



Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

A Publication of the Northwest Portland Area Indian Health Board

PACIFIC NW TRIBES BRINGING DENTAL CARE INTO THE 21ST CENTURY



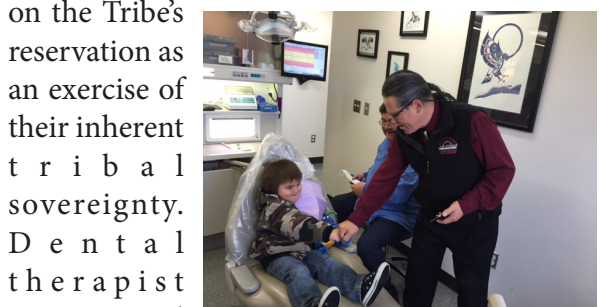
Pam Johnson
Oral Health Project Specialist

Leading the effort to address the oral health crisis in Indian Country, the Swinomish Indian Tribal Community on January 4, became the first tribe in the Lower 48 states to employ a dental therapist to provide basic oral health services.

“There are too few dentists in Indian Country,” said Brian Cladoosby, Chairman of the Swinomish Indian Tribal Community. “We cannot stand by any longer and allow Native people to continue to suffer tooth decay at a rate three times the national average. We have developed a tribal approach to solve a tribal issue. This solution will help our people immediately address their oral health needs in ways that have not been possible until today.”

delivery model used by Alaska Native communities for over 10 years.

Although dental therapists – known as dental health aide therapists (DHATs) in the Alaska Native program – are banned from providing many basic dental services in Washington and most other states, the Swinomish Tribe has licensed and employed a dental therapist on the Tribe’s reservation as an exercise of their inherent tribal sovereignty.



Dental therapist Daniel Kennedy joined the Swinomish Dental Clinic team to help ensure that all Tribal members have access to reliable, high-quality and culturally competent dental care.

“Today we stand with the Swinomish Indian Tribal Community,” said Joe Finkbonner, Executive Director of the Northwest Portland Area Indian Health Board. “We applaud the leadership, dedication and courage that has resulted in this historic occasion, and we look forward to continued partnership turning the tide on oral health disparities in this community and throughout the Portland Area.”

Oral health research shows that historical traumas have caused Indians to lead the nation in oral disease rates. By age five, 75 percent of

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Supported by a W.K. Kellogg Foundation grant in partnership with the Northwest Portland Area Indian Health Board, the Swinomish Indian Tribal Community program is modeled on a successful oral health care

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Northwest Portland Area Indian Health Board

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CHAIRMAN'S NOTE



Andy C. Joseph Jr.
*Colville Tribal Council, HHS Chair, NIHB
Exec. Committee Member, NPAIHB Chair*

Let me start my report by wishing everyone a very happy new year! I hope you all were able to enjoy the holidays, get some rest, and enjoy time with your loved ones. A new year is always busy for us as we begin preparations for the second session of Congress, prepare for appropriations and the IHS National Budget Formulation, and upcoming consultation meetings. The President is also getting ready to submit his last budget request to Congress and I am hopeful it includes a sizable increase for the Indian Health Service. President Obama has done some good for the IHS budget during his term and I hope this continues. We also will have budget hearings in March that the Board is always invited to.

This past quarter saw Acting IHS Director, Bob McSwain, be named to the Senior Deputy Director position on a permanent basis—or at least through the end of this Administration. The Administration also appointed Mary Smith to an IHS Deputy Director. Ms. Smith previously served in the White House during the Clinton Administration as the Associate Counsel to the President and also as Associate Director of Policy Planning in the Domestic Policy Council. Most recently Mary served as General Counsel at the Illinois Department of Insurance where she was responsible for implementation of the legal aspects of the Affordable Care Act.

I've been fortunate to work with Mary on the IHS Contract Support Cost Workgroup and also involved with her to address the ACA's employer mandate and Indian definition issues. The Administration has brought her on to work on these two issues and she has represented the Tribal position very well. I hope we can have Mary attend our April board meeting to talk about her progress on these issues.

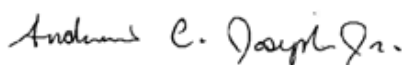
This past quarter, I've participated in several meetings of the Portland Area Facility Advisory Committee (PAFAC) that has completed its preliminary review of two potential locations for the first of three regional specialty referral centers. The regional referral specialty care centers continue to be a priority for Portland Area Tribes and we are pleased that the Principal Deputy Director, Mr. McSwain, is supportive of this facilities concept. Last summer the PAFAC visited two sites and has refined its recommendations to the Area Director. The first

CHAIRMAN'S NOTE

recommended site is in Fife, Washington because it is centrally located, has a sufficient user population within a 120-minute drive time, has access to public transportation, and is in a market that is attractive to specialty provider recruitment and retention. We look forward to the PAFAC reporting on the availability of existing facilities that meet the planning requirements for the first specialty care center.

In November, we conducted our Annual Budget Formulation meeting at the Embassy Suites at the Portland Airport. This year Portland Tribes submitted budget marks recommending increases for the IHS budget at 5% and 22% levels. Our Area representatives for the national meeting this year include Chairman Steve Kutz and me. John Stephens and I also attended the Contract Health Services Workgroup meeting in Denver, Colorado. The purpose of the meeting was to discuss the benefits of the ACA and if this is resulting in an increase in third party resources that are sufficient to warrant changing the CHS formula. The Workgroup has not completely decided this issue and requested additional data from the agency before it could decide.

In closing, I want to acknowledge the work of the Board's dental therapy project and commend those Tribes involved in developing Dental Health Aide Therapist (DHAT) programs. A special kudos to the Swinomish Tribe, the Coquille Tribe, the Confederated Tribes of Coos Lower Umpqua and Siuslaw Indians, and to the Cow Creek Tribe. You all are leading the charge to pave the way for DHATs to practice in Indian programs in the lower 48 states. It was exciting to see the Swinomish program in the press and media this month. Next we will be reading and hearing about the approval of the DHAT pilot projects in southern Oregon. You all have accomplished a great thing and the eyes of Indian Country are upon you right now. I am proud our Board has played a key role in the development and success of these programs. Congratulations to you all!



*Whi Leem lem (Thank You)
Euuhootkn (Badger)*

Northwest Portland Area Indian Health Board

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Program Operations

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

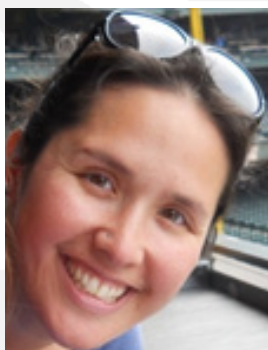
Northwest Tribal Epidemiology Center

Victoria Warren-Mears, Director
Vacant, WTD Project Assistant
Amanda Gaston, IYG Project Coordinator
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Jodi Lapidus, Native CARS Principal Investigator
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Luella Azule, Injury Prevention Coordinator
Vacant, VOICES Project Coordinator
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Tacey Mason, Dental Project Manager
Tom Becker, NARCH & Cancer Project Director
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Northwest Projects

Ryan Swafford, Preventing Sexual Assault Project
Manager
Christina Peters, Oral Health Project Director
Pam Johnson, Oral Health Project Specialist

SUICIDE CONTAGION: TIPS AND RECOMMENDATIONS TO PREVENT SPREAD



by Colbie Caughlan, Suicide Prevention Project Manager, NPAIHB

“You shouldn’t kill yourself because you have pain. Your pain just goes onto someone else, that you know, [that] you love the most. And then they

feel the pain that you felt, and they think it’s okay that they can kill themselves. And it’s just an ongoing train, it never ends.”

– Jo-E-Dee, 17 years old, Tulalip Tribes

Wow. “Wow!” is what I said to myself when I watched Jo-E-Dee express this insight during an interview for the *#WeNeedYouHere Lived Experience* video series, filmed by the THRIVE project at the Northwest Portland Area Indian Health Board this past summer. During the interviews, four courageous Native teens and young adults from the Pacific Northwest decided to put themselves out there, on tape, to try and stop others from attempting or completing suicide. As Jo-E-Dee states, suicide can sometimes feel like an out of control train. What Jo-E-Dee is referring to is **suicide contagion**.

Suicide often ripples through a community like concentric ripples on a pond. The death may not stop with one suicide – that pain can be transferred on to others, and when piled on top of that person’s pain, another suicide attempt or even completion may occur. Joe-E-dee is wise beyond her years. It is people like her who can reframe our thinking about suicide, by sharing her own lived experience with the hope of saving others. By definition, suicide contagion is “a phenomenon in which additional, often similar suicides take place following the report of a suicide, presumably inspired by reporting on the original suicide.” (American Foundation for Suicide Prevention: www.afsp.org)

Protect our communities. To help increase protective factors against suicide in our communities, the Suicide Prevention Resource Center (www.sprc.org) recommends that we:

- Offer effective mental health services (and access to it)
- Build connects between individuals, families, communities, Tribes, and social institutions
- Build spiritual and cultural roots in Native traditions
- Teach problem-solving and coping skills
- Include teens in family decision-making
- Maintain good physical and emotional health
- Encourage youth to talk about their hopes and dreams

Prevent contagion. If a suicide does occur, it is important to know how to write or talk about it in the media, to direct the conversation and prevent contagion. Experts have “found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. “The magnitude of the increase is related to the amount, duration, and prominence of coverage” (<http://reportingonsuicide.org>). As a result, it is critically important that we **not describe the method used to complete a**

suicide and to include resources like the National Suicide Prevention Lifeline (1-800-275-8255) to support those emotionally affected by the article or news coverage. Other recommendations include:

- **Do not** use words like “successful or unsuccessful suicide” or a “failed attempt.” **Do use** words like “died by suicide” or “completed suicide” or even “killed him/herself.” No suicide is successful and these words may invite acceptance of suicide by the community.
- **Do not** interview or quote people about their opinion about the cause of the suicide.
- **If a note was left, do not publish or repeat it.** Instead, you can say something like, “A note

If you or someone you know is in crisis or thinking about suicide, please call the National Lifeline for help, call 1-800-273-8255 or text “START” to 741741 (data rates may apply).

SUICIDE CONTAGION: TIPS AND RECOMMENDATIONS TO PREVENT SPREAD

was found and is being reviewed by the medical examiner.”

- Inform the audience without sensationalizing the suicide (e.g., “Kurt Cobain, Dead at 27”).
- Use school, work, or family photos.
- Include the Lifeline logo or local crisis phone numbers.
- Most people who die by suicide show warning signs. Include the “Warning Signs” and how to help someone at risk (which you can find on page 2 of the media recommendations link).
- Report on suicide as a public health issue, not as a criminal issue.
- If you would like, you can get advice from suicide prevention experts.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00031539.htm>

Hope and Healing: A Practical Guide for Survivors of Suicide

<http://www.health.gov.bc.ca/library/publications/year/2007/HopeandHealing.pdf>

We Are Connected. #WeNeedYouHere suicide prevention campaign materials

<http://www.npaihb.org/epicenter/project/thrive>

Responding to suicide clusters on College campuses

<https://www.insidehighered.com/news/2015/02/12/several-students-commit-suicide-tulane-appalachian-state>

Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org>

We R Native. Check out the mental health section at:

<http://www.wernative.org>



Educating our friends and family about suicide and mental illness will help spread the word that suicide CAN be prevented. To that end, I leave you with a parting quote from the #WeNeedYouHere

Lived Experience video:

“I almost killed myself, but I remembered [that] my friend’s told me about the suicide Lifeline, so instead of killing myself, I called the lifeline for the first time and gave it a shot. And I’m still here today – it worked.”

- Louisa, 32 years old, Blackfeet, Colville, Okanagan First Nation

Watch her complete story and the other

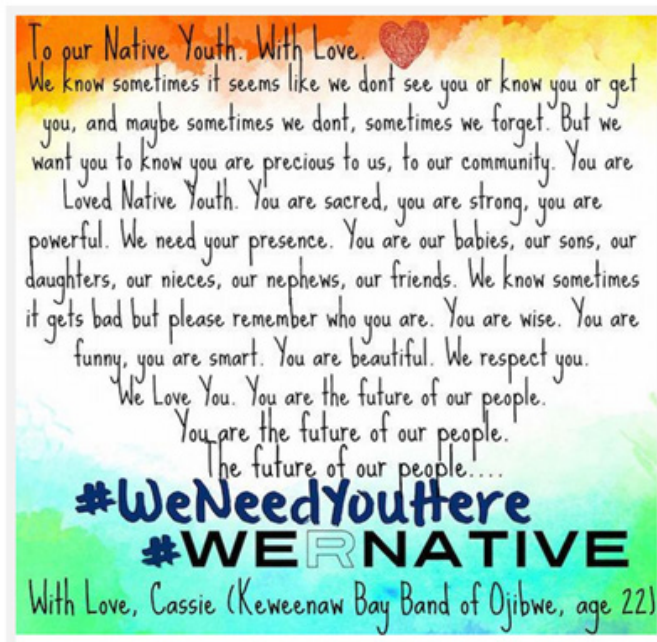
Lived Experience videos at: https://youtu.be/Q9D_IGw5IOc

Additional resources on suicide and contagion:

Suicide contagion & suicide clusters

<http://www.sprc.org/sites/sprc.org/files/library/OlsonSuicideContagionSuicideClusters2013.pdf>

Media recommendations to prevent suicide contagion



NATIVE VOICES SEXED VIDEO ADDED TO THE CDC'S LIST OF EFFECTIVE PROGRAMS



Sex Ed Video.
Native VOICES
(V i d e o

Opportunities for Innovative Condom Education and Safer Sex) is an evidence-based video designed to prevent HIV and other sexually transmitted diseases. The 23-minute video was created by the Northwest Portland Area Indian Health Board (NPAIHB) to encourage condom use and improve condom negotiation skills among heterosexual and LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer) American Indian teens and young adults 15–24 years old. The culturally tailored video covers important sexual health topics, including talking to your partner about sex, STD testing, defining and enforcing personal values, and healthy relationships.

Native VOICES can be easily integrated into the flow of services provided by clinics, schools, treatment centers and other community-based programs. Native VOICES can be implemented by a variety of support staff and be tailored to the needs and time constraints of your setting.

Evaluation. In 2014, the NPAIHB partnered with nine tribes across the U.S. to evaluate the effectiveness of the Native VOICES intervention. The sites included schools, youth centers, and tribal centers in Oregon, Minnesota, California, Mississippi, Montana, Arizona, Idaho, and Washington. Together, the sites recruited and consented nearly 800 AI/AN youth 15–24 years old to participate in the study.

Results. Youth who watched the video (n=443 respondents) expressed high levels of satisfaction with the Native VOICES intervention. Over 90% felt the video was culturally appropriate for AI/AN people. Over 75% found it to be entertaining or highly entertaining. And 86% felt the characters, scenes, and situations in the video were realistic.

After watching the video, 78% of participants indicated that they were more likely to use condoms, 61% felt more likely to use dental dams, and 82% felt more likely to get tested for STDs/HIV. Statistically significant improvements in sexual health knowledge, attitude, intention, and self-efficacy occurred across all three study arms, many of which were retained 6 months later.

In December, Native VOICES became the first and only intervention purposefully designed for AI/AN youth included in the CDC's compendium of effective HIV interventions.

A free toolkit is available to support your use of the video in diverse tribal settings. The toolkit includes the Native VOICES video (23 minutes), a condom demonstration video (1:40 minutes), a dental dam demonstration video (1:08 minutes), a selection of condoms and dental dams, and a users' guide. The toolkit can be ordered free of charge at native@npaihb.org

A THANKSGIVING TO REMEMBER THE STORY OF CRAY HUDSON AND NATHAN CHARGING



by Marilyn Hudson
(Cray and daughter Chapman)

For two young men Thanksgiving 2015 will always be remembered as a special time in their lives. I know it is will always be a time of thanksgiving for them and for their families. Born as first cousins (their mothers are sisters), they are now more bonded and linked together, even closer than brothers, both spiritually and genetically. They completed a journey together that most of us fortunately will never have to travel, an odyssey of compassion and hope and courage.

The ability of modern medicine to transplant a life-giving organ from one body to another is indeed a miracle. I am thankful every day for the physicians, researchers and scientists who have brought organ transplantation to the point where it is in today's medical field. Every day in all parts of the world, thousands of people are being given a new lease on life with organ and cornea and tissue and bone marrow transplants.

Our grandson, Lee Rensch, was a recipient of a liver and kidney transplant when he was 8 years old. Today, he is 28 years old, married and going to school in Atlanta GA. We will always be grateful to the donor who made him the gift of life.

Our grandson, Cray Hudson, the donor of a kidney to Nathan, is also 28 years old. As children, Lee and Cray spent many summers together in Parshall and New Town. Cray grew up in Portland OR. As an adult, he spent some time traveling around the country living in New Zealand for a couple of years and then moved to Bismarck. He became reunited with his cousin Nathan who also lived in Bismarck. Nathan's health was failing due to Berger's Disease and eventually he had to rely on

dialysis when his kidneys began to fail to do the work in his system. It became apparent that Nathan would need to have a kidney replacement and a search for a suitable donor was begun. After a series of tests and exams, Cray was determined to be a highly suitable donor match. As his grandmother, I am very proud of Cray's decision to become a donor. There was never any hesitation or question on his part about being a donor.

Cray speaks very highly of the process Sanford goes through with organ donations. There are many exams and many physical tests as well as education and counseling about organ donations. In the meantime, Nathan was being prepared also for the surgery and recuperation that he would undergo. So both young men were fully prepared and knew exactly what to expect in the surgical process.

On November 18, Dr. Nadim Koleilat, surgeon at Sanford in Bismarck, performed the transplant operation on both Cray and Nathan. Everything went well and it was a successful operation. Cray and Nathan are recuperating now at Sanford and should be out and back on their feet shortly. Their Facebook comments show that they are in good spirits and making good recovery. Nathan: Laid up @ Sanford, But doing well. Kidney is working so far. No more dialysis (woohoo!). Cray Hudson, you're the man!! Cray: How ya' feeling? No, you're the man, cousin. I'm gonna attempt to come down and pop in tomorrow. Nathan: Yeah, brother. Stop on by Room 338, 3rd floor.

Nathan recently posted this note on his Facebook page: BIG, BIG thanks to everyone who sent me their well wishes. It lets a guy know who cares, so much to point that it can bring tears to the eyes. From the bottom of my heart, much love & thank you, all of you.

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TOBACCO AWARENESS OBSERVANCE

November marks Native American Heritage Awareness month and Tobacco Awareness Observance, and we want to give thanks for the creator for giving us traditional tobacco for ceremonial purposes such as prayer, gifting and healing. While traditional tobacco does contain nicotine which is an addictive substance, it is not processed with chemicals or used in the same way as commercial tobacco and does not pose the same health risks.

According to the American Lung Association Big commercial tobacco industry has taken what is sacred to Native American people and has added over 7,000 poisonous chemicals containing 69 known cancer causing carcinogens. To make matters worse American Indians and Alaskan Natives have been specifically targeted by the commercial tobacco industry. Commercial tobacco companies often use Native American images and cultural symbols in marketing, such as warriors, feathers, regalia and words like “natural” in the brand names. Beyond the dangers of cigarettes and chewing tobacco, are the dangers of electronic cigarettes.

The latest trend of using electronic cigarettes has reached an all-time high among Native youth. There has been a guided misconception that electronic cigarettes are not harmful, in reality electronic cigarettes contain other cancer-causing agents including metals such as lead, chromium, nickel and lithium, according to peer-reviewed studies by the FDA.

The National Youth Tobacco Survey shows that 10.4% of Native American youth have tried e-cigarettes and 4.8% have used e-cigarettes within the past 30 days. In 2013, 24.6% of high school students currently use at least one commercial tobacco product.

Even if you made the choice to not use commercial tobacco, you still have high risk factors from second hand smoke from friends, family, or walking around in public.

When thinking about **your risk factors** ask yourself:

1. Do I receive second hand smoke from home or public places?
2. Do people smoke directly outside of buildings that I enter and exit?

If you answered **yes** to any of those questions- then you are exposed to second-hand smoke and there are ways you can further protect your health.

For help resources contact:

<http://smokefree.gov/>

<http://www.cdc.gov/features/greatamericansmokeout/>

https://www.youtube.com/watch?list=PLM2OBS2WtTNzjflSahzbearuy6I_O9bEy&v=i799Zz8glzU

<http://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/help-quitting-fact-sheet>

Works cited:

<http://www.lung.org/stop-smoking/smoking-facts/whats-in-a-cigarette.html>

http://natamcancer.org/nnacc_downlds/SHEETS/02-18-07_Tob-ceremony_04-12-09.pdf

<http://www.anbl.org/>

<http://www.gaspforair.org/gasp/gedc/pdf/E-CigSmoke.pdf>

<http://www.keepitsacred.org/tobacco-and-tradition/e-cigarettes/>

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A THANKSGIVING TO REMEMBER

And to me, that expresses the spirit of Thanksgiving that we acknowledge and celebrate every year in November. I am so thankful for all the blessings and love that I have witnessed in the past several days in the lives of all my family and in particular in these two young men, Cray and Nathan.

Cray Hudson is the son of NPAIHB staff member Clarice Charging and Charles Hudson of Portland, Oregon.

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DENTAL CARE Cont...

American Indians and Alaska Natives experience tooth decay. Recent Federal statistics for Washington, Oregon and Idaho show that Indian children suffer tooth decay at three times the national average. Low-dentist-to-patient ratios in Indian Country mean that many Indians lack access to regular dental treatment and prevention services. Turnover among providers in Indian Country interrupts continuity of care and inhibits the delivery of culturally competent services.

DHATs were first certified to practice in Alaska more than 10 years ago by the Alaska Native Tribal Health Consortium. The program today has expanded care to more than 45,000 Alaska Natives in need of preventive and restorative care. Dental therapists were also authorized to practice in Minnesota in 2011 and in Maine last year. Attempts to authorize them in Washington have failed repeatedly because of political opposition from organized dentistry.

The Northwest Portland Area Indian Health Board is partnering with the Swinomish, the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw and the Coquille Indian Tribe to bring this new and innovative dental resource into the Pacific Northwest. This past summer, a Swinomish and a CTCLUSI Tribal member were sent to Alaska to begin their two-year dental health aide therapy training. The Oregon Tribes are applying to Oregon Health Authority for a pilot project to train and employ DHATs in their community and are in the last stages of that approval process—stay tuned for more news next month!



NPAIHB GATHERINGS/ANNOUNCEMENTS



Jim Roberts Farewell Potluck

SAVE-THE-DATE
6th Annual THRIVE Conference
June 27 - July 1, 2016

WHO: For American Indian and Alaska Native Youth

- Limit of 4 youth (13-19yo) per Tribe or Urban Area.
- Limit of 1-2 Chaperones per group registering.
- Registration is free!
- Activities, materials, lunch and snacks Mon-Thurs. will be provided.
- Travel, parking, lodging, breakfast and dinners are not included.

Registration will open the first week in April 2016!

WHERE: Native American Student and Community Center at Portland State University (PSU) in Portland, OR


LODGING: University Place Hotel - group rate "THRIVE Conference" for \$99/night + tax for 2 or \$119 for 4, the room block deadline is **June 17, 2016** for reservations call 866.845.4647. Breakfast and wi-fi are included in this rate. PSU also offers dorm rooms of double occupancy for about \$60/night, please request the Broadway building **ONLY** and to make reservations please call or email summer housing and conferencing at 503.725.4336 or shc@pdx.edu. Breakfast is not included if you stay in the dorms.

WHY: Build protective factors and increase your skills and self-esteem, connect with other young Natives, learn about healthy behaviors (suicide prevention, healthy relationships, etc.) and how to strengthen your nation through culture, prevention, connections, and empowerment!

WHAT: This conference is made up of four workshop tracks and each youth will need to rank their preference for which workshop they want to be in when they are registered. The tracks are: digital storytelling, beats lyrics leaders (song writing and production), We Are Native youth ambassador leadership (additional application required), and a science and medical track sponsored by the Oregon Health and Science University.

#WeNeedYouHere

Contact Information:
 Northwest Portland Area Indian Health Board's project THRIVE
 Celeste McCray, project coordinator
 (503) 228-4185 (x270)
 Email: cmccray@npaihb.org
 Website: http://www.npaihb.org/project/thrive



2016 Happy New Year!



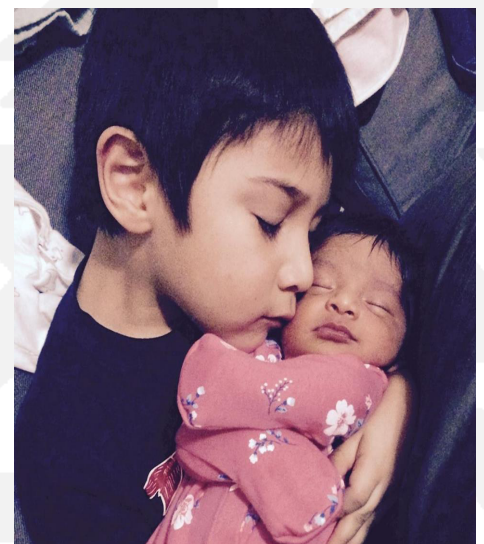
NPAIHB 2015 HOLIDAY PARTY



NEW BABY FACES AT THE BOARD



Xitlalli Ku-cai-ut Jimenez made her appearance on December 28th at 11:47am
 7lbs 5oz
 20.5" long
 Thank You Candice, Bert and Necalli for sharing this adorable girl with us.



UPCOMING EVENTS

JANUARY 2016!

January 24-27

18th Annual Native Diabetes Prevention Conference
Phoenix, AZ

FEBRUARY

February 1-4

ATNI Winter Convention
Suquamish, WA

February 22-25

NCAI Executive Council Winter Session
Washington, DC

February 28-29

15th Annual native Women and Men's Wellness Conference
San Deigo, CA

February 28 - March 4

2016 Healthy Native Communities Fellowship Leadership Training
Scottsdale, AZ

MARCH

March 1-2

15th Annual native Women and Men's Wellness Conference
San Deigo, CA

March 8-10

2016 Bemidji IHS Prevention Conference
Lac Du Flambeau, WI

UPCOMING EVENTS

MARCH Cont...

March 21-23

Omni Shoreham Hotel
Washington, DC

March 22-23

Tribal Tobacco Summit
Portland, OR

March 30-31

IHS Tribal Self-Government Committee Meeting
Washington, DC

APRIL

April 3-6

NICWA's 34th Annual Protecting Our Children National American Indian Conference
St. Paul, MN

April 19-21

Native Wellness Institute Native Life Skills Training of Trainers
Clackamas, OR

We welcome all comments and Indian health-related news items. Address to:
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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD JANUARY 2016 RESOLUTIONS

RESOLUTION #16-01-01

Interview Project with People Who Inject Drugs, Community and Health Care Staff to Explore Community-Driven Education, Prevention and Healthcare Systems Improvement

RESOLUTION #16-01-02

Tribal Exemption from the Patient Protection and Affordable Care Act Employer Shared Responsibility Mandate

RESOLUTION #16-01-03

Western Tribal Diabetes Special Diabetes Program for Indians (SDPI) Grant