



RESOLUTION # 06-02-04  
Support a project to evaluate AI/AN patient dropout  
from cancer treatment and follow-up activities

NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD

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Chehalis Tribe  
Coeur d' Alene Tribe  
Colville Tribe  
Coos, Suislaw &  
Lower Umpqua Tribe  
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Cow Creek Tribe  
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Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Nation

527 SW Hall  
Suite 300  
Portland, OR 97201  
☎ (503) 228-4185  
FAX (503) 228-8182  
www.npaihb.org

**WHEREAS**, the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty-three Federally-recognized Indian tribes in Oregon, Washington and Idaho on health related issues; and

**WHEREAS**, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the Northwest Portland Area Indian Health Board is to improve the health and quality of life of its member tribes; and

**WHEREAS** cancer is the second leading cause of death among American Indians and Alaskan Natives (AI/AN) and due to access barriers and socio-economic obstacles are at risk for not receiving adequate cancer treatment services or completing cancer therapy, and

**WHEREAS**, research has shown that many AI/AN people meet the eligibility requirements for Medicaid, yet are not enrolled due to barriers that include inadequate outreach, lack of transportation, inaccessible locations of eligibility offices, difficulty with paperwork and other obstacles associated with navigating bureaucracies, cultural and communications issues, and financial costs to consumers; and

**WHEREAS**, cancer care for AI/AN is often provided through the use of specialty care providers purchased by the Indian Health Service (IHS) Contract Health Service program which is chronically under-funded and may not have adequate funding to cover the cost of cancer treatment; and

**WHEREAS**, many AI/AN people diagnosed with cancer are eligible for Medicaid however since they are not enrolled, or due to financial constraints of CHS programs, often delay receiving adequate cancer treatment services and the use of recommended types of treatment that other non-Indian people receive; and

**WHEREAS**, studies indicate that AI/AN people diagnosed with cancer experience poorer cancer-related survival rates compared to non-Native people and that cancer registries often misidentify AI/AN people that result in data limitations associated with determining the true cancer burden in AI/AN communities; and

**WHEREAS**, the NW Tribal Epidemiology Center has developed a project to address the above issues by linking Indian Health Service (IHS) and Tribal data

with cancer registry files to correctly identify AI/AN patients diagnosed with cancer and then make comparisons with CHS and state Medicaid data to ascertain if AI/AN people are receiving adequate cancer treatment services; and

**WHEREAS**, the NW Tribal Epidemiology Center proposes to partner with the Fred Hutchinson Cancer Research Center, four state Medicaid programs, California Rural Indian Health Board, Riverside San Bernardino County Indian Health, and the Southern Indian Health Council to create a comprehensive database of de-identified socio-demographic, clinical, and claims data for AI/AN cancer patients in the four states by linking patient level records from three sources: the California, Idaho, Oregon, and Washington State Cancer Registries, clinic enrollment data from IHS and Tribal clinics, and Medicaid and Medicare claims data; and

**WHEREAS**, the database will encompass all AI/AN patients with a documented diagnosis of lung, breast, colorectal, cervical, and ovarian cancer from 1997-2003, with follow-up through 2005; and

**WHEREAS**, this project will provide a resource to evaluate adherence to cancer treatment and post-treatment surveillance for AI/AN Medicaid and Medicare enrollees diagnosed with lung, breast, colorectal, cervical, and ovarian cancers and identify potential barriers to care through a pilot study conducting interviews of AI/AN persons with cancer.

**NOW THEREFORE BE IT RESOLVED**, that the Northwest Portland Area Indian Health Board supports the NW Tribal Epidemiology Center to conduct the cancer linkage project in collaboration with entities identified above and in the states of Washington, Oregon, Idaho, and California.

CERTIFICATION

NO. 06-02-04

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 25 for, 0 against, 0 abstain on January 19<sup>th</sup>, 2006.

Linda Hill  
Chairman

1/19/2006  
Date

Stella M. Washines  
Secretary