Health News & Notes

A Publication of the
Northwest Portland Area Indian Health Board

Volume 32, Number 4 July, 2003 Issue

The Chair's Report: Change and Stability at NPAIHB

Pearl Capoeman-Baller and Julia Davis Wheeler enjoying conversation during the October 2002 Quarterly Board Meeting in Pendleton. See page 2.

NPAIHB Office Move

FY05 IHS Budget

CIRCLE Youth Projects

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Northwest Portland Area Indian Health Board

Executive Committee Members

Pearl Capoeman-Baller, *Chair*
Quinault Nation
Janice Clements, *Treasurer*
Warm Springs Tribe
Rod Smith, *Sergeant-At-Arms*
Klamath Tribe
Norma Peone, *Secretary*
Coeur d'Alene Tribe

Delegates

Barbara Sam, Burns Paiute Tribe
Dan Gleason, Chehalis Tribe
Norma Peone, Coeur d'Alene Tribe
Shirley Charley, Colville Tribe
Mark Johnston, Coos, Lower Umpqua & Siuslaw Tribes
Eric Metcalf, Coquille Tribe
Sharon Stanphill, Cow Creek Tribe
Carolee Morris, Cowlitz Tribe
Cheryle Kennedy, Grand Ronde Tribe
Vacant, Hoh Tribe
Bill Riley, Jamestown S'Klallam Tribe
Tina Gives, Kalispel Tribe
Nadine Hatcher, Klamath Tribe
Gary Leva, Kootenai Tribe
Rosi Francis, Lower Elwha S'Klallam Tribe
Cheryl Sanders, Lummi Nation
Debbie Wachendorf, Makah Tribe
John Daniels, Muckleshoot Tribe
Julia Davis-Wheeler, Nez Perce Nation
Midred Frazier, Nisqually Tribe
Rick George, Nooksack Tribe
Shane Warner, NW Band of Shoshone Indians
Rose Purser, Port Gamble S'Klallam Tribe
Rod Smith, Puyallup Tribe
Bert Black, Quileute Tribe
Pearl Capoeman-Baller, Quinault Nation
Billie Jo Settle, Samish Tribe
Norma Joseph, Sauk-Suiattle Tribe
Gale Taylor, Shoalwater Bay Tribe
Wesley Edmo, Shoshone-Bannock Tribes
Jessie Davis, Siletz Tribe
Marie Gouley, Skokomish Tribe
Robert Brisbois, Spokane Tribe
Katherine Barker, Snoqualamie Tribe
Robert Whitener, Squaxin Island Tribe
Tom Ashley, Stillaguamish Tribe
Linda Holt, Suquamish Tribe
Susan Wilbur, Swinomish Tribe
Marie Zacouse, Tulalip Tribe
Sandra Sampson, Umatilla Tribe
Marilyn Scott, Upper Skagit Tribe
Janice Clements, Warm Springs Tribe
Louis Cloud, Yakama Nation

From the Chair: Pearl Capoeman-Baller

Julia Davis-Wheeler lost her Tribal Council election on May 3, and as a result, had to resign as the tribe's delegate to the Board and thus could not remain as chair. Pearl Capoeman-Baller has served as chair since May 1, 2003, just two weeks after our last Board meeting. Pearl has indicated that she is eager to relinquish her position as chair and return as Vice-chair should Julia return as the tribes delegate to the Board. Julia was reappointed as a member of the Nez Perce Tribal Executive Committee, so this was a possibility at the time of this report.

Julia's work continues, as she remains the National Indian Health Board chair. This year was a busy one for NIHB as they completed their move to Washington DC, participated in several meetings with top level officials of the White House and the DHHS. J. T. Petherick has been appointed the Executive Director of NIHB. The Board wishes him well.

The Board is excited to be meeting this month in Reno with our long-term partners, the California Rural Indian Health Board. In this time of budget cuts and reorganization, it is good to meet with this very active health board to strategize and plan for our much needed advocacy on national issues. We expect to learn from each other on how we can be more successful.

This report can only suggest what a dynamic time this has been since our April Board meeting and you will all learn more when we meet in Reno. I think the strength of the Board was clearly demonstrated these past three months as we absorbed the shock of losing Julia as our leader. It was a shock. We are grateful to Julia for coming to Portland the week after her election to meet with the Executive Committee and to stay so closely in touch with them and the Board's management team over these past two months. Not a single issue has been ignored, no obligations have gone unmet, and our work has been accomplished. We hope to see Julia back, but we know we will continue the work of Northwest Tribes because that work is so vital to the people we serve.

New NPAIHB Office Location

Thanks to careful negotiations and a soft commercial real estate market, the Board will be moving in August to the US Bank Tower in Downtown Portland. The new offices are the same size as the current building with more options for expansion (and possible contraction). Many of us prefer our current space on Portland State University Campus, but we believe the new location will serve tribes better. Parking access will improve and the space is clearly an 'upgrade.' The quality of space (Class A vs. Class B commercial), building maintenance, and service at the US Bank Tower are excellent. This may be our last move for 10 years, giving tribes plenty of time to consider alternative plans to house the Board by purchasing or building a facility to meet our needs. The lease negotiations benefited greatly from the Board's strong record of solid financial management and program success. NPAIHB was treated respectfully throughout the negotiations as a solid business client not as a 'worthy cause.' I think that demonstrates your success in building this organization over these past 31 years.

From the Executive Director: Ed Fox

Tribes are appreciative of this year's $50 million increase in funding for Diabetes. It is no surprise that the distribution of these funds has raised some conflicting views, but a healthy consultation process is likely to develop a working consensus for Dr. Grim's expected July decision on the FY 2004 distribution. Our recommendations came from consultation sessions held during NPAIHB's quarterly meeting in April and a Tribal Fund Distribution Work Group meeting held at our offices in Portland, Oregon in late April. Finally, we rely heavily on the final recommendations of the Tribal Leaders Diabetes Committee (TLDC) from their May 27, 28 meeting in Scottsdale, Arizona. Spokane Tribal Council member, Robert Brisbois, represented the Portland Area at this meeting.

Competitive Grants

The TLDC did not support competitive grants, nor did the Portland Area, although some tribes did feel it wise to respond to Congressional and IHS requests for a grant program to promote best practices.

Although NPAIHB has benefited from competitive grants over the years to develop and promote innovative health promotion, disease prevention, and clinical management projects, Area tribes do not support competitive grants. NPAIHB believes that the view that Congress strongly supports competitive grants is overstated. Our opinion is founded on direct conversations with the staff of Representative George Nethercutt, the author of the letter usually referred to as 'demanding competitive grants.' We do believe there is some support for such grants and the Portland Area could support a modest grant program.

Urban Program Set-aside

The Portland Area recommends that 5% of all funding distributed by the Basic Distribution Formula (BDF) be allocated to urban programs and not the multiple increases supported by the TLDC. The multiple increases scenario could increase the urban share from 7.5 to 10% of all distributed funds and increase the urban share of funding by 75% to 100% in FY 2004, while tribes receive (at most) a 25% increase. Many tribes will receive no increase under the TLDC recommendations.

Administrative Costs

The TLDC recommendation is a sound one, but the Portland Area believes that administration of grants may require a modest increase in funding.

Data Improvement

The Portland Area concurs with the recommendation to fund a $5.2 million data effort, but the actual level of funding for the national program should be justified as called for by the TLDC. Area level involvement is required for the national program's success. A competitive process could be used to distribute the $2.6 million in local funding.

Continued on page 15

Northwest Portland Area Indian Health Board

Projects & Staff

Administration
Ed Fox, Executive Director
Verné Boerner, Administrative Officer
Mylen Shenker, Finance Officer
Bobbie Treat, G/L & Contracts Accountant
Mike Feroglia, A/P & Payroll Accountant
Elaine Dado, Executive Secretary
Lila LaDue, Receptionist

Program Operations
Jim Roberts, Policy Analyst
Sonciray Bonnell, Health Resource Coordinator
James Fry, Information Technology Coordinator
Brian Moss, Information Technology Specialist
Ed Lutz, Information Systems Specialist
Ginger Clapp, Ombud

Womens Health Promotions Project & Health Promotion Injury Control Project
Lynn DeLorme, Project Coordinator

Northwest Tribal Epidemiology Center
Joe Finkbonner, Director
Francine Romero, Epidemiologist
Mary Brickell, RPMS Specialist
Emily Puukka, Tribal Registry Manager
Shawn Jackson, STOP Chlamydia Project Specialist
Chandra Wilson, Project Assistant
Tam Lutz, TOT's and ICHPP Director
Julia Putman, TOT's Project Assistant
Lisa Angus, ICHPP Project Specialist
Sayaka Kanade, Technical Writer
Luella Azule, NTRC Project Coordinator
Kathryn Alexander, FAS & Dental Project Assistant
Kerri Lopez, Western Tribal Diabetes Director
Rachel Plummer, WTD Project Assistant
Jennifer Olson, WTD Project Specialist
Mike Severson, WTD Trainer
Penny Shumacher, WTD Trainer
Angela Mendez, National Project Specialist - Lead
Crystal Gust, WTD and National Project Specialist
Vacant, California Project Specialist
Crystal Denney, National Project Assistant

Project Red Talon
Karen McGowan, Director
Amanda Wright, Project Specialist

Tobacco Projects
Liling Sherry, WTPP and NTTPN Director
Gerry Rainingbird, NTTPN National Coordinator
Terresa White, NTTPN Project Specialist
Joe Law, WTPP Regional Coordinator
Stephanie Craig, WTPP Regional Project Specialist
Nichole Hildebrandt, Circle Leadership Fellow

Northwest Tribal Recruitment Project
Gary Small, Director
Eric Vinson, Project Assistant

Northwest Tribal Cancer Control Project
Ruth Jensen, Director
Cicelly Gabriel, Project Assistant

The FY 2005 Tribal Needs Based Budget

by Jim Roberts, Policy Analyst

The Indian Health Service (IHS) annual national budget consultation meeting was held in Rockville, Maryland on May 7-8, 2003. The national budget consultation meeting culminates the IHS budget formulation process by bringing together IHS Area representatives and Tribal programs to discuss their health and funding priorities for the upcoming fiscal year. The meeting was attended by over 100 representatives from direct service, tribal and urban operated health programs, and federal agencies.

Each year, the IHS budget is developed in a series of Area-wide consultation meetings with participation from IHS, Tribal, and urban programs. Each IHS Area develops its own health priorities and budget recommendations that are then discussed at the national meeting. The group produces two budget recommendations. The Rules Based Budget is developed using established guidelines by the Office of Management and Budget (OMB), while the Tribal Needs Based Budget documents what it would cost to address the true health care needs of American Indian people by funding IHS programs at parity with other federally funded programs. A representative from each Area and national Tribal organizations (NIHB, NCAI, TSGAC and NCUIH) is nominated to serve on the IHS Budget Formulation Workgroup (Workgroup) to present the national Tribal health priorities and budget recommendations in meetings with the Department of Health and Human Services (DHHS) and OMB.

For this year's Needs Based Budget, the consensus of the Workgroup was to adjust the FY 2004 President's request of $2.8 billion to include the restoration of reductions for management savings, information savings, and health care facilities construction back into the base amount. The restorations total $32.6 million. This brings the adjusted FY 2004 President's budget request to $2.9 billion. Enhancements of $838 million were added for current services and $15.7 billion for program expansion, bringing the total Needs Based Budget to $19.4 billion. The top health priorities included diabetes, cancer, alcohol and substance abuse, heart disease, mental health, and maternal and child health. On June 3rd, the Workgroup met to develop presentation materials on the priorities and funding recommendations stemming from the national meeting. The following day, the Workgroup presented the Needs Based Budget to Kerry Weems, DHHS Assistant for Budget, Technology and Finance. The same group met separately with James Capretta and Charles Montgomery, from OMB's Office of Human Resource Programs. In both meetings, Tribal leaders stressed the importance of providing funding increases for IHS health programs that would at least keep pace with inflation and population growth. The IHS enacted budget for FY 2003 (this current year) is less than a 3% increase over the FY 2002 budget, but that increase does not even cover the inflation costs of health programs. Tribal leaders emphasized that these funding levels are not sufficient to maintain current services and will continue to erode the health services provided to Indian people. The group also agreed that when presenting the Needs-Based Budget, it should be made clear that a large portion of the budget is for one-time costs associated with infrastructure expansion.

A complete summary of the FY 2005 Tribal Needs Based Budget is included with this article as Table No. 1 on page 5. For additional information on the IHS FY 2005 budget, you may visit www.npaihb.org.

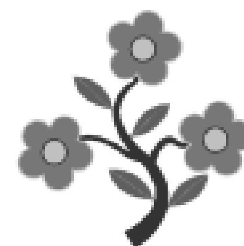

Table No. 1: DETAIL OF TRIBAL RANKINGS AT 100% OF NEED

	Services	Facilities
ADJUSTED 2004 PRESIDENT'S BUDGET	**2,922,331,000**	
(Includes Restoration of Mgmt and IT Savings and HCFC reduction in FY '04 PB)		
BASE APPROPRIATION	***2,533,009,000***	***389,322,000***
CURRENT SERVICES ITEMS - subtotal	***804,759,000***	***34,154,000***
Federal Pay Costs	78,795,000	0
Tribal/Urban Pay Costs	70,263,000	0
Inflation	262,839,000	0
Additional medical inflation	122,032,000	0
Population Growth	155,830,000	0
New Staffing for New/ Replacement Facilities	15,000,000	0
Contract Support Cost -Backlog	100,000,000	0
Health Care Facilities Construction		34,154,000
PROGRAM EXPANSION - subtotal	***7,262,300,000***	***8,439,000,000***
Diabetes	1,324,300,000	0
Cancer	294,000,000	0
Alcohol/Substance Abuse	296,000,000	0
Heart Disease	369,000,000	0
Mental Illness	274,000,000	0
MCH	415,000,000	0
Dental Disease	380,000,000	0
Injuries	283,000,000	0
Elder Health Problems	332,000,000	0
Respiratory/Pulmonary	166,000,000	0
Violence/Abuse	130,000,000	0
Infectious Disease	249,000,000	0
Hearing Disease	73,000,000	0
Eye Disease	43,000,000	0
CHS	1,019,000,000	0
Health Promotion/Disease Prevention	224,000,000	0
Shortages (Fac., Staff, Pharm., Primary Care)	304,000,000	0
Emergency Medical Services	103,000,000	0
IHCIF	41,000,000	0
Traditional Healing	13,000,000	0
Community Health	39,000,000	0
New Tribes	16,000,000	0
CHEF	24,000,000	0
Tobacco Cessation	295,000,000	0
Information Technology Support	187,000,000	0
Contract Support Costs	369,000,000	0
Maintenance / Repair	0	165,000,000
Facilities Remediation (BEMAR)	0	507,000,000
Sanitation Facilities Backlog	0	1,578,000,000
Medical Equipment Inventory	0	310,000,000
Facilities and Environmental Support	0	0
Environmental Problems	0	192,000,000
Outpatient/Ambulatory	0	60,000,000
Quarters Backlog	0	500,000,000
Infrastructure Expansion	0	5,127,000,000
Other (See Explanation)	0	0
Services & Infrastructure Subtotals	***10,600,068,000***	***8,862,476,000***
GRAND TOTAL	***19,462,544,000***	

Multiple Races in Calculating Disease Rates
Part One of a Two-Part Series

by Emily Puukka, Tribal Registry Manager

Accurate, consistent, and comparable data are important for the Board and its member tribes to understand health-related risk and disease burden in Northwest tribal communities. In addition, because disease rates and the characterization of disease within a population are often used in the allocation of funding, planning, and management of public health programs, it is especially important that accurate and reliable data are available.

In order to evaluate or calculate rates for any disease, it is important to define exactly what a rate is. A rate is a statistical term that tells us about the force of a disease in a population. It includes the number of new cases of disease in the numerator (the part of a fraction above the line), and persons and time in the denominator (the part of a fraction below the line). For example, let's suppose that there were 100 new cases of cancer among 100,000 people over the course of one year. The rate of cancer would look like this:

$$\frac{\text{100 cancer cases}}{\text{100,000 persons at risk per year}}$$

OR

100 per 100,000 person-years

When calculating a rate, there are several important things to keep in mind. First, rates require that only people who are at risk for the disease can be counted in the denominator, and that only people who are included in the denominator can be counted in the numerator. Simply stated, the cases in the numerator must be among people in the denominator. Second, only rates that are calculated using exactly identical methodology can be compared. Although this may appear relatively straightforward, when dealing with race-specific rates, problems can arise.

The Problem

The data source most commonly used comes from the U.S. Census. The Census provides an enumeration of the entire U.S. population, and includes important demographic information like gender, age, race, and ethnicity.

The 2000 Census allowed people to self-identify as having more than one race in their ancestry. For example, an individual whose mother is American Indian, and whose father is white, was able to select both "AI/AN" (American Indian/Alaska Native) *and* "white" on the 2000 U.S. Census form. Prior U.S. Censuses (as recent as 1990), and almost all state and federal data systems from which health-related information is derived (including disease registries) have traditionally allowed for the reporting of only one race. So using the example above, the individual would have only been able to select only one race, either "AI/AN" *or* "white." Thus, calculating race-specific disease rates is problematic because the numerator data (often collected from state and federal data systems that use single-choice race categories) are incompatible with Census-derived denominators (data collected by the 2000 US Census using multiple-race categories). Using the same example, an individual who is AI/AN and white might be included in data used to calculate disease rates for the AI/AN population only, the white population only, both the AI/AN and white populations, or neither. The impact of these different allocations is profound. A rate can increase or decrease dramatically based on what data are used to calculate the rate, ultimately providing very different estimates of disease burden within a population. This problem represents an important obstacle to efforts by NPAIHB to characterize the health status of AI/ANs living in the Northwest.

A Solution

In order to assess the health status of Northwest AI/ANs and continue working toward the goal of reducing racial health disparities, local, state, regional, and federal health agencies need to adopt a standard approach to dealing with the issues of multiple races and the calculation of race-specific disease rates.

The National Center for Health Statistics, in collaboration with the U.S. Census Bureau recently released "bridged" population estimates based on the 2000 Census Data. The bridged data results from a proportion (derived from the 1997-2000 National Health Interview Survey) being applied to multiple race categories, in order to

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NW Tribal Diabetes Gathering

by Rachel Plummer, Project Assistant and Kerri Lopez, Project Director

On May 7th & 8th 2003, the Northwest Portland Area Indian Health Board's Western Tribal Diabetes Project (WTDP) partnered with the Portland Area IHS Diabetes Program to sponsor "The Northwest Diabetes Program Gathering" at the Portland Marriott. Northwest tribal diabetes programs and urban Indian programs came together to exchange ideas, gather new information, and share strategies for overcoming management, patient care, and administrative challenges.

The "Gathering" opened in a good way with a prayer by Emma Medicine White Crow. The proceedings began with real life stories from diabetic patients on a panel entitled, "The Realities of Living with Diabetes." The panelists displayed courage and strength in recounting personal stories of their struggles and successes in coping with diabetes. The clinicians, diabetes coordinators, and diabetes program support staff who were in attendance gained valuable insight into the compelling emotional impact of the disease. The opening plenary was instrumental in setting the tone of what was to be the heart of the Northwest Diabetes Program Gathering.

Following the opening session, 14 different workshops focused on program-to-program sharing. These workshops were conducted by a panel of 2-4 speakers representing different programs, each with it's own unique goals and characteristics. Many workshops sparked ideas, debates, and thoughtful discussion on a myriad of topics, such as fitness programs, diabetes screening programs, and creative ways to teach patients about diabetes. Attendees had the opportunity to explore these topics further in roundtable discussion groups.

Diabetes Panel sharing their challenges of living with diabetes.

Although program-to-program communication was an important focus of the "Gathering," informed and insightful keynote speakers added a component of outside expertise that was both rewarding and informative. The WTDP staff and the Northwest Portland Area Indian Health Board would like to extend special thanks to plenary speaker Dr. Kelly Acton (IHS National Diabetes Program Director) for her presentation entitled, "Diabetes in 2003", as well as Dr. Daniel Marks (Oregon Health Sciences University) for his insights concerning "Dealing with Complications of Type II Diabetes & Obesity." In response to overwhelming tribal program requests for more information on Metabolic Syndrome, Dr. Donnie Lee (Portland Area IHS Area Diabetes Consultant) lent his professional knowledge in a plenary session designed to equip tribes with vital patient information. Sam McKracken, Program Director of the Nike Native American Diabetes Program, invited tribes to take advantage of Nike's recreational sport gear at reduced costs by providing access to Nike's web based promotional catalog. Nike has successfully partnered with tribes across the nation in working closely with diabetes program coordinators to promote fitness in native communities. The WTDP was fortunate to also welcome actress Elaine Miles, who takes special interest in contributing to the wellness of native people who struggle with diabetes. Elaine shared stories of her contribution to the aerobics video project, "Rez Robics," and demonstrated kick-boxing techniques. She stressed the importance of teaching our children about the disease.

To close the "Gathering," the Northwest Connection drum group offered a song, reminding attendees of our connection to each other, as we work together in Indian Country to promote healthy living. We are thankful for all who participated in making the "Gathering" a success.

CIRCLE Youth Leadership Institute. . .

by Nichole Hildebrandt, CIRCLE Fellow

From across Indian Country, the Creating Indigenous Resource Cooperatives thru Leadership Education Project (CIRCLE) selected six American Indian/Alaska Native (AI/AN) youth and six AI/AN mentors to conduct tobacco prevention projects in their respective communities. To date, five projects have been completed and one project will be completed by the end of the summer. A committee from NPAIHB selected youth for this program based on their application, essay, and leadership qualities. The youth and adult mentors participated in an intensive two-day Leadership Institute focusing on the skills they would need to create and implement successful projects. Each team was awarded a $1,000 mini-grant to complete their tobacco prevention project. Six additional youth were sponsored by the Western Tobacco Prevention Project to attend the conference.

The participants have proven their leadership capabilities by creating and implementing culturally appropriate tobacco prevention projects for their communities. The mentors that were selected to participate in this program are all leaders in their community, and have helped their young people collaborate with other coalitions and tribal programs to broaden the impact of their tobacco prevention efforts. The mentors have all volunteered their time and talent to the youth involved in this project. Sarah Ghost Dog and Minerva Soucie were selected to present in a workshop at the 3rd Annual National Conference on Tobacco Use.

Each team has earned an award (listed under each project). The youth and mentors have shown enthusiasm and commitment to their respective projects. The results are exceptional and are listed below:

Larry Krumry (Leech Lake Band of Ojibwe)

Ingrid Mesarina (Leech Lake Band of Ojibwe)

TEAM FROM CASS LAKE, MINNESOTA
Not pictured: Savannah Smith (Leech Lake Band of Ojibwe) and mentor, Christina Gale (White Earth Band of Ojihure)
Awarded: "Most Community Members Involved"

Ingrid, Savannah, and Larry and mentor Christina Gale submitted photographs showing dancers, health booths, and community members who were in attendance at their cultural "Kick-Butt's" tobacco prevention mini Pow-Wow. The group also put together the first "Kick Butt's" Co-Ed Basketball tournament with a tobacco prevention presentation. Both events successfully promoted the message about the negative affects of commercial tobacco use. The team also had two hundred t-shirts made for the Pow-Wow and Basketball Tournament. The students received additional funding for the events from Leech Lake Tobacco Prevention, Leech Lake Diabetes Prevention, Bugonaygeshig School, and JOM Funds. Tobacco surveys were given to 98 high school students and adults, 23 middle school students, and 73 elementary students. Fourteen student volunteers were involved. The event received coverage in the Ninwaajimowin & Ezhiwebak Omaa Bug-O-Nay-Ge-Shig newspapers. Team member Larry Krumry said, "It was hard work. We went to a lot of meetings. We had fun…" All of the students agreed that there was a lot of work involved in putting together these projects.

Tobacco Prevention Projects

TEAM FROM LAPWAI, IDAHO
Jessica Spencer (Yakama)
Mentor: Irene Kipp (Nez Perce)
AWARDED: "Most Comprehensive Project"

Sheyenne Calkins (Nez Perce)

Nathalie Moose (Yakama)

Jessica, Sheyenne, and Nathalie worked as a team with mentor Irene Kipp to complete two Public Service Announcements (PSA) through the local television station KLEW in Lewiston, Idaho. This station has a viewing audience of 166,000 and covers 8 counties. Their PSAs will run throughout the summer at least three times a week. One PSA focused on tobacco statistics and the other dealt with traditional tobacco use. Both of the PSAs were great! The group also purchased calendars and t-shirts that said "Don't become a statistic…Non-ceremonial tobacco use can lead to addiction & illness." Their largest activity was the mini Pow-Wow. The target audience was pre-teen and teenagers. Jessica, Nathalie, and Sheyenne did a tobacco Power Point presentation at the Pow-Wow to educate the community about the dangers of commercial tobacco use. A pre-test, post-test, survey, and evaluation were done and 43 surveys were returned. The group received additional funding from Nez Perce Tribal Tobacco Coalition which allowed them to bring two native trainers, Kim and Johnny Guerro, from Los Angeles, California to produce a tobacco prevention music and television video in cooperation with Washington State University on tobacco. The young ladies wrote scripts, lyrics and music used in the video that will be distributed as an educational training tool. Team member Jessica Spencer said, "This was very educational and a fun project not just for ourselves, but for our communities as well… we appreciate the opportunity to be able to attend the training in Phoenix, write the grant, and complete the grant requirements. Without the grant we would not have had the vision or encouragement to complete these projects."

TEAM FROM FORT HALL, IDAHO
AWARDED: "Widest Audience Reached"

Tommy Larkin and Hank Edmo McArthur planned, promoted, and worked to put together the 3- on- 3 basketball tournament "Shoot for your lungs." To attract young people, Tommy and Hank used feedback from local youth to create posters to promote their tournament. During the tournament, commercial tobacco facts were announced every ½ hour to involve spectators. In addition, local schools wrote anti-tobacco messages on basketballs that were awarded to the tournament winners. The tournament was held in conjunction with another annual teen tournament and was targeted at reaching Native American youth from the ages of 12-18 years. As a requirement players attended a one-hour tobacco awareness class followed by a quiz. Three local newspapers wrote articles about the tobacco prevention event. Team member Tommy Larkin commented, "I hope that I can get whoever hasn't started [smoking] information before they do start and [get] those who do smoke, to stop."

Tommy Larkin (Shoshone-Bannock)

Mentor: Hank Edmo McArthur (Shoshone-Bannock)

TEAM FROM NEBRASKA
(currently working on project)

Jeanette Clark (Omaha, Ponco)

Jeanette is currently working on a project to present commercial tobacco facts to the Wait Hill Public School. She will also be conducting a performance about tobacco issues with the All Nations Improv Team and working with a DJ to coordinate a teen dance where tobacco statistics will be announced every 15 minutes.

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Yakama Hospitality

Tribal Health Directors meeting

Dinner at the longhouse. Ed Fox thanking the Yakama Nation for their hospitality.

Matt Tomaskin showcasing Wanity Park, the Yakama Housing/Assisted Living.

Margaret Ambrose, Yakama Area Agency on Aging, giving a tour of the Yakama Foster Retirement Center.

April QBM Pictures

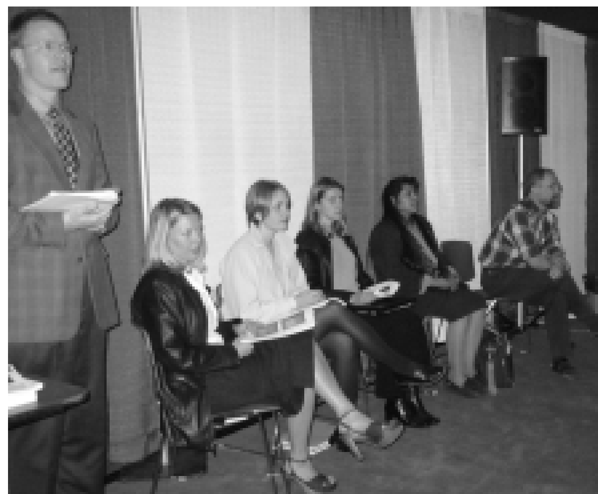
Ross Sockvehigh, Chair of the Yakama Tribal Council welcoming NPAIHB Delegates

Yakama Warriors Association

Elders Panel: Loreen Thompson, Dephine Wood, Cecilia Bearchum, Terry Duffin, and William Edmo.

LtoR: Pete Kruger, Joe Jay Pinkham, Phillip Olney, Tommy Eli

Dave Baldridge, NICOA Executive Director



Team BRFSS Behavioral Risk Factor Surveillance System LtoR: Dr. Steven Mansberger, Nicole Smith, Katrina Ramsey, Caroline Wallace, Francine Romero.

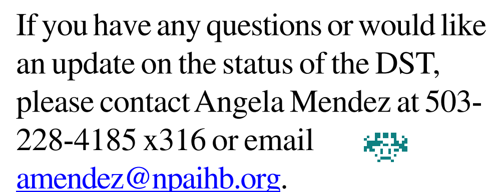
Diabetes Screening Toolkit Update

by Angela Mendez, National Project Specialist - Lead

Diabetes has reached epidemic proportions in American Indian and Alaska Native (AI/AN) communities. Currently there is not a comprehensive guideline or step-by step approach to achieve successful community-based diabetes screening. Therefore, the Western Tribal Diabetes Program (WTDP), Portland Area Indian Health Service (IHS), and Diabetes Coordinators representing several Northwest tribes formed a workgroup to develop a Diabetes Screening Toolkit (DST). The DST Workgroup includes the following members: Dr. Donnie Lee, Portland Area IHS Diabetes Consultant; Andrew Awoniyi, Diabetes Coordinator, Quinault Indian Nation; Sharon Stanphill, Executive Director, Cow Creek Tribe; Brian Boltz, Diabetes Coordinator, Umatilla Tribe; Jennie Smith, Diabetes Coordinator, Warm Springs Tribe; Pat Dudas, CFPN, Coquille Tribe; Brenda Bodnar, Diabetes Coordinator, Coeur d'Alene Tribe; Kelle Little, Coquille Tribe; Aloe Marrero, Diabetes Coordinator, Colville Indian Health Service and WTDP staff.

The DST was designed to provide Northwest tribes with the knowledge, skills, and tools to implement community-based diabetes screening programs.. The step-by-step guide outlines the essential program elements and provides tools and references for the tribal diabetes coordinators to use. The long-awaited DST is now ready for piloting. A timeline for the length of the pilot testing, how many tribes will be involved, and when the final version is expected has yet to be determined. The DST Workgroup is in the process of developing a plan that will allow tribes that implement a screening using the DST to provide feedback regarding its practicality.

If you have any questions or would like an update on the status of the DST, please contact Angela Mendez at 503-228-4185 x316 or email amendez@npaihb.org.

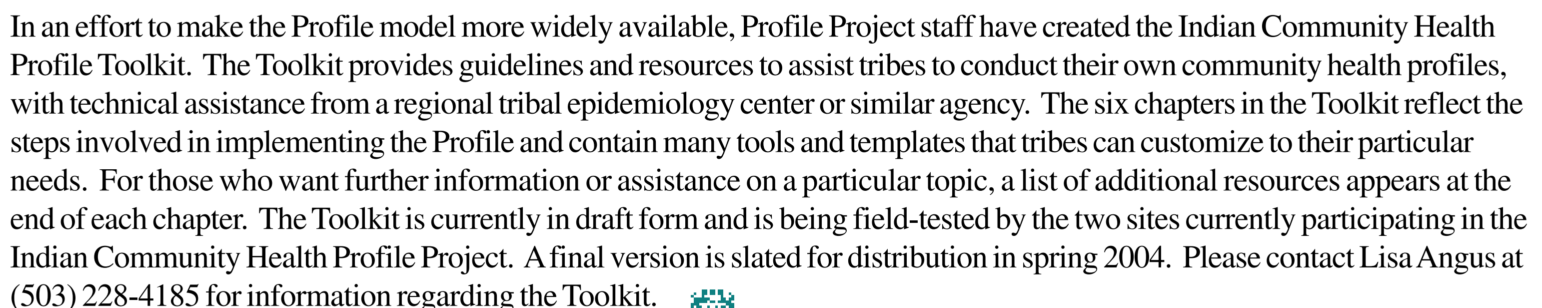


Indian Community Health Profile Toolkit Developed

by Lisa Angus, Indian Community Health Profile Project Specialist

The Indian Community Health Profile (the Profile) is a health assessment tool designed specifically for tribal communities of 1000–5000 members. The Profile is intended to provide communities with a useful, useable, and valid way to assess their overall health status and to monitor that health status over time. First developed in 1999, the Profile has been successfully piloted with three tribal communities in the Northwest and is presently being implemented with tribes in North Dakota and Arizona.

In an effort to make the Profile model more widely available, Profile Project staff have created the Indian Community Health Profile Toolkit. The Toolkit provides guidelines and resources to assist tribes to conduct their own community health profiles, with technical assistance from a regional tribal epidemiology center or similar agency. The six chapters in the Toolkit reflect the steps involved in implementing the Profile and contain many tools and templates that tribes can customize to their particular needs. For those who want further information or assistance on a particular topic, a list of additional resources appears at the end of each chapter. The Toolkit is currently in draft form and is being field-tested by the two sites currently participating in the Indian Community Health Profile Project. A final version is slated for distribution in spring 2004. Please contact Lisa Angus at (503) 228-4185 for information regarding the Toolkit.



Do You Yearn To Burn?

by Brian Moss, Information Technology Specialist

Outfitting your PC (personal computer) with a CD-R (compact disc-recordable) / CD-RW (compact disc-rewritable) or DVD-R (digital versatile disk reader) drive isn't as daunting as it seems. Follow along as the virtual NPAIHB computer guy shows you how to properly install your new CD-R (compact disc-recordable) / CD-RW (compact disc-rewritable) or DVD-R (digital versatile disk reader) drive.

The one benefit to getting a CD-R/CD-RW or DVD-R drive is that it allows you to drag and drop files the same way you would with a floppy disk. This makes it extremely easy to back up crucial data on your system. CD-RW (compact disc-rewritable) allows you to write to the same CD-ROM more then once. All CD-RW drives have the ability to burn CD-Rs (compact disc-recordable) as well.

CD-burners feature three numbers, each of which is followed by an "X." These numbers represent the write, rewrite, and read speeds (in that order). So the TDK VeloCD 24X10X40X writes data at a speed of 24X, rewrites data at a speed of 10X, and reads data at a speed of 40X.

The typical CD-RW or DVD-R drive connects to your computer using the IDE channel on your motherboard. This means it's installed inside your PC's case. There's also three other options available for connecting a drive to your computer: USB (universal serial bus), FireWire, and SCSI.

With a USB burner you don't have to open your case. The burner plugs directly into the USB slot on the back or front of your PC. FireWire and SCSI burners both require either a FireWire card or a SCSI card (an edge card that is installed into your case). Let what you have inside your case dictate the type of CD burner you install on your system.

When you're installing any type of new drive inside your computer, you should take several issues into consideration. Assess whether you have the skill level to install a new drive and accept that you work on your computer at your own risk. Let's take a look at how to connect a drive to the IDE chain (the same cable that your hard drive is connected to) inside your PC: Unplug your PC and open the case.

Most motherboards have primary and secondary IDE channels that are capable of supporting up to four IDE devices. Generally, one of these channels is used by the hard drive and an existing CD-ROM drive. If you have more than one hard drive, more than one CD drive (ROM, DVD, or RW), or a Zip or tape drive, you want to make sure that you still have space for the new CD drive. In other words, make sure you haven't exceeded the four-device capacity, including the new drive you want to install.

You need to determine which devices are masters and which are slaves because the new device will need to be installed as the one that is not taken. If your hard drive is the primary drive, then the CD device should be set to the secondary.

Follow these directions to finish the job:
Set the jumper on the back of the CD device to cable select (CS). The jumper position CS is located next to the power input on the back of the CD device. Now its time to plug your IDE cable and power cable into the drive. If you have a sound card, connect the cable that came with the new drive to the sound card.
Close your tower and start your computer, making sure your computer sees the new drive.
The last step is to locate the disk that came with the drive. This disk should contain the burning software you'll use to burn. Most likely it's either Easy CD Creator or Ahead Software's Nero.
Please contact Brian Moss at bmoss@npaihb.org for any questions.

Summer Externs Come to the Board

by Lynn DeLorme, Women's Health Promotion Project Coordinator

This summer, the Board will be hosting two student externs from around the country and the Northwest, Jim Vinson (Cherokee), and Liberty Toledo (Shoshone Bannock & Jemez Pueblo). Gary Small, Project Director for the Health Professions Education Project (HPEP,) helped coordinate the placement of these and other externs at various sites and clinics in the Northwest. The goal of HPEP is to recruit students to health professions serving American Indian and Alaska Native communities. The internship program is an important part of that recruitment, providing meaningful, hands-on experience for students who have an interest in the health field. The externships are paid by the Indian Health Service Portland Area Office (IHS PAO) through the scholarship branch. Externs will gain valuable experience in various aspects of the health care field.

Jim Vinson, a native of Portland, is attending school at Gustavus Adolphus College in Wisconsin. Jim is pursuing an undergraduate degree in Sociology. One of his favorite hobbies is juggling and he has been known to juggle fire torches, and devil sticks. This year he had the privilege of helping found the Native Student Association at Gustavus Adolphus College in St. Peter Minnesota. The group will probably become involved with organizing Pow-Wows and other recreational activities, and partner with the Native communities and organizations in the area. This summer, Jim will be working for Tam Lutz, the Project Director of the Indian Health Community Profile Project and the Toddler Obesity and Tooth Decay Prevention Project.

Liberty Toledo will be working for NPAIHB's Tobacco Projects and the Western Tribal Diabetes Project. Liberty recently graduated from a ten-month community service program called City Year, an AmeriCorps affiliate. She used thought-provoking skit performances and an eight-week curriculum to educate elementary, and middle school students in the Washington DC Metropolitan Area about HIV transmission and the harmful effects of alcohol, tobacco, and drugs.

Liberty Toledo and Jim Vinson

Her commitment to countering the rising rates of alcohol and tobacco abuse and HIV transmission among young adults has prompted her to explore career options working with Native Americans on the same health issues. Liberty is a senior at Idaho State University majoring in Mass Communications with an emphasis in Public Relations and Advertising. She also serves as a Nuclear, Biological, and Chemical Specialist in the Army National Guard with plans to receive a commission as an officer. Liberty also held the title of Miss National Congress of American Indians in 2000-2001.

Gary Small aided IHS PAO in placing 13 other students in 2003 summer externships. For more information on how to become a NPAIHB Extern, please call Ms. Verne' Boerner at (503) 228-4185 or email her at: vboerner@npaihb.org.

Executive Director's Report Continued

Continued from page 3

The National Diabetes Prevention Center

The National Diabetes Prevention Center needs to acknowledge the strong message from tribes that they need to improve their services to Indian country or give up this funding ($1 million received in FY 2003).

Inflationary Costs

Inflation increases are vital over the next five years of funding. The TLDC recommendation of a one-year increase of 21% in FY 2004, however, may be difficult to justify. Instead, the portion of set asides and funds distributed by grants could be decreased in each of the next five years to fund inflation. The Portland Area's recommendation to include requests for increases in the regular IHS budget process was rejected by the committee.

Funding Restored and Newly Recognized Tribes

It is the Portland Area's understanding that all federally-recognized tribes will receive an allocation from the national pool of funds. Tribes should not have to fund new tribes from within an area share that does not include new tribe funding.

Disease Burden

The Portland Area supports a small change to the Basic Distribution Formula that would only effect the disease burden component. It would utilize prevalence of disease and drop the mortality component of this factor. The Portland Area supports the recommendation of the TLDC that supports our position, but is very interested to learn what the impact of this change will be on each individual area's allocation. NPAIHB would expect that the Director will mitigate any large impact to protect ongoing programs.

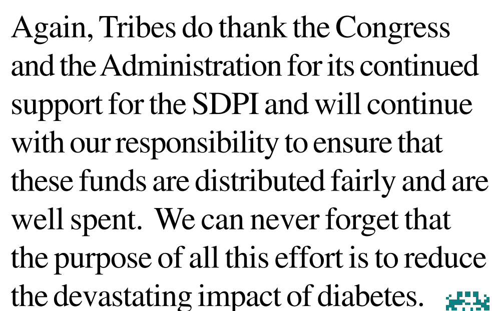
Tribal Size Adjustment (TSA)

The final recommendations of the TLDC does not include the agreement to a review of the TSA to determine if it is accomplishing its goal of treating smaller tribes fairly. The members of the TLDC did not have the actual TSA formula in their possession at the meeting, so it was impossible to determine if it is still meeting it's stated objective. It was stated that a review was requested by the TLDC, but had not been completed by the TLDC technical workgroup. The Portland Area expects that a review of the TSA formula by the TLDC technical workgroup will result in recommendations to the Director.

Basic Distribution Formula (BDF)

The Portland Area concurs with the recommendation to keep the current formula. It may be wise to revisit the formula in future years based on experience with the revised formula.

Again, Tribes do thank the Congress and the Administration for its continued support for the SDPI and will continue with our responsibility to ensure that these funds are distributed fairly and are well spent. We can never forget that the purpose of all this effort is to reduce the devastating impact of diabetes.



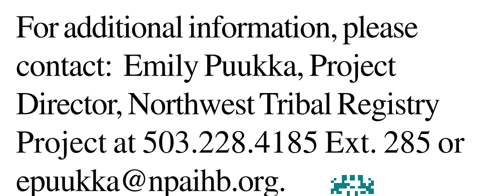
Registry Continued

Continued from page 6

convert them to single-race categories. Using the original example, in the bridged estimates, an individual who is both AI/AN and white is split, metaphorically, so that a portion of the person (say 2/3) is counted in the AI/AN population, and the remainder (1/3) is counted in the white population. Using a bridged methodology helps to eliminate the problem of overestimating the population (which occurs if every individual who selected multiple races was counted in every selected race group) and the problem of underestimating certain populations (which occurs if every individual who selected multiple races was counted in only one of the selected race groups).

Ultimately, bridging multiple race categories appears to be a useful and logical, though imperfect, way to address the issue of multiple races and calculating accurate race-specific disease rates. It is important to note that the bridging process does introduce its own set of errors into population estimates, and subsequently into the disease rates based upon those estimates. The potential for error is greatest for small populations and race-groups, though efforts are being taken to identify and address these errors. The effect of bridging population estimates and racial misclassification on disease rates, will be discussed in the second part of this series to be included in the next issue of Health News and Notes (October 2003).

For additional information, please contact: Emily Puukka, Project Director, Northwest Tribal Registry Project at 503.228.4185 Ext. 285 or epuukka@npaihb.org.



CIRCLE Youth Projects Continued

Continued from page 9

Joseph Dressler (Coeur D'Alene)

Mentor: Pam Austin (Chippewa Cree)

TEAM FROM SPOKANE, WASHINGTON
AWARDED: "Most Professional"

Joseph created a tobacco education component for an annual Indian Youth Leadership Camp "Warrior, Nurturer, Scholar & Community Activist." The camp is sponsored each year by the NATIVE Project and NATIVE Health and the Medicine Wheel Academy. This was the first year tobacco education was part of the camp. There were 88 young Native American youth (grades 7-12) who attended the three-day camp. In each student packet he included tobacco prevention information. Darlena "Doll" Watt, a traditional tobacco presenter, used her traditional tobacco and pipes to show the traditional ways to use tobacco. Joseph was also a presenter at the camp for the tobacco prevention education component. In his presentation, he enlarged two tobacco advertisements to poster size in order to have a large visual to show the students how the tobacco industry manipulates youth. He also used a pig lung infected with cancer and emphysema to show the effects of tobacco use. Camp teams selected one representative to give a speech on the theme "Native Americans and Tobacco Use." Joseph conducted a pre-test about the participant tobacco use knowledge and a post-test. The post-test showed a 17% increase in tobacco awareness. Team member Joseph Dressler said, "I was honored to be a part of the ceremony, representing the south direction. After the ceremony, Darlena "Doll" Watt presented me with one of the four tobacco pipes to honor me for my passion to educate my peers on the dangers of tobacco use and how to prevent it. I now consider it one of my most honorable achievements."

TEAM FROM BURNS, OREGON
Not picured Sarah Ghost Dog (Burns Paiute)
AWARD: Selected to attend and present at the National Native Conference on Tobacco Use

Mentor: Minerva Soucie (Burns Paiute)

Sarah and Minerva's project consisted of a 10 minute tobacco-free video, featuring the following: tribal history, traditional use of tobacco, student interviews, presentation clips of Chance Rush on prevention, art work (contest) "tobacco free" by tribal students, and the "Hip-Hop Dance" at the High School. In the video, Minerva talked about the traditional uses of tobacco in the Burns Paiute Tribe and Sarah talked about tobacco issues and interviewed students about their views of tobacco. The team also had motivational speaker Chance Rush speak about tobacco, drug, and alcohol prevention before the lip sync and dance contest. Before the dance, there was a tobacco prevention poster contest. The posters were displayed at the dance and were shown during the video. Additional resources were received from the Burns Paiute Tribe, Burns Paiute Law Enforcement, Burns Paiute Prevention Program, and the Burns Paiute Health and Education Department. Team member Sarah Ghost Dog said "It certainly was a fun project and we enjoyed the opportunity to make the video for young people."

NEW NPAIHB Staff

Waq'lis'i (how are you), my name is Amanda Wright. I am the first-born daughter of Harold Wright Jr. and Theresa Hubbard. My paternal grandparents are Harold "Plummy" Wright Sr. and Maryanne Jackson Wright. My maternal grandparents are Everett Hubbard and Jerri McLish. I am an enrolled member of the Klamath tribes and listed as a descendent of the Chickasaw and Choctaw Nations. Now that I have formally introduced myself, I am proud to announce that I am the new Project Assistant for Project Red Talon.

For the last ten months, I have held the temporary position of Project Assistant for Project Red Talon here at NPAIHB. I was hired as a permanent employee in May of 2003. I am honored to hold the position and to be working for the 43 recognized tribes. HIV/AIDS hits close to home for me. I have had experience with HIV/AIDS education and prevention at Portland State University and, more importantly, I have friends living with the disease. When you see the devastation of this disease face to face it's hard to ignore. I believe the data that Project Red Talon is collecting will help us to secure more funding and guide us in our development of education and prevention materials aimed at keeping our Native people in the "low risk" population for contracting HIV/AIDS.

I am committed to my work and the work of the Health Board, as well as the health status and quality of life of Native people. Recently, this has become even more important, as my partner and I have become instant parents with the addition of 5 of my siblings, Sheena, Andy, Cordelia, Cholena and Jose to our family.

Cicelly Gabriel (Yurok and Sicangu Lakota Band of the Rosebud Sioux Tribe) began her work for the Northwest Tribal Cancer Control Project (NTCCP) as a temporary assistant in September 2002. She was recently hired as a regular employee with the title "Project Assistant." She is excited to be working with NTCCP to assist Northwest Tribes in cancer prevention and control efforts to better the health of American Indians and Alaskan Native populations in the Northwest.

Cicelly lived in Northern California until 1992 when she relocated to Portland, Oregon, and has since been working with Northwest Tribes and the Portland Indian Community.

In her leisure time she reads books; attends community activities, ceremonies, and Pow-Wows; enjoys hiking & camping; and spends time with family and friends. She is also in the process of furthering her education and is thrilled to be working with the Northwest Tribal Cancer Control Project of the Northwest Portland Area Indian Health Board.

Congrats to Chandra and Michael Bettega on their new baby girl, Chiarra Niner. Chiarra was born on April 22, 2003 at 9:36 pm. She weighed 9 lbs 1oz and was 20 1/2". Chiarra joins sister M'kya Dasan

Upcoming Events

JULY

Community-Based Diabetes Prevention & Management Workshop July 16-18, 2003
For more information go to: www.nativewellness.com
At the Best Western Grace Inn at Ahwatukee in Phoenix, AZ

The Journey Within: Some Promising Practices in Native American Counseling July 17-18, 2003
At the Sunshine Hotel & Suites Grand Ballroom in Phoenix, AZ
Contact Josh Thorn at 602-954-1518 or email him at: joshthorn1@hotmail.com

Senate Committee on Indian Affairs Hearing on IHCIA Reauthorization July 23, 2003
For more information go to: www.indian.senate.gov

Native Men's Skill Building Seminar July 28-30, 2003
At the Four Points Sheraton in London, Ontario
For more information go to: www.nativewellness.com

AAIP 32nd Annual Meeting "Eliminating Health Disparities in Indian Country" July 31-August 5, 2003
At the Inn at Loretto in Santa Fe, New Mexico. For more information call (405) 946-7072 or email: aaip@aaip.com or go to: www.aaip.com

AUGUST

Indian Child Welfare Training Institutes August 4-8, 2003
At the Ho-Chunk Hotel & Convention Center in Wisconsin Dells, WI
Contact Shannon Romero at (503) 222-4044 ext 133 or email her at: shannon@nicwa.org

Native Spirituality Gathering August 12-14, 2003
At the Saskatoon Inn in Saskatoon, Saskatchewan, for more information go to: www.nativewellness.com & for hotel reservations, call (306) 242-1440

Partner Training Institute (Cancer Information Service) August 14, 2003
Contact Carrie Nass at (206) 667-5477 or by email at cnass@fhcrc.org

Merrill Scott Symposium on Cancer August 20-22, 2003
Located in Selah, WA, for more information, call (800) 326-7444

Tulalip Tribe Health Fair August 22, 2003
For more information, contact the Tulalip Tribe at (360) 651-4515

The 3rd Annual National Native Conference on Tobacco Use August 24-27, 2003
At the Renaissance Nashville Hotel in Nashville, TN
For more information, go to www.tobacooprevention.net

Counseling Techniques Training Wednesday, August 27, 2003
For more information, contact Jennifer Marshall at (801) 355-0234 ext. 4 at the Utah Department of Health and sponsored by the Harm Reduction Training Institute

Upcoming Events

SEPTEMBER

Fifth Annual American Indian Elders Conference September 9-11, 2003
At the Marriott Hotel in Oklahoma City, OK
For more information, contact Shona Gambrell at (405) 744-6571, or email her at: shonmat@okstate.edu or go to: http://www.okstate.edu/hes/programs.html

Community-Based Diabetes Prevention & Management Workshop September 9-11, 2003
For more information, go to: www.nativewellness.com at the Ramada Conference Centre in Edmonton, Alberta, for hotel reservations, call 780-454-5454

"Comprehensive Approaches to Cancer Control: The Public Health Role" September 15-18, 2003
At the Marriott Marquis Hotel in Atlanta, GA
To register go to: http://www.cancerconference.net or call (877) 426-2746

Suquamish Tribe Health Fair September 16, 2003
For more information, contact the Suquamish Tribe at (360) 598-3311

ATNI 50th Annual ConferenceSeptember 22-25, 2003
At the Wildhorse Resort & Casino in Pendleton, OR
For more information, call (503) 249-5770

Chehalis Tribe Health Fair September 24, 2003
At the Lucky Eagle Casino in Rochester, WA,
For more information, call Christina Hicks at (360) 273-5504 ext. 1604

Syndromic Surveillance Forum September 29-30, 2003
At the Sheraton Hotel & Marina in San Diego, CA,
To register on-line: www.diseasemanagementcongress.com, or call (888) 882-2500

2003 NIHB Consumer Conference September 29-October 2, 2003
At the Radisson Riverfront in Saint Paul, MN
For more information, contact www.nihb.org or call (202) 742-4262

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 the 43 federally recognized tribes of Washington, Oregon, and Idaho. **Newsletter Production, thanks to:**

Lynn DeLorme Sayaka Kanade Crystal Gust Sonciray Bonnell LISA ANGUS Terresa White Mike Severson Chandra Wilson

Northwest Portland Area Indian Health Board

Resolutions

RESOLUTION #03-03-01
Support to Conduct Training and Technical Assistance to Tribal Tobacco Prevention Programs

RESOLUTION #03-03-02
Support for the NPAIHB to Convene a FAS Conference

RESOLUTION #03-03-03
Support for the Northwest Portland Area Indian Health Board FY 2003 Legislative Plan

RESOLUTION #03-03-04
Support for the Northwest Portland Area Indian Health Board Annual Budget Analysis

RESOLUTION #03-03-05
Support for the Western Tribal Diabetes Project to Continue to Build upon its Collaborative Activities with the California Area

RESOLUTION #03-03-06
Northwest Portland Area Indian Health Board Support of Spokane Tribal Resolution #2003-295

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