

Health News & Notes

A Publication of the
Northwest Portland Area Indian Health Board

Volume 31, Number 4

October 2002 Issue

by Julia Davis-Wheeler, (Nez Perce Tribe) NPAIHB Chair

Julia's Report

Indian Health Care Improvement Act

Despite the fact that the Act was not passed this year, we did make progress. At the meeting in Portland on May 28, 29 and 30 over 200 tribal representatives joined agency staff and congressional staff to review concerns expressed by the Bush Administration and Congressional committees about provisions of the bills being considered by Congress. Suggestions made in Portland and in subsequent conference calls resulted in a great deal of valuable input for the Senate Indian Affairs Committee and the House Resources Committee to consider. I know not all tribes were able to participate in the meeting and conference calls. I also assume that tribes have given input directly to the committees. The key point is that the Committees now have a great deal of input from tribes in response to the concerns expressed about the tribal bill developed by the National Steering Committee back in 1999. I think progress was made this year. The progress was developing a tribal response to questions raised by

*Claude Allen, Deputy Director of the HHS,
and Julia Davis-Wheeler, Chair of NPAIHB,
(taken at the Quinalt Paddle 2002)*

Congress and the Administration. We should now proceed to the next step in the legislative process: developing new bills in the 107th Congress.

The Northwest Portland Area Indian Health Board assisted the effort this year by co-sponsoring the National meeting in Portland, and conference calls and interaction between tribal representatives and congressional staff this summer. We agreed to develop and maintain the Indian Health Care Improvement Act website at www.npaihb.org. This website has information on all the proposed changes to HR 1662 and S. 212. NPAIHB is committed to continuing this level of effort, if requested by tribes, again next year.

Alcohol and Substance Abuse Funding

I am concerned about a draft of the proposed funding methodology issued by the Indian Health Service. This method excludes tribal organizations like the Healing Lodge of the Seven Nations from an allocation of funding. I hope tribes will give the IHS Director

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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.

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Legislative Update and IHS Budget

by Ed Fox, Executive Director

It may be 2003 before we have a FY 2003 Indian Health Service Budget. Although the House passed its budget in July and the Senate Interior Appropriations Committee approved a budget unanimously before the August recess the budget is not likely to pass anytime soon.

The small increase in the budgets of both means we can expect an increase of no more than 5%. This is less than half of the estimated \$313 million needed just to maintain the current level of services.

The negative impact of this year's budget will be further degraded if the House provision to allocate \$33 million to the 44 lowest funded health programs is approved in the final Interior Appropriations bill. Northwest tribes will receive less than \$500,000 of this \$33 million distribution. The Portland Area, with about 6.5% of all users will receive 1.5% of the \$33,000,000 increase for the Indian Health Care Improvement Fund. It is not hard to understand the perspective of the 44 most inadequately funded tribes who strongly support this allocation. Their advocacy is likely to

be rewarded. The House has given a deaf ear to the NW position that it is the Congress and the President who bear the responsibility to pay for raising the worst funded tribes, not tribes who are themselves funded at about 60% of their level of need. This may be a classic

example of dividing the tribes in order to save federal dollars. NW tribes need to continue their vocal opposition to the priority given to the Indian Health Care Improvement Fund by the House. The Senate is likely to pass a bill with a much better increase for Contract Health Services and a

smaller amount for the Fund. NW tribes continue to support the current IHS compromise policy for the distribution of any CHS funding increase on a recurring basis.

In addition, the Senate bill will pass without the instruction (general provision in the House Bill) to restructure Contract Support Costs (CSC) to be more like the Bureau of Indian Affairs method. NW tribes have indicated their strong

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Restructuring Initiative Workgroup

By Verne Boerner, Administrative Officer

The final report developed by the Restructuring Initiative Workgroup (the RIW) is complete and has been submitted to Indian Health Service (IHS) Acting Director, Dr. Charles Grim. Dr. Grim has since distributed the final report and has asked IHS Area Directors to schedule an October consultation meeting with their area tribes. Consultation results are due to Dr. Grim by November 1, 2002. Dr. Grim also invites Tribes, Indian health organizations, and individuals to comment on this final document by that same date.

The RIW report consists of eight sections: 1) Guiding the Indian Health Care System Through Transition, 2) Core Principles in Indian Health, 3) Troubling Disparities—Unequal Health Care, 4) Recent Reforms in the IHS, 5) “One-HHS” Proposals and the President’s Management Initiative, 6) A Vision for Health—Eliminate Disparities & Sustain Wellbeing, 7) A Look 5 Years into the Future, and 8) Internal Restructuring Reforms. The report provides explanation, detail, and rationale for 97 recommendations. The report also contains comments received on the Preliminary Report that was submitted on June 5, 2002.

RIW members discussed many complex issues and concerns about which Areas, Tribes, Urban Programs, Service Units might be affected by the Restructuring. As a result, the RIW

report insisted upon assurances including that HHS and the President honor Tribal Sovereignty, that Tribal consultation policies be followed throughout the restructuring process, that savings from regionalizing be kept in the areas in which the savings were produced, that no Area Office will close, and that Tribal Shares will be

tracked and maintained/allocated properly. The RIW also argued that rather than reducing resources to IHS, the budget should be doubled in order to bring health care resources on par with those received by other Americans.

Section eight of the Report has the potential to have the greatest impact on tribes and American Indian and Alaska Native people. This section outlines how the restructuring initiative will fundamentally change the way in which administrative services are conducted and processes are implemented within the Indian Health Service. This section addresses Administrative Support

reforms that are necessary to improve current systems. The recommendation presented by the RIW is a phased transition to a regional support model in which an estimated 100 to 150 jobs could be converted from administrative functions to direct care services. This section also addresses Facilities and Engineering reforms in which the recommendations include considerations of patient load benchmarks, the facility construction priority system, potential realignment of engineering services, and streamlining the planning, design, and construction processes.

Section Eight also reviews overall system infrastructure investment. It endorses the development and implementation of a new IHS Business Plan, a coordinated approach to address bio-terrorism, an investment in information technology, the establishment of Environmental Safeguards Technical Assistance Teams, and the reconsideration of the user count definition employed in IHS resource allocation formulas. Section eight concludes with investments to increase access additional resources outside of IHS system.

Considering the fundamental changes proposed in this report, it is expected that this will generate much discussion on how services are currently provided

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Behind the Success of the 2nd Annual National Native Conference on Tobacco Use

by Gerry RainingBird and Teresa White, Western Tobacco Prevention Project

On July 21-24, 2002, the National Tribal Tobacco Prevention Network (NTTPN) coordinated the 2nd annual National Native Conference on Tobacco Use in Salt Lake City, Utah. Over 300 professionals and community members from the United States and Canada, many of whom are involved in tobacco prevention and education efforts, attended the event.

Knowledge Promotes Wellness, Wellness Promotes Strength

Native people continue to have the highest smoking rates of any other ethnic group in the nation. Ms. Julia Davis-Wheeler, Chair of NPAIHB and the National Indian Health Board, was one of several keynote speakers who offered inspiring words of encouragement, and touched on personal experiences to convey that in order to preserve our future, we need to protect our health.

The conference cultivated the sacred use of tobacco and raised awareness of the harms of commercial tobacco products by:

- Increasing awareness of the traditional uses of tobacco among Native people
- Providing prevention information for the use of commercial tobacco products among Native people
- Providing opportunities to network with other professional and community people involved

From left to right: Gerry RainingBird, Nichole Hildebrandt, Angie Butler, Liling Sherry, and Ed Lutz.

in tobacco prevention and education

- Educating Native youth about tobacco issues
- Providing information on current policy, media, and cessation efforts in Indian Country

The conference offered keynote speakers and over 40 workshops on current efforts to stem the tide of tobacco related illnesses, deaths, and sky rocketing health-care costs associated with tobacco use. Dr. Felicia Hodge, long time tobacco crusader and premier native researcher, and Dr. Karol Kumpher, from the University of Utah, served as guest speakers and provided participants

with cutting edge research information on tobacco use among native peoples. Brick Lancaster, Acting Chief of the Centers for Disease Control and Prevention Office of Smoking and Health, and Lorene Reano, NTTPN Project Officer, both gave heartfelt opening remarks and shared their personal words of commitment to tobacco control.

It was not all serious business though, as a memorable evening of cultural sharing and entertainment featured the humor and healthy messages of Indian comedian, Mitch Factor as well as

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Six Things to Know About Diet, Exercise, and Cancer

by Ruth Jensen, Northwest Tribal Cancer Control Project Director

More than 500,000 cancer deaths occur annually in the United States. One third of these deaths can be attributed to diet and physical activity habits and another third to cigarette smoking.

1. **OBESITY:** Evidence is now firm that being overweight and the epidemic of obesity are related to higher risks of cancers of the colon, endometrium, kidney, breast (after menopause), and lower esophagus.
2. **HIGH-FAT DIETS:** Studies have shown that populations whose diets are high in vegetables and fruits and low in animal fat, meat, and/or calories have a reduced risk of some of the most common types of cancer. Conversely, high-fat diets have been associated with an increase in the risk of cancers of the colon and rectum, prostate, and endometrium.

3. **ALCOHOL AND TOBACCO:** Alcohol consumption increases the risk of cancers of the mouth, pharynx, larynx, esophagus, liver, and breast. The combination of alcohol and tobacco increases the risk of cancer far more than either activity alone.
4. **LUNG CANCER:** While addictive use of smoking tobacco is a major risk factor for lung cancer, poor diet can magnify these risks. Many studies have found a lower risk of lung cancer among smokers who eat more vegetables and/or fruits in their diet.
5. **COLON CANCER:** Physical activity accelerates the movement of food through the intestine, thereby reducing the length of time that the bowel lining is exposed to mutagens that can lead to colon cancer.

6. **DIABETES:** Adult-onset diabetes has been associated with increased risk of cancers of the colon, pancreas, and possibly other sites. Physical activity helps to prevent adult-onset diabetes.

Think of the many other important health benefits you get from a healthy diet and physical activity! Please encourage your tribal leaders and other community members to support efforts that promote proper diets and physical activity in every way possible.

Items are compiled from “The American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention” 2002. For a free copy of the booklet, call 1.800.ACS.2345.



The Northwest Tribal Registry Project

by Emily Puukka, Tribal Registry Manager

“It isn’t that they can’t see the solution. It’s that they can’t see the problem.”

-G. K. Chesterton

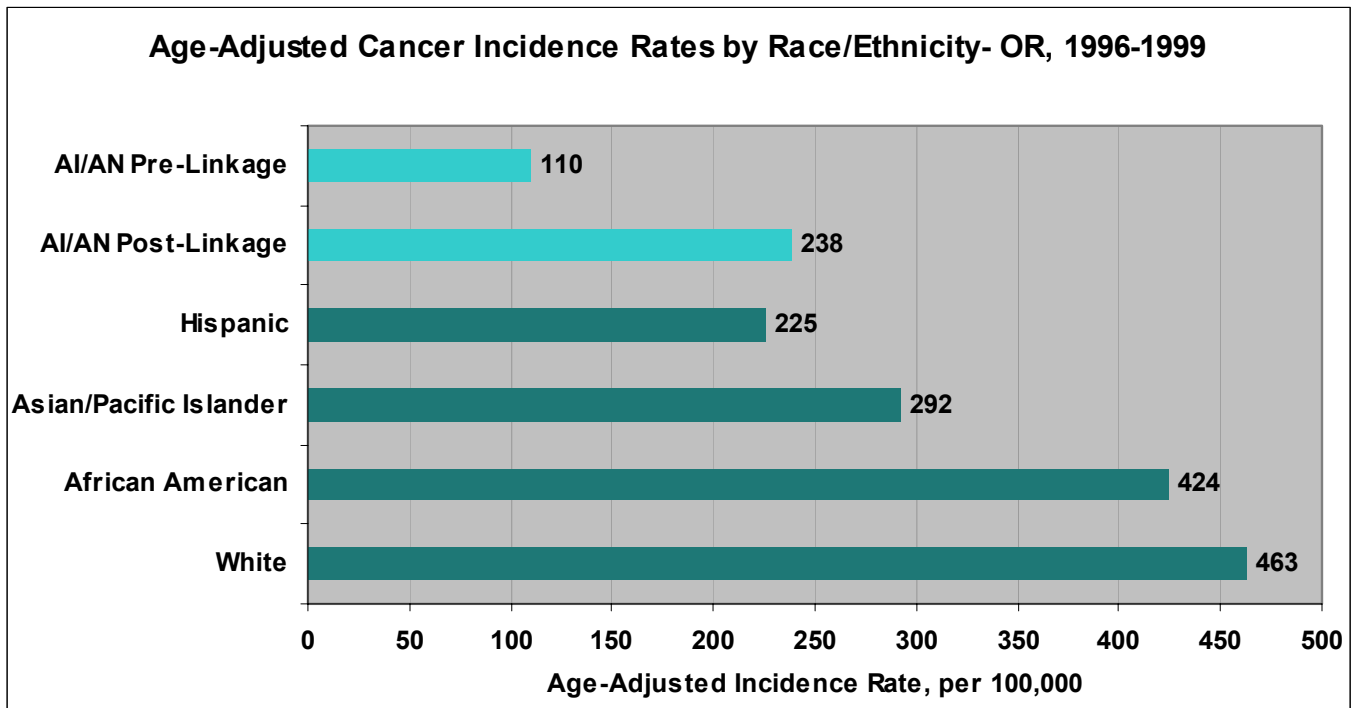
Things aren’t always as they seem.

One of the greatest barriers to obtaining accurate health status data is racial misclassification. Racial misclassification occurs when an AI/AN individual is incorrectly classified as some other race (usually “white”) in the database. This is a serious problem because when race-specific disease rates are calculated, rates for AI/AN

are often severely underestimated. Because the formation of public health interventions and the distribution of funding for these programs are often determined by the perceived need of a specific group, accurate data is crucial.

A recent linkage conducted with the Oregon State Cancer Registry demonstrates how the Northwest Tribal Registry is working to correct these problems. The graph below illustrates

how the cancer rate for AI/AN in Oregon increased from 110 per 100,000 pre-linkage to 238 per 100,000 after the linkage with the Northwest Tribal Registry (an increase of more than 115 percent). While cancer rates for AI/AN are still considerably lower than those for whites and African Americans, it is clear that racial misclassification was contributing to a deceptively low rate.



2003 National Youth Leadership Institute on Tobacco Prevention Call for Youth Applicants

by Nichole Hildebrandt, CIRCLE Fellowship Fellow/Western Tobacco Prevention Project

The Creating Indigenous Resource Cooperatives thru Leadership Education (CIRCLE) is part of the tobacco prevention projects at the NPAIHB. We are pleased to announce that we are now accepting applications for the 2003 National Youth Leadership Institute on Tobacco Prevention.

The Leadership Institute will include six American Indian /Alaska Native (AI/AN) high school students and each will have the guidance of an adult AI/AN mentor to develop their own tobacco prevention project. The Institute is a great opportunity for youth to gain knowledge and first hand experience working in tobacco prevention. Participants will gain skills through the intensive two-day training that will help develop skills in personal leadership, advocacy, and cultural competency.

Youth applicants should meet the following criteria: high school student (grades 9-12); tobacco, alcohol, and drug free; tribally enrolled member or descendant of a federally recognized tribe; and must be able to work on a project with mentor guidance during the school year.

Participants will attend an intensive and fun two-day training that addresses AI/AN tobacco related issues, information on the five tobacco prevention priority areas, presentation and public speaking skills, and grant writing for youth. Each participant and mentor team will submit an application for mini-grants to conduct a four-month tobacco

prevention project within their community. At the conclusion of the project, participants and mentors will present their projects and experiences in a workshop at a national or international conference (e.g. National Indian Health Board Consumer Conference, CDC's National Conference on Tobacco, National Congress of American Indians, National Native Conference on Tobacco Use, etc.). Travel costs are paid for by the CIRCLE project.

Timeline:

- ❖ **Application deadline October 31, 2002**
- ❖ Selection and notification of youth participants November 2002
- ❖ Tobacco Prevention Leadership Institute 2-day training early December 2002 (CIRCLE project responsible for travel costs for the Institute; participants must be able to travel)
- ❖ Mini-grant application and award January 2003
- ❖ Projects in session February – May 2003
- ❖ Project presentation to tribal council and national or international conference

Candidates must submit an application, two references who are NOT relatives (each should have a letter of support), one page essay explaining why you wish to be a part of the Leadership

Institute and tobacco prevention efforts (typed, double spaced essay, min. 1 page, max. 3 pages). Write one separate paragraph on ideas about promoting tobacco prevention in your community.

For more information please contact Nichole Hildebrandt at (503) 228-4185 x282 or visit our website at www.tobaccoprevention.net.



The application for the 2003 National Youth Leadership Institute on Tobacco Prevention is on page 8 of this newsletter.

-Completed applications are due October 31, 2002-

APPLICATION: LEADERSHIP INSTITUTE

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Name:

LAST FIRST MIDDLE

Address: _____

CITY STATE ZIP

Home Phone: _____

Date of Birth: _____ SSN: _____

Month Day Year

How did you hear about the Leadership Institute?

INDIAN HERITAGE: Documentation needed for consideration

TRIBE/AFFILIATION

RESERVATION/VILLAGE/RANCHERIA

Enrollment Number/Blood Quantum

EDUCATION

Name of School: _____

GPA: _____

HONORS, AWARDS, AND FELLOWSHIPS RECEIVED.

REFERENCES: List 2 persons who are NOT related to you (each reference must provide a letter of support). **Attach letters of support with this application.**

Name

Phone No.

Occupation

1. _____

2. _____

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign:

- If selected as a participant of the Leadership Institute, **I agree to be tobacco, drug, and alcohol free throughout the program.**
- I certify to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Application checklist:

- Complete and signed application
- 2 references (with letters of support)
- One - Three page essay
- Community Project idea

TOTS Project Begins Formative Data Collection

by Tam Lutz, TOTS Project Director

Four communities were selected to participate in the Toddler Obesity and Tooth Decay Prevention Project (TOTS), the Confederated Tribes of Colville, Lummi Nation, Nez Perce and the Shoshone-Bannock Tribes. In September, a site coordinator and research assistants from each community were selected to begin training in the formative data collection for the TOTS Project.

Formative data collection is the first step in the TOTS Project to develop family and community intervention strategies that reduce toddler obesity and tooth decay.

Formative data is the information that describes the community's resources,

attitudes, beliefs, and traditions. It is the foundation for designing appropriate, meaningful, and culturally sensitive interventions that are set in the everyday realities in which Indian people live. The TOTS project will be mapping communities, observing beverage consumption, conducting interviews with key community members, and seeking the input of community members in round circle discussions. The collection of formative data from individual communities will ensure that the interventions designed are tribal specific, address the key concerns and barriers that are faced in those communities, and build upon their strengths. Additionally, baseline information will also be extracted from the formative data, which will allow the

TOTS project to assess changes in the communities following the introduction of tribally-designed interventions.

As a tribal member, I believe that this opportunity to provide well-supported formative research in Indian communities is a great step in NPAIHB's commitment to keep tribes at the helm in identifying and directing how projects address the specific needs of tribes. My hands are up (in appreciation) to the participating communities and the motivated individuals taking this opportunity serving as site coordinators and research assistants. We are proud to announce the four tribal teams participating the Toddler Obesity and Tooth Decay Prevention Project.



Introducing the Colville TOTS Project Team

*Cindy Thomas, Colville TOTS
Site Coordinator*

*Joann Signor, Colville TOTS
Research Assistant*

Healing Totem Pole Comes to Portland

by Sonciray Bonnell, Health Resource Coordinator and Sayaka Kanade, Technical Writer

NPAIHB staff, the city of Portland, and Oregon tribes gathered in Holladay West Park on August 23, 2002 to bless the Healing Totem Pole. Portland was the first stop on its journey to New York where it was presented to a children's camp as a gift to provide hope and healing and to help carry the burden of grief caused by the events of September 11th.

Confederated Tribes of Grand Ronde elders spoke and offered their prayers, and citizens of Portland walked up to the Totem Pole to touch and pass on their blessings. Lieutenant Phil Burks of the Hoodland Fire District performed a 5-5-5 fire bell ceremony which is usually reserved for fallen firefighters. The event was emotional, yet inspired hope through the many expressions of love and prayer imparted on that sunny afternoon.

The 13-foot cedar Healing Totem Pole, crafted by Lummi master carver Jewell Praying Wolf James, made several stops across the nation on its way to New York, including Celillo, OR and Spokane, WA gathering prayers, blessings, and songs from the Northwest tribes. The Healing Pole was installed on September 7, 2002 in Sterling Forest, just northwest of New York City.

*Hoodland Fire Department
Lieutenant, Phil Burks and Lisa
Graham NIVA Color Guard..*

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*Jewell Praying Wolf James,
Lummi Master Carver.*

Color Guard and girl sending their prayers with the totem pole.

Update from Area Injury Prevention Specialist

by Sharon L. John, Women's Health Promotion Injury Control Project Director

New: Injury Prevention Program Development Fellowship (IPPDF)

The Area Injury Prevention Project would like to encourage Northwest tribal members to apply to the national Injury Prevention Program Development Fellowship (IPPDF) sponsored by Indian Health Service. IPPDF is a highly competitive one-year training on injury prevention program development. Topics include coalition-building, program planning, advocating for change, program evaluation, marketing injury prevention, and resource development.

Applications are available on the NPAIHB website www.npaihb.org. The IPPDF does not require a four-year degree but does require a one-year commitment to their selected project. Tribes will fund their candidate for one year should they be selected to participate in one of the 12 openings. Deadline for applications is December 1, 2002 and applicants will be notified by January 15, 2003. Please review the application for complete guidelines.

Injury Prevention Fellowship

The Indian Health Service will continue to offer the Injury Prevention

Fellowship on an alternating yearly basis with IPPDF. The Injury Prevention Fellowship will continue to require a four-year degree. Applications will open in year 2003.

If you would like more information about the Area Injury Prevention Project or Injury Prevention Program Development Fellowship, please contact Sharon L. John, Project Specialist, at (503) 228-4185 x289.



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Tam Lutz, the Director of the Toddler Obesity and Tooth Decay Project, brought her two children, Josephine (2 years) and Rowan (8 months) with her so that together they could pay their respect to those who's lives were taken prematurely. Lutz, who is also a Lummi member and cousin to James, recalled, "I thought of how powerful it was to gather Indians in an urban setting where in everyday life we blend into the background of the city and don't often see each other."

Thank you Portland for the gift of your presence, prayers, songs, and good thoughts.

Update from Women's Health Promotion Program Director

by Sharon John, Women's Health Promotion Program Director

The Women's Health Promotion Program (WHPP) would like to thank Judy Charley, Warm Springs Health Educator, for presenting on the Komen Foundation Poster Project at the Women's Health Promotion Coalition (Coalition) for the state of Oregon. The next scheduled Coalition meeting will be November 5-6, 2002 at NPAIHB in Portland, Oregon.

If you would like more information about the WHPP or the next annual Coalition meeting, please contact Sharon L. John, Project Director, at (503) 228-4185 x289.

July Quarterly Board Meeting Pictures

Salmon feed at Kah Nee Ta

*Kathryn Alexander, Northwest Tribal Dental Support Center Project Assistant
Ed Fox, NPAIHB Executive Director*

Attendees dining at Clinic tour

July Quarterly Board Meeting Pictures

*Julia Davis, (Nez Perce Tribe) NPAIHB Chair
and Russ Algers*

Yakama Alcohol and Drug Treatment Panel

*L to R: Julie Loera, Priscilla Bonnell, Marie Seum, Sophie Boerner, and
Quinn Gallagher at the Wellness Center tour*

Veterans

*Phillip Archambault, NARA Cultural
Advisor*

Clinical Tour

Measuring Diabetes Care: Improving Data Quality and Data Use in American Indian Communities

by Dr. Charlton Wilson, Phoenix Indian Medical Center

The National Diabetes Program and the Information Technology and Support Center sponsored a national training conference in Seattle, Washington.

August 20 - 22, 2002. The Northwest Portland Area Indian Health Board coordinated the conference and many staff were involved in the preparation, implementation and evaluation of the conference. The goal of this training conference was to improve diabetes care in American Indian and Alaska Native communities by demonstrating ways to raise the quality and expand the

use of individual patient care and population-based data. The training conference included plenary lectures, workshops, and abstract presentation sessions. The speakers included nationally prominent leaders from the Centers for Disease Control and Prevention, Private Health Care, Universities, and the I.H.S. National Diabetes program. Over 250 health professionals, epidemiologists, statisticians, information technology specialists, health records professionals, health administrators, diabetes coordinators, Tribal leaders, Tribal

Health Boards, health care outcomes researchers and public policy officials working in American Indian communities attended. A formal written document with program materials is being created to share the findings of the conference with communities and programs who were not able to attend. While the final evaluations are still being tallied, the conference was a huge success and appears to have fully met its goals.



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input on their concerns about the proposed distribution.

Navajo Area Health Board

I presented with John Hubbard Jr. and Randal Morgan at the annual Navajo Area Health Board conference in Rio Rancho, NM on August 29, 2002. I gave them an update on Board activities and a presentation on our joint efforts to pass the Indian Health Care Improvement Act and Restructuring Initiative Workgroup update. It's a lot of travel, but I'm glad that I have been able to visit them.

Healing Our Spirits Worldwide

The Healing our Spirits Worldwide International Conference on Substance Abuse was held in Albuquerque, New

Mexico on September 1-6, 2002. NIHB coordinated the planning and conducted this meeting. About 1,600 registered for the conference. An additional 500 participants were in Albuquerque for Unity's Youth Conference and as many as 2,000 for the National Indian Council on Aging (NICOA) Biannual Conference. Albuquerque was an excellent choice for location and having all three conferences together made for a good mingling of groups. Canada, Australia, New Zealand and Latin America were well represented. Given the limited budget for the conference I believe it was a success. All three met in general session for their last day. The site for the next conference in 2006 has not been determined.

National Indian Health Board

The NIHB is reviewing whether or not it should move its offices to Washington DC. The Board will prepare an analysis for consideration. In addition, we are carefully reviewing NIHB's finances to determine what activities the Board can engage in this year. The new Policy Analyst, J. T. Petherick, and Lena Aoiki have given the NIHB a stronger presence in Washington DC and the weekly Legislative Report has improved information provided by NIHB. They have been very active in lobbying for additional support for a fair share of homeland security funding for tribes.



Northwest Tribal Dental Support Center

by Kathryn T. Alexander, Northwest Tribal Dental Support Center Project Assistant

The Dental Program is currently working on several areas geared toward reducing dental decay. The following is a listing of what is going on:

1. Assessing the dental health of Northwest Indian Children. Through a cooperative agreement with the Centers for Disease Control and Prevention, the Association of State and Territorial Dental Directors has developed a model for community-based dental surveillance. This model, known as the Basic Screen Survey (BSS), provides valuable information that can be used to evaluate local dental program and monitor dental disease trends in small communities.
2. Medical Emergencies In the Dental Clinic 2002. Three-Hour Dental CDE on Videotape. This OHSU School of Dentistry CDE on managing medical emergencies in the dental clinic setting is appropriate for all dental clinic staff. The lecture by oral surgeon Steven Beadnell, DMD is available on VHS with a well organized course handout summarizing important concepts presented. The tape, course handout and a test to submit for CDE credit are available for \$85 and can typically be completed in one-half day. Reduced pricing for two or more clinic staff to take the course makes this an economical opportunity for clinics to maintain their skills in this important aspect of clinical dental care.
3. Update on Site Visits. Bonnie Bruerd, DrPH, MPH and Jeff Hagen, DDS, MPH, have completed site visits at 31 of the 32 dental clinics in the Portland Area. For Year 3 Drs. Bruerd and Hagen will begin a second round of site visits, giving priority to clinics experiencing turnover in dentists and clinics that request their services. They will, however, try to group their visits geographically and will call clinics to offer a site visit if they are visiting a clinic nearby. Site visits are NOT mandatory and completely FREE.
4. Tribal Health Fairs. Attending Tribal Health Fairs is one of the services we now provide to tribal communities to help reduce dental decay. The program's Project Assistant, Kathryn T. Alexander (Tuscarora, Mohawk) works with the dental clinics to coordinate on-site at the fairs and provides toothbrushes, dental floss, toothpaste, fluoride rinse and dental literature. The program now offers an incentive for children and teens that get a great check-up, a FREE Crest Spin Brush. Forms are distributed at health fairs.

For additional information contact:

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527 SW Hall Street, Suite 300
Portland, OR 97201
Tel: (503) 416-3292
Fax: (503) 228-8182
E: kalexander@npaih.org

(Right) Kathryn Alexander at the Summer 2002 Warm Springs Youth Conference handing out dental supplies while the clinic is signing up kids for check-ups!

Congratulations to the David C. Wynecoop Memorial Health Clinic 2002 Federal Energy and Water Management Award

David C. Wynecoop Memorial Health Clinic in Wellpinit, Washington

Courtesy of Wesley M. Bell, PAO-IHS

The Indian Health Service (IHS), Portland Area Energy Program and the staff of the David C. Wynecoop Memorial Health Clinic have received two significant awards for their energy conservation efforts. The Clinic is on the Spokane Indian Reservation and provides services for the Spokane and Kalispel tribes.

The Federal Interagency Energy Policy Committee and the Department of Energy will award a 2002 Federal Energy and Water Management Award on October 23, 2002 in Washington, D.C. to the David C. Wynecoop Memorial Clinic. The award is presented to recognize outstanding contributions toward increased energy efficiency, renewable energy, and water conservation within the Federal sector. This is the premier award presented to Federal Employees and draws attention to increased conservation efforts.

The Department of Health and Human Services awarded the David C. Wynecoop Memorial Health Clinic the 2001 Energy and Water Management Award in November 2001 for energy conservation efforts. Local and regional efforts have resulted in an overall energy consumption reduction per gross square foot of 68 percent in the 25-year old, 12,250 square foot health clinic.

“The clinic’s energy and water management program is a success story of how effective facility improvements and excellent preventative maintenance practices can make a difference,” stated Doni Wilder, Director, Portland Area IHS. A key to the success is the involvement and support of all the employees for energy conservation. The awards for energy conservation reflect staff dedication and performance.

Janice Kay Moyer, Service Unit Director, manages the clinic and Richard Brisbois, is the Facilities Maintenance Supervisor. Dale Mossefin, Health Facility Engineer with the local IHS Area Office has been lead technical consultant assisting the Health Clinic. Ms. Moyer, Mr. Brisbois, and Mr. Mossefin effectively prioritized funding for conservation of energy and water efficiency. They and others at the clinic recognize the environmental benefits of energy and water efficiency on the environment and redirecting cost savings to health programs for the benefit of their patients.

The Northwest Portland Area Indian Health Board congratulates the David C. Wynecoop Memorial Health Clinic staff for their excellent conservation efforts.



Project Red Talon

by Karen McGowan, Project Red Talon Director

Project Red Talon was awarded a one-year extension and supplemental funds for the American Indian and Alaska Native (AI/AN) HIV Testing Survey (HITS) project from the Center for Disease Control and Prevention. AI/AN HITS project is a culturally modified HITS application and has received overwhelming support from CDC's HIV/AIDS Prevention Division.

The goal of the AI/AN HITS project is to enroll and interview AI/AN from reservation communities in the Northwest. Currently, the project is conducting interviews on two reservations, one in Oregon and one in Washington. With the supplemental

funds, the Board will be able to extend the project to include one additional tribal community, possibly in Idaho.

The study is conducted within reservation communities to: 1) assess behavioral risk factors; 2) determine knowledge of local policies, practices and customs regarding HIV testing; 3) assess HIV and other testing history; 4) determine real and perceived reasons or barriers that influence people to seek or avoid HIV testing; 5) and determine the perceived risk for infection.

Project Red Talon extends appreciation to Board administration for their continued support for the HITS project,

as well as our CDC Project Officer Jeanne Bertolli for her support and advocacy for HIV/AIDS research and prevention in Indian country.



Health Professions Education Project Funding Lost

by Gary Small, Health Professions Education Project Director, Northwest Tribal Recruitment Project Director

Fiscal Year 2002 was the final year for both the The Health Professions Education Project (HPEP) and the Northwest Tribal Recruitment Project (NTRP). In June 2002, NPAIHB submitted a renewal application. HPEP, the grant project that assists our Northwest Indian students into health care related fields of study, has been entirely cut (a loss of \$84,000) and will cease all functions. The grant from Indian Health Service that funds the Northwest Tribal Recruitment Project Health Professions Education Project (NTRP) has been reduced from approximately \$104,000 to \$92,000.

The combination of these two funds has allowed the NPAIHB to design a very effective recruitment and education assistance program that has shown significant results. Both of these Projects have been very cost effective with only two full-time staff administering both Projects.

Northwest Indian students will especially feel the impact of losing HPEP. This year alone, sixteen new Indian Health Service Health Professions Scholarships were awarded to Northwest Indian students. In past years, Northwest Indian students only averaged about two to three new scholarships awards per year.

HPEP also provided twelve applicant workshops in the Northwest and spent many hours counseling students on financial aid and academic issues. The result was an increase of scholarships to the Portland Area of over 530%.

HPEP also arranged for twelve Northwest Indian students to experience externships this summer. In previous years, virtually no students from the Northwest were participating in the Indian Health Service Externship Program. Despite these very significant accomplishments, HPEP was "accepted, but not funded."



Fighting the “Uninvited Guest” Through Education

by Lisa Denlinger

The following are excerpts from an article published by the University of Indiana School of Continuing Studies Marketing and Communication. It was written by Lisa Denlinger and is used with her expressed permission.

The Northwest Portland Area Indian Health Board would like to recognize Sharon Fleming for her academic achievements. Sharon is the Administrative Assistant for the Western Tribal Diabetes Project, as well as a student at Indiana University. Sharon describes herself as a “late bloomer.” She says she is like her mother, who enrolled in nursing school at age 60 and who is today, at age 73, a practicing nurse at a Choctaw clinic in southeastern Oklahoma. “I did not go to school when I was younger,” Sharon said. “I got married, had children, and was a major source of financial support for my family. I always whined that I wanted an associate degree. My

husband told me to either get the degree or stop whining.”

*Sharon Fleming, Western Tribal
Diabetes Project*

After she received her associate degree in 1995 from Bay Mills Community College (a Native Tribal College), she

researched universities for a full year before deciding to enroll in Indiana University’s correspondence program. Sharon now hopes to have her bachelor’s degree completed by October 2002. However, Sharon will continue her education after receiving her Bachelor of General Studies. “You never stop learning,” is something Sharon insists upon. Although at this point she is not exactly sure where she will go, she does know that she would not have been able to accomplish this without the Education Leave that the NPAIHB offers. Sharon would like to thank the NPAIHB delegates for their vision and assistance in seeing to the educational needs of the employees. She would also like to thank Ed Fox, Dee Robertson, Joe Finkbonner, Kelly Gonzales, Crystal Denney, her husband, co-workers, colleagues, and friends who gave her the support and encouragement that she needed.



Continued from page 4

dance and song by conference participants.

Special thanks go to the local planning committee, lead by Walter Watchman and Gay Pinnecoose of the Salt Lake City Indian Walk-In Center, which overwhelmed the speakers and special guests by gifting them with specially made Indian flutes. The Conference

Planning Committee also included the other six CDC funded tribal support centers, and were represented by: Lynn Lopes, Aberdeen Area Tribal Chairman’s Health Board; Vanessa Tsosie, Alaska Native Health Board; Michelle Anderson, California Rural Indian Health Board; Glenda Lumpmouth, Inter Tribal Council of Arizona, Deanna Knauf, Inter Tribal

Council of Michigan; Cynthia Coachman, Muscogee Nation, and the tobacco staff of the Western Tobacco Prevention Project and the National Tribal Tobacco Prevention Network. Finally, a big bear hug goes to Ed Lutz, NPAIHB Information Systems Specialist for his computer and technological wizardry.



RIW Continued

Continued from page 3

and how the recommended changes will impact services to Indian people. At the time of writing this article, the Northwest Portland Area Indian Health Board had sent out the final report in the weekly mailout on September 27, 2002, and is working with the Portland Area Office to select a date for the October consultation.

NPAIHB wishes to acknowledge all the tribal leaders that participated in the RIW, particularly Marilyn Scott (Upper Skagit Tribe,) Pearl Capoeman-Baller (Quinault Indian Nation), and Mel Tomaskin (Yakama) for representing the Portland Area. NPAIHB also extends its gratitude to Julia Davis (Nez Perce Tribe), as the NIHB representative. These Tribal leaders had a daunting task in addressing complex issues in a short timeframe. The Tribal leaders exhibited integrity, wisdom, and true passion for the health of American Indians and Alaska Natives. Thank you for your diligence and hard work.

Legislative Update and IHS Budget Continued

Continued from page 2

preference for the current CSC policy of the IHS and will oppose the House language on contract support costs.

Diabetes

At this writing, it does appear that the Congress is prepared to authorize a \$150 million a year appropriation for diabetes though FY 2005, this represents a \$50 million increase for diabetes funding. Tribes have advocated for a \$200 million appropriation. The increase is contained in legislation known as the Medicare Giveback legislation that is very likely to pass before Congress goes on recess October 11, 2002. The Board will update this information as it becomes available.

Indian Health Care Improvement Act

Julia Davis-Wheeler reports above on the very real progress that was made this year in answering the many questions and concerns raised by the Congress and the Administration about the Bills being considered by the Congress. The Board played a critical role this year in advancing the effort to reauthorize the Indian Health Care Improvement Act. It is expected that there will be a meeting of the National Steering Committee before the end of the year to chart efforts for next year. In the meantime the Board will continue to maintain its Indian Health Care Improvement Act website and sponsor conference calls and other efforts to pass a bill in the 107th Congress.

Women of NPAIHB

L to R: Ruth Jensen, Verne Boerner, Nichole Hildebrandt, Sharon Fleming, Luella Azule, and Karen McGowan.

Benefits of Breastfeeding

By Jim Vinson, TOTS Project Intern

For most of human history, mothers did not have a choice to breastfeed their child, because breastfeeding substitutes did not exist. Within the last one hundred years the use of breast milk substitutes has hit an historic high. Advertisers have promoted baby formula products with great vigor, and the promotion of these products has helped to develop the myth that milk substitutes, such as baby formula are better than breast milk. For many different reasons, some women choose not to breastfeed. Many states, however, support breastfeeding. Oregon and Washington both have laws that allow mothers to breastfeed in public, and Idaho and Oregon have legislation exempting breastfeeding mothers from jury duty.

In addition to benefiting the immune system of children, breastfeeding provides the nutrients that nature intended. Nutritionally, a baby has an easier time digesting breast milk than other alternatives such as formulas. Improperly sanitized formulas can also cause infections, whereas breast milk possesses antibodies that are beneficial

to the immune system of the child. Breastfeeding helps reduce your child's risk for certain diseases and health conditions.

According to the Journal of Allergy and Immunology and a study conducted by Dr. Wendy H. Oddy, the chances of developing allergies and asthma are

Satisfied breastfed baby

reduced in babies who are breastfed for four months or longer. Mothers that breastfeed also reduce their child's chance of becoming obese. The obesity epidemic afflicts many American Indians and Alaska Natives and is responsible for increasing a person's chance for other diseases like diabetes and heart disease. Native American

Indians and Alaska Natives are greatly affected by this epidemic because of their change in diet from traditional foods, which included breast milk for babies, to the less healthy, modern foods like fast food and sugared-beverages. Children who are not breastfed are also more susceptible to baby bottle tooth decay. This is caused when children drink sugared beverages out of a baby bottle or when a baby bottle is left with the baby propped for the night or during naps in the day. Baby bottle tooth decay is linked to an increase in dental caries for children, teens and young adults.

The Toddler Obesity and Tooth Decay Prevention Project (TOTS) supports and promotes breastfeeding as one step towards improving the health of native children. If you would like some additional information on the benefits of breastfeeding please contact Julia Putman at (503) 228-4185, jjputman@npaihb.org

New Staff at the Board

In August 2002, Anthony King accepted a position as Research Assistant for the Northwest Tribal Cancer Control Project. His work focuses on the Cancer Project's Baseline Data Collection component. The purpose of this effort is to develop strategies that respond to needs of tribes. For one year prior to becoming a permanent employee, Anthony worked temporarily at the Board for the Northwest Tribal Tobacco Prevention Network, and Information Services Department. Anthony brings to the Board years of prior work experience in systems administration and technical support. Anthony is from the Northwest and calls Portland home. He is pursuing his Bachelor of Science degree in mathematics at Portland State University. Now in his junior year, Anthony has developed skills in qualitative analysis, mathematical logic, structured population studies, and computer science. For recreation, he is truly fond of the wilderness and enjoys camping. When he can find the time, he can be found studying martial arts or quietly relaxing with music

Brian Moss was recently hired as the Information Systems Specialist at NPAIHB. He has been in the Information Technology (IT) industry for the past 11 years. During his career in the IT industry he has worked mainly with healthcare organizations in Yakama, WA and Seattle, WA. He received his education at Yakima Valley College, Microsoft Novell Training Center and Cisco Training Center. Brian has expressed that he is thrilled to be a part of an organization that helps so much, and is blessed with the warm welcome that he has received by all the NPAIHB employees.

□

Sayaka Kanade is the new Technical Writer and IRB Coordinator for The EpiCenter. For the past year, she had been working as the Project Specialist for the Western Tobacco Prevention Project. Sayaka is very excited to be a part of The EpiCenter team.

Upcoming Events

November

Women's Health Promotion Coalition November 5-6, 2002
NPAIHB; Contact Sharon John (503) 228-4185

Diabetes Management Training November 5-7, 2002
NPAIHB; Contact Crystal Denney (503) 228-4185

Tribal Self-Governance HHS and DOI Fall Conference November 5-8, 2002
Hyatt Regency La Jolla
San Diego, CA
(360) 384-2302

National Congress of American Indians 59th Annual Session November 10-15, 2002
Town & Country Resort
San Diego, CA
(202) 466-7767

Native Wellness & Spirituality Conference November 17-20, 2002
Tucson, AZ

National Tobacco Conference November 19-21, 2002
San Francisco, CA

Indian Health Leadership Council November 19-21, 2002
Rockville, MD

December

Annual Wellness Conference for Women and Men December 9-11, 2002
Palm Spring, CA

Third Party Billing and Accounts Receivable Training, December 9-13, 2002
Portland Area Indian Health Service; Contact Mary Brickell (503) 228-4185

Diabetes Prevention In American Indian Communities December 10-13, 2002
Denver, CO

January

NPAIHB Quarterly Board Meeting January 2003
Muckleshoot Tribe

October 2002 Resolutions

Resolution #02-04-01 Support for an Increase in the FY2003 IHS Budget that Funds Mandatory Costs Increases and Addresses Health Disparities

Resolution #02-04-02 Support for Continuing Funding for the Special Diabetes Program for AI/AN

Resolution #02-04-03 Support Protection of Indian Self-Determination and Adoption of Restructuring Initiative Workgroup Recommendations for the US DHHS Restructuring

Resolution #02-04-05 Support for the White Mountain Apache Tribe and Opposition of Racist Behavior Conducted by Community Members of the Surrounding Communities of the White Mountain Apache Reservation

*L to R: Jillene, Trestan, and Shalene Joseph; Sonciray Bonnell
and Joe Finkbonner at Healing Totem Pole*

Newsletter
Production
Special Thanks to

S y
Bonnell
Sayaka Kanade
Lynn Delorme
Don Head

Northwest Portland Area Indian Health Board

Executive Committee Members

Julia Davis-Wheeler, Chair, Nez Perce Tribe
Pearl Capoeman Baller, Vice-Chair, Quinault Nation
Janice Clements, Treasurer, Warm Springs Tribe
Rod Smith, Sergeant-at-Arms, Klamath Tribe
Norma Peone, Secretary, Coeur d'Alene Tribe

Delegates

Barbara Sam, Burns Paiute Tribe
Dan Gleason, Chehalis Tribe
Norma Peone, Coeur d'Alene Tribe
Colleen Cawston, Colville Tribe
Mark Johnston, Coos, Lower Umpqua & Siuslaw Tribes
Eric Metcalf, Coquille Tribe
Sharon Stanphill, Cow Creek Tribe
Carolee Morris, Cowlitz Tribe
Cheryle Kennedy, Grand Ronde Tribe
Vacant, Hoh Tribe
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Cheryl Sanders, Lummi Nation
Debbie Wachendorf, Makah Tribe
John Daniels, Muckleshoot Tribe
Julia Davis-Wheeler, Nez Perce Nation
Midred Frazier, Nisqually Tribe
Judith Leyva, Nooksack Tribe

Shane Warner, NW Band of Shoshone Indians
Rose Purser, Port Gamble S'Klallam Tribe
Rod Smith, Puyallup Tribe
Bert Black, Quileute Tribe
Pearl Capoeman Baller, Quinault Nation
Billie Jo Settle, Samish Tribe
Norma Joseph, Sauk-Suiattle Tribe
Gale Taylor, Shoalwater Bay Tribe
Wesley Edmo, Shoshone-Bannock Tribes
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