



National Indian Health Board

Health Reporter

Volume 15, Issue 2, Fall 2009

Indian Health Issues in the 111th Congress



Health and Human Services Secretary Kathleen Sebelius met with the NIHB Board Members prior to her keynote address during the 26th Annual NIHB Consumer Conference in Washington, D.C.

Health Care Reform

The high priority focus on health care reform (HCR) by the 111th Congress and the Obama Administration has forced Indian Country to widen the scope of its involvement in health-related legislation. Active Indian Country involvement in the HCR debate is required to assure that HCR legislation (i) properly protects Indian people and the Indian health delivery system from erosion of their existing rights, and (ii) maximizes their ability to enjoy the benefits offered by HCR.

The term “health care reform” can mean different things to different policymakers and deciding what should/should not be included in legislation has proven to be highly controversial. However, its goals are to:

- make health insurance (and therefore health care) more accessible to the uninsured/underinsured;
- assure access to affordable health insurance products;
- enlarge the health care workforce to meet the new demand; and
- reduce the increasing costs of health care.

Indian Country issues in health care reform – The three major Washington, D.C.-based Indian organizations (National Indian Health Board, National Congress of American Indian and National Council of Urban Indian Health) issued a joint paper of Indian Country’s requests to the five committees of the House and Senate who have jurisdiction over HCR elements. “The overall goal behind issuing the joint paper is to remind Congress about the

federal trust responsibility the United States has and to strongly request that any current proposed recommendations regarding national health care reform does not harm the existing Indian health care system,” said Reno Franklin, Chairman of NIHB. Through regional meetings held during June and July 2009, tribes reviewed and supported the joint paper and issued additional statements identifying their major issues and goals for HCR.

Status of legislation – The House introduced and the three committees with jurisdiction passed the house version of a health care reform bill (HR 3200). The Senate HELP Committee has introduced and approved a bill (S 1679). At time of printing, the Chairman of the Senate Finance Committee released his version of the health care reform bill and the Finance Committee was reviewing the proposal. Please visit NIHB’s website for updates on Health Care Reform.

Indian Health Care Improvement Act

Indian Country has labored for many years to reauthorize and update the Indian Health Care Improvement Act and that effort continues in the 111th Congress. A House bill, H.R. 2708, has been introduced, and the House Committee on Natural Resources held a hearing on June 25, 2009. On behalf of the National Indian Health Board and the National Tribal Steering Committee for the Reauthorization of the Indian Health Care Improvement Act, Rachel Joseph, Co-Chair of the National Tribal Steering Committee, testified on H.R. 2708. Two continued on page TEN

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National Indian Health Board

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From the Chairman



Chairman Franklin (left) and Dr. Yvette Roubideaux, Director of Indian Health Service at this year's NIHB Consumer Conference held in Washington, D.C.

Dear Friends of Indian Health:

National health care reform has been the hot topic in the Nation's Capitol, in cities, in towns, and in our Native communities and villages. Many of our own National Indian Health Board (NIHB) members and tribal leaders from throughout the country have traveled to the Nation's Capitol to be a voice in advocating for protecting and preserving our Indian health care system.

I want to personally thank all the many tribal members and advocates at the grassroots level who have made phone calls and written letters to Congress and to President Obama. Those actions have reinforced the reality that American Indians/Alaska Natives care deeply about the issues being addressed at this critical time of health care reform.

Through our participation in this process the National Indian Health Board has been elevated in recognition by many entities as the voice for Indian Country on Indian health care for American Indians and Alaska Natives. On behalf of the Tribes, I ask for your continued support and personal involvement in helping us reach the policy makers in safeguarding our Indian Health systems. Please visit our website often to access current information about how you can help.

This year, NIHB and the Tribes of the Nashville Area through United South and Eastern Tribes, Inc. hosted the 26th Annual Consumer Conference in Washington, DC. Key Members of Congress and their staff attended the conference and we were pleased with their participation because they play a pivotal role in improving the health status of our people.

We look forward to improving the partnership with the tribes, through area health boards and tribal leaders throughout the country, to strengthen the communication channels about the important work being done to advocate for the health care needs of all American Indians and Alaskan Natives.

Respectfully,

Reno Keoni Franklin
Chairman
National Indian Health Board

"Restoring the Balance" – Tribal Public Health Brochure

The National Indian Health Board (NIHB) recognizes that public health is an important area of health that shapes the overall health of our American Indians & Alaska Native Tribal communities. However, conversations with Tribal Leaders and community members have indicated that many individuals are unaware of what public health really is. Understanding what public health is, the purpose of public health, and what public health can accomplish can help reduce health disparities and improve the health and well-being of Indian Country. In response, the NIHB, in collaboration with the Centers for Disease Control and Prevention (CDC), has developed the Tribal Public Health brochure, "Restoring the Balance".

What is Public Health?

Public health is the prevention of disease, the promotion of good community health, policy development and population health surveillance. For example, public health focuses on populations and overall health through programs that encourage healthy lifestyles and creating policies and environments that support healthy living. Some examples of public health are:

- Immunizations
- Sanitation facilities
- Seat belt and car safety enforcement laws
- Physical activity programs
- Community design/built environment
- Substance abuse programs



Why Should Indian Country be Aware of and Promote Public Health?

- **On the treatment side:** In 2006, the United States spent \$2.1 trillion on healthcare, an average of \$7,026 per person. 37% of these costs were for hospital care and 25% was for physicians services (Washington Alliance for a Competitive Economy, 2008).
- **On the prevention side:** The Indian Health Service's Special Diabetes Program for Indians (SDPI) produced a 40% reduction in diabetes related complications from 1997 to 2007 (Indian Health Service, 2009)!

The NIHB hopes that the Tribal Public Health brochure will educate and motivate Tribal Leaders, Health Directors and community members to better understand the importance of public health programs and policy, and utilize public health as a tool to advocate for Tribal communities with increased knowledge of public health, its various health areas and means to create change.

Through a strategic distribution plan, the NIHB is disseminating the Tribal Public Health brochure to the 12 IHS Area Health Boards, hospitals, health clinics, and health stations in each of the IHS Areas, and all Tribal Leaders throughout Indian Country. The response has been extraordinary! The Tribal Public Health Brochure is available to order by anyone interested in learning more about public health or who wishes to distribute this informational brochure to their colleagues, community members, health care providers, or patients. 📄



If you are interested in ordering the NIHB Tribal Public Health Brochure please visit: www.nihb.org for the online order form, or contact Erica Doxzen, NIHB Public Health Programs Assistant at edoxzen@nihb.org.

**COMING SOON!
THE "RESTORING THE BALANCE"
WEBSITE!**

Exploring Tribal Public Health Accreditation

The Tribal Public Health Accreditation (TPHA) Advisory Board recently completed a formal Call for Input from Tribal leaders and public health professionals across Indian Country to assist in the development of draft national public health accreditation standards, under a national initiative led by the Public Health Accreditation Board (PHAB). As part of the NIHB's Tribal Public Health Accreditation project, the Call for Input served to inform the feasibility of promoting voluntary public health accreditation in Indian country. NIHB has held a number of Tribal Input Sessions on tribal public health accreditation since May 2008.

The following is a summary of input provided to-date:

- Significant enthusiasm was expressed for public health accreditation in Indian Country
- Accreditation is consistent with the Native vision of healthy communities and improving health broadly
- PHAB recognizes the diversity of public health service delivery in Indian Country
- Key challenges and barriers to public health accreditation exist in Indian Country
- There is high interest in reviewing standards and measures for their applicability to tribes
- Interest in Beta testing accreditation process was expressed by tribal communities
- Great importance is placed on PHAB listening to tribal input and adapting process to unique needs

The Advisory Board met in June and reviewed the final results from the Call for Input and developed recommendations to PHAB to adapt the draft national standards for tribal public health settings.

On July 16, 2009 during a PHAB Board meeting in White Sulphur Springs, West Virginia, the NIHB signed a Memorandum of



Signing ceremony for the NIHB-PHAB MOU, with NIHB Board member, H. Sally Smith and Executive Director, Stacey Bohlen, along with PHAB's Board of Directors and other representatives.

Understanding (MOU) with PHAB. The overall goal of the MOU is to utilize the strengths and expertise of both organizations to ensure quality public health services and to enhance the health of American Indians and Alaska Natives

The MOU set forth the following mutual goals for NIHB and PHAB:

- Improve the quality of public health services in tribal communities.
- Promote voluntary public health accreditation in tribal communities.
- Ensure that the accreditation process and standards are relevant to tribal communities.
- Encourage tribes to successfully apply for public health accreditation.
- Encourage ongoing partnership and collaboration by NIHB and PHAB on public health accreditation efforts.

A beta-test of the public health accreditation standards are currently underway. For more information, please contact NIHB Senior Advisor, Aimee Centivany, at acentivany@nihb.org and visit the PHAB website at www.phaboard.org. 

NIHB NUTRITION CORNER

Day after day we are told to "eat healthy", but how do we do it? Here is an easy recipe to modify a favorite fall dessert!

Low-Sugar Apple Dessert

Ingredients:

- 3 envelopes of unflavored gelatin
- 1 46-oz can apple juice
- 1 teaspoon ground cinnamon
- 1/2 teaspoon ground nutmeg
- 5 cups apples (peeled and sliced)
- 1 tablespoon margarine or butter

Instructions:

- Combine gelatin, apple juice, cinnamon, and nutmeg in a large skillet. Stir well and let stand 1 minute.
- Cook over low heat 1 minute or until gelatin dissolves.
- Add apples. Cover and continue to cook over low heat until tender (approx. 20 minutes).
- Stir apples gently. Spoon pan juices over apples several times during cooking.
- Add margarine. Stir gently until margarine melts. Remove from heat.
- Cover and refrigerate until chilled. Spoon mixture into dessert dishes to serve.

Nutritional Information:

- Serving size: 1/2 cup
- Calories: 244 kcal
- Carbohydrates: 53 grams
- Protein: 4 grams
- Total fat: 3 grams
- Saturated fat: 1 gram
- Cholesterol: 0 milligrams
- Sodium: 39 milligrams

Makes 5 servings

(USDA, FNS, Food distribution Program on Indian Reservations.)



THE HEALTHY INDIAN COUNTRY INITIATIVE SPOTLIGHT

The Coeur d'Alene Tribe's Rock n' the Rez Program



Mountains and the abundant Palouse country.

Among the many resources in the Tribal community, the Coeur d'Alene Tribal Wellness Center stands out. As a national model for Indian health care and rural health care, the medical operation includes a facility that houses a five-lane 100,000 gallon lap pool, a therapy pool, a hot tub, and pool for the kids. A full-size basketball and racquetball court, indoor walking track, aerobics room, fitness and cardio equipment, community health services and health education, and conference rooms complete the Wellness Center. A variety of programs offered such as fitness classes, weight training, Hearts n' Motions, swimming lessons, water fitness classes, Lifeguard Training, Water Safety Instructor Training, Youth Sports that includes (Football, Cheerleading, Basketball, Wrestling, Baseball, and Golf), Bigger Faster Stronger (a Sports conditioning program), Tribal Youth Council, Washington State University Youth Leadership Camp, and the successful Rock n' the Rez summer day camp.

"The most important aspect is our youth who make difficult choices everyday to participate in healthy and safe activities."

Cheryl Weixel, Director, Coeur d'Alene Wellness Center

The Rock n' the Rez Program

The Rock n' the Rez program is a combination of two programs, an Assistant Youth Leaders Employment Program and a summer day camp for the Coeur d'Alene tribal youth. The programs creator, Ms. LoVina Louie, wanted the Coeur d'Alene youth to have something to do during the summer to keep them active and away from drugs and alcohol. Every summer since the programs inception approximately 150 youth are served. The program trains approximately 15 Youth Leaders and 15 Assistant Youth Leaders.

The **Assistant Youth Leaders Employment Program** began as a recruitment and training program to provide youth ages 13-15 years old, an opportunity to work during the summer to help supervise and teach activities to the youth. Youth applying for the job participate in 3 classes that consist of how to fill out an employment application, writing a resume, and interviewing skills. When an applicant has completed the 3 classes, the potential job candidates proceed through the Benewah Medical Center employment process. When Youth Leaders are hired, they participate in an intensive training program that lasts for

up to 4 weeks. Training includes attending a one week leadership camp at the Washington State University. In order to provide youth leaders with the appropriate tools to successfully manage a classroom situation, specific training for the Rock n' the Rez program includes:

- First Aid/CPR
- Coeur d'Alene language (teaching the traditional language to youth leaders so they can serve as role models and teach it to the other youth in the program)
- Conflict Resolution
- Anti-Bullying (participants learn strategies to help intervene in childhood bullying, harassment and conflict resolution)
- Classroom Management
- Hip Hop Dancing
- Cheerleading
- Drama
- Positive Discipline
- Team Building
- Indian Health Service Physical Activity Kit (PAK) Training
- Water Safety

The Rock n' the Rez program includes a Summer Day Camp that provides activities for youth ages 5-12 yrs old, Monday through Thursday from 8:00 am - 5:00 pm. It is a 6 week program that gives local youth an opportunity to participate in daily activities which include: traditional beading, basket weaving, arts and craft, music, hip hop dancing, swimming, games, traditional dancing, learning the Coeur d' Alene language, rock climbing, field trips, cultural trips, and making music and producing videos.

Keys to Success

The Rock n' the Rez program has been successful for many reasons. First, the program has been able to maintain consistency with the staff. The program's creator, Ms. LoVina Louie, has been a key component of Rock n' the Rez. Her vision and energy have contributed to the success of the program through her positive interaction with youth and staff.

Another contributing factor is funding for the program has been consistent throughout the years. The Rock n' the Rez program receives financial support from the Coeur d'Alene Tribe which has provided critical ongoing funding. Grants from the Office of Juvenile Justice and Delinquency Prevention Tribal Youth Program also help to keep the program staffed and operational. The staff also continues to seek additional funding to keep this program available to the youth in the community.

For more information on this Healthy Indian Country Initiative (HICI) program and the national HICI program, please contact Seprieono Locario, HICI Program Manager, at slocario@nihb.org or 202-507-4070. 📞



Centers for Disease Control & Prevention Tribal Consultation Advisory Committee

The Centers for Disease Control & Prevention (CDC) Tribal Consultation Advisory Committee (TCAC) resumed their monthly conference calls in June with Tribal Leaders from the 12 Indian Health Service (IHS) areas and national organizations to discuss pertinent Tribal public health issues and concerns as well as begin the planning for upcoming meetings.

The CDC TCAC meeting, held August 11-13, 2009 in Anchorage, Alaska, included Tribal Leaders representing each of the 12 IHS areas. During this meeting the CDC TCAC elected two new Co-Chairs, Councilman Chester Antone (Tohono O'odham Nation) and Vice Chairwoman Kathy Hughes (Oneida Nation of Wisconsin). Also in attendance was the NIHB Board Member (Navajo Nation Representative) & CDC TCAC representative, Mr. Jerry Freddie.

Throughout July and August, National Indian Health Board (NIHB) and the CDC TCAC worked with the Alaska Native Health Board (ANHB) and the Alaska Native Tribal Health Consortium (ANTHC) to prepare for the 3rd Biannual Tribal Consultation Session on August 12, 2009 which was held in conjunction with the CDC TCAC meeting. Conference calls were held for Tribal Leader input with all parties to aid in the creation of the Tribal Consultation agenda with topics of interest to Indian Country. Topics included an update and discussion on the H1N1 Influenza & vaccine distribution, health care reform, American Reinvestment & Recovery Act (ARRA), & CDC Budget Priorities, promising prevention practices in Indian Country, and Regional/Alaska specific focus areas of injury prevention/control, chronic disease prevention/control, and maternal & child health issues.

The CDC staff sent representatives from various agencies and divisions that included but was not limited to Captain Pelagie "Mike" Snesrud, Senior Tribal Liaison for Policy & Evaluation, Dr. Ralph Bryan, Senior Tribal Liaison for Science & Public Health, Dr. Stephanie Bailey, Chief of the Office of Public Health Practice, Dr. Kathleen Toomey, Director of the Coordinating Center for Health Promotion, Mr. Rob Curlee, Deputy Director of the Financial Management Office, and Annabelle Allison, Tribal Affairs Liaison, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

To view the TCAC member list, meeting agendas, and the NIHB CDC Testimony please visit the NIHB website at www.nihb.org and click on the Public Health tab, or contact Audrey Solimon, Senior Advisor for Public Health Programs and Principal Investigator of the NIHB-CDC Cooperative Agreement at asolimon@nihb.org or 202-507-4070 for additional information. 

Tribal Public Health Capacity Assessment

With funding from the W. K. Kellogg Foundation, NIHB is conducting a Tribal Public Health Capacity Assessment to gather relevant information about the current capacities of American Indian/Alaska Native public health systems. The overall goal is to evaluate the capacity of tribal public health institutions to promote health and prevent disease. The assessment plan will take into consideration the complexities of public health service delivery across Indian Country, as it varies by tribe, state, and type of service. Tribes are increasingly involved in public health activities and regulation, especially if they have contracted or compacted health programs previously managed by the Indian Health Service. As a result, the definition of public health in Indian Country is a complex set of services and activities that involve a diverse set of partners and stakeholders that varies by tribe and region.

The Tribal Public Health Capacity Assessment aims to provide a descriptive analysis of public health in Indian Country to help define and identify core strengths among Tribal public health institutions, prioritize areas for improvement and development, and provide data to inform decision-making. Key national and sub-national stakeholders have been engaged in the process to inform the study design and implementation of the assessment. The study design and pilot testing of data collection tools was completed in August 2009. Upon completion of the assessment, a final report will be disseminated and made available in multiple formats, including information sessions provided at NIHB national conferences.

A draft of the study design was presented at the Indian Health Service Health Summit in Denver, CO on July 8, 2009 during the plenary session. The final study design was presented at a workshop session during the NIHB Annual Consumer Conference on September 17, 2009. If you would like more information or if you are interested in contributing, please contact Aleena M. Hernandez, Red Star Innovations, via email at aleenamh@redstar1.org. 



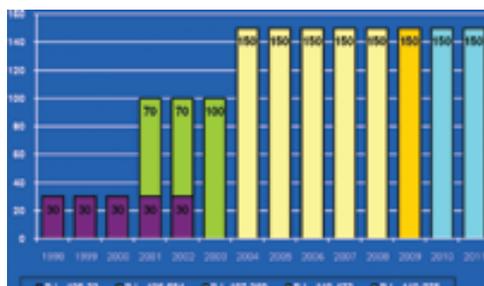
Gearing up for the Next Renewal of the Special Diabetes Program for Indians

Over an eighteen month period in 2007 and 2008, Congress approved two extensions of the Special Diabetes Program for Indians (SDPI), resulting in an additional three years and \$450 million (\$150 million per year) of funding for diabetes education, prevention and treatment programs for American Indian and Alaska Native communities. Funding is now provided through September 30, 2011.

Since its creation in 1997 as part of the Balanced Budget Act, the Special Diabetes Program for Indians (SDPI) has become the cornerstone of the federal government's investment in education, treatment, and prevention of diabetes in American Indian and Alaska Native populations. The program has grown from an initial investment of \$30 million to \$150 million annually. The program is unique because it provides targeted, disease-specific funding from the mandatory part of the federal budget (most other disease-specific funding is provided through appropriations from the discretionary part of the federal budget).

Special Diabetes Program for Indians

Total Funding: \$1.6 Billion Over 14 Years



The Tribal Leaders Diabetes Committee (TLDC) was created in 1998 to guide and influence the way in which SDPI funds were distributed to American Indian and Alaska Native communities, and the TLDC has continued to serve as the leading voice of tribal communities on diabetes issues at the federal level. Over the SDPI's 12 year history, the TLDC has played a critical role in educating Congress about the growing burden of diabetes in tribal communities as well as the significant successes that the SDPI has achieved. And it has played a critical role in the tribal consultation process with the Indian Health Service (IHS) to ensure that the funds are distributed in the most effective way.

The successes of the SDPI are tangible and significant, and the TLDC will continue to inform federal policymakers of these positive outcomes that are improving and saving lives and giving many individuals a brighter future.

Efforts are underway to plan for the next renewal of the SDPI, and a campaign will begin in earnest next year. The TLDC and NIHB will be a leading voice in this campaign, and they have organized a meeting with other stakeholders in Washington, DC in September to review the outcomes of the program and to discuss specific strategies for moving forward to ensure the long term viability of the SDPI. 

FUNDING OPPORTUNITIES

Robert Wood Johnson Foundation Local Funding Partnerships: Peaceful Pathways: Reducing Exposure to Violence

Through this special solicitation from Robert Wood Johnson Foundation Local Funding Partnerships, the Robert Wood Johnson Foundation partners with diversity focused funders and other local grantmakers to fund projects to reduce violence in specific communities such as those defined by race, ethnicity, tribe, gender, sexual identity or rural/frontier location.

Eligibility & Selection

Projects must:

- Be new
- Be community-based and culturally appropriate
- Reflect how language skills, significant cultural differences, education, income and discrimination affect health outcomes.
- Engage community members in planning and leadership.
- Work to reduce violence in the context of a specific community and use that community's strengths and assets to address any threatening or violent behavior that results in emotional, psychological or physical harm.

Applicants must be nominated by a diversity focused funder that is principally concerned with the population to be served. The additional funding partners may come from independent and private foundations, family and community foundations, and corporate and other philanthropies.

All the local funding partners must be willing to work with grantees to obtain sufficient dollar-for-dollar matching funds throughout the grant period.

Key dates

- Proposals may be submitted at any time throughout 2009.
- Submitted proposals will be processed for review on January 5, 2010.
- **DEADLINE: December 31, 2009**

Contact

Leticia Peguero, deputy director
lpeguero@localfundingpartnerships.org
Office: (609) 275-4128
<http://www.localfundingpartnerships.org>

The American Recovery and Reinvestment Act of 2009 (ARRA) - to fund community-based projects

The American Recovery and Reinvestment Act of 2009 (ARRA) has awarded \$650M to HHS (primarily through CDC) to fund community-based projects to assist the ARRA project of "Communities Putting Prevention to Work." Native American communities are eligible for the funding and overall approaches are to fight obesity, diabetes, and support health wellness. **All applications are due December 1, 2009.**

Funding Opportunity Announcement (FOA) information will be available for potential applicants on three separate conference calls, conducted by the Centers for Disease Control and Prevention (CDC), as follows:

The first call will be for potential applicants (see section III) that are in Mountain or Pacific Time zones, and will be held on Wednesday, September 30 from 3:00 – 4:30 Eastern Daylight Time (EDT). The conference call can be accessed by calling 1-888-390-0788. The leader for this call is Amy Bell and the pass code is 3746637. The pass code and leader's name is required to join the call.

The second call will be for potential applicants (see section III) that are in Atlantic, Eastern, or Central time zones, and will be held on Thursday, October 1 from 11:00-12:30 EDT. The conference call can be accessed by calling 1-888-390-0788. The leader for this call is Amy Bell and the pass code is 3746637. The pass code and leader's name is required to join the call.

A third call will be held particularly for tribal and territorial organizations on Thursday, October 1 from 3:00 – 4:30 EDT. The conference call can be accessed by calling 1-888-390-0788. The leader for this call is Amy Bell and the pass code is 3746637. The pass code and leader's name is required to join the call.

The purpose of the conference calls is to 1) help potential applicants understand the scope and intent of the FOA for the Communities Putting Prevention to Work Initiative and 2) become familiar with the Public Health Services funding policies and application and review procedures.

Here's the direct link

<http://www07.grants.gov/search/search.do?sessionId=8GPhKyQG1QTJ7gCWx4RWf17yn9F3ZWgBgywSzTYTJLbFXbWqFTY!1798842873?oppld=49571&mode=VIEW>

Upcoming Events

October 2009

October 7, 2009
2:30 pm - 4:00 pm
MMPC Conference Call

October 8-9, 2009
March of Dimes Quality Improvement Symposium
Arlington, Virginia

October 11 - 16, 2009
66th Annual Convention of the NCAI
Palm Springs, California

October 14, 2009
2:30 pm – 4:00 pm
TTAG Conference Call

October 15 - 18, 2009
40th Anniversary of the California Rural Indian Health Board
Reno, Nevada

October 15 -16, 2009
Capitol Hill Summit on Sustainable Communities, Environmental Justice and the New Economy
Washington, DC

October 22, 2009
2009 Healthy People 2020 Public Meeting at the Kansas University Medical Center
Kansas City, Kansas

October 22-23, 2009
2009 American Indian Health Policy Conference
Albuquerque, New Mexico

October 26-28, 2009
2009 CDC/ASTDR National Environmental Public Health Conference
Atlanta, Georgia

October 26-29, 2009
USET 40th Anniversary Celebration and Meeting
Seminole Hard Rock Hotel & Casino,
Hollywood, Florida

November 2009

November 2 - 6, 2009
Native American Fitness Council's Fitness Week Training Events
Flagstaff, Arizona

November 4 and 5, 2009
PHAB-NIHB Tribal Public Health Accreditation Beta-test Training
Washington DC

November 7 - 11, 2009
American Public Health Association (APHA)
Philadelphia, Pennsylvania

November 7, 2009
2009 Healthy People 2020 Public Meeting held at Thomas Jefferson University
Philadelphia, Pennsylvania

November 9, 2009
9:00 a.m. – 5:00 pm
MMPC Face to Face Meeting at Holiday Inn Capitol Hill
Washington, DC

November 10 and 11, 2009
9:00 a.m. – 5:00 pm
TTAG Face to Face meeting at National Museum American Indian
Washington, DC

November 12 – 13, 2009
World Response Conference on Global Outbreak
Las Vegas, Nevada

November 20, 2009
2009 Healthy People 2020 Public Meeting held at Red Lion Hotel on Fifth Avenue
Seattle, Washington

December 2009

December 2, 2009
2:30 pm – 4:00 pm
MMPC Conference Call

December 9, 2009
2:30 pm – 4:00 pm
TTAG Conference Call

New NIHB Board of Directors

The National Indian Health Board is pleased to welcome two Board Members. Andrew Joseph was elected by the Board of Directors to serve as Member at Large and continues to serve as a representative of the Portland Area. Cathy Abramson was newly appointed by the Bemidji Area to serve as a representative to the National Indian Health Board.



Andrew Joseph, Jr.
Confederated Tribes of Colville Reservation

NIHB Board Member at Large and Portland Area Representative

Joseph is a Tribal Council Member of the Confederated Tribes Business Council and started his 4th term in July 2009. He is a Nespelem District Representative, where in 1997 he was elected to the Nespelem School Board. Mr. Joseph serves on his Council's Executive Committee, Veterans Committee as 1st Vice, Tribal Government Committee as 1st Vice, Culture Committee as 1st Vice and for the Education and Employment Committee as 1st Vice. He is the Chairman of the Health & Human Services Committee and the Tribe's Delegate to the Northwest Portland Area Indian Health Board (NPAIHB) where he was selected as the Chairman of the Board. Joseph was recently elected as a National Indian Health Board Member at Large and is also the Portland Area Representative. Joseph represents NIHB on the SAMHSA Advisory Committee, is a voting delegate of ATNI, NCAI, and serves as the Vice Chairman of the IHS Direct Services Tribes Advisory Committee.

"Hello, I was born in Portland OR on September 23, 1959. When my parents were relocated during the Relocation Act; I moved home to the Colville Reservation in the spring of 1968. In 1970, my Father ran for Tribal Council – with my Grand Aunt Lucy Covington. From 1977-79, I served in the US Army 2nd of the 75th Airborne Ranger Battalion. I have been happily married to Lori Lynn since December 18, 1983 and we have 5 children and 3 grandchildren. In 1997, I was elected to the Nespelem School Board. I come from the blood of many Chiefs and have been mentored by my Father who served on the Tribal Council for 17 years; my mother and her parents, Gorge and Celestine Friedlander. Gorge served on Tribal Council, as well as his sister, Lucy Covington. As a youth I listened to other Tribal leaders; Mel Tonasket and Shirley Palmer. While on the Portland Area Indian Health Board I have been mentored by Pearl Capoeman-Baller, Bob Brisbois, Willy Jones, Linda Holt, Janice Clements and Bernice Mitchell," said Joseph.



Cathy Abramson
Sault Ste. Marie Chippewa Indians Bemidji Area Representative

Abramson has a Bachelor of Science degree in Business Administration, and was elected to the Sault Ste. Marie Tribes Board of Directors in 1996 representing Unit 1. Abramson has served since that time; was re-elected for a fourth term in the summer of 2008 and currently

serves as Treasurer. Cathy's Spirit Name is Wabanung Quay and is a member of the Wolf clan. Abramson currently resides in Sault Ste. Marie, Michigan – Bawehing. She is actively involved with United Tribes of Michigan and the Midwest Alliance of Sovereign Tribes (MAST). She also serves on the Tribes traditional living and foods program planning committee, and participates in the Sault Ste. Marie culture committee, higher education committee, conservation committee, and has served as an advisor for the Sault Ste. Marie Chippewa Tribal Youth Council.

“The greatest gift that creator has given me is my family. I have been married for 30 years to Tony Abramson and we have 3 beautiful children Lisa, Laura and Tony, Jr. We have 6 beautiful granddaughters and another grand-baby on the way who are the absolute joys of my life,” said Abramson.

Cathy loves to hunt, fish and gather the indigenous foods of her area, and enjoys camping, hiking, traveling and family gatherings.

New NIHB Staff Members

The National Indian Health Board is pleased to welcome six new staff members. The recruitment of qualified professionals who are interested and committed to the advancement of American and Alaska Native health care has resulted in bringing these individuals to join NIHB.

Jessica L. Burger, RN, ADN *Little River Band of Ottawa Indians in Manistee, Michigan*

Jessica is the Acting Deputy Director and Director of Government Relations for NIHB. Burger formerly served as the Bemidji Area Representative, Member-At-Large as part of the NIHB Board of Directors. As the former Health Director for her tribe, she acted as lead proponent of and negotiator for the Little River Bands move to self-governance; the Tribes DHHS/IHS compact was ratified in February 2009. She was honored by the Little River Band as the “Director of the Year, 2007” and had served as part of the Joint Rulemaking Committee on Tribal and Federal Self-Governance, as well as the DHHS and IHS Consultation Policy committees. She and her husband, Fred Burger have three daughters, Chelsea Bromley (attending University of Michigan), Olivia Burger (attending Ferris State University) and Isabel June.

Lynette Willie *Navajo Nation – Window Rock, Arizona*

Lynette is the Communications Director for NIHB. Acknowledging the Navajo traditional clanship system, Willie is of the Yé'ii Táchii'níi Dine'é clan (Giant People of the Red Running into the Water People) and born for the Tse'nahabílníi clan (Sleep Rock People). Willie is one of Indian Country's foremost authorities on mobilizing Indian communities through public relations and public policy to address critical behavioral health issues. Willie spearheaded the Navajo Nation's Methamphetamine Task Force which was the recipient of the “2006 Honoring Nations Award” from Harvard University. Willie is the former Public Information Officer for the State of Utah Division of Substance Abuse and Mental Health where she assisted in the tribal consultation policy signing between the State of Utah – Department of Human Services and the seven federally recognized tribes in Utah and the Indian Walk In Center; and former PIO for the Navajo Nation Department of Behavioral

Health Services. Willie graduated from Brigham Young University with a B.S. in Psychology.

Erica Doxzen, MHS

Lumbee Tribe of North Carolina

Erica is the Public Health Programs Assistant for NIHB. Doxzen graduated in 2002 from the University of Maryland at College Park with a Bachelor of Arts degree in Communication and continued to pursue higher education in the field of public health. Doxzen graduated from Johns Hopkins Bloomberg School of Public Health in May 2009 with a Master of Health Science degree. In her free time, Doxzen enjoys training for a variety of athletic races and has completed two half marathons, a triathlon and a half century bike race.

Tyra Baer *Northern Cheyenne Tribe of Lame Deer, Montana*

Tyra is the Centers for Medicare & Medicaid Services (CMS) Project Assistant for NIHB. Baer graduated from Iowa State University with a B.A. in Cultural Anthropology and a minor in Native American studies. While attending ISU she was President of the United Native American Student Association and worked to preserve after school programs at the Sac and Fox Settlement. In 1997, she graduated from the Indigenous Study Linkage Program at the University of Ibadan in Nigeria. Tyra resides in Arlington, VA and spends her free time with her beautiful and entertaining three year old daughter, Jaden.

Krystin Poitra *Turtle Mountain Band of Chippewa Indians in Belcourt, North Dakota*

Krystin is the Events and Meetings Coordinator for NIHB. Poitra graduated from the University of North Dakota with a B.A. in Social Science and a minor in Criminal Justice. She also obtained a certificate in Event Planning from Clayton State University.

Summer Interns



Bryce Roth *Lakota Sioux, of Fort Yates, North Dakota*

Bryce served as a Summer Intern of the National Indian Health Board. Bryce is going into his senior year at The University of Oregon, and will be graduating in the summer with a Bachelor of Science in Political Science with a minor in Business Administration. Bryce has served as NIHB's intern for two summers and in the past has worked with other Native American organizations pertaining to healthcare and education. Bryce is originally from Portland Oregon.



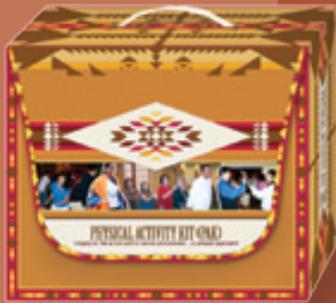
Tara Kitcheyan *San Carlos Apache*

Tara served as a Summer Intern for the National Indian Health Board. Tara is currently a Senior attending Arizona State University with a dual major in American Indian Studies and Justice Studies. Her future goals include obtaining a Master of Public Health from the University of Arizona. She is currently working as a tutor with the Salt River Education Department in Scottsdale AZ. Tara is originally from San Carlos, Arizona. 🏠

NIHB HEALTHY LIVING TIP**Get Active!**

One of the best ways to engage in physical activity is to do it as a family! Not only do parents and children fit exercise into their daily routine, but the fun activities can bring them closer together.

The Physical Activity Kit (PAK) has been developed by the Health Promotion and Disease Prevention a division of the Indian Health Service to provide easy, effective and culturally sound ways to engage in physical activity at all stages of the life span. Below is the Trampling the Beavers Game (Apache) which can be done by children, families and communities!

**Equipment**

4 cones (or other objects) to use for boundaries

Game Instructions

1. Designate boundaries (25 by 25 paces) with 4 cones or other objects
2. Select 1-4 children to be the "beavers" (depending on the size of the group) and the rest are the "hunters"
3. Beavers lie on the ground and the hunters form a circle around the beavers.
4. Hunters power walk in a circle around the beavers chanting "Trample the beavers!" The beavers get up, the chanters stop, and the beavers chase the hunters until someone is tagged.
5. Beavers can only tag 1 hunter.
6. Everyone must stay within the boundaries.
7. Hunters that are tagged become beavers!
8. Start a new round with new beavers laying down and remaining hunters circling and chanting.
9. Keep playing until there is one last hunter!

Physical Activity Skills Used:

- Agility
- Balance
- Anaerobic endurance
- Dodging
- Fleeing

(2008 Physical Activity Kit (PAK): IHS/HPDP & UNM PRC)
<http://www.hnccp.org/wst/hpdp/PAK/>

Centers for Medicare & Medicaid Services (CMS) Host Tribal Consultations

CMS hosted Tribal consultation sessions on July 8th and 10th, 2009 in Denver, Colorado in conjunction with the Indian Health Summit. The two sessions focused on the CMS provisions in the American Recovery and Reinvestment Act of 2009 (ARRA or Recovery Act) and the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). CMS assembled an expert panel of Departmental and Operations Directors to address the many questions and concerns raised by Tribal Leaders and Tribal Technical Advisors attending. Many voiced their approval that CMS organized not only the All Tribes Calls during June, but also the face to face consultations all allowing for Tribal input in the implementation of the new CMS provisions.

Upcoming Tribal Technical Advisory Group (TTAG) Face to Face Meetings:

The third TTAG Face to Face meeting of 2009 is scheduled for November 10 – 11, 2009 at the National Museum of the American Indian in Washington, D.C., more details to follow.

Upcoming TTAG Conference Calls:

October 14, 2009

December 9, 2009 ☎

Continued from page **ONE**

Indian Health Issues in the 111th Congress

additional committees must review H.R. 2708 before it can come to the House floor.

On the Senate side, the Senate Committee on Indian Affairs released a concept paper in July and requested comments from Tribes. The Committee is drafting a bill based on the comments to this concept paper and will release an Indian Health bill in the Fall.

Indian-Specific Medicare, Medicaid and CHIP Advancements.

Integral to IHCA reauthorization legislation in prior Congresses have been a number of provisions to amend the Social Security Act to achieve specific Indian policy goals to improve individual Indian access to Medicare, Medicaid and CHIP, and to assure that Indian health care providers can participate in those critical federal programs. Several of these goals were achieved in February 2009, when President Obama signed into law two bills – American Recovery and Reinvestment Act of 2009 and the Children's Health Insurance Program Reauthorization of 2009 (CHIPRA), which contained long-sought Medicare, Medicaid and CHIP provisions. For more information, please take a look at the last issue of the *NIHB Health Reporter*, available on www.nihb.org. ☎

2009 American Indian/Alaska Native Health Policy Conference

Healthcare Reform: Opportunities in Indian Country



Presented by the University of New Mexico's Robert Wood Johnson Foundation Center for Health Policy, the Center for Native American Health and the Office of Continuing Medical Education

October 22 - 23, 2009
Albuquerque Hilton



Purpose: Provide a national audience with an overview of key American Indian health policy issues that impact access to healthcare services, quality of care and health disparities, and to provide a forum in which to identify policy strategies to improve American Indian health care through expanded partnerships with federal and state agencies and with the private sector.

Topic areas include: Indian Health Delivery Systems, Indian Health Financing, Current Issues in American Indian Health Policy, Cultural Competence in Indian Healthcare, Future of Indian Health and Policy Briefs.



Visit these websites for additional information:
Robert Wood Johnson Foundation Center for Health Policy
<http://healthpolicy.unm.edu>



Office of Continuing Medical Education
<http://hsc.unm.edu/som/cme>

Please Help Support NIHB

...So that your message can be heard on Capitol Hill everyday!

We understand that every dollar of your tribal resources goes directly to the health and wellbeing of your tribal members.

We are aware that the travel expenses to Washington D.C. alone can keep you from being able to communicate the things that you need to be healthy.

We can visit the halls of Congress every day to advocate for health issues on your behalf.

We need your support, not a lot, whatever you are able to help out with...so that your message can be heard on Capitol Hill everyday!

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