Chronic Disease
October 2019

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Health News & Notes

A Publication of the Northwest Portland Area Indian Health Board

Fast Stats: Leading Causes of Death among Northwest American Indians & Alaska Natives

Sujata Joshi
IDEA-NW Project Director

Information on the leading causes of death, and disparities in these causes, is important for identifying health priorities for tribal communities. NPAIHB's Improving Data and Enhancing Access – Northwest (IDEA-NW) project recently completed a report on the leading causes of death for American Indians and Alaska Natives (AI/AN) in Idaho, Oregon, and Washington. This article highlights some of the key findings from that report.

During 2014-2016, there were 5,718 deaths among Northwest AI/AN. Cardiovascular diseases (including stroke) were the leading cause of death for AI/AN, and accounted for 23.4% of all deaths. Cancer was the second leading cause of death (18.9%), and unintentional injuries (which include drug overdoses) was the third leading cause of death, accounting for almost 11% of AI/AN deaths.

Rank	Cause of death for American Indian/Alaska Natives, 2014-2016	
1	Major Cardiovascular Diseases	23.4% (1,337)
2	Cancer	18.9% (1,081)
3	Unintentional injuries	10.7% (614)
4	Chronic Lower Respiratory Diseases	6.2% (356)
5	Chronic Liver Disease & Cirrhosis	5.5% (317)
6	Diabetes	4.7% (270)
7	Suicide	3.5% (202)
8	Alzheimer's Disease	2.2% (124)
9	Influenza & Pneumonia	1.4% (79)
10	Nephritis	1.2% (71)
Total deaths	5,718	

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Chairman's Notes

Cheryl Kennedy
Confederated Tribes of Grand Ronde
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I'm pleased to report that it's been a productive quarter for the staff at NPAIHB with new funding and policy activities. NPAIHB and Northwest Tribal Epidemiology Center (NWTEC) have several new sources of funding. NPAIHB was awarded the Tribal Opioid Response (TOR) grant from SAMHSA for another 6 Tribes. This is in addition to the TOR funding that we received last year. The NWTEC was also awarded $340,000 for HIV prevention activities in the Northwest Region, which will include development of a new community of practice using the ECHO model. The NWTEC was awarded funds for the second 5-year cycle of Good Health and Wellness in Indian Country for training and technical assistance to regional tribes and provision of tribal sub-awards for policy, system and environment changes to enhance health among the Northwest Tribes. Under the Centers for Disease Control and Prevention umbrella mechanism, NWTEC was awarded funds for a project to enhance immunization adherence, to continue an environmental health tracking project the NWTEC had previously undertaken, and to provide Tribes with assistance as to public health accreditation preparedness activities. NWTEC was awarded the Washington State Department of Health contract for the Tribal Public Health Emergency Preparedness Conference, with a potential of a 5-year extension. The NWTEC will also be assisting Washington and Oregon States with activities related to Tribal Public Health Improvement planning as a contract recipient for each state.

As to policy activities, NPAIHB commented on the $10 million in opioid funding that was appropriated to IHS for the Special Behavioral Health Program for Indians, and commented on the IHS National Tribal Advisory Committee's recommendation for Behavioral Health Initiative funding. Our comment letters requested that tribes be provided an option to receive funding through Indian Self-Determination Education Assistance Act (ISDEAA) contracts and compacts. Northwest Tribes have a long history of operating IHS programs and having more control over these funds will allow tribes to develop comprehensive behavioral health programs. NPAIHB also commented on the Centers for Medicare and Medicaid's Request for Information on the Action Plan related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"). Our comment letter to HRSA's Request for Information advocated for inclusion of the Community Health Aide program expansion to address the needs in tribal communities. Lastly, I attended the ATNI Fall Annual Convention we had a good Health Committee and I'd also like to report that five of NPAIHB's resolutions from the July Joint Quarterly Board Meeting were passed at ATNI and have been forwarded to NCAI for consideration.

Cheryle A Kennedy
Vice Chair, Northwest Portland Area Indian Health Board
Chair, Confederated Tribes of Grande Ronde

Indian Health Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP.

This article provides an update on tribal health care issues, including FY 2020 Appropriations, and a litigation update on the Affordable Care Act.

FY 2020 Appropriations – Sequestration Averted; House-Senate Agreement Pending

Bipartisan Budget Act of 2019 (Act). On August 2, 2019, the President signed PL 116-37, the Bipartisan Budget Act of 2019. This Act averted what otherwise would have been a massive sequestration of federal funds. Under the Budget Control Act of 2011 (PL 112-25) budget caps were set at such a low level that discretionary spending in FY 2020 would have been reduced by 10 percent ($125 billion) below the FY 2019 enacted level. The Act raises the spending caps for FYs 2020 and 2021, thus stopping the imposition of an across-the-board sequestration.

Of note is that under the Budget Control Act of 2011, authority for sequestration of *discretionary* funding extended only through FY 2021 and the Bipartisan Budget Act of 2019 does not extend that date. Congress could decide to enact an extension of the ability to sequester discretionary funds but it is not likely to do so.

Continuing Resolution Enacted. On September 27, 2019, the President signed as PL 116-59, a Continuing Resolution (CR) to fund federal agencies, including the IHS, through November 21, 2019, at largely FY 2019 terms and spending levels. None of the twelve FY 2020 appropriations bills have yet been enacted into law although FY 2020 began on October 1st. Included in the CR is an extension of the *Special Diabetes Program for Indians* through November 21st. Congress has recently returned from a two-week recess and so now has very limited time to reach agreement on appropriations bills before the CR expires; another CR may need to be enacted.

House-Senate Status of FY 2020 Indian Health Service Legislation

There are differences between the House-approved and the Senate Committee-approved IHS appropriations bill. These differences will need to be worked out in conference. Given that the House has approved FY 2020 funding bills that exceed the budget cap, not all House proposed increases will be able to be sustained.

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Response Circles Media Bootcamp

Paige Smith
Response Circles Coordinator

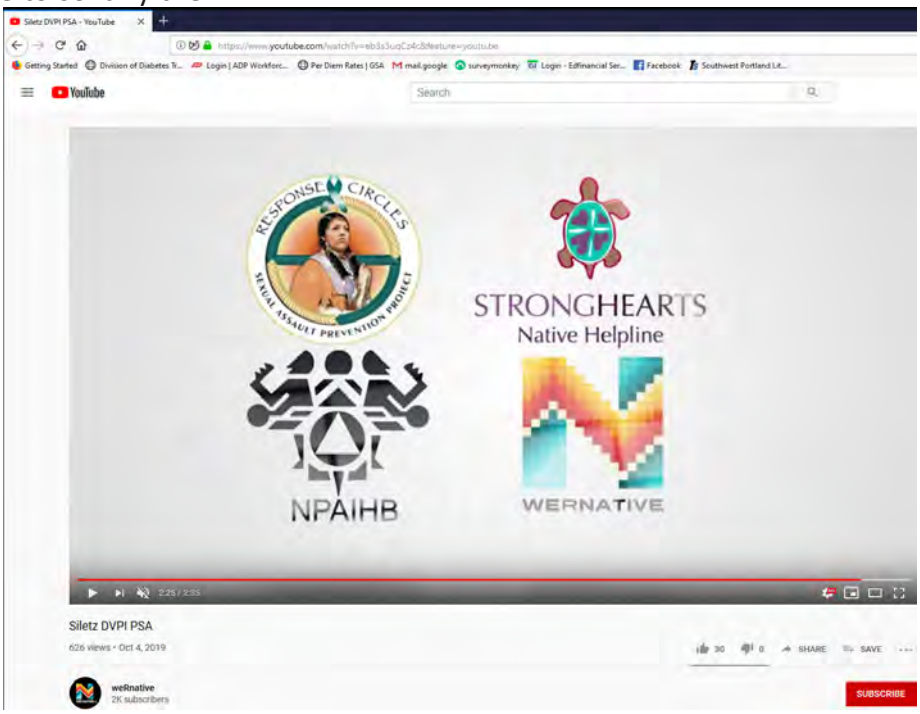
Every year Response Circles (RC) works alongside We R Native and one of the NW Tribes to produce a public service announcement (PSA). The Confederated Tribes of the Siletz Indians hosted this year's social media bootcamp. The goal of this PSA was to work with the tribal youth to identify a message and a medium through which to share it. In order to maintain a safe environment we bring in professionals to help educate the youth on domestic and sexual violence. This year the RC staff brought in StrongHearts Native Helpline (Stronghearts). Additionally, to help oversee the development of the PSA staff also brought in Skybear Media, a media production company.

Skybear Media opened day 1 with a presentation on media and PSA's. They helped highlight what makes an informative and impactful PSA. Skybear Media guided the youth through the film making process. During this part of the training the youth identified which PSA's were most impactful and identified why. Through these activities they were able to solidify the inspiration for the topic of their final PSA product. Next, the StrongHearts presentation focused on educating the youth about domestic and sexual violence. They helped the youth not only to identify the various kinds of abuse, but more importantly helped youth better identify what healthy relationships do look like. After these interactive sessions, youth appeared to genuinely apply the information with a deeper understanding. The youth then started stepping into the world of creativity and designing messages around the topic of abuse.

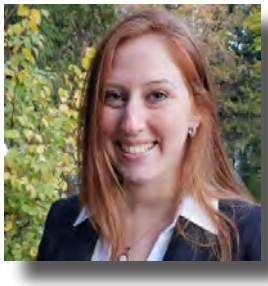
Moving forward, Skybear Media worked to identify the roles the youth would play in the PSA video and during this we found strong leaders and motivated youth to fill the roles of directors, actors, film crew and content creators. The youth identified a message that truly spoke to them, not all abuse is physical. StrongHearts helped the youth focus on more than the typical forms of abuse. This session helped show the youth a side of intimate partner violence they never knew existed. Using what was taught, the youth put together a script and identified three areas of focus. The three focus areas for their PSA were cultural, digital and financial abuse. Bringing life to their script and vision was all that was left to do.

Over two days through lots of collaboration the whole team created something to be truly proud of, and to share the video the youth created, Response Circles staff will release the PSA video during the month of October, National Domestic Violence Prevention Month. The hope is that the youth (and their communities) take their new knowledge and skills and use some or all of it to continue to do amazing things in the future and help to break the cycles of all abuse.

View the video PSA that was created here:
https://youtu.be/eb3s3uqCz4c



Fast Stats: Emergency Department Visits for Drug Overdose among American Indian and Alaska Natives in Washington



Heidi Lovejoy, MSc
Substance Use Epidemiologist

A national public health emergency was declared in 2017 due to the increasing number of drug overdoses occurring across the nation. American Indian and Alaska Native (AI/AN) populations have been especially hard-hit by this epidemic.

While much overdose data focuses on fatal drug overdoses (deaths), information on non-fatal overdoses is a valuable resource as well. This type of data is another way to look at the impact of substance use in a community, and provide guidance on developing an effective public health response, such as where drug treatment programs are needed most.

One way of capturing non-fatal overdoses is by examining the emergency department (ED) visits for drug overdose. Most states collect information on emergency department visits for many conditions, including overdose. Emergency department data is often called "syndromic surveillance" or "ESSENCE" (Electronic Surveillance System for the Early Notification of Community-based Epidemics).

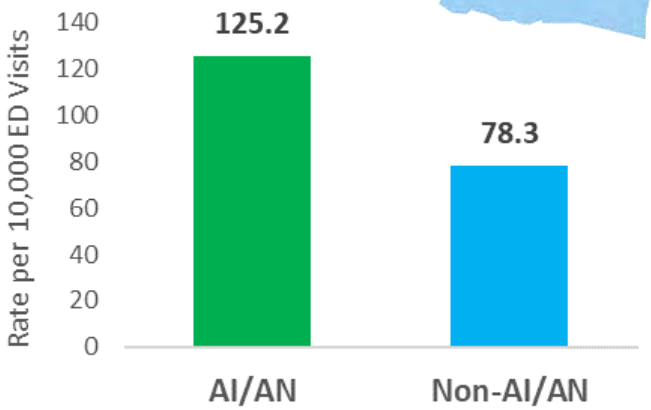
The Washington State Department of Health collects ED information through a system called the Rapid Health Information NetwOrk (RHINO). Data collection began in mid-2016, however most hospitals were not set up to report into the system until 2018, so we are able to examine trends going forward from 2018.

Please contact hlovejoy@npaihb.org if you would like more information on emergency department visit data for drug overdose in your area, or for general assistance with drug-related data.

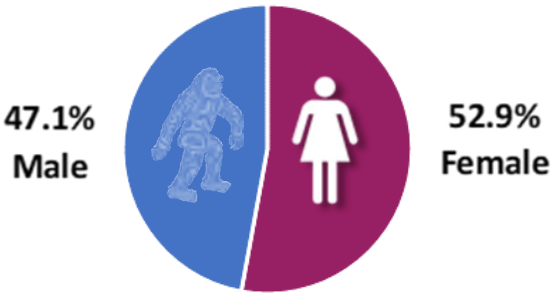
Data Briefs on fatal drug overdose information among AI/AN in Washington and Oregon are posted online at www.npaihb.org/idea-nw.

Emergency Department (ED) Visits for Drug Overdose

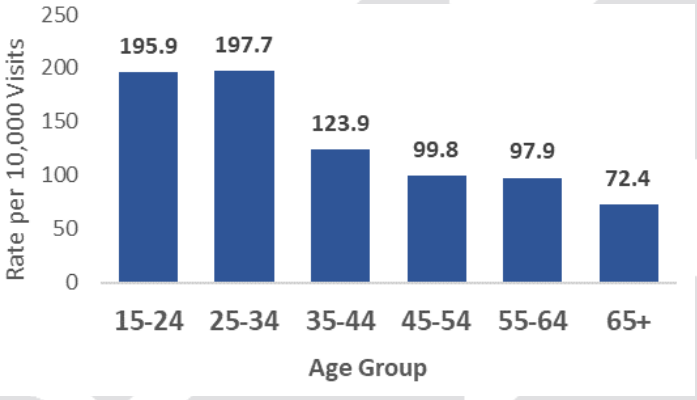
Jan 2018 – Sept 2019



The rate of drug overdose ED visits for AI/AN is about 1.6 times higher than the rate for non-AI/AN in WA.



A similar percentage of male and female AI/AN visited an emergency department for drug overdose.



AI/AN aged 15-34 experienced the highest rate of drug overdose ED visits.

Data Source: Washington State Department of Health Rapid Health Information NetwOrk (RHINO), accessed 10/8/2019.

Opioid Use Disorder: A Chronic Disease

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Opioid misuse is a health issue that impacts many people. It is not a moral failing or weakness. Nor is it a mark of bad character. It can happen to anyone. People with substance use disorder, including opioid use disorder are often surprised by the cunning ways drugs or alcohol crept into their lives and became an issue. The reason for this is simple - addictive substances (like opioids and alcohol) actually change the way our brain works. In fact, one of the first brain changes that occurs is that opioids hijack the part of our brain that controls our cravings, tricking us into wanting opioids more frequently and in larger amounts. Blaming ourselves or our loved ones for addiction is not useful. For many people, recovering from this condition requires help from a health care provider, counseling, and medications. Judgement and unkindness only stands in the way of those who are struggling. But kindness and community support opens doors and save lives. We can look to stories of Trickster to think about how opioid misuse can similarly sneak into our communities and result in opioid use disorders for our people.

Definitions:

- Opioids are drugs that block pain signals from reaching our brain. They can also change our mental state, making us feel happy, relaxed, sleepy, or confused.
- Opioid misuse is when someone uses an opioid pain medicine (like oxycodone and morphine) for a reason it was not intended for or in a way that was not prescribed.
- Opioid use disorder is a chronic health condition that people can recover from. It occurs when opioid misuse causes health issues or problems at work, school, or home.

Lessons from Trickster

In many Tribal oral traditions Trickster is a scared, yet crafty being who manipulates and cheats others. He is described as an old man or coyote among some, a raven among others. He is called Wakdjunkaga among the Winnebago and Manabozho among the Menominee. Often we share stories of Trickster to teach life lessons, like the importance of being humble, living in balance with nature, and respecting our medicines. We can learn a great deal about opioid misuse by thinking about this topic in relation to Trickster. For example, it is common for people to misuse medicines that were intended to cure and heal. Without realizing it our substance use (to treat a health condition) can transform into substance misuse (which negatively impacts our life). We can imagine that there is a Trickster spirit guiding this transformation of medicine from a helpful healing tool to a harmful burden.

Fortunately, Trickster does not only cheat and manipulate others, he also helps teach important lessons.

In the case of opioid misuse these lessons are:

- All medicines, whether they are provided by a healer, medicine man, mother nature, or a doctor, contain a powerful spirit, as well as a prescription for good use.
- All medicines contain both the power to harm and the power to heal .
- Because medicines are powerful and some substances alter our ability to control how and when we use them, it is important to remember that substance misuse, including opioid misuse, can happen to anyone.
- Rather than blaming our relatives with an opioid use disorder, we must support them in getting the help they need and walk the road to recovery with them.

Definitions:

- Substance use disorder is a chronic health condition that people can recover from. It occurs when substance misuse causes health issues or problems at work, school, or home.

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Opioid Use Disorder: A Chronic Disease

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- Substance misuse is when someone uses a substance (like painkillers, alcohol, meth, or cocaine) for a reason it was not intended for or in a way that was not prescribed.

What this means for Tribal Communities

We know that our experiences are closely tied to those of our relatives and relations. This holds true when it comes to opioids. Through the 1990s until 2011, the use of opioid medications tripled across the United States. For many Tribal communities, this brought an increase in opioid misuse, opioid use disorders, opioid overdose, and death. Once the negative consequences of prescription opioids became apparent, many Tribal health care providers decreased the amount of opioids they offered. However, this did little for our relatives already addicted to opioids. Because prescribed opioids were now more difficult to get, some of our relatives sought out more dangerous drugs, like heroin. This caused the opioid epidemic to grow. It also led to another cycle of overdoses and deaths.

Opioid misuse has caused enough suffering in our communities, and we are ready for a change. Fortunately, there is more hope than ever. We can heal our communities through educating ourselves and others about opioids, seeking help when we need it, and supporting others who are struggling. There are lifesaving drugs that can reverse an opioid overdose, and there are others that can help those who are in recovery.

This article is an excerpt from the booklet "A Trickster Tale – Outsmarting Opioids Through Education and Action" and is intended to help you learn basic information about opioids, so you can keep yourself and those you love safe and healthy. It is also a tool we hope you will use to inspire action for positive change in your community. To learn more and download "A Trickster Tale – Outsmarting Opioids Through Education and Action" visit:
https://www.indiancountryecho.org/wp-content/uploads/2019/10/NPAIHB_TOR_Trickster_Tale_Booklet_Final.pdf

Women's Mental Health

Chiao-Wen Lan, PhD, MPH
Project Director/Epidemiologist

Mental health disorders are a growing public health concern, yet they are often undiagnosed and untreated. ***Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for individuals age 18 to 44 years old.*** In the United States, over 50% of non-pregnant women with past-year depression were undiagnosed. Poor mental health is associated with substance misuse, and may put women at risk for further chronic diseases including diabetes and heart diseases.

Research shows that women battling mental illnesses have a higher one-year unintended pregnancy rate. Further, unintended pregnancy and a previous history of depression are known risk factors for postpartum depression, which could have negative consequences for the mother, infant, and family. ***Studies have documented that mental health conditions were one of the top three types of maternal complications during pregnancy among pregnant women in Washington and Oregon State.***

Continuity of mental health care is an important factor to improve patient health outcomes. Post-discharge planning is a crucial point of intervention. Patients who received follow-up services after an inpatient hospital stay are less likely to be re-admitted and generally have more positive treatment outcomes.

NPAIHB's Improving Data and Enhancing Access-Northwest (IDEA-NW) project examined the association between mental disorders and linkage to psychiatric care post-discharge among women age 15 to 49 years old in Washington State.

We used inpatient hospital discharge data from Washington State between 2011 and 2014. Data were corrected for AI/AN misclassification through linkage with the Northwest Tribal Registry. We

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Hospital Discharge Status among Reproductive-aged Women with Documented Mental Disorders

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identified documented mental disorders through the International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes, including depression, anxiety, or stress reaction.

A total of 559,611 reproductive-aged women were hospitalized in Washington between 2011 and 2014, representing discharges from 100 hospitals. Of those, AI/AN women had a significantly higher rate of documented mental disorders than Non-Hispanic White (NHW) women (38.4% vs. 31.5%, $p < 0.0001$; see Figure 1).

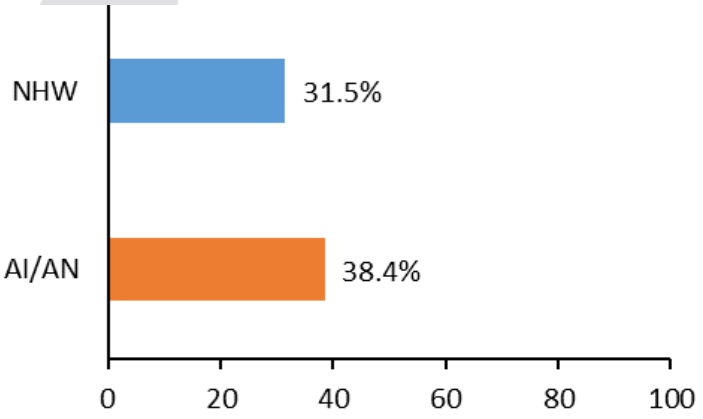

Figure 1. Percentage of hospitalizations for mental disorders among women of reproductive-age in Washington, 2011 – 2014

Of those women diagnosed with mental disorders, 41.4% AI/AN women had a concurrent substance use disorder, while 23.6% of NHW women had a co-occurring substance use disorder.

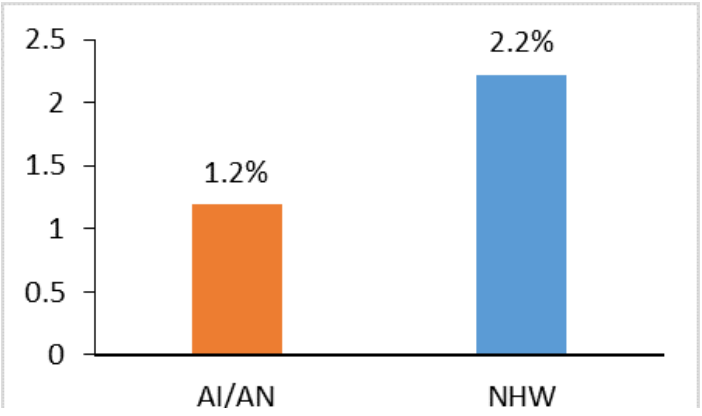

Figure 2. Percentage of patients with mental disorders receiving psychiatric services after discharged

Hospitalized AI/AN women with a diagnosed mental disorder were 47% less likely to receive additional psychiatric treatment (i.e., transferred to a psychiatric hospital or an inpatient rehabilitation facility) than NHW women after discharge (1.2% vs. 2.2%, respectively).

This shows that of the 6,500 hospitalized AI/AN women with a mental disorder, only about 700 were linked to post-discharge psychiatric services.

Women who are admitted to a hospital represent a significant window of opportunity for identification and intervention for the safety and psychological wellbeing of women and their families. Connecting women needing support to appropriate treatment is vital.

Access to care is often included as a dimension of continuity of care, and issues of continuity and accessibility are closely entwined. Fear of discrimination and stigma associated with behavioral health services have been found to be key factors affecting healthcare seeking behaviors among AI/AN women.

Reproductive-aged women with a diagnosis of mental disorders need not only timely and effective treatment, but also tailored and culturally appropriate care and preventive services. ***Mental health services need to be culturally-centered – both in identifying needs and in choosing how they are addressed.*** Addressing health disparities among AI/AN communities requires more than simply increasing resources to expand treatment services. Program developers should also consider how services are received in AI/AN communities, and identify strategies to reduce barriers to care and service utilization. ***It is essential to integrate patient-level health beliefs, expectations, and cultural practices in AI/AN communities.***

Resources available at the NPAIHB:

The suicide prevention project at the NPAIHB is THRIVE, which stands for: Tribal Health – Reaching out InVolves Everyone. Information and resources can be found here: http://www.npaihb.org/thrive/

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Hospital Discharge

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For more information, resources, or technical assistance on data/statistics, please contact us at ideanw@npaihb.org

Northwest Portland Area Indian Health Board
Improving Data & Enhancing Access (IDEA-NW)

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Hood to Coast 2019

Team HANDS (Healthy Active Natives Doing Something) was formed in 2016 with 12 NPAIHB employees who participated in the "Mother of all Relays" Hood to Coast relay race. This year was our 4th consecutive year of running 199 miles from Mount Hood (Oregon) to Seaside (Oregon) in less than 36 hours. This year our team consisted of NPAIHB staff, family and friends and we completed the race in 32 hours and 24 minutes, which is a 9:47 pace! This event takes place every year in August on the 4th Friday of the month. We entered the Hood to Coast lottery and are hoping we are accepted again to participate in summer 2020. We currently have a 12 person roster and are looking for alternates, who are intermediate runners. Please contact Birdie Wermy (bwermy@npaihb.org) or Lisa Griggs (lgriggs@npaihb.org) for questions or information. www.hoodtocoast.com

Find Sasquatch!

Newsletter fun, can you find Harry the Sasquatch? To have a little fun for this quarter, there are five hidden Harry's' throughout Health News & Notes. Remember, like the brand new chap-stick you bought, like the TV remote you swear you put on the couch, like your charger you let your cousin borrow, like the friend who said they'd be there in 5 minutes, like the $20 your uncle owes…… Sasquatches are VERY elusive.

Harry can be lurking in the chairman's notes, or the Indian Health Update. The first 3 people to find ALL FIVE (5) Harry's', will win a We R Native fanny pack with some extra goodies inside.

Show them to Lisa Griggs to claim your prize!

3

Fast Stats: Leading Causes of Death among Northwest American Indians & Alaska Natives

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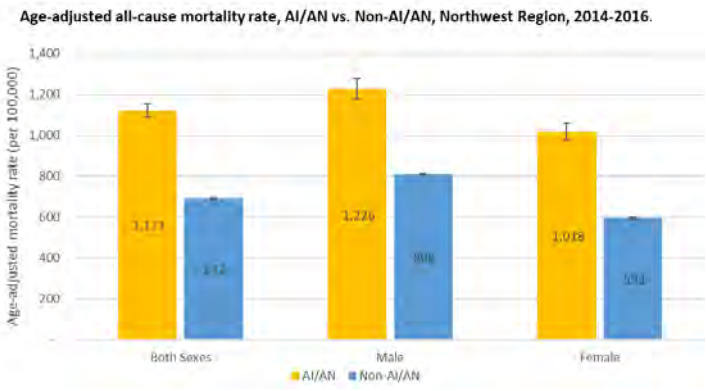
The top three leading causes of death for Northwest AI/AN are different across the lifespan. In younger age groups, unintentional injuries, homicide, and suicide are major causes of premature death. For elders, chronic conditions such as cardiovascular diseases, cancer, and chronic lower respiratory diseases account for the majority of deaths.

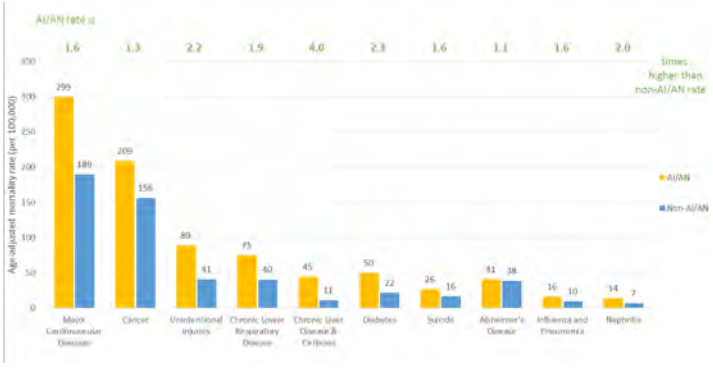
Top three causes of death by age group, Northwest AI/AN, 2014-2016.

Rank	Age Group								
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
1	Birth Defects	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Cardiovascular Diseases	Cancer	Cardiovascular Diseases
2	Sudden Infant Death Syndrome	Homicide	Homicide	Suicide	Suicide	Chronic Liver Disease & Cirrhosis	Unintentional Injuries	Cardiovascular Diseases	Cancer
3	Unintentional Injuries	Cancer	Cancer	Homicide	Cardiovascular Diseases	Cardiovascular Diseases	Cancer	Chronic Liver Disease/ Unintentional Injuries (Tied)	Chronic Lower Respiratory Diseases

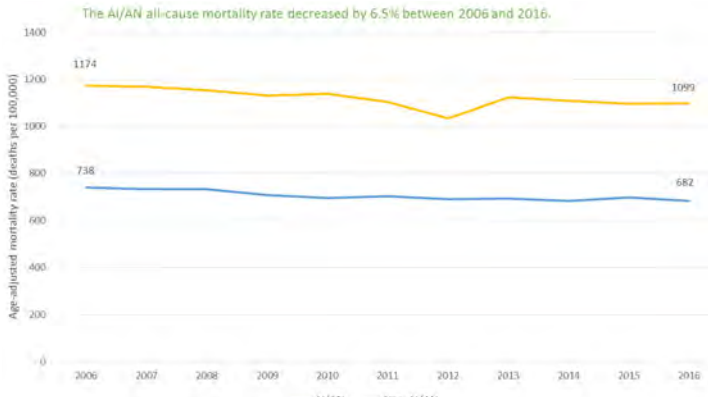
Northwest AI/AN have a higher all-cause mortality rate compared to non-AI/AN in the region. After adjusting for age differences, the mortality rate for Northwest AI/AN is 1.6 times higher than the rate for non-AI/AN. AI/AN males have 1.5 times the mortality rate of non-AI/AN males, and AI/AN females have 1.7 times the mortality rate of non-AI/AN females.



The disparities that AI/AN experience in mortality also vary by cause of death. Compared to non-AI/AN in the region, Northwest AI/AN experience especially large disparities in mortality from chronic liver disease and cirrhosis (4.0 times the mortality rate of non-AI/AN), diabetes (2.3 times the mortality rate of non-AI/AN), and unintentional injuries (2.2 times the mortality rate of non-AI/AN).



Despite these disparities, AI/AN mortality rates are decreasing over time. Between 2006 and 2016, the all-cause mortality rate for Northwest AI/AN decreased by 6.5%. This decrease may be due to improved patient care and effective prevention efforts to improve the health and well-being of tribal communities in the Northwest.



To access the full mortality report and other data products, please visit the IDEA-NW's website at: http://www.npaihb.org/idea-nw/. You can also contact us with data requests at ideanw@npaihb.org.

Data Sources:

[1] Death certificates from the Oregon Center for Health Statistics, Washington Center for Health Statistics, and Idaho Bureau of Vital Records and Statistics, corrected for AI/AN misclassification by NPAIHB's IDEA-NW project.

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Indian Health Update

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The House bill and report are H.R.3052 and H. Rept. 116-100. The Senate bill and report are S. 2580 and S. Rept. 116-123.

The House recommended $6.3 billion ($431 million over FY 2019) for IHS while the Senate proposed $6.0 billion ($237 million over FY 2019). Both bodies rejected Administration proposals for reductions for Community Health Representatives, Indian Health Professions, supplemental funding for village clinics, facilities construction and for elimination of funding for Health Education and Tribal Management programs. They split with regard to Administration's new initiatives. Other key items:

- *Urban Indian Health* – House $81 million ($33 million over FY 2019); Senate $53 million;
- *Alcohol and Substance Abuse* – House $280 million; Senate $247 million;
- *Indian Health Professions* – $90.6 million ($33 million over FY 2019); Senate $57.8 million;
- *Mental Health* – House $125 million; Senate $108 million;
- *Purchased/Referred Care* – House $969 million ($5 million over FY 2019); Senate $967 million;
- *Community Health Representatives* – House $62.9 million; Senate $62.8 million;
- *Community Health Aide Program* (for expansion to the lower-48) – House $25 million; Senate $5 million;
- *Electronic Health Records Initiative* (new) – House $25 million, Senate $3 million;
- *Contract Support Costs* – both Houses – "such sums as may be necessary" estimated at $820 million;
- *Built-In Costs (Pay Raise, Inflation, Population Growth)* – House $56 Million (Compares To Administration request of $42 million); the Senate Committee noted they are providing funding for the expected raise and inflation but did not provide an amount;
- *Clinic Leases* – The House recommended $53 million for 105(*l*) leases and village built clinic leases ($17 million over FY 2019) while the Senate recommended $97 million. This is in response to the *Maniilaq v. Burwell* decision which requires full funding of leases carried out under section 105(l) of the ISDEAA. House Report language directs the IHS to consider whether the 105(*l*) leases should be considered a separate line item in the budget and funded in the same manner as Contract Support Costs ("such sums as may be necessary").

The Senate recommended $97 million for clinic leases which the Committee Report notes is the most recent estimate. The Senate marked its bill up several months later than did its House counterpart and therefore had the more recent cost estimate. The IHS reports that they have thus far received over 170 lease proposals worth $97 million.

The Senate Report directs the IHS to communicate regularly with the Committee on estimates of the costs of the 105(*l*) leases. They also ask the IHS to report on challenges to budgeting for the costs and on the rationale behind its decision to have 12-month lease agreements instead of leases on a prospective basis. In addition, the Committee directs IHS, the Departments of Interior and Justice, and the Office of Management and Budget to work with congressional committees to formulate budget strategies and to discuss whether "in light of the *Maniilaq* decisions, these funds should be reclassified as an appropriated entitlement."

Finally, the Senate Committee Report expresses the view that the 105(*l*) lease requests should be accounted for separately from the village built clinics in the FY 2021 budget request.

Advance Appropriations – House Appropriations Committee report language directs the IHS to report

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Indian Health Update

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on what changes would be needed to develop and manage an advance appropriations for the IHS and to report back within 180 days of enactment. The Senate Report does not address advance appropriations, although Interior Appropriations Subcommittee Chairman Lisa Murkowski (R-AK) and Ranking Member Tom Udall (D-NM) have each introduced legislation (S. 2541 and S. 229) which would authorize advance appropriations for IHS.

Affordable Care Act Litigation *(Texas v. United States)*

In December, a federal district court ruling made headlines when the judge held that the individual mandate enacted as part of the Patient Protection and Affordable Care Act (ACA) is unconstitutional. Not only did the district court judge in T*exas v. United States* rule that the individual mandate can no longer be justified under Congress's taxing power (now that Congress has reduced the tax penalty to $0), but it also held that the entirety of the law must be invalidated along with the individual mandate. The United States, as the defendant in the district court, had agreed with the plaintiffs that the individual mandate is no longer constitutional, but argued that most of the remainder of the law should be left intact.

The district court's ruling has major potential implications for Indian Country. The Indian Health Care Improvement Act (IHCIA) was amended and permanently reauthorized as part of the ACA, and several other provisions of the law provide important new authorities for the Indian health system. Although these provisions are not related to the individual mandate, the district court did not exempt them from its ruling—meaning that the IHCIA and other Indian health provisions of the ACA are at risk of being invalidated if the district court's ruling is allowed to stand.

Several "Blue States" that intervened in the case to defend the ACA appealed the district court's ruling to the United States Court of Appeals for the Fifth Circuit, which is now considering the case. In the court of appeals, our firm filed an amicus curiae brief on behalf of a large coalition of Tribes and tribal organizations from across the country in support of the IHCIA and other Indian-specific provisions in the ACA. The amicus brief makes the case that, under applicable court rules of "severability," the Indian provisions should be preserved even if the individual mandate is unconstitutional, because they are not related to or dependent on the individual mandate.

In the district court, the United States had taken the position that only certain portions of the ACA (not including the IHCIA) should be struck down. Unfortunately, in a surprising turn of events, the United States changed its position on appeal: instead of arguing that only specific portions of the law should be invalidated, the United States took the position that the district court's ruling should be affirmed. The Department of Justice also did not defend the IHCIA at oral argument before the Fifth Circuit, which was held on July 9, 2019. In contrast, the House of Representatives (which intervened in the case on appeal) filed a brief in support of the ACA, and specifically mentioned the IHCIA as an example of an important provision that should be upheld even if the individual mandate is struck down.

Shortly before argument was scheduled, the Fifth Circuit asked the parties to file supplemental briefs addressing three questions relating to the court's jurisdiction to hear the appeal, including whether any controversy remains in the case given the United States' change of position and whether any party has standing to bring the appeal. Although this raises some questions regarding whether or not the Fifth Circuit will even reach the merits of the case—and whether the district court judgment will stand if it does not—all parties argued before the court that it had jurisdiction to hear the merits of the appeal. We are now awaiting the Fifth Circuit's decision, which is likely to be appealed to the United States Supreme Court regardless of the outcome.

2019 Native Fitness XVI

WTDP / Native Fitness XVI, 2019 – Another Successful Year!

On August 10th and 11th 2019, tribes from across the nation convened to participate in the annual Native Fitness Training at the Nike World Headquarters Campus in Beaverton, Oregon. This training marked 16 years of successful partnership with the Northwest Portland Area Indian Health Board's Western Tribal Diabetes Project (WTDP) 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.

Native Fitness provides hands-on training using a curriculum and resources that attendees can bring home with them. This train-the-trainer model provides tribes with the resources to implement culturally tailored fitness sessions targeted at multiple age groups and varying abilities within a community. This year Native Fitness hosted 150 participants from tribal programs across Indian Country.

WTDP partnered with the Native American Fitness Council (NAFC) for our physical activity training component. The NAFC sessions included workshops focused on strength and conditioning, functional fitness, martial arts for everyone, basics of resistance training, indigenous sit/fit mix, traditional running, indigenous youth fitness, traditional adaptive intervals, and elder fitness. The final workout is a group activity incorporating all trainers and sessions for all participants prior to the closing of the event.

Danielle Scott shared healthy cooking tips through recipes of instant pot wild rice and

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2019 Native Fitness XVI

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mountain tea, known to coastal tribes as swamp tea. She also whipped up a batch of buffalo meatballs; it was truly a culinary delight. Most of the ingredients in these recipes are harvested, gathered, or grown in the homelands of our Native people. Danielle is the University of Idaho Extension Education Educator for the Nez Perce Reservation. All of the sessions are designed to provide training fundamentals, so participants can take home new skills and "just do it."

The keynote speaker, Darryl Tonemah, covered topics ranging from historical trauma, motivational interviewing, and implementing effective change, coaching, and counseling for our patients with diabetes. Darryl's unique style of sharing Native-specific stories and issues with humor, science, and culture is riveting.

Sam McCracken, director of Nike Native American Business, introduced the N7 ambassadors and showcased new Nike N7 products that will be available soon. Trish Chee, N7 Project Specialist, was also in attendance and presented on the availability of Nike.net accounts for Special Diabetes Program for Indians (SDPI). Products can be ordered at a 50% discount for SDPI programs. All proceeds are in turn awarded to the Nike Native Youth Grant Programs.

Participants left with a USB loaded with resources and comprehensive information on diabetes data, best practices, obesity, physical activity, nutrition, and diabetes educational resources. Through providing Native Fitness each year, we hope to continue building the capacity of tribes to implement community-led fitness activities to decrease rates of diabetes and increase the overall health and wellness of their community.

Thank you to Theo Latta, City of Portland PCCEP Project Director, for opening our event with a drum honor song.

Healthy Life Style Tips: Let's Battle Chronic Disease

Kerri Lopez, *Project Director*
WTDP/NW Tribal
Comprehensive Cancer Project

Chronic disease in our tribal and urban communities takes a huge toll and use of our health resources. We all hear the stories of the many chronic diseases that impact our communities. We can look at our tribal electronic health records, confirmed by regional state and national statistics to see the stark reality. The list for chronic diseases is long and familiar from cancer, CVD, COPD, diabetes, obesity, oral health, asthma, arthritis, heart disease, and tobacco use to name a few.

By implementing changes and incorporating healthy lifestyle choices into our daily routines, we can battle many of these conditions and diseases. Even minor changes in our individual health behaviors, community environment or social interactions may have a large impact on our health. We can each lower our risk and the risk of our friends and family members by learning how to prevent or delay chronic disease. It is important to remember that most chronic diseases are preventable.

What can I do for my own health and prevention?
Follow recommended guidelines for exercise, nutrition, maintaining a healthy weight, moderate or no alcohol consumption, do not use or quit using commercial tobacco, and schedule all of your recommended health screenings. In most cases, there are clinical services, support, and resources in your community to help. Seek out your diabetes program, tobacco cessation, nutrition and fitness classes through your tribal community health programs.

What can I do to help others in my community?
Advocate and speak up for healthy food at community events, the work place, and in schools. Promote access to healthy foods in your local stores and markets. Promote wellness in the workplace and advocate for

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Healthy Life Style Tips: Let's Battle Chronic Disease

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safe places to exercise, if needed. Start a walking club or group at work or with friends and family. Start or work in your community garden, and encourage your clinic and community to actively promote screenings.

It is time to reverse those behavioral risk factors that haunt us; unhealthy diets, limited physical activity, smoking, substance abuse, habitual tobacco use, and not taking time to schedule screening and preventive care.

- Moderate activity for 30 minutes at least five times per week or 150 minutes of activity per week
- Eat well: limit high fat and high sugar foods, increase vegetables, whole grains and fruits
- Limit alcohol consumption to 1 drink/day for women and 2 drinks/day for men
- Quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%
- Lack of regular health check-ups and screening tests are risk factors for almost all chronic diseases
- Go to the doctor regularly especially if you are over 40
- Follow screening guidelines and recommendations
- Smoking causes one in every five deaths in the U.S. each year
- Habitual or personal tobacco use is a risk factor for many chronic diseases

DST Carole Ann Heart Recipient

The recipient exemplifies the following traits, in memory of the late-Carole Anne Heart.

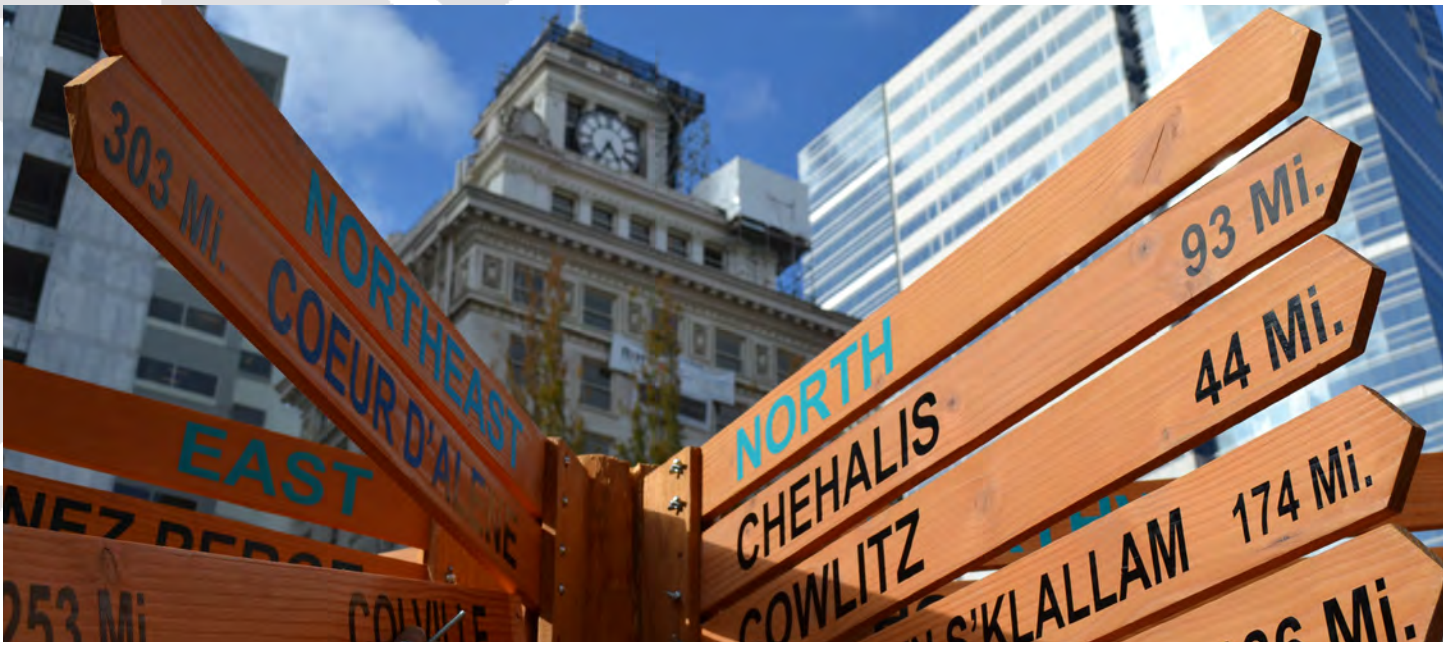
- Leadership and Advocacy
- Sense of Humor and Wit
- Energy and Compassion
- Commitment to Improve Indian Health and Education for all Native Peoples

Greg Abrahamson, Vice Chairman, Spokane Tribe of Indians (Portland Area)

Vice Chairman Greg Abrahamson of the Spokane Tribe of Indians located in the State of Washington serves as the DSTAC representative for the Portland area since 2013, and member of the executive team for the DSTAC. His commitment DSTAC is evident as one of the is one of the longest The DSTAC was established to provide leadership, advocacy and policy guidance for Indian tribes that receive primary health care directly from the IHS.

In his role for the DSTAC Mr. Abrahamson actively supports the DST and participates as a member of the Information Systems Advisory Committee (ISAC) and the Community Health Aid Program (CHAP) for the IHS. Additionally, Mr. Abrahamson works to advocate for increased IHS funding, and more recently to defend a reduction to IHS funding, specifically the CHR.

Dancing in the Square Powwow 2019

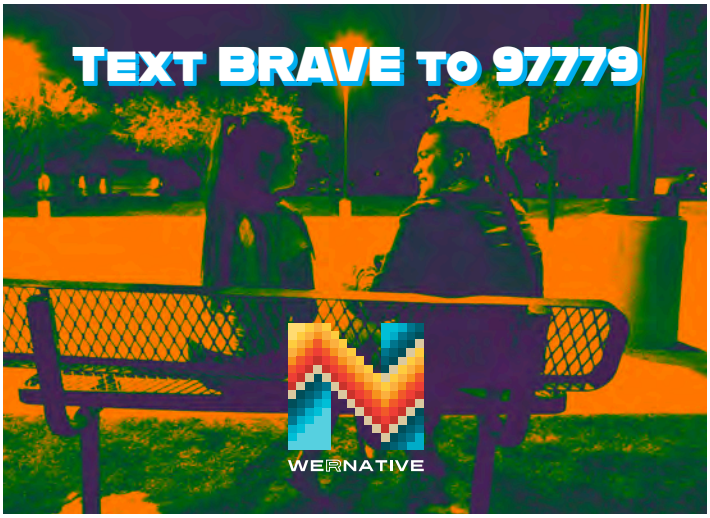


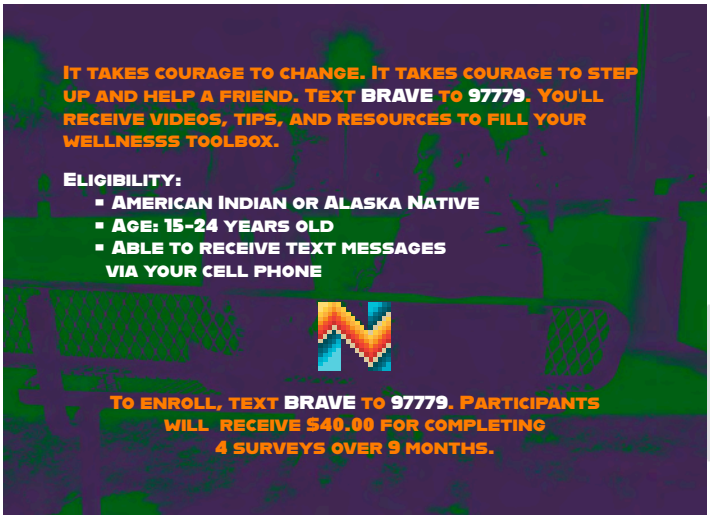
Annually, the Northwest Portland Area Indian Health Board (NPAIHB), in partnership with other local Indian organizations, hosts an "American Indian Day" celebration at the Pioneer Courthouse Square in downtown Portland, Oregon. Our annual "American Indian Day" is a traditional showcase and celebration of American Indian. Alaska Native cultures and community.

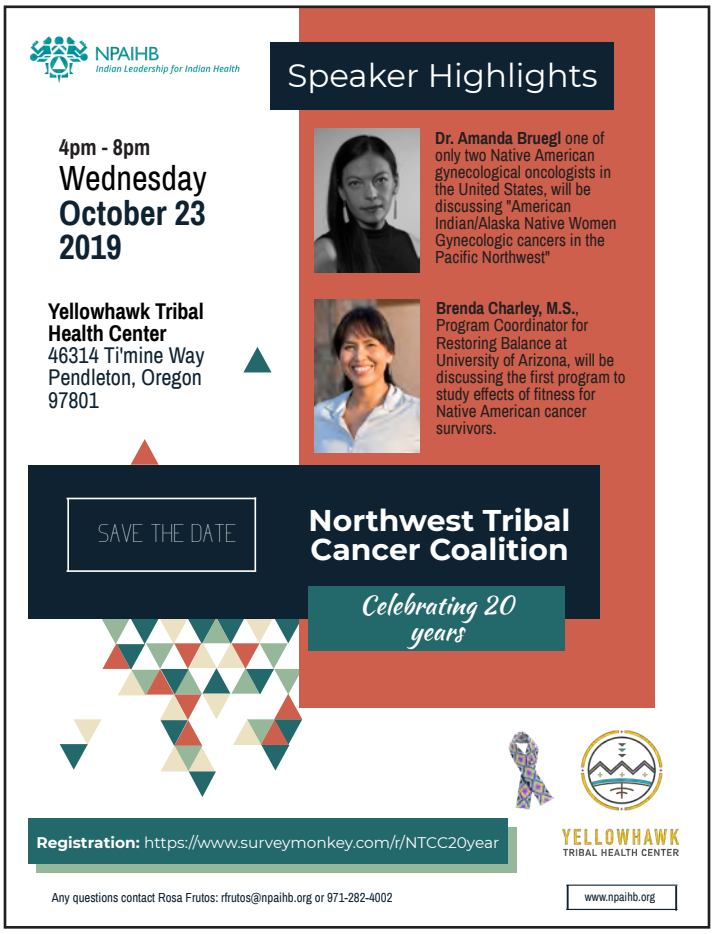
Upcoming Events

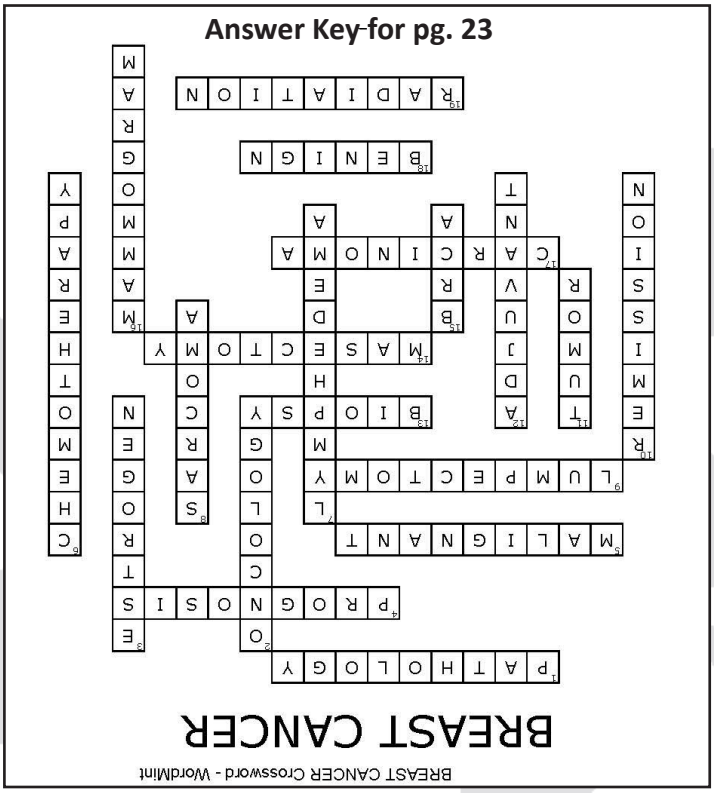
Click on flyer for hyperlink

The National Institute for Occupational Safety and Health (NIOSH) Health Hazard Evaluation (HHE) Program helps employees, union officials, and employers learn whether health hazards are present at their workplace and recommends ways to reduce hazards and prevent work-related illness. Our evaluations are done at no cost to the employees, union official, or employers. You can learn more about the program here: https://www.cdc.gov/niosh/hhe/about.html. HHE requests can be submitted online or by e-mail, fax, or mail: https://www.cdc.gov/niosh/hhe/request.html. For additional questions, contact Sarah Hatcher at shatcher@cdc.gov or 513-841-4526.









Upcoming Events

Click on date for hyperlink

OCTOBER

October 23
20th Anniversary Northwest Tribal Cancer Coalition Celebration - Yellowhawk Tribal Health Center
Pendleton, OR

October 29-30
2019 Idaho Indian Child Welfare Conference
Fort Hall, ID

NOVEMBER

November 7
All Tribal and Urban Indian Organization Leaders Call
Webinar and Teleconference - Anywhere, USA

November 13-15
9th NARA Spirit of Giving Conference
Portland, OR

November 13
NW Portland Area Indian Health Service Review Board Meeting
Portland, OR

November 20
Tobacco Cessation and Wellness Dinner
Shelton, WA

DECEMBER

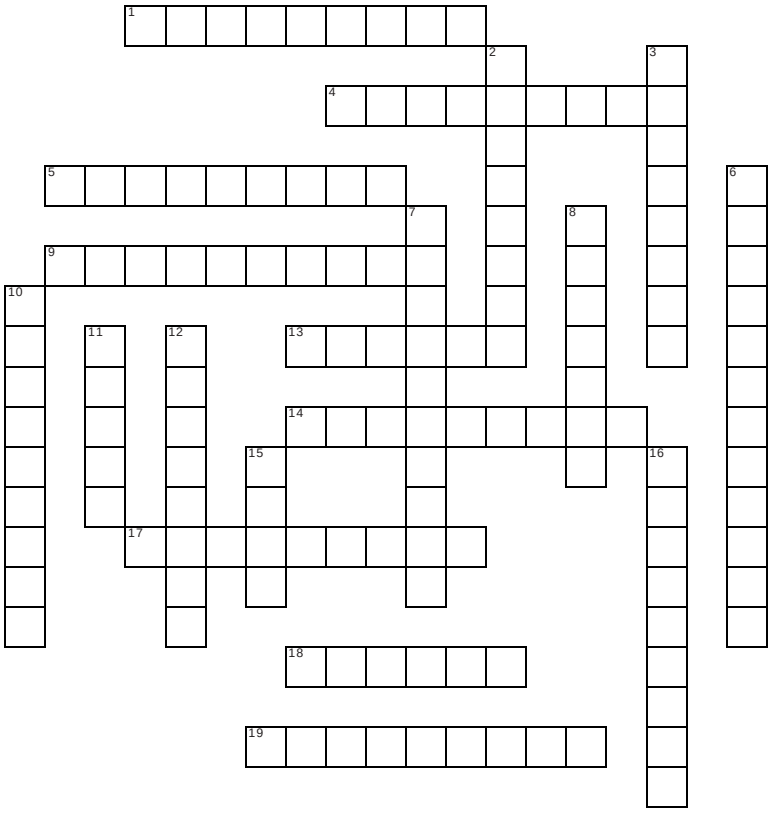
December 3-5
Diabetes Management System Training
Portland, OR

December 11
NW Portland Area Indian Health Service Review Board Meeting
Portland, OR

JANUARY - HAPPY NEW YEAR!

January 13-16 NEW DATES
NPAIHB Quarterly Board Meeting
Tulalip, WA

BREAST CANCER



Across

1. the science of studying the nature of a disease
4. for the best possible outcome you want a good _____ from your oncologist
5. Another word for cancer
9. surgery to remove only the tumor and smallest amount of surrounding tissue
13. removal of tissue to check for cancer
14. A _____ is a surgery in which the breast is completly removed
17. the malignant growth of cells synonymous with cancer
18. not cancer
19. what is x-ray energy that kills cancer cells

Down

2. What is the study and treatment of cancer
3. The greater a women's exposure to this hormone, the more susceptible she is to breast cancer
6. medicines used to stop or slow the growth of cancer cells
7. swelling that usually occurs as a side effect when axillary lymph nodes are removed
8. A type of tumor found in connective tissue
10. in what condition do systems of a disease get reduced or no longer detectable
11. what do you caLL an abnormal growth or mass of tissue?
12. Treatments provided after breast surgery to eliminate cancer cells
15. inherited mutations of these genes are known to increase the risk of breast cancer
16. breast xray

We welcome all comments and Indian health-related news items.
Address to:

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2121 SW Broadway, Suite 300, Portland, OR 97201
Phone: (503) 228-4185 FAX: (503) 228-8182

For more information on upcoming events please visit www.npaihb.org

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
JULY 2019 RESOLUTIONS

RESOLUTION #19-04-01
OHA and OHSU HowTo Grant

RESOLUTION #19-04-02
Support Advance Appropriations for IHS

RESOLUTION #19-04-03
Full Funding of IHS

RESOLUTION #19-04-04
Support Mandatory Appropriations for IHS

RESOLUTION #19-04-05
Fully Fund Section 105i ISDEAA Lease

RESOLUTION #19-04-06
National Child Traumatic Stress Initiative

RESOLUTION #19-04-07
Ensure Medicaid Fulfills Fed. Trust Responsibilty to AI/AN

RESOLUTION #19-04-08
HHS OMH AI/AN

RESOLUTION #19-04-09
Increase Funding for Special BH Programs

RESOLUTION #19-04-10
IHS to move the PRC Dependent

RESOLUTION #19-04-11
Support Legislation VA_TAC

RESOLUTION #19-04-12
Support for Perment ReAuth SDPI

RESOLUTION #19-04-13
SAMHSA Modernization Act

RESOLUTION #19-04-14
DHAT Education Curricula

RESOLUTION #19-04-15
RES RWJ Her resolution

RESOLUTION #19-04-16
CDC Supplement

RESOLUTION #19-04-17
NW Tribal Food Sovereignty Coalition

RESOLUTION #19-04-18
NIHB SSSC Grant

Photo credit: E. Kakuska - Dancing in the Square Powwow 2018