Health News & Notes

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

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July 2017

Keeping Canoe Pullers Safe on the Shore and on the Water

By Tam Lutz, MPH, MHA
Lummi Nation
NPAIHB Project Director

An Interview with Willapa Spirit Skipper, Suzanne Oliver Trautman, Oliver Canoe Club

"At some point not too long ago … a story was shared with me about a canoe family that was crossing the straights coming from Canada to US and the canoe capsized and someone died," shared the Skipper. Canoe culture goes back many generations and thousands of years among coastal Tribes. Along with the deeply satisfying physical, emotional, spiritual benefits pullers may experience while on the water, canoe pulling may also bring risks to if not conditioned or prepared properly.

In 2015, the U.S. Coast Guard counted 4,158 boating incidents that involved 626 deaths, 2,613 injuries In. These tragedies, according to the U.S. Coast Guard most often occur when a passenger falls overboard, a boat capsizes or collides with another boat or object. In canoes, the American Canoe association shares are often a result of paddling in water that is too challenging for one's skill level.

Everyone Wears One!

When pullers are in their canoes, everyone wears a life jacket. *"When we first began pulling in the annual canoe journey it was really pushed to wear life jackets and not just*

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Northwest Portland Area Indian Health Board

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Chairman's Notes

By Andrew Joseph, Jr.,
Colville Tribal Council
NPAIHB Chair

Hello,
This quarter our newsletter is focused on injury prevention. Injuries and injury related deaths have touched almost all of us in Indian country whether it involves an automobile, a bicycle, a swimming pool, a slip and fall, or some other unexpected incident.

The Confederated Tribes of the Colville Indian Reservation (Colville) is committed to training and awareness on injury prevention, and injury related deaths, through several employee and community programs. The Tribal OSHA Program has a partnership with the American Heart Association and has trained half of Colville's staff in first aid and CPR. This training is also open to our community members and over 100 people get trained every year. The Tribal OSHA Program also educates employees on product use and health and safety through the global harmonization safety (GHS) program. Employees working in construction are trained in field safety and use of protective equipment. Annual inspections of child care facilities and schools are conducted to ensure a safe environment for children and youth; and annual inspections of food handling facilities are conducted to ensure safe and proper handling of food. In addition, there is a workplace evacuation plan in the event of an emergency.

Besides the first aid and CPR training, several other injury prevention activities are conducted for our community members. I'll mention a couple of these programs. Through a grant with the Washington Traffic and Safety Commission, Colville holds public awareness activities on seat belts, child car seats and traffic safety. Through the Colville Native CARS car seat program, past contributors have continued to share their experiences, expertise and training products so that other Tribes regionally and nationally can benefit from the work they did at home. Colville has also conducted slip and fall prevention awareness activities for our elders.

Our programs are preventing injury and saving the lives of our employees and community members. I encourage you all to talk to your tribe to find out what programs your tribe has in place, participate in these programs, and share injury prevention opportunities with your family and community members to keep them safe too.

Way lím'límx (Thank you)
Yəx̌ʷyəx̌ʷúɬxn (Badger)

Andrew C. Joseph Jr.
HHS Chair
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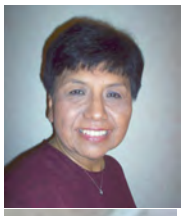
Keeping Our Elders Safe: Preventing Falls



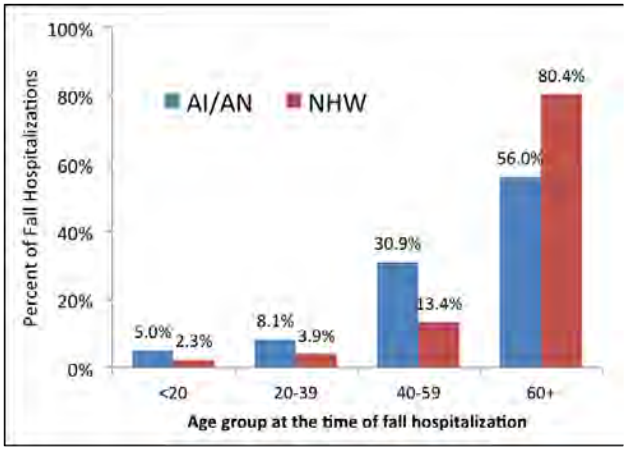
By Luella Azule and Bridget Canniff
NPAIHB

Our Tribal Elders are central to our community. They pass down information generation to generation, which is vital to our existence as Indian people. The experience and wisdom they have gained throughout their lifetime, along with their historical knowledge of the community, culture, and language, are cherished. Each year, tribal elders are injured due to falls, which commonly occur in their own homes. There are several contributing factors that must be considered beyond aging alone, because a fall can result in nursing home admission, hip fractures, disability and even death.

The National Council on Aging (NCOA) notes that while falls are common and costly, they are PREVENTABLE. Read on to learn more about falls, including some proven programs that can help reduce risk.

Falls by the Numbers

Across the United States, falls are the second leading cause of unintentional injury death for American Indians/Alaska Natives (AI/AN) ages 55+. Falls are the leading cause of injury hospitalizations among AI/AN ages 55+ in the Northwest. NPAIHB's IDEA-NW (Improving Data and Enhancing Access) Project has analyzed Oregon and Washington hospital discharge data for 2014, and found that 25% of all injury hospitalizations among AI/AN ages 55+ were due to falls. AI/AN with fall injuries serious enough to require a hospital stay were, overall, younger than their non-Hispanic White (NHW) counterparts. In Oregon, in 2014, the mean and median age at admission for AI/AN with fall injuries was 61.7 years and 64.0 years, respectively, compared to 71.9 and 76.0 years for NHW. For the same year, in Washington, the mean and median ages at admission for AI/AN with fall injuries was 59.6 years and 61 years, respectively, compared to 73.0 and 77 years for NHW.



Age at the Time of Fall Hospitalization for American Indian/ Alaska Natives (AI/ AN) and Non-Hispanic Whites (NHW), OR and WA, 2014

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Northwest Portland Area Indian Health Board

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Keeping Our Elders Safe: Preventing Falls

Since AI/AN elders are hospitalized for serious falls at a relatively younger age than the general population, it's recommended that tribal falls-prevention outreach and programs prioritize all younger elders – those who are over the age of 50, 55, or whatever age your tribe uses to define elder – rather than the standard 60 or 65 used by national non-Indian organizations or programs.

Prevent Falls and Preserve Elder Independence
A comprehensive clinical assessment with a physician should include gait and balance. All elders should also

Check Vision
- Poor vision increases the chances of a fall
- Vision changes as the elder ages; be sure to get regular checkups
- The wrong glasses, cataracts, glaucoma, or diabetic retinophy can limit vision

Manage Medications
- Some medications or combinations of medicines can cause dizziness or drowsiness
- Have a doctor or pharmacist review current prescriptions including over the counter medications and supplements

Make the Home a Safe Place
An elder fall safety checklist is an excellent tool that can help family or Community Health Representatives (CHRs) to identify hazards around the house. We've included a simplified checklist *on the next page*, adapted for use by youth; contact NPAIHB's Injury Prevention Program for the comprehensive checklist.
- Look at the floors in each room: remove rugs, books, furniture, electrical cords, wires, towels, laundry, shoes, boxes, and other trip hazards; use non-slip mats and grab bars in the bathroom
- Improve lighting in every room and path
- Make sure there are secure, safe handrails on the stairs
- Wear shoes at all times, inside or outside the home
- Put frequently-used items at waist level to prevent elders from using a chair to get items on high shelves

Exercise
- Exercise and stretching increases strength and balance, and can reduce the chances of a fall – check out the Moving with Mike videos (www.seniorexercisesonline.com) for an excellent (and free!) source of short exercises for seniors.

Evidence-Based Falls Prevention Programs
The National Council on Aging (NCOA) and the Centers for Disease Control and Prevention (CDC) have compiled information on evidence-based falls prevention programs, including the results of studies that show their effectiveness. Some of the most popular programs, several of which have been used successfully in tribal communities, are:

Tai Chi: Moving for Better Balance (www.tjqmbb.org)
Balance and gait training program of controlled movements for older adults and people with balance disorders results in 55% reduction in fall rates, $530 net benefit per participant, and 509% return on investment

Otago Exercise Program (www.med.unc.edu/aging/cgec/exercise-program)
Individual program of muscle strengthening and balance exercises prescribes by a physical therapist for frail older adults living at home (age 80+) resulted in 35% reduction in falls rate, $429 net benefit per participant and 127% return on investment

A Matter of Balance (www.mainehealth.org/mob)
Eight-session workshop, designed to reduce fear of falling and increase activity among older adults in the community, resulted in 97% of participants feeling more comfortable talking about their fear of falling, 99% of participants planning to continue exercising, and $938 savings in unplanned medical costs per Medicare beneficiary

Stepping On (www.steppingon.com)
Seven-week program that offers older adults living in the community proven strategies to reduce falls and increase self-confidence, resulting in a 30% reduction in falls rate, $134 net benefit per participant, and 64%

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Keeping Our Elders Safe: Preventing Falls

return on investment

Detailed information about these and other falls prevention programs are available at:
www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults
and
www.cdc.gov/homeandrecreationalsafety/pdf/falls/cdc_falls_compendium-2015-a.pdf

For more information about how to prevent elder falls, including the tools and resources mentioned above, please contact Luella Azule, NPAIHB's Injury Prevention Coordinator, at 503-416-3263 or lazule@npaihb.org.

[1] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2017 Jun 30]. Available from URL: www.cdc.gov/injury/wisqars.

[2] Fall-related hospitalizations were identified using the following ICD-9 E-codes: E880.0-E886.9, E888, E957.0-.9, E968.1, E987.0-.9

Help Our Elders Be Safe! A Checklist for Youth

Protecting our grandparents and elders also protects our community and culture. It takes a family and an entire community to care for them. Here are some things YOU can do help an elder you know create a safe home to live in with less chance of falling…

Floors
Look at the floors in each room. If you have to step over or around things like furniture, books, magazines, shoes, electrical cords and wires, this is not a safe path for elders to walk through. Here's what you can do:

- ☐ Help them move furniture (be sure it is safe for you to lift)
- ☐ Make sure the rugs in the house do not slip (use double sided tape to help)
- ☐ Help to organize papers, books, towels, laundry, shoes, boxes, blankets and other objects, and pick them up off the floor

Help Our Elders Be Safe! A Checklist for Youth

Stairs and Steps
Look at the stairs and steps inside and outside the house, and ask the following questions:

- ☐ Are there any objects on the stairs? (plants, books, etc.)
- ☐ Are some steps broken or uneven?
- ☐ Is there enough light to see each step at night?
- ☐ For stairs with carpet, is the carpet loose or worn?
- ☐ Are there loose handrails or none at all?

**If you answered yes to these questions, you may need extra help to make repairs.*

Kitchen
Look at the kitchen and eating area. Ask the elder what items they use the most and see how far they have to reach or bend for these things:

- ☐ Are the things they use a lot in high shelves? (You can help by re-organizing so that they can easily reach the things they use the most)
- ☐ Do they have a step stool and is it steady? (Encourage them not to use a chair as a step stool)

Bathroom
Look at all the bathrooms in the house:

- ☐ Is the tub or shower floor slippery?
- ☐ Do they have a non-slip mat?
- ☐ Do they need support getting in and out of the tub or shower? If so, they should have grab bars.

**To install grab bars in the shower or tub, you may need the help of a carpenter or other professional*

Six states and Counting: Oregon Has Adopted A New Child Seat Restraint Law

By Ashley Swetzof (Aleut)
NPAIHB Intern

On May 26, 2017 the state of Oregon changed its car seat law to better ensure safety for our youth. Children must ride in a rear facing car seat until age two years old or until they reach the maximum height and weight requirements for their rear facing-car seat. The previous law only required children to ride rear-facing until the age of one or twenty pounds. Five other states have adopted this law: California, New Jersey, Pennsylvania, Oklahoma, and South Carolina.

Oregon: New state law indicates that children under the age of two are required to sit in a rear-facing car seat and/or until the child exceeds the height and weight limits
First time offense is $110
http://www.ohsu.edu/xd/health/services/doernbecher/patients-families/safety-center/parents/car-street/cars.cfm

https://nativecars.org/modules/module-11-develop-policy-and-law-enforcement-interventions/

Washington: The state of Washington car seat law states that if there is a child under the age of 16 must be the proper restraint system and the driver is responsible for making sure that everyone is properly restrained.
http://apps.leg.wa.gov/rcw/default.aspx?cite=46.61.687

Max fine for first offense is $124 and the driver is charged if the passenger is under the age of 16, if the passenger is older than 16 the passenger is then charged with the fine.

Idaho: The state of Idaho requires passengers to sit in a restraint seat until the age of six, or until 40 pounds. After a passenger reaches that age limit and/or weight requirement the passenger is then allowed to sit with just a seat belt.
http://www.drivinglaws.org/resources/traffic-tickets/traffic-laws/idaho-child-restraint-laws.htm

Maximum fine for first time offense is $79

https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/nhtsacarseatrecommendations.pdf

Why is this important for kids?
Children are our future. Protecting them and keeping them safe in all regards of life will allow them to grow old and continue our traditions and cultures well into the future.

Not only is keeping children safe culturally important, it is also physically important to have the proper seat for a growing child. According to the Centers for Disease Control and Prevention (CDC), from 2002-2011 there was a 43% decrease in the number of deaths among children 12 years and younger due to children properly using a restraint system. They found that one in three children who died in crashes in 2011 was not buckled up at all. As children grow there are specific car seats and boosters for their size: age along with weight and height requirements for each seat. Because each child grows at a different rate, your child may meet the age requirement, but still too small physically to safely move to the next appropriate seat. Any caregiver of a child should follow the guidelines in the owner's manual that comes with the car or booster seat, in addition to using a seat that fits their car. Paying attention to details can save a life.

For the best and installation, have a CPS tech for your child to a seat and teach you to install it correctly in your car. Contact the clinic or local law enforcement, or search safekids.org to find a tech nearest you.
CDC Stats:

- Car seat use reduces the risk for death to infants under the age of 12 months by 71% and for toddlers, ages one to four years, by 54% in passenger vehicles.
- Booster seat use reduces the

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New Child Seat Restraint Law

risk for serious injury by 45% for children ages 4-8 years when compared with seat belt use alone.

- For older children and adults, seat belt use reduces the risk for death and serious injury by approximately half.

https://www.cdc.gov/motorvehiclesafety/child_passenger_safety/cps-factsheet.html

http://www.chop.edu/centers-programs/car-seat-safety-kids/car-seat-safety-by-age/newborn-2-years

How do I make my own law or update current laws?
If your tribe is interested in updating your child restraint law check out our website nativecars.org and if you have not done so, create a log-in to access module 11 which goes into much more detail as to how your tribe can develop a child restraint passenger restraint law. This website will get the ball rolling into the right direction!
https://nativecars.org/

You Don't have to Be In the Water to Drown

By Ashley Swetzof (Aleut)
NPAIHB Intern

As we get into the warmer months and find creative ways to cool down and beat the heat, we need to take safety precautions to protect our loved ones. The Centers for Disease Control and Prevention (CDC) states that drowning kills more children from the age's one to four than anything else except birth defects (CDC).

A new form of drowning is coming to light called "dry drowning" or "secondary drowning". It happens after swimming or being submerged momentarily like when waves at the beach knock a person down, submerging them under water. Mark A. Mitchell, an osteopathic emergency medicine physician from Chicago, describes what exactly Dry Drowning is. Water inhaled through the nose or mouth causes a spasm in the airway then makes it close up and impacts the breathing airway.

You Don't Have to Be In the Water to Drown: Dry Drowning is Coming to Light

Secondary Drowning or Pulmonary Edema is slightly different. It happens when swimmers take water into their lungs and over time the water builds up and causes difficulty breathing.
To keep children safe you may observe the following prevention measures:

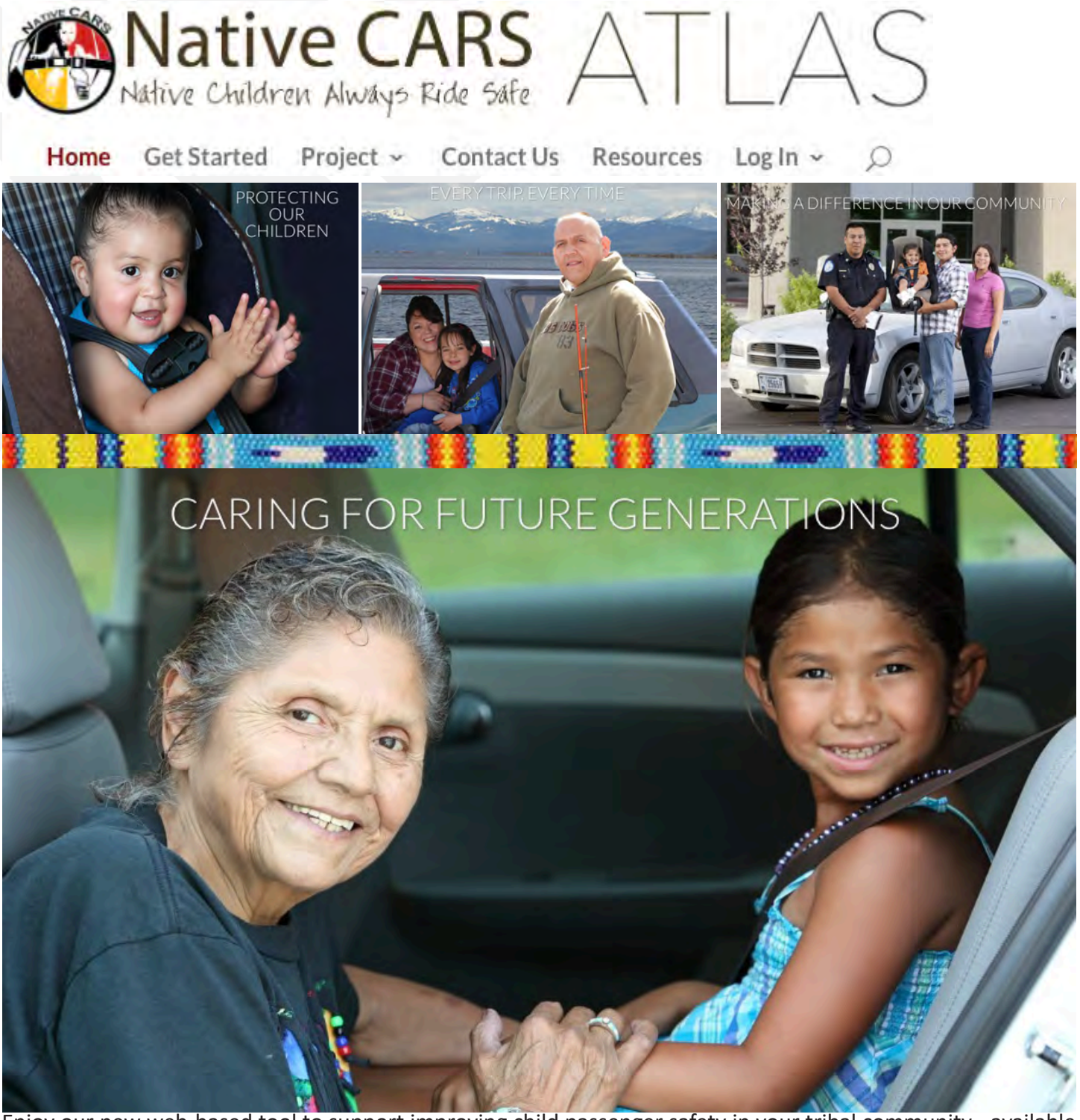
- Learn life-saving skills such as taking CPR training class.
- Teach kids to swim at an early age and to respect and follow the rules posted at community pools.
- Fence off and create barriers around pools, and have latches so young ones require assistance to get into the water area.
- Always supervise children around water whether a lifeguard is present or not.
- When engaging in activities around natural bodies of water like rivers, lakes, ponds, and oceans make life jackets a must.
- Be on the look-out for foul play or rough housing in or around the water and discourage head dunking.

Keep a close eye on young ones as they swim and play. Dr. Mitchell has suggests looking for these signs and symptoms after being near and around water:

- Trouble Breathing
- Excessive coughing
- Sleepiness or a drastic drop in energy levels
- Irritability
- Chest pain
- Vomiting

If you know your loved one was playing in water and has these signs and symptoms, contact your physician and explain what is going on and that water play was involved.

Dry and Secondary Drowning: The Signs Every Parent Needs to Know. (n.d.). Retrieved June 15, 2017, from http://www.osteopathic.org/osteopathic-health/about-your-health/health-conditions-library/childrens-health/Pages/secondary-drowning.aspx
Racial/Ethnic Disparities in Fatal Unintentional Drowning Among Persons Aged ≤29 Years — United States, 1999–2010. (2014, May 16). Retrieved June 15, 2017, from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6319a2.htm



Enjoy our new web-based tool to support improving child passenger safety in your tribal community - available at www.nativecars.org

What is the Native CARS Atlas?

The Native Children Always Ride Safe project begin with a successful community-based research study aimed at increasing the percent of children age 8 and younger riding in age and size appropriate child restraint seats such as infant, convertible and booster style seats. Northwest tribes from Oregon, Washington and Idaho participated in strengthening not only their own community's child safety practices but also that of surrounding areas. Differing themes arose from data collection through vehicle observations, focus groups and community meetings. Some of those focused on the power of inter-generational families in "Caring for future generations" as well as linking

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Native CARS ATLAS

By Candice Jimenez (Warm Springs), MPH
Native CARS/T2T Research Coordinator

on and off reservation safety by using passenger restraints "Every trip, every time." As a result of the project efforts in each of the 6 Northwest Tribes, the Native CARS Atlas was created as a tool to guide tribal communities around the nation in supporting their own unique strides to protect children in their own communities.

By Tribes, for Tribes
Through the Atlas, tribes share a variety of approaches that increased car seat use and saved children's lives. It is designed to be used by a diversity of groups from schools, parent groups, caregivers, parents, health care providers, public health programs, legal and law enforcement programs, emergency medical services or even traffic safety programs. Our hope is that anyone who wants to take action to improve child passenger safety will find something important to help out in his or her own town or even increase their own knowledge. Modules cover the following topics as well as much more within each module:

MODULES	
1.	Build and Organize Your Coalition
2.	Check Your Community's Readiness
3.	Find Data to Support Your Campaign
4.	Collect Your Own Child Passenger Safety Data
5.	Use Qualitative Methods to Understand How Beliefs and Culture Shape Decisions
6.	Make Data Driven Plant to Improve Car Seat Use
7.	Create Data-Driven Awareness Campaign
8.	Provide Child Passenger Restraint Education
9.	Got Seats? Child Safety Seat Distribution Programs
10.	Install Electronic Alerts to Help Health Care Professionals Provide Car Seat Education
11.	Develop Policy and Law Enforcement Interventions
12.	Work with Law Enforcement to Enforce Laws

Getting Started
Before you get started, you'll want to register by clicking on the green button.

Register to access the Atlas

As you make your way through the Atlas, you'll see that some sections include the opportunity to test your knowledge through quizzes that review the main points from module topics.

Each module contains a plethora of resources that reinforce the information offered in each section. You can find direct links to other sites or to our resources section, which include media templates used by Native CARS tribes as well as radio and television PSAs developed in some tribal communities. You'll also find quick links and individual success stories related to policy and law changes. The Native CARS Atlas truly aims to capture the inherent strength of tribal communities in protecting the future generations through child passenger safety. You'll see that it shows that any community member or person in a tribal organization has the capacity to direct or contribute to positive outcomes in the community as it relates to protecting children through proper restraint safety.

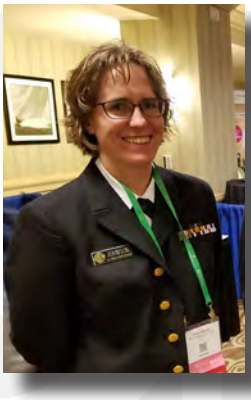
Overall, the Atlas course covers data collection protocols, suggestions for community engagement, step-by-step plans for building awareness campaigns, strategies for measuring car seat use, resource and media materials as well as methods for evaluating outcomes in your own community.

Please also follow us on Facebook and twitter for up-to-date information with the Native CARS Atlas.

We hope you enjoy the Native CARS Atlas!

Go to the Atlas

Using RPMS EHR Tools to Support Car Seat Education



By Katie Johnson, Pharm D
CDR USPHS
EHR Integrated Care Coordinator

Clinicians spend a significant amount of time using Electronic Health Record (EHR) systems in their day-to-day activities caring for patients. The Resource and Patient Management System (RPMS) EHR used by Indian Health Service and some tribes to manage clinical data has a tool called Clinical Reminders that can help providers review charts and better understand patient needs. Clinical Reminders display a list of preventative care or treatment that the patient is due to receive – it is also known as the "little alarm clock." A reminder icon changes color based on the needs of the patient, and right-clicking on the reminder provides more detail. Reminders cover a wide range of clinical needs based on recommended guidelines. They can prompt the clinician that a patient is due for a mammogram, needs a blood draw for an updated A1C level, or requires an updated screening to assess tobacco use.

The NATIVE CARS project has developed a way to leverage Clinical Reminders to support clinicians in their efforts to educate patients, caregivers, and families about the importance of proper car seat usage. We have developed reminders that will display in the EHR for infants and children when they come in for any type of clinic visit. For younger patients, it reminds clinicians every 6 months to check in with the caregiver and reinforce the need to keep the child in a rear-facing car seat until they are 2 years old. For patients between 2 and 13 years old, it reminds clinicians once a year to educate and refresh the caregiver's knowledge about guidelines related to the type of car seat that is recommended for the child's size.

To augment the reminder, Native CARS also developed some extra RPMS EHR tools to give healthcare providers access to information on local car seat distribution programs, and encourage communication between these programs and the clinics. We recognize that the logistics of car seat distribution programs vary in different communities, so the EHR tools are customizable to meet local needs.

A demonstration of the RPMS EHR tools and more technical information can be found in Module 10 of the Native CARS Atlas, available at:
https://nativecars.org/atlas/nativecars-atlas/

Tribal Spotlight:
Warm Springs Coalition Aims to Improve Child Passenger Safety

By Candice Jimenez (Warm Springs), MPH
Native CARS/T2T Research Coordinator

We recently spoke with Arlena Danzuka at the Maternal Child Health program within the Warm Springs Health and Wellness Center. Danzuka is a certified Child Passenger Safety Technician (CPST) and WIC (Women, Infants and Children) Certifier. She, along with a core group of coalition members, began work in early 2017 with a mini-grant from the Native CARS program offered through the Northwest Portland Area Indian Health Board (NPAIHB).

Danzuka led the efforts to form a coalition of representatives from Children's Protective Services, Early Childhood Education, Police Department, Fire & Safety (EMS Services), WIC, as well as medical providers from the Health and Wellness Center. The group organized their work around a few key areas:

- Distributing child safety seats
- Training new child passenger safety technicians (CPS techs)
- Planning a car seat clinic

Tribal Spotlight: Warm Springs

- Linking health care providers to CPS techs via the electronic health record

An important component of the efforts in Warm Springs is gathering data on child passenger safety in the community via vehicle observations. While the observations do not collect personal information, they do provide a picture of how kids are traveling in vehicles and an understanding of barriers and facilitators to child passenger safety in the community.

The coalition is using the data to build new programs to benefit caregivers and elders who help keep all tribal children safe. They recognize that it takes a whole community to keep children safe and healthy into adulthood.

Danzuka highlighted that the providers who serve on her coalition strongly supported creating a direct referral pathway between the medical department and maternal child health, where the CPS techs work. The way this works at Warm Springs Health and Wellness is when a child comes in for a well child checkup, the electronic health record reminds the provider to give specific child passenger safety education relevant to the child's age. It also gives the provider an opportunity to refer the family to maternal child health if they need a new child safety seat or help installing or tailoring the fit of the seat.

Warm Springs views their child passenger safety work as a whole family and community effort. The coalition gathers together with a connected purpose of protecting children, related or not, which reflects the values of the tribe. They meet monthly and are open for interested community members to join. The coalition recognizes that the work they do is much more than just a job. It has taken on a personal meaning; they work to protect all children in the community knowing that they are potentially saving lives each day.

Tribal Spotlight: Yakama Nation

By Tam Lutz, MPH, MHA
Lummi Nation
NPAIHB Project Director

An Interview with Regina Brown, Yakama Maternal Child Health Manager & Immunization Coordinator.

We recently had the pleasure to speak to with Maternal Child Health Manager and Child Passenger Safety Technician (CPST), Regina Brown. Ms. Brown has been working in MCH for almost 26 years and has lived on the Yakama reservation all her life.

Ms. Brown first got involved in Injury Prevention in an ongoing project started many years ago that only focused on working with newborns, encouraging car seat use and making weekly hospital visits to deliver car seats and assist parents with their use. Approximately ten years later their child safety seat distribution program added additional child safety seats, including convertible car seat (ones that can be used rear and forward facing) and booster seats. This was followed by expanding to more specialized seats such as seats for premature infants.

Ms. Brown stated, "If they have a chart here (at the Yakama Service Unit located on the Yakama Indian Reservation), folks should have a seat."

To help staff be knowledgeable in how to install car seats and advise parents how to do that for themselves some of Yakama Maternal Child Health staff members have obtained Child Passenger Safety Technician Certification. Starting about twenty years ago their whole staff was certified and would go to outreach clinics at least once a month & every other week during Well Child Clinics to perform car seat checks and provide car seats. Ms. Brown indicated, "Of course funding is always key to allowing us to provide these activities and provide seats."

Ms. Brown shared that in addition to distribution of child safety seats, the Yakama Nation has utilized seat

Tribal Spotlight:

Yakama Nation's Long Road to Improving Motor Vehicle Passenger Safety:

belt and child restraint laws to enforce child safety seat use. Initially the tribe passed a resolution to adopt the Washington state motor vehicle passenger restraint laws. In 2009 the Tribe passed its own Tribal motor vehicle codes including a seat belt and child passenger restraint code (50.25.45: Seat Belts and Child Restraints Required). Ms. Brown indicated, "Once the law was passed, I believe more people began to use seat belts as now anyone can get stopped by Tribal Police and get a ticket."

However, there are still barriers to child passenger safety, "Here, one of the biggest barrier, is not having a vehicle and catching rides with other drivers. Everyone here is eligible to get a car seat. But a lot of people don't have access to a vehicle or don't have money for gas for their own vehicle. Then it is hard for them to bring the car seat and make use of it, especially when riding the bus." The Yakama Nation has a Transit program, providing transportation throughout the reservation on several routes daily.

Given this barrier and others, they are still unfortunately experiencing motor vehicle collisions where children are unrestrained or improperly restrained in the vehicle Ms. Brown felt that opportunities where Tribal Police enforcing the laws and MCH can work together, through community events, such as health fairs will help to provide a united front in improving child passenger safety.

In more recent efforts, on behalf of Yakama Nation MCH, Ms. Brown joined five other tribes to utilize Native CARS mini grant funding to improve child safety seat use. Ms. Brown joined other at the NPAIHB in January 2017 to learn about utilizing the Native CAR Atlas website to form safety coalitions, collect vehicle observation data, and create data driven activity plans. Ms. Brown chose to pursue the following activity plan areas:

- Distributing child safety seats
- Training new child passenger safety technicians (CPS techs)
- Planning a car seat clinic
- Providing community education

Within six short months (inclement weather included) Yakama Nation was quick out the gate with the following successes:

- Over 1000 motor vehicle observation surveys at several locations on reservation have been completed
- Four people have completed the CPS Tech Training
- Nearly 100 convertible cars seats and 50 booster seats have been distributed.
- Over 15 newborn car seats have been distributed.

They now look forward to completing data entry and analysis and already have plans to utilize data to demonstrate need for and use of car seats for the upcoming BIA Tribal Highway safety grant. She also indicated she hopes to continue to expand their community education efforts to integrate car seat checks into prenatal home visits. She also hopes to work with Tribal Police on future car seat clinics.

When asked what has kept her motivated these last two decades to keep up her efforts in Injury Prevention, Ms. Brown stated, "I like doing this because at first it was the parents of the newborns coming into the world, (that I assisted) and now those same kids are now alive and I am working with their kids and grandparents (I once worked with)."

Brown said that it has been an extra bonus to have the benefit of getting to know more about the community and how everyone is connected throughout the community. "And being able to help families as we do well child checks, prenatal visits, immunizations, and take those same opportunities to also offer car seats… I see having car seats for children just as important as immunizations. Everyone here should be able to get a car seat to protect their kids in case of a crash," Brown conveyed. She added, "Sometimes, we actually get to hear how those car seats are keeping children safe in the event of collision, but unfortunately

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sometimes even when we do hear children are kept safe we are still hearing about adult passengers in the same vehicle that are losing their lives from being unrestrained themselves."

Tribal Spotlight: Lummi Nation

By Tam Lutz, MPH, MHA
Lummi Nation
NPAIHB Project Director

Lummi Nation Native CARS Provides Child Passenger Safety Training for Law Enforcement Officers

Sergeant Jeremy Hoyle and patrol officers at the Lummi Nation attended the first Native CARS Atlas, Child Passenger Safety Training for Law Enforcement Officers on June 28, 2017. Six officers attended along with an Advocate from Victims of Crime and a Child Passenger Safety (CPS) Technicians/Peer Counselor from Lummi Prevention Program. Lummi Youth Social Services, Prevention Program Manager Arissia Ward coordinated the training with the Northwest Portland Area Indian Health Board's Native CARS team. CPS Technicians, Bernadine Phillips (Colville) and Tam Lutz (Lummi) instructed the course. Phillips a past Native CARS site coordinator from the Confederated Tribes of the Colville Reservation developed the training for her own community and adapted the training to disseminate on the Native CARS Atlas to provide an online resource for other communities who may want to provide child passenger safety trainings for their Law Enforcement Programs.

This 3 hour training uses local, regional, and national data to demonstrate the challenges we face in terms of child passenger safety, reviews the type so car seats, belts, and safety equipment in vehicles, compares National Highway Traffic Safety Administration recommendations, Tribal laws and state laws, determines law enforcement role in child passenger safety and instructs officers how to spot Misuse and Gross Misuse of child safety seats.

For more information contact Tam Lutz @ tlutz@npaihb.org or nativecars@npaihb.org

Safety First, Then Teamwork: The Health Board Creates a Safe Environment for all

By Ashley Swetzof (Aleut)
NPAIHB Intern

The Northwest Portland Area Indian Health Board (NPAIHB) takes pride in keeping its employees safe all year round. Even though most of us are in an office setting, there are still things that we need to take into consideration as we sit/standing at our desks: keeping an organized desk area to minimize potential trips or falls, reducing computer screen glare to prevent eye strain and making sure our chairs, monitors, and keyboards are positioned ergonomically for our bodies to eliminate strain in our backs, arms and neck. We have also implemented other policies within our organization to maintain a safe environment at all times. Andra Wagner, Human Resources Coordinator was interviewed to gain more knowledge on the topic and see what was implemented within the organization and how it has worked thus far.

What policies are set to keep employees safe?

There is an employee and guest sign-in sheet to see who is in and out of the suite throughout the day. This also allows for a roll-call sheet if and when an emergency occurs.

Evacuation maps are posted throughout the office, with a picture of the designated safe zone located across the street.

NPAIHB has a safety policy located in the Program Operations Manual: section E which outlines procedures for dealing with unsafe situations or injuries.

What special work groups have you implemented?

There is a safety committee and they are tasked with addressing the following:

- Earthquake Drills
- Fire Drills
- Public safety information

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Safety First, Then Teamwork:

- Self-defense classes
- First Aid stations and AED
- CPR & First Aid classes

How do you keep a safe work culture and remain injury free?
Find people within the office that have specific skill sets and assigning them with tasks throughout the office to minimize potential injuries.

Encourage employees to point out unsafe work conditions so they can be addressed.

How do you prepare your employees for inclement weather when they are traveling to the regions we serve?
Employees are encouraged to use their best judgement for each situation while traveling. If they do not feel safe for traveling, then they are encouraged to make that call themselves.

How do you keep employees safe when inclement weather affects commutes to the office?
NPAIHB offers administrative leave on icy days to promote safety rather than endangering themselves to get to work and miss a day of pay.

There is a texting service available for employees to sign up and get mass texts when the weather is unsafe to travel in, and the office will be closed.

Are there any public safety tips that are distributed within the organization to help keep a safe environment in the office as well as outside the building?
Safety training courses and information that the Safety committee puts together Resources are sent via email from the Police department that gives quick tips to stay safe.

The front desk staff has a code word for the PA system that informs the rest of the office that they need assistance or they feel threatened by the person that is in front of them. This allows for others to follow safety protocol and get into a safe zone and to assist the front desk person.

Finding Injury Data

By Nicole Holdaway Smith, MPH
Biostatisitician - NPAIHB

Imagine you have a grant due, or a report or presentation, and you look through your same old stats and realize that they're dated. Or, maybe you're wondering about something specific, like trends in American Indian youth suicides. Where do you go for a fresh perspective? I have some ideas for you. Some, you likely already use, but some may be new for you.

IDEA-NW
The IDEA-NW Project works to reduce AI/AN misclassification in public health data systems and provide Northwest Tribes with local-level health data. The project corrects inaccurate race data for AI/AN through record linkages with state surveillance systems such as cancer registries, vital statistics, hospital discharge systems, trauma registries, and STD/HIV systems.

Because the IDEA-NW race data is quite accurate, this should be the first place you look for the information you need. You will find injury information in the mortality reports, hospital discharge reports, and suicide and other injury fact sheets.

IDEA-NW frequently updates their website with new fact sheets and reports, so it's worth checking their page regularly.
http://www.npaihb.org/idea-nw/

WISQARS
WISQARSTM™ is an interactive database system that provides customized reports of injury-related data, including motor vehicle-related deaths, falls, fires, drownings, suicides, homicides, legal intervention, and adverse drug effects. The information comes from death certificates and is available by American Indian/Alaska Native race, by census region, and by age group. National nonfatal injury data from injuries treated in hospital emergency departments is also available, but it is not race-specific.

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Query it online here: https://www.cdc.gov/injury/wisqars/index.html

For a walk-through of an example WISQARS query, visit https://nativecars.org/ Create a log in then go to module 3.2.

FARS

The Fatality Analysis Reporting System (FARS) is a nationwide census of fatal motor vehicle traffic crashes in the United States. FARS records many factors behind traffic fatalities, including details about the crash, each vehicle, drivers, all vehicle occupants, non-occupants (bicyclists, pedestrians, etc.), and pre-crash circumstances. Access FARS online here: https://www.nhtsa.gov/fars

You can explore existing queries and maps, like fatalities on reservations, or all Native American fatalities, or you can customize your own. The query page gives you examples of the types of information you can search for and map.
https://www-fars.nhtsa.dot.gov/QueryTool/QuerySection/SelectOptions.aspx

For a tutorial on using FARS, along with quick links to maps that may be of interest to tribes, see:
https://nativecars.org/ Create a log in and go to Module 3.2.

BRFSS

The Behavior Risk Factor Surveillance System (BRFSS) has been collecting data via telephone questionnaires for over 30 years. Information is collected at the state level and since Washington and Oregon oversample American Indians, there is race-specific BRFSS data available for these states.

Injury-related BRFSS information includes seat belt use, falls, firearms, as well as questions about risky behaviors that could lead to injury like drinking and driving. BRFSS data is publically available to download here:
https://www.cdc.gov/brfss/annual_data/annual_data.htm

You will need an analyst to generate reports or queries.

YRBS

The Youth Risk Behavior Surveillance tracks prevalence and trends in health behaviors among high school-age students. Injury- related data like reported bicycle helmet use, seat belt use, drinking and driving, texting and driving, carrying a gun, physical fighting, bullying, sexual violence, depression, and suicide risk are collected and reported. The latest YRBS report is available here:
https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf

American Indian-specific data are not reported. For state-specific data, check the tables beginning on page 51 of the report. The YRBS data are available for download here:
https://www.cdc.gov/healthyyouth/data/yrbs/data.htm

Tribal BRFSS

Several Northwest tribes have conducted a Tribal BRFSS-type survey. Tribes may have included injury-related modules if it was a priority topic. Though the Northwest Tribal EpiCenter does not currently have funding to do additional surveys, we can consult and provide technical assistance for tribes who are doing a survey with their own funds or outside funding. Contact EpiCenter director Victoria Warren-Mears for questions. vwarrenmears@npaihb.org

Collect your own

This is definitely the most time intensive option, but it allows you to get the exact data you need, plus it can be from your own tribe. Here are some resources for collecting your own injury-related data.

UNC observation seat belt protocol:
http://www.npaihb.org/images/epicenter_docs/injuryprevention/UNCSeatBeltProtocol.pdf

Collect your own child passenger safety data:
https://nativecars.org/ Create a free log in then go to Module 4.

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Finding Injury Data

You could facilitate group conversations or conduct interviews about injury-related risks or attitudes. This guide is designed to assess culture and beliefs around child passenger safety. The questions could be modified to include other injury topics.
https://nativecars.org/ Create a free log in then go to Module 5.

Other ideas
Your clinic may have injury data, but these would be minor injuries that did not warrant a trip to the emergency room. You could document the types of injury prevention education your clinic systematically provides, including elder fall risk assessments, traumatic brain injury prevention, violence prevention, motor vehicle safety, and home safety. Local law enforcement may collect injury-related data, like number of seat belt citations given or number of motor vehicle crashes in their jurisdiction in a given year. You might also check with your city, county, or state to see what type of injury data they collect and track. For example, the city of Portland collects bicycle count data, including helmet use.
https://www.portlandoregon.gov/transportation/44671

Congratulations!

Please welcome baby boy Adrian Brendan Stephens

7lbs 8oz
20inches
07/04/17

Congratulations!

Nora Frank-Buckner, NPAIHB's own WEAVE NW Project Specialist.

Nora received her Masters of Public Health, with an emphasis on Health Management and Policy, through a collaborative program between Oregon Health & Science University and Portland State University. She is of Klamath tribal descendant and an enrolled member of the Nez Perce Tribe and grew up in Klamath Falls, Oregon but has called Portland, Oregon her home for the past six years.

Nora is an excellent role model for all Native people. For the past three years, after working full time for the Board she would attend class. While undergoing a life change and an increase in work-related travel, she managed to help produce *TRIBAL BEHAVAIORAL HEALTH RECOMMENDATIONS IN OREGON, A response to the Oregon Health Authority's Behavioral Health Collaborative Report, May 31st, 2017.*

Having completed this chapter in her life, Nora is looking forward to what lies ahead for her future. She says she feels very blessed and honored to have had support of family and friends. Nora would like to acknowledge the support from the NARCH program and her colleagues at the NPAIHB, "I could not have completed this without your encouragement and support." The Board would like to wish her well in all her future endeavors.

Preventing Suicide through Social Marketing and Reducing Access to Lethal Means

By: Celena McCray, THRIVE Suicide Prevention Project Coordinator

In September 2016 the THRIVE team began the third phase of the social marketing and media campaign suicide prevention series focusing on AI/AN veterans. The goal of the campaign is to promote healthy veterans and families. With the help of our partners at the Indian Health Service, Veterans Administration, tribal liaisons, and local tribes and tribal veteran organizations we gathered input from veterans, their families and those who work with veterans all over the Pacific Northwest and across Indian Country. With their contributions and feedback, the *You Protected Us. Let Us Walk with You. #WeNeedYouHere* slogan was created. The campaign aspires to ignite hope and help-seeking from veterans in need. In addition, veterans from different tribal backgrounds took part in filming their Lived Experience, sharing what they did to get through their experience with thoughts of suicide. All materials will be ready for dissemination by World Suicide Prevention Day on September 10, 2017 and re-launched for Veterans Day, November 11. Campaign materials will include posters, informational rack and tip cards, caring message postcards, blog posts, and three Lived Experience videos. We will send materials to the 43 Northwest Tribes. If you are outside our region please request materials from me (cmccray@npaihb.org) in August and include your name, address, and the size of the community you serve.

The We Are Connected. #WeNeedYouHere. and *LGBTQ2S Loved & Accepted. #WeNeedYouHere*. AI/AN suicide prevention campaigns are still available for download at:
http://www.npaihb.org/social-marketing-campaigns/

To request materials to be mailed to you, please contact me at cmccray@npaihb.org.

All Weather Suicide Prevention Signs

THRIVE is disseminating all weather suicide prevention signs to all 43 NW Tribes this year in hopes to provide a suicidal person one more "sign" telling them that suicide is not the only option, and to call the National Suicide Prevention Lifeline or Crisis Text Line to get help. These signs can be posted anywhere including those locations where past attempts may have occurred.

The number listed is to the National Suicide Prevention Lifeline and the texting service is run by the National Crisis Textline. Both are available 24/7 and all volunteers have been extensively trained in suicide interventions. The signs also let people contemplating suicide know that they are needed, the hopeful tagline, #WeNeedYouHere, can connect them to hundreds of hopeful messages online from other Native people who are supportive and ready to help when called upon.

Like these signs and want to order some?

- Visit: www.smartsign.com
- Under Featured Signs click on Custom Signs, then Custom Metal Signs
- The size of the signs are 12 x 18 and the aluminum (standard) material is $35.49 ea. (Cost will vary depending on the quantity)
- Design your custom sign and feel free to use the exact language on our signs!

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Preventing Suicide cont...

If you plan to customize more (i.e. statements in tribal language, new message, etc.), please utilize the Safe and Effective Messaging for Suicide Prevention guidelines to be sure your messaging is helpful. You can find these guidelines at http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf

Gun Safety and Gun Locks

An important part of suicide prevention is reducing access to lethal means. Toward this goal, THRIVE, in partnership with the Veterans Administration and Indian Health Service, is sending gun locks to Native veterans and their families and communities.

If your Tribe or organization serves AI/AN Veterans and their families and you would like to disseminate gunlocks, please contact your nearest VA Medical Center to receive many of the locks for free. To find your closest VA Medical Center check with the Northwest Network Directory at http://www.va.gov/directory/guide/region.asp?ID=1020.

Distributing gun locks is an opportunity to share firearm educational materials. Some firearm safety resources our Tribes have used are:

- Seattle Children's Gun Safety article: http://www.seattlechildrens.org/safety-wellness/guns-in-the-home/
- Teens, Depression and Guns Flyer: http://www.seattlechildrens.org/pdf/CE457.pdf
- Locking Devices Brochure: http://www.seattlechildrens.org/pdf/locking-devices-brochure.pdf
- Safe Gun Storage Brochure: https://www.multicare.org/file_viewer.php?id=11781&title=Safe+Gun+Storage+Information+Brochure
- Gun Safe T (Parent Pledge): http://www.cityoftacoma.org/cms/one.aspx?objectId=59940

If you have any questions about the materials, signs, or gun locks discussed in this article, please contact me at cmccray@npaihb.org

First DHAT to Practice in Oregon

Adapted from an article by Jamie Meyers, DHAT Coordinator for Coos, Lower Umpqua & Siuslaw Indians

Naomi Petrie is a member of the Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians (CTCLUSI). She was recruited from her community to attend the Alaska Native Tribal Health Consortium's (ANTHC) Dental Health Aide Therapy (DHAT) Education Program just as the Northwest Portland Area Indian Health Board (NPAIHB) and the CTCLUSI were initiating efforts to become a state dental pilot site. Naomi graduated June 2, 2017 in Anchorage, Alaska with her Associates degree in Applied Science from ANTHC's partner Ilisagvik College. She is returning to Coos Bay to serve her community as the first DHAT to practice in Oregon. Naomi will begin her preceptorship with Sarah Rodgers, DMD and upon completion she will continue to provide services at the CTCLUSI Dental Clinic.

DHATs work under the general supervision of a dentist and are part of a team of providers who provide preventive oral health services including nutrition and tobacco cessation counseling as well as basic dental services including restoring cavities and simple extractions.

Our state pilot project was approved in early 2016 and is currently working with CTCLUSI, the Coquille Indian Tribe, and the Native American Rehabilitation Association. Next year we look forward to celebrating the graduations of two Coquille students, Jason Mecum and Alex Jones, and Marissa Gardner from CTCLUSI.

The Native Dental Therapy Initiative project at NPAIHB is enormously proud of the student leadership in this work, and is excited to be facilitating the education of 7 more students from NARA, Swinomish, Lummi, and Coeur d'Alene and Colville Tribes this year!

For more information about NPAIHB's Native Dental Therapy Initiative, visit us online at: www.npaihb.org/ndti

Enviromental Health Toolkit
Indian Health Service
Division of Environmental Health Services

ENVIRONMENTAL HEALTH SAVE LIVES

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Globally, nearly 25 percent of all deaths and the total disease burden can be attributed to environmental factors.[1] Environmental factors are diverse and far reaching. The IHS environmental health priorities include:

1. Children's Environments
2. Healthy Housing and the Built Environment
3. Food Safety
4. Safe Water & Sanitation
5. Communicable and Vector-borne Disease Control

IHS also supports Tribes in addressing emerging issues, such include climate change, disaster preparedness, and consumer product safety.

> *The Toolkit shares strategies, approaches, and examples of tools and materials useful for developing and implementing a Tribal Government Environmental Health Program. Tribes are encouraged to adopt or adapt the toolkit resources to best meet the unique needs of their community.*

KEY ELEMENTS OF THE TOOLKIT

- Summary of Current OR & WA Efforts and Focuses
- Lessons Learned from NW Tribes
- Examples of Environmental Health Codes
- P.L. 93-638 Information
- Tools for Building Community Support
- Readiness Checklist- Is it the right time to transition?
- Training and Workforce Development Docs
- Evaluation Metrics for once the program is running

Healthy Environment = Healthy People

[1] World Health Organization (WHO). Preventing disease through healthy environments. Geneva, Switzerland: WHO; 2006.
Photo Credit: www.InCultureParent.com

FAQ's

1. What exactly is Environmental Health?

Environmental health is the branch of public health that is concerned with all aspects of the natural and built environment that affect human health. Environmental health and environmental protection are very much related. Environmental health is focused on the natural and built environments for the benefit of human health, whereas environmental protection is concerned with protecting the natural environment for the benefit of human health and the ecosystem.

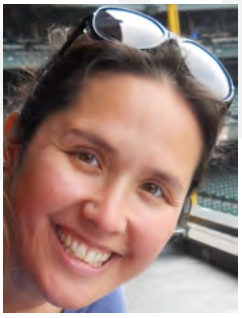
2. What is the best way to start an Environmental Health Program?

Begin with identifying the community's top environmental health needs and structure your program around them. If Tribal members are concerned with food safety, then begin with that and collaborate with the local public health authority on how to build capacity in that area.

3. What resources exist for understanding this process?

- IHS Environmental Health Toolkit
- Local Public Health Authority
- Tribes that have developed an EH program

Trauma Informed Care in a Medical Setting



By Teri Pettersen, MD and Colbie Caughlan, MPH

When most health care professionals talk about trauma, images of ambulances, ERs, and specialized surgeons come to mind. Trauma Informed Care (TIC) is something different. A term that arose from the mental health and social work fields, TIC recognizes the potential impact that significant emotional trauma can have on people's health, behavior and general well-being. From that knowledge, attitudes and policies can be modified to facilitate improved outcomes for both patients and staff.

The most compelling evidence-based information known about the impact of early trauma comes from the Adverse Childhood Experiences, or ACE Study, first conducted at Kaiser Permanente San Diego during the late 1990s. Participants have been monitored by the CDC for long-term follow up on health outcomes, and the evidence shows a compelling dose-response relationship between the experience of childhood trauma and later adult health and well-being. Many of the behaviors historically judged as being bad habits or poor choices are actually coping mechanisms for the chronic stress people feel after experiencing severe and often repeated traumatic events. These coping mechanisms can be quite effective in the short term but can also have significant detrimental long-term consequences, such as smoking, drug and alcohol abuse, depression, and high-risk sexual activity. Instead of coming from different sources, these activities may originate from a unifying traumatic cause.

In addition to individually experienced traumatic events, Native Americans have the added risk of being a group who has experienced significant historical trauma. Historical trauma is an additional risk factor for later physical and mental health challenges.

Northwest tribal staff and community members have been interested in and discussing TIC and the ACE study for many years now. From these discussions and a partnership with the Oregon Pediatric Society, the THRIVE suicide prevention project at the Northwest Portland Area Indian Health Board (NPAIHB) was able to offer a day-long training around ACEs and TIC at the NPAIHB offices in Portland, OR on May 18, 2017. This training brought together 26 tribal staff, or those who work with Northwest Tribes, representing 12 Tribes or tribal organizations. Pediatricians Teri Pettersen, R.J. Gillespie, and Allison Empey—recent Oregon Health & Sciences University chief resident and Grand Ronde member—led the training and participants received 6.0 continuing medical education hours.

The training stressed how addressing ACEs in patients is something many medical professionals and facilities feel challenged by. Most medically trained professionals have had minimal training in behavioral or mental health awareness or treatments. In addition, healthcare providers are accustomed to following protocols and rely on the ability to look up a clear evidence base for evaluations or treatments being considered. However, currently there is no one standardized method on how to approach Trauma Informed Care. Indeed, it is unlikely there ever will be a standardized protocol given how site-specific Trauma Informed Care--by definition--needs to be. In addition, most programs that have published articles about their strategies are heavily grant supported and are located in large University settings with high-risk inner-city patient populations. That is a different setting from where the majority of clinicians practice medicine.

In spite of these challenges, there are many people in the medical field who are working to change the approach of medical providers to be more trauma-informed. This work begins with education for all those having contact with patients, including front office staff, nurses, primary care clinicians, lab personnel, billing office, etc. From that knowledge, and potentially extra communication skills training, changes can be made, such as changing potentially punitive policies regarding late patients or patients

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Trauma Informed Care in a Medical Setting

who repeatedly do not show up for appointments. Changing the wording on written communications that are shared with patients is another example: "If you have mental health problems" becomes "If you are experiencing mental health challenges."

Although our healthcare system is complicated, approaches and responses to patients do not necessarily need to be so in order to have a significant impact in patient care and outcomes. A simple but significant example comes from a small clinic in rural Oregon.

Before Trauma Informed Care Implementation: A patient enters the clinic. The patient becomes agitated when other patients are called before he is. He confronts the receptionist with a raised voice and physically aggressive posturing. The front office staff, as well as other patients in the waiting room are frightened. 911 is called. The patient storms out of the office before the police arrive. The arrival of the police upsets some of the waiting patients even more. No one feels good about the incident. The front office staff asks that he be discharged from the clinic.

Prior to-TIC-training, the response of the medical director would have been to let the patient go. But now she does something different by calling the patient herself and asking is there anything they can do at the health center to make visits more successful for the patient? The patient is quite surprised by the call. He shares that he has been discharged from other clinics before and assumed that was the reason for this call. He says he suffers from severe agoraphobia (severe anxiety in situations where the person perceives the environment to be unsafe with no easy way to get away) as well as claustrophobia (fear of being enclosed in a small space or room). Through conversation, the physician and patient mutually agree that for future visits, as soon as the patient arrives at the clinic, he will be escorted to the same room for each visit and the door will be kept open until the arrival of the doctor. With those relatively simple changes, the patient has now had multiple successful office visits. There is improved trust between the staff and patient.

Most medical settings working on the process of becoming more trauma-informed agree that progress is not as easy or rapid as they would like, but the process has been a very rewarding challenge. In 2017, several Oregon primary care clinics and the Chemawa Indian Health Center in Salem, Oregon, are participating in a national learning community about ACEs and other social determinants of health led by Johns Hopkins University.

If you work with a medical facility and pediatric patients within the state of Oregon and are interested in learning more about trainings or the JHU collaborative, please contact Julie Scholz, OPS Executive Director, at julie.scholz@oraap.org. If you have any questions for the THRIVE staff please contact Colbie Caughlan, THRIVE Project Manager, at ccaughlan@npaihb.org.

NW NARCH Program's Summer Research Training Institute

This June, NW NARCH program's Summer Research Training Institute Team, artfully danced through another year of meeting the needs of professionals who work in diverse areas of AI/AN health.

Shown above this team included, Assistant Program Manager Brittany Morgan, Center for Healthy Communities Program Manager Caitlin Donald, NARCH PI, Dr. Thomas Becker, NARCH Coordinator Tanya Firemoon, and NARCH temp, Devonte Casey as well many guest lecturers and presenters who are not pictured.

Letter Template for *13 Reasons Why* [1]

By Colbie Caughlan, MPH, NPAIHB

As you may have heard, there has been a lot of discussion in the national media about the new Netflix miniseries *13 Reasons Why*,[1] possibly increasing suicide risk among youth. One of our NW Tribes let us adapt a letter that can be shared with parents in your community (see below). The letter is designed to connect parents with resources around the miniseries and other tools to address suicidality.

Using the Template: Please add your own letterhead and an on-site contact person for parents/adults in your community and circulate as you feel necessary. We hope that this letter can help address some of the questions lingering as a result of the miniseries about suicide prevention. If you would like a copy of this templated letter to use, please contact the Suicide Prevention Manager of THRIVE at the NPAIHB, Colbie Caughlan at ccaughlan@npaihb.org.

Helpful articles:

Resources to address the most common questions, Suicide Prevention Resource Center (SPRC): www.sprc.org/13-reasons-why

13 Reason Why Talking Points, Suicide Awareness Voices of Education: https://www.save.org/13-reasons-why/

(Letterhead) Please revise or add to this as you wish, print on letterhead, and then disseminate to parents/guardians.

[Date]

Dear Parents and Guardians:

This letter is to make you aware of the Netflix original series *13 Reasons Why*.[1] In the miniseries, which is based on a young adult novel, high school student Hannah Baker leaves behind 13 tape recordings detailing why she took her own life.

Watching the miniseries, young people could infer that suicide is a viable, romanticized option. The show's content is extremely graphic, with scenes in each episode that may be difficult for children and young adults to watch and process on their own in a healthy way.

Youth suicide prevention specialists believe the series has the following shortcomings:

- There is no mention of behavioral health and treatment options
- The notion of suicide is glamorized
- There are several scenes depicting serious trauma (including rape, bullying, alcoholism and suicide), in which the teens do not seek help or resources
- The graphic portrayal of Hannah's actual suicide was unnecessary graphic, and potentially harmful to young people facing similar life challenges
- Please take a moment to find out if your child has read the book or viewed the series. If so, please use the show as an opportunity to talk about some of its complicated issues and create a safe atmosphere for your child to discuss his or her feelings and emotions. We also urge parents to research the series, to fully understand what your child is being exposed to.

If you would like more information about suicide prevention resources available in our community, you can contact the [tribal/local Behavioral Health Department] at [phone number] or call the Northwest Portland Area Indian Health Board's suicide prevention project, THRIVE, at (503) 228.4185. Other options include calling 911, if you feel your child is in immediate danger of hurting themselves, or the National Suicide Prevention Lifeline at 1-800-273- TALK (8255), and the Crisis Text Line (text "NOW" to 741741).

Included below are several articles that may be of interest, if you would like to learn more about the show and what professionals are saying about it.

Sincerely,

[Name, title, contact information of the team/person circulating this letter to parents]

[1] This letter is provided to raise awareness and address concerns that may be circulating due to the miniseries, and is not a professional opinion on the risks or benefits of the show.

Keeping Canoe Pullers Safe on the Shore and on the Water

continued from cover page

Skipper Suzanne Oliver

among many canoe families.

Skippers are responsible for not just steering the canoe but also keeping people safe. They require everybody especially youth to wear life jackets. "We have had people fall in between the canoe and the support boat. And unless someone comes up straight, they may get caught between something, or hit their head, and if they didn't have life jacket on, I don't want to think what might happen."

A life jacket or PFD (personal floatation device) will keep a person a float in the water whether conscious or unconscious. Luckily, a life jacket is considered a pretty simple intervention. "It's so easy to put on a life jacket" and if we set requirements for everyone to wear a life jacket straight from the beginning, from their first experience on the water, forward, as general rule, it's not a hard thing to do."

Traditional

Fortunately, as of recently Skipper said there hadn't seemed to be any push back for using life jacket in terms of the perception of canoe pulling being a traditional activity and incorporating a relatively new intervention, well new over the last 8,000 years.

But canoe families are not without their struggles to make sure that pullers are not just wearing a life jacket as for some canoes it is hard to have enough life jackets, that properly fit the various sizes of people who step into the canoe. Doing this takes a financial commitment from either the canoe family or individuals who deviate from the average size.

But Skipper had not heard that any canoe family felt marginalized because wearing life jackets were perceived to be "untraditional." There are also other injuries though that Skippers work to prevent, such as injuries to the fingers and hands. "I always worry about finger injury, as pullers can have significant injuries when they are caught between a support boat and a canoe." Canoe family members can also be at risk for injuries to their feet if they are walking in flip flops or barefoot when pullers are getting in and or out the canoe or support crew are assisting getting canoes from the shore into the water. When feet are not secure in sneakers or water shoes that protect the toes, they can get cut up by rocks and shellfish.

Even as a past canoe puller myself and currently partaking as support crew, I was surprised to hear how many rules Skippers or canoe families try to maintain in their canoe families to keep them safe of injury or death. But as she rattled them all off, I realized not just how many there are but also how important they are as well….

Canoe Rules

We require **canoe whistles** to be attached to life jacket. This is important if someone were to fall in the water or if a canoe were to get caught in fog, the whistle could help a support board or the coast guard to find the individual or the canoe."

Life jackets: Everyone has to wear one. Youth are required to wear a standard type of life jacket (for more info see https://www.boatus.org/life-jackets/types/) that fits their size. Adults over 21 are allowed to use the inflatable life jacket if they choose to purchase one and maintain it.

When youth are on the canoe or support boat they have to **keep their life jacket on** at all times.

Pullers are strongly urged to wear **quick drying clothing**. They will get wet if the canoe is tipped over and because northwest weather can be unpredictable even in the summer. Quick try clothing can be found as easily from Goodwill as from REI, so it doesn't have to be pricey.

Pullers need to **recognize and hear commands** from the Skipper such as watching their fingers or receiving direction when docking or approaching

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Keeping Canoe Pullers Safe on the Shore and on the Water

the support boat. This may mean staying quiet in canoe so others can hear the Skipper.

We **take enough breaks** for people to drink their own **water** and bring **snacks** and allow them to get off the canoe and get breaks to reduce the chance that someone hurts their shoulder or is over exposed to sun.

We encourage pullers to **wear caps or cedar hats, sunglasses, clothing that covers skin** or use sunscreen to protect them from injury from over exposure to the sun. Yes that can happen in the northwest.

We bring **extra paddles** so that if a paddle is dropped or broken there are backups because every pullers paddle in the water is important for safe passage.

We bring two types of **extra rope**. One extra rope is in case we needed to be towed by a support boat or the coast guard. The second is a rescue rope for individual people who may be in distress in the water. This rope is stored in a dry bag with a flare gun.

We bring a **flare gun** and a **waterproof marine radio** attached the Skipper's life jacket.

Three **first aid kits** are placed on the support boat, with ground crew and on the canoe and most people know where these things are located.

We collect **health forms** from canoe club members that provide us a pretty good idea of who has allergies and may need the use of an epi pen.

We have replaced sandbags with **sturdy water jugs** so we can use them to not only balance the canoe but also refill our water bottles or to be able to help other canoes in distress. We find that this is not uncommon. At least a couple times a journey, we share our food and water with another canoe family in distress.

In addition to those key safety practices, the Skipper also shared that when children or novice adults begin to participate in the canoe, the Skipper spends time teaching them protocols of how to be safe in the canoe. Before they can even get in the canoe, the child and parents are informed of necessary gear. New pullers learn pretty quick by watching and listening to verbal instruction from the Skipper, including:

- Not standing up in canoe
- Not yelling out things that may confuse people, especially if Skipper is talking
- Getting properly on and off as directed by skipper
- Listening when Skipper tells you to take a break and have a drink and snack
- Keeping the paddle in sync with the person in front of you

Rough Water

"Each year new pullers and many seasoned pullers undergo what we call "cold water training" where we flip the canoe and observe with our instruction how easily they can help right the canoe and get back in. This is very important so we know who will potentially struggle in a rough water situation where a flipped canoe may be likely. In rough water we also make sure we have all our strongest pullers on the canoe and keep youth on shore."

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Keeping Canoe Pullers Safe cont...

All pullers, but especially the strong pullers, are instructed on how to navigate rough water. We show pullers in the first two benches to wrap their legs around bench so that they don't fall off seat and disable them from pulling. This could land them in the water or lead to a flipped canoe. We also instruct the two people in the bench in front of Skipper how to steer. The very front row is in charge of looking for logs and debris and to watch for shallow water.

"There is so much we take for granted about safety, but with a little experience we realize that we need to treat everyone in the canoe with respect to keep everyone safe. We try to observe each other, and notice if someone is having trouble so we can always be aware of any special precautions that will keep them safe. We want everybody to have fun. If we are consistent in our training, are well prepared, and respect each other, it just happens without having to say a whole lot once we begin our annual journey and it makes it fun, but safe. We may take it for granted but if all of this didn't happen we wouldn't be safe or having fun. We look out for each other as a family and part of that is being respectful. Part of being respectful is knowing how to keep yourself and your family safe in the canoe."

Paddles Up!

NPAIHB Summer Interns

I am Ashley Swetzof, and I am originally from Unalaska, Alaska and apart of the Unangax` (Aleut) tribe and later moved inland to Palmer, AK.

I am currently attaining my bachelor's degree in Community Health Promotion from the University of Wisconsin-Superior, and hope to stay within the tribal healthcare programs once I complete my degree. I have a four and a half year old daughter, who may as well be 15! She keeps me on my toes and is the best adventure buddy. I have lived in a few different states over the last few years, but Oregon and the Pacific Northwest will forever be my home. I am very excited and grateful to be a part of the Northwest Portland Area Indian Health Board for the summer and excited to see where things may lead!

NPAIHB Summer Interns

My name is Karuna Tirumala. I was born and brought up in Beaverton, Oregon, but I am currently working on my Master's in Public Health at Columbia University in New York. I am very excited to be spending the summer at the Board learning more about American Indian culture, which I'm largely unfamiliar with, and exploring epidemiological trends and health promotion at home in the Pacific Northwest.

Outside of my interest in public health, I love to dance and hike with friends. I also have an appreciation for lawn gnomes and cats!

My name is Alyssa Bosold. I am a Master of Public Health student, with a concentration in Maternal and Child Health, at University of Washington. Go Dawgs! Before graduate school, I worked for two years with the CDC's Public Health Associate Program in STD and TB prevention in Fort Lauderdale, Florida. Prior to that, I served as an AmeriCorps VISTA with the Blackfeet Teen Pregnancy/ Parenting Coalition in Browning, Montana. I grew up in Pennsylvania and went to college in Gettysburg, but am enjoying my adventure in the Pacific Northwest so far. In my free time, I enjoy hiking, running, coffee drinking, and testing new ice cream flavors. Thank you all for welcoming me to the board. I have really enjoyed my first few weeks, and have already learned a lot. I am looking forward to working with all of you for the rest of the summer.

Upcoming Events

JULY

July 24-27
Tribal Interior Budget Council
Flagstaff, AZ

July 30 - August 3
WEWIN Aunnual Conference
Albuquerque, NM

AUGUST

August 2-3
IHS Direct Service Tribes National Meeting
Danvers, MA

August 5-10
Landing & Protocol of Annual Tribal Canoe Journey
Campbell River, BC

August 7-8
Indigenous Peoples World Hepatitis Conference
Anchorage, AK

August 8-9
Summer 2017 Tribal Advisory Committee (TAC) Meeting
Sulphur, OK

August 15-17
AI/AN National Behavioral Health Conference
Tulsa, OK

August 21-25
RPMS EHR advanced CAC training
Portland, OR

August 22-24
2017 IHS Partnership Conference
Denver, CO

August 30-31
Native Fitness Training
Beaverton, OR

Upcoming Events

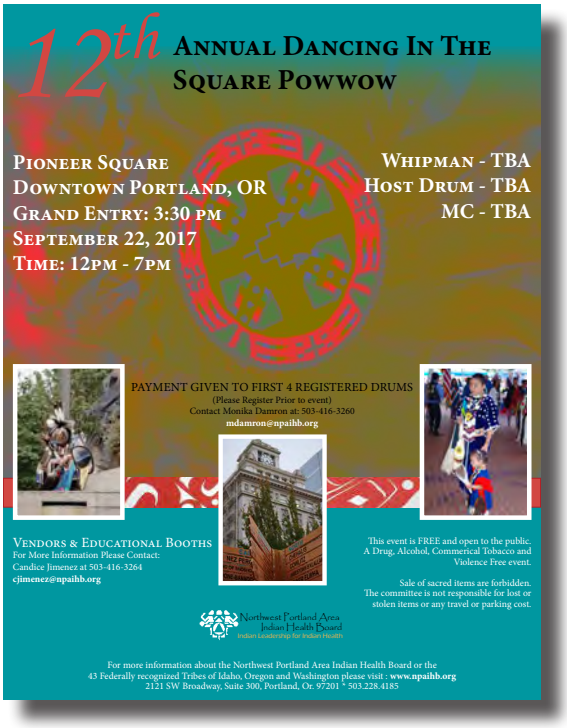
SEPTEMBER

September 7-9
IHS Zero-Suicide Training Academy
Albuquerque, NM

September 18-20
National Native Health Research Training Initiative Conference, Injury Track
Denver, CO

September 19-21
2017 Diabetes in Indian Country Conference
Albuquerque, NM

September 22
12th Annual Dancing in the Square Powwow
Portland, OR



September 22-23
HCV Tele ECHO training
Hosted by Cowlitz, WA

September 25-28
NIHB National Tribal Health Conference
Bellevue, WA

September 26-28
RPMS/DMS training
Portland, OR

OCTOBER

October 15-20
NCAI 74th Annual Convention and Marketplace
Milwaukee, WI

October 17-19
NPAIHB Quarterly Board Meeting

October 23
Direct service Tribes & trial Self-Governance Joint Advisory Committee Meeting
Mashpee, MA

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) 228-4185 FAX: (503) 228-8182

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

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
APRIL 2017 RESOLUTIONS

RESOLUTION #17-03-01
IHCIA

RESOLUTION #17-03-02
Supporting Native Expectant and Parenting Teens

RESOLUTION #17-03-03
OMH Partnership for Health Equity_IDEA-NW grant

RESOLUTION #17-03-04
LOS Dr. Charles W. Grim and Resolution

RESOLUTION #17-03-05
NARCH

RESOLUTION #17-03-06
HSA Approval and Adoption

RESOLUTION #17-03-07
Opposition to FY2018 Budget Cuts to US HHS

RESOLUTION #17-03-08
Support_Reauthorization_of_SDPI