notice of Privacy Practices:

1. The Notice is part of the registration packet offered at the time of registration.
2. The Notice is posted at all KTHFS healthcare facilities
3. You may ask for a copy at any time.
4. If you would like a copy of the Notice mailed to you, please call the HIPAA Privacy Officer at (541)882-1487
5. The Notice of Privacy Practices can also be found on our website at: www.klamathtribalhealth.org/compliance-hipaa/

Welcome Aboard: Second Quarter New Hires (April – June)
Klamath Tribal Health & Family Services added several new employees the second quarter of 2018. Please welcome our new hires to the KTHFS Team.

The Finance Department added one new hire this quarter. Leah Barlowe is the new Accounts Payable Specialist.

The Youth & Family Guidance Center brought on several new faces. Amelia Barbosa, Administrative Assistant, Wylan Lugo, Prevention Specialist, Felicia McNair, Prevention Specialist all joined the YFGC Team. Devery Saluskin who previously worked as a Substance Treatment Counselor was hired as the new Recovery Support Specialist.

The Medical Clinic has some new faces as well. Holly Anderson-Caldwell, a Commissioned Officer, has been assigned to serve as our new Behavioral Health Consultant in Medical. Jenna Alexander replaced Louisa Hamilton as the Nurse Supervisor; and Dr. Shane Coleman who is our new Chief Medical Officer will be on site full time the end of June.

In the Patient Registration Office, Cierra Hescok moved from Tribal ACA Outreach & Education Clerk to Patient Benefits Coordinator.

The KTHFS Administrative Services Department worked with the Tribes’ Education Department to bring on two college interns. Sahalie Crain and Keifer Henthorne will be working with various departments at KTHFS to learn about the services provided and help with special projects over the summer.

All open positions are posted on the Klamath Tribal Health & Family Services web page. You can find our open positions under the jobs tab on the Klamath Tribal Health and Family Services website: www.klamathtribalhealth.org. Temporary hires are located using The Klamath Tribes’ Education and Employment Department’s Temporary List.

Tribal Members, please consider making healthcare your career. Parents encourage your children to dream big and become healthcare providers; there is a great need in the healthcare industry. We look forward to adding more Tribal members to our staff.

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**Welcome Aboard!**

- Jenna Alexander
- Amelia Barbosa
- Leah Barlowe
- Holly Caldwell
- Shane Coleman
- Sahalie Crain
- Keifer Henthorne
- Cierra Hescok
- Wylan Lugo
- Felicia McNair
- Devery Saluskin

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"Heal Ourselves, Heal the World"
KTH&FS
Introduces Mindful Yoga w/ Renee Frye from Sacred Sol Healing.
Chiloquin at the goos olgi gowa building off of Hwy 62 from 11:30AM to 12:30PM
Fridays:
- June 22nd
- July 6th
- July 20th
- August 3rd
- August 17th
- August 31st
- September 14th
- September 28th

YFGC Prevention Building on Main Street from 12:00PM to 1:00PM
Mondays:
- June 25th
- July 9th
- July 23rd
- August 6th
- August 20th
- September 3rd
- September 17th

Mats are provided, just bring a travel and water bottle.
### Upcoming Events: Third Quarter / July–September 2018

<table>
<thead>
<tr>
<th>EVENT NAME</th>
<th>PROGRAM</th>
<th>DATE</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Day-Observed – ALL KTHFS OFFICES CLOSED</td>
<td>KTHFS</td>
<td>July 4</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Restoration - ALL KTHFS OFFICES CLOSED</td>
<td>KTHFS</td>
<td>August 24</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Labor Day - ALL KTHFS OFFICES CLOSED</td>
<td>KTHFS</td>
<td>September 3</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>National Indian Day - ALL KTHFS OFFICES CLOSED</td>
<td>KTHFS</td>
<td>September 28</td>
<td>Executive Assistant</td>
</tr>
</tbody>
</table>

### Recurring Events: Third Quarter / July–September 2018

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DEPARTMENT</th>
<th>DATE</th>
<th>TIME</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellbriety: Talking Circle—Klamath Falls</td>
<td>YFGC</td>
<td>Mondays</td>
<td>4 – 6 pm</td>
<td>Monica YellowOwl/ Devery Saluskin</td>
</tr>
<tr>
<td>Sweat lodge</td>
<td>YFGC</td>
<td>1st Tuesdays</td>
<td>Varies</td>
<td>Chris Turner/Devery Saluskin</td>
</tr>
<tr>
<td>Wellbriety Outings</td>
<td>YFGC</td>
<td>4th Tuesdays</td>
<td>Varies</td>
<td>Chris Turner/Devery Saluskin</td>
</tr>
<tr>
<td>Full Body Workout</td>
<td>Health Ed</td>
<td>Starting 2nd Wed. of February/South 6th St (Bi-Monthly DM Seminar)</td>
<td>5:30-7:30 pm</td>
<td>Aislyn Ukpik</td>
</tr>
<tr>
<td>Diabetes Seminar</td>
<td>Health Ed</td>
<td>Tuesday/Chiloquin HS Culture Club cancelled for the summer, will restart in October</td>
<td>3:00-5:30</td>
<td>Monica YellowOwl/ Chloe Say</td>
</tr>
<tr>
<td>Culture Club</td>
<td>YFGC</td>
<td>Wednesday/633 Main St. Culture Club cancelled for the summer, will restart in October</td>
<td>3:00-5:30</td>
<td>Monica YellowOwl/Chloe Say</td>
</tr>
<tr>
<td>Mindfulness Yoga</td>
<td>YGFC</td>
<td>Monday/633 Main St beginning June 25th</td>
<td>12:00-1:00</td>
<td>Renee Frye</td>
</tr>
</tbody>
</table>