



Health News & Notes

Northwest Portland Area Indian Health Board

Volume 30, Number 2

April 2001 Issue

by Julia Davis, (Nez Perce Tribe)
NPAIHB Chair



Julia's Report

No budget, but still a busy spring 2001.

Hello everyone. I am back to good spirits and good health after a difficult year 2000. It has been a surprisingly busy spring considering we did not receive a Fiscal Year (FY) 2002 budget request from the President until April 9, 2001. So if we have not been working on the FY 2002 budget, what have we been working on? As Ed Fox points out in his article in this newsletter, the FY 2001 Indian Health Service (IHS) budget increased funding in several key areas. Tribes were asked for their input by IHS Director, Dr. Michael Trujillo, on how to distribute \$110 million in funding increases for the Indian Health

Care Improvement Fund (\$40 million), Contract Health Services (CHS; \$40 million), and Diabetes (\$70 million increase). The Northwest Portland Area Indian Health Board (Board) has closely followed this consultation process and participated in workgroups for each proposed distribution formula.

Level of Need Funded and the Indian Health Care Improvement Fund

The Indian Health Care Improvement Fund is authorized by the Indian Health Care Improvement Act to direct funding to tribes that are judged to be in need. The Level of Need Funded (LNF) methodology was originally developed to compare funding for Indian health to that of the general population. It demonstrated that our programs receive about 55% of the funds needed to provide personal health care services to our user population. Over the past year a second phase of the LNF has been utilized to distribute the Indian Health Care Improvement Fund, which last year totaled \$9 million and this year will be used to distribute \$40 million. This second phase has been very problematic for the Portland Area since its key feature is the proposal to distribute funds only to programs that were below 60% funded rather than the 100% level of need that the

Portland Area feels should receive funding. The purpose of the lower threshold is to give the neediest tribes additional funding. Eighteen tribes in the Portland Area will receive no funding if the 60% threshold is adopted. The Board prepared a letter supporting the 100% threshold and made recommendations concerning the methodology. I attended a meeting in Washington, DC, in January and in Albuquerque in March where I expressed our grave concerns over the use of this method of distributing funds. In addition we developed a resolution that was adopted at our January Board meeting and the February meeting of the Affiliated Tribes of Northwest Indians.



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Northwest Tribal Cancer Control Project

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

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The NW Tribal Dental Support Center

Eight Steps to a Cavity-Free Child

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

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

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

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

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

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

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

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

Available soon: **Dental Lending Library.** For more information contact Kathryn Alexander, Telephone: 503-416-3292 or e-mail: kalexander@npaihb.org



IHS Budget News



Indian Health Service FY 2001 Budget compared to FY 2000 and FY 2001 before rescission

Sub Sub Activity	FY 2000	FY 2001 conf.	Final IHS Budget for FY 2001			
			rescission	FY2001 Final	%	increase
SERVICES:			0.0022			
Hospitals & Health Clinics	1,005,412,000	1,086,563,000	2,390,439	1,084,173,000	7.83%	78,761,000
Dental Services	80,062,000	91,219,000	200,682	91,018,000	13.68%	10,956,000
Mental Health	43,245,000	45,117,000	99,257	45,018,000	4.10%	1,773,000
Alcohol & Substance Abus	96,824,000	100,541,000	221,190	130,254,000	34.53%	33,430,000
Contract Health Services	406,756,000	446,755,900	982,863	445,773,000	9.59%	39,017,000
Total, Clinical Svcs	1,632,299,000	1,770,195,900	3,894,431	1,796,236,000	10.04%	163,937,000
Public Health Nursing	34,452,000	36,194,000	79,627	36,114,000	4.82%	1,662,000
Health Education	9,625,000	10,085,000	22,187	10,063,000	4.55%	438,000
Comm. Health Reps	46,380,000	48,167,000	105,967	48,061,000	3.62%	1,681,000
Immunization AK	1,402,000	1,474,000	3,243	1,471,000	4.92%	69,000
Total, Prev Hlth	91,859,000	95,920,000	211,024	95,709,000	4.19%	3,850,000
Urban Health	27,813,000	29,909,000	65,800	29,843,000	7.30%	2,030,000
Indian Health Professions	30,491,000	30,553,000	67,217	30,486,000	-0.02%	(5,000)
Tribal Management	2,411,000	2,411,000	5,304	2,406,000	-0.21%	(5,000)
Direct Operation	50,988,000	53,063,000	116,739	52,946,000	3.84%	1,958,000
Self Governance	9,531,000	9,825,000	21,615	9,803,000	2.85%	272,000
Contract Support Costs	228,781,000	248,781,000	547,318	248,234,000	8.50%	19,453,000
Total, Services	2,074,173,000	2,240,657,900	4,929,447	2,265,663,000	9.23%	191,490,000
FACILITIES:						
Maint. & Improvement	43,433,000	46,433,000	102,153	46,331,000	6.67%	2,898,000
Sanitation Facilities	92,117,000	93,823,000	206,411	93,617,000	1.63%	1,500,000
Hlth Care Facs. Constr.	50,393,000	85,714,000	188,571	85,525,000	69.72%	35,132,000
Facil. & Envir. Hlth Supp	116,282,000	121,604,000	267,529	121,336,000	4.35%	5,054,000
Equipment	14,330,000	16,330,000	35,926	16,294,000	13.71%	1,964,000
Total, Facilities	316,555,000	363,904,000	800,589	363,103,000	14.70%	46,548,000
Total, IHS	2,390,728,000	2,604,561,900	5,730,036	2,628,766,000	9.96%	238,038,000

by Ed Fox, Executive Director

The Fiscal Year 2001 Indian Health Service (IHS) budget included the largest increase in the history of IHS: \$238 million (10%) or \$308 million (13%) when including the \$70 million increase for diabetes that is funded outside of the IHS budget. These resources represent the first time in many years that the IHS budget was not eroded by unfunded mandatory costs for inflation and population growth. Rather than present each line item with my opinion of whether or not it was a good or poor increase, I have provided the spreadsheet for your review. Several key line items are still undistributed, including Contract Health Services (\$35 million to be distributed) and Alcohol (\$15 million increase). Julia Davis reports on several funding issues in her article in this newsletter. Final decision on LNF and CHS are expected this month. 🌱

NW Tribal Cancer Control Project

by Ruth Jensen (Tlingit), MS,
Project Director

April 17-23 - National Minority
Cancer Awareness Week.

April - Cancer Control Month.

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



The Harvard Center for Cancer Prevention reports that fifty percent of all cancers can be prevented through what you do. Obesity is one cancer risk factor that can be reduced or eliminated through behavior change. It is a risk factor that has become a great concern with the increased incidence of obesity. The American Cancer Society (ACS) warns that we are likely to see more cancers related to obesity due to this increase. The National Institutes of Health concur and cite an ACS study:

“There are numerous epidemiological studies of obesity and site-specific malignancies, one of the largest of which is the

A Vision for Cancer-free Indian Communities in the Northwest



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

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

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

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

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

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

March 30, 2001 *Health Implications of Obesity*. NIH Consensus Statement Online 1985 Feb 11-13; 5(9):1-7.
<http://text.nlm.nih.gov/nih/cdc/www/49txt.html>



Remember that five fruits and vegetables everyday can reduce the risk of some forms of cancer.



William models his new Pendleton vest that he received from the NPAIHB Staff and promises to wear it when he stars in his first film.



All of the Board staff turned out to wish William well.

NPAIHB Scrapbook 2001



William and his sweetheart Molly share a moment of laughter.



Emma and Baby Samuel showed up to say goodbye to their best bud.

Julia's Report continued from page 1

Contract Health Services

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

Upcoming Events

April

American Indian Health Commission Meeting

April 20, 2001

Location: Sequim, Washington

Contact: Ginger Clapp

Telephone: (503) 228-4185

The Multicultural HIV/AIDS Alliance of Oregon (Open House)

April 20, 2001

Location: Portland, Oregon

Contact: Karen McGowan

Telephone: (503) 228-4185

13th Annual IHS Research Conference

April 23–25, 2001

Location: Albuquerque, New Mexico

Contact: Indian Health Service

2nd Annual National Native American Prevention Convention

April 29–May 2, 2001

Location: Seattle, Washington

Contact: Conference Coordinator

Telephone: (405) 325-4127

May

ATNI Mid-Year Conference

May 7–10, 2001

Location: Seven Feather Hotel & Resort,

Canyonvill, OR

Telephone: (503) 249-5770

Oregon Tribal–State Qtrly Meeting

May 10, 2001

Location: Salem, Oregon

Contact: Rick Acevedo

Telephone: (503) 945-7034

NCAI 2001 Mid-Year Session

May 13–16, 2001

Location: Ledyard, Connecticut

Contact: Jack Jakson

Telephone: (202) 466-7767

Community Health Rep. (CHR)

May 23 & 24, 2001

Location: NPAIHB - Portland, Oregon

Contact: Mary Brickell

Telephone: (503) 228-4185

June

Creating a Path for Future Generations

June 5–7, 2001

Location: San Diego, California

Contact: Sharon Fleming

Telephone: (503) 228-4185

Western Maternal & Child Health Epidemiology Mtg

June 14 & 15, 2001

Location: Doubletree Columbia River Complex -

Portland, Oregon

Contact: Ken Rosenberg

Telephone: (503) 731-4507

Immunization

June 20 & 21, 2001

Location: NPAIHB, Portland, Oregon

Contact: Mary Brickell

Telephone: (503) 228-4185

Intro to Qman/Diabetes Management

June 26–28, 2001

Location: NPAIHB - Portland, Oregon

Contact: Mary Brickell

Telephone: (503) 228-4185

July

Tribal Health Directors Meeting

July 18, 2001

Location: Portland, Oregon

Contact: Jennifer Sypherd

Telephone: (503) 228-4185

NPAIHB Quarterly Board Meeting

July 19–20, 2001

Location: Chinook Winds Casino & Convention

- Lincoln City, Oregon

Contact: Jennifer Sypherd

Telephone: (503) 228-4185

The NW Tribal Fetal Alcohol Syndrome Project

How Prenatal Alcohol Exposure Affects Development of the Brain

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



Brain of healthy baby

Brain of baby with FAS

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

Project Staff:

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

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

July 2000 Resolutions

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

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

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

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

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

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

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

Northwest Portland Area Indian Health Board

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Janice Clements, Treasurer, Warm Springs Tribe
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Colleen Cawston, Colville Tribe
Bev Seaman-Wolf, Coos, Lower Umpqua & Siuslaw Tribes
Eric Metcalf, Coquille Tribe
Sharon Stanphill, Cow Creek Tribe
Ed Larsen, Grand Ronde Tribe
Vacant, Hoh Tribe
Cindy Lowe, Jamestown S'Klallam Tribe
Tina Gives, Kalispel Tribe
Corrine Hicks, Klamath Tribe
Sonja Matlock, Kootenai Tribe
Rosi Francis, Lower Elwha S'Klallam Tribe
Karyl Jefferson, Lummi Nation
Debbie Wachendorf, Makah Tribe
John Daniels, Muckleshoot Tribe
Julia Davis, Nez Perce Nation
Midred Frazier, Nisqually Tribe
Sandra Joseph, Nooksack Tribe

Shane Warner, NW Band of Shoshoni Indians
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Rod Smith, Puyallup Tribe
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