Health News & Notes

A Publication of the
Northwest Portland Area Indian Health Board

January, 2007

Our Mission is to assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.

Indian Health Service FY 2007 Appropriations Stalled

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FY 2007 IHS Appropriations
(Dollars in Thousands)

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House Difference (vs. Senate)*	$878	
* After Fixed Cost Decreases		

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From the Chair:

Linda Holt

Northwest Portland Area Indian Health Board

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It is hard to believe that another year has gone by here at the Board. The time has flown by with all the important activities that we are engaged in. There are so many challenges our health programs face and when we look back on our progress, it may seem like we have not made much headway on our issues. It's important we take time to reflect on our successes and failures and let the lessons guide us and give us the strength to continue the important work we do.

This past year, we worked very hard on the reauthorization of the Indian Health Care Improvement Act (IHCIA). Even when the bill looked dead we forged ahead and as windows of opportunity would appear we would once again hit the hill to advocate for its passage. Last year saw us get the IHCIA bill through the three Senate committees of jurisdiction on Indian health matters. There was good bill language reported out of the Finance Committee that preserved Indian participation in Medicaid. There were improvements in facilities language made by the Health, Education, Labor and Pensions Committee. The bill was hotlined for passage in the final moments of Congress only to be met with objections by the Department of Justice (DOJ) and the Administration. The objections questioned the Federal government's responsibility to provide health services under the federal trust relationship and abrogate responsibilities under treaties and executive orders.

The Board rose to this challenge and was successful in getting a meeting at the White House last November to discuss the concerns presented by DOJ and the Administration. Our hope was to have DOJ withdraw its white-paper and get a commitment from the Administration to support passage of the IHCIA. Unfortunately, we got neither and the IHCIA died in the 109th Congress. We always held hope that we could get the IHCIA passed, but we learned an obvious lesson—this Administration will not support the passage of the IHCIA and it may be time to move onto other things.

Yes, we will continue to work and support passage of the IHCIA in the new Democratic controlled Congress, but ultimately we will still have deal with the Administration. Getting the IHCIA done during this Administration seems bleak and quite possibly means we may have to look to other legislative priorities. The reauthorization of the Special Diabetes Program for Indians is a very important program for our Tribes and needs to be renewed. Legislation for expansion of the Self-Governance program needs to be introduced and passed. There is a methamphetamine epidemic in Indian Country that will take special legislation to provide adequate resources to address. We are learning more about infrastructure gaps for emergency preparedness and pandemic flu planning, which will take resources to address, and appropriate legislation for Tribes

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From the Executive Director:

Joe Finkbonner

HAPPY NEW YEAR!

As we are about to pick up steam and proceed full speed ahead for the 2007 calendar year, I want to wish you all good health, safe travels, and blessings in your activities.

There is much that lies ahead of us for this coming year, including many new legislative relationships to develop and renewing some as a result of the November elections. I anticipate that NPAIHB members and staff will be as active as we were last year in our efforts to address health disparities in our local communities through participation in local, regional, and federal committees. I know that our Chair, Linda Holt, has outlined much of the work that lies ahead in her report, so I will not duplicate that message.

At this time last year I was beginning my tenure as the Executive Director of NPAIHB and beginning my own search to recruit a new EpiCenter Director. The search finally concluded in July with the recruitment of Dr. Victoria Warren-Mears. Needless to say that eight month period of time was filled with much to do while covering both the EpiCenter and my new role as the Executive Director. As I began my new role, the Board was facing a decline in projects due primarily to grants running their course and coming to an end. At that point, I was faced with the challenge of bringing on additional funding to the NPAIHB in order to be able to proceed with accomplishing the objectives within our strategic plan, or look at reducing the level of resources available to NW tribes via the NPAIHB and delaying the strategic plan timelines. It was clear to me that this was not an option that I should be considering without exhausting an all out effort to increase our scope of services, through grants and additional recruitment of staff to NPAIHB.

To date it is shaping out to be a worthwhile effort. We have added projects such as the Data into Action, the Tribal Epi Consortium, the National Tobacco program (re-newed), PTOTS, a Methamphetamine project, training and outreach program, and other one time awards for such things as a Pandemic flu assessment. All of which have increased our staffing levels and overall resources to the NW tribes.

In addition, we continue with a smoothly operating finance & accounting department that continues to pass the annual audit with flying colors. This year we changed auditors and given that this was their initial year with us they requested substantially more information than our past auditors. I am happy to report that we have a clean audit again this year. The extensive review was a good exercise of our restructuring of the finance & accounting department and aided in assisting us to further define the roles of the department.

This year was also one of strengthening current partnerships with OHSU,

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Northwest Portland Area Indian Health Board

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Bridget Canniff, Tribal EpiCenter Consortium & Data Into Action Director
Cleora Scott, Data Into Action Project Specialist
Birdie Wermy, Data Into Action Project Assistant
Jaci McCormack, TECC Project Specialist
Erin Moran, Outreach and Training Coordinator
Michelle Edwards, Development Specialist
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Luella Azule, NTRC Project Coordinator
Ticey Casey, EpiCenter Administrative Assistant

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National Tribal Tobacco Prevention Network
Gerry RainingBird, NTTPN Project Director
Terresa White, NTTPN Project Specialist

Northwest Tribal Cancer Control Project
Kerri Lopez, NTCCP Project Director
Cicelly Gabriel, NTCCP Project Assistant
Eric Vinson, Survivor & Caregiver Coordinator

Indian Health Service FY 2007

by Jim Roberts, Policy Analyst

There is never enough funding for the Indian Health Service (IHS) to address the health care needs of Indian Country, but what looked to be a decent budget year for Indian health programs in FY 2007 is now questionable. Congress adjourned in December by passing a third continuing resolution that will extend funding for government operations at the FY 2006 level or a lower rate approved by any Congressional action. The most recent continuing resolution is in effect through February 15, 2007. There is speculation among some Congressional members and budget analysts that the FY 2007 appropriations will continue to be stalled in the new Democratic controlled Congress and a continuing resolution through the end of the fiscal year is likely.

Both the House approved and Senate recommended budgets hold decent increases for the IHS when compared to other federal agencies within the Department of Health and Human Services (HHS). Last May, the full House approved it Insterior Appropriations (H. Rpt. 109-465) bill which provided a $148.3 million increase (4.9%) for the IHS budget. Last June, the Senate Committee on Appropriations recommended a budget increase (S. Rpt. 109-275) of $147.5 million (4.8%) for the IHS; however the full Senate has yet to take action. The proposed IHS budgets exceed proposed increases for most HHS agencies except for the Health Services Resources Administration, which Congress has recommended to receive an increase between 7-10%.

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The House and Senate bills provide very similar amounts for IHS programs. The difference between the two bills is a mere $878,000; with the House providing more funding. Although the House bill is more, the Senate bill provides better increases for hospitals/clinics, preventative health, and other services and overall is a much better bill for Indian health programs. The reason for this is due to the amounts for "fixed cost decreases." The House bill includes $37.1 million in fixed cost decreases; while the Senate bill only includes $20 million. The difference of $17.1 million allows more money to be applied to the health service, preventative health, and other services accounts mentioned previously. Aside from the fact that the Senate bill provides more funding for hospital/clinics and preventative services accounts, the increases will establish a higher baseline for future year's budget formulation activity. Applying a 4% increase to the Senate bill is much better for Indian health programs. This negates some of the effect of "fixed cost decreases" and does not erode as much

FY 2007 Labor HHS Education - Health Related Agency Comparision

(Dollars in 1,000s)	President Request	House % of Change vs. Request	Senate % of Change vs. Request
HRSA	-3.8%	7.9%	9.9%
CDC	-4.4%	-3.2%	1.6%
NIH	0.0%	0.0%	0.7%
SAMHSA	-2.0%	0.5%	2.4%
AHRQ	0.0%	0.0%	0.0%
CMS, Total	0.6%	0.5%	-0.1%
Medicaid Prog.	-7.6%	-7.6%	0.0%
IHS	4.1%	4.9%	4.8%

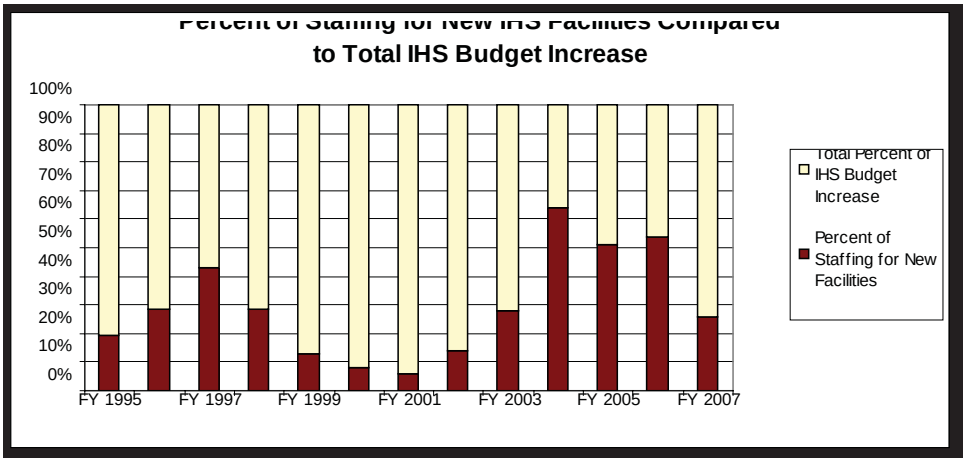
Source: H. Rpt. 109-515 and S. Rpt. 109-287.

Appropriations Stalled

of the IHS base budget. Most certainly, those IHS Areas that have construction projects will defend the House mark because it restores $10 million to the Facilities Construction account. Most Tribal leaders will agree that it is better for Indian Country to take an additional $17.1 million to provide health services than to receive a mere $10 million for facilities construction.

On December 11th, Senator Robert Byrd (D-WV) and Representative David Obey (D-WI), the next Chairmen of the Senate and House Appropriations Committees, issued a joint press release stating the possibility of a year long continuing resolution to complete the FY 2007 Appropriations. The new Democratic leadership indicted that the previous Republican Congress left behind "budget mayhem" that will need to be cleaned up as the first order in the 110th Congress. The new Appropriation Chairman indicated they dispose of the Republican budget leftovers by passing a year-long joint resolution. The Committee Chair's statement indicates that there will be no earmarks until a reformed process is put in place and that future earmarks will only be eligible for consideration in the FY 2008 process, once new standards for transparency and accountability are developed.

What does this mean for the pending FY 2007 IHS budget in the House and Senate? It isn't good for a couple of reasons. First, it means that IHS and Tribal health programs will have to operate their health programs at the FY 2006 spending level. The cost of inflation and increases in user population will cut into stagnate budgets of Indian health programs and ultimately mean less health services for Indian people. Because of previous year's limited health facilities construction funding and phasing in staffing for new facilities, this year's House and Senate proposed budgets would have provided decent increases for Indian health programs. In past years, the phasing in of staffing at new facilities has absorbed up to 50% of the IHS budget increase. This meant that those three to five Tribes that were fortunate to receive a new facility, received at least 50% of the IHS budget increase; while 500 or more Tribes that did not receive a new facility disproportionately shared the remaining 50% of the increase. Because of the past year's moratorium on facilities construction, there is less phasing-in of staff at new facilities in FY 2007, which translates to better increases in the IHS budget for all Tribes to benefit. Approximately 20% of the IHS budget would be directed to staffing at new facilities. It is now questionable what Congress will do with the facilities construction program and staffing for new facilities.



Western Tribal Diabetes Project:

Facing a new year, the Diabetes staff is taking this opportunity to take a look back at 2006 and then look forward to our objectives in 2007.

Training

In 2006, the Western Tribal Diabetes Project (WTDP) provided nine centralized Diabetes Management System (DMS) trainings. Seven of the trainings were hosted by the Northwest Portland Area Indian Health Board, and another hosted by the Albuquerque Area Office in Albuquerque, NM, and one in Billings, MT. In total, 125 people participated in the trainings, including tribal health directors, diabetes coordinators, data managers and clinic providers. In addition to these trainings, WTDP was fortunate to participate in the Diabetes Summer Institute in Albuquerque, NM, where another 20 participants were trained on the Diabetes Management System.

In 2007, WTDP hopes to include more IHS Areas in centralized DMS trainings. WTDP will conduct training in Albuquerque on January 22-24, and we have been asked to conduct training in Phoenix, AZ, due to an expressed interest by tribal programs in that Area. Closer to home, the Project has reserved dates for six trainings to be held at NPAIHB in February, April, June, September, October, and December, 2007.

In 2006, Project staff participated in "Risky Business" trainings at four Northwest tribal sites. These trainings showcase multiple NPAIHB projects and services and often lead to increased training and site visit opportunities. Risky Business trainings offer a wider range of health promotion and disease prevention information for clinical staff than would otherwise be feasible given clinic time constraints.

Nike Native Fitness III, held in August, 2006 was even more successful than the previous two trainings. Over 170 participants attended the two-day training at the Nike World Campus in Beaverton. Nike personal trainers provided information on how to set up exercise programs at the local level, and speakers – including Darryl Tonemah and Chris Frankel – discussed one of the most important topics in any exercise regimen, that of motivation. Nike Native Fitness III also saw several tribal programs speak on the activities that they brought back to the tribes from the previous trainings. Nike Native Fitness IV is coming in 2007.

Site visits

At the core of the WTDP's success are the tribal site visits that WTDP Specialists conduct. The Project completed 32 site visits to the Northwest tribes in 2006, assisting in chart reviews for the Annual IHS Diabetes Audit and training site personnel in the RPMS Diabetes Management System package.

The Annual Diabetes Audit can be quite stressful for tribal programs. This is a time when tribal programs find their already busy schedules busier with completing chart reviews of their patients with diabetes. WTDP has made it a priority to assist Northwest Tribes during the Annual Audit season, May 1 through July 31, so that tribes can quickly resume their normal program activities centered on case management and disease prevention. WTDP Specialists will engage in chart reviews to ensure that the clinic's data on the care delivered to patients with diabetes is up-to-date and complete.

In addition to site visits to assist tribes with the annual audit, WTDP provides on-site trainings for tribes that are unable to send program staff to regular centralized trainings. The Project travels to tribal sites to provide hands-on training for tribal program staff on DMS reporting and using RPMS for case management. WTDP is creating a site visit manual for use by other programs and areas. Similar to the existing *Diabetes Screening Toolkit*, the manual will describe our process for planning and conducting site visits, and will contain customizable templates.

The Project is looking forward to site visits in 2007. In addition to the current specialists, Crystal Gust and Don Head, the Project is pleased to welcome Katrina Ramsey as a specialist to the Project.

Technical assistance

Data issues often emerge when the diabetes coordinators are at their sites, so WTDP maintains a toll-free number (800-862-5497) for over-the-phone technical assistance. In 2006, WTDP fielded over 100 phone calls from tribal programs in the Northwest, and slightly less than that from tribal programs nationally. In addition to telephone communication, the Project also provides technical assistance over email. In 2007, WTDP hopes to maintain the same level of timely technical assistance to tribal programs.

2006 in Review

Each year, WTDP summarizes the results of the Diabetes Audit in the Portland Area in an aggregate report. For each indicator in the IHS Diabetes Standards of Care, the report gives site-specific results, area-wide averages, and trends over time. The site-specific results are coded for anonymity and each site receives a key to their own results. We hope that this report provides a useful context for clinics to chart their goals and progress. The 2006 Diabetes Audit Aggregate Report will come out in 2007.

Meetings and Conferences

The WTDP also keeps abreast of diabetes issues on a national level, by attending the Tribal Leaders Diabetes Committee meetings, strategic planning sessions for pursuing new diabetes funding, and regional diabetes meetings and conferences for the Special Diabetes Program for Indians.

The WTDP is in the planning stages with IHS to host a Regional Diabetes Conference. This conference will address diabetes issues in Indian Country, including best practices, and successes of tribal programs. As the funding cycle for the diabetes funds winds down, it is important to remind Congress why diabetes funds were approved, and the strides tribal programs have taken in diabetes care and prevention.

2007 Diabetes Management System (DMS) Training Dates in Portland

Northwest trainings
February 28 – March 1 (Beginning)
June 6-7 (Advanced)
September 19-20 (Beginning)
December 5-6 (Advanced)

National trainings (combined Beginning & Advanced)
April 17-19
October 23-25

For more information, see our website at http://www.npaihb.org/epi/cadsp/project_information.html

NPAIHB Methamphetamine Clearinghouse

by Sonciray Bonnell, Health Resource Coordinator

During the October 2006 Quarterly Board Meeting Delegates voted to create our own "Methamphetamine Task Force." The Executive Committee and NPAIHB staff decided that "NPAIHB Methamphetamine Clearinghouse" was a more accurate description for this new charge. Because there is not money attached to our Meth Clearinghouse, the main role is information sharing. One initial task is to survey Tribes to determine what your communities are doing to address the meth problem and then to share this information with all NW tribes. Eventually, we hope to secure funding to create a NPAIHB Meth Project.

I will be forwarding meth related trainings, conferences, and resources as I receive them. **You must request to get on the NPAIHB Meth Clearinghouse electronic listserv in order to receive materials.**

Sonciray Bonnell is the point person for the NPAIHB Methamphetamine Clearinghouse. If you would like to be on the NPAIHB Methamphetamine Clearinghouse list to start receiving information please contact me at (503) 228-4185 ext. 260 or at sbonnell@npaihb.org

Northest Portland Area

NW Tribal EpiCenter

EpiCenter Director
Victoria Warren Mears

Diabetes & Cancer
Project Director
Kerri Lopez

Diabetes Project Specialist
Crystal Gust

Diabetes Project Specialist
Don Head

Diabetes Project Specialist
Katrina Ramsey

Diabetes Project Specialist
Rachel Plummer

Survivor Caregiver
Eric Vinson

Cancer Project Assistant
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IRB/Immunization Coor.
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EpiCenter Assistant
NWTDSC & FAS Assistant
Ticey Casey

PTOTS Director
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Navigator Research Director
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Natl Tobacco Network
Project Director
Gerry RainingBird

NTTNP
Teressa White

From the Chair: continued

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to be able to access those resources. Finally, there are legislative fixes that need to occur to preserve Indian participation in Medicare and Medicaid that we will need to work on.

In the coming year, the Board will be looking to you Tribal leaders and Delegates to provide us the direction on your legislative priorities. Our upcoming Quarterly Board Meeting will focus on passing our annual legislative plan for the 110th Congress and preparing for the FY 2008 President's budget. This past year has seen us be successful in elevating the methamphetamine issue in Indian Country. We still have a tremendous amount of work to do on this issue and it will continue to be focal point in our work. The CMS Tribal Technical Advisory Group continues its important work on Medicare and Medicaid issues. We have finally seen the Medicare-like rate regulations be approved by IHS and CMS and are now at the Office of the Secretary. Indeed, these rates will mean significant savings for our CHS programs. The Portland Area continues to work on the concept of a regional medical center and the work revising the Health Facilities Construction Priority System (HFCPS) has become increasingly important in this endeavor. The Portland Area representatives involved on this work have been relentless in proposing and supporting changes to the new HFCPS so that one day our Tribes will benefit from the IHS facility construction program. The CDC Tribal Consultation Advisory Committee held its inaugural meeting this past year and Tribal leaders are now engaging CDC on important public health issues in Indian Country. As you can see, there are a number of important areas that the Board is involved in.

The New Year certainly brings opportunity for Indian Country to look forward to working with the new Democratic controlled Congress. I look forward to our upcoming Quarterly Board Meeting and working with you all to identify the priorities that we should focus on in 2007.

In closing, I want to extend my gratitude to our Delegates for allowing me to serve as your Chairperson. The work that we do here at the Board is important and matters! It is because of you all that our organization has the reputation and respect for the work that we do. I promise to work harder this year on the issues, because we do have new opportunity with this Congress and I truly feel we can get some good things done for our Indian people.

Patient Navigator Training Held at NPAIHB

LtoR: Matt Town (NPAIHB), *Leah Hardy (Shoshone-Bannock Tribes), Mary Loy, RN (Confederated Tribes of Grand Ronde), Sandra Hahn, RN (Confederated Tribes of Siletz Indians), Victoria Warren Mears (NPAIHB), and Frank Muñoz (Puyallup Tribe)*

On November 14 and 15, 2006, the EpiCenter Navigator Project staff provided training for four patient Navigators. Matthew Town, Project Director and Victoria Warren-Mears, Principle Investigator were pleased to welcome our new navigators as well as our more experienced pilot project participants. In attendance were: Mary Loy, RN (Confederated Tribes of Grand Ronde), Sandra Hahn, RN (Confederated Tribes of Siletz Indians), Frank Muñoz (Puyallup Tribe), and Leah Hardy (Shoshone-Bannock Tribes).

This two day event featured training on assisting clinic patients to receive appropriate services, resource training, and stress management for patient navigators. Time spent with experience patient navigators in talking circles was extremely useful in informing our program. We look forward to working with these dedicated professionals in the coming years.

Healthy Moms and Children Equal Healthy Communities

by Victoria Warren Mears, EpiCenter Director

What is your vision for health in your tribe? What does a healthy community look like?

Traditionally women nurture future generations. In order for children and families to be resilient, women had to have personal strength. One indicator of strength is good health. One public health achievement in the United States has been improved the health of moms and babies. Over the last 100 years, infant death dropped by 90 %, and maternal death dropped by 99 %.

In the US we do not do as well as other countries with keeping women and children healthy. The leading causes of dealth among women are heart disease, cancer, stroke, lung disease, pneumonia and flu, and diabetes. Additionally, women may be prone to osteoporosis, alcohol abuse, mental health problems, HIV, and violence. Many health challenges remain. Some of the most important areas of concern in Indian Country include:

- Maternal illness and death
- Infant illness and death
- Health Care before, during, and after pregnancy
- Breast-Feeding
- Immunization
- Child Care
- Family Violence
- Injury
- Tobacco, Alcohol, and Other Drugs
- Sexual Behavior and Unintended Pregnancy

Women's health has always been a priority in Indian Country. Programs include; cancer prevention through enhanced screening, reproductive health and promotion of child health through outreach to mothers and families. During the summer of 2004 the Office of the Deputy Secretary for the Department of Health and Human Services charged the Office of Minority Health and Centers for Disease Control and Prevention in collaboration with Health Resources and Services Administration and Indian Health Services to address their constituent population's disproportionate Sudden Infant Death Syndrome (SIDS) and infant mortality (IM) rates. African American and American Indian/ Alaska Native targeted populations were engaged in developing education and awareness campaigns, as well as outreach activities to improve disparities in SIDS and IM rates. Progress has been made, though much continues to be done.

Maternal Child Health (MCH) funding will bring additional resources to better the health of women and children. I encourage all of you to find the vision for your community, and offer support for the continuation of MCH funding as opportunities become available.

Be well.

http://www.ihs.gov/MedicalPrograms/MCH/index.cfm

The MCH Portal provides information to Indian Health Service providers and consumers about American Indian and Alaska Native women and children.

Maternal and Child Health. (n.d.). *Encyclopedia of Public Health*. Retrieved December 26, 2006, from Answers.com Web site: http://www.answers.com/topic/maternal-health

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Kaiser, the Northwest Center for Public Health Practice, the Washington State Department of Health, National Indian Health Board, California Rural Indian Health Board, the Indian Health Service National Epidemiology program, and Alaska Native Health Board. We also, developed new partnerships with Fred Hutchison Cancer Center, the University of Washington, and the Oklahoma Epidemiology Center. I am thankful to all our partners and their contributions to our accomplishments this year. The year 2006 has been fulfilling and productive for me personally and professionally.

I look forward to the coming year and working with all of our tribes, partners, and delegates in accomplishing the project objectives and priorities for NPAIHB.

Tribal EpiCenter Consortium

by Bridget Canniff, Tribal EpiCenter Consortium Director

The main goal of the Tribal EpiCenter Consortium (TECC) Project is to improve the collection and dissemination of high-quality health data for American Indian/Alaska Native (AI/AN) communities by building a national network of tribal epidemiology centers (EpiCenters), promoting community-based and culturally appropriate data collection practices, and increasing the capacity of tribal EpiCenters to affect culturally relevant policy change.

During the first year of the project, we are focusing on a collaboration between the Northwest Tribal Epidemiology Center, housed at NPAIHB in Portland, and two of our counterparts in other regions: the Southern Plains Inter-Tribal Epidemiology Center in Oklahoma City, and the California Tribal Epidemiology Collaborative in Sacramento.

One of the early goals of TECC is to develop a health promotion/disease prevention assessment survey that will be distributed to all tribes and other AI/AN organizations in the regions served by the Northwest, Southern Plains, and California EpiCenters. The overall results of this assessment survey will help us better understand the strengths and challenges that tribes and urban Indian communities are facing, and how EpiCenters can share resources and experiences both locally and nationally.

What kinds of information is TECC looking for?

We will be sending out an assessment survey in January and February, 2007 that will ask around twenty general questions about the population you serve, services you provide, and, most important, what resources you currently have available to help you in your work. The survey is designed to assess the health promotion and disease prevention activities of tribal and urban Indian health programs, as well as other organizations and agencies providing services to AI/AN communities. Your responses will help us plan for the future and learn how the EpiCenters can work with you and other leaders in AI/AN health to address priority issues and respond to local, regional, and national needs.

How will my tribe benefit from this assessment?

Our long-term goal is for the EpiCenters to maximize their role in helping to eliminate health disparities facing AI/AN communities. Once all surveys are completed, we will prepare a report summarizing the findings. We will distribute this report to you and your tribe or organization, and present the results to our member tribes at regularly scheduled regional meetings, where possible. Our goal is to promote discussion among health professionals and tribal/urban communities, as well as to guide the development, focus, and implementation of health promotion and disease prevention activities.

While the direct benefits to any particular tribe will likely be minimal, the overall impact for tribal and urban Indian communities, as a whole, will be significant. The survey results will provide tribes and the TECC partners with summary data on health promotion and disease prevention programs that will enhance our collaborative efforts to improve the health status of American Indians/Alaska Natives. For these reasons, your participation is important, so that we may compile an accurate picture of the efforts, successes and challenges in each region. No individual or community will be identified or identifiable in any report that is prepared based on the data collected as part of these surveys, and all data collected during these surveys will be held in the strictest confidence at all times by the TECC project staff.

The participation of the Northwest Tribes is important!

While this assessment is only one of the first steps of the TECC project, to achieve our long term goals we will be working with local and national partners toward expansion of our activities to include the IHS National Epidemiology Program and the 11 other EpiCenters across the nation. Your continued participation will help in the development and growth of our project and increase understanding of important health issues in American Indian/Alaska Native communities.

Thank you in advance for your time. Please feel free to contact us with any questions.

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OHSU Mentor Award

The Medical Research Foundation of Oregon, an affiliate of the Oregon Health & Science University Foundation, honored 2006 recipients of its annual Discovery and Mentor awards at a private reception November 7, 2006 at the Multnomah Athletic Club, Portland, Oregon. These awards honor leaders in the state's scientific community.

Selected as a recipient for one of two 2006 Mentor Awards was Thomas Becker, M.D., PhD, professor and chair of the Department of Public Health and Preventive Medicine in the OHSU School of Medicine. Dr. Becker is also the Primary Investigator for the NPAIHB NARCH Program, which provides native trainees with support in the form of education and training, financial assistance, technical assistance and mentorship. His programs have been cited as model research training programs for underserved minority investigators. Dr. Becker was presented at the reception with an engraved plaque and a check for $5,000.00. The Northwest Portland Area Indian Health Board would like to congratulate and commend Dr. Becker for his commitment and development of research programs that ultimately affect tribal communities by reducing health disparities.

New NPAIHB Employees

The Toddler Overweight and Tooth Decay Prevention Study and Maternal Child Health Program would like to announce the hire of Nicole Smith as the MCH/TOTS Biostatistician. Nicole is not new to the board she has worked for the board in a variety data oriented projects including the BRFSS, Child Safety Seat Study, Elder Diet and Nutrition Study and Vision Study. Nicole grew up in Northern Utah where she received her bachelors in nutrition at Utah State University. She also is completing a Master in Public Health at the Oregon Health and Science University. Nicole grew up on a farm, has served as Certified Nursing Assistant, enjoys water skiing, cooking, travel, reading and spending time with family: husband Cory, and sons Asher and Isaac.

Scott Mist, MS, MA, MAcOM, PhD Candidate, works as the PTOTS Data Manager. He will oversee data collection, storage, and analysis at the NPAIHB. Scott grew up in northern Michigan where he learned his love of hunting, fishing and generally just being outdoors. Though you might not guess it looking at him, Scott was once a bodyguard for the Secretary of Defense and a Presidential Escort in the Army. Following his tour, he completed his Bachelors and a Master degree in Applied Sociology at Western Michigan University. Scott is also trained in Oriental medicine at the Oregon College of Oriental Medicine in Portland and is currently completing a PhD in Systems Science at Portland State University. Scott lives in Portland with his wife Lilith, whom he adores, and will be adding a new member to his family in late February.

New NPAIHB Employees

Greetings. My name is Andrea Taagiuluk Greene (Aleut/Inupiaq), and I am the new Office Manager at NPAIHB. My parents are Frank Uqpiksaun "Obbie" and Linda Anasuk Greene of Kotzebue, Alaska.

I am a Mt. Edgecumbe High School graduate, and hold a Bachelor of Arts degree in Russian from the University of Montana at Missoula. During my undergraduate studies, I lived in Moscow, Russia, where I studied at the Institute of Youth. I have completed one year at Lewis and Clark Law School.

Prior to my employment at NPAIHB, I worked for NANA Development Corporation in Anchorage as a Legal Intern; the Northwest Arctic Borough in Kotzebue as the Public Services Coordinator; the University of Alaska Institute of Social and Economic Research as the Alaska-Chukotka Project Officer; and the Native Village of Kotzebue – Kotzebue I.R.A. as the Education Coordinator. My work experience with tribes also extends internationally, across the Bering Strait from Alaska to Chukotka, Russia.

I enjoy reading, skin sewing, and spending time out in the countryside with my fiancé, Michael, and our dog Dana. I am grateful for the opportunity to work for Northwest Tribes as part of the team at NPAIHB, and look forward to this new and enlightening experience!

Hi, my name is Jaci McCormack (Nez Perce) and I joined NPAIHB as the Project Specialist for the Tribal EpiCenter Consortium Project. This new project will work towards the establishment of a national network of Tribal EpiCenters to promote the collection and dissemination of high-quality health data, with the aim of eliminating health disparities facing American Indian and Alaska Native communities.

I was born and raised in Lapwai, Idaho on the Nez Perce Indian Reservation. My parents are Joe 'Esky' McCormack and Margaret McCormack. I moved to Oregon in high school where I attended Lake Oswego HS graduating in 2000. As a senior I was offered a full athletic scholarship to attend Illinois State University to play on the Women's Basketball Team. I played for four years and graduated with a Bachelor of Science degree in Sociology May 2005.

Prior to joining the Health Board I was the Project Coordinator for the Sacred Breath Project at NiMiiPuu Health in Lapwai, Idaho. I worked in Community Health and very closely with the Diabetes program. I inserted and evaluated the efficiency of an on-line Diabetes Management Study created by the ISIS Center at Georgetown University.

I am very excited to be back in Oregon and I look forward to working with all the Tribes of the Northwest.

New NPAIHB Employees

Hello! My name is Jennifer Aqpik Kovarik and I have the pleasure of being the new Western Tobacco Prevention Project Coordinator. My parents are Bruce and Barbara Kovarik of Eagle River, Alaska. I grew up in Kotzebue, Alaska, where I was given my Inupiaq name, learned how to ice fish, and developed a love for Inupiaq culture and traditions.

I received my Bachelor of Arts degree in biology from Willamette University in 2002 and returned to Alaska to work in a clinic, before deciding to pursue a graduate degree. In 2005, I received my Master of Public Health degree from Oregon State University with a focus in International Health and work in tuberculosis, tobacco cessation, and tribal health. Prior to coming to NPAIHB, I worked as a report analyst for a healthcare management company in Clackamas, Oregon.

When I am not working, I enjoy spending time with my family and friends, traveling, reading, and gardening. I am excited about the opportunity to work with Northwest tribes and help reduce the harmful impact of commercial tobacco.

Cleora Scott (Crow), Data into Action Project Specialist, recently joined the NPAIHB. Cleora is enrolled with the Crow Tribe, however, her tribal decendancy also includes Chippewa, Pawnee, and Sioux. She has over fifteen years of experience working with various tribes from the Northern Plains. She received her Bachelor's of Science degree at Montana State University, and has been in the Northwest for two years. Cleora enjoys spending time with her family and her favorite four men in her life; her sons and her husband. She enjoys exploring the Great Northwest, whether it is hiking, walking or camping and most importantly learning about the local Native American Cultures. Cleora's life work has been committed to improving the quality of lives in Indian country and she is happy to be a part of the Health Board.

Birdie K. Wermy (Cheyenne-Arapaho), has joined the NPAIHB staff as the Data into Action Project Assistant. She was born in Oklahoma but was raised in Oregon. Ms. Wermy's parents' employment with IHS for over twenty years has instilled in her a commitment to Native health. She recently graduated from Warner Pacific College with her Bachelor's of Science degree in Health and Human Kinetics in May 2006. She also finished her collegiate career on the Women's Basketball team there. Prior to her employment with NPAIHB, she worked with the Confederated Tribes of Warm Springs. Ms. Wermy enjoys spending time with her friends and family, shopping, beading and meeting new people. She's thrilled to be working at the Health Board and with other Native American Tribes in the Northwest.

Health News and Notes is published by the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB is a nonprofit advisory board established in 1972 to advocate for tribes of Washington, Oregon, and Idaho to address health issues. Previous issues of *Health News and Notes* can be found on the NPAIHB webpage www.npaihb.org.

Contact Sonciray Bonnell (503) 228-4185 or sbonnell@npaihb.org., *Health News and Notes* Editor, to submit articles, comments, letters, and requests to receive our newsletter via mail.

NPAIHB Resolutions
October 2006

07-01-02 Obesity Disease Prevention Research

07-01-03 Support for Tribally-Operated Programs Carrying out Federal Functions to Receive Federal Employee Benefits

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