



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 2012

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Northwest Portland Area Indian Health Board

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Quinalt Nation
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Dan Gleason, Chehalis Tribe
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Andy Joseph Jr., Colville Tribe
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Kelle Little, Coquille Tribe
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Cheryle Kennedy, Grand Ronde Tribe
Bob Smith, Hoh Tribe
Cindy Lowe, Jamestown S'Klallam Tribe
Darren Holmes, Kalispel Tribe
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Velma Bahe, Kootenai Tribe
Frances Charles, Lower Elwha S'Klallam Tribe
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Marilyn Scott, Upper Skagit Tribe
Janice Clements, Warm Springs Tribe
Stella Washines, Yakama Nation

CHAIRMAN'S REPORT



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CHAIRMAN'S REPORT

Northwest Portland Area
Indian Health Board**Administration**

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James Fry, Information Technology Director
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Bobby Puffin, Human Resources Coordinator
Elaine Dado, Executive Administrative Assistant
Tanya Firemoon, Office Manager

Program Operations

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Lisa Griggs, Program Operations Project Assistant
Katie Johnson, EHR Intergrated Care Coordinator

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Amanda Gaston, IYG Project Coordinator
Birdie Wermey, Comprehensive Cancer Tribal BRFSS Director
Bridget Canniff, TECC, TEC Evaluation Project Director
Clarice Charging, IRB & Immunization Project
Colbie Caughlan, Suicide Prevention Coordinator
David Stephens, Multimedia Project Specialist
Don Head, WTD Project Specialist
Elizabeth Viles, WTD Project Assistant
Eric Vinson, Cancer Project Coordinator
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Jenine Dankovchik, Biostatistician IDEA-NW
Jessica Leston, Multimedia Project Coordinator
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Vacant, WTD & Epi Project Specialist
Kerri Lopez, Western Tribal Diabetes Director
Linda Frizzell, Nak Nu Wit P.I.
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Nicole Smith, Biostatistician
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Tacey Casey, Project Manager
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



***Dean Seyler, Director
Portland Area Indian
Health Service***

It is a great pleasure and privilege to send you my congratulations on the fortieth anniversary of the Northwest Portland Area Indian Health Board. The Portland Area Indian Health Service has come to value the NPAIHB as a valuable professional collaborator in bettering the health of the people we serve.

I have particularly valued the opportunity to meet and collaborate with Tribal leaders and the staff of the Board. The knowledge shared as we gather at both formally and informally has proven valuable as I consider recommendations to move forward to the Indian Health Service national level. Over the past 40 years there has been great wisdom shared from Tribal leaders in the Northwest.

When I returned to the Portland Area in 2006, and was subsequently appointed Director for Portland Area IHS, I was aware of the extensive collaboration between our organizations. This is the kind of collaboration that erases boundaries and enhances health services to our Tribal communities.

As we all celebrate NPAIHB's past achievements, I send you best wishes for continued outstanding achievements in the future.

Dean M. Seyler
Director, Portland Area
Indian Health Service



EXECUTIVE DIRECTOR'S NOTE

A TIME TO REFLECT AND CHEER



Joe Finkbonner,
NPAIHB Executive
Director

As we enter into the celebration of the Northwest Portland Area Indian Health Board's 40th year anniversary it is appropriate to reflect and cheer for the accomplishments in Indian Health and the contributions of NPAIHB.

The visions of the founding Board members are in the 2nd generation of a seven generation timeframe and already the capacity of the organization and its Board members are highly functional. When you think back to 1972 and the capability of the NPAIHB in the first year were likely limited to formulating a picture of what Indian Health looked like and identifying the limitations that prevented "health" in our tribal communities.

The Board was clearly meant to provide input and perspective to the Indian Health Services and the Service Units that they respectively represented and the meetings were focused on identifying programmatic and service delivery improvements at the Service Unit level. How quickly it has evolved to be a Board that is now focused on the overall health of AI/AN population in the entire Portland Area and beyond.

It was not without the growing pains that came with development. The minutes of the meetings involving the discussion of changing the format and membership of the NPAIHB from Service Unit representation to "one tribe, one member" was full of rich discussion and growth. Embedded in that discussion is the understanding that the Board would have equality among the governments represented and that all

would be respected as full participants on equal standing. It was an iconic time that defined how NPAIHB would approach Indian Health and problem solving.

From that eventful day, the approach of the NPAIHB has been to bring issues to the Board. Because of our diversity in tribal infrastructure, geography, size and sometimes culture we are able to identify a comprehensive approach to decisions. We are well developed to consider the elements that make us unique and in a manner respectful to all member tribes. This process has been used to discuss everything from the Indian Health Care Improvement Act, Self-Determination, Contract Support Costs, establishment of EpiCenters, and most recently the Affordable Care Act.

I specifically bring up the key topics above, because the issues are all national issues, yet the Portland Area and NPAIHB had a key role in shaping the outcome in each of the final policies. I am proud to say that I am a staff member of NPAIHB, and that I am also from a member Tribe of the Board. I know that when leadership was needed on major Indian Health Policy, the NW Tribes and NPAIHB never hesitate to step to the front.

It is now time for those leaders to step to the front again, but not to fight for Indian Health, not on this day...but to be recognized for being the tireless policy warriors and the remarkable achievements in Indian Health and the improvement in health status of the AI/AN population. It is a good day to be an Indian. My hands go up to you...Hy'shqe' Si'am!

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INTRODUCING WE R NATIVE: A NEW HEALTH RESOURCE FOR NATIVE YOUTH BY NATIVE YOUTH

WERNATIVE

The Northwest Portland Area Indian Health Board is proud to announce the launch of WE R NATIVE- a new national multimedia health resource for Native teens and young adults.

We know our youth are tech savvy and that many search for health information online. To reach young people, the WE R NATIVE service includes an interactive website (www.weRnative.org), a text messaging service (Text NATIVE to 24587), a Facebook page, a YouTube channel, a Twitter feed, and print marketing materials.

We believe Native youth will change our world. But many need the tools, resources, and inspiration to do so. Our goals are to provide accurate health information relevant to Native youth, promote positive youth development, and encourage young people to get actively involved in their own health and wellbeing. The website will serve as an information hub, strengthening pride and identity, highlighting positive things young people are doing in their communities, and sharing youth-friendly resources, news, and events.

Special site features include: monthly contests, community service grants (up to \$475 for young people who come up with a plan to improve their community), an “Ask Auntie” Q&A service, discussion boards, and medically accurate information, reviewed not just by Native youth, but also by experts in public health, mental health, community engagement, and activism. We hope WE R NATIVE will spark positive community engagement across Indian Country, and will inspire our young people to address the issues that affect them most.

Recently contacts at all 43 Tribes were mailed a WE R NATIVE promotional kit- including T-shirts, stickers, text messaging cards, a group facilitator’s guide, and more. If you’d like to know who in your community received the WE R NATIVE kit, or if you would like tips on how you can get involved, please contact native@npaihb.org.

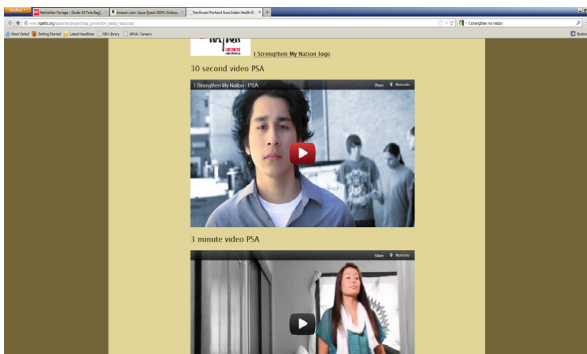


WERNATIVE.ORG

I STRENGTHEN MY NATION: A NEW ALCOHOL AND DRUG PREVENTION CAMPAIGN FOR NATIVE YOUTH

You affect other people, even if you don't think you do. People notice your actions. You have influence. Think about it. What someone sees you do... can change their life. That one choice strengthens you, strengthens others, and strengthens your Nation.

—*I Strengthen My Nation PSA*



Though our young people use drugs and alcohol at rates higher than the national average, there is a great deal to celebrate and we should not lose hope. Recent research suggests that simply talking with youth and engaging them around the issue early (and often) can give them a greater sense and self-control and an ability to say “no” when pressured.

With the goals of initiating key conversations with young people and empowering our youth to resist pressures to drink and use drugs, the *I Strengthen My Nation* campaign was born.

Through standing up to pressure, we believe that youth can strengthen themselves, influence their friends, and strengthen their nation. And the *I Strengthen My Nation* campaign has star-power, with several campaign materials featuring Hollywood actor Chaske Spencer, who plays Sam Uley in the *Twilight Saga*.



Campaign materials include: print materials for teens and parents (brochures and fact sheets), short radio and video PSAs, posters, lanyards, T-shirts, and window clings. These items can be ordered free-of-charge from the THRIVE project at NPAIHB.

All print materials are also available on our website: http://www.npaihb.org/epicenter/project/mspi_prevention_media_resources/

If you would like to order print materials, please contact:

Colbie Caughlan
Northwest Portland Area Indian Health Board
2121 SW Broadway,
Suite 300,
Portland, OR 97201
ph: (503) 228-4185
fax: (503) 228-8182



Email: ccaughlan@npaihb.org
Please include your: Name, Tribe/organization, desired items, quantities, and mailing address.

Also let Colbie know if you would like a USB with campaign logos and/or pre-loaded PSAs.

2ND ANNUAL THRIVE CONFERENCE



By Colbie Caughlan, MPH,
Suicide Prevention Project
Manager

THRIVE, the suicide prevention project at the NPAIHB, hosted its second conference for Native youth from June 25th to 29th. This year the conference welcomed youth from across Indian Country. With assistance from our partners at NARA Northwest and Portland State University's (PSU) student group, Healing Feathers, NPAIHB staff were able to execute another very successful weeklong conference! The conference was a hit with about 90 youth participants, 32 more than last year. Participants came from as far as New York and Alaska. We had representation from 13 of our NW Tribes and those from out of our region included: Oneida Indian Nation, Oglala Sioux, Eastern Aleutian, Navajo, Pottawami Grandriver Ottawa Tribe, and many more.

This year's conference included the *Gathering of Native Americans* (GONA) which was facilitated by the Native American Center for Excellence's, Seprieono Locario. The GONA curriculum was presented each day for a few hours and included core values of Belonging; Mastery; Interdependence; and Generosity. These four parts of the GONA incorporate the values of four levels of human growth and responsibility that are found in Native cultures. In fact, with generosity in mind, at the end of each day, the leftover food was donated to the Portland Rescue mission.

To inform the youth about a variety of health topics, the conference provided educational presentations including: traditional foods, suicide prevention, alcohol and drug prevention through storytelling, and the importance of one's identity. Similar to last year, each workshop incorporated American Indian/Alaska Native culture, traditional learning strategies, and skill-building activities that educate youth about healthy behaviors. Participants also learned to positively express their emotions and feelings about life's challenging topics through interactive, educational workshop tracks.





This year's tracks included: digital story-telling; art and poetry; writing and producing songs; and film production with three separate topics, underage drinking video, substance abuse prevention public service announcement (PSA), child safety seat PSA, and *Native Its Your Game* health education videos.

The conference not only empowered Native youth to take a stand in their tribal communities, and overcome the negative addictions and behaviors that frequently surround them, but allowed them to open up and make new friends from all over Indian Country.



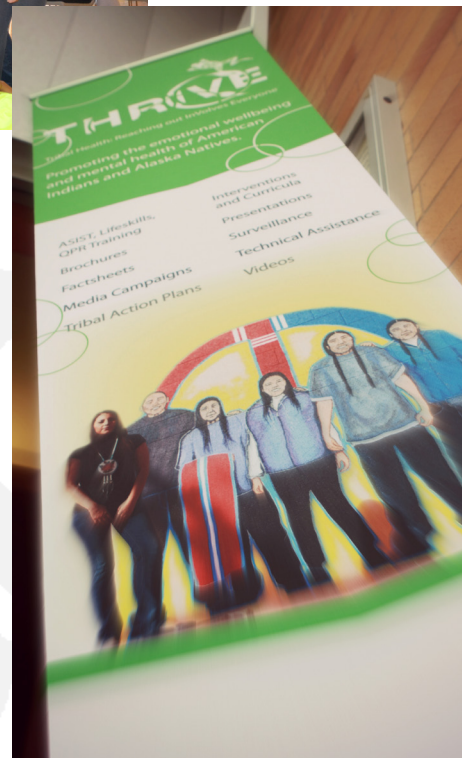
SAVE-THE-DATE for the 3rd Annual *THRIVE* Conference is **June 24 – 28, 2013**, don't miss out!

THRIVE Contact information:
Colbie Caughlan, MPH

Suicide Prevention Project Manager - NW Tribal EpiCenter

Phone: (503) 416-3284

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RESPONSE CIRCLES, SEXUAL ASSAULT PREVENTION PROJECT UPDATE



**By Project Coordinator:
Carrie Sampson (Umatilla-
Walla-Walla)**
csampson@npaihb.org

Trainings have been underway here at the Northwest Portland Area Indian Health Board aimed at prevention and response to sexual assault in tribal communities. It's been found that American Indian and Alaska Native women are 2.5 times more likely than non-Native women to become victims of sexual assault. (Maze of Injustice, 2007) It's also estimated that 34.1% of Native women have been raped in their lifetime, that's more than 1 in 3 Native women. (National Violence Against Women Survey, 2006) During a recent training held at our office, trainers and trainees expressed concern about sexual assault of children; evidence of such assault is found when a child is examined for other reasons. Statistics suggest that 1 in 4 girls will be sexually abused before she turns 18. (Centers for Disease Control and Prevention, 2006). More than 20% of child sexual abuse victims are under the age of 8. (Snyder, 2000).

In May 2012, the Northwest Collaboration Against Sexual Assault in Tribal Communities project held the first Sexual Assault Response and Resource Circle (SARRC) training. Three Northwest tribes were in attendance: Warm Springs, Tulalip and Swinomish. Each tribe sent four to six SARRC members to participate in training. A Sexual Assault Response and Resource Circle (SARRC) is a multi-disciplinary, inter-agency, community driven collaboration that organizes its members in a victim centered and offender-focused approach to intervention, response, and prevention of sexual assault. The benefits of having a SARRC in tribal communities include: use of tribally specific practices of helping, healing and justice, healing of the community as a whole, increased reporting, increased access to services, increased

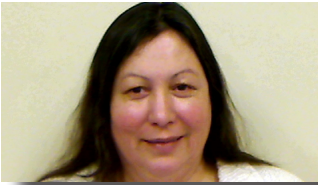
privacy for victims, increased understanding of sexual assault dynamics and impact, raises awareness and prevention of sexual assault. The next SARRC training is scheduled for March 19-21, 2013 at the Northwest Portland Area Indian Health Board. We are inviting up to five tribes to attend this training, all expenses paid.

In September 2012, the Northwest Collaboration Against Sexual Assault in Tribal Communities project also held the first Sexual Assault Nurse Examiner (SANE) training at the NPAIHB. This training was attended by twenty-one nurses that either work in tribal clinics or in hospitals that serve tribal victims. The group of nurses in attendance serve the following tribes: Burns Paiute, Coeur D'Alene, Nez Perce, Swinomish, Colville, Tulalip, Grand Ronde, Kalispel, Umatilla and Shoshone Paiute. The benefits of having a tribal SANE include: increased access to culturally appropriate sexual assault services, shorter commutes for victims to obtain services, no wait times in hospital emergency rooms, accurate collection of forensic evidence leading to increased prosecution rates and a more comfortable environment for tribal victims. The next tribal SANE training will be held at the NPAIHB in the Fall of 2013, all expenses paid.

Upcoming: Sexual Assault Awareness trainings to be held in five Northwest tribal communities addressing sexual assault dynamics. In April 2013, Project Thrive and Response Circles will be disseminating a tribally-specific Sexual Assault Awareness campaign.



FLASHBACKS AND DISSOCIATION



Ronda Metcalf
NARCH MAD Project
Director

In the past two years I have been learning vast skills and techniques to understand Post Traumatic Stress Disorder (PTSD). Flashbacks and dissociation are the two most common symptoms that occur with PTSD. I think to understand flashbacks and dissociation, it is important to first have an understanding of “Triggers”.

Triggers are little reminders of the traumatic event. It could be something as simple as a smell in the air, a word spoken, a behavior of an individual, or even just seeing an event on the TV. Many individuals who suffer from PTSD can be totally unaware of their triggers.

Flashbacks are considered one of the re-experiencing symptoms of PTSD. In a flashback, a person may feel or act as though a traumatic event is happening again. A flashback may be temporary and some connection with the present moment may be maintained, or a person may lose all awareness of what is going on around him, being taken completely back to their traumatic event.

Dissociation is an experience where a person may feel disconnected from himself and/or his surroundings. Similar to flashbacks, dissociation may range from temporarily losing touch with things that are going on around you (kind of like what happens when you daydream) to having no memories for a prolonged period of time and/or feeling as though you are outside of your body.

Both flashbacks and dissociation may occur as a result of encountering triggers, or a reminder of a traumatic event. To the extent that people are not aware of their triggers, flashbacks and dissociation can be incredibly disruptive and unpredictable events that are difficult to manage.

Now, because I know I have an excellent education, exciting life experiences both professional and personally, and have traveled a good third of the world; I know the only thing I am an expert on is myself. So to best express my learning and understanding of triggers, flashbacks, and dissociation I will use a bit of my own experiences in hopes to create a picture of what is experienced. An important thing to remember about PTSD is that the “traumatic story” is not important (in my view). But the feelings the individual experiences during the traumatic event are very important.

After 22 years of being out of the Military and being a successful therapist and believing I was a very Mentally Healthy Native Woman in touch with my spirituality, surrounded and blessed with an awesome family, and grounded in my walk with the Creator. Who would have thought it would happen to me? My belief has always been “I am in total control of my life and surroundings”.

It started in August 2009. I started feeling anxieties, mood changes, dreams that I could not remember; but would wake up in cold sweats shaking. I noticed things about me were changing. I became very jumpy to events happening around me like a slight slam of a door, a scream of a child playing at the playground. I became nervous when people stood behind me in a line at the store or the bank. Certain smells would make my heart race as if I had just finished a five mile run. (Triggers)

In December I finally went in to see the doctor about all the things that were happening as I realized I was becoming physically sick for all the things I was experiencing. The doctor said there was nothing physically wrong with me. She said that maybe it was just menopause given my age! She wanted to give me meds to help the menopause; I didn’t want any of that so I continued on as if nothing was going on at all! (Feeling crazy)

Then my dreams were like re-living past experiences over and over, until sleep would never come. I would be

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FLASHBACKS AND DISSOCIATION

up for hours just pacing around my house until I could no longer stay awake. Dreams would leave me with even stranger experiences; my body would ache in places I had experienced injuries during traumatic events. I knew I was going crazy. I would even stay home from work sick (something I never did).

In March 2010, it seemed my whole life was falling apart. I was allowing people I worked with to take advantage of me and the work I was doing for the tribe. I had for the first time in my life felt hopeless! I had no energy to fight the usual "Tribal Politics". I then found myself in an argument with a fellow employee! Something I never did! As he was screaming at me it was as if the whole room changed! The man yelling at me became someone else! I was seeing and experiencing something from the past! As I looked around I realized I was someplace else from my past. The things I was hearing were not the things the man was saying to me, what I was hearing and seeing were the things from a traumatic event I had experienced in the Army. Then I heard the voice of the woman who was with me say "Ronda are you ok?" I turned and walked out and as I was walking back to my office the woman I was with was following me asking "How come you let him talk to you like that? What is wrong with you?" She kept going on and on until I could not focus. (The flashback)

That evening I could not bear to see or hear anything else. I knew I was losing my mind. I just sat in the chair by the window trapped in my own head. I heard my daughter ask me "mom you need to talk to me" "you have sat here for two hours not listening or acknowledging anything around you." (Dissociation)

I went to the VA the next morning (my daughter's determination), to find out what was wrong with me. I was diagnosed PTSD. It took me two months after that before I would engage in therapy because I stayed stuck on the fact that this was even happening to me. I had to accept the fact that something was happening in my life and I had no control.

My most important lesson learned is to know my triggers. I have learned them and have developed the ability to ground myself. It is not an easy road to travel, one of the hardest journey's I have ever been on. I think if I didn't have such wonderful children, I never would have made it.

PTSD is not an experience that Military Service Members experience, but PTSD is the result of traumatic experiences. It is a diagnosis that is never the same, never a time line for the onset and there is no one cure for all! It is an individual experience!



New Face At The Board



Kristyn Bigback, MPH (Northern Cheyenne) recently started working for the IDEA-NW Project as a Support Specialist/ Statistician. She graduated from Columbia University in New York City with her MPH in May of 2012, and moved back to the Portland area, where she grew up, in August. She has worked at the NPAIHB in the past, as Research Assistant for the Native CARS Study, and as Office Manager prior to that. She received her Bachelors from Stanford University in 2006. She is very excited to be back in the Pacific Northwest, and to continue her career with the Board.



Hello, my name is Elizabeth Viles. I have been hired on by the health board as the Project Assistant for the Western Tribal Diabetes Project. I am an enrolled member of the Confederated Tribes of the Siletz Indians and a recent graduate of Portland State University.



New Face At The Board



Congratulations to Carrie Sampson (CTU-IR) and Clay Plume (First Nations Black-foot) on the birth of their daughter Fallyn Brook Plume born June 19, 2012 at 7lbs, 14 ozs.



2012 NPAIHB Staff Picnic

(Left to Right) Stephanie & Finley Craig-Rushing; Galey & Skyler Morrison; Lee Ann & Lelia Ann Wermey; Birdie Wermey due in November; Joe Finkbonner; Kara & Iza Kakuska; and Colbie & Sydney Caughlan; Amlie & Megan Hoopes

UPCOMING EVENTS

OCTOBER

October 21-26

NCAI 69th Annual Convention
Sacramento, CA

October 30 – November 1

DOI Self-Governance Advisory
Committee (SGAC)
Washington, DC

NOVEMBER

November 1

2nd Annual Regional Tribal BEAR
Training Spokane, WA

November 7

Oregon Tribal Consultation
Salem, OR

November 7

Cover Oregon TTWG Meeting
Salem, OR

November 12

Veteran's Day



November 14

Washington HCA & AIHC Tribal
Workgroup Meeting
Olympia, WA

November 14 - 15

CMS Tribal Technical Advisory
Group Face-to-Face Meeting
Washington, DC

November 14

Leveraging Culture to Address
Health Inequalities
Seattle, WA



November 22

Thanksgiving Day

November 26

Oregon Tribal Consultation
Salem, OR

November 27 – 28

2012 Tribal Self-Governance
Strategy Session
Uncasville, CT

November 28 – 29

DSTAC Quarterly Meeting
Airway Heights, WA

DECEMBER

December 4 – 5

Area GPRC Coordinators
Conference
Sacramento, CA

December 6 - 7

HHS Secretary's Tribal Advisory
Committee (STAC) Meeting
Washington, DC

December 11 - 12

AIHC Leadership Summit
Suquamish, WA

December 12

Washington HCA & AIHC Tribal
Workgroup Meeting
Olympia, WA

December 14

2nd Annual Northwest Tribal Opiate
Symposium
Auburn, WA

December 25

Christmas Day

January 1

New Year's Day

January 21

Martin Luther King, Jr. Holiday

January 21

Tribal Health Director's Meeting
Pendleton, OR

January 22 – 24

NPAIHB Quarterly Board
Meeting Pe



Indian Day Celebration at Pioneer Courthouse Square September 28, 2012

MANY THANKS TO OUR GENEROUS SPONSORS

- NAYA FAMILY CENTER
- QUILEUTE TRIBAL TRUST FUND
- SWINOMISH TRIBAL COMMUNITY
- HOH INDIAN TRIBE
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- COWLITZ INDIAN TRIBE
- JAMESTOWN S'KLALLAM TRIBE
- WILDHORSE RESORT & CASINO
- COW CREEK BAND OF UMPQUA TRIBE
- THE MILL CASINO
- CONFEDERATED TRIBES OF GRAND RONDE
- OREGON HEALTH & SCIENCE UNIVERSITY (OSHU)
- OUR ARTS AND CRAFTS AND LOCAL TRIBAL ORGANIZATIONS
- INJURY LAW CENTER, HALA J GORES, PC

Tiny Tots sponsored by: National Indian Child Welfare Association (NICWA) and Our friends who donated via facebook on the Network for Good





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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD'S JUNE 2012 RESOLUTIONS

RESOLUTION #12-04-01

Office of Minority Health's American Indian/Alaska Native Health Disparities Program Competitive Cooperative Agreement

RESOLUTION #12-04-02

MIMHD Community-Based Participatory Research (CBPR) Initiative in Reducing and Eliminating Health Disparities: Planning Phase (R24)

RESOLUTION # 12-04-03

In Support for the Northwest Children's Immunization Improvement Project

RESOLUTION #12-04-04

Support for a Supplemental Appropriation to fund BIA and IHS Contract Support Cost Requirement as a Result of Recent Supreme Court Decisions

