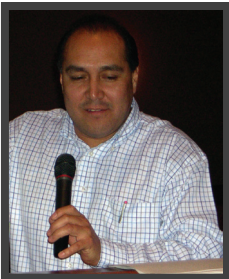


# Health News & Notes

*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.*

A Publication of the Northwest Portland Area Indian Health Board    October 2011

## STATE EXCHANGE UPDATE



*By Jim Roberts,  
NPAIHB Policy  
Analyst*

Health Insurance Exchanges are a requirement and key

component of the Patient Protection and Affordable Care Act (ACA). Exchanges will facilitate access to insurance and Medicaid coverage for millions of individuals and employees of small businesses. The Health Insurance Exchanges, scheduled to be operational by January 2014, are intended to enable consumers to compare health insurance options in order to select plans that meet their needs. Exchanges will be the mechanism for individuals to receive premium and cost-sharing subsidies intended to make health insurance affordable.

Proposed rules published by the Center for Consumer Insurance Information and Oversight (CCIIO) give states great flexibility to design Exchanges. State can decide how the exchange is structured, how it is governed, how to establish group payments, how navigators will be utilized, and how it certifies and contracts with health plans. If a state elects not to establish an Exchange, the federal government will operate

one in the state. By January 2013, the federal government will evaluate states to determine if have made sufficient progress toward establishing a “fully operational” state-based exchange. If states have not met the requirements, the federal government could step in and operate a federal Exchange.

Northwest states are at different places in the development of their Exchanges. Oregon and Washington have already developed legislation and a governing board process. Idaho has not enacted legislation to develop its Exchange; but the Governor may pass an Executive Order to establish a process for an interim structure. Now that legislation establishes the governance and structure of Exchanges states have begun to develop the programmatic aspects of their Exchanges. Most states were eligible and received \$1 million planning grants last fall. CMS awarded Early Innovator Grants to six states in February to develop information technology aspects of the Exchange. CMS has also awarded Level 1 Establishment Grants to States through six rounds of competition. The following provides an update on the Exchange activities in Northwest states.

### Idaho

Idaho’s progress on developing its Exchange has been very preliminary. The Departments of Insurance and Health and Welfare have established a partnership to plan and develop its Exchange. Earlier this spring, the agencies completed stakeholder meetings to provide information about the development of their proposed exchange. There were not Tribal specific stakeholder meetings. There were six public stakeholder meetings that provided an opportunity for Idaho to hear public input on a proposed Health

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## Northwest Portland Area Indian Health Board

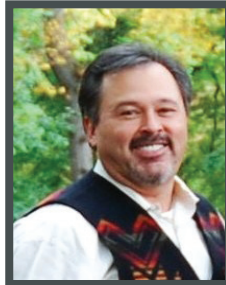
### Executive Committee Members

**Andy Joseph, Jr., Chair**  
Confederated Tribes of Colville Tribe  
**Pearl Capoeman-Baller, Vice Chair**  
Quinalt Nation  
**Cheryl Raser, Treasurer**  
Swinomish Tribe  
**Shawna Gavin, Sergeant-At-Arms**  
Confederated Tribes of Umatilla  
**Brenda Nielson, Secretary**  
Quileute Tribe

### Delegates

**Wanda Johnson**, Burns Paiute Tribe  
**Dan Gleason**, Chehalis Tribe  
**Ernest Stensgar**, Coeur d'Alene Tribe  
**Andy Joseph Jr.**, Colville Tribe  
**Eric Metcalf**, Coos, Lower Umpqua & Siuslaw Tribes  
**Kelle Little**, Coquille Tribe  
**Sharon Stanphill**, Cow Creek Tribe  
**Cassandra Sellards-Reck**, Cowlitz Tribe  
**Cheryle Kennedy**, Grand Ronde Tribe  
**Felicia Leitka**, Hoh Tribe  
**Bill Riley**, Jamestown S'Klallam Tribe  
**Darren Holmes**, Kalispel Tribe  
**Leroy Jackson**, Klamath Tribe  
**Velma Bahe**, Kootenai Tribe  
**Frances Charles**, Lower Elwha S'Klallam Tribe  
**Sheri Williams**, Lummi Nation  
**Nathan Tyler**, Makah Tribe  
**John Daniels**, Muckleshoot Tribe  
**Roberta Bisbee**, Nez Perce Tribe  
**Lois Jacobs**, Nisqually Tribe  
**Lona Johnson**, Nooksack Tribe  
**Shane Warner**, NW Band of Shoshone Indians  
**Ed, Fox**, Port Gamble S'Klallam Tribe  
**Herman Dillon Sr.**, Puyallup Tribe  
**Brenda Nielson**, Quileute Tribe  
**Pearl Capoeman-Baller**, Quinalt Nation  
**Shawn MacAvoy**, Samish Tribe  
**Janice Mabee**, Sauk-Suiattle Tribe  
**Scott Powell**, Shoalwater Bay Tribe  
**Angela Mendez**, Shoshone-Bannock Tribes  
**Sharon Edenfield**, Siletz Tribe  
**Denise Walker**, Skokomish Tribe  
**Michael Spencer**, Spokane Tribe  
**Francis De Los Angeles**, Snoqualmie Tribe  
**Bonnie Sanchez**, Squaxin Island Tribe  
**Colleen Bowels**, Stillaguamish Tribe  
**Leslie Wosnig**, Suquamish Tribe  
**Cheryl Raser**, Swinomish Tribe  
**Marie Zackuse**, Tulalip Tribe  
**Shawna Gavin**, Umatilla Tribe  
**Marilyn Scott**, Upper Skagit Tribe  
**Janice Clements**, Warm Springs Tribe  
**Stella Washines**, Yakama Nation

### EXECUTIVE DIRECTOR'S NOTE



*Joe Finkbonner RPh, MHA  
Executive Director*

It is hard to believe that it has been nearly two years since the move of our offices. Time flies and many changes have developed as a result of the change in environment. Our staff has actively been involved in contributing to the many changes the organization is implementing. The implementation of the electronic weekly mail out was an impetus for our Board employees to look for ways to improve the manner in which we do business, including upgrading our photocopiers so that we could print our newsletters without contracting it out. The upgrade in equipment also allowed us to lower our per page costs of printing (black & white and color) due to the efficiencies in newer technology.

The thought of going paperless in our mail out has prompted other thoughts of trying to make our entire operations as paperless as possible, including our quarterly board meetings (QBM). You will notice that our Executive Committee is paperless for this meeting in order to beta test the process for making our entire delegation paperless. We won't be completely without hard paper copies; we will still have some paper copies on the resource

table for visitors. However, our plan is for the Board members to have their entire meeting materials electronically making us greener. This change brought a big smile to our IT department -they tote all the boxes of paper copies into the meetings and going nearly paperless should eliminate two-thirds of the paper product that we generate.

In planning our move we were sure to upgrade our training room to provide a more comfortable setting for attendees, coupled with our recent upgrade in our equipment, this has made the Board an often requested setting for trainings for our projects, as well as for the Indian Health Services. Our training calendar gets booked months in advance and we currently have several trainings scheduled well into 2012.

Another electronic, real time service that we have started this month is a Twitter account. It is our goal to be able to "tweet" short message to followers on the latest policy updates or announcements. An example of how it could be used was the NIHB consumer conference. During the conference there were several opportunities for sound bites to be forwarded to followers that were not able to attend the consumer conference in Anchorage and provide more of a sense that they are still present and an opportunity to tweet back for an interactive exchange. If you are not familiar with twitter, after creating a user name and password, simply click on "who to follow" and enter NPAIHB.

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## STATE EXCHANGE UPDATE

Insurance Exchange in Idaho. The objectives of the first series of meetings were to hear concerns from citizens, provide suggestions regarding how an Exchange might function and input on the advantages an Exchange might offer for purchasing insurance. The information will contribute to the development of a series of health insurance exchange options for future public stakeholder meetings.

Idaho has organized stakeholders around six groups that include consumers, insurers, producers, providers, small business and Tribes. Currently Idaho is meeting with producers (brokers and underwriters) about what their role should be in the Exchange. Currently this group provides information about insurance plans and costs in the insurance market. When the Exchanges are established this role will be served through web portals that will provide information online, in written materials, or through call center representatives. The future of producers is called into question with the development of Exchanges. It's possible that producers could serve as navigators in the Exchange but only if they do not have conflicting interest in the plans they sell in or outside the Exchange.

Idaho has submitted a Level One Establishment grant on September 27, 2011 and is awaiting a decision on its requested \$30.9 million request from CCIIO .

## Oregon

Legislation establishing Oregon's Health Insurance Exchange, Senate Bill 99 (SB 99), was approved by the legislature and signed by the Governor on June 17, 2011. The law was effective immediately and establishes Oregon Health Exchange as a quasi-governmental structure. Over the summer the Governor solicited nominations for the Exchange governing board which he submitted to the legislature for confirmation. On September 22<sup>nd</sup>, the Senate unanimously confirmed the nine people Governor Kitzhaber recommended to be on Oregon's Insurance Exchange Board. The Board will be co-chaired by

Liz Baxter, executive director of We Can Do Better (formerly known as the Archimedes Movement) and Teri Andrews, owner of a small business and attorney. Dr. Bruce Goldberg, Director of the Oregon Health Authority, also sits on the governing board.

The Governor appointed Howard "Rocky" King as the Interim Executive Director earlier this summer. Following the Board's confirmation by the legislature it took its first official action by appointing Mr. King as the permanent executive director of the Exchange. King will oversee Exchange planning activities that include developing a business plan, overseeing the construction of the website that consumers will use to purchase insurance, determining how to attract people to the exchange, appointing a community advisory

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## Northwest Portland Area Indian Health Board

### Administration

**Joe Finkbonner**, Executive Director  
**Jacqueline Left Hand Bull**, Administrative Officer  
**Mike Feroglia**, Business Manager  
**Eugene Mostofi**, Fund Accounting Manager  
**Debi Creech**, Accounts Payable/Payroll  
**James Fry**, Information Technology Director  
**Chris Sanford**, IT Network Administrator  
**Bobby Puffin**, Human Resources Coordinator  
**Elaine Dado**, Executive Administrative Assistant  
**Tanya Firemoon**, Office Manager

### Program Operations

**Jim Roberts**, Policy Analyst  
**Lisa Griggs**, Program Operations Project Assistant  
**Katie Johnson**, EHR Intergrated Care Coordinator

### Northwest Tribal Epidemiology Center

**Victoria Warren-Mears**, Director  
**Birdie Wermey**, Comprehensive Cancer BRFS  
Director  
**Bridget Canniff**, TECC, TEC Evaluation Project  
Director  
**Carol Grimes**, PTOTS Research Project  
Coordinator  
**Cassandra Frutos**, WTD Project Assistant  
**Clarice Charging**, IRB & Immunization Project  
**Colbie Caughlan**, Suicide Prevention Coordinator  
**David Stephens**, Multimedia Project Specialist  
**Don Head**, WTD Project Specialist  
**Eric Vinson**, Cancer Project Coordinator  
**Erik Kakuska**, IDEA Project Coordinator  
**Jenine Dankovchik**, Biostatistician  
**Jessica Leston**, Multimedia Project Coordinator  
**Jodi Lapidus**, Native CARS P.I.  
**Katrina Ramsey**, WTD & Epi Project Specialist  
**Kerri Lopez**, Western Tribal Diabetes Director  
**Linda Frizzell**, Nak Nu Wit P.I.  
**Luella Azule**, Injury Prevention Coordinator  
**Meena Patil**, Data Specialist  
**Megan Hoopes**, NW Tribal Registry Director  
**Michelle Edwards**, Grants Administrator  
**Nicole Smith**, Biostatistician  
**Ronda Metcalf**, MAD, Project Director  
**Stephanie Craig-Rushing**, PRT, MSPI, Project Director  
**Tam Lutz**, PTOTS, Native CARS Director  
**Tacey Casey**, EpiCenter Project Coordinator  
**Tom Becker**, Medical Epidemiologist  
**Tom Weiser**, Medical Epidemiologist  
**Wendee Gardner**, VOICES Project Coordinator

### Northwest Projects

**Rachel Ford**, Public Health Improvement Manager  
**Carrie Sampson**, Preventing Sexual Assault Project  
Coordinator



## STATE EXCHANGE UPDATE

group, and working with insurance companies to design health plans.

Oregon tribal health directors have met with Rocky King to describe the concerns associated with incorporating Indian health programs into the Exchange. The response from the state was lukewarm with Tribal health directors given the impression that working with Tribes was not a high priority. Subsequent meetings with NPAIHB staff have progressed with the State coordinating with CCIIO to submit an unsolicited proposal to fund policy analysis associated with tribal issues and addressing these needs in the design of the Exchange. It's expected that this application will be submitted to CCIIO sometime in late October.

In terms of funding for the Exchange efforts, Oregon has received a \$48 million Early Innovator grant and a \$10.2 million Level One Establishment grant. The state is in the process of preparing an additional Level Two Establishment Grant that will be submitted in July 2012 and will also include a funding request for Tribal involvement.

### Washington

On May 11, 2011, Governor Gregoire signed SB 5445 into law establishing the Washington Health Benefit Exchange. The legislation defines Washington's Exchange as a quasi-governmental organization, specifically a "public-private partnership separate and distinct

from the state." The Exchange will be governed by an 11-member board, including two non-voting, ex officio members (or their designees): the Insurance Commissioner and the Administrator of the Health Care Authority. The legislation also established a process for Tribal involvement, "in recognition of the government-to-government relationship between the state of Washington and the federally recognized tribes in the state of Washington, the board shall consult with the American Indian Health Commission."

Until the Exchange board becomes operational, the Health Care Authority has been responsible for providing staff and resources and managing funds appropriated by the legislature to set up the Exchange. The HCA has completed preliminary analysis of key implementation issues and procured subcontractor assistance to address such issues. Consultants have been hired to provide branding, outreach and engagement, and marketing services for the Exchange from October 2011 through May 2012. The HCA is currently working on developing background and analysis to support a policy-level discussion by the Legislature and Governor on whether to adopt the Federal Basic Health Program option for Washington State. Other issues that contractors or consultants will be retained around include developing criteria for qualified health plans which began in July. Developing policy options for preventing

adverse selection against Exchange issuers with work began in August. Other work scheduled to begin in September and beyond includes risk leveling, administrative ease within the Small Business Health Options Program (SHOP) exchange, exchange financing, navigator roles and functions, and Federally-defined essential health benefits and relation to state-mandated benefits.

The HCA will also be conducting stakeholder meetings, coordinating with the legislature to draft any additional legislation necessary to establish and operate the Exchange, and addressing issues identified in its information technology gap analysis. The Health Care Authority set up a Technical Advisory Committee to assist in development of Exchange policy issues. The 16-member committee, including carriers, brokers, small employers, consumer advocates, providers, and Tribal representation, held their first meeting July 20, 2011.

Nominations for the Exchange Board were to be submitted to the Governor by October 1, 2011 and by December 15, 2011, the Governor will appoint the Board. By January 1, 2012, the Washington Health Care Authority, the Joint Legislative Select Committee on Health Reform Implementation, and the Exchange Board will collaborate to submit to the Governor and Legislature a range of options to operate the Exchange. These recommended options will be submitted on an ongoing basis, but the first report will address numerous

## STATE EXCHANGE UPDATE

issues related to implementation, including consideration of a regionally administered multi-state exchange, coordination of the Exchange with other state programs, and development of sustainable funding plan.

Washington has received two federal grants: the Exchange Planning grant of almost \$1 million and the Level One Establishment grant of approximately \$23 million to be used for operational planning and to develop an information technology system for critical Exchange functions related to eligibility, enrollment and information exchange. The American Indian Health Commission (AIHC) and the Board have been working with the State to fund tribal policy work associated with designing the Exchange to meet federal mandates around Indian issues and to make the Exchange work for Tribes. The outcome of this funding is still pending with early indications that the State is not supportive of funding the Tribal needs.

### Exchange Proposed Rules

On July 11, 2011, HHS issued a Notice of Proposed Rule (NPR) that provides the framework for States to use in developing insurance Exchanges. The proposed rules establish minimum standards for Exchanges and give states great flexibility to design Exchanges. The rule includes a number of requirements for the States to meet in order to make insurance exchanges work for the Indian

health system. Key issues of the rule include:

- The NPR explains special benefits and protections for Indians including limits on cost sharing and payer of last resort requirements and that these requirements are covered through-out the NPR;
- The NPR clarifies that cost sharing exemptions for Indians do not apply to insurance premiums;
- There are requirements for Tribal consultation to develop exchanges;
- Indian tribes, tribal organizations, and urban Indian organizations are eligible to serve as Navigators in the exchange;
- The NPR permits exchanges to allow tribes, tribal organizations, and urban Indian organizations premiums on behalf of qualified individuals, subject to the terms and conditions set by an Exchange;
- A special monthly special enrollment period for Indians will allow for an Indian to join or change plans one time per month;
- The NPR explains that IHS programs have the right to recover from insurance companies reasonable charges for providing health services or a higher amount an insurer would

pay others and that exchange requirements shall not hinder or prohibit this requirement.

While the rule clarifies key Indian aspects in developing insurance exchanges it also requests comment on several important items that will impact Tribal participation in insurance exchanges. The outcome of these issues will be determined based on comments received via the rulemaking process. The most critical issue is how to distinguish between individuals eligible for assistance under the Affordable Care Act and those who are not in light of the different definitions of "Indian" that apply to Exchange functions.



## NOISE-INDUCED HEARING LOSS PREVENTION PROJECT

*Contributors: Dr. Tom Becker, Billy Martin, Linda Howarth, and Tosha Zaback*

This is a project that the Board shares with researchers at OHSU School of Medicine. The primary goal of this project is to present a community-wide, culturally-acceptable and sustainable hearing loss prevention campaign titled LISTEN for LIFE to native communities in the Northwest. The campaign is designed to present a fun, hands-on program about protecting hearing to fourth and fifth grade students and to their community as a whole. We hope to help the children develop new and positive attitudes toward protecting their hearing and involving their families and the community may help sustain those positive attitudes and behaviors into their futures.

Dangerous Decibels, a public health campaign internationally recognized for excellence in hearing loss prevention, was used throughout the project. We have worked with the Confederated Tribes of Warm Springs community in Oregon since March 2010.

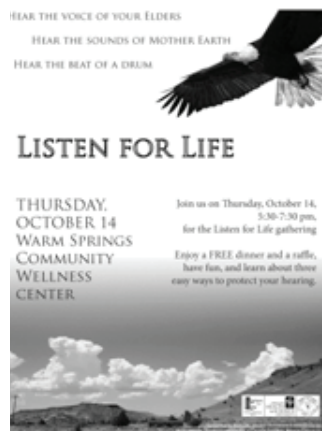
### 1. Baseline Survey

The 4<sup>th</sup> and 5<sup>th</sup> grade students at Warm Springs Elementary School completed a survey to find out about their baseline knowledge, attitudes, and behaviors concerning hearing, how hearing can be damaged, and

how to protect hearing.

### 2. Media Campaign

Several community elders and youth were interviewed about their hearing and about hearing in general. A numbers of newspaper articles, a short video, and radio spots were developed



out of those interviews. The video is now on the community website and the radio spots and newspaper articles ran for a month and half – during September and October 2010. The radio station has chosen to continue running the PSA spots since then also.

### 3. Classroom Presentation

The Dangerous Decibels classroom program was presented to 130 fourth & fifth grade students at the elementary school in October 2010.

### 4. Community Event - October 14, 2010

The LISTEN for LIFE community event was held in the Warm Springs Community Wellness Center, Social Hall. More than 225 people attended the event and participated in the activities. The elementary students attended with their families and helped with the activities presented. Dinner was provided, T-shirts were

distributed, and activities from the classroom program were presented.

### 5. Web-based Learning Activities with After Activity Survey

Two weeks after the community event, the 4<sup>th</sup> and 5<sup>th</sup> grade students met us in the computer lab at the elementary school to play the hearing health related games that make up the Dangerous Decibels Virtual Exhibit which is a web-based learning activity. After about 25 minutes of exposure to the Virtual Exhibit, they were again asked to complete our survey.



### 6. Three-month Follow-up with Survey

In early March the students completed a follow-up survey to measure the sustained improvements in knowledge, attitudes, and intended behaviors that resulted from the Listen for Life activities.

### 7. Results from Surveys

After analysis of the data we see a significant improvement on our questions related to knowledge, attitudes, and behavior. There is an average sustained (4 months)



## NOISE-INDUCED HEARING LOSS PREVENTION PROJECT



improvement of correct responses of over 18%. The only question asked where we did not see any improvement turned out to be an issue (I know where to get hearing protection if I need it) that we did not cover adequately during the presentation. We see this as proof that for all other issues, they did improve because of our intervention. We also see this as evidence that we must be sure to go over this issue during the presentation and to make sure that ear protection devices (ear plugs) are available to all in the community.

We noted that for several questions asked, the students not only improved in the short term (after activity) but in the longer term (4 months) they continued to improve. Their retention lasted and improved long term.

### 8. Plans for future

We have now established a relationship with a second community in Oregon (Confederated

Tribes of Umatilla) and will continue to work with both communities during this third year of a five-year grant.

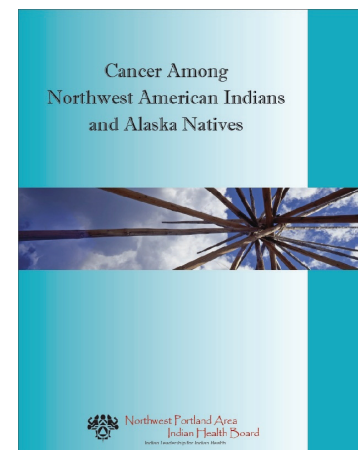
Carol Sahme, a representative for the community of Warm Springs, has been our project liaison throughout the project. She will take on more responsibility for continuing Listen for Life activities in Warm Springs. Carol and Yvonne Iverson were trained as certified Dangerous Decibels educators in August. They will be the ones to teach the elementary students at the school. They will also take a lead at the evening event October 12.



We will be in the Umatilla community of Mission also in October where we will present the classroom program in two elementary schools in Pendleton during the week of October 17. On the 19<sup>th</sup> we will have the community event in the Longhouse and the community is invited to attend.

## NEW CANCER DATA REPORT PUBLISHED

The Registry/IDEA-NW and NW Tribal Comprehensive Cancer Programs announce the publication of a new report, "Cancer among Northwest American Indians/Alaska Natives". The report details recent cancer incidence, stage-at-diagnosis, screening, and mortality patterns for AI/ANs living in Idaho, Oregon, and Washington. New data include incidence and mortality rates mapped at the county level which provide a visual display of geographic areas where cancer burden is particularly high or low. We also present 12 years of trend data to assess whether rates are rising, falling, or remaining generally the same. Throughout the report, tribal leaders provide insight on cancer experiences within their own communities, cancer care issues, and the role of traditional lifestyles



Hard copies of the report can be requested through Erik Kakuska at [ekakuska@npaihb.org](mailto:ekakuska@npaihb.org) or 503-416-3296. The report can also be found on the NPAIHB Reports page of our website. [www.npaihb.org/resources/npaihb\\_reports](http://www.npaihb.org/resources/npaihb_reports)



## THE EARLY CHILDHOOD CARIES COLLABORATIVE AND THE PORTLAND AREA NORTHWEST TRIBAL DENTAL SUPPORT CENTER

Early Childhood Caries (ECC, tooth decay) is an infectious disease that can start as soon as an infant’s teeth erupt. ECC can progress rapidly and may have a lasting detrimental impact on a child’s health and well-being. **ECC is a serious health problem.** Furthermore, the treatment of ECC under general anesthesia costs our programs on average \$8,000 per child. Prevention is the key!

The IHS Early Childhood Caries (ECC) Collaborative was designed to promote prevention and early intervention of dental caries (tooth decay) in young children through an interdisciplinary approach. Components of the program include:

- **Oral Health Assessments** as soon as the first tooth erupts by both dental and community partners such as Head Start, the Women, Infants, and Children Program (WIC), nurses, doctors, and Community Health Representatives (CHRs);
- **Fluoride Varnish Applications;**
- **Dental Sealants on Primary Teeth** at an early age;
- **Interim Therapeutic Restorations (ITR),** now called “Mighty Mouth fillings” to reduce the need of children having to go to the

operating room to receive dental treatment;

- Establishment of a **National Oral Health Surveillance system** to measure the impact of this Collaborative.

While the overall goal is to reduce the prevalence of ECC, the specific objectives are as follows:

- Increase dental access for 0-5 year old children by 50% by FY 2015.
- Increase the number of children 0-5 years old who received a fluoride varnish treatment by 25% by FY 2015.
- Increase the number of sealants among children 0-5 years old by 25% by 2015.
- Increase the number of Interim Therapeutic Restorations among children 0-5 years old by 25% by 2015.



The Portland Area Dental Programs have not met their yearly objectives towards this important Collaborative. Several programs have exceeded the objectives while others performed poorly enough to bring the average down. As many of you already know, the Portland Area missed their dental sealant objective for the first time in many years. By providing more sealants on baby teeth, we can increase our overall sealant numbers. The ECC Collaborative and GPRA objectives align in such a way that tribes and dental programs can work simultaneously to achieve the objectives of both initiatives.

For more information about the ECC Collaborative, go to [www.doh.ihs.gov/ecc](http://www.doh.ihs.gov/ecc)

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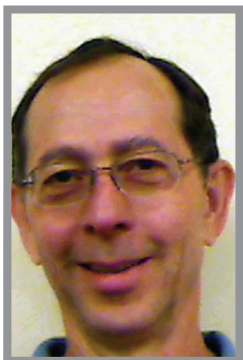
## EXECUTIVE DIRECTOR'S NOTE

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To arrange a site visit by Northwest Tribal Dental Support Center consultants or to learn more about how YOUR program is doing, please contact Dr. Bonnie Bruerd at [bonnie.bruerd@comcast.net](mailto:bonnie.bruerd@comcast.net). These site visits are free to you, supported by our Dental Support Center. Topics for site visits can include overall program reviews, infection control, improving dental access, clinic and community-based prevention programs, ways to improve performance on dental GPRA objectives, prevention of ECC, and many other topics.



### A NEW FACE AT THE BOARD



Bobby Puffin was hired by NPAIHB in early October as the new Human Resource Coordinator. He joins NPAIHB after having worked for five years as Human Resource Director for Southern California Tribal Chairmen's Association, a Native-owned social services organization in San Diego County serving 19 tribes.

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The changes in the Board over the past five years have been more than just going paperless and upgrading electronic devices. At the approval of the delegates, our project staff and projects have broadened our support for the Board's tribes. In that line, we have added projects like suicide prevention, methamphetamine and other drugs (MOD), emergency preparedness, and a prescription drug abuse prevention project. We have evolved to provide support in areas that are beyond what is thought of as typical HP/DP, but yet still very much public health. We have evolved in the ways that address the additional support that NW Tribes have requested.

One such project I would like to provide some additional information on, and you will hear more about it in the future as well. The Board in partnership with the Oregon Sexual Assault Task Force, 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). Ideally, the SARC may include a tribal elder, cultural leader, victim's advocate, law enforcement and prosecutor. The SARC's purpose is to work towards a collaborative

response that prioritizes the victim's needs and to assist in providing linkages to that support. Included in this grant is specialized nurse training to assist in Sexual Assault Nurse Examiner (SANE) certification. NW Tribes will be contacted in the near future for their participation, however if you are currently interested in participating, please contact Carrie Sampson at [csampson@npaihb.org](mailto:csampson@npaihb.org).

We are never finished adapting to the needs of our member Tribes and hope that you will continue to provide feedback and suggestions on how we can improve our support of your efforts locally. On the horizon will be greater emphasis on working with Veterans Affairs and the Portland Area IHS to coordinate services and with the selection of a new Area Director for PAIHS, I am willing to predict more changes and adaption in coordinating our working relationship.

The only thing that remains the same is change. I look forward to going through that process with you.



## WHAT A GREAT INDIAN DAY CELEBRATION!

The sun and drum's were out for our 6<sup>th</sup> Annual "American Indian Day Celebration" held at Pioneer Courthouse Square in downtown Portland on September 23<sup>rd</sup>, 2011. This event is fast becoming a event the Portland community looks forward to each year. We are already getting ready to start planning for our 7<sup>th</sup> Annual "American Indian Day Celebration."



We would like to contribute our success to returning and entertaining emcee Gilbert Brown, our Whipman: Ed Goodall and the Host Drum -Four Directions, and our other drum groups Johonaaii, Autumn Creek, Big Eagle, Bulls & Bears, NARA, and Cree Star.

*Whipman: Ed Goodall*



We are also grateful to the many sponsors our event possible without the generous and continued support from:

- NAYA Family Center**
- Chinook Winds Casino Resort**
- Confederated Tribes of Siletz Indians**
- Confederated Tribes of Umatilla**
- Coquille Indian Tribes**
- Cow Creek Band of Umpqua Tribes of Indians**
- Coeur D'Alene Casino & Resort**
- PGE**
- Kla-Mo-Ya Casino**
- Potlatch Fund**
- Quileute Tribal Trust Fund**
- Samish Tyee**
- The Mill Casino**
- Bow & Arrow Club**
- and all of our vendors

We would like to say a special thank you to the **Hildebrandt Family** and **Portland's Bow & Arrow Club** for sponsoring two Tiny Tots dances.

Thank you once more for your generous sponsorship for this year's event. Your support is not something we take lightly and is very much appreciated by everyone connected with the event. It will continue to be a celebration of American Indian cultures and raise the level of awareness concerning the challenges

# UPCOMING EVENTS

*continued from page 9*

Bobby completed a Master's degree in Conflict Resolution and certification in Human Resource Management at Portland State University in 2005, before moving to southern California with his wife. In addition to his HR duties with SCTCA, Bobby practiced mediation with employees, families, and individuals to resolve conflicts. He is also a certified facilitator for several courses from the FranklinCovey organization, including business, family, and community-development courses; and several courses he has designed himself.

For fun, Bobby likes to hike and bike, play board games, play his flute, and spend time with family, especially his new baby grandson.

Bobby is originally from San Antonio, Texas; but he and his wife are long-time residents of the Northwest since 1978. They raised two daughters in the Columbia Gorge where he worked for Sprint for 10 years in public relations, sales, and human resource management.

He is excited to be back in the Northwest and supporting the efforts of NPAIHB staff to serve the tribes in this region.



## OCTOBER

### **NCAI 68th Annual Convention**

October 30 - November 4  
Portland, OR

### **2<sup>nd</sup> Annual Spirit of Giving Conference**

October 30 - November 2  
Portland, OR

## NOVEMBER

### **National American Indian and Alaska Native Heritage Month Event**

November 2  
Washington, DC

### **Idaho State DHW Meeting**

November 9  
Boise, ID

### **Medicare and Medicaid Policy Committee (MMPC)**

November 8  
Washington, DC

### **Veterans' Day**

November 11



### **The Native American Diabetes Pandemic Conference: Prevention, Awareness & Programs**

Nov 16 – 17  
Cabazon, CA

### **DSTAC Quarterly Meeting**

November 16-17, 2011  
Rockville, MD

### **MMPC/TTAG Meeting**

November 16-17, 2011  
Washington DC

### **Regional HIV/STI/HEP C Training**

November 17  
Spokane, WA

### **Thanksgiving Day**

November 24



### **Area GPRA Coordinators Conference**

November 29 - 30  
Sacramento, CA

## DECEMBER

### **TLDC Meeting – tentative**

December 1-2  
Rockville MD

### **Christmas Day**

December 25



## JANUARY

### **NPAIHB Quarterly Board Meeting**

January 17 - January 19  
Spokane, WA





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## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD'S JULY 2011 RESOLUTIONS

### **Resolution # 11-04-01**

NW Tribal Colorectal Cancer Toolkit

### **Resolution # 11-04-02**

NW Tribal Cancer Survivorship Study (AIMS)

## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD AND CALIFORNIA RURAL INDIAN HEALTH BOARD JULY 2011 JOINT RESOLUTIONS

### **Joint Resolution # 11-04-03/287-07-11**

CHS HC Actuarial Analysis

### **Joint Resolution # 11-04-04/288-07-11**

Data Sharing

### **Joint Resolution # 11-04-05/289-07-11**

Protect IHS Medicaid Medicare and Social Security

### **Joint Resolution # 11-04-06/290-07-11**

ARRA Exemption

### **Joint Resolution # 11-04-07/291-07-11**

Center for Consumer Insurance Information and Oversight (CCIIO) Include IHS Programs as Essential Community Providers (ECP)

### **Joint Resolution # 11-04-08/292-07-11**

IHCIF Consultation