



National Indian Health Board

# Health Reporter

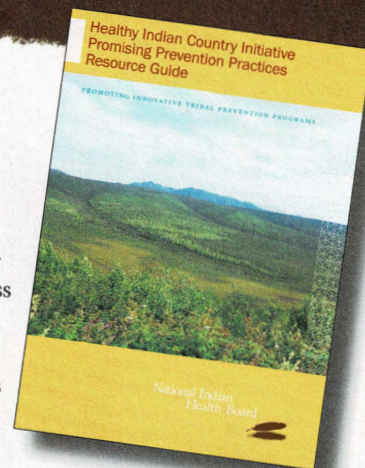
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## The Healthy Indian Country Initiative Promising Prevention Practices Resource Guide



The HICI Promising Prevention Practices Resource Guide shares the process that these 13 communities took to identify, develop, and support community promising prevention practices with the ultimate goal of allowing other communities to replicate these practices. The HICI Resource Guide provides history and background evidence-based practices, the 13 tribal grantee project profiles that include project results and lessons learned for each tribal community project. As Indian Country moves toward comprehensive and quality public health system there is a tremendous need to document culturally appropriate, community-based promising prevention practices that will promote a healthier Indian Country. The HICI Promising Prevention Practices Resource Guide is the first step toward this goal of providing quality preventative care for American Indian/Alaska Native communities.



The National Indian Health Board is proud to announce the publication of the Healthy Indian Country Initiative (HICI) Promising Prevention Practices Resource Guide. The HICI Promising Prevention Practices Resource Guide highlights a true partnership with 13 tribal grantee prevention programs that supported the positive and healthy growth of American Indian/Alaska Native communities. The purpose of the Resource Guide is to highlight the work of the HICI tribal grantees' prevention projects/programs and to promote replication by providing information for other tribal community-based prevention programs/practices and learn strategies and lessons for effective prevention programs implementation. The 13 HICI tribal grantees are:

1. Coeur d'Alene Tribe (*Idaho*)
2. Confederated Tribes of the Colville Reservation (*Washington*)
3. Houlton Band of Maliseet Indians (*Maine*)
4. Hualapai Tribe (*Arizona*)
5. Indian Health Board of Nevada
6. Little Traverse Bay Bands of Odawa Indians (*Michigan*)
7. Lac Courte Oreilles Band of Lake Superior Chippewa (*Wisconsin*)
8. Lac Vieux Desert Band of Lake Superior Chippewa (*Michigan*)
9. Native Village of Minto (*Alaska*)
10. Penobscot Indian Nation (*Maine*)
11. Ponca Tribe of Nebraska
12. Rosebud Sioux Tribe (*South Dakota*)
13. Sisseton-Wahpeton Oyate Sioux Tribe (*South Dakota*)

Distribution of the HICI Promising Prevention Practices Resource Guide will begin in January 2010.

For additional information about the HICI Promising Prevention Practices Resource Guide please contact Audrey Solimon, Senior Advisor of Public Health Programs at [asolimon@nihb.org](mailto:asolimon@nihb.org) or 202-507-4070. ☎

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## From the Chairman

### Dear Friends of Indian Health:

This has been a busy year regarding National Indian Health policy.

We began 2009 with a new President of the United States. With that change, NIHB participated in the Obama White House transition through discussions regarding reform of the national health care system and how that would impact Indian Country and the Indian Health Services (IHS). Our NIHB Board of Directors took an active role to participate in meetings with the transition team, in Congressional hearings, and in key stakeholder discussions.

NIHB has been heavily engaged shoulder-to-shoulder with Indian Country in the push to reauthorize the Indian Health Care Improvement Act (IHCIA) in the 110th Congress. This has been a major focus of activity and we are on the cusp of reauthorization for the first time in over 10 years. The National Steering Committee for the Reauthorization of IHCIA, led by co-chairs Rachel Joseph and Buford Rollin, have remained steadfast in seeking the strongest legislation possible to improve the health status of our Indian People.

Congress has been actively engaged in dialogue with Indian Country this year regarding reform of the current IHS delivery system. Congressional hearings regarding the budget, Contract Health Services, Veterans Care, and behavioral health initiatives have provided the opportunity for Indian Country to tell its story directly to those policy makers that can change the current status quo.

In September, the NIHB 24th Annual Consumer Conference was held in Washington, D.C. and Secretary Kathleen Sebelius, Department of Health and Human Services presented a key note address that held much promise for Indian Health care issues from the administration. Congressional leadership, including the Senate Committee on Indian Affairs Chairman Byron Dorgan, (ND) also attended the event. Dr. Yvette Roubideaux was present during the entire conference; and we applaud her efforts and leadership in her role of Director of the IHS.

With the momentum achieved in Indian Health in 2009, NIHB looks forward to 2010 with renewed hope. We need the continued engagement and support of Indian Country as we carry the water of our issues to the Administration and Congress. The Tribes are our voice, our strength and our focus, as we actively work to improve the health status of Indian people.

Respectfully,

Reno Keoni Franklin  
Chairman  
National Indian Health Board





## Legislation to Renew the Special Diabetes Program for Indians Introduced in Congress

The Special Diabetes Program for Indians (SDPI) was created in 1997 to address the disproportionate burden of diabetes in American Indian and Alaska Native communities. Congress made an initial investment in the program of \$30 million per year. Due to constant education and advocacy by the National Indian Health Board, the Tribal Leaders Diabetes Committee and tribal communities, as well as proven results, that initial investment has grown to \$150 million per year.

The program is set to expire on October 1, 2011, and NIH and the TLDC are busy preparing for an aggressive advocacy campaign to renew the program next year. Our champions in Congress are focusing on the need to renew the program as well. Legislation to extend the program for an additional five years at a level of \$200 million per year has been introduced in the House by Diabetes Caucus Co-Chairs Representatives Diana DeGette (D-CO) and Mike Castle (R-DE) and Native American Caucus Co-Chairs Representatives Dale Kildee (D-MI) and Tom Cole (R-OK). The bill currently has thirty-three cosponsors. We expect similar legislation to be introduced soon in the Senate.

The SDPI has increased diabetes treatment and prevention programs for American Indians and Alaska Natives, and has become one of the most strategic and comprehensive diabetes treatment and prevention programs in the country. Key health indicators – including blood sugar control, cholesterol levels, and kidney function – have improved among American Indians and Alaska Natives with diabetes each year since this program was created. We face a difficult budget environment and many competing priorities in Congress and we recognize that despite the success of the program, securing the renewal will be very challenging. We will need all of Indian Country to participate in this campaign, and we will let you know how you can help as the campaign gets underway. 🏠



## Staying Active in the Winter Season!

During the winter seasons many individuals find it hard to stay active if they are limited to only indoor activities. To help fight the winter blues, the Indian Health Service created the Physical Activity Kit which includes various activities that can be performed either indoors or outdoors that are fun and engaging. All you will need for this activity is a little space, four cones, four hula hoops, and some energetic participants!!

### Apache Dodge Ball

*(Adapted from the PATHWAYS Project)*

#### Objectives:

Agility, balance, anaerobic conditioning, feinting, fleeing

#### Equipment:

4 cones, 4 hula hoops

#### Instructions:

- Mark off a 25 by 25 paces boundary with 4 cones.
- Scatter 4 hula hoops within boundary.
- Designate 3 participants as “chasers” and the rest as “runners”.

#### Teaching Cues:

- The object of the game is to run within the boundaries without being tagged.
- On the music start, or “GO”, have “runners” begin running within the boundary of cones. Have the “chasers” begin to chase the runners.
- Runners may not be tagged if standing in hoops.
- Runners may only remain in the hoops for 3 seconds.
- If tagged, runner becomes chaser, until everyone is tagged.

*(2008 Physical Activity Kit (PAK): IHS/HPDP & UNM PRC, pg. 19)*




# The American Public Health Association Highlights Indian Country at their 137th Annual Meeting and Exposition

The American Public Health Association's 137th Annual Meeting and Exposition, "Water and Public Health," was held in Philadelphia, PA from November 8 - 11 for approximately 12,000 public health professionals from regions worldwide. The American Indian, Alaska Native, Native Hawaiian (AI/AN/NH) Caucus had scheduled and endorsed a variety of sessions including: Indigenous Healing, Wisdom of the Elders, Native Hawaiian Land & Water Rights, Sharing Our Wise Practices, Indigenous Epidemiology Centers, and many others.

At the meeting the National Indian Health Board (NIHB) was an exhibitor providing information on Tribal Public Health Accreditation, the Tribal Public Health Brochure - Restoring the Balance, the Indian Health Care Improvement Act, Healthcare Reform, and the Tribal Epidemiology Centers. The NIHB staff and NIHB Executive Director were able to provide information and answer questions to all attendees who were interested in American Indian/Alaska Native (AI/AN) public health issues, current public health topics, and general information about the mission and vision of NIHB.

A highlight of the APHA Annual Meeting and Exposition was the closing ceremony plenary address presented by Dr. Yvette Roubideaux, Director of the Indian Health Service. The presentation also included Dr. Howard Koh, Assistant Secretary for Health at the U.S. Department of Health and Human Services, and Dr. Mary Wakefield, Administrator of the Health Resources and Services Administration. Dr. Roubideaux was able to use this platform to explain the purpose and utilization of the Indian Health Service (IHS) and inform the audience about her plan to improve the IHS and to improve the health and quality of life for American Indian/Alaska Natives. In addition, Dr. Roubideaux answered questions about Health Care Reform, health information technology, Tribal Public Health Accreditation, and working in partnership with other federal agencies to help improve health care for the AI/AN population.

For additional information about the APHA 137th Annual Meeting and Exposition, the AI/AN/NH Caucus and other public health programs at the NIHB, please visit the NIHB website at [www.nihb.org](http://www.nihb.org) where you can find links to these and other public health resources. 

*A Warm Chili  
Recipe for the  
Cold Winter  
Nights!*

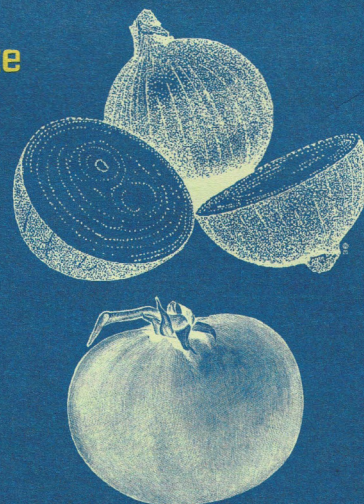
## NIHB NUTRITION CORNER

### Chili with Chipotle and Chocolate

#### Ingredients:

Cooking spray  
2 cups diced onion (about 1 large)  
1 cup chopped red bell pepper  
1 teaspoon minced garlic  
1 ¼ pounds ground turkey breast  
3 tablespoons brown sugar  
2 tablespoons ancho chile powder  
1 tablespoon unsweetened cocoa  
1 teaspoon ground cumin  
½ teaspoon freshly ground black pepper

¼ teaspoon salt  
2 (15 ounce) cans pinto beans, rinsed and drained  
2 (14.5 ounce) cans diced tomatoes, undrained  
1 (14 ounce) can fat-free, less-sodium chicken broth  
2 chipotle chiles, canned in adobo sauce, minced  
2 ounces unsweetened chocolate, chopped  
½ cup light sour cream  
Chopped green onions (optional)



#### Instructions:

1. Heat a Dutch oven over medium-high heat. Coat with cooking spray.
2. Add onion, bell pepper, garlic and turkey to pan. Sauté 8 minutes or until turkey is browned and vegetables are tender.
3. Add sugar and the next 9 ingredients (through chipotle) to pan, stirring to blend. Bring to a boil.
4. Reduce heat and let simmer 15 minutes or until slightly thickened, stirring occasionally.
5. Add chocolate, stirring to melt.
6. Ladle 1 ¼ cups of chili in each of 8 bowls
7. Top each serving with 1 tablespoon sour cream and garnish with green onions.

#### Nutritional Information:

Calories: 257 (23% from fat)  
Fat: 6.6g (Sat- 3.8g, Mono- 1.7g, Poly- 0.2g)  
Protein: 23.6g  
Carbohydrates: 26g  
Fiber: 6g  
Cholesterol: 34mg  
Iron: 2.6mg  
Sodium: 603mg  
Calcium: 78mg



## Exploring Tribal Public Health Accreditation



Tribal Public Health Accreditation (TPHA) Advisory Board.

The National Indian Health Board congratulates the three Tribes that were selected as the Public Health Accreditation Board's (PHAB) Beta Test Sites. PHAB recently announced that 30 local, state and tribal health departments were selected to evaluate the accreditation standards that are scheduled to be offered nationally in 2011.


The Cherokee Nation of Oklahoma, Keweenaw Bay Indian Community, and Navajo Nation will participate in a year long process of implementing and evaluating the accreditation program beginning in the Fall of 2009 through December 2010. The PHAB Beta Test is designed to thoroughly test the national public health accreditation standards and measures, the assessment process, and materials to ensure that the national accreditation program is appropriate and relevant for all public health departments. This is of particular importance to tribal health departments given the uniqueness of tribal public systems and the potential need for a tribal version of the standards.

### NIHB's Role in the PHAB Beta Test

NIHB is committed to the development of a national voluntary public health accreditation program that is inclusive of Tribes. NIHB will be working with its national partners to provide technical assistance to tribal beta test sites and support for ongoing improvement in quality and performance.

### About PHAB

In order to improve the health of the public, the Public Health Accreditation Board (PHAB) is developing a national voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

The PHAB will test the accreditation program through a beta test that will evaluate the standards, measures, processes, and written support documents. Through the test, PHAB will be able to identify improvements that should be made in order to ensure that accreditation program is logical, practical, and promotes continuous quality improvement in health departments. Visit [www.phaboard.org](http://www.phaboard.org) for more information. 

## Health Care Reform


During November, the House of Representatives debated, voted and passed the House health care reform bill *Affordable Health Care for America Act* (H.R. 3962) by a recorded vote 220 – 215. In addition to including several important Indian specific provisions for the Indian health care system, H.R. 3962, most importantly, includes the permanent reauthorization of the **Indian Health Care Improvement Act** (IHCIA)! This is the first time since 2000 that the House voted and passed the IHCIA.

Following a weeklong break for the Thanksgiving Holiday, the Senate began debate on its version of health care reform, the *Patient Protection and Affordable Care Act* on November 30, 2009 after a critical vote on whether to consider the bill was successful. The Senate is expected to debate the Patient Protection and Affordable Care Act throughout the month of December and possibly into January. The base text of the Senate bill does not include the Indian Health Care Improvement Act, however, Senator Byron Dorgan (ND), Chairman of the Senate Committee on Indian Affairs, plans to offer the IHCIA as a floor amendment during debate. The bill does contain several Indian specific provisions, however.

### Indian Health Care Improvement Act

On October 15, 2009, Senator Dorgan introduced the Indian Health Care Improvement Act Extension and Reauthorization of 2009 (IHCIA). The bill has gathered significant support in the Senate, with 20 Senators listed as cosponsors. On December 3, 2009, after adopting several amendments by voice vote, the Senate Committee on Indian Affairs unanimously reported the IHCIA from committee.

After reporting the IHCIA out of committee, Senator Dorgan, along with 14 cosponsors, introduced an amendment to the Senate Health Care Reform bill, to include the IHCIA. The National Indian Health Board has been working to support the amendment, yet no decision has been finalized.

For more information on the Indian Health Care Improvement Act or on Health Care Reform, please visit our legislative page at [www.nihb.org](http://www.nihb.org). The NIHB legislative webpage offers background materials, written tribal leader testimony and current legislative alerts on Indian health matters such as the reauthorization of the Indian Health Care Improvement Act, national health care reform and IHS budget formulation. The NIHB Legislative staff is committed to sharing the most current information with Indian Country regarding these important legislative issues as they arise. Please sign up to receive the Washington Report and legislative alerts so you can support the improvement of health care for American Indians and Alaska Natives. 



## Centers for Medicare & Medicaid Services

### Tribal Technical Advisory Group

The Centers for Medicare & Medicaid Services' Tribal Technical Advisory Group (CMS TTAG) held its third Face to Face meeting of 2009 in Washington, D.C. on November 10-11 at the National Museum of the American Indians. TTAG representatives met with staff from CMS's Tribal Affairs Group (TAG), IHS and tribal technical advisors to discuss many Medicare and Medicaid issues that face American Indians and Alaska Natives.

TTAG was pleased that Charlene Frizzera, Acting CMS Administrator; Jackie Garner, Consortium Administrator, Medicaid and Children's Health Operations; and Anita Yuskas, PhD, Technical Director for HCMS Quality attended the meeting. Their discussion focused on a State/Tribal Consultation Best Practices Survey, Home and Community Based Services on Long-Term Care and a Medicaid Administrative Match (MAM) CMS option paper. TTAG members expressed their concerns about how and when the implementations will take place and clearly articulated the desire of TTAG to be involved in the process.


The two day agenda featured discussion on Medicaid Administrative Match (MAM), Health Care Reform, an OIG Report and update, State and Tribal Consultation Best Practices, Outreach and Education with a CHIPRA Sect. 202 update by Kaufman and Associates. In addition, there were reports from NIHB, CMS TAG and all TTAG subcommittees. On day two TTAG adjourned their meeting early to attend the National Association of State Medicaid Directors (NASMD) 2009 Fall Conference in Arlington, VA. A NASMD working luncheon was held and TTAG members were invited to attend. Following the luncheon a Breakout session on Tribal Best Practices Consultation Policy was presented at the NASMD conference. As usual, the TTAG agenda was full and the meetings were very productive and successful. For more information on this meeting and CMS TTAG please visit the TTAG website at [www.cmsttag.org](http://www.cmsttag.org).

### Upcoming TTAG Conference Call:

December 9, 2009

### Upcoming Tribal Technical Advisory Group (TTAG)

#### Face to Face Meetings:

The fourth TTAG Face to Face meeting for 2010 is scheduled for February 17-18, 2010 at the National Museum of the American Indian in Washington, D.C., more details to follow. 

## The Centers for Disease Control & Prevention Tribal Consultation Advisory Committee

The Centers for Disease Control & Prevention (CDC) Tribal Consultation Advisory Committee (TCAC) has held monthly conference calls with Tribal Leaders from the 12 Indian Health Service areas and national organizations to discuss pertinent Tribal public health issues and concerns, such as environmental health issues, Health Care Reform, chronic disease, and the H1N1 flu pandemic and the implications for Indian Country, that will be discussed in further detail at the upcoming CDC TCAC meeting and Tribal Consultation.

Throughout the last few months, the National Indian Health Board (NIHB) and the TCAC have been working with the CDC and Agency for Toxic Substances & Disease Registry (ATSDR) to prepare for the 4th Biannual Tribal Consultation Session that will be held on January 28, 2010 in conjunction with the TCAC meeting January 26 - 27, 2010 in Atlanta, GA.

Currently, planning meetings are occurring and are open to all Tribal Leaders to provide input on the CDC Tribal Consultation agenda regarding the important Tribal issues that need to be discussed with the CDC leadership and input on what key CDC leadership should be in attendance to hear the concerns of the Tribes. The CDC has confirmed the attendance of CDC Director and ATSDR Administrator, Thomas R. Frieden, M.D., M.P.H. to provide the keynote remarks and remain available for discussion with tribal attendees.


The Tribal Consultation planning conference calls are scheduled on Fridays from 3:00 p.m. - 4:00 p.m. Eastern Standard Time and all Tribal Leaders are encouraged to call in on the remaining planning conference calls.

### Planning Conference Call Schedule:

- Friday January 8, 2010 @ 3:00 p.m. EDT
- Friday January 15, 2010 @ 3:00 p.m. EDT

**Conference Call Number (for every call):** Toll free Number: 877- 314-9621. Pass code: 339872

\* The full minutes of the August 12, 2009 Consultation Session are posted on the Office of Minority Health Disparities (OMHD) Webpage for Biannual Tribal Consultation Session Announcements & Documents for your review - [www.cdc.gov/omhd/TCAC/BiannualSessions/BiannualSessions.html](http://www.cdc.gov/omhd/TCAC/BiannualSessions/BiannualSessions.html).

For more information on the CDC Tribal Consultation and to view the Save-the-Date cards, please visit the NIHB website at [www.nihb.org](http://www.nihb.org) and click on the Public Health tab, or contact Audrey Solimon, Senior Advisor for Public Health Programs at [asolimon@nihb.org](mailto:asolimon@nihb.org) or 202-507-4070 for additional information. 



## Methamphetamine Suicide Prevention Initiative


The magnitude of methamphetamine abuse and suicide in the American Indian/Alaska Native (AI/AN) population brings a heightened urgency for effective health policies and programs that provide culturally-appropriate methamphetamine and suicide prevention, care and treatment, with an emphasis on AI/AN youth. With that, the National Indian Health Board announces a partnership with the Indian Health Services (IHS) to support Tribal communities with the Methamphetamine Suicide Prevention Initiative (MSPI).

The IHS MSPI is a nationally coordinated demonstration program focused on providing targeted methamphetamine and suicide prevention and intervention resources in Indian Country. The goal of the MSPI is to promote the development of successful evidence-based and practice-based models of prevention, treatment, and aftercare that AI/AN communities can localize and implement.

The IHS awarded funding for 129 tribal and urban programs that demonstrated innovative and promising practices. With the MSPI, the NIHB will provide technical assistance to tribal communities in the following ways:

- **Collecting and Disseminating Information:** The NIHB will collect relevant information regarding Methamphetamine and Suicide prevention and interventions with a special focus on the applicability to tribal communities.
- **Developing Resource Tools:** In partnership with the National Council of Urban Indian Health (NCUIH), the NIHB will assist in the development of materials for a National Methamphetamine and Suicide Prevention Campaign. These materials will be disseminated to the MSPI grantees with the flexibility for adaption to better fit the community needs for a local campaign.
- **Technical Assistance Support:** The NIHB will be available to provide individualized technical assistance support to the MSPI grantees as they develop and implement their initiative. Support may involve direct consultation, coordination of support from national experts and linking to other communities.

The NIHB will continue our vision to advocate on behalf of all Tribal Governments and AI/ANs in their efforts to provide quality health care. Thru national partnerships with the IHS and the NCUIH, we will continue to serve the AI/AN population and elevating the visibility of AI/AN health care issues

For additional information please contact Seprecono Locario at [slocario@nihb.org](mailto:slocario@nihb.org) or 202-507-4070. 

## OPPORTUNITY FOR TRIBAL ORGANIZATIONS

The Centers for Disease Control and Prevention's (CDC's) Public Health Prevention Service (PHPS) PHPS is requesting applications from public health organizations for 2-year field assignment in program management for up to 25 prevention specialists. Field assignments will take place from October 2010 to October 2012. The announcement and related guidance is available on CDC's PHPS Internet site at <http://www.cdc.gov/phps/FieldAssignments>.

PHPS is a 3-year training and service program for postgraduate master's-level professionals interested in a public health management career. During the first year of the program, prevention specialists work in public health prevention and control programs throughout CDC and participate in training activities, including seminars, evaluation projects, temporary duty assignments, and conferences designed to provide them with essential public health management skills. During the second part of the program, prevention specialists are placed in 2-year field assignments with public health organizations to apply skills that develop, deliver, and evaluate public health programs and intervention strategies.

The purpose of the 2-year field assignments is to provide prevention specialists with high-quality work assignments in the area of program management including (but not limited to):


- Program management
- Budget preparation and monitoring
- Program implementation and evaluation
- Staff planning
- Policy development

Eligible health agencies or organizations include:

- State and local health departments
- U.S. territorial health departments
- Indian Health Service area offices
- Tribal organizations
- Other health-related organizations (e.g., community-based organizations, foundations, and universities) that have an active collaboration with a state or local health department)

All salaries, benefits, and PHPS-related travel expenses will be the responsibility of CDC's PHPS Program. In addition, PHPS will provide prevention specialists with limited assistance for relocation to the field assignment.

The deadline for the two-page Letter of Intent (LOI) is **January 15, 2010** (midnight EST). Organizations with accepted LOIs will be invited to submit a full application detailing the assignment. That letter will be due on **April 6, 2010**. For more information about PHPS and requesting a fellow, please contact:

Public Health Prevention Service  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE • Mailstop E-92 • Atlanta, GA 30338  
Phone: 404-498-6120 • Fax: 404-498-6125  
E-mail: [OWCDPHPS@cdc.gov](mailto:OWCDPHPS@cdc.gov) 



## Upcoming Events

### January 2010

**January 14-16**  
**California Rural Indian Health Board Quarterly Board Meeting**  
Sacramento, CA

**January 19-20**  
**Tribal Self-Governance Advisory Committee Meeting**  
Washington, DC

**January 26-28**  
**Tribal Consultation Advisory Committee Meeting and Consultation**  
Atlanta, GA

**January 28-29**  
**NIHB Board Meeting**  
Atlanta, GA

### February 2010

**February 8-10**  
**National Indian Education Association Legislative Summit**  
Washington, DC

**February 8-10**  
**United South Eastern Tribes Impact Week**  
Washington, DC

**February 9-11**  
**Northwest Portland Area Indian Health Board Quarterly Board Meeting**  
Washington, DC

**February 15-17**  
**CMS-MMPC-TTAG Meeting**  
Washington, DC

**February 17-18**  
**Direct Service Tribes Quarterly Meeting**  
Nashville, TN

**February 23-25**  
**National American Indian Housing Council Legislative Conference**  
Washington, DC

### March 2010

**March 1-3**  
**National Congress of American Indians Winter Council Session**  
Washington, DC

**March 4-5**  
**Health and Human Services Budget Consultation**  
Washington, DC

**March 20**  
**National Native HIV/AIDS Awareness Day**  
Washington, DC

**March 21-26**  
**Indian Health Services National Combined Councils Meeting**

**March 21-23**  
**American Indian Higher Education Consortium Student Conference**  
Chandler, AZ

**March 25**  
**National Indian Education Association Annual California Conference on AI Education**  
Santa Clara, CA

## New NIHB Staff Members

The National Indian Health Board is pleased to welcome two new staff members. We are excited to have their assistance in fulfilling the NIHB mission of, "Advocating on Behalf of all Tribal Governments, American Indians, and Alaska Natives in Their Efforts to Provide Quality Health Care."

### Phillip Roulain

*Kiowa Tribe of Oklahoma – City of Anadarko, Oklahoma*

Phillip Roulain is a Program Assistant for NIHB who recently rejoined the staff and will be working on promoting HIV/AIDS awareness in Indian country. Phillip's experience with HIV/AIDS awareness began with the Association of American Indian Physicians in Oklahoma City working on developing HIV/AIDS prevention awareness within the Native Gay, Lesbian, Bisexual and Transgender community. He had the opportunity to assist in the development of community coalitions throughout Oklahoma and provided training at a community level on HIV/AIDS prevention with a special focus on creating prevention campaigns targeting youth.

"I am really excited about being able to re-address this important health issue that still faces Indian country. I think that is vital to the survival of Native people for us to make every effort to reach out through new and innovative media to get the message out there on a national level that HIV/AIDS and Substance Abuse affects all of us and we have to do it together. No one Tribe, organization, or agency can do it alone," said Roulain.


Phillip has over 16 years of experience in customer service, retail management, database and website creation, office management, community education and outreach, human resources, training development, graphic art and printed materials production, community coalition development, event planning and coordination.

### Dennis Worden

*Coeur d'Alene Tribe – Pendleton, Oregon*

Dennis Worden is the Legislative Assistant for NIHB. Worden attended the University of Oregon studying geography. While in college, Dennis had the opportunity to conduct research on the northwest tribes at the National Archives and also completed an internship for Chairman Chief Allan of the Coeur d'Alene tribe.



Dennis received a Mark O. Hatfield fellowship (which allows tribal members from Oregon to work in a congressional office) and this gave him the opportunity to work in the Office of Congressman David Wu. While serving, Dennis also participated in the American Political Science Association Congressional Fellowship Program. His portfolio includes working on science and technology, agriculture, and tribal issues. Upon completing his fellowship, Worden remained working in Congressman Wu's office as a legislative assistant. 



# The National Indian Health Board and the Morehouse School of Medicine Public Health Summer Fellows Program

The Morehouse School of Medicine (MSM) Public Health Summer Fellows Program (PHSFP) was founded in 1987 and is designed to encourage and prepare minority students to pursue graduate studies and careers in public health. Ms. Tina Rasheed, Director of the PHSFP, helps recruit undergraduate juniors and seniors to participate in a nine-week program that includes a community-based public health internship with an individual mentor at the Centers for Disease Control & Prevention (CDC) in Atlanta, GA. Fellows accepted into the program reside in Atlanta, GA for the summer and are provided housing, meals, local transportation, travel allowances, and a full stipend upon completion of the program.

In 2007, the NIHB partnered with the Morehouse School of Medicine to provide broader access to opportunities and careers in public health for American Indian/Alaska Native (AI/AN) undergraduate students. The NIHB and the Morehouse School of Medicine have been working together throughout the last two years to actively recruit and retain AI/AN students in the Summer Fellowship through consistent outreach. The Morehouse School of Medicine works directly with the NIHB to target AI/AN students who are interested in public health and who want to learn more about what public health has to offer. In addition, the location of the Summer Fellowship allows the students to be directly involved in ongoing research at the CDC. To-date, a total of eleven American Indian/Alaska Native students have completed the summer program in two separate cohorts in 2008 and 2009.



## 2008 PH Summer Fellow: Josie Lynn Raphaelito, BS

Ms. Josie Lynn Raphaelito is a 22 year old member of the Navajo Nation from Pine Hill, New Mexico. Ms. Raphaelito graduated from Pine Hill High School and attended the University of New England in Biddeford, Maine for undergraduate work in Athletic Training. After completing her second year in the program, she decided to branch out further into the health field.

In 2008, Ms. Raphaelito applied to the NIHB-MSM Public Health Summer Fellowship Program and was accepted into the program. During her Summer Fellowship she was assigned to work at the Center for Disease Control and Prevention (CDC) and discovered a future in public health. During her fellowship in the CDC Division of Nutrition, Physical Activity and Obesity, Ms. Raphaelito worked with an AI/AN mentor to obtain individual Chapter House resolutions that would support and endorse breastfeeding in the workplace for all employees on the Navajo Nation.

Ms. Raphaelito was pleased to assist in the successful passage of the Navajo Nation Healthy Start Act of 2008 which was sponsored by Alice W. Benally (Navajo Nation Council Delegate from Crownpoint/Nahodishgish) and Jerry Freddie (Navajo Nation Council Delegate from Dilcon/Teesto and NIHB Board Member). "We now have a law which supports the importance of breastfeeding, which will ultimately emphasize to our Navajo mothers how significant the act of breastfeeding is to nurturing our Navajo children," Benally said.

The new law increased the awareness of the benefits of breastfeeding and helped reserve the right for working mothers to breastfeed at work. Upon completion of her Summer Fellowship, Ms. Raphaelito presented her research to the CDC Division of Nutrition, Physical Activity and Obesity and also at the 2008 Tribal Council Advisory Committee meeting in Hollywood, FL.

In 2009, she returned to Albuquerque, NM to gain more experience in the health field and while completing an internship at the Albuquerque Area Indian Health Board (AAIHB) she became interested in public health.

Currently, Ms. Raphaelito is a first year graduate student at the George Washington University School of Public Health and Health Services where she is concentrating her studies in health policy. During her first semester, Ms. Raphaelito served as the Public Health Intern at the National Indian Health Board, where she received support and direction between her classroom learning. The National Indian Health Board is pleased that Ms. Raphaelito could serve as the first Public Health Intern at the NIHB and is looking forward to following a career path in tribal public health and health policy. 📄

**For additional information on the NIHB-MSM Public Health Summer Fellowship program please visit the NIHB website at [www.nihb.org](http://www.nihb.org) or contact Audrey Solimon at [asolimon@nihb.org](mailto:asolimon@nihb.org) or 202-507-4070.**



## Tribal Epidemiology Centers


The Tribal Epidemiology Centers (TECs) serve American Indian/Alaska Native (AI/AN) tribal and urban communities through management of public health information systems, assisting, coordinating and facilitating the public health response to disease outbreaks and clusters, surveillance, the management of disease prevention and control programs, and coordination of these activities with the local, state, and other federal public health authorities. The TECs are Indian Health Service (IHS), division funded organizations, and there are currently eleven (11) TECs in the United States<sup>1</sup>. It is important to note that the TECs are not Tribal specific and they are not IHS region/area specific.

Among the federal agencies working with the IHS, the Centers for Disease Control & Prevention (CDC) provides a strong partnership with the TECs by providing assistance with various activities, such as the surveillance of the current H1N1 outbreak<sup>2</sup>. The CDC also offers training opportunities and works with the TECs on dissemination of pertinent information to the Tribes.

### TEC Directors Meeting: Albuquerque, NM

The TEC Directors Meeting took place in Albuquerque, NM on October 27 - 29, 2009 with all 11 TEC Directors, the IHS Epidemiology & Disease Prevention Division staff, and the IHS Health Promotion & Disease Prevention staff in attendance to provide updates during the first two days. On day three, presentations were given by the International Indigenous Centre for Health Intelligence (IICHI), the Urban Indian Health Institute (UIHI), the Johns Hopkins University (JHU), and the National Indian Health Board (NIHB). These presentations provided additional avenues for the TECs to partner with national and international organizations to further work in the area of tribal epidemiology, coordination of information dissemination, and examine the areas in which the TECs would like additional information.

The NIHB provided a presentation on their current NIHB-CDC Cooperative Agreement and focused on how the NIHB could work with the TECs to build public health capacity throughout Indian Country. To do this, the NIHB provided the TEC Directors with information and strategies that would allow efficient and effective communication, technical assistance, and increased collaborative efforts between the NIHB and the CDC with the TECs. As a part of the NIHB presentation, information on the Tribal Public Health Accreditation (TPHA) and the Tribal Public Health Capacity Assessment was presented and the TEC Directors were encouraged to participate in the Capacity Assessment and continue to disseminate information about the TPHA and Capacity Assessment process to the Area Health Boards and the Tribes they represent.

Additional information on the NIHB-CDC Cooperative Agreement, the TPHA and the Tribal Public Health Capacity Assessment can be found on the NIHB website at [www.nihg.org](http://www.nihg.org). 

### Tribal Epidemiology Centers (TECs)

- Alaska Native Tribal Epidemiology Center  
*Anchorage, AK*  
[www.anthc.org/chs/epicenter/index.cfm](http://www.anthc.org/chs/epicenter/index.cfm)
- Albuquerque Area Southwest Tribal Epidemiology Center  
*Albuquerque, NM*  
[www.aastec.net/default.asp?DomName=aastec.net](http://www.aastec.net/default.asp?DomName=aastec.net)
- California Tribal Epidemiology Center  
*Sacramento, CA*  
[www.crihb.org/health-resources/california-epi-center.html](http://www.crihb.org/health-resources/california-epi-center.html)
- Great Lakes Tribal Epidemiology Centers  
*Lac du Flambeau, WI*  
[www.glitc.org/epicenter/index.html](http://www.glitc.org/epicenter/index.html)
- Inter-Tribal Council of Arizona Inc. Epidemiology Center  
*Phoenix, AZ*  
[www.itcaonline.com/epi/index.html](http://www.itcaonline.com/epi/index.html)
- Rocky Mountain Tribal Epidemiology Center  
*Billings, MT*  
[www.rmtec.org](http://www.rmtec.org)
- Navajo Nation Tribal Epidemiology Center  
*Window Rock, AZ*
- Northern Plains Tribal Epidemiology Center  
*Rapid City, SD*  
[www.aatchb.org/nptec/](http://www.aatchb.org/nptec/)
- Northwest Tribal Epidemiology Center  
*Portland, OR*  
[www.npaih.org/epicenter](http://www.npaih.org/epicenter)
- Southern Plains Inter-Tribal Epidemiology Center  
*Oklahoma City, OK*  
[www.oaithb.org](http://www.oaithb.org)
- United South and Eastern Tribes Tribal Epidemiology Center  
*Nashville, TN*  
<http://usetinc.org/Programs/USETHPS/TribalEpiCenter.aspx>

<sup>1</sup>IHS, 2009, [www.ihs.gov/Epi/index.cfm?module=epi\\_about](http://www.ihs.gov/Epi/index.cfm?module=epi_about)

<sup>2</sup>CDC, 2009, [www.cdc.gov/omhd/Populations/AIAN/AIANEpiCntrs.htm](http://www.cdc.gov/omhd/Populations/AIAN/AIANEpiCntrs.htm)



# Dental Care Crisis in America: W.K. Kellogg Foundation Report Details Training of New Types of Dental Professionals to Alleviate Serious Access Problems

Battle Creek, Mich.

Searching for ways to ensure dental care for millions living in dentist-shortage areas, the W.K. Kellogg Foundation released a wide-ranging assessment of international and U.S. experiences training and deploying new types of dental health care providers who could be used to help fill gaps in care.

This new report suggests that dental therapists, who perform preventive and basic dental services, could provide sorely needed care to millions of underserved Americans, working in collaboration with dentists while expanding their reach. Similar to a nurse practitioner or physician assistant in the medical field, dental therapists are envisioned as members of the dental team that is led by the dentist or dental specialist. Internationally, dental therapists have been used successfully for decades to address inadequate access to dental care.

"Training and placing new dental therapists under the general supervision of a dentist in underserved areas could help ensure that more families, particularly those who are most vulnerable, can access quality, affordable dental care," said Sterling K. Speirn, president and CEO of the W.K. Kellogg Foundation. "Oral health is essential to overall health, yet too many Americans go without needed dental care. The dental therapy model, which has been successful internationally and here at home in Alaska, can help us address this glaring gap and increase racial equity in dental care."

Currently, some 48 million children and adults in the United States live in areas without enough dentists to provide routine oral health care. Millions more can get to a dentist but cannot afford to pay for dental care. As a result, many live with pain, miss school or work and, in extreme cases, face life-threatening medical emergencies from consequences of dental infections.

People who have the greatest difficulty getting dental care often live in rural and poor urban areas where there are not enough dentists, or are unable to afford care. Meanwhile, public health clinics and other safety net providers are more overwhelmed than ever because of the weakened national economy. Access issues particularly affect children and families of color.

The new report, by Burton L. Edelstein, DDS, MPH, president of the Children's Dental Health Project, a non-profit pediatric oral health policy organization in Washington, DC, offers an independent analysis of the training of dental therapists and other existing and proposed dental health professionals.

Dental therapy began in the 1920s in New Zealand and is now well-established around the world including countries with advanced dental care similar to the U.S. Decades of research has shown that the preventive and basic dental repair services provided by dental therapists are safe, high quality, acceptable to the public, and cost-effective. However, dental therapy is still relatively new to the U.S.




Evangelyn Dotomain testifies on the Dental Health Aide Therapy program in Alaska before the Senate Committee on Indian Affairs on December 3, 2009 during a Hearing on Expanding Dental Health Care in Indian Country.

In Alaska, dental therapists began work in 2003 in rural Tribal areas of the state and have been widely recognized for meeting a critical health care need. Earlier this year, Minnesota became the first state to enact a law authorizing the deployment of dental therapists.

Based on a review of international training programs and the initial U.S. experience, the paper includes findings to be considered in developing new training programs for dental therapists:

- Trainees are recruited from the general population, with preference for those from underserved populations or committed to care of the underserved.
- Supervisory arrangements afford dental therapists sufficient latitude to practice collaboratively with dentists while ensuring that patients and procedures requiring a dentist's expertise are provided by a dentist.
- Dental therapy education is for two years or joint dental therapy/dental hygiene education for three years after high school, to deliver a specified subset of dental procedures is faster and less costly than training dentists who can provide a full range of dental services.
- Curricula stress clinical and socio-behavioral studies that prepare therapists for working with underserved populations.
- Training experiences focus on clinical competency over didactic knowledge and often engage trainees in community-based experiences.

"The assembled U.S. and international evidence suggests that the training of dental therapists in the U.S. to provide basic care can prepare them to expand the reach and efficiency of dentists and increase care for those who are currently underserved," Edelstein said.

The full report and executive summary are available on the Foundation's website, [www.wkkf.org](http://www.wkkf.org). 



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