



Health News & Notes

Our Mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.

A Publication of the Northwest Portland Area Indian Health Board October, 2010

SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) AN IMPORTANT PROGRAM FOR CHRONIC DISEASE MANAGEMENT AND ITS REAUTHORIZATION

by Jim Roberts, Policy Analyst & Kerri Lopez, Western Tribal Diabetes Project Director

Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading causes of mortality in Indian country. Type-II diabetes is among the most severe chronic diseases in Indian Country. American Indian/Alaska Native (AI/AN) people have the highest rates of Type-II diabetes in the United States. Once exclusively a disease of adults, Type-II diabetes is increasingly common among AI/AN youth, threatening the health, well-being, and quality of life of future Indian generations. Diabetes prevention efforts are an urgent priority, as well as diabetes management to prevent complications.

In 1997, Congress established the Special Diabetes Program for Indians (SDPI) in response to the diabetes epidemic among AI/AN people. The SDPI authorizes the grant program that provides funding for diabetes treatment and prevention services at 399 IHS, Tribal, and Urban Indian health programs in the twelve IHS Areas across the United States. Congress has authorized additional funding and extended the SDPI on several occasions. The current SDPI

program is authorized through FY 2011 and funded at \$150 million per year.

The SDPI has been one of the most effective programs of the Indian Health Service (IHS) for addressing chronic disease. The SDPI has developed effective approaches to diabetes care, provides diabetes education, and has translated lessons learned to develop new approaches to diabetes control. Model diabetes programs across the Indian health system have made significant contributions, including state-of-the-art comprehensive, clinical diabetes care through multidisciplinary approaches; diabetes education and nutritional counseling services; professional education; diabetes prevention activities in communities; support and technical assistance; development and testing of education materials; and scientific articles in peer-reviewed medical journals.

The Northwest Tribes recognized a need for technical assistance with diabetes data, and through tribal consultation with IHS, have set aside 5 percent of area funding for a centralized program run through the Northwest Tribal Epidemiology Center (the Epicenter) at the Northwest Portland Area Indian Health Board. The Western Tribal Diabetes Project (WTDP) assists tribal programs in tracking and

reporting accurate health data. This information is used to improve the quality of patient care, to gain additional resources, and to plan effective intervention programs. The WTDP provides technical assistance and training to tribal program

continued on page 4

In This Issue.....

Our Chronic Disease Issue Contains:

Emergency Preparedness Conference....	2
Delegate and Employee Awards.....	3
Caner Screening.....	4
News From Around the Northwest	
Chronic Disease Lifestyles and Resiliency.....	6
Diabetes Audit Data.....	7
Squaxin Island Community Highlights.....	8
Mark Hatfield Fellowship Award.....	10
Physician of the Year Award.....	10
2010 Healing Our Spirit World Wide Conference.....	11
Update on Cancer Among	
New From the Epicenter	
Northwest AI/AN.....	12
Nike Native Fitness.....	14
NPAIHB Scrapbook.....	15
News From the Board	
In Memory of Patricia Ike.....	17
NPAIHB Race for the Cure Team....	17
2010 Indian Day Celebration.....	18
National Health Observance & Upcoming Events.....	
	19

Northwest Portland Area Indian Health Board

Executive Committee Members

Andy Joseph, Jr., *Chair*
Colville Tribe
Eric Metcalf, *Vice Chair*
Coos, Lower Umpqua & Siuslaw Tribes
Janice Clements, *Treasurer*
Warm Springs Tribe
Pearl Capoeman-Baller, *Sergeant-At-Arms*
Quinalt Nation
Brenda Nielson, *Secretary*
Quileute Tribe

Delegates

Wanda Johnson, Burns Paiute Tribe
Dan Gleason, Chehalis Tribe
Ernest Stensgar, Coeur d'Alene Tribe
Andy Joseph Jr., Colville Tribe
Eric Metcalf, 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
Frances Charles, Lower Elwha S'Klallam Tribe
Cheryl Sanders, Lummi Nation
Nathan Tyler, Makah Tribe
John Daniels, Muckleshoot Tribe
Roberta Bisbee, Nez Perce Tribe
Lois Jacobs, Nisqually Tribe
Molissa Leyva, Nooksack Tribe
Shane Warner, NW Band of Shoshone Indians
Rose Purser, Port Gamble S'Klallam Tribe
Herman Dillon Sr., Puyallup Tribe
Brenda Nielson, Quileute Tribe
Pearl Capoeman-Baller, Quinalt Nation
Shawn MacAvoy, Samish Tribe
Jean Wessel, Sauk-Suiattle Tribe
Scott Powell, Shoalwater Bay Tribe
Donna McArthur, Shoshone-Bannock Tribes
Tina Retasket, Siletz Tribe
Rebecca Crocker, Skokomish Tribe
Greg Abrahamson, Spokane Tribe
Francis De Los Angeles, Snoqualamie Tribe
Bonnie Sanchez, Squaxin Island Tribe
Ed Reser, Stillaguamish Tribe
Leslie Wosnig, Suquamish Tribe
Cheryl Raser, Swinomish Tribe
Marie Zackuse, Tulalip Tribe
Shawna Gavin, Umatilla Tribe
Marilyn Scott, Upper Skagit Tribe
Janice Clements, Warm Springs Tribe
Stella Washines, Yakama Nation

7TH ANNUAL EMERGENCY PREPAREDNESS CONFERENCE



*Joe
Finkbonner,
NPAIHB
Executive
Director*

The last week in September was the time for several milestones for Northwest Portland Area Indian Health Board and our efforts to assist our Tribes in preparedness activities. On September 28-30, 2010 the Great Wolf Lodge was host to over 250 attendees participating in our 7th annual conference on emergency preparedness.

The milestones were several... besides being our 7th conference on preparedness, we expanded the conference beyond public health preparedness topics and included general all hazards type of discussions as well. It was a first for partnering with the Northwest Tribal Emergency Management Council to develop the conference agenda, coordinate the activities and arrange for speakers in both public health preparedness and emergency preparedness. The agenda included topics such as “emerging public health threats” delivered by Dr. Anthony Marfin, Washington State Epidemiologist to table top exercises, risk communication, and a presentation from Robert Holden, Deputy Director for the National Congress of American Indians during the general session. Much was discussed, and several new

connections were made.

During the morning keynote by Mary Selecky, Secretary of Washington Department of Health (DOH) I became aware of the fact that Quinalt Nation was the first Tribe in the nation to be certified “tsunami ready”. Even more impressive is the fact that the second tribe in the nation to achieve this certification is the Shoalwater Bay Tribe. What a statement for the northwest to have the first two tribes in the nation certified with this accreditation.

A highlight of the conference was an event that occurred after the conclusion of the first day’s session. A “fireside” chat was arranged for Tribal leaders to sit and talk with Washington State’s Adjutant General Timothy Lowenberg, head of WA Emergency Management Services, and Mary Selecky, Secretary of the Washington State Department of Health. Both General Lowenberg and Secretary Selecky reserved nearly two hours of their time to discuss whatever people wanted to address related to both public health preparedness and emergency preparedness. The conversation was open, honest, and constructive. All that participated felt that the interaction was worthwhile and that it is a format that should happen more frequently.

Of course, public health preparedness would not be complete without a discussion on H1N1. We

continued on page 13

DELEGATE AND EMPLOYEE OF THE YEAR AWARDS

In recognition of your responsive, consistent and reliable service. Your work ethic and pleasant attitude facilitate the NPAIHB Mission to improve the health status and quality of life of the member tribes.

CONGRATULATIONS!

DELEGATE OF THE YEAR PEARL CAPOEMAN-BALLER AND STELLA WASHINES



“Pearl is a great mentor and outstanding supporter of the Indian Health for many years. She can be counted on to thoughtfully and effectively represent the needs and views of NW Tribes.”

Pearl Capoeman-Baller, Quinault Nation

“Stella has been a strong advocate for cancer prevention. She also has always been a strong voice for health and wellness in her Tribe and the NW Tribes.”



Stella Washines, Yakama Nation

EMPLOYEE OF THE YEAR JIM ROBERTS

“Over the last year...Jim has worked tirelessly on Healthcare Reform and the IHCA to ensure the best possible outcomes for the NW Tribes”



Jim Roberts, NPAIHB
Policy Analyst

Northwest Portland Area Indian Health Board

Projects & Staff

Administration

Joe Finkbonner, Executive Director
Jacqueline Left Hand Bull, Administrative Officer
Mike Feroglia, Business Manager
Eugene Mostofi, Fund Accounting Manager
Debi Creech, Accounts Payable/Payroll
James Fry, Information Technology Director
Chris Sanford, IT Network Administrator
Chandra Wilson, Human Resources Coordinator
Elaine Dado, Executive Administrative Assistant
Tanya Firemoon, Office Manager

Program Operations

Jim Roberts, Policy Analyst
Sonciray Bonnell, Health Resource Coordinator

Northwest Tribal Epidemiology Center

Victoria Warren-Mears, Director
Tom Becker, Medical Epidemiologist
Tom Weiser, Medical Epidemiologist
Tacey Casey, EpiCenter Project Coordinator
Tam Lutz, PTOTS & Native CARS Director
Carol Grimes, PTOTS Research Project Coordinator
Nicole Smith, Biostatistician
Kerri Lopez, Western Tribal Diabetes Director
Casandra Frutos, WTD Project Assistant
Don Head, WTD Project Specialist
Katrina Ramsey, WTD & Epi Project Specialist
Stephanie Craig-Rushing, Director
Colbie Van Eynde, Suicide Prevention Coordinator
Lisa Griggs, Suicide Training Coordinator & Program Operations Project Assistant
Megan Hoopes, NW Tribal Registry Director
Jenine Dankovchik, Navigator Project Specialist
Bridget Canniff, TECC, TEC Evaluation Project Director

Birdie Wermey, Project Specialist
Linda Frizzell, Nak Nu Wit P.I.
Michelle Edwards, Grants Administrator
Clarice Charging, IRB & Immunization Project Coordinator
Erik Kakuska, AAIR Project Specialist
Jodi Lapidus, Native CARS P.I.

Northwest Tribal Cancer Control Project

Kerri Lopez, NTCCP Project Director
Eric Vinson, Project Coordinator

SPECIAL DIABETES PROGRAM FOR INDIANS (SDPI) AN IMPORTANT PROGRAM FOR CHRONIC DISEASE MANAGEMENT AND ITS REAUTHORIZATION

continued from page 1

in the Northwest and hands on interactive training on the Diabetes Management System open to tribal programs across the country. This unique SDPI data program has provided training to over 1,000 tribal diabetes program staff members.

Since the SDPI will sunset this fiscal year, securing its reauthorization has been a legislative priority for Tribal leaders and Indian health advocates. The legislative objective for the reauthorization is to extend the SDPI through FY 2016 and increase the funding level to \$200 million per year. Representative Diana DeGette (CO) and Senator Byron Dorgan (ND) have introduced legislation that will reauthorize the programs for five years at \$200 million per year.

The Senate Committee on Indian Affairs conducted an oversight hearing on diabetes issues in Indian Country to build the legislative record for passing Sen. Dorgan's bill (S. 3058) in the Senate. Aside from the Indian Affairs hearing, there has been little action by Congress to move the diabetes bills. The Senate bill was introduced on March 2, 2010 and is pending before the Health, Education, Labor, and Pensions (HELP) committee. The House bill was introduced on September 29, 2009 and referred to the Energy and Commerce Committee with no action taken to date.

Congress adjourned at the end of September to allow members to return home to campaign for the

November elections. Thus, no action will be taken on the SDPI until after Congress returns in mid-November following the elections. Prior to departing for elections, Congress was working to complete an "extenders" package which included certain health items such as extending COBRA benefits, among other things. Since the SDPI legislation has not gotten any traction, Indian health advocates have targeted the extenders legislation as the vehicle to secure the SDPI renewal. Ronnie Trepp, SDPI Consultant for the National Indian Health Board, transmitted a report to Indian Country following Congress' recess stating, "If we are going to secure the SDPI renewal this year, it will have to happen during the Lame Duck session Congress will hold in the Fall and the good news is that the Finance Committee and Congressional leaders are strong supporters of SDPI and want to include it in the health extender package." The unfortunate news is that most provisions in the extender package are likely to be for no more than twelve months, so securing a multi-year renewal will be very difficult.

Between now and the election, there is much work to be done and the Board and our national organizations like the NIHB and NCAI will need your help to extend this very important program. Northwest Tribes will need to contact the offices of members on the Senate Finance Committee and remind them of the urgency of securing a multi-year renewal of SDPI this year. The Board

will also need Tribes to contact members of the Senate Indian Affairs Committee and make sure they understand that SDPI is an example of an IHS program that is producing real results and is serving as a model of how tribal communities should work together to address a serious chronic disease problem.

When Congress returns to work in November, we will enter a key time in this campaign and we will be communicating with you all more frequently and asking for your active engagement. We will be developing specific tasks for each of you to do and look forward to working with all of you in this effort.

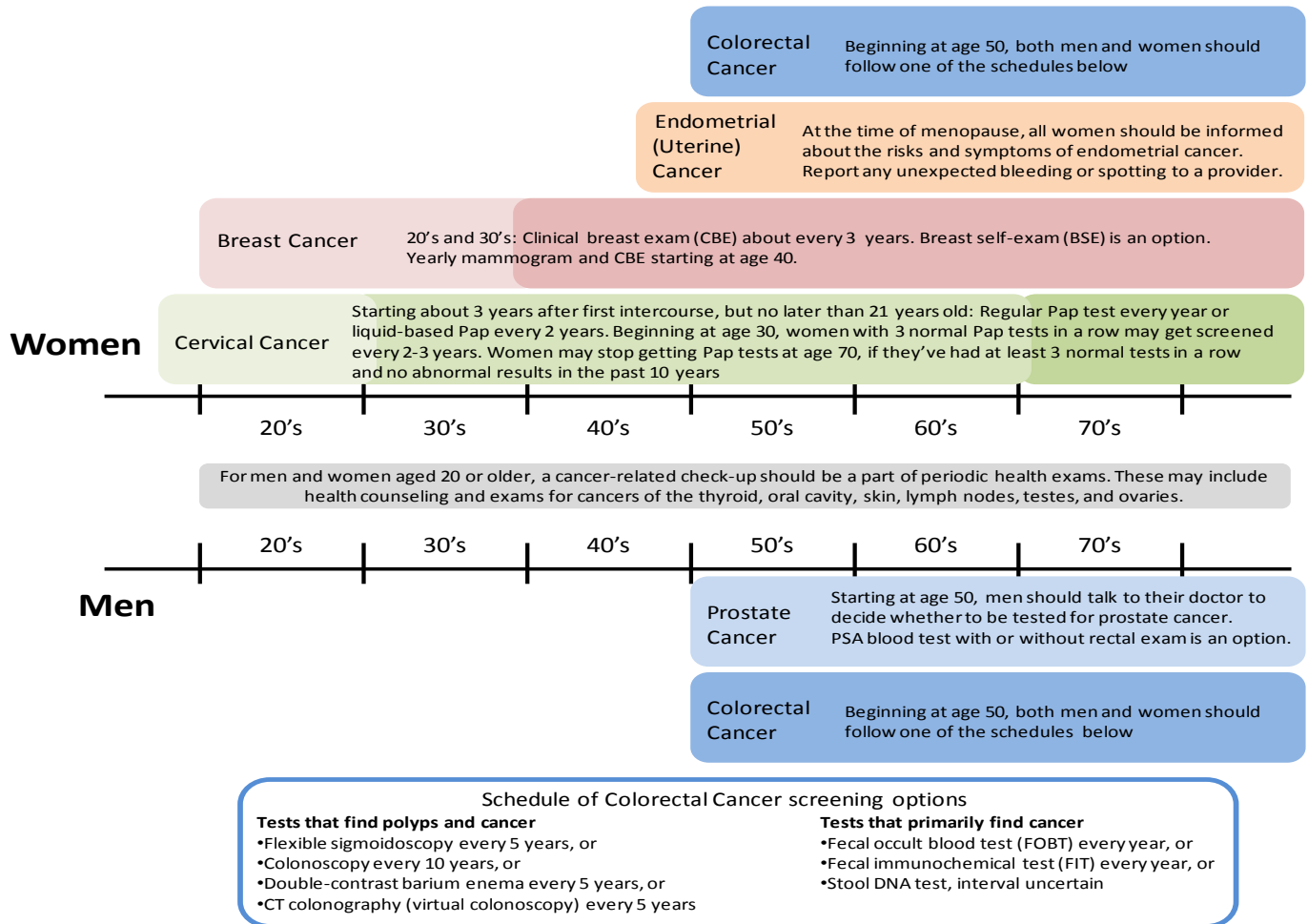


CANCER SCREENING

by Megan Hoopes, Northwest Tribal Registry Project, and Eric Vinson, NW Tribal Cancer Control Project

Screening tests can help find cancer at an early stage, before any symptoms appear. The primary benefit of screening is early detection – the possibility of finding cancer at an early stage, when it may be easier to treat or cure.

continued on next page



Criteria for effective screening tests:

- Find cancer before there are symptoms
- Screen for a cancer that is easier to treat and cure when found early
- Have few false-negative and false-positive results
- Reduce the likelihood of dying from cancer

By these criteria, not all cancers are ideal for screening, and for many other cancers, an appropriate screening test does not exist. The most common screen-detectable cancers are breast, cervical, colorectal, and prostate.

The recommendations for who should get screened, and how often, can be confusing. In general, screening recommendations depend on the type of cancer, the patient's age, medical history, and family history. Cancer screening guidelines are developed by various organizations and are intended for the general population with no symptoms or special risk factors. Individuals with personal or family history may need to be screened with different tests or using a different schedule. Ultimately, screening decisions should always be discussed with one's health care provider. The above figure summarizes the latest recommendations for cancer

screening in women and men (adapted from American Cancer Society's Guidelines for the Early Detection of Cancer at, www.cancer.org).



CHRONIC DISEASE LIFESTYLE AND RESILIENCY



by Victoria Warren-Mears,
NW Tribal EpiCenter
Director

Chronic Diseases and Health Promotion

Chronic diseases – such as heart disease, stroke, cancer, and diabetes – are among the most common and preventable of all health problems in the U.S. and Indian Country.

Four Common Causes of Chronic Diseases

Four health behaviors that can be changed are to blame for many chronic diseases:

- lack of physical activity
- poor nutrition
- tobacco use
- too much alcohol use

Health equity occurs when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Poor nutrition and physical fitness has caused a rise in the number of AI/AN people who are overweight and obese (CDC 2008). AI/ANs are more affected by high rates of overweight, obesity, and

chronic illnesses than other group.

In Oregon, results from the Oregon Healthy Teens 2006 Survey indicate that over one-third of AI/AN teens in 8th and 11th grade are overweight or at risk (OHTS, 2006). In a tribal-specific Behavioral Risk Factor Surveillance Survey (BRFSS) conducted by the Epicenter in 2001, 83.6% of people surveyed were overweight or obese. Men were more likely than women to be overweight or obese (88.1% compared to 80.8%). Overweight or obesity was more common among respondents 50-59 years, with upward of 90.4%

of individuals in this age range being overweight or obese.

Poor nutrition among AI/AN in the Pacific Northwest can also be demonstrated by observing fruit and vegetable consumption. In the 2001 NW tribal BRFSS, thirteen percent (14.5% of male, 11.4% of female) of respondents reported consuming less than one serving of fruits and vegetables per day. Fifty-seven percent (59.0% of male, 56.5% of female) reported an average fruit and vegetable consumption of between one and less than three servings per day.



Goodluck, 2002 Strengths of Tribes

Heart disease is the leading cause of death for AI/ANs in the Pacific NW. In the 2001 NW tribal BRFSS, among tribal males and females over the age of 40 years, 8.7% reported ever having heart disease, 10.0% reported ever having a heart attack, and 6.8% reported ever having a stroke. The percentage of respondents who reported being told they had hypertension ranged by tribe from 21–32%.

Resiliency in Indian Country

Cultural values have an important effect on the decisions about nutrition and healthy lifestyle. Eating preferences and food preparation practices are passed socially from one generation to the next. Many tribal assets and strengths can be used to promote movement toward improved health habits, including: extended family, cultural pride, humor, and strong social connections.

Indian people have a long history of being resilient, that is harnessing inner strength and community resources to rebound from setbacks or challenges. We think of resilience often in the area of being prepared for an emergency, but we also can think of this as bounding back from personal setbacks or family setbacks in health. Goodluck, identified 42 Tribal strengths in a 2002 article. Obviously prevention is the key to avoiding disease, but what if you or a loved one has been less than mindful about diet, exercise, tobacco use and substance

use? Each person has the power to mobilize their personal strength, ask for help and make positive changes to have better health.



DIABETES AUDIT DATA

by Western Tribal Diabetes Staff

This year, 41 diabetes programs in the Portland Area submitted diabetes chart audit data, making 2010 the best year we have seen for audit completion and submission. Kudos to the Northwest Portland Area sites that helped achieve this excellent result and to the diabetes teams across the Northwest!

The Western Tribal Diabetes Project assisted IHS with “cleaning” the audit data from the Portland Area. This involves working with the diabetes Coordinators to track down missing values, or correct data for specific tests. Thank you to the diabetes coordinators who helped to clean and submit data this year. While Portland Area data has been cleaned, IHS is still working on data from other Areas.

When the audit data has been cleaned nationally, IHS will release the data to the tribal programs. The WTDP will then prepare the annual Comparison and Trends Reports for each of the programs that have submitted the audit this year. The

Comparison report compares site specific data to all of the Portland Area. The NW Trends Report compares each program’s audit data with previous years’ results. This allows diabetes program staff to see quickly and easily where they have improved or need improvement through the years. A program-specific report will be sent to health directors, NPAIHB delegates, and diabetes coordinators

Best Practices

WTDP has finished with the first draft for the WTDP/ IHS Clinical Best Practice templates and instructions. Expect the templates to be available soon on the website for download. IHS has 19 Best Practices (9 clinical and 10 community) that diabetes programs are expected to follow. Typically, programs choose one or two Best Practices to implement and report on for grant purposes. Each Best Practice has two Key Measures that the programs are required to report on to IHS.

The WTDP developed templates with instructions on capturing the information for the Key Measures for each of the Clinical Diabetes Best Practices in the Resource and Patient Management System (RPMS). The instructions involve using the cumulative audit, the Query Manager (QMAN, the search package of RPMS), and/or chart reviews to collect the reporting data.

Visit our website for more information and to download the Clinical Best Practices templates!

SQUAXIN ISLAND COMMUNITY HEALTH HIGHLIGHTS

COLON HEALTH PROGRAM

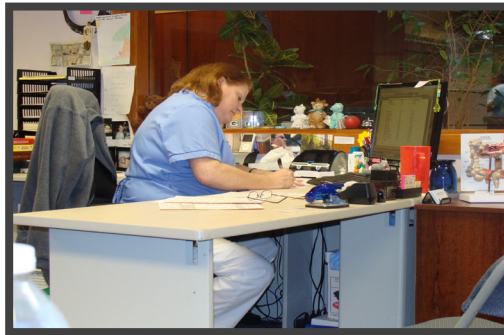


by Cheryl
Mahlberg, M.A.
Patient Navigator
Squaxin Island
Health Clinic

Since the beginning of the Colon Health Program in February 2010, Squaxin Island Tribe has shown its outstanding support of the program. More than 50 tribal members and their families have been screened using the FIT (Fecal Immunochemical Test). Approximately another 10 members have had colonoscopies. Of those having colonoscopies, some were found to have pre-cancerous polyps. The community has been open to discussing such a sensitive topic when coming to the clinic for testing. It's an embarrassing thing to discuss but it's vital to have an open and comfortable conversation. One of our members had this to say about the program; "Cheryl, Thank you so much. My husband was so impressed with my positive experience, he offered to do the test (after years of gentle nagging) if he could do it through the same process I went through, so I am thrilled we can do this with you."

Colorectal cancer is the second highest cancer in the United States. Between 2003 and 2007, colorectal cancer has claimed 268,783 lives. Colon cancer grows in the tissues of the colon, whereas rectal cancer grows in the last few inches of

the large intestine near the anus, according to the National Cancer Institute. Most cases begin as clumps of small, benign cells called polyps that over time become cancerous. Screening is recommended to find the polyps before they become cancerous, according to the Mayo Clinic. Colorectal cancer is expected to kill more than 51,000 people in 2010.



It is with those numbers in mind that we are striving to make sure that everyone between the ages of 50 and 64 are tested. We are making an effort to contact those who are eligible by phone, when they come to the clinic for a visit and community events such as our Health Fair in June. SPIPA (South Puget Intertribal Planning Agency) covers the cost of the tests along with any follow up that is necessary. This is making it easier for tribal members to be tested without concern of out of pocket costs.

Over the next year, we are going to continue to contact more tribal members and their families to be tested. It is an ongoing process but one that we anticipate to be successful.

SQUAXIN DENTAL PROGRAM

by Michelle Wiley, Dental Hygienist

The past few years have been a time of tremendous growth for our dental clinic.

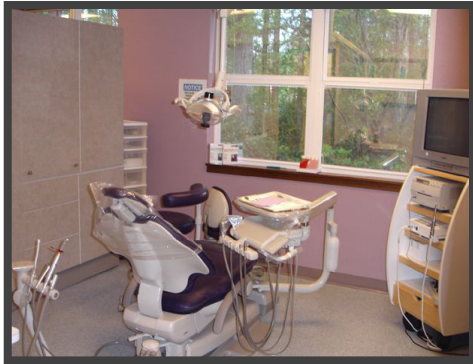
After a beautiful remodel and expansion a few years ago, we continued to struggle to acquire adequate staff to provide much more than emergency services for our community.



How we have grown in the last year and a half: We are now fully staffed with a Dentist, a Hygienist and two Assistants providing oral health care four to five days per week. We, of course, continue to handle emergencies as they develop. Fortunately, we are now able to spot problem areas during regular exams and cleanings, and provide needed treatment, before the problems develop into emergency situations.

In addition to repairing and restoring the beautiful smiles of our community, we place a strong emphasis on preventive care, education and maintaining good health. We look forward to a future with far less tooth pain and young people with no decay.

SQUAXIN ISLAND COMMUNITY HEALTH HIGHLIGHTS



We are very thankful to our Administrative Staff and Tribal Council for their caring support, which has made all of this possible.



Squaxin Island Type 2 Diabetes Program

Results from our 2009 Diabetes Audit indicate our success with IHS Standards of Care & Diabetes Education including:

- 68% of clients have good diabetes control with HbA1c less than 7.0
- 84% are not tobacco users
- 94% had an annual foot exam
- 89% were screened for depression
- 94% performed urine protein test
- 97% obtained Triglyceride levels
- 100% obtained total cholesterol & HDL levels

Many people with diabetes have adopted healthier habits & are becoming accustomed to obtaining the various tests IHS has recommended.

The “Medical Home”

New Health Care Reform Concept or Old Comfortable Way of Doing Business?

by Karen Anderson M.D.

Do you work in or receive care from the following:

- A clinic where the staff know your name and the names of family members. A clinic that can arrange for transportation to your specialist appointments.
- A clinic that reminds you about your preventive care needs and provides disease counseling.
- A clinic with a nutritionist on site to help with meal planning and to facilitate healthy lifestyles.
- A clinic where you can pick up your drugs, get help for everything from mental health issues to dental care, and know that your primary care provider has all the records in hand to track your progress.

Does this sound familiar? It’s called a medical home, a popular concept in current health care policy circles. But those of us working in reservation clinics have been

practicing this way of medical care delivery for years!

At Squaxin Island Health Clinic, our patients are also our coworkers, neighbors, and friends. We see patients from birth to parenthood and then we see their children and their parents. We coordinate care from the time of suspicion for a condition to secondary and tertiary care and even, sadly through hospice and death. And after death, we are there for the friends and family who seek our help.

Squaxin Island Tribe is the employer for many of its residents. So we see the patient’s boss and coworkers. We communicate with their worksite when needed. We have appointments where extended family is present to help provide input and carry on the healthcare plan. And then there is the much larger “extended family,” the tribe. The tribal council stays in very close touch with the clinic providing both input to us and receiving out input in return. It is a medical home in greater dimension than has been visualized by the health policy experts.



NEZ PERCE TRIBAL MEMBER RECEIVES MARK HATFIELD FELLOWSHIP

by Tam Lutz, PTOTS & Child Seat Safety Project Director



Shana Radford, photo courtesy of Kelly James Photography

In 1997, the Spirit Mountain Community Fund started the Mark O. Hatfield Fellowship Program to offer Native Americans the opportunity to learn the federal legislative system and become skilled at working within the system to meet Tribal needs. The fellowship program was named to honor former Oregon Gov. Mark Hatfield, who was instrumental as a U.S. senator in helping the Tribes gain restoration in 1983.

Twelve Hatfield Fellowships have been awarded since 1998. Seven have been Grand Ronde Tribal members, three have been Warm Springs Tribal members and one belonged to the Coeur D'Alene Tribe in Idaho. The newest Fellow, 26-year-old Shana Radford, is a member the Nez Perce Tribe of Idaho, grew up on the Warm Springs and Umatilla

reservations in eastern Oregon and currently lives in Pendleton.

Radford has a Bachelor of Science degree from Portland State University in political science and Native studies. Radford, will work in the office of Democratic Sen. Ron Wyden, indicated that “this (fellowship) will be a great opportunity to improve my public policy skills and serve the Tribes of Oregon and the Pacific Northwest.” Radford hopes to learn more about Indian affairs committee issues, natural resources, health and education.

When asked what it took to make Radford competitive to receive this fellowship, she shared that her service to her community, tribe, various organizations and her education were vital to give her the competitive edge. Relationships she made along the way and her focus, determination, passion and self sacrifice helped as well. Radford has had the opportunity to meet some of the other 11 past fellows and learn from their experiences. Radford shared, “This fellowship is what you make (of) it, and the possibilities are endless. Past fellows have utilized this fellowship and I hope to do the same. Past fellows are now attorneys, consultants, professors, directors and all have said that it was a life changing experience.” Radford especially connected to past fellow Direlle Calica (Warm Springs), attorney and Lewis and Clark College law professor, who like Radford will, begin her fellowship as both fellow

and mother. “I see him and know that is possible to be both a mother and achieve your goals.” Radford has one son, 6 year old Maddox.

Radford sees this fellowship serving not only her own career development but sees this as an opportunity to serve northwest tribes. “Tribes will have someone representing them in the U.S. senate who not only is a tribal member, but who has a great breadth of tribal government experience and knowledge. I would hope to be someone who will assist in some of the communication between tribes and the U.S. senate, as well as to continue our unique government to government relationship. I will work as a liaison for tribes needing any assistance with congressional issues, Indian affairs issues and committee issues.”



PHYSICIAN OF THE YEAR AWARD TO WARMS SPRINGS' DR. LOCKER

by Jacqueline Left Hand Bull,
NPAIHB Administrative Officer

NPAIHB congratulates Dr. Rachel Locker for receiving the 2010 Physician of the Year award from the IHS National Council of Clinical Directors for her work in promoting awareness and prevention of family violence and sexual assault.

Dr. Locker has been at the Warm Springs Health and Wellness Center as a family physician since 1996.

continued on next page

continued from previous page

In that role, she became aware of the harmful effect that family violence has on the well-being of many families. With this realization, she began working on a screening tool and intervention approaches. She also developed a community



L to R: Dr. Benjamin – Surgeon General and Dr. Locker

response of a Domestic Violence Awareness Team. This team included health programs, community members and local law enforcement. A grant provided funds for an education and prevention activities, and clinic staff development. The screening and intervention tool developed at Warm Springs now is used throughout the IHS system, and the model of a local prevention and response team is included as an IHS Best Practices in Intimate



*Photo by Dave McMechan/Spilyay
MartiRai Ramsey and Dr. Rachel Locker*

Partner Violence Programs, helping to educate IHS clinic staff throughout the country.

In an article published in *The Insider* – Mountain View Hospital in Madras, Dr. Locker is quoted, “People are now talking about family violence and no longer accepting and tolerating (as much) it as an acceptable part of life. I am proud to be part of this effort.” Acknowledging the harmful impact of family violence and developing resources to addressing it is an important part of healing families. NPAIHB is pleased that Dr. Locker works with Northwest Tribes on this important effort.

Information on addressing family violence and sexual assault in Indian Country can be found at <http://www.endabuse.org/content/features/detail/1544/>.



2010 HEALING OUR SPIRITS WORLDWIDE CONFERENCE

*Kerri Lopez, Western Tribal Diabetes
Project Director*

Tribal leader, Julia Davis Wheeler journeyed to Hawaii to present at the Healing our Spirits Worldwide conference. Healing Our Spirit Worldwide (HOSW) is a cultural celebration and international indigenous conference that focuses on successes, best practices, and common issues in health, healing and addictions within indigenous populations. The Sixth Gathering in Honolulu was hosted by Papa Ola Lökahi

Julia presented on the Special Diabetes Program for Indians, capturing an overview of diabetes in Indian country, the successes of the program, the benefit of a community based program, and how it can be replicated in other indigenous communities. Ms. Davis participated on a panel with the National Indian Health Board and the Seattle Urban Indian Center with presentations on sovereign nations and urban Indian issues. Julia has been the Portland Area representative to the Tribal Leaders Diabetes Committee for many years. Julia has been a strong voice and advocate for health issues to our tribal communities. Thank you, Julia, for your continued leadership and commitment.



UPDATE ON CANCER AMONG NORTHWEST AMERICAN INDIANS AND ALASKA NATIVES (AI/AN)



by Megan Hoopes,
Northwest Tribal
Registry Project

In the northwest, cancer is a leading cause of morbidity and mortality for American Indians and Alaska Natives (AI/AN). Obtaining accurate estimates of cancer burden for AI/ANs is complicated by racial misclassification in state cancer registries. Misclassification occurs when one's race is incorrectly coded, possibly due to assumptions being made based on appearance, or the information coming from someone other than the patient. When AI/AN cancer patients are incorrectly coded as another race, these cases are not "counted" with other AI/AN cancer, and the resulting rate estimates are spuriously low. Among newly-diagnosed cancers in the northwest, approximately 35-45% of AI/AN cases may be misclassified as another race in state cancer registries.

Record linkage methods provide an effective means to identify and correct racial misclassification, ultimately improving the accuracy of health surveillance data. Record linkage involves comparing two data files to identify matches (the same individual present in both files). We can then use the information from one file to supplement the information in the other one. In this case, we compare the Northwest Tribal Registry – a dataset of American Indian and Alaska Native people who have used an IHS facility

in Idaho, Oregon, or Washington – to the three state cancer registries in the region. Where matches are identified, we look at the coding of race in the cancer registry; if the individual is coded as something other than AI/AN, the record is racially misclassified. We report

these cases back to the state to be permanently corrected, and we retain the improved cancer data for analysis. Throughout the process, we adhere to strict IRB-approved protocols to assure the confidentiality of individual and tribal-specific data.

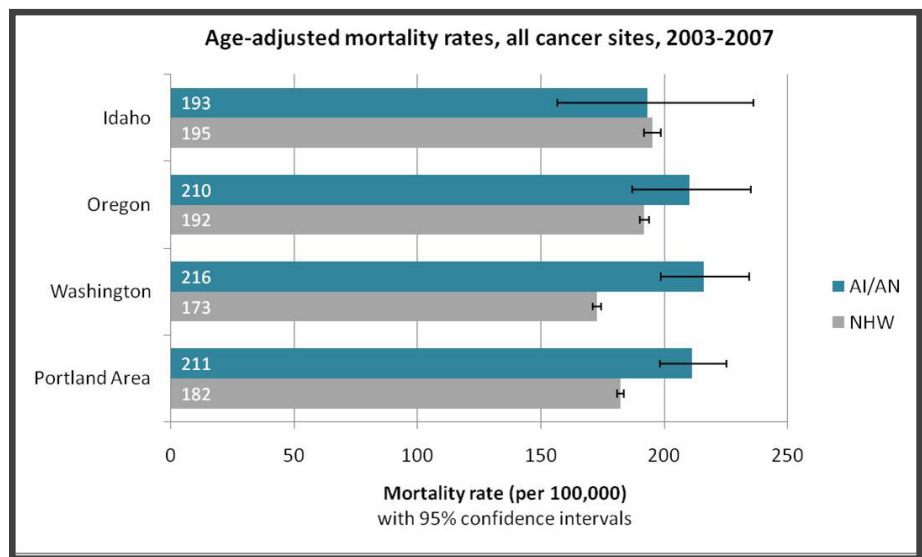


Figure 1

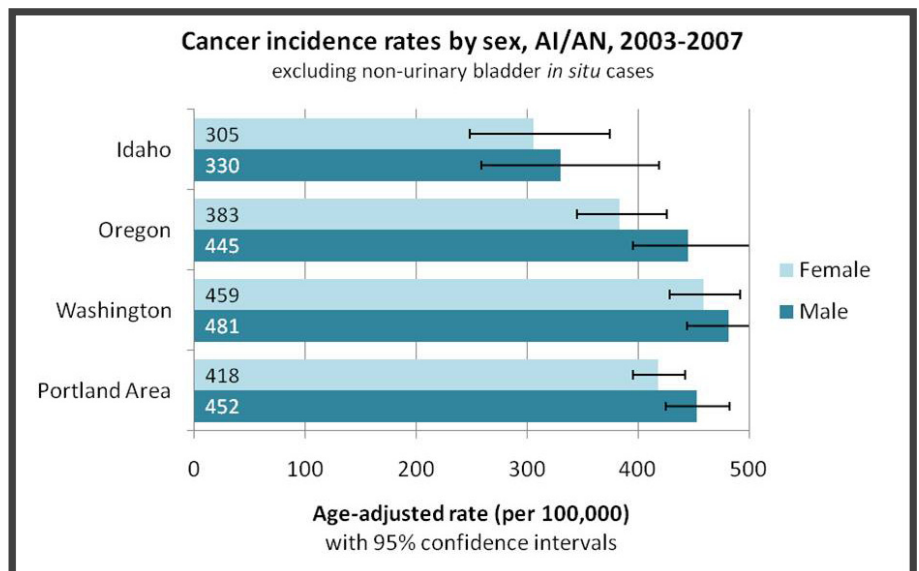


Figure 2

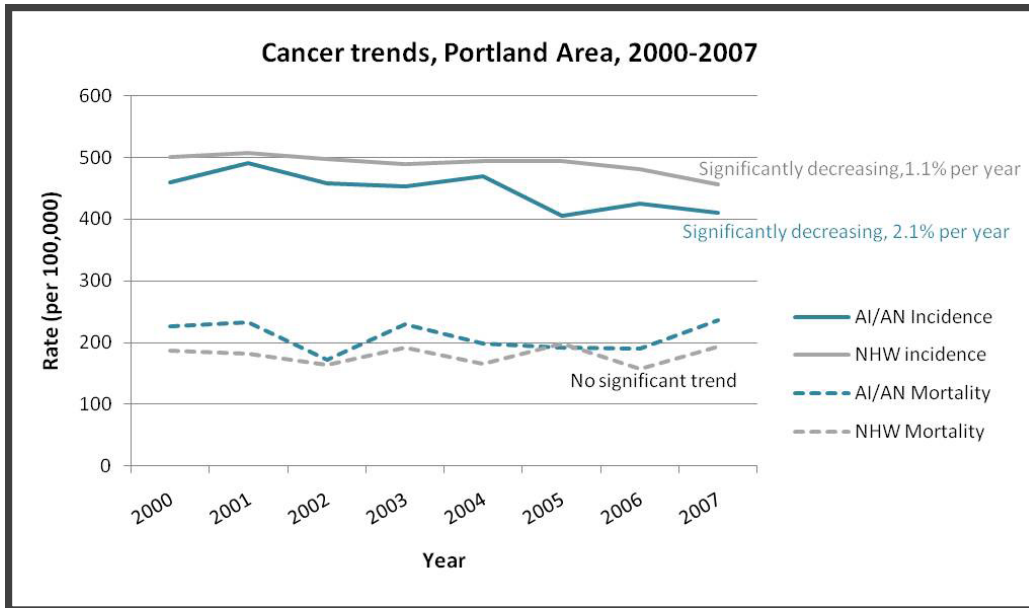


Figure 3

Cancer patterns among AI/ANs vary widely across the country, highlighting the importance of accurate regional data to assess the population's health and plan public health programs. In the northwest, the incidence rate of new cancer diagnoses among AI/ANs is lower than the rate for non-Hispanic Whites (431 vs. 483 per 100,000 population, difference is statistically significant). However, AI/ANs tend to die from cancer at similar or higher rates than their non-Hispanic White counterparts (**Figure 1**). Among AI/ANs, males tend to have slightly higher rates of both new cancers (**Figure 2**) and mortality due to cancer, but these differences are not significant. Over the 8-year period of 2000-2007, AI/AN cancer incidence decreased significantly and at a faster rate than that for non-Hispanic White, but mortality rates stayed approximately stable for both races (**Figure 3**).

A main goal of the Northwest Tribal Registry Project is to make accurate, locally-useful cancer data available to tribes for use in health assessment and program planning. We are currently developing tribal cancer profiles to be disseminated to each tribe. These fact sheets will include incidence and mortality rates, leading cancer sites, and stage-at-diagnosis distributions for AI/ANs by tribal CHSDA. If you are interested in this type of data for your tribe, please contact me and I'll make sure you receive a copy.

Note - The Northwest Tribal Registry Project can provide health data for your community, and is available for data partnerships with northwest tribes. Please contact Megan Hoopes at mhoopes@npaihb.org or 503-416-3261 for more information.

7TH ANNUAL EMERGENCY PREPAREDNESS CONFERENCE *continued from page 2*

had the pleasure of hearing about the success of the tripartite efforts of the three agencies responsible for health services in British Columbia. Dr. Evan Adams, the aboriginal advisor for the Minister of Health for British Columbia discussed the process used to immunize the first nation's people and efforts made to mitigate the impact of H1N1 flu in our brethren north of the border.

As resources become scarce to continue to develop our infrastructure related to "all hazards" preparedness, I hope that conferences like this year at Great Wolf Lodge remain a valuable tool in networking and training for our tribes. The partnerships that are developed through the networking opportunities may be the key to assisting your communities rebound from a catastrophic event.



NEWS FROM THE EPICENTER

WESTERN TRIBAL DIABETES PROJECT (WTDP) / NIKE NATIVE FITNESS 7

Kerri Lopez, Western Tribal Diabetes Project Director



Over 100 Tribal members from across the nation convened at the Nike World Campus in Beaverton, Oregon on August 12th and 13th to participate in the Native Fitness training. This training marked the seventh year of successful partnership with the NPAIHB's Western Tribal Diabetes Project and Nike's Native American business program. Native Fitness evolved over time from a training hosted for Northwest tribes to a national event that draws from tribal nations and programs across the country. The content has also evolved largely

in response to evaluations by participants that are completed at the trainings.

This year is the third year of working with the Native Fitness Council (NAFC) of Arizona, a collaboration that has brought three very talented and qualified native trainers to the Northwest, in addition to a high level sports fitness director contributing his knowledge of fitness and functional sports training. The NAFC trainers provide culturally



appropriate trainings, and annually modify, update and jazz up their sessions. Interactive training sessions included: walking and running programs, native kid games, chair aerobics Native style, boot camp, functional sports training, and working with clients with injuries.



All of the sessions are designed to provide the fundamentals of training; participants are able to go home and "just do it".

Training components also include presentations on data issues: tracking, measuring, documenting, and evaluating fitness activities. Participants received an extensive resource packet and compact disc with comprehensive information on diabetes data, best practices, obesity, physical activity, nutrition, and diabetes educational resources. Popular demand for motivational interviewing brought Darryl Tonemah back for the 7th time.



NPAIHB SCRAPBOOK THE TRIBAL LEADERS CORNER



Cassandra Sellards-Reck enjoying dancing at the Square on Indian Day



CDC/ATSDR Biannual Tribal Consultation in Havre, MT L to R: Allison Sage, Wind River Tribal College, Jackie Kaslow, CRIHB, Elaine Dado, NPAIHB, Brenda Nielsen, Quileute, Derek Valdo, NCAI/Pueblo of Acoma, Bridget Canniff, NPAIHB



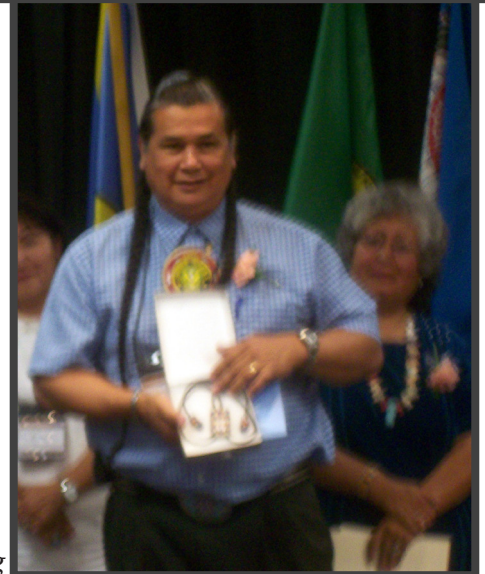
Ed Edmo telling a story to the children at Indian Day



Shawna Gavin and brother Micheal Johnson doing the Owl Dance



Top: Dr. Yvette Roubideaux presenting Andy Joseph, Jr. (Colville) with award, Above: Janice Clements, (Warm Springs) with Dr. Roubideaux, Right: Andy Joseph, Jr. (Colville) with his award at Direct Service Tribes Meeting Billings, MT



Brenda Nielsen site visit Ft Belknap, MT

NPAIHB SCRAPBOOK



NPAIHB welcomes its newest researcher-to-be, Juniper Dorothy Dankovchik was delivered on Monday September 20, 2010 at 7:18pm. She weighed 7 lbs 14 oz and is 20.5" long. She has lots of dark brown hair and is adorable. Congratulations Josh, Jenine, and Juniper!



Jacqueline Left Hand Bull and Birdie Wermey manning the Board table at Indian Day

NPAIHB Staff & family Picnic



Lisa Griggs enjoying a Indian Taco at Indian Day



L to R: Katrina Ramsey, Darryl Tonemah, Kerri Lopez, Don Head, Casandra Frutos



NPAIHB staff and family in a ball toss



Colbie Van Eynde the BBQ Master

NEWS FROM THE BOARD

IN MEMORY OF PATRICIA UMTUCH IKE (SUSKUMWIT)



Patricia Umtuch Ike (Suskumwit), beloved wife, mother, sister, aunt, grandmother, counselor, and friend went to the

Creator August 16, 2010.

Patricia was an avid pow-wower all her life. She was Miss Indian Northwest then Miss Yakama Nation. Pat and her husband Fred were also promoters of the Round Dance events for all the people to enjoy their culture.

Pat was a devoted mother, sister and grandmother. She especially enjoyed watching her grandchildren play basketball and other sports and encouraged them to do well in education as well as sports. She helped raise over 100+ children.

Patricia began working in the Yakama Nation Alcoholism Program during the late 1970s. It was there she began her career improving the lives of everyone around her. At that time, she taught Alcohol, Drug and Information School and was a certified HIV/AIDS instructor. Patricia completed classes at Yakima Valley Community College and the Northwest Indian College to become certified as a Chemical Dependency counselor. She was dedicated to helping her people and especially the children in promoting a healthier lifestyle. The Alcohol Program became a part of her family.

As a program director, counselor,

and teacher, Patricia worked tirelessly to help others improve their lives. She encouraged her patients to incorporate wellness into their recovery plans long before it was the standard of care. Patricia was recognized for her work in chemical dependency treatment and prevention, by Yakama Nation, Washington State Division of Alcohol and Substance Abuse, and others regionally and nationally.

She was a founding member of the Yakama Office of Native Cancer Survivorship and key member and advisor to the Northwest Tribal Cancer Coalition. Her advocacy extended from the many Mural Walks for Cancer Awareness to the 2002 Yakama Nation President's Cancer Panel to speaking with elected officials in Washington DC about American Indian and Alaska Native cancer issues. Patricia shared her knowledge and wisdom about everything from diabetes to line dancing to supporting people newly diagnosed with cancer. She will be treasured for her beautiful smile and wonderful supportive words.

Thank you, Patricia!



2010 NPAIHB RACE FOR THE CURE TEAM

The Northwest Portland Area Indian Health Board and staff supported the September 19th Susan G. Komen Race for the Cure race in downtown Portland, Oregon. The event drew over 40,000 walkers, runners, and volunteers. The atmosphere is positive and an experience that you do not forget. The teams, organizers, and volunteers all emanate support and energy. The NPAIHB Team "Sole to Soul" represented the walk to wellness in support of breast cancer prevention and survivorship. Staff from the cancer, diabetes, immunization, tribal Epicenter, program operations, and the NPAIHB executive director participated.

The Komen Race for the Cure Series raises significant funds and awareness for the fight against breast cancer, celebrates breast cancer survivorship, and honors those who have lost their battle with the disease. The 2010 race celebrated the 19th annual Komen Portland Race for the Cure.



L to R: Joe Finkbonner, Dr. Thomas Weiser, Kerri Lopez, Elaine Dado, Casandra Frutos, Clarice Charging, Katrina Ramsey, Lisa Griggs

NEWS FROM THE BOARD

2010 INDIAN DAY CELEBRATION

On September 24, 2010 the Northwest Portland Area Indian Health Board was the proud sponsor of an Indian Day celebration event at Portland's Pioneer Square. This was the 5th Annual Dancing in the Square celebration of National Indian Day, which is recognized on the fourth Friday in September. The event was a great success because of the people who attended and contributed. Our thanks to everyone involved and our special thanks goes to:

MC: Gilbert Brown
Whipman: Ed Goodall
Colors: NIVA

Drums: Johonaaii, NARA, Small Agency, AIM, Bulls & Bears, Autumn Creek, Four Directions, and Wy-East

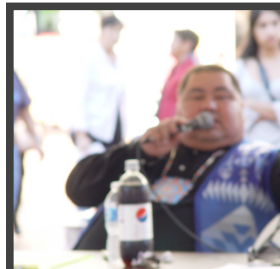
Tiny Tots: Sponsored by the Hildebrandt family

Poster Creation: by TheseBraids
Design by artist Amanda Wright,
Klamath-Modoc

We are also grateful to the many sponsors:

CORPORATIONS/ORGANIZATIONS

Northwest Portland Area Indian Health Board
NAYA Family Center
Kah-Nee-Ta-High Desert Resort & Casino
Pacific Corporation
NW Natural
Kla-Mo-Ya Casino
Chinook Winds Casino Resort
Tulalip Casino & Resort
Coeur D'Alene Casino & Resort
Quinault Indian Nation
All our Local Vendors



NATIONAL HEALTH OBSERVANCES & UPCOMING EVENTS

November

Lung Cancer Awareness Month
National Hospice Palliative Care
Month

Pancreatic Cancer Awareness
Month

*(NW Tribal Cancer Control
Project (NTCCP))*

American Diabetes Month
*(Western Tribal Diabetes Project
(WTDP))*

Great American Smokeout –
November 18th

National Survivors of
Suicide Day – November 20th
[*(Meth & Suicide Prevention
(MSPI))*]

November 1st – 2nd
IHS Long Term Care Conference
Washington, DC

November 3rd
Idaho State/Tribes Meeting
Boise, ID

November 9th – 10th
2010 Tribal Leaders Health
Summit
Bow, WA

November 9th – 11th
2010 National Alliance for
Drug Endangered Children's
Conference
Dallas, TX

November 14th – 19th
67th Annual Convention of NCAI
Albuquerque, NM

November 15th – 17th
North American Indian AIDS
Summit 2010
Rochester, NY

November 19th
Portland Area Annual Awards
Ceremony
Portland, OR

December

World AIDS Day – December 1st
[(Project Red Talon (PRT))]

December 1st – 2nd
DSTAC Meeting
Rockville, MD

December 10
USPHS Minority Officers
Liaison Council
Rockville, MD

December 15th
2012-2013 PAO IHS Budget
Formulation Meeting
PAO, Portland, OR

January

January 17th – 20th
NPAIHB Quarterly Board
Meeting
Siletz, OR

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 Idaho, Oregon and Washington to address health issues. Previous issues of Health News and Notes can be found on the NPAIHB web page www.npaihb.org.

To submit articles, comments, letters or receive a copy of our newsletter by mail please contact Sonciray Bonnell at (503) 228-4185 ext. 260 or by e-mail sbonnell@npaihb.org.



NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD

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

2121 SW Broadway Street • Suite 300 • Portland, OR 97201

Return Service Requested

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD'S JULY 2010 RESOLUTIONS

RESOLUTION # 10-04-01

Evidence Based Interventions for Tribal Communities against AIDS and STDs

RESOLUTION #10-04-02

Responsive Circles Addressing Sexual Assault

RESOLUTION #10-04-03

Sodium Reduction in Communities

RESOLUTION #10-04-04

Support for NPAIHB *EpiCenter* Data Linkages with State Medicaid Programs

RESOLUTION #10-04-05

Support for the Submission of a grant to the Centers for Disease Control & Prevention (CDC) for Funding the Northwest Tribal Cancer Policy Program

RESOLUTION #10-04-06

Strengthening Public Health Infrastructure for Improved Health Outcomes