October
2020

NPAIHB
Indian Leadership for Indian Health

HEALTH NEWS & NOTES

A Publication of the Northwest Portland Area Indian Health Board

CHRONIC DISEASES ISSUE

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October: National Domestic Violence Awareness Month

Paige Smith
I-LEAD & RC Project Coordinator

Domestic and sexual violence in Indian Country has been an issue that is exacerbated by the COVID-19 pandemic. The Substance Abuse and Mental Health Services Administration (SAMHSA) stated that "COVID-19 has caused major economic devastation, disconnected many from community resources and support systems, and created widespread uncertainty and panic. Such conditions may stimulate violence in families where it didn't exist before and worsen situations in homes where mistreatment and violence have been a problem". Many Native Men, Women, and 2SLGBTQ + experience domestic and sexual violence disproportionately. Providing education, services, and resources to them will hopefully help future generations experience less or no domestic or sexual violence throughout their lives. Below, you will find information and resources that can help you, a relative, or someone you know, who is impacted by domestic or sexual violence, find the support they need and to encourage that their voice is heard.

Signs to be aware of:

- Physical Violence: hitting, kicking, slapping, or strangulation
- Possessiveness: not allowing you to go anywhere, demanding you check-in, checking your phone
- Jealousy: accusing you of being unfaithful or isolating you from your family or friends
- Demeaning behavior: attacking your intelligence, looks, mental health, or capabilities
- Threatening: stating that they are going to jeopardize you, kids, or family
- Blaming: blaming you for outbursts, shortcomings, and failures
- Sexual violence: unwillingly or being coerced to engaging in unwanted sexual acts
- Controlling finances: taking your ability to make independent financial decisions
- Limiting expression: taking your ability to engage in spiritual or cultural activities

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Chair's Notes

Nickolaus D. Lewis
Lummi Nation
NPAIHB Chairman

As we try to take care of each other during this time of crisis in Indian Country, I am continually reminded that the work each and every one of you do is the right work for our people. What each of you does matters so much to your tribal citizens and community, and all of our communities.

Whether you are working with our people with diabetes, cancer, HIV, or any other chronic disease, or virus like COVID-19, your clinics make a difference. If you look at our providers administering the Special Diabetes Program for Indians (SDPI), for example, you can see that this is true. Culturally competent care, provided to our people, by our people in our clinics, is the model for all programs addressing chronic diseases. In the Portland Area, tribes are developing community gardens, working toward food sovereignty with traditional foods, conducting cooking classes through on-line platforms, and promoting healthy physical activities with virtual community walks and runs. All of these activities, your dedication and commitment to the health of our people, and your understanding of the communities and the cultures that you serve help to reduce the prevalence of diabetes, and other chronic diseases, in our communities. You are also building healthy habits for our future generations. My hands go up to you for the work that you are doing.

While the SDPI program is a model program with excellent outcomes, we do need to continue to advocate for more funding for SDPI and to support a statutory change so that tribes can administer the funds more efficiently through self-governance contracts. We'll get there - together!

Nickolaus Lewis
Chair, Northwest Portland Area Indian Health Board
Councilman, Lummi Indian Business Council

Indian Health Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP

Affordable Care Act Litigation (California v. Texas)

The United States Supreme Court is set to hear oral argument on November 10, 2020, in California v. Texas, the case in which Texas and other states are challenging the constitutionality of the Affordable Care Act (ACA). While the legal challenge focuses on the constitutionality of the ACA's individual mandate provision, Texas and other parties in the litigation have asked the Court to invalidate the entire ACA on the grounds that the individual mandate was considered by Congress to be an essential component of the Act and therefore cannot be "severed" from the remainder of the provisions.

The case has major implications for Indian Country because critical amendments to the Indian Health Care Improvement Act and other Indian health provisions were enacted as part of the ACA. In the event that the entire ACA is invalidated, those Indian provisions would also be struck down, even though they have nothing to do with the individual mandate. The amicus brief filed on behalf of a large coalition of tribes and tribal organizations from across the country, including NPAIHB, asked that if the Supreme Court deems the ACA's individual mandate unconstitutional, it should sever that provision from the Indian specific provisions in the Act.

In the proceedings below, a split panel of judges on the United States Court of Appeals for the Fifth Circuit concluded that the individual mandate provision is unconstitutional, and remanded the case back to the district court to reconsider whether the entire ACA must be invalidated, or if they are severable from the individual mandate.

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Indian Health Update

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The district court previously concluded that no portion of the ACA was severable and because the individual mandate was unconstitutional, the entire law must be struck down.

The recent passing of Justice Ruth Bader Ginsburg has created greater uncertainty and concern about the future of the ACA as the Court prepares to consider anew the constitutionality of the Act. As a senior member of the Court's liberal side of the bench who has voted to uphold the ACA in the past, Justice Ginsburg had been expected to do so again when the Court considers the law a third time in California v. Texas. The possibility of a sudden shift in the Court's composition could affect the outcome of the case.

On September 26, 2020, President Trump nominated Judge Amy Coney Barrett, current judge on the United States Court of Appeals for the Seventh Circuit, to replace Justice Ginsburg on the Supreme Court. Judge Barrett has publicly stated having the same originalist view of the Constitution as the late Justice Antonin Scalia as well as a textualist view of statutes, which commonly means that the judge looks more strictly at the written law and less to surrounding circumstances or evidence, like legislative history. The Senate Judiciary Committee began confirmation hearings for Judge Barrett on October 12, 2020. The Republican-led Judiciary Committee is expected to vote on Judge Barrett's confirmation on October 22, with the potential for a full Senate floor vote the week of October 26.

If confirmed by the Senate before the oral argument in California v. Texas, it is likely that Judge Barrett would participate in deciding the case. However, if Judge Barrett is not confirmed before the oral argument, it is not clear whether she would participate in the case. Normally, a new confirmed Supreme Court justice does not vote in a case in which she or she had not participated in at oral argument. Accordingly, if Judge Barrett is not confirmed by November 10 and the Court proceeds with the argument as scheduled, a 4-4 split is a possibility. If that were to occur, the Fifth Circuit's ruling would remain in place, and the case would go back to the district court per the Fifth Circuit's instruction to the district court to reconsider the question of severability.

There is also the possibility that one or more of the Court's conservative justices agree that even if the individual mandate is now unconstitutional, the rest of the provisions in ACA, including the Indian specific provisions, are severable and may remain as law. Many legal experts, including noted conservatives and ACA opponents, have commented that Texas' argument that the individual mandate cannot be severed from the rest of the Act is particularly weak from a legal standpoint. Furthermore, both Chief Justice Roberts and Justice Kavanaugh (President Trump's most recent appointee) have recently affirmed in separate cases that courts should normally strike only the unconstitutional provisions of a challenged law and leave the remainder intact. Additionally, in 2012, Chief Justice Roberts was the critical vote in favor of upholding the ACA—although, of course, the legal arguments in that case were somewhat different.

In short, although the loss of Justice Ginsburg and the nomination of Judge Barrett introduces new uncertainty into the case, it is not a guarantee of any particular outcome. Regardless, it is impossible to foretell the outcome of this case with certainty until the Supreme Court actually issues its decision.

Tribal Researchers' Cancer Control Fellowship Program: Training the Next Generation

Ashley Thomas, MPH
NW NARCH Program Manager

Few studies of cancer prevention and control or of cancer etiology among American Indian and Alaska Natives (AI/AN) in the U.S. have included AI/AN people as investigators. AI/ANs in Principal Investigator roles in cancer research have been particularly uncommon. Although many cancer control studies by non-AI/ANs in tribal communities have been conducted with good intentions toward reduction of cancer incidence and mortality, they have often failed to achieve a reduction in cancer-related disparities among tribal populations. AI/AN investigators in key roles in cancer control projects are clearly needed to more effectively address the cancer burden in tribal communities.

Tribal Researchers' Cancer Control Fellowship Program 2020 Cohort

Objectives outlined by Healthy People 2020 prioritize reducing cancer death rates and incidence of invasive and late-stage cancer. Healthy People 2020 also calls for increasing the following: cancer screening for breast, colorectal, and cervical cancers, the number of central registries in the U.S., the proportion of cancer survivors living five years or longer after diagnosis, and the proportion of persons who participate in behaviors that reduce their risk of preventable cancers. In alignment with these goals, the National Institutes of Health have awarded funds to the Northwest Native American Research Center for Health (NW NARCH) to develop a cadre of cancer prevention and control researchers.

The NW NARCH Tribal Researchers' Cancer Control Fellowship Program aims to reduce cancer incidence and mortality and improve cancer survival in tribal communities through the efforts of AI/AN researchers. More specifically, we aim to increase research capacities and build research skills among AI/AN researchers, so that they will be better prepared to design and carry out well-designed, scientifically rigorous, cancer control projects in tribal communities.

The aims of the project are:

1) To recruit and retain 40 qualified AI/AN researchers who seek additional training in cancer control research and in the implementation of cancer control projects;
2) To design and offer a tailored three-week cancer control research curriculum using experienced and qualified faculty and consultants, leading to a capstone cancer prevention research project for each trainee;

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Tribal Researchers' Cancer Control Fellowship Program: Training the Next Generation

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3) To provide follow-up support, including field support, distance learning opportunities, and mentoring to the trainees after they complete the formal curriculum in cancer control research; and
4) To provide cancer control research internships to interested trainees who complete the three-week curriculum, so that they can master additional research skills relevant to careers in community-based cancer control under close mentorship.

We have 30 fellows currently participating in our program and expect to recruit ten more for the 2021 cohort. A recent process evaluation revealed that in 2019 our trainees (n=19) submitted or published 15 peer reviewed articles, gave 31 presentations at national scientific meetings, and applied for 17 grants. Four of our trainees were awarded implementation funding through this fellowship program to lead their own cancer-related studies. Due to COVID-19 we have tailored our three-week in-person training to a series of online courses offered throughout the year. Application materials for the 2021 cohort will be made available on our website (http://www.npaihb.org/northwest-native-american-research-center-for-health-nw-narch/) in January 2021.

October: National Domestic Violence Awareness Month

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Who to contact for help:

- National Domestic Violence Hotline, www.thehotline.org, phone: 1.800.787.3224
- Rape, Abuse and Incest National Network (RAINN), www.rainn.org, phone 1.800.656.4673
- Stronghearts Native Helpline, www.Strongheartshelpline.org, phone 1.844.762.8483

Whether you are an advocate, friend, or survivor, please practice self-care during these trying times. Self-care is when a person engages in activities that help to improve their health. Such actions can help remind you that your needs are important too. If you or anyone in your life is experiencing domestic or sexual violence, please reach out for help. It is hard to handle these things alone. You deserve to be heard, believed, and validated. Stand up for yourself and domestic and sexual violence survivors. #DomesticViolenceAwareness

Domestic and Sexual Violence Prevention Social Marketing Campaign Materials:

For prevention materials from the Response Circles project at the Northwest Portland Area Indian Health Board, please contact Paige Smith at psmith@npaihb.org. Materials include tips, rack cards, and posters.

Reference for SAMHSA: https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf

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Improving Asthma Management Among NW Tribal Children and Young People

Tom Becker, MD, PhD
NW NARCH Program Director

Although much of the country's public health efforts currently are focused on infectious disease threats, challenges related to chronic conditions have not gone away. For many chronic diseases, including asthma, the challenges may be increasing in size and scope. Nationally, asthma affects one in ten children under age 18 years, making it the most common chronic disease among youth.

This high prevalence translates to a heavy public health burden, affecting not only patients but their families by interference in the conduct of daily activities, missed days of school and work, and worry and concern. Many asthmatics express their terror in not being able to breathe easily during acute flare-ups of their disease. Asthma has many costs to society, including emergency department visits and hospitalizations. Pediatric asthma poses a particularly heavy public health burden in Indian Country. The prevalence of asthma in American Indian and Alaska Native (AI/AN) children is estimated at 15.1%, compared to the general US population of 9.5%. Data from one Northwest state clearly supports these national figures for tribal people.

Healthy People 2020 includes eight national asthma objectives. The document calls for reductions in: asthma deaths; hospitalizations for asthma; emergency department visits for asthma; activity limitations among persons with asthma; and the proportion who miss school or workdays due to asthma. Healthy People 2020 also calls for increases in: the proportion of asthmatics who receive formal patient education; the proportion who receive appropriate asthma care; and the number of states with a comprehensive asthma surveillance system for tracking asthma cases, illnesses, and disability at the state level. We at the Board want to do our parts by helping to meet or exceed these goals for tribal people in our region. Our current grant thrust in this area, originally conceived by an OHSU professor and Indian Health Service pharmacist, is part of our current asthma control plan.

In the original grant proposal, funded by the National Institutes of Health, the document noted that clinical management of asthma is generally accomplished with appropriate medication and patient education. While best practices and guidelines are well defined, implementation widely varies in health care settings. It often is not coordinated in any structured way with home environmental assessment and reduction of triggers. Interventions to improve patient education by pharmacy and home visits by nurses and community health workers have demonstrated substantial improvements in symptom-free days and quality of life, and reductions in health care utilization in selected settings. Few data have addressed asthma management among AI/AN children in the Pacific Northwest or most other parts of Indian Country. Our pilot study is designed to better quantify the public health impact of these interventions in tribal clinics and determine how the intervention can be disseminated and sustained in multiple communities. Lessons learned about intervention components and delivery that is culturally relevant, valid, and reliable will be communicated to researchers, practitioners, and communities. We expect that our findings will have broad generalizability to tribal communities and clinics nationwide.

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Improving Asthma Management Among NW Tribal Children and Young People

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The asthma management grant represents a new thrust in pediatric asthma management, and the grant application was viewed as creative and essential to the field. The stated aims of the pilot study were as follows:

Aim 1. Clinic-based asthma education provided by pharmacy emphasizing self-management and coordinated with home environment management will, for the child with asthma and their parent/caregiver: (1) Increase knowledge of asthma; (2) increase self-efficacy; (3) increase proper use of controller and rescue medications; (3) reduce exposures to home environment triggers; (4) improve asthma-related quality of life (QoL) for the child with asthma; and (5) reduce asthma-related medical care utilization. Symptoms, activity limitations, and health care utilization are now being assessed with patient and caregiver self-report and medical record review.

Aim 2. The experience gained in the first tribal clinic will provide the training materials and recommended protocols/practices for the dissemination and implementation of childhood asthma control programs in three other Pacific Northwest tribes. The protocols and recommended practices from the first clinic partner provided the foundation for developing training materials to deliver to the clinic staff and environmental health services of additional tribal communities.

Aim 3. After the implementation year, tribal clinics will maintain organizational and institutional resources to sustain their pediatric asthma control program. Interviews with tribal clinic staff and measurements of organization elements, continued enrollment of pediatric asthma patients, and retention rates will provide a descriptive characterization of maintenance and sustainability.

We have created an incentive program to enroll pediatric asthma patients and their caregivers in our pilot study. In addition to small gift cards, we provide asthma 'green cleaning kits' that include non-chemical cleaning agents and HEPA vacuum cleaners. Our plans include the renewal of green cleaning supplies upon request.

As the original investigators noted, childhood asthma is a chronic illness that poses considerable burdens on tribal communities. Asthma education programs for pediatric patients and their parents/caregivers, combined with home visits to reduce exposure to asthma triggers, holds promise to increase symptom-free days and reduce urgent care utilization and costs. Enhancing existing pharmacy and environmental health structures of tribes is expected to be an acceptable and sustainable intervention of relatively low cost. Although our study is moving more slowly than we would like, especially since the pandemic, we are making progress and hope to have a successful pilot study completed within two years.

Maternal and Child Health ECHO

Tam Lutz, MPH, MHA (Lummi)
MCH Programs Director

Karuna Tirumala, MPH
IDEA-NW
Biostatistician

Tribes and their healthcare providers know that healthy mothers and children help form the backbone of strong communities. Ensuring the wellness of mothers and children, especially during the COVID-19 pandemic, includes making sure clinicians have every resource available to them to improve patient outcomes, including space to confer with and learn from peers and multidisciplinary teams about relevant topics.

Staff supporting the maternal and child healthcare needs of American Indian and Alaska Native people are invited to participate in a 6-session Maternal and Child Health (MCH) ECHO clinic from September 2020-February 2021. Each session focuses on a distinct MCH interest area through a culturally appropriate and holistic lens.

The Maternal and Child Health ECHO Clinic will cover topics such as:

- Maternal health and COVID-19
- Immunizations
- Breastfeeding
- Opioid and substance use disorders
- Behavioral and mental health
- Care for children with disabilities

INDIAN COUNTRY ECHO

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Maternal and Child Health ECHO

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Why an MCH ECHO?

The goal of the MCH Indian Country ECHO program is to expand the resources and expertise of Indian Health Service, tribal, and urban Indian clinics by providing virtual clinics, case and data presentations. This MCH ECHO is facilitated by native MCH staff, led by a native pediatric faculty and specialist mentors. With the COVID-19 pandemic preventing large, in-person meetings, this telehealth format fosters a collaborative community of engaged practitioners and experts, bringing MCH best practices to all patients, regardless of geographic constraints.

Who should join? To name just a few:

- Primary Care providers
- Immunization coordinator
- Pediatricians
- Physician Assistant
- Nurses
- Midwives
- Community Health Workers
- Peer Support Specialist
- Lactation Specialist
- Other interested in MCH topics

When will the next session take place?

The remaining MCH ECHO session will take place on the 4th Thursday of every month from 12-1pm PT

- November 19th (Note reschedule due to holiday)
- December 17th (Note reschedule due to holiday)
- January 28th
- February 25th

How do I join?

Join the MCH ECHO by clicking on the “sign up today!” at:
https://www.indiancountryecho.org/program/maternal-and-child-health/

Chronic Disease, Food Access, and Food Security During COVID-19 and the Importance of Local and Regional Food Systems

Candice Jimenez
MCH Opioid Project Director

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Jenine Dankovchik
MCH Opioid Biostatistician 1

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Nora Frank-Buckner
Food Sovereignty Initiative Director
& WEAVE FS Project Manager

What is food insecurity?

The USDA defines food food insecurity in two ways:

1. Low food security is when there are "reports of reduced quality, variety, and desirability of the food available and little or no indication of reduced food intake."
2. Very low food security is when there are "reports of multiple indications of disrupted eating patterns and reduced food intake." (United States Department of Agriculture)

These indicators are one way we can measure the potential risk of hunger in a community.

What is food sovereignty?

Food sovereignty can be defined differently for each community or individual. It is often referring to peoples' rights to cultivate, grow, harvest, and procure healthy and culturally relevant foods. It also includes the right for each community to define their food system and how they choose to revitalize, maintain, and protect it. For many NW tribal communities, increasing food sovereignty efforts and improving local food systems have been brought to the forefront in recent years to combat chronic diseases such as type II diabetes, heart disease, stroke, and obesity. These efforts have become even more important this past year due to the COVID-19 pandemic. COVID-19 has disrupted the food supply chain to many tribal and rural communities. There has also been a significant increase in the need for food assistance programs such as SNAP, WIC, and food banks or pantries. The loss of jobs adds another layer of complexity and urgency in managing and preventing chronic diseases because those with chronic health conditions are at a higher risk of complications from COVID-19. (Centers for Disease Control and Prevention)

It has never been more important to address the food system's weaknesses and focus on building and strengthening the local and regional tribal food system.

Current Reality

Chronic diseases, including heart disease, stroke, and diabetes, are among the leading causes of morbidity and mortality for American Indians and Alaska Natives (AI/AN) in the NW, and AI/AN experience health disparities in many chronic diseases (Northwest Portland Area Indian Health Board). Compared with non-Hispanic whites in the NW, AI/AN are 24-67% more likely to die from heart disease, 20-58% more likely to die from stroke, and 2.3 times more likely to be hospitalized for hypertension (Northwest Portland Area Indian Health Board). The Indian Health Service estimates that 12% of AI/AN living in the Portland area have been diagnosed with diabetes, and diabetes mortality is at least 2.8 times higher for AI/AN than non-Hispanic whites in the region (Northwest Portland Area Indian Health Board).

While the causes of chronic disease are complex, poor nutrition leading to high rates of overweight and obesity plays an important role. For AI/AN in the NW, this trend takes root in childhood and continues into adulthood.

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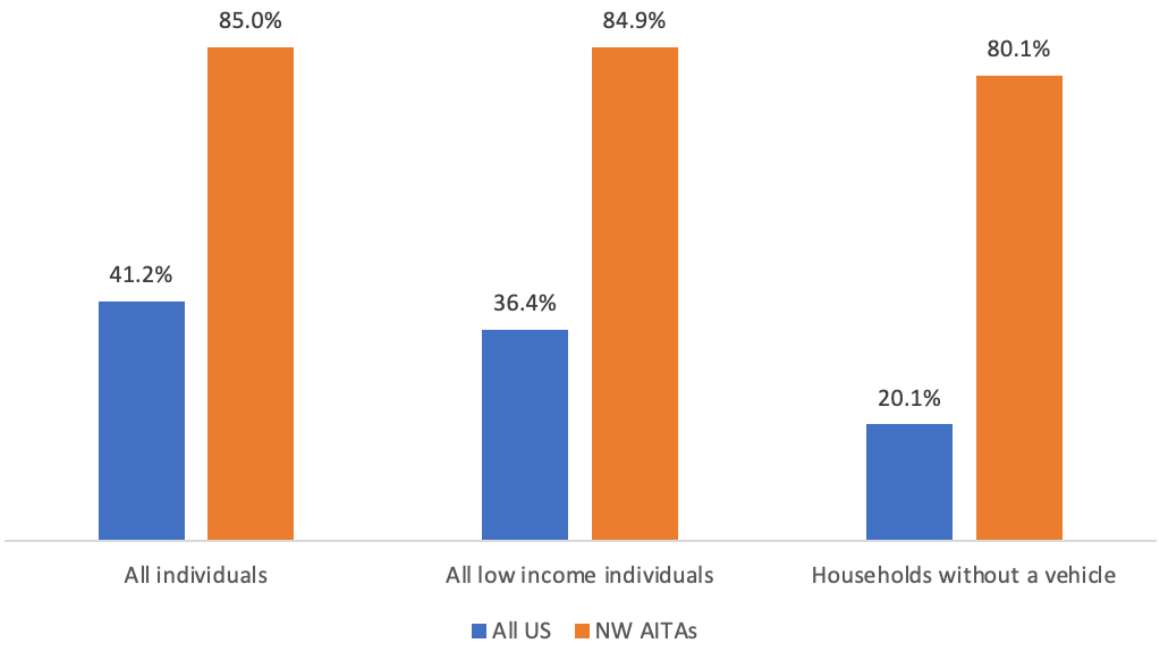
Nearly one-quarter of AI/AN children aged 2-5 receiving care at a NW IHS or Tribal clinic have a BMI at the 95th percentile or higher (Indian Health Service). Among AI/AN high-school students, 21.2% are overweight, and 17.5% are obese (CDC) (Northwest Portland Area Indian Health Board), while 31% of AI/AN adults in the NW reported being obese (Northwest Portland Area Indian Health Board) As many chronic diseases can take their beginnings in early childhood, it is essential to note that breastfeeding is considered one of the protective factors against chronic disease with short and long-term beneficial factors. (Kelishadi R)

Many tribal programs aim to prevent and manage chronic diseases by encouraging at-risk community members to improve their diet, but this requires that healthy foods are available and affordable. The reality is that many tribal communities in the NW are located in remote areas with low population density and high rates of poverty. Figure 1 shows the share of all individuals living in American Indian Tribal Areas who are within walking distance of a supermarket. Compared to the US population, in general, lack of access is more than double. Notably, 80% of AI/AN households without a vehicle live more than 1 mile from a grocery store (Phillip Kaufman).

Figure 1. Share of all individuals who do not live within walking distance of a supermarket



AITA = American Indian Tribal Area (US Census designation).
Source: USDA Economic Research Service Information Bulletin Number 131

Food access varies widely across the region, as seen in Figure 2 (USDA). This map shows the location of food deserts in the NW (defined as areas with a high poverty rate and low supermarket access) and the location of NW tribal lands. Some tribal communities have good food access, but for others, low income and distance from urban areas create a disincentive for larger grocery stores to serve their market, leaving communities reliant on convenience stores and mini-marts for much of their food. While these stores serve a critical function in many tribal communities, it can be challenging to create healthy meals from the limited options that these retailers typically are able to offer, as they tend to be highly processed foods high in fat and sugar. Where fresh foods are available, they are often unaffordable.

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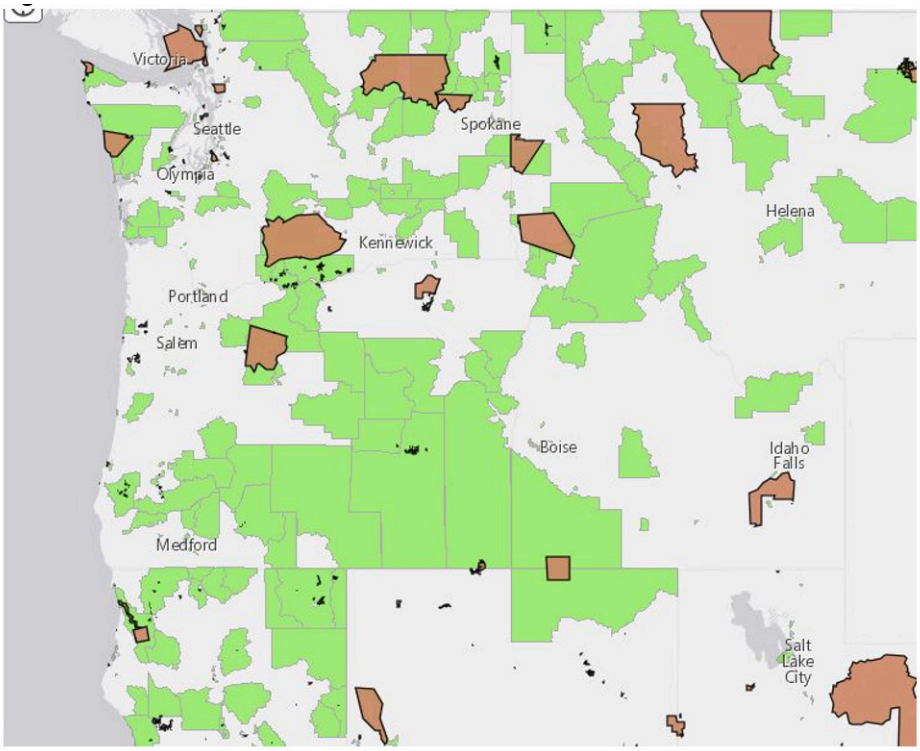
Figure 2. Location of Tribal Lands and Food Deserts in the NW



Food desert is defined as Low Access and Low Income. Low Access are areas in which at least 33% of the population is more than 1 mile from a supermarket (if in an urban area) or more than 10 miles from a supermarket (if in a rural area). Low income are any areas where the poverty rate is 20% or greater, or the median family income is <80% of the median for that metropolitan area (if in an urban area) or the median for the state (if in a rural area). Source: USDA Economic Research Service Food Access Research Atlas.

Addressing these food security issues takes a variety of forms in NW tribal communities. About one-third of AI/AN report receiving food stamps (US Census Bureau). While the Food Distribution Program on Indian Reservations provides food assistance to many, 25% of FDPIR recipients report that the food they receive does not last the month (USDA Food and Nutrition Service). Tribal food banks, community gardens, and traditional food distribution programs are increasingly becoming a source of assistance to community members who are experiencing food insecurity. These spaces provide communities with a way of local sustenance – growing foods that strengthen their connection to the land (Carol, James and Ingrid), are within season, and support ancestral ways of knowing, such as growing plants that support and promote breastfeeding.

Practical Solutions to an Immediate Problem: The NW Tribal Food Sovereignty Coalition and the NW Tribal Breastfeeding Coalition Updates

NW Tribal Food Sovereignty Coalition (NTFSC):
Food Sovereignty Implementation Funds: In order to respond to immediate food access, distribution, and security issues exacerbated by COVID-19 and shut down orders, we were able to reallocate funds initially earmarked for in-person training and travel in order to award $45,000 total among 14 small awards to NW tribal communities and tribal organizations.

COVID-19 Response Funds:
In July 2020, the NTFSC received supplemental funds from the Native American Agriculture Fund in partnership with Flower Hill Institute, Columbia River Intertribal Fish Commission (CRITFC), and Ecotrust.

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This funding was to conduct resource identification of food distribution channels in the NW and a feasibility assessment of a potential business model for a consortium of NW tribes to purchase a local farm in Washington state. This initiative would increase healthy food access to tribal communities throughout the region through a Community Supported Agriculture (CSA) model. Additionally, the interest and need for a Community Supported Fisheries (CSF) box are being assessed. The business plan developed will serve as a model for strengthening local and regional tribal food systems in a way that honors tribal sovereignty and improves local access to foods.

Regional Food Sovereignty Assessment: The NTFSC is working with Greene Economics to adapt the Food Sovereignty Assessment Tool (FSAT) initially developed by the First Nations Development Institute. The Regional FSAT will assess the needs of tribal communities and food sovereignty programs in the NW. In addition to evaluating the interest, needs, and resources of food sovereignty programs, Greene Economics will highlight the potential economic development aspects of these programs.

Food Security during COVID-19 Survey: WEAVE-NW staff at the NW Tribal Epidemiology Center (NWTEC) will work with the UW Center for Public Health Nutrition to develop unique culturally and regionally relevant survey to define and measure constructs of food security that are of importance to the AI/AN population, including alternative food systems such as hunting, gathering, and fishing.

The project will address the needs of groups/households affiliated with the 29 federally recognized tribes in WA State. A semi-structured interview guide will be created that is contextually appropriate for tribes and their affiliates, such as fishing communities in Yakama Nation and the traditional foods programs of the Muckleshoot, Squaxin, Lummi, and Puyallup tribes. The goal will be to explore the diversity of approaches for supporting tribe members' food access and security and the use of traditional foods during the pandemic as well as on-reservation food assistance.

Second, findings from the interviews will be used to construct a household-level survey to assess changes in food access pathways (supermarkets, food assistance, food banks, mobile deliveries), the types of foods acquired, particularly traditional foods, and economic well-being. The data will be aggregated at the state and tribal area level and compared to similar data for the general state population to provide insights to Washington State tribes, tribal organizations, and state food agencies trying to respond to rapid alterations in food supply and demand from tribes during the pandemic.

Strategic Planning Sessions: Finally, the NTFSC has completed four virtual strategic planning sessions this summer. These planning sessions have set priorities moving forward for the next two years and created five workgroups: 1) Revitalizing Intertribal Food Systems, 2) Revitalizing and Protecting Traditional Food Knowledge, 3) Internal and External Partnerships, 4) Tech Support and Media.

These workgroups will convene over the next year as needed to work on the priorities set for each workgroup. The assessments, surveys, and business development plan previously mentioned will help inform the workgroups and serve as information that can advocate for additional resources and potential policy development at the tribal, state, and federal levels. These combined efforts provide a comprehensive approach to addressing food insecurity and improve access to healthy and culturally relevant foods as a means for emergency preparedness and economic development.

NW Tribal Breastfeeding Coalition:

Our goal in supporting communities via the NW Tribal Breastfeeding Coalition is to continue forward to promote, educate, support, and respect the diverse tribal communities in the NW by reclaiming breastfeeding and first foods; together, recognizing the interconnected nature of supporting the life course from the day a community welcomes a new baby into the world.

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In response to tribal communities, we recognize that human milk for human babies is the foundation of food sovereignty from the very beginning. It is essential to remind ourselves that each new baby and breastfeeding person have never nursed together, and it takes time. Just as it takes time to grow a garden, so too is the support a birthing and breastfeeding person needs to feel supported in all parts of their being. Additionally, in providing this support, we hope to honor the role of family, elders, peers, and community in the breastfeeding journey from one generation to the next. This is a time of healing and preparing, as breastmilk provides protective factors beginning in young life.

As we begin Fall 2020, we look forward to releasing breastfeeding posters highlighting the strengths and challenges related to breastfeeding and updates to social and web media. It is important to note that national and international organizations support breastfeeding, even if a breastfeeding person is healing from COVID-19. (Augusto Pereira)

We look to soon convene our first meeting of the breastfeeding coalition. If you are interested – please reach out to Candice Jimenez at cjimenez@npaihb.org (Breastfeeding Initiatives Manager with the WEAVE-NW team).

Conclusion

It was clear before 2020 that a strong regional tribal food system and efforts to improve tribal food sovereignty within NW tribes were critical to the overall public health strategy. However, reports from tribal food assistance programs in the first few months of the pandemic indicated that the impacts of COVID-19 on tribal food security have been drastic. We are only beginning to understand the extent to which NW tribes have been affected by food shortages, disruptions in the supply chain, increasing unemployment rates, which put even more pressure on tribal food assistance programs. Now, more than ever, it is clear that strengthening the regional tribal food system and investing in food sovereignty initiatives is not only a matter of chronic disease prevention and a public health priority, it is also a critical component of tribal emergency preparedness. NWTEC is taking strides to build on strong existing coalitions of NW tribe knowledge keepers, farmers, advocates, and community members to assess the impact and find a promising way forward that supports food sovereignty and the promotion of breastfeeding as a first food.

Commercial Smoking's Impact on Leading Causes of Mortality in the Northwest

Karuna Tirumala, MPH
IDEA-NW
Biostatistician

Commercial tobacco smoking, introduced to the region after colonization, is the leading cause of preventable death in the U.S. and has, for years, shown a distressing effect on the health of Native people in the Northwest. Approximately 30% of Oregon and 31% of Washington American Indian and Alaska Native (AI/AN) residents report current cigarette use, indicating a significantly higher prevalence of use than the regional Non-Hispanic White (NHW) population (1). Commercial tobacco also plays a notable role in four of the top five chronic leading causes of mortality amongst Northwest AI/AN: cardiovascular disease (CVD), cancer, chronic lower respiratory disease (CLRD), and diabetes (2).

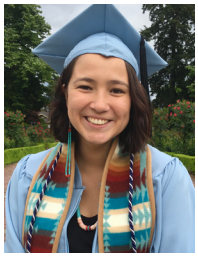
An IDEA-NW analysis of Oregon and Washington state death certificates from 2005 through 2016 showed that over the 12 years, commercial tobacco use played a role in at least 3,700 AI/AN deaths in Oregon and Washington, many of which had an underlying chronic cause. 95% of chronic lower respiratory disease and lung cancer deaths could have been prevented if tobacco use was eliminated. Smoking also showed a larger effect on American Indians and Alaska Natives with cardiovascular disease, as compared with the Non-Hispanic White (NHW) population in the region. While tobacco use in the NHW population contributed less than one percent of additional CVD deaths, AI/AN tobacco use contributed to nearly 1/3 more deaths from cardiovascular disease. Similarly, we found a larger effect of commercial smoke on AI/AN diabetes patients as compared with NHW diabetes patients; 9% of AI/AN diabetes deaths could be attributed to commercial tobacco use, but no excess NHW diabetes deaths were attributed to commercial tobacco smoke.

We have seen, time and time again, the elevated burden of chronic diseases on the Northwest Native community, most of which are only worsened by the use of commercial tobacco products (3). While traditional tobacco preparation and use can be healing and beneficial to communities, these results regarding the impact of commercial tobacco use show the importance of a sustained tobacco cessation effort by both the Board and by Northwest Tribes.

Sources:

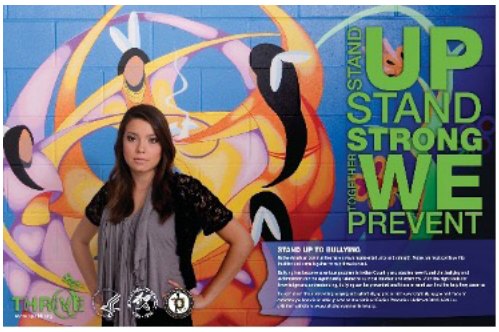
1. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2015-2017].
2. Heron M. Deaths: Leading Causes for 2017. National vital statistics reports; vol 68 num 6. Hyattsville, MD: National Center for Health Statistics. 2019.
3. US Department of Health and Human Services, Indian Health Service. Indian health disparities; 2019. https://www.ihs.gov/newsroom/index.cfm/factsheets/disparities/. Accessed October 7, 2020.

Virtual Learning and Cyberbullying: Helping Your Child Deal With Online Bullies



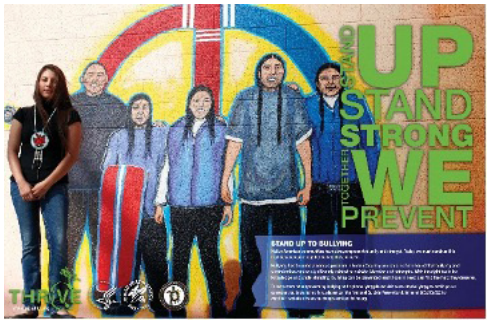
Lael Tate, MPH
THRIVE Project Coordinator

As the new school year starts, many students and parents are adjusting to online learning and children and teens are finding creative ways to stay connected to their friends using technology and social media. For Bullying Prevention Month, this October, it's important to keep in mind that virtual learning and increased use of technology and social media can also create more opportunities for cyberbullying to take place.



What is cyberbullying?

Cyberbullying is a form of bullying that happens online, over text messages, or on social media platforms like Instagram, Snapchat, TikTok, Twitter, and Facebook. Online learning presents new platforms where students can engage in cyberbullying, such as the chat and private chat features on Zoom and Google Classroom, class pages where assignments are posted, or class discussion boards. Online learning can make it difficult for students to avoid people who are cyberbullying them. Cyberbullying comes in many forms. It can look like name-calling on social media, sending threatening messages over text, texting or posting gossip, someone's secrets, or photos of a person without consent.



How to stop cyberbullies

If your child is being cyberbullied, it's possible that they feel powerless and isolated. An important first step is to recognize the signs of cyberbullying. Does your child or teen: randomly stop using the computer or cell phone; seem more depressed, sad, or frustrated; get anxious when texts or direct messages come in on the computer or a cell phone; withdraw from their friends; or overall, just act differently when it comes to electronic devices? During online schooling, your child may be more reluctant to attend certain classes or complete specific assignments because they are a target of cyberbullying.

- Once you've identified the problem, take it seriously and make sure your child feels safe and supported by you. You and your child can use these strategies to stop cyberbullying:
- Don't reply to bullying messages.
- Keep a record (including time and date). If the cyberbullying is happening during online classes or on class platforms, tell your child's teacher, counselor, or principle.
- Report or block the cyberbully. Contact your phone or Internet service provider and report what is happening. They can help block messages or calls from specific senders. Help your child report what they are experiencing to the social media platform. Sometimes they will shut the person's account down. You can also block a bully's account, messages, or comments.
- Help your child limit their social media use or screen time. Try practicing social media and screen boundaries as a family.

Virtual Learning and Cyberbullying: Helping Your Child Deal With Online Bullies

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As we're all adjusting to a new way of learning on virtual platforms, talk to your child about their experiences with social media and technology. Online spaces can be great for community building, but it's important to check-in and keep an eye out for cyberbullying.

Resources:

- Stop Bullying, www.stopbullying.gov
- CDC's #StopBullying, https://www.cdc.gov/injury/features/stop-bullying/index.html
- National Bullying Prevention Center, www.pacer.org/bullying

Stand Up. Stand Strong. Bullying Prevention Social Marketing Campaign Materials:

For prevention materials from the THRIVE project at the Northwest Portland Area Indian Health Board, please download the electronic copies at www.npaihb.org.org/social-marketing-campaigns and click on the "bullying prevention" tab.

*Acknowledgement: This article was written using THRIVE and WRN content and blog posts

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2020 LIVE Virtual THRIVE Gathering

Celena J. McCray
(Navajo)
Project Coordinator – THRIVE & WA DOH Parenting Teens

In March of 2020, the THRIVE (Tribal Health: Reaching out InVolves Everyone) suicide prevention project at the Northwest Portland Area Indian Health Board (NPAIHB) made the decision to postpone the 10th annual in-person celebration to June 2021 due to the COVID-19 pandemic. As this pandemic effected the lives of many across the Nation, the most impacted included tribal communities. The pandemic and the social and political environment during the spring infused uncertainty, anxiety and fear, which forced most everyone to adapt to new schedules and ways of living. National headlines showed the population that mental health and positive coping strategies are more important than ever and, on many Reservations and in many States, stay at home orders were in full effect. Therefore, our adolescent health youth projects at NPAIHB had to find their rhythm fast and in turn, developed creative ways to organize culturally centered virtual activities for Native youth that ensured physically distance safety measures, but still kept the youth socially connected.

From June 22 to 26, 2020, the THRIVE project hosted a LIVE virtual THRIVE gathering over the online Zoom platform for Native youth 13-19 years old. Native youth representing 21 federally-recognized tribes attended the daily 1-hour sessions that included hands-on skill-building activities with a focus on cultural pride and mental health. The daily sessions were led by many talented people including Native artist Steven Paul Judd, Well for Culture's Anthony Collins and Chelsey Luger, Beats Lyrics Leaders' Jamie Parrelli and mentors, and We R Native's Auntie Amanda and Uncle Paige.

2020 LIVE Virtual THRIVE Gathering

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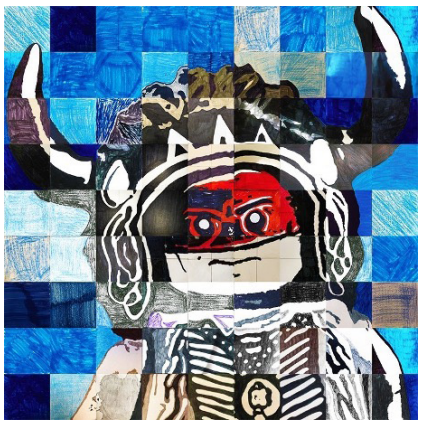
The purpose of LIVE Virtual THRIVE was to host cultural skill building interactive sessions that focused on reducing anxiety, developing healthy coping skills, building protective factors, and promoting mental wellness with the body, mind, and spirit. To ensure the safety of the participants, each day the event had a mental health person on standby, Sabrina Votava from FailSafe for Life and Ursula Whiteside, CEO of NowMattersNow.org.

"I liked that we were able to communicate and help each other compliment the tiles we did!" – LIVE Virtual THRIVE Native Youth Participant

To kick off the event each day, the youth took healthy risks and opened each day with a prayer. On day one, the NPAIHB's Executive Director, Laura Platero (Navajo), shared a hopeful message and commended youth for staying resilient for their families and their communities during the pandemic. Laura said "…you are our leaders now, we are so excited to see your growth and development in the future, the board supports and loves each and every one of you". The day continued with getting to know the participants and even playing a virtual Native trivia game.



On day two, the youth collaborated with well know Native artist, Steven Paul Judd (SPJ), for the first ever digital tile art piece. In preparation, youth were emailed a single tile that had lines and colors on it (participants did not know that it would combine to create a bigger art piece). Steven Paul Judd walked youth through the process of drawing their tile on a blank white piece of paper. Throughout this process, SPJ interacted with the youth and answered their questions about becoming an artist. THRIVE staff also talked about using art as a form of healthy expression and encouraged participants to continue to create art in the future. At the end of the week, each participant scanned or sent in a photo of their completed tile. Once combined together, the tiles all created a larger piece of art (to the left). Stickers of this art piece were created and sent out to all gathering participants.

Day three got everyone out of their seats with Well for Culture's Thosh and Chelsey. They shared an interactive presentation on the 7 Circles of Wellness which included a dialogue with the youth in the chat box on activities that help with their well-being. Thosh and Chelsey encouraged youth to expand their physical activities beyond sports and connect to their culture, relatives, the land, and amplify one's sacred space. A highlight was peacefulness through ceremony where Thosh, Chelsey, and Alo led interactive breathing and physical exercises. One participant stated, "I liked the breathing exercises and how it helped me learn to open up in a healthy way." Many of the participants that afternoon provided so much positive feedback in the chat box, they also shared that they plan to use it in the future to stay calm and relax.

"I enjoyed that we were able to do physical activities and learn new stretches and activities to make you less stressed." – LIVE Virtual THRIVE Native Youth Participant

Day four spotlighted one of the most popular workshops for the last nine years of the THRIVE conference, The Beats, Lyrics, Leader (BLL) workshop. For just over an hour, the BLL mentors and J Ross Parrelli guided youth through a collective brainstorm session on journaling current events, then expanded into creating lyrics and using writing as a healthy expression to write down feelings and emotions around those current events, and then participants were split into two virtual groups and each created song rhythms and beats with a BLL mentor.

2020 LIVE Virtual THRIVE Gathering

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This part of the process allowed the youth to create and watch the process of those creations on production software. With little time left, the youth got to take their individual lyrics, whether they be about the Black Lives Matter (BLM) protests, PRIDE month, their lives, quarantine, and/or COVID, combine them with beats their group created, and perform for the whole group. You can find the created beats here:
Group 1: https://soundcloud.com/beatslyricsleaders/thrivedookiebeat
Group 2: https://soundcloud.com/beatslyricsleaders/thrive-95-2020-raza-beat

Lastly, on Friday, day five, the youth got to participate in a meet and greet with We R Native's Auntie Amanda and Uncle Paige. Youth had the opportunity to go "behind the scenes" and learn how the We R Native team operates the Ask Auntie section of the We R Native website. The session included informal dialogue and a chance for participants to think and respond to questions that the team received throughout the gathering week. Youth were asked to answer the questions as if they are helping out a friend. This session generated great conversation in the chat box about reaching out for help, sharing resources and tips, and using positive coping strategies.

"Very interactive. I loved being able to interact even when I am not there." – LIVE Virtual THRIVE Native Youth Participant

Although this event was not in-person, staff and facilitators did their best to engage youth virtually and, on the evaluation, one participant even stated, "I liked the breathing exercises and how it helped me learn to open up in a healthy way," another participant wrote, "Very interactive. I loved being able to interact even when I am not there" and one last written evaluation was that "Although we are apart it feels good to feel connected." One important comment THRIVE staff took note of was someone who wrote "I have been struggling with depression. Definitely was a breath of fresh air," and this statement is one of the reasons THRIVE staff felt that although the conference could not be done in-person, that we had a duty to provide some community, some structure, some fun, and some activities for the Native youth of the Northwest. The evaluation also showed that 82% of participants felt that overall opinions of the sessions were excellent but as expected, most youth did not like that we all could not be physically be together.

Additional feedback included how the event impacted the youth. With the highest at 94%, participants felt they connected to other youth and Native people, following with 70% of participants that answered that this virtual event made them feel good about where they come from and their future. 58% of participants felt that the event helped them feel more confident and 52% felt that THRIVE increased their knowledge about how to be a healthy native person.

** Funding for this conference was made possible (in part) by grant number SM61780 from SAMHSA and the Methamphetamine & Suicide Prevention Initiative (MSPI) grant awarded by the Indian Health Service (IHS). The views expressed in written conference materials or publication and by speakers and moderators do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS; nor does it mention trade names, commercial 36 practices, or organizations imply endorsement by the U.S. Government*

New Faces

Chandra Wilson
(Klamath, Modoc, Yahooskin Paiute)
Tobacco Project Specialist

My name is Chandra Wilson. I am returning to Northwest Portland Area Indian Health Board as the Tobacco Project Specialist with the WEAVE-NW Project, and as an MSW intern with the Northwest Tribal Elder's Project. Both projects are part of the Northwest Tribal EpiCenter. I grew up on the Warm Springs Indian reservation in Warms Springs, Oregon. I have lived in Portland since 1996. With over 20 years of working in Indian Country, my career is dedicated to improving and advancing the health and well-being of Native Americans by delivering quality health care to tribal communities. I am committed to understanding and addressing health inequities experienced by disadvantaged and underrepresented populations, especially Native American peoples. I am interested in weaving together cultural knowledge with western-based science to promote the health of tribal communities .

Dawn Bankson, PHN, MSN, ARNP/CPNP
CDC Foundation

Hi, my name is Dawn Rae Bankson. It is an honor to be a part of the Northwest Portland Area Indian Health Board and Northwest Tribal Epidemiology Center through a grant from the CDC Foundation. My background includes earning my bachelor's degree in nursing at Loma Linda University and a Master of Science/Pediatric Nurse Practitioner Certification at California State University Fresno in 1997. As a child, we moved around a lot due to my father's work as a medical research engineer. His involvement in science and medicine started before I was born and included work in developing the positive pressure mechanical ventilator, called the Puritan-Bennett Ventilator, which replaced the iron lung.

In my early years as a public health nurse, I had the opportunity to work with tribes in the San Bernardino/Riverside, California area. Later I worked in migrant health centers. After moving to Washington, I had the good fortune to work for the Quinault Indian Nation as their pediatric provider.

I am fortunate to have the opportunity to put on a new hat by serving the NPAIHB member tribes through the CDC Foundation in a public health role. I am humbled and excited to be a part of this wonderful team!

Itai Jeffries, PhD
(Yèsah/Occaneechi)
Two Spirit LGBTQ Program Manager

Itai is a Yèsah/Occaneechi Two Spirit educator, qualitative researcher, and equity consultant. Itai graduated with a BA in Sociology from Guilford College, becoming the first in their family to earn a college degree. They went on to earn a MA and Ph.D. in Sociology from Georgia State University. Itai has worked and contracted across a large variety of roles, including serving their people on the Occaneechi Health Circle, and with institutions such as Centers for Disease Control, National Association for Chronic Disease Directors, the American Public Health Association, the Seattle Indian Health Board, and with a large number of community-based organizations (especially those that serve the American Indian and Alaska Native population). At the Seattle Indian Health Board, they served as the Traditional Health Program Director, helping to develop a program to integrate Traditional Indian Medicine in clinical settings. They have taught a wide variety of sociology courses at universities, community colleges, and technical colleges. Their work has spanned curriculum development, organizational development, qualitative analysis, equitable practices training, food sovereignty, food justice, healing justice, and culturally-rooted facilitation. Itai has offered coaching to both individuals and organizations regarding race and gender education and Indigenous approaches to gender equity. Lastly, Itai is a fangirl for Korean dramas!

New Faces

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Jessica Rienstra, BSN, RN
ECHO Case Manager

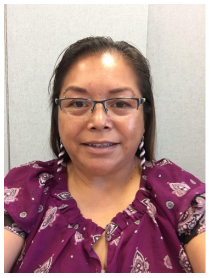
Jessica Rienstra is a Registered Nurse at Northwest Portland Area Indian Health Board working as an ECHO (Extension for Community Healthcare Outcomes) Case Manager. Prior to joining the ECHO team at NPAIHB she worked at a tribal health center where she helped develop and implement Harm Reduction, Syringe Service and HCV Elimination Programs. She is passionate about ensuring accessible, destigmatized and intentional health care for all.

Jonas Greene
(Laguna Pueblo)
Communications Manager

My name is Jonas Greene. It is an honor to join the Board, and I look forward to serving our member tribes. I grew up in Silverton, Oregon, while maintaining close ties to my extended family in New Mexico. I graduated from Portland State University and completed a continuing education program in design at Pacific Northwest College of Art. I have over 17 years of experience in marketing and brand advertising. I managed the media program for the American Indian College Fund for over ten years at their partner advertising agency, Wieden+Kennedy, in Portland, OR. Since 2017 I have provided graphic design and creative marketing services to major brands, including Blizzard Media, Benchmade, and REI. I'm excited to work with all of the talented people at NPAIHB and support our incredible roster of programs.

Katie Hunsberger
(*Fort McDowell Yavapai Nation*)
BHA Student Support Coordinator

Kaitlyn, or Katie Hunsberger grew up in Nevada and is a member of the Fort McDowell Yavapai Nation in Arizona. Katie received her Bachelor's in Communications & Political Science from Elmhurst University and her Master's in Public Policy from Loyola University, Chicago. Her education has guided her towards working in roles with Indigenous youth and being an advocate for Native country. Exploring roles as a Youth Advocate and Foster Care Specialist for her tribe, she aspires to be a leader for Native peoples. She is an auntie, empath, and adventurer. With a deep love for reading, beading, and hiking, Katie is likely to be enjoying the outdoors or finding new creative projects.



Lottie Sam, AA ECE
(Yakama Nation)
CDC Foundation

I am a member of the Confederated Tribes of the Yakama Nation. I have been a servant to my Community and the Tribal Membership through Tribal Council, Yakama Nation Housing and Yakama Nation Tribal Head Start. I have many children and enjoy the experiences we share from birth to being a Grandmother. I adhere to my Traditional ways of worship and follow-through with responsibility the Creator has bestowed upon me as a Yakama for my tribal resources. I am currently Contact Tracing for Yakama Nation. It has been a fast 2 months with the CDC Foundation and AIHB. I appreciate the work of fellow Contact Tracers and the Front-Line Staff helping the United States through this Pandemic. Nye

New Faces

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Natasha Watson, BSN
(Shoshone-Bannock, Navajo, Akimeal O'odham)
CDC Foundation

Ha' Nanewei'.(Hello, my people). My name is Natasha (Tasha) Watson. I am twenty-six years old. I am from Fort Hall, Idaho. I'm an enrolled member of the Shoshone-Bannock Tribes. I am also Navajo and Akimeal O'odham. I have my BSN, Bachelor of Science in Nursing, from The University of Arizona, and an Associate of Applied Science degree in Health Information Technology. I am currently working on my Master of Public Health degree at Idaho State University. Growing up, I always wanted to get my higher education in the health field and then return to my reservation and help my people, tribe, and others. Little did I know that I would receive this tremendous opportunity to work for CDC Foundation and NPAIHB. Though it is under challenging circumstances, I am thankful for the opportunity to help my tribe through this pandemic in the best way I can. Ooose (Thank you.)

Reshell Livingston
(Chickasaw)
Asthma Project Coordinator

Reshell Livingston is a new addition to our asthma management team, working with two of our regional tribes to improve practice guidelines among tribal young people. Reshell is a graduate of Portland State University with a degree in Business Administration. She worked in business locally before joining our team and is able to put many of her skills to work for this project. In addition to budget management, Reshell is an excellent problem solver, communicator, and is even skilled at writing and editing. We are lucky to have her! We hope that she stays at the Board for a long time.

Sheila Hosner
COVID Communications Lead
CDC Foundation

Sheila worked for 25 years for the WA State Department of Ecology in several programs as an Outreach and Communications Specialist, ending her career as a Legislative Liaison. While at Ecology, she returned to school to obtain a Master of Science in International Health, fulfilling a lifelong dream. After retiring, she moved to Uganda, where she managed a program providing medical care to the Bwindi Community Hospital's neediest for almost three years. She is still actively involved in Uganda, working with another rural community to build a much-needed health center.

Shawn Blackshear
Senior Environmental Health Specialist

Shawn Blackshear is a Senior Environmental Health Specialist with the Board's Environmental Public Health Program. He assists with planning and implementation of comprehensive environmental health programs for tribes throughout the Pacific Northwest Region. He has over 19 years of experience in the environmental health discipline and comes to the Board from the IHS Yakama Service Unit. He is originally from the Great State of Texas and enjoys riding his horses and fishing.

New Faces

continued from previous page

Dr. Sean Kelly
Clinical Consultant
Northwest Tribal Dental Support Center.

Hello Northwest Tribal Clinics,

I am excited to serve as the new Clinical Consultant for the Northwest Tribal Dental Support Center. I have personally benefitted from the support center's dedicated service these past 17 years. Dr. Johnson has been a great mentor and I lift my hands up in his honor. Thanks Bruce for all your years of service to help us better serve our communities.

I look forward to eventually visiting all the clinics and meeting you and your staff person-ally. Many of you I've met and have worked with on past projects. We have great people working in the Northwest and I've learned over the years we do our best work together, sharing our ideas and experiences. I do hope for us to continue such efforts, especially during these unprecedented times of the pandemic.

I will be working closely with Bonnie and Ticey and the three of us already have some plans in the works for 2021, so please stay tuned. Note too that when and where the opportuni-ties allow I will be working with Dr. Lynn Van Pelt, the new Area Dental Consultant (Portland Area Office) and Dr. Miranda Davis, the Project Director for the Native Dental Therapy Initiative (North-west Portland Area Indian Health Board).

If you have any questions or ideas you wish to share please don't hesitate to contact any one of us. I may be reached either by cell phone: (253) 212-7709 or email: drkelly55@gmail.com Thank you. -Sean

Save The Dates

January 19-21, 2021
NPAIHB Quarterly Board Meeting

April 20-22, 2021
NPAIHB Quarterly Board Meeting

NPAIHB Events Calendar
http://www.npaihb.org/events/

We welcome all comments and Indian health-related news items.
Address to:

Health News & Notes/ Attn: Lisa Griggs or by e-mail at lgriggs@npaihb.org
2121 SW Broadway, Suite 300, Portland, OR 97201
Phone: (503) 997-0299

For more information on upcoming events please visit www.npaihb.org

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD JULY 2020 RESOLUTIONS

RESOLUTION #20-04-01
NORTHWEST TRIBAL DENTAL PREVENTIVE AND CLINICAL SUPPORT CENTER

RESOLUTION #20-04-02
SUPPORT FOR CREATION OF A PORTLAND AREA COMMUNITY HEALTH AIDE PROGRAM CHAP CERTIFICATION BOARD

RESOLUTION #20-04-03
NATIVE DENTAL THERAPY INITIATIVE – FUNDING OFFERED BY THE NATIONAL INDIAN HEALTH BOARD FOR EDUCATION/ OUTREACH TO ENHANCE POLICIES SUPPORTIVE OF DENTAL THERAPY

RESOLUTION #20-04-04
NATIVE DENTAL THERAPY INITIATIVE - IMPLEMENTATION OF DENTAL THERAPY OFFERED BY THE NATIONAL INDIAN HEALTH BOARD

Photo credit: E. Kakuska - Dancing in the Square Powwow 2018