Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

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Health News & Notes

A Publication of the Northwest Portland Area Indian Health Board

Maternal & Child Health

Maternal and Child Health Guiding Framework

Monika Damron
MCH Core Coordinator

During the summer of 2017, the NPAIHB spoke with 29 leaders and maternal and child health (MCH) professionals in the Northwest, conducting 23 formal interviews. Our objective was to understand the existing MCH capacity and programming among Northwest tribes and at the NPAIHB's Northwest Tribal Epidemiology Center (NWTEC).

The in-depth interviews were semi-structured, consisting of open-ended questions, and focused on MCH priority issues, strengths, and ways to promote wellness. Interview participants were from tribal health clinics and organizations, Indian Health Service (IHS) clinics, community-based American Indian/Alaska Native (AI/AN) organizations in urban areas, and state programs that address tribal and AI/AN MCH issues. There were 17 organizations represented in the formal interviews, including the NPAIHB, 11 clinics, 1 community-focused tribal health program, 2 community-based organizations in urban areas, and 2 state or regional level organizations. Some interviews included several participants from one organization.

The *Maternal and Child Health Guiding Framework for the Northwest Portland Area Indian Health Board* summarizes these interviews and presents suggestions for future MCH efforts at the NWTEC. The intention of the framework was not to provide a comprehensive assessment of MCH priorities in Northwest tribal communities, but to identify key issues and steps that the NPAIHB could take to support efforts to promote MCH. It can also serve as a catalyst for dialogue about MCH in the Northwest. The framework highlights topics that frequently came up as a need or were identified as being part of a strong MCH program. Most often, these topics arose from discussions of what influences wellness

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Northwest Portland Area Indian Health Board

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Chairman's Notes

Andrew Joseph, Jr.,
Colville Tribal Council
NPAIHB Chair

Hello,

This quarter our newsletter is focused on maternal child health, but it is also about family health. It is very important that our young parents take seriously the responsibility of being a parent. These days there are way too many broken families, children being raised by extended family or in the system. This can cause children pain, confusion, and lead to lifelong mental health issues. Adults with adverse childhood experiences, attachment issues, and post-traumatic stress disorder are a few concerns that come to mind.

Our tribes really need to start programs that support healthy parenting and families. I think prevention activities should start the day the mother finds out she is going to have a baby. A parenting counseling course should be part of process to receive WIC. There also needs to be more training, with traditional training tools, for boys and girls at an earlier age. This training for boys and young men also needs to teach them to respect girls and women. I started training my sons in the sweathouse and we pray for women in the third round.

I encourage you all to talk to program staff of your tribe to find out what programs exist for your young parents, kids and youth. I also encourage you to talk to your kids and grandkids and teach them our ways.

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

Andrew C. Joseph Jr.
HHS Chair
Colville Tribal Council
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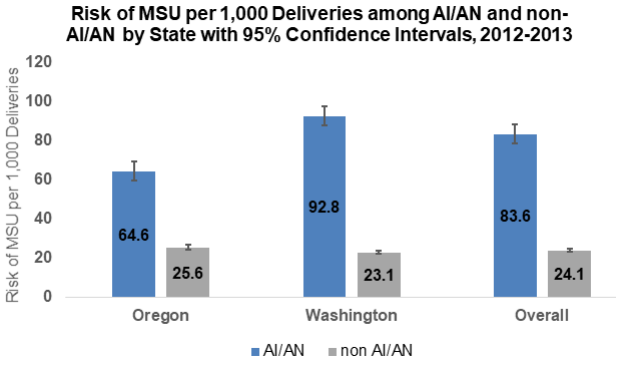
Maternal Substance Use Among AI/AN in Oregon and Washington

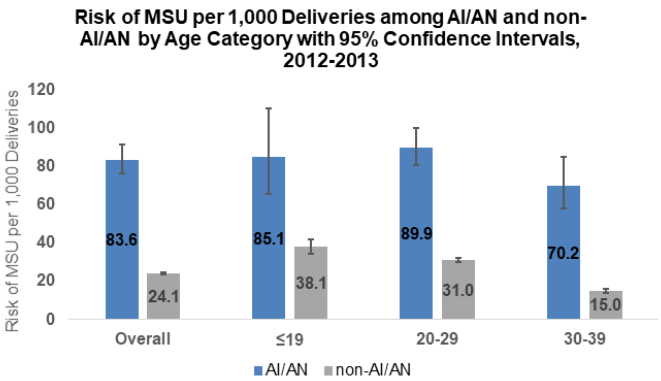
Taylor Ellis
Public Health Improvement and Training Project Specialist

To better understand the extent of maternal substance use in northwest Tribes, the NPAIHB MCH workgroup carried out a preliminary analysis of existing hospital discharge data. At present, only data from AI/AN throughout Oregon and Washington states were available; however, we believed this would be a good start to begin to understand the extent of the health burden for Northwest Tribes. We hope to do further investigation for AIAN in Idaho in the future.

A preliminary analysis of 2012-2013 hospital discharge data from Oregon and Washington was performed. The overall risk of maternal substance use (MSU) was 83.6 per 1,000 for AI/AN delivery hospitalizations (deliveries) and 24.1 per 1,000 deliveries for non-AI/AN, indicating that the risk of MSU at delivery was 3.47 times higher for AI/AN than for non-AI/AN.



Data were further stratified by age, insurance type, geography, and state to determine if the risk of MSU differs by other characteristics. Results from two stratified categories, state and age, should be noted for further study. First, the risk of MSU for both AI/AN and non-AI/AN was higher in Washington than Oregon (AI/AN: 92.8 vs. 64.6 per 1,000; non-AI/AN: 23.1 vs. 25.6 per 1,000). Thus, resulting in a higher risk ratio between AI/AN and non-AI/AN in Washington than Oregon (4.01 vs. 2.52). Second, risk of MSU also differs by age groups. AI/AN women aged 30-39 had a risk of 70.2 per 1,000 while non-AI/AN women had a risk of 15.0 per 1,000, indicating that the risk of MSU at delivery was 4.63 times higher for AI/AN than for non-AI/AN.



Northwest Portland Area Indian Health Board

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Maternal Substance Use and Neonatal Abstinence Syndrome

Chiao-Wen Lan, PhD, MPH
Epidemiologist
IDEA-NW

CAPT Thomas Weiser, MD, MPH
Medical Epidemiologist

Tam Lutz, MPH, MHA (Lummi Nation)
Native CARS Project Director

Sujata Joshi, MSPH
Project Director/ Epidemiologist
IDEA-NW

Substance use during pregnancy can negatively affect a woman's health and the health of her child. Neonatal abstinence syndrome (also called NAS) happens when a baby is exposed to drugs in the womb before birth and then goes through drug withdrawal after birth. States and cities across the country are facing considerable increases in maternal opioid use and the negative effects on infants.[1,2] Across the US, **every 25 minutes** a baby is born suffering from NAS, resulting in a nearly **500% increase** nationally since 2000.[2]

NAS is often caused when a pregnant woman takes opioids or other drugs. Opioids may be prescribed as painkillers following injury or surgery. Heroin is also an opioid. Other drugs taken during pregnancy that might lead to NAS include antidepressants or benzodiazepines (sleeping pills). These drugs pass through the placenta and can cause serious problems for the baby.

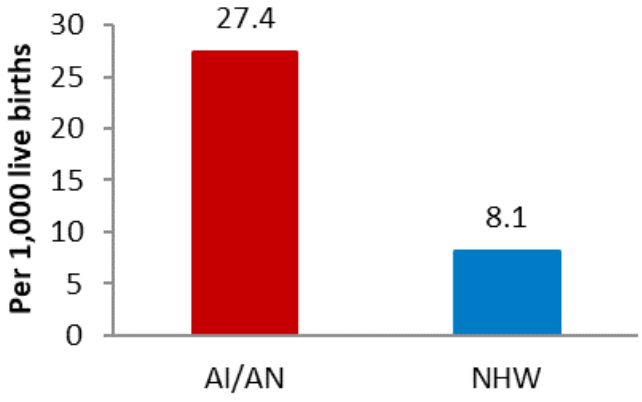
NAS can cause serious problems for newborns, including sudden infant death, breathing and feeding problems, and seizures. It can also cause impairments in cognitive and behavioral outcomes.[3]

As part of the national pattern, there has been an increase in NAS observed in the Northwest (NW) region.[4] Alarmingly, a 2012 study reported that neonates born to NW American Indian/Alaska Native (AI/AN) women were 2 times more likely to be diagnosed with NAS compared to neonates born to Non-Hispanic White (NHW) women.[4] There is an urgent need to address the challenges faced by pregnant women using opioids and other drugs in NW tribal communities.

To understand the burden of NAS among Northwest AI/AN, the MCH Workgroup analyzed state hospital discharge databases in Oregon and Washington corrected for racial misclassification.

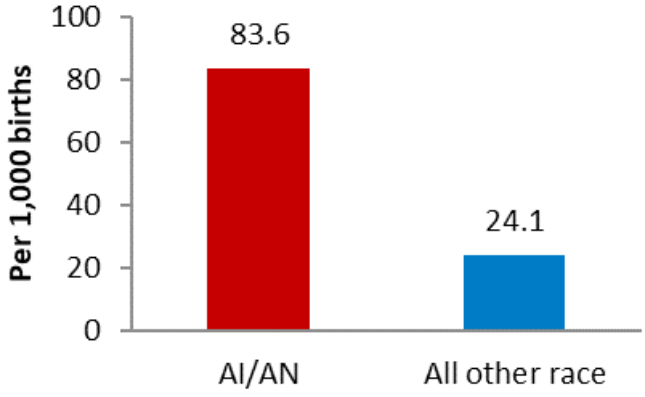
In Washington and Oregon, from 2012 to 2013, neonates born to AI/AN were 3.4 times more likely to be diagnosed with NAS compared to neonates born to NHW.

Figure 1. Incidence of NAS, Oregon and Washington, 2012–2013



Similarly, AI/AN women who gave birth during 2012–2013 were 3.5 times more likely to be identified with substance use compared with other women who gave birth during the same period.

Figure 2. Risk of Maternal Substance Use, Washington and Oregon, 2012–2013



There is a pressing need to improve identification and treatment of infants with NAS to mitigate the negative impacts of NAS.

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Maternal Substance Use and Neonatal Abstinence Syndrome

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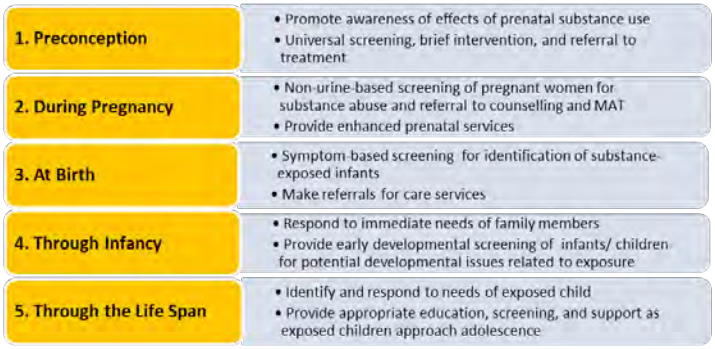
Medication-Assisted Treatment (MAT) can help pregnant women who are addicted to opioids. Some NW tribes have implemented MAT services in recent years. In 2014, there were eight Tribal health facilities with MAT/office-based opioid treatment (OBOT) services, and six tribal programs with MAT/OBOT policies and procedures. While many NW tribes offer varying levels of substance abuse counselling, the majority do not have MAT programs in their communities.

Prescription drug monitoring programs (PDMPs) are state-based databases that track controlled substance prescriptions dispensed by pharmacies within each state. Research has suggested that PDMPs have been associated with a reduction in opioid-related deaths in the general population.[2] Most Electronic Health Records (EHRs), including the IHS EHR, allow providers to easily check a patient's prescription history in the PDMP before providing a new prescription. IHS has a policy that the providers check the PDMP before writing any new controlled substance prescription lasting 7 days or more and every three months for any patient receiving chronic controlled substance prescriptions.

There are existing barriers to accessing appropriate treatment services for pregnant women with opioid use disorders. Programs such as *One Key Question®* and *Upstream* offer assistance to help providers assess pregnancy intention and respond to women's preferences. Increasing proactive, patient-centered approaches to contraceptive counselling in NW IHS, Tribal and Urban Indian Health Organizations as well as improving access to community resources available to drug-dependent women of reproductive age are critical.

Because the incidence of NAS has increased rapidly over the past decade, including in tribal communities, increasing the availability preconception health services and regular use of PDMPs to identify those who are getting controlled substances elsewhere are critical prevention strategies.

Figure 3. Strategies to Prevent Prenatal Substance Exposure and Impacts over the Lifespan (adapted from O'Brien and Phillips, 2011)[5]



Acknowledgements:

Special thanks to Sarah Hatcher, PhD, Epidemic Intelligence Service Officer, CDC, Northwest Portland Area Indian Health Board 2016-2018, who carried out the data analysis of this project.

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[2]Patrick, S. W., Davis, M. M., Lehmann, C. U., & Cooper, W. O. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *Journal of Perinatology, 35(8), 650.*

[3]Baldacchino, A., Arbuckle, K., Petrie, D. J., & McCowan, C. (2014). Neurobehavioral consequences of chronic intrauterine opioid exposure in infants and preschool children: a systematic review and meta-analysis. *BMC psychiatry, 14(1), 104.*

[4]Creanga, A. A., Sabel, J. C., Ko, J. Y., Wasserman, C. R., Shapiro-Mendoza, C. K., Taylor, P., ... & Paulozzi, L. J. (2012). Maternal drug use and its effect on neonates: a population-based study in Washington State. *Obstetrics & Gynecology, 119(5), 924-933*

[5]O'Brien, M., Phillips, S. (2011). Substance exposed newborns: Addressing social costs across the lifespan. The Massachusetts Health Policy Forum, 40. Available at: https://masshealthpolicyforum.brandeis.edu/forums/Documents/FINAL-SEN-IssueBrief_For-Print.pdf

Oregon Tribal Summit on Opioids and Other Drugs

June 5-6, 2018 ~ Warm Springs, OR

Sue Steward
CHAP Project Director

The 9 Tribes of Oregon partnered with a stellar team of players to, as stated in the welcoming address: "examine the needs of our communities around the misuse and abuse of opioids and other drugs that continue to devastate our Tribal communities." Partners included Lines for Life, Oregon Health Authority, Native American Rehabilitation Association of the NW (NARA NW), Native American Youth and Family Center, (NAYA), Best Care Treatment, and Kah-Nee-Ta Resort.

This summit brought together a unique audience that included traditional healers, western medicine providers, administrators, treatment facility staff, and others. Participants included those motivated to make a plan for communities to address opioids and other drug issues locally with attention to what is happening in Indian Country. Throughout the summit, planners successfully wove into the presentations the objectives of Tribal Best Practices, why they are so important, and how they are applied in Indian Country. The summit wrapped up with teams completing their action plans to address local opioid and other drug crises in their communities. Discussion centered around sharing of successes and the importance of continued planning at annual summits. ~

CHAP Providers Support MCH

Sue Steward
CHAP Project Director

The Community Health Aides Program (CHAP) celebrates 50 years of practice in 2018. The program originated in remote Alaska to address the tuberculosis epidemic, high rate of infant mortality and accidental death rates. CHAP has been making its way into the Portland Area Tribes since the Indian Health Care Improvement Act of 2010 opened the doors for access to Tribes in the lower 48.

The CDC lists improving the well-being of mothers, infants, and children as an important public health goal for the United States, and further explains that their well-being determines the health of the next generation, with an emphasis on predicting future health challenges.

Community Health Aides and Practitioners (CHA/Ps) are community and Tribal members who are trained to provide basic healthcare for their communities, as directed by their electronic Community Health Aide Manual (eCHAM). The care provided to mothers includes support and education from the point that they decide they want to become pregnant, education when pregnancy is confirmed, and provision of regular prenatal care throughout the pregnancy. In some emergency situations, care has included delivering their baby. When the infant returns to the community, the CHA/P is most often the provider who gives them their first immunizations and health checkups, and attends to their various urgent care needs, all the while providing health education to their parents.

Access to quality, culturally relevant healthcare where people live can positively affect health outcomes. CHA/Ps make a difference in Alaska, and they can make a difference in your community too.

Want to learn more?
Please contact Sue Steward, CHAP Project Director, NPAIHB, at ssteward@npaihb.org.

8TH ANNUAL THRIVE YOUTH CONFERENCE

Native youth representing 19 federally-recognized tribes from across the country traveled to Portland, Oregon to participate in the 8th Annual THRIVE Youth Conference on June 25-29, 2018 at the Native American Youth and Family Center (NAYA).

This conference had five interactive workshop tracks that brought Native youth together to learn about health promotion and disease prevention with a strong focus on suicide prevention and mental health. Tracks included We R Native Ambassadors, Gen-I Boot Camp Suicide Prevention PSA, Beats Lyrics Leaders, OHSU (Oregon Health and Science University) Health Science, and Native Fitness, with a holistic approach that incorporated American Indian/Alaska Native culture and teachings.

The THRIVE staff want to say thank you to all the facilitators, presenters, volunteers, and staff who took the time to invest in these talented youth, which created yet another successful conference! The 9th Annual THRIVE conference will be held June 24-28, 2019, at a location to be determined, so stay tuned and keep a lookout on our NPAIHB THRIVE page, www.npaihb.org/thrive.

What Is a BHA/P?

Sue Steward
CHAP Project Director

The Indian Health Care Improvement Act of 2010 opened a door for access to a hidden cache of mid-level health care providers previously only allowed in Alaska. These provider types include Dental Health Aide/Therapists (DHAT), Behavioral Health Aides/Practitioners (BHA/P) and Community Health Aides/Practitioners (CHA/P), all of which are part of the Community Health Aide Program (CHAP). History may see this piece of legislation as a landmark in improving healthcare for American Indians and Alaska Natives throughout the United States. Here in the Portland Area, DHA/Ts, in concert with the Native Dental Therapist Initiative (NDTI), are in training in Alaska and providing care in clinics at several sites in Washington and Oregon. The Portland Area Tribes are moving swiftly to create the infrastructure needed to support the full suite of CHAP providers.

Washington Tribes have been working for the past couple of years to add Behavioral Health Aides/Practitioners (BHA/Ps) to their clinical teams. The BHA/P is typically a community member who attends training to provide counseling, health education, and advocacy in their community. Life brings many challenges, such as starting a family, loss of loved ones, and employment and financial concerns. BHA/Ps can help individuals and families navigate these issues as well as mental health problems of grief, depression, and suicide. BHA/Ps also help address individual and community-based behavioral health needs related to alcohol, drug, and tobacco use.

Seed monies to support this effort have been secured from Washington State Health Care Authority and North Sound Behavioral Health Organization for initial start-up. A few big ticket items for success were recognized early in the project, including the development of a CHAP Board Advisory Committee which will set the foundation for a Portland Area CHAP Certification Board (ACCB). In Alaska, all CHAP provider types exist outside of state licensure and are federally certified to practice. Federal certification allows Tribes to exercise sovereignty to maintain a culturally relevant scope of practice for all CHAP provider types. Portland Area DHATs that are currently practicing have been graciously Tribally licensed by Swinomish until the ACCB is complete. Other priorities for CHAP include development of a BHA Advisory Committee, completion of a BHA feasibility study for Washington State to inform and direct this project, and a community readiness survey to inform and manage this change for Tribes who want to participate in CHAP. Last, but not least on the priorities list is to partner with a Tribal college to house CHAP training for all provider types. There are many reasons to partner with a Tribal college, but one of the most important is to establish local infrastructure for a thriving CHAP program.

Sue Steward, CHAP Project Director, NPAIHB, can be reached at (503) 416-3303, cell (907) 519-8855, or by email at ssteward@npaihb.org.

Extreme Risk Protection Order (ERPO) in Oregon and Washington

Taylor Ellis
Public Health Improvement and Training Project Specialist

What is an ERPO?

Effective January 1, 2018, Oregon's Extreme Risk Protection Order (ERPO) allows families and law enforcement to file a petition to temporarily suspend an individual's access to deadly weapons, including firearms. This court order, which also went into effect in Washington in 2016, aims to reduce the risk of intentional injury by firearm when there is documented evidence of an individual threating to harm themselves or others. Before an order is granted, paperwork demonstrating risk of harm has to be filed and a hearing held where the individual in question has the opportunity to make a statement to the judge overseeing the case. When an ERPO is granted,

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Extreme Risk Protection Order (ERPO) in Oregon and Washington

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firearms must be turned over to law enforcement within 24 hours. Respondents are not allowed to possess, purchase, or receive any firearms until the order expires or is cancelled. Each ERPO is effective for one year from the date issued by the court unless otherwise terminated.

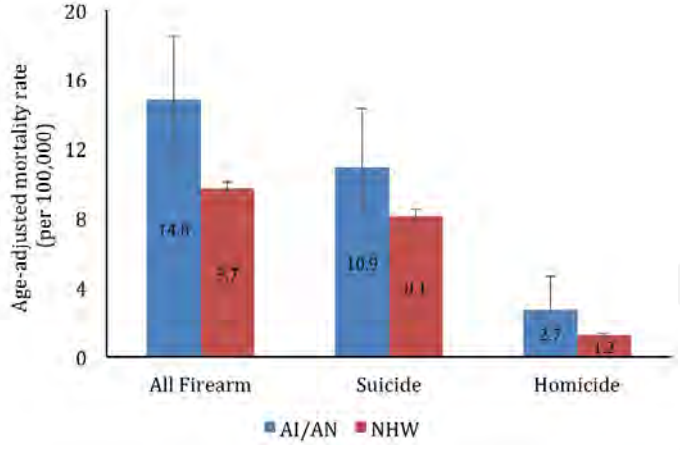
Any family member, household member, or intimate partner can apply for an ERPO. Although those close to an at-risk individual may be hesitant to file an ERPO, they are often the first to see warning signs of potential violence and could play a vital role in protecting the wellbeing of that individual and community members.

Why were ERPO laws passed?

The order is intended to reduce the number of firearm-related injuries and deaths by removing firearms from the possession of an individual deemed by a court to be at-risk of harming themselves or others.

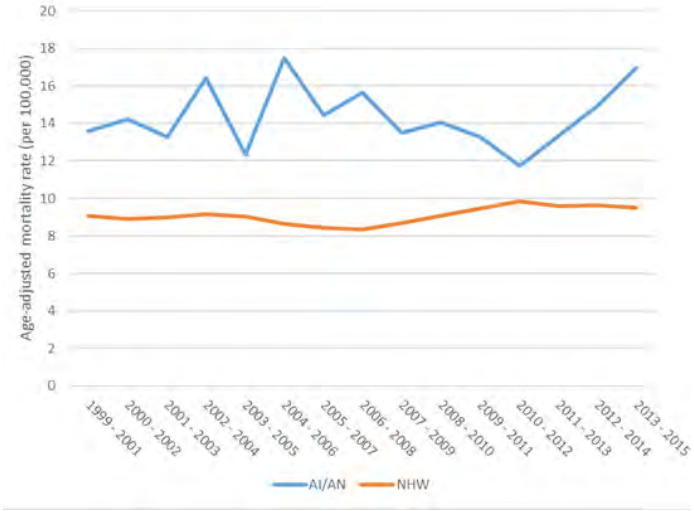
Although updated injury and mortality data for American Indian/Alaska Natives (AI/AN) in Oregon and Idaho is still being analyzed, data for AI/AN in Washington from 2011-2015 were available. An analysis done by NPAIHB's Improving Data & Enhancing Access (IDEA-NW) project found that the age-adjusted AI/AN firearm mortality rate (14.8 deaths/100,000)

Figure 1. Age-adjusted firearm mortality rates by race: Washington, 2011-2015



was 1.5 times higher than the rate for non-Hispanic Whites (NHW; 9.7/100,000). Alarmingly, the AI/AN rate for firearm homicide deaths (2.7 deaths/100,000) was 2.25 times higher than the NHW rate (1.2/100,000), as shown in Figure 1These data were consistent with the trend of AI/AN having consistently higher rates of firearm mortality than NHW in Washington since 1999[1] (see Figure 2).

Figure 2. Age-adjusted firearm mortality rate trend by race, Washington, 1999-2015.



Have ERPOs been effective?

Although Oregon and Washington don't currently have information available on the effectiveness of ERPOs due to the law being relatively new in both states, an analysis has been conducted for Connecticut's risk-warrant law. A study from Duke University found that of the 762 risk-warrants issued from 1999-2013, firearms were found in 99% of cases, and police removed an average of seven firearms per risk-warrant. They also found that nearly a third of individuals under a risk-warrant received mental health and/or substance abuse services as a result of the warrant. Overall, Duke researchers estimate that one life was saved for every 10-20 risk-warrants issued.

If you're interested in learning more about Extreme Risk Protection Orders in Oregon and Washington, see Ceasefire Oregon, SB 868 Extreme Risk Protection Order and Washington State Legislature, Chapter 7.94 RCW.

[1] IDEA-NW unpublished data

[2] Swanson, JW, Norko, M, Lin, HJ, Alanis-Hirsch, K, Frisman, L, Baranoski, M, Easter, M, Gilbert, A, Swartz, M, & Bonnie, RJ. Implementation and Effectiveness of Connecticut's Risk-Based Gun Removal Law: Does it Prevent Suicides? (August 24, 2016). Law and Contemporary Problems, Forthcoming.

Peer Counselor: Breastfeeding Support Training

August 20-24 2018
Little Creek Casino & Resort
Shelton, WA

As a peer Counselor, you will learn to support moms and babies providing useful information to help mothers make choices about how they will feed their babies. The use of peer counselors adds a critical effort to help women initiate and continue breastfeeding. Peer counselors provide a valuable service to their Tribal communities, addressing the barriers to breastfeeding by offering breastfeeding education, support, knowledge of traditional practices, and role modeling. They are trained to provide basic breastfeeding information and support to other mothers with whom they share various characteristics, such as language or race/ethnicity. Peer counselors reinforce breastfeeding recommendations in a socially and culturally appropriate context, and promote breastfeeding as an important element in the healthy development of the mother and the baby.

Additionally, you will learn about traditional foods and medicines for breastfeeding success. This will consist of making salves, sprays, teas, baby and mom salves, oils, and foods.

See flyer for information on how to register for this training.

Breastfeeding Policy and Environment Support
The Northwest Portland Area Indian Health Board will also be offering implementation funding of up to $10,000 to outfit lactation rooms in Tribal communities. For more information and qualifications, please contact Tam Lutz tlutz@npaihb.org 503-416-3271 or Ryan Sealy rsealy@npaihb.org 503-416-3304.

Community Spotlight

Nez Perce Tribe Forms Food Coalition

Nora Frank-Buckner, MPH
WEAVE NW Project Specialist

Addressing the local food system to create healthy, sustainable change and to improve health is not an easy task, and it cannot be done by only one person or one department. It takes a community to make a change.

The Nez Perce Tribe recently formed a Food Coalition made up of various departments and external partners, including the Nez Perce Tribe Executive Committee (NPTEC), Health and Wellness, Economic Development, Climate Change, Natural Resources, Fisheries, University of Idaho Extension, and many others.

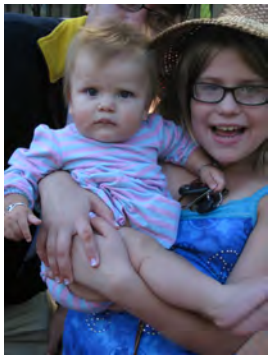
This coalition was formed after completing a Food Sovereignty Assessment in 2017. Other documents that supported this effort included the Community Health Assessment and Action Plan that was finalized in 2016 with funding from the Centers for Disease Control and Prevention (CDC) Good Health and Wellness Initiative.

In June 2018, NPAIHB's WEAVE-NW project facilitated a strategic planning meeting for the coalition. At this meeting they discussed their title, mission, vision, values, and a calendar of events for the coming year.

Cultural revitalization and economic development with a community-driven approach are some of the strategies being used to move the work forward. This group is highly energized, engaged, passionate, and ready to improve the local food system for the Nez Perce Tribe and surrounding communities.

"Board Babies" Return as Staff in 2018

NPAIHB has long had a policy of allowing its staff to bring children to the office until they are 6 months old, primarily to encourage breastfeeding, though it also helps in ways that are less measurable but known to be good for both baby and mother. Other staff love having a baby to hold, and generally enjoy the happiness a newborn just naturally brings, while giving support to new parents. There have been many "Board Babies" since the policy was adopted in the late 1990's, and staff members continued to see these babies grow as they accompanied parents to events at the Board over the years.



But this year, we hired our first Board Baby Alumni. The NPAIHB hired Josephine "JoJo" Lutz, the daughter of staff member Tam Lutz and former staff member Ed Lutz. JoJo, who joined the office as a Board Baby from July- November 2000, graduated from high school this spring, and staffed the 3-week Summer Institute. She will also be an on-call office assistant until she leaves for college at summer's end. Younger brother Rowan Lutz, who was also a Board Baby, was hired as an on-call office assistant and helped with preparation for installation of additional workstations. These are the first of the Board Babies to come back to NPAIHB as staff members. What a wonderful MCH-oriented circumstance!

NPAIHB has often provided early work experience to children of its staff members. This summer, Anna Feroglia, daughter of Mike Feroglia, was hired as an on-call office assistant to help make space for new workstations. Devonte Casey, son of Ticey Mason, was back for his eighth summer at NPAIHB for three weeks of helping with the final Summer Institute. And Savannah Shaw, daughter of former NPAIHB employee Cassandra (Frutos) Moses, helped with grant application filing tasks.

From top, left to right:
Josephine Lutz holding Isaac Smith;
Jojo Lutz and Evy Kakuska;
Shaylee Clapp, Kody Gust, Willa Wise;
Stephanie Craig Rushing and Finley;

Rowan Lutz;
Makai Anderson Cradle Board;
Kayla Bernard;

Chandra Wilson and M'Kya Bettega;
Jacqueline Left Hand Bull and Amlie Hoopes;
Rowan and Tam Lutz

Information & Resources:
Netflix Miniseries *13 Reasons Why* Season 2*

Colbie Caughlan, MPH
THRIVE Project Director

When Netflix released the show *13 Reasons Why* in 2017, many mental health, suicide prevention, and education experts around the world expressed a common concern about the series' graphic content and portrayal of difficult issues facing youth. Research demonstrates that depictions of violence and self-harm can increase the likelihood of copycat behaviors. Adolescents are a vulnerable and highly impressionable group, frequently copying others' behaviors or reacting in response to things they have seen.

Season 2 of the show was released on Netflix in late May 2018. Prior to its release, a group called Suicide Awareness Voices of Education (SAVE) brought together 75 leading experts in mental health, suicide prevention and education, as well as healthcare professionals, to develop tools to help encourage positive responses to the series. This group has created a toolkit providing practical guidance and reliable series-related resources for parents, educators, clinicians, youth, and the media. The toolkit addresses suicide, school violence, sexual assault, bullying, substance abuse, and other sensitive issues than can be difficult for parents or guardians to address.

If you struggle to talk with your children about issues like this, you might find this toolkit helpful. Using the toolkit will help to encourage conversations, identify those at risk, and prevent unexpected tragedies. It is available for anyone to use and can be found at www.13reasonswhytoolkit.org.

Hopefully, it will also help those in need get the appropriate level of support and professional care to ensure that youth are protected and nurtured, and that our communities are stronger. If you have any concerns about the show and how youth in your community may react, please contact prevention staff at your tribe or in your county, or contact THRIVE (ccaughlan@npaihb.org), the suicide prevention project at the Northwest Portland Area Indian Health Board, to get additional resources.

If anyone you know is in crisis or needs help after viewing the show, please call your local tribal, county, or state behavioral health department(s) to talk to someone and/or schedule an appointment. The National Suicide Prevention Lifeline is confidential and anonymous, and volunteers are available to talk 24/7 – please **call 1-800-273-8255** if you or someone you know is in crisis. The Crisis Textline is another 24/7 resource for everyone – to start a conversation via **text, please text "START" to 741-741**.

Please check out these additional resources related to suicide, mental health, and how to talk about *13 Reasons Why:*

- Forefront's 13 Reasons Why Media Statement: www.intheforefront.org/news/feature-articles/13-reasons-why-media-statement/
- What parents and educators should know about the 2nd season of 13 Reasons Why: www.goodmorningamerica.com/wellness/story/parents-educators-2nd-season-13-reasons-55182768
- 13 Things Pediatricians Should Know (and Do) About 13 Reasons Why: www.pediatrics.aappublications.org/content/early/2018/05/11/peds.2018-0575
- After a Suicide: A Toolkit for Schools: www.afsp.org/wp-content/uploads/2016/01/toolkit.pdf
- Seize the Awkward: A national peer-to-peer PSA campaign that helps teens and adults be more comfortable talking to each other about mental health and when to get help. Includes humorous videos and vlogs from YouTube stars to make the topic more approachable. Great to use as a discussion tool in a classroom or in peer-to-peer outreach efforts:www.seizetheawkward.org/

*Article adapted, with permission, from a letter written by the Coeur d'Alene Tribe's Marimn Health staff to community members and schools. Information was also added from the State of Oregon's announcement regarding 13 Reasons Why.

2018 NARCH Summer Research Training Institute

This June, the Northwest Native American Research Center for Health (NW NARCH) hosted another successful Summer Research Training Institute (SRTI) for American Indian and Alaska Native Health Professionals. During the last three weeks of June, 71 professionals who work in diverse areas of AI/AN health came to NPAIHB for weeklong courses in epidemiology, biostatistics, research design and implementation, program evaluation, grant writing and grants management, and other key topics.

The SRTI team included: Dr. Thomas Becker, NW NARCH Principal Investigator; Grazia Ori Cunningham, NW NARCH Coordinator; Caitlin Donald, Center for Healthy Communities Assistant Program Manager; and NARCH temporary staff Devonte Casey and Josephine Lutz; as well as Brittany Morgan, Center for Healthy Communities Program Manager; Ashley Thomas, Interim NARCH Cancer Prevention Project Coordinator, volunteer Olivia Dolbec, and the many guest lecturers and presenters.

NW NARCH and the SRTI are operated by the Northwest Tribal Epidemiology Center at NPAIHB, in partnership with the Center for Healthy Communities/Prevention Research Center at Oregon Health & Science University.

Some of the members of the 2018 SRTI team, from left to right: Devonte Casey, Caitlin Donald, Tom Becker, Grazia Ori Cunningham, and Josephine Lutz

Maternal and Child Health Guiding Framework

continued from cover

among mothers, children, families, and communities. Four key themes were identified with detailed descriptions:

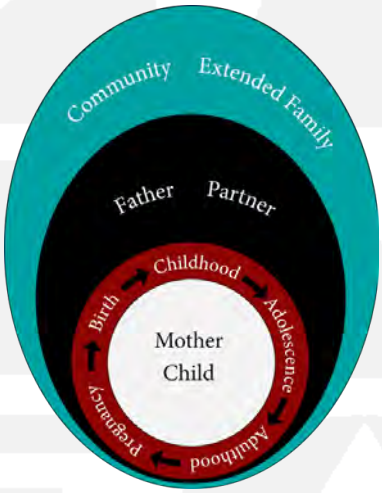
- Social and Community Support
- Substance Abuse (Tobacco, Alcohol, Drug)
- Education
- Connection to Culture

The framework also addresses data needs and collection. Interview participants provided unique suggestions concerning data collection among clinics and communities, as well as general suggestions for the NPAIHB and next steps. There are also links to MCH resources throughout the framework and an appendix with hyperlinks to MCH resources and programs. The framework will be available on NPAIHB's website soon.

The NPAIHB plans to share and further develop its MCH plan in the future. The guiding framework and initial steps will encourage communication and collaboration. We plan to continue supporting opportunities for information sharing and the development of learning communities in the future. For more information about the MCH guiding framework or for general information about MCH at NPAIHB, please contact Tam Lutz (tlutz@npaihb.org, 503-416-3271).

What is Maternal and Child Health (MCH)?

This model represents the concept of MCH that emerged from interviews summarized in the *Maternal and Child Health Guiding Framework for the Northwest Portland Area Indian Health Board.*



"There are multiple generations involved in support, and the community and systems impact the mother and child. There are circles of involvement."

Native Dental Therapists Celebrate Graduation and White Coat Ceremony in Alaska

Christina Peters
NDTI Project Director

The Native Dental Therapy Initiative (NDTI) continues to make the Northwest proud. This Portland Area initiative consistently demonstrates great accomplishments toward expanding access to quality, culturally relevant oral health for American Indians/Alaska Natives (AI/AN) in the Northwest. Milestones to success include our currently practicing DHATs who have completed their preceptorships. Naomi Petrie, Confederated Tribes of Coos, Lower Umpqua and Siuslaw, and our first DHAT student, is nearing the end of her preceptorship. Ben Steward, Cow Creek Band of Umpqua Tribe of Indians, who previously practiced in Alaska and is now serving NARA, completed his latest preceptorship early in 2018. Rochelle Ferry, who previously practiced in Alaska, is completing a preceptorship at Port Gamble S'Klallam. And Daniel Kennedy, who also previously practiced in Alaska, is now serving Swinomish and has completed his latest preceptorship.

DHAT students co-authored a paper that was presented at the National Oral Health Alliance (NOHA) Conference in Louisville, KY, in April 2018. Congratulations DHAT Class of 2018! We are proud to share the news that eight DHATs graduated on June 1st. They will be joining our Tribal health partners in bringing access to oral healthcare for Alaska Native and American Indian peoples in Alaska, Oregon, and Washington. Our graduates are: Leandra Beech from Anchorage, AK, sponsored by Southcentral Foundation (SCF), Marissa Gardner from Spirit Lake, ID, sponsored by Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians; Melinda Gray from Unalakleet, AK, sponsored by Norton Sound Health Corporation; Alexandria Jones from Medford, OR, sponsored by Coquille Indian Tribe; Jason Mecum from Milwaukie, OR, sponsored by Coquille Indian Tribe; Samantha Sparks from Sitka, AK, sponsored by Southeast Alaska Regional Health Consortium (SEARHC); Janette Ulak from Scammon Bay, AK, sponsored by Yukon-Kuskokwim Health Corporation (YKHC); and Allison Wasuli from Kotzebue, AK, sponsored by Maniilaq Association.

> ***"It is stressful and expensive for students to pack up and move themselves and sometimes their families to Alaska for 2 years. In addition to the support from the Arcora Foundation and the W.K. Kellogg Foundation, it has been a great help for some of our ANTHC-enrolled Washington DHAT students to receive Amerigroup $2,000 scholarships to help fill that gap to support their education."***
>
> - Christina Peters, NDTI Project Director, NPAIHB

DHAT graduates, from left to right: Allison, Janette, Samantha, Jason, Alexandria, Melinda, Marissa, Leandra

DHAT White Coat Ceremony, Alaska Native Tribal Health Consortium (ANTHC) Anchorage, AK, June 1, 2018

NEW EMPLOYEES

Chiao-Wen Lan

Chiao-Wen Lan was born and raised in Taiwan. She recently moved from Los Angeles where she completed her graduate work and was involved in a student-run mobile clinic project. Chiao-Wen newly joined the NPAIHB as an Epidemiologist. Her primary responsibility is to assist with data management, statistical analysis, and reporting for the NWTEC Public Health Infrastructure Project. The goal of the five-year project is to strengthen NWTEC's public health capacity and infrastructure by expanding the collection of linkage-corrected population health data and to improve the effectiveness of health promotion and disease prevention by expanding training as well as technical assistance with a focus on chronic disease prevention.

Sue Steward

Sue Steward joined the team at NPAIHB on May 7, 2018 as the Community Health Aide Program (CHAP) Project Director. She was born in Roseburg, OR and raised in Southern Oregon. Sue is a citizen of the Cow Creek Tribe and former Board of Directors member. CHAP is her life's work having been first introduced to the program in the 70's and wanting it available to the Portland Area Tribes since that time. The Indian Health Care Improvement Act of 2010 opened a door for access to this hidden gem of mid-level health care providers. These provider types include Dental Health Aide/Therapists (DHAT), Behavioral Health Aide/Practitioners (BHA/P) and Community Health Aide/Practitioners (CHA/P) and are all part of CHAP. She completed her Associate's in Community Health, Bachelor's in Health Administration and is an Alaska Certified Community Health Practitioner. Sue has spent the past 18 years living in Alaska and working in CHAP, the last 10 as CHAP Director for Chugachmiut, a small Alaska Tribal Health Corporation serving 5 remote clinics with a robust CHA Program. Initial priorities for NPAIHB CHAP are to work intimately with Portland Area Tribes to develop a CHAP Board Advisory Committee to set the foundation for a Portland Area CHAP Certification Board (ACCB); develop a partnership with a Tribal college to house CHAP training for all provider types; develop a BHA Advisory Committee, and complete a Community Readiness Survey with each Tribe who has an existing program or who desires a CHA Program.

Jamie Alongi

Was born in Rochester, NY, but spent the majority of his adult life living in Las Vegas. Jamie moved to Beaverton in 2011. Jamie joined NPAIHB as a Network Administrator. Jamie has been in IT since 1999, and has a Bachelor's of Science, MIS from UNLV. His background is primarily working for large corporations, but he is much happier working for smaller organizations.

Taylor Ellis

Taylor Ellis joined the staff at NPAIHB in October 2017 as a Public Health Advisor through the CDC's Public Health Associate Program (PHAP). During her two-year program with PHAP, Taylor will primarily work with the Public Health Improvement and Training (PHIT) program on injury prevention, public health emergency preparedness trainings and conference, and an environmental public health tracking project. She has also joined the Maternal and Child Health (MCH) Core at NPAIHB.

Originally from the St. Louis area, Taylor moved to Portland from Chicago where she attended DePaul University. During her time at DePaul, she studied anthropology, biology, and public health as part of an interdisciplinary program to ultimately earn her Bachelor of Science in Health Sciences in June 2017.

Save the Dates

Click on PDF for hyperlink

Save the Dates

Click on PDF for hyperlink

Breastfeeding Peer Counselor Training

August 20th - 24th

About This Training

This training will give CHRs, nurses, or anyone interested in teaching about breastfeeding the opportunity to be a peer counselor for breastfeeding encouragement. This is a free training for those working for the tribes of Oregon, Washington and Idaho

Location

Little Creek Casino Resort
91 West State Route 108
Shelton, WA 98584
1-800-667-7711

For Questions Please Contact
Ryan Sealy
rsealy@npaihb.org
503.416.3304

NPAIHB

2018 Tribal Endocrinology teleECHO Clinic

What Is Project ECHO?

(Extension for Community Healthcare Outcomes). The goal of this program is to increase the capacity of primary care providers to safely and effectively treat chronic, common, and complex conditions.

Project ECHO, through the use of video conferencing, education, and research, increases knowledge of providers and health care professionals and strengthens best practice of care for all patients

Our Focus

Diabetes prevalence in Native American Communities is greater than 2 times that of non-Hispanic whites. Despite the high prevalence, access to endocrinology in IHS and Tribal clinics is limited. Optimizing blood sugar control in tribal communities would improve patient outcomes and improve quality of life.

- Improve quality of clinical services
- Increase experts in the field
- Enhance community-clinical relationships
- Adopt cultural practices

Endo ECHO Pilot

Northwest Tribal Epidemiology Center (NWTEC) is starting an Endocrinology Clinic Pilot project. All tribal clinics in Idaho, Oregon, and Washington are invited to attend and participate.

We welcome you to submit a case presentation form or join in the teleECHO clinic on **July 12th, August 9th, and September 13th from 10-11am PST**

For more information, contact us at **weave@npaihb.org** or visit our website and sign up for our email list to receive invitations to our monthly ECHO clinic **npaihb.org/tribal-endocrinology-echo**

NPAIHB
Indian Leadership for Indian Health

ECHO

SAVE THE DATE
August 20–21, 2018

Dental Health Aide Therapist (DHAT)
2nd Annual Update Meeting

Native Dental Therapy Initiative

Host:
Native Dental Therapy Initiative (NDTI)
Northwest Portland Area Indian Health Board (NPAIHB)

Location:

Tulalip Resort Casino
10200 Quil Ceda Blvd.
Tulalip, WA 98271

More Details to Come…..

Agenda At-A-Glance:

Monday 8/20:
12.00 pm – 1.00 pm Lunch Provided
1.00 pm – 5.00 pm General Session

Tuesday 8/21:
8.00 am – 9.00 am Breakfast Provided
8.30 am – 12 pm General Session
12.00 pm – 5.00 pm 2018 Portland Area Dental Meeting, Northwest Tribal Dental Support Center (ends 8/23)

Christina Peters, NDTI Director cpeters@npaihb.org
Pam Johnson, NDTI Specialist pjohnson@npaihb.org
Tanya Firemoon, NDTI Coordinator tfiremoon@npaihb.org

NATIVE FITNESS XV

NIKE WORLD HEADQUARTERS
BEAVERTON, OREGON

Why Should You Attend?
- Receive skills in basic aerobic training
- Learn creative fitness training techniques
- Learn Tribal specific approaches to health & wellness
- Certificate of Completion (upon request)

Who Should Attend?
- Diabetes Coordinators
- Tribal Fitness Coordinators
- Community Wellness Trainers
- Youth Coordinators
- Tribal Leaders

SAVE THE DATE
September 6th & 7th, 2018

Register here!

Native American Fitness Council
Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Contact info:
Western Tribal Diabetes Project
Toll Free: 1-800-862-5497 * Email: wtdp@npaihb.org

Upcoming Events

Click on date for hyperlink

JULY

July 24
NIHB Medicare, Medicaid and Health Reform Policy Committee
Washington, DC

July 25-27
NIHB AI/AN National Behavioral Health Conference
Washington, DC

July 25-26
CMS TTAG Meeting
Washington, DC

July 31 - August 1
Native Learning Center Grant Writing Workshop
Pendleton, OR

July 31 - August 2
IHS OIT/ORAP Partnership Conference
Phoenix, AZ

AUGUST

August 1-3
ANTHC Grants Management Workshop
Anchorage, AK

August 9
AIHC Quarterly Delegates Meeting
Swinomish, WA

August 20-21
NPAIHB DHAT 2nd Annual Update Meeting
Tulalip, WA

August 21-23
NPAIHB Portland Area Dental Meeting
Tulalip, WA

August 28-29
Native Learning Center Grant Management Training
Pendleton, OR

August 29
IHS Medicare Part B/FQHC Training
Pendleton, OR

Upcoming Events

Click on date for hyperlink

SEPTEMBER

September 6-7
Native Fitness XV
Beaverton, OR

September 7
NPAIHB 13th Annual Dancing in the Square Powwow
Portland, OR

September 10-12
IHS RPMS Training - Third Party Billing System
Portland, OR

September 12-14
IHS RPMS Training - Accounts Receivable
Portland, OR

September 17-20
NIHB National Tribal Health Conference
Oklahoma City, OK

September 24-25
Washington State 29th Annual Centennial Accord Meeting
Suquamish, WA

September 25-27
Diabetes Management System (DMS) Training - WTDP
Portland, OR

September 27
NPAIHB NW Tribal Food Sovereignty Coalition Gathering
Suquamish, WA

OCTOBER

October 2-5
Seeds of Native Health 3rd Annual Conference on Native American Nutrition
Prior Lake, MN

October 3
IHS Tribal Self-Governance Advisory Committee Quarterly Meeting
Washington, DC

October 16-18
NPAIHB Quarterly Board Meeting hosted by Port Gamble S'Klallam Tribe
Kingston, WA

October 21-26
NCAI 75th Annual Convention and Marketplace
Denver, CO

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 2018 RESOLUTIONS

RESOLUTION #18-03-01
Support for NNACOE

RESOLUTION #18-03-02
NIJ_NW Juvenile Justice Alliance

RESOLUTION #18-03-03
CDC_Tribal Public Health Capacity

RESOLUTION #18-03-04
Prevention Research Center PRC

RESOLUTION #18-03-05
SAMSHA Funding

RESOLUTION #18-03-06
Continue Support for Mandatory Funding for SDPI

RESOLUTION #18-03-07
IHP Funding Increase

RESOLUTION #18-03-08
CJR Tribal Management Health Ed HWS

RESOLUTION #18-03-09
CHAP MTD DSRIP Funding