Health News & Notes

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Northwest Portland Area Indian Health Board

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

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Three Years of Bush Administration Widens the Health Resources Gap

Warm Springs Indian Reservation, Oregon.

Comments on the *Oregonian* Series about the Warm Springs Revervation - See page 5 for article

From the Chair: Pearl Capoeman-Baller

All five of our Executive Committee members attended the October, 2003 Quarterly Board Meeting hosted by the Shoshone Bannock Tribe. We had nice fall weather and a very productive meeting.

I was back in Washington DC on several occasions this past fall for tribal business. Since our Interior Appropriations Bill did pass we have not had to lobby on that bill, with the exception of voicing our opposition to two rescissions (one has not yet passed).

The National Congress of American Indians (NCAI) met in Albuquerque, New Mexico in November. As many of you know, I am also the Chair of the National Tribal Environmental Council (NTEC) which met concurrently during NCAI in Albuquerque. I was very busy shuttling between the two meetings. The Northwest was well represented in the elections at NCAI this year. Couer d'Alene Chair, Ernie Stensgar, did quite well in his first run for a national office, but was unsuccessful as President Tex Hall was reelected to his second and final term as NCAI President. Jamestown S'Klallam Tribe's Chair, Ron Allen, was elected Treasurer and will serve in that capacity for the next two years. I congratulate both of these strong NW tribal chairman and thank you for your leadership in national affairs. I know what a commitment this is personally, and on behalf of the Northwest Portland Area Indian Health Board, I want to thank your tribes for the support of their tribal leaders working at the national level.

NPAIHB January Quarterly Board Meeting is in Portland and the chair and secretary positions are up for elections. I have stated that I am willing to continue as NPAIHB Chair, but am also willing to step aside and allow someone else to stand for the position. As many of you know I was hoping Julia Davis-Wheeler might return, but that did not happen so we will see what happens at our elections.

This winter (probably the last week of March) there will be a consultation meeting with the Alaska Area and the Department of Health and Human Services to develop a proposed budget for the Indian Health Service. I hope tribal leaders will actively participate in that meeting. The Portland Area will receive just a 1.5% increase in a year where medical inflation ran over 10%. NPAIHB's analysis of the IHS budget will once again document the hundreds of millions of dollars we have lost to inflation over the past three years of the Bush Administration. The only way we can make a difference in this pattern is if tribal leaders once again challenge the Administration and the Congress to live up to their obligation to adequately fund health care services for Indian people.

From the Executive Director: Ed Fox

I am writing this report while the snow piles up in Portland on January 6 and 7. Fortunately, I am in Puerto Vallarta and not at all snowbound. This past quarter really proved to me that the only constant is CHANGE. The most important changes of the past quarter were not all positive. For the first time in many years, the Board staff is getting smaller. Two long time staff members are going on to better opportunities. First, Mary Brickell is now doing her RPMS (Record Patient Management System) for the Portland Area Office of the Indian Health Service. Secondly, Francine Romero, one of the nation's leading health care researchers, will be moving to the Aberdeen Area to become the Director of their new EpiCenter. She will relocate to Rapid City, South Dakota next month and the Board looks forward to sharing our information on future projects with the Aberdeen area. The experience our employees get from working at the Board makes them much sought after. This is a compliment to the employees who work here and to the Board as well. I can't imagine working for anyplace but the Board, and I've made that clear whenever anyone asks my interest in another position. I always tell people that it is our tribes and our staff that makes the Board successful. I often feel the compliments to me really should be directed to our tribes (the Board's Budget Workshop and Analysis, for example).

Many good things have happened in the past quarter as well. The Board received $2,000 and an Honors Award from Harvard University's Honoring Nations Project. This award was received during the Annual National Congress of American Indians (NCAI) meeting this past November in Albuquerque, New Mexico. We expect to sign an eight year lease to remain at our current location with our landlord, Portland State University. This lease will allow us to expand into the area between our two current suites allowing us free movement across the whole side of the building. This will facilitate interaction among projects and improve communication between staff. Most of our projects were refunded in the current fiscal year and the EpiCenter received increased funding. We are just beginning work with the Oregon Health Sciences University on their important Substance Abuse Services project called the One Sky Center.

The Board assisted NW tribes' daily caucuses during the November National Congress of American Indians meeting. These were well attended and hardworking meetings, but there was also much fun and laughter. At one point, someone came in to ask what we were drinking because the noise and laughter got so loud. I am always impressed with the positive effect NW tribes' sense of humor has on our

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Northwest Portland Area Indian Health Board

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IHS Budget Update

by Jim Roberts, Policy Analyst

Notes

Just as we thought there was a final amount approved for the Indian Health Service's (IHS) FY 2004 budget, the Congress has indicated it might further reduce this year's IHS appropriation. A second budget rescission contained in the omnibus appropriation bill would mean only a 2.5% increase for IHS and tribally operated health programs.

On November 10th, 2003, the President signed the Interior Appropriations Bill authorizing $2.96 billion for the IHS, an increase of $108.5 million over last year's budget. This amount represents a 3.7% increase over last year's budget. Language in the bill included a .646% across the board rescission in order to meet spending targets. This means that the $108.5 million increase for the IHS budget will be reduced by $19.1 million, and represents a net increase of only $89.4 million for Indian health programs. This is an increase of only 3% over last year's spending.

On December 8th, the House approved the Consolidated FY 2004 Appropriations (HR 2673), a spending measure that includes $328.1 billion in discretionary and $820 billion in total spending, and includes a .59% across the board rescission for all non-defense discretionary programs. This means the IHS budget will be subject to an additional $17.3 million reduction, over and above the previous rescission it has already incurred. The two rescissions will translate into a $36.4 million loss and lower this year's IHS budget increase to just over $72 million. A net increase of 2.5% over the FY 2003 enacted budget!

It is not reasonable to expect the IHS and tribes to maintain current services when inflation for dental, medical, and pharmacy services in 2003 ranged from 5% to 18%. Portland Area tribes have estimated that it would take an increase of $360 million to the IHS budget just to maintain current services and funding increases below this level will only serve to erode the base budget of the IHS and mean a reduction in health care services provided to Indian people. The Northwest Portland Area Indian Health Board has vehemently opposed reductions to the IHS budget, and in letters to the Northwest Congressional delegation we requested that the IHS be exempted from any further rescissions. The Senate is not scheduled to take up the measure until they reconvene in January 2004.

In another budget matter, Senator Daschle has requested that the President increase the IHS clinical services budget by $5.54 billion. If this were to happen, it would mean a 65% increase, though the realities of this happening are very slim. Each year Senator Daschle has attempted to bring attention to the health care needs of American Indian people with significant requests to increase the IHS budget, but has not been met with much success. The Board applauds Senator Daschle for his diligence and we will continue to work to support his efforts.

Three Years of Bush Administration Widens the Health Resources Gap

by Ed Fox, Executive Director

I have searched for an explanation why the Congress and the President have once again allowed funding for the Indian Health Service to be so severely eroded by inflation. This year's 1.5% increase for the Portland Area means that tribes will have to cut much needed services. It means tribal leaders will face criticism for mismanaging their health care programs. This criticism will come from tribal members and increasingly the mainstream media that is much better at second-guessing tribal leaders and the difficult decisions they make when they balance competing priorities than the media is at understanding how the historical under funding of the IHS is the real reason services are cut.

Of course cutting services is not the only method of balancing priorities. Tribes also keep pay scales lower than private industry and turnover of staff is often the result. Another method has to do with the balance of priorities. Tribal funding for health care is at an all-time high thanks to cuts in federal funding and increasingly thanks to cuts in state Medicaid programs. When tribal funding goes up, other priorities often are cut. The very economic development successes that have allowed some tribes to add funding to health programs are threatened by the need to help finance health programs to make up for increased costs due to medical inflation.

The *Portland Oregonian* recently ran a series of articles that touched on the health care system of the Warms Springs Reservation. Missing from that series was a detailed look at the chronic under funding of the health care program at Warm Springs. This funding situation at Warm Springs is not only bad, but likely to get worse over the next few years as the Oregon Health Plan continues its planned cuts in the very programs that address the health care ills depicted in the *Oregonian* series.

I am always supportive of raising the awareness of health care issues so tribal leaders can direct as much funding as possible to the health care programs. I hope that is one positive result of the *Oregonian* series-raising awareness. I am afraid, however, that the result will be little more than blaming tribes for the poor health care status of their people. The blame more clearly lies at the doorstep of the Congress and the President. The cause of ill health is complex to be sure, but both economic development and increased funding for the current health program are the most immediate needs of our member tribes. Productive and meaningful employment that comes with economic development will strengthen families and tribal communities. Funding increases for the Indian Health Service budget and other health programs that are at least equal to medical inflation are also required to provide a comprehensive health care program that addresses the greater health care needs of Indian people.

This year Northwest Tribes will once again participate in a consultation process to develop the Department of Health and Human Services budget request for FY 2005. As always, we need to strategize on how we can improve on the disastrous budgets of the Bush years. The Board will produce its 15th annual analysis of the President's budget in February, but we have to find a way to add more urgency to what that analysis will once again demonstrate. Indian health programs are being asked to provide health care with diminishing resources. Tribes are being asked to divert funding from economic development and other priorities to address health care needs made worse due to the lack of sustained economic development. This downward spiral may accelerate if tribes and organizations like the Northwest Portland Area Indian Health Board do not succeed in raising awareness of chronic funding shortfalls and their negative effect on health care status. New ideas are needed this year and I invite you to attend the budget workshop this March, so together we can develop a strategy to make our case known to the American public and leaders in Congress and the White House.

A Personal Resolution for 2004…

by Verné Boerner, Administrative Officer

I resolve to be more active and to eat healthier. Making this a New Year's Resolution in 1994 helped me to lose 20 pounds over a period of nine months and I kept it off for three years. That was when I became pregnant with my first child. Since then, I have had two more children. There has been no greater blessing then my three children, yet I have to admit that I have not made that same resolution since. I am now ready to commit to this resolution again.

I am fortunate because the Board has made it a policy to provide staff with a wellness half-hour each workday, which will help facilitate my resolution. Employees interested in the wellness benefit sign a contract specifying the activity, the frequency, and times that the employee will take advantage of the benefit. The Wellness Contract is signed by the employee and the Executive Director, but is contingent on the approval of the employee's direct supervisor.

The Board is very flexible in the application of the benefit. There are only two stipulations. The first is that the wellness time is not granted in either the first half-hour or the last half-hour of the employee's scheduled workday. The second is that the half-hour is a use-it-our lose it benefit. That is, you cannot bank one day's half-hour and combine it with another day's half-hour. An employee can however combine the wellness half-hour with breaks or lunch to facilitate the employee's ability to take advantage of the many convenient workout opportunities near the offices, including hills, both gradual and steep, urban parks, and workout facilities.

In the fall, my colleague, Sonciray Bonnell and I signed up for a yoga class (taken as a non-credit class made it very affordable) at Portland State University, which is located just two blocks from the Board's offices. I was moderately successful in this endeavor, Sonciray faired better. It did, however, provide me the experience necessary to transition into including a physical activity regimen in my work-life. Although taking a half-hour away from work is challenging, it is doable. The benefits of wellness time include stress management, more energy, and better focus both at work and at home.

With three young children (six, two and one year olds) and a challenging full-time position, it is difficult to make the time. The combination of the available activity, a motivated colleague, and a work-sanctioned program has afforded me the opportunity to make physical fitness a part of my life again. I resolve to be more active and to eat healthier in 2004.

Want to Implement Your Own Wellness Program… But Don't Know Where to Start?

Workplace environments are increasingly sedentary and more demanding as technology facilitates and raises the expectation for increased productivity. Chronic illnesses and conditions are also on the rise, such as overweight/obesity, diabetes, asthma, cardiovascular illnesses, etc. Ways to mitigate the costs of healthcare costs and time loss due to illness are highly sought after. One approach to address these problems is the development of workplace wellness programs. There are a number of resources available to assist organizations in the development, implementation, and evaluation of programs. Here are some resources available:

Wellness Councils of America (WELCOA),
www.welcoa.org
WELCOA offers a comprehensive array of resources including free resources, catalogs, and consulting and training. Their website offers "A Guide to Developing Your Worksite Wellness Program," fully downloadable at no charge. This website provides suggestions on gaining support and participation, designing and integrating the wellness program, gaining employee feedback and program ownership and much more.

The President's Council on Physical Fitness and Sports
www.fitness.gov
This site provides access to publications and research digests of the President's Council on Physical Fitness and Sports. It also includes a link to other federal publications on physical activity, fitness, health, nutrition, and sports.

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Pre-Diabetes – No Longer Borderline

by Kerri Lopez, Western Tribal Diabetes Project (WTDP) Director and Rachel Plummer, WTDP Project Assistant

What is pre-diabetes? Blood glucose levels that are higher than normal, but not high enough to be called diabetes are classified as pre-diabetes. The name incorporates some older terminology such as impaired glucose tolerance (IGT) and impaired fasting glucose (IFG). No matter what it is called, or what term we use, it means you are at a higher risk of getting diabetes. Over a ten-year period, most patients with pre-diabetes will progress to full blown diabetes. Those with pre-diabetes are still at risk for the complications of diabetes, inclusive of blindness, heart disease, stroke, kidney failure, nerve damage, and infections leading to amputations.

What are the signs of pre-diabetes?

- Obesity – you are overweight
- Family history of diabetes – parents, sibling or child
- Giving birth to a baby over nine pounds
- High blood pressure (>130/85)
- High triglyceride level (>150)
- Low HDL cholesterol level (<40men; <50 women)

The good news is, diabetes can be prevented. Evidence now shows that people with pre-diabetes can delay, or prevent the onset of diabetes with lifestyle changes. Experts recommend that people engage in moderate physical activity for 30-60 minutes per day and to eat less high sugar and high fat food. Overweight and obese individuals should aim to reduce their body weight by 5-10 percent. You can stop being borderline, you may even be able to reverse pre-diabetes. And remember, once you have diabetes, you always have diabetes because there is no cure for this disease.

So what do you do? Bring your blood sugar back to the normal range. How do you do that? Stated above are some simple, healthy lifestyle recommendations such as, losing weight, eating healthy, and being more active. For most of us, the hardest part is just getting started. It is important however, to start now in order to prevent or delay diabetes. Small lifestyle changes can make big differences in overall good-health. Losing just 10-15 pounds can significantly reduce health risks, so shoot to loose seven percent of your body weight. Eat more fruits and vegetables, cut back on portion sizes, and cut down on fast food meals that are high in fat. Walk more to increase your daily activity levels, and increase the distance and time proportionately until you are at 30 minutes or more a day. Exercise in five and ten minute segments if necessary.

If you have one or more of the signs of pre-diabetes, see your health care provider. Millions of people have pre-diabetes for years and do not even know it. Your blood sugar can be checked with a simple blood test. If you have been diagnosed with pre-diabetes, see your provider at least once a year.

Preserving and Sustaining Our Strengths

by Teressa White, NTTPN Project Specialist

Forty percent of all American Indian and Alaska Native deaths can be attributed to commercial tobacco use. The National Tribal Tobacco Prevention Network, a project of the Northwest Portland Area Indian Health Board, addresses this preventable cause of illness and death by sponsoring the 4th Annual National Native Conference on Tobacco Use May 22 – 26 at the Bahia Resort Hotel in San Diego, California. The event will be hosted locally by the California Rural Indian Health Board's Tobacco Education and Prevention Technical Support Center.

Hundreds of commercial tobacco prevention advocates will gather to network and participate in culturally specific trainings, workshops, and seminars aimed at preserving and sustaining the strength of native communities through commercial tobacco prevention and education. Conference participants will gain valuable information, tools, and insights to meet the challenge of promoting cessation efforts, reducing exposure to secondhand smoke, preventing youth initiation, countering tobacco company advertising, developing smoke-free policies, and respecting and promoting the sacred use of traditional tobacco within their communities.

For more information, visit: www.tobaccoprevention.net or contact Terresa White at twhite@npaihb.org or by telephone: 503/228-4185.

Diabetes Screening Toolkit Update

by Kerri Lopez, Western Tribal Diabetes Project (WTDP) Director and Rachel Plummer, WTDP Project Assistant

The long awaited Diabetes Screening Toolkit (DST) was piloted in four of our Northwest tribes: Quinault, Cow Creek, Coeur d'Alene, and Coquille (who partnered with Coos, Suislaw & Lower Umpqua, and Siletz tribes at a community health fair). The piloting phase ended in December 2003 with each tribe submitting an evaluation of the DST. Once the tribal evaluations have been documented and recommended changes have been made, the DST will be distributed to all Northwest tribes. The target date for distribution is February 2004.

The DST was designed to provide Northwest tribes with the knowledge, skills, and tools to implement community-based diabetes screening programs. By conducting community screenings, tribal diabetes programs have an identifiable population to target for their diabetes education and prevention efforts.

The DST provides a step-by-step guide that outlines essential program elements and provides tools and reference materials for the tribal diabetes coordinators to use when conducting community diabetes screening events.

Thank you to the tribal workgroup who worked diligently on this project, and the communities who piloted the Diabetes Screening Toolkit.

Western Tobacco Prevention Project Update

by Joe Law, Regional Training Coordinator, Western Tobacco Prevention Project

The Western Tobacco Prevention Project (WTPP) staff members provide training and technical assistance to all tribes in the Northwest and have recently been on the road with our tobacco cessation programs. Cessation trainings have been widely requested and we are excited to be able to enhance tribal programs by providing resources to help tribal members quit smoking and chewing tobacco.

Last quarter, WTPP partnered with the Tobacco Education Technical Support Center (TEPTS) of the California Rural Indian Health Board, Inc. (CRIHB). NPAIHB's Joe Law partnered with CRIHB's Ms. Joyce Oberly and provided training in tobacco prevention during the "Great Native American Smokeout" at Fort Hall, Idaho. Participating tribes included Shoshone-Bannock, Northwestern Band of Shoshoni, and the Shoshone-Paiute of the Duck Valley Reservation. Tribal staff received training in the "Second Wind," "Freedom from Smoking," and the "N-O-T Not On Tobacco" curricula, which emphasize adult and teen smoking cessation. Dr. Galen Louis, from the Idaho Department of Health also participated in the training.

Beyond cessation, they provided tobacco education workshops covering traditional tobacco use, second-hand smoke, nicotine addiction, counter-marketing/advertising, and diabetes and tobacco. Similar training was conducted in Brigham City, Utah, an area covered by the California Rural Indian Health Board.

Thanks go out to Ms. Rebecca Washakie (Northwestern Band of Shoshoni), Ms. Wilma Meyers (Shoshone-Bannock), and Ms. Robin Troxial (Northwestern Band of Shoshoni), for inviting Ms. Oberly and I to present tobacco education for tribal members. These ladies did an outstanding job organizing the event for their community. I would also like to thank Joyce for agreeing to take the time to help train and co-present with me. It was a very busy, but rewarding experience providing tobacco education to the tribes.

Upcoming trainings include a tobacco-free native athletic event in Washington state. The event will combine a great round robin style basketball tournament with youth prevention and resources and information for tribal recreation programs around tobacco prevention. Please contact Joe Law or Nichole Hildebrandt if you would like any information regarding the event.

If you would like more information on tobacco cessation programs for your community, please contact us. Joe Law (WTPP Regional Coordinator), Ms. Stephanie Craig (WTPP Specialist), Ms. Nichole Hildebrandt (Washington Tribal Tobacco Coordinator), or Ms. Liling Sherry (Project Director) at 503.228.4152, or online at www.TobaccoPrevention.net.

We wish you and your community the best for a healthy 2004.

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working meetings. Why not go to a caucus if you plan to laugh and work, and conversely, why go to a meeting where there is no laughter? Maybe this explains why we have such well attended meetings.

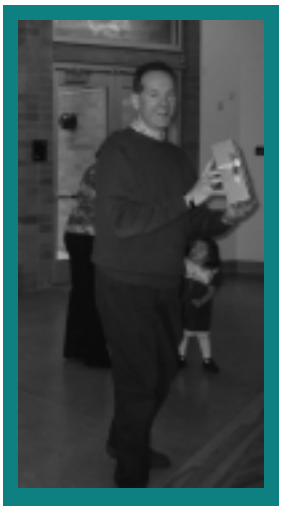
I look forward to seeing everyone here in Portland. Each of our projects plans to present information during the January Quarterly Board meeting. We also are electing our chair and secretary positions.

NPAIHB Holiday Party

Antonio Micheal Feroglia "Nino"

Above - L to R: Douglas Romero, Brian Moss, Gordon Denney, and Joe Law

Julia Putman introducing her new baby girl to Board staff



Mylen Shenker

Ed Fox and Elaine Dado

Sonciray Bonnell, Elaine Dado, and Chiarra Bettega

New Years 2004 Snow Storm Hits the Portland Area





Portland Area residents enjoyed and endured the January 2004 snow storm that lasted days.

-Portland International Airport closed for days
-Local school districts closed for a week
-City of Portland employees work overtime to clear the streets

CMS and State Medicaid . . .

by Jim Roberts, Policy Analyst

This past year has seen a change in the Centers for Medicare and Medicaid Services (CMS) policy on American Indian and Alaska Native (AI/AN) participation in state Medicaid programs. Both Oregon and Washington have pending requests with CMS to amend their state Medicaid plans in order to maintain or expand Medicaid services for AI/AN people. In both cases CMS has not reviewed these requests favorably and may render decisions that are detrimental to the tribes. Furthermore, a decision by CMS to appeal two recent court cases that uphold state interpretations for 100% Federal Medical Assistance Percentage (FMAP) and require CMS to pay the states for services provided to AI/AN outside of IHS facilities is another sign that the agency may be changing its policy toward Indian programs and Medicaid.

In both court cases CMS disallowed certain claims by North and South Dakota indicating that 100% FMAP did not apply for services provided to AI/ANs because they were not provided at an IHS, tribal, or 638 facility. At the heart of the court disputes is a phrase contained in the Social Security Act that states, "services which are received through an IHS facility," and which CMS has interpreted to be ambiguous and ruled that the states cannot be reimbursed at 100% FMAP. The special 100% FMAP reimbursement provision was included in the Indian Health Care Improvement Act (IHCIA) so state Medicaid programs would not be burdened by costs normally incurred by IHS. Both court decisions reiterate that the IHCIA is clear in its construction, it was the intent of Congress to authorize the 100% FMAP for referred and contracted Medicaid services received by AI/AN's outside the "four walls" of an IHS or tribally-administered facility. The court additionally acknowledged that Congress intended this funding to help address the health disparities experienced by American Indian people.

Clearly, the decision to challenge the court decisions and circumstances explained in the next pages represent a change in CMS policy toward Indian programs. It will take a combined effort of the tribes and NPAIHB to maintain the status of tribal health programs with respect to Medicaid and we are committed to continue our work on this effort.

Upcoming State/Tribal Meeting

For more information on the following meetings contact
Jim Roberts at jroberts@npaihb.org or call (503) 228-4185

Oregon

SB 770 Meeting
February 18, 2004
9:00 - 3:00
Umatilla, Oregon

Washington

American Indian Health Commission
January 9, 2004
10:00 - 3:00
Seattle, Washington

Idaho

Idaho State/Tribes Meeting
February 4-5, 2004
9:00 - 3:00
Boise, Idaho

. . . Policy Shifts

Oregon Update

In February 2003, Oregon implemented a major overhaul of its Medicaid program by creating two benefit plans for Medicaid beneficiaries. The OHP Plus and OHP Standard are very similar, however the former provides a richer set of benefits. Many Indian Medicaid beneficiaries only qualify for the OHP Standard plan even though services provided under the OHP Plus plan would be 100% reimbursable under FMAP. As a result, the Oregon legislature passed SB 878 that amends the state statutes governing the Oregon Health Plan to allow AI/AN clients to receive the same benefits as individuals enrolled in the OHP Plus plan. In March 2003, the State of Oregon submitted a request to CMS to amend its waiver in order to begin implementation of SB 878 and to retroactively enroll AI/AN Standard clients into OPH Plus plan.

CMS informally notified the State of Oregon that it could not approve the state's request since it has civil rights implications and that the matter was referred to the Department's Office of Civil Rights (OCR). Finally, after seven months of waiting for CMS and OCR to make a decision, NPAIHB sent Secretary Thompson a letter on September 9th, requesting he review the indecisiveness of CMS and OCR and assist in the matter. On November 15th, CMS Administrator, Tom Scully responded to NPAIHB's letter indicating CMS' concern that "providing individuals in the same eligibility category different benefit packages based on Native American heritage may have civil rights consequences." The state's request was premised on the basis of American Indians as a political distinction, rather than on the basis of race or "Native American heritage."

On December 16th, representatives from Oregon's Office of Medical Assistance Programs informed Oregon tribes and the Board that the OCR has issued an opinion unfavorable to the State's waiver request for retroactive eligibility and the additional OHP Plus services for AI/AN OHP Standard clients. An official letter has not yet been received by the State of Oregon, however, it is anticipated that the state's project officer is in the process of preparing their notification letter. It is hoped that the state will receive an official notification on this matter and will be reviewed with tribes at the upcoming SB 770 meeting scheduled for February 18th.

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CMS and State Medicaid . . .

Washington Update

The State of Washington's Medical Assistance Administration (MAA) has indicated that it will have to postpone cost savings measures for its Medicaid program until CMS acts upon a pending request to amend its waiver. As a result of the current state budget crisis, the Washington Legislature adopted a policy of having higher income Medicaid families share the cost of coverage and directed its MAA to implement cost sharing premiums beginning in January 2004. The state's amendment request would exempt AI/AN children from the premiums based on the fact that those families are currently exempt from the $10 monthly premiums now being paid by families in the State Children's Health Insurance Program (SCHIP). As a consequence of this action, CMS has informed Washington's MAA that they do not have the authority to grant a premium exemption for AI/AN children and cannot approve their request. This position is contrary to earlier CMS guidance issued to states, in which CMS indicated, "...states cannot impose cost-sharing on children entitled to Medicaid," and further stating that it would no longer approve demonstration waivers that impose cost-sharing on AI/AN children, for both Medicaid and SCHIP (November 3, 2000, HCFA Tribal Leader).

On October 6, 1999, CMS provided guidance to State Medicaid Directors indicating that cost sharing poses financial and participatory barriers for AI/AN children in SCHIP, and that CMS would no longer approve state plans or amendments that impose cost sharing on AI/AN children. Washington's MAA has indicated that the basis for their request is based on the earlier exemptions prohibiting AI/AN cost-sharing for SCHIP coverage and that the state must treat sovereign tribal entities differently than other populations in order to ensure access to health care for AI/AN children.

As a result of this action, the state does not believe it is feasible to implement its monthly premiums for children in higher-income Medicaid families. There simply is not enough time to notify everyone how premiums would be paid. In addition, Governor Locke announced in December, that he would request the Washington Legislature to scale down the premiums, exempt lower-income families from premiums entirely, and cut the amount of premiums for everyone. MAA officials are scheduled to meet with AIHC and NPAIHB representatives on January 9, 2004, in order to discuss a strategy for working with the state to continue to oppose the CMS position on this issue.

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. . . Policy Shifts (continued)

Idaho Update

Idaho tribes are working with the State Medicaid office to begin the development of a Tribal Billing Handbook. It is hoped that the billing handbook will serve as a manual for tribes to use in explaining types of services Tribes can provide, information about the encounter rate, Medicaid FAQ's, and a training resource for new personnel. The handbook is being modeled after those developed for tribal programs in Alaska, Oregon, and Washington. It is expected that a draft will be ready for review at the upcoming state/tribes meeting in February 2004.

Representative from various agencies from the State of Idaho have continued to meet with tribes to discuss issues associated with Medicaid, SCHIP, tobacco prevention, and teen pregnancy programs. Unlike, Oregon and Washington, there is no formal policy basis for conducting state/tribal meetings in Idaho. At the recent state/tribal meeting held on November 21st, representatives from the state of Idaho and tribes agreed to begin to work toward developing a formal policy basis for conducting state/tribal meetings. Many tribal representatives that participate in these meetings felt that the commitment to continue meetings was entrusted with certain individuals currently working at the state. Should these individuals retire, transfer, be lost through some other form of attrition, there might not be a commitment to continue to conduct state/tribal meetings.

The Board is coordinating an ad hoc work group to examine the policy instruments to facilitate state/tribal meeting in Oregon, Washington, and other tribal advisory workgroup charters to begin to develop a more formal basis for conducting state/tribal meetings on health care and social service issues in Idaho. Additional informational will be discussed at the next state/tribe meeting scheduled for February 4-5, 2004.

Confessions of a French Fry Junkie

by Sonciray Bonnell, Health Resource Coordinator

This is a challenge to *Health News and Notes* readers to replace one comfort snack (like Doritos) with a healthy snack. And what better time to make positive changes to your snacking than the New Year. Hi, my name is Sonciray and I'm a french fry junkie. My love of fried foods does not disqualify me from writing an article on healthy snacks, instead, it gives me some insight into how difficult it sometimes is to choose healthy snacks.

Snacking isn't necessarily a bad thing and, if fact, can be quite healthy if we eat the right foods. With all we know about the terrible consequences of diabetes, the widespread occurrence of obesity, and the general health disparities in Indian Country, most of us should be quite concerned about what we feed our bodies.

Moderation

Don't beat yourself up because you can't give up your favorite junk food. Nothing will ever get between me and my french fries (or butter), so I choose to make other sacrifices and cut down on potato chips. Cut corners where you can, because every little bit counts.

Surround yourself with healthy snacks and snacks that require little if any preparation. Eat less of foods with excess fats and sugar and little nutritional value and replace with foods that are rich in vitamins, minerals, and fiber. Get creative with your snacks.

Methods of a Mother of Six

It's one thing to make personal changes in your diet, and quite another to guide your children to follow suit. For my teenangels and toddlers alike, I cut apples and oranges because they tend to eat this snack if sliced and served. Sad but true, the older kids are able to get their own fruit and are allowed to use a knife sharp enough to cut it, but I've found that they don't usually choose this snack unless I slice and serve it for them. A small effort for such great rewards. Keep offering a healthy snack that, in the past, your children have refused. Their tastes do change. Go ahead and introduce a new snack – they might say yes. Remember to keep their favorite healthy snacks in supply and give yourself credit for the accomplishments your family already enjoys.

I try not to worry about when my children snack if they are eating healthy foods. Dinner is close to being done, but the Indians are circling the kitchen. I tell my kids that they can always help themselves to raw fruits and vegetables any time of day, even if it's right before dinner. With this unwritten rule you give your children freedom to choose a healthy snack and you don't have to be the junk food police. Of course, if you are able to train your kids early on to eat healthy foods, junk food isn't such an issue.

The following excerpt is from the 1998-2000 Mayo Foundation for Medical Education and Research http://www.mayoclinic.com/invoke.cfm?id=HQ01396

How to turn a potential liability into an asset

Almost one-forth of kids' daily energy intake comes from snacking between meals. Almost everyone snacks, but snacking isn't necessarily bad. In fact, frequent mini-meals can be good for you. Here's how:

Binge control. If eating some low-fat whole-grain crackers, a few pretzels, a piece of fruit, or some vegetables keeps you from eating second or third helpings at dinner, you may actually save calories. The 100 to 150 calories in the crackers or pretzels — and even fewer in the fruit or vegetables — hardly compares to the 500 or so extra calories you may be tempted to devour when you're very hungry.

Extra energy and nutrients. Traditional meals often lose out to busy schedules. A grab-and-go meal is often the difference between some nourishment and none at all. Snacks rich in complex carbohydrates and fiber will give you immediate energy that has some staying power. A small amount of low-fat protein adds more sustained energy.

New Board Babies

WELCOME!

Willa Patsy Wise
Born 11/10/03
7 lbs. 10 oz.
19 inches long

Proud Parents:
Steve and Julia Wise

Shaylee Anna-Jean Clapp
Born 11/9/03
8 lbs. 9 oz.
20 1/2 inches long

Proud Parents:
Rich and Ginger Clapp

Kody Jayson Gust
Born 11/6/03
7 lbs. 11 oz.
21 inches long

Proud Parents:
Jarvis and Crystal Gust

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A related website is:
https://www.presidentschallenge.org/community/start.aspx

This site provides resources on the President's Challenge: Physical Activity & Fitness Awards Program. It outlines the awards program, which is non-competitive. It walks you through the benefits of administrating a program and gives you the how-to implement the program.

Upcoming Events

January 2004

Northwest Tribal Cancer Coalition Meeting on January 23, 2004
At the Embassy Suites Eric Houser Room in Downtown Portland, Oregon
For more information, call Cicelly Gabriel at (503) 228-4185 or cgabriel@npaihb.org

National Indian Child Welfare Association Training Institute on January 26-30, 2004
At the Columbia River DoubleTree Hotel in Portland, Oregon
For more information, call Shannon Romero at (503) 222-4044 or shannon@nicwa.org

Falmouth Institute's Managing Contract Health Services on January 28-20, 2004
Anchorage, Alaska; for more information, call (800) 992-4489 or email: information@falmouthinstitute.com

Warm Springs Health & Wellness Center 10 Year Anniversary and Health Fair on January 28, 2004
At the Warm Springs Health & Wellness Center in Warm Springs, Oregon
For more information, call (541) 408-6978 or go to: www.warmsprings.com

February 2004

Idaho Business Office & Idaho State Tribal Meeting on February 4-5, 2004
Boise, Idaho
For more information, call Kathi McCulley, Tribal Relations Manager at (208) 334-0641

Affiliated Tribes of Northwest Indians Winter Conference on February 9-12, 2004
At the Embassy Suites Hotel in downtown Portland, Oregon
For more information, to go www.atnitribes.org

DCI America's 2nd Annual Wellness Conference on February 10-12, 2004
Spa Resort Casino in Palm Springs, California
For more information, go to www.dciamerica.com or call (800) 854-1279

National Indian Health Board Meeting on February 11-13, 2004
At NIHB Offices in Washington DC
For more information, go to www.nihb.org

Native Fitness Training on February 11-12, 2004
At the Nike World Headquarters' Bo Jackson Center Gym in Beaverton, Oregon
For registration, call Rachel Plummer at (503) 416-3291

Upcoming Events

February 2004

Portland Area Indian Health Service Institutional Review Board Meeting on February 12, 2004
At the Northwest Portland Area Indian Health Board in Portland, Oregon
For more information, call Sayaka Kanade at (503) 228-4185 ext. 284 or skanade@npaihb.org

18th National Conference on Chronic Disease Prevention and Control on February 18-20, 2004
Marriott Wardman Park Hotel in Washington DC
For more information, go to http://www.cdc.gov/nccdphp/conference

SB 770 Health Clusters Meeting on February 18, 2004
Umatilla, Oregon
For more information, contact Jim Roberts at jroberts@npaihb.org or (503) 228-4185

National Congress of American Indians Executive Council Winter Session on February 24-25, 2004
Wyndam Washington DC Hotel in Washington DC
For more information, go to www.ncai.org

March 2004

Portland Area Indian Health Service Institutional Review Board Meeting on March 11, 2004
At the Northwest Portland Area Indian Health Board in Portland, Oregon
For more information, call Sayaka Kanade at (503) 228-4185 ext. 284 or skanade@npaihb.org

Minorities, the Medically Underserved, and Cancer—9th Biennial Symposium on March 24-28, 2004
At the OMNI Shoreham Hotel in Washington, DC
For more information, call (713) 798-4617 or email: symposium@iccnetwork.org or go to http://calendar.cancer.gov/cgi-bin/event?127638

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.

Resolutions

RESOLUTION #04-01-01
Support for Health Careers Opportunity Program Proposal

RESOLUTION #04-01-02
Support for the Sue Crystal Indian Health Act to Enhance Tribal-State Relations in Washington State

RESOLUTION #04-01-03
Support the Development of a Center for the Prevention of Family and Self-Violence in Native Communities

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