

Health News & Notes

Northwest Portland Area Indian Health Board

Volume 31, Number 1

January 2002 Issue

Julia's Report

by Julia Davis-Wheeler, NPAIHB Chair

Many of you have already heard that on December 8, 2001 I was married to my longtime friend Al Wheeler. I appreciate your understanding when I tell you that yes, it was unexpected to nearly all my dear friends. Al is a very supportive partner in my personal and professional life. He understands and appreciates the work that I do and gives me the strength and support I need to continue my work on behalf of the Northwest Portland Area Indian Health Board (NPAIHB).

I was elected the chair of the National Indian Health Board in early November, after securing the support of my tribe and NPAIHB. In addition, with support from the Nez Perce Tribe and Chairman Sam Penny, I was selected as the alternate from the Portland Area (Lummi Chairman Willie Jones Jr is the delegate) to the Tribal Self Governance Advisory Committee. The Nez Perce Tribe is one of the more recent tribes to compact their health services. I hope you will all realize that I still support and have a deep understanding and respect for tribes who have decided that remaining a direct ser-

vice tribe is preferable for them. I do understand that the decision to remain a direct service tribe is also self-determination. Yakama, Spokane, Makah, Warm Springs, and Colville are more than just the remaining federally operated health programs to me. They are also the tribes that have contributed to the



Who said "I do...?"

founding and continued success of the Board.

The Washington DC scene is still dominated by the aftermath of the tragedy that took over 3,000 lives on September 11, 2001. Our FY 2002 IHS budget did pass earlier (October 12, 2001) than any year during the Clinton Administration. The 5% increase was far too small, but this was not unexpected given the competing priorities. The impact of new initiatives for Economic Stimulus and Homeland Security are not yet clear. Tax cuts are not likely to help Indian country as much as spending increases would and the Homeland Security initiatives have thus far ignored tribes in the distribution

of funding to states.

In late October, I attended a meeting on the Reauthorization of the Temporary Assistance to Needy Families Act in San Francisco. From San Francisco, I travelled to Albuquerque as the alternate to Patsy Martin for a meeting of the Tribal Leader's Diabetes Committee. On December 20, 2001 I joined several other members of the IHS Budget Formulation Team in a very important and timely meeting with the Associate Director of Human Services for the Office of Management and Budget, Jim Capretta. (see related story p. 4).

This was a very busy fall for the Spokane, Kalispel, Kootenai, Coeur d'Alene, and

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Health News and Notes is published by the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB is a nonprofit advisory board established in 1972 to advocate for tribes of Washington, Oregon, and Idaho to address health issues.

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

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Julia Davis, Ed Fox, and Eric Metcalf Receive IHS Award



Eric Metcalf, Doni Wilder and Ed Fox at the Awards Ceremony (not pictured, Julia Davis-Wheeler)

by Don Head, Policy Analyst

On October 26, 2001, Ed Fox, Julia Davis-Wheeler and Eric Metcalf received the Area Director's Special Recognition Award from Doni Wilder, the Director of the Indian Health Service Portland Area Office.

The recipients were selected for their outstanding work on the Contract Health Services (CHS) Workgroup for 2001, which met from December of 2000 until February of 2001. The CHS Workgroup was tasked to revise the distribution formula for the \$40 million increase that CHS experienced for FY 2001.

Because of the lack of Indian Health Service hospitals, the Portland Area is very dependent on Contract Health Service funding. When the CHS Workgroup made their recommendation over Portland Area's dissent, it looked as though Portland's share of CHS funding would be greatly diminished. However, Ed, Julia, and Eric made a concentrated

effort to rebut the recommendation of the workgroup, by emphasizing the dependency factor that was used by the previous formula.

Ed, Julia, and Eric developed a compromise that involved splitting the funding distribution between the proposed formula and the existing formula, which had been created in 1994. Their efforts eventually precipitated Dr. Michael Trujillo, the Director of the Indian Health Service, to accept the compromise. That compromise protected the Portland Area's share of CHS funding from a proposed reduction of approximately \$1.8 million if the workgroup's proposed formula had been adopted.

This is another example the importance of the various workgroups convened to address specific health funding issues. The Board thanks those tribes who have contributed staff to these efforts, past and future.

Indian Health Service Offers Internships for 2002

by Gary Small, Health Professions Education and Northwest Tribal Recruitment Project Director

The Indian Health Service Scholarship Branch will offer funding for paid (yes, you get paid!) internships for up to 120 days to American Indian/Alaska Native students who meet the following criteria: The student must be enrolled in a healthcare-related field at an accredited college or university, must be or will be enrolled Fall semester of 2002, in good academic standing, and not enrolled in summer classes at the same time of the internship.

Although the funding is available, arrangements must be made between a possible tribal clinic/program site, a supervisor at the site and the In-

dian Health Service Division of Personnel and the Scholarship Program Branch. We here at the Health Professions Education Project (HPEP) have been instrumental in organizing and sched-



uling these internships for Northwest students since 1999. In the summer of 2001, 10 American Indian students completed internships through this program. HPEP can help students organize the process, so please call us as soon as possible. The application and coordination for these internships takes a large amount of time and coordination, so don't delay! Preparations typically need to begin right after the holidays. A completed application must reach the Scholarship Branch of the IHS by March 23, 2002.

For more information, please call the Project toll-free at 1-888-778-7764.

STD Conference Scheduled for March, 2002

by Shawn Jackson, Stop Chlamydia! Project Specialist

Greetings from the Stop Chlamydia! Project. I would like to invite you to attend the 2002 National Sexually Transmitted Diseases (STD) Prevention Conference. The conference will be held at the Town and Country Hotel and Convention Center, March 4-7, 2002, located in San Diego, California. If you plan to attend the conference, please be sure to visit the symposium entitled *Working Effectively with Native Communities to Prevent and Control Sexually Transmitted Diseases*. I will be on the panel board of this symposium.

By attending this conference, you may benefit by increasing your STD knowledge and heightening your awareness of the impact of STDs throughout Indian Country. This is also an excellent opportunity to network with others in the public health field, ranging from community level specialists to leading researchers in the field.

Preregister by February 8, 2002, in order to receive the early registration rate

Program highlights for the 2002 Conference include:

Plenary Sessions:

- STD Prevention in the US: From Past to Present
- STD Prevention in Societies Under Stress: A Global Perspective
- STD-Related Infertility Prevention in 2002 and Beyond: Bridging New Policies to Practice
- Science, Politics, the Media, and STD Prevention in 2002: Harmony or Discord?

Also on the Agenda:

- Concurrent Sessions of Oral Presentations
- Symposia
- Workshops
- Posters
- Roundtable Discussions

of \$140. The registration rate after this date will be \$165. You can register online at <http://www.stdconference.org>. Hotel reservations will need to be made by the February 8 deadline. The Town



and Country Hotel phone number is (619) 291-7131. The single room rate per night is \$99, and the double room rate is \$114.

If you have any questions, please contact me at (503) 228-4185. See you there!

Fun-Run Sponsored by the Board at the National Congress of American Indians Annual Meeting Spokane, WA



Don Head displays the Tee-shirt for which he will run five long, arduous kilometers



Elaine Dado, Ed Fox, and Julia Davis-Wheeler, preparing to brave the crisp and invigorating morning air

Tribal Leaders Meet with OMB, discuss budget priorities

by Don Head, Policy Analyst

On December 20, 2001, tribal leaders were invited to meet with Jim Capretta, the Associate Director of Human Services for the Office of Management and Budget (OMB). This was the first opportunity for tribal leaders to meet with high-level Administration Officials.

In preparation for the meeting, the group met on December 19, at the DC offices of the Navajo Nation, to review the FY 2003 Needs-based Budget presentation and work on prioritizing budget line items. The group was comprised of staff from NPAIHB, NIHB, the Fund Distribution Workgroup, as well as the Navajo Nation. Rachel Joseph and Dr.

Taylor Mackenzie, cochairs of the Budget Formulation Team, and Merle Boyd and Willie Jones Sr. of the



Jim Capretta, of the OMB, listens as tribal leaders present budget priorities and recommended levels of funding for IHS

Tribal Self-Governance Advisory Committee were the official tribal representatives at the meeting. The

tribal leaders went over the Team's FY 2003 budget submission to the Department of Health and Human Services and

added tribal concerns regarding funding to tribes for Homeland Security. Mr. Capretta was very careful to say that it is not going to be a high spending year. He also noted that the IHS budget had not done as well as the agencies funded in the HHS appropriation and suggested that tribes should try to secure additional support from those agencies. Tribal leaders distributed budget information to Mr. Capretta that will hopefully help convince him and others in the

Administration to give the IHS a fair budget increase. The President's budget will be released on February 4, 2002.

National Congress of American Indians 2001 Annual Meeting in Spokane, WA

by Don Head, Policy Analyst

This year, the Northwest Tribes hosted the 28th Annual Meeting of the National Congress of American Indians (NCAI), in Spokane, Washington, from November 25-30, 2001.

NCAI Attendants Remain in Good Spirits

The meeting was marked by a jovial atmosphere throughout, despite a snowstorm that hit Spokane midweek forcing the Spokane Airport to close for one night. Tribal leaders were given the opportunity to voice their concerns over several contentious issues, the largest of which was the proposed reorganization of the Bureau of Indian Affairs by Secretary of the Interior Gale Norton. The reorganization gained national news because the proposal was to be carried out without adequate tribal consultation. The mood of the General Assembly remained high, even when officials from the Department of the Interior spoke to the audience, and responded to questions. Tribal leaders were given the opportunity to ask pointed questions of the Administration, although many of the answers were referred to the tribal consultation that occurred in Albuquerque later on, in December.

Opening Ceremony: Veterans Honored

Those in attendance were also given a great opportunity to honor the American Indian veterans of the Northwest during the opening cer-

emony, when veterans from the Northwest Tribes began the meeting by posting colors and representing their tribes. As they filtered by the microphone set near the stage, the



The Opening Ceremony and Posting of Colors by Northwest Veterans

veterans recited their names, tribes, and the branches of service that they represented. This was well-received and resonated with the audience due in part to the current conflict in Afghanistan and the ongoing effects of the September 11 tragedy.

NCAI Health Issues Discussed

Dr. Michael Trujillo spoke to the General Assembly about the tribal consultation policy that was adopted by circular in September and the ongoing need for this consultation for the Indian Health Service (IHS). The General Assembly later adopted a resolution that supported the reappointment of Dr. Trujillo to his post as the Director of the IHS.

Julia Davis, as the Chairperson of the National Indian Health Board (NIHB), chaired the Health and Hu-

man Services Committee and the Health Sub-Committee. The full committee passed 40 resolutions, 22 of which came from the Health Sub-Committee. That Sub-Committee was well-attended and included presentations from the Healing Lodge of the 7 Nations, and Rachel Joseph, co-chair of the Budget Formulation Team. There was also a discussion of the FY 2003 IHS Budget process which was led by Michael Mahsetky, the Director of Legislative Affairs for the IHS.

NPAIHB Activities at NCAI

In addition to the work of the committees, the Board was proud to sponsor several healthy activities during the week, including a 5k Fun Run/Walk (see opposite), and two early morning sessions of aerobic exercises. These were conducted with help from staff of the Shoshone-Bannock Tribe, principally Shirley Alvarez. The Western Tribal Tobacco Project also sponsored a booth in the exhibitors hall, which provided information about tobacco cessation.

For more information about NCAI, please visit their Web site at <http://www.ncai.org>. The site contains information about past meetings, a listing of resolutions and a discussion of issues currently affecting Indian Country.

NCAI Officers Elected

This meeting also marked the elections of the NCAI Executive Committee. From the Northwest, Colleen Cawston, Chair of the Confederated Tribes of Colville, was voted into the office of Secretary of NCAI. Congratulations Colleen, we know you will do a great job!

Type 2 Diabetes: Proof that Prevention Does Work!

by Tim O'Hearn, MPH, Western Tribal Diabetes Project Coordinator

While scientists are achieving important gains in the improved treatment of diabetes, preventing the disease is fast becoming a top priority in both the diabetes research community and among the general US population. This year the results of a major trial clearly showed that diet and exercise could effectively delay diabetes in a diverse American population of overweight people with impaired glucose tolerance (IGT).

On August 8, 2001, the Secretary of Health and Human Services (HHS), Tommy G. Thompson, announced that "At least 10 million Americans at high risk for Type 2 diabetes can sharply lower their chances of getting the disease with diet and exercise." This statement was based on the results of a diabetes study conducted by the National Institutes of Health in 1996. The National Institute of Diabetes and Digestive and Kidney

Disease (NIDDK) launched its Diabetes Prevention Program (DPP). The goal of this research effort was to explore and learn how to prevent or delay Type 2 diabetes in people with IGT, a strong risk factor for Type 2 diabetes. The findings of the DPP study, which were released in August 2001, showed that people at high risk for Type 2 diabetes could lower their chances of developing the disease through diet and exercise by 58 percent. In addition, the DPP study also indicated that treatment with the oral diabetes drug metformin also reduced diabetes risk, though less dramatically (US Department of Health and Human Services, August 8, 2001).

The study included individuals from all populations. Of the 3,234 participants enrolled in the DPP study, 45 percent were from minority groups that suffer disproportionately from Type 2 diabe-

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Julia's Report: Continued from page 1

Colville tribes. They hosted the National Congress of American Indians meeting where I chaired the Health Committee and the overall Human Resources Committee. Spokane and Coeur d'Alene also hosted the Board's October Board meeting. The tribes of the Inland Northwest proved once again that they are great and gracious hosts capable of handling the largest Indian meeting in the Country. The Board was able to sponsor healthy activities with aerobic exercise and a fun run/walk with T-shirts for all participants. The Quinalt Nation was the host of the annual Tribal Self-Governance Joint BIA-IHS meeting in November.

The Executive Committee of the Board also met several times during this fall. First, very briefly at the NCAI Annual Meeting, where we were given an opportunity to meet with some of the new staff of the Board. We also convened the Executive Committee on December 14, and after-

wards joined the Board staff in their annual holiday party.

I know I traveled less than usual this past fall, but I must say that I've never felt busier. Unfortunately, from the Idaho meetings to those in our nation's capital, the message is bleak. We are going to have to work hard in 2002 to protect our programs and fight for improvements. I know Northwest Tribes are up to the challenge in this year of tragedy and recession.



Yvette Joseph-Fox, Julia Davis, Lenna Aoki, Ed Fox and Rachel Joseph in front of the Old Executive Office Building

October Quarterly Board Meeting held on Coeur D'Alene Reservation

The October Quarterly Board Meeting met from October 23-25, 2001, at the Coeur D'Alene Resort and Casino, in Worley, ID. Over the 3-day meeting, the Board reviewed and passed 10 resolutions (see page 19 for a listing of the resolutions). In addition, the Employee of the Year was named, and **James Fry**, the Network Administrator for the Board accepted the award.



Executive Committee



James Fry accepts the Employee of the Year Award



NW Portland Area Indian Health Board Delegates



Ernie Kimball provides an update on the Centers for Medicare, Medicaid Services (CMS)



ABOVE: Ed and Julia welcome everyone to the dinner. LEFT: Tuesday night dinner at the Benewah Wellness Center, sponsored by the Coeur D'Alene Tribe. Participants were given tours of both the Wellness Center and the Medical Center, as well as passes to use the facilities after the dinner.

Native American Maternal and Child Health (MCH) Issues Discussed at the 7th Annual Maternal, Infant, and Child Health Epidemiology Conference in Tampa Florida, December 2001

by Dr. Jim Gaudino, MD, MPH, MS

In the seven years since this national conference has been in existence, this is the first year that the Centers for Disease Control and Prevention (CDC)/Health Resources Services Agency (HRSA) Annual Maternal, Infant, and Child Health Epidemiology Conference has formally included a session on American Indian and Alaska Native MCH issues. This conference has become one of the leading national scientific conferences to bring together public health practitioners of maternal and child health from federal, state, local, and now tribal public health organizations, and the Indian Health Services to discuss MCH epidemiological issues relevant to public health programs and policies. The theme of this year's conference was "Enhancing Competencies for Informed Decision Making in

Maternal and Child Health Outcomes." The focus is on evidence- and information-based prevention that can translate into some public health action in our communities.

This is an exciting opportunity for tribes and tribal health organizations to share information about MCH issues specifically involving American



Dr. James Gaudino, with participants of the MCH Conference

Indians and Alaska Natives and to learn from our public health partners. I was the main organizer of the session that brought together speakers working in Indian Country throughout the US. The session, entitled "Understanding Native American Indian Health Issues," included topics that were

wide-ranging. These included the health attitudes and knowledge about the risks for chronic diseases among teenagers in a community near a reservation in northern Michigan, body composition and other physical measures of obesity, fitness and health among both AI/AN and non-AI/AN youth involved with the Coeur d'Alene Tribal Wellness Center, new trends in AI/AN infant mortality in the Pacific Northwest, and a study to describe the neurological mechanisms of Sudden Infant Death Syndrome among American Indians in the Northern Plains. Presenters from the Northwest plan to share information learned from their work with the NPAIHB delegates. This was an excellent opportunity to get feedback from both our scientific and program colleagues. The draft conference agenda and abstracts are available at <http://www.publichealth.usf.edu/conted/mchepi01.html>, and conference sessions will be available at <http://www.uic.edu/sph/mchepi>.

For more information, please contact Dr. Jim Gaudino at the Northwest Portland Area Indian Health Board, 503-228-4185, or at jgaudino@npaihb.org.

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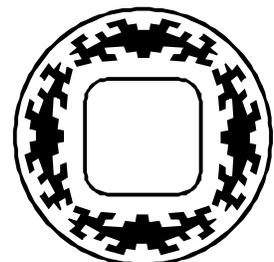
tes. The minority groups included African Americans, Hispanic Americans, Asian Americans and Pacific Islanders, and American Indians/Alaska Natives (US Department of Health and Human Services, August 8, 2001).

The findings of the study arrived at a good time, considering the rising rates of obesity and diabetes in America. Through

prevention strategies such as diet and exercise, health problems can be avoided. By promoting healthy lifestyles, we have a strong chance to stop diabetes before it starts, or at least delay its development.

For more information on the DPP study, please visit the DHHS Web site at <http://www.hhs.gov>. For more information on diabetes in the Northwest, please call the Western Tribal Diabetes Project Direc-

tor, Kelly Gonzales, MPH, at 1-800-862-5497.



Executive Director's Report

by Ed Fox, Ph.D

It has been one year since my appointment as Executive Director and 7 years since I attended my first Board meeting in January 1995. It was only a couple weeks before that Mary Kalloch, Doni Wilder, and Martha Holiday interviewed and hired me. I had a lot to learn about tribes and about Indian people and their health, and it was at that first Board meeting in downtown Portland that my learning process began.

I had the honor of meeting Joe De La Cruz who spoke with me in the back of the rooms and in the parking lot. He expressed to me the importance of my position to the Board. He balanced the Board's role in getting involved, staying on top of issues and keeping tribes informed with the responsibility of tribes to pursue information and act aggressively with that information in hand. I was impressed with the emphasis on unity and collaboration, how the tribes would take action if the Board provided them with the necessary tools.

Even as the Executive Director, I continue to believe that my primary responsibility is to seek out and transmit the information NW tribes need to understand issues, shape agendas, formulate policies and seek policy change and successful implementation. Whether a new law, an appropriation or a new health study or program, tribes need information to remain proactive in order to improve the health status of Indian people.

In the past year, I have worked hard to bring the Board's operating systems up

to a level sufficient to support our increased programs. The legacy of the work of past Executive Directors, Doni Wilder and Cheryle Kennedy, is the solid foundation they established that allows us to grow. We doubled our staff in the past two years, from 31 to 60 employees and increased our budget from \$3.1 to about a \$6 million. The personnel system has been amended only slightly and the physical space hardly at all. In fact, we have not added a single square foot of office



Ed Fox hard at work

space in the past year despite adding about 20 new positions. So thank you to Cheryle, Doni, our delegates, and others like Rod Smith who developed the solid foundation for our current growth. I am committed to an efficient administration, but one that provides all the necessary support for our many programs.

Key staff positions have been filled and we are probably entering a very mature stage in our growth. Joe Finkbonner's

appointment as the Director of the Northwest Tribal Epidemiology Center and Dr. Dee Robertson's and Dr. Francine Romero's contributions ensure the continued success of our *EpiCenter*. Our Administrative Officer Verné Boerner, Policy Analyst Don Head, and the head of our Information Technology, Jim Fry, are hard working and loyal staff who have contributed much to this year's success. Under Mylen Shenker's leadership our audit is underway at this writing and we

expect to be fully staffed with three positions in our finance department by the end of January.

Our growth is not just within the four walls of the Board. We are more active than ever in your communities. Just ask your health director if any Board staff are visiting you this month. I bet one of our projects will be there soon!

In April, we meet at the Quinault Nation to engage in Strategic Planning for the next 3 or 4 years. At that time we will review how we have done the past five years since our Pendleton strategic planning session. I think you'll agree that we have honored the direction from our delegates and achieved great success. I am hoping for further direction from delegates on how we can secure that success and move forward to address the health care challenges our Tribes face.

NPAIHB Holiday Party

The Board held its annual Christmas luncheon on December 14, 2001. The function also served to allow the staff of the Board to honor **Dr. Dee Robertson** and **Dr. Tom Becker**. Dr. Robertson retired from the Commissioned Corps on December 31, 2001, although he will remain with the Board as the Special Assistant to the new Epicenter Director Joe Finkbonner (SEE PAGE 16). Dr. Becker was also honored, for his strong commitment to the health of the tribes. Three members of the Executive Committee (**Julia Davis-Wheeler** - Chair, **Janice Clements** - Treasurer and **Corrinne Hicks**, Sergeant-at-Arms) also attended.



Julia Davis-Wheeler, Chair of the Northwest Portland Area Indian Health Board



Jo Lutz and Madison McGowan



Portland Area Director Doni Wilder and Dr. Tom Becker



Julia Davis-Wheeler, Dr. Tom Becker, Dr. Dee Robertson, and Dr. Ed Fox



Regional Specialist Jennifer Olson and Trainer Mike Severson



TOTs Project Director Tam Lutx and her daughter Jo



Madison McGowan and IT Analyst Eric Jordan



Executive Assistant Elaine Dado and M'Kya Bettega



WTPP and NTPN Director Liling Sherry and M'Kya



WTDP Director Kelly Gonzales and NTPN National Coordinator Gerry Rainingbird

The Facts on Sugared Beverages, Tooth Decay, Obesity and Our Children

by Tam Lutz, MPH, MHA, (Lummi) TOTs Project Director and Anthia Nickerson, Technical Writer

Did you know that people living in the United States consume more sugared beverages, such as Pepsi and Sunny Delight, than any other population in the world? This extremely high consumption rate has serious health implications. First, sugared beverages are replacing nutritious beverages such as water, milk, and fruit juice in our diets. Second, this replacement of nutritious beverages with soft drinks and other sugared beverages has coincided with increases in childhood obesity and early childhood caries (tooth decay).

Fact: American Indians experience the highest rates of childhood obesity and early childhood tooth decay of any United States population.

Fact: Obesity is a major risk factor for type 2 diabetes.

Fact: Type 2 diabetes is now occurring in our Indian youth, in addition to the adult population.

These health implications are particularly damaging to minority groups, such as American Indians and Alaska Natives, who are affected disproportionately by health disparities. In fact, American Indian youth experience the highest rates of obesity and early childhood tooth decay of any United States population. Obesity is a major risk factor for type 2 diabetes, which is now occurring in our youth as well as adults. Reducing the consumption of sugared beverages is a starting point for improving the health of our communities.

An Exciting New Intervention Project to Reduce Toddler Obesity and Tooth Decay

Please welcome a new project out of the Northwest Tribal Research Center, the Toddler Obesity and Tooth Decay Project, informally



Tam Lutz, Dr. Cheryl Ritenbaugh, Dr. Njeri Karanja and Dr. Gerardo Maupome: The TOTs Project Investigators

coined as the TOTs Project. The overall aim of the TOTs Project is to test whether community- and family-based interventions can reduce the consumption of soft drinks and other sugared beverages in expectant mothers and their offspring, and extend the length of breast-feeding. The TOTs Project will also test whether such behavioral changes can impact childhood obesity and tooth decay. The Project is innovative in its focus on a single aspect of diet - beverage. If successful, the intervention would have great significance for the

many tribal communities facing these problems.

The Project will recruit four intervention communities among the Northwest tribes. Two of the communities will each receive a community-based intervention and a WIC/MCH- and family-based intervention. These interventions will be

designed under the consultation of participating tribes. However, examples of what these interventions may include are as follows:

Community-based interventions

- Community events and activities designed to provide nutrition education
- Taste-testing of non-sugared beverages
- Health meal planning and preparation

- Welcome celebrations for tribal babies born into tribal communities

WIC/MCH-based Interventions

- Encouragement and education about reducing sugared beverage consumption
- Education about benefits of drinking water and breast-feeding

Family-based Interventions

- Peer counselors provide prenatal and postnatal home visits

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- Plans for sustaining breast-feeding and reducing consumption of sugared beverages

Project staff began recruiting communities this fall and will continue to recruit communities throughout the month of January. It is preferred that intervention communities have a birth cohort that is greater than 65 births per year.

Is Your Community Interested in Participating?

Please contact Tam Lutz, Project Director, or Julia Putman, Project Assistant at (503) 228-4185, or by email at tlutz@npaih.org. You can also submit a letter of interest to:

TOTs Project
ATTN: Tam Lutz, Project Director
527 SW Hall, Suite 300
Portland, OR 97201

As part of the site selection process, Project staff will be reviewing letters of interest from tribes and setting telephone conferences with interested tribes during the month of January 2002.

Health Question: Is it possible for sugar to be good for your teeth?

Answer: Yes! (If the sugar is xylitol, a naturally occurring sweetener)

by Bonnie Bruird, Dr.Ph, Prevention Contractor for Northwest Tribal Dental Support Center

Xylitol (pronounced 'ZI-li-tol') has been used in foods since the 1960s. Over 25 years of testing in widely different conditions confirm that xylitol is the best sweetener for teeth. Xylitol use reduces tooth decay rates both in high-risk groups (high caries prevalence, poor nutrition, and poor oral hygiene) and in low risk groups. Studies using xylitol as either a sugar substitute or a small dietary addition have demonstrated a reduction in new tooth decay, along with arrest and even some reversal of existing dental caries.

Studies show that 4 to 12 grams of xylitol per day are effective. If used only occasionally, or even as often as

once a day, xylitol may NOT be effective, regardless of the amount. Use xylitol at least three, and preferably 5 times every day. Use immediately after eating and clearing the mouth by swishing water, if possible. Between meals, replace ordinary chewing gum, breath mints, or breath spray with comparable xylitol products.

This information came directly from the Web site www.xylitol.org and you can also obtain ordering information from this site. There are a few xylitol gums and mints on the market now. You have to read the labels carefully. Check it out!

The Northwest Portland Area Indian Health Board received funding through the National Institutes of Health (NIH) and the Indian Health Services' Native American Research Centers for Health (NARCH) Initiative to fund two research and development projects and two pilot projects. All four projects will be administered under the Northwest Tribal Epidemiology Center's (*The Epicenter*) Northwest Tribal Health Research Center. These Projects are as follows:

- Community Intervention to Reduce Childhood Obesity and Tooth Decay
- Improving Research Skills for American Indians and Alaska Natives
- Barriers to the Use of Child Safety Seats in Northwest American Indian Communities
- Using Evidence-based Medicine (EBM) to Improve Health Care for Northwest American Indians and Alaska Natives

More Help is on the Way: Working Toward Cancer-free Tribal Communities

by Ruth Jensen (Tlingit), MS, Northwest Tribal Cancer Control Project Director

This is a good time to be working on comprehensive cancer control. Just three years ago NPAIHB began its Northwest Tribal Cancer Control Project with funding from the Centers for Disease Control and Prevention (CDC). In this comprehensive cancer control project, we are working to take a coordinated and integrated approach to cancer control. A growing number of organizations and agencies are participating in this effort nationwide with a growing number of resources going to tribes.



AI/AN Leadership Initiative on Cancer

One such ongoing effort is the American Indian and Alaska Native Leadership Initiative on Cancer based at the Mayo Clinic. Led by Judith Salmon Kaur (Choctaw), MD, this grew out of the work of many cancer researchers in Indian Country who recently hosted the biennial Native cancer control conference. Topics featured the wisdom, insights, and

leadership of cancer survivors from around Indian Country, cancer prevention and early detection, as well as state of the art cancer treatment and how science and compassion can coexist. Dr. Kaur is one of two American Indian oncologists in the United States. Regionally, Dr. Tom Becker, MD, has been a champion of comprehensive cancer control for Northwest tribes. Dr. Becker is a key person in the Leadership Initiative.

Help is on the Way:

There is much exciting news from the conference. Be assured: more help is on the way! At the cancer conference, Ms. Siobhan Westcott (Alaska Native) presented a video entitled, "Cancer in the Great Land [Alaska]," which she produced. The video featured her brother, a cancer survivor. It illustrated complex concepts in an understandable way and with a touch of humor. Next fall, Ms. Westcott will begin medical school at Harvard University. Another outstanding presenter at the cancer conference was C.W. Begay (Navajo). A college student, he led in the development and presentation of an effort called, "Communities Through Interactive Teen Workshops." This promoted health and cancer risk reduction for American Indian and Alaska Native youth. Watch for these rising stars!

Statewide Cancer Control Efforts:

In related arenas are statewide comprehensive cancer control efforts. CDC recently granted funds to the State of Wash-

ington Department of Health to develop a comprehensive cancer control plan. Oregon Health Division is beginning a similar effort without federal funds for that purpose. Representatives of seven states, including Washington and Oregon, attended the recent comprehensive cancer control institute held in Newport Beach, California. This is part of a series of sessions being cosponsored by the American Cancer Society, CDC, and the National Cancer Institute.

Another way that help could be on the way is through individual commitment from members of Indian communities. Each of us can contribute to the overall health of our communities. There are behaviors we can maintain such as daily exercise and healthy diets as well as avoiding the commercial use of tobacco. To learn more about what you can do, visit any number of Web sites, such as www.cancer.gov (National Cancer Institute) or www.cancer.org (American Cancer Society), or www.cdc.gov (CDC), for a wide variety of resources for promoting health. For more information about the Northwest Tribal Cancer Control Project, call (503) 228-4185.



Top 10 Resolutions for a Health New Year (2002)

As we enter a new year, we are once more given the opportunity to test our willpower and make pledges to ourselves in the form of resolutions. The staff at the Board put together the following list of healthy resolutions. Although the list is not all-inclusive, it does provide several good ideas to make this new year a great one for health!

- 1 Drink more water
- 2 Quit smoking/
chewing
- 3 Exercise more
- 4 Undergo Cancer screening
- 5 Consume less sugar
- 6 Switch to diet soda
- 7 Practice safe sex
- 8 Schedule a physical in 2002
- 9 Support sobriety movement.
- 10 Laugh more

War Pony in the City

by Gerry Rainingbird

Coyote gave me a ride to Oregon, with a promise of miracles and good medicine
Told me to leave my war pony, not to worry, the new owner would give it a better battery
And a rebuilt alternator, but
My Indian car misses me, cuz coyote left a trail of bullshit
And I'm sure it followed me from Rocky Boy to Portland
Thought I saw my painted (4 times to hide from the hiway patrol for no insurance and seatbelts, but that's another story) war pony the other day, being driven by another brown brother looking lost on Burnside
A blue, I think it's blue, use to be blue, chevy chevette,
The windshield made sacred with a permanent web from Grandmother spider
Reminding us that we are all a part of the same thread, so coyote says
The crooked coat hanger pretending to be an antenna,
Bringing static free rhythm n blues from KBOO when the cassette player gave out from
Too much blackstone, black lodge, southern cree, red bull, nakai and indigenous

A dreamcatcher from the last pow-wow hangs precariously from the mirror
A symbolic testimonial to the power of dreams, even in the nightmare of urban streets
Rusty fenders, dented hood, duct tape upholstery, and blue smoke from the exhaust
That leaves a trail of carbon tears and shaking heads
Yes I think it used to be mine, it has my marks, or what the whiteman calls
Bumper stickers: This car stops at all powwows, frybread power, bingo rules, my other car has hooves, and my favorite, "America, love it or give it back, ayee..."

The familiar screech of Indian car brakes, and its feeble attempt at seeking an empathetic ear, turns my head in time
To see that runaway pony, fighting the driver, balking at the stoplight,
Resisting the efforts of its current owner
A mind of its own, not wanting to slow down once it gets going,
Because someone will have to jump it when it stalls in the middle of the intersection
Embarrassed again because it never had new brakes, nor new tires for that matter
A radial up front, a studded snow in the back, makes for a creative ride...
We don't pay attention to that though, until she goes flat and there's no spare

One day it will be washed, tuned, and given new shoes
But for now the war pony goes from owner to owner
A tired runner with over 200,000 miles, mostly
Dusty, washboard reservation roads, and weekly trips to bingo
Waiting for retirement and the final ride back
to re-join the rest of the herd and take its place in the backyard
to become a rest home for the family rez dog and
To protect gramma's excess commodities.

Welcome New Staff to the Board

New Epicenter Director Chosen!



December 17, 2001 was officially the first day as the Director of the EpiCenter for Joe Finkbonner. Joe accepted the position Monday December 17, 2001 and was officially introduced to the Board staff.

Joe is an enrolled member of the Lummi Tribe and some of you will re-

member him as the CEO/Health & Social Services Director for Lummi. He has worked on Indian Health issues and public health since the beginning of his tenure at Lummi in January 1995. Governor Gary Locke appointed him to the State Board of Health in October of 1998, and he served as a past Chair of the American Indian Health Commission for Washington State.

He received both his Bachelor of Science and Masters degree from the University of Washington. He worked for several years as a pharmacist in the Providence Hospital system in Seattle before eventually returning home to Lummi in 1995.

“I believe we have solidified our administration,” stated Ed Fox of the hiring of Joe as the EpiCenter Director. The replacement of Dr. Dee Robertson who vacated the position after retiring from Federal Service, was one of the first assignments given to Ed when he began as the Board’s Executive Director. “Dee will be a direct employee of the EpiCenter” stated Ed Fox, “and he will be an important element in the transition to the new Director, as well as the further development of the EpiCenter.”

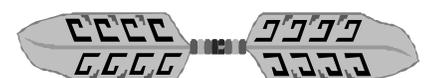
It was the strong reputation of both the Board and the EpiCenter that attracted Joe to the position. “I want to build upon the foundation that is already in place” stated Finkbonner. “I believe that the research and surveillance activities that are taking place at the EpiCenter need to bring enhanced services and value back to the communities that provided the data. I am looking forward to working with each and every tribal community in the Portland Area.”

Please congratulate and welcome Joe to the NPAIHB when you see him.

New Trainer for the Diabetes Project!



The Board welcomes Mike Severson to the staff. Mike is a member of the Turtle Mountain Band of Chippewa Indians. He attended the University of Montana-Missoula, where he earned a Bachelor of Science degree in Health and Human Performance (1999). After graduation, he was employed by the American Red Cross Biomedical Services as a lab technician. He has also worked as the Physical Fitness/ Recreation Case Manager for Missoula Correctional Service, in addition to his duties as a part-time certified fitness trainer. Mike is excited to be working with the Board and is eager to assist the Western Tribal Diabetes Program staff in implementing the diabetes programs.



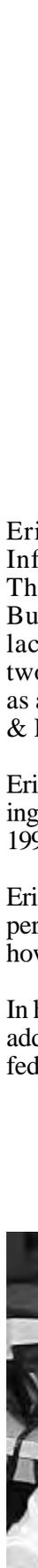
A New Project, a New Project Assistant...



Julia Putman is joining the staff of the Board as the Project Assistant for the Toddler Obesity and Tooth Decay Prevention Study, also known as the TOTs Prevention Project. Julia's previous experience at NPAIHB included providing project assistance for the 2001 Behavioral Risk Factor Surveillance Survey in addition to assisting with Northwest RPMS Cancer Assessment Project and the Health Professions Education Project.

Before joining the Board, Julia provided research support for National Science Foundation researchers in the United States Antarctic Program. While working for Antarctic Support Associates, she spent six months living and working at McMurdo Station and the Amundson-Scott South Pole Station.

When asked what she enjoys most about her job, Julia replied, "I am delighted to have the opportunity to contribute to community-based programs that provide creativity and a willingness to explore new ways of meeting community needs and improving the health of Indian communities."



Information Technology Analyst hired

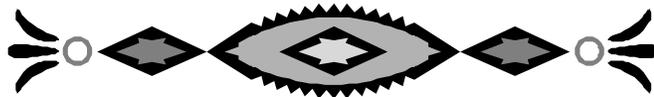


Eric Jordan, an enrolled member of the Grand Ronde Tribe, is the new Information Technology Analyst for the Board. Eric previously worked for Thomson Multimedia, a local healthcare Internet startup company, as the Business Development Manager, before the company was shut down due to lack of funding. Prior to that, Eric worked for Providence Health System for two years as part of their Administrative Fellowship Program. Eric also worked as a Research Assistant in 1995-96 for the Center for American Indian Research & Education in Berkeley, CA, before attending graduate school.

Eric earned a Master's degree in Health Administration from the University of Washington School of Public Health in 1998, and an undergraduate degree from Dartmouth in 1995.

Eric spends his time hiking, running, mountain climbing, and traveling as much as time permits. He is passionate about how technology can improve healthcare, specifically how tribes can benefit by staying on top of technological advances.

In his role as the IT Analyst, Eric hopes to assist the 42 member tribes by tracking and addressing their technology concerns, as well as serving as a liaison between state and federal agencies, and the NW tribes and tribal organizations on IT issues.



Penny Schumacker is another new trainer for the Western Tribal Diabetes Project. Penny attended Portland State University where she studied Community Health Education. In 1999, she received her Bachelor of Science degree and became a Certified Health Education Specialist. For the past two years she has been working with parenting programs that support families and children in need. Penny is eager to begin working with the staff of the Western Tribal Diabetes Project, as well as everyone else at the Board.

Upcoming Events

February

Diabetes Management System Training

February 5-7, 2002

Location: CRIHB

Sacramento, CA

Contact: Sharon Fleming or Jennifer Olson

Telephone: (503) 228-4185

Women's Health Training

February 20-21, 2002

Location: NPAIHB

Portland, OR

Contact: Mary Brickell or Chandra Wilson

Telephone: (503) 228-4185

March

Third Party Billing and Accounts Receivable Training

March 11-15, 2002

Location: Portland Area IHS

Portland, OR

Contact: Mary Brickell or David Battese

Telephone: (503) 228-4185

Immunization Training

March 13-14, 2002

Location: NPAIHB

Portland, OR

Contact: Mary Brickell or Chandra Wilson

Telephone: (503) 228-4185

Dental Data System Training

March 20-21, 2002

Location: NPAIHB

Portland, OR

Contact: Mary Brickell or Dr. Crow

Telephone: (503) 228-4185

National Indian Health Board 19th Annual Consumer Conference

March 26-28, 2002

March Cont.

Location: Adams Mark Hotel

Denver, CO

Contact: NIHB

Telephone: (303) 759-3075

Referred Care Information System (RCIS) Training

March 26-27, 2002

Location: NPAIHB

Portland, OR

Contact: Mary Brickell or Larry Tallacus

Telephone: (503) 228-4185

Contract Health Services (CHS) Training

March 28-29, 2002

Location: NPAIHB

Portland, OR

Contact: Mary Brickell or Larry Tallacus

Telephone: (503) 228-4185

April

Tribal Health Directors Meeting

April 15, 2002

Location: Quinault Tribal Casino and Resort

Ocean Shores, Wa

Contact: Don Head & Ed Fox

Telephone: (503) 228-4185

NPAIHB Quarterly Board Meeting

April 16-18, 2002

Location: Quinault Tribal Casino and Resort

Ocean Shores, Wa

Contact: Elaine Dado

Telephone: (503) 228-4185

Community Health Representative (CHR) Training

April 17-18, 2002

Location: NPAIHB

Portland, OR

Contact: Mary Brickell or Chandra Wilson

Telephone: (503) 228-4185

October 2001 Resolutions

RESOLUTION #02-01-01 – “Support for the Portland Area Issue Paper for Supplemental Diabetes Funding for FY 2002-3”

RESOLUTION #02-01-02 – “Support and Participation in the National Tribal Tobacco Prevention Network”

RESOLUTION #02-01-04 – “Moving the IHS Budget from Interior Appropriations Sub-Committee to the Labor, Health and Human Services, and Education Appropriations Sub-Committee”

RESOLUTION #02-01-05 – “Support for the National Component of the Western Tribal Diabetes Project”

RESOLUTION #02-01-06 – “Support for the Submission for Proposal to the California Indian Health Service for the Continuation of Diabetes Data Improvement Activities Among California Tribes”

RESOLUTION #02-01-07 – “Support for a Mini-grant Proposal to Determine the Feasibility of Developing a Youth Program for Cancer Prevention and Risk Reduction in Northwest Tribal Communities”

RESOLUTION #02-01-08 – “Support for Grant Proposal in Collaboration with the Fred Hutchinson Cancer Research Center”

RESOLUTION #02-01-09 – “Support for a Northwest Conference on Diabetes”

RESOLUTION #02-01-10 – “Opposition of FY 2001 CHS Workgroup Formula Being Used to Distribute FY 2002 Increased CHS Funds”

RESOLUTION #02-01-11 – “Support for the Portland Area Health Education & Awareness of the Women’s Health Promotion Program with the Susan G. Komen Foundation”

Coming Soon from the Board...

Tobacco Website Redesign

The National Tribal Tobacco Prevention Network and the Western Tobacco Prevention Project are currently working to redesign their Web site. The new Web site will be organized to incorporate a database of tobacco prevention resources from around the country. Project information, such as training schedules and registration materials, will continue to be posted to the Web site. Liling Sherry, the Project Director, envisions that the site will become a premiere tobacco prevention resource for American Indian/Alaska Native communities. Please visit www.npaihb.org/tnet

Comments can be directed to Mrs. Sherry at (503) 228-4185, or by email to lsherry@npaihb.org.

Dental Prevention Coordinator’s Meeting Rescheduled

The Portland Area Dental Prevention Coordinators’ Meeting was cancelled due to the tragedy and travel restrictions associated with September 11, 2001. This meeting has been rescheduled for March 11–12, 2002, at the Double Tree Hotel in the

SeaTac area.

If you would like additional information, visit our site www.npaihb.org/epi/dental for the registration information and materials, or contact Kathryn Alexander by telephone at (503) 416-3292.

Registration is limited. Travel assistance is available. Don’t miss this opportunity to network with other Prevention Coordinators from Oregon, Washington, and Idaho. This is not a continuing education meeting.

Northwest Portland Area Indian Health Board

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Pearl Capoeman Baller, Vice-Chair, Quinault Nation
Janice Clements, Treasurer, Warm Springs Tribe
Corrine Hicks, Sergeant-at-Arms, Klamath Tribe
Norma Peone, Secretary, Coeur d'Alene Tribe

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Wanda Johnson, Burns Paiute Tribe
Dan Gleason, Chehalis Tribe
Norma Peone, Coeur d'Alene Tribe
Colleen Cawston, Colville Tribe
Mark Johnston, Coos, Lower Umpqua & Siuslaw Tribes
Eric Metcalf, Coquille Tribe
Sharon Stanphill, Cow Creek Tribe
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Judith Leyva, Nooksack Tribe
Shane Warner, NW Band of Shoshoni Indians

Rose Purser, Port Gamble S'Klallam Tribe
Rod Smith, Puyallup Tribe
Bert Black, Quileute Tribe
Pearl Capoeman Baller, Quinault Nation
Billie Jo Settle, Samish Tribe
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Sandra Sampson, Umatilla Tribe
Marilyn Scott, Upper Skagit Tribe
Janice Clements, Warm Springs Tribe
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