

April, 2009

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

Public Health

You are where you live

Our roads. Our air. Our food options. Our water.
Our sidewalks. Our local laws. Our transportation options.
Our schools. Our access to health services.
Our social support.

Each of these elements within our communities — or sometimes the lack thereof — plays a significant role in whether or not we're able to eat healthy, be physically active, breathe freely or get preventive care. They help determine whether or not we're healthy.

<http://www.nphw.blogspot.com/>

Related articles on pages 2 and 6.

In This Issue

Chair's Report	2	APHA Health Reform	6	Native Fitness	10
Executive Director	3	NPAIHB Indian Day	8	Native Truth - Tobacco	11
Know your HIV Status	4	TEC	9	January 2009 Resolution	12
IHS Budget	5	New NPAIHB Employee	9		

From the Chair:
Andy Joseph, Jr.

**Northwest Portland Area
Indian Health Board**

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Shortly following our January Quarterly Board Meeting, I jumped from the frying pan right into the fire to keep up the important work of our Board. I always knew how hard and how much Linda Holt, our former Chair, worked to represent our Board and now I am getting a better idea of what that's like as our new Chairperson. On that note, I want to acknowledge the hard work and dedication that Linda provided representing our organization. Her compassion and dedication to Indian issues are like no other, and she did a great job. Thank you Linda for your years of service, you are missed!

This past quarter, I made several trips to Washington, D.C. to testify before Congress on the need to reauthorize the Indian Health Care Improvement Act (IHCIA) and the Indian Health Service (IHS) appropriations. I also represented the Board during the National Congress of American Indians (NCAI) winter session. In my testimony before the Senate Indian Affairs Committee I stressed the fact that Congress needs to get this bill passed and that we have all labored over this work too long. I also addressed the importance of making changes to the IHS programs and services as part of the overhaul on health reform. We have an opportunity to make some improvements and we at the Board, as well as other Tribal leaders and health directors, are working on this issue.

The House Interior Appropriations Subcommittee also conducted its public witness hearing, and in typical

fashion Northwest Tribes were well represented on the witness panel. It was a challenge to make recommendations since the full details of the President's FY 2010 budget are not available yet. Our recommendations stressed the sound budget principles that are the mantra of Northwest Tribes: fully fund mandatory costs of inflation, population growth, pay act increases and contract support costs. We do expect a favorable budget increase from the Obama Administration and look forward to this appropriations season.

During the week of NCAI, myself and several members of the Board were on the hill to meet with our Congressional delegation. There are some new Congressional leaders that we were able to call upon and a number of existing members have new staff. We met to describe the important work of the Board and to begin to raise awareness about Indian health disparities and the challenges that our communities face. We also were able to have about an hour long side bar meeting with Congressman Norm Dick following his speech at NCAI. This was an invaluable and impromptu opportunity that presented itself following his speech. Key tribal leaders like Brian Cladoosby (Swinomish), Pearl Capoeman Baller (Quinalt), Micah McCarthy (Makah), and others were able to discuss health care issue and the IHS budget with Mr. Dicks, who is the Chairman of the House Interior Appropriations Subcommittee.

In February, our Vice-Chairperson,

continued on page 10

From the Executive Director:

Joe Finkbonner

Voluntary Public Health Accreditation

Tribes have a great opportunity to provide input into an evaluation tool, PRIOR to its completion. The Public Health Accreditation Board (PHAB) is in the vetting process of approving their State and Local Health Department Standards that will be used for accreditation. PHAB also has provided the opportunity for Tribes to modify or accept the posted standards should Tribes wish to undergo voluntary accreditation. The deadline for comments is April 30, 2009. You can provide feedback on forms found online at www.phaboard.org. When the form is completed it can be emailed to prakash-shivaani@norc.org or if you want to mail your feedback it can be sent to:

Shivaani Prakash
NORC
4350 East-West Highway, Suite 800
Bethesda, MD 20814

Background

In an effort to improve the health of the public, the Public Health Accreditation Board (PHAB) is developing and implementing a national voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

The National Indian Health Board (NIHB), through a grant from the Robert Wood Johnson Foundation, is finalizing a process of review of the accreditation standards and providing specific feedback to address Tribal specific issues. Dr. Yvette Roubideaux was the NIHB consultant used to convene a workgroup to identify tribal issues, review the standards, and provide that feedback to the PHAB. The processes for tribal review began at the NIHB 2008 Consumer Conference in Temecula, California. Since that initial meeting we have met on three other occasions to reach our final recommendations. However, the workgroup also recognizes that each Tribe is unique and sovereign and should be extended the opportunity to provide feedback specific to their jurisdiction.

The Accreditation Framework for Local Public Health

The framework consists of eleven domains –Part A contains one domain and Part B contains ten domains. Each domain is made up of standards (specific public health functions). Each standard is made up of one or more measures (statements of quantification/qualification/action to determine compliance with a standard).

The review/comment form(s) identify the domain and the standards and

continued on page 4

Northwest Portland Area Indian Health Board

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Western Tobacco Prevention Project

Terresa White, WTPP Project Coordinator

Northwest Tribal Cancer Control Project

Kerri Lopez, NTCCP Project Director
Eric Vinson, Project Coordinator

Voluntary Public Health Accreditation (continued)

continued from page 3

request feedback on your level of agreement with the standards from “Strongly Agree, Agree, Disagree, Strongly Disagree, Don’t Know.” The form, after the completion of review of all the standards, allows you to recommend modifications or deletions to the standards and provide additional comments.

But Joe, should we participate?

Tribes vary in size, infrastructure, and services provided to their community and many will state that it would be difficult for them to fully meet ALL of the standards established. To that I will agree. Some non-tribal local health jurisdictions may not have the capacity to meet ALL of the standards established, however, the accreditation process does not require that the capacity exist “within” each public health entity, ONLY that the entity provide assurances that the standard is met through whatever mechanism available, including memorandums of agreement, mutual aid agreements, or even contracting the services out to another entity to provide. The public health jurisdiction is responsible for ensuring that the standards are met and not responsible for providing all the capacity within itself. Many of our tribes, through the mechanisms mentioned, can and do meet many (if not all) of the standards and undergoing the accreditation would be a validation to the communities that you serve that your focus is on protecting their health, while taking extra steps to improve their health status.

I will answer the question posed in the header...should tribes participate?

KNOW YOUR STATUS: National Native HIV Testing

Portland, OR – Throughout the last year, the Northwest Portland Area Indian Health Board’s Project Red Talon has collaborated with a group of national AI/AN partners to develop a Native-specific media campaign promoting routine HIV Testing.

Promotional Materials Now Available. Unfortunately, we do not have funds to formally distribute these materials on a national basis. Please download, print, and pass them along to interested parties. All are available on our website:

www.npaihb.org/epicenter/project/prt_reports_publications_media_materials/#National%20Native%20HIV%20Testing%20Media%20Campaign%20Materials

Funds for the project were provided by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Minority AIDS Initiative (MAI), and graphical design work was provided by G&G Advertising.

Tribes are sovereign governments and the accreditation process is voluntary, so it should be an individual tribal decision. I will say that every tribe should participate and provide comment during the vetting process. I would encourage all of our tribes to review and provide comment on the standards, regardless of your intent to participate in accreditation. Providing feedback can also allow you to modify the standards of non-tribal local health jurisdictions to be more inclusive of tribal partners and use this vetting process as a vehicle to improve it.

The vetting process ends April 30, 2009 and the forms can be found at www.phaboard.org.



It’s time for us to protect ourselves and our people. HIV testing is recommended for everyone – regardless of age, gender, or risk

Know your Body Know your Status

To find out more about HIV and where to go to get tested, visit your local clinic or hivtest.org

Obama Proposes a \$400 million IHS Budget Increase

“Expands Access to health Care for American Indians and Alaska Natives - The Budget includes over \$4 billion for the Indian Health Service (IHS) to support and expand the provision of health care services and public health programs for AI/ANs. Investments in the Indian health focus on improving the health outcomes of AI/ANs and promoting healthy Indian communities. The President’s Budget builds upon resources provided in the recovery Act for IHS.”

President Barack Obama’s

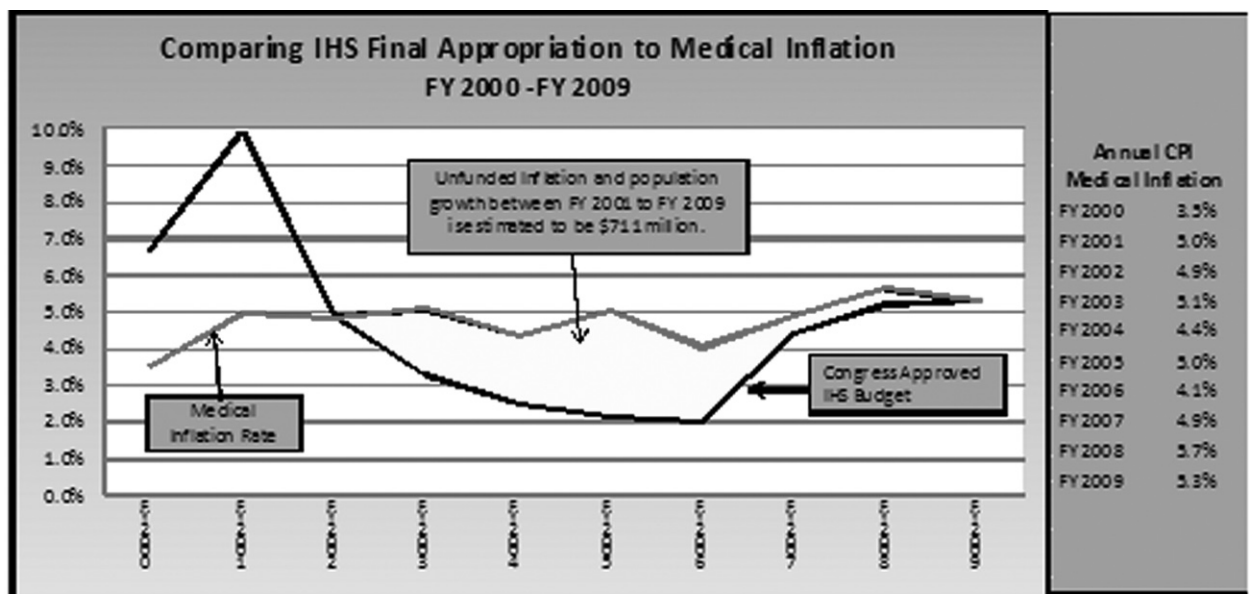
On February 26, 2009, President Obama released a blueprint of his FY 2010 spending plan, which reportedly provides more than \$4 billion for the Indian Health Service (IHS) to expand access to health care for American Indian and Alaska Natives (AI/AN). The full details of the President’s proposed budget are still not available, making it difficult to conduct any type of analysis on his proposal for the IHS. Using the FY 2009 omnibus as a baseline it’s projected that President’s proposed increase for the IHS should be at least \$418 million in FY 2010. While this is a very good budget increase for the IHS—without the full budget details—it is not possible to determine if this is a good budget for Indian health programs. The key to the President’s proposed budget is whether the request includes third party reimbursements or if funding provided in the American Recovery and Reinvestment Act (ARRA or stimulus) are used to offset appropriations to the IHS in FY 2010. If the President’s proposal includes Medicare or Medicaid collections, the budget may not be as good as everyone may think. If it does not include collections, then President Obama’s request is perhaps the best request for the IHS in the last twenty years.

The FY 2009 omnibus provides \$3.58 billion for IHS and Tribal health programs however will fall short of the estimated \$278 million needed to maintain current services. Funding to maintain current services over the last eight years has not kept pace with medical services inflation, pay act increases, population growth, or contract support cost funds needed to operate health programs. As a result, Tribes have either had to cut health services or use tribal funds to absorb these mandatory costs. It is estimated that the IHS has lost over \$711 million in unfunded inflation and population growth over the last eight years.

FY 2010 Budget Recommendations

The Indian health system has made great strides to improve the health status of American Indian people. The President and Congress must continue to work to restore the funding that has been lost under the previous Administration or the gains in health status will be reversed and AI/AN health disparities will continue to grow. The current economic conditions are also affecting the Indian health system, which has seen a rise in the demand for health service and more individuals without third party coverage like Medicaid or private insurance. This means the IHS and Tribes cannot bill for third party collections that were once used to replenish IHS resources and expand services to other Tribal members. IHS and Tribes must now do even more with less. NPAIHB makes the following recommendations:

continued on page 8



American Public Health Association

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The American Public Health Association (APHA) is the oldest and most diverse organization of public health professionals in the world. Founded in 1872, the Association represents a broad array of health providers, educators, environmentalists, policy-makers and health officials working at all levels both within and outside of government. APHA aims to protect all Americans and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States. Our goal is for the United States to become the healthiest nation in one generation.

As the new administration and Congress address health system reform, we have both the challenge and opportunity to think broadly about how to improve the health of our nation. Since the early 1900s, APHA has vigorously promoted the need for universal coverage for health care. This is a first essential step to achieve that end. However, to optimize our nation's health, we must do more. We must ensure the social and economic conditions that allow individuals and communities to be healthy. Shifting from a focus on treating illness, to providing community based health promotion and preventive health services, will measurably improve health and control costs. The APHA Agenda for Health Reform highlights the most critical changes we must make to

improve the public's health, based on longstanding APHA policies and the best current evidence.

Support Population Based Services That Improve Health

Population based programs deliver resources to the whole community and are proven to realize a more positive health impact than do individual interventions alone. These programs can target root causes of disease, disability and health disparities and can help achieve increased value for our health dollar.

◆◆ Invest in population-based and community-based prevention, education and outreach programs that have been proven to prevent disease and injury and improve the social determinants of health.

◆◆ Address the chronic underfunding of the nation's public health system. Increase funding for vital public health agencies and programs. Health reform must provide adequate and sustainable funding to address the growing demand placed on the federal, state and local public health agencies that protect and promote the nation's health. These include the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Food and Drug Administration (FDA) and other federal public health agencies along with state and local health departments.

◆◆ Account for the real cost savings and cost avoidance of

preventive and early intervention services at the individual and community levels through more accurate fiscal scoring methods. The Congressional Budget Office (CBO) and the Office of Management and Budget (OMB) should be directed to develop and implement methods to more accurately score the costs savings associated with community-based and other prevention programs.

◆◆ Develop, expand and monitor programs to reduce disparities in health. Persistent health inequities and disparities mean that millions of Americans suffer from a disproportionately high burden of disease, disability and premature death. These disparities also impose an unacceptable fiscal cost. Supporting programs and system changes that have potential to address and eliminate these disparities during health reform offers an opportunity to significantly reduce costs and improve the health of these populations. Health reform must support funding for research to better understand the underlying causes of health disparities and to develop and support effective strategies that work to reduce their impact on long term health and wellness.

◆◆ Require methods to assess the impact federal policies and programs have on public health. Health is intricately tied to community design and directly affected by policies and programs across various sectors, including housing, transportation,

2009 Agenda for Health Reform

environment, land use, agriculture, labor, education, trade and the economy. Therefore, health reform legislation should require a health impact assessment for all new federal policies and programs.

◆◆ Establish health goals and outcomes and require an annual “State of the Nation’s Health” report to hold ourselves accountable. Require an annual report to the nation that holds the system accountable for achieving agreed upon health goals and outcomes. The federal government should develop appropriate standardized measures and health status indicators, along with methods for collecting, reporting and analyzing such data. Key federal agencies like the National Center for Health Statistics and state entities such as vital statistics departments should be adequately supported to do this work. Additionally, the report should include data by patient demographic factors such as race and ethnicity, age, gender, primary language, socio-economic position, geographic location and health literacy.

Reform Health Care Coverage and Delivery

We must ensure coverage for quality, affordable health care for all. This means covering the over 46 million uninsured, and improving the quality and safety of the health care system, including building a modern health information infrastructure.

◆◆ Comprehensive health care coverage for all . All people


living in this country should have comprehensive benefits, including evidence-based clinical preventive services, management of chronic diseases and conditions, behavioral health, dental and vision care, and reproductive health services, without restrictions in coverage due to pre-existing conditions.

◆◆ Strong public programs. Public programs serve vital functions in our health system. Safety net programs such as public health clinics and Veterans Administration health services provide direct services for particular populations that cannot be replaced by private providers. As people move from the rolls of the underinsured and uninsured, we must strengthen funding for these public programs to assure that patients do not fall through the cracks. In addition, strengthening and expanding public insurance programs such as Medicare, Medicaid and CHIP builds on what works best in our system. As a starting point, Medicare, which is consistently scored as the most efficient insurance program for health coverage, should be expanded as a coverage option for all.

◆◆ Access to affordable and high-quality health care for all. Health reform must strengthen the health service delivery system to ensure access to timely, appropriate, culturally competent and affordable high quality health care services, and create an equitable distribution of resources nationwide. A fundamental shift in reimbursement

and other policies that promote primary care is also required to ensure individuals are given the best opportunity for disease prevention or treatment at the earliest opportunity. A continued investment in health information technology that promotes achieving care of the highest quality, safety and efficiency is required.

◆◆ First dollar support for evidence-based clinical preventive services. Clinical preventive services are critical for long-term health and wellness. There are clear data indicating which clinical preventive services are most effective, but barriers still exist to providing and accessing these services. High priority, age appropriate, evidence-based clinical preventive services must be provided with no co-pays or co-insurance in all public and private health insurance programs.

◆◆ Expand the public health and primary care workforce. Health reform legislation must significantly increase support and funding for programs that provide loan repayments, scholarships and other grants for the training of public health personnel, primary care physicians, nurses and other health providers. It must also improve the distribution and diversity of health professionals in medically underserved communities, as well as ensure there is a capable health work force able to provide care for all Americans and respond to the growing demands of our aging and increasingly diverse population. 

NPAIHB 2009 Annual Indian Day Celebration

The Northwest Portland Area Indian Health Board (NPAIHB) is hosting their Annual American Indian Day Celebration at the Pioneer Courthouse Square in downtown Portland on Friday, September 25, 2009. The event will be a celebration of American Indian cultures and is intended to raise the level of awareness concerning the challenges that American Indian people continue to face in this country. The event is free and open to the public.

The event will include Northwest Tribal leaders, Indian advocates, drum groups, dancers, and arts and crafts vendors who will share their talents and experiences with the Portland community. NPAIHB and other local Tribal organizations will have display booths showcasing health, education, and other programs they provide on behalf of Northwest Tribes and the Portland Indian community. A press conference is scheduled to bring attention to the health, education, social service, and other issues that Northwest Tribes and the local Portland Indian community face. The Indian Day Celebration is intended to shed light on broad issues affecting Indian Country, while at the same time allowing Indian people to share the pride of their cultures and contributions to the Portland community.


Join us on Facebook! NPAIHB has it's first cause on Facebook. If you would like to help support the 4th Annual Indian Day Celebration, please join our cause. We will be featuring information about the celebration, fund raising through this site and posting interesting photos between now and the September celebration. So far, we have sixty-two members and we would like to add more. To join go to www.facebook.com and search for NPAIHB. We look forward to seeing you there.



For information on exhibit or arts and crafts booths contact Lisa Griggs, lgriggs@npaihb.org or Elaine Dado, edado@npaihb.org (503) 228-4185. For additional information on the event or about NPAIHB, please visit www.npaihb.org.

continued from page 5

1. Congress must provide at least \$70 million more than the President's request to fund mandatory costs associated with maintaining current services.
2. The President and Congress should restore the \$711 million in lost purchasing power to the IHS appropriation by providing adequate increases over the next two fiscal years.
3. It is recommended that Congress provide the IHS with a special appropriation to phase-in staffing at the two new facilities funded by the American Investment and Recovery Act.
4. The IHS budget should be exempt from across the board cuts

IHS budget. This recommendation is based on true inflationary rates developed using the CPI's medical components. Anything less than \$470 will leave IHS and Tribal programs with no alternative but to cut health services to Indian people. There simply is no other way for Tribes to absorb these mandatory costs. 

The Congress must continue to preserve the basic health program that was funded in FY 2010 by providing an increase of at least \$470 million to the

Tribal Epidemiology Center Evaluation Project

by Birdie Wermly, Tribal Epidemiology Center Evaluation Project Specialist


We would like to introduce a new project at the Northwest Portland Area Indian Health Board called the Tribal Epidemiology Center Evaluation Project. The project began in February 2009 with Bridget Canniff as the Project Director and Birdie Wermly as the Project Specialist. Along with our Northwest Tribal Epidemiology Center, we will be collaborating with three other EpiCenters: Great Lakes Inter-Tribal Epidemiology Center (GLITEC), United South and Eastern Tribes (USET) Epidemiology Center, and Rocky Mountain Tribal Epidemiology Center (RMTEC). This one-year project, which is funded by the US Department of Health and Human Services Office of Minority Health (OMH), will follow up on the lessons learned through the Data Into Action (DiA) Project in 2007-2008.

The overall intent is to clearly identify and drive actions that have high potential to improve health outcomes for American Indian/Alaska Native (AI/AN) communities. NPAIHB will be performing a cross-site evaluation

of the six tribal epidemiology centers (TECs) funded under the Office of Minority Health's American Indian/Alaska Native Health Disparities Program. As part of the cross-site evaluation, this project will (1) examine the impact of shared activities among the six AI/AN Health Disparities Program grantees; (2) identify the data that may be available and used among AI/AN communities served by the four TECs funded under this project; (3) determine how the data from these four TECs can augment the AI/AN Health Disparities Program grant activities; and (4) leverage the information gained through the cross-site and TEC evaluation efforts into community action. The cross-site evaluation will focus on the epidemiology centers' Community Health Profiles and incorporate common data elements and common data sets into each component of the project, to be derived from the four TEC Evaluation partners and the six other AI/AN grantees, which include: Alaska Native Tribal Health Consortium, Aberdeen Area Indian Health Board, Inter-Tribal Council of Arizona, Albuquerque Area Indian Health Board, Seattle Area Indian Health Board and Oklahoma City Area Inter-tribal Health Board.

If you have any questions or would like more information about this project, please feel free to contact Bridget Canniff or Birdie Wermly at (503) 228-4185, or email us at bcanniff@npaihb.org or bwermly@npaihb.org.

Participating Organizations and Tribal EpiCenter Staff

Northwest Portland Area Indian Health Board (NPAIHB), Northwest Tribal Epidemiology Center: Bridget Canniff, Project Director; Birdie Wermly, Project Specialist; and Victoria Warren-Mears, EpiCenter Director
United South and Eastern Tribes (USET) Tribal Epidemiology Center: John Mosley Hayes
Rocky Mountain Tribal Epidemiology Center (RMTEC): Bethany Hemlock and Sandra Kochis
Great Lakes Inter-Tribal Epidemiology Center (GLITEC): Kristen Hill and Isaiah Brokenleg 

New NPAIHB Employee

Hi my name is Marcella Dennison and I'm the Fund Account Manager. I am Plains Cree and a member of the First Nations Muskeg Lake Band. I grew up in Northern California amongst the beautiful redwood trees. I attended California State University and Heritage University and have my Bachelors Degree in Business Management, with an Accounting emphasis.

I have two children who are both enrolled Yakamas. Raevyn is a freshman at Clackamas Community College and plans to go into the nursing program, then continue into Pediatrics. Joseph is a high school junior who is thinking about military service. I am very pleased to bring my diverse skill set to the NPAIHB and to be working for a Native based organization.



WTDP – Native Fitness 6 Training

The Western Tribal Diabetes Project (WTDP) will host the 6th Native Fitness training at the Nike campus. Tribal programs from across the country will be invited to the Tiger Woods Center in Beaverton, Oregon at the Nike Campus to participate. The dates for the training are August 12 and 13, 2009.

The WTDP will once again partner with the Native American Fitness Council, offering some new fitness sessions, working with Native trainers, and program coordinator, John. The sessions will be fun, interactive, and have a native emphasis.

The evaluations for Native Fitness 5 were excellent. Comments were positive, and, as always, we love the data. Some of the more notable suggestions and input from last year:

- Participants were very pleased with Native American Fitness Council.
- Native Trainers were very positive.
- Opportunity to bring feedback to Indian Communities, Tribes and Programs.
- Highly energetic training which makes tribal programs want to be more involved, including all ages starting with youth to Elders.
- Participants were happy with the new courses, especially hip hop.
- Good ideas throughout the training on how to start programs of their own.

Along with the great feedback the sessions are a “workout”!

Registration information will be available soon, please watch on the NPAIB website. This is a very popular training, space is limited, and confirmation is on a first come basis. We look forward to seeing you and welcoming new participants to the training.

continued from page 2

Eric Metcalf, and I traveled to Washington, D.C. to participate in the IHS National Budget Formulation meeting. Tribal leaders are excited about the opportunity that President Obama’s administration provides and the possibility of seeing significant budget increases in FY 2010 and FY 2011. Tribal leaders have decided to go back to presenting the Tribal Needs Based Budget as their recommendation in FY 2011. This recommendation will include a \$2 billion increase in FY 2011, with a gradual phasing in of \$19 billion over the next nine years. President Obama supported a \$1 billion increase to the IHS budget as a Senator, and Tribal leaders believe that its request is not unreasonable given the President’s support to fund Indian health care.

I also participated in the IHCIA’s National Steering Committee (NSC) meeting to discuss reintroduction of the bill in the 111th Congress. The NSC has decided to go back and reintroduce a number of IHCIA provisions that were dropped from previous versions of the bill as Tribal leadership negotiated with the Bush Administration. Many of these provisions were dropped because the previous administration viewed them as controversial by some members of

Congress. It is hoped that the new administration will be more supportive if these issues.

As you can see, I have been very busy and have a better appreciation for the work of Linda Holt, Pearl Baller, Julia Davis, and our other Chairs. The Board’s work is relentless and it’s important that we continue to serve our Indian people, because we still have a long way to go to address our health needs. I look forward to these challenges.

Whi it leem lem, Thank you!



NativeTruth Filming Project

by Nichole Hildebrandt, NativeTruth Film Project Consultant

On July 12th, 2008 five local youth were selected to attend a two-day *NativeTruth* film boot camp in Portland, Oregon.

The NativeTruth Project works to empower American Indian youth to provide vocal leadership in their communities through tobacco prevention activism. The voices of Native youth are underrepresented in popular media. Likewise, the stories of their unique relationships to tobacco and the cultural realities affecting the disproportionately high rates of commercial tobacco use in their communities have not been told in popular tobacco prevention film media. The truth model of empowering youth to make informed choices about smoking behaviors by educating them to think critically about tobacco industry marketing tactics and by engaging them in tobacco prevention activism is being used by the NativeTruth Film Project to give voice to Native youth in three Tribal communities in Idaho and Washington.

The youth are working to counteract the tobacco industry's ethnic targeting of American Indians by creating literate media consumers and active producers of counter-marketing media. They are working to build tobacco awareness and serving as local project leaders. The following mentors are working with youth in the respective local areas: Terry Evans (Spokane), Claudia Washakie (Fort Hall), and Mike Sekaquaptewa

(Yakama). The mentors have volunteered their time to serve as a sponsor and advocate for students to help encourage youth to make decisions for themselves, support student ideas and be good listeners.

There are a total of 14 Native youth and three community mentors from three different tribal communities (in Washington and Idaho) working to create short films and public service announcements. The youth involved in this project from the Spokane area are: Aly Peone, Kennedy Seyler, Santana Flett, Michael "Joe" Garry, Erin Ford. The youth involved in the project from the Fort Hall area are: Leland Broncho, Shaynelle Lee, Homer Preacher, and Deidre Seaderouch. The youth involved from Yakama are: Lee Sekaquaptewa, Dexter Bad Bear, Carmen Selam, and Carolina Reyes.

The youth-directed film project is in progress and scheduled to have a premier at the Portland Art Museum on May 15th, 2009. The films developed as a result of this project will be of professional quality as the youth and mentors have been trained by professional award-winning filmmakers from the Northwest Film Center. The short films and public service announcements created from this project will be disseminated widely throughout the tribal communities in the Northwest. The films will be distributed at the Northwest Film Center's Young People's Film and Video Festival, Northwest Port-

land Area Indian Health Board Quarterly Board Meeting (where 43 tribal delegates are present), local schools, and via the Northwest Portland Area Indian Health Board's website.

The American Legacy Foundation® has provided financial support for the NativeTruth Film Project as a portion of the Foundation's matching funds for CDC Grant #5H75DP000610-02 truth® or Consequences youth prevention project, in whole or in part, as the case may be; NativeTruth Film Project Informational Materials do not necessarily represent the views of the Centers for Disease Control and Prevention, the Foundation, Foundation staff, or its Board of Directors.



Northwest Portland Area Indian Health Board

RESOLUTION #09-02-01

Opposition to Restructuring IHS-OIT Support Packages and Recommend that the IHS Withdraw its Pending Proposal

RESOLUTION #09-02-02

Centers for Disease Control and Prevention (CDC) Public Health Prevention Specialist

RESOLUTION #09-02-03

Native American Research Centers for Health (NARCH) VI

RESOLUTION #09-02-04

Support for the 2009-2011 STD/HIV Tribal Action Plan

RESOLUTION #09-02-05

Support for the NW Tribal Suicide Action Plan

RESOLUTION #09-02-06

Authorizes an Intellectual Property Policy to be Included in the NPAIHB Program Operations Manual

Return Service Requested

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