Health News & Notes

A Publication of the
Northwest Portland Area Indian Health Board

July, 2004

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.

Our ancestors never intended that tobacco be abused as it is today.

Mary Annette Pember, Red Cliff Ojibwe

See article on page 6
"Commercial Tobacco's Impact on Tribal Health"

In This Issue

From the Chair:
Pearl Capoeman-Baller

Many of our delegates are reading this report while attending our July Board meeting in Port Angeles, Washington. It is so nice to be home on the Olympic peninsula at this meeting hosted by our neighbor tribes at Lower Elwha and Makah. I was not able to attend the April Board meeting due to my commitment at the National Tribal Environmental Council (the Board had originally planned to meet one week earlier). I am sure Bob Brisbois, our Vice Chair, also appreciates turning back the duties of chair for this meeting. Thank you Bob for chairing our last two meetings and thank you and the Spokane Tribe as well for your important support to this Board.

This years Self-Governance Conference was held in Orlando Florida and Jim Roberts provided excellent staff support for this meeting. The next quarterly meeting this September will be, of all places, on Martha's Vineyard, home of Beverly Wright of the Narragansett tribe of Massachusetts. This location must be as far as you can get from my home in Taholah. Self-Governance tribes remain very active in their support for IHS funding and are dismayed to learn that there will be no contract support cost funds this year for new contracting activity.

I returned to the Hubert H. Humphrey Building for the May 11 and 12 HHS Annual Budget Consultation. Deputy Director Claude Allen, HHS Deputy Chief of Staff Andy Knapp and Intergovernmental Affairs Director Regina Schofield were all in attendance at this annual event. Staff support from HHS includes Gena Tyner-Dawson, acting IHS Deputy Director, Rick Broderick Senior Advisor for Tribal Health, Staff Specialist Stacey Ecoffey, and Phyllis Wolfe, Executive Director of the Secretary's Intradepartmental Council on Native American Affairs. This year's consultation include quite a bit more discussion of the budget of agencies other than IHS including the National Institutes of Health and the Centers for Disease Control and Prevention. Many tribal leaders felt frustration at this meeting as we were hearing that the IHS budget request of the President may actually be cut. As I said in our last newsletter, we are pressing forward with the argument that the obligation for Indian health is not 'discretionary,' and must be funded or lives will be lost. Fortunately, the House and Senate are now supporting a doubling of the President's request, but this still results in an increase of only 3% for FY 2005.

The Board was very well represented at the May Affiliated Tribes of Northwest Indians Meeting held at Chinooks Winds Conference Center of the Siletz Tribe. The health committee meetings were, as always, very well attended. During the meeting the NPAIHB Executive Committee met with the Area Director, Doni Wilder. We had invited Doni and her contract officer Martha Young and

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From the Executive Director:
Ed Fox

This past quarter found me more often in the office than on travel, but a review of my travels indicates that out of town meetings are still an important consumer of my time and energy. I have tried very hard to remain in the office as much as possible, but one interesting side effect is that I schedule more conference calls than ever and these call make me unavailable to staff for hours on end. I remain committed to be available to staff for advice and prompt decisions by being diligent about answering their emails and phone calls. I still believe that I can do more to be physically present in Portland to provide the leadership required by my position. We will see if this is possible.

Fortunately, this past quarter was very quiet on the personnel front and not much of my time was spent on difficult personnel issues. I was able to finalize our new eight year lease with Portland State University and our rent will be reduced to $15 per square foot next March 1, 2005. This is three dollars less than we projected-an annual savings of $45,000 in the first full year of the new lease. The lease also allows us to expand by 2,200 square feet giving us full access to the entire side of our floor. We also received a $50,000 credit toward remodeling of the office, but additional funds will be required to develop our space into a truly integrated office. We plan additional training, classroom, and meeting space. The new space will allow the Board to expand to approximately 60 to 65 staff without sacrificing any of our conference space for the many meetings that we host. If any tribe would like to sponsor a meeting room, training room, or our library, I am ready to discuss how the Board could use your assistance and recognize your contribution. A final provision of the lease allows the Board to reduce our rental space if funding is not sufficient to utilize all the space (15,500 sq ft) we will occupy beginning October 1, 2004.

This quarter saw an improvement in our financial picture as staff cutbacks generated the needed savings in some programs and in Board administration. We have successfully maintained our finance, IT, and program support infrastructure with less staff and the savings promise to bring our indirect cost recovery near balance by the end of the fiscal year. Last year the Board was $86,000 over-recovered in indirect and this year I expect we will be from $15,000 to $30,000 under-recovered. I remind everyone that the indirect cost rate is an estimate of administration cost needs and it is not unusual for the rate to fluctuate. I do not expect our rate to exceed 40% when it is recalculated and it may rise only slightly from the current 37.1%. I am also committed to getting our recovery much closer to 'zero' next year with a firm budget for administration and realistic spending budgets for all our projects. Part of this year's underrecovery is explained by the simple fact that some projects left much of their available funds unspent.

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Northwest Portland Area Indian Health Board

Projects & Staff

Administration
Ed Fox, Executive Director
Verné Boerner, Administrative Officer
Mylen Shenker, Finance Officer
Bobbie Treat, G/L & Contracts Accountant
Mike Feroglia, A/P & Payroll Accountant
Elaine Dado, Executive Secretary
Vacant, Receptionist
James Fry, Information Technology Coordinator
Brian Moss, Network Administrator
Ginger Clapp, Administrative Assistant

Program Operations
Jim Roberts, Policy Analyst
Sonciray Bonnell, Health Resource Coordinator

Northwest Tribal Epidemiology Center
Joe Finkbonner, Director
Joshua Jones, Medical Epidemiologist
Emily Puukka, Tribal Registry Manager
Shawn Jackson, STOP Chlamydia Project Specialist
Chandra Wilson, Project Assistant
Tam Lutz, TOT's and ICHPP Director
Julia Putman, TOT's Project Coordinator
ClariceHudson , IRB Project Assistant
Luella Azule, NTRC Project Coordinator
Kerri Lopez, Western Tribal Diabetes Director
Rachel Plummer, WTD Project Assistant
Jennifer Olson, WTD Project Specialist
Vacant, WTD Trainer
Crystal Gust, WTD and National Project Specialist
Crystal Denney, National Project Assistant

Tobacco Projects
Gerry RainingBird, NTTPN Project Director
Terresa Whitet, NTTPN Project Specialist
Nichole Hildebrandt, WTPP Project Director
Karen Schmidt, ATS
Joe Law, WTPP Regional Coordinator
Stephanie Craig, WTPP Project Coordinator

Northwest Tribal Recruitment Project
Gary Small, ProjectDirector
Eric Vinson, Project Assistant

Northwest Tribal Cancer Control Project
Verné Boerner, Interim Project Director
Cicelly Gabriel, Project Assistant
Eric Vinson, Survivor & Caregiver Coordinator

Project Red Talon
Karen McGowan, Project Director

Womens Health Promotions Project
Lynn DeLorme, Project Coordinator

House Approves FY 2005

by Jim Roberts, Policy Analyst

The full House moved on June 17th to approve the Interior Subcommittee's recommendations for the Interior Appropriations Bill. The House of Representatives voted 334-86 to approve H.R. 4568, which provides $19.7 billion for the Department of Interior and related agencies, and includes $3.0 billion for the Indian Health Service (IHS). The $3 billion for the IHS represents a $111.6 million increase over the FY 2004 spending levels and is $66 million more than the President's request for the IHS. The President requested a $45.6 million increase for the IHS.

This is welcome news for Indian health programs in what looks to be a dismal budget year for many federal agencies. Until the appropriations process is completed, it is not possible to evaluate just how well or bad the IHS budget will do in FY 2005. In the President's State of the Union address, he indicated the Administration would attempt to hold discretionary spending to less than 1%. This was reflected in President's budget requests for the Health and Human Services (HHS), which included a 1.2% budget increase for discretionary programs, while the IHS budget increase was 1.6%. The Administration has conveyed this as their support for Indian health programs indicating that while this is not as great an increase as Tribal leaders have indicated is needed, overall, it is almost double the average discretionary spending target across the Federal Government for FY 2005.

Tribal leaders will surely appreciate the amount approved by the House, and the rational used by the Administration to support Indian health programs, however the House approved $112 million increase still falls short by $268 million just to maintain current services. Northwest Tribal leaders and health directors estimate that it would take $380 million to fund mandatories in order to maintain the basic health programs of the IHS. Anything less will mean services will be cut for Indian people.

The additional $66 million approved by the House will restore $50.6 million to the health facilities accounts, which were cut by $36.6 million in the President's request. An additional $15.0 million will be provided for the Indian Health Care Improvement Fund, and will increase the Hospital and Clinics line item from $1.29 to $1.31 billion.

The House Appropriations Committee Report (H. Rpt. 108-498) includes language that the pharmacy residency program funds remain in the base for FY 2005 and instructs the IHS to reprogram increases to cover pay costs increases so that there is an equitable distribution across all Federal and Tribal programs. The Committee also recommended that the FY 2001 direction on the use of loan repayment program funding should continue to be followed in FY 2005. Finally, the House Report recommends that the Joslin diabetes program should be considered for funding using the special diabetes program funding in addition to the base funding of $1,500,000 for FY 2005.

The committee approved $405 million for Indian Health Facilities; an increase of $13.7 million above the FY 2004 enacted level. House changes compared to the President's request include a decrease of $10 million for sanitation facilities, an increase of $2 million for maintenance and improvement, a $1 million increase for equipment, and a $50.6 million increase for health facilities construction. The initial President's request for health facilities only included funding for Red Mesa and Sisseton health centers. However with the restored facilities funding the Committee distributes the hospital and clinic construction funds as follows:

Interior Appropriations Bill

Project	Committee Recommendation
California Regional Youth Treatment Centers	$ 2,700,000
Clinton, Oklahoma Clinic	$19,300,000
Eagle Butte, South Dakota Clinic	$18,300,000
Joint Ventures (using existing list)	$ 4,800,000
Mobile Dental Units	$ 1,500,000
New health clinic planning and design	$ 1,000,000
Phoenix Indian Medical Center, Arizona	$ 4,000,000
Red Mesa, Arizona Health Center	$19,382,000
Sisseton, South Dakota Health Center	$17,300,000
Small Ambulatory Facilities	$ 6,000,000
Wagner, South Dakota staff quarters	$ 2,538,000
Zuni, New Mexico staff quarters	$ 2,525,000

The House Appropriations Committee Report included considerable language that provides guidance on the use of facilities funding. That language includes direction on funds for the maintenance and equipment programs, recommendations on the use of sanitation facilities funding, the use of construction funds for existing projects on the priority list, an explanation that some funds are for new health clinic planning and design and a recommendation that the IHS and Tribes work together to complete construction justification documents prior to conference consideration of the Appropriations bill, and recommendations on funding for joint venture projects and instructions to the IHS to issue a new solicitation for small ambulatory care facilities.

The committee acknowledged that Sanitation funds should not be used to provide sanitation facilities for new homes funded by the Department of Housing and Urban Development (HUD). An issue supported in on-going efforts of the reauthorization of the Indian Health Care Improvement Act. It is generally agreed that HUD should provide any needed funds to the IHS for this purpose. The committee also recommended that IHS may use up to $5 million in sanitation funding for projects to clean up and replace open dumps on Indian lands pursuant to the Indian Lands Open Dump Cleanup Act of 1994. Finally, the committee instructed the IHS to continue to work on needed improvements to the facilities priority system so that the full range of need for facilities in Indian Country is given appropriate consideration. The report indicated that the methodology used to distribute facilities funding should address the fluctuating annual workload and maintain parity among IHS areas and Tribes as workload shifts.

Commercial Tobacco's Impact on Tribal Health

by Nichole Hildebrandt, WTPP Director & Stephanie Craig, WTPP Coordinator

Article information taken from the NPAIHB Creating Indigenous Resource Cooperative thru Leadership Education (CIRCLE) Project Case Study.

Commercial tobacco products significantly burden the physical, social, spiritual, and financial health of American Indian and Alaska Native communities.

Physical Health – Commercial tobacco use is the number one cause of preventable death among American Indians and Alaska Natives, with nearly three out of every five deaths related to or caused by smoking (Cobb, IHS). Commercial tobacco contributes to the development and exacerbation of numerous diseases, including heart disease, stroke, lung cancer, and chronic lung diseases—all of which are leading causes of death for the American Indian and Alaska Native population (Trends, 1998-99).

Cardiovascular disease is the largest cause of death among American Indians and Alaska Natives and tobacco use is an important cause. American Indians and Alaska Natives are more likely to die early from heart disease than any other racial or ethnic group, according to data released in 2004. In 2001, 36 percent of Natives died prematurely[1] from heart disease, amounting to 864 premature Native deaths (CDC, 2004). And studies suggest that over 83% of these premature deaths were a result of tobacco use. In 2000, heart disease and stroke collectively accounted for about one quarter of all deaths among American Indians. In 2000, stroke was the fifth leading cause of death for American Indians, causing nearly 600 deaths. Heavy smokers[2] are twice as likely as those who smoke half a pack a day to have a stroke.

Additionally, exposure to commercial tobacco smoke causes asthma and bronchitis in children and elders, increases an infant's risk of dying from Sudden Infant Death Syndrome (SIDS), and drastically worsens health conditions such as diabetes.

Nearly 60% of Native American deaths are related to or caused by smoking, and each and every one of these premature deaths are essentially preventable. On average, commercial tobacco use takes the life of the smoker 13-14 years earlier than among non-smokers. Commercial tobacco use thus robs our communities of the wisdom, culture, and relationships that were once shared by our elders.

Financial Health. Tobacco-related illness or death increases direct medical care spending and lessens the number of years people can socially and economically contribute to the health and wellness of their community. In the United States alone, approximately 440,000 people – all children, parents, elders, friends, brothers, sisters, and role models – die of a tobacco-related illness each year.

Nationally, $75 billion is spent on direct medical costs associated with tobacco use, and $82 billion is left unrealized due to lost productivity (MMWR, Sept 2000). When calculated for each adult smoker, these costs amount to nearly $1,760 in lost productivity and $1,623 in excess medical expenses for each and every smoker – totaling $3,391 per smoker per year (MMWR, April 2002). With limited IHS dollars to fund health services, and nearly 32% of our adult AI/AN population currently smoking, this figure represents a significant financial loss to our Tribal communities. All told, commercial tobacco use nationally causes "approximately $157 billion in annual health-related economic losses" (MMWR, April 2002).

Native Americans have been disproportionately affected by illnesses caused by commercial tobacco products. Within the American Indian and Alaska Native population, nearly $200 million per year is spent by the Indian Health Service to treat tobacco-related diseases, and some tribes estimate that nearly 20% of all Tribal healthcare costs can be attributed to illnesses caused by tobacco.

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Preserving and Sustaining Our Strengths!

by Terresa White, NTTPN Project Specialist

This spring, commercial tobacco prevention advocates met on sunny Mission Bay in San Diego, California to attend the National Tribal Tobacco Prevention Network's 4th Annual National Native Conference on Tobacco Use. Nearly three hundred total community members, health professionals, elders, youth, and tribal and state representatives participated in the four-day conference aimed at increasing awareness about the traditional use of sacred tobacco among Native people; presenting tools, resources, and information to prevent the use of commercial tobacco; providing opportunities for health professionals to network with others involved in tobacco prevention, cessation, and education; educating Native youth about issues regarding tobacco; and exchanging information on current policy, media and cessation efforts within Indian Country. Stella Washines of the Yakama Nation represented the Board and welcomed participants in a speech during the event kick-off reception.

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Effective Tobacco Control Activities in American Indian Communities
American Indian communities face unmistakable inequalities associated with tobacco use, exposure to environmental tobacco smoke, and tobacco-related morbidity and mortality. Despite the clear need for tobacco control within Native communities, conventional campaigns do not meet the needs of AI/AN populations. Mainstream prevention and cessation programs ignore the traditional, sacred role of tobacco in their culture, and thus concentrate on offensive or ineffective messages. As a result, the development and implementation of culturally appropriate, community-driven programs are critical to eliminating tobacco-related health disparities among Native populations. Please contact the Western Tobacco Prevention Project (WTPP) for assistance with your community-driven programs.

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(Footnotes)

[1] Before the age of 65.

[2] Two packs a day.

The Western Tobacco Prevention Project & the National Tobacco Prevention Network will be hosting a "GRANT WRITING & LOGIC MODEL" training on August 24th & 25th at the Northwest Portland Area Indian Health Board. There is limited space— 23 spots. We are offering travel scholarships (one per tribe). For more information please contact Joe Law via e-mail at jlaw@npaihb.org or by telephone at 503-228-4185. You may also visit our website to get more information about the training at www.tobaccoprevention.net.

An Update on . . . .

by Jim Roberts, Policy Analyst

On June 22, 2004 the Indian Health Service (IHS) kicked-off the implementation of the IHS Headquarters Restructuring with a briefing and a website dedicated to providing the details of the proposed changes. Dr. Charles Grim, IHS Director, also reported at the recent Tribal Self-Governance Advisory Committee conference in Orlando, Florida and at the Direct Service Tribes Conference in Phoenix, Arizona, that the agency has begun to move forward with its Headquarters reorganization plan.

The Restructuring Initiative Workgroup (RIW) that was composed of Tribal leaders, representatives from national Indian organizations, and senior IHS managers, developed many of the recommendations that are now part of the IHS restructuring process. This article is intended to provide a summary report and update on the IHS restructuring.

Headquarters Restructuring

As Interim Director, Dr. Grim identified the need to address the restructuring of Headquarters since it was not specifically addressed by the RIW. He charged two senior Headquarters managers to convene a group composed of Headquarters personnel and key managers to develop restructuring options that would increase the effectiveness and efficiency of Headquarters. The Headquarters Restructuring Group (HRG) convened almost weekly from October 16, 2002 to the end of the year. After several iterations of an organizational framework, the HRG presented to Dr. Grim a set of concept papers (summary of organizational components and strawman charts) for sharing with Tribal Leaders and National Indian organizations. A letter from the Interim Director was transmitted to Tribal leaders, with the concept papers, for the purpose of obtaining their feedback and recommendations.

Why has it taken so long to implement the recommendations? The Director's approval of the proposals was delayed by two significant events. First, during a hearing before the U.S. Senate Committee on Indian Affairs in April 2003, when the IHS Interim Director was requested by Chairman Campbell to allow more time for Tribal comment on IHS' restructuring proposals. Second, Dr. Charles Grim was still serving as the Interim Director, and was finally confirmed by U.S. Senate and sworn in as the permanent Director of IHS in August 2003. Under the rules of a newly sworn official, all senior level personnel actions are suspended for 120 days. Additional delays were attributed to the uncertainties of the FY 2004 budgets, but now with clarity, the Director can proceed.

The proposed headquarters restructuring broadens the overall structure from 4 to 10 major offices and as a result delayers several of the functions critical to the agency. In summary, the proposal includes the following major offices and groups:

•Immediate Office of the Director: Will include the Office of Tribal Programs, Office of Tribal Self-Governance, Office of Urban Indian Health, and the Policy Formulation and Communications Group (PFCG). The PFCG will also include the Policy Support Staff, the Public Affairs Staff, the Congressional and Legislative Affairs Staff, Executive Secretariat Staff , Management Policy and Internal Control Staff (MPICS), and Equal Employment Opportunity and Civil Rights Staff.

•Second Echelon Offices: Will include the Office of Finance and Accounting, Office of Information Technology, Office of Management Services, Office of Clinical and Preventive Services, Office of Environmental Health and Engineering, Office of Public Health Support, and the Office of Resource Access and Partnerships.

The proposed organization includes eighteen (18) senior management positions. This includes nine (9) senior managers in the Immediate Office of the Director and nine (9) senior managers in the second-echelon offices. Of these 18 positions (excluding the Director), Headquarters has on-board: 5 Senior Executive Service (SES) and 5 Flag Officers. There are seven (7) senior manager positions vacant.

The need for seven additional senior level positions was presented to the Department and the IHS has been advised that five SES positions have been approved. The two positions questioned include the incumbent SES positions in the Office of Management Services (OMS) and the Chief Medical Officer (CM)). It has been indicated that the IHS Director will appeal the decision on the CMO and delay an appeal on the OMS position until additional evaluation and justification can be completed. The presentation to the Department included the approval to reassign one flag Officer (with Indian Preference) to a second-echelon office

directorship and this was also approved subject to the processing of appropriate orders through the Division of Commissioned Personnel.

The senior management staffing of the proposed organization is justified as being critical to the success of the new structure and functions. IHS has explained that the number of senior level positions are essential to implementing the new organization and recommend that after full implementation, further assessments be conducted on other positions to determine the need for additional SES positions. This would mean that the proposed changes for completing the headquarters restructuring will be an on-going process and are not yet complete.

Budget Impact on Headquarters Restructuring

The proposed structure and organization will cost $2-3 million over current expenditures, however IHS feels resources are available due to a budget increase in 2003. How this is accounted for is questionable since the FY 2003 IHS budget increase amounted to less than 3 percent. The agency indicates that the increased costs must be incurred in the short-run to carry out newly established high priority functions and some internal realignment necessary to implement the new structure. If headquarters resources become more restricted over time, it will become necessary to offset these increased costs by staff attrition in other, lower priority functions.

The HRG developed a staffing plan that depicts a benchmark workforce for the new structure; however it is intended for use by managers in the new structure to assess their own needs in discussions with the IHS Director. Future staffing decisions will be limited by available resources and the extent that Tribes contract and compact for Headquarters' programs, functions, services and authorities. The actual headquarters staff levels for the next several years may fluctuate between 60% and 80% of the benchmark position list depending on budgets and tribal choice.

The proposed restructure will require notification to the Appropriations Committees in accordance with congressional reprogramming guidelines with respect to reorganizations. Transfers related to this restructuring will not affect the grade levels of personnel adversely. It is indicated that in some instances the transfers will result in promotional opportunities. In those situations where working conditions of bargaining unit employees may be affected, the respective exclusive bargaining representatives would be notified and negotiations carried out accordingly. The IHS summarizes the benefits of headquarters restructuring as follows:

▪Flattened and Streamlined: The headquarters organizational structure is further flattened and streamlined. Fulfilling the President's management reform objectives, it consists of 3 layers: Director, 10 Offices, and 29 divisions within the Offices. While the structure will increase in breadth, the number of official organizational components (standard administrative codes) will reduce from the current 47 units to the proposed 42. The proposal also achieves the Secretary's de-layering goal of no more than four layers any place in the organization.

▪Incremental Change: The RIW concluded that Headquarters has "downsized enough" in a major 1997 consolidation. This plan avoids radical additional changes and reiterates principles adopted in 1997. It preserves existing functions and adds a few new functions relating to emerging security, external resource management and collaboration/partnership requirements.

▪Marginal Budget Impact: The plan will cost $2-3 million over current expenditures, but within resources available to Headquarters in 2004. The increased costs are for newly established functions and some internal realignment. The HRG formulated a "benchmark" staffing plan that depicts an ideal workforce for the new structure; however, headquarters staffing levels are limited by budgeted resources and to the extent Indian tribe(s) contract and compact for functions and the attached staff list includes the positions critical to the proposed structure. The actual headquarters staff levels forecast for the next several years may fluctuate between 60% and 80% of the benchmark position list.

Additional information about the IHS headquarters restructuring is available at the following website: http://www.ihs.gov/NonMedicalPrograms/HRG/Index.asp

Photo Gallery
April 2004 QBM

Appreciation give away by Julia Davis-Wheeler and family

NPAIHB Delegates LtoR: Whitney Jones (Squaxin Island), Rose Purser (Port Gamble S'Klallam), and Tom Ashley (Stillaguamish)

Dr. Steven Mansberger presenting the Tribal Vision Project

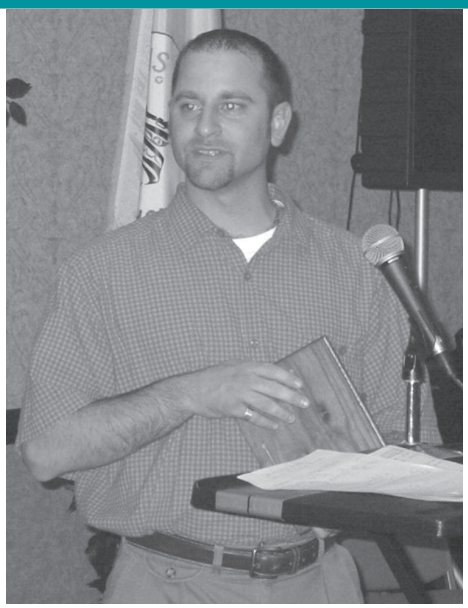
Cheryl Crazy Bull, President Northwest Indian College

Deborah Parker, Tobacco Coordinator, Tulalip Tobacco Project

Bert Black (Quileute Delegate) and son

Photo Gallery
April 2004 QBM

Congratulations to Janice Clements (Warm Springs), NPAIHB Secretary - DELEGATE OF THE YEAR



Congratulations to Brian Moss, NPAIHB Network Administrator- EMPLOYEE OF THE YEAR

Stella Washines (Yakama Delegate), newly elected Secretary, giving acceptance speech

Karen Fryberg (TulalipDelegate), giving tribal report

Ed Fox and Bob Brisbois (Spokane Delegate) working the crowd

Northwest Tribal Cancer Control Project Tribal Action Plan

by Maxine Brings Him Back-Janis, RDH, MPH

My Master's in Public Health coursework required I complete a field experience project. I elected to complete my field experience at the Northwest Portland Area Indian Health Board. During the Spring Term of 2004, I had the opportunity to fulfill my Public Administration 509 Organizational Experience requirement at the Northwest Portland Area Indian Health Board – Northwest Tribal Cancer Control Project. My assignment working in an American Indian health organization with a national reputation for providing quality health related information and services gave me the opportunity to fulfill my MPH coursework requirement in a setting that was of particular interest to me. I gained experience both in an administrative capacity, as well as focusing on strategic cancer planning activities that were exclusive to the American Indian/ Alaska Native populations. This field experience project has broadened my practical application processes of strategic planning methodologies, and how to apply these methodologies for organizations and programs to operate efficiently and effectively.

Having completed several class projects through the Northwest Portland Area Indian Health Board, I have become familiar with the organizational structure; the vision and mission of the organization as set forth by a board of 43 tribal delegates from Oregon, Washington, and Idaho.

The theory-based knowledge of the Master's of Public Health-Administration and Policy curriculum intricately became part of the practical application of my learning experience with the Northwest Tribal Cancer Control Project. With this theory based knowledge I was able to apply curriculum principles into content of practice through a field based learning experience. These principals basically laid the foundation for what became my project at the Northwest Portland Area Indian Health Board - developing Tribal Action Plans for the designated ten tribes participating under the Northwest Tribal Cancer Control Project (NTCCP).

In a recent epidemiological report published by the Indian Health Service it is reported that cancer mortality among American Indians and Alaska Natives was considerably higher when compared to the general U.S. population. American Indians and Alaska Natives are faced with many challenges regarding health care and prevalence of cancer, in particular lung, prostrate, colon, breast and cervical cancer (Cancer Mortality-DHHS).
With the increase in cancer mortality among AI/AN, The Northwest Tribal Cancer Control Project established a priority to develop tribal action plans to highlight cancer initiatives in an effort to reduce the cancer burden for Indian communities.

My objective was to provide technical assistance to the Northwest tribes in the design and implementation of their Comprehensive Cancer Control Tribal Action Plans (TAP) incorporating the 20-Year Plan, which was developed collaboratively by tribal leaders, health professionals, cancer researchers, and stakeholders. The Northwest Tribal Cancer Control Project obtained commitment from ten tribes to take part in the initial pilot to implement the Comprehensive Cancer Control Plan. Developing TAPs intricately became part of the development of the strategic planning process. Assisting the tribes with the development of planning strategies required working with key players in the tribal communities and stakeholders. The goal of the project was to have tribal action plans developed and ready for implementation by June 30, 2004, as well as resolutions signed by tribal leaders supporting the 20-Year Comprehensive Cancer Control Plan.

The majority of the ten participating tribes established their TAPs. TAPs focused on cancer in their respective communities. There were several tribes, Samish Nation, Makah Tribe, Yakama Nation, who along with Tribal Action Plans had official Tribal Resolutions passed supporting the Northwest Tribal Cancer Control Project 20 - Year Comprehensive Cancer Control Plan. My observation is that the Northwest Tribes participating in this pilot project are very much committed to reducing the cancer burdens in their Indian communities.

I would like to thank the ten tribes, who participated in this project, as a predoctorial fellow, working with the tribes has been an extremely rewarding learning experience. Many thanks go to the Northwest Portland Area Indian Health Board for creating opportunities for learning experiences to occur for Native graduate students such as myself.

Diabetes Update

The 2003-2004 IHS audit season is off and running with a flurry of activity. NPAIHB's Western Tribal Diabetes Project (WTDP) had the pleasure of visiting several Northwest tribes to assist them in preparing for the yearly IHS audit. Completed site visits have enabled those tribal diabetes programs to update tribal databases and submit the annual audit to IHS. The updated information can also be converted into convenient reports such as the Health Status Report, the Year End Report, and the soon to be released NW Aggregate Tribal Report. These documents contain tribal specific data for NW tribes that can be utilized in securing new and much needed funding, case management, and internal clinic evaluation. The WTDP will be continuing to conduct chart audits and providing audit technical assistance to NW tribes through July 26, which is the deadline for submitting the audit.

In addition to audit assistance, on June 9-10, the WTDP conducted an Advanced Diabetes Management System (DMS) training at the Northwest Portland Area Indian Health Board (Board) in Portland Oregon. The WTDP also simultaneously held an Advanced DMS Training June 9-10, 2004 at the California Rural Indian Health Board Those in attendance at both trainings represented twelve tribes from the Northwest, Montana, and California.

Crystal Gust (Chippewa-Cree), Rachel Plummer (Northern Cheyenne), and Don Head (Gwich'in) conducted the training in Portland, while Kerri Lopez (Tolowa), Jennifer Olsen, and Crystal Denney (Makah) handled the California training. Each session included topics about the DMS that would assist diabetes coordinators and the tribes they serve to better track the level of care that is delivered to patients with diabetes. These topics included generating reports, using individual audits for case management, and identifying and correcting data gaps in diabetes registries.

In Portland, Crystal and Don also presented tools that have been developed or are currently under development by the WTDP. The Diabetes Screening Toolkit (DST) was a topic of interest, so a copy has been distributed to each site that was represented at the Portland training. The attendants were also shown the Health Status Report tool which, when finished, will allow coordinators to easily generate visual cues for presentation to providers, tribal councils, and grant funding agencies.

The next beginning DMS training for the Northwest area will be held on September 16-17, in the Board's training room. Those interested in attending can visit the Board's website (www.npaihb.org) to register, or call the Project at 1-800-862-5497.

WTDP staff also recently attended and presented at all four IHS National Regional Diabetes meetings. Kerri Lopez and Crystal Gust presented on the DST in Phoenix, Oklahoma City, and Seattle in the month of May. Kerri also presented in Minneapolis. At the last two meetings, Seattle and Minneapolis, we were fortunate to have tribal representatives who had piloted the DST co-present. This also served as the beginning of the formal presentation and distribution of the DST in the Northwest and at the National level.

Executive Director's Report Continued

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STEPs for a Healthier USA
Baltimore, MD
April 30, 2004

This conference had well over 2000 attendees and highlighted the Department of Health and Human Services newly established emphasis of health promotion and disease prevention (HP/DP) activities. There were reports on health disparities, but more importantly reports on new funding opportunities and new ideas on how to achieve healthier lifestyles. I visited with Dr. Charles Grim during one of the breaks and pointed out the Board continued high priority for HP/DP programs. I also let him know that NW tribes are actively lobbying for an increase in the proposed budget for the Indian Health Service.

Tribal Technical Advisory Group
Washington DC
May 22 and 23, 2004

The second meeting of this newly established advisory group to the Centers for Medicare and Medicaid meet at the Hubert Humphrey Building in Washington DC. The New Administrator of CMS, Mark McClellan attended the meeting indicating how important this group is regarded by the Administration. The agenda once again focused on the implementation of the Medicare Modernization Act of 2003. Pearl Capoeman-Baller serves as the delegate and I am the alternate to this important group. I also serve as the chair of an important subcommittee on Medicare-like rates. This new provision takes effect in December, 2004 and we are working hard to secure lower charges for our CHS programs.

Direct Service Tribes Meeting
Phoenix, AZ
June 1-4, 2004

Jim Roberts and I attended this very successful and well attended conference of Direct Service Tribes. Over 500 registrants filled the general assembly where I presented on the IHS budget and the work of the Northwest Portland Area Indian Health Board. Despite some concerns voiced about compacting and contracting activity, I found the overall tone of the conference to be positive. Dr. Grim promised support for annual conferences so tribes should begin their planning for the 2nd Annual Direct Service Tribes conference.

One Sky Steering Committee
San Diego, CA
June 7, 2004

The second meeting of the One Sky Steering Committee was the first attended by myself and Cherlye Kennedy, Chair of the Confederated Tribes of Grand Ronde since our appointment to this advisory group. The project has great promise, but it's complicated structure and the development of nationwide partnerships has had a slow start in its first year. The Board ended its first project year with a very large balance and it is unclear at this writing if these funds will carryover into the year that began on July 1, 2004. The next meeting of this project will be in Washington, DC on September 20 and 21, 2004. An additional advisory group will have its first meeting concurrent with that of the steering committee.

Idaho Tribes State of Idaho Quarterly Meeting
Coeur d'Alene, ID
June 11, 2004

The Coeur d'Alene Tribe hosted a very well attended and busy meeting at their newly expanded resort hotel and casino. The state of Idaho has vastly improved its relations with tribes on health issues. One agenda item was a discussion on how these meetings can form the basis of a more formal government to government relationship with Idaho tribes.

National Congress of American Indians
Mohegan Sun, CT
June 21-23, 2004

The mid-year meeting of NCAI focused on the need to improve participation in the electoral process in this Presidential election year. Details of the Native Vote project were presented and enthusiasm about this year's election is high after decisive Indian influence in recent Congressional elections. In addition, the conference had two breakouts on health care issues including an indigenous health session with presentation from New Zealand, Canada, and Latin American as well as by the Indian Health Service. I have to say that the conference seemed a little less active on health issues. I think we can expect a much more lively NCAI annual meeting in Fort Lauderdale in October just 3 weeks before the general election.

Pearl's Report Continued

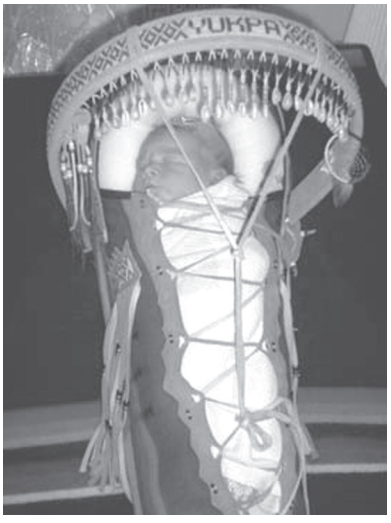
Program Officer Terri Smith to meet with us to advise our Executive Director on some finance issues and to discuss some concerns expressed at our April Board meeting. At that meeting we approved funding for the very successful Native Fitness Project that provides training in conjunction with IHS and the NIKE corporation. Delegates had rejected this project at the April Board meeting, but after clarifying certain aspects of the project and recommitting to providing more timely information on proposed projects we decided to approve the project.

Stella Washines, our new Secretary of NPAIHB, filled in for me to open the National Tobacco Project's Annual Conference in San Diego, CA the third week of May. NPAIHB will be seeking support for a continuation of this important national project that has promoted cessation and respect for traditional tobacco use for the past four years. The message to our youth remains: "don't start smoking," and you'll never have to quit. In addition to the national project the Board runs a very successful regional project that supports state efforts in Idaho, Oregon and Washington. Thank you Stella and thank you to the Yakama Nation for allowing Stella's participation in this event and also for her travel to Phoenix to attend the Direct Service Tribes meeting that I was also not able to attend.

The National Conference of American Indians meeting in June was at the Mohegan Sun Resort Complex in Connecticut. The meeting took place in conference rooms that are some of the most luxurious and technologically advanced in the world. NCAI has come a long ways from past meetings where we crowded into inadequate venues. I must say that at times the meeting seemed somewhat subdued due to the vastness of the facilities. I understand the attendance was only slightly down from previous years despite the long distance required for travel to this event that is about one hour from Providence Rhode Island—you know, that state that could fit inside the boundaries of the Yakama Nation with room to spare.

New Board Baby!

Amanda Wright (Klamath/Choctaw) NPAIHB Receptionist and her Partner Becky Yarnall (Western Band of Cherokee Nation) welcomed their Daughter Yukpa Sophie Mae Wright (Oglala Lakota/Salish Kootenai/Cherokee) on April 16th, 2004. She weighed 8lbs. 7.2oz and was 21in. long. Amanda and Becky would like to thank their family, friends and the Board for all their support!



New NPAIHB Employees

Don Head, (Alaska Native) joined *The EpiCenter* in April 2004, as the Northwest Regional Project Specialist for the Western Tribal Diabetes Project. Don is no stranger to the Indian Health Board. He has served as a Project Assistant for the Recruitment Project as well as the Program Analyst for the board. Don brings with him to *The EpiCenter* experience working with national tribes as well as local northwest tribes in health education. Don will be working on-site with diabetes programs to set up and implement the Resource and Patient Management System (RPMS) Diabetes Register. He will also provide trainings to Indian health care staff in RPMS applications as well as other project specific tools. (1.0 FTE)

Clarice Hudson has been with the NPAIHB since April 2003 and has recently moved from the Western Tribal Diabetes Project to the Institutional Review Board (IRB) Administrator position. Clarice coordinates and lends support to the Portland Area Indian Health Service Institutional Review Board, which is responsible for reviewing and approving all proposed research projects that involve human subjects and American Indian /Alaska Native communities in the Northwest. In her spare time Clarice beads, takes long walks, reads non-fiction works, and attends her sons various extra curricular activities. Clarice is an enrolled member of the Mandan/ Hidatsa/Arikara Nation and is originally from North Dakota.

Terresa White is Yup'ik. Her Great Granny, Helen Konig, is from the Kuskokwim River area near what is today Bethel, Alaska. Her Granny, Aunties, and mother are from McGrath, Alaska. Terresa has served as the Project Specialist for the National Tribal Tobacco Prevention Network since March 2002 with a five-week hiatus this spring during which time she explored similar employment in Anchorage, Alaska. Currently, Terresa provides culturally relevant tobacco prevention training and technical assistance to AI/AN people nationwide. Terresa has a Bachelor of Arts Degree in English. She is an outreach enthusiast, promoting Network activities and advertising tobacco-related news by writing and distributing press releases, public service announcements, ads, flyers, and other printed materials; by developing and regularly updating the NTTPN website; and by contributing articles for publication. Her recent article on tobacco cessation, "Anticipating Joyful Girl", was published in *Winds of Change* Magazine, Spring 2004. Terresa also plays a major role in planning and coordinating the Network's annual national conference on tobacco use. She is certified as a trainer in the following: "Second Wind: A Stop Smoking Program for American Indians and Alaska Natives," the American Lung Association's "N-O-T on Tobacco" and "Freedom from Smoking" curricula. Because much of Terresa's work takes place outside of the Pacific Northwest, she relishes "hello's" and inquiries from Board and local community members. She can be reached by phone at 503/228-4185 x265 or through e-mail at twhite@npaihb.org.

New NPAIHB Employees

Greetings! My name is Karen Schmidt and I am the new Adult Tobacco Survey Specialist here at NPAIHB. I was born and raised in Ventura, CA. This is my first experience in Portland (I moved here in June), although I lived in Northwest for 4 years while going to college at the University of Washington in Seattle. I love the Northwest, and I am excited to learn more about this city and the surrounding areas.

I studied Psychology at UW, and then moved to New Orleans to study for a Masters in Public Health Epidemiology at Tulane University. As part of the Masters Internationalist Program, my fieldwork including serving for 2 years in the US Peace Corps as a Community Health Volunteer. In June 2000, I was sent to Malawi (southeast Africa) where I worked closely with Home-Based Care for people living with HIV/AIDS. Other work experiences include working as a Case Manager, Surveillance Intern, and a Substitute teacher.

I am grateful for the opportunity to work here at NPAIHB. I have been interested in working with the tribes and learning more about the life of Native people for many years. I am committed to the work of tobacco control because tobacco abuse can inhibit our ability to enjoy everything life has to offer.

Waq'lis'i (how are you), my name is Amanda Wright. I am the first-born daughter of Harold Wright Jr. and Theresa Hubbard. My paternal grandparents are Harold "Plummy" Wright Sr. and Maryanne Jackson Wright. My maternal grandparents are Everett Hubbard and Jerri McLish. I am an enrolled member of the Klamath tribes and listed as a descendent of the Chickasaw and Choctaw Nations. Now that I have formally introduced myself, I am proud to announce that I have accepted a new position as Project Assistant for Western Tobacco Prevention Project.

I have worked for the NPAIHB for almost 2 years now and for the last seven months I have held the position of Receptionist. I am honored to be working with the Western Tobacco Prevention Project and to be working for the 43 recognized tribes. I am very excited about my new position and looking forward to expanding my knowledge of Public Health and Tobacco Education.

Sepk'eec'a (Thank you)

Katrina is finishing a Master's in Public Health degree at Oregon Health & Science University with an emphasis on epidemiology and biostatistics. She enjoyed her internship at the Board working on the Behavioral Risk Factor Surveillance Survey (BRFSS) with Francine Romero. Katrina is currently the Project Coordinator for the Northwest Tribal Cancer Navigator Project, a program that is researching the effects of providing nurses to patients who are dealing with cancer. She is interested in a variety of subjects and hopes to work in maternal and child health in the future.

Before coming to public health, Katrina taught high school English, first in Poland for two years and then in her home town, Ann Arbor, Michigan, where her younger brother was among her students. She and her husband, Aaron, have been married for four years. They live in southeast Portland with their two large housecats, Barney and Elliott.

Upcoming Events

July 2004

Elders Wellness of Body, Mind, Heart, and Spirit Conference July 26-27, 2004
At the Shilo Inn in Lincoln City, Oregon
For more information call (866) 872-1609

Asthma and Second Hand Smoke Training July 27, 2004
At the Warm Springs Family Resource Center in Warm Springs, Oregon
For more information please call Joyce Oberly at (541) 553-3462

Shoot the Rock Basketball July 13-14, 2004
Sponsored by the Community Health Education Team of the Warm Spring Tribe (open to 6-13 year olds)
For more information call Andy Leonard at (541) 553-3243

August 2004

National Academy for State Health Policy Annual Conference on August 1-3, 2004
At Hyatt Regency in St Louis, MO
For more information go to: www.nashp.org/confreg.cfm

Burns Paiute Health Fair August 6, 2004
At the Burns Paiute Casino in Burns, Oregon
For more information call Sally Allen at (541) 573-7312 ext. 223

National Indian Health Board Consumer Conference on August 8-11, 2004
At the Oklahoma City Business Services Convention Center in Okalahoma City, OK
For more information go to: www.nihb.org

Minority Women's Health Conference August 12-15, 2004
For more information go to: www.ihs.gov/medicalprograms/nutrition

SB 770 Oregon State and Oregon Tribes Meeting August 19, 2004
Contact Jim Roberts for information (503) 228-4185

IHS Technology Innovation in Indian Health Conference August 23-27, 2004
At the Doubletree Paradise in Scottsdale, AZ
For more information call Shirley Zuni at (505) 248-4352

Lower Elwha is hosting a Health Fair August 25, 2004
For more information call Sue Hynes at 360-452-8471 ext. 211

Upcoming Events

September 2004

6th National Cancer Conference September 9-12, 2004
For more information call 1-877-372-1617 or E-mail nativecircle@mayo.edu or go to: www.mayo.edu/leadershipinitiative

Idaho State & Tribes Health Meeting September 9-10, 2004
Thursday, September 9th is the Business Office Meeting and Friday, September 10th is the State & Tribes Meeting
For more information contact Jim Roberts at (503) 228-4185 ext. 276

One Sky Center Meeting September 20-23, 2004
Holiday Inn on the Hill in Washington DC
For more information call Jim Roberts at 503-228-4185 ext 276

Healthier Indian Communities Indian Health Summit September 22-24, 2004
Renaissance Hotel in Washington DC
For moreinformation go to: www.ihs.gov/hpdp

ATNI 51st Annual Conference September 27-30, 2004
Best Western KwaTuqNuk Resort in Polson, MT
For reservations call 1-800-882-6363 or 406-883-3636

Native People's Circle of Hope Regional Conference September 30-October 2, 2004
At the Kah-Nee-Ta High Desert Resort and Casino in Warm Springs, Oregon
For more information, please contact Cece Whitewolf at phone (800) 799-2125 or email her at: c2w2@teleport.com

Northwest Portland Area Indian Health Board

April 2004 Resolutions

RESOLUTION #04-03-01
Support for the Northwest Portland Area Indian Health Board 2004 Legislative Plan

RESOLUTION #04-03-02
Support for the Northwest Portland Area Indian Health Board Annual Budget Analysis

RESOLUTION #04-03-03
Support for Native American Research Centers for Health

Resolution #04-03-04
Support for the NPAIHB Alcohol, Substance Abuse, and Mental Health Initiative (NASAMHI)

RESOLUTION #04-03-05
Support for the Federal Grant application entitled "Cancer Prevention and Education for Native American Youth"

RESOLUTION #04-03-06
Support for HIV Prevention Services into Reproductive Health and Community Settings

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