



National Indian Health Board

Health Reporter

Volume 16, Issue 2

Fall 2010

Health Care Reform Passes, National Indian Health Board Moving Forward on Implementation



Jodi A. Gillette, Associate Director at the White House Office of Public Engagement relays important information on health care reform at the 27th Annual Consumer Conference.

President Obama signed the Patient Protection and Affordable Care Act (Affordable Care Act) into law in March, 2010. In addition to many provisions designed to protect and enhance the Indian health system, this law included the *permanent* reauthorization of the Indian Health Care Improvement Act (IHCIA)!

The National Indian Health Board began work on implementation of health care reform soon after passage. The National Indian Health Board has been engaging Indian Country and policy makers on many fronts to educate and provide input on implementation. Several regional trainings have been held throughout Indian Country to inform Tribal leaders about specific provisions and how they impact American Indians and Alaska Natives.

The Affordable Care Act and the IHCIA are complex bills and will have profound impact on the entire Indian health system. The need for Tribal leaders, health directors and Tribal members to understand how they will be impacted is important. The National Indian Health Board recognizes this and has made outreach and education on health care reform a top priority.

In 2010, the NIHB's outreach efforts includes conference calls and webinars on specific pressing topics such as Tribal access to Federal insurance, as well as trainings at national meetings,

including the 2010 Annual Consumer Conference. Finally, the National Indian Health Board is revamping its website to provide Indian Country with information on health care reform. The website will be a central clearing house for information on health care reform in Indian Country. This is a significant project and is a multi-year endeavor.

Please visit www.nihb.org to learn more about the Affordable Care Act and the IHCIA.

The first consultation on an individual provision in the IHCIA is underway. The Office of Personnel Management (OPM) is consulting with Tribes on Access to Federal Employees Health Benefits (FEHB) and Federal Employee Life Insurance (FEGLI) under Section 157 of the Indian Health Care Improvement Act.

The section provides Tribes or Tribal organizations that operate a program under the Indian Self-Determination and Educational Assistance Act (ISDEAA) to access the FEHB Program and the FEGLI program.

Continued on page 14 ▶

INSIDE THIS ISSUE

From the Chairman	2
IHCIA Implementation Update.....	3
Elections to Shake Up Faces In Congress	4
Nutrition Corner: Sage Stuffing Recipe	4
Standards of Public Health: National Call for Tribal Input	5
IHS Budget Update	5
Tribal Public Health Improvement.....	6
Understanding Tribal Health Systems.....	6
Tibal Health Professionals Training Update.....	7
SDPI Renewal: Eyes on the Congressional Lame Duck Session	7
Upcoming Events.....	8
Preventing Childhood Obesity: Youth Perspectives.....	8
Annual National Survivors of Suicide Day	9
HIV/AIDS Awareness Update.....	10
"Communities Working Together"	10
Web Portal Resource for Meth and Suicide Prevention.....	11
CDC TCAC Update: 5th Biannual Tribal Consultation Session.....	12
New ATSDR Think Tank.....	13
IHS Announcement: Stop Bullying.....	14
NIHB 2010 Award Winners!	15



National Indian Health Board

926 Pennsylvania Ave., SE
Washington, D.C. 20003
202-507-4070
www.nihb.org

NIHB BOARD OF DIRECTORS

Reno Keoni Franklin
Chairman, California Area Representative

Buford Rolin
Vice Chairman, Nashville Area Representative

Cynthia Manuel
Secretary, Tucson Area Representative

Thomas John
Treasurer, Oklahoma Area Representative

Andrew Joseph, Jr.
Member at Large, Portland Area Representative

Cathy Abramson
Bemidji Area Representative

John Black Hawk
Aberdeen Area Representative

H. Sally Smith
Alaska Area Representative

Lester Secatero
Albuquerque Area Representative

L. Jace Killback
MT/WY (Billings) Area Representative

Jerry Freddie
Navajo Area Representative

Martin Harvier
Phoenix Area Representative

NIHB STAFF MEMBERS

Stacy A. Bohlen
Executive Director

Angel Dotomian
Deputy Director

Jennifer Cooper
Legislative Director

Aimee Centivany
Senior Advisor, Grants Management and Compliance

Tom Kauley
Director NIHB AI/AN National HITECH Regional Extension Center

Shawn Sundance Lockey
Regional Deputy Director
Regional Extension Center

Jessica Burger
National Liaison for HITECH Implementation
National HITECH REC

Doneg McDonough
Consultant on Health Reform Implementation

Tyra Baer
CMS Project Assistant

Seprieono Locario
Behavioral Health Program Coordinator

Phillip Roulain
Public Health Program Specialist

Sabrina Williams
Executive Assistant

Blake Harper
Public Health Intern

Bryce Roth
Student Intern

From the Chairman

Dear Friends of Indian Health:

Hello Indian Country!

Wow, what an exciting and busy year we have experienced in 2010. Indian Country has achieved a significant accomplishment with the passage of the permanent reauthorization of the Indian Health Care Improvement Act and the Patient Protection and Affordable Care Act. These two victories will have tremendous impacts on Tribal health programs and will help increase the health status of American Indians and Alaska Natives. I want to acknowledge the work of so many Tribal leaders, Tribal staff, Congressional Members and staff and President Obama and his Administration for making the passage of the Indian Health Care Improvement Act a priority during health care reform.

Since President Obama signed the health care reform bill into law on March 23, 2010, the National Indian Health Board has been busy working with the Administration on implementation, educating Indian Country and submitting comments on proposed regulations. The work is significant, but we remain dedicated to advocating for the best policies for Indian Country.

In providing education and outreach to Indian Country, we are launching a website that focuses exclusively on the Affordable Care Act and the Indian Health Care Improvement Act. This site will be the central hub of information for Indian health care reform, and can be found at www.nihb.org.

On other fronts, in September the National Indian Health Board held a successful Annual Consumer Conference in Sioux Falls, South Dakota. More than 500 people attended this year's conference and representatives from IHS, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Centers for Medicare and Medicaid Services and from the Obama Administration provided updates to attendees. The emotional highlight of the conference was the presentation of the Jake White Crow award to the late Robert D. Moore, who we were honored to have known and served with. The National Indian Health Board sends deep and heart felt appreciation to the Great Plains Tribal Chairmen's Health Board for the tremendous work they did to make the conference successful. We particularly want to thank Chairman Roger Trudell, NIHB Board member and Winnebago Chairman, John Blackhawk, Executive Director Ron His Horse Is Thunder and Cecilia Fire Thunder. We also send great thanks to the staff of the Great Plains Tribal Chairmen's Health Board! Of course, we also thank our Executive Director, Stacy A. Bohlen, and her great staff at NIHB for their diligence and work.

As we head into winter, we can reflect on a very successful year for Indian Health. But the work does not stop here. 2010 represents only the initial steps in the work that needs to be done to provide better health care for Indian Country. We need to pass the Special Diabetes Program for Indians, protect the Affordable Care Act from repeal, and continue to advocate for increased budgets and appropriations for the Indian Health Service. However, we should all take a moment to enjoy the success we have had in 2010, and look forward to future successes for the health of our people.

Reno Keoni Franklin, Chairman



Reno Keoni Franklin, Chairman of NIHB

IHCIA Implementation Update

By: **Yvette Roubideaux, M.D., M.P.H.**
Director, Indian Health Service

Indian Country worked diligently on the Indian Health Care Improvement Act reauthorization, which was made permanent when the Affordable Care Act was enacted in March. Since then, the Indian Health Service started consulting with Tribes on implementing the provisions of the reauthorized IHCIA, which helps modernize and reform the IHS. We are working quickly and carefully to take full advantage of the opportunities offered by the IHCIA and to ensure the most effective and efficient implementation of the provisions in the law in partnership with Indian Country. In May, the HHS and IHS initiated formal consultation with Tribes on the provisions that impact Indian Country. We asked Tribes what their priorities were for implementation and what they thought would be the best process for consulting continuously throughout implementation. The input revealed that Tribes are most interested in the provisions on access to federal insurance for their employees, sharing arrangements with other agencies, and third party reimbursements. The input also revealed that Tribes want to consult through a variety of venues including direct input, such as written comments or national meetings and listening sessions. IHS has provided IHCIA implementation updates at regional and national meetings, like the HHS Region VII Tribal Resources meeting in August and the National Indian Health Board Consumer Conference in September.

In July, we sent a letter to Tribes that provided an update on IHCIA implementation and identified some IHCIA provisions that could be implemented quickly or that required some additional steps. Our letters to Tribal Leaders are available at www.ihs.gov and, by clicking on my Director's Corner, you can access my Director's Blog with the latest updates about IHS implementation activities as well as our collaboration with other Federal agencies that have roles in implementing some provisions. An example of this is that the Drug Enforcement Agency has notified their field offices that Tribal providers will no longer be charged a registration fee for each primary care provider that prescribes controlled substances. We also are assisting the Office of Personnel Management, which is the lead agency to implement the new IHCIA authority that allows Tribes or urban Indian organizations to purchase coverage for their employees under insurance programs available to federal employees. IHS and OPM issued a joint letter to Tribal Leaders on October 5, 2010 to initiate a formal consultation on this topic.

We will continue consulting with Tribes on implementation of the IHCIA in a variety of formats throughout the weeks, months and years that it will take to implement the provisions, and input is always welcome at www.consultation@ihs.gov. 📧



Fantastic Culture Night Celebration coordinated by the Great Plains Tribal Chairmen's Health Board at the 27th Annual Consumer Conference.



27th Annual Consumer Conference special guest keynote presenters Dr. Yvette Roubideaux, Indian Health Service Director and Dr. Mary Wakefield, Health Resources and Services Administration Administrator.

Elections Will Shake up Faces in Congress

With the Republican takeover of the House following the mid-term elections, and an increased number of Republican-held seats in the Senate, the 112th Congress will see many changes. Current House Minority Leader John Boehner (OH) is expected to assume the position of Speaker of the House. Minority Whip Eric Cantor (VA) is expected to run for Majority Leader. However, others have expressed an interest in assuming this position, too. Other candidates for leadership posts, such as Whip, are not yet known but will need to be filled.

Speaker Nancy Pelosi (CA) would like to lead the Democratic Party as Minority Leader.

Committees that have jurisdiction over the Indian Health Service, Indian Affairs, and federal funding will all see changes in committee leadership. These committees include: the Committee on Natural Resources; the Committee on Energy and Commerce; and the House Appropriations Committee. Representative Doc Hastings (WA) is currently the ranking member of the House Committee on Natural Resources and is likely to become chairman of that committee. Representative Joe Barton (TX) is looking to lead the Committee on Energy and Commerce, which has jurisdiction over most health care matters in the House.

On the House Appropriations Committee, the Current Ranking Member, Representative Jerry Lewis (CA), has expressed an

interest to Chair the Committee, as have other members. The Appropriations Committee, which controls funding of the Federal government, will get much attention as newer Members look to address their interests on spending issues.

While Mr. Barton and Mr. Lewis are the senior Republican members of their respective committees, other Members may seek the Chairmanships based on rules that can limit seniority on House committee chairs.

The Interior-Environment Subcommittee, which controls spending for the Indian Health Service and the Bureau of Indian Affairs, is likely to be led by Representative Michael Simpson (ID).

On the Senate side, Democrats are likely to remain in the majority. However, due to the retirement of Senator Byron Dorgan (ND), a new Chair of the Senate Committee on Indian Affairs will take leadership of that committee. The next two members in line for leadership are Senator Maria Cantwell (WA) and Senator John Tester (MT). The current Co-Chairman of the committee is Senator John Barrasso (WY).

It is important to note that each party must vote on these positions, and this analysis is based on seniority status and does not account for potential run-offs that may occur. 🗳️

NIHB NUTRITION CORNER

Thanksgiving Sage Stuffing

Despite its historical trappings, Thanksgiving, for most of us, is a holiday about food and family (and, often, the watching of televised sports). While it's also a day for home cooks to show their stuff, the expectations of the people doing the eating are what shapes the menu, which may be why that menu doesn't change much year after year. So how do you keep your family's tradition going when you're also trying to stay healthy? We've tinkered with some of the stalwarts of the Thanksgiving table, stripping out fat and carbs while keeping the customary flavors very much intact. Think of it as a much-needed makeover.

*Article and recipe courtesy of the American Diabetes Association © 2010. All rights reserved.
Remaking Thanksgiving Menus <http://forecast.diabetes.org/magazine/features/remaking-thanksgiving-menus>
By Robyn Webb, MS, LN
Sage Stuffing <http://forecast.diabetes.org/recipes/sage-stuffing>*

The star here is the whole wheat bread, far heartier than the usual white, and full of good fiber. Instead of being loaded with butter, this stuffing is held together by the addition of very hot broth, which the bread cubes soak up. Meanwhile, dried cranberries or cherries add color and zing.

PREPARATION

12 servings

Serving size: 1/2 cup

Preparation time: 15 minutes

Cooking time: 1 hour

1. Preheat the oven to 375°F. Add the bread to a large bowl.
2. Heat the olive oil in a large skillet over medium heat. Add the onions and celery, and sauté for 3 minutes. Add the walnuts and sauté for 2 minutes. Add in the sage and cook for 1 minute.
3. Add the onion-sage mixture to the bread. Pour the hot chicken broth and egg over the onion-sage mixture, and mix well (until moist). Add in the cranberries or cherries. Season well with salt and pepper. Add the mixture to a large casserole dish, and sprinkle with paprika. Bake for about 40 to 45 minutes, or until the top is browned and crusty.

INGREDIENTS

30 slices (1 oz. each) day-old, whole-grain bread, crusts removed, cut into small cubes
1 Tbsp. olive oil
1 large onion, chopped
3 large celery stalks, chopped
1/3 cup coarsely chopped walnuts
1/2 bunch fresh sage, stems removed, coarsely chopped
3 cups hot low-fat, reduced-sodium chicken broth
1 egg, lightly beaten
1/2 cup dried cranberries or dried cherries, coarsely chopped
Kosher salt and fresh-ground black pepper to taste
Paprika

NUTRITION

Starch exchanges 2
Fat exchanges 1
Amount per Serving
Calories 190
Calories from Fat 55
Total Fat 6 g
Saturated Fat 0.9 g
Trans Fat 0 g

Cholesterol 20 mg
Sodium 385 mg (without added salt)
Total Carbohydrate 28 g
Dietary Fiber 5 g
Sugars 7 g
Protein 8 g

National Call for Tribal Input: Developing Standards of Public Health in Indian Country

The National Indian Health Board recognizes that Tribes have a vested interest in providing valuable public health services to their communities and that public health accreditation may lead to an overall improvement in both the quality and comprehensiveness of the services they deliver.

Since the Tribal Public Health Accreditation Project began in 2008 with support from the Robert Wood Johnson Foundation (RWJF), NIHB has provided technical assistance to improve public health partnerships, build capacity, and strengthen quality improvement for Tribes. NIHB has worked with the Tribal Public Health Accreditation (TPHA) Advisory Board to develop a national strategic plan on the feasibility of public health accreditation in Indian Country and has supported the work of three (3) Tribal Beta-Test Sites to understand and evaluate the challenges and barriers to Tribal participation in the public health accreditation process. This work has been accomplished as part of the National Public Health Accreditation Initiative, in partnership with the Public Health Accreditation Board (PHAB) and national accreditation partners, such as Association of State and Territorial Health Officials (ASTHO) and the National Association of City and County Health Officials (NACCHO).

In 2010, NIHB successfully advocated for the development of a Tribal version of the public health accreditation standards and measures, so that Tribes could effectively evaluate their own public health programs and services, paralleling the process for state and local health departments. In response to this, PHAB established a Tribal Standards Workgroup in September 2010 tasked with developing a tribally-specific set of standards, based on PHAB's current standards and measures for state and local health departments. The Workgroup is currently developing a Tribal version of public health accreditation standards to capture the unique characteristics of Tribal public health departments and ensure cultural relevancy, language, and inclusion of Tribal references.

NIHB will host a **National Call for Tribal Input** to review recommendations from the Tribal Standards Workgroup and the draft version of the Tribal Public Health Accreditation Standards. The six-week period for public comment will **open on December 7th** and close on January 14th, 2011. **NIHB will host a webinar on the National Call for Tribal Input on Tuesday, December 14th at 3:30pm EST** to review the process of providing comments and how Tribal Input during the National Call will be considered and incorporated into the final version of the Tribal Public Health Accreditation Standards.

For more information about the National Call for Tribal Input, please visit NIHB's website at www.nihb.org.

National Call for Tribal Input

Open Period for Public Comment

December 7, 2010 to January 14, 2011

NIHB Webinar

December 14 at 2 pm EST

Visit www.nihb.org for details

UPDATE

Update on IHS Budget

President Obama requested \$4.4 billion in funding for the Indian Health Service (IHS) for Fiscal Year 2011. This figure represents an 8.7 percent increase over the previous fiscal year.

The House Interior-Environment Appropriations Committee considered a funding bill that includes funding for IHS at the President's budget request. The full House Appropriations Committee has not yet considered the Interior-Environment Appropriations bill for Fiscal Year 2011. The Senate has not considered any funding bills for Interior-Environment.

The fiscal year started October 1, 2010 without Congress completing appropriations bills for agencies. This resulted in Congress passing a "continuing resolution," which funds the government at the same level as the previous fiscal year. The continuing resolution funds the government through December 3, 2010.

The Congress is expected to return in mid-November to address appropriations for Fiscal Year 2011 during a *Lame-Duck Session* of Congress. The recent mid-term elections will impact how the Congress moves forward during a *Lame Duck*. Congress may pass a continuing resolution into the New Year and let the new Congress finish the appropriations work.



Creating a Culture of Quality Improvement for Tribal Public Health

Quality improvement (QI) techniques and tools are commonly used within the healthcare industry, among others, to improve performance and service delivery. However, there has been limited application of QI methods within the public health arena. The National Indian Health Board (NIHB) participates in the Accreditation Coalition, a group of organizations supported by the Robert Wood Johnson Foundation and the Centers for Disease Control, which charged a subcommittee to define QI in public health. The Coalition adopted the proposed definition as follows:

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

(R. Bialek, L. M. Beitsch, A. Cofsky, et al, unpublished data, 2009)

The underlying principle behind QI is the idea that improving tribal public performance will result in healthier communities.

NIHB is partnering with the Public Health Accreditation Board in a national effort to improve public health practice in Indian Country. PHAB is developing a national voluntary public health accreditation program for state, territorial, tribal, and local health departments. Three tribes, Cherokee Nation, Navajo Nation and Keweenaw Bay Indian Community participated in a beta test of the standards and measures. **As participants in the beta test, local, state and tribal health departments are implementing QI projects to address improvement areas to increase readiness for accreditation.** As such NIHB has served as a QI technical assistance provider to the tribal beta test sites and last spring, NIHB hosted its first QI Pre-Conference Training at the annual Public Health Summit in Albuquerque, NM. NIHB was pleased by the significant response and regretted having to turn people away due to limited space and material.

More and more tribal health departments are utilizing QI methods and tools and creating QI departments within the Tribe. As the use of QI grows within tribal health departments, it is our hope that tribal public health performance, capacity and service delivery will be effective, efficient and more responsive to the needs of our communities. 🏠

Understanding Tribal Health Systems: 2010 NIHB Tribal Public Health Profile

NIHB is pleased to present the 2010 Tribal Public Health Profile, the first national snapshot of our tribal public health systems to be made publically available. The results found in this report highlight the good work that is occurring across Indian Country and will provide support to our Tribal Leadership to:

- Measure growth and change in tribal public health capacity
- Prioritize areas for development and resource allocation
- Advocate for resources and policy on behalf of Tribes and public health
- Assess readiness for tribal public health accreditation
- Identify technical assistance and quality improvement needs

In this new era of permanent Reauthorization of the Indian Health Care Improvement Act and the achievement of Health Care Reform, there is a great deal of optimism and momentum toward improving the health status of American Indians and Alaska Natives. Now more than ever, focused efforts are needed to create a tribal public health system that is functioning proactively, rather than reactively, to address the health needs of our communities. As Tribes move toward greater self determination, providing quality healthcare in our tribal communities is becoming increasingly complex and involving many stakeholders.

Although the definition of public health in Indian Country includes many different activities and services that vary by tribe and region, public health is ultimately the work that is done to promote, improve and maintain the health and wellness of our tribal communities. Therefore, it is increasingly important to understand the range of public health activities occurring among tribal public health departments and Indian health organizations across the nation.

On behalf of the NIHB Governing Board and staff, we express our gratitude to all tribal health departments/organizations and staff for the work that is being done across the nation to improve the health of American Indians and Alaska Natives. We greatly appreciate those who participated in the 2010 NIHB Tribal Public Health Profile. Your contributions will assist our continued efforts to monitor the progress and improvement in tribal public health capacity across Indian Country.

The 2010 Tribal Public Health Profile is available on the NIHB website at www.nihb.org. 🏠

UPDATE

Update: Working with Tribes to Evaluate Tribal Health Professions Training

The National Indian Health Board (NIHB), together with the National Opinion Research Center (NORC) at the University of Chicago, is pleased to announce a new grant funded collaboration with the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), and the Office of Planning, Research, and Evaluation (OPRE) for the project entitled, *Evaluation of Tribal Health Professions Opportunities Grants*. This project will provide a comprehensive evaluation of the design, implementation and outcomes of five Tribal Health Professions Opportunities grants (Tribal Health Professions Training Program) aimed at improving the strength and diversity of the Tribal health professional workforce and ultimately the significant disparities in health care access experienced by Tribal communities.

Working with our Tribal partners (Blackfeet Community College, Turtle Mountain Community College, Cook Inlet Tribal Council, Inc., College of Menominee Nation, and Cankdeska Cikana Community College), NIHB will provide assistance and support to (1) develop an evaluation design (2) provide grantees technical assistance with program operations data (3) gather extensive qualitative data through site visits with grantees, and (4) disseminate project findings in a format that is useful to ACF, grantees, and the larger Tribal community.

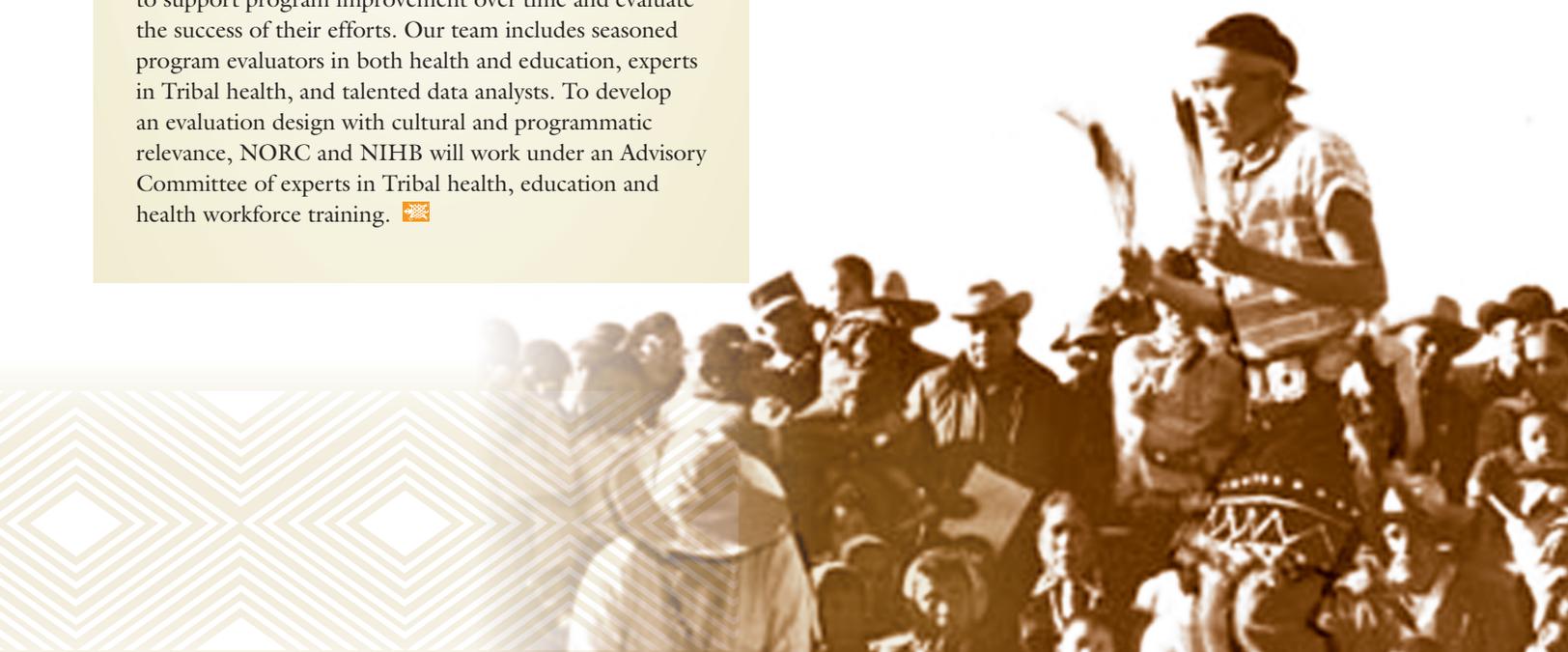
NORC and NIHB bring a multi-faceted team to this effort and propose a comprehensive approach to the evaluation that will draw on our wide-ranging expertise in Tribal health, education, and program evaluation. Our approach ensures that ACF and the Tribal Health Training grantees will have a wide range of qualitative and quantitative data to support program improvement over time and evaluate the success of their efforts. Our team includes seasoned program evaluators in both health and education, experts in Tribal health, and talented data analysts. To develop an evaluation design with cultural and programmatic relevance, NORC and NIHB will work under an Advisory Committee of experts in Tribal health, education and health workforce training. 📧

SDPI Renewal: Eyes on the Congressional Lame Duck Session

Securing a multi-year renewal for the Special Diabetes Program for Indians (SDPI) has been a top priority for the National Indian Health Board (NIHB) and the Tribal Leaders Diabetes Committee (TLDC) in 2010. A multi-layered education and advocacy campaign has been undertaken in collaboration with other key stakeholders, the American Diabetes Association and the Juvenile Diabetes Research Foundation. All of our collective efforts over the past eleven months have come down to the next few weeks when Congress returns to Washington, DC for a Lame Duck Session.

It cannot be understated how critical these next few weeks are and what is at stake. If Congress does not renew SDPI this year, programs will be faced with very difficult decisions about how to keep talented staff and their programs running, and IHS will be faced with the possibility of scaling back future funding plans and opportunities. **We need your help in making sure that Congress understands that a multi-year extension of SDPI is a ‘must pass’ item for congress during the Lame Duck session.** And our best bet in securing this extension is to have SDPI included in a legislative package being prepared by the Senate Finance Committee.

We need your help over these next few weeks. NIHB will be sponsoring a **National Call-In Day on November 17th**, in collaboration with ADA and JDRC and it is important that you participate in this effort. NIHB will be providing an 800 number that you can call which will directly connect you to the Washington, DC office of your Senators and Representatives. Instructions for using the call-in number and specific talking points on the SDPI Renewal will be available on the NIHB website for your use. Please visit www.nihb.org for more information on how you can be a voice in support of SDPI Renewal for Indian Country. 📧



Upcoming Events

November 2010

November is National American Indian and Alaska Native Heritage Month. Check your local listings for events in your area.

National Congress of American Indians 67th Annual Conference and Market Place
November 14-19
Albuquerque, NM

North American Indian AIDS Summit
November 15-17, 2010
Rochester, NY

Tribal Public Health Accreditation Advisory Board Meeting
November 30 – December 1, 2010
Palm Beach, FL

December 2010

World AIDS Day
December 1, 2010

National Tribal Advisory Council-Behavioral Health Workgroup Joint Meeting
December 9, 2010
Ontario, CA

January 2011

NIHB Quarterly Board Meeting
January 17-18, 2011
Washington, DC

National AI/AN Capitol Hill Day For Health Care
January 19, 2011

Tribal Leaders Diabetes Committee
January 20-21, 2011
Washington, DC

California Rural Indian Health Board Quarterly Board of Directors Meeting
Jan 20-22, 2011
Sacramento, CA

Northwest Portland Area Indian Health Board Quarterly Board Meeting
January 25-27, 2011
Lincoln City, OR

February 2011

National Congress of American Indians Executive Council Winter Session
February 28 - March 2, 2011
Westin
Washington, DC

Preventing Childhood Obesity: Youth Perspectives to Inform Strategies

Obesity rates of American Indian and Alaska Native youth are growing at a faster rate than any other race or ethnic group in the U.S. A 2005 study conducted by Ohio State University and Temple University, estimated that 31.2% of AI/AN four year olds are obese; a rate higher than any other racial or ethnic group studied and almost double the rate among white four year olds. In a similar study of older AI/AN youth, ages 5 to 17, in the Aberdeen Area, 48.1% of AI boys and 46.3% of American Indian girls were overweight or obese in 2006.

It is well-documented that obesity is associated with an increased risk of type 2 diabetes, high blood pressure, cardiovascular disease, asthma, sleep apnea, low self esteem, depression and social discrimination. Obesity is an underlying factor in many of the leading causes of death in American Indian populations, which include heart disease, diabetes, chronic liver disease and cirrhosis, stroke, suicide and nephritis. From 1994 to 2004, AI/AN youth ages 15-19 years experienced a 68% increase in diabetes and in 2005 a total of 1,758 AI/AN youth under the age of 19 were newly diagnosed with diabetes. Given the long-term health consequences of obesity and chronic disease, it is critical to begin reversing this trend now for the health of future generations.

The National Indian Health Board received funds from the Robert Wood Johnson Foundation to facilitate a series of Youth Focus Groups/Talking Circles (YTC) comprised of AI/AN youth, ages 13 to 17, in at least five regions of the country in order to provide a youth perspective to develop a successful childhood obesity prevention strategy through NIHB and the AI/AN Childhood Obesity Workgroup. This Workgroup is made up of various partner organizations, including: Indian Health Service (IHS), Notah Begay III Foundation, National Council of Urban Indian Health, Tribal Leadership, Centers for Disease Control and Prevention, University of Montana, National Institute of Health, Kaiser Permanente, University of Colorado at Denver, University of California at Davis, and WebMD.

NIHB will facilitate YTC meetings during the remainder of 2010. The YTC will educate NIHB staff and the AI/AN Childhood Obesity Workgroup on how the organizations' resources and expertise can be used to impact childhood obesity based on the needs and recommendations of these affected youth. This project and approach was one of the key recommendations from the first national Childhood Obesity Prevention & Strategies for Native Youth meeting in December 2009, attended by the NIHB Childhood Obesity Partners to guide the strategic development. As the target population of childhood obesity prevention projects, the YTC will advise NIHB and its partners on effective approaches in health policy development from a youth perspective. The NIHB and its Childhood Obesity Workgroup will use the recommendations to formulate their strategic plan on Childhood Obesity Prevention in Indian Country. 

12th Annual National Survivors of Suicide Day

Day of Healing for Survivors of Suicide Loss Around the World

Saturday, November 20, 2010

Two hundred and seventy simultaneous conferences for survivors of suicide loss will take place throughout the U.S. and around the world. This unique network of healing conferences helps survivors connect with others who have survived the tragedy of suicide loss, and express and understand the powerful emotions they experience.

Each conference site is organized locally, but they are all connected in spirit as participants across the globe watch a special 90-minute American Foundation for Suicide Prevention (AFSP) broadcast together. In the U.S., conference sites will show the broadcast together from 1-2:30 p.m. Eastern Standard Time and international sites will show it from 1-2:30 p.m. local time. Many conference sites plan their own local programs for before or after the broadcast, including speakers, workshops and support groups, all aimed at helping survivors heal.

For those survivors of suicide loss who do not live near a conference site or who find it difficult to attend in person, the 90-minute broadcast will also be available live on the AFSP website from 1-2:30 pm, Eastern Standard Time, with a live online chat immediately following the program. It will then be saved on the website so that survivors can watch it again throughout the year at any-time. Now, survivors can also watch the 2008 webcast at anytime in Spanish.

Participating from Outside of the United States

The problem of suicide knows no national or cultural boundaries, so we invite survivors from around the world to join with us in mutual support and healing on National Survivors of Suicide Day.

If you have questions please email survivingsuicideloss@afsp.org.

If you would like to organize a local conference site, please visit www.afsp.org/survivorconference.

© 2010 American Foundation for Suicide Prevention.
All rights reserved. 



ABOVE: Participants at the 27th Annual Consumer Conference "Let's MOVE" Fun Walk.

LEFT: Memorial Tribute to Mr. Robert Moore at the 27th Annual Consumer Conference.

Update: HIV/AIDS Awareness in Indian Country

With generous support from the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Indian Health Board has led the National HIV/AIDS Awareness Initiative, which provides technical assistance to Tribal Colleges and Universities (TC/U) and Tribal Indian Country Meth Initiative (ICMI) grantees involved with HIV/AIDS education, testing and counseling programs also funded through SAMHSA. 2010 has been a very exciting year for the NIHB, the TC/Us and ICMI partners.

For National Native HIV/AIDS Awareness Day, NIHB hosted a short film screening and discussion at the Smithsonian National Museum of the American Indian, in partnership with the National Council of Urban Indian Health (NCUIH). Guest speakers Scott Giberson of the Indian Health Service (IHS) and Peggy Quigg of SAMHSA delivered moving remarks addressing the need for Indian Country to continue to confront the issues surrounding HIV and AIDS. The event was well attended. NIHB Project Director, Phillip Roulain moderated the day's events.

NIHB participated in the American Indian Higher Education Consortium (AIHEC) Student Conference and the United States Conference on AIDS sponsored by the National Minority AIDS Council. NIHB also coordinated the participation of the TC/Us and ICMI program partners in the 2010 NIHB Public Health Summit and NIHB's 27th Annual Consumer Conference. At these conference events, the TC/Us and ICMI program partners presented information and experiences of their work during workshop sessions. Participating program partners included the Navajo Nation Technical College, The Salish Kootenai College and the Gila River Healthcare Corporation.

World AIDS Day is December 1, 2010 – NIHB encourages you to get involved and participate in events in your local area. For more information, please visit: www.worldaidscampaign.org 

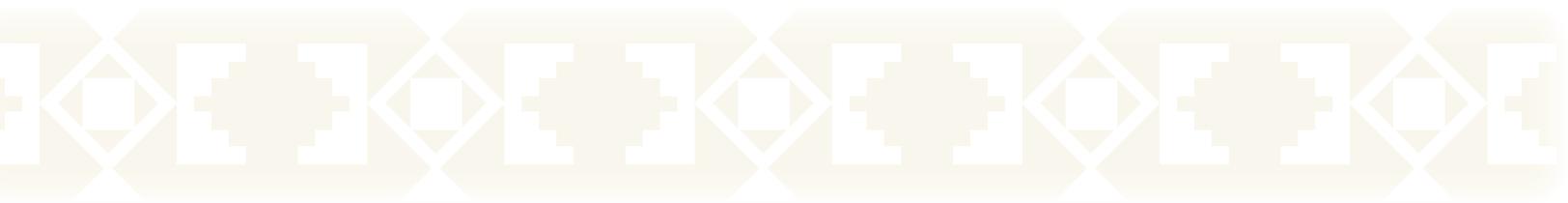
"Communities Working Together" on Methamphetamine and Suicide Prevention

The Methamphetamine and Suicide Prevention Initiative Annual Conference "Communities Working Together" brought together 354 participants from 110 I/T/U facilities to discuss, share and learn about the obstacles, challenges and successful approaches that communities are applying within their prevention and treatment programs.

The conference was structured around a "Community of Learning" model, with group discussions centered around relationship building, communication, and information exchange regarding services, resources, areas of expertise and opportunities for collaboration within their respected regions and communities. Each workshop session was facilitated to emphasize strength-based discussions on health factors and resiliency. The **Integration of Indigenous Knowledge** session was led by a panel of respected tribal healers, who discussed the interplay of cultural practices and Western education to increase knowledge of culturally grounded prevention practices that are effective in Indigenous communities. The panelist identified strategies for integrating spirituality, cultural knowledge, balance and sobriety in substance abuse treatment and prevention programs. Participants in the **Implementing Sound Practices** session shared insights on how their communities use, modify, and measure the effectiveness of evidence-based practices. This led to on-going discussions of successful modifications to evidence-based practices within I/T/Us facilities throughout the conference.

Participants were encouraged to bring social marketing media materials, videos, and creative messaging that they use to influence health and healing. NIHB and NCUIH provided an overview of the social marketing material, promoted the youth social marketing competition, and the use of technology to support future collaboration and community sharing of resources. JBS International unveiled a web portal with social networking influence that allows communities to build a community profile, exchange grant documentation, and provide real time support for MSPI-related questions and sharing innovative ideas.

A highlight of the conference was the young people in attendance- evidenced in their supporting roles at the conference, as well as their supportive roles in their communities. Youth ROTC programs raised the colors, a youth drum group open with honor songs, a youth dance troupe performed, and a youth led panel shared insights regarding youth culture and creative ways to involve young people in the prevention services in addition to treatment. 



Web Portal: A Resource for Methamphetamine and Suicide Prevention

NIHB is pleased to announce the availability of the MSPI web portal <http://ihs-mspi.jbsinternational.com> as a resource for methamphetamine and suicide prevention. This web portal was developed to create a virtual community of learning and sharing for MSPI grantees in support of methamphetamine and suicide projects.



MSPI program recipients face substantial challenges as they work to address critical areas of need in their communities. They are working to establish or improve treatment and prevention programs, as well as enhancing the continuum of care for youth discharged from residential facilities. Too often program staff has limited resources and experience to address these difficult issues in addition to the data collection and evaluation activities required by their projects. While the overall goal of the MSPI program is to fund to methamphetamine and suicide prevention within Indian Country, an equally important goal is to capture information on the successful services that are provided from a culturally relevant perspective.

The web portal is designed to be a “one stop” resource for the MSPI funding recipients. The Advanced Profile Kit provides building blocks for putting together fancy user profile pages like those commonly found on social networking sites similar to the Facebook-Style Statuses module. Also, community profiles can imitate Twitter or Facebook’s “wall” feature: each user gets a “status” or micro-blog where they can express how they feel or what they’re doing within the community. Users can also post on other users’ profiles (like on Facebook) or make references. User Relationships allows users to create named relationships between each other. All these attributes of the MSPI Web Portal will assist with information exchange, developing a community of learning, and coordinating area-wide efforts for prevention services.



National Liaison for HITECH Implementation, Ms. Jessica Burger at the 27th Annual Consumer Conference.



NIHB Board Members at the 27th Annual Consumer Conference (left to right) Lester Secatero, Cathy Abramson, Martin Harvier, Tom John, Reno Franklin, L. Jace KILLSBACK, Lincoln Bean, Jerry Freddie.

November 17, 2010 is National Call The Hill Day for the Special Diabetes Program for Indians
See www.nihb.org for more information



CDC TCAC Update: 5th Biannual Tribal Consultation Session

The Centers for Disease Control and Prevention (CDC) Tribal Consultation Advisory Committee (TCAC) held the 5th Biannual Tribal Consultation Session on July 26 - 29, 2010 in Havre, Montana.

TCAC Co-chairs, Vice Chairwoman Kathy Hughes (Oneida Nation of Wisconsin) and Councilwoman Chester Antone (Tohono O'odham Nation), welcomed Tribal Leaders and representatives. Council Delegate for the Navajo Nation and NIHB CDC TCAC representative, Jerry Freddie, was in attendance to provide the national update and official testimony for NIHB. Also in attendance were NIHB Board Members L. Jace Killback (Billings Area) and Lester Secatero (Albuquerque Area). The CDC TCAC meeting focused on updating Tribal Leaders on the CDC American Indian/Alaska Native budget portfolio as well as regional and national updates to the CDC on the priorities and activities since the January 2010 meeting.

The meeting was opened by Judith Monroe, MD, Deputy Director of the Office of State, Tribal, Local, and Territorial Support (OSTLTS), who provided an update and answered questions about OSTLTS. The Tribal Leaders and representatives participated in an important dialogue with Dr. Monroe about the priorities and direction of the Office and the involvement the TCAC and continued collaboration efforts. Dr. Monroe pledged to continue the established consultation process with Tribes, be accessible regarding their concerns, and ensure that her Office listens and responds efficiently to Tribal issues. In addition, CDC representatives updated Tribal Leaders on Center-specific programs and topics, including tobacco prevention/control and support centers, motor vehicle safety, youth obesity prevention, and H1N1 as it relates to maternal/child health.

The 5th Biannual Tribal Consultation Session held on July 29th was attended by many regional area Tribal Leaders and CDC officials. Opening remarks were provided by the TCAC Co-chair Vice Chairwoman Kathy Hughes, Tracy "Ching" King (Ft. Belknap), and Dr. Judith Monroe, Deputy Director, CDC OSTLTS. The consultation began with the regional Montana/Wyoming (MT/WY) focus areas. Each focus area was led by a Tribal Leader or designated representative. CDC officials listened and were given time to respond and discuss ongoing programs that were related to each of the issues raised. In addition, an Open Tribal testimony for MT/WY Tribal Leaders was provided for questions and additional topics. The full-day Tribal Consultation wrapped up with an Open Tribal Testimony, whereby Tribal Leaders were invited to provide official testimony, make commentary, or ask questions regarding public health priorities in their respective communities, including any issues that may not have fallen under the focus areas identified throughout the day. **Tribal consultation topics included the budget process, access to data and grants, importance of the Tribal Epidemiology Centers, suicide prevention, recruitment and retention of AI/ANs at the CDC, emergency preparedness, mental health issues, cancer education and prevention, cultural competency training, diabetes prevention and the importance of the CDC TCAC participation in the hiring of the CDC Tribal Liaisons.**

The next CDC TCAC meeting and Tribal Consultation session are tentatively scheduled to take place in January 2011 in Atlanta, GA. Please check the NIHB website www.nihb.org for more information. 



New ATSDR Think Tank: National Tribal Environmental Health (NTEH)

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) currently supports the *National Conversation on Public Health and Chemical Exposures*, an initiative focused on the safe use and management of chemicals to protect the health and safety of all people. Stacy A. Bohlen, NIHB Executive Director, served on this panel.

Over the past year and a half, the ATSDR Office of Tribal Affairs (OTA) has attempted to reach out to Tribes and involve tribal communities in this important effort, to ensure that tribal concerns were included in the *National Conversation on Public Health and Chemical Exposures*. In September 2010, NIHB received funding from ATSDR to convene a National Tribal Environmental Health Think Tank (NTEH) that will help government agencies and other organizations strengthen their efforts to protect American Indians and Alaska Natives from harmful chemical exposures.

NIHB is currently seeking 12 Tribal health professionals with diverse backgrounds in environmental public health to participate in the National Tribal Environmental Health Think Tank. The focus of the NTEH Think is to provide feedback on the direction and outcomes of the *National Conversation* in developing a clear, actionable agenda that is responsive to Tribal health concerns, related to chemical exposures and public safety. To enhance meaningful dialogue, representatives from the Indian Health Service (IHS), Environmental Protection Agency (EPA), and the Bureau of Indian Affairs (BIA) will be invited to participate in the NTEH Think Tank as well. Efforts will be made to hold meetings in conjunction with other planned tribal conferences and meetings so that other federal agency partners and national tribal organizations may participate. Funding for the tribal professionals will be provided through this project and will accommodate one representative per Area.

For more information on the *National Conversation on Public Health and Chemical Exposures*, please contact CDC at cdcinfo@cdc.gov or (800) 232-4636. You can also visit the ATSDR website at www.atsdr.cdc.gov to learn more. 

FAMILIES USA: 2011 HEALTH FELLOWSHIP ANNOUNCEMENTS

The Wellstone Fellowship for Social Justice

The Wellstone Fellow plays an integral role in the work of Families USA's Field and Minority Health Initiatives Departments. The Wellstone Fellow's primary responsibilities include assisting in the organization of conferences and trainings for advocates, community leaders, and journalists; drafting talking points, blogs, policy briefs, fact sheets, and other publications; and developing content for the Families USA website and email lists. During the year, the Fellow will learn about health reform implementation, minority health, Medicaid, Medicare, and other important health policy issues. At the same time, the Wellstone Fellow will develop an understanding of the tactics and strategies used in state-based consumer health advocacy organizations and will work directly with our network of state consumer health advocates and organizations.

The Wellstone Fellowship is designed to increase the number of low-income, American Indian & Alaska Native, Asian American, Black/African American, Latino, and Native Hawaiian & Pacific Islander social justice leaders. The Fellowship will last one year, from August 2011 through July 2012, and the Fellow will receive a compensatory package that includes an annual salary of approximately \$38,000 and excellent health care benefits. One Wellstone Fellow is selected each year.

Application Deadline: January 14, 2011

For more information on how to apply, please visit:
www.familiesusa.org/fellowships/wellstone-fellowship.html

The Villers Fellowship for Health Care Justice

The Villers Fellow works as a full-time policy analyst in Families USA's Health Policy Department. The Fellowship is based in the Families USA office in Washington, D.C. and is designed to provide the Fellow with a national perspective on health care justice work and the opportunity to learn about a range of health care justice issues. The Fellow's principal responsibilities include conducting primary and secondary research on a range of health care issues and health reform topics—such as Medicaid, Medicare, the state Children's Health Insurance Program (CHIP), and the private insurance market—as well as writing and contributing to publications that are relevant to current health reform issues.

The fellowship will last one year, from August 2011 through July 2012, and Fellows will receive a compensatory package that includes an annual salary of approximately \$38,000 and excellent health care benefits. One Villers Fellow is selected each year.

Application Deadline: January 14, 2011

For more information on how to apply, please visit:
www.familiesusa.org/fellowships/the-villers-fellowship.html

IHS Announcement: Stop Bullying in Your Schools and Communities

Bullying is a common experience for many children and adolescents. Surveys indicate that as many as half of all children are bullied at some time during their school years. Bullying behavior can be physical or verbal. Bullying is often a warning sign that children and teens are heading for trouble and are at risk for serious violence.

Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors, encouraging others to reject or exclude someone or cyberbullying).

Bullying can lead children/teenagers to feel tense, anxious, and afraid. It can affect their concentration in school, and can lead them to avoid school in some cases. If bullying continues for some time, it can begin to affect self-esteem and feelings of self-worth. It also can increase their social isolation, leading them to become withdrawn and depressed, anxious and insecure. In extreme cases, bullying can be devastating for teens, with long-term consequences. Some feel compelled to take drastic measures, such as carrying weapons for protection or seeking violent revenge. Others, in desperation, even consider suicide.

Children/Teens who witness bullying can feel guilty or helpless for not standing up to a bully on behalf of a classmate or friend, or for



not reporting the incident to someone who could help. They may experience even greater guilt if they are drawn into bullying by pressure from their peers. Some deal with these feelings of guilt by blaming the victim and deciding that he or she deserved the abuse. Children/Teens sometimes also feel compelled to end a friendship or avoid being seen with the bullied child/teen to avoid losing status or being targeted themselves.

The U.S. Department of Education (ED) recently hosted the first ever Federal Summit on Bullying in Washington DC, parts of the summit, like Secretary Duncan's keynote, can be viewed on CSPAN www.c-span.org/Watch/Media/2010/08/11/HP/A/36912/Dept+of+Education+Summit+on+Bullying.aspx. The ED has launched a new website, www.bullyinginfo.org, which allows for an easy, centralized, and accessible location of information and federal resources.

Other sites that contain information and resources on bullying are:

- www.stopbullyingnow.hrsa.gov/kids
- <http://mentalhealth.samhsa.gov/15plus/aboutbullying.asp>
- www.cdc.gov/ViolencePrevention/youthviolence/schoolviolence/index.html
- <http://pbskids.org/itsmylife/friends/bullies>
- www.afterschool.gov/xhtmll/subject/22.html

Article courtesy of Indian Health Service Announcements. www.ihb.gov/announcements, www.ihb.gov/announcements 📄

▶ Continued from page 1

Health Care Reform Passes, National Indian Health Board Moving Forward on Implementation

Due to the strong interest to learn about the program, the Administration and National Tribal organizations have recently held several conference calls to provide information to Tribes about the FEHB and FEGLI programs.

On October 5, OPM and the IHS initiated a 30-day Tribal consultation. Attached to the consultation is a survey to help OPM get an understanding of Tribal interest in accessing Federal insurance. In addition to the survey, Tribal leaders are encouraged to submit comments on the program.

The National Indian Health Board has submitted comments, and has produced informational materials for Tribes to use, in addition to a draft template response. For more information about the consultation, visit www.nihb.org/tribal_resources/tribal_resources.php 📄



Indian Country had many questions regarding the implementation of health care reform for all the panelists and speakers at the 27th Annual Consumer Conference.

Congratulations to NIHB 2010 Award Winners!



American Diabetes Association John Pipe Voices for Change Award Winners at the 27th Annual Consumer Conference. From left to right: Robyn Maho, Gale Marshall, Yvette Roubideaux, Sandra Irwin, Valerie Davidson, Evalina Maho, Abdul Aziz-Baco.



More 27th Annual Consumer Conference Award Winners including the Fort Defiance Hospital Board and the Citizen Pottawatomi Nation Health Services.

NIHB wishes to acknowledge the 2010 Award Winners for outstanding service and leadership in advancing health care for American Indians and Alaska Natives.

JAKE WHITE CROW AWARD: With deep gratitude, NIHB wishes to recognize **Mr. Robert Moore** for his outstanding lifetime achievements in elevating health care concerns, advocacy, raising awareness and affecting change for American Indian and Alaska Native health care.

NATIONAL IMPACT AWARD: NIHB honors the following individuals whose work has made an impact on American Indian/Alaska Native health care on a national level.

Cynthia Ahwinona
Alejandro Bermudez-del-Villar
Norman Cooyate
Kathy Hughes
Gale Marshall
Allison Binney, Esq., Chief of Staff, Senate Committee on Indian Affairs

AREA/REGIONAL IMPACT AWARD: NIHB pays tribute to the following individuals and organizations whose work has contributed to improving American Indian/Alaska Native health care and affected change on an area and regional basis.

Virginia Washington
John Eagle Shield
James Segura
Agatha Amos
Denise Aragon
Norton Sound Health Corporation Board of Directors
Division of Environmental Health & Engineering (DEHE)
Mary Brickell

March of Dimes American Indian/Alaska Native Women's Committee
Cynthia Schraer, MD
Johnny Hernandez
Dr. Dan Calac

LOCAL IMPACT AWARD: NIHB acknowledges the following individuals and organizations whose work has affected change or impacted health care on the local and Tribal level.

Fort Defiance Indian Hospital Board, Inc.
Citizen Potawatomi Nation (CPN) Health Services
Connie Hill. Traditional foods program. Sault tribe
Hickory Star. Service Director, I.H.S. Lawton Service Unit Oklahoma
HOPP (Healthy O'odham Promotion Program)
Principal Delbert Ortiz
Laura Rambeau-Lawson
Jerome J. Simone
Mary Spalding-Antilla, CHR
Connie Brushbreaker
Kodiak Area Native Association Health Division
Lucy Rubio Castillo

YOUTH LEADERSHIP AWARD: NIHB Commends **Bahweting Anishanabek Tribal Youth Council** for their leadership and outstanding efforts to increase the quality of healthcare and awareness of health issues within their peer group and community. 🏠



National Indian Health Board
 AND HOST
Alaska Native Health Board
 Invite You To

THE NIHB
28th Annual Consumer Conference

September 26-29, 2011

Dena'ina Civic and Convention Center
600 W. Seventh Avenue
Anchorage, AK 99501

CONFERENCE HIGHLIGHTS:

- Full schedule of dynamic speakers and workshops focusing on health care issues impacting Indian Country
- Key members of Congress and the Administration
- Special events and opportunities to visit our high quality facilities and programs
- Culture Night Celebration!

Please visit our website for more details and updates.
www.nihb.org

Fall 2010

Health Reporter



National Indian Health Board
 926 Pennsylvania Avenue, SE
 Washington, D.C. 20003