Health News & Notes

Northwest Portland Area Indian Health Board | Volume 31, Number 2 | April 2002 Issue

by Julia Davis, (Nez Perce Tribe) NPAIHB Chair

Julia's Report

I am writing this report, with our Executive Director Ed Fox, during the National Indian Health Board's annual Consumer Conference. This week typifies the work all our tribes engage in to improve Indian health. The attendance of Northwest Tribes at the NIHB Consumer Conference was strong with 30 delegates. The Warm Springs delegation assisted me at the opening of the conference with a special prayer for Red Lake Chippewa Cree past tribal chairman, Roger Jordaine. The ladies looked nice in their traditional regalia. My commitment includes traveling to Denver twice for self-governance meetings, NIHB finance meetings, a trip back home on Sunday to visit a dear ailing relative, and back to NIHB to preside over our largest conference of the year. Ed is back home supporting me, while his assistant Elaine Dado is here to assist me with NIHB Board minute-taking, providing necessary documents, adjusting my travel, and keeping everyone informed of our work. My duties at NIHB keep me busy, and Northwest Tribes are to be commended for supporting this important organization.

After our Board meeting in January, I met with staff from the Office of Management and Budget in Washington, DC to give input on the FY 2003 budget. The President's budget request of 2.2% is clearly inadequate, but we have received some assurances that Congress will add to this request. I plan to return to Washington this month to make our case again before action by the House and Senate on the Interior Appropriations bill. I was again in Washington, DC for the NCAI meeting in February with Ed Fox and delegate Billie Jo Settle (Samish). We were able to meet with Congressional staff to discuss our Legislative Plan that highlights our 2002 priorities.

Dr. Michael Trujillo, Director of the IHS, and Julia Davis-Wheeler, Chair of NPAIHB, (taken at the NCAI Meeting in Washington DC, on February 27, 2002)

One important activity of this spring is the Restructuring Initiative Workgroup (RIW). I am representing the NIHB, and Marilyn Scott (Upper Skagit) and Pearl Capoeman-Baller are representing Northwest Tribes on this workgroup. Its charge is to consider restructuring proposals that anticipate possible changes being proposed by the Bush Administration in its overall "Management Restructuring." This is one of the workgroups born of necessity in order to minimize negative consequences and possibly affect positive changes. Verne Boerner is the staff person to contact about this workgroup. I have also asked the Board to pay for direct service tribes' participation on this workgroup.

As directed by tribes of Affiliated Tribes of Northwest Indians (ATNI), in February the Board has organized a national meeting to energize the movement to re-

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Health News and Notes is published by the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB is a nonprofit advisory board established in 1972 to advocate for tribes of Washington, Oregon, and Idaho to address health issues.

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30 Years of Progress: Looking to the Future

by Verné Boerner, Administrative Officer

In 1972, the Northwest Tribes founded the Northwest Portland Area Indian Health Board (NPAIHB). Their purpose was to establish an infrastructure to support member tribes in their efforts to better control the delivery of health care in their communities. Currently, NPAIHB activities are still directed by past practices and strategic planning developments. In our 30th year, member tribes will review the most recent plans, its mission and values, and set the course for the Board's future.

Strategic planning is a "disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future" (from The Alliance for nonprofit management). This year tribes will work with staff to examine these questions and identify Board objectives and resources. Examining the organization's operations will provide insight into how the Board may be more responsive to the needs of its member tribes. Various exercises will facilitate this process such as the Seventh Generation Exercise (tribal participants identify what they want for the health of their grandchildren's grandchildren) and a SWOT analysis (strengths, weaknesses, opportunities and threats).

There are three key requirements to strategic thinking: maintain a defined purpose, seek understanding of the environment, particularly of the forces that affect or impede the fulfillment of that purpose, and employ creativity in developing effective responses to those forces. It is also important to state that strategic planning does not strive to make future decisions, but rather fundamental decisions around the mission, goals, vision, and values. These will guide management in making future decisions.

Tribes have seen great progress in health care delivery in the last 30 years. The passage of legislation, such as the Self-Determination Act and the Indian Health Care Improvement Act have provided a foundation for improving health care delivery. Developing partnerships with local, state, and federal agencies, universities, and other organizations enable opportunities to further improve Indian health. Tribes are experiencing reductions in the prevalence of infectious diseases, improved outreach and treatments, and increased life expectancy. Yet it is clear that there is still much to be done.

The Board has achieved a national reputation for staying abreast of issues and taking appropriate actions as required. The unification of the Northwest Tribes concerning health issues enables the Board to affect change and improve the health of its member tribes. The strategic planning during the April meeting will aid the Board in accomplishing this goal.

Congratulations to Tam and Ed Lutz! Tam and Ed recently welcomed a new member to their family when Tam gave birth to Rowan Noon Lutz, on January 22, 2002. Rowan enters the world as the newest "Board Baby," in that he will sometimes accompany the parents to work. The Board's policies allow parents to bring their newborn child to work for the first six months, to allow for a stronger bond between parent and child. Rowan's older sister, Jo, is also a Board Baby. Congratulations, Tam and Ed!

Ed and Tam Lutz, with their daughter Jo (2) and son Rowan (7 weeks)

The FY 2003 Indian Health Service (IHS) Proposed Budget

by Ed Fox, Executive Director

The President's IHS budget request of a 2.12% overall increase ($60 million) overall is far short of the 11% increase ($313 million) needed just to maintain current services. Together with some management changes that tribes find extremely threatening, this is easily the worst budget of the past 10 years. It is not only troublesome for this year, but it plants the seeds for insufficient budgets in the future by undermining the consultation process. NW tribal representatives, meeting at the March 14, 2002 IHS Budget workshop, proposed a realistic budget that calls for a $505 million budget (18% increase) to fully fund mandatory cost increases and realistically address program expansions in order to improve the health of Indian people.

In contrast to the President's Request, the Senate Budget Committee has proposed a FY 2003 IHS budget increase of $1 billion. In a year where Defense will receive a 12% increase and the National Institutes of Health will receive a 13% increase, tribes should feel that there is a strong chance to improve on the President's budget request.

Ed Fox, Executive Director, discusses the Indian Health Service Budget at the All Tribes Meeting, on March 15, 2002

Proposed Management Changes

In accordance with the management initiatives contained in the President's "Workforce Restructuring Plan," the President has proposed consolidating 50 public affairs offices and 20 Legislative Affairs Offices into just one office each this fiscal year. It is not clear if both the IHS Office of Legislative Affairs and Public Affairs would physically move to the Department of Health and Human Services (DHHS) or if those offices would simply report to the main DHHS office. This consolidation would result in a transfer of $838,000 to the office of the Secretary, from the IHS budget.

The President has also proposed consolidating all facilities management in the Office of the Secretary. The IHS would not move until FY 2004. It is not clear what this would mean for the IHS priority system or other unique aspects of Indian Health Construction.

This push to contract out services now provided by the IHS or tribes not only threatens their effective delivery, but ignores the tribes desire to retain policymaking authority in the provision of health care services. One result of management efficiencies that ignore the unique nature of tribal programs may be the elimination of Indian preference (CFR 25, Sec. 472). Tribes strongly oppose altering preference policy in the name of efficiency, as it actually undermines the effectiveness of their programs. Without Indian preference, civil service procedures and federal law would only entangle our programs in litigation.

The President has also asked for sweeping authority in the transfer of funds. Within DHHS, he has requested the ability to transfer up to 3% for whatever purpose he desires. In addition, President Bush has requested the authority to transfer 5% between departments. His justification is that in a time of war, he needs this flexibility. It is not likely that the Congress will grant this broad discretion of lawmaking power to the President.

Accrued Benefits

The Administration has proposed that the costs of deferred compensation (such as pensions) be budgeted in the years during which employees are working, rather than when the benefits are actually paid. The argument for accrual budgeting, according to the Congressional Budget Office, is that it provides decision makers with more information about the full costs of labor, and incentives to use cost-effective labor. This method of budgeting for the health care costs of military retirees over age 65 will start in FY 2003, and the Administration has proposed extending it to fund younger military retirees' health care and civil service retirement benefits. Since 40% of Commission Corps are IHS employees or operating under Interagency Personnel Agreements and Memorandums of Agreements to tribes, this could result in a large increase in the IHS budget without providing any additional health care services. Northwest Tribes do not reject the reasoning behind this change, but must have some assurance that health care services will not be cut in order to make this management change. There has been no consultation with tribes; the impact on tribes is not understood. For example, how does it impact contract support cost calculations? As of this writing, there is not enough information on this proposal to analyze it properly. Northwest Tribes advocate that DHHS consult with tribes to insure that the proposal is understood and properly budgeted before implementation.

Technology Strategy: An Overview

By Eric Jordan, Information Technology Analyst

It is quickly becoming apparent that technology plays more of a role in our organizations than producing financial and statistical reports. Technology is now the means by which we communicate, collaborate on, and plan and implement our organization's mission and objectives. NPAIHB is currently designing and implementing a technology strategy to become more efficient in daily and long-term operations. This article in an overview of the method of technology planning employed by the Board that may be of value to you when considering changes to your organization.

Having a **Technology Strategy** that is tightly integrated with your overall **Organizational Strategy** is imperative. A comprehensive plan for an organization's use of technology may include implementation of a web site, email, databases, remote connectivity, and more. These are technologies that are all proven to improve the productivity of organizations. However, a successful implementation is dependent upon several factors: sufficient resources, adequate planning, and highly developed technical skills.

While most organizations have the best of intentions, all too often funding resources or staff time dedicated to the process are insufficient. There are solutions to these challenges. Defining the objectives, prioritization, planning, management and evaluation are the key steps in creating a Technology Strategy. By prioritizing technology as a mission critical tool, your organization can create a Technology Strategy that will enable you to meet your Organizational Goals and Objectives.

Assess Resources

The first step in developing a plan is to assess where you are. The key is to spend some time asking yourself what is working and what needs improvement. What technology do you have in place in your organization? What technology skills does your staff have? Who does your organization rely on for technology support?

One part of assessment is taking a basic inventory of the computers and software in your organization. A hardware inventory worksheet can give you a sense of the overall quality, speed, and memory of workstations in your organization. A

software inventory worksheet can give you an overview of the software resources and how they are distributed on different computers.

Define Your Needs

The trick to defining your needs is to describe what you want to do with technology, not what you think you need to buy. Learning to think this way is a little like learning a different language. What tasks do you want staff to be able to do with their computers? What new capability will make a critical difference to productivity? How could an effective use of technology help your organization better serve its mission? It helps if the technology team gathers input from staff about their needs. You can get staff input through a survey or individual interviews.

As you define your needs, develop a sense of what your priorities are. What is mission critical for the next month, and what can wait half a year? For instance, a nonprofit organization might decide that backing up all data takes first priority, while developing a website can wait a few months.

Explore Solutions

Once you have assessed your resources and defined your needs, the next step is to make a concrete plan for how to meet those needs. This phase of technology planning requires the most technical knowledge. Most nonprofits will need some type of expert advice, such as a consultant, to develop a full plan.

Deciding whether to take on the assessment, planning, and implementation processes internally, or contracting with an outside resource is a decision that can be made by determining if you have the technical and organizational knowledge available internally. There are resources available to assist organizations in project management, process evaluation, funding strategies, and the actual implementation of technology projects.

Summary

A technology plan is the single most important ingredient to an effective use of technology in your organization. The technology planning process will help you minimize technology-related crises, and use staff time efficiently. It will help you think through your priorities in order to use technology in a way that directly furthers your mission. It will help you budget for technology and make cost-effective purchases. Even more importantly, you can use a technology plan as a key tool in advocating for technology funding.

Member tribes are welcome to discuss designing and implementing plans with the Board. Please contact Eric Jordan, IT Analyst, at (503) 228-4185, or email ejordan@npaihb.org.

Working Towards Cancer-Free Tribal Communities
Putting a 20-Year Plan into Action

by Ruth Jensen, Northwest Tribal Cancer Control Project Director

Last April, the Northwest Tribal Cancer Coalition, which was formally instituted by the NPAIHB delegates, met to envision northwest tribal communities in 20 years. The Coalition generated ideas for overcoming obstacles and moving towards a common goal of healthier communities and drafted the 20-year comprehensive cancer control plan. The focus of the plan is on five cancers that provide best opportunities for prevention (lung cancer) and early detection (breast, cervical, colorectal, and prostate). Established in December 1998, the Northwest Tribal Cancer Control Project (NTCCP), overseen by the Coalition, was directed to design and implement the plan at the community level.

The Centers for Disease Control and Prevention (CDC) is moving more and more toward comprehensive cancer control at an agency level. Having four years of funding through CDCs comprehensive cancer control program under our belt, NPAIHB is in position to receive future funding as long as NTCCP continues to meet its goals.

NTCCP collaborated with organizations such as the American Cancer Society, the Cancer Information Service, and Oregon Health and Science University to identify strengths, weaknesses, opportunities, and threats faced by the Project over the next two decades. One outstanding continuing partnership is with Tom Becker, MD, PhD, of Oregon Health and Science University, who generously provides guidance and consultation.

Although a few tribes have established cancer as a priority and have been implementing cancer control strategies, American Indians and Alaska Natives still have many competing priorities, and cancer is not always at the top of the agenda. Last year at the retreat, participants listed many challenges that could prevent fulfilling the vision for healthier communities. Those challenges include: lack of information about the importance of cancer screening, lack of participation in and support for cancer control activities, economic incentives to use tobacco, lack of role models, data issues, lack of adequate funds for cancer treatment, and lack of age-specific educational and culturally-relevant materials on cancer control. A lack of coordination often results in duplication of services and inefficient use of these limited resources.

Some tribes may be able to overcome these challenges by combining cancer control efforts with diabetes, which has risk factors, such as obesity, in common with diabetes. Reducing the risk for diabetes also reduces the risk of some forms of cancer.

While cancer is a high profile disease, more emphasis needs to be placed on educating the next generation of scientists. Not doing so threatens the collective ability to reduce the cancer burden for American Indians and Alaska Natives.

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The National Tribal Tobacco Prevention Network: Protect Our Culture, Protect Our Health, Preserve Our Future

by Gerri Rainingbird, National Tribal Tobacco Prevention Network Project Coordinator

The smoking rates for American Indians and Alaska Natives is the highest of all ethnic groups in the US, with an Indian adult smoking prevalence of 39% (2 out of every 5 AI/AN adults smoke). This is in contrast to the rates of whites (25.9%), and Hispanics (18.9%). It is a general fact that tobacco use is a primary risk factor for heart disease, cancer, and stroke, all of which are leading causes of death among American Indian and Alaska Natives.

To address this serious health issue, the NPAIHB proposed and was awarded a 5-year CDC grant to establish and implement the National Tribal Tobacco Network (NTTPN), to plan, initiate, coordinate, and evaluate tobacco control activities in approximately 160 tribal communities, covering 24 states.

The goals of the network are to: 1) Develop a national network of multiple Indian and tribal organizations to facilitate the reduction of commercial tobacco use in AI/AN communities; 2) Build and strengthen the capacity and infrastructure within Indian and tribal governments to enable them to mobilize their communities to implement tobacco prevention activities; 3) identify culturally appropriate tobacco prevention strategies to reach and impact AI/AN communities; 4) initiate and expand effective tobacco prevention measures to educate network members and their communities.

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Health Promotion Injury Control Project

by Sharon John, Women's Health Promotion and Injury Prevention Project Director

Healthy People 2010 typically addresses Injury Prevention broadly, but this past year the NPAIHB has been focusing primarily on motor vehicle crashes and safety seat belt usage. The Indian Health Service Fellow program was completed in May of 2001 and resulted in an article that was published in the IHS Primary Care Provider, "Yakama Nation Initiatives to Promote Seat Belt Use" (November 2001). This year's goals of the Project align with two goals stated in the "Healthy People 2010," and those are:

- Increase safety belt usage to 92% by 2010. In 1998, use of safety belts was at 69%.
- Increase child restraint safety seat usage to 100% by 2010. The national average use was at 92% in 1998.

Current and Future Injury Prevention Focus

Injury Prevention is a priority health issue for American Indians/Alaska Natives (AI/AN). Injuries are the leading cause of death of AI/AN from the ages of 1 to 44 years, which account for 2/3 of all deaths in AI/AN. Young people are disproportionately affected, since this is measured in Years of Potential Life Lost. The leading causes of death for AI/AN, aged 1-19 years, 1992-1996: Injuries – 75%; Cancer – 4.3%; Congenital Anomalies – 3.3%; Heart Disease – 2.3%; Pneumonia/Flu – 1.6% and All Other – 13.5% (Taylor, 2002). Research will focus on homelessness, domestic violence, tobacco, diet, lack of physical activity, and teen parenting related to alcohol and substance use.

Strengths: The Office of Environmental Health, Indian Health Service has the primary focus of "Buckling Up" in Indian Country. We have an excellent training program for Injury Prevention (Level I, II, & III - for one year) and an outstanding Injury Prevention Fellowship (one year). The process of research and Epidemiology theory is learned and applied by the participants in the Injury Prevention Program. The Project works with a community as a partner, so that the project belongs to the tribe. Recipients of the Injury Prevention Fellowship are committed as an individual and organization to complete the fellowship. The NPAIHB Quarterly Board meeting provides an excellent opportunity to distribute educational material on injury prevention. The Board also facilitated the Alcohol and Mental Health Committee. This is important, since alcohol is a component in many motor vehicle crashes. The Northwest Portland Area Indian Health Board has an outstanding Epidemiology Center and the Quarterly Board Meetings are well attended. Friday mail-outs are also beneficial.

Weaknesses: Time and staff resources are only half of what is necessary for a successful program. Staff needs to be computer literate, and a course needs to be provided in the training process. The Indian Health Service Fellowship was not offered for 2001 due to lack of qualified applicants. Currently, there is no support staff to the program.

Opportunities: Many of the Northwest Tribes are addressing motor vehicles crashes in their communities through law enforcement, health care, and emergency rooms. Some of the Tribes do have primary and secondary seat belt laws. The tribal police departments are completing training on child safety seats (infant/child and booster) and are networking with other agencies for "Buckling Up." This represents a major opportunity for NPAIHB to be involved as a coalition for safety in motor vehicles and working with police, schools, health agencies, and interested individuals.

Threats: Injury Prevention is not seen as a priority by funders, overshadowed by high profile diseases. There is also a lack of continuity of staff and committed individuals and agencies. Additionally, there is potential for the lack of education to the community and enforcement of laws in the tribal setting. Finally, there is still no infrastructure for data gathering analysis.

Women's Health Promotion Project Activities

by Sharon John, Women's Health Promotion and Injury Prevention Project Director

The Women's Health Promotion Program will be focusing the project efforts around the Healthy People 2010 Cancer Goal. This goal is to reduce the number of new cancer incidence, as well as illness, disability, and death caused by cancer.

Breast Cancer is the most common cancer among women in the United States and accounts for 15% of cancer deaths among women. The risk factors that are not subject to intervention are age, family history of breast cancer, reproductive history, mammographic densities, previous breast disease, and race and ethnicity. However, being overweight is a well-established breast cancer risk for postmenopausal women that can be addressed. Avoiding weight gain is one method by which older women may reduce their risk of developing cancer. The intervention can be conducted through educating community members about the detrimental

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Northwest Tribal Fetal Alcoholism Syndrome Project Activities for Year Two

by Kathryn Alexander, FAS and Dental Project Assistant

For Year Two, the Northwest Tribal Fetal Alcohol Syndrome (FAS) Project has selected six more tribes within Idaho, Oregon, and Washington to develop and implement strategies to plan community-level programs. Selection of the sites was based on the level of interest expressed and the capability to be successful in our objectives. Each site will receive a minimum of four visits to address the five major issues listed above. Deliverables for Year Two include:

- Review and finalize the FAS Community Assessment Instrument to reflect recommendations from communities during Year One. Use this as a template to map recommended actions.

- Develop a community-specific model and plan for addressing denial, grief, and shame.

- Help communities build flexible, collaborative models that integrate all service providers and community members. This includes the following steps:
  - Help communities create assessment and diagnostic access models that accommodate the specific needs of each tribe.
  - Facilitate mapping of prevention strategies that draw on specific strengths of each tribe.
  - Create an Intertribal forum for discussion and review of above models and their application.

The site visits will begin by Spring of this year and will conclude by Fall. For a more detailed list of specific deliverables, visit our website.

Additional Resources:

"Beyond the Gloom & Doom" This book is a tool offering help and hope for Native people affected by Fetal Alcohol Syndrome and related neuro-developmental disorders – by Suzanne L.B. Kuerschner, Med (Contractor for the Northwest Tribal FAS Project, NPAIHB.)

"A Practical Native American Guide for Caregivers of Children, Adolescents, and Adults with Fetal Alcohol Syndrome and Alcohol Related Conditions" – by Robin A. LaDue, Ph.D.

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effects of obesity and the benefits of a healthy diet and exercise.

Cervical cancer is the 10th most common cancer among females in the US. The number of new cases of cervical cancer is higher among females from racial and ethnic groups than among white females. Cervical Cancer accounts for 1.7% of cancer deaths among females. Infections of the cervix with certain types of sexually transmitted human papilloma virus increase risk of cervical cancer and may be responsible for most cervical cancer in the United States. If cervical cancer is detected early, the likelihood of survival is almost 100% with appropriate treatment and follow-up; that is, almost all cervical cancer deaths could be avoided if all females complied with screening and follow-up recommendations. Risk is also substantially decreased among former smokers in comparison to continuing smokers. In the case of cervical cancer, some preventive measures are: information through sexuality classes, avoiding and preventing sexually transmitted diseases by condom use, and yearly Pap Test Screening for cervical cancer when one becomes sexually active.

The nine tribes in Oregon have an active coalition that meets four times a year and have pursued funding with the OR State Department of Health. Many of the tribes in Washington and Idaho have also utilized the state funding for education materials and addressing culturally sensitive patient education. Many of Indian Health Service and Tribal Clinics have women health registries for yearly pap testing and mammography screening, based on protocol. Infrastructure is stable related to the RPMS documentation for Portland Area and does have opportunity to expand and update based on needs assessment for Clinical Informatics System.

Activities that the project will engage in this next year include advocating for smoking cessation, healthy diets and physical activity, and cancer screening by internists, family physicians, dentists, and primary care providers through blood stool tests, proctoscopic examinations, mammograms, and pap tests. The Project will also train physicians and dentists to consistently counsel their at-risk patients.

There is a lack of funding for year-to-year proposals submitted by many tribes. This stems from a lack of grant writers and available baseline data for proposals that has community input. Lack of reference materials due to limited computer and Internet access is also an issue, as well as continuing education dollars for the professional and para-professional staff yearly (Healthy People 2010, Volume I & II).

The Indian Community Health Profile Project

by Khari La Marca, Indian Community Health Project Specialist

The Successful Indian Community Health Profile Project Expands

In 1999 the Northwest Tribal Epidemiology Center brought together a group of experts in Indian health to develop a set of leading health indicators that could be used to measure the overall health status of American Indian & Alaska Native (AI/AN) communities. This workgroup consisted of Northwest Tribal Health leaders, staff from the Indian Health Service (IHS) Program Statistics Office, IHS National Epidemiology Program, Centers for Disease Control and Prevention, Oregon Health Sciences University, and the Northwest Portland Area Indian Health Board (NPAIHB).

Over the next year the workgroup developed and refined a set of 15 indicators, which are now called the Indian Community Health Profile. The criteria of each of the indicators is feasibility and usefulness for tribal communities. In 2000 IHS funded NPAIHB to develop a pilot project that would implement the Indian Community Health Profile (Profile) in three tribal communities.

In 2001 the Department of Health and Human Services requested state and federal health programs to develop and implement a plan to support the Leading Health Indicators specified in Healthy People 2010. After reviewing alternatives, IHS decided that the Profile encompassed both the spirit and content of the Healthy People 2010 Leading Health Indicators. As a result, IHS has provided support to NPAIHB to expand use of the Profile to three new tribal communities this year. NPAIHB is now looking for sites who want to participate in this project.

Indian Community Health Profile Project Update

For the pilot phase (2000–2001) of the Profile Project, staff worked with three tribal communities: The Port Gamble S' Klallam Tribe in Washington, the Coeur d'Alene Tribe in Idaho, and the Fort Peck Tribe in Montana. The three pilot sites used the Behavioral Risk Factor Survey System and the Your Risk Behavior Survey to obtain much of the data used to assess community health. All three sites have completed data collection using these tools and are beginning their data analysis. In January 2002, the Profile Project organized a training for representatives of the three sites. A total of ten representatives attended the training, where they learned to use the Statistical Package for the Social Sciences (SPSS) – a statistical software that is especially useful for analyzing data from surveys and databases. The findings from their analyses will be used locally for program planning efforts for health education, outreach, program development, and program evaluation. Attendees also learned how to extrapolate information for use in other health related topics and how to utilize their skills in SPSS for future projects. In addition to data analysis, participants received training on methods of presenting data and writing effective health reports.

A Strategic Planning Analysis of the Indian Community Health Profile Project

Strengths:

- The Project has been successful with three pilot sites.
- The Project enables communities to assess and prioritize their most pressing health-related needs, use tribal-owned data, and determine strategies to address those needs at the local level.
- The Project uses a smaller and achievable number of defined indicators (15) where other national and regional indicators are spread out over a wide range of health-related topics.
- The Project is a model that can be applied to other types of community assessment, planning, outreach, and evaluations.
- The Profile model builds the capacity of a diverse group of stakeholders and enabling them to work together on health issues.
- The technical assistance, training, and consultation offered to sites through the Project strengthens and builds a cadre of persons with knowledge, skills, and expertise that carry into other areas of health program planning, development, implementation, and evaluation efforts.

Weaknesses:

- Funding and staffing limit the number of sites the project can presently serve.
- The project is initially labor intensive, requiring personnel dedicated at the community level to provide extensive on-site technical assistance and training on capacity building.

Opportunities:

- There is a growing exchange of information and best practices on

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January Quarterly Board Meeting, hosted by the Northwest Puget Sound Health Board

Francince Romero and the staff of the Behavior Risk Factor Surveillance System

Ken Hansen, Chair of the Samish Nation, welcomes the Board delegates and provides the invocation for the third day of the meeting

Leroy Seth, the BRFSS Site Coordinator for the Nez Perce Nation, receiving recognition from Ed Fox, the Executive Director

Tom Jones, Nisqually Site Coordinator for the Behavior Risk Factor Surveillance Survey, receives recognition from Pearl Baller, Vice-Chair of the Board

The Board would like to thank the veteran's groups from the Lummi Nation, the Nooksack Nation, and the Swinomish Nation for posting the colors at the beginning of each of the three days of the meeting.

In October, the Board will be holding a joint meeting with several northwest veterans organizations. That meeting will be held in Pendleton, Oregon. Please call Elaine Dado for information at: (503)228-4185

Veterans of the Lummi Nation introduce themselves and address the Board, after posting the colors on Tuesday

Veterans from the Nooksack Nation posting colors on Wednesday

Veterans from the Swinomish Tribe posting colors on the last day of the meeting

Northwest Tribal Registry Project

by Dee Robertson, Special Assistant to the EpiCenter Director

Over a decade ago northwest tribal leaders recognized that they did not have adequate information about the health status of their communities. Unfortunately this remained largely true until 1998 when the Northwest Tribal Epidemiology Center developed the Northwest Tribal Registry Project (the Registry). The Registry is composed of a demographic listing of Northwest American Indians and Alaskan Natives (AI/AN). It was established and is updated through a formal agreement with Portland Area Indian Health Service. The Registry is linked with existing data sets that contain health data on Northwest AI/AN to provide the most accurate health status data. Combined with other local data systems such as Resource Patient Management System data, Behavior Risk Factor Surveillance System, and the Indian Community Health Profile, Northwest Indian communities have an unprecedented capability to fully describe the health of their community.

In the last two years, the Registry has been linked with the state mortality files for Idaho, Oregon, and Washington. This linkage showed that the published mortality rates for AI/AN in each state were approximately 10% lower than the true rate. The leading causes of death were heart disease, injuries, and cancer. Measured as years of potential life lost (YPLL), injuries were by far the greatest burden of disease for Northwest AI/AN. A linkage with each state's cancer registry found that the true rate was double that of the state records. Breast cancer was the most commonly reported cancer among AI/AN women, while among AI/AN men prostate cancer and lung cancer occurred at highest rates.

The Registry has recently been updated and rigorously examined to ensure that the data contained are accurate. We had standing offers from the states to repeat the linkages that were done previously to find the most up to date health status information for Northwest AI/AN. In particular, repeating the linkages with the state cancer registries will be very helpful, because for the initial linkage, only two years of data were available from the states. This did not allow us to be confident that our findings reflected the true rates of cancer, because for each type of cancer, the total numbers were relatively small. Repeating the linkage with additional years of data will greatly improve the accuracy of our findings. These linkages with the state cancer registries will be completed by this summer, and the results will be reported to the delegates at an upcoming Quarterly Board Meeting.

Dr. Dee Robertson, Special Assistant to the EpiCenter Director

Strategic Planning Analysis of the Tribal Registry Project

Strengths:

- Provides accurate area-wide and locally useful health status data for Northwest AI/AN.
- Provides information to support research proposals that will enable the tribes to better understand the nature of the health problems they face and the associated risk factors that are amenable to interventions.
- Produces scientifically supportable data analysis that interprets and presents information that will heighten awareness and knowledge and motivate individuals and communities to actively engage health problems.
- Allows NPAIHB to monitor progress of the objectives of Healthy People 2000, which were stated in the Indian Health Care Improvement Act Amendments of 1992 (P.L. 102-573).
- Helps establish and maintain relationships with the Centers for Disease Control, State Health Departments, and other groups interested in the health statistics of American Indians and Alaska Natives.

Weaknesses:

- Funding has been provided from only one source (the National Cancer Institute).
- The computer software used for the linkages is very complex, difficult to use, and expensive.
- We are limited primarily by the lack of good data sets in some of the states for us to link the Registry within.

Opportunities:

- Used to its maximum potential, this project provides a capability for NPAIHB to assist tribes in defining their overall health status to a level never before possible. No other regional or local Indian health care program has this capability.

STOP Chlamydia! Project Objectives on Track

by Shawn Jackson, STOP Chlamydia! Project Specialist

The Northwest Tribal Epidemiology Center's Stop Chlamydia! Project, is a sexually transmitted disease (STD) prevention and surveillance project operating under the EpiCenter at the Northwest Portland Area Indian Health Board.

The Stop Chlamydia! Project is in the process of reviewing and identifying STD prevention gaps and shortfalls. We are currently in the brainstorming process of identifying a full-time STD Prevention Education Specialist. The Specialist will be responsible for providing prevention resources, technical assistance, and training on STD prevention to the Northwest tribal youth in Idaho, Oregon, and Washington.

The future objectives, strategies, and action steps will be carefully prioritized with input from all Northwest Tribes. We will adhere to the Healthy People 2010 overarching goals of increasing quality and years of healthy life, and to eliminate health disparities. These overarching goals are

to 1) Promote responsible adolescent sexual behavior in efforts to reduce the risk of STDs, by a) promoting abstinence, b) delaying sexual intercourse, and c) promoting proper condom use and hormonal contraception use, 2) Strengthen community capacity, and 3) Increase access to quality services to prevent STDs and the complications that accompany them. The objective is very relevant to AI/AN youth who experience disproportionate rates of STDs and unintended pregnancies. This holds especially true for adolescent females who bear all of the physical consequences of unintended pregnancy and bear disproportionate short- and long-term reproductive and social complications from STDs.

The Stop Chlamydia! Project continues to strive to provide valuable service to the Northwest tribes and will continue doing so as long as there is the need.

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authorize the Indian Health Care Improvement Act (PL 93-437) that expired last year. There will be a national meeting in Portland on May 28-30 at the Doubletree Hotel. We expect 300 people to attend.

Our Executive Committee met several times since the last Board meeting. It is such a pleasure for me when all five members can meet as we did on March 13, 2002 in Portland to share a special dinner with our Sergeant at Arms, Corrine Hicks of the Klamath Tribe. I want you to know that when Janice Clements, Corrine Hicks, Pearl Capoeman-Baller, Norma Peone, and I get together laughter (not lament) rocks the meeting room. Does anyone doubt that this Board has an Indian heart and soul? The Budget meeting that followed the next day also made me so proud of how our Northwest Tribes work together to provide direction to our staff on improving Indian health.

I want to thank delegates in advance for attending the April meeting at Quinault to work together on updating the Board's strategic plan. I've asked Ed to make the session a lively one and to de-emphasize the title 'strategic planning' somewhat since that scares some of us off. This will be an opportunity for the delegates to learn about the Board's progress in implementing the direction given in the last two strategic planning sessions, to update our mission and values statements, and to see if there may be new areas that delegates want the Board to address. Jillene Joseph, Ed Fox, and Joe Finkbonner will guide us through this process. They've promise me that we will enjoy this chance to reflect on the past six years and plan for upcoming years.

Consistent with the theme of the April Board Meeting, this newsletter focuses on the Board projects and their plans for the future.

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community-based programs, to which the program contributes.

- The nature of the Profile Project is of interest to epidemiological work, linking the projects to epidemiology centers nationally.

Threats:

- The project has one year of funding currently available. Unless additional funding is sought and made available, the project will end.
- To be successful in the long run, the Profile Project needs more national and regional institutional support.

Western Tribal Diabetes Project Strategic Planning: An Ounce of Data Equals a Pound of Sweet Prevention

by Kelly Gonzales, Western Tribal Diabetes Project Director

The Western Tribal Diabetes Project (WTDP) has partnered with the California and Northwest Tribes since 1999 and 1998 respectively. WTDP has been recognized as a model program by the National Indian Health Service (IHS) Diabetes Program and will soon expand services to three tribal epidemiology centers located outside the Portland IHS Area.

In 1997, with the Congressional allocation of the Grants for Special Diabetes Funds for Indians, tribal leaders recognized there was insufficient information to accurately estimate the occurrence of diabetes both at the national and local level. Realizing this, tribal leaders endorsed data improvement projects by setting aside 5% of the 1997 allocations. However, data improvement initiatives were not streamlined and guided by predetermined strategies, and each IHS Area determined how best to improve the quality and quantity of diabetes health information at the local tribal level.

In the Northwest, the tribal leaders voted to have the Northwest Tribal Epidemiology Center (The EpiCenter) establish systems, strategies, and tools to achieve diabetes data improvement within local tribal communities. As a result, the Western Tribal Diabetes Project (WTDP) was implemented in 1998. Within a year of the Project, many Northwest tribes showed great success with data improvement, and the California tribal leaders voted to contract with the Epicenter to expand WTDP to the California Area. As a result of the activities of WTDP among the Northwest and California tribes over the last four years, many tribes are now to the point that they want to be more proactive in their pursuits to reduce their burden of disease from diabetes. WTDP is developing new tools and services so tribes will gain capacity to use the new health data to shape clinical case management and prevention, and screening programs.

Strengths

The goal of WTDP is to assist the California and Northwest Tribes build a foundation to track, monitor, and report accurate diabetes health information at the local level. This goal is accomplished by using a series of tools developed by WTDP and evaluated by local Diabetes Coordinators and IHS Area Diabetes Coordinators. Our staff is deeply committed to this goal and strive to find innovative ways to overcome these challenges. Our aim is to build capacity at the local level for sustained data tracking, monitoring, and reporting. Therefore, we conduct site visits where we meet with local diabetes staff to develop work plans that are flexible and meet the needs of their community. Also we provide hands-on training to ensure sustainability of this work plan and data improvement activities. Finally, our project is designed to take diabetes programs through three distinct steps, which build upon each other and provides a solid foundation for the Tribes. Programs will estimate rates of diabetes and associated complications for local planning of case management, prevention, and screening programs to effectively address diabetes and promote community health.

Weaknesses

WTDP will offer year-end reports to each tribe, drawing data from local RPMS programs and diabetes registers. However, there have been challenges to gaining access to local RPMS programs and registers, and some have yet to build such programs. These reports are important for tribes and include the prevalence of diabetes, rate of change of diabetes over a four year span, and the incidence of specific complications. These rates are provided to tribes in aggregate form and by gender. The RPMS queries take about two hours to complete for each site. WTDP staff will partner with local diabetes programs to provide assistance in developing RPMS programs and registers, among other endeavors.

Opportunities

For many of the programs that do have an active diabetes register, WTDP is beginning to assist tribes in using this information to shape local prevention programs. WTDP is developing new tools including the Diabetes Screening Toolkit (see article). Finally, WTDP is motivated to secure additional funding from other agencies to begin looking at the rates of gestational diabetes, diabetes and impaired glucose intolerance among youth, and interventions to improve health outcomes for those either living with diabetes or who are at-risk of developing diabetes.

Health Professions Education and Northwest Tribal Recruitment Projects:

Making the Grade and Getting the Job

by Jennifer Sypherd, Project Assistant, and Eric Vinson, Project Assistant

The Health Professions Education Project (HPEP) works with American Indian students from the Northwest interested in Health professions. The students are comprised of those interested in entering educational programs in the health field and those already attending. Workshops are organized to provide vital instruction for understanding the IHS scholarship application and enrolling students in our program. The enrolled students are provided follow-up information regarding opportunities for scholarship and health education programs. The treatment of each person as an individual encourages students to pursue their health education goals.

The Northwest Tribal Recruitment Project (NTRP) is in the last year of a three-year grant funded by Indian Health Service. The primary focus of the project is to recruit key health care providers that are needed by the Portland Area tribal health centers, such as Physicians, Registered Nurses, Physician Assistants, Nurse Practitioners, Dentists, Pharmacists, Radiology Technologists, Medical Records Technicians, Pharmacy Technicians, and Dental Hygienists.

HPEP SWOT Analysis

Strengths
- Increased student enrollment in the program
- Expanded Internet presence through new website
- Provides database usage for student, tribal, and other contacts
- Conducts IHS Scholarship workshops throughout Northwest
- Coordinate work opportunities for IHS summer externs at tribal and IHS health facilities
- Provide personal care for each and every student through toll-free phone service
- Quick response to student needs though calls, emails, and mailings
- Increased awareness of project in northwest native communities and health education programs

Weaknesses
- Lack of personnel to interact with increasing student enrollment
- Lack of exposure to national scholarship agencies

Opportunities
- Increased public awareness of the need of health care professionals as a result of improvements in data on AI/AN health status

Threats
- Dependence on IHS for appropriate deadlines and paperwork availability, such as IHS Scholarship applications
- Need for increased project funding to support personnel and support services to students
- Quantity of scholarships available to students

NTRP SWOT Analysis

Strengths

NTRP has been able to recruit 191 new health care professionals who are actively seeking employment. Currently 52 applicants have been placed permanently at a tribal health center. One of the main resources for our recruitment efforts has been the project website. Which has seen over 10,000 visitors to the page. Other methods of recruitment have been to collaborate with other Indian Health Service personnel offices, which are the Billings Area, Phoenix Area, and the California Area. Recently the website has been posted to the Indian Health Service jobs website.

It has been our experience that the Northwest tribes average about 40 health care vacancies at any given time. Therefore communication with the tribal personnel offices, Tribal Health Directors and Clinical Directors has been crucial in maintaining our database with up-to-date information on hires and vacancies. In our efforts to improve communication between our staff and the personnel offices, we are in the process of implementing a survey that will be sent to all personnel offices, to receive input on improving our services.

Weaknesses

Due to the number of job announcements received, the ability to fully implement the recruitment process is limited by resources and staff available. The recruitment process and the retention process have been challenged by the placement of qualified individuals in remote areas. One of the requests that we have received from tribal health directors is to do reference checks of applicants, which could be useful in implementing the recruitment process. Currently, the number of staff is inadequate to implement some these requests.

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Project Red Talon: Strategic Planning for the Future

by Karen McGowan, Project Red Talon Director

In many countries HIV/AIDS is the deadliest of diseases. Globally, an estimated 36.1 million adults and children were living with HIV/AIDS by the end of 2000. The countries of Africa and Asia have experienced the highest infection rates worldwide. These high infections rates may be attributed to the lack of prevention, education, and medical treatment opportunities. HIV/AIDS is 100% preventable but also 100% deadly without a known cure.

Human Immunodeficiency Virus (HIV) is a virus that attacks the immune system and is transmitted by 3 primary routes: sexual, from mother to child during pregnancy, birth, and breast-feeding, and contact with contaminated blood. HIV cannot be transmitted from casual contact. In most cases the virus can remain unnoticed or asymptomatic for up to 10 years. AIDS is the final stage of an HIV infection. According to the Center for AIDS Prevention Studies and Research Institute the lifetime cost of care and treatment is approximately $195,000.

Currently 2,337 AI/AN have been diagnosed with AIDS and 871 HIV cases. Evidence exists indicating that AIDS cases among AI/AN are undercounted due to racial misclassification or underreporting.

Since 1986, Project Red Talon offered HIV prevention and awareness in a culturally sensitive manner. Over the past three years, PRT conducted or participated in 2 HIV/AIDS needs assessments with tribal/urban Indian communities. For the past 1 ½ years, PRT administered a survey to collect data regarding the prevalence of HIV risk behaviors among American Indians. The findings will assist tribes in planning or implementing programs to encourage HIV testing and risk reduction behaviors in tribal communities.

Funding for prevention programs is critical, both within tribal communities and urban Indian settings. While funding sources for the care and treatment of HIV/AIDS patients are available, such as the Ryan White CARE Act Funds, many tribes do not have the capacity to complete the application process. Surveillance is also important to keeping this epidemic from disproportionately infecting our Indian communities, but current surveillance systems need much improvement.

HIV/AIDS is an infectious disease that has the capability of devastating tribal communities, but with effective prevention and surveillance, we can positively affect change at the local level.

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The Network is now in its second year of operation, and has achieved significant progress in meeting the goals outlined above. Along with six other regional tribal tobacco support centers, (Alaska Native Health Board, California Rural Indian Health Board, Inter Tribal Council of Arizona, Aberdeen Area Tribal Chairmen's Health Board, Inter Tribal Council of Michigan, and the Muscogee Nation) NTTPN, administered by NPAIHB, is addressing the following priority areas:

- Prevent Youth Initiation
- Reduce Second Hand Smoke
- Promote Cessation Services
- Counter Commercial Tobacco Advertising
- Promote the Traditional & Ceremonial use of Tobacco

Tobacco has a special place in traditional native cultures, and understanding this historic and sacred relationship is a key to the success of addressing tobacco use in our communities. It is important to be aware of the distinction between ceremonial use of traditionally grown tobacco and the habitual use of commercial tobacco.

In addition to regional and local tobacco prevention and education training and technical assistance, NTTPN, in collaboration with the Western Tobacco Prevention Project (also funded by CDC and housed at NPAIHB) hosts a national conference. This year's National Native Conference On Tobacco Use will be held in Salt Lake City on July 21-24, 2002. For more information, please contact the Tobacco Projects.

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Opportunities
The demand for health professionals at the health facilities has remained high. On average, we have been able to place one applicant per month. We receive calls from health care professionals about 2-3 times a day. These professionals are interested in working at tribal health centers for the rewards and benefits of working in a small rural community.

Threats
There is a lack of communication between personnel offices, tribal health directors, and hiring committees. This communication plays a key role in providing accurate information on job openings and closings. There is a lack of funding to fully implement the recruitment process.

Toddler Obesity and Tooth Decay Prevention Project Strategic Planning

by Tam Lutz, TOTs and ICHP Project Director

American Indian youth experience the highest rates of childhood obesity and early childhood caries of any US population. Obesity is a major risk factor for type 2 diabetes, which is now occurring in American Indian youth as well as adults. The greatest dietary shift over the last 20 years has been the replacement of water, milk, and juice with soft drinks and other sugared beverages, and this shift has coincided with the increases in energy consumption leading to childhood obesity and early childhood caries.

The overall aim of this project is to test whether community and family-based interventions can alter patterns of sugared beverage consumption in expectant mothers and their offspring, and in return extend the length of breast-feeding. We will whether such behavioral changes can impact childhood obesity and caries. The intervention framework is the social ecology model for health promotion that targets health behaviors at multiple levels.

The project will recruit four intervention communities; two will receive the community-based intervention only, and two will receive the community intervention plus family outreach. The project has two main specific aims: (1) Test whether a family-based peer counselor intervention plus a community intervention can lead to a lower prevalence of toddler obesity and ECC than a community intervention alone; (2) Test whether the community intervention alone can reduce the prevalence of toddler obesity compared to communities that have had not any exposure to the intervention at all.

This project is innovative in its focus on a single aspect of diet – beverage – and on the most vulnerable members of the community using a multilevel approach to community intervention. If successful, the intervention would have great significance for the many tribal communities facing these problems. The project is a partnership among the Northwest Portland Area Indian Health Board and its EpiCenter, the Kaiser Center for Health Research, and Northwest Tribes.

Strengths

- The direction of the project, obesity and tooth decay prevention, is responding to a need prioritized by Indian communities
- Project has stable funding for four years.
- Project provides funding to participating tribes to coordinate project at the tribal level.
- Project works closely with each participating tribe to design interventions that are relevant to and respectful of that community.
- Project can build infrastructure and network to provide model for other tribal communities who are interested in implementing obesity and tooth decay prevention efforts in their own community.
- Project develops partnerships with diverse group of researchers non-Indian, Indian, tribal professionals, tribal community members.
- Project builds partnership and develops relationship with Kaiser Center for Health Research

Weaknesses

- There are a limited number of eligible sites for participation (research design calls for communities with 65 births or more a year).
- There are a limited number of tribes who have indicated readiness to participate.

Opportunities

- Obesity is at an all time epidemic level in Indian communities and this project can work with tribal communities to respond to this epidemic.
- Project provides opportunity for communities and native trainee (the Project Director) to work closely with researchers who provide expertise in the areas of Obesity, Oral Health and Maternal Child Health.
- Design of project provides opportunity for participating tribal communities to be involved in the design of community interventions.

Threats

- To be successful, the project will need to reach broader buy within the tribal community to impact change in the community.

Tribal Leaders Diabetes Committee Comes to the Portland Area

by Don Head, Interim Health Resources Coordinator

On February 14 and 15, 2002, the Tribal Leaders Diabetes Committee (TLDC) came to the Portland Area for their quarterly meeting. Invited by Sam McCracken, the Native American Business Opportunities Liaison for Nike, part of their meeting was held in the Nike Campus Tiger Woods Conference Building, in Beaverton, Oregon.

Julia Davis-Wheeler presents Portland Position to the TLDC

A major agenda item for this meeting was presentations by the 12 Indian Health Service Areas, on the results of their local consultations regarding the FY 2003 Diabetes Funds. FY 2003 will be the last year of funds from the Consolidated Appropriations Act of 2001, and funding for years beyond this will need to be appropriated by Congress. For the Northwest, the Portland Area Office hosted their consultation on February 1, 2002.

NPAIHB Chair Julia Davis-Wheeler delivered a presentation that outlined the Portland Area's position on the FY 2003 funds to the TLDC. That position includes a new factor for fund distribution based on the change in the rate of prevalence of diabetes. If adopted, the new factor will provide a more balanced view of the burden of disease of diabetes that Areas are experiencing.

The TLDC and the Northwest Tribal leaders in attendance were given a tour of the Nike Campus, which culminated in a reception. Former Democratic Congresswoman Elizabeth Furst of Oregon, one of the cofounders of the House Diabetes Caucus, addressed the group regarding the spread of diabetes in Indian Country and the importance of the funding reappropriation.

The afternoon of the 15th was set aside to discuss the strategic planning for the TLDC and the lobbying for continued funding by Congress. Mike Mahsetky, the Director of Legislative Affairs for IHS, and Geoff Strommer, of the law firm Hobbes, Strauss, Dean, and Walker, discussed the history of the diabetes funds and possible lobbying strategies for continued funding.

McCracken, of Nike, also delivered a presentation to the TLDC on the activities and partnerships between Nike and the tribal clinics. Nike has partnered with approximately 60 Native American/ Alaska Native tribes, several of which are Northwest Tribes, such as Yakama Nation and Warm Springs.

Ed Fox invited the members to come tour the offices of NPAIHB and the staff of the Board were introduced to several tribal leaders, including Alvin Windy Boy, the Co-Chair of the TLDC.

Mike Mahsetky and Geoff Strommer discuss the history and future of the diabetes funding

Joe Finkbonner, Director of the EpiCenter, Kelly Gonzales, Director of the Western Tribal Diabetes Project, and Sam McCracken, Native American Business Liaison forNike

Ralph Forquera, Executive Director of the Seattle Indian Health Board, informs the TLDC about the data collection and reports from the Urban Projects

Robert Miller and Janice Clements of Warm Springs listen to the Areas' presentations

Thank you Patsy!

The Northwest Portland Area Indian Health Board would like to thank Patsy Martin for her work on the Tribal Leaders Diabetes Committee. Patsy was the Portland Delegate to the TLDC until last month, when she resigned to pursue other areas of interest. Until another Portland Delegate is chosen, Julia Davis-Wheeler will be representing the Portland Area as the alternate delegate.

Health Professions Education Project Completes Application Workshops, Application Materials for IHS 437 Scholarship

by Gary Small, Project Director

The Health Professions Education Project (HPEP) announced another successful completion of the workshops for Indian Health Service Health Professions Scholarship. The 60 to 70 Native students who attended the workshops are now registered with HPEP and will receive information on academic programs and college-related scholarships. Between late February and mid-March, HPEP held Application Workshops at the following locations: Umatilla Tribal Education, Eastern Oregon University, Eastern Washington University, Colville Tribal Education, Spokane and Spokane Falls Community College, Washington State University (Inter-Collegiate College of Nursing) with Satellite transmission to Pullman Campus and Yakama Valley Community College, Shoshone-Bannock Tribal Education, Idaho State University, Northwest Indian College (also broadcast to numerous sites, via NIC broadcast) and Warm Springs Tribal Education. Workshops were also scheduled for Neah Bay Indian Health Service, Lower Elwha Tribal Education and Peninsula College, but were cancelled due to a severe winter storm. All interested students in these areas have since been contacted and provided with information.

HPEP also provided the entire Application Workshop on the HPEP website in PowerPoint slides for students who could not attend or for those who needed to review the application process. HPEP received high praise from the Indian Health Service Scholarship Branch for providing this service to all Indian students across the country via the HPEP website. Also, HPEP provided links that enabled students to download the application forms.

HPEP is also making arrangements for students applying for the **Indian Health Service Externship Program.** HPEP is helping to organize a summer externship for students at tribal and IHS clinics and health programs. IHS provides funding for travel and hourly wages (usually 4-8 weeks) for a summer externship with a tribal health care facility or program. This takes considerable coordination between HPEP, Indian Health Service, the tribal health facility, and the student. HPEP takes a very active role in this process, as demonstrated when HPEP successfully arranged for 9 student externships over the summer of 2001.

Diabetes Screening Toolkit Nearing Completion

by Kelly Gonzales, Western Tribal Diabetes Project Director

As a result of all the activities of Western Tribal Diabetes Project (WTDP) among the Northwest tribes over the last four years, many tribes are now to the point that they want to be more proactive in their pursuits to reduce their burden of disease from diabetes. Several Northwest tribes have either planned or actually started community-based screening projects to detect diabetes in a pre-symptomatic state, or possibly even detect one of the precursor conditions that are associated with developing diabetes. The recent Diabetes Prevention Trial gives us hope that tribal individuals and communities may be able to prevent or delay the onset of diabetes.

There are many considerations to make before conducting community-based diabetes screening. These issues are different for each tribe, so there is currently no comprehensive guideline or step-by-step approach to identify and consider these issues and achieve successful diabetes screenings. Therefore, the staff of WTDP and Northwest Tribal Epidemiology Center believe that it is necessary to take the lead to develop a screening toolkit that incorporates updated information, guidelines, and tools for successful diabetes screening.

Diabetes Screening Toolkit Workgroup Members, L to R: Brian Boltz, Wendi Johnson, Aloe Marrero, Kelly Gonzales, Brenda Bodnar, James Olliver, Kelle Little, Andrew Awoniyi, Sharon Stanphill, and Donnie Lee

We have partnered with Donnie Lee, MD, Area Diabetes Consultant for Portland Area Indian Health Service, and local tribes to develop a toolkit that provides a step-by-step guideline for successful community-based diabetes screening. The toolkit begins by asking both tribes and their respective diabetes program to work together to consider the appropriateness and effectiveness of diabetes screening for their community. This is accomplished by considering a range of issues, including (1) the costs and benefits of screening, (2) how the screening information will be used, (3) how such activities will benefit the community, and (4) the availability of resources to perform follow-up of at-risk individuals. Included in the Toolkit are "splash pages" that give summary information regarding the section topics, and include tear-away templates (e.g., "tools") necessary for successful screening.

We are in the evaluation stages of the Toolkit and intend to have it in a final draft form later this spring. Once the Toolkit is finalized, we plan to offer you a workshop to demonstrate how to use the Toolkit to best meet your local community needs.

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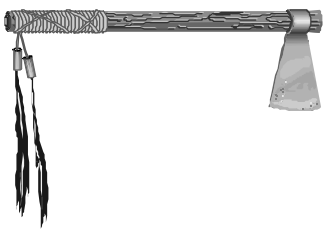
Other threats include factors that contribute to increasing cancer incidence. For instance, the efforts of tobacco companies in addicting the next generation of smokers.

Tribes are committed to taking a holistic approach to cancer control efforts, which is consistent with the model for a comprehensive cancer control program. Jillene Joseph (Gros Ventre), facilitator of the NTCCP retreat, emphasizes throughout her work in Indian Country the cultural strengths of American Indians and Alaska Natives. Among these strengths are a strong sense of family and community, including the support and respect of extended family members. The strong connections between Northwest Tribes also strengthen efforts at the local level. The traditions, languages, and customs of Indian communities provide support in addressing cancer, which has affected so many families. Traditional foods play a significant role in working towards a healthier lifestyle. Other cultural strengths include a holistic view of health, traditional medicine, and a unique sense of humor.

As the Northwest Tribal Cancer Control Project continues into its fourth year, it strives to provide Indian health programs with resources for cancer prevention and control. It moves forward with hope and optimism that it can contribute to the health of tribal communities. For more information about the Northwest Tribal Cancer Control Project, call Ruth Jensen at (503) 228-4185 or email ntccp@npaihb.org.



New Staff Section:

Please Join us in welcoming the following people to the staff of the Board

Project Assistant joins Cancer Control Team

The NTCCP recently hired Taalib Madyun (Seminole) as the Project Assistant. Taalib attended Portland State University from 1999-2001 where he earned a Bachelor of Science degree in Political Science and Psychology.

Before joining the Board, Taalib worked as a counselor/mentor with the New Portland House of Umoja, a nonprofit organization that promotes healthy development in adolescent African-American males ages 11-15. His prior experiences include developing a 52-week program that educates minority males about Self and Cultural Awareness. He has also assisted with the implementation of the Retention and Recruitment of students and faculty of color at Portland State University, which advocates for the inclusion of people of color on campus. Taalib really enjoys working in a social service capacity were there is involvement in program development and implementation.

Taalib appreciates the opportunity to grow both professionally and personally through his position at the Board. He is also extremely excited about working closely with the NPAIHB staff and with the 42 member tribes in helping the Northwest Tribal Cancer Control Project attain its goal of reducing cancer incidence among American Indians and Alaskan Natives.

Indian Community Health Project hires new Project Specialist

Khari "Sadie" La Marca (Wohambleya Washte Win), MPH, MA (Kiowa, Apache, Sioux) started as the Project Specialist for the Indian Community Health Profile Project on January 20, 2002. Khari has worked in Indian health for the past 14 years, and with the underserved of all groups for over 28 years, both in the U.S. and abroad. She has experience in health education and training, culturally appropriate health program development, and social-cultural-medical anthropology. Khari has worked in the field of cancer control at the local, state, regional, and national levels for many years where she developed and implemented a training curriculum, materials, and program for American Indian community members and leaders titled "Important Things For You to Know About Cancer and Cancer Survivorship." She has experience in providing technical assistance and consultation to communities to ensure their capacity to improve health status. Other areas of interest include cancer pain and symptom management and advanced illness care, diabetes, social and medical ethics, cancer clinical trials education, and spiritual healing. Khari is also involved in research efforts in these areas.

National Diabetes Project hires new Project Assistant

Crystal Hall-Denney was hired as the National Diabetes Project Assistant on March 3, 2002. Crystal is an enrolled Makah, and has spent the last 16 months working in the Makah Tribal Diabetes Program, prior to accepting a position with the Board. Crystal's hobbies include reading, writing, hiking, and camping. She is excited to be working with the Northwest Portland Area Indian Health Board and to be working in Portland, the City of Roses. She is also eager to help make a difference for Native tribes across the country.

Finance Department Receives Two New Charges

Becky Bressman recently accepted the position of Accounts Payable and Payroll Accountant for the Board. Becky comes to us from the National College of Naturopathic Medicine, where she was employed since 1998 as the Assistant Controller. Becky was born in Tulsa, Oklahoma and is an enrolled member of the Citizen Potawatomi Nation in Oklahoma. However, she moved to Oregon in 1975 and has lived here ever since.

Becky is currently enrolled in the Biotechnology Laboratory Technician program at Portland Community College. After completion, she plans to transfer to Portland State University, where she will pursue a Bachelor's degree in Biology.

Becky enjoys her studies in the health field, teaching her 7-year-old daughter, Hailey, how to ride a bike, and working out at the gym. She is very happy to have been given the opportunity to work for the Northwest Tribes and is eager to learn as much as possible through her new position.

Bobbi Treat, a Haida Indian from Ketchikan, Alaska, is the new General Ledger & Contracts Accountant for the Board. She has worked on and off for the Board as a temporary employee since August of 2000, performing accounts payable & payroll duties.

Bobbi has fifteen years of accounting experience. Before joining the Board, she worked for the Puyallup Tribe as the Lead Accountant at Chief Leschi Schools and as the Finance Director at Medicine Creek Tribal College.

Bobbi also has extensive experience working for American Indian/Alaska Native organizations. In Anchorage, Alaska, she worked as a secretary for the Alaska Federation of Natives, the Cook Inlet Native Association, the Alaska Urban Native Association, and the Indian Health Service.

In the past, Bobbi has enjoyed doing volunteer work, facilitating Elders activities, powwows, dedication ceremonies, and conventions. Her favorite hobby is reading. Bobbi is very excited to join the staff of the Board.

New Tribal Registry Manager will provide link for tribes

Emily Puukka began her position as the manager of the Northwest Tribal Registry on February 25, 2002.

Emily, a Portland-area native, graduated from Sam Barlow High School, and then went on to Linfield College where she received her Bachelor's degree with a major in Health Science. She continued on to Stanford University where she recently finished her Master's Degree in Epidemiology.

Previous to coming to the NPAIHB, Emily worked as a research analyst for the Oregon Health Division's Asthma Program. There she worked primarily on the coordination of a large-scale asthma survey designed to capture base-line data about asthma care and services in the state of Oregon.

In her free time Emily enjoys hiking, camping, skiing, reading, and spending time with family and friends.

Emily would like to extend thanks for the warm welcome she has received since joining the NPAIHB. She is looking forward to working with such a friendly and dedicated group.

Tobacco Project Strikes Three Matches

Sayaka Kanade is the new Project Specialist for the Western Tobacco Prevention Project (WTPP). Since May of last year, she has been working for the Board's tobacco projects as a contractor and a temporary employee. Her work includes conducting a tribal assessment of tobacco prevention and control needs and reporting on the areas in which WTPP can further assist Northwest Tribes. Sayaka also designed and implemented the evaluation of the National Tribal Tobacco Prevention Network's first annual tobacco conference. This evaluation is being used to improve on the second annual "National Native Conference on Tobacco Use," which will be held in Salt Lake City from July 21-24, 2002.

Sayaka earned a Bachelor of Arts degree in Creative and Professional Writing from Carnegie Mellon University in Pittsburgh, PA. She is excited to be working for the Western Tobacco Prevention Project, where she has the opportunity to learn about tribal issues and assist in tobacco prevention and control efforts for American Indian/Alaska Native communities.

Angie Butler began working as the Regional Training Coordinator for the Western Tobacco Prevention Project on February 18, 2002. Angie, a Siletz tribal member, joins the team from a position with Siletz Tribal Services, where she worked as a Tribal Service Specialist, providing case management for tribal members who were working towards self-sufficiency. Angie comes to the Board with experience working with Northwest Tribes and tribal youth through Siletz Tribal Services, Native American Youth Association, and the Affiliated Tribes of Northwest Indians.

Angie earned a Bachelor of Science degree from Portland State University and began graduate level work in Urban Studies and Planning and Community Development.

The importance of tobacco among Indian tribes will be highlighted in all of Angie's trainings. Tobacco use has a traditional role in many American Indian cultures, and the difference between the traditional use of tobacco and the addiction to commercial tobacco products will be illustrated and used as a catalyst for discussion of tobacco issues in Indian Country. Angie will be working with local, state, and national coalitions to assure Indian community issues around tobacco are well represented. She is looking forward to working with Northwest tribes to enhance tobacco prevention and education, including promoting healthy lifestyles and developing tobacco programs that include cessation.

Terresa White is the new Project Assistant for the National Tribal Tobacco Prevention Network, where she will be participating in commercial tobacco prevention activities and trainings for youth.

Terresa is Yup'ik Eskimo and her family is from the region around Bethel, Alaska. She has worked as a program coordinator for several nonprofit agencies since graduating from Portland State University in 1996 with a degree in English. She is thrilled about this goal-fulfilling opportunity to work for an agency that serves American Indians and Alaska Natives.

She spends much of her free time outside or in the kitchen. On a sunny afternoon you might catch her taking up Southeast Portland road space on her 1970's roller skates or playing in the dirt in her front yard. Rainy days tempt her (always) to baking experimentation. "I hope the NTTPN team likes cookies."

Upcoming Events

May

Southwest Regional Training
May 6-7, 2002
Location: Pueblo Indian Culture Center
Albuquerque, NM
Contact: Gerry Rainingbird
Telephone: (503) 228-4185

Diabetes Management System
May 14-16, 2002
Location: NPAIHB
Portland, OR
Contact: Mary Brickell or Sharon Fleming
Telephone: (503) 228-4185

Affiliated Tribes of Northwest IndiansMid-Year Meeting
May 13-16, 2002
Location: TBA
Coeur d'Alene, ID
Contact: ATNI
Telephone: (503) 249-5770

2nd Annual Western Regional Maternal & Child Health Conference
May 30-31, 2002
Location: TBA
Portland, OR
Contact: Jim Guadino or Chandra Wilson
Telephone: (503) 228-4185

June

Third Party Billing & Accounts Receivable
June 10-14, 2002
Location: Portland Area IHS
Portland, OR
Contact: Mary Brickell or David Battese
Telephone: (503) 228-4185

National Congress of American Indians (NCAI) Mid-Year Session
June 16-19, 2002
Location: Radisson Inn Bismarck
Bismarck, ND
Contact: NCAI
Telephone: (202) 466-7767

July

Tribal Health Director's Meeting
July 15, 2002
Location: Wildhorse Resort & Casino
Pendleton, OR
Contact: Ed Fox
Telephone: (503) 228-4185

NPAIHB Quarterly Board Meeting
July 16-18, 2002
Location: Kahneeta Resort
Warm Springs, OR
Contact: Elaine Dado
Telephone: (503) 228-4185

Diabetes Management System
July 23-25, 2002
Location: NPAIHB
Portland, OR
Contact: Mary Brickell or Sharon Fleming
Telephone: (503) 228-4185

Community Health Representative (CHR)
July 30-31, 2002
Location: NPAIHB
Portland, OR
Contact: Mary Brickell or Chandra Wilson
Telephone: (503) 228-4185

January 2002 Resolutions

RESOLUTION #02-02-01 - "Support for Northwest Portland Area Indian Health Board FY 2002 Legislative Plan"

RESOLUTION #02-02-02 - "Support for the Portland Area Issue Paper and Addendum for Supplemental Diabetes Funding for FY 2003"

RESOLUTION #02-02-03 - "Support for Phase II, Community Capacity Building, of the 2001 Northwest Tribal BRFSS Project"

RESOLUTION # 02-02-04 - "Support for an NIH Funding Application, Northwest Tribal Elder Diet and Nutrition Project"

RESOLUTION # 02-02-05 - "Support for the Acceptance of the Diagnoses of the Indian Health Service and Tribal Health Programs by the Veteran's Administration for Health Services and Disability Determinations"

RESOLUTION #02-02-06 - "Support for an NIH Funding Application, AI/AN Community Research Training Project"

RESOLUTION #02-02-07 - "Support for the Reappointment of Dr. Trujillo to the Director of the Indian Health Service"

RESOLUTION #02-02-08 - "FY 02 Indian Health Service Proposal for the Recruitment of Native Americans into Graduate Health Programs"

RESOLUTION #02-02-09 - "FY 02 Indian Health Service Proposal for the Recruitment of Health Professionals"

RESOLUTION #02-02-10 - "Support to Continue the NPAIHB Maternal & Child Health Medical Epidemiologist's Assignment from CDC to the Tribal Epidemiology Center in the Northwest Portland Area Indian Health Board"

RESOLUTION #02-02-12 - "Support for the Partnership for Wholistic Health for American Indians/Alaska Natives"

Luella Azule assumes NTRC Coordinator Position

Luella Azule (Yakama/Umatilla) joined the EpiCenter Staff in March 2002 as the Project Coordinator for the Northwest Tribal Health Research Center. She looks forward to the diversity and challenges of her new position.

Luella joined the Northwest Portland Area Indian Health Board in September 2000. She expresses her sincere appreciation to the Northwest Tribal Cancer Control Project and NPAIHB staff for their guidance, support and encouragement.

Newsletter Production Special Thanks to

Don Head
Sayaka Kanade
Lila Ladue
Lynn DeLorme

Northwest Portland Area Indian Health Board

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