Health News & Notes

Our Mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.

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POSTTRAUMATIC STRESS DISORDER (PTSD)

By Ronda Metcalf, Ronda Metcalf, MSE, BSW, NARCH MAD Project Director, US Veteran

As a Veteran I wanted to help Health Directors and Providers understand Posttraumatic stress disorder (PTSD). I myself have had PTSD since 1987 when in the military I experienced several traumatic events that changed and altered my life. In 2010 I for the first time experienced triggers that would change and alter my own life tremendously. Although, I have been a therapist over 16 years and treating my own clients for PTSD, thinking I had no daemons, I would learn in February 2010 that I did and they haunted me to the point I could not leave my home without being accompanied by one of my children. I could not sleep because of the nightmares; the anxiety was so intense it disrupted my interactions with everyone. It was a difficult time and was very hard for my children and my siblings to see me in such a state of confusion. But I reluctantly went to the VA and started working on my PTSD. Every thought the Therapist I was seeing used a Cognitive Modification Approach with me (not my style of therapy), I had to trust the process. It has worked for me and I now really understand that even though things are great I still have work to do, I have the tools needed to recognize the triggers and work through the occurrences' as they come in and out of my life.

This resource is from the National Center for Post Traumatic Stress Disorder http://www.ptsd.va.gov/ there are many more great resources there for patients, veterans, providers, and researchers. This is just one of the fact sheets to assist in understanding PTSD.

What is PTSD?

Posttraumatic stress disorder (PTSD) is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening.

- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck.

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- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.

After the event, you may feel scared, confused, or angry. If these feelings don't go away or they get worse, you may have PTSD. These symptoms may disrupt your life, making it hard to continue with your daily activities.

How does PTSD develop?

All people with PTSD have lived through a traumatic event that caused them to fear for their lives, see horrible things, and feel helpless. Strong emotions caused by the event create changes in the brain that may result in PTSD.

Most people who go through a traumatic event have some symptoms at the beginning. Yet only some will develop PTSD. It isn't clear why some people develop PTSD and others don't. How likely you are to get PTSD depends on many things:

- How intense the trauma was or how long it lasted
- If you lost someone you were close to or were hurt
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after the event

Many people who develop PTSD get better at some time. But about 1 out of 3 people with PTSD may continue to have some symptoms. Even if you continue to have symptoms, treatment can help you cope. Your symptoms don't have to interfere with your everyday activities, work, and relationships.

What are the symptoms of PTSD?

Symptoms of PTSD can be terrifying. They may disrupt your life and make it hard to continue with your daily activities. It may be hard just to get through the day.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work or home life, you probably have PTSD.

There are four types of PTSD symptoms:

1. **Reliving the event (also called re-experiencing symptoms):**

Bad memories of the traumatic event can come back at any time. You may feel the same fear and horror you did when the event took place. You may have nightmares. You even may feel like you're going through the event again. This is called a flashback. Sometimes there is a trigger -- a sound or sight that causes you to relive the event. Triggers might include:

- Hearing a car backfire, which can bring back memories of gunfire and war for a combat Veteran.
- Seeing a car accident, which can remind a crash survivor of his or her own accident.
- Seeing a news report of a sexual assault, which may bring back memories of assault for a woman who was raped.

2. **Avoiding situations that remind you of the event:**

You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event. For example:

- A person who was in an earthquake may avoid watching television shows or movies in which there are earthquakes.
- A person who was robbed at gunpoint while ordering at a hamburger drive-in may avoid fast-food restaurants.
- Some people may keep very busy or avoid seeking help. This keeps them from having to think or talk about the event.

3. **Feeling numb:**

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You may find it hard to express your feelings. This is another way to avoid memories.

- You may not have positive or loving feelings toward other people and may stay away from relationships.
- You may not be interested in activities you used to enjoy.
- You may not be able to remember parts of the traumatic event or not be able to talk about them.

4. **Feeling keyed up (also called hyperarousal):**

You may be jittery, or always alert and on the lookout for danger. This is known as hyperarousal. It can cause you to:

- Suddenly become angry or irritable
- Have a hard time sleeping.
- Have trouble concentrating.
- Fear for your safety and always feel on guard.
- Be very startled when something surprises you.

What are other common problems?

People with PTSD may also have other problems. These include:

- Drinking or drug problems.
- Feelings of hopelessness, shame, or despair.
- Employment problems.
- Relationships problems including divorce and violence.
- Physical symptoms.

Can children have PTSD?

Children can have PTSD too. They may have the symptoms described above or other symptoms depending on how old they are. As children get older, their symptoms are more like those of adults. Here are some examples of PTSD symptoms in children:

- Young children may become upset if their parents are not close by, have trouble sleeping, or suddenly have trouble with toilet training or going to the bathroom.
- Children who are in the first few years of elementary school (ages 6 to 9) may act out the trauma through play, drawings, or stories. They may complain of physical problems or become more irritable or aggressive. They also may develop fears and anxiety that don't seem to be caused by the traumatic event.

What treatments are available?

When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. **But treatment can help you get better.**

There are good treatments available for PTSD. Cognitive behavioral therapy (CBT) appears to be the most effective type of counseling for PTSD. There are different types of cognitive behavioral therapies such as cognitive therapy and exposure therapy. A similar kind of therapy called EMDR, or eye movement desensitization and reprocessing, is also used for PTSD. Medications can be effective too. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD.

The following web sites are for state news letters that provided bi monthly information to Veterans and community organizations. I did not find a new letter for Idaho but the web site is for Idaho veterans and provides great resources for veteran's employment opportunities and assistances in claiming compensation benefits.

For more information please visit:

http://www.dva.wa.gov/PDF%20files/VVDecJan2012.pdf

http://dhr.idaho.gov/veterans.html

http://www.oregon.gov/ODVA/INFO/docs/VETSNEWS/2011/VN_NovDec-2011-web.pdf

WHY FOCUS ON BULLYING IN INDIAN COUNTRY?

By Dr. Iris PrettyPaint and Corinne Taylor, Kauffman & Associates, Inc., Native Aspirations – a SAMHSA-sponsored project to address youth violence, bullying, and suicide prevention.

Why are we focusing on bullying? In our Native cultures, and in Native Aspirations, we believe that our children are gifts from the Creator and that it is our responsibility to protect and nurture them. It all comes down to respect and dignity. Every child deserves and needs both dignity and respect to feel good. But, the targets of bullies never feel good. They live with depressed, lonely, and anxious feelings. They become convinced there is nothing they can do and no one who will help them. They blame themselves. They disengage from school. They despair. Because of these feelings of depression and low self-esteem, there is a clear link between bullying and suicide. We know that.

Facts about bullying

Bullying is when someone knowingly and repeatedly hurts a less powerful person—less powerful due to size, age, gender, sexual identity, disability, or anything else that makes one vulnerable.

It is important to understand that bullying is complex and frequent. It usually takes place out of sight, and kids do not tell adults. Once a pattern of bullying has been established, it takes very little, often just a look, to keep it going. Bullying is intentional. The bully wants to cause harm. Appealing to the bully's better nature or moral sense is futile. He or she does not have empathy for the target. Bullies have been pictured as depressed, anxious, or misfits. This isn't necessarily so. They may be popular and seen as "cool" or "powerful" in the eyes of their peers. Their antagonizing or harassing others is an accepted part of their popularity. Because much of bullying is for public show, the bystanders who are not directly involved can influence behavior by either rewarding or rejecting the act of bullying.

Bullying is systemic. The 10th grader bullies the 8th grader, who bullies the 6th grader, who bullies the 4th grader…. all the way down to kindergarten and even pre-school. It is possible that the bullying pattern starts with parents or teachers. So, it is not enough to reduce bullying only at the elementary level, because those kids are soon going to graduate into middle school; and, it is not even enough to just focus on the school system, because there is bullying in the workplace, in many homes, and in the community at large.

One difficult thing for people to understand is that a target can switch and become a bully and then switch back as circumstances change. The roles are fluid. This role shifting makes perfect sense from the point of view of the target, because to be the bully relieves pain and creates belonging. This role shifting is another factor in the complexity of bullying.

Communities need to be concerned about the bullies as well as the targets. If no one stops their behavior, it will escalate. You put this together with alcohol, smoking, missing school, and dropping out of school and there are serious consequences. Today, they are bullies. Tomorrow, they are committing assault or rape. Then, there is the link to weapons. Bullies use weapons to scare the target. Targets use weapons to stop them. And sometimes, those same weapons become a means for suicide.
Once you understand bullying, you will be able to more effectively counteract common myths. Examples are listed below:

- Bullying is a harmless, normal part of growing up. It is not harmless, and it is not normal.
- Bullies are always boys. Girls also bully, and their bullying can be even more dangerous because they often torture the target in groups, in a very public, continuous way. For instance, through cyber-bullying, nasty texts and Facebook messages can continue 24 hours a day.

WHY FOCUS ON BULLYING IN INDIAN COUNTRY?

The target cannot even feel safe at home in the middle of the night.

- Bullying is somehow the target's fault because they are not aggressive enough, attractive enough, or "cool" enough. Bullying is not the fault of the target; all children are entitled to support and encouragement to be whoever they are.

The first steps to counteract bullying

Bullying is not inevitable. It can be stopped. Fortunately, there is a lot of research and many tools from which we can draw upon to combat bullying. The overall goal is to create a positive school and community climate where it is normal for young people to recognize and prevent bullying.

Nothing can happen, however, until a community is ready to change. Bullying is often so pervasive that it feels normal to teachers, coaches, law enforcement, parents, elders, everyone. They have all grown up with it, but may not recognize it. They may be in denial. Or worse, they may be a bully. So the first step is a readiness assessment, and in many cases, the first tasks are education and awareness. And you have to be able to define bullying—really understand it—before you can name it and help others to recognize that it exists.

Effective approaches

A mistake we used to make was to try to train the bullies to be nice. It did not work. Now, we focus on the bystanders, teaching practical things to do and say when they witness bullying. We teach targets that they do not deserve this treatment and help them acquire language and skills to counteract bullying. And we work with communities to raise awareness and change patterns. All these things can be done.

Unfortunately, many schools still handle bullying the "old school" way. It is completely wrong. This needs to change!

- We tell the target to ignore the bullying; not to reveal what they are feeling. What are the messages received by the target? "Adults don't understand." "My feelings don't count." "Nobody is going to do anything to stop this."
- We force the bully to apologize publicly and consider the apology to be the end of the matter. This lets the bully off the hook with no real consequences. What are the messages received by the bully, target, and bystanders? "Lying is effective." "Bullies get away with it." "Adults won't protect us."
- We expel both of them. We have just re-victimized the target.

Effective approaches to bullying include focusing on school (or organization) climate, that is, having a school where anti-bullying rules are clear and enforced; the consequences for bullying are consistent and escalate with repeat offences; and all staff and students are aware of the anti-bullying policy and are on board with reporting bullying when they see it. Further effective approaches recommended are bystander support and training. That is, bullying prevention that helps the witnesses to bullying support the target of bullying, report bullying and if possible, stand up to the bully. More information can be found at www.StopBullying.gov.

"RESPONSE CIRCLES" SEXUAL ASSAULT PREVENTION PROJECT

By Carrie Sampson (Umatilla), Project Coordinator

Sexual assault in Indian Country has long been a quiet issue despite the growing epidemic. It is estimated that a sexual assault occurs every 127 seconds in the United States. (National Crime Victimization Survey, 2007) American Indian and Alaska Native women are 2.5 times more likely than non-Native women to become victims of sexual assault. (Maze of Injustice, 2007) It's also estimated that 34.1% of Native women have been raped in their lifetime, that's more than 1 in 3 Native women. This is significantly higher compared to 17.6% of all women (all races) who have been raped in their lifetime. (National Violence Against Women Survey, 2006) Sexual assault is also one of the most under reported crimes, with 60% still being left unreported (National Crime Victimization Survey, 2005) and 15 of 16 rapists never spend a day in jail. (Crime and Punishment in America, 1999)

In August 2010, the Northwest Portland Area Indian Health Board (NPAIHB) was awarded the Indian Health Service (IHS) Domestic Violence Prevention Initiative (DVPI) grant. This is a national initiative that has been created to support the development of domestic violence and sexual assault demonstration projects in American Indian and Alaska Native (AI/AN) communities. Each DVPI program is designed individually, as for the NPAIHB, this program recruited 4 Northwest tribes to participate in the 3 year funding program. This project will assist the Tribes in the development of "Response Circles" that will respond effectively to issues of Sexual Assault in their communities. The goal is that each community will establish the following: baseline data of reported sexual assaults in each community, development of "Response Circles", which is traditionally known as a SART (Sexual Assault Response Team), organize community prevention and awareness efforts and develop a sustainable plan to continue the program following the 3 year funding cycle. Currently, the program is in year 2 of this funding cycle and offering technical assistance and training opportunities to the participating tribes. Each participating tribe is also granted $5,000 a year towards the development of their "Response Circles" or community prevention and awareness efforts. Community Readiness Surveys have been developed and will be distributed to each of the participating tribes starting January 2012.

In September 2011, another funding opportunity for the project came available when the NPAIHB in partnership with the Oregon Sexual Assault Task Force (SATF), a non-profit organization, was awarded a grant by the National Institute of Justice to assist the 43 Northwest Tribal communities in establishing a coordinated, multi-disciplinary and victim-centered response to sexual assault. These efforts will provide training and technical assistance to develop a community-based Sexual Assault Response Circle (SARC) that may include a tribal elder, cultural leader, victim's advocate, law enforcement, prosecutor and clinic personnel. The SARC's purpose is to work towards a collaborative response that prioritizes the victim's needs. Included in this grant is specialized nurse training to assist in Sexual Assault Nurse Examiner (SANE) certification. In December, a Curriculum Review Board meeting was held at the NPAIHB, this meeting consisted of a group of tribal representatives with knowledge and expertise of their communities around the area of sexual assault. This board is brought together to modify an existing curriculum and brainstorm around the development of a tribal specific sexual assault response. The first training opportunity is expected to be held in the late Spring 2012 at the NPAIHB, this training will be focused on SARC development with 5 Northwest tribes. The next training opportunity will be a Sexual Assault Nurse Examiner's training which is expected to be held in the Fall 2012 at the NPAIHB.

If you have any questions about this project or upcoming training opportunities, please contact Carrie Sampson at csampson@npaihb.org or (503) 416-3304.

LEGACY GIFT ADVANCES CANCER PREVENTION AND OUTREACH

Reprint from the fall issue of Knight Cancer Institute Oregon Health & Science University *Circle of Hope* newsletter

Thomas M. Becker, M.D., Ph.D., professor and chair of the OHSU Department of Public Health, has been appointed as the first Charles R. and Velma E. Sharp Endowed Professor at the OHSU School of Medicine.

The establishment of this professorship was made possible through the visionary generosity of Dr. Charles and Velma Sharp who included OHSU in their estate plans. The holder of the Sharp Professorship will focus his efforts in an area of cancer research that includes prevention or outreach, thus reflecting Dr. Sharp's values of battling grave diseases in the public health arena. Dr. Sharp, a 1935 graduate of the School of Medicine, met Velma when he was public health director in Douglas County. After serving in World War II, he studied public health at Johns Hopkins University and held positions with the public health office in Walla Walla and the U.S. Public Health Service in Washington, D.C., Cincinnati and Raleigh, North Carolina.

In keeping with the Sharp family's wishes, Dr. Becker will focus on a type of cancer work "outside of those cancer efforts most highly publicized in the media" and which are funded through high profile events.

Circle of Hope spoke with Dr. Becker about his new appointment:

You are a wonderful advocate for under-served populations, especially Native Americans. One of the goals for this professorship is to "focus on advancements in the practice of public health, prevention or family medicine." How do you aim to accomplish this?

I hope to remain involved in prevention research efforts in tribal and in other American Indian and Polynesian communities. As director of the CDC-funded Prevention Research Center—the Center for Healthy Communities—I have worked on a variety of research efforts focused on disease prevention. My team members include a terrific group of researchers and staff, and my departmental faculty and colleagues at the Northwest Portland Area Indian Health Board have been very supportive of the Center's efforts.

One of the current prevention projects is focused on colorectal cancer screening education and primarily involves the input and expertise of several American Indian researchers at the Board. Support from the Sharp professorship and other grants will help us continue to address additional challenges in minority and under-served population health.

What else do you hope to accomplish as the Sharp Endowed Professor?

I look forward to becoming more involved in the cancer prevention and control efforts at the Knight, working closely with Dr. Patty Carney and other excellent cancer prevention and control researchers. I've also been asked to head the search committee to hire a new molecular epidemiologist/geneticist at the Knight.

Providing community education is also important to me. Working through the Indian Health Board, I plan to develop and implement a cancer prevention and control course for Indian researchers through our Summer Research Training Institute for American Indian and Alaska Native health professionals. I also run our graduate training scholarship program for American Indian

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THE NORTHWEST TRIBAL FETAL ALCOHOL SPECTRUM DISORDER (FASD)

By Suzie Kuerschner - Northwest Tribal Fetal Alcohol Syndrome Project (NTFAS)

The Northwest Tribal Fetal Alcohol Spectrum Disorder (FASD) project began its 12th year in October 2011 with three primary areas of endeavor: taking action steps toward prevention and development of FASD diagnostic tools, training American Indian community providers to use the tools, and education to assist development of informed tribal programs and practices that serve those with FASD. To carry out these endeavors, NPAIHB contracts with two community education FASD specialists, Carolyn Hartness and Suzie Kuerschner, and with the University of Washington's Fetal Alcohol and Drug Unit (FADU).

Both of the community education FASD Specialists are highly trained and deeply committed to assisting tribal communities to learn to prevent, as well as to diagnose, FASD. They have determined that the most effective approach is to work with one or two tribal communities over a period of time in sustained efforts. Those efforts focus on education of key personnel in order to educate others in a variety of formats from within the community and to develop prevention interventions as needed. It also includes training on diagnosis of FASD and development of community based programs and considerations for those community members that live with FASD, and has as a working approach "healthy families and healthy futures". At this time, the Specialists are working with one tribe in Washington and one in Oregon. While the Specialists also work closely with the UW's FADU in continual collaboration on education and diagnosis advances, in their own work in communities the guided by the following process:

- Create coalition or task force of community and service providers
  - develop mission and design initial goals
  - conduct community assessment of attitudes, strengths and needs relating to FASD
  - seek Tribal Council Resolution
- Provide trainings across all disciplines, departments and provider settings, inclusive of community gatherings, activities and media promoting proactive awareness
- Provide technical assistance facilitating program development and delivery, including treatment planning, IFSP, IEP and Corrections Transitions Plans
- Develop community diagnostic team following the Collaborative Circle of Care model with its pre- and post-methodology

The second, third and fourth steps are most successful when carried out concurrently, serving to support and inform each other's process.

Fetal alcohol exposure syndromes were first recognized and identified as such in the early 1970's at the University of Washington's hospital. Currently UW's FADU is a parent-child assistance program (PCAP) serves – to the extent that funding allows – high-risk, substance-abusing pregnant and parenting women in tribal communities in Washington State. PCAP case managers work intensively with these women, providing assistance directly in the home (approximately two home visits per month). They also work with the local network of community service providers to connect clients with an array of services and assure that clients actually receive services intended. Most of the PCAP staff are American Indian/Alaska Native (AI/AN). Reports indicate that the intervention outcomes of AI/AN "graduates" of PCAP are similar to those among non AI/AN clients.

In addition, to prevention of alcohol exposure before birth due to pregnant women using alcohol and other drugs, development of strategies to improve the outcome of addiction treatment and the acquisition of crucial life skills for those mothers in PCAP who also have or are suspected of having FASD is ongoing.

THE NORTHWEST TRIBAL FETAL ALCOHOL SPECTRUM DISORDER (FASD)

All PCAP advocates receive extensive training on FASD as well as on effective interventions and communication approaches that can result in improved life outcomes for the mothers. The success of PCAP working with many AI/AN women in Washington State has made it possible to advise a Canadian FASD Cross-Ministry Committee on its own 23 PCAP replication sites, many of which are in First Nations communities.

In March 2011, a joint FADU/UW School of Law conducted legal education training for King County judges and court professionals and attorneys in the Presiding Judges Courtroom regarding the fact that those with FASD, when involved with the criminal justice system, are usually denied their equal rights and discriminated against "on the basis of their disability."

In May 2011, representatives of a Tribal community in Washington, concerned with the growing number of babies born exposed to alcohol and other drugs, asked for training by FADU on issues such as the effects of poly-drug exposure on the unborn baby; medical management of the exposed newborn; early interventions with exposed babies and children and adolescents; early diagnosis and mental health issues and treatment of babies, children, and adolescents; and interventions with mothers with addiction problems to prevent future exposed pregnancies. Five physicians, a developmental specialist, a UW faculty member and PCAP staff participated in a series of five trainings in response to the request.

In September 2011, FADU provided a three-day training to fifteen Visiting Scholars from approximately ten Tribal communities. Most were from Northwest tribes, two were from Red Lake, Minnesota, and two from Lake County Tribal Health in Lakeport, California. The training provided a focus on the areas of concern to many Native communities: addiction, suicide, sexual offense, and law violation and the link to FASD. Effective approaches to prevent and treat these problems were presented and discussed. An observation of the FASD diagnostic process at the FADU Prevention Network clinic, and a discussion of next steps for each community was part of the training.

As this project continues into a 12th year that promises sustained productivity, those persons involved in two components – the workers in target reservation communities and the work being done from the University of Washington – are all looking forward to continued learning, advancing program development, and primarily in helping tribal community systems to address the cause and the response to FASD in ways that are most effective for each community.

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Legacy Gift Advances Cancer Prevention and Outreach

and Alaska Native trainees, many of whom are involved in cancer studies. I will continue the Prevention Research Center's activities in prevention of other chronic diseases, too.

In addition, the National Cancer Institute has just invited me to be on their external advisory group for the Cancer Community Network Program, a large effort that is community-focused in multiple locations nationwide.

A HEALTHY SMILE! IT'S WHAT HAPPENS AT HOME THAT MATTERS MOST

By Bonnie Bruerd, DrPH, Northwest Tribal Dental Support Center

Hurry!!! There's a crisis in the bathroom, the faucet is running and the sink is clogged and water is spilling over the sink and all over the floor. What should we do? Should we get some buckets and start bailing out the water…. or should we turn off the faucet? This is an old story often told to demonstrate the principles of public health. We really do have a crisis of dental cavities among AI/AN people, beginning when children are just babies. Sure, we need more dental health professionals to serve everyone, but honestly, it's mostly what we do at home that really prevents cavities and gum disease! The way to end this crisis (turn off the faucet) is through improved oral health behaviors, beginning with babies and spanning an entire lifetime.

5 Ways to a Healthy Smile for all ages

- **Brush twice daily with fluoride toothpaste**. Brushing with a small dab of fluoride toothpaste and a soft toothbrush should begin with babies when the first tooth erupts and continue throughout our lives. Adults need to be sure to clean the little pocket where the teeth and gums meet and floss or use other tools to clean in between the teeth to prevent gum disease.
- **Limit sweet drinks and snacks**. Every time you drink or eat something with sugar or refined carbohydrate like white bread or crackers, you create an acid attack on your teeth for about 20 minutes. The more acid attacks each day, the more cavities.
- **Rinse before bed every night with a fluoride mouthrinse beginning around six years of age**. This is especially important if you are still getting new cavities.
- **Get a dental check-up**. Babies should have their first oral health screening soon after the first tooth erupts. Make sure you remind your dentist to seal your child's teeth. Everyone should visit the dentist at least once a year and be sure to follow through with any dental work that needs to be done.
- **Stop using tobacco**. Chewing tobacco and cigarettes can cause gum disease, cavities, bad breath, and stained teeth. Most importantly, tobacco causes cancer.

Ways to Promote Oral Health in your Community

- Encourage families to take babies to the dental clinic soon after the first tooth erupts.
- Establish programs to provide oral health assessments and fluoride varnish at Head Start and daycare centers.
- Establish school-based fluoride and sealant programs.
- Use newsletters and other local forms of communication to support "5 Ways to a Healthy Mouth"
- Support community water fluoridation.

If you have any questions about promoting oral health in your community, contact the Northwest Tribal Dental Support Center, Dr. Bonnie Bruerd at bonnie.bruerd@comcast.net or Ticey Casey at tcasey@npaihb.org

1ST ANNUAL HEALTH PROMOTION CONFERENCE

By Colbie Caughlan, Project Coordinator

THRIVE, the suicide prevention project at the NPAIHB, hosted its first conference for Native youth living in Idaho, Oregon, or Washington from June 27th to July 1st. With a lot of assistance from our partners at NARA Northwest and Portland State University's (PSU) student group, Healing Feathers, THRIVE staff were able to execute a relatively smooth and exciting three and a half day event. The conference was a huge success and was attended by 58 high school aged AI/AN youth, 16 chaperones, and approximately 10 facilitators.

The opening day of the conference was full of skill- and team-building activities in a *Project Venture* style provided by a colleague from NARA Northwest. During this two or three hour period, youth had to get up, move and run around the banquet rooms at the University Place Hotel. There was a lot of laughter, new friendships and excitement building in that room during this first activity. All of the movement was followed by an hour and half *Question, Persuade, Refer* (QPR) suicide prevention gatekeeper training for each of the youth and chaperones that attended. QPR is a short training that teaches each participant how to: recognize warning signs of suicide; question the person contemplating suicide; persuade the person to *want* to get help with these thoughts and feelings; and refer that person to helpful resources.

To inform the youth about a variety of health topics, the conference provided a few other educational presentations including: tobacco cessation, sexual health, suicide, effects of substance use on the brain, youth empowerment, cancer screening, positive use of the media, and gang prevention. Sessions incorporated American Indian/Alaska Native culture, traditional learning strategies, and skill-building activities that educate youth about healthy behaviors. Participants also learned to positively express their emotions and feelings about life's challenging topics through interactive, educational workshop tracks. The four tracks included: digital story-telling with Joe Law from the IHS and Solomon Trimble from NARA Northwest; comic book development with Roger Fernandes and Colleen Echohawk from Native People for Cancer Control at the University of Washington; film production with the Project Red Talon staff and Brian Lindstrom from the Northwest Film Institute; and writing and producing songs with the Music Mentors Academy led by Todd Denny and J. Ross Parrelli (a singer, performer, and youth educator from Auburn, CA).

The conference was a breeding ground for new friendships and mentorships among the Native teens from the Northwest, tribal leaders, expert prevention speakers, artistic and musical professionals, and a range of mental health and public health professionals. The conference also empowered Native youth to take a stand in their tribal communities, and overcome the negative addictions and behaviors that frequently surround them. Special thanks and appreciation goes out to all of our conference sponsors:

- NPAIHB's project THRIVE
- NPAIHB's Project Red Talon
- NPAIHB's Epidemiology Center
- Native American Rehabilitation Association Northwest's Life is Sacred & MSPI projects
- Healing Feathers – AI/AN student group at Portland State University
- The Indian Health Service's Health Promotion & Disease Prevention Program
- Wildhorse Resort & Casino
- Chinook Winds Casino Resort
- KARNOPP PETERSEN LLP
- Yakama Nation Land Enterprise
- Confederated Tribes of Grand Ronde
- Prevention Research Center at the University of Texas' School of Public Health

THRIVE Contact information:
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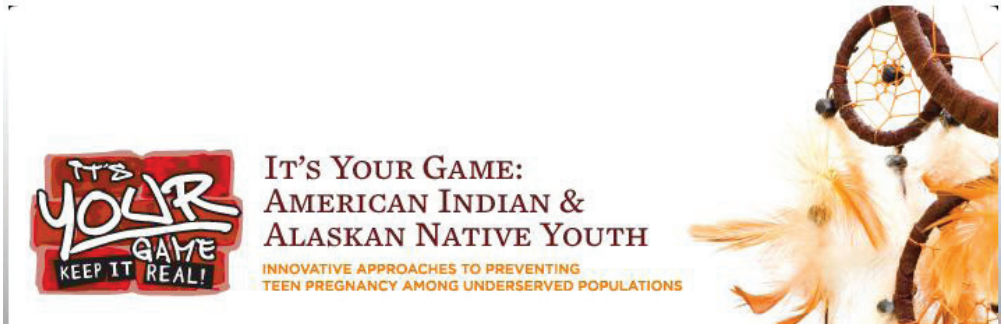
Phone: (503) 416-3284
Email: ccaughlan@npaihb.org



It's Your Game (IYG) Adaptation

Over the past year, Project Red Talon has worked closely with partners at the Alaska Native Tribal Health Consortium, the Intertribal Council of Arizona, and the University of Texas Prevention Research Center to adapt a multimedia sexual health program for AI/AN middle school students called *It's Your Game…Keep it Real* (IYG). The original program was tested extensively, and was found to delay youth's initiation of sexual intercourse, reduce the frequency of sex among those who were already sexually active, and increase condom use.

During the first year of the project, Project Red Talon recruited 30 NW Native youth to provide feedback on the original multimedia program. Over the next several months, project partners will work together to adapt the program for use in Indian Country. When complete, the adapted program will include 13 interactive lessons (each lasting about 45 minutes) that will be available online, and several take-home activities to support parent-child communication.

To evaluate the effectiveness of *It's Your Game*, Project Red Talon will need to administer the curriculum to 400 Native youth (12-14 years old) in Oregon, Washington, and Idaho during the 2012-2013 school year. Please let us know if your school, youth group, or Boys and Girls club might be interested in participating. We will provide incentives to both the school/site and participating students, and will provide ongoing training and technical assistance on the curriculum throughout the year.

If you or your school is interested in learning more about IYG, please contact:
Stephanie Craig Rushing, *Project Director*, scraig@npaihb.org or 503-416-3290

COMING SOON – Four AI/AN Specific National Media Campaigns!

Keep an eye out for some new AI/AN specific media materials coming soon to Indian Country! THRIVE, the suicide prevention project here at the NPAIHB was awarded $640,000 by the Indian Health Service to develop, test, and disseminate four national media campaigns over the course of the next two years. These campaigns will roll out as follows:

- Suicide prevention, focusing on youth bullying (February 2012)
- Substance abuse, focusing on cultural pride, resilience, and traditional healing (August 2012)
- Sexual Assault (planned for February 2013)
- Family violence, focusing on child maltreatment (planned for August 2013)

The THRIVE staff are very excited for this opportunity and will announce the availability of each campaign as it is completed. Requests for materials will be taken about two weeks before each scheduled dissemination. Please contact Colbie Caughlan at ccaughlan@npaihb.org for more information or to request the first set of materials, suicide prevention focusing on youth bullying.

WERNATIVE

We R Native: A Multimedia Health Resource for Native Teens and Young Adults

In 2009, Project Red Talon collected surveys from over 400 Native youth (ages 13-21 years) in Oregon, Washington, and Idaho, to better understand how they use media technologies like the Internet, social networking sites, cell phones and text messaging. Project Red Talon is now using this information to develop several state-of-the-art, multimedia health resources for Native teens and young adults.

The *We R Native* website will be unveiled in early 2012, and will address a variety of health and social issues important to Native youth. The service will also incorporate other social marketing strategies, like Facebook©, Twitter©, and text messaging, to provide sensitive health information in a manner that is convenient and familiar to them. When complete, *We R Native* will promote holistic health and welling, offer engaging learning opportunities and skill-building tools, share media and current events that reflect healthy social norms, promote positive identity and cultural pride, and empower Native youth to get actively involved in their communities, health, and wellbeing.

The service is funded by the President's National HIV/AIDS Strategy, the Indian Health Service's National HIV/AIDS Program, and the IHS Meth and Suicide Prevention Initiative.

In August 2011, Project Red Talon launched the *We R Native* text messaging service. By texting the word **NATIVE to 24587**, users can sign-up to receive weekly health tips, contests, and life advice. The service currently has over 450 active subscribers, and has sent out over 6,000 text messages.

The *We R Native* YouTube channel [http://www.youtube.com/user/weRnative] contains 15 short videos. Topics range from a conversation with Shanoa Pinkham (Yakama, 2011 Miss Indian Nations), to a youth-created stop motion animation telling the traditional story of how the chipmunk got its stripes (Tulalip), to a montage of Native youth from across the Nation, set to the music of Quese IMC. Since its launch in August, *We R Native's* videos have been viewed over 650 times.

We R Native also has an active Facebook page [http://www.facebook.com/pages/We-R-Native/247261648626123] with over 400 Likes.

Our Values:

- **We are Native**. We are members of diverse and vibrant communities. Learn more about your culture, history, and traditional teachings.
- **I am Strong**, in mind and spirit. By sharing with one another, we can teach each other lessons about courage, pride, self-esteem, and how to find emotional and spiritual health.
- **I control My Body**. My body is mine and mine alone. I have control over my physical and sexual health.
- **We are Not Alone**. Regardless of the issue, there are other Native teens and young adults going through the same life challenges.... hear their stories and share your own. Together we can support one another through tough times and come out stronger in the end.
- **We can Change our World**. Community involvement is something that can start small and make a big impact. We have the tools you need to get started shaping your community in positive ways.

To help generate content for *We R Native*, we are recruiting Native teens and young adults (13-21 years) to:

- Write or edit 5 health/ wellness webpages - $25
- Create or submit original videos - $15
- Recruit 10 friends to "Like" our Facebook page - $5
- Write 5 positive health/ wellness text messages - $5

If you or your youth are interested in joining our *Youth Development Team*, please visit: www.surveymonkey.com/s/weRnative

Stephanie Craig Rushing, *Project Director*, scraig@npaihb.org or 503-416-3290
Jessica Leston, *Multimedia Project Coordinator*, jleston@npaihb.org or 907-244-3888

NEW FACES AT THE BOARD

Dr. Suzanne Zane, will serve the TEC as the Maternal and Child Health Epidemiologist as an assignee from the CDC. She earned her B.S. at the University of Vermont and her Doctor of Veterinary Medicine degree at Cornell University. Her training and practice included wildlife and aquatic animal medicine in addition to domestic creatures. Suzanne then moved her professional focus to human public health, and served as a commissioned officer in the CDC's Epidemic Intelligence Service, providing investigation and intervention in disease outbreaks among travelers, immigrants, and refugees. For the past 12 years, Suzanne has worked for CDC's Maternal and Infant Health Branch as a maternal health epidemiologist, focusing on health issues around pregnancy and safe motherhood at both a national level and with individual communities. She is honored to now be able to continue this work of her heart in service to the northwest tribes and the NPAIHB, and, as a mother herself, to expand her role into better understanding and supporting the health of children as well as that of mothers.

Suzanne has lived in Portland for 10 years, and has a son, David, age 8, and a daughter, Leah, age 3. She loves to camp, wander around in the woods and fields (not a lot of real hiking goes on when your kids are very little!), sit by creeks and skip stones, get her hands dirty on the farm or just in the garden, and listen to people's stories.

Amanda Gaston, a member of the Zuni Pueblo located in Zuni, New Mexico has been hired as the *It's Your Game* Project Coordinator under *Project Red Talon*. Amanda holds a Master's degree in Education from Oregon State University. She and her husband have recently returned to the United States after spending three years in Chiang Mai, Thailand. While in Thailand, Amanda taught at the American Pacific International School, a *International Baccalaureate (IB), Primary Years Program (PYP,)* World School.

Amanda is passionate about working with today's youth. She has extensive volunteer experience working with orphanages in both South American and South East Asia. Amanda facilitated students from APIS to become involved in social service projects that include fundraising events for local organizations such as the Baan King Kaew orphanage, Wild Flower Shelter, the Special Needs School all located in Chiang Mai, as well as Save the Children foundation for Japan's education relief fund. Through Amanda's academic and professional endeavors she has worked to assist both youth and adults to work towards educational and life goals. Amanda brings these skills to her new position of working with *Project Red Talon* and the multimedia sexual health program, It's *Your Game.*

Congratulations to Joe & Megan Hoopes! Amlie Wren was born this December 21, 2011 at 12:11 AM, She is a perfect, 7lb 4 oz, 20" long.

UPCOMING EVENTS

JANUARY

January 25 - January 26
NEW IHS National Budget Formulation Work session
Arlington, VA

January 25 - January 27
Native Men's Women's & Family Preservation
Portland, OR

January 29 - February 3
National Indian Child Welfare Association (NCWA): 2012 Leadership Academy
Seattle, WA

January 30 - January 31
Essential STD Exam Skills Training
Seattle, WA

FEBRUARY

February 8
The Portland Area Facilities Advisory Committee (PAFAC) Meeting
Portland, OR

February 9 - February 10
IHS Tribal Self-Governance Advisory Committee Meeting
Washington , DC

February 10
American Indian Health Commission (AIHC) Meeting
Jamestown, WA

February 11
Two-Spirits: Strengthening Our Community Through Inclusion
Portland, OR

February 13 - February 16
ATNI Winter Conference
Shelton, WA

February 20
Federal Holiday - Washington Birthday

February 29
Oregon Tribes SB 770 Meeting
Roseburg, OR

MARCH

March 3 - March 6
NCAI Executive Council Winter Session
Washington, DC

March 27 - March 28
IHS Tribal Self-Governance Training
Tucson, AZ

March 29 - March 30
Region X Consultation Meeting
Seattle, WA

APRIL

April 4 - April 5
WA Tribes and RAIOs Health Priority Summit
Spokane, WA

April 16 - April 19
NPAIHB Quarterly Board Meeting
Ocean Shores, WA

SAVE THE DATE
Contact: Colbie Caughlan at ccaughlan@npaihb.org or 503-416-3284

2nd ANNUAL
THRIVE
CONFERENCE

When: June 25 - June 29, 2012

Where: Portland State University Campus in Portland, Oregon

Who: High-school aged Native Youth throughout the U.S.

Registration will be **FREE**!! You will need to register as a group and with 1 chaperone for each 4-5 youth.

Stay tuned for registration information in early 2012. Meals and activities will be paid for by partner's of the conference. *Travel, parking, & lodging will not be covered.*

Possible youth workshop tracks & activities:
- Gathering of Native Americans (GONA)
- Film Production
- Digital Storytelling
- Song writing & production
- Bowling, dancing, and cutural nights

THRIVE

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD'S OCTOBER 2011 RESOLUTIONS

RESOLUTION #12-01-01
Tribal Personal Responsibility Education Program for Teen Pregnancy Prevention

RESOLUTION #12-01-02
Portland Area Office Assumption

RESOLUTION #11-01-03
Support for Optional Medicaid Benefits to be Provided Through the I/T/U