



# Health News & Notes

A Publication of the  
Northwest Portland Area Indian Health Board

Volume 32, Number 2

January 2003 Issue

by Julia Davis-Wheeler, (Nez Perce Tribe) NPAIHB Chair

## Julia's Report

Thirty years of service to Northwest Tribes and still going strong. It's hard not to feel that time passes too quickly when I consider that I've been the chair of the Board for nearly 10 years. I know many of our elders must feel that the 30 years has gone by quickly since the Health Board was founded in 1972. Just think of the accomplishments in those 30 years. The greatest of all is that our tribes are still working in unity for the health of our people and the sovereignty of our tribes.

### Governance

Our Quarterly Board Meetings continue to be well attended. We have never failed to establish a quorum in my ten years as chair. Typically, about 30 of our 43 member tribes have representation at the Board meeting. Twenty-five or so are usually in attendance on Thursday morning, the final day, when we consider our resolution and important business matters of the Board. I am open to any ideas about improving participation, but think we should congratulate our tribes on their high level of participation.

### Federal Advocacy

Our lobbying fund supports our advocacy for health care issues. As National Indian Health Board (NIHB) chair, I travel often to Washington, DC and frequently ask for financial support. This lobbying fund is necessary to ensure our lobby efforts follow federal and state laws.

We continue to nurture our ever changing relationships in Washington DC. As an example, on December 5 and 6, 2002 we were very busy attending meetings at the White House and at the Department of Health and Human Services. 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. The December 6, 2002 meeting resulted in a signed decision by IHS Director Dr. Charles Grim and the Centers for Medicare and Medicaid to exempt tribes from a regulation that threatened to eliminate the all-inclusive encounter rate for billing Medicare and Medicaid. This decision benefits tribes nationwide. Chair Ron Allen and myself were two of the five tribal

leaders in attendance and six of the 15 technical staff were from the Northwest!

For the past 14 years the Board has produced an annual review of the Indian Health Service Budget. This budget is developed and reviewed by tribal representatives in an annual budget

[Continued on page 15](#)

### In This Issue

<b>Meet our new Policy Analyst</b>	<b>2</b>
<b>Legislative Report</b>	<b>3</b>
<b>Diabetes Program Update</b>	<b>4</b>
<b>Tribal Logos to Adorn Board</b>	<b>5</b>
<b>Executive Director's Report</b>	<b>6</b>
<b>Judith Leyva Memorial</b>	<b>6</b>
<b>Chlamydia Screening</b>	<b>7</b>
<b>Monthly Tobacco Prevention</b>	<b>8</b>
<b>Kicking the Habit</b>	<b>9</b>
<b>NPAIHB Holiday Party</b>	<b>10</b>
<b>Sharon John's Party</b>	<b>10</b>
<b>October QBM Pictures</b>	<b>11</b>
<b>Cancer Risk Reduction</b>	<b>12</b>
<b>HIV/AIDS in Indian Country</b>	<b>13</b>
<b>NTHRC Fellowship Recipients</b>	<b>14</b>
<b>New Staff to the Board</b>	<b>15</b>
<b>New Staff to the Board</b>	<b>16</b>
<b>New Staff to the Board</b>	<b>17</b>
<b>Upcoming Events</b>	<b>18</b>
<b>Resolutions</b>	<b>19</b>

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

#### **Administration**

Ed Fox, Executive Director  
Verné Boerner, Administrative Officer  
Mylene Shenker, Finance Officer  
Bobbie Treat, G/L & Contracts Accountant  
Vacant, 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 & Health Promotion Injury Control Project**

Vacant, Director

#### **Northwest Tribal Epidemiology Center**

Joe Finkbonner, Director  
Francine Romero, PhD, Epidemiologist  
Mary Brickell, RPMS Specialist  
Emily Puukka, Tribal Registry Manager  
Shawn Jackson, STOP Chlamydia Project  
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 & IRB Coordinator  
Luella Azule, NTHRC Project Coordinator  
Kathryn Alexander, FAS & Dental Project Assistant  
Kerri Lopez, Western Tribal Diabetes Director  
Sharon Fleming, WTD Project Specialist  
Vacant, WTD Project Specialist  
Jennifer Olson, WTD Project Specialist  
Mike Severson, WTD Project Specialist  
Penny Shumacher, WTD Project Specialist  
Angela Mendez, National Project Specialist - Lead  
Vacant, National Project Specialist  
Crystal Denny-Hall, National Project Assistant

#### **Project Red Tulon**

Karen McGowan, Director  
Amanda Wright, Project Specialist

#### **Western Tobacco Prevention Project**

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

#### **Northwest Tribal Recruitment and Health Professions Recruitment**

Gary Small, Director  
Eric Vinson, Project Specialist

#### **Northwest Tribal Cancer Control Project**

Ruth Jensen, Director  
Peggy Biery, Project Specialist

Health News & Notes/ Attn: Sonciray Bonnell  
527 SW Hall, Suite 300, Portland, OR 97201  
Phone: (503) 228-4185 FAX: (503) 228-8182  
Website: www.npaihb.org

## Meet Our New Policy Analyst



James C. Roberts (Hopi/Sioux) is an enrolled member of the Hopi Tribe in Northern Arizona and has worked in American Indian and governmental affairs for over twenty years. Jim has worked for the National Indian Health Board (NIHB) for the past six years serving in a variety of different capacities. While at the NIHB, he served as a project specialist on key health policy studies; has been a key staff member working with the Indian Health Service (IHS), Northwest Portland Area Indian Health Board, and tribal leadership in the IHS budget formulation process. He has served as NIHB's conference coordinator, planning regional and national events for American Indian and Alaska Native health professionals.

Most recently, he was responsible for coordinating the Healing Our Spirit Worldwide (HOSW) conference held in Albuquerque, New Mexico. The HOSW conference brought together over 3,000 indigenous people from

around the world to address the harmful impacts that alcohol and substance abuse have had in tribal communities. He states, "I was honored to be associated with such a significant event and the Planning Committee should feel proud of its work. The conference resulted in two significant outcomes that included the development of an International Covenant and a Tribal Leader Proclamation on alcohol and substance abuse." The covenant is currently being prepared for introduction at the Geneva Convention in 2006.

Prior to working for NIHB, Jim worked in different capacities for the Department of Labor, Department of Commerce, the American Cancer Society and for American Indian consulting firms doing business in tribal communities under the "Buy-Indian" act. He holds a dual degree from the Metropolitan State College of Denver in Business Management and Urban studies with a minor in Economics.

Jim is married to Kay Culbertson, an enrolled member of the Ft. Peck Assiniboine and Sioux Tribes, and has three children Jennifer, Cami and Trevor. Kay also serves as the Executive Director of the Denver Indian Health and Family Services (DIHFS), and urban health program for the Indian community. Their family is very involved in the Denver Indian community and can often be found at events sponsored by the DIHFS, Denver Indian Center or at local community powwows. Jim works as a volunteer for the Littleton Public

Continued on page 5

# Legislative Report

by Ed Fox, Executive Director

## FY 2003 IHS Budget

Congress is likely to finally pass full-year funding for the Indian Health Service budget when it returns the third week of January, 2003. An omnibus appropriations bill is the likely vehicle for the remaining 11 appropriations bills (only two have passed). Unfortunately, despite inflation of over 12% for health care services, the Interior Appropriation will not receive an increase larger than the expected average increase of just 3%. This means medical inflation is being ignored in the budget process.

## FY 2004 IHS Budget

The President's FY 2004 budget will be released on February 4, 2003. The Indian Health Service is likely to get an increase of less than 3% as the President vows to keep average spending at just 2% for non-defense bills. The Board plans to hold its FY 2004 Budget Analysis Workshop and FY 2005 Budget Formulation Workshop on February 19 and 20, 2003 in Portland, Oregon.

## Indian Health Care Improvement Act

The Indian Health Care Improvement Act National Steering Committee met in Rockville Maryland with Interim Indian Health Service Director Dr. Charles Grim on December 12 and 13, 2002 and elected Julia A. Davis-Wheeler and Rachel Joseph as this year's chairs of the reauthorization effort. A leadership group of six tribal leaders is likely to lead this year's lobbying effort and is expected to meet again in January, 2003.



*LtoR: Ed Fox, NPAIHB Executive Director; Dr. Charles Grim, Interim IHS Director; Julia Davis-Wheeler, Chair NPAIHB  
Photo taken on December 13, 2002 during the Indian Health Care Improvement Act meeting at IHS headquarters in Rockville, MD.*

## Favorable Ruling from CMS

The Centers for Medicare and Medicaid have granted the Indian Health Service-funded programs an unlimited exemption from any change to the current all-inclusive encounter rate. This favorable ruling came after lengthy meetings with tribal representatives over the past year. The agreement was signed at a meeting attended by Julia A. Davis-Wheeler and Jamestown S'Klallam Chair, Ron Allen, on December 6, 2002.

## Diabetes

On December 17, 2002 President George W. Bush signed legislation (HR 5738) authorizing five additional years of funding for the Special Diabetes Program for Indians. Public Law 107-360 is an entitlement program funded at \$150 million per year beginning in FY 2004. This represents a \$50 million increase over FY 2003 funding.





# Diabetes Program Update

by Kerri Lopez, Western Tribal Diabetes Project Director

As the new director of the Western Tribal Diabetes Project, I hit the ground running, immersing myself in the functions and activities of the diabetes project. On the second day on the job, Ed Fox, Jen Olson, and I were off to Washington D.C. to attend the Tribal Leaders Diabetes Committee (TLDC) meeting. It was a privilege and pleasure to hear the TLDC discuss the ever-looming issue of funding for the diabetes programs, but also the success of many tribal clinics. There was a very emotional discussion where members of the TLDC shared stories of people in our clinics who are suffering from diabetes and having to learn how to live with this disease. Staff also had the opportunity to meet the new IHS Interim Director, Dr. Charles Grim. Other presenters at the TLDC included IHS National Diabetes Program Director Kelly Acton, MD, MPH and Nursing Consultant Lorraine Valdez,

MPA. Staff from the Office of Management and Budget was also in attendance, expressing support for the positive impact of the Special Programs for Diabetes Initiative.

In December 2002, WTDP staff attended The National Diabetes Conference, *Turning Hope Into Reality*. Sponsored by the TLDC, the conference brought together 600 tribal program staff and community members to share program strategies, network approaches, how to overcome barriers, and most importantly, to share each others company. Keynote speaker Notah Begay III, Professional Golfer, spoke on the importance of physical activity and delivered an inspiring message about fighting the epidemic of diabetes in our native communities. On the final day of the conference, keynote speaker Billy Mills, 1964 Olympic

Gold Medallist, gave a rousing lecture on the pursuit of excellence. His talk revolved around the theme of “perceptions” and how we interact with one another.

**Diabetes Site Reports and Technical Assistance Trainings**  
Site-specific reports on the prevalence of diabetes and related complications will be mailed to those sites that have shared RPMS information with the WTDP. This report will allow programs to self assess the capacity of their diabetes register. Also, staff are still scheduling and providing technical assistance to tribal programs. To date, we have done 75 on-site trainings. If we have not been to your tribe recently and would like our assistance, please contact Kerri Lopez, Director WTDP at (800) 862-5497 or [klopez@npaihb.org](mailto:klopez@npaihb.org)



LtoR: Mike Severson, Penny Shumacher, Angela Mendez, Kerri Lopez, Jen Olson



LtoR: Angela Mendez, Ola Hernandez, Billy Mills, Shirley Alvarez, Angelita Broncho


# Tribal Logos to Adorn NPAIHB Reception

by Sonciray Bonnell, Health Resource Coordinator

A new look has arrived in the reception area at the Northwest Portland Area Indian Health Board. The Art Committee, comprised of Board employees, created a reception area makeover with an Indian look and feel. Sharon John came up with the idea to decorate our office reception area with the 43 Northwest tribal logos. Although all 43 tribes have been asked to submit their tribal logo, we have only received eight: Lower Elwha S'Klallam; Coos, Lower Umpqua & Siuslaw; Squaxin Island; Jamestown S'Klallam; Confederated Tribes of Siletz; Confederated Tribes of Umatilla; Klamath; and Puyallup. The logos are matted, framed, and hanging on a newly painted wall. To complete the new look, be sure to get your tribal logos to us.



We are happy to honor our tribes in this way and hope that the remaining logos will arrive soon. For more information please contact Karen McGowan at (503) 228-4185 ext. 270 or [kmcgowan@npaihb.org](mailto:kmcgowan@npaihb.org)

Thank you to the Art Committee members for your help: Sharon John, Karen McGowan, Kathryn Alexander, Emily Puukka, Tam Lutz, Liling Sherry, and Sonciray Bonnell. 

## Increased Diabetes Funding

We are pleased to announce that the House and Senate passed support for The Special Projects for Diabetes Initiative. On Tuesday, December 17, 2002, President Bush signed HR 5738 into law. The funding increased to \$150 million per year through 2008. Thank you to the tribes and communities for their calls to local and national leaders to support the continued funding for the diabetes programs. Tribal programs have been active in their programs and advocacy. For more information about this initiative, please call 1-(800) DIABETES (1-800-342-2383) or visit [www.diabetes.org](http://www.diabetes.org).

## Continued from page 2

Schools, serves on the Arapahoe Youth League Board and has coached a competitive little league baseball team for the past five years. He is also a college softball official working with the WAC, PAC 10, RMAC and the Mountain West conferences.

“What we will miss most about leaving Denver is our Indian community and the work that we do with our youth sports programs. However, we are very excited about the opportunities that await us in Portland and the opportunity to work for one of the prominent Area Health Boards in the Country.” states Jim. 


# Executive Director's Report

by Ed Fox, Executive Director

I have just completed my second year as the Board's Executive Director. This January's Quarterly Board Meeting (QBM) marks eight years of continuous attendance without missing a single day of a QBM. Incidentally, my wife Peggy deserves more credit for that record than I do. This is a challenging job and anyone who has ever served as the top executive officer of an organization knows what I mean when I say it is, at times, the best and the worst job at the Board. I take no small comfort from the fact that difficult tasks, accomplished well, do make you a stronger and a better person. Northwest tribes should be pleased to know that we are building the health care careers of staff who are likely to work either here at the Board or in NW Tribal/IHS/Urban Indian health programs for many years to come. I include myself in that category and I look forward to continuing my career with NW tribes until I retire. I invite anyone reading this newsletter to consider building their career and family life among our tribes; it is a richly rewarding experience.

I now firmly believe that we have assembled a staff that will serve the board for years to come. The Board has 55 employees and over a \$6 million annual budget. I continue to make the shift from policy analyst to Executive Director, with the important announcement that Jim Roberts has been hired as our policy analyst. This will allow me to stay on top of the important administrative tasks of board operations. I will always remain involved in our policy work that our tribes have indicated is a fundamental purpose of the Board. We are lucky to have Julia Davis-Wheeler as chair; she handles the role as lead advocate for the Board so well. Our working relationship remains a seamless one with so little miscommunication that when that phenomenon occurs here with staff, I comfort myself with the knowledge that 'at least Julia understands me.'

The two years I have been the Executive Director have not required major investments of my time to insure ongoing funding, but this coming year

will require my attention to continue our work at its current level. Managing uncertainty is my main task over the next two or three years. More traditional budgeting with limited dollars will probably follow the more than adequate funding of the past two years. I believe health care research and health promotion and disease prevention projects will continue to be funded at a rate greater than inflation and we are in a good position to compete successfully for that funding. I may be busy over the next three years trying to develop a partnership of a different sort with our tribes: the Board would very much like to pay our \$250,000 in rent to a tribe while still maintaining our location in Downtown Portland when our lease (we need 15,000-20,000 square feet) expires in March, 2005. This is only two years from now! I look forward to working with any tribe interested in purchasing or building a facility adequate to meet our needs. 



## In memory of Judith Leyva 1944 - 2002

The Board would like to recognize Judith Leyva (Lummi) for her contributions to the Board as the Nooksak delegate. Judith first joined the Board in 2000. She was active immediately, participating in the Veteran's committee as well as the Elder's committee. It was evident that she loved her people and wanted to do

much to improve their well being. She was consistent in her participation and was always willing to help. Judith had a warm and gentle personality, but did not shy away from sharing her thoughts. Her beautiful smile, which she shared generously, will be missed.

Our condolences to her family, friends, and community.

# Recent Study Concludes Screening Teen Girls for Chlamydia Could Lower Infertility

by Shawn Jackson, Project Specialist for the Stop Chlamydia! Project

*Chlamydia trachomatis* is the most widespread bacterial sexually transmitted disease (STD) in the United States. The Centers for Disease Control and Prevention (CDC) estimates that more than 4 million people are infected with chlamydia each year and 75% of cases do not show symptoms. Since chlamydia can remain undetected for years, it poses a serious public health concern. Young females are more likely than young males to see a healthcare provider, thus giving them more access to screening programs.

According to a recent report, “Effect of a Clinical Practice Improvement Intervention on Chlamydia Screening Among Adolescent Girls,” many teens do not discover they are infected until they try to get pregnant years later.<sup>1</sup> An effective way of detecting chlamydia and helping to prevent future infertility problems is to promote change in physicians’ behavior. The change

would entail giving sexually active teenage girls a urine test for chlamydia during routine visits to the doctor’s office.

According to CDC, chlamydia rates for women have been reduced as much as 67% for states with chlamydia screening programs.<sup>2</sup> The United States Preventative Services Task Force recommends that all primary care clinicians routinely screen sexually active women aged 25 and younger and all women who may otherwise be at risk for chlamydia infection. Early detection of this “silent disease” remains one of the most effective ways to prevent serious health problems in women and newborn babies. New, non-invasive urine testing methods may make testing for males and females in non-traditional settings more practical.

<sup>1</sup> Mary-Ann Shafer, “Effect of a Clinical Practice Improvement Intervention on

Chlamydia Screening Among Adolescent Girls,” *Journal of the American Medical Association*, 2002, 288:2846-2852.

<sup>2</sup> “Screening for Chlamydia Infection,” Agency for Healthcare Research and Quality, March 2001: AHRQ Publication No. APPIP01-0010. Visit [www.ahrq.gov](http://www.ahrq.gov).

*The EpiCenter’s Stop Chlamydia! Project* is a prevention and surveillance project for sexually transmitted diseases (STD). The Stop Chlamydia! Project reviews and identifies STD prevention gaps and shortfalls, collects chlamydia surveillance data, and provides prevention resources, technical assistance, and training on STD prevention to the Northwest tribes.

For additional updates on chlamydia screening and preventative care or the Stop Chlamydia! Project, please contact Shawn Jackson at (503) 228-4185 or email [sjackson@npaihb.org](mailto:sjackson@npaihb.org).





# 2003 Monthly Tobacco Prevention Theme

by Joe Law, Western Tobacco Prevention Project Regional Training Coordinator

Launched in December 2002, the Western Tobacco Prevention Project (WTPP) features a monthly tobacco prevention theme, covering a variety of topics on commercial tobacco abuse. In December, WTPP provided information on how tobacco may act as a gateway drug leading to the abuse of other substances such as marijuana or alcohol.

## Topics for 2003

**January:** New Year's Resolution- Make 2003 Smoke Free! Focus on **Adult Cessation**, exercise and nutrition.

**February: Policy Development-** working with tribal boards, workplace policy and policy enforcement.

**March: Media and Counter-marketing-** accessing available resources and developing your own.

**April: Preventing Youth Initiation and Cessation.** Kick Butts Day on April 2<sup>nd</sup>.

**May: Tobacco Products-** Bidis, flavored cigarettes, what's available and how we can respond. World No Tobacco Day on May 31<sup>st</sup>.

**June: Young Adults-** Providing programs that target 18-24 year olds.

**July: Coordinating our Response-** referral systems, who's doing what, building coalitions and alliances.

**August: Second Hand Smoke (ETS)**

**September: Traditional Tobacco Use**

**October: Tobacco's link to other conditions-** cancer, diabetes, and heart disease.

**November: Pregnancy and Tobacco-** Cessation and awareness.

**December: Tobacco's role as a gateway drug**

Subjects may change depending on new developments in tobacco control. Please let us know if you have any comments or ideas about the topics we've chosen, or suggestions regarding topics we might have missed.

Each month, we will provide information packets through the NPAIHB Friday mail-out to northwest tribal health directors, tribal chairs, and NPAIHB delegates. The packets will include ideas to implement prevention activities, resources and materials for immediate use in your community, scientific articles on the featured topic, and reminders about upcoming tobacco awareness events, regional activities, or conferences. If you are a tobacco program coordinator at your tribe or work with tobacco prevention and would like to receive this packet monthly, please contact us.

For more information about the 2003 Monthly Tobacco Prevention Theme,

please contact Liling Sherry, Director of the Western Tobacco Prevention Project, Stephanie Craig, Project Specialist, or Joe Law, Regional Training Coordinator at 503-228-4185.



## WTPP Tobacco Survey

WTPP is requesting your input. We sent out a tobacco survey in December 2002 to each of the tribes we serve, soliciting information on your programs and how we may serve you. The deadline to return those surveys and to be eligible for the raffle drawing of a Pendleton carry bag or a set of pig lungs was January 1, 2003. Although you may have missed the deadline to submit your survey for the drawing, we would still appreciate completed surveys and value your comments and suggestions. By returning the survey, you will be letting us know what type of materials and technical assistance are needed for your program.



# Kicking the Habit in 2003

by *Terresa White, Western Tobacco Prevention Project Specialist*

Staff of the Western Tobacco Prevention Project are hoping the habit your community members kick this New Year is the smoking one. “Cessation” is the first in a series of monthly tobacco prevention themes to be promoted in 2003 by Project Director Liling Sherry, Project Specialist Stephanie Craig, and Regional Training Coordinator Joe Law.

Smoking cessation experts agree that setting a quit date is a great start for someone who wants to quit smoking and many individuals around the country will choose quitting as their New Year’s resolution. The US Surgeon General’s “Consumer Guide” for smoking cessation lists setting a date as the first key to getting ready for a quit attempt, followed by changing one’s environment, including getting rid of all cigarettes and smoking paraphernalia in the home, car, or work, and establishing smoke-free living quarters; then reviewing past quit attempts with special consideration of what worked and what did not; and finally, not sneaking even a single puff from the quit date forward.


Broadly recognized as a crucial next step in smoking cessation, and the second recommendation in the “Consumer Guide,” is getting support in the quit-process. According to a report by the US Public Health Service, “A Clinical Practice Guideline for Treating Tobacco Use and Dependence,”

effective treatment and follow-up counseling greatly increases the likelihood that individuals will succeed in their attempts to quit smoking.

But it is the unfortunate reality that culturally specific cessation programs for American Indians and Alaska Natives are currently difficult to find. As a result, many tribal and village health educators utilize mainstream quit smoking curricula. Yet, time-consuming adaptations are often required to make these programs relevant to Native peoples, rendering many of the quit smoking programs inaccessible or ineffective.

Some tribes are responding by developing their own curricula and sharing them with communities throughout Indian Country. One such program is “Second Wind” developed by Cynthia Coachman, RN, of the Muscogee (Creek) Nation. Mandatory group sessions, the framework for this effective program, provide the social support and intensive interventions that are associated with successful quits. Ms. Coachman has been invited by the National Tribal Tobacco Prevention Network to present a workshop on the “Second Wind” curriculum at the 2003 National Native Conference on Tobacco Use to be held in Nashville, Tennessee next August. Information on the National Conference will be posted to [www.tobaccoprevention.net](http://www.tobaccoprevention.net) early in the

new-year. For more information on “Second Wind,” contact Terresa White at 503-228-4185 or email [twhite@npaihb.org](mailto:twhite@npaihb.org).

Additional smoking cessation resources, information, and materials are available to your tribes and communities through the Western Tobacco Prevention Project. For more information please contact Liling Sherry, Joe Law, or Stephanie Craig at (503) 228-4185. 



## NPAIHB Holiday Party 2002

### 1st Place Door Decoration



*Amanda Wright and  
Cassie Cohen's  
holiday door  
decoration*



*NPAIHB holiday party*

### 2nd Place Door Decoration



*Peggy Biery and  
Cicelly Gabriel's  
holiday door  
decoration*



*Staff enjoying the party. LtoR: Crystal Denny, Mike Severson, Luella Azule, Cicelly Gabriel, Peggy Biery*

## Sharon John's Farewell Party



*Karen McGowan and Sharon John*



*Verne Boerner and Ed Fox receiving Sharon John's  
gift to the Board.*

# October 2002 Quarterly Board Meeting



*Bill Burke presenting*



*Delegates hard at work*



*Roanna Stump (left) presenting the family of Elizabeth Jones with a memorial plaque*



*Healthy Walkers L to R: Kieran Gallagher, Mike Severson, Janice Clements, Stella Washines Elaine Dado, Ed Fox, Debbie Wachendorf*

# Cancer Risk Reduction Without Program Funds... One Person at a Time

by Ruth Jensen, Northwest Tribal Cancer Control Project Director

In September 2002, the Northwest Tribal Cancer Control Project was notified that our proposal to the Centers for Disease Control and Prevention (CDC) was approved but not funded. Currently, the Northwest Tribal Cancer Control Project is running on carryover funds which will take us through the next couple months. Other funding sources are being examined and we have submitted a proposal to the Health Resources and Services Administration.

In the meantime, there are many strategies that can be implemented without cancer project funds. Cohen's Spectrum of Prevention provides a great framework for developing strategies. One component of this effort is advocating for funding increases for prevention activities. As many of you know, diabetes funding has been secured for the next five fiscal years. Perhaps the same type of advocacy can increase cancer prevention funding to the level it requires to begin to reduce the steady increases in cancer in Indian Country.

## Spectrum of Prevention What YOU can do to reduce the cancer burden

**Strengthen** individual knowledge and skills. If you are a general community member: Learn about when you need to start getting routine screening. Learn about ways you can reduce your cancer risk. For example, if you smoke, find ways to stop.

**Educate** providers. Providers are teachers, physicians, parents, nutritionists, and drug counselors. Share at least one cancer risk reduction strategy with a provider. When you go in for your annual check-up, ask for your recommended cancer screenings if your health care provider doesn't order them.

**Educate** the community. Call the Cancer Information Service of the Pacific Region to request free materials to be distributed at your next General

Council meeting. Ask the American Cancer Society to make a presentation at the next general staff meeting. Educate the community about other resources available through these organizations at no charge. Ask role models to present at local meetings to promote health lifestyles. Help young people explore careers in health and science.

**Change** organizational practices. Recommend that all junk foods be less available and remind the community of the minimum age for buying tobacco.

**Build** networks and coalitions. Identify existing networks and coalitions and encourage tribal participation. Influence policy and legislation. Continue to elect tribal leaders who advocate for policies that promote health and prevent disease.



**Congratulations to Liling and John Sherry!** Their baby boy, Joseph Declan Sherry, was born on September 8, 2002 at 3:59 am. He is named for the many (6) Josephs in our Irish Catholic families! Joseph is a wonderful baby, smiles at anyone, especially pretty girls and grandmas. He is knowledgeable on all facets of tobacco prevention and has been to five states as the tobacco project

mascot. Future girlfriend is Lauren (future daughter of Nichole and Greg Hildebrandt) and his best friend is Conrad Boerner. Joseph has one brother, Sam, who is delighted with his new brother.



# Out of sight, not out of mind HIV/AIDS in Indian Country

by Amanda Wright and Karen McGowan, Project Red Talon

December 1, World AIDS Day! The 15<sup>th</sup> Annual World AIDS Day is over, but HIV/AIDS is not. Estimates 40 million people are living with HIV/AIDS worldwide and there is still no cure for AIDS. The Center for Disease Control and Prevention (CDC), estimates that approximately 40,000 Americans are infected with HIV each year, a number that has remained essentially stable, but unacceptably high over the past decade. Secretary Tommy Thompson, Department of Health and Human Services stated, "HIV/AIDS is one of the most serious challenges facing humanity." In the twenty years since the first clinical evidence of Acquired Immune Deficiency Syndrome (AIDS) was reported, more than 20 million people have died from the virus. HIV/AIDS is now the leading cause of death in Africa; and worldwide, it is the fourth biggest killer.

Trends in the HIV/AIDS epidemic have not remained static and the disease is now affecting new populations: people of color, women, and younger people are increasingly at risk. This shift in who is being infected necessitates new strategies for prevention and a renewed commitment to reducing HIV infection rates.


The Center for Disease Control and Prevention recently distributed their *HIV Prevention Strategic Plan Through 2005*. This strategic plan focuses on creating new prevention efforts for people of color, women, and youth, as well as developing effective

prevention strategies for other populations at risk for HIV infection. CDC's primary prevention strategies in their Executive Summary are: 1) to increase the motivation of at-risk individuals to know their infection status and decrease real and perceived barriers to HIV testing, 2) to reduce disparities in access to prevention and care services affecting communities of color, women and special needs populations, 3) increase the number of providers who routinely provide voluntary counseling and testing, both in health care settings and non-clinical settings, 4) increase the percentage of people who know their results after HIV testing, 5) integrate prevention services for people diagnosed with HIV and AIDS, into both public and private care, 6) increase access to culturally competent services for people diagnosed with HIV, 7) increase the proportion of HIV infected people in correctional facilities who receive HIV prevention, treatment and care services, and lastly 8) increase the proportion of people diagnosed with HIV to include substance abuse treatment and mental health care as part of their medical care and treatment.

In CDC's new strategic plan there is a commitment to previously unrecognized communities in the fight of this disease and we are hopeful that this will guide more federal HIV prevention dollars to Indian communities. This potential funding could also provide services to describe a more accurate count of American Indian and Alaskan Natives

with HIV/AIDS. One of the challenges facing Indian Country and this disease is the lack of prevention funds coming to tribes and tribal health care programs.

As we enter into a new year, we can hope that the combined efforts of the CDC and Native communities will continue to work towards a HIV/AIDS free world. With an increased emphasis on the changing demographics of HIV/AIDS, there is an increasing emphasis on Native communities and what we can do to help stop the spread of this deadly disease in Indian country.

If you are interested in receiving information regarding HIV/AIDS Prevention or The Center for Disease Control and Prevention's *HIV Prevention Strategic Plan through 2005*, please contact Project Red Talon at (503) 228-4185. 

# Northwest Tribal Health Research Center Fellowship Recipients

by Luella Azule, NARCH Program Coordinator

The Northwest Portland Area Indian Health Board is pleased to announce the recipients of the 2002 Northwest Tribal Health Research Center (NTHRC) education fellowship. The NTHRC fellowship is intended to support qualified American Indian/Alaska Native graduate, and post-doctoral students who are interested in formal health research at Oregon Health Sciences University or the University of Washington. The fellowship pays a two-year stipend to assist with tuition, books, fees and supplies


## Meet our recipients

**Kelly Gonzales**, (Western Band Cherokee), former Director of the Western Tribal Diabetes Project, is pursuing a Doctorate of Public Health. Ms. Gonzales aims to continue working

in Indian country on issues related to diabetes, maternal and child health, and health disparities. She is particularly interested in assessing how economic, political, and social forces influence health among Native Americans.

**Maxine Brings Him Back-Janis** (Oglala Sioux), is pursuing a Masters of Public Health at Portland State University. Maxine was raised by her grandparents on the Pine Ridge reservation. In early childhood, they instilled the value of education and the importance of continually maintaining and staying connected to the traditional way of life. After graduating from high school, she left the reservation to pursue an Associate of Applied Science degree from Yakima Valley Community College in Dental Hygiene, eventually receiving her Bachelor of Science

degree from Eastern Washington University. She has spent twenty-four years working among many native tribes throughout the United States. Ms. Brings Him Back-Janis' goal is pursuing a graduate degree and plans to earn a doctorate degree in the health field. Maxine aims to work in Indian country on issues related to dental research, and health disparities.

Information regarding the fellowship opportunity is located at our website: <http://www.npaihb.org/NTHRC/index.html> along with both a pre-doctorate and post-doctorate applications. You may also contact Luella Azule at 503-228-4185 x 275 or by e-mail: [Lazule@npaihb.org](mailto:Lazule@npaihb.org) for more information. We currently have two fellowships available. 

NPAIHB welcomes Conrad (nickname Kurt) Giasruk Boerner to our office. Conrad was born on October 11, 2002 to NPAIHB's Administrative Officer, Verné Boerner, and her husband, Tassilo Boerner. He arrived at 2:48 a.m., weighing 7 lbs. 5.5 oz and was 20½ inches long. Conrad's parents chose his first name after the family name of dear friends. Verné's mother, Marie Jackson, chose Giasruk. Giasruk is Verné's great-grandfather's Iñupiaq name. Conrad's Great-great grandfather, Giasruk (English name: Frank Jackson), had a great sense of humor and loved children very much.



The Board Delegates have long showed an interest in creating an organization that is reflective of tribal values. This includes the value of family. As such, the Delegates approved a policy that allows parents to bring their infant children to work with them until they are six-months of age. All three of Verné's children have benefited from this policy. They all have a sense of extended family with other NPAIHB staff as well as with the Delegates.

**Congratulations to Verné and Tassilo.**

### Continued from page 1

workshop where tribal leaders and staff develop a final report and recommendations. It is widely considered as the best analysis of the budget and the one that gives all tribes an important source of credible arguments for increases in funding for the IHS budget.

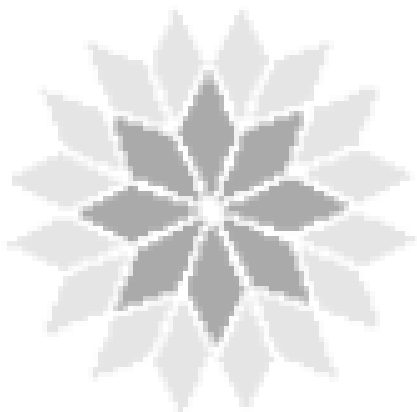
### State

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 also take place in Oregon and Idaho. These meetings keep tribes informed on important issues effecting the funding of our health programs. This is a year of draconian budget cuts at the state level, so we have our work cut out for us this year. Our January meetings in Oregon and Idaho will help us develop strategies to mitigate the damage these cuts will create for our health programs.

### Health Promotion and Disease Prevention

The Board has developed numerous health projects on a variety of health issues including cancer, HIV/AIDS, dental, tobacco, infant mortality, diabetes, health data improvement, and recruitment and retention of health professionals. It is easy to lose track of all of the projects we conduct, but tribes have indicated they are interested in expanding to many other areas where health needs exist.

Finally, I want to report that on December 12 and 13, 2002 there was an important meeting on the Indian Health Care Improvement Act. I was selected to serve as co-chair with Chair Rachel Joseph to reauthorize the Act in the 108<sup>th</sup> Congress. The NIHB will provide technical support. The NIHB will soon relocate to Washington, DC and will have a new Executive Director in early 2003. This will put us in a good position for sustained advocacy on this important bill. 



Eric Vinson, an enrolled Cherokee Nation member, is the new Project Specialist for the Northwest Tribal Recruitment Project (NTRP). His work includes recruiting for northwest Indian health clinics, NTRP webmaster, and database developer.

Eric graduated from Harvey Mudd College, near Los Angeles, California. He studied Chemistry and tutored area students. His hobbies include reading, learning, biking, and tutoring. Growing up near Scappoose, Oregon he appreciates being back in the Northwest. Eric is excited to be working with NPAIHB, and is eager to assist Northwest Tribes recruit qualified Indian providers.

# New Staff to the Western Tobacco Prevention Project

## New Regional Project Specialist

Greetings from **Stephanie Craig!** She joined the Western Tobacco Prevention Project as the Project Specialist in October 2002.

Stephanie feels truly blessed to be back in the Pacific Northwest after spending two years in Boston, Massachusetts.

While there, she completed her

Masters of Public Health with a concentration on International Health Development. With the support of a flexible program, she was able to focus her energy on exploring

numerous social and physical health issues related specifically to American Indian communities. Throughout her graduate education she was employed as a research assistant at Slone Epidemiology Center, a research unit affiliated with Boston University's School of Medicine and School of Public Health.



Prior to entering the MPH program, Stephanie worked and volunteered for eleven years with the Sierra Service Project, a non-profit organization that provides home construction and rehabilitation services within American Indian communities. This work gave her the opportunity to spend her summers living and working on numerous

Reservations and Rancherias throughout the Southwest and Northern California. During this time she also completed a BA in Biology at Willamette University in Salem, Oregon.

Along with the other Western and National Tobacco Prevention team members, we have hit the ground running and are looking forward to a busy and productive season at the NPAIHB.

## New Regional Training Coordinator



**Joe Law** (Klamath, Siletz and Northern Cheyenne) became the new Regional Training Coordinator for the Western Tobacco Prevention Project in October, 2002 and has hit the ground running.

For the past seven years Joe worked as the Community Health Educator for the Klamath Tribes at Klamath Tribal Health & Family Services in Klamath Falls, Oregon. He also taught physical education and health at Chemawa Indian School during the 1994/95 school year and was an assistant football coach. He has worked as a substitute teacher and was the Title V Indian Education Co-Coordinator for the Washington County School District in Beaverton, Oregon.

Joe has a Bachelor of Science Degree in Secondary Education and Interdisciplinary Studies from Western Oregon State College (now known as Western Oregon University).

He and his wife Jill have three children: Brittany (17), Karly (10), and Jessica (5).

Joe is very excited about working at the Northwest Portland Area Indian Health Board in the Western Tobacco Prevention Project. He holds very strong beliefs about non-traditional tobacco use and is excited to be working with Northwest tribes on tobacco issues.



# New Staff at the Board

**Angela Mendez** accepted the position as the National Lead Diabetes Specialist for the Western Tribal Diabetes Project (WTDP) in November, 2002. In her new position she will coordinate, plan, implement, and evaluate all aspects of the national component of WTDP. She is looking forward to working with the Western Tribal Diabetes Project team and the NPAIHB.

Angela is a member of the Shoshone-Bannock Tribes in Fort Hall, Idaho. She has 28 years of experience working for the Tribes, and 15 years as a Program Director. Prior to coming to the NPAIHB, Angela was the Tribal Health Director at Shoshone-Bannock.

Angela has a Bachelor of Science from the University of Portland, and a Master of Education from Idaho State University. In her spare time she enjoys reading, going to pow-wows, visiting antique shops and taking walks. Angela has two daughters, Liberty Toledo, currently in Washington, D.C and Nichole Hildebrandt, employed with the NPAIHB Tobacco Project. She is very excited about becoming a new grandmother in March (thanks Nichole).



**Kerri Lopez**, an enrolled member of the Tolowa Tribe of Northern California, began her position as the Director of the Western Tribal Diabetes Project (WTDP) in October of 2002. She is very excited to be working with the tribes again, and looks forward to meeting the tribal representatives and the diabetes teams. NPAIHB is familiar to Kerri; she previously worked here as the Tribal Tobacco Policy Project Director and the Health Resource Coordinator.

Most recently, Ms. Lopez worked for the NARA/NW Indian Health Clinic as the Project Director for the National Breast and Cervical Cancer Screening Program, the Legacy Tobacco Cessation Grant, State of Oregon American Indian Tobacco Project, and the Diabetes Program. Kerri graduated from San Francisco State University with a Bachelor Degree from the Native American Social Work Program.

Outside of work, most of her time is devoted to family. This is primarily in the form of sitting next to her husband Ken, watching their children play in baseball and basketball games. Her son, Shane, plays college baseball; and her daughter, Siena, plays high school basketball.

**Lisa Angus**, MPH, is the new Project Specialist for the Indian Community Health Profile Project. The Indian Community Health Profile instrument is intended to provide Indian communities with a feasible method for assessing their overall health status and for monitoring that status over time. Lisa will be working with several tribes and with other regional Indian health programs to support the design, implementation, and evaluation of the Profile in different communities.

Prior to joining the *EpiCenter*, Lisa received her MPH from Emory University in Atlanta. She worked with the Georgia Division of Public Health on a statewide violence against women needs assessment and with the CDC and Emory University on a variety of reproductive health-related projects. She also completed an injury prevention internship with the Bemidji area IHS office. Lisa is looking forward to contributing to the Profile project and to working with the talented and committed staff at the NPAIHB.



# Upcoming Events

## February

Affiliated Tribes of Northwest Indians Winter Conference February 10-13, 2003

Embassy Suites Hotel Portland Airport  
Portland, OR

Immunization Training February 11-12, 2003

NPAIHB - Contact: Mary Brickell (503) 228-4185

Alaska Native Health Board MEGA Meeting February 11-14, 2003

Juneau, AK

Native Men's and Women's Wellness Conference February 11-14, 2003

Sheraton East in Phoenix, AZ

Contact: Jillene Joseph (503) 666-7669 or [jillene@nativewellness.com](mailto:jillene@nativewellness.com)

NCAI Executive Council Winter Session February 24-26, 2003

Wyndham Hotel  
Washington, DC

## March

Diabetes Management System Training March 6-7, 2003

NPAIHB - Contact: Mary Brickell (503) 228-4185

Dental Data System (DDS) Training , 2003

NPAIHB - Contact Mary Brickell (503) 228-4185

## April

NPAIHB Quarterly Board Meeting April 2003

Yakama Tribe

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

# October 2002 Resolutions

**Resolution #03-01-01** Support for Memorandum of Understanding Between the Northwest Portland Area Indian Health Board and the Cancer Information Service of the Pacific Region

**Resolution #03-01-02** Support for an Increase for the FY 2003 IHS Budget that Funds Mandatory Costs Increases and Addresses Health Disparities

**Resolution #03-01-03** Support for Continuing Funding for the Special Diabetes Program for American Indian/Alaska Natives

**Resolution #03-01-04** Opposition to the Proposed Funding Formula for the Distribution New Alcohol Funding (\$15 million)

**Resolution #03-01-05** Support for Oregon Health Sciences University Application for the National Resource Center for Substance Abuse Services

**Resolution #04-01-06 TABLED** Approval of the Sale of StanCorp Stock

**Resolution #03-01-07** Support for a National Meeting Between Tribes and the Veteran's Administration to Work Towards a Government-to-Government Delivery of Services Plan

**RESOLUTION #03-01-08** Support for the Development of a Report on the Health Status of American Indians and Alaska Native and the Barriers to Accessing VA Health Care Services



Newsletter  
Production  
Special Thanks to

Sonciray Bonnell  
Sayaka Kanade  
Chandra Wilson  
Lynn Delorme

---

# Northwest Portland Area Indian Health Board

## Executive Committee Members

Julia Davis-Wheeler, Chair, Nez Perce Tribe  
Pearl Capoeman Baller, Vice-Chair, Quinault 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, Quinault Nation  
Billie Jo Settle, Samish Tribe  
Norma Joseph, Sauk-Suiattle Tribe  
Gale Taylor, Shoalwater Bay Tribe  
Wesley Edmo, Shoshone-Bannock Tribes  
Jessie Davis, Siletz Tribe  
Marie Gouley, Skokomish Tribe  
Robert Brisbois, Spokane Tribe  
Katherine Barker, Snoqualamie 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  
Louis Cloud, Yakama Nation



**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