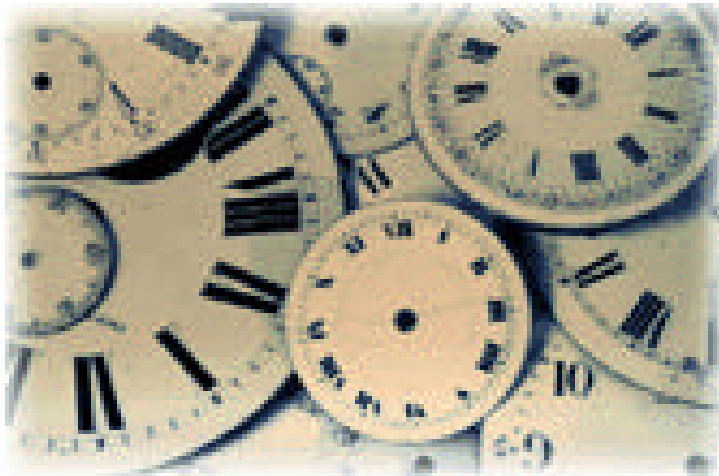


# Health News & Notes

Northwest Portland Area Indian Health Board

January 2000 Issue



## Successful Year 2000 Rollover!

by Esther Gartner

Happy New Year! We are happy to report that the tribes in the Portland Area, in general, fared well through the date rollover. There was a small, almost insignificant, amount of outages. This is attributable to the massive efforts by both information technology and business professionals nationwide to identify, repair or replace and test equipment for the year 2000 rollover problems. The support and dedication of these professionals in remediating software applications and embedded chips allowed the country a smoother transition into the year 2000. Below is an excerpt from a nationally distributed memorandum by Dr. Michael H. Trujillo, Director of the Indian Health Service, that describes some of the

efforts and benefits of the year 2000 preparations:

“It is an example of what the tribes, urban health programs, and the Indian Health Service can achieve together. We have learned a lot from the preparation and validation efforts. The results will strengthen the Indian health care system for years to come. It demonstrated how dependent we are on technology to deliver patient care. We need to sustain and continue this united effort to improve our health care system. I encourage everyone to share what they have learned and what can be strengthened and improved upon. The Y2K website will remain active so you can provide your feedback.”

“The benefits from the Y2K preparations include an additional \$38 million in Y2K funding that did not have to come out of our budget. This enabled us to upgrade or replace

biomedical equipment, facility support systems, telecommunications systems, update and test mission critical software, strengthen contingency plans for addressing any emergency, and strengthen the process for upgrading and supporting national hardware and software systems. These are benefits that will greatly enhance the health support structure and has helped us begin the new millennium better prepared to provide the very best care in American Indian and Alaska Native communities across the nation.”

Continued on page 10

## In this Issue...

Successful Year 2000 Rollover!	1
NPAIHB Tribal Program Spotlight	2
Legal Notes	3
Congress Returns	3
NTCCP:	
A Look Back and A Look Forward	4
IHS Scholarship Workshops	5
Northwest RPMS Cancer Assessment Project	5
National Indian Health Board	6
IRBs Revisited	7
NPAIHB Scrapbook...	8
Thank You, Karen Harvey!	10
Important Dates Throughout Y2K	10
Preparing Our Youth	11
Crafting the Future Conference	12
A Word from	
Our Administrative Officer	13
11th World Conference on Tobacco	14
Kudos to the Siletz Tribe	14
October 1999 Resolutions	14
Calendar of Events	15

Health News and Notes is published by the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB is a nonprofit advisory board established in 1972 to represent the tribes of Washington, Oregon and Idaho on health-related matters and to provide health-related technical assistance.

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## NPAIHB Tribal Program Spotlight



Participants in the Fun Run/Walk at the October NPAIHB Quarterly Board Meeting hosted by the Nez Perce Tribe.

### **Traditional Healing: A Part of the Nez Perce Philosophy**

by Verné Boerner

Traditional medicine and healing ceremonies, sweat lodges, and re-introduction of wolves to their home territory: these are a part of the holistic view that the Nez Perce people hold. The Nez Perce graciously hosted the October 1999 NPAIHB Quarterly Board Meeting. Attendees of the Board meeting were invited to eat traditional foods of the Nez Perce. We were also invited on health walks/runs through their land and on tours through their health facilities. The sweat lodges were prepared for us, and we had an opportunity to have breakfast with the wolves. The Alcohol and Drug Program incorporates the use of the sweat lodges in the treatment of their patients.

Their approach views the whole person, not just the ailment.

The Nez Perce people are fortunate to have added Dr. David Baines to their Kamiah NeMeePoo Health Center. Dr. Baines is a Tlinkit Indian from Metlakatla, Alaska. He received his medical degree from the Mayo Medical School at the Mayo Clinic. Dr. Baines has learned traditional healing practices from many different American Indian healers from various parts of the country. His training in contemporary Western medicine and traditional healing practices provided him with the unique experience needed to work effectively in tribal communities.

Dr. Baines takes a personal approach, which augments the Western medical approach by incorporating traditional philosophical views and values to the health care he provides. Dr. Baines respects the different

Continued on page 13

## Legal Notes

by Leroy Wilder

The Department of Justice is carrying out an inconsistent policy regarding Federal Tort Claims Act (FTCA) coverage for federal and tribal employees. Under the FTCA, federal employees engaged in carrying out federal functions are supposed to be protected from tort liability with respect to their official actions. Congress extended FTCA coverage to tribal employees administering P.L. 93-638 contracts, including employees of self-governance tribes under Titles III and IV. Thus, Congress intended a uniform tort protection policy for all employees engaged in providing services to Indians.

Under the FTCA, an employee of the government is defined as any person "acting on behalf of the federal agency in an official capacity, temporarily or permanently in the service of the United States, whether with or without compensation." Congress intended that any action brought against an "employee" of a tribe related to 638 activities would be defended by DOJ as though the action were brought against the United States or an employee of the United States. The DOJ, however, has discretion under the FTCA to certify the cases that it will defend. This discretion has led to positions that are inconsistent with the intent of Congress and provide mixed signals to health care providers.

Recently, the DOJ decided that tribal council members and senior tribal officials are not covered by the FTCA. The department determined that these tribal employees are not directly enough involved in program administration to warrant FTCA protections. Under this policy, if tribal council members or senior tribal officials are named as defendants in a tort claim related to the administration of a 638 contract, regardless of the merits of the allegations, the DOJ will not provide a defense. This policy imposes potential liability and legal expense on, and direct

discrimination against, tribal officials who are denied protections provided to their counterparts in the federal government.

The DOJ also steadfastly adheres to a policy that all FTCA cases are subject only to federal court jurisdiction. Thus, it refuses to appear in tribal court when a federal tort claim is filed there, even though it routinely appears in state court to object to state jurisdiction in these cases. The result is that tribal officials and employees are put to the expense and aggravation of defending a suit in tribal court in cases where they are entitled to an FTCA defense from the DOJ.

The DOJ's lack of a consistent policy also affects IHS facilities that rely on contract care and volunteer assistance to meet their responsibilities. The DOJ takes the position that contract care physicians and volunteers, in some cases, are not employees for purposes of coverage under the FTCA. This policy creates a dilemma for some doctors and volunteers of IHS programs who must weigh their desire to assist Indian people with potential exposure to liability. It also limits access of these programs to needed medical services. Moreover, it is inconsistent with the fact that contract care physicians and volunteers for tribal 638 contract facilities are covered by the FTCA.

The DOJ's policy to deny coverage under the circumstances outlined is not only inconsistent, it is not justifiable. The broad definition of employee under the FTCA and the expressed intent of Congress would seem to impose an obligation on the DOJ to establish a liberal and consistent policy to protect federal and tribal employees serving Indians. Some tribes have taken issue with DOJ on its failures with respect to its policies and have urged Assistant Secretary Kevin Gover to address the issues in a report to Congress. The report has yet to be submitted and comments to Secretary Gover on these issues would still be timely. 🌿

## CONGRESS RETURNS

### JANUARY 24, 2000

by Ed Fox

When the Congress returns on January 24, 2000 for the second session of the 106<sup>th</sup> Congress most expect a very limited agenda for action this year. The presidential and congressional elections will dictate what issues Congress can complete.

The only legislation that must pass this year are the appropriations bills. Since both Democrats and Republicans will want to recess the Congress in order to campaign, tribes should assume budget action will be far earlier this year than most. Rather than plan for a September or October trip to lobby the Congress on appropriations bills, it may be necessary to step up activity in March and April and again in June and July in case the Congress actually passes the Interior Appropriations bill prior to the August recess.

The short session of Congress will mean passage of the Indian Health Care Improvement Act is doubtful before its expiration on September 30, 2000. However, tribes should advocate for hearings and promote action this year. The self-governance legislation, the proposed Title V of Public Law 93-638, and the elevation of the Indian Health Service Director (HR 299) have a reasonable chance of passage, but only if congressional opposition can be overcome.

The President promises an active domestic agenda this year, but few expect more than debate on his proposals (with little chance of passage of major health legislation). The President will transmit his fiscal year 2001 budget to the Congress on February 7, 2000. The Board will again conduct its budget workshop, and in conjunction with the Portland Area Office, the FY 2002 budget formulation workshop. The

Continued on page 13



## Northwest Tribal Cancer Control Project: A Look Back at 1999 and A Look Forward to 2000

by *Alicia Carson*

The Northwest Tribal Cancer Control Project (NTCCP) has just finished its first funding year. We have completed many goals and objectives that we set out to do. We would like to thank the tribes for inviting us into their communities and their events. NTCCP provided a regional conference and two trainings in 1999: Case Management Training, and Clinician Training (provided Continuing Education Units or CEUs). Participants and presenters provided excellent feedback. We have really enjoyed coming out to your health fairs and clinics to share resources and knowledge on comprehensive cancer control needs in tribal communities.

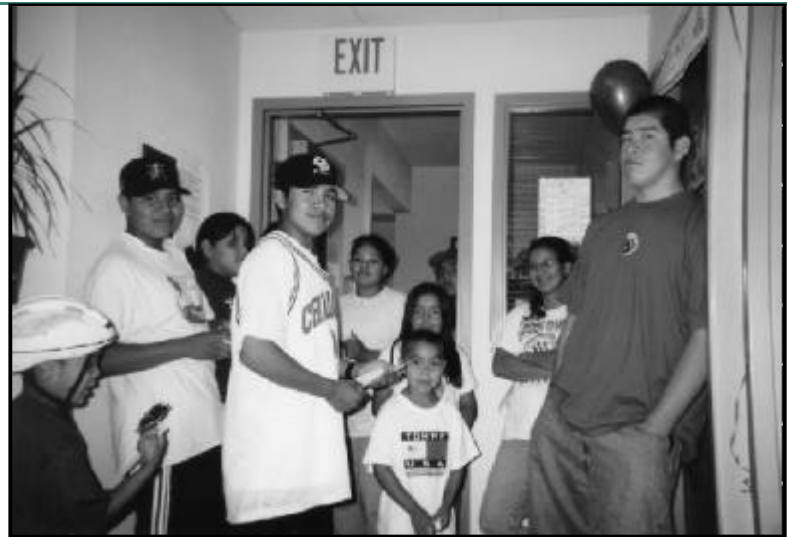
Cancer is the second leading cause of death among American Indians and Alaska Natives (AI/AN). According to the American Cancer Society, cancer is:

- the uncontrolled growth and spread of abnormal cells anywhere in the body;

- the umbrella term for at least 100 different but related diseases, each of which may have its own set of causes;
- not caused by injuries, nor is contagious; and
- usually not caused by only one factor, but is almost always caused by a combination of factors, including lifestyle, heredity, and environment.

Here are some facts and statistics to give a better picture of the need for an integrated and coordinated approach towards comprehensive cancer control between the tribes, NPAIHB, and the Centers for Disease Control and Prevention (CDC):

- 33.1 percent AI/AN women smoke.
- During 1990-1995, cancer among AI/AN increased 0.4 percent per year.
- Research shows that seemingly low



*Burns-Paiute community members waiting for their physical at a tribal health fair.*

cancer rates for AI/AN are due to undercounting and racial misclassification of AI/AN and do not show adjusted cancer incidence rates. This means that all the people that should be counted in the numerator when calculating rates are not because of racial misclassification.

NTCCP activities for the year 2000 include:

- Develop and field test interventions in the areas of tobacco and diet/nutrition. (Be on the look out for invitations for your tribe to participate.)
- Help tribes with community events and health fairs, upon request
- Provide clinician training offering CMEs (tentatively for October 2000)
- Collaborate to participate in nationally recognized activities (for example, Breast Cancer Awareness Month, Great American Smokeout)
- Provide presentation and resource materials, and technical assistance for those interested in helping educate their own tribes on comprehensive cancer control and the Northwest Tribal Cancer Control Plan
- Collaborate with *The EpiCenter* to get better data, improved estimates for cancer incidence, and rates of misclassification. 🌿



*Burns-Paiute Youth learn about blood pressure and healthy lifestyles.*



## Health Professions Education Project Staff Ready for IHS Scholarship Workshops

by Gary Small

The Indian Health Service (IHS) PL-94-437 Scholarship for American Indian and Alaskan Native students is among the best health education scholarships in the nation. Scholarship packets will arrive in the Health Professions Education Project (HPEP) office in late January, and the application deadline for new and continuing students is April 1, 2000. You can request an application packet by contacting the HPEP office toll free at 888-778-7764.



Gary Small, Director of the HPEP and NTRP Programs at the Board.

IHS made several changes to the scholarship this year. For example, students who plan to pursue an education in Medical Records Coding will now be considered for the scholarship. New applicants who plan to study Accounting, Pre-Accounting, Business Administration, or Computer Science, however, will no longer be accepted. If you are a current scholarship recipient in one of these categories, your funding will continue. To help you with the application process and the recent changes, Gary Small, HPEP Project Director, will offer free workshops for the Northwest tribes. If you would like to attend or host a workshop, please contact Gary at the HPEP office as soon as possible. 🌿

## Introducing the Northwest RPMS Cancer Assessment Project

by Kelly Gonzales

The Northwest Portland Area Indian Health Board (NPAIHB) will administer a new study called the Northwest RPMS Cancer Assessment Project. This project is a quality assurance study that will assess existing Resource and Patient Managed System (RPMS) cancer data initially at twenty-four tribal and Indian Health Service (IHS) sites in the Portland Area. The goal is to improve the quality and reliability of cancer data for Northwest American Indians and Alaska Natives (AI/AN).

The Northwest Tribal Epidemiology Center (*The EpiCenter*) will administer the project, which will be implemented by Ms. Kelly Gonzales, MPH, *The EpiCenter*, and Ms. Francine Romero, Ph.D., Epidemiologist for the Northwest Tribal Cancer Control Project (NTCCP). This project will also provide opportunities for students who are currently seeking a graduate degree in Public Health to assist in the project.

## Why Cancer?

Our study focuses on Cancer for three main reasons:

- 1) Cancer is now the second leading cause of death among American Indians, surpassing accidental death in rank for the first time since 1993 (Indian Health Service, 1997).
- 2) The five-year survival rates for all cancers combined are the worst among all racial groups, and these disparities have increased over time (Gilliland et al, 1998).
- 3) Previous research indicates that rates of cancer among Northwest AI/AN populations are underestimated due to high rates of racial misclassification on death certificates. A 1996 record linkage study involving the Seattle-Puget Sound Surveillance, Epidemiology, and End Results cancer registry demonstrated an increase in the age-adjusted cancer incidence of 153.5 per 100,000 to 267.5 per 100,000, an increase of 74.3% (Sugarman, 1996).

RPMS presents an unparalleled opportunity for disease surveillance because it holds invaluable data on the health status of individual patients, including cancer.

The Northwest RPMS Cancer Assessment Project will determine: 1) the extent to which the diagnosis of cancer is documented in RPMS; and 2) whether or not cancer diagnoses are accurately documented in RPMS. In addition to completing a systematic review of medical records and other sources of information, project staff will also conduct a survey that takes into account clinic staffing, screening services, data entry capacity, training, and quality assurance activities.

Through active screening and cancer surveillance there is potential to both curb the increasing rate of cancer and to improve the systems of medical care for individuals diagnosed with cancer. 🌿



*Julia Davis, NPAIHB Chair & NIHB Vice-Chair, presents at NIHB Annual Consumer Conference*

## National Indian Health Board

by Ed Fox

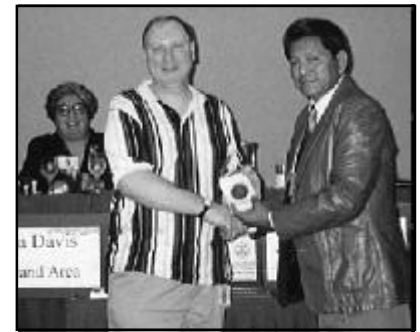
The National Indian Health Board held its annual Consumer Conference and Meeting in San Diego on December 7, 8, and 9, 1999. Approximately 1,000 attendees enjoyed the nice weather and cultural events sponsored by the gracious hosts, the California Rural Indian Health Board and California tribes. Conference workshops included many topics that involved NPAIHB participation such as: traditional medicine, the Indian Health Care Improvement Act, IHS budget issues, contract support costs, diabetes, cancer, state tribal relations, HIV/AIDS, the Tribal Data Registry Project and the Epidemiology Centers. *The EpiCenter's* Community Health Profiles project was featured and well received at the closing general session on December 9, 1999.

The NIHB elected H. Sally Smith of Alaska as the new Chair and Buford Rolin as the Executive Committee member at large. Julia Davis remains the vice Chair of the NIHB. Everett Vigil of Albuquerque is the Treasurer and Deanna Bauman of the Bemidji Area is the Secretary. The Northwest Portland Area Indian Health Board has promised its continued strong support for the new leadership team at NIHB. 🌿

## Other Faces at NIHB...



*Yvette and Julia take their places as Sue Masten delivers her Keynote address to the conference.*



*Rod Smith accepts an award for a Puyallup tribal member.*



*Leroy Seth recipient of a NIHB Award of Certificate.*



*Donner Ellsworth, Shirley Alvarez, and Martha Holliday smile for the camera during the NIHB reception.*

## NIHB Board of Directors

The National Indian Health Board is pleased to announce the following new members and appointees to the Board of Directors.

H. Sally Smith, Chairperson  
Representative, Alaska

Everett Enno  
Representative, Aberdeen

Julia Davis, Vice-Chairperson  
Representative, Portland

Jerry Freddie  
Representative, Navajo

Deanna Bauman, Secretary  
Representative, Bemidji

Merna Lewis  
Representative, Phoenix

Everett Vigil, Treasurer  
Representative, Albuquerque

Joseph Saulque  
Representative, California

Buford Rolin, Member-at-Large  
Representative, Nashville

Muriel J. Segundo  
Representative, Tucson

Gordon Belcourt  
Representative, Billings

James Factor  
Representative, Oklahoma





Martha Holliday, Project Director for the Hanford Health Information Network - Tribal Service Program

## **IRBs Revisited: Report from Portland Area Office Indian Health Service Institutional Review Board on Recent National Conference**

by Martha Holliday

As a review, an Institutional Review Board (IRB) is defined as an administrative body established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted under the auspices of the institution with which it is affiliated (OPRR, 1993). For federal programs, the Office for Protection from Research Risks (OPRR) has the responsibility for overseeing the activities of IRBs.

The membership within an IRB must have different types of health and social professionals such as physicians, psychologists, behavioral scientists, researchers and most important, community members. All research that is funded by federal dollars must go

through the IRB process. In the case of IHS, anyone who uses IHS facilities, staff or records must get approval from an IHS IRB at the regional and national level.

At a recent conference in Boston, MA, two staff from NPAIHB, Martha Holliday and Celeste Whitewolf (sponsored by the IHS National Research Program) co-mingled with experts from many different fields of research. Both Martha and Celeste are on the Portland Area IRB.

The IRB 101 was on December 3, 1999, Applied Research Ethics National Association (ARENA) on December 5, 1999, and Public Responsibility in Medicine and Research (PRIM&R) December 6 and 7, 1999. The attendees at the IRB 101, PRIM&R and ARENA were a mix of community people, IRB administrators, physicians, lawyers, and other professionals. The common link for everyone is the **Protection of Human Subjects in Research.**

ARENA covered issues on **Financial Challenges for IRBs; the Changing Environment For Clinical Trials; Future Opportunities: Leadership, Support and New Educational Rules for IRBs; Review of Alternative Medicine Research; Special Issues in Pediatric Research; International Harmonization** and many more subjects. One of the key lessons was the Informed Consent Process. It was stressed that Informed Consent was a process and not just the exercise of obtaining a signature. Since the closure of major research projects, the importance of IRBs and their responsibilities is being highlighted. There was a workshop devoted to **How to Educate Researchers, IRB members, Staff Through Tutorials and the Internet.**

PRIM&R was celebrating its 25<sup>th</sup> anniversary with an attendance of about 1,200. Their purpose is to educate,

network, and advocate for ethical research. There were numerous workshops and to make the selection easier they were divided into Regulatory, Administrative, Social Science Research, New Member, Educational Training, and Hot Spots. Though you could choose any section, the division of topics focused on relevant topics for your discipline and level of expertise with IRBs. The addition of Social Science Research is a newcomer to the PRIM&R arena. One of the plenary highlights was a panel presentation of research subjects who described their experience in becoming the subjects of research. Their discussion was enlightening to researchers and IRB members. It was a reminder that informed consent is a process that requires compliance and consideration for the subjects (patients).

All three of the workshops were relevant to research in all communities and provided the tools to help the attendees achieve a higher level of complying with regulations and maintain an awareness of the necessity of focusing on the subjects of research and the reality of what a human subject is. IRBs are a key to protecting the rights of all research participants and this is especially important within Indian communities. Since a community member holds a strategic position it is important to have good representation on the IRB. The Portland Area IHS IRB is recruiting more community members. If you are interested please call IRB members, Dee Robertson, MD, Francine Romero, PhD, or Martha Holliday, MPH at (503) 228-4185. For more information on IRBs, you can check the NPAIHB's Website at [www.npaihb.org](http://www.npaihb.org). 🌿

# NPAIHB Scrapbook...

## October 1999 NPAIHB Quarterly Board Meeting in Lewiston, Idaho



*Building early detection and Cancer awareness in tribal communities: Stacy Nicholson, M.D., Pediatric Oncologist at Oregon Health Sciences University; Sandy Valko MS, C.H.E.S., Outreach Program Manager at the Cancer Information Service; Diane Wetsit, Public Health Nurse for the Nez Perce Tribe; and Ruth Jensen, Director of the Northwest Tribal Cancer Control Project.*



*Presentation of Colors starting the Quarterly Board Meeting*



*Official winners of the Fun Run/Walk, the unofficial winner is the community for encouraging healthy lifestyles!*



*The Community Health Representatives did a great job making us feel welcome! NPAIHB thanks the Nez Perce tribe for its hospitality!*



# 1999 NPAIHB Christmas Party



Oh, Christmas tree!  
Oh, Christmas tree...



NPAIHB Receptionist, Lila LaDue also served as Holiday Greeter.



Policy Analyst, Ed Fox stands in for Alex Trebek, as Mr. Trebek could not make it to our Christmas Party to host the NPAIHB Jeopardy. Great work, Ed!



Mary Brickell, Cheryl Kennedy, Julia Davis, CeCe Whitewolf and Pearl Baller enjoying the friendly game of NPAIHB Jeopardy.

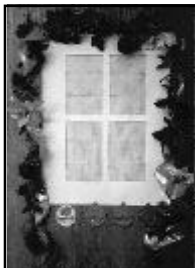


NPAIHB Staff and friends laugh as they review the categories to choose from.

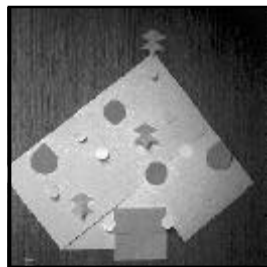
Christmas door decorations...



Snowman



Elegant and Dreamy window



Picasso Christmas Tree



Christmas Angel, Emma Brickell, brightened up the Christmas party!



Christmas Twins? No, Pakak Sophie Boerner and Kwani-Fawn Katherine Marcellay are not related, but they look like they could be.



Christmas planning committee captains, Elaine Dado, Sophia LaBonte and Chandra Wilson. Great work! There were a lot of laughs, great food and music, games, and best of all, great company! Thanks also to Darius Barney, Ed Fox, and Shawna Gavin for their help planning the party!



Emma, Kwani, and Pakak



## Thank You, Karen Harvey!

by Ed Fox & Verné Boerner

Over her long career working for Indian and Tribal organizations Karen Harvey has contributed her expertise in a number of areas, but two areas stand out, financial management and her work on contract support costs.

### Financial Management:

Karen Harvey guided the Northwest Portland Area Indian Health Board to its premiere status as a tribal organization by development of a financial system that has received favorable audits for every year of her tenure as Finance Officer. Tribes and Indian organizations nationwide have utilized Karen as a valuable resource for advice on financial management. Karen worked to secure the authority for

tribes to receive federal rates for travel – resulting in millions of dollars in savings for tribes and tribal organizations.

### Contract Support Costs:

Karen contributed to two important publications on Contract Support Costs. Determining the True Cost of Contracting Federal Programs for Indian Tribes (first edition 1987 and second edition 1997). During 1998 and 1999 Karen Harvey participated in both the Indian Health Service Contract Support Cost Workgroup and the National Congress of American Indians Contract Support Cost Workgroup. These two workgroups and the advocacy of tribes and organizations like the Northwest Portland Area Indian Health Board has advanced the goal of full funding for Contract Support Costs.

The National Indian Health Board recognized Karen at the Annual Consumer Conference. NIHB presented Karen with an Area/Regional Impact Award for her contributions to the improvement of financial management and contract support costs. Congratulations, Karen, you deserve it!

## Successful Year 2000 Rollover Continued from page 1

Congratulations to all the tribes for your hard work and a smooth rollover into the year 2000. However, it is important to stress that the year 2000 problem is not just about the digit (1/1/00) rollover, but also several events throughout the 2000 calendar year. Please refer to “Important Dates Throughout Y2K” below for a list of dates and a brief explanation as to why these dates may produce minor to critical outages across business, government, and private sectors. If you have any questions or concerns, please contact Esther Gartner at: (503) 228-4185 or via email: [egartner@npaih.org](mailto:egartner@npaih.org)

## Important Dates Throughout Y2K

by Esther Gartner

- ♦ **January 3, 2000** – First business day of the New Year
- ♦ **January 10, 2000** – First date to require a seven-digit date field (1/10/2000)
- ♦ **January 31, 2000** – End of the first month of the Year 2000
- ♦ **February 29, 2000** – Leap Year Day
- ♦ **March 31, 2000** – End of the first quarter of 2000
- ♦ **October 1, 2000** – Start of the federal government’s fiscal year.
- ♦ **October 10, 2000** – First date to require an eight-digit date field (10/10/2000)
- ♦ **December 31, 2000** – End of Year 2000. First year-end in new century, check that year contains 366 days (accounting for leap year)
- ♦ **January 1, 2001** – Beginning of the Year 2001. Test that the system(s) has been instructed to rollover as usual for year-end
- ♦ **February 29, 2001** – Test for invalid date
- ♦ **December 31, 2001** – Second year end, check that year had 365 days



Cheryle Kennedy accepts award presented by Everett Vigil honoring Karen Harvey for her many years of service to American Indians and Alaska Natives.





*The youth participants and chaperones at the “Youth PathsXI” and “Youth Wellness & Leadership Institute V” conferences take a moment to get familiar with San Diego.*

## Preparing Our Youth

by Shawn Jackson

AIDS cases are steadily increasing among adolescents and young adults under age 25. Therefore, it is extremely important to provide our Native youth with opportunities to learn about HIV prevention and develop leadership skills that will lead them into the 21<sup>st</sup> century.

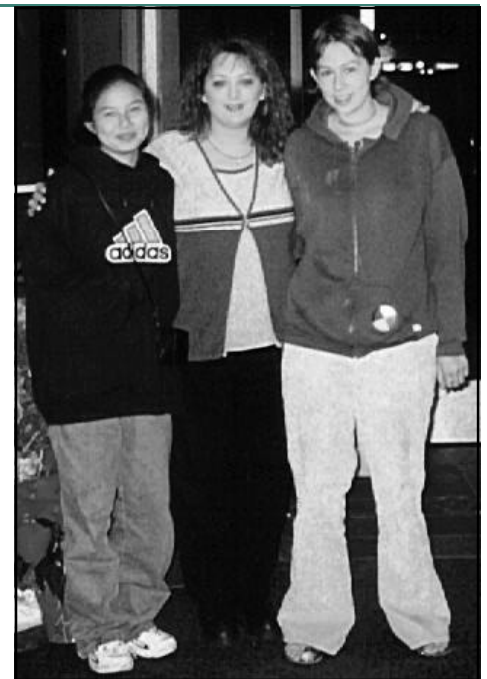
Project Red Talon has a strong commitment to working with youth to provide intensive capacity building opportunities for HIV education and training. As part of this commitment, Project Red Talon sponsored six Indian youth to attend the University of Oklahoma’s Health Promotion Program’s Youth Paths XI and Youth Wellness and Leadership Institute V, held in San Diego, California. Project Red Talon staff, Shawn Jackson and Sophia LaBonte, chaperoned the youth throughout the five-day event.

The students were selected from the Northwest Native Youth and Leadership Institute held in Lewiston, Idaho, in June 1999. Chaperones from the Northwest Native Youth Leadership

Institute provided Project Red Talon with recommendations of outstanding youth to attend the conference. The six youth selected to attend the conference were Thomas Bettles (Umatilla/Kiowa), Jennifer Jones (Klamath/Blackfeet), Jordan Silk (Gros Ventre), Diana Sheoships (Umatilla), Rhea Standing Rock (Chippewa Cree), and Harry Slickpoo (Nez Perce). The selected youth represented Project Red Talon and their tribes in a dignified and courageous manner. The youth actively participated in conference activities and demonstrated their leadership abilities at this national conference. 🌿



*Jordan Silk and Thomas Bettles, so cool, the lights dance around them!*



*Diana Shoeships, Sophia LeBonte, and Jennifer Jones pose quickly for the camera in the hotel lobby.*

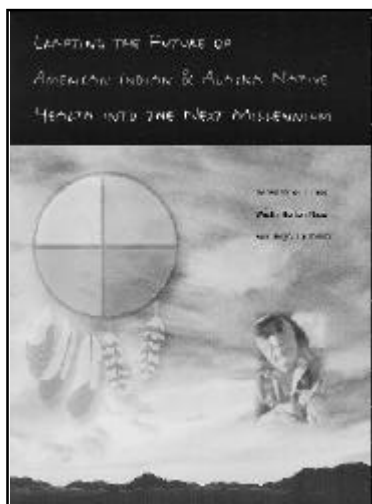


*Harvey Slickpoo with a microphone in his hand and a smile on his face. Now there’s a natural!*



*Thomas Bettles and Rhea Standing Rock take a break for a little laugh.*





## Crafting the Future Conference

by Verné Boerner

The University of Arizona and Indian Health Service hosted the Crafting the Future of American Indian & Alaska Native Health into the Next Millennium Conference held in San Diego, California, December 9-11, 1999. The focus of this conference was on collaborative efforts to improve the health status of American Indians and Alaska Natives.

The conference provided opportunities for:

- Networking,
- Learning of successful collaborations with universities, training programs, tribes, and tribal organizations,
- Meeting representatives from private foundations, and
- Hearing presenters from across the Nation, from Alaska to Massachusetts, (including NPAIHB's EpiCenter's Northwest Tribal Registry Project.)

The conference highlighted many benefits of collaboration, including shared resources or economies of scale, increased breadth and depth of knowledge of involved parties, and

increased skills and strengths to address specific health concerns.

Mathuram Santosham, MD, MPH, Director of the Center for American Indian Health at Johns Hopkins University, provided a specific example of how tribes and the world benefited from such a collaborative effort.

Twenty-four years ago, tribal children were dying of dehydration brought on by diarrhea. Johns Hopkins University researchers were exploring the feasibility and effectiveness of oral rehydration. Dr. Santosham inspired attendees by pointing out that tribal communities served as a model for the world in advancing oral rehydration therapy in the treatment of children suffering from diarrhea. The result of this collaborative effort is the common use of oral rehydration solutions, and this not only saved lives in tribal communities, but also in communities around the world! (For a detailed report on oral rehydration solution therapy please visit the following website: <http://aepo-xdv-www.epo.cdc.gov/wonder/PrevGuid/m0018677/m0018677.htm>.)

The workshops and sessions were interactive and afforded attendees the opportunity to ask presenters questions and address concerns or reservations that tribes may have regarding collaborative efforts. Tribes that have not had positive experiences in these types of endeavors received advice on ways to ensure that the best interest of tribal members received top priority.

When considering a collaborative effort, careful consideration and design are necessary to establish clear and effective programs. There are some resources available to your tribe. The primary one is the Institutional Review Board (IRB). (NPAIHB's Francine Romero, Ph.D., and Martha Holliday, MPH, Dee Robertson, M.D., and Celeste Whitewolf serve on the Portland Area IRB and welcome any questions that the tribes may have regarding IRBs.) At the conference, participants had the opportunity to learn that the Cherokee Nation established its

own IRB, which has also developed tribal specific publishing and research criteria. These criteria answer questions regarding data ownership, who has access to the data, what parameters regarding publication and future use of data is to be set, and what will be done with the data and findings.

Memorandum of Agreements (MOA) or Memorandum of Understandings (MOU) were also addressed and should be incorporated into collaborative efforts early on. MOAs and MOUs not only clarify the questions listed earlier but also strengthen funding applications, as more funding agencies encourage collaborative efforts. It is true that collaborative efforts can have very positive impacts in tribal communities, but careful consideration and design are necessary to ensure the best interest of tribal members.

The conference succeeded in illustrating that collaborative efforts have many benefits, and that IHS sees these efforts as the future of healthcare delivery in tribal communities. Tribes in the Portland Area have benefited from collaborative efforts for many years. NPAIHB is just one of many examples of how tribes in the Northwest have taken collaborative approaches to benefit tribal members. If you have any questions regarding this conference or how to set up collaborative efforts, please call Verné Boerner, at (503) 228-4185 or email at [vboerner@npaihb.org](mailto:vboerner@npaihb.org).



*The Honorable George R. Nethercutt, Jr., Representative, Washington 5th Congressional District, delivered the keynote address and JoAnn Kauffman, Nez Perce, facilitated.*



Donner Ellsworth

## A Word from Our Administrative Officer

by Donner Ellsworth

Greetings from the Administrative Officer. It has now been a little over a year since I assumed this position for the Board. As most of you know, I am not a new-comer to the Board. Since January of 1995, I was the Project Director for the Northwest Tribal Recruitment Project and the Graduate Health Programs Recruitment Project. I am taking this opportunity to tell you a little bit about myself. I am Shoshone-Bannock from the Fort Hall Reservation in Fort Hall, Idaho. I grew up on the reservation and attended public schools in Pocatello, Idaho. I later attended Idaho State University where I received an undergraduate and a graduate degree. I have had various job experiences including: working on jet aircraft while in the service, managing grant funded programs for the Shoshone-Bannock tribes, and working at both Idaho State University and Oregon State University as a student advisor and recruiter.

The Administrative Officer position allows me to utilize management skills I learned while in college. I feel fortunate that I am able to give back to the tribes by utilizing the education and experience that I have received.

I see the Administrative Officer as a vital component in the functioning of the Board. I support the Executive Director in following through with mandates of

the represented tribes. I also interact with administrative staff and project staff as they accomplish the goals and daily operations of the various programs here at the Board.

I look forward to learning more about health programs management and am grateful for the opportunity to work on health issues that effect Indian people on local, regional and national levels. I look forward to continuing the interaction that I have established with the tribes and welcome comments from tribal members. Lastly, I anticipate continuing to contribute to the Board as it continues to serve tribes while remaining at the forefront of health information and research. 🌿

### Congress Returns Continued from page 3

tentative date is March 8-9, 2000, in Portland. To date both the Congress and the President have not indicated scrapping the 1997 Balanced Budget Act requirement that they cut FY 2002 discretionary spending by 3.2%. Although the Department of Health and Human Services promoted a reasonable budget request, tribes should not be surprised if the President's proposed budget is a disappointment. Hopefully, both the Congress and the President will agree early on to do what they ultimately will have to do—that is, exceed the budget caps to allow discretionary programs mandatory cost increases and more if justified. 🌿

### Program Spotlight Continued from page 2

religious beliefs that community members hold, and he participates in many of the local ceremonies in Nez Perce country. He believes that the benefits of incorporating a traditional approach are (a) increased interaction with the community and (b) improved understanding of his patients allowing him to serve them better. This approach encourages cooperation and builds trust

among the community, tribal leadership, and health providers.

When asked how other tribes might incorporate this approach, he gave a simple example. When hiring, give the new health provider an orientation to the community. A couple of weeks prior to the start of duties, have an orientation trip in which the new health provider is exposed to tribal elders to learn about tribal philosophies. This will better familiarize the individual to tribal beliefs and customs. Dr. Baines stated that the new individual does not need to believe what the tribe believes, but he or she should understand and respect the traditional customs that define his or her patients. This reduces the barriers that stem from different worldviews and subtle differences in language use.

Dr. Baines has presented on this approach nationwide. He has presented to tribes, universities, clinics, conferences, and federal agencies. His patients and the community he serves are his priority, but he is open to sharing what he has learned and discovered. The Nez Perce Tribe has been generous to other tribes and organizations by granting Dr. Baines time to present his approach to medical care. If you would like more information, please contact the Kamiah NeMeePoo Health Center at (208) 935-0733. 🌿



Dr. David Baines at the Kamiah NeMeePoo Health Center

## 11<sup>th</sup> World Conference on Tobacco

*submitted by Liling Sherry*

The Western Tobacco Prevention Project, involved in one of the sub-committees for the 11<sup>th</sup> World Conference on Tobacco received a news release regarding the conference. The following are excerpts from that announcement.

“The 11<sup>th</sup> World Conference on Tobacco scheduled for August 6-11, 2000 in Chicago, Illinois is widely recognized as an important forum for international collaboration on tobacco control, and as a stimulus for national anti-tobacco efforts. An estimated 3,500 individuals concerned about tobacco use are expected to attend the conference. It is the first time in 25 years that the United States has hosted the event.”

“The 11<sup>th</sup> World Conference on Tobacco official hosts are the American Cancer Society, along with the American Medical Association and the Robert Wood Johnson Foundation. Co-sponsors for the event include the American Heart Association, the

American Lung Association, the Centers for Disease Control and Prevention, and the National Cancer Institute.”

“The mission of the conference is to motivate and empower people involved in the tobacco control and pro-health movement to support effectively comprehensive global efforts aimed at reducing world tobacco use. The conference objectives include:

1. Strengthening and expanding global leadership and increasing the number of organizations and individuals engaged in the fight against tobacco.
2. Promoting ideas and strategies to create societal, political, and economic change that will help reduce tobacco use and exposure throughout the world.
3. Promoting the importance and strengthening the understanding of tobacco policy changes and sharing strategies to promote such change.

The 11<sup>th</sup> World Conference on Tobacco is an event designed to strengthen national, regional and global leadership networks dedicated to tobacco use prevention and control. Its primary purpose is to motivate and empower all participants in the anti-

tobacco movement to support effectively comprehensive global efforts aimed at reducing world tobacco use.”

For more information about the conference visit the official Web site at <http://www.wctoh.org>  
[wntd@globalink.org](mailto:wntd@globalink.org) - EVENTS - World No-Tobacco Days or contact LaNae E. Davis at (312) 464-4418 or Mike Heron at (404) 329-7909. 🌿

## Kudos to the Siletz Tribe

*by Liling Sherry*

I just wanted to brag about a wonderful group of students from the Siletz Tribe. These students are a pleasure to work with. They range in age from 12-20 and have been active in non-traditional tobacco prevention for over a year. They recorded a public service announcement (PSA) on KRVM, a public radio station in Eugene, Oregon.

The PSA was scheduled to air from 7-9 PM on January 13, 2000. It was aired during Nick Sixkiller's Indian Time show on 91.5 FM. Bravo Siletz Tribal Youth! 🌿

## October 1999 Resolutions

**RESOLUTION #00-01-01 “Support for the Indian Community Health Profile Project.”**

**RESOLUTION #00-01-02 “Support for Additional Study by *The Epicenter* of the Reduction in Infant Mortality Among Northwest American Indians and Alaska Natives.”**

**RESOLUTION #00-01-03 “Support for the October 6, 1999, Proposed Bill of the National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act.”**

**RESOLUTION #00-01-04 “Support for the NW Tribal Diabetes Surveillance Project, 2-day Workshop & Conference, Scheduled May 4-5, 2000.”**

**RESOLUTION #00-01-06 “Support for the Recommendations of the NICOA for Funding Levels of Programs Authorized by the Older Americans Act.”**

**RESOLUTION #00-01-07 “Support for the Spokane Health Sciences Initiative.”**



## Calendar of Events

### University of Oklahoma Native Diabetes Conference

January 26-28, 2000

*Location:* Reno, Nevada

*Contact:* Health Promotion Department

*Phone:* (405) 325-1790

### Affiliated Tribes of Northwest Indians (ATNI): Winter Conference

February 14-17, 2000

*Location:* Airport Holiday Inn, Portland, Oregon

*Phone:* (503) 241-0070

### National Congress of American Indians (NCAI): Executive Council Winter Session

February 23-26, 2000

*Location:* Grand Hyatt Washington, Washington, D.C.

*Contact:* NCAI Offices

*Phone:* (202) 466-7767

### National Indian Child Welfare Association (NICWA): Indian Child Welfare Training Institute

Feb. 28 - Mar. 3, 2000

*Location:* Reno, Nevada

*Contact:* Kim or Larry

*Phone:* (503) 222-4044

### Native Wellness & Women Conference - South

March 19-22, 2000

*Location:* San Diego, California

*Contact:* Same as University of Oklahoma listed earlier

“Sober Spirits for the Road”

### Reducing Drinking and Driving in American Indian Nations

March 27-28, 2000

*Location:* Hampton Inn, Bellingham, WA

*Contact:* Catherine Brozowski, Group Health/Kaiser

Permanente Community Foundation

*Phone:* (206) 287-4372

### Native Wellness & Men Conference

April 17-20, 2000

*Location:* Albuquerque, New Mexico

*Contact:* Same as University of Oklahoma listed earlier

### NPAIHB Quarterly Board Meeting

April 18-20, 2000

*Location:* Spokane, Washington

*Contact:* Elaine Dado

*Phone:* (503) 228-4185

### NICWA : 18<sup>th</sup> Annual “Protecting Our Children” - National American Indian Conference

April 17-19, 2000

*Location:* Tucson, Arizona

*Contact:* Same as NICWA training listed earlier

### From Community-Campus Partnerships to Capitol Hill

April 29 - May 2, 2000

*Location:* Washington, D.C.

*Contact:* sarena@u.washington.edu

### NPAIHB Diabetes Workshops in conjunction with the IHS Diabetes Regional Meeting

May 4-5, 2000

*Location:* Spokane, Washington

*Contact:* Melissa Bernard

*Phone:* (503) 228-4185

### ATNI Mid-Year Conference

May 1-4, 2000

*Location:* Coeur d'Alene Inn, Coeur d'Alene, Idaho

*Phone:* (503) 241-0070

### Native Wellness & Women Conference North

May 8-11, 2000

*Location:* Albuquerque, New Mexico

*Contact:* Same as University of Oklahoma listed earlier

### NCAI Mid-Year Session

June 25-28, 2000

*Location:* Radisson Hotel, Juneau, Alaska

*Contact:* Same as NCAI Winter Session listed earlier

### NPAIHB Quarterly Board Meeting

July 18-20, 2000

*Location:* Klamath Falls, Oregon

*Contact:* Same as NPAIHB April Quarterly Board Meeting

### National Indian Council on Aging Elders Conference

August, 2000 (Dates to be announced)

*Location:* Deluth, Minnesota

*Contact:* Dave Baldrige

*Phone:* (505) 292-2001

### Millennium Conference 2000: “To Honor the Child”

August 9-12, 2000

*Location:* Olympia Resort and Spa, Oconomowoc, WI

*Website:* www.nicwa.org

### ATNI 4<sup>th</sup> Annual Conference

September 18-21, 2000

*Location:* Red Lion Inn, Pendleton, Oregon

*Phone:* (503) 241-0070

### NPAIHB Quarterly Board Meeting

October 17-19, 2000

*Location:* To Be Announced

*Contact:* Same as NPAIHB April Quarterly Board Meeting

### NCAI Annual Session

November 12-17, 2000

*Location:* Radisson Hotel, St. Paul, Minnesota

*Contact:* Same as NCAI Winter Session listed earlier

### 128<sup>th</sup> Annual American Public Health Association Meeting

November 12-16, 2000

*Location:* Boston, MA

*Website:* www.apha.org/meetings/

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# Northwest Portland Area Indian Health Board

## Executive Committee Members

Julia Davis, Chair, Nez Perce Tribe  
Pearl Capoeman Baller, Vice-Chair, Quinault Nation  
Janice Clements, Treasurer, Warm Springs Tribe  
Rose Purser, Sergeant-at-Arms, Port Gamble S'Klallam Tribe  
Norma Peone, Secretary, Coeur d'Alene Tribe

## Delegates

Wanda Johnson, Burns Paiute Tribe  
Dan Gleason, Chehalis Tribe  
Norma Peone, Coeur d'Alene Tribe  
Colleen Cawston, Colville Tribe  
Vacant, Coos, Lower Umpqua & Siuslaw Tribes  
Eric Metcalf, Coquille Tribe  
Sharon Stanphill, Cow Creek Tribe  
Mark Mercier, Grand Ronde Tribe  
William Penn, Hoh Tribe  
Liz Mueller, Jamestown S'Klallam Tribe  
Tina Gives, Kalispel Tribe  
Corrine Hicks, Klamath Tribe  
Velma Bahe, Kootenai Tribe  
Lorna J. Mike, Lower Elwha S'Klallam Tribe  
Natalia Calhoun, Lummi Nation  
Marcy Parker, Makah Tribe  
Donna Starr, Muckleshoot Tribe  
Julia Davis, Nez Perce Nation  
Midred Frazier, Nisqually Tribe  
Sandra Joseph, Nooksack Tribe

Shane Warner, NW Band of Shoshoni Indians  
Rose Purser, Port Gamble S'Klallam Tribe  
Marguerite Edwards, Puyallup Tribe  
Pearl Conlow, Quileute Tribe  
Pearl Capoeman Baller, Quinault Nation  
Billie Jo Settle, Samish Tribe  
Norma Joseph, Sauk-Suiattle Tribe  
Alonzo Coby, Shoshone-Bannock Tribes  
Mary Fisher, Siletz Tribe  
Marie Gouley, Skokomish Tribe  
Tracy Kiefer, Spokane Tribe  
Robert Whitener, Squaxin Island Tribe  
Marlice DeLys, Stillaguamish Tribe  
Robert Alexander, Suquamish Tribe  
Susan Wilbur, Swinomish Tribe  
Marie Zacouse, Tulalip Tribe  
William Burke, Umatilla Tribe  
Marilyn Scott, Upper Skagit Tribe  
Janice Clements, Warm Springs Tribe  
Stella Washines, Yakama Nation



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