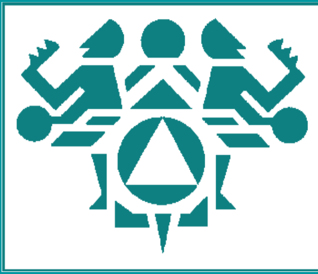

Health News & Notes

A Publication of the
Northwest Portland Area Indian Health Board

January, 2009

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

President Obama – Hope and Change for Indian Health Programs

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From the Chair:

Linda Holt

Northwest Portland Area Indian Health Board

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Happy New Year! I believe many of you will agree that there is a renewed sense of hope for Tribal issues as we begin this New Year. With the new Administration comes a change in policies and the philosophy in which the Obama Administration will deal with Indian issues. I look to the next four years with a rejuvenated optimism for our Indian people. On December 18, 2008, I joined several Tribal leaders from around Indian Country for an important meeting with the White House Transition Team. What struck me about this meeting was the fact the Tribes are being engaged early in the process of developing priories for the new Obama Administration. This is an exciting time for us all!

With renewed energy and a stellar record of participation, we are well situated to put forward our plans to improve the health status of Indian Country. The recommendations we provided the Obama Transition team included:

- Request of an affirmation of President Obama's position to support Indian health programs
- Restore IHS funding lost during the Bush Administration
- Commit to funding Contract Support Costs
- Administrative remedies related to challenges Tribes are having with the National Business Center and with the P.L. 477 program
- Elevate the IHS Director to the level of an Assistant Secretary
- Legislative priorities

This was a very important meeting and we look forward to a continuing dialogue with this Administration. The Obama Transition team committed that this was the first of many more meetings to come and we look forward to the opportunities ahead.

With all the changes that are imminent, it remains a priority to make sure that we have representation on key work groups, committees, and at meetings during this transition process. NPAIHB often staffs these meetings, providing technical assistance and much needed support to Northwest tribal leaders sitting on these committees and work groups. It is important that we are represented on these committees because it does increase the visibility of our Tribes and we're able to participate in the decision making process that these committees are involved in.

We have also worked to provided Indian health recommendations for the economic stimulus package that is currently being developed by the new Administration and Congress. In our proposal we ask that Congress invest in

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From the Executive Director:

Joe Finkbonner

The Northwest Portland Area Indian Health Board (NPAIHB) made the 2009 list of 100 Best Companies to Work For in Oregon. This is a credit to the forty-three member tribes of the Board, as they set the tone, mission, values, direction, and policies of the Board. NPAIHB Management, in collaboration with our Delegates, will continue to foster an outstanding workplace.

Receiving the 100s Best award is a remarkable feat considering the fact that a record-breaking 372 Oregon companies participated, compared to 312 last year, and nearly 30,000 employees completed the survey. The process for participation in the 100s Best includes a company survey that captures policies, procedures, benefits, and values; and an employee survey used to measure and rate employee attitudes and opinions on what makes a great company.

NPAIHB is honored for the recognition, but also appreciates it as a tool to learn how we can improve with regard to the six categories that were measured. In past years, we've utilized the employee survey to address areas on concern, broach conversations on how to improve our work environment, and Management has utilized the survey results in many aspects of our planning and policy development.

The 100 Best Companies awards banquet is on Thursday, February 26, at the Oregon Convention Center, where we will find out where we ranked among the fifty small companies in Oregon receiving the award (top fifty large companies will also be announced).

Northwest Portland Area Indian Health Board

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Tribal Initiative Promising Interventions
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Northwest Tribal Cancer Control Project
Kerri Lopez, NTCCP Project Director
Eric Vinson, Project Coordinator

President Obama – Hope and Change

by Jim Roberts, Policy Analyst

November 4, 2008 will go down as a day that many Americans will remember for the rest of their lives. It was the day that Barack Hussein Obama was elected to be the first black President in the history of the United States. Throughout his campaign, President Obama promoted change in American government. This vision of hope and change also extends to American Indian and Alaska Natives and Tribal governments.

The last eight years have seen an erosion of federal Indian policy with the Administration and its executive agencies. Indian Country anticipates that President Obama's Administration will reverse this trend and even elevate the importance of Indian policy by honoring the responsibilities of the federal trust relationship. The Obama campaign and transition team have met with Tribal leaders and laid out their plan for how this will happen. President Obama has stressed the fact that his Administration would foster more than a government-to-government relationship with Tribes, and further describes what he envisions a "Nation-to-Nation" relationship. In an effort to ensure Indian people have a voice in the White House, President Obama will appoint an American Indian Policy Advisor to be a part of his senior White house staff. He would also hold an annual summit at the White House with Indian Tribes on a government-to-government basis. The new President recognizes that the federal government must honor its treaty obligations. In a story he submitted to *Indian Country Today,* he stated, "I believe treaty commitments are paramount law, and I will fulfill those commitments as president of the United States." While the proof of this will be in the President's actions, this statement taken together with the commitment to open up the White House to Tribes and appoint an Indian policy advisor, represent hope and change for Indian Country.

As a senator, he was a co-sponsor for the Indian Health Care Improvement Act and voted to provide an additional $1 billion for the IHS budget in the Senate's FY 2009 budget resolution. He opposed a federal land acquisition program that would have required an offset from the Special Diabetes Program for Indians and methamphetamine funding for the IHS Alcohol and Substance Abuse program. It does seem that the Obama Administration is committed to support Indian health issues.

Over the last couple of months, the Obama Transition Team for the Department of Health and Human Services (HHS) has met with Tribal leadership in a number of meetings. The HHS transition members dealing with health issues include Nicole Lurie, Director, Center for Population Health & Health Disparities (Transition Team Lead); Dr. Yvette Roubideaux, University of Arizona; Marsha Lillie-Blanton, Kaiser Family Foundation; and Wizi Garrison, HHS Transition Team. These meetings have indicated a high level of support for Indian health issues by President Obama with a commitment that these meetings are the first of many to come. Some of the important issues and recommendations discussed include:

- Economic stimulus spending and investing in Indian health programs
- Affirmation of the Administration's Policy on Indian Health
- Passage of the Indian Health Care Improvement Act
- Health infrastructure development and facilities construction
- Elevation of the IHS Director to an Assistant Secretary
- Medicare and Medicaid issues in Indian Country
- Appointment of an Indian advisor within the Office of Management and Budget

Indian Country was ecstatic when President Obama nominated former South Dakota senator and Senate Majority Leader Tom Daschle to serve as the Secretary for HHS. For over a decade, as the Majority Leader, Daschle worked to increase the IHS budget by billions in order to address tragic health disparities in Indian Country and to improve conditions on Indian reservations. During

his twenty-six years in Congress, he was a good friend to Indian Country and it's expected that he would continue to champion Tribal issues as the HHS Secretary. National Congress of American Indian, President Joe Garcia, recognized his appointment by stating, "Senator Daschle was a strong advocate for Native Americans as the Senate Majority Leader and has always advocated strongly for Native people as a representative from South Dakota. We look forward to working with him to bring the Indian Health Service into the 21st century and address the profound health disparities in tribal communities."

The commitments made by the Obama Administration to elevate Indian policy issues and honor the obligations of the federal trust relationship, and the imminent appointment of Tom Daschle as HHS Secretary, represent a real opportunity to elevate Indian health policy issues. This will be particularly important when it comes to health reform.

Health Reform Under the Obama/Daschle Administration

During his campaign, President Obama announced a comprehensive health care reform proposal to deal with rising health care costs, the millions of uninsured, the lack of funding available for prevention and public health programs, and the poor ranking of health care quality. Members of Congress have also been outspoken about the need to reform the Country's health care system because of its high cost and its poor quality. There is a high likelihood that both the Administration and Congress will work to reform the U.S. health care system. It will be very important for Tribes to be involved in this process in order to protect the Indian health system from changes that could be detrimental to the health services of American Indian/Alaska Native (AI/AN) people.

The President's plan would require all children to have health insurance, and employers to offer employee health benefits or contribute to the cost of the new public program. His proposal would also expand Medicaid and SCHIP and create the National Health Insurance Exchange through which small businesses and individuals without access to other public programs or employer-based coverage could enroll in a new public plan, like Medicare, or in a range of approved private plans.

Daschle's appointment as the HHS Secretary is important to the health reform discussion because he has long advocated for health care reform while in the Senate and recently wrote a book about the need to reform America's health care system. As the HHS Secretary, President Obama will look to him to lead the Administration's charge to overhaul the nation's health care system. The relationship that Tribes have forged with Mr. Daschle will be important to ensure that Tribal leaders and Area Health Boards are involved in all aspects of any type of national health reform. There will be significant changes and Tribes will need to be involved in order to protect the complex, yet fragile network of health providers and complicated array of funding sources that make up the Indian health system.

Daschle's book titled, "Critical, What We Can do about the Health Care Crisis," lays out a foundation to build on the current private-public hybrid system. His idea for transformation follows a health care reform bill he previously introduced in Congress in the early 1990s, and is similar to the plan laid out in his book. It builds on expansions of the Medicare-Medicaid programs to increase access for more people who are old or poor; and combines the federal programs with a new program that would create options to purchase the same insurance offered to federal employees. There would be a requirement that all Americans purchase health insurance. The Daschle proposal establishes a federal health board which would be charged with developing the framework for

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Obama – Health Reform continued

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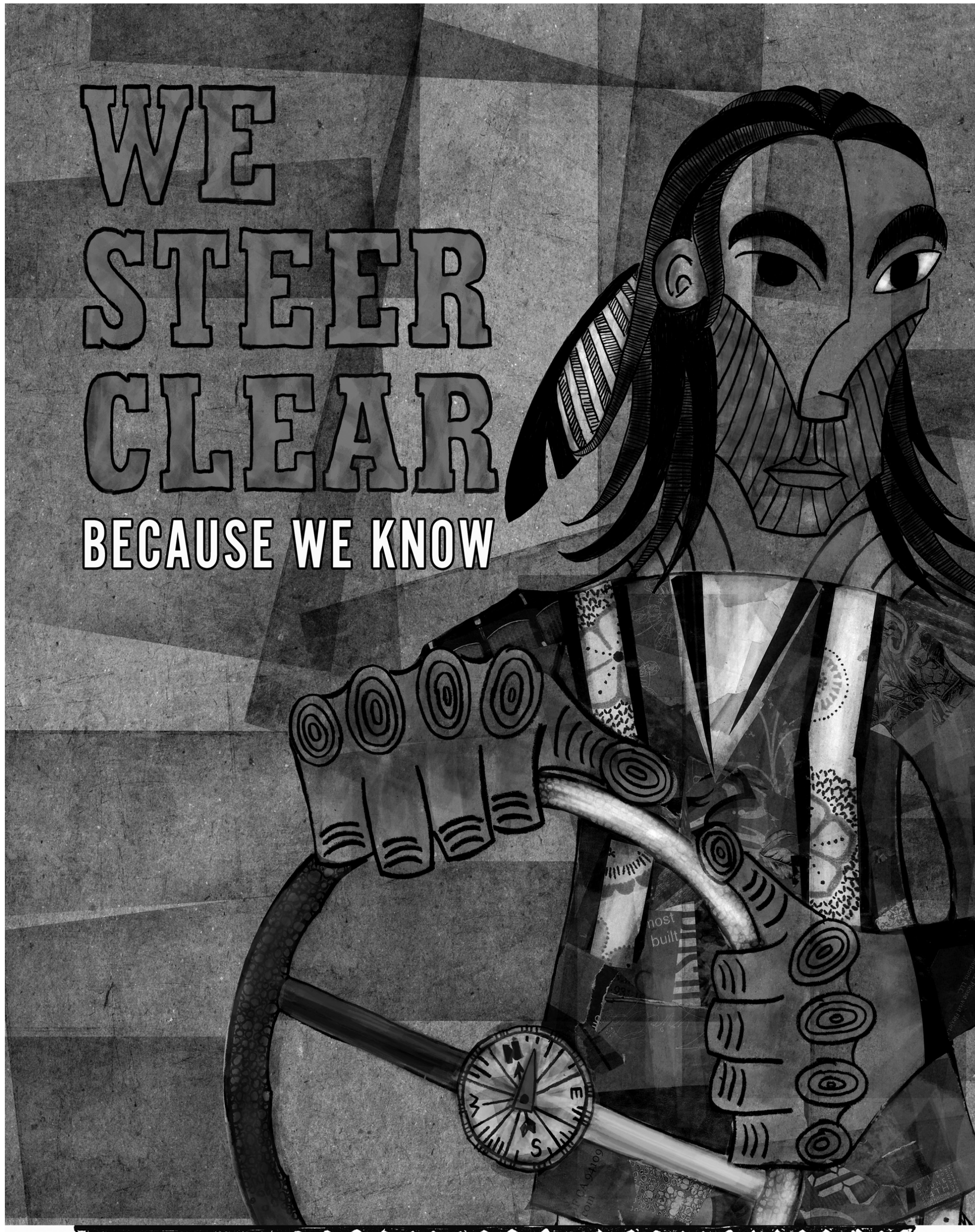
health reform and details of how it would work. A system of regional boards would promote the decisions made by the federal health board. The boards would be quasi-governmental bodies that would include clinicians, health benefit managers, economists, researchers, and other health experts. The federal health board would be led by a presidentially appointed board of governors serving fixed ten year terms. Mr. Daschle draws on his insights from the Clinton health reform effort, in which he felt too many people were involved. He reasons that a federal health board would remove Congress of the onerous responsibility of making politically charged decisions in developing the framework for national health reform and types of services that would be provided.

One thing is sure during the Obama Administration, and that is he will deal with the national health care crisis plaguing this Country. It is a system that spends over $2.5 trillion annually, and its costs continue to rise. Both the new Obama Administration and Congress feel there is too much money spent on health care in this Country given the number of uninsured, poor access, and quality of care. The commitment of President Obama to include Tribal governments in a "nation-to-nation" relationship and the support that Tribes have garnered with Senator Tom Daschle mean they are highly likely to have a seat at the table in national health reform debate. Preliminary issues that Northwest Tribes have identified to address in health reform proposals include:

- **Trust Responsibility:** Health care reform initiatives must be consistent with the federal government's trust responsibility to Indian Tribes acknowledged in treaties, statutes, court decisions, and Executive Orders.
- **Government-to-Government Relationship:** Indian Tribes are not simply another interest group. They are recognized in law as sovereign entities that have the power to govern their internal affairs. Based on the government-to-government relationship with the federal government, Tribes need to be at the table in any discussions on health care reform initiatives that affect the delivery of health services to AI/AN people.
- **Special Legal Obligations:** It is the policy of the United States, in fulfillment of its legal obligation to Tribes, to meet the national goal of achieving the highest possible health status for AI/ANs to provide the resources necessary for the existing health services to affect that policy.
- **Tribal Control and Management:** The legal authority of Tribal governments to determine their own health care delivery systems, whether through the IHS or Tribally-operated programs, must be honored.
- **Distinctive Needs of AI/AN People:** A community-based and culturally appropriate approach to health care is essential to preserve Indian cultures and eliminate health disparities. The extremely poor health status of Indian people demands specific legislative provisions to increase funding to break the cycle of illness and addiction that began with the destruction of a balanced Tribal lifestyle.
- **Access to Care:** Indian health care services are not simply an extension of the mainstream health system in America. Through the IHS, the federal government has developed a unique system based on a public health model that is designed to serve Indian people in remote reservation communities. The Indian health delivery system must be supported and strengthened to enhance access to health care for AI/ANs.

The NW Portland Area Indian Health Board will be tracking these issues.

We Steer Clear Campaign Launch



The NPAIHB Western Tobacco Prevention Project is launching a grassroots, Native-specific campaign in Washington state addressing the relationship between smoking and diabetes problems, heart disease, and cancer. Three informational wallet cards and a 2009 Calendar are now available to Tribes in the state. Window clings, small posters, and a professional poster-size print for framing will follow. Additional educational and media materials will be released in the Spring. For more information, contact Terresa White at 503.416.3272.

Portland Area IHS Childhood

by Tom Weiser, Portland Area IHS Medical Epidemiologist

The Northwest Portland Area Indian Health Board (NPAIHB) and the Portland Indian Health Service hosted the first ever Immunization Conference, December 3rd - 5th at the Portland State University Native American Student Center. Attending the meeting were seventy-three conference participants including immunization coordinators and public health nurses from twenty-four IHS and Tribal clinics. Immunizations program staff from Idaho, Oregon, and Washington also attended, providing valuable opportunities for networking with IHS and Tribal immunization coordinators. Among the highlights of the conference were presentations by IHS National Immunization Program Director, Amy Groom, MPH, Elizabeth Sullivan, RN (Colville Service Unit) and Dr. Paul Cieslak, member of the Advisory Committee on Immunization Practice (ACIP) a national panel of experts that advises the Centers for Disease Control and Prevention (CDC) on immunization policies and practices.

Representatives from each of the State immunization programs made presentations that described their programs and important changes regarding immunization reporting and support for immunization activities. Breakout sessions gave tribal and IHS staff an opportunity to discuss State-specific issues. These sessions were exciting for all involved because for the first time, representatives from each state, the IHS and Tribal sites, and the IHS National program were gathered in one place.

Immunization Information System Data Exchange

The topic of two-way data exchange between IHS/Tribal and State immunization information systems (also referred to as “registries”) was presented by Cecilia Town from the Albuquerque-based IHS National Immunization Program. Two-way data exchange would allow IHS and Tribal facilities using the Resource Patient Management System (RPMS) immunization package to automatically have their records updated when immunizations are received at other facilities. It would also allow immunizations documented in RPMS to be exported to the State registry, ultimately reducing duplicate data entry in two systems and increasing the accuracy of data regarding immunization coverage in each state.

As a result of the conference, the Oregon immunization program, which will be implementing a new Immunization Information System in the coming year, has pledged to begin working with pilot sites to test two-way data exchange as early as March, 2009. Washington has had limited data-exchange until mid-2008 when software updates were implemented. It is expected that two-way data exchange will resume with the pilot sites soon and then be expanded to all sites using RPMS in the coming year. Idaho, which requires documented parental consent to receive immunization information, will continue to work towards making two-way data exchange possible.

Training Workshops

Two half-day training workshops were conducted by Mary Brickell, Portland Area Information Technology Specialist, with assistance from Amy Groom and

Cheyenne Jim. These workshops, held in the NPAIHB computer lab, provided hands on training with the latest version of the RPMS Immunization package. Students learned basic function and special tips for data cleaning and data management.

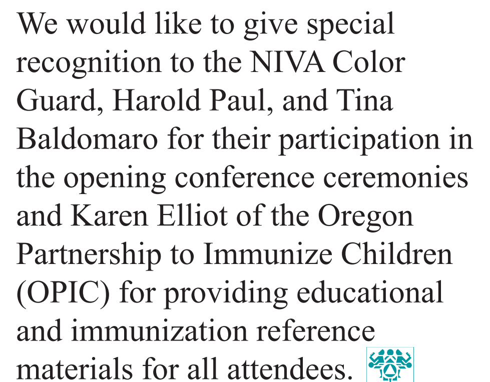
Vaccine Preventable Disease Surveillance and Outbreak Response

A special session developed by Wendy Rude (WA DOH) focused on surveillance for vaccine preventable diseases and responses to potential outbreaks. Using a hypothetical (though very real) scenario of imported measles, participants were led through a series of facilitated small group discussions that identified three critical issues with regard to outbreak response and surveillance:

1. A fully immunized population.
2. Standardization and protocols.
    a. Develop an algorithm to provide a base template with top five general items to address immediately in an outbreak response that is applicable to all tribal health clinics.
3. Early disease containment.
    a. Rapid response capacity
    b. Provide timely notification and reporting
    c. Develop cross-jurisdictional relationships

Follow-up activities from the conference will focus on ensuring that each site is fully trained in use of the RPMS Immunization Package, working with State immunization programs to implement two-way data exchange and developing improved outbreak response capacity. This conference played a key role in launching the Area-wide initiative to improve childhood immunization coverage. The enthusiasm of all those who participated was truly "infectious" and will no doubt translate into continued efforts toward improvement.

We would like to give special recognition to the NIVA Color Guard, Harold Paul, and Tina Baldomaro for their participation in the opening conference ceremonies and Karen Elliot of the Oregon Partnership to Immunize Children (OPIC) for providing educational and immunization reference materials for all attendees.



Poison

by Sonciray Bonnell, Health Resource Coordinator

1-800-222-1222

Posion Control Center

The National Capital Poison Center is divided into sixty-one regional poison control centers, including the Oregon Poison Center. The Oregon Poison Center was established by an act of the Oregon State Legislature in 1978 to provide emergency treatment information for patients experiencing a poisoning or toxic expose.

The toll-free, 24-hour emergency phone lines allow the public, pre-hospital care providers (911/ Emergency Medical Services), and health care providers immediate access to trained Specialist in Poison Information (SPIs). The Poison Center is staffed by doctors and nurses trained in toxicology. You can reach the Poison Center closest to you by dialing 1-800-222-1222. When you dial this number, your call is routed to the Poison Center that serves your area. The call is toll free, and works from anywhere in the United States. Services and resources provided by the Oregon Poison Center are comprehensive and are always updated.

Services

24-hour telephone guidance for poisoning emergencies is provided, free of charge, by Certified Specialists in Poison Information, with back-up by board-certified physician toxicologists. The Specialist continues to follow each case, with frequent calls back, until all symptoms have resolved and parents and patients are reassured. It is the combination of experienced Certified Specialists in Poison Information and frequent telephone follow-up which makes treatment at home possible and safe.

✔ **Health care cost-containment.** The residents of the region save $12 million annually in unnecessary health care costs by using the Poison Center. About 72% of poisonings are managed entirely at home with telephone guidance from the Poison Center which helps poisoned patients avoid the cost (and stress of) unnecessary emergency department visits and ambulance runs. Studies have shown that poison centers are at least three times more cost effective than child safety seats, smoke detectors, or bicycle helmets.

INSERT: Prevention is the best treatment for poisonings

Prevention

Poisonings are best prevented by detecting unusual hazards and working with industry and regulatory agencies to reformulate, repackage or ban unnecessarily hazardous products before children are needlessly injured. The Center has an active product surveillance program and has taken the lead in numerous regulatory petitions and industry and consumer alerts.

✔ **Professional education** in state-of-the-art treatment of poisonings is provided for 3,300 physicians, medical students, residents, nurses and paramedics each year.

✔ **Poison prevention education is delivered through:**

1) Distribution of teaching materials to area preschools and child care centers;
2) Distribution of 1.1 million prevention materials in 2007 through pediatrician's offices, preschools, childcare centers, health clinics, hospitals, obstetrical units, health fairs, fire departments, public libraries, community and church groups, SafeKids coalitions, PTAs, school nurses, and classes for babysitters and new parents. Brochure topics include, "Poison Prevention in the Golden Years," "Is Your Home Poison Proof," "Summer Hazards," "Winter Hazards," and "Hints for Halloween."

Contact your local Poison Center for these materials or go the Oregon Poison Center website: www.oregonpoison.com. Some materials are free and others

Control

The mission of the Oregon Poison Center is to prevent poisonings, save lives, and limit injury from poisoning. In addition to saving lives, the Poison Center decreases health care costs of poisoning cases.

charge a small fee. In addition to the list of posters and materials on the Oregon Poison Center website, there are a number of posters featuring members of the Warms Springs Tribe and these can be obtained via the NPAIHB website: www.npaihb.org/posters You may download these posters, but will be responsible for the printing costs.

You can help by programming the Poison Help number into your cell phone right now: 1-800-222-1222. With this number, you arm yourself with a resource to help in a real or potential poisoning emergency.

Data Analysis

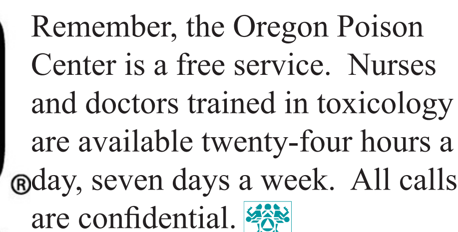
Some poison control centers, including the Oregon Poison Center can provide data such as number of calls per county, types of calls being made, or age demographics. This information may be helpful when developing educational materials for your community, presenting a case before Tribal Council, or writing a grant. Not all Poison Centers provide this service, so if you are interested in obtaining such data contact your local poison center.

Oregon Poison Center

The Oregon Poison Center received 70,000 calls last year – that is 191 calls per day! Many people consider the poison center as a resource for parents or guardians of young children, but roughly half the calls at the Oregon Poison Center come from adult cases.

The message from the Oregon Poison Center is: do not be embarrassed to call. Say you've double dosed your medications – call the poison center to seek medical advice on what to do next. Or you find yourself making frequent calls because your child ate your powder eye shadow one week and the next ate a few too many gummy vitamins. Call anyway. You won't be judged on your parenting skills, but praised for taking action. Poison Centers are a great public health resource, so please use them.

Remember, the Oregon Poison Center is a free service. Nurses and doctors trained in toxicology are available twenty-four hours a day, seven days a week. All calls are confidential.



National Poison Prevention Week

March 15-21, 2009

poisonprevention.org

New Special Diabetes Program for Indians Funding

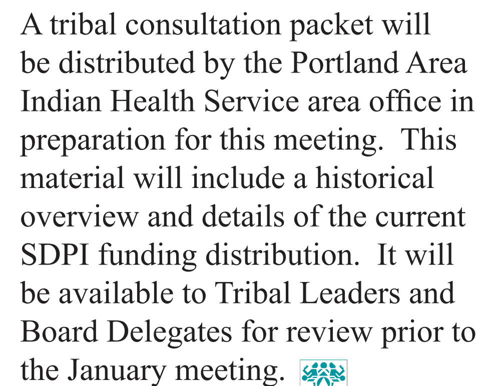
by Sonciray Bonnell, Health Resource Coordinator

In July 2008, Congress approved H.R. 6331 called "The Medicare Improvements for Patients and Providers Act of 2008." H.R. 6331 became Public Law 110 – 275 on July 15, 2008. Title III of this Act extends the Special Diabetes Program for Indians (SDPI) for two more years - FY 2010 and FY 2011 - at the current funding level of $150 million per year.

On October 28, 2008 the Tribal Leaders Diabetes Committee (TLDC) met via conference call to discuss the need for tribal consultation regarding the new SDPI funding. With a quorum present, a motion was made and seconded that a national Tribal Consultation be recommended to the IHS Director. The motion was approved by unanimous vote.

On November 13, 2008 the TLDC met with Mr. Robert McSwain, IHS Director, to propose that Tribal Consultation take place in each IHS Area and to gain his approval of the Tribal Consultation guidance package. Mr. McSwain approved both.

On Wednesday, January 21, 2009 at the NPAIHB Quarterly Board Meeting, tribal consultation on the Special Diabetes Program for Indians funding will be conducted. The two year extension of the SDPI funds has been reauthorized and the allocation of funds will go through tribal consultation in each IHS area. This consultation will take into consideration all current set asides and the current formulas for the SDPI funding. Area recommendations will be presented by the TLDC Area representative at the TLDC meeting in February, 2009. In March, 2009, the TLDC will submit final SDPI recommendations from consultation to Mr. McSwain and National Diabetes Program.



A tribal consultation packet will be distributed by the Portland Area Indian Health Service area office in preparation for this meeting. This material will include a historical overview and details of the current SDPI funding distribution. It will be available to Tribal Leaders and Board Delegates for review prior to the January meeting.

Congratulations!

Kara and Erik Kakusa (AAIR Program) are happy to announce the birth of their first child, Evy Marie Kakuska. Evy was born on December 22, 2008, weighing in at 7lbs 8ounces and 19' ¾" inches long. Congratulations!

NPAIHB is proud of our policy that allows parents to bring in their infant children into the office until they are six months old. Evy will start work with her dad in March and is the twenty-second Board baby.

5th Native Fitness

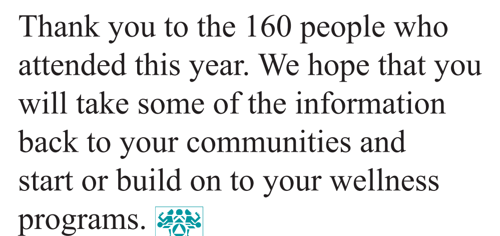
The Nike campus in Beaverton, Oregon, was the setting for the 5th Native Fitness training. Once again, tribal programs from across the country gathered for fitness sessions, motivational interviewing techniques, and updates on resources in physical activity, obesity, nutrition, and diabetes. The 160 participants were welcomed by Linda Holt, our NPAIHB chair and Tribal Leader Diabetes Committee representative. Ms. Holt acknowledged the hard work and commitment of the front line workers in tribal programs and gave an update on the SDPI funding and legislative issues.

This year, the Western Tribal Diabetes Project introduced the Native American Fitness Council as a new partner, working with Native trainers Elfreida Barton (Navajo), Brian Laban (Hopi/Tewa), and coordinator John Blievernicht. The sessions were interactive with a Native emphasis. The chair aerobics incorporated weaving, gathering, and storytelling, while the game sessions taught traditional Native games.

By popular demand, we had Darryl Tonemah return to give his message on changing behavior in our communities to healthy lifestyles. Darryl 's area of expertise is motivational interviewing, and he is a master at storytelling and addressing unique cultural issues into his presentation. He can have you laughing one minute, and in the next, sharing the struggles of people making difficult changes in their lives.

The evaluations for Native Fitness 5 were excellent. Comments were positive, and as always, we love the data. New and returning participants were pleased with the Native American Fitness Council and thought that having Native trainers was inspiring. The new courses were popular, especially the session on hip-hop. Participants appreciated that all age groups were included, from youth to elders. They said that there were good ideas throughout the training to start programs of their own. And to top it off, the sessions gave everyone a great workout.

Thank you to the 160 people who attended this year. We hope that you will take some of the information back to your communities and start or build on to your wellness programs.

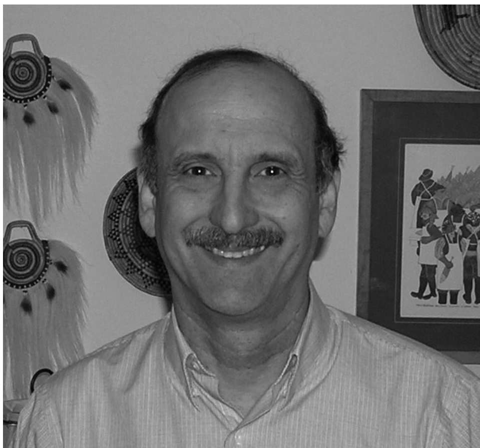


New NPAIHB Employees

Hi there, my name is Tanya Firemoon and I'm Assiniboine Sioux from the Fort Peck Reservation in Montana. I grew up in Billings, Montana and moved to Portland in 1990. I recently got back into the workforce after taking a long sabbatical from my previous employment. I was given the opportunity to take time off for myself and I knew it would probably be the only time I could take a chance to live life without a clock and enjoy my cup of coffee every morning, with the hardest thing facing me was figuring out what I would do with my day. Don't get me wrong…. I have to admit, it was hard the first few months. I still got up early and tapped my fingers on the table trying to keep myself busy. Chris, my best friend, reassured me that I needed this time to take care of myself and enjoy what life is really about: don't plan, just live. My busy lifestyle had taken over my health and I was diagnosed with type 2 diabetes three years ago. It changed the way I live my life. During my time off, Chris and I enjoyed a lot of spontaneous trips, captured a lot of moments on camera, threw out the pole and lures in some memorable fishing spots, started a new career and we became entrepreneurs', and we even adopted a baby calf. I will never regret taking two years off from work. I probably gained an additional ten years of life through self-preservation and accepting and balancing my new roles in life.

I worked in the children's mental health field for six years and assisted many tribal communities and agency partners throughout the country handling meeting logistics for various grantee meetings, trainings, and technical assistance. I accepted the receptionist position with the Northwest Portland Area Indian Health Board because I believe in its mission statement and values to help our native communities. The well-being of children and families has been my chosen dedication in life and with the influenceof my family, I follow along their footsteps to continue to help our people.

Dr. Bruce R. Johnson joins the Northwest Tribal Dental Support Center as a clinical consultant after thirty-three years providing clinical dentistry and program management within the Indian Health Service. He graduated from Illinois College of Dentistry and began his career as a Commissioned Officer in Bethel, Alaska working with the Yupik Eskimo and Athabaskan Indian population in an area of western Alaska. In addition to working as a Staff Dentist and Deputy Chief for the Yukon Kuskokwim Health Corporation's (YKHC) dental program, he spent two years working directly with the YKHC on a dental feasibility study that paved the way for the 638 takeover of the dental program. In 1989 he moved his family to Tahlequah, Oklahoma, capital of the Cherokee Nation, and for the next two years completed an Advanced General Practice Residency at W.W. Hastings Indian Hospital. In 1991 he came to the Portland Area and worked as Chief Dentist with the Puyallup Tribe as their Health Center grew from a small facility to the complex and highly productive program they are today. Retiring from the Commissioned Corps in 2001, he continued to work as the Puyallup Tribal Health Authority's Dental Director until May of 2008. Dr. Johnson and his wife currently live in Puyallup, Washington. His oldest son, Matthew, is in the Navy at the Defense Language Institute, daughter Katie is attending Western Washington University, and youngest son Alex is a sophomore in high school.



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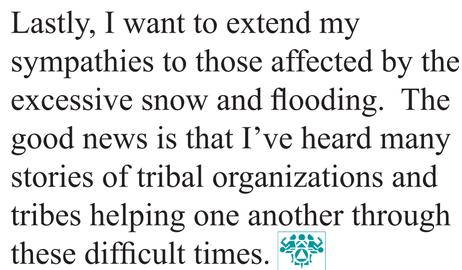
Indian health infrastructure projects. Tribes are dealing with the same economic crisis that the rest of the United States is experiencing. In many ways, Indian reservations are worse off because of the dire economic conditions and we lack the necessary infrastructure or capital needed to create jobs and stimulate economies. Because of this it is imperative that we investment in Tribal communities.

This last quarter I was able to attend and represent the Board at the National Congress of American Indians (NCAI) Annual Conference held on October 20-24, 2008 and the CDC Tribal Consultation Advisory Committee hosted by the Tohono O'odham Tribe in Tucson on November 17-21. 2008. And finally, I attended the Department of Justice's Tribal Justice Advisory Group meeting held in Palm Springs on December 8-12, 2008.

We received some very good news concerning funding for three Northwest tribes. The Klamath, Skokomish, and Coeur d'Alene Tribes all received funding for important projects on their reservations (for more details go to www.npaihb.org). I want thank those tribal leaders who have been working on these issues within your communities and congratulations on your success.

Lastly, I want to extend my sympathies to those affected by the excessive snow and flooding. The good news is that I've heard many stories of tribal organizations and tribes helping one another through these difficult times.



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. Previous issues of *Health News and Notes* can be found on the NPAIHB webpage www.npaihb.org.

Contact Sonciray Bonnell (503) 228-4185 or sbonnell@npaihb.org., *Health News and Notes* Editor, to submit articles, comments, letters, and requests to receive our newsletter via the U.S. mail.

Northwest Portland Area Indian Health Board

October 2008 NPAIHB Resolutions

RESOLUTION #09-01-01
Recommend the IHS Director Reconvene the
CHS Workgroup to Revise the Contract Health Service Formula

RESOLUTION #09-01-02
Recommend the IHS Director Reconvene the
LNF Workgroup to Revise the Level of Need Formula

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