

October, 2007

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

Nike Unveils First-Of-Its-Kind Performance Shoe Designed Specifically for Native Americans



*Sam McCracken, Manager of Nike's
Native American Business program
holding the NIKE Air Native N7 shoe.
Article on page 4.*

In This Issue

Chair's Report	2	NARCH	5	Native Smokeout 07	8
Executive Director Report	3	Native Fitness	6	IHS Budget	9
Nike Air Native N7 Shoe	4	Breastfeeding at Work	7	July 2007 QBM Resolutions	12

**Northwest Portland Area
Indian Health Board**

Executive Committee Members

Linda Holt, Chair

Suquamish Tribe

Andy Joseph, Vice Chair

Colville Tribe

Janice Clements, Treasurer

Warm Springs Tribe

Pearl Capoeman Baller, Sergeant-At-Arms

Quinalt Nation

Stella Washines, Secretary

Yakama Nation

Delegates

Wanda Johnson, Burns Paiute Tribe

Dan Gleason, Chehalis Tribe

Leta Campbell, Coeur d'Alene Tribe

Andy Joseph, Colville Tribe

Vacant, Coos, Lower Umpqua & Siuslaw Tribes

Kelle Little, Coquille Tribe

Sharon Stanphill, Cow Creek Tribe

Cassandra Sellards Reck, Cowlitz Tribe

Cheryle Kennedy, Grand Ronde Tribe

Felicia Leitka, Hoh Tribe

Bill Riley, Jamestown S'Klallam Tribe

Darren Holmes, Kalispel Tribe

Leroy Jackson, Klamath Tribe

Velma Bahe, Kootenai Tribe

Rosi Francis, Lower Elwha S'Klallam Tribe

Willie Jones, Sr., Lummi Nation

Debbie Wachendorf, Makah Tribe

John Daniels, Muckleshoot Tribe

Julia Davis Wheeler, Nez Perce Nation

Rena Wells, Nisqually Tribe

Molissa Leyva, Nooksack Tribe

Shane Warner, NW Band of Shoshone Indians

Rose Purser, Port Gamble S'Klallam Tribe

Vacant, Puyallup Tribe

Brenda Nielson, Quileute Tribe

Pearl Capoeman-Baller, Quinalt Nation

Billie Jo Settle, Samish Tribe

Ronda Metcalf, Sauk-Suiattle Tribe

Marsha Crane, Shoalwater Bay Tribe

Chris Osborne, Shoshone-Bannock Tribes

Jessie Davis, Siletz Tribe

Rebecca Crocker, Skokomish Tribe

Vacant, Spokane Tribe

Francis De Los Angeles, Snoqualmie Tribe

Whitney Jones, Squaxin Island Tribe

Tom Ashley, Stillaguamish Tribe

Linda Holt, Suquamish Tribe

Vacant, Swinomish Tribe

Marie Zacouse, Tulalip Tribe

Shawna Gavin, Umatilla Tribe

Marilyn Scott, Upper Skagit Tribe

Janice Clements, Warm Springs Tribe

Stella Washines, Yakama Nation

A Race to the Finish!

The beginning of this Congress was filled with hope and promise for Tribal leaders to get legislation affecting Indian programs passed. When the Democrats took control of Congress many members, including those from key committees like the Senate Committee on Indian Affairs (SCIA) and House Natural Resources, committed their support to get important Indian legislation passed in the first session of the 110th Congress. In December of last year, we heard Nick J. Rahall, Resources Committee Chairman, and Byron Dorgan, SCIA Chairman, commit their support to get the Indian Health Care Improvement Act passed.

It has been a long time since Indian Country has had a legislative victory and passage of the IHCA and reauthorization of the Special Diabetes Program for Indians (SDPI) would be huge! The last legislative package benefiting Indian health programs was the Medicare Modernization Act (MMA) passed in December 2003. The MMA contained several important Indian health provisions that included Medicare-like rates, a five year authorization for expanded Medicare Part B billing authority, reimbursement for undocumented aliens, and changes in reimbursement rates for ambulance services and rural hospitals that provide services to IHS programs.

While Senator Dorgan and Representative Rahall have both made good on their promises to get the IHCA passed in this session, we still have a long way to go. The SCIA, Finance, and House Resources have all passed the IHCA (S. 1200 & H.R. 1328) favorably out of committee. Unfortunately, the evening before Finance conducted their mark-up, the Administration via a letter from Secretary Leavitt, Department of Health and Human Services, raised their objections to a number of provisions contained in S. 1200. While Senate Majority Leader, Harry Reid, has agreed to schedule floor time to hear S. 1200 and a possible vote, the latest objections will likely need to be addressed prior to the IHCA coming to the floor.

While the HHS objections relate to the Senate bill, they will ultimately affect the House companion bill reauthorizing the IHCA. The House bill (H.R. 1328) is currently before the Energy and Commerce Committee and will likely be marked-up sometime later this month or in November. Those same HHS objections could hold up the bill in the Energy and Commerce Committee if not addressed. The issues presented in the Leavitt letter are the same concerns that prevented the bill from being passed in the 108th and 109th

continued on page 8

Joe Finkbonner

The Biggest Loser (a.k.a. We are all Winners)

Early in July, Linda Holt, Jim Roberts and I made a trip to Washington, DC in order to meet with our congressional representatives and discuss the importance of the Indian Health Care Improvement Act and the Special Diabetes Program for Indians. It was during this time that we met some of our colleagues for dinner and a challenge was issued.

Around the table was Linda, Jim Roberts, Rachel Joseph (co-chair of the National Steering committee for IHClA), Stacy Bohlen (Executive Director National Indian Health Board), Juliet Pittman (SENSE, Inc.), Geoffry Roth (Executive Director National Indian Council of Urban Indian Health) and myself. We all were discussing our life on the road and the consequences that had on our health because of lack of exercise and poor eating habits. It was then that a suggestion was made that we challenge one another to exercise, and maintain better eating habits starting August 1 and ending December 31, 2007. The winner would receive bragging rights, and some monetary incentive that we all tossed into the circle to motivate all of us. We also decided that we should have an intermediate point to

assess our progress and the National Indian Health Board consumer conference was that milestone.

Linda announced the challenge, with grace and humility at the Joint California Rural Indian Health Board and Northwest Portland Area Indian Health Board meeting in July, stating the importance of leading by example. She encouraged all to incorporate healthy choices and behaviors in our daily lives as we encourage our families and loved ones at home. Following the announcement of this challenge, three others decided to join the race and they included Doni Wilder (Director Portland Area Indian Health Service), Hala Gores (Attorney) and Verné Boerner (Administrative Officer NPAIHB).

Maintaining a healthy weight through exercise and a balanced diet is very important in the prevention of many chronic diseases and conditions. In fact, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NI-DDK), being overweight increases the risk for heart disease, stroke, diabetes, certain types of cancer, gout, and gallbladder disease. Being overweight can also cause problems such as sleep apnea and osteoarthritis. Risk of developing these diseases or conditions increases with the amount of excess weight a person carries.

continued on page 10

Northwest Portland Area Indian Health Board

Projects & Staff

Administration

*Joe Finkbonner, Executive Director
Verné Boerner, Administrative Officer
Bobbie Treat, Controller
Mike Feroglia, Business Manager
Debi Creech, Accounts Payable
Chandra Wilson, Human Resource Coordinator
Elaine Dado, Executive Administrative Assistant
Kristyn Bigback, Office Manager*

Program Operations

*Jim Roberts, Policy Analyst
Sonciray Bonnell, Health Resource Coordinator
James Fry, Information Technology Director
Chris Sanford, Network Administrator*

Northwest Tribal Epidemiology Center

*Victoria Warren-Mears, Director
Tom Becker, Medical Epidemiologist
Tom Weiser, Medical Epidemiologist
Tacey Casey, EpiCenter Administrative Assistant
Tam Lutz, PTOTS Director
Crystal Gust, PTOT's & MCH Project Specialist
Amanda Wright, PTOTS Project Assistant
Nicole Smith, Biostatistician
Kerri Lopez, Western Tribal Diabetes Director
Rachel Plummer, WTD Administrative Assistant
Don Head, WTD Project Specialist
Vacant, WTD Project Specialist
Katrina Ramsey, WTD & Epi Project Specialist
Stephanie Craig Rushing, Project Red Talon Director
Lisa Griggs, PRT Project Assistant
Doug White, NW Tribal Registry Director
Matthew Town, Navigator Project Director
Jenine Dankochik, Navigator Project Specialist
Bridget Canniff, Tribal EpiCenter Consortium & Data Into Action Director
Vacant, Data Into Action Project Specialist
Birdie Wermey, Data Into Action Project Assistant
Jaci McCormack, TECC Project Specialist
Linda Frizzel, Methamphetamine Data Director
Vanessa Short Bull, Outreach and Training Coordinator
Michelle Edwards, Development Specialist
Clarice Charging, IRB & Immunization Project Coordinator
Luella Azule, NTRC Project Coordinator*

Western Tobacco Prevention Project

Jennifer Kovarik, WTPP Project Coordinator

National Tribal Tobacco Prevention Network

*Gerry RainingBird, NTPN Project Director
Terresa White, NTPN Project Specialist*

Northwest Tribal Cancer Control Project

*Kerri Lopez, NTCCP Project Director
Eric Vinson, Survivor & Caregiver Coordinator*

Nike Unveils First-Of-Its-Kind Performance Shoe

Previously printed as a NIKE Press Release on September 25, 2007. Profits from the Nike Air Native N7 shoe will go to support "Let Me Play" programs on Native American lands

BEAVERTON, Ore. (25 September, 2007) – Nike today unveiled the Nike Air Native N7, a unique athletic performance shoe designed specifically for Native Americans. The Nike Air Native N7 is the result of nearly two years of collaborative research, development and fit testing in partnership with the Native American community. This first-of-a-kind performance shoe is built on a new and unique last created to address the specific fit and width requirements for the Native American foot. The result is a true Native fitting, performance product.

The Nike Air Native N7 shoe marks another milestone in Nike's long-standing commitment to Native American communities. Profits from the sale of the Nike Air Native N7 will support "Let Me Play" programs on Native American lands that leverage sport to promote an active and healthy lifestyle.

The Nike Air Native N7 shoe also embraces Nike's Considered design ethos, where details in the development and design of the shoe are geared to deliver sustainable innovation and reduce waste, without compromising product performance. The Considered design ethos also honors the traditional Native American Seventh Generation philosophy, an approach that respects the impact of decisions made today on seven generations. The shoe's design draws inspiration directly from Native American culture.

The Nike Air Native N7 shoe and "Let Me Play" programs deepen Nike's long-term commitments to challenge and address some of the specific health and wellness issues that exist within Native American communities. A strong emphasis was placed on providing a performance product that would cater to the specific needs of Native American foot shapes and help provide motivation to Native Americans predisposed to, or suffering from, health issues that can be improved by leading physically active lifestyles.

As well as being built on a new Native specific last, the shoe is constructed from the inside out to ensure significantly improved comfort and fit. This approach results in reduced seams and layering, while the use of performance foams at key points provides additional cushioning in specific areas of the shoe. In

combination these elements help to improve overall fit and help wearers to avoid foot irritations caused by ill-fitting footwear. Creating a shoe designed in this way is another step in helping to promote and sustain physical activity and address health issues prevalent within the Native American community.

"Nike is aware of the growing health issues facing Native Americans," explained Sam McCracken, Manager of Nike's Native American Business program. "Through the Nike Air Native N7 we are stepping up our commitment to use our voice on a local, regional and national level to elevate the issue of Native American health and wellness. We believe physical activity can and should be a fundamental part of the health and wellness of all Native Americans."



Vanessa Short Bull (Oglala Lokota) NPAIHB Training and Outreach Coordinator, and NIKE Fitness Athlete and spokesperson for the NIKE Air Native N7 shoe.

Designed Specifically for Native Americans


“The Nike Air Native N7 marks an important moment for us and is a great example of what can be achieved when we challenge ourselves to innovate for a better world,” said Mark Parker, President and CEO of Nike, Inc. “This product represents innovation beyond athletic performance, helping to improve Native American communities. It also exemplifies Nike’s broader commitment towards sustainable design and community involvement.”

The Nike Air Native N7 project has been a true collaboration with the Native American community and key stakeholders engaged in the health and wellness issues surrounding Native American populations. Research has engaged individuals from over

70 tribes as well as consulting podiatrists and members of Indian Health Services and the National Indian Health Board.

“Nike’s development of the Nike Air Native N7 comes at a critical time for the health and well-being of the Native American population,” said Dr. Rodney Stapp, Chief Executive Officer for the Urban Inter-Tribal Center of Texas, one of 36 urban Indian Health Centers funded by I.H.S. and a consulting podiatrist on the Nike Air Native N7 project. “Today, more than ever, we are faced with rising rates of chronic diseases brought on in large part by overweight and inactivity and for which physical activity is a noted step in the prevention of such diseases. The fact

that Nike has been a long-time advocate for physical activity on Native Lands through its Native American Business Program speaks volumes to its true understanding of the growing need to tackle Native American health issues with the positive antidote of movement and sport.”


The Nike Air Native N7 is a Nike+ enabled fitness shoe designed for a range of sports and activities. The Nike Air Native N7 will only be available through Nike’s Native Business Program as an additional way for Native American communities to provide Nike product incentives at preferential prices to their members through health promotion and disease prevention programs. 

Native American Research Centers for Health

The Northwest Portland Area Indian Health Board is currently receiving grant funds from the Native American Research Centers for Health (NARCH) program, sponsored by the Indian Health Service and National Institutes of Health in Bethesda, Maryland. The purpose of this national program is to improve the health status of American Indian Alaska Native (AI/AN) people through tribal and university collaborations in addressing health problems that are of importance to the tribes.

At NPAIHB, we are in partnership with Oregon Health and Science University and the University of Washington in addressing disparate health issues among our tribes. Since we began our partnership through the NARCH program seven years ago, we have conducted projects related to child safety seat use, obesity and tooth decay prevention in toddlers, evidence based medicine, causes of visual impairment and common eye problems, diabetes management using the internet, and several other smaller projects.

In addition, we are involved in providing health research training to AI/AN scholars at different levels of career development. During one of the most

recent NARCH activities, the Summer Research Training Institute for American Indian and Alaska Native Health Professionals, sixty-six AI/AN scholars from around the country came to the Board to take research-related classes.including twelve tribal college students, many from the NW Indian College on the Lummi Reservation. We plan to apply for additional NARCH funds in the beginning of 2008, to address other issues of concern to our tribes. If you have suggestions for health-related projects that you consider important, or for more information on our NARCH program, please contact Luella Azule at 503 416-3275. 

Western Tribal Diabetes Project Hosts Native Fitness IV

Submitted by Western Tribal Diabetes Project Staff


Two hundred American Indians and Alaska Natives from across the country convened at Nike World Headquarters in Beaverton, Oregon, on September 20 and 21, 2007 for the fourth annual Native Fitness event hosted by the Northwest Portland Area Indian Health Board's Western Tribal Diabetes Project. This partnership with Nike has grown in numbers and program representation each year.

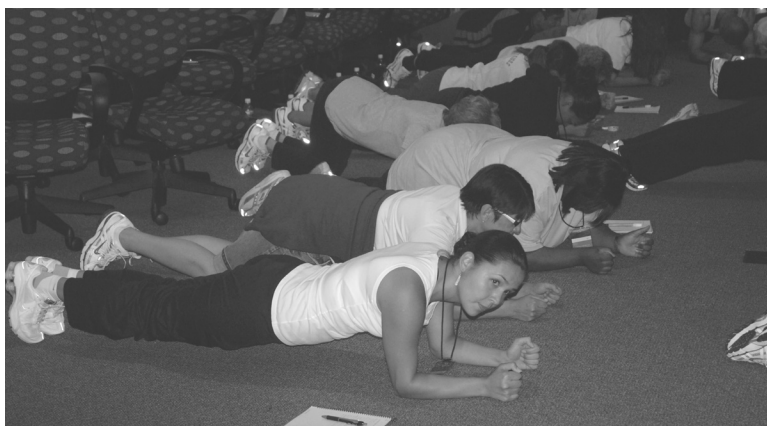
The program builds wellness in Native communities with a special focus on diabetes prevention, exercise, and fitness. Nike trainers offer a complete ready-to-use curriculum for tribal communities. Fitness components include a 10,000-step program, chair aerobics, fundamentals of fitness, and kid-friendly games. Sessions on coaching and teamwork emphasize Nike's take-home message: If you have a body, you are an athlete.

Native Fitness includes a cultural component. A host drum from the Grand Ronde tribe opened the two-day conference, followed by a welcome from Linda Holt, the Northwest Portland Indian Health Board Chair and representative to the Tribal Leaders Diabetes Committee. Ms. Holt gave an opening blessing and an update on funding for the Special Diabetes for Program Indians. She praised participants for the important work they are doing in their tribal communities. Doni Wilder, Director of the Portland Area Indian Health Service, welcomed participants the following morning. Ms. Wilder put the need for Native Fitness in context with national figures on the health status of American Indian and Alaska Native people.

Keynote speakers focused on successful programs and strategies in Indian Country. Daryl Tonemah presented on motivational in-

terviewing and case management; Monte Fox discussed culture, fitness, and nutrition; Chris Frankel shared some of his extensive expertise in conditioning and exercise science; and our own Vanessa Short Bull talked with humor about her experiences in winning the Miss South Dakota pageant and her motivations for working toward healthy Native communities.

This year's participants were given a sneak preview of the Nike Air Native N7 shoe. The shoe, in development for almost two years, was modeled by Vanessa Short Bull following a presentation by Nike's Native American Business Manager, Sam McCracken. The shoe was officially unveiled on September 25, 2007 at the National Indian Health Board Meeting in Portland, Oregon. 



Breastfeeding Support and Promotion in the Work Place

by Crystal Gust, WTD Program Specialist


Breastfeeding has been a proud tradition and a vital part of American Indian and Alaska Native families for many years, and is particularly important for our communities because of the significant health benefits it provides. Children that are breastfed have a reduced risk for being overweight, fewer ear infections, added protection from sudden infant death syndrome (SIDS), and reduced risk of developing type 2 diabetes. Breastfeeding is also beneficial to mothers. Mothers who breastfeed have a lower risk for developing type 2 diabetes and some studies have shown less risk of breast and ovarian cancers as well.

Communities and workplaces also benefit from breastfeeding. Babies are not sick as often so family members miss less time from work and do not spread as much illness in the community and work place. Health care costs can also be decreased as fully breastfed infants typically need fewer doctor visits, prescriptions, and hospitalizations.

The Northwest Portland Area Indian Health Board (NPAIHB) has promoted and supported breastfeeding in the workplace by allowing new mothers to bring babies in to the workplace until the babies turn six months old, so babies can have time to feed and bond with their mothers. Many happy and healthy babies and their families have benefited from this workplace practice at NPAIHB! In addition to this, Northwest tribes

are increasingly supporting breastfeeding at the tribal level. Tribal breastfeeding advocates have worked with tribal enterprises to create breastfeeding rooms, create tribal media to promote breastfeeding as a cultural value, and develop workplace policies or practices that allow women to pump breast milk or feed their babies.

According to the Indian Health Service, one out of three women return to work or school within three months of giving birth and two out of three women return to work or school within six months of giving birth. Having policies supporting breastfeeding is essential for women who want to go back to work, *and* continue to provide breast milk for their infants. As part of the Primordial Prevention of Toddler Obesity in American Indian children (PTOTS), NPAIHB is working with three Northwest tribes to deliver family and community-based interventions to promote the initiation and continuation of breastfeeding.

For more information on the PTOTS intervention ideas you may contact Tam Lutz, tlutz@npaihb.org, or Amanda Wright, awright@npaihb.org. Also, the Indian Health Service maternal and child health website provides resources for supporting employee breastfeeding and much more at: <http://www.ihs.gov/MedicalPrograms/MCH/M/bf.cfm>. 




continued from page 2

Congresses. While it seems the political will is present in the 110th to pass the IHCA that same will is not there with members of the Administration.

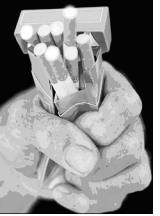
It's unlikely that the IHCA will get passed out of either chamber before the end of the year. I don't like to have to say this, but we must be realistic. There are so many other issues that impact our communities such as gaming, energy policy development, federal recognition and treaty rights, and settlement of the Cobell litigation. While passage of the IHCA is a priority among Tribal leaders, we will be competing with all of these other important priorities before Congress. There aren't many days left if this legislative session and Congress has a number of other domestic policy issues it must deal with before the Christmas break, such as appropriations and the emergency supplemental funding bill. Once again, it's looking like Congress will not get around to passing the IHCA despite its legal and moral obligation to Tribal governments and Indian people.

It is even questionable whether the IHCA will continue to be a priority during the second session of the 110th when Congress returns from the Christmas break. If the FY 2008 appropriations get pushed into the New Year, and the work required preparing for the FY 2009 appropriations, the congressional agenda for other domestic policy priorities compounded with an election year—will the IHCA continue to be a priority?


I am not sure we know the answer to this question, but we as Tribal leaders and an Area Health Board need to make the answer "YES!" This Health Board will not sit on the sidelines and let the health needs of Indian communities go unnoticed and not addressed by Congress and this President. This makes your support and dedication to the Health Board even more important. In the coming months we will continue to work hard on getting the IHCA and the SDPI reauthorized, and I will be calling on you for help to get these bills passed. 

by Jennifer Kovarik, WTPP Coordinator



It's that time of year again! The third Thursday of November, November 15 this year, is recognized as the Great (Native) American Smokeout Day. On this day, people across the country pledge to not smoke commercial tobacco products for 24 hours. For those who are thinking about quitting but haven't set a quit date yet, participating in the Smokeout can be the first step to a healthier, commercial tobacco-free life. 

Quitting smoking isn't easy. Nicotine is considered to be as addictive as heroin or cocaine. If you or someone you know is trying to quit, help is available. Calling the quit line, 1-800-QUIT-NOW, provides you with a culturally-competent counselor who can talk you through making a quit plan. The quit line can also provide you with free or low cost nicotine replacement products, such as patches.

Many of the tribal tobacco program coordinators in the region will be specifically focusing on cessation activities including helping people pledge to quit smoking for the day and hosting smoke-free events. Please feel free to contact your tribe's tobacco program coordinator or the Western Tobacco Prevention Project (WTPP) coordinator for more information: Jennifer Kovarik, jkovarik@npaihb.org or (503) 416-3284. 

Other quitting resources:

www.smokefree.gov

www.cancer.org

www.lungusa.org



IHS Budget Update: Congress Passes FY 2008 Continuing Resolution

by Jim Roberts, Policy Analyst

Portland, OR— On Friday, September 25, 2007, Congress finalized work on a continuing resolution (H. J. Res. 52) that will fund FY 2008 government operations through November 16, 2007. The continuing resolution (CR) will hold funding of government operations, including the Indian Health Service (IHS), to the FY 2007 appropriation levels as enacted and amended in FY 2007.

Section 136 of the CR will also extend funding for the State Child Health Insurance Program (SCHIP) by providing \$5.4 billion in FY 2008 and grants authority to redistribute unused FY 2005 SCHIP allotments to those states with estimated funding shortfalls.


The joint continuing resolution, signed by President Bush on September 29, 2007 will only leave seven weeks to finalize work on appropriations. If Congress does not finalize appropriations by the end of the current CR, they will have to pass another CR through at least December 3, which is the date they return from the Thanksgiving break. The likelihood of Congress finalizing its work on appropriations by the end of the current CR does not look good. The President has already threatened

that he will veto any spending bills (including nine of the House approved bills) that exceed his recommended spending levels.

The House completed all of its appropriations work on August 5, by passing its version of the Defense Appropriations bill. The House moved on June 8th to pass its Interior & Environment Appropriations bill (H. Rpt. 110-187), which provides \$3.38 billion for IHS programs. The House approved amount is an increase of \$113.7 million more than the President's request. The Senate recommended amounts are very similar and are \$96.7 million more than the President's request. The House budget includes an additional \$15 million for methamphetamine treatment and prevention, \$25 million for the Indian Health Care Improvement Fund, and provides an additional \$20 million to support the facilities accounts. Many of the facilities accounts lost funding when compared to the FY 2007 final enacted budget.

Meanwhile, the Senate has only passed four of its spending bills (Homeland Security, Military/Veterans, State/Foreign Operations, and Transportation/HUD). The Senate has not sent any of its bills to confer-

ence with the House and will likely not do so until they complete work on all appropriations bills. It's also unlikely that the House and Senate will send any bills to the President which he has indicated he will veto. Congress' plan will seek to put the Administration in an awkward situation by sending a package of bills to the President that have bipartisan support (Military Construction-VA and Homeland Security) along with bills that have less Republican support. This will complicate the President's decision to veto. If the President does veto the bills, with bipartisan support on other popular bills, Congress may have enough votes to over-ride the veto.

The veto threats and uncertainty of Senate action mean IHS and Tribal health programs are headed toward another round of continuing resolutions in FY 2008. There won't be a race to the finish line to finalize appropriations and Congress will perhaps pass a series of CR's through February of next year (as they did a year ago). 

The Biggest Loser

continued from page 3

Exercise and diet are so effective and yield such dramatic and positive health impacts that a three-year clinical trial titled, “The Diabetes Prevention Program, (DPP),” was halted a year early as recommended by its Institutional Review Board (IRB) so that the information could be disseminated and that the control group may be given opportunity to participate in the effective practice. What the DPP aimed to test was the efficacy of diet and exercise or the use of the oral drug therapy, metformin, in delaying or preventing the onset of type 2 diabetes in at-risk persons. The protocol defined at-risk persons as those with impaired glucose intolerance (IGT). The researchers published their results in the February 7, 2002, issue of the *New England Journal of Medicine*.

The DPP study included 3,234 study participants, all overweight and had IGT. The participants included individuals from 27 clinical centers nationwide. Participants were randomly assigned to four treatment groups. However, the fourth group, the group treated with the drug troglitazone, was discontinued after researchers learned that the drug can cause serious liver damage.

The first group, the lifestyle intervention group, received intensive training in diet, exercise, and behavior modification. The second group took 850 mg of metformin twice a day. The third group received placebo pills instead of metformin. The metformin and placebo groups also received information on diet and exercise, but not the intensive counseling and training efforts given to the first group.

Participants in the lifestyle intervention group reduced their risk of developing diabetes by 58 percent. About 5 percent of the lifestyle intervention group developed diabetes each year during the study period, compared with 11 percent in those who did not get the intervention. Researchers think that weight loss—achieved through better eating habits and exercise—reduces the risk of diabetes by improving the ability of the body to use insulin and process glucose.

Participants taking metformin also reduced their risk of developing diabetes. Their risk was reduced by 31 percent, resulting in about 7.8 percent of the metformin group developing diabetes each year during the study, compared with 11 percent of the group receiving the placebo.

Did you know? ...

The DPP researchers also identified that:

Pre-diabetes is becoming more common in the United States, according to new estimates provided by the U.S. Department of Health and Human Services. About 40 percent of U.S. adults ages 40 to 74—or 41 million people—had pre-diabetes in 2000. New data suggest that at least 54 million U.S. adults had pre-diabetes in 2002. Those with pre-diabetes are likely to develop type 2 diabetes within 10 years, unless they take steps to prevent or delay diabetes. The results of the Diabetes Prevention Program showed that modest weight loss and regular exercise can prevent or delay type 2 diabetes

(a.k.a. We are all Winners)

Diabetes is just one of the chronic illnesses that are impacted by carrying extra weight. Diabetes itself is often a risk factor or link in the chain that affects other areas of health and quality of life. For example, the American Heart Association estimates that 65% of patients with diabetes die of some form of cardiovascular disease. The preventative measures taken with instituting a regular exercise program and proper nutrition intake extend far beyond one chronic illness. It goes toward a holistic approach to living that affects our quality of life and our overall health status. It has been shown that losing even a modest 10 to 20 pounds and maintaining that weight loss reduces risk of developing many of the health conditions mentioned earlier.

As of the National Indian Health Board meeting, our eight contestants boasted a total of 89.5 pounds lost. Putting the average per person above ten pounds, making all participants winners.



Did you know? ...

Numerous studies have shown that you are more likely to develop type 2 diabetes if:

- you are overweight
- you are 45 years old or older
- you have a parent, brother, or sister with diabetes
- your family background is African American, American Indian, Asian American, Hispanic American/Latino, or Pacific Islander
- you have had gestational diabetes or gave birth to at least one baby weighing more than 9 pounds
- your blood pressure is 140/90 or higher, or you have been told that you have high blood pressure
- your HDL cholesterol is 35 or lower, or your triglyceride level is 250 or higher
- you are fairly inactive, or you exercise fewer than three times a week

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

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

Northwest Portland Area Indian Health Board

July 2007 QBM Resolutions

- Resolution #07-04-01** Support AI/AN Methamphetamine Project to be funded by the National Institute On Drug Abuse
- Resolution #07-04-02** Community Interventions to Increase Child Safety Seat Use in Tribes
- Resolution #07-04-03** Data into Action
- Resolution # 07-04-04** Support for the Reauthorization of the Indian Health Care Improvement Act
- Resolution #07-04-05** Position on the Implementation of State and National Health Reform and the Achievement of Universal Access to Health Care
- Resolution #07-04-06** Support for an Area Distribution Fund in the New HFCPS and Recommend the IHS Director to Implement the new Priority System
- Resolution #07-04-07** Support Reauthorization of the Special Diabetes Program for Indians
- Resolution #07-04-08** Recommendation for VHA and IHS to Develop a Federal/Tribal Work Group to Determine the Feasibility of Having VHA Serve CHS Patients; and for IHS to Serve as a VHA Provider of Care to AI/AN and Non-Indian Veterans and be Reimbursed
- Resolution #07-04-09** Calling for Recognition of Proof of Tribal Membership as Proof of US Citizenship for the Purpose of Obtaining Medicaid Funded Benefits.
- Resolution #07-04-10** Support the IHCIAMendments (S. 1200) to be Included as an Amendment to the Reauthorization of SCHIP
- Resolution #07-04-11** Collaborative Partnerships in Cancer Prevention and Control Programs for American Indian/ Alaska Native People



527 SW Hall Street • Suite 300 • Portland, OR 97201



NON-PROFIT ORG.
U.S. POSTAGE
PAID
PORTLAND, OR
PERMIT NO. 1543