



# Health News & Notes

A Publication of the  
Northwest Portland Area Indian Health Board

Volume 32, Number 3

April, 2003 Issue



## Our Mission

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

## Indian Health Care Improvement Act It must be reauthorized



Julia Davis-Wheeler, testifying at the Senate Indian Affairs Committee Hearing in Washington, DC, April 2, 2003, see page 5.

FY 2004 Budget

NPAIHB 30th Anniversary

Youth Tobacco Prevention

## In This Issue

Julia's Report	2	January QBM Pictures	12
FY 2004 Budget	3	Women's Health Promotion	17
NW Tribal-State Updates	4	Tribal Logos	18
IHCIA	5	Youth Tobacco Institute	19
NPAIHB 30th Anniversary	6	Youth Institute Application	20
NW Tribal Recruitment	8	New Staff	21
Diabetes News	9	Upcoming Events	22
Council Member Quit Smoking	10	Resolutions	24

## Executive Committee Members

**Julia Davis-Wheeler, Chair**

Nez Perce Tribe

**Pearl Capoeman Baller, Vice Chair**

Quinalt Nation

**Janice Clements, Treasurer**

Warm Springs Tribe

**Rod Smith, Sergeant-At-Arms**

Klamath Tribe

**Norma Peone, Secretary**

Coeur d'Alene Tribe

## Delegates

**Barbara Sam, Burns Paiute Tribe**

**Dan Gleason, Chehalis Tribe**

**Norma Peone, Coeur d'Alene Tribe**

**Shirley Charley, Colville Tribe**

**Mark Johnston, Coos, Lower Umpqua & Siuslaw Tribes**

**Eric Metcalf, Coquille Tribe**

**Sharon Stanphill, Cow Creek Tribe**

**Carolee Morris, Cowlitz Tribe**

**Cheryle Kennedy, Grand Ronde Tribe**

**Vacant, Hoh Tribe**

**Bill Riley, Jamestown S'Klallam Tribe**

**Tina Gives, Kalispel Tribe**

**Nadine Hatcher, Klamath Tribe**

**Gary Leva, Kootenai Tribe**

**Rosi Francis, Lower Elwha S'Klallam Tribe**

**Cheryl Sanders, Lummi Nation**

**Debbie Wachendorf, Makah Tribe**

**John Daniels, Muckleshoot Tribe**

**Julia Davis-Wheeler, Nez Perce Nation**

**Midred Frazier, Nisqually Tribe**

**Rick George, Nooksack Tribe**

**Shane Warner, NW Band of Shoshone Indians**

**Rose Purser, Port Gamble S'Klallam Tribe**

**Rod Smith, Puyallup Tribe**

**Bert Black, Quileute Tribe**

**Pearl Capoeman Baller, Quinalt Nation**

**Billie Jo Settle, Samish Tribe**

**Norma Joseph, Sauk-Suiattle Tribe**

**Gale Taylor, Shoalwater Bay Tribe**

**William Edmo, Shoshone-Bannock Tribes**

**Jessie Davis, Siletz Tribe**

**Marie Gouley, Skokomish Tribe**

**Robert Brisbois, Spokane Tribe**

**Katherine Barker, Snoqualmie Tribe**

**Robert Whitener, Squaxin Island Tribe**

**Tom Ashley, Stillaguamish Tribe**

**Linda Holt, Suquamish Tribe**

**Susan Wilbur, Swinomish Tribe**

**Marie Zacouse, Tulalip Tribe**

**Sandra Sampson, Umatilla Tribe**

**Marilyn Scott, Upper Skagit Tribe**

**Janice Clements, Warm Springs Tribe**

**Stella Washines, Yakama Nation**

## Julia's Report

*by Julia Davis-Wheeler, Chair*

I testified before the Senate Indian Affairs Committee three times in the last three months. The first hearing was on the President's Indian Health Service budget request for FY 2004 on February 26, 2003. The second was on Senate Bill 556, Indian Health Care Improvement Act on April 2, 2003. The third was on April 9, 2003 on two bills the first regarding consolidation of alcohol and mental health programs, the second on the elevation of the Indian Health Service Director to Assistant Secretary of the Department of Health and Human Services.

We have busy months up ahead and a lot of issues that need tribal input to ensure that we receive the proper services and resources.

### Call for Tribal Input:

*Tribal Leaders Diabetes Committee*  
Tribes need to make recommendations on how they would like to see FY 2003 funds distributed and more importantly, how we want to distribute the \$50 million FY 2004 increase in funding for diabetes. The Board will facilitate the April 15, 2003 diabetes consultation.

### Advocacy-Federal

Our lobbying fund supports our advocacy effort for health care issues.

It is time to replenish the fund. You will soon be receiving a letter from me asking for a \$600 donation to bring the fund back up to \$20,000. This is necessary to ensure our lobbying efforts follow federal and state laws. This year we are beginning to more actively lobby state legislation and this will increase expenses modestly, but we are vigilant in the documentation of payment for these activities.

We continue to nurture our ever changing relationships in Washington DC. The Board continues to enjoy high-level access based on the Board's reputation for quality work and effective tribal participation. Access is the coin of the realm in policy making. As long as we maintain our reputation for good work we will continue to get a hearing for our concerns and possible resolution of problems.

### Advocacy- State

The Board supports regular meetings of tribes and state officials. In Washington, the American Indian Health Commission for Washington State works closely with the Board in organizing bimonthly meetings. Quarterly meetings take place in Oregon and Idaho. Please keep these meetings in mind, as they are an effective medium to raise new issues and engage in discussions with the state. Visit our

**Continued on page 16**



## From the Executive Director

by Ed Fox, Executive Director

### FY 2004 Budget

In March of 2003, Northwest Tribes and the Northwest Portland Area Indian Health Board (NPAIHB) continued a tradition of partnership with the federal government by developing a recommended Indian Health Service (IHS) budget. NPAIHB's FY 2004 budget recommendations reflect an accurate analysis of the true health care needs of American Indian and Alaska Native (AI/AN) people.

NPAIHB estimates that an approximate \$360 million budget increase is needed to simply maintain health services currently provided to AI/ANs nationwide. Unfortunately, the President's FY 2004 request of \$40 million is less than a 1% increase, reflecting a gloomy 10% of the level needed to simply maintain current services. A similar inadequate budget increase was made in FY 2003. The year after year effect of inadequate funding increases to the IHS budget significantly damages Indian Health programs.

An additional detriment to the IHS budget is the compounding effect of each year's absorption of mandatory cost increases. NPAIHB projects a \$500 million lost purchasing power in the first three years of the Bush Administration. Indian Health programs

cannot afford to absorb such a large portion of mandatory cost increases year after year.

How will this funding gap be filled? Regrettably, some believe increased revenues from tribes or from the Medicaid programs are the answer. Tribes have annually increased their own source funding of their health programs, often resulting in the reduction of services in other program areas such as education, social services, or economic development. This is not an acceptable answer to IHS funding shortfalls, and the suggested Medicaid solution is equally faulty. In 2003 every state in the nation planned cuts to its Medicaid program. Idaho and Oregon programs have completely eliminated adult dental coverage. The number of AI/ANs in Oregon who may lose this coverage is estimated to be as many as 2,400. Washington state plans to make Medicaid cuts for the 2003-2005 biennium. A crisis is looming for Indian health programs if Congress and the President do not adequately fund the FY 2004 IHS budget.

NPAIHB recommends a \$564 million (18.4%) increase to the IHS FY 2004 budget to meet the true healthcare needs of AI/AN people. In addition to the \$360 million estimated cost to maintain

**Continued on page 15**

#### Administration

Ed Fox, Executive Director  
Verné Boerner, Administrative Officer  
Mylen Shenker, Finance Officer  
Bobbie Treat, G/L & Contracts Accountant  
Mike Feroglia, A/P & Payroll Accountant  
Elaine Dado, Executive Secretary  
Lila LaDue, Receptionist

#### Program Operations

Jim Roberts, Policy Analyst  
Sonciray Bonnell, Health Resource Coordinator  
James Fry, Information Technology Coordinator  
Brian Moss, Information Technology Specialist  
Ed Lutz, Information Systems Specialist  
Ginger Clapp, AIHC Assistant and Ombud

#### Womens Health Promotions Project

Lynn DeLorme, Project Coordinator

#### Northwest Tribal Epidemiology Center

Joe Finkbonner, EpiCenter Director  
Francine Romero, Epidemiologist  
Mary Brickell, RPMS Specialist  
Emily Puukka, Tribal Registry Manager  
Shawn Jackson, STOP Chlamydia Project Specialist  
Chandra Wilson, Project Assistant  
Tam Lutz, TOT's and ICHPP Director  
Julia Putman, TOT's Project Assistant  
Lisa Angus, ICHPP Project Specialist  
Sayaka Kanade, Technical Writer  
Luella Azule, NTRC Project Coordinator  
Kathryn Alexander, FAS & Dental Project Assistant  
Kerri Lopez, Western Tribal Diabetes Director  
Rachel Plummer, WTD Project Assistant  
Jennifer Olson, WTD Project Specialist  
Mike Severson, WTD Trainer  
Penny Shumacher, WTD Trainer  
Angela Mendez, National Project Specialist - Lead  
Crystal Gust, WTD and National Project Specialist  
Sharon Fleming, California Project Specialist  
Crystal Denney, National Project Assistant

#### Project Red Talon

Karen McGowan, Project Director  
Amanda Wright, Project Specialist

#### Western Tobacco Prevention Project

Liling Sherry, Project Director  
Gerry RainingBird, National Coordinator  
Joe Law, Regional Coordinator  
Stephanie Craig, Regional Project Specialist  
Terresa White, Project Assistant  
Nichole Hildebrandt, Leadership Fellow

#### Northwest Tribal Recruitment Project

Gary Small, Project Director  
Eric Vinson, Project

#### Northwest Tribal Cancer Control Project

Ruth Jensen, Project Director  
Peggy Biery, Project Specialist



# Northwest Tribal-State Updates

by Jim Roberts, Policy Analyst

The weak U.S. economy and state budget crisis have had a detrimental effect on Indian health programs across the country. This situation is no different for the tribes of the Northwest. All three of the Northwest states have begun to implement cost saving measures for its Medicaid and Medicare programs. The last year has seen every state in the nation implement some form of cost saving measures in its Medicaid programs. Idaho and Oregon have completely eliminated adult dental, while Washington plans severe Medicaid cuts. The following provides an update on state health issues effecting American Indian and Alaska Native (AI/AN) people.

## Idaho:

Over the last year, Northwest Portland Area Indian Health Board (NPAIHB) has been working with the tribes of Idaho and the state's Division of

Medicaid on a contract that will allow tribal participation in conducting Medicaid Administrative Match (MAM) activities. Medicaid administrative activities include outreach efforts to provide information about the state's Medicaid program, provide assistance to Medicaid 'eligibles' in the application process, and provide support in accessing Medicaid services.

MAM agreements between states and tribes are beneficial for both parties. Tribes are in the best position to conduct Medicaid outreach by informing tribal members about program eligibility and assisting with the confusing and lengthy application process for enrollment. The states reap the benefits of cost savings that are realized through the efficiencies of tribal outreach efforts. Only a few state Medicaid agencies and tribes, however, have entered into MAM agreements.

Currently, only tribes in Alaska, Oregon and Washington have implemented MAM contracts, and negotiations for are underway in California and Idaho.

NPAIHB is participating in teleconferences and attending meetings between state and tribal officials to develop MAM contracts. It is hoped that all elements of the MAM contract can be shared at the next meeting between Idaho Tribes and Idaho Department of Health Welfare on April 24-25, 2003.

## Oregon:

NPAIHB and Tribal Health Directors from Oregon have been working together to develop legislation to amend an Oregon statute that regulates the Oregon Health Plan (OHP). As a result of the fiscal crisis in the State of Oregon, OHP was separated into OHP Standard and OHP Plus for Medicaid

**Continued on page 14**



Congratulations to Nichole and Greg Hildebrandt on the birth their new baby girl, Lauren Sierra. Lauren was born on March 11, 2003 at 6:02 PM. She weighed 7 pounds 10 ounces and was 20 inches long. Lauren was born with a full head of hair!

# Indian Health Care Improvement Act

by Ed Fox, Executive Director

In June 1999, the Director of the Indian Health Service (IHS) convened a National Steering Committee (NSC) composed of representatives from tribes and national Indian organizations to provide assistance and advise regarding the upcoming reauthorization of the Indian Health Care Improvement Act (IHCIA). Over the course of five months, the NSC drafted specific legislation based on the consensus recommendations developed at four regional consultation meetings held earlier in the year. These recommendations formed the foundation upon which the NSC began to draft proposed legislation to reauthorize the IHCIA. In October 1999, the NSC forwarded their final proposed bill to the Director of the IHS and to each authorizing committee in the House and Senate. The House and Senate have since introduced legislation based on the tribal bill, but none have passed.

The Northwest Portland Area Indian Health Board (NPAIHB), responding to requests (and complaints about inaction) from Tribal Leaders at the February, 2003 Affiliated Tribes of Northwest Indians, assumed a more active role in 2002-2003 by sponsoring meetings, supporting travel, analysis, and developing a website for the public to access current information on the reauthorization effort. NPAIHB and other Area Health Boards hosted an IHCIA meeting on May 28-30, 2002. The purpose of the meeting was to consider changes and provide recommendations on the proposed legislation in response to concerns

raised in a September 27, 2001 letter and memorandum from Health and Human Services Secretary Tommy Thompson to Senator Daniel Inouye. The primary issues raised in Secretary Thompson's correspondence focused on the high costs associated with some of SB 212 provisions, questions about what outcomes were sought in regards to certain sections of the bill, and it also included opposition to certain elements in the bill. Participants at the Portland meeting took a hard look at the high Congressional Budget Office (CBO) score on SB 212 and other concerns and forwarded recommendations to the House and Senate in July of 2002. The 107<sup>th</sup> Congress did not consider the bills, but this year action is promised.

Senate Bill 556 was introduced this year with very few changes to S. 212. A House bill is expected to be introduced in April that will reflect the 2002 Portland Meeting recommendations and those discussed in subsequent meetings with House Legislative Counsel, other legislative staff meetings, and at the March 20 and 21, 2003 NSC meeting hosted by the Northwest Portland Area Indian Health Board.

In December of 2002, the NSC met again and chose Rachel Joseph and Julia Davis-Wheeler to co-chair this year's effort. Julia testified on April 2, 2003 on the need to reauthorize the bill in the 108<sup>th</sup> Congress. The following is a reminder to tribal leaders of the important titles contained in the Indian Health Care Improvement Act.



*Julia Davis-Wheeler, NPAIHB Chair and Ed Fox, NPAIHB Executive Director at the Senate Indian Affairs Committee*

The Preamble section of the Act has been revised, including sections on Findings, Declaration of National Policy, and Definitions. Emphasis has been placed on the trust responsibility of the federal government to provide health services and the entitlement of Indian tribes to these services

Title I (Indian Health, Human Resources and Development) has been substantially rewritten, primarily to shift priority setting and decision-making to the local Area levels, where appropriate. The importance of education is highlighted by changes proposed to the act.

**Continued on page 17**

# Happy 30th

by Sonciray Bonnell, Health Resource Coordinator



*Northwest Portland Area Indian Health Board  
30th Anniversary Banquet at the Muckleshoot Casino*



*Austin Powers impersonator entertaining  
Julia Davis-Wheeler and Colleen Cawston.  
What did he say?!*

At the Board's 30<sup>th</sup> Anniversary Banquet, Delegates set the tone of the evening by sharing hilarious stories ranging from cussing, to bras, to strong Indian women. Weaved throughout their laughter was a strong appreciation for those who had the insight and leadership to create the Northwest Portland Area Indian Health Board (NPAIHB).

The banquet was held on January 15, 2003 at the Muckleshoot Casino during our Quarterly Board Meeting. Over two hundred Board supporters enjoyed entertainment, gourmet food, and NPAIHB stories. Guests were greeted by an Austin Powers impersonator, who managed to serenade a few ladies. The program began with a performance by the Muckleshoot Rez Rockers youth group, followed by people of the Board's past and present who took to the stage to remember and celebrate thirty years of tribal unity.

Several spoke of the national reputation of our strong Northwest tribal leaders and the quality Board staff. The Board has grown considerably over the past few years owing, in part, to the progressive thinking of our Northwest Tribes and their ability to work together to achieve common objectives of improving health care for Indian people. The Board also recognized how the Indian Health Service has played a role in its success by honoring tribal sovereignty and acting as a role model for other federal agencies.

Speeches were given by past Board Delegates Mel Tonaskit (Colville), Donna Starr (Muckleshoot), Colleen Cawston (Colville), and Jim SiJohn (Spokane, Coeur d'Alene), and current Delegate Pearl Capoeman-Baller (Quinault). Other speakers included Tribal Chairs Darrell Hillaire (Lummi), Brian Cladoosby (Swinomish), and Albert Teeman (Burns-Paiute); special guests Bernice Mitchell (Warm



*Are you feeling randy? Elaine Dado, Verné  
Boerner, and Conrad Boerner just laugh.*



*Cecilia Bearchum and Delphine Wood  
enjoying the banquet dinner.*

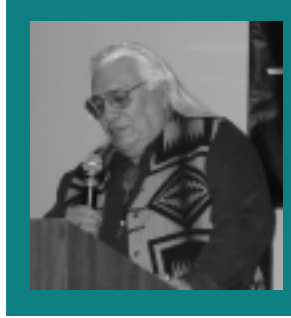
# Anniversary NPAIHB!



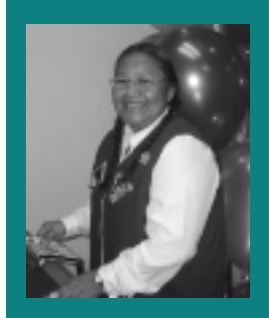
*Bernice Mitchell,  
Warm Springs tribal council  
member for 50 years*



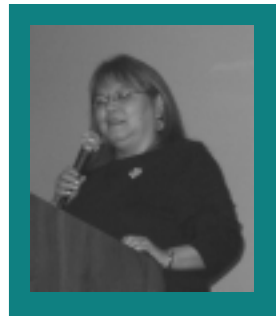
*Mel Tonasket, former  
Colville Chair, former  
President of NCAI*



*Jim SiJohn (Spokane,  
Coeur d'Alene), former  
NPAIHB Delegate*



*Donna Starr  
(Muckleshoot), former  
NPAIHB Delegate*



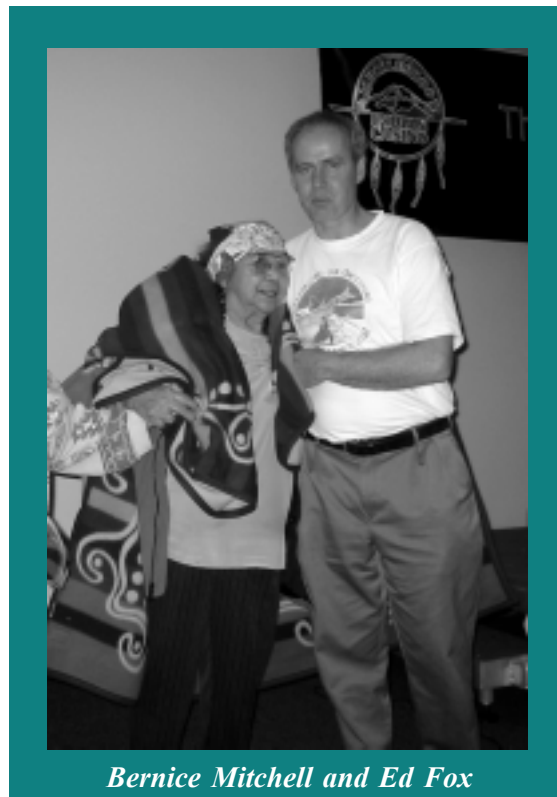
*Pearl Capoeman-Baller,  
President Quinault  
Nation and NPAIHB  
Delegate*

Springs), Dr. Charles Grim (Choctaw), and Ernie Stensgar (Coeur d'Alene); and Executive Directors Doni Wilder (Sioux), Cheryl Kennedy (Grand Ronde), and Ed Fox (current Executive Director). Julia Davis-Wheeler (Nez Perce), current Board Chair (of 12 years), was the mistress of ceremonies.

Speakers illustrated the importance that generosity, friendship, and the willingness to compromise have played in the Board's success. Everyone had such fun reminiscing that we ran out of time for the scheduled comedian, though we discovered we had a few comedians of our own. The event lasted more than three hours and over one hundred people were still in attendance at the closing.

Special thanks goes to the Muckleshoot Tribe for hosting an organized and beautiful banquet. The Board Delegates and special guests received a small Pendleton bag with the Board logo

embroidered on the front, a 30<sup>th</sup> Anniversary pin, a fleece vest with the Board logo embroidered on the front, and a canvas bag. 🧺



*Bernice Mitchell and Ed Fox*

# Northwest Tribal Recruitment Project Successful in Scholarship Recruitment


by Gary Small, Northwest Tribal Recruitment Project Director

The Northwest Tribal Recruitment Project (NTRP) announced that a record number of Northwest Indian students have applied for the Indian Health Service, Health Professions Scholarship for the 2003 academic year. The record number of applicants is likely the result of 13 scholarship workshops conducted by NTRP, specifically addressing the Indian Health Service Scholarship application process.

Darlene Marcellay-Hyland, Scholarship Coordinator for the Portland Area Indian Health Service, reported that 93 scholarship applications had arrived as of February 28<sup>th</sup> and she was expecting more to arrive. The Portland Area received roughly a one-third increase of applicants over the previous year. Human resource related reports predict a shortage of health professionals in the very near future, so the possibility of health care graduates in the area is

promising. On average, the Northwest received three to four scholarship recipients per year. However, during the last academic year the Northwest received 16 new scholarship recipients. Of the 16 new recipients, 14 of the students attended one of the board sponsored scholarship workshops. NTRP holds several workshops throughout the Northwest for Indian students to improve their scores on the application process.

The Indian Health Service, Health Professions Scholarship is arguably the most well funded health related scholarship in the nation. The application process, however, can be troublesome for applicants who are not aware of the scoring criteria and the required documentation to be submitted. The workshops clearly explain the application process, which increases the probability of the students correctly completing the application and

can also increase the individual's applicant scores. The applications for the 2004 academic year will likely be available in mid December of 2003 with a tentative application deadline of February 28<sup>th</sup> 2004. 

2003 IHS scholarship workshops were held at:

Washington State University, School of Nursing (with video satellite to Pullman and Yakama campus)  
Spokane Falls Community College  
Spokane Community College  
Warm Springs Tribal Education  
Idaho State University  
Shoshone Bannock Tribal Education  
Umatilla Tribal Education  
Eastern Oregon University  
Grande Ronde Tribal Education  
Northwest Indian College  
Portland Area Indian Health Board.

## 2003 Public Health Genius Award

Community Health Partnership wishes to honor outstanding Oregonians who are working to improve the health of the public. In addition to honoring past achievement, the awards are intended to recognize the potential contributions of the recipients. Honorees will receive awards based upon demonstrated originality, insight, and ability to create lasting change.

**Criteria**  
Nominees must be Oregon residents whose primary work is related to improving the health of the public in areas such as public health service, environmental health, prevention, improving health services for rural Oregon communities, or improving health service for minorities.

Celebrate excellence in public health services by nominating a candidate today. Community Health Partnership will be honoring exceptional community health performance by presenting \$3,000 for the Genius Award. **Deadline for nominations is May 23, 2003.** For additional information visit their website at <http://community.oregonlive.com/cc/foph> or call (503) 416-3690.



# Diabetes News

by Diabetes Project Staff

## Diabetes Management System Training



On March 6<sup>th</sup> and 7<sup>th</sup>, 2003 diabetes program staff from across the Northwest convened in Portland, OR to participate in the IHS Resource and Patient Management System (RPMS) Diabetes Management System (DMS) training. The DMS provides the capacity to monitor, report, and evaluate the overall effectiveness of a diabetes program. Participants included diabetes coordinators, data entry staff, administrators, and community health representatives. Participants learned how to enter patients into the register, modify patient data, and generate reports indicating patients in need of care. Additionally, participants were instructed on how to utilize the DMS for case management and quality assurance. One student expressed, “Now I not only have a basic understanding of the RPMS DMS, but it has also helped me organize my thoughts for our diabetes program”. Please contact the Western Tribal Diabetes Project at 1-800-862-5497 or visit [www.npaihb.org](http://www.npaihb.org) for more information about future DMS trainings.

## Shake that Sugar



On March 5<sup>th</sup>, 2003 Portland Area Community Health Representatives and the diabetes staff assembled in Portland, OR to attend the workshop, “*Shake That Sugar, Creating Terrific Teaching Tools, Diabetes Complication Prevention Through Teaching Tools.*” *Shake That Sugar* is a joint effort between the Portland Indian Health Service Diabetes Program and the Northwest Portland Area Indian Health Board. The *Shake That Sugar* curriculum promotes a straightforward, hands-on approach to diabetes health education. In many communities, visual teaching tools have been proven to be an effective method to educate about nutrition and diabetes. Participants learned different techniques and styles to effectively teach community members and patients about diabetes and nutrition, as well as learned how to create models that visually teach patients about diabetes complications. *Shake that Sugar* will be

officially unveiled at the NW Tribal Diabetes Gathering on May 7 and 8<sup>th</sup> and at that time tribal programs will receive the supplies and curriculum to take back to their communities to pilot. We hope to see you at the conference.

## Reminder: IHS Diabetes Audit

The annual IHS Diabetes Audit is almost here. WTDP staff is ready to assist sites with the completion, use, and interpretation of their audit, through both site visits and telephone calls. This year the IHS Diabetes Audit will review patient care for April 1, 2002 through March 31<sup>st</sup>, 2003.

The annual IHS Diabetes Audit is an important measure of clinical performance. The IHS Diabetes Audit parallels the IHS Standards of Care for Patients With Diabetes, measuring 87 different items that reflect both the process of diabetes care and health outcomes. For example, the IHS Diabetes Audit shows how many of your patients receive nutrition



Continued on page 18

# Tribal Council Member Quit Smoking...One Day at a Time

By Ruth Jensen, Northwest Tribal Cancer Control Project Director



*Deborah Wachendorf, Tribal Council Member for Makah Indian Nation, Makah delegate for Northwest Portland Area Indian Health Board, and member of the Northwest Tribal Cancer Coalition*

“Thirty-three years of my life was up in smoke.” Debbie Wachendorf, Makah Tribal Council member and delegate to the Northwest Portland Area Indian Health Board, reflects on her years as a smoker and celebrates her recent successful quit attempt. “Today it’s been 146 days – almost five months – since I quit!”

At a meeting of the Northwest Tribal Cancer Coalition last October, members teamed up with partners and were charged with setting personal goals that would contribute to the health of their communities. Debbie answered this challenge with a commitment to stop smoking. Her partner, Stella Washines, provided the support she needed to achieve her goal. Ms. Washines reported, “Debbie always knew I would check in with her to cheer her on.” Their paths cross at Quarterly Board Meetings and other functions. In fact, Ms. Wachendorf credits Stella’s encouragement as an integral element of her successful quit.

Ms. Wachendorf describes many reasons for quitting. As a tribal council member, she represents the Social, Health, and Education Department and wants to be a good example. She has grandkids and nieces and nephews. “I want to see them through my time, and I hope I am encouraging them and giving them hope.” It is also important to Ms. Wachendorf to help curb the rising health care costs to her community by quitting and by being an example to younger people. Still, Ms. Wachendorf asserts that crucial to her

success is the fact that this time she quit for herself. And there is a bonus: her husband and children love that she quit.

Like the majority of successful quitters, Ms. Wachendorf has made several previous attempts to give up cigarettes. A few years ago, she quit for nearly three months. Ms. Wachendorf reports that she benefited a great deal this time from her use of “the patch,” a nicotine replacement therapy. She remarks that seeing billboards with graphic pictures of cancer survivors whose lips had been removed or who had holes in their throats for talking was also motivating. “That could be me, down the road.” At one time, smoking helped her relieve stress and calm her nerves. Now, Ms. Wachendorf affirms, “I take one day at a time.”

Ms. Wachendorf participates in a smoking cessation group led by Andrew Wink, coordinator for the Tobacco Prevention Program at Makah. She finds the weekly group meetings exceptionally helpful in her efforts to remain a non-smoker. Ms. Wachendorf finds satisfaction in keeping track of the days she hasn’t smoked or used the patch. She believes that people can quit smoking, but they have to want to quit. When asked what recommendations she might have for others who want to quit smoking, she assured that if they quit they will feel better and their families will too. Ms. Wachendorf emphasizes

**Continued on page 11**



*Stella Washines, Tribal Council Member for Yakama Indian Nation, Yakama delegate for Northwest Portland Area Indian Health Board, and member of the Northwest Tribal Cancer Coalition*

# Special Diabetes Program for Indians – Request for Tribal Input

by Jim Roberts, Policy Analyst

The Tribal Leaders Diabetes Committee (TLDC) recently conducted their quarterly meeting held in Albuquerque, New Mexico on March 10-12, 2003. NPAIHB Delegate, Norma Peone, attended the meeting on behalf of Portland Area Representative, Julia Davis-Wheeler. NPAIHB staff members Kerri Lopez, Diabetes Director, and Jim Roberts, Policy Analyst also attended the meeting.

In a letter to Dr. Grim, Representative Nethercutt recommended that the new diabetes money be used for competitive grants to fund new approaches to dealing with diabetes, to strengthen the national clinical data system, and to ensure that programs not meeting standards receive assistance to be brought up to a functioning level or be terminated. Representative

Nethercutt's recommendations are consistent with the language outlined in the House Conference Report for appropriations.

Many Tribal leaders did not agree with the recommendations of Representative Nethercutt and the House appropriations language concerning "strengthening the national clinical data" system. Many felt that this was not the intent of the money when it was first appropriated by Congress and put some Areas at a disadvantage in accessing funds to enhance clinical data systems. It was further felt that using the Special Diabetes Program for Indians (SDPI) funds to enhance the IHS clinical data systems was not fair, since this is a function that IHS should have been maintaining all along and

additional data improvements are larger than just the diabetes requirements. Dr. Grim requested the TLDC coordinate with the IHS in developing a 3-5 year plan, making recommendations on the SDPI funding, and developing a strategy for addressing Representative Nethercutt's comment on eliminating non-functioning programs.

As a result of the comments of Representative Nethercutt's letter and the request from Dr. Grim, the TLDC has requested that each of the Areas conduct Tribal consultation on the SDPI Diabetes funding. It is hoped that the consultations can be completed as soon as possible and will cover both FY 2003 and FY 2004 distribution issues. It is expected that consultation issues will include discussion on Representative Nethercutt's letter to the IHS, Dr. Grim's letter to the TLDC, the language contained in the Conference Agreement, the recommendations on the distribution formula, developing recommendations for data improvement, and a competitive grants program.

The TLDC has set April 25<sup>th</sup> as the deadline for submission of Area Tribal recommendations to the Interim Director's office or the IHS National Diabetes program. The Portland Area conducted their diabetes consultation meeting during the NPAIHB Quarterly Board meeting on Tuesday, April 15, 2003.



## Continued from page 10

that she feels great now and knows that she is healthier. Her sleep has improved. Her eating habits have changed—she enjoys food more. She reiterates, "I still take one day at a time. I just feel better!"

\* \* \*

The Northwest Portland Area Indian Health Board provides two tobacco programs for tribes in the Northwest. They are the National Tribal Tobacco Prevention Network and the Western

Tobacco Prevention Project. Both are committed to improving the wellness of American Indian and Alaska Native people by working to reduce commercial tobacco use. For more information, call Liling Sherry, Director of both programs, at 503.228.4185 or email [lsherry@npaihb.org](mailto:lsherry@npaihb.org).

The Northwest Tribal Cancer Coalition meets the day before each quarterly meeting of the Northwest Portland Area Indian Health Board. For more information, call Ruth Jensen at 503.228.4185 or email [rjensen@npaihb.org](mailto:rjensen@npaihb.org).

## NPAIHB Staff Pictures



*Senator Daniel Inouye and Julia Davis-Wheeler at the Senate Indian Affairs Hearing February, 2003*



*NPAIHB Staff at the January QBM presenting Delegates with 30th Anniversary gifts*



*Marilyn Scott, Upper Skagit Delegate, 2003 NPAIHB Delegate of the Year*

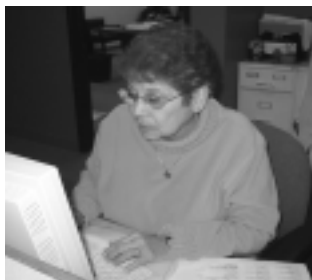


*Bobbi Treat, 2003 NPAIHB Employee of the Year*

## NPAIHB Staff



*Elaine Dado and Sonciray Bonnell in front of the White House*



*Lila LaDue, NPAIHB Receptionist*



*Verné Boerner, Administrative Officer, presenting at the January QBM*



*Kerri Lopez, Western Tribal Diabetes Project Director, presenting at the January QBM*



*Mary Brickell, RPMS Specialist, presenting at the January QBM*

# January Quarterly Board Meeting Pictures



*Northwest Portland Area Indian Health Board Executive Committee  
L to R: Pearl Capoeman-Baller(Quinault), Janice Clements(Warm Springs), Rod Smith(Puyallup), Norma Peone(Coeur d'Alene), Julia Davis-Wheeler(Nez Perce)*



*Dr. Charles Grim sporting his new NPAIHB jacket during the January QBM*



*Lisa James, Muckleshoot Tribal Health Director*



*Regina Schofield, Director, Office of Intergovernmental Affairs, DHHS*



*Joe Jay Pinkham (Yakama) presenting at the January QBM*



*Special guests at the January QBM luncheon*

beneficiaries. Many American Indian and Alaska Native (AI/AN) beneficiaries only qualify for the OHP Standard which provide fewer benefits than if they were enrolled in the OHP Plus plan. Since services provided to AI/AN is 100% reimbursable under Federal Medical Assistance Percentage (FMAP), the state of Oregon does not save any money by cutting services to American Indians enrolled in the OHP Standard plan.

Through the combined effort between NPAIHB, Tribal Health Directors, and the Oregon Department of Human Services (DHS), SB 878 legislation was introduced to provide AI/AN with the same benefit package as individuals in the OHP Plus plan. SB 878 will ensure that additional benefits included in the OHP Plus package that are 100% reimbursable under FMAP will be provided as standard benefits for the AI/AN OHP Standard Population. There are some requirements for the proposed change to take place. One requirement is an approval from the Centers for Medicare and Medicaid Services (CMS) to amend Oregon's Medicaid Waiver. The proposed legislation requires the state to amend its 1115 Demonstration Waiver with CMS before any of its conditions can become effective. Legislators will only support the amendment if it does not cost the state any money. The tribes could enter into an intergovernmental agreement to provide matching funds for services covered in the OHP Plus benefit package that would not have the 100% federal match (items like travel and other related costs).

The focus of our efforts in Oregon are

being evaluated on a national level and it is felt that if our exemption is granted, it will set a precedent for other states to follow. Once again the Northwest tribes are "*blazing the trail*" for Indian health issues and we expect the outcomes to be positive!

### Washington:

On December 17, 2002, Governor Locke released a proposed budget that included drastic cuts in health care coverage, including elimination of state-funded health coverage for 60,000 low-income childless adults under the state's Basic Health Plan, and adult dental, vision, and hearing services covered under Medicaid. On February 17<sup>th</sup>, Governor Locke directed Washington's Health Care Authority to develop a less costly health plan which would further cut the costs of the current programs by 12-percent. The state proposed still other changes under a pending federal waiver that would cap Medicaid enrollment levels and limit benefits for certain Medicaid beneficiaries. The waiver also proposes to increase enrollment in the Basic Health Plan by 20,000 people, but given the 60,000 enrollment reduction in the Basic Health Plan proposed in the 2004 budget, the net change would be a scaled-back program that covers 40,000 fewer individuals.

The American Indian Health Commission (AIHC) and NPAIHB have been working with tribes to mitigate the impact that the proposed cuts will have on American Indian people. It is estimated that tribal health care providers would lose \$4.4 million and that more than 10,000 AI/ANs

would lose access to care under the proposed changes. The American Indian Health Commission estimates that the four Washington tribes that sponsor Basic Health – Jamestown S'Klallam, Lummi, Port Gamble S'Klallam, and Quinault – would lose an additional \$1.5 million and be forced to drop 67 percent of their Indian enrollees from coverage if the Governor's budget proposals are enacted.

At the recent AIHC meeting held on March 21<sup>st</sup> in Seattle, discussions between officials from the State, NPAIHB, AIHC, and CMS indicated that the amendment Oregon is working on might provide the foothold for initiating change in Washington. It is felt that, if the exemption that the tribes of Oregon are working on is granted, it will set a precedent for other states like Washington to follow. NPAIHB will be working with the AIHC in the coming months to move forward with this issue. 🍷




NPAIHB Recommended FY 2004 Budget Compared to President's Proposed Budget						Current vs. President's (President's is Less)
	Enacted FY 2003	President's Request 04	Change over 03	Increase for Inflation	Current Services	
SERVICES:	20-Feb	3-Feb				
Hospitals & Clinics	1,211,988	1,194,600	(17,388)	90,899	\$ 1,302,887	\$ (108,287)
Dental Health	99,633	105,566	5,933	7,472	\$ 107,106	\$ (1,539)
Mental Health	50,297	53,959	3,662	3,772	\$ 54,069	\$ (110)
Alcohol Substance Abuse	136,849	139,975	3,126	10,264	\$ 147,113	\$ (7,138)
Contract Health Services	475,022	493,046	18,024	59,378	\$ 534,400	\$ (41,354)
			-			\$ -
Public Health Nursing	39,616	43,112	3,496	2,971	\$ 42,587	\$ 525
Health Education	10,991	11,940	949	824	\$ 11,815	\$ 125
CHRs	50,444	51,633	1,189	3,783	\$ 54,227	\$ (2,594)
AK Immunization	1,546	1,580	34	116	\$ 1,662	\$ (82)
						\$ -
Urban Health	31,323	31,568	245	3,915	\$ 35,239	\$ (3,670)
Health Professions	31,114	35,417	4,303	1,245	\$ 32,359	\$ 3,058
Tribal Management	2,390	2,406	16	96	\$ 2,486	\$ (80)
Direct Operations	60,176	56,607	(3,569)	2,407	\$ 62,583	\$ (5,976)
Self Governance	5,553	10,250	4,697	395	\$ 10,271	\$ 4,302
Contract Support Costs	268,974	270,734	1,760	20,173	\$ 289,147	\$ (18,413)
<b>Total, SERVICES</b>	<b>2,475,916</b>	<b>2,502,393</b>	<b>26,477</b>	<b>185,694</b>	<b>\$ 2,661,610</b>	<b>\$ (159,217)</b>
FACILITIES:			-			
Maintenance and Improvement	49,507	47,331	(2,176)	1,980	\$ 51,487	\$ (4,156)
Sanitation Facilities Construction	93,217	114,175	20,958	3,729	\$ 96,946	\$ 17,229
Health Care Facilities Construction	81,585	69,947	(11,638)	3,263	\$ 84,848	\$ (14,901)
						\$ -
Facil and Env Hlth Support	132,254	139,522	7,268	5,290	\$ 137,544	\$ 1,978
Equipment	17,182	16,294	(888)	687	\$ 17,869	\$ (1,575)
<b>Total, FACILITIES</b>	<b>373,745</b>	<b>387,269</b>	<b>13,524</b>	<b>14,950</b>	<b>\$ 388,695</b>	<b>\$ (1,426)</b>
			Increase over	Increase		Difference
Total, IHS	2,849,661	2,889,662	\$ 40,001	200,644	\$ 3,050,305	\$ (160,643)
					other increases	difference
Population Growth				\$ 59,843	\$ 59,843	\$ (59,843)
Contract Support Cost				\$ 100,000	\$ 100,000	\$ (100,000)
subtotal				\$ 159,843	\$ 159,843	\$ (159,843)
Program Increases					\$ 204,000	
<b>Totals</b>	<b>2,849,661</b>	<b>2,889,662</b>	<b>\$ 40,001</b>	<b>360,486</b>	<b>\$ 523,686</b>	<b>\$ (320,485)</b>
<b>% increase</b>			<b>1.40%</b>	<b>18.38%</b>		

**Continued from page 3**

current services, NPAIHB also recommends \$204 million for program enhancements such as small facility construction, pharmacies, information technology improvements, and increases above current services for other budget line items. The NPAIHB

budget adequately funds mandatory cost increases, tribal homeland security, and information technology; fully funds epidemiology centers; and addresses priority unmet needs for IHS. If this budget increase is approved, disparities

in health status between the general population and the AI/AN populations could be reduced. 

# Julia Davis-Wheeler Honored

Julia Davis-Wheeler was honored by the Northwest Portland Area Indian Health Board during the 30<sup>th</sup> Anniversary celebration. Delegates and Board staff presented Julia with a beautiful piece of art from one of her favorite artists, Virgil “Smoker” Marchand. The bronze piece is titled, “The Wolf” and is promised to be housed in Julia’s office.



Julia has served as NPAIHB Chair for over 12 years. Her dedication, skill, and personality are appreciated and needed. Thank you Nez Perce tribal council for loaning one of your best to do such effective and much needed work in Indian Country. The Northwest is truly blessed by having such a great leader. 🍀

## Continued from page 2

website for dates and locations of these important meetings. These meetings keep tribes informed on important issues effecting the funding of our health programs. One of the major topics currently up for discussion is developing new strategies to mitigate the damage state budget cuts will create for tribal health programs.

### **Other Events and Notes:**

#### *January Quarterly Board Meeting*

Our quarterly Board meetings continue to be well attended. Delegates from 35 tribes attended the Muckleshoot Board Meeting and participated in the Board 30<sup>th</sup> anniversary celebration.

#### *IHS Budget Analysis*

March 19, 2003 marked 14 years that NPAIHB staff and Delegates have produced recommendations to the Indian Health Service Budget in our

annual budget workshop. It is widely considered as the best analysis of the budget and the one that give all tribes, nationwide, an important source of credible arguments for increases in funding for the IHS budget.

#### *Indian Health Care Improvement Act.*

I was selected to serve with Chair Rachel Joseph as a co-chair of the effort to reauthorize the Act in the 108<sup>th</sup> Congress. The National Indian Health Board will provide technical support.

#### *Self Governance Advisory Committee*

Self-Governance tribes continue to address the problem of inadequate funding for contract support costs. This year’s 50% cut in the office of Self-Governance will reduce the ability of that office to provide services that it has offered in the past.

#### *National Indian Health Board*

The National Indian Health Board (NIHB) relocated to Washington, DC as of March 1, 2003. Interviews have been completed and we hope we will have a new Executive Director in April, 2003. This will put us in a good position for sustained advocacy. J. T. Petherick has done a very good job as NIHB’s interim director and policy analyst. NPAIHB has willingly given moral and personnel support to NIHB during this transition phase. Ed Fox, Elaine Dado, and Jim Roberts were all available to JT during the move from Denver to DC. JT has expressed his appreciation for the help given by the NPAIHB to NIHB this year. 🍀



# Women's Health Promotion Project

by Lynn DeLorme, Women's Health Promotion Project Coordinator

As the new Coordinator of the Women's Health Promotion Program (WHPP), I hit the ground running, immersing myself in the functions and activities of the WHPP. Cassie Cohen, Peggy Biery, Verne Boerner, and I attend the Women's Health Promotion Coalition (WHPC) meeting in Lincoln City, Oregon on March 31 and April 1, 2003. I enjoyed meeting the coalition of representatives from Oregon's nine federally recognized tribes. We plan to work with the WHPC members to

identify agenda items regarding breast and cervical cancer and screening issues for subsequent meetings. I look forward to my new role as an advocate and liaison to the Oregon Breast and Cervical Cancer Program (OBCCP).



## Continued from page 5

Title II (Health Services) addresses issues related to the delivery of health services to American Indian and Alaska Native populations. Diabetes programs and epidemiology centers are just two of the many health programs authorized by this title.

Title III (Facilities) proposes that tribal consultation be required for any and all facility issues, not just facility closures. This title gives permanent authority to small ambulatory facilities construction.

Title IV (Access to Health Services) seeks to maximize recovery from all third-party coverage, including Medicaid, Medicare, CHIP, and any new federally funded health care programs. It also will contain new authority for long-term care and protection against estate recovery.

Title V (Health Services for Urban Indians) adds facility construction authority and coverage by the Federal Tort Claims Act for the 35 urban programs.

Title VI (Organization Improvements) has few changes, but does include the elevation of the Indian Health Service Director to Assistant Secretary in the Department of Health and Human Services.

Title VII (newly titled Behavioral Health) has major revisions, specifically to integrate Alcohol and Substance Abuse provisions with Mental Health and Social Service authorities.

Title VIII (Miscellaneous) was largely rewritten. It now includes a proposal to establish an entitlement commission to study and make recommendations on

converting Indian Health to an "Entitlement," in the same manner as Medicaid and Medicare. Ten sections were moved out of Title VIII to more appropriate sections in the IHCA. All CHS provisions were moved to Title II. A majority of the "free-standing and severability" provisions from other titles were incorporated into Title VIII.

This act will not pass this year unless tribes convince Congress that the reauthorization of the Indian Health Care Improvement Act is a priority in 2003. Please consult our webpage at [www.npaihb.org](http://www.npaihb.org) or [www.nihb.org](http://www.nihb.org) to keep up to date on the reauthorization effort.

## Tribal Logos to Adorn NPAIHB Reception

The NPAIHB Art Committee is still collecting tribal logos to decorate our office reception area with the 43 Northwest tribal logos. To date, we have received 26 tribal logos and they are matted and framed. Thanks to those tribes for their timely submission. We still need to receive the following logos: Kootenai, Shoshone-Bannock, Hoh, Kalispel, Lummi, Muckleshoot, Nisqually, Quileute, Shoalwater Bay, Skokomish, Spokane, Stillaguamish, Suquamish, Swinomish, Tulalip, Upper Skagit, and Warm Springs.

We are happy to honor our tribes in this way and hope the remaining logos will arrive soon. Please email your tribal logo to Lynn DeLorme at [ldelorme@npaihb.org](mailto:ldelorme@npaihb.org) in a jpeg format. For more information, please contact Lynn DeLorme at (503) 228-4185 ext. 254.



*NPAIHB Reception.  
Imagine all 43 Northwest Tribal Logos here.*

### Continued from page 9

counseling, how many are prescribed lipid-lowering drugs, and how many have “ideal” blood pressure control.

It is expected that the IHS Diabetes Audit will be due in late summer. Currently, there are two options for completing the Diabetes Audit: electronically or manually. Each method has strengths and limitations. WTDP Project Specialists are available to answer questions on completing the IHS Diabetes Audit, helping you troubleshoot, or developing strategies for completing the IHS Diabetes Audit. Please contact the WTDP at 1-800-862-5497 for more information.

### **Northwest Diabetes Program Gathering**

The First Annual Northwest Diabetes Program Gathering is planned for May 7<sup>th</sup> and 8<sup>th</sup>, 2003, in Portland. Mark your calendars because this event will be here before you know it! The theme of the Gathering is sharing of knowledge and experiences amongst tribal diabetes programs. Interactive roundtable sessions and workshops being led by local Tribal diabetes staff will be the main focus of the Gathering. Invited expert speakers include Dr. Kelly Acton and Lorraine Valdez of the

National Diabetes Program, Dr. Donnie Lee, Daniel Marks, and Elaine Miles leading the group in rez aerobics. Planning is in full swing and we look forward to seeing NW diabetes program staff in Portland. Thank you to all who responded to our surveys for your valuable input to this 1<sup>st</sup> annual gathering. If your program would like to contribute to this gathering, please contact Rachel Plummer at 1-800-862-5497 or [rplummer@npaihb.org](mailto:rplummer@npaihb.org). Registration packets will be arriving at your clinic in late March.



# Call for Youth Applicants: National Youth Leadership Institute on Tobacco Prevention

by Nichole Hildebrandt, CIRCLE Fellowship / Western Tobacco Prevention Project

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

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

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

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

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

## Timeline

### **Application deadline May 1, 2003**

- ❖ Selection and notification of youth participants May 15, 2003
- ❖ Tobacco Prevention Leadership Institute July 2003
- ❖ Mini-grant awards August 2003
- ❖ Projects in session August – December, 2003
- ❖ Selected project presented at a national or international conference

Candidates must submit an application; two letters of support from people who are NOT relatives; and written answers to the following questions (typed double spaced, min. 1 page, max. 3 pages): why do you wish to be a part of the Leadership Institute, why do you think commercial tobacco prevention is important in your community, if provided with a \$1,000 mini-grant for commercial tobacco prevention – what type of project would you conduct and why, what do you consider your biggest

achievement in the last five years, and describe a challenging situation you have had to overcome.

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

  
**The application the  
National Youth Leadership  
Institute on Tobacco  
Prevention is on page 20  
of this newsletter.**



*-Completed applications are due May 1, 2003-*

**APPLICATION: LEADERSHIP INSTITUTE**

**Creating Indigenous Resource Cooperatives thru Leadership Education  
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD**

Name:

\_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Address:

\_\_\_\_\_ STREET ADDRESS OR P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

**NATIVE HERITAGE Documentation needed for consideration**

\_\_\_\_\_ TRIBE/AFFILIATION \_\_\_\_\_ RESERVATION/VILLAGE/RANCHERIA \_\_\_\_\_ Enrollment # \_\_\_\_\_

**EDUCATION**

Name of School: \_\_\_\_\_ GPA \_\_\_\_\_  
Year in School (please check one) Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

PLEASE LIST ANY HONORS, AWARDS, AND FELLOWSHIPS RECEIVED:

PLEASE LIST ANY CLUBS, ORGANIZATIONS OR EXTRA-CURRICULAR ACTIVITIES THAT YOU PARTICIPATE IN:

**REFERENCES** List 2 persons who are NOT related to you. Please see "References" section for more detail  
A letter of support from each reference listed must be submitted with this application for consideration

Name                      Phone No.                      Occupation

1. \_\_\_\_\_
2. \_\_\_\_\_

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

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

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_ DATE

Application checklist:

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

# New Staff at NPAIHB



Rachel Plummer (Northern Cheyenne) began her position as the new Administrative Assistant for the Western Tribal Diabetes Project on January 27<sup>th</sup>, 2003.

Rachel lived in Lame Deer Montana until 1979, when her family moved to Portland, Oregon. She is a graduate of David Douglas High School, is married, and has two beautiful daughters whom she schooled at home until two years ago.

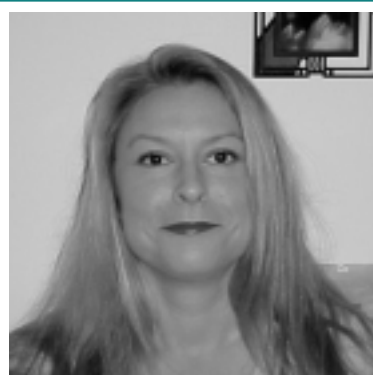
Rachel comes to the Board from Native American Rehabilitation Association (N.A.R.A.) where she enjoyed her work as the Tobacco Cessation Coordinator & Counselor. While at N.A.R.A., Rachel found satisfaction in helping patients quit smoking through her leadership in the Tobacco Cessation Program. She also spent valuable time providing support to the diabetic patients during the Diabetes Clinic Days.

In her spare time, Rachael beads, reads books, and attends both of her daughters' various extra curricular activities. She is excited to join the Western Tribal Diabetes Project team!



Mike Feroglia (Cheyenne River Sioux) was recently hired as the Accounts Payable/Payroll Specialist. He has spent the last two years as a stay-at-home father with his three children. Prior to that, he was the Accounting Supervisor for J.D. Fulwiler, where he handled payroll and benefits administration. He received his Baccalaureate degree in Finance from Santa Clara University in 1992 and is currently working on his MBA at Washington State University.

In his free time Mike enjoys soccer, softball, attempts to work out, and spending time with his family. He is very excited to finally interact with adult individuals and looks forward to working at NPAIHB.



Lynn DeLorme (Turtle Mountain Chippewa) accepted the position as the Women's Health Promotion Project (WHPP) Coordinator on March 27, 2003. In addition to her current part-time position as Research Specialist for Program Operations, Lynn has experience working for a number of projects at NPAIHB including Indian Health Statistics Project Assistance, Tribal Tobacco Prevention Project Assistant, Western Tribal Prevention Project Specialist, Technical Writer, and Portland Area

IHS IRB Coordinator. Lynn received her MPA/MHA from Portland State University. Lynn is delighted to have the opportunity to continue working for the Northwest tribes, and looks forward to meeting the WHPP Coalition members.



Crystal Gust has been with NPAIHB since June 2002 and has recently moved from the National Tribal Tobacco Prevention Network to the Western Tribal Diabetes Project as the Northwest/National Project Specialist. She will be working on-site with diabetes programs to set up and implement the Resource and Patient Management System (RPMS)

Diabetes Register. She will also provide trainings to Indian health care staff in using RPMS applications and other project specific tools.

Crystal is originally from Montana and is an enrolled Chippewa-Cree from the Rocky Boy Reservation. She graduated from Montana State University in 1996

# Upcoming Events

A  
P  
R  
I  
L

## **Northwest Tribal Veterans Conference**

**April 17-18, 2003**

Suquamish Reservation Auditorium. For more info contact Jim Rising at (360) 586-1066 or email [jimr@dva.wa.gov](mailto:jimr@dva.wa.gov).

## **28th Annual Northwest Indian Youth Conference**

**April 20-24, 2003**

Seattle, WA at the Double Tree Hotel at the Sea-Tac Airport For more information, call Adrian Verzola at (206) 325-3942 or email [iwasil@yahoo.com](mailto:iwasil@yahoo.com).

## **National Association of Community Health Representatives, April 21-24, 2003**

Silver Legacy Hotel Resort Casino in Reno, NV.

## **2nd Annual Native Women's Leadership Development Forum**

**April 24, 2003**

Forum & Honoring Luncheon at the Hilton Hotel in Seatac, WA. For more information contact: Native Action Network, Box 3001, Seattle, WA 98114 or [info@nwnativeinfo.com](mailto:info@nwnativeinfo.com).

## **Native American Northwest Conference**

**April 24-25, 2003**

Some Best Practices in Mental Health. Four Points Sheraton in Portland, Oregon.

## **Dialogue Four Corners: Mental Health Meeting**

**April 24, 2003.**

Albuquerque, NM. Hyatt Regency Hotel, at 330 Tijeras Street from 8:00 am to 5:00 pm. For more info email: [nimhfourcorners@mail.nih.gov](mailto:nimhfourcorners@mail.nih.gov) or call (703) 925-9455, ext 15.

## **Idaho Tribes & State of Idaho Department of Health & Welfare Meeting**

**April 24-25, 2003**

1720 Westgate (Region 4) Suite D, Boise, ID. For more information contact Angela Mendez at (503) 228-4185 ext 316 or email [amendez@npaihb.org](mailto:amendez@npaihb.org).

## **8th Annual Women's Health Conference**

Sponsored by OHSU's Center for Women's Health from 8:30-4:30 pm at the Portland Oregon Convention Center. For more information call (503) 494-0515.

## **IHS National Nutrition & Dietetic Seminar**

**April 29-May 2, 2003**

Albuquerque, NM. Sponsored by the IHS Clinical Support Center. For more information call (866) 477-6432 or email [deckleberry@abq.ihs.gov](mailto:deckleberry@abq.ihs.gov).

## **4th Annual Advances in Indian Health**

**April 30-May 2, 2003**

Radisson Hotel & Conference Center in Albuquerque, NM on April 30-May 2, 2003. For registration call Kathy Breckenridge at (505) 272-3942 or online at <http://hsc.unm.edu/cme>.

# Upcoming Events

**M  
A  
Y**

## **2nd All Things Are Connected—American Indian & Alaska Native HIV/AIDS, Substance Abuse, and Diabetes Conference**

**May 1-2, 2003**

Successful Involvements for the Elimination of Health Disparities Among AI/AN. The conference will be held in Savannah, GA. For more info go to <http://www.tech-res-intl.com/nativeconference/index.asp> or call (301) 897-7481 or email [confdept@tech-res.com](mailto:confdept@tech-res.com).

## **1st Annual Northwest Tribal Diabetes Program Gathering**

**May 7-8, 2003**

Sponsored by the Western Tribal Diabetes Project, held in Portland, OR at the Mt. Hood Room at the Marriott. The conference will start at 8:00 am and end at 5:00 pm. For more information contact Rachel Plummer at (503) 228-4185 ext 291 or email her at: [rplummer@npaihb.org](mailto:rplummer@npaihb.org).

## **Weaving a Basket of Hope for American Indian/Alaska Native Survivors Conference**

Santa Fe, New Mexico. For more information contact organizers at: 1-907-333-2071 or 1-800-315-8848.

## **26th Annual Indian School Workshop on Alcohol & Other Drug Issues**

**May 17-23, 2003**

Hilton Phoenix East in Mesa, AZ. Sponsored by the American Indian Training Institute (AITI) & SAMSHA. To register call AITI at (916) 920-0731 or email [aitiinc@aol.com](mailto:aitiinc@aol.com).

## **ATNI Mid-Year Conference**

**May 19-22, 2003**

Skagit Valley Casino Resort in Bow, WA. For more information call ATNI at (503) 249-5770; or go to [www.theskagit.com](http://www.theskagit.com).

**J  
U  
N  
E**

## **Indian Child Welfare Training Institutes**

**June 2-6, 2003**

Designed for ICW workers in reservation, urban, & rural settings. Radisson Hotel South & Plaza Tower in Minneapolis, MN from 8:30 am until 5:00 pm. For more information contact Shannon Romero at (503) 222-4044 ext 133 or email [shannon@nicwa.org](mailto:shannon@nicwa.org).

## **Establishing Metabolic Syndrome Program in AI/AN Communities**

**June 3-4, 2003**

Minneapolis, MN. For more information contact (866) 477-6432 or email [deckleberry@abq.ihs.gov](mailto:deckleberry@abq.ihs.gov) or [www.ihs.gov/medicalprograms/nutrition](http://www.ihs.gov/medicalprograms/nutrition).

## **NCAI Mid-Year Session on**

**June 15-18, 2003**

Sheraton Wild Horse Pass in Phoenix, AZ

## **38th Annual US Public Health Service Conference**

**June 16-19, 2003.**

Scottsdale, AZ.

---

# Northwest Portland Area Indian Health Board

## January 2003 Resolutions

**RESOLUTION #03-02-01**

Support for an Increase for the FY 2003 IHS Budget that Funds Mandatory Costs Increases and Addresses Health Disparities

**RESOLUTION #03-02-02**

Support for NIH Funding for a Northwest Tribal Vision Project

**RESOLUTION #03-02-03**

Support for NPAIHB EpiCenter Data Linkage with Cancer Registries of Oregon, Washington and Idaho

**RESOLUTION #03-02-04**

The Elevation of the Director of the Indian Health Service to Assistant Secretary of the Department of Health and Human Services

**RESOLUTION #03-02-05**

Accept Funding from the Cancer Information Services

**RESOLUTION #03-02-06**

Support for the Establishment of an American Indian and Alaska Native Desk within the Department of



**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

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

---

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