Hello everyone. I am back to good spirits and good health after a difficult year 2000. It has been a surprisingly busy spring considering we did not receive a Fiscal Year (FY) 2002 budget request from the President until April 9, 2001. So if we have not been working on the FY 2002 budget, what have we been working on? As Ed Fox points out in his article in this newsletter, the FY 2001 Indian Health Service (IHS) budget increased funding in several key areas. Tribes were asked for their input by IHS Director, Dr. Michael Trujillo, on how to distribute $110 million in funding increases for the Indian Health Care Improvement Fund ($40 million), Contract Health Services (CHS; $40 million), and Diabetes ($70 million increase). The Northwest Portland Area Indian Health Board (Board) has closely followed this consultation process and participated in workgroups for each proposed distribution formula.

Level of Need Funded and the Indian Health Care Improvement Fund

The Indian Health Care Improvement Fund is authorized by the Indian Health Care Improvement Act to direct funding to tribes that are judged to be in need. The Level of Need Funded (LNF) methodology was originally developed to compare funding for Indian health to that of the general population. It demonstrated that our programs receive about 55% of the funds needed to provide personal health care services to our user population. Over the past year a second phase of the LNF has been utilized to distribute the Indian Health Care Improvement Fund, which last year totaled $9 million and this year will be used to distribute $40 million. This second phase has been very problematic for the Portland Area since its key feature is the proposal to distribute funds only to programs that were below 60% funded rather than the 100% level of need that the Portland Area feels should receive funding. The purpose of the lower threshold is to give the neediest tribes additional funding. Eighteen tribes in the Portland Area will receive no funding if the 60% threshold is adopted. The Board prepared a letter supporting the 100% threshold and made recommendations concerning the methodology. I attended a meeting in Washington, DC, in January and in Albuquerque in March where I expressed our grave concerns over the use of this method of distributing funds. In addition we developed a resolution that was adopted at our January Board meeting and the February meeting of the Affiliated Tribes of Northwest Indians.

Continued on page 5

(Contract Health Services)
Eight Steps to a Cavity-Free Child

1. Clean Your Baby’s Gums and Teeth. After each feeding, wipe your baby’s gums with a small washcloth or gauze pad to help clear away food residue and stimulate the gums. Once teeth start erupting, use a small soft-bristled toothbrush to clean them. Wet the brush bristles with water.

2. Begin Dental Visits Early. The American Academy of Pediatric Dentistry recommends that your child see a dentist by his or her first birthday. At that point the dentist will check for any cavities in the child’s primary teeth and for early developmental problems, such as a bad bite.

3. Prevent Nursing-Bottle Syndrome. Tooth decay can occur when a baby is given a bottle filled with milk, formula, or fruit juice at bedtime or for long periods during the day. Extended exposure to the sugar in these liquids can cause teeth to discolor and decay. To prevent this, clean your child’s teeth after each feeding and give him or her a bottle filled only with water at bedtime.

4. Make Sure Your Child is Getting Enough Fluoride. Fluoride strengthens tooth enamel and supporting bone and helps repair minor decay damage. Your dentist can tell if your child is getting the right amount. Common sources are fluoridated drinking water, fluoridated tablets and drops, fluoridated toothpaste, and professional fluoride treatments.

5. Encourage Good Eating Habits. A balanced diet will help make sure your child has healthy teeth. Your child’s diet should include a variety of foods, such as fruits and vegetables, cereals, dairy products, and meat. Calcium is especially important for building strong teeth; some good sources are milk, cheese, and yogurt.

6. Teach Your Child How to Brush. Children are usually ready to learn how to brush their teeth by age 2 or 3, but you still must brush any spots missed by the child. Usually children do not have the dexterity to “go solo” until age 7. Make brushing a daily routine, but keep it enjoyable. For example, you can brush with your child or let him or her use a colorful toothbrush.

7. Make Dental Visits Positive. When a child turns 2 or 3, start encouraging a positive attitude toward dental visits by following these tips: (a) play dentist before making the real visit to familiarize him or her with what will happen; (b) avoid using negative words like drill, shot, or hurt; and (c) answer questions honestly, but not too specifically. Dental professionals have special ways of explaining procedures to kids.

8. Protect Your Child’s Teeth with Sealants. When your child’s permanent molars come in, consider protecting them with sealants—clear plastic coatings the dentist applies to the chewing surfaces of back teeth. Sealants form a barrier that keeps food and bacteria out of tiny grooves in the tooth. They are nearly 100% effective in preventing decay in back teeth.

Available soon: Dental Lending Library. For more information contact Kathryn Alexander, Telephone: 503-416-3292 or e-mail: kalexander@npaihb.org
The Fiscal Year 2001 Indian Health Service (IHS) budget included the largest increase in the history of IHS: $238 million (10%) or $308 million (13%) when including the $70 million increase for diabetes that is funded outside of the IHS budget. These resources represent the first time in many years that the IHS budget was not eroded by unfunded mandatory costs for inflation and population growth. Rather than present each line item with my opinion of whether or not it was a good or poor increase, I have provided the spreadsheet for your review. Several key line items are still undistributed, including Contract Health Services ($35 million to be distributed) and Alcohol ($15 million increase). Julia Davis reports on several funding issues in her article in this newsletter. Final decision on LNF and CHS are expected this month.
April 17-23 - National Minority Cancer Awareness Week.

April - Cancer Control Month.

How would you like to observe National Minority Cancer Awareness Week or Cancer Control Month? One way is to imagine cancer-free tribal communities in the Northwest. This is the long-term vision of the Northwest Tribal Cancer Control Project. We’re developing a 20-year plan to work toward that goal. Major components will include prevention and interventions related to behavior change.

ACS study involving more than one million men and women. Through the last followup year [1972], 93 percent of the subjects were traced. Obese males, regardless of smoking habits, had a higher mortality from cancer of the colon, rectum, and prostate. Obese females had a higher mortality from cancer of the gallbladder, biliary passages, breast (postmenopausal), uterus (including both cervix and endometrium), and ovaries.\(^1\)

The good news is that many cancers can be prevented through behavior change. The Harvard Center for Cancer Prevention reports, “Fifty percent of cancers can be prevented by things you do.” The Harvard Center recommends:

1. Maintain a healthy weight.
2. Get at least 30 minutes of physical activity every day.
3. Don’t smoke.
4. Eat a healthy diet and drink less than one alcoholic drink a day.
5. Protect yourself from the sun.
6. Protect yourself and your partner(s) from sexually transmitted diseases.

To reach and maintain a healthy weight, here is some advice from Shape Up America!

1. Participate in daily physical activity.
2. Develop and use problem-solving skills.
3. Build a solid social support system.
4. Monitor food intake and physical activity.
5. Develop and use stress management skills.
6. Implement lapse or relapse prevention.

Tribes are building healthier communities. Let us join you in this effort. If you would like more information about NTCCP or if you would like to request technical assistance from NTCCP staff, please call Ruth Jensen, director, Northwest Tribal Cancer Control Project, at (503) 416-3278 or e-mail her at rjensen@npaihb.org.


Remember that five fruits and vegetables everyday can reduce the risk of some forms of cancer.
More distressing than the LNF formula was a proposed CHS distribution formula that would have replaced the current formula that is based on CHS-dependency. The National Indian Health Board (NIHB) appointed me as the delegate to the workgroup that developed the formula in just two months, from December 15, 2000, to February 15, 2001. I attended meetings in Minneapolis in December, San Diego in February, and the final meeting in Bethesda, Maryland on February 15, 2001. At the Albuquerque consultation meeting on March 8 and 9 our tribal leaders made it clear to Dr. Michael Trujillo that the Portland Area was strongly opposed to the adoption of the proposed formula. The Board provided analysis and facilitated the Portland caucus at the meeting. On April 5, 2001 Dr. Trujillo announced that he would not accept the CHS formula without major changes. Final decision on LNF and CHS are expected this month.
Upcoming Events

April

American Indian Health Commission Meeting
April 20, 2001
Location: Sequim, Washington
Contact: Ginger Clapp
Telephone: (503) 228-4185

The Multicultural HIV/AIDS Alliance of Oregon (Open House)
April 20, 2001
Location: Portland, Oregon
Contact: Karen McGowan
Telephone: (503) 228-4185

13th Annual IHS Research Conference
April 23–25, 2001
Location: Albuquerque, New Mexico
Contact: Indian Health Service

2nd Annual National Native American Prevention Convention
April 29–May 2, 2001
Location: Seattle, Washington
Contact: Conference Coordinator
Telephone: (405) 325-4127

May

ATNI Mid-Year Conference
May 7–10, 2001
Location: Seven Feather Hotel & Resort, Canyonvill, OR
Telephone: (503) 249-5770

Oregon Tribal–State Qtrly Meeting
May 10, 2001
Location: Salem, Oregon
Contact: Rick Acevedo
Telephone: (503) 945-7034

NCAI 2001 Mid-Year Session
May 13–16, 2001
Location: Ledyard, Connecticut
Contact: Jack Jakson
Telephone: (202) 466-7767

Community Health Rep. (CHR)
May 23 & 24, 2001
Location: NPAIHB - Portland, Oregon
Contact: Mary Brickell
Telephone: (503) 228-4185

June

Creating a Path for Future Generations
June 5–7, 2001
Location: San Diego, California
Contact: Sharon Fleming
Telephone: (503) 228-4185

Western Maternal & Child Health Epidemiology Mtg
June 14 & 15, 2001
Location: Doubletree Columbia River Complex - Portland, Oregon
Contact: Ken Rosenberg
Telephone: (503) 731-4507

Immunization
June 20 & 21, 2001
Location: NPAIHB, Portland, Oregon
Contact: Mary Brickell
Telephone: (503) 228-4185

Intro to Qman/Diabetes Management
June 26–28, 2001
Location: NPAIHB - Portland, Oregon
Contact: Mary Brickell
Telephone: (503) 228-4185

July

Tribal Health Directors Meeting
July 18, 2001
Location: Portland, Oregon
Contact: Jennifer Sypherd
Telephone: (503) 228-4185

NPAIHB Quarterly Board Meeting
July 19–20, 2001
Location: Chinook Winds Casino & Convention
- Lincoln City, Oregon
Contact: Jennifer Sypherd
Telephone: (503) 228-4185
The NW Tribal Fetal Alcohol Syndrome Project

How Prenatal Alcohol Exposure Affects Development of the Brain

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) are disorders that occur as a result of the consumption of alcohol during pregnancy. The alcohol molecule is very tiny and passes easily across the placenta from mother to baby, as early as two weeks after conception until birth. Although the alcohol can affect the development of all cells and organs, the brain is particularly vulnerable to the effects of alcohol exposure, and damage can occur throughout pregnancy.

Alcohol causes more damage to the developing fetus than any other substance, including marijuana, heroin, and cocaine. (Institute of Medicine, 1996)

Brain of healthy baby                      Brain of baby with FAS

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July 2000 Resolutions

RESOLUTION #00-04-01 “Support for $220 Million Increase Over the President’s Proposed FY 2001 IHS Budget for a Total FY 2001 Increase of $450 Million”

RESOLUTION #00-04-02 “Support for the $18 Billion FY 2002 Needs-Based IHS Budget Submitted by the Tribal/IHS/Urban Budget Formulation Team to the Department of Health & Human Services

RESOLUTION #00-04-03 “Support for Senate Bill 2526 and House Bill HR 3397 that Incorporate the Recommendations of the October 6, 1999 Proposed Bill of the National Steering Committee on the Reauthorization of the Indian Health Care Improvement Act”

RESOLUTION #00-04-04 “Support for Study of Ways to Improve the Dental Health Status of Northwest Tribal Children”

RESOLUTION #00-04-05 “Support for the Northwest Tribal Epidemiology Center to Improve Knowledge of Program Injury Patterns Among Northwest Indian Communities”

RESOLUTION #00-04-06 “Support for Memorandum of Understanding Between the Northwest Portland Area Indian Health Board and the Cancer Information Service-Pacific Region”

RESOLUTION #00-04-07 “Support for the Development of a Methodology for the Distribution of the Indian Health Care Improvement Fund”

Project Staff:
Kathryn T. Alexander, Project Assistant
Dee Robertson, MD, MPH, Project Director
Consultants:
Carolyn Hartness, BA, FAS Specialist
Suzie Kuerschner, BA, FAS Specialist

For FAS Information please contact Kathryn Alexander at (503) 416-3292, or E-Mail her at kalexander@npaihb.org
Northwest Portland Area Indian Health Board

Executive Committee Members

Julia Davis, Chair, Nez Perce Tribe
Pearl Capoeman Baller, Vice-Chair, Quinault Nation
Janice Clements, Treasurer, Warm Springs Tribe
Corrine Hicks, Sergeant-at-Arms, Klamath Tribe
Norma Peone, Secretary, Coeur d'Alene Tribe

Delegates

Wanda Johnson, Burns Paiute Tribe
Dan Gleason, Chehalis Tribe
Norma Peone, Coeur d'Alene Tribe
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Bev Seaman-Wolf, Coos, Lower Umpqua & Siuslaw Tribes
Eric Metcalf, Coquille Tribe
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Gale Taylor, Shoalwater Bay Tribe
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