



*Northwest Portland Area  
Indian Health Board*  
Indian Leadership for Indian Health

**A Publication of the Northwest Portland Area Indian Health Board**

## **The Affordable Care Act (ACA) Prevention & Public Health Fund**

*By Jim Roberts, Policy Analyst*

Most folks believe that the Affordable Care Act (ACA) is only about creating health insurance marketplaces (Exchanges) for individuals, families and small businesses to purchase health insurance. However the ACA also includes important changes to increase our health workforce, improve the quality and health system performance, and establish prevention, wellness, and public health programs.

This edition of the newsletter strives to focus on prevention. The ACA prevention components are intended to better orient the nation and its health care system toward health promotion and disease prevention. However this goal can only be achieved if Congress provides funding for these ACA provisions. These new prevention initiatives include a new interagency prevention council to be supported by a new Prevention and Public Health Investment Fund. The Fund provides financial support for state and community-wide efforts to prevent disease and promote healthy lifestyles.

These programs are intended to reduce the prevalence of chronic disease and promote healthy lifestyles. Over \$100 million has been provided to state and community programs across the country. The ACA stipulates that \$15 billion will be made available through the Fund between FY2010 and FY2019, and \$2 billion each year thereafter. While the amount available to be spent every year is set in statute, the exact uses of the Fund will be decided annually through the Congressional appropriations process, and in coordination with the White House Office of Health Reform.

In FY 2014, the Consolidated Appropriations Act of 2014, Congress directed HHS to provide information on activities and programs supported with resources from the Fund. To do this, HHS established a website at: <http://www.hhs.gov/open/recordsandreports/prevention/>. The website provides information on the planned use of funds, funding opportunities, and the recipients of awards. HHS posts information will be posted as it becomes available. The website posts funding opportunities for CDC, HRSA, AHRQ, CMS, and SAMHSA.

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**Andy Joseph, Jr., NPAIHB Chair, Confederated Tribes of Colville Tribe**

Our work at the Board is very important. But equally important is the time we take to be with our loved ones and to support one another. We all come to our June Board meeting with a heavy heart and it's important for me and our Delegates to acknowledge this. Pearl has long been a Tribal leader in the Northwest. Pearl Capoeman-Baller recently lost her youngest son Nick and her uncle who raised her. On behalf of our Board I want to pass our condolences to Pearl, her family, and loved ones. This Board would not be the organization it is without the hard work and dedication of great leaders like Pearl. This will be a difficult week for us all as we conduct our Board meeting and Pearl and her family will be in our hearts and mind.

On May 5-6<sup>th</sup>, I attended the TSGAC Consultation Conference in Washington, DC. The conference agenda was very good and provided opportunities to meet with IHS and other HHS officials on health care issues. Dr. Yvette Roubideaux began the meeting with an IHS Listening Session on a variety of issues like contract support costs, facilities construction, implementation of

## CHAIRMAN'S NOTE

the ACA and other important matters. Jodi Gillette began the next day with a report from the Whitehouse Domestic Policy Council and their activities related to Tribes. The next couple of days offered many excellent workshops and I was pleased to see our Board involved in many of the activities.

On May 8-9<sup>th</sup>, the IHS Contract Support Cost Workgroup also met following the TSGAC conference. The CSC Workgroup continues to work with IHS to develop a method to project CSC need, which is important to calculating future funding need from Congress. The workgroup has focused on developing a list of program funding exclusions for CSC funds, common language for funding agreements, strategies to improve the CSC shortfall report to Congress, and ways to stabilize indirect cost rates which is important to projecting CSC need. Our Board along with others from the Oklahoma and Alaska Area are very involved in this work.

On May 13<sup>th</sup>, I went to Washington DC to meet with Sen. Tester and his immediate staff to discuss a number of health related issues. I was accompanied by Councilman Devon Boyer from the Shoshone-Bannock Tribes and Jim Roberts, our Policy Analyst. I felt the meeting was very productive and helpful for us to begin to develop the Board's rapport with

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## CHAIRMAN'S NOTE

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the new Chairman of the Indian Affairs Committee.

I also attended the Portland Area Office's Direct Service Tribes meeting on June 4-5<sup>th</sup> in Portland, Oregon. The meeting provided direct service tribes an opportunity to build on their relationship with the Area Office and to address their concerns. And finally, I attended the National Congress of American Indians mid-year meeting on June 9-11<sup>th</sup> in Anchorage, Alaska. The NCAI meetings provided an opportunity to hear on the work of our national organizations. Key legislative items include IHS advance appropriations, expansion of Medicare-like rates, and entitlement funding for CSC payments.

As you can see the work in the health care arena seems to never end and is very important to the health and wellbeing of our Indian people. Equally important is our family and loved ones. On this note I want to dedicate this quarterly board meeting to Pearl and her family. My thoughts and prayers go out to her family and loved ones!

Whi leem lem (Thank You)

*Andrew C. Joseph Jr*  
Eunhootkn (Badger)  
Colville Tribal Council  
NPAIHB Chairman



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### Northwest Projects

**Carrie Sampson**, Preventing Sexual Assault Project  
Manager

## WINNERS OF THE NATIVE RESEARCH NETWORK'S "NATIVE COMMUNITY AWARD"

Bernadine Phillips, Rebecca Hunt, Carla Marconi and The Confederated Tribes of the Colville Reservation were selected to be awarded the Native Research Network's "Native Community Award." This award is given to either a Native American individual or a Native American community that has demonstrated great strides in advancing and conducting culturally competent health research. This person/ community has a documented record of health and science research.

The Confederated Tribes of the Colville Reservation has worked with the NPAIHB over the last three decades from serving on committees that aim to disseminate research findings to the region, providing community consultation on research protocols being submitted to funders, reviewing research presentations and poster to be presented at regional and national venues and participated in community-based research studies.

The Tribe participated in two recent studies, the Prevention of Toddler Obesity and Tooth Decay Study where the Tribe served as a control community and most recently as an intervention community in the Native CARS Study. In both these studies their participation began at the stage of proposal development and carried on through each step of the research process.

Through the Native CARS study, a lasting victory for the Tribe was the development and implementation of a primary tribal child passenger safety law. This two year process involved assessing community support for the law (98% of drivers surveyed said they would support a tribal child safety seat law), working with tribal attorneys and tribal council to draft a law, holding public hearings to listen to comments on the law, developing a police training program to facilitate enforcement of the law, and developing a diversion program that waives the fine for first time offenders who complete a child passenger safety training course.

The efforts of these Tribal intervention activities resulted in a statistically significant increase in proper child restraint use and decrease in unrestraint as well as

increase, with a more notable increase in proper child restraint use (44% to 61%) on reservation). This success was also noted by a county EMT who in responding to a crash found that a Native child had survived because he was properly restrained in a child safety seat that the mother indicated she had received from the Tribe's Native CARS Project where she had received instruction on how to install it correctly.

Currently, Colville Tribal members, Bernadine Phillips and Rebecca Hunt, who constructed and led these Tribal interventions and often partnered with Target Zero staff person Carla Marconi, are now in the process of developing online training modules so that their work can be translated and available for other Tribes who may want to mount similar policy and enforcement interventions.

This Tribal community and these key individuals embody not only what it takes to conduct culturally competent and effective health research in a Tribal Nation but also what it takes to ensure that research realized in Indian Country is translated and share to make a broad lasting contribution to improving child health.



## FIRE AND FIREWORK SAFETY THIS SUMMER

Did you know that there are greater than twice the number of fires reported on July 4<sup>th</sup> than on any other day in the United States?

There were 1,191 AI/AN burn injuries reported in the 2011 publication of the National Burn Repository, which reports data from hospitals from 2001 – 2010 (ABA, 2011 Version 7.0). Five to 15 year old AI/AN represent 1% of all burn injury admissions reported to the national burn registry for that age group. This is consistent with the National Fire Prevention Association data which reports the highest risk of firework injury is in children ages 5 – 14 years. In other ages the range is about 0.3% to 0.8%, much lower than any other group. The eldest, those over 80 years show the lowest admissions for burn injuries.

The majority of fire/flame injuries occur at home (60%) with industrial locations (6%) and recreational activities (6%) tied for a distant second place. Street and highway accidents account for an additional 4% of fire/flame injuries, likely as a result of motor vehicle collisions.

Here are some useful tips for firework and fire safety during the summer months.

### Fire and Firework Safety

- Kids should never play with fireworks. Things like firecrackers, rockets, and sparklers are just too dangerous. If you give kids sparklers, make sure they keep them outside and away from the face, clothing, and hair. Sparklers can reach 1,800° Fahrenheit (982° Celsius) — hot enough to melt gold.
- Steer clear of others — fireworks have been known to backfire or shoot off in the wrong direction. Never throw or point fireworks at someone, even in jest.
- Don't hold fireworks in your hand or have any part of your body over them while lighting. Wear some sort of eye protection, and avoid carrying fireworks in your pocket — the friction could set them off.
- Point fireworks away from homes, and keep away from brush and leaves and flammable

substances. The National Fire Protection Association estimates that local fire departments respond to more 50,000 fires caused by fireworks each year.

- Don't allow kids to pick up pieces of fireworks after an event. Some may still be ignited and can explode at any time. Please don't try to relight duds.
- Soak all fireworks in a bucket of water before throwing them in the trash can.
- Think about your pet. Animals have sensitive ears and can be extremely frightened or stressed on the Fourth of July. Keep pets indoors to reduce the risk that they'll run loose or get injured.
- When all else fails, use common sense. Respect fireworks and sparklers as the great American tradition they are, but also respect the fact that they must be used with caution.

Fireworks cause both burn and contusion or laceration injuries almost three out of five (57%) of the 2012 fireworks injuries were burns, while almost one-fifth (18%) were bruises or cuts.

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### Fireworks Injuries

They are synonymous with our celebration of Independence Day, but the thrill of fireworks can also bring pain, and even death. In 2012, CPSC staff conducted a study of fireworks injuries from June 22 through July 22. Here's what we learned.

- ★ **200** people on average go to the emergency room every day with fireworks-related injuries in the month around the July 4th holiday.
- ★ **60%** of these fireworks injuries in 2012 occurred during the month surrounding July 4th.
- ★ **Illegal and homemade fireworks** were involved in all **6** fireworks-related **deaths** reported to CPSC in 2012.

#### Most Injured Body Parts

41%	Hands and fingers
15%	Trunks
13%	Legs
12%	Eyes
19%	Heads, faces and ears
1%	Arms
More than <b>HALF</b> the injuries were burns.	

#### Injuries by Fireworks Type\*

12%	Sparklers
4%	Roman Candles
3%	Multiple Tubes
2%	Fountains
2%	Public Display
9%	Reloadable Shells
12%	Bottle Rockets
23%	Firecrackers
5%	Novelties
25%	Unspecified

\*These percentages do not account for how many products are used.

#### Injuries by Age

23%	25-44
16%	30-34
15%	45-64
10%	15-19
10%	0-4
9%	5-9
1%	65+

#### Injuries by Gender

74%	male
26%	female

Females were injured more often at public fireworks displays.

Males were most injured from firecrackers, sparklers, bottle rockets, novelty devices, Roman candles and reloadable shells.

#### Fireworks Safety Tips

- ★ Never allow **children** to play with or ignite fireworks.
- ★ **Never** try to **re-light** or **pick up** fireworks that have not ignited fully.
- ★ Keep a **bucket of water** or a **garden hose** handy in case of fire or other mishap.
- ★ Make sure fireworks are **legal** in your area before buying or using them.
- ★ Light fireworks **one at a time**, then **move back** quickly.
- ★ More Fireworks Safety Tips — [www.cpsc.gov/fireworks](http://www.cpsc.gov/fireworks)

Source: U.S. Consumer Product Safety Commission 2012 Fireworks Annual Report

★ **U.S. Consumer Product Safety Commission**  
CPSC Hotline: (800) 638-2772  
[www.cpsc.gov](http://www.cpsc.gov)

## THRIVE: PREVENTING INJURY THROUGH SOCIAL MARKETING

Several learning and health communication theories support the use of culturally-tailored media to increase behavior change. Tailored information is more likely to be read, understood, perceived as personally relevant, and remembered. Cultural tailoring is particularly important when addressing sensitive health topics, like suicide and sexual health.

To develop health promotion messages and campaigns that resonate with AI/AN communities, the NPAIHB uses social marketing, an evidence-based planning process that has been shown to improve the impact of health promotion messages. The framework uses formative research to identify priority populations, segment the community into distinct audiences, pretest messages, materials and strategies with the appropriate audience, and monitors the campaign to assess its effectiveness.

### Suicide Prevention

The [Community is the Healer that Breaks the Silence](#) suicide prevention campaign asks community members to play a part in preventing suicide, by being a source of strength to those contemplating suicide and by being aware of the signs of suicide and how to help a family member or friend.



### Bullying Prevention

Bullying is a serious problem in Indian Country and studies have found that bullying and victimization are often associated with suicidal ideation, attempts, and completions. The [Stand Up, Stand Strong](#) bullying prevention campaign offers tools to increase community awareness about bullying, and resources to help those affected by bullying.

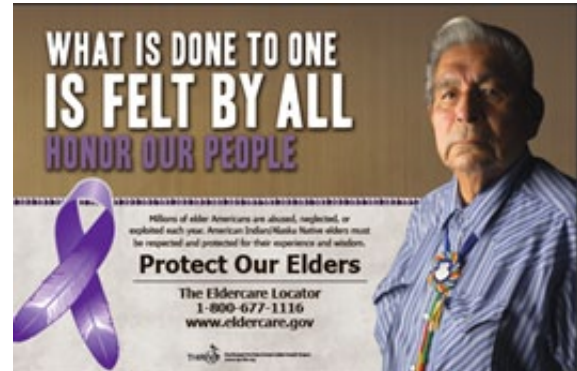


# NEWS BEYOND THE NORTHWEST

## THRIVE: PREVENTING INJURY THROUGH SOCIAL MARKETING

### Family Violence Prevention

The [What is Done to One is Felt by All](#) campaign is designed to combat all forms of family violence, including intimate partner violence, child maltreatment, and elder abuse.



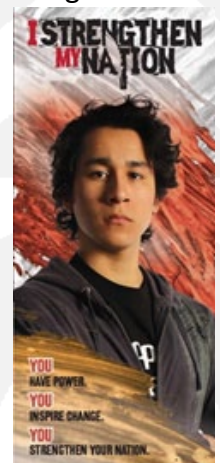
### Sexual Assault Prevention

The [My Body, My Mind, My Spirit are Sacred](#) campaign reminds us that all of us play an important role in preventing sexual assault – men, women, elders and youth. The campaign encourages communities to believe victims and support their healing, and provides resources to help those in need.



### Substance Abuse Prevention

The [I Strengthen My Nation](#) campaign features *Twilight Saga* actor Chaske Spencer, and encourages communities to address teen substance abuse by empowering youth to resist peer pressure, and by motivating parents to talk openly with their kids about drugs and alcohol.



## THRIVE: PREVENTING INJURY THROUGH SOCIAL MARKETING

### We R Native – Adolescent Health Promotion

We R Native is a multimedia health resource for Native teens and young adults. The service was designed using behavior change theory and extensive formative research with AI/AN throughout Indian Country. We R Native includes content on social, emotional, physical, sexual, and spiritual health, and encourages AI/AN youth to take an active role in their own health and welling. On average, We R Native reaches over 31,000 users per week through its various media channels (Website, Facebook, Twitter, text service and YouTube). The project is funded by the Indian Health Service.

To learn more about We R Native, please:

- Visit: [www.weRnative.org](http://www.weRnative.org)
- Join our text messaging service: Text “NATIVE” to 24587
- Like our Facebook® page: <http://www.facebook.com/pages/We-R-Native/>
- Subscribe to our YouTube® Channel: <http://www.youtube.com/user/weRnative>
- Join our email listserve: Text “YouthNews” to 22828



Each social marketing campaign includes many of the following materials and resources:

- Logo jpegs that communities can use on their own print materials and promotional items (T-shirts, key chains, water bottles, etc.).
- Posters
- Brochures
- Fact Sheets
- Window Clings
- Lanyards
- T-shirts
- Web banners or Widgets
- USB Drive (some with pre-loaded PSAs)
- Radio PSA
- Video PSA

Copies of many of our campaign materials can be ordered free of charge, by visiting: [www.wernative.org/GearHome.aspx](http://www.wernative.org/GearHome.aspx) or by emailing requests to [native@npaihb.org](mailto:native@npaihb.org)





## WORKPLACE SAFETY



Places of work, like other parts of society, are not immune to violence. Unfortunately, a major trend in workplace violence involves gun-related incidents, where an employee has brought a weapon to a worksite and has either injured or killed a fellow worker.

According to the U.S. Bureau of Labor Statistics, hundreds of homicides occur in U.S. workplaces annually, the majority of which are the result of shootings. Homicides involving guns are the fourth-leading cause of occupational deaths in the United States and the leading cause of workplace deaths for women.

Through Occupational Safety Health Act (OSHA), the Congress mandated that employers provide a workplace “free from recognized hazards that are causing or are likely to cause death or serious physical harm.” Many organizations follow OSHA’s guidelines, which recommend that employers “...eliminate or reduce worker exposure to conditions that lead to death or injury from violence by implementing effective security devices and administrative work practices, among other control measures.” In the [2006 SHRM Weapons in the Workplace Survey Report](#), 98 percent of respondents believe employers should be allowed to restrict weapons in the workplace.

The ability of employers to assess the safety needs of their organizations and establish appropriate policies – be it to prohibit, limit, monitor or permit weapons in the workplace – is paramount to the overall success and sustainability of their workforces. SHRM believes that decisions regarding weapons in the workplace should be left to each individual employer.

Over a dozen states have enacted into law varying proposals that restrict an employer’s right to enforce a no weapons policy on company property usually involving concealed-carry permitholders. Other

states (particularly in the mid-west and the south) are expected to consider this legislation in future sessions.

See more at: <http://www.shrm.org/advocacy/issues/workplacesafety/pages/default.aspx#sthash.H8dUycpz.dpuf>

For additional information about this topic, please contact Bob Carragher, Senior Advisor for State Affairs. - See more at: <http://www.shrm.org/advocacy/issues/workplacesafety/pages/default.aspx#sthash.H8dUycpz.dpuf>



### NORTHWEST DIABETES MANAGEMENT SYSTEM TRAINING

Northwest Portland Area Indian Health Board  
2121 SE Broadway, Suite 300, Portland, OR 97201



Attention diabetes coordinators, CHRs nutritionists, health care providers, and data entry personnel!

You are invited by the Northwest Portland Area Indian Health Board to our Northwest Diabetes Management System Training! Participants will receive hands-on instruction in the Diabetes Management System package for RPMS (BDM) in both the “roll and scroll” interface and the Visual DMS graphical user interface (GUI). Topics include building and maintaining diabetes and pre-diabetes registers, editing patient information, and running register and quality assurance reports. Additional topics include using QMAN for custom searches to meet needs that commonly arise for diabetes programs, creating panels of patients in iCare, and performing the annual IHS Diabetes Audit with WebAudit. Instruction is hands-on using a training server with mock patient data.

Please check the box beside the training you are interested in attending. Or click [here](#) to register online.

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> March 11 - 13, 2014     | Day 1- 8:30 AM - 4:00 PM  |
| <input type="checkbox"/> June 3 - 5, 2014        | Day 2- 8:30 AM - 4:00 PM  |
| <input type="checkbox"/> September 23 - 25, 2014 | Day 3- 8:30 AM - 11:30 AM |
| <input type="checkbox"/> December 2 - 4, 2014    |                           |

Please fax registration to: (503)228-4801  
you may also email your registration to: [wtdp@npaihb.org](mailto:wtdp@npaihb.org)

You must have registrations and/or cancellations submitted at least TWO weeks prior to training. Please contact: Western Tribal Diabetes Project (800) 862-5497, to confirm training time, attendance, and registration.

#### Registration for RPMS DMS Training

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## EDUCATE YOUR EMPLOYEES ON CYBERSECURITY

By Bill Leonard 6/17/2014

Be careful out there, all you web surfers; cyberspace can be a dangerous place.

Even though the Internet has evolved into one of the most effective tools for companies to connect with customers, communicate with employees, identify talent and recruit new workers, an active online presence has become risky business. Malicious software and viruses have proliferated across the Web and are now lurking in innocuous-looking e-mails, file attachments and websites.

As business use of the Internet has grown more sophisticated with better and faster connections, cybercrime has kept pace, and the cleverness of computer hackers is breathtaking to many cybersecurity experts.

“The sophistication and creativity of hackers today is pretty scary,” said Jonathan Villa, a cybersecurity consultant based in Milwaukee, Wis. “You really have to be on your toes and pay attention because the types of viruses, malware and computer security threats change almost daily.”

Villa and other sources for this article said hacker sophistication leapt a notch or two in late summer 2013 when a virus called CryptoLocker began appearing on personal computers, tablets and smartphones around the globe. The malicious software is transmitted through e-mails, which have virus-laden attachments or include a link to an infected website. When an unsuspecting user clicks on an infected attachment or link, the virus is downloaded automatically and encrypts all personal data files stored on the device.

Once the encryption is complete, victims are locked out of the files on their own computers, and then they receive a message demanding a ransom of several hundred dollars. To regain control of their computers, victims have to pay the ransom within a few days or the files will stay locked and useless forever. The extortionists require that payments be made with hard-to-trace pay cards or bitcoins. Several

law enforcement groups have estimated that the ransom schemes have netted close to \$100 million for the cyberthieves.

“The sudden appearance of this ‘ransomware’ really upped the ante on cybercrime targeting individuals,” said Stu Sjouwerman, chief executive officer at KnowBe4, a cybersecurity consulting group in Clearwater, Fla. “Cybercriminals who essentially hijack and then hold your computer for ransom had not been heard of before, but they made a very big splash.”

Since bursting on the scene in September 2013, CryptoLocker has infected nearly a quarter million computers around the globe—more than half of them in the U.S.

Although ransomware targets individuals, these attacks have hit businesses hard.

“Many of the infections have been employees of small to medium-sized companies, and it has taken a toll by locking up and destroying work files,” Sjouwerman said. “Just imagine the headache of losing all your work files on your computer, and what it will cost in time and effort to replace all that work.”

Most victims have decided to pay the ransom, which typically runs between \$500 and \$800, while some have chosen to let the deadline pass.

#### All Isn't Lost

If you or your organization routinely backs up data files, then restoring the files can be a relatively easy process. In addition, firewalls and spam detection software can provide protections to employees who use devices connected to their employer's computer systems. However, the large numbers of workers who telecommute, work remotely or travel extensively pose increasing security challenges to businesses. The weakest link in any cybersecurity system is an employee, according to Villa and Sjouwerman.

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## EDUCATE YOUR EMPLOYEES ON CYBERSECURITY

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“The growing numbers of telecommuters definitely have upped the security risks because they typically operate their computers outside the protective umbrella of their employers’ firewalls,” Villa said. “But this doesn’t mean businesses should cut back or eliminate telecommuting. It is proven to be an effective and cost-efficient way to work, so the answer is to work smarter and learn how to reduce exposure and eliminate risks.”

Employees who lack awareness and aren’t trained in good computer security habits pose the greatest risks and are tempting targets for cybercriminals.

“These ransomware schemes target the lowest hanging fruit first, and these usually are people who open e-mails and attachments or click onto links without thinking first, because they just aren’t aware,” Sjouwerman said. “By using common sense and sticking to some safe practices, you can really save yourself from some major headaches.”

### **Training Employees Helps**

Raising employee awareness through cybersecurity training is the best step any employer can take, according to Eric Schwartzman, president and CEO of Comply Socially Inc., a social media and cybersecurity consulting group located in Santa Monica, Calif.

“Good cybersecurity training is very affordable, and it’s money well-spent, especially when you consider the expense of being hit by something like a ransomware attack,” he said.

Dozens of businesses around the U.S. offer good cybersecurity training. HR people interested in setting up a training program for their organization should seek out recommendations first.

“Don’t just rely on the word of the consultant or vendor; ask around,” Schwartzman said.

Sources for this article agree that social media sites, such as LinkedIn, are a great resource for finding recommendations. In addition, any local HR-oriented groups, like a chapter of the Society

for Human Resource Management, can be sources for suggestions on the best consultants and training programs.

“It’s all about raising awareness,” Sjouwerman said. “More employers are getting the message, and are very interested in what cybersecurity experts have to offer—but sadly these employers are in the minority. I think we really are just getting started and interest will only continue to expand.”

Often cybersecurity programs offer more than training, and some vendors will assess your organization’s spam filters and security readiness. Simulated phishing attacks (e-mails that tempt you to click on a virus-infected link or to send personal information) can provide a lot of information about an organization’s vulnerabilities, according to Sjouwerman.

“You can see right away who in your company is falling for the phishing schemes,” Sjouwerman said. “So you will get a pretty good idea which employees need more training.”

Recently, law enforcement agencies in the United States, Australia and Europe worked together and dealt a serious blow to ransomware hackers. Officials with the FBI announced on June 3, 2014, that agents working with a multinational cybercrime task force had identified the ringleader and developer of the CryptoLocker malware as Russian computer hacker Evgeniy Bogachev. According to the FBI announcement, agents seized and shut down the computer servers that were running his worldwide ransomware schemes.

The FBI said that Bogachev, age 30, is one of the most prolific cyber crooks in the world and issued a “wanted” poster that lists his online aliases. However, Bogachev and several of his colleagues have evaded capture and remain at large somewhere in Russia, according to the FBI spokesperson.

While the shutdown of the CryptoLocker network

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## THE AFFORDABLE CARE ACT (ACA) PREVENTION & PUBLIC HEALTH FUND

*continued from page 1*

The Fund offers opportunities to strengthen the public's health through workplace wellness initiatives. A declining workforce health results in increased health-related expenses. This is seen in both direct medical payments and professional shortages resulting from absenteeism or being over-worked. Wellness programs have been shown to save money; however, such programs may be under-used or abused. One reason may be that the future benefits of healthy employees are significantly undervalued relative to the cost. Despite this, many businesses are taking a holistic approach to health by offering wellness programs to their employees.

The Board for example is a shining star for offering such wellness programs. The Board allows its employees the opportunity to have a 30 minute wellness time. Employees are encouraged to use this time in some form of wellness or physical exercise activity. The Board recently set up treadmill computer stations that employees may use during the day to do their work and exercise at the same time. Such programs are becoming a common place in corporate America and it is exciting to see our own organization to be on the cutting edge of promoting such programs.

The ACA wellness and prevention programs aimed at preventing chronic disease and raising awareness about healthy living will help to address the onset of chronic disease in our Tribal communities. It won't happen overnight and will take time and commitment from us all. Staying the course by promoting and participating in the ACA programs will help to reverse the trend of chronic disease in our Tribal communities. Additional information about the Fund is available at: <http://www.hhs.gov/open/recordsandreports/prevention/>.



## EDUCATE YOUR EMPLOYEES ON CYBERSECURITY

*continued from page 10*

is good news, the bad news is that copycat malware is already appearing, such as one called CryptoWall. Also, the agents hunting Bogachev have issued a dire warning that he has the resources and know-how to set up a large-scale hacking operation from scratch in less than a month. In addition to creating CryptoLocker, the FBI said Bogachev is responsible for the malicious software called GameOver Zeus, which steals computer login information so that hackers can gain access to bank accounts and even corporate HR or payroll systems remotely.

“One thing is certain, cybercrime is here to stay, and hackers will only get more sophisticated and more innovative,” said Sjouwerman. “Proper cybersecurity training should be a top priority for every business that has a presence on the Internet, which today is nearly every employer.

See more at: <http://www.shrm.org/hrdisciplines/technology/articles/pages/educate-employees-on-cybersecurity.aspx#sthash.IMtr10Pa.dpuf>



*continued from page 5*

## FIRE AND FIREWORK SAFETY THIS SUMMER

Keep your community safe and free of fire injury loss this summer.

References:

National Council on Firework Safety: <http://www.fireworksafety.com/home.htm>

National Fire Prevention Association: <http://www.nfpa.org>

The American Burn Association: <http://www.ameriburn.org>



## FETAL ALCOHOL SPECTRUM DISORDERS (FASD) TRAINING SEMINAR

The Fetal Alcohol and Drug Unit (FADU) of the University of Washington is offering a Fetal Alcohol Spectrum Disorders (FASD) training seminar on September 11-12, 2014. The training seminar will include an analysis and discussion of the spectrum of disabilities that can occur in various development stages of the fetus when a woman drinks alcohol during pregnancy. Although disabilities vary in severity, they are irreversible and often lead to problems such as the child's difficulty in learning in school, addictions, mental health issues, and unintentional violation of laws. The training seminar will also present emerging promising strategies for dealing with the spectrum of disorders in community settings.

The training is designed for Tribal leaders with broad responsibilities and authority. It is funded through a contract with the Northwest Portland Area Indian Health Board.

There is no registration fee, and FADU will cover lodging and transportation as requested. The training seminar will be held at the Watertown Hotel in the University District of Seattle. This training is primarily for those who are serving Pacific Northwest Tribal communities.

For more information and to register, please contact: Kay Kelly, 206-616-5408 or at [faslaw@uw.edu](mailto:faslaw@uw.edu).



## UPCOMING EVENTS

### JULY

#### July 1

Tribal Consultation with the Oregon Health Authority (OHA) & *Cover Oregon Tribal Technical Work Group (TTWG)*  
Salem, OR

#### July 4

Independence Day

#### July 8-10

Portland Area Dental Meeting  
Suquamish, WA

#### July 8-10

IHS Direct Service Tribes Advisory Committee Meeting  
Albuquerque, NM

#### July 22-27

the Association of American Indian Physicians (AAIP) 2014 Annual Meeting & National Health Conference  
Denver, CO

#### July 29-30

Native Fitness XI  
Portland, OR

#### July 29-31

Department of the Interior Self-Governance Advisory Committee (DOI-SGAC)  
Washington, DC

#### July 30-31

IHS Tribal Self-Governance Advisory Committee (IHS-TSGAC)  
Washington, DC

### AUGUST

#### August 5-6

ACA I/T/U Implementation of the Affordable Care Act: Implementation Challenges, Lessons Learned, and Looking Ahead  
Seattle, WA

#### August 5-6

Sexual Assault Response & Resource Circle (SARRC) Training  
Port Angeles, WA

#### August 5

IHS National Directors Awards Ceremony  
Washington, DC

#### August 12-13

CDC/ATSDR Tribal Advisory Committee Meeting  
Grand Traverse, Acme, MI

#### August 13

Idaho's All Tribes Meeting  
Coeur D'Alene, ID

#### August 20

Oregon SB 770 Health and Human Services Cluster (SB770)& *Cover Oregon Tribal Technical Work Group (TTWG)*& Federally Qualified Health Center (FQHC) Billing Meetings  
Salem, OR

**NATIVE FITNESS XI**  
NIKE WORLD HEADQUARTERS  
BEAVERTON, OREGON

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

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

**SAVE THE DATE**  
JULY 29 & 30, 2014

**For Registration Information:**  
Western Tribal Diabetes Project \* Northwest Portland Area Indian Health Board  
Toll Free: 1-800-862-5497 \* Email: wtdp@npaihb.org

Logos for m7, Native American Fitness Council, Nike, and Northwest Portland Area Indian Health Board.

We welcome all comments and Indian health-related news items.  
Address to: Health News & Notes  
2121 SW Broadway, Suite 300, Portland, OR 97201  
Phone: (503) 228-4185 FAX: (503) 228-8182  
Website: [www.npaihb.org](http://www.npaihb.org)

## UPCOMING EVENTS

### SEPTEMBER

#### September 1

Labor Day

#### September 3-6

National Indian Council on Aging (NICOA)  
Phoenix, AZ

#### September 8-11

NIHB Annual Consumer Conference  
Albuquerque, NM

#### September 11

American Indian Health Commission (AIHC) Meeting  
Suquamish, WA

#### September 26

NPaiHB American Indian Day  
Celebration  
Portland, OR

### OCTOBER

#### October 7

Oregon Tribal Consultation with  
the Oregon Health Authority  
(OHA) & Cover Oregon  
Tribal Technical Work Group  
(TTWG) & Federally Qualified  
Health Center (FQHC) Billing  
Meetings  
Salem, OR

#### October 7-8

Department of the Interior Self-  
Governance Advisory Committee  
(DOI-SGAC)  
Washington, DC

#### October 8-9

IHS Tribal Self-Governance Advisory Committee  
(IHS-TSGAC)  
Washington, DC

#### October 15-16

IHS Direct Service Tribes Advisory Committee  
Meeting  
Nashville, TN

#### October 20

NPaiHB Tribal Health Directors Meeting  
Coeur D'Alene, ID

#### October 21-23

NPaiHB Quarterly Board Meeting  
Coeur D'Alene, ID

#### October 26-31

NCAI Annual Conference  
Atlanta, GA



**9<sup>th</sup> ANNUAL DANCING IN THE SQUARE POWWOW**

PIONEER SQUARE  
DOWNTOWN PORTLAND, OR  
GRAND ENTRY: 3:30 PM  
SEPTEMBER 26TH, 2014  
TIME: 12PM - 7PM

**\*\*FIRST 4 DRUMS REGISTERED WILL BE PAID\*\*  
(PLEASE REGISTER PRIOR TO EVENT)**

This event is free and open to the public.  
A Drug, Alcohol, Commercial Tobacco and Violence FREE event.  
Sale of sacred items are forbidden.  
The committee is not responsible for lost or stolen items or any  
travel or parking cost.

**VENDORS & EDUCATIONAL BOOTHS**  
For More Information Please Contact:  
Candice Jimenez at 503-416-3264  
[cjimenez@npaihb.org](mailto:cjimenez@npaihb.org)

 Northwest Portland Area  
Indian Health Board  
Indian Leadership for Indian Health

For more information about the Northwest Portland Area Indian Health Board or the 43 Federally  
recognized Tribes of Idaho, Oregon and Washington please visit: [www.npaihb.org](http://www.npaihb.org)  
2121 SW Broadway, Suite 300, Portland, Or 97201 503.228.4185

For more information about upcoming events please  
visit: <http://www.npaihb.org/>



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## RESOLUTION

### **RESOLUTION #14-03-01**

Support for the Proposal to Enact Permanent Mandatory Appropriations for Contract Support Cost Under the Indian Self-Determination and Education Assistance Act

### **RESOLUTION #14-03-02**

NATIVE (TIPS) CDC-RFA-PS-14-004: Reduce Hepatitis Infections by Treatment and Integrated Preventions Services (Hepatitis-TIPS) among Non-urban Young Persons Who Inject Drugs

### **RESOLUTION #14-03-03**

SAMHSA SM-14-008, State/Tribal Youth Suicide Prevention Cooperative Agreements (PPHF\_2014)

### **RESOLUTION #14-03-04**

Recommendation for Idaho, Oregon, and Washington State-Based Exchanges to Provide Tribal Enrollment Data in Order to Evaluate AI/AN Enrollment and I/T/U Participation in QHP Contracting

