Health News & Notes

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

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Chronic Disease Prevention

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NWTEC Director

This year the Northwest Tribal Epidemiology Center (NWTEC) celebrated 20 years of providing service to the Portland Area Tribes. A large part of those services focus on providing data regarding chronic disease, programs to prevention chronic disease, and assisting in the development of policy, system and environment changes that will enhance health.

In the United States, chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic diseases accounts for most of our nation's health care costs. In the Portland Area, based on linkage adjusted data, 62.8% or 6 of 10 deaths each year are from chronic health conditions among AI/AN people.

Eighty-six percent of the nation's $2.7 trillion annual health care expenditures are for people with chronic and mental health conditions. Total annual cardiovascular disease costs to the nation averaged $316.1 billion in 2012–2013. Of this amount, $189.7 billion was for direct medical expenses and $126.4 billion was for lost productivity costs (from premature death). Cancer care cost $157 billion in 2010 dollars.

Even though we have programs and projects to address chronic disease prevention and health promotion, clearly additional efforts are needed to enhance the health of the people. This issue of *Health News and Notes*, features articles covering important topics such as fitness, traditional foods and commercial tobacco cessation. We have also included information in the form of a Fast Stats sheet on cardiovascular disease. In addition, information is provided about our innovative telemedicine Hepatitis C program.

Over the past 20 years, we have come many miles, but there is still important work to be done to close the gaps in healthcare coverage, and health disparities.

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Northwest Portland Area Indian Health Board

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Chairman's Notes

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

Hello,
There was a time when our people grew their own foods and medicines and lived healthy, active lifestyles. Back then, there were no chronic diseases like heart disease, cancer and diabetes. We are in a different time and many of our people have moved away their traditional foods and many live less active lifestyles. Because of this, the Indian health system is critical to prevention and early intervention of many of these chronic illnesses and we rely on it to help our people get healthy. Prevention and early intervention is important for any of the chronic diseases that impact our people.

Recently, at ATNI, I learned about a blood test called the PULS Cardiac Test. The PULS Cardiac Test is a simple blood test that detects a patient's risk for a heart attack. Even people with a healthy weight and normal cholesterol levels may be at risk for a heart attack. This test can save lives. I learned that many people who take the test are told about the risk and able to reduce it by staying away from refined carbohydrates and sugar, and by adding aerobic and resistance training. Our Indian health system needs to have these advanced types of tests available so that our people can get the care they need. I had the opportunity to take the test at ATNI and am waiting for the results.

Lastly, we all need to keep advocating for the permanent reauthorization of the Special Diabetes Program for Indians. We know this program is successful and saving lives, and a one to two year reauthorization is not enough!

Way lím̓límx (Thank you)
Yəx̌ʷyəx̌ʷúɬxn (Badger)

Andrew C. Joseph Jr.
HHS Chair
Colville Tribal Council
NPAIHB Chair
ATNI 3rd Vice Chair
NIHB Member

Hepatitis C is Everybody's Responsibility:

Curing Hepatitis C at the IHS Wellpinit Service Unit

Proving that Hepatitis C is treatable in our communities, by our own providers

Kristin McEntire, Pharm Tech, Sara Memon, MD, Stephanie Busch, RN

Sara Memon, MD
Primary Care Provider with a Specialty in Hepatitis C
David C Wynecoop Memorial Clinic/IHS Wellpinit Service Unit

According to the Centers for Disease Control and Prevention, American Indian and Alaska Native people have the highest mortality rate from Hepatitis C of any race or ethnicity. But Hepatitis C virus (HCV) can be cured and our Indian Health Service, Tribal and Urban Indian (I/T/U) primary care clinics have the capacity to provide this cure. Some of these clinics have already initiated HCV screening and treatment resulting in patients cured and greatly deserved gratitude from the communities they serve.

Hepatitis C is a Preventable and Curable Disease
Many people do not know how or when they were infected.
People with Hepatitis C:
- Often have no symptoms
- Can live with an infection for decades without feeling sick
- Can usually be successfully treated with medications

Talk to a health professional at your local clinic! Or visit cdc.gov/knowmorehepatitis

HCV is common. Millions of Americans have HCV, many of them from being exposed to the virus many years ago, and they do not know they have a chronic infection. Although HCV is a chronic infection, someone with HCV usually has no obvious signs or symptoms for years or even decades. If undiagnosed and untreated, the virus greatly increases liver disease in the form of scarring (cirrhosis), liver cancer, or liver failure. These long-term effects are what make early detection and early treatment so important.

HCV has historically been difficult to treat, with highly toxic drug regimens and low cure rates. In recent years, however, medical options have vastly improved: current treatments have few side effects, are taken orally, and have cure rates of over 90%. Curing a patient of HCV greatly reduces their risk of developing liver cancer and liver failure. Early detection of HCV infection through routine and targeted screening is critical to the success of treating HCV with these new drug regimens.

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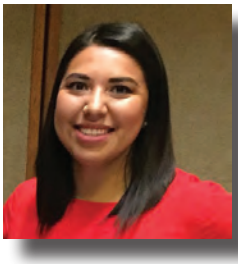
Battling Tobacco in Tribal Communities

Kerri Lopez (Tolowa Dee-ni')
NW Tribal Comprehensive Cancer Project Director
Western Tribal Diabetes Director

Ryan Ann Sealy (Chickasaw)
Tobacco Prevention Project Specialist



Antoinette Aguirre (Navajo)
Cancer Prevention Coordinator

The facts about tobacco:
Tobacco in Indian Country for many tribes has long been recognized as part of tribal tradition. It has been used in ceremony, prayer, gifting and as medicine.

However, commercial tobacco in Indian country is causing death and disease for our tribal communities. Tobacco is the number one cause of lung cancer, It has been concretely associated with 12 types of cancer including; Mouth, lung, stomach, colon/rectum, uterus, throat, myeloid leukemia, larynx (voice box), esophagus, pancreas, kidney, bladder, and cervix.

Smokers are 44% more likely to develop type 2 diabetes, and smokers with diabetes are at risk for Heart disease, kidney disease, retinopathy (eye disease that leads to blindness), peripheral neuropathy (nerve damage to the arms and legs that causes numbness), and poor blood flow that can lead to amputation.

We have seen an impressive number of tribal tobacco policy development in our communities; inclusive in tribal administration, clinics, social, nutrition and elder settings, outdoor venues, schools, head start programs, and even bus stops. All of our NW tribes have adopted some form of tobacco policy. However, the tobacco use rates in tribal communities remain much higher than the non-Hispanic white population, and other ethnic minorities. We are the only group that has seen increases in use of tobacco. The statistics are staggering ranging from pregnant women, youth, and adult rates. Call us to get the numbers.

The good news, we have seen our Northwest communities promote and develop tobacco cessation interventions. In June of 2017 The NTCCP and Good Health and Wellness in Indian country projects hosted a 5A's and beyond basic tobacco intervention training. We would like to highlight what we know some of our programs have been doing. We had 5 Oregon and 4 Washington tribal programs in attendance and three of them are already using the cessation information. There are tribes that are implementing integrated cessation programs with behavioral health, diabetes, pharmacy and dental programs. The services range from tobacco referral to individual and group counseling, nicotine replacement therapy, follow up and support for relapse.

Discussions around traditional tobacco and marketing and advertising have also been adapted into some of the programs. Tulalip Tribe reported that they are revamping their program, have hired a prevention education coordinator, and are using all of the materials from the Umatilla training. They are emphasizing traditional vs commercial use, partnering with the pharmacy on Nicotine Replacement Therapy, and are planning on getting into the school system to work on the upstream approach.

2017 Tobacco Cessation Training, Tamástslikt Cultural Institute

Confederated Tribes of Umatilla Indians is also doing an integrated team approach including the clinic, behavioral health, dental, pharmacy and the tobacco coordinator. Squaxin Island Tribe tobacco cessation coordinator shared she returned home to use some of her new motivational interviewing skills and resources to see some immediate commitments form tribal members to quit. There are also programs for our 2015 training that have been doing tobacco cessation; Cow Creek Band of Umpqua Tribe and NARA are implementing and improving on their integrated tobacco cessation programs. Confederated Tribes of Grande Ronde and Klamath Tribe have developed tribal brochures for tobacco cessation, and Coquille Tribe and Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians have focused on traditional tobacco and have traditional tobacco gardens.

In addition, we have had the privilege at attending two tribal women's health events presenting on Risk factors for women's health, smoking and diabetes, smoking and pregnancy, E-cigarettes and combatting chronic disease. Nez Perce Tribe hosted 200 tribal women and staff. And Yakima Indian Nation hosted a Women's Health Day Tea Party with 150 tribal women and staff in attendance. Both tribal days presented on a wide array of women's health issues and tribal services. We had the pleasure of sharing information on Women healthy practices to combat risk factors, smoking and diabetes. It is so much fun to be able to be a part of the tribal community events. At the Umatilla training, Robin John, Yakima pharmacist who was a part of the training team got us up and moving.

The NTCCP and GHWIC smoke busters team of tobacco advocates are here to provide as much support and assistance as possible.

This includes:

- Technical assistance with policy development, survey of community readiness and tobacco use rates. Tobacco 101 training for you and community, marketing and targeting tactics, and templates for tobacco policy to be shared
- Tribal Specific Tobacco factsheets – tobacco and pregnancy, asthma, diabetes, second hand smoke, and e-cigarettes
- Clinical and dental information brochures, along with tribal health insurance coverage for NRT
- Creating a safe place for tribes to come together and share how they are combating chronic disease prevention through cultural specific interventions at tribal gatherings.

Please contact us for additional information, to let us know what you are doing in your community, or for further technical assistance.

Native Artists Ignite Hope at Annual Youth Conference

Celena McCray (Navajo)
THRIVE Suicide Prevention Project Coordinator

Native youth representing 18 federally-recognized tribes traveled to Portland, Oregon to participate in the 7th Annual THRIVE Youth Conference on June 26-30, 2017.

This conference is made up of four interactive workshop tracks that bring Native youth together to learn about health promotion and disease prevention with a strong focus on suicide prevention and mental health. Tracks included leadership, video production, song writing, and science /medical health fields with a holistic approach by incorporating American Indian/ Alaska Native culture and teachings.

This year's theme really developed on its own as using art as an expression to connect with culture and increase self-esteem.

Special guest and renowned Native artist, Steven Paul Judd (Kiowa and Choctaw), joined this year's youth conference and created tile art pieces with Native youth and the Native Portland community. Guest speaker and Native American musician and rapper, Scott Kalama (Warm Springs), shared his full circle experience and how the Beats Lyrics Leaders workshop in 2013 helped him make healthy-decisions and now he is an indigenous recording artist.

This year, THRIVE included a cultural sharing night event with local partners where three interactive cultural stations were. Camas Logue (Klamath Modoc) provided a cedar weaving station; staff from Native American Rehabilitation Association (NARA) Northwest, Denise Wickert (Umatilla) and Samuel Graywolf (Mohawk), provided materials to create medicine pouches and; Steven Paul Judd showed youth how to create tile art pieces that all connected to create a larger art piece. These activities are prime examples of cultural connections at the conference.

Beats Lyrics Leaders was a workshop led by songstress and educator, J. Ross Parrelli and her team of music mentors (including indigenous music artists) who taught youth about goal setting, empowerment, confidence, skill development, public speaking, empathy, emotional detachment, creative writing, the art of freestyling, cyphers, community and culture, and how to strengthen their own communities. Check out the teen's artistic expression at: https://soundcloud.com/beatslyricsleaders/sets/thrive-2017.

The We R Native youth ambassador workshop, led by Tommy Ghost Dog Jr. (Burns Paiute/Oglala Lakota) and Steven Paul Judd invited eight new youth ambassadors to create their own individual artwork made up of tile pieces that represented strength from their respective cultures. Each ambassador also created their own profile video describing they chose to be an ambassador.
You can view the videos at: https://www.youtube.com/watch?v=TKDDM1HeA3Q&list=PLvLfi7yZ2zQElFiZeiKZnVjhNtYEwIPG.

Each video is very powerful and moving and all hope to create and promote positive change in their communities.

The Video production workshop was led by Cassie Goodluck-Johnson (Navajo). She brought her videography expertise and developed a moving THRIVE documentary with seven talented Native youth. Each youth played a part in the production by hands on filming and documenting. The goal of the video is to promote self-identity, cultural revitalization,

Native Artists Ignite Hope at Annual Youth Conference

and to describe what the THRIVE conference means to conference attendees and facilitators. You can view the video at:
https://s3-us-west-2.amazonaws.com/thriveconference2017video/Thrive+2017+Documentary+~+Final+Cut++8.11.17.mp4

The Science and Health track, led by Susan Shugerman from Oregon Health and Science University (OHSU), provided youth with a foundation of getting their feet in the door to become health professionals. A panel of Native health professionals shared their stories to inspire youth to take the leap and reach for the stars! This workshop included a hands on simulation center where youth delivered a baby and youth also learned how translational research impacts physical and mental health in humans. A couple of the teens declared their intent to be part of the medical field at the end of the conference week which demonstrates the success of this workshop.

Other presenters included staff from the Center for Native American Youth (CNAY) who inspired youth and the Native Portland community members to have conversation about LGBTQ and Two-spirit opportunities. Native health educators from across the country stopped by after lunch each day and taught the youth about healthy-decision making with the Native STAND (Students Together Against Negative Decisions) curriculum.

In closing, 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 8th Annual THRIVE conference is to be determined so stay tuned and keep a look out on our NPAIHB THRIVE page, www.npaihb.org/thrive.

* Funding for this conference was made possible (in part) by grant number SM61780 from SAMHSA and a Methamphetamine & Suicide Prevention Initiative (MSPI) grant awarded by the Indian Health Service (IHS) . The views expressed in written conference materials or publication and by speakers and moderators do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS; nor does it mention trade names, commercial 36 practices, or organizations imply endorsement by the U.S. Government.

Strengthening Health Systems for Chronic Disease Prevention

Nanette Star, MPH
Project Director & Epidemiologist
Good Health and Wellness in Indian Country: WEAVE-NW

Health Systems are defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." Public health systems include education and youth development organizations, elder centers, tribal administration, health clinics, public safety, hospitals, garden programs, law enforcement, social services, drug treatment programs, recreation and cultural departments, environmental and economic departments[1].

Healthy systems are dynamic and interconnect departments and the community. Well-coordinated and effective health systems can play a paramount role in improving people's quality of life and addressing all aspects of health.

Although chronic disease prevention conversations can occur anywhere; they most often begin at the clinical level. Clinics can be a foundational hub of information and resources for the population.

Wrap-Around Services

Many adult patients are seen only once a year for an annual check-up or when they are very sick and require immediate intervention. Health systems incorporate multiple departments and agencies that can assist with outreach and prevention for the entire community. Speak with other departments within your tribe and brainstorm ways to continue collaboration or to improve your coordinated efforts.

[1] Office of State, Tribal, Local and Territorial Support (http://www/cdc/gov/stltpublichealth/)

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Strengthening Health Systems for Chronic Disease Prevention

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Clinics can collaborate with other departments to share resources. For example, in a tribal community in Oregon the Tribal Administration created a one-stop shop for their community and within the original clinic, the community can go to the dentist, see a counselor, receive a referral to use the tribal recreation facility, and connect with the elder or afterschool centers. This form of wrap-around services is to provide efficiency of time for the patients while also giving a venue to those in the waiting area to learn more about preventive health measures through brochures, media material, and having conversation with the wrap-around receptionist. Providers are trained on the resources available to patients and are more confident in providing referrals or easily assisting a patient with receiving the check-ups and referrals they may need.

Referral follow-up

- Referrals may change regarding provider availability and contact information. Ensure that all of your referrals are up-to-date. This can be the designated task of a particular employee or a rotating task. Some of the details can be automated through electronic health records (EHRs) programs.
- Communicate with your referrals. It is important that the referrals you are providing are aware they are being utilized as a resource in the case that their services change or need to be updated.
- Create guidelines or policies into your standard operations to follow-up with each referral to verify the patient has connected to the referral provided. There are software programs that can be automated to send dual referrals.

Utilizing CHRs

Community Health Representatives (CHRs), are in a unique position in the community to observe home life for patients and their families. They are typically a trusted community member and will see and know about opportunities for prevention before a patient ever reaches the clinic level. CHRs are a resource for the community to share preventive services and monitoring.

- Ensure that all CHRs are thoroughly trained on the resources available to the community.
- Provide CHRs with brochures and regional materials so they may provide immediate information to families.

Improved EHRs

There are different EHR software packages available to analyze patient records to improve population health. Indian Health Services utilizes RPMS and may provide a specialist to assist you in evaluating and identifying areas of change within your records management. There are pros and cons about different systems. If you can, pilot test different software programs to make sure you find the one that fits your clinic best.

- Many EHRs can be programmed to prompt a medical assistant to ask preventive type of questions to the patient prior to seeing the provider.
- Establish standard operating procedures and provide training to all clinic staff to understand and use preventive question prompts.
- Work closely with your IT or Records Specialist to run systematic chart reviews of patients that identify potential high risk patients or gaps in referrals for preventive care.

The primary outcome of all health systems is to assist in improving the health of the community. Utilizing available resources through increased communication between agencies and departments can lead to long-term sustainable advances in health. These systems can be positioned to honor tribal sovereignty while creating healthier generations for years to come.

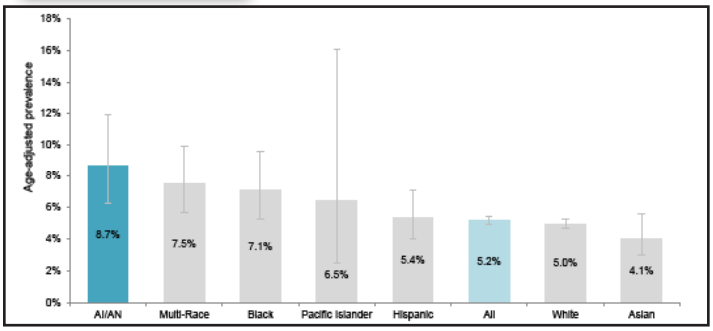
2017 Native Fitness Training, Nike Campus

Fast Stats on: Cardiovascular Diseases in Washington

Sujata Joshi, MPH
IDEA-NW Project Director

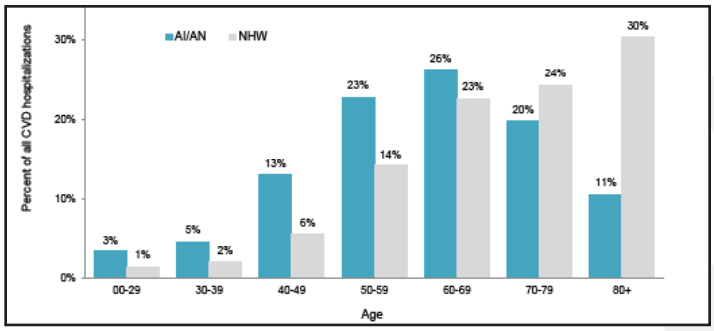
Monika Damron (Hualapai/ Navajo)
IDEA-NW Project

From 2013-2015, American Indians and Alaska Natives (AI/AN) in Washington reported the highest rates of heart diseases of all race/ethnicity groups in the state. 8.7% of AI/AN adults had ever been told they had coronary heart disease or a heart attack.

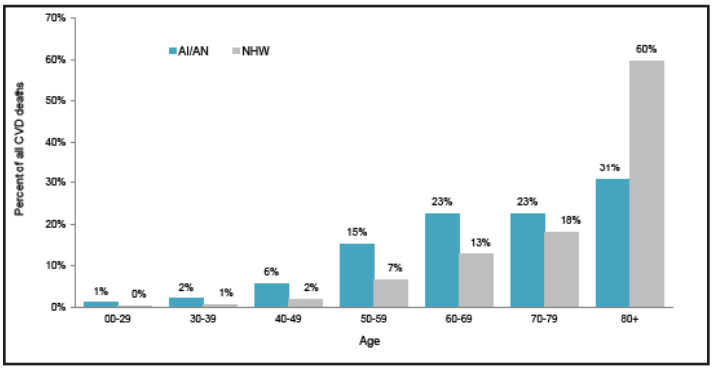


This was statistically higher than the age-adjusted prevalence for all Washington adults (5.2%).[1]

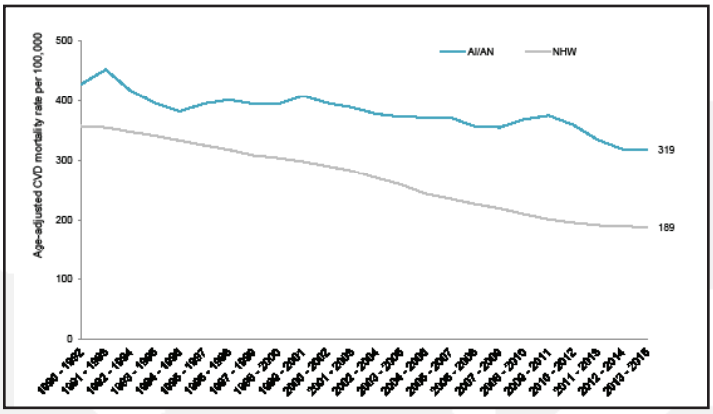
From 2012-2014, there were 3,395 hospitalizations for cardiovascular diseases (CVDs) among AI/AN living in Washington. The average age for AI/AN who were hospitalized for CVDs was 61 years, which was 9 years younger than the average age for non-Hispanic Whites (NHW) in the state. Almost 70% of AI/AN CVD hospitalizations occurred before the age of 70, compared to 45.4% of NHW CVD hospitalizations.[2]



Cardiovascular diseases are the leading cause of death for AI/AN in Washington, and caused 785 deaths among AI/AN in the state from 2013-2015. Similar to hospitalizations, AI/AN who died from CVDs were younger compared to NHW who died from these diseases. Over 46% of all CVD deaths occurred among AI/AN less than 70 years of age, compared to 22.2% of NHW deaths.[3]



CVD mortality rates have decreased over time for both AI/AN and NHW in Washington. However, the AI/AN mortality rate has decreased at a slower rate compared to NHW, which has increased the disparity between the two groups. The age-adjusted AI/AN CVD mortality rate was about 1.2 times higher compared to NHW in the early 1990s, but is now 1.7 times higher.[3]



For more data on cardiovascular diseases and other health priorities, please visit the IDEA-NW's website at: http://www.npaihb.org/idea-nw/.

[1]Washington State Department of Health Behavioral Risk Factor Surveillance System (BRFSS), data years 2013-2015. Accessed through the Community Health Assessment Tool on September 14, 2017.

[2]Inpatient hospital discharge records from the Washington State Department of Health Comprehensive Hospital Abstract Reporting System (CHARS), corrected for AI/AN misclassification by NPAIHB's IDEA-NW project, data years 2012-2014.

[3]Death certificates from the Washington State Department of Health Center for Health Statistics, corrected for AI/AN misclassification by NPAIHB's IDEA-NW project, data years 1990-2015.

We R Native: Using Technology to Promote Sexual Health Among American Indian and Alaska Native Teens and Young Adults

Stephanie Craig Rushing, PhD, MPH
Northwest Portland Area Indian Health Board

David Stephens, BSN, RN
Northwest Portland Area Indian Health Board

According to the Center for Native American Youth, the American Indian and Alaska Native (AI/AN; Native) population is young and swiftly growing[1]. Youth 25 years-old and younger make up nearly 41% of the 5.4 million AI/AN population. Despite their immense cultural resilience and pride, AI/AN youth are one of the most at-risk populations in the U.S.; caused, in part, by enduring intergenerational trauma, forced relocation and assimilation, the boarding school system, and other devastating U.S. policies[1]. Native youth today often live in communities that are disproportionately affected by high rates of poverty, unemployment, health disparities, substance abuse, low education attainment, family violence, and crime[2]. As a result, AI/AN youth are disproportionally impacted by high rates of teen pregnancy and STI/HIV[3].

To reverse these concerning trends, Native youth across the U.S. are stepping up and getting involved in health promotion efforts – harnessing the power of peer education, technology and social media to promote protective factors for physical, mental, spiritual and sexual health[1,4]. While the speed and quality of internet access and cell phone coverage is highly variable in tribal communities, it is swiftly and steadily improving. In a national survey of over 675 AI/AN teens and young adults conducted by *We R Native* in 2016, 78% had regular access to a smartphone and 46% had regular access to a computer. Over 92% reported accessing the internet from a phone on a daily or weekly basis, and 50% reported going online from a computer as often.

Online health information-seeking is now the norm for AI/AN youth. In the same survey conducted by *We R Native*, over 62% of AI/AN teens and young adults reported getting health information from the internet on a weekly or monthly basis, and 66% received health information from social networking sites as often; 32% reported having searched online for "dating or healthy relationships;" 31% for "birth control;" and 23% for "pregnancy." When asked about sensitive health topics like birth control, respondents reported feeling most comfortable going online (39%), talking to a friend or sibling (37%), or talking to a clinician (26%), trusted adult (24%), or parent (27%) about their questions or concerns.

We R Native: A Multimedia Health Resource.
Recognizing that a comprehensive, multimedia health service was needed to compete for Native youth's time and attention online, *We R Native* was jointly designed by the Northwest Portland Area Indian Health Board's sexual health promotion project (Project Red Talon) and it's suicide prevention project (THRIVE). The service launched in 2011, as a multimedia health resource for Native youth, by Native youth[5-7]. *We R Native* includes an interactive website (www.weRnative.org), a text messaging service (Text NATIVE to 97779), a Facebook page, a YouTube channel, Instagram, Twitter, and print marketing materials. Special features include monthly contests, community service grants ($475), 100+ Youth Ambassadors, and an "Ask Auntie" Q&A service. The service includes content on social, emotional, physical, sexual, and spiritual health, as well as on AI/AN culture, the environment, and health activism.

Use, Reach and Demographics.
We R Native collects and monitors digital metrics recommended by www.digitalgov.gov. Since its launch, the website has received over 406,000 page views. Sexual health topics account for approximately 40% of the site's total traffic. The average user visits 3 pages per visit, and stays on the site 3:00 minutes. By April 2017, We R Native's YouTube channel had 489 health and wellness videos with over 89,245 video views. To date, *We R Native* has over 44,000 Facebook page likes, over 4,450 Twitter followers, and over 5,000 followers

We R Native: Using Technology to Promote Sexual Health Among American Indian and Alaska Native Teens and Young Adults

on Instagram. Altogether, We R Native reaches over 32,000 users per week through its various media channels.

Messaging Campaigns.
Every month, *We R Native* disseminates messaging campaigns that promote healthy norms and behaviors, aligning campaign topics with national health observances. Two recent examples include:

- **Text for Sex Ed:**
  We R Native's text messaging service delivers weekly text messages to nearly 4,600 subscribers across the U.S. Given the widespread use of cell phones by youth, text-based interventions offer a promising tool to promote condom use and STI/HIV testing among AI/AN youth. To evaluate the impact of 24 sexual health text messages delivered over 12 weeks, *We R Native* recruited nearly 400 AI/AN youth, 15 to 24 years old, and tracked changes in their sexual health knowledge, attitude, self-efficacy, intention and behavior. Participants reported significant improvements in condom use attitude, condom use behavior, and STI/HIV testing intention ($P<0.05$). More than 40% (11/26) of those who had not been recently been tested for STIs or HIV at baseline, were tested during or three months post intervention, demonstrating improvements in STI/HIV testing behavior. The *Text 4 Sex Ed* service is now available for any youth to enroll and receive the series of health promotion messages (text "SEX" to 97779); over 250 participants have enrolled in the service since its launch in February 2017.

- **Native VOICES**:
  Native VOICES (Video Opportunities for Innovative Condom Education and Safer Sex) is a 23-minute video, designed to encourage condom use and HIV/STI testing among heterosexual and LGBTQ (Lesbian, Gay, Bisexual, Trans and Queer) American Indian teens and young adults 15-24 years old. The video demonstrates how to negotiate condom use with a partner, and stresses the importance of talking with partners about sexually transmitted infections. Native VOICES is the first Evidence-Based Intervention recognized by the Centers for Disease Control and Prevention for preventing HIV and other STDs among AI/AN youth. Since the video's release, it has been viewed over 2.1 million people on We R Native's Facebook page.

Altogether, *We R Native's* sexual health messages reached nearly 2.5 million viewers last year, while promoting cultural pride, resilience, and youth empowerment. This work demonstrates that technology-based interventions can help connect AI/AN youth to sensitive health services in ways that are familiar and inviting, reaching a dispersed, at-risk, under-served community.

ACKNOWLEDGEMENTS
We R Native is supported, in part, with funds from the Indian Health Service and the Secretary's Minority AIDS Initiative Fund.

For a complete list of citations, please contact Stephanie (scraig@npaihb.org).

2017 Native Fitness Training, Nike Campus

RESPONDING TO CONCERNING POSTS ON SOCIAL MEDIA:
You are the Trusted Adult

David Stephens, RN

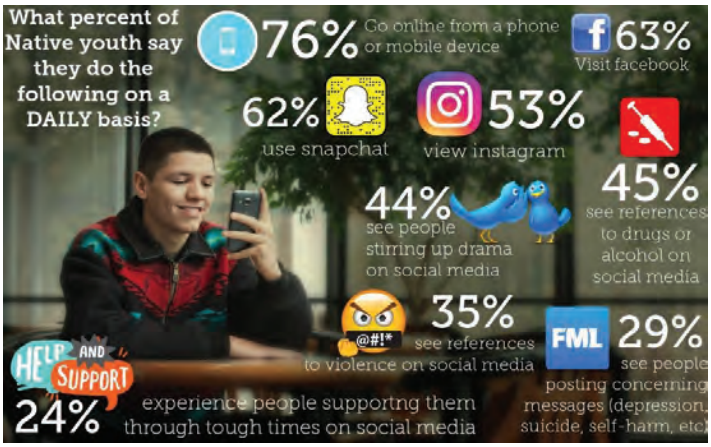
Concerning posts include those that express depression or intent to hurt oneself or others, posted on social media. These disclosures may provide new opportunities to identify youth at-risk and connect them to appropriate resources and support.

Suicide prevention remains challenging among youth, as many do not disclose suicidal ideation to others before attempting suicide. However, emerging research suggests that nearly one-third of AI/AN youth see concerning messages on social media on a daily or weekly basis. The Social Media and Adolescent Health Research Team (SMAHRT) at Seattle Children's and We R Native staff at Northwest Portland Area Indian Health Board (NPAIHB) have worked collaboratively over the last three years, exploring the experiences of AI/AN adolescents and Native health educators in responding to concerning social media posts. Two major themes emerged from the youth focus groups:

- First, AI/AN youth felt a sense of **personal responsibility to help peers, but would grow progressively frustrated and "burned out"** if their efforts to help did not change the observed behavior; many described "giving up on the situation."
- Second, **youth requested support from trusted adults**, but only 5% of adults surveyed felt adequately prepared to intervene, revealing the need for additional training.

Based on their feedback, the study team developed a 1-hour online training for adults who work with Native youth - **Responding to Concerning Posts on Social Media** – that is now available on the Healthy Native Youth website:
http://www.healthynativeyouth.org/curricula/responding-to-concerning-posts-on-social-media

The webinar training will prepare adults who work with Native youth to identify youth who post or view concerning posts on social media, and connect them to appropriate services. To evaluate the impact of the training, our team is conducting a pilot study with two study arms: Arm 1 watched the 30-minute training video and reviewed accompanying training handouts. Arm 2 watched the 30-minute training video and participated in an interactive role-play scenario with a coach that took place via text message.



Training impact

We are excited to report that preliminary findings indicate that training participants are reporting improvements in awareness about concerning social media posts, self-efficacy to intervene and support those who view and post concerning messages, and have also expressed improvements in intent to connect youth with appropriate services.

Please share the online training materials with those who work with youth in your community, and check out the accompanying resources on HealthyNativeYouth.org. The "lesson plans" tab has handouts and the "supporting materials" tab has two activity guides (one for adults and one for youth), that you can use to increase community awareness about concerning social posts, and what to do if you see them.

Stay connected with the team and be the first to learn about our evaluation findings by texting HEALTHY NATIVE YOUTH to 97779.

Northwest Tribal Food Sovereignty Coalition: Inter-tribal Collaboration to Strengthen Food Systems

Nora Frank-Buckner, MPH (Nez Perce)
WEAVE-NW Project Coordinator

Who: The Northwest Tribal Food Sovereignty Coalition currently consist of northwest tribal leaders, elders, tribal employees, WEAVE-NW staff, and staff from tribal organizations such as the American Indian Health Commission and the Native Youth Leadership Alliance.

What: The coalition is currently in the planning and recruitment stages. The current purpose will be a mixture of networking, sharing resources, and sub-groups that will work on identified priority areas and goals. Currently, interested members are being surveyed to identify top priorities and goals that the coalition will address. Some of the top priority areas that have been identified so far are focused on collaboration, developing resources, and creating a space for cultural sharing and education to other community members about traditional foods and food sovereignty.

Where and When: Once priorities are agreed upon, the coalition will be meeting either quarterly or bi-annually via video/phone conferencing or through in-person meetings. If the coalition decides to have in-person meetings, these meetings may be hosted in different tribal communities by coalition partners.

Why: We know that we are in an epidemic of preventable, diet-related diseases that is directly associated with the lack of access to healthy and traditional food resources. This is an opportunity to convene efforts that are driven by cultural revitalization, empowering communities, and to use innovative strategies that will improve the health of our people.

The WEAVE-NW project listened to many requests from tribal community leaders, elders, and employees for more opportunities to collaborate, plan, and advance the policy development for tribal food sovereignty to promote and strengthen the tribal food system. The coalition will build upon current momentum, leadership, and strengths from tribes throughout the region.

Background of WEAVE-NW: The WEAVE-NW project is funded through the Good Health & Wellness in Indian Country though a co-operative agreement with the Centers for Disease Control and Prevention (CDC). This project has a primary focus of encouraging community-level strategies (through policy, systems or built environment change) to promote healthy behavior change through preventive efforts. These approaches are culturally specific and are intended to help prevent the onset of chronic diseases such as Type II Diabetes and cardiovascular disease.

For more information about Good Health & Wellness in Indian Country, the Northwest Tribal Food Sovereignty Coalition, or to sign-up for the WEAVE-NW e-newsletter, please email weave@npaihb.org.

Skokomish Tribal Community Garden

2017 Native Fitness Training, Nike Campus

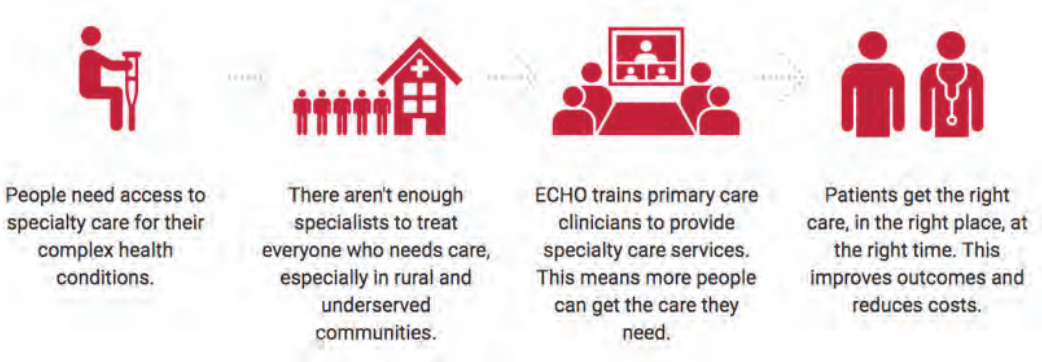
Hepatitis C is Everybody's Responsibility: Curing Hepatitis C at the IHS Wellpinit Service Unit

continued from page 3

Background: At the Indian Health Service (IHS) Wellpinit clinic, based on one of the IHS health screening recommendations, all patients born during 1945-1965 are being screened for Hepatitis C. This testing has been an effective tool for diagnosing patients in need for treatment.

In our clinic, unlike the national trend with higher prevalence in baby boomers, we are diagnosing a great number of young adults infected with Hepatitis C. This prevalence directly correlates with substance abuse and participation in risky behaviors more consistent with younger generations. Our clinic also applies Hepatitis C screening for young adults upon entering into a rehab program or during pregnancy.

Prior to starting the David C Wynecoop Memorial clinic's Hepatitis C Treatment Program, patients with Hepatitis C were being referred to the community specialists for treatment. In order to minimize impact on health care needs of other patients as agreed by management, we can now offer Hepatitis C treatment through our teleECHO clinics held the second Thursday of each month.



Starting to treat chronic Hepatitis C at Wellpinit. I had worked at the David C Wynecoop Memorial clinic for 6 months when I attended a free Hepatitis C clinical training for I/T/U clinicians at Swinomish in January of 2017. The free trainings, offered by the Northwest Portland Area Indian Health Board and lead by Dr. Jorge Mera, focus on providing the knowledge and support clinicians need to provide better care, to more people, right where they live, an especially important attribute in Indian Country. At the heart of the training was the ECHO model. ECHO is a learning and guided practice model that rethinks medical education and greatly increases workforce capacity to provide best-practice specialty care and reduce health disparities. The ECHO model uses its hub-and-spoke knowledge-sharing networks, co-led by teams who use multi-point videoconferencing, to conduct virtual clinics with community providers. ECHO essentially increases access to specialty treatment in underserved areas by providing clinicians with the knowledge and support they need to manage patients with HCV. Shortly after this training, the David C Wynecoop Memorial clinic's Hepatitis C Treatment Program started.

Overcoming Hurdles: At the beginning of our program, we reviewed records of all the patients with positive test results for the Hepatitis C antibody, and a letter was mailed to those without documentation of prior Hepatitis C treatment, or with an unknown viral load status. They were informed about Hepatitis C treatment availability at our clinic and invited to schedule an appointment for further work up. Unfortunately, not many responded to this letter. Some of the letters were returned back to the clinic due to incorrect addresses. Among those patients who were initially seen in the clinic for pre-treatment evaluation, only a small number of them return for their follow up appointments. This makes tracking patients and determining active infection of newly diagnosed patients a difficult task to manage. Without patients' active engagement with their health care needs, it will be a difficult task to eliminate the disease, but with community campaigns (http://www.npaihb.org/hcv/#Community-Resources) to raise awareness, there is hope.

At this time, patients' lack of consistency for their follow up visits or their lack of accessibility due to a change of address or phone number is the major barrier for **offering Hepatitis C treatment to all patients with active infection**. The contributing factors unique to younger adults infected with Hepatitis C infection are

Hepatitis C is Everybody's Responsibility: Curing Hepatitis C at the IHS Wellpinit Service Unit

issues related to their entanglement with the legal system due to risky behaviors and/or a lack of steady place of residence. Possibly due to lack of adequate financial means and other social determinants, patients are at higher risk of being incarcerated, occasionally depend on living with the friends or family and lack cell phones to be contacted at.

Becoming Successful: Since clinic staff began joining ECHO, one patient has successfully completed 8 weeks of treatment with ledipasvir/sofosbuvir in July and he continues to sustain his negative Hepatitis C viral loads. We recently started our second patient on treatment in August. A primary barrier to implementing treatment for this patient was accessing HCV medications, given the complex prior-authorization process. We soon learned that Medicaid will approve payment for nearly every patient with chronic HCV in Washington and private insurance companies will also cover the medications.

We owe our success to our outstanding pharmacy technician who made this most challenging and labor intensive process of Hepatitis C treatment, approval of medications through the patients' insurance companies feasible for us, and also support from our team RN along with her other clinic related responsibilities.

Availability of Hepatitis C treatment through our teleECHO clinic is a great opportunity for our patients to get the treatment without needing to be seen by the community specialists. Patients are saving time and starting on their treatment sooner without the hassle of travel arrangements, when considering how long it takes for the referral processing and scheduling based on the specialists' appointment availability.

The success of primary care based Hepatitis C treatment clinic relies on a team based model that includes a member of our nursing team, a pharmacy staff if available on site along with a Hepatitis C trained primary care provider. Undoubtedly proactive participation of all the team members is what makes this task feasible and a rewarding experience for the patients and those involved in their treatment. Training is a must for all those involved in Hepatitis Care team to help with efficiency and enhanced organization.

http://www.npaihb.org/hcv/#HCVClinicalTraining

I am hoping as our team members receive the needed training we will become a much stronger team as we are gaining more and more experience along the way offering this easily manageable treatment option to all our future Hepatitis C patients that seems to be rapidly growing in number.

Chronic Disease Prevention

continued from cover page

Current NWTEC Activity			
Program or Service Title	Duration of Project	Tribal Partners	Non-Tribal Partners
Injury Prevention Project	2010 - Present	43 Northwest Tribes	Indian Health Service (IHS), Centers for Disease Control and Prevention (CDC)
Native American Research Centers for Health (NW NARCH) NARCH - scholar training NARCH - summer institute NARCH - research	1996 - Present	Training program has national reach	NIH, IHS, various federal organizations, Oregon Health & Science University (OHSU), other academic institutions, and Tribal Epidemiology Centers
Native Children Always Ride Safe (Native CARS) and dissemination grant	2008 - Present	Selected tribes in Idaho, Oregon and Washington	OHSU, University of Washington Harborview Injury Prevention Center, and NIH
NPAIHB Immunization Project	1998 - Present	43 Northwest Tribes	IHS Portland Area Office
Northwest Tribal Comprehensive Cancer Project	1999 - Present	43 Northwest Tribes	CDC, all Northwest Tribes, OHSU Knight Cancer Institute, and state partners
Northwest Tribal Epidemiology Center	1997 – Present	43 Northwest Tribes.	OHSU, IHS, CDC
Northwest Tribal Dental Support Center	2000 - Present	43 Northwest Tribes	Three dental consultants, IHS, 34 Tribal and IHS clinics
Northwest Tribal Registry Project / Improving Data and Enhancing Access (IDEA)	Registry 1999 – Present IDEA 2010 - Present	43 Northwest Tribes	OMH, and Federal, State and Local holders of registries/ data
Portland Area Office Institutional Review Board	1997 - Present	43 Northwest Tribes	IHS Portland Area Office, and area universities
Prevention of Toddler Overweight Study (PTOTS) and Tots to Tweens	2006 - 2017	Selected tribes in Idaho, Oregon and Washington	NHLBI, NIH
Project Red Talon (PRT)	Project Red Talon: 1988 – Present VOICES: 2010 - 2016	43 Northwest Tribes	IHS, CDC, NIH, OHSU, University of Texas, Inter Tribal Council of Arizona (ITCA)

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Current NWTEC Activity			
Public Health Improvement and Training	2010 - Present	43 Northwest Tribes	CDC, Washington, Oregon, and Idaho, Northwest Center for Public Health Practice, Red Star International
THRIVE	2009 - Present (MSPI)	43 Northwest Tribes	IHS, Native American Rehabilitation Association, Inc. (NARA)
Wellness for Every American Indian to View and Achieve Health Equity (WEAVE-NW)	2015 - Present	43 Northwest Tribes	Other Tribal Epidemiology Centers, CDC
Western Tribal Diabetes Program	1999 - Present	43 Northwest Tribes	Indian Health Service Diabetes Program
Advocacy and Membership on Federal, State and Local Consultation Boards	44 years	43 Northwest Tribes	Various previously mentioned partners under the DHHS, States of Idaho, Oregon and Washington, and various Universities.

INDIAN DAY / DANCING IN THE SQUARE POWWOW

Thank you to our Sponsors!

- Confederated Tribes of Grand Ronde
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- Quinault Tribe
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- NARA
- NICWA
- Portland Two Spirit Society
- Health Share of Oregon
- OHSU
- OHSU: School of Dentistry
- OHSU: Diversity
- Northwest Health Foundation
- City of Portland: Environmental Services
- Resers Fine Foods
- IDEA-NW Project
- THRIVE Project
- WEAVE Project
- Native Dental Therapy Initiative Project

Upcoming Events

OCTOBER

October 15-20
NCAI 74th Annual Convention and Marketplace
Milwaukee, WI 53203

October 16-20
NPAIHB RPMS EHR Reminders Training
Portland, OR 97201

October 17-18
Tribal Leaders Diabetes Committee
Phoenix, AZ

October 19-20
FEMA L-0552 COOP for Tribal Governments training
Wellpinit, WA

October 23-25
30th Annual State Health Policy Conference
Portland, OR

October 23
Direct Service Tribes & Tribal Self-Governance Joint Advisory Committee Meeting
Washington, DC

October 23-27
Tribal Family Preservation Training for Family Support Specialist
Portland, OR

October 24-26
IHS Tribal Self-Governance Advisory Committee 4th Quarterly Meeting
Washington, DC

NOVEMBER

November 16
National Tribal Advisory Committee (NTAC) on Behavioral Health Virtual Meeting
IHS

November 28-29
Oregon Health Authority SB 770 Quarterly Health Human Services Cluster meeting
Grand Ronde, OR

November 27-Dec. 1
NPAIHB RPMS Data Extraction Training
Portland, OR

DECEMBER

December 5-7
NPAIHB RPMS/DMS training
Portland, OR

December 11-15
NPAIHB EHR for Health Information Management training
Portland, OR

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

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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 JULY 2017 RESOLUTIONS

RESOLUTION #17-04-01
Support for the Tribal Epidemiology Center (TEC) to Apply for CDC funding for Enhanced TEC Capacity

RESOLUTION #17-04-02
We R Native Youth Development Project, Native Youth Initiative for Leadership, Empowerment, and Development (I-LEAD)

RESOLUTION #17-04-03
The Health Board's Opioid ECHO: Collaboration to Strengthen Our Nations – Empowered Communities for a Healthier Nation Initiative – Community Programs to Improve Minority Health Grant Program Department of Health and Human Services – Office of the Assistant Secretary for Health

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD AND CALIFORNIA RURAL INDIAN HEALTH BOARD JULY 2017 RESOLUTIONS

JOINT RESOLUTION #13-04-02
In Support of the Contract Health Service Allocation Formula

JOINT RESOLUTION #13-04-03
Contract Support Costs

JOINT RESOLUTION #13-04-04
In Support of Data-based Resource Allocation

JOINT RESOLUTION #13-04-05
In Support of the U.S. Congress & Administration Adopting the Definition of Indian at 42 C.F.R. § 447.50 Uniformly in Implementing the Affordable Care Act

JOINT RESOLUTION #13-04-06
Indian Managed Care Entity

JOINT RESOLUTION #13-04-07
DHHS Support for the Twelve Tribal Epidemiology Centers to Perform Mandated Public Health Functions

JOINT RESOLUTION #13-04-08
Dental Support Centers