Injury Prevention
July 2019

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Health News & Notes

A Publication of the Northwest Portland Area Indian Health Board

IN THIS ISSUE:

NPAIHB
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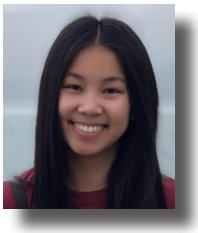
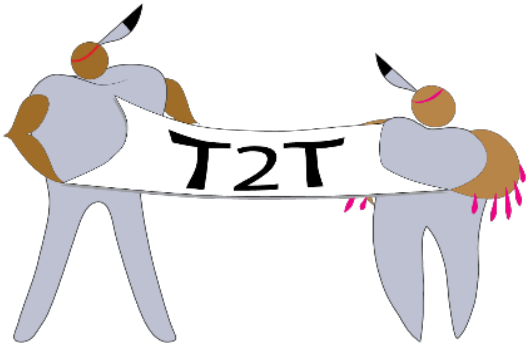
TOTS To Tweens (T2T): Evaluating the Dental Health of Tribal Children Age 11-13



Nicole Smith
Biostatistician

Kai Lei
Biostatistician



To better understand the dental health of "tweens," we visited five tribes and conducted school and community-based dental screenings. We measured the height and weight of the children; we asked questions about their teeth, hygiene, and beverage habits; and a dentist performed a brief dental exam. Parents or guardians also completed a questionnaire. We collected information from 335 children age 11-13 and this is what we found.

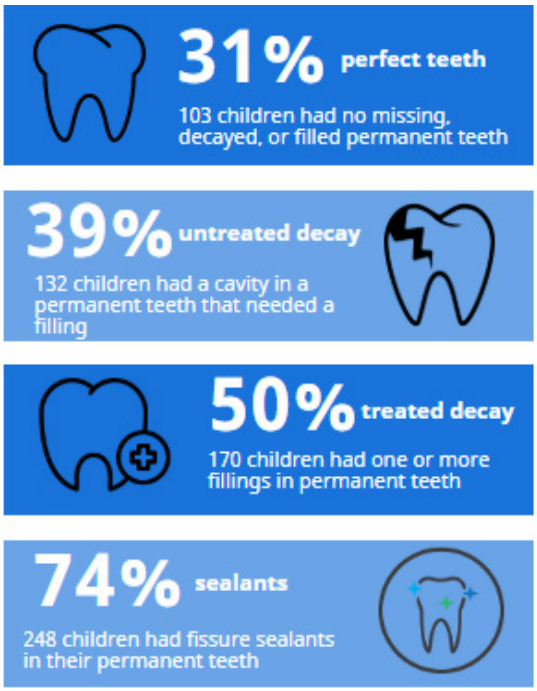
Dental Health Outcomes

Overall, 31% of children had no decay experience – no cavities or fillings – in permanent teeth. This varied by tribe, from as low as 17% of children to as high as 42%.

Some children, 39%, had a cavity that needed a filling. This ranged from 34% to 45% by tribe.

Half of children had a filling in a permanent tooth. This ranged from 36% to 70% by tribe.

Most children, 74%, had one or more sealants on permanent teeth. This ranged from 53% to 87% by tribe.



Motor Vehicle Data Project –
R01md013353
A Nw Tribal Epicenter Collaboration To Improve The Use Of Motor Vehicle Injury Data
National Center On Minority Health And Health Disparities
National Institutes Of Health
Department Of Health And Human Services

Tots To Tweens -
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2014 Narch 8
Department Of Health And Human Services
Indian Health Service

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Chairman's Notes

Andrew Joseph, Jr.,
Colville Tribal Council
NPAIHB Chair

Greetings!
All good things come to an end. While I lost my position on the Colville Business Council and my last day in office is July 11, I am gaining more time with my wife and family. I am planning on catching up on some of the things I have been missing out on like hunting, fishing, and my spiritual activities. I will also be helping our youth with some of the teachings of our ways.

It has always been an honor serving on our Board and has been real good all these years. I learned so much from our delegates and from our older, senior delegates, many of whom have retired. As for our staff, I have said that, "it is who we hire, who make our Board shine!" I commend the staff for their hard work and dedication. You are awesome! We have all worked hard, long hours to save lives and stop the pain and suffering of our People. We have traveled many miles and weathered many storms together. I owe so much to the Board for the knowledge I gained and your belief in me.

One of my best accomplishments was helping to write the Indian Health Care Improvement Act, which includes long term care for elders. I am also proud of HB 1564, Washington State Legislation that supports a Medicaid alternative rate for nursing and long term care facilities that will benefit my tribe's nursing home. Lastly, I am proud of getting the medical inflation rate included in the Contract Support Costs (CSC) formula, which brings more funds to all tribes.

Have a nice summer and continue the fight for our health care! I will be praying for you all!

Way lím'límx (Thank you)
Yəx̌ʷyəx̌ʷúɬxn (Badger)

Andrew C. Joseph Jr.
Andrew C. Joseph Jr.
HHS Chair
Colville Tribal Council
NPAIHB Chair
NIHB Member

Indian Health Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP

This article provides health legislative and funding updates, as well as litigation updates on the national opioid litigation, the Affordable Care Act, and the Indian Child Welfare Act.

Status of FY 2020 Indian Health Service Appropriations

On June 25, 2019, the House of Representatives approved, by a heavily partisan vote, HR 3055 which incorporates recommended funding for the FY 2020 Interior, Environment, and Related Agencies appropriations bill. The Indian Health Service is included in the Interior and Related Agencies bill. HR 3055 also includes appropriations recommendations for the following other appropriations bills: Commerce-Justice-Science; Agriculture-Rural Development-Food and Drug Administration; Military Construction-Veterans Affairs; and Transportation-Housing and Urban Development. See House Report 116-100 regarding the IHS portion of the bill.[1]

All Republicans voted against HR 3055 while all but one Democrat voted in favor of passage.

Of central importance is that the House and the Senate have not agreed on a FY 2020 discretionary spending cap (which requires amending the Budget Control Act of 2011). However, the House has proceeded with its Appropriations Committee markups and floor consideration while the Senate has indicated it wants to wait for an agreed upon spending cap. The House proposed FY 2020 figures are almost certainly higher than what the Senate will accept, so the House figures may be considered negotiating recommendations. The President has already said he would veto an appropriations bill similar to the one under consideration on the House floor.

Crucial to all of this is that the Budget Control Act of 2011 (PL 112-25) has set FY 2020 discretionary spending caps and, unless Congress raises them – which they have been annually doing for the past several years – *there will be a required 10% ($125 billion) reduction from the FY 2019 enacted levels for discretionary programs*. At this point no agreement has been reached about increasing the budget caps or whether such agreement would be for one or two years or

[1] Available at https://www.congress.gov/congressional-report/116th-congress/house-report/100/1?q=%7B%22search%22%3A%5B%22House+Report+116-100%22%5D%7D&s=1&r=1.

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Invitation to Join: Enhancing Control of Childhood Asthma in AI/AN Communities Research

Mattie Tomeo-Palmanteeer
Asthma Project Coordinator

Pediatric asthma poses a particularly heavy public health burden in Indian County, where the prevalence of asthma in American Indian and Alaska Native (AI/AN) children is estimated at 15.1%, as compared to the general US population of 9.5%. The consequences of this condition are major and affect not only patients but also their families in the forms of interference with daily activities, missed days of school and work, and additional worry and concern.

To address this health disparity, the Northwest Portland Area Indian Health Board (NPAIHB) is conducting research that will emphasize self-management and home environmental management. The Enhancing Control of Childhood Asthma in AI/AN Communities study is designed to improve children's and their caregivers' ability to successfully manage asthma triggers and medications, and decrease urgent care visits and/or hospitalizations by providing clinic-based education by pharmacy staff. Our program aims to improve the quality of asthma care and to support Indian Health Service (IHS), Tribal, and Urban Indian Health clinics' ability to sustain and integrate their pediatric asthma control program through organizational and institutional protocols and resources. Other benefits to your site's participation include:

- Providers will receive education to improve asthma management for AI/AN children and their quality of life
- Participants and their parent and/or caregiver will receive asthma education
- Patients and their parent(s) and/or caregiver(s) will receive in-home visits for conduct of an environmental health assessment
- Participants will receive vacuum cleaners with High Efficiency Particulate Air (HEPA) filters, mattress & pillow covers, and green cleaning supplies
- Site Coordinators will receive $1,000 for coordinating research activities. Additional costs will be considered.
- Tribes and participants will help create better asthma education for AI/AN children.

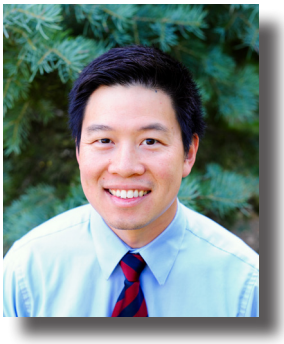
The estimated time for participant enrollment is one year and will include de-identified questionnaires and an in-home environmental health assessment. The following criteria are necessary for sites to participate:

- A group of poorly controlled asthma patients, age 3 – 17, who can participate in the project
- A pharmacist who can provide medication and self-management education, as well as report data related to medication usage and patient's medical history
- Use of RPMS electronic health record [or other system, as long as data can be exported and entered for measurement]
- An environmental health or other community health program that can conduct environmental health assessments in patient homes

Your site's specific data will not be shared with any other groups without your Tribe's permission. Only aggregate data from all participating tribes will be reported in our evaluation results.

We will be happy to work with you and your site to see how the program could best be implemented in your setting. If you are interested, please email asthma@npaihb.org or call Mattie Tomeo-Palmanteer, Asthma Project Coordinator, at (503) 416-3254. We look forward to hearing from you and hope you will be able to participate in the study.

My Experience Evaluating a Suicide Surveillance System for a Tribe in Washington



Alexander Wu
EIS Officer

On my first day of working at the NW Portland Area Indian Health Board, Dr. Tom Weiser let me know that we were asked to visit a tribe in Washington ASAP. There had been a group of suicides, and IHS had deployed a team of behavioral health specialists to the tribe. This was going to be my very first time visiting a reservation. We departed for Washington the next day and arrived in the late afternoon. We sat in a meeting that I will never forget.

The tribal police, clinic directors, behavioral health specialists, and council representatives took turns describing the situation and expressing their concerns for the community. The meeting was somber, serious, and sad, but had a feeling of determination to change. At the end of the meeting, plans were made to meet again in a month. These plans included working with the tribe to evaluate their suicide surveillance system, which was in place but in its infant stages.

Before the next meeting with the tribe, I reached out to the Washington State Department of Health (WADOH) Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) group to access hospital visit data. Using ESSENCE, I was able to graph the number of hospital visits in clinics around the reservation related to suicide. At the next meeting with the tribe, I presented my findings and described one example of a suicide surveillance system benefiting another tribe.

The second meeting ended with the tribe deciding to further evaluate their suicide surveillance system. Over the following months, with my assistance, the tribe identified gaps in data reporting through the creation of an information flow chart. This chart mapped out how information on suicides traveled from either tribal police, schools, behavioral health clinics, or IHS clinics to the tribe's web-based suicide surveillance system. Drafting the flow chart helped identify prominent gaps in and barriers to information sharing.

Currently, the tribe is using the information flow chart to address gaps in information sharing. One of the bright points in this work occurred when the tribal clinic CEO told us during a conference call that without the information flow chart, she would not have known of these gaps, and now solutions were in place. We are planning to meet with the tribe soon to follow-up with their progress.

Throughout this experience, the Board supported every aspect of this surveillance system evaluation. The Board sponsored trips for me to visit the tribe as well as provided key community contacts. The Board's Northwest Tribal Epidemiology Center connected me to WADOH ESSENCE so I could provide the tribe with current descriptive measures of hospital visits related to suicide. And finally, I believe the Board has the resources to provide other tribes the same support and guidance should they need to evaluate their suicide surveillance system.

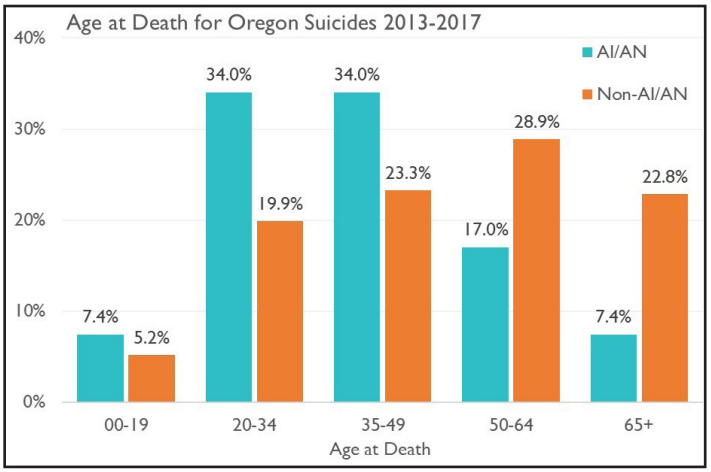
Fast Stats: Suicide among American Indians & Alaska Natives in Oregon

Sujata Joshi
IDEA-NW Project Director

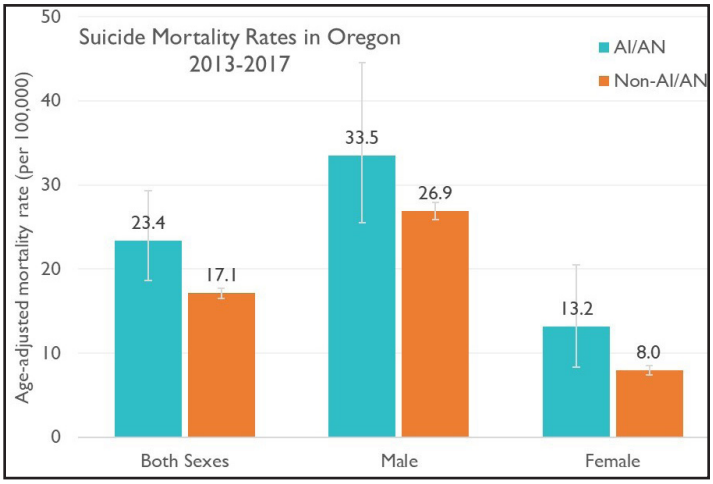
Suicide is the 7th leading cause of death for American Indians and Alaska Natives (AI/AN) in Oregon. Among AI/AN ages 10-24, suicide is the 2nd leading cause of death.

During 2013-2017, there were 94 suicide deaths among AI/AN in Oregon. Of these, 73% deaths were among males.

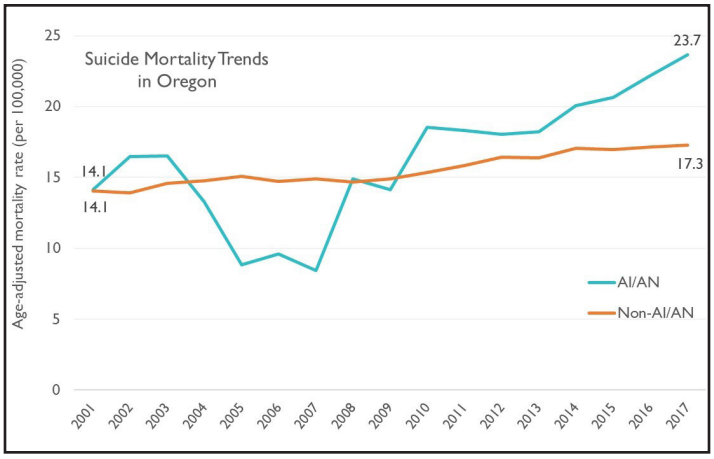
Among AI/AN suicide deaths in Oregon, 41.4% occurred among people younger than 35 years of age.



The suicide mortality rate for AI/AN in Oregon was 1.4 times higher than the rate for non-AI/AN. While males had a higher suicide rate than females, AI/AN females had a larger disparity in suicide rates (1.7 times higher than non-AI/AN).



The suicide mortality rate for AI/AN in Oregon decreased for 2002 to 2006. Since 2007, the suicide rate has nearly tripled.



THRIVE (Tribal Health: Reaching out InVolves Everyone) is the suicide prevention project at the Northwest Portland Area Indian Health Board (NPAIHB). THRIVE provides suicide prevention training, media material development, and technical assistance to tribes in the Pacific Northwest in order to increase knowledge and awareness about suicide among tribal community members, improve intertribal and interagency communication about suicide prevention and treatment, and encourage tribal health programs to track, prevent, and treat suicide. For more information about THRIVE, please contact Colbie Caughlan at ccaughlan@npaihb.org or 503-228-4185.

For more data on suicide and other health priorities, please visit the IDEA-NW's website at: www.npaihb.org/idea-nw. You can also contact us with data requests at ideanw@npaihb.org.

Data Sources:

1. Death certificates from the Oregon Health Authority's Center for Health Statistics, corrected for AI/AN misclassification by NPAIHB's IDEA-NW project, data years 1999-2017.

Is There an ECHO in here in here in here?

Don Head
WTD Project Specialist

On May 2-3, NPAIHB's Western Tribal Diabetes Project (WTDP) hosted the 2019 Northwest Tribal Regional Diabetes Conference in Tigard, OR. As part of that conference, diabetes coordinators from around the Northwest assisted Endocrinologist, Dr. Carol Greenlee with an in-person Diabetes Extension for Community Health Outcomes (Diabetes ECHO) session.

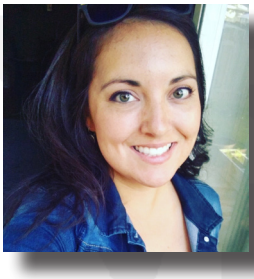
Diabetes ECHO sessions typically have two parts. The first part is the didactic section, which contains information and presentations about advancements in diabetes care. The second part is the case presentation section, wherein diabetes coordinators present particularly difficult cases of patients with uncontrolled diabetes. The case presentation of the patient is followed up with questions from the participants regarding specific information about the patient. Finally, recommendations are gathered from diabetes coordinators and Dr. Carol Greenlee. These recommendations are compiled and provided to the case presenter to take back to their clinic and the patients' providers. In addition to the practical service provided to case presenters, participants are eligible for continuing education credits for registered nurses, dietitians, and diabetes educators through Cardea Services.

After the first in-person session, the Diabetes ECHO moved online. The sessions still have didactic and case presentations; the only difference is that diabetes coordinators are not required to travel in order to participate. Diabetes ECHO uses the Zoom platform, which provides participants the ability to connect with each other using webcams in addition to audio through the computer or over the telephone. **For those programs that do not have webcams, Diabetes ECHO can provide these**.

Above - *Kerri Lopez, WTDP Director addressing the Diabetes ECHO panel*
Below - *Portland Area Diabetes Coordinators engaged in a case presentation at the Northwest Tribal Regional Diabetes Conference*

Since the first in-person session, three online sessions have occurred on May 9, June 13, and July 11. The next Diabetes ECHO session is scheduled for August 8. This date coincides with the Diabetes in Indian Country National Conference, August 6-9, 2019. The regularly scheduled August session will be conducted during the conference in Oklahoma City. Northwest diabetes coordinators who are attending the national conference are invited to participate in the August session, either in person or online. For more information, please contact the WTDP at wtdp@npaihb.org.

Skokomish Tribe Hosts the 2019 Northwest Tribal Food Sovereignty Coalition Gathering



Nora Frank-Buckner
WEAVE-NW Project Coordinator

Fresh shrimp spinach quiche, clam chowder, oyster stew, barbecued salmon, nettle pesto crostini, and fruit salad were among the fresh local foods that Skokomish tribal chefs prepared for this year's Northwest Tribal Food Sovereignty Coalition Gathering. Many of the ingredients were locally sourced from tribal fishermen and gatherers. The gathering was held on June 4th and 5th in the tribe's newly built community center, which is one of the most energy efficient buildings in the region. The center is also one of the largest tribally owned solar energy systems on the West Coast.

WEAVE-NW staff worked cooperatively with Skokomish tribal staff, community members, and the Seattle Indian Health Board (SIHB) to provide another conference filled with presentations from tribal communities across the region and workshops facilitated by community members, staff from SIHB, and partners such as Garden Raised Bounty (GRuB). The keynote presentation was given by Mary J. Pavel, a Skokomish tribal member, who is a partner in the Washington, DC firm of Sonosky, Chambers, Saches, Enreson & Perry, LLP, one of the country's leading Indian law firms. Panel presentations included experts in the fields of breastfeeding initiatives, tribal food code and law, epigenetics, and nutrition. Breakout sessions included:

- Breastfeeding Initiative Round Tables
- Implementing Innovative Policy Solutions that Support Food Sovereignty
- Indigenous Knowledge- Informed Care at SIHB
- Plant Teachings and Social Emotional Skill
- The Forest is our Walmart
- Healthy Food v. Junk Food
- Tour of the Skokomish Tribe Estuary

A community spotlight panel highlighted three tribes in our region: Skokomish Tribe, Nez Perce Tribe, and the Confederated Tribes of Grande Ronde. Skokomish screened their new digital story about the Joe Andrew Sr. Garden and what it means to their community, master gardener, and volunteers who tend the garden. It was emotional and inspiring! Francene Ambrose, a Grand Ronde tribal member and coordinator with Marion-Polk Food Share, and Taylor West, a RARE AmeriCorps member, discussed their process for conducting a Food Sovereignty Assessment in the Grand Ronde community. Shannon Wheeler, Tribal Chairman for the Nez Perce Tribe, and Ann McCormick, Economic Development Planner for the tribe, discussed their plans to develop a small model farm in Lapwai. Each presentation was filled with passion and knowledge that resonated with many participants in the room.

The first night concluded with a film screening of the documentary RETURN: Native American Women Reclaim Foodways for Health & Spirit, followed by a traditional dinner that

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2019 Northwest Tribal Food Sovereignty

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featured fresh shrimp, salmon, oysters, clams, and other traditional foods. The event was a success and the NW Tribal Food Sovereignty Coalition is looking forward to organizing future events in collaboration with our member tribes.

"I really enjoyed the entire gathering. I would love to have a gathering focused on food codes. This is a complex subject and am working towards one with my tribe. Also, I enjoyed the mix of scientific and tribal knowledge that was blended in this gathering. It felt like the right mix. I really enjoyed the teas and infused waters. I loved being able to have the food catered by the local Tribe featuring their traditional foods. I was able to have them in a new way and thoroughly enjoyed it. I also appreciated the idea of using less throw away materials and am bringing that back to my community to bring their own plates, cups, and utensils. I loved the poster [asking "What does food sovereignty mean to you?"] and seeing all the answers. It was so empowering. It never feels like there is enough time. So many ideas and opportunities are out there. I always leave wanting more." – Quote from a participant

Tribal Researchers' Cancer Control Fellowship Program

Ashley Thomas, MPH
NW NARCH Program Manager

The NW Native American Research Centers for Health (NARCH) recently welcomed its second cohort of the Tribal Researchers' Cancer Control Fellowship Program to Portland. The fellows completed two weeks of tailored cancer prevention and control research training from June 16-28. The goal of this fellowship is to reduce cancer incidence and mortality, and to improve cancer survival in tribal communities through the efforts of American Indian/Alaska Native (AI/AN) researchers. This program aims to increase research capacities and build research skills among AI/AN investigators, so they will be better prepared to design and implement cancer-related research projects within AI/AN communities. To date, 19 AI/AN researchers have come through the program. In addition to this two-week training, this year's fellows will attend a follow-up week of training in Calgary, Alberta, Canada, at the World Indigenous Cancer Conference in September.

Recruitment for the 2020 cohort will begin in the fall of 2019. For more information, please visit the NPAIHB website at: www.npaihb.org/northwest-native-american-research-center-for-health-nw-narch or contact Ashley Thomas at athomas@npaihb.org.

(Left to right back row: Linda Burhansstipanov, Jonathan Credo, Julie Beans, Chesleigh Keene Jillian Jetter, Tom Becker, Ashley Thomas. Front row: Rosa Frutos, Andee Lister, Lindsey Manshack, Mariah Norwood, Matthew Frank)

A New Perspective on Motor Vehicle Injury Data

Tam Lutz, MPH, MHA
Project Director/Co-Principal Investigator

Jodi Lapidus, PhD
Co-Principal Investigator

Nicole Smith, MPH
Biostatistician

Meena Patil, MPH
Biostatistician

Candice Jimenez, MPH
Research Manager

It is well documented that American Indian/Alaska Natives (AI/ANs) are severely impacted by motor vehicle crash (MVC) injuries. Preventing motor vehicle-related injuries and fatalities is a priority for Northwest tribes, and addressing this issue requires comprehensive, evidence-based, ongoing interventions. The Northwest Tribal Epidemiology Center (EpiCenter) at NPAIHB has embarked on a new initiative through a grant from the National Institute of Minority Health and Health Disparities, National Institutes of Health, to further explore motor vehicle injury data. It augments ongoing efforts in the EpiCenter to provide tribes with American Indian/Alaska Native-specific information from data sources including hospital discharge data and death certificates.

What We Already Know About Motor Vehicle Injuries

Deaths from unintentional injuries, including MVCs, are significant contributors to mortality among the AI/AN population. MVCs accounted for a larger proportion of unintentional injury fatalities for AI/ANs in Washington, 37% compared to 21% for Non-Hispanic Whites (NHW). In Idaho, motor vehicle crashes accounted for 78.5% of unintentional injury deaths among AI/ANs, compared to 48.5% for NHW.[1]

In addition to fatalities, AI/ANs disproportionately suffer from non-fatal injuries as well. Hospital discharge data indicates that AI/ANs in Washington State are nearly twice as likely to have an inpatient hospitalization for unintentional injury than NHW (839.8 vs. 457.5, age

Figure 1: Motor vehicle crash mortality rates by state and race, 2006-2010. *Data source: Death certificates (ID, OR, WA) matched with Northwest Tribal Registry*

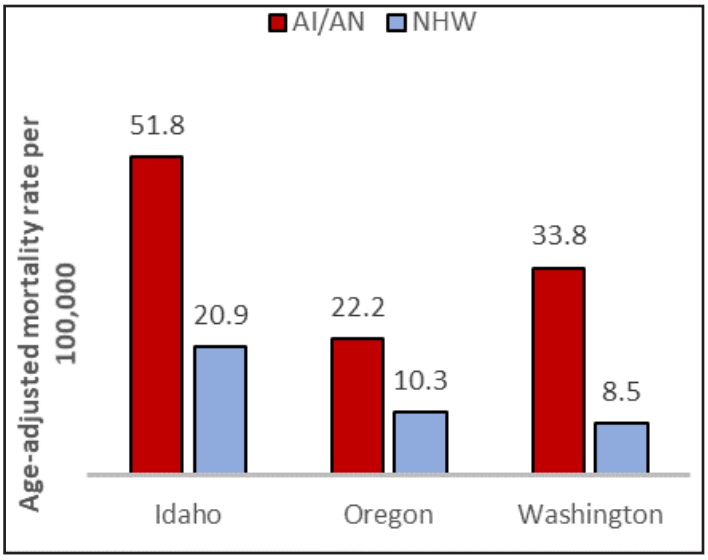
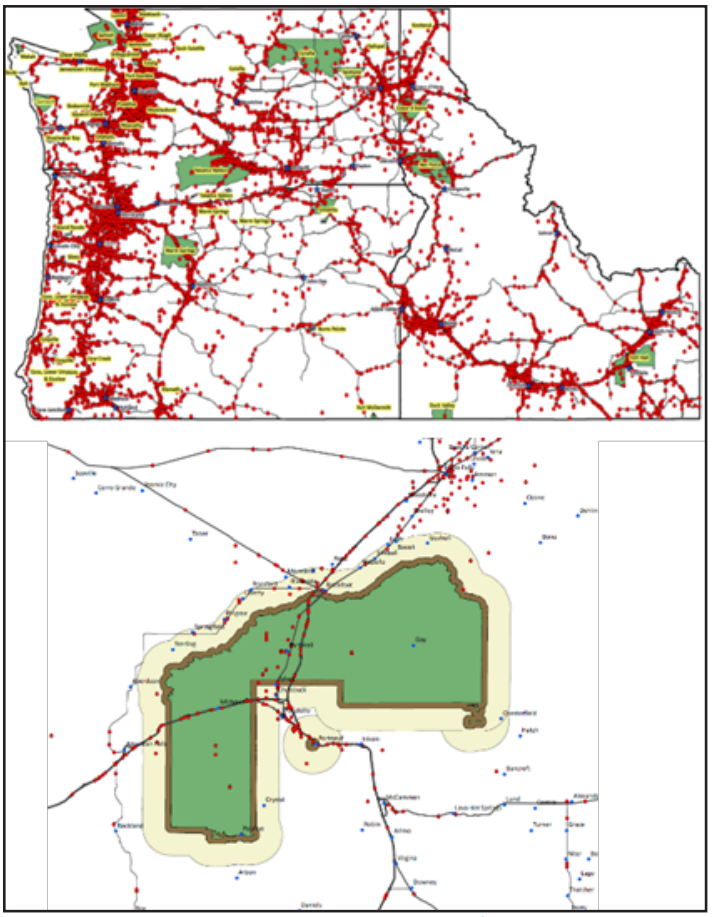


Figure 2: Tribes in ID, OR, WA (top), and one ID tribe (bottom), showing proximity of fatal crashes *Data source: FARS 2000-2009*



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A New Perspective on Motor Vehicle Injury Data

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adjusted rate per 100,000). The rate is also higher for Oregon, but to a lesser extent (RateRatio 1.2)[2]

Another very real consequence is the economic impact of crashes. The most recent data (2010) indicate that MVCs cost our nation $242 billion in medical, EMS, insurance, property damage, and lost work productivity. When intangible losses such as quality of life are considered, the total cost of societal harm from motor vehicle crashes in the United States in 2010 was an estimated $836 billion.[3] The economic burden of MVCs in tribal communities is likely massive.

What We Plan to Find Out About Motor Vehicle Injuries

We will evaluate the magnitude of motor vehicle crash-related mortality, hospitalization, and serious injury among AI/ANs in the Northwest utilizing public health data from various existing data sources.

First, we will update our analyses, including data shown in the figures shown above, to include recent state-specific data. We will estimate rates and trends in MVC related deaths, hospitalizations, and injury, and determine the impact of racial misclassification on these estimates. We will use age-adjusted rates to estimate disparities between AI/ANs and NHW population.

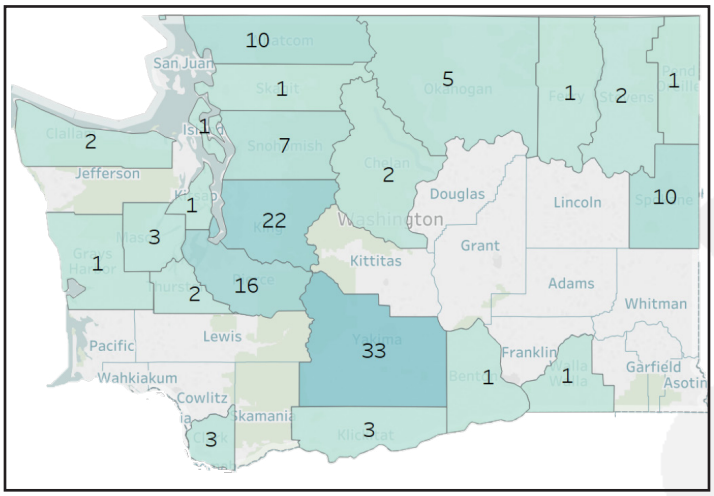

Figure 3. Count of AI/AN pedestrians killed by motor vehicles from 1999-2016 by county of decedent's residence. Data source: Washington State death certificates linked to the NW Tribal Registry

In response to tribes' request for as local-level data as possible, we will share county-level information where available (see example in Figure 3, previous page), and create maps and interactive data visualizations using multiple data sources.

Data sources include:

- Death certificates
- Hospital discharge data
- Trauma registries
- Fatality Analysis Reporting System (FARS)
- Syndromic surveillance data (emergency departments and urgent care facilities)
- Crash Injury Research (CIREN)

Partnerships with Northwest Washington Indian Health Board (NWWIHB)

We are working with NWWIHB to identify strengths and limitations of the various data sources and highlight areas for quality improvement. NWWIHB is also helping provide context in the interpretation of findings and applicability to their member tribes, which will be a model of how we report and share data with other groups of tribes or regions of the states.

Academic partnership

The grant also supports the continued tribal-academic partnership between the EpiCenter and the Oregon Health & Science University – Portland State University School of Public Health (OHSU-PSU SPH).

Experts in the field

This project receives oversight and support from an advisory committee, which will meet regularly to refine plans, collectively review results, and suggest follow-up strategies.

Data dissemination and reporting

With guidance from our partners, we will produce and publish reports and maps specific to NW region, individual states (ID, OR, and WA), as well as for tribal groups. We plan to present to the tribes at quarterly board meetings and publish results on the NPAIHB website.

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A New Perspective on Motor Vehicle Injury Data

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Our ultimate goal is to enhance data access and facilitate the use of MVC data by EpiCenter projects, community health workers, tribal leaders, public health, tribal government, health care providers, transportation programs, and legal and law enforcement personnel.

Looking at multiple MVC data sources together, as locally as possible, will allow the EpiCenter and tribes to plan, address, and prevent motor vehicle injuries more effectively. The data analyses that will be completed under this grant will position the EpiCenter and NW tribes to collaboratively design and conduct pilot studies aimed at reducing death and injury related to motor vehicle crashes.

Study Team:
Tam Lutz, MPH, MHA – Project Director/Co-Principal Investigator
Jodi Lapidus, PhD – Co-Principal Investigator
Nicole Smith, MPH – Biostatistician
Meena Patil, MPH – Biostatistician
Candice Jimenez, MPH – Research Manager

For more information, connect with us through Candice Jimenez at cjimenez@npaihb.org

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[1] Northwest Portland Area Indian Health Board. IDEA-NW Washington Community Health Profile – Injury & Violence (2014). Available at: www.npaihb.org/images/epicenter_docs/IDEA/2014/IdReports/7_Idaho_Injury&Violence.pdf

[2] Northwest Portland Area Indian Health Board. IDEA-NW Washington Community Health Profile – Injury & Violence (2014). Available at: www.npaihb.org/images/epicenter_docs/IDEA/2014/IdReports/7_Idaho_Injury&Violence.pdf

[3] Traffic Safety Facts: Summary of Motor Vehicle Crashes. October 2017 National Highway Traffic Safety Administration DOT HS 812 376. Available at: crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812376

Portland Area IHS Director's Award Ceremony, June 7

Clarice Charging received an IHS Director's award for her service as the administrator of the Portland Area IHS Institutional Review Board (IRB). Clarice assists the Chairs of the IRB to prepare research protocols for review, convene monthly meetings, assign reviewers and communicate with researchers when they have questions about their projects.. The IRB Chairs, Rena Macy and CAPT Weiser deeply appreciate Clarice's more than 10 years of dedication to protecting human research subjects in the Portland Area.

Dr. Tom Becker received an IHS Director's Award In acknowledgment of outstanding leadership directing the Native American Research Centers for Health scholarship program and Summer Institute training program for American Indian/Alaska Native students. Dr. Becker has led the Native American Research Centers for Health (NARCH) program based at the Northwest Portland Area Indian Health Board's Northwest Tribal Epidemiology Center providing scholarships for more than 100 AI/AN graduate students to pursue careers in research. For the past ten years, Dr. Becker has also conducted the NARCH Summer Institute, which has trained over 1,000 AI/AN students.

Wildfire Safety

Taylor Ellis
Public Health Improvement & Training Specialist

Last summer, historic wildfires devastated communities across North America and unfortunately, this summer may be no different. The National Interagency Fire Center has predicted that areas of Idaho, Oregon, and Washington will have an above normal potential for significant wildfires from July to September 2019. As many communities in the Pacific Northwest prepare for this year's wildfire season, it's important to also prepare for the potential health effects of poor air quality from smoke. Below are a few precautions that everyone can take when air quality is poor from wildfire smoke.

- *Limit your amount of physical activity outside.* Increased physical activity outside increases the amount of smoke inhaled, which can result in health complications.
- *Keep indoor air as clean as possible* if advised to stay indoors. Keep all windows and doors to the outside closed, and stay cool by using an air conditioning unit instead. The air conditioner should have the fresh-air intake closed and a clean filter to reduce exposure to smoke.
  - If homes don't have an air conditioner and it is too warm to stay inside, check your local area for designated cooling or evacuation centers.
- *Avoid activities that increase indoor pollution.* This includes burning candles, smoking, using fireplaces, and using gas stoves. Vacuuming also stirs up particles indoors, which can contribute to indoor air pollution.
- *Don't rely on dust or surgical masks for protection.* Paper dust masks commonly found at hardware stores or doctor offices are meant to trap large particles, such as sawdust or airborne droplets. The particles found in wildfire smoke are very small, so dust and surgical masks will not provide adequate protection.

- *Use portable air cleaners or an air purifier to reduce indoor air pollution.* Cleaners should be correctly sized for the room in which they'll be used and should not make ozone, an air pollutant.

- *Follow the advice of your doctor or other healthcare provider* about medicines and/or a respiratory management plan. Call your doctor or provider if symptoms worsen.

Of particular concern during times of poor air quality are vulnerable populations, including children, pregnant women, and those with heart and/or lung conditions. Households with members who fall into one or more of these categories should take extra precautions and check with primary care providers to learn more about reducing the potential impacts of wildfire smoke.

- *People with heart or lung diseases*, which can often include *elders* due to older people being at an increased risk of developing heart and lung diseases
  - This can also include those with asthma or cystic fibrosis (CF)
- *Children* have higher respiratory rates than adults and therefore breathe more air than adults per pound of body weight
- *Pregnant women* should take precautions to reduce the amount of exposure to wildfire smoke to avoid potential health complications for them or their babies

[1] "National Significant Wildland Fire Potential Outlook" National Interagency Fire Center. www.predictiveservices.nifc.gov/outlooks/monthly_seasonal_outlook.pdf

[2] "Protect Yourself from Wildfire Smoke" Centers for Disease Control and Prevention. www.cdc.gov/features/wildfires/index.html

Firearm Safety

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Firearms have a long history tied to hunting and trading or gift-giving in American Indian/Alaska Native communities. Although the role of firearms has shifted over time, many households today continue to own one or more firearms with various intended uses, such as hunting, home security, sport or competition, recreational shooting, and collecting. Regardless of intended use of firearms, all owners have the responsibility to safely store and handle their firearms inside and outside of the home to ensure the continued safety of household members as well as the larger community.

Safe storage typically includes three elements: using locking devices for all firearms, storing firearms unloaded, and having ammunition locked. Taking these steps to safely store firearms can save lives, as safe storage has been linked to fewer deaths and injuries.[1] Keep in mind that simply hiding a firearm is not an effective safety measure, as children and teens often know where firearms are kept. If you're not sure where to start or what type of locking device would be best suited to your needs, visit a local firearm shop for an in-person demonstration or visit online resources such as the Lock it Up Campaign or Washington State's Safer Homes website.

Now that children and teens are spending more time at home over the summer months, it may also be a good time to have a conversation with them about firearm safety. Even if there are no firearms within your home, many organizations and health care professionals encourage these conversations to take place among all families, as firearms are found in approximately a third (33%) of American households. Below are a few suggested topics to cover:

- Establish that if they find a gun they should avoid touching the gun, leave the room or area, and immediately tell an adult.[2]
- Explain that real firearms are tools that can seriously injure or kill people, unlike toy firearms or firearms shown on TV, in movies, or in video games.
- Talk about firearms and violence. Let them know that strong feelings like fear and anger can be expressed without using weapons.[3]

[1] "Study shows how community event can spur safe gun storage" U.S. Department of Veterans Affairs. www.research.va.gov/currents/0917-Community-event-can-spur-safe-gun-storage.cfm
[2] "Start a Conversation" Lock it Up. www.safefirearmsstorage.org/start-a-conversation/
[3] "Firearms in the Home, Safety Resources" Seattle Children's Hospital. www.seattlechildrens.org/safety-wellness/guns-in-the-home/

TOTS To Tweens (T2T)

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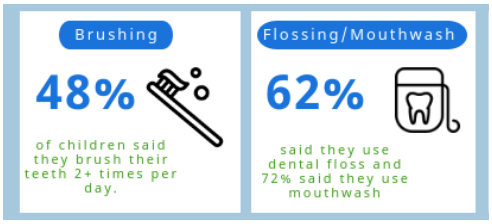
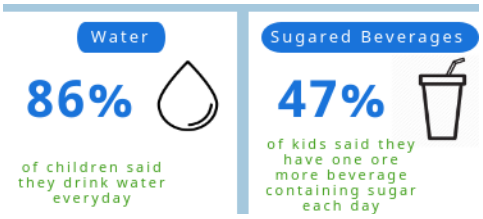
Child's Self-Reported Hygiene

Kids reported decent hygiene behavior, though the dentists looking in their mouths disagreed. Our dentists said the children had a lot of buildup that needed to be removed by a hygienist.



Child's Self-Reported Beverage Consumption

Soda pop was not a popular beverage, with 38% of kids saying they drink it less than once a week or never. Energy drinks were even less popular, with 84% of kids reporting that



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T2T: Evaluating the Dental Health of Tribal Children Age 11-13

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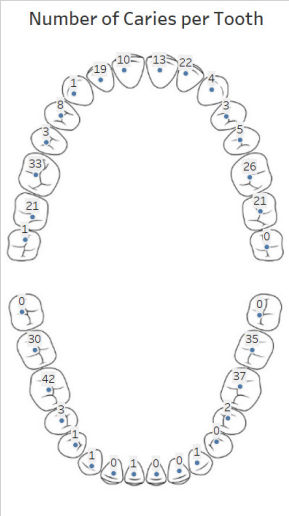
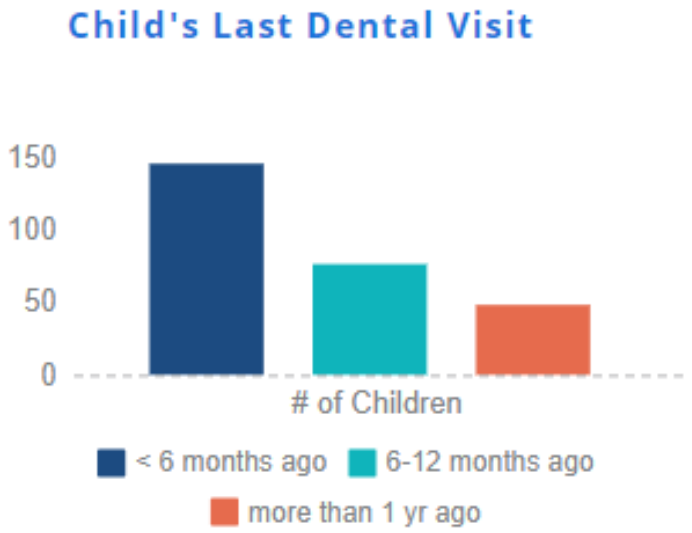
Where were the untreated cavities? This figure shows the cavity count for all 335 children. The cavities that had not yet been filled tended to occur in molars.



they never drink them. This ranged from 60% to 92% by tribe.

Water was by far the most popular beverage, with 83% of kids saying they drink water every day. This ranged from 72% to 86% by tribe.

99% of kids said they never use any type of tobacco, including e-cigarettes or vape.



Access to Dental Care

Most children had received recent dental care, as reported by their parent or guardian. Most, 54%, had been to the dentist in the past six months, varying from 42% to 67% by tribe. Children who had a dental visit within the past six months were less likely to have cavities in their permanent teeth.

Tweens Asher and Isaac Smith are maybe a bit too comfortable at the dentist

Factors Related to Tooth Decay

We found no individual-level factors, such as height and weight, reported hygiene practices, or reported sugared beverage consumption to be related to tooth decay. We did, however, find significant community-level patterns. At a tribe-level, kids tended to either have very little decay, or a lot of decay. Kids at a tribe were similar to each other. This study leads us to conclude that community-level factors are more important for preventing tooth decay than individual-level factors.

Next Steps

We are currently exploring what these important community-level factors might be. Water quality, clinic practices – including community outreach and school-based screenings, food sovereignty, and access to inexpensive dental hygiene products are ideas we have heard from tribal members and dental providers.

Study Team:

Co-Principal Investigators: Tom Becker and Tam Lutz
Biostatisticians: Jodi Lapidus and Nicole Smith
Research Manager: Candice Jimenez
Dental Examiner Consultants: Maxine Brings Him Back Janis, Eli Schwarz, Gerardo Maupomé

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whether Congress will accept a budget cap at FY 2019 levels, resulting in a year-long Continuing Resolution.

Administration Proposal. The President's proposed FY 2020 budget for IHS was not as severe in its proposed cuts as the previous two Administration proposals and does include some proposed increases, including increases of $25 million for HIV/AIDS and Hepatitis C Prevention and Treatment and $25 million for modernization of electronic health records. The Administration's request of new funding of $20 million to begin development of a national Community Health Aid Program (CHAP) is offset by the proposal to reduce the Community Health Representatives (CHR) program by nearly $40 million, down to $24 million. Proposed for elimination was funding for the Health Education and Tribal Grant Management programs.

House Proposal. The House rejected the above proposed reductions for the CHR program and elimination of funding for the Health Education and Tribal Grant management programs while agreeing to the prop osed increases for HIV/AIDS/Hepatitis program, the lower-48 CHAP expansion program, and the modernization of the electronic health records system.

The House bill would provide a $29.7 million increase for Urban Indian Health over FY 2019 enacted level for a total of $81 million. Overall the Facilities account was recommended for an $85 million increase over FY 2019 enacted with $61 million of it being in the Health Care Facilities Construction account. Other increases over FY 2019 enacted would be $20 million for Mental Health, $34 million for Alcohol and Substance Abuse, and $33 million for Indian Health Professions.

IHS Advance Appropriations Initiative

There have been significant developments in the opening months of the 116th Congress regarding the effort to place the IHS budget on an advance appropriations schedule although there is still a long way to go to achieve this status. Under IHS advance appropriations tribes and the IHS would know a year in advance how much funding would be available. It would enhance the planning process and shield tribal health care programs from government shutdowns and/or having to operate under Continuing Resolutions.

In 2018 the General Accountability Office (GAO) issued a report regarding IHS advance appropriations issues. Below I provide an update on pending advance appropriations legislation. The bills differ with regard to what programs would be authorized to receive advance appropriations.

Bills Introduced. The 35-day partial government shutdown in early 2019, which stopped the flow of federal funding for the affected agencies, spurred a flurry of activity with regard to introduction of legislation that would authorize advance appropriations for IHS and/or Indian Affairs (BIA/BIE). Senator Tom Udall (D-NM) introduced S. 229 and Representatives Don Young (R-AK) and Betty McCollum (D-MN) introduced HR 1128, which would authorize advance appropriations for the IHS (IHS Services, Contract Support Costs) and Indian Affairs (Operation of Indian Programs, Contract Support Costs, Indian guaranteed Loan Program).

In addition, Rep. Young introduced HR 1135, which is specific to advance appropriations for the IHS. We are expecting the Alaska Senators Murkowski and Dan Sullivan also to introduce legislation authorizing advance appropriations specific to the IHS.

House Appropriations Committee FY 2020 Report Language Regarding Advance Appropriations. The House Appropriations Committee approved its FY 2020 Interior, Environment, and Related Agencies bill on May 22, 2019. The Committee report (House Report 116-100) language would keep the effort of advance appropriations moving in the right direction, and reads:

> "Advance Appropriations.—In 2018, the Government Accounting Office (GAO) identified considerations for Congress when considering whether to advance appropriate funds to IHS, including whether IHS has the processes in place to develop and manage an advance appropriation. The Committee directs IHS to examine its existing processes and determine what changes are needed

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to develop and manage an advance appropriation and report to the Committee within 180 days of enactment of this Act on the processes needed and whether additional Congressional authority is required in order to develop the processes."

House Interior Appropriations Chair McCollum noted at the May 22, 2019 markup that the Committee is asking both the IHS and Indian Affairs for additional information as part of the effort to move forward on providing both agencies advance appropriations, although the Committee Report mentions only the IHS.

Outlook. The Senate Interior Appropriations Subcommittee has not yet marked up its FY 2020 Interior, Environment, and Related Agencies bill so we do not know what it or the accompanying report might say about advance appropriations.

With regard to the provision of advance appropriations for FY 2020 that does not seem feasible. The House has already marked up its Interior and Related Agencies Appropriations bill and the Budget Committees have not agreed to a Budget Resolution, which usually is the place that authority is also required for a program to have advance appropriations status. Nevertheless, there is a flurry of activity on this issue, with Members of Congress, the National Indian Health Board, the National Congress of American Indians, and others actively advocating on this issue.

The testimony and advocacy of Tribes and Tribal Organizations have directly resulted in the introduction of tribal advance appropriations legislation and in Congressional committees engaging the GAO and federal agencies on this issue. These efforts need to continue.

SDPI Reauthorization and Funding

Authorization for the Special Diabetes Program for Indians (SDPI) expires on September 30, 2019. This critical program has been credited with reducing incidence rates of diabetes and diabetes-related conditions among AI/AN populations, as well as promoting diabetes prevention and treatment programs across Indian Country. Since its establishment in 1997, however, SDPI has only been extended for periods ranging from one to five years. The resulting uncertainties regarding long-term funding availability and program support create significant challenges for tribal grantees in terms of the recruitment and retention of qualified staff, continuity of services, and program administration.

These challenges are frequently compounded by a lack of adequate funding. SDPI has been level funded at $150 million per year since fiscal year 2004. Additional funding is needed to account for medical inflation and to support program expansion. The Administration in its FY 2020 proposed budget asked for a two-year, $150 million per year funding of SDPI. Unlike last year when they proposed to change its funding to a discretionary status, for FY 2020 they proposed to keep the program's funding mandatory. NCAI and NIHB are advocating that Congress increase the annual appropriation for SDPI to $200 million for fiscal year 2020 to begin to address this unmet need.

Pending SDPI Legislation

H.R. 2680, the SDPI Reauthorization Act of 2019. On May 10, 2019, bipartisan legislation was introduced in the House of Representatives to extend both SDPI and the Type 1 Diabetes Research Program for five years at $200 million per year (a $50 million annual increase). H.R. 2680 was introduced by Rep. Tom O'Halleran (D-AZ) with original co-sponsors being Reps. Tom Cole (R-OK), Deb Haaland (D-NM), Diana DeGette (D-CO), Tom Reed (R-NY), and Markwayne Mullin (R-OK). H.R. 2668, the Type 1 Diabetes Research Program bill, was introduced by Rep. DeGette and co-sponsored by Reps. Reed, O'Halleran, and Mullin. The bills were referred to the Committee on Energy and Commerce, which has jurisdiction over a number of health issues. Reps. O'Halleran, DeGette, and Mullin are members of the Committee, which should prove helpful in moving the bills through the legislative process.

Prior to introducing these bills a major effort was made to get members of Congress to actively urge reauthorization of these programs. The effort resulted in 379 House Members and 67 Senators signing letters

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of support urging the extension of these important programs dedicated to preventing and treating diabetes.

S. 1895. This broad healthcare package legislation would extend SDPI authorization through 2024. It does not include an increase in appropriations for the program. There is concern that other healthcare extenders in the package are too expensive, which may create challenges in securing wide bipartisan support for the bill. S. 1895 is scheduled for mark-up by the Senate Committee on Health, Education, Labor and Pensions on June 26, 2019.

June 4, 2019 Hearing on SDPI and Healthcare Bills
On June 4, 2019, the House Committee on Energy and Commerce Subcommittee on Health, chaired by Rep. Anna Eshoo (D-CA), held a hearing which included legislation to extend SDPI and the Type I Special Diabetes Program. A total of 12 health care bills, set to expire September 30, 2019, were the subject of the hearing, including the reauthorizations for the Community Health Centers and the National Health Service Corps. Many of the pending bills seeking care for low-income people would extend authorization levels to five years (up from the current two years) and increase funding, including for SDPI.

Even though there is bipartisan and bicameral support for extension of these community-based health programs, including SDPI, a significant bone of contention on part of Republican Subcommittee members is that there is no funding offset for the funding increases.

HHS Issue Brief on SDPI Savings on Medicare Expenses
Also on May 10, 2019, the Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation, released an Issue Brief entitled "The Special Diabetes Program for Indians: Estimates of Medicare Savings."[2] The 30-page report does not provide a definitive answer to savings from Medicare due to the SDPI program. Rather, it focuses on End Stage Renal Disease (ESRD-DM), whose treatment is a significant cost to Medicare. The report notes "The incidence of ESRD-DM declined from 324.4 per million AI/AN in 2000 (more than double the incidence for the white population in 2000) to 192.7 per million in 2015 (just above the rate for the white population in 2015, 150.4)." The report also found that the decrease in new cases of kidney failure due to diabetes in AI/AN people resulted in approximately $436 to $520 million in savings to Medicare over a ten-year period, attributable, in part, to SDPI. The IHS Division of Diabetes Treatment and Prevention provided input on SDPI and helped edit the report.

Section 105(l) Leasing
In November 2016, the landmark ruling in Maniilaq Association v. Burwell held that section 105(l) of the ISDEAA required IHS to enter into—and fully fund—leases for facilities controlled by tribal providers and used to carry out ISDEAA agreements. That ruling opened the door for tribes and tribal health organizations to seek full compensation for the operation and maintenance of their clinics.

In FY 2018 (as in FY 2017), 105(l) lease compensation came from an $11 million tribal clinics appropriation, with about half of that allocated to Alaska's Village Built Clinic (VBC) lease program and half to 105(l) leases. But the popularity of 105(l) leasing has grown over the past year, rendering these funding levels obsolete. In July 2018, IHS issued a letter initiating tribal consultation on how to cover what was then a $13 million shortfall in 105(l) lease funding. IHS proposed to reprogram funding from unallocated inflation increases, which would deny tribes needed program increases to keep pace with the cost of living. In the end, IHS was forced to reprogram $25 million of its $70.4 million inflation increase to cover 105(l) lease compensation—on top of the $5 million allocation from the clinics appropriation.

Congress took note of the agency's dire need. On February 15, 2019, the President signed into law an appropriations act to fund IHS, among many other agencies, for the remainder of FY 2019. The act

[2] The Issue Brief may be accessed here: https://aspe.hhs.gov/system/files/pdf/261741/SDPI_Paper_Final.pdf.

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included a $36 million supplemental tribal clinics appropriation—an increase of $25 million to match the amount IHS had to reprogram in FY 2018. IHS and tribal health care providers are not out of the woods yet, however. With 105(l) leasing expected to continue growing in FY 2019, $36 million will almost certainly not be enough to cover all of the 105(l) lease obligations. In order to avoid reprogramming, which hurts program funding levels, tribes and tribal organizations will need to engage with IHS and the appropriations committees on long-term solutions to what IHS has called the 105(l) funding "dilemma" or "crisis." One solution would be a separate, indefinite appropriation like that for contract support costs (CSC).

Status of FY 2020 Appropriations

As discussed above, the House Appropriations Committee's Interior, Environment, and Related Agencies Subcommittee has marked up its FY 2020 Appropriations bill. The recommendation for clinic leases (both VBC and 105(l)) is $53 million, which is $42 million over the Administration's request. In addition, the draft House Committee report provides instructions to the IHS regarding its submission of funding proposals and brings up the question of whether the leases should be funded in the same manner as are contract support costs:

> 105(l) Leases.—The recommendation includes $53,000,000 for section 105(l) lease costs, $17,000,000 above the enacted level and $42,000,000 above the budget request. These funds are to supplement existing funds available for operational costs at Village Built Clinics and tribal clinics operated under an Indian Self-Determination and Education Assistance Act compact or contract where health care is delivered in space acquired through a full-service lease. The Committee directs IHS to consider whether costs associated with these leases should be a separate line item in the budget and funded in the same manner as contract support costs and report its determination to the Committee within 90 days of enactment of this Act. Additionally, the Committee directs IHS to submit the estimated amounts for the current fiscal year and the next fiscal year estimate at the same time the budget request is submitted.

The Administration, as it did in FYs 2018 and 2019, proposed language that would essentially nullify 105(l) by making lease compensation discretionary. Congress rejected this language in FYs 2018 and 2019 and the same is expected for FY 2020.

The Senate Interior Appropriations Subcommittee has not yet marked up its FY 2020 appropriations bill. Also of note is that the House and Senate have not agreed to a funding cap number for domestic discretionary spending. The House has proceeded to mark up its funding bills anyway with about a 10% increase over FY 2019 enacted levels. The House-recommended funding amounts are generally seen as a starting point for negotiations with the Senate.

Senate Interior Appropriations Chairman Lisa Murkowski (R-AK), at a May 1st hearing on the proposed FY 2020 IHS budget, asked IHS for an update on the costs and a proposed solution on how IHS will support (pay for) the 105(l) required lease costs. At this point the IHS, which reprogrammed $25 million in FY 2018 to cover 105(l) lease costs, has not figured out how to fully pay the FY 2019 costs nor the expected increased FY 2020 costs. A technical workgroup at IHS is endeavoring to estimate costs of the 105(l) leases. Tribal consultation on this issue has brought comments that the legally required 105(l) lease costs should be a separate line item in the IHS budget and that they, as with contract support costs, should be funded at "such sums as are necessary".

Opioid Litigation Update

Over 100 tribes and tribal organizations have joined approximately 1,000 State and local governmental plaintiffs in litigation against the manufacturers and distributors of prescription opioids for their role in creating the national opioid epidemic. The majority of those cases have been consolidated in "multidistrict litigation" before federal district court Judge Dan A. Polster in Ohio. Although Judge Polster has been clear that he would like to see the parties reach a "global

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settlement," he has also selected specific "bellwether" (test) cases to move forward with pre-trial motions and, eventually, trial. The bellwether cases represent several different litigation "tracks" reflecting various types of plaintiffs that have brought opioid claims, including States, cities and counties, and Indian Tribes, among others.

Judge Polster has selected two cases, brought by the Muscogee (Creek) Nation and Blackfeet Tribe, as bellwethers in the "tribal" track. Earlier this year, the opioid Defendants filed Motions to Dismiss in both cases, asking the court to make a threshold ruling that the Tribes' complaints were not sufficient to state any legal claims for relief. The Defendants have filed similar motions in other litigation tracks, as well. On June 13, 2019 Judge Polster issued a joint Opinion and Order (Order) ruling on the Motions to Dismiss, rejecting most of the Defendants' arguments and allowing most of the Tribes' claims to proceed with the litigation. The Order largely adopts recommendations by Magistrate Judge David A. Ruiz, filed on April 1, recommending to the court that the Motions to Dismiss be denied with respect to the vast majority of the Tribes' claims.

As a result of the Order, the following tribal claims will move ahead through the litigation: 1) two separate claims under the Racketeer Influenced and Corrupt Organizations Act (RICO); 2) Public Nuisance; 3) Civil Conspiracy; 4) Unjust Enrichment; 5) Negligence and Negligent Misrepresentation; and 6) Common Law Fraud. Judge Polster agreed with the Magistrate Judge's recommendation to dismiss a claim brought under the Lanham Act, a federal statute prohibiting trademark infringement and false advertising, as well as a federal common law public nuisance claim and a claim under the Montana Unfair Trade Practices and Consumer Protection Act. In addition, Judge Polster ruled that the Tribes' negligence per se claims should be dismissed. Nevertheless, the Order is excellent news for tribal plaintiffs in the MDL, as it means that the vast majority of the tribal claims—including RICO—will move forward. The Order is not a final determination of liability, and there may be a long way to go before this litigation is resolved. However, the Order addresses many important, relevant issues for the "tribal track" claims, and it clears the way for these cases to head toward trial.

Meanwhile, plaintiffs in the multidistrict litigation continue to pursue a settlement. In a novel approach, on June 14, 2019 cities and counties across the country filed a Motion for the Court to rule on the establishment of a "Negotiation Class." Every local and county government would be part of it—not just the governments that are currently suing—though governments have the option to opt out (doing so would require them to take some affirmative steps). If established, the class will be solely for the purpose of negotiating a comprehensive settlement with regard to such entities—it would not create a class action for purposes of litigation. If they reach a settlement, the Class proposes that 75% of the settlement would be allocated to the governments, based on a formula; 15% would be set aside for a "Special Needs Fund" and 10% would go to attorneys' fees and costs.

The proposal filed by the cities and counties will not directly affect the litigation or settlement of the claims of other types of plaintiffs, such as Tribes, even if the court rules to approve the proposed class. However, the Motion notes it is possible these "plaintiffs can organize themselves as groups or propose their own classes, for trial or settlement purposes." Because a "Negotiation Class" has never been approved before, legal experts from across the country will be watching to see how the court reacts.

Affordable Care Act Litigation (Texas v. United States)

In December, a federal district court ruling made headlines when the judge held that the individual mandate enacted as part of the Patient Protection and Affordable Care Act (ACA) is unconstitutional. Not only did the district court judge in *Texas v. United States* rule that the individual mandate can no longer be justified under Congress's taxing power (now that Congress has reduced the tax penalty to $0), but it also held that the entirety of the law must be invalidated along with the individual mandate. The United States, as the defendant in the district court, had agreed with

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the plaintiffs that the individual mandate is no longer constitutional, but argued that most of the remainder of the law should be left intact.

The district court's ruling has major potential implications for Indian Country. The Indian Health Care Improvement Act (IHCIA) was amended and permanently reauthorized as part of the ACA, and several other provisions of the law provide important new authorities for the Indian health system. Although these provisions are not related to the individual mandate, the district court did not exempt them from its ruling—meaning that the IHCIA and other Indian health provisions of the ACA are at risk of being invalidated if the district court's ruling is upheld on appeal. Moreover, in a surprising and unfortunate turn of events, the United States changed its position on appeal: instead of arguing that only specific portions of the law should be invalidated, the United States filed a letter and a legal brief stating that the district court's judgment should be affirmed, and that no portion of the judgment should be reversed.

In the court of appeals, a large coalition of Tribes and tribal organizations from across the country filed an amicus brief in support of the IHCIA and other Indian-specific provisions in the ACA. The amicus brief makes the case that, under applicable court rules of "severability," the Indian provisions should be preserved even if the individual mandate is unconstitutional, because they are not related to or dependent on the individual mandate. Following submission of the tribal amicus brief in support of the IHCIA and other Indian-specific ACA provisions, legal counsel for the amicus sent a letter to the Department of Justice specifically requesting that the United States defend the IHCIA in its briefing before the Fifth Circuit. It is extremely disappointing that the United States chose to ignore that request and its trust responsibility to American Indians and Alaska Natives in this case. In contrast, the House of Representatives filed a brief in support of the ACA, and specifically mentioned the IHCIA as an example of an important provision that should be upheld even if the individual mandate is struck down.

Oral argument will take place in New Orleans on July 9, 2019. The Fifth Circuit likely will not reach a ruling in the case for several months. Indian Country, along with the rest of the Nation, will be watching closely.

Brackeen v. Bernhardt Challenge to the Indian Child Welfare Act

The *Brackeen* case challenging the constitutionality of the Indian Child Welfare Act (ICWA) before the United States Court of Appeals for the Fifth Circuit is fully briefed, and on March 13, 2019, a panel of three judges held oral argument. Now we await the Fifth Circuit's decision.

The United States District Court for the Northern District of Texas in *Brackeen v. Zinke* held ICWA violates the United States Constitution—including the equal protection clause, the anti-commandeering clause, and the non-delegation doctrine. Importantly, it held that ICWA is directed at a suspect racial class, finding the principles of *Morton v. Mancari* do not extend to cover ICWA because ICWA applies to children not formally enrolled as tribal members. The case is now on appeal before the Fifth Circuit, and it is currently titled *Brackeen v. Bernhardt*. The decision has major implications not only for ICWA, but for federal Indian law and policy more broadly.

With regard to their equal protection claim, the plaintiffs—which include states and adoptive parents—asserted the equal protection principles of *Morton v. Mancari* apply only to United States actions that are both: (1) directed at tribal members; and (2) deal with tribal self-governance or federal regulation of tribal lands. Meaning, when an action does not do both of these things, it amounts to racial discrimination. The plaintiffs argued ICWA is directed at children who are only racially Native because they are not formally enrolled tribal members. They also argued ICWA is race-based because it does not deal with tribal self-government or tribal lands.

In response to the plaintiffs' argument that an action must relate to tribal self-governance or federal regulation of tribal lands, the defendants—which include the United States and tribes—countered

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that courts ask only whom an action targets when determining whether a suspect racial class is at issue. They said the subject matter or purpose of the action are only relevant afterwards, when the court is examining whether the action withstands the appropriate level of scrutiny. In the Indian law context, they said, courts have found classifications based on membership in a federally recognized tribe do not target a suspect racial class and have gone on to apply "rational basis review" by asking whether the action is tied rationally to fulfillment of Congress's unique obligation to Indians. Further, they pointed out that no case law limits the equal protection principles of *Morton v. Mancari* to tribal land or self-government.

The defendants, in response to the plaintiffs' argument that ICWA is directed at a racial class because it applies to children who are not formally enrolled tribal members, argued Native people affiliated with a tribe—even when not formally enrolled—have a political status by virtue of their affiliation with a tribal political entity. They said ICWA's eligibility criteria require a child to have a tribal affiliation through the child's own membership or through the child's eligibility for membership and parent's enrollment, and thus ICWA is not directed at Native people lacking political status. They also analogized to federal statutes conferring United States citizenship to children of United States citizens born abroad and said the biological kinship of parent and child is a natural and universal proxy for membership in a political community.

Oral argument for the case lasted approximately one hour and thirty minutes. Much of the discussion during oral argument focused on whether the plaintiffs had standing and whether ICWA constitutes unconstitutional commandeering. The judges more aggressively questioned the anti-ICWA litigants. Thus, Indian country advocates are hopeful the judges will not rule against ICWA and, if they do, they will do so based only on the Constitution's anti-commandeering clause rather than on the equal protection clause. However, even if the Fifth Circuit rules favorably, the decision may face review by the Supreme Court.

* * *

Summer interns

Joshua Brown is working on a Ph.D. in anthropology at the University of Montana. He is also enrolled in a Master of Public Health with a Community Health and Prevention Sciences concentration to gain insights into the drivers of disease and health. This summer, Mr. Brown is interning with the Northwest Portland Area Indian Health Board focusing on tribal food sovereignty. Currently, Joshua's internship experience is allowing him to attend tribal food sovereignty events to learn from community members about how they are implementing food sovereignty in their communities. This work ranges from gardening, to revising resource management agreements, to drafting food policy and codes. In addition to learning about how other tribal communities are implementing food initiatives, Joshua is striving to gain insights from tribal people about their interests and ideas of possible food sovereignty initiatives within the Confederated Salish and Kootenai Nation. Additionally, he plans to gain experience assisting with writing food policy the CS&KT government is interested in developing. Joshua hails from the small town of Saint Ignatius within the Salish and Kootenai Nation, where his Salish mother is from. He also has ties to the Fort Belknap Reservation, where his dad's Aaniiih and Nakoda family resides.

After completing the M.P.H., Joshua Brown will begin his dissertation research, which focuses on the connections between diet and health, along with the role of individual agency and social structures impacting Salish populations. He will also explore current social and economic factors influencing contemporary Salish people's on-going dietary decisions and the connection with the prevalence of poor health outcomes. Combining an anthropology Ph.D. with the skills and knowledge of a M.P.H. will position Joshua to be well-grounded in understanding social, cultural, political, and economic factors along with the critical public health technical skills and knowledge needed to identify complex factors and develop theories for

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Summer interns

continued from previous page

change. This training and experiences will also prepare Mr. Brown for crafting and implementing solutions to address health and wellness issues in Native American communities.

My name is Allia Service and I will be interning with Laura Platero, Director of Government Affairs, this summer. I just finished my first year studying history and legal studies at Brandeis University in Massachusetts but I grew up in Portland, and the Northwest will always be my home. At Brandeis I work in a paralegal role at an immigration clinic and I'm interested in pursuing a law degree or possibly doing policy work. In my free time I love dragon boating and outrigger canoeing as well as baking.

I am very excited and thankful to be interning with the Board this summer and I have already learned so much.

My name is Lael Tate and I am Navajo. I am a rising senior at Columbia University where I will be receiving my bachelor's degree in Human Rights and Race and Ethnicity Studies. I was born and raised in Northeast Portland and am so excited to be back home for the summer and to intern at NPAIHB. I am working with several projects, including Native STAND, We R Native, THRIVE, and will also be doing some policy related work. I am so grateful to be working in, and learning from, these different areas because they bring together my personal interests and are helping to clarify what I want to do after graduation. In my free time, I love to hang out with my sisters and am taking advantage of all my favorite Portland activities, from swimming and biking to thrift-shopping and painting. Thank you so much for the warm welcome! I have loved getting to know folks here for the last few weeks and am so inspired by all the work being done.

Healthy Native Youth is now on Instagram!

Healthy Native Youth is happy to announce our new Instagram page! Follow us @ https://www.instagram.com/healthynativeyouth/ and give us a like We'll be promoting educator tools & resources on our HNY Facebook and Instagram platforms every Thursday, so stay tuned!

Healthy Native Youth "HEALTHY to 97779" Text Messaging Service

Looking for culturally appropriate health promotion curricula and resources for American Indian and Alaska Native youth? **Text "HEALTHY" to 97779** and become a part a text messaging program for educators, teachers, and parents providing guidance to access and deliver effective, age-appropriate programs. Join the HNY community that shares strengths and expertise of supporting Native youth!

THRIVE 2019

Navajo artist Jared Yazzie of OXDX Clothing. The screen printing was done by youth participants, including the designs. Jared worked with 4 groups of youth to create designs that captured what they were passionate about and advocating for.

The results were:

Design 1: Defined by my Ancestors, Not dead presidents. Showing the importance of traditions and culture.

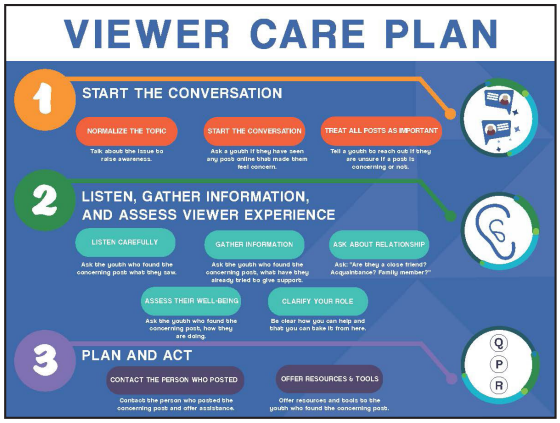
Design 2: Turtle. Representing taking care of turtle island and showing the importance of recycling.

Design 3: Grandmother teaching. Listening to our elders as they pass history and traditions.

Design 4: MMIWG. Raising awareness of Missing Murdered Indigenous Women and Girls.

Upcoming Events

Click on flyer for hyperlink



2019 Dancing in the Square Sponsorship Opportunities

SPONSORSHIP APPLICATION

14th Annual Dancing in the Square Powwow
Friday, September 27, 2019

Pioneer Courthouse Square
Portland, Oregon

	Arena Sponsor	$6,000
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	Half (1/2) Page Ads	$500
	Quarter (1/4) Page Ads	$250
	Tiny Tots Sponsorship	$250
	Bottled Water	$250
	Drum Sponsor	$300
	Dance Sponsor	$100
	Logo Recognition	$
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Please remit this portion with your sponsorship.

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Mail to: NPAIHB, 2121 SW Broadway, Suite 300 (Attn: *Mattie Tomeo-Palmanteer*), Portland, OR 97201

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Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Upcoming Events

Click on date for hyperlink

JULY

July 23-24
IHS Indian Self-Determination and Education Assistance Act (PL 93-638) Training
Portland, OR

July 30-31
Building Bridges to Enhance the Well-Being of AI/AN Workers
Denver, CO

July 30-31
IHS Direct Service Tribes national Meeting
Albuquerque, NM

July 30-31
Tribes and First Nations Climate Change Summit
Spokane, WA

AUGUST

August 4-6
Best Practices in Women's Health
Oklahoma City, OK

August 6-8
Dept. of Vetrans Affairs: Economic Investment Initiative: Puget Sound 2019
Olympia, WA

August 6-9
2019 Diabetes in Indian Country Conference
Oklahoma, OK

August 12-14
2019 Tribal Youth Suicide Prevention Summit
Centrailia, WA

August 12-16
NIMHD 2019 Health Disparities Research Institute
Bethesda, MD

August 13-16
2019 National Title VI Training & Technical Assistance Conference
Minneapolis, MN

August 15-16
16th Annual Native Fitness XVI Training
Beaverton, OR

August 20-22
RPMS Third Party Billing/AR Training
Portland, OR

August 24-30
2019 Clinical and Community Based Conference
Tigard, OR

August 26-28
RPMS EHR Lab Package training
Portland, OR

Upcoming Events

Click on date for hyperlink

SEPTEMBER

September 4
US Conference on AIDS (USCA)
AN/AI HIV Pre-Conference
Washington, DC

September 13
OHA Tribal Monthy Meetings
Salem, OR

September 16 - 20
NIHB 36th Annual National Tribal Health Conference
Temecula, CA

September 16 - 20
Data Management for Clinical Informatics w/IHS
Portland, OR

September 23 - 25
3rd Annual National Native Health Research training conference
Temecula, CA

September 24 - 26
DMS/RPMS Training
Portland, OR

September 27
NPAIHB's 14th Annual Dancing in the Square Powwow
Portland, OR

September 30 - 1
IHS Tribal Self-Governance Advisory Committee Meeting
Washington, DC

OCTOBER

October 7-10
ATNI Fall Annual Convention 2019
Suquamish, WA

October 20-25
NCAI Annual Convention & Marketplace
Albuquerque, NM

We welcome all comments and Indian health-related news items.

Address to:
Health News & Notes/ Attn: Lisa Griggs or by e-mail at lgriggs@npaihb.org

2121 SW Broadway, Suite 300, Portland, OR 97201
Phone: (503) 228-4185 FAX: (503) 228-8182

For more information on upcoming events please visit www.npaihb.org

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD APRIL 2019 RESOLUTIONS

RESOLUTION #19-02-05
State Tribal Youth Suicide Prevention Grant
RESOLUTION #19-03-01
Native Boost
RESOLUTION #19-03-02
NDTI Ford Family Foundation Dental Pilot
RESOLUTION #19-03-03
NDTI NWHF Policy and Systems Change
RESOLUTION #19-03-04
NBJD WEAVE
RESOLUTION #19-03-05
ISDEAA 1051(I)Lease
RESOLUTION #19-03-06
IHS Funding

Photo credit: E.Kakuska - Dancing in the Square Powwow 2018