At almost 16.1 percent, American Indians and Alaska Natives experience the highest age adjusted prevalence of diabetes among all U.S. racial and ethnic groups.1 What does that mean for Indian Country? More specifically, what does that mean for the Special Diabetes Program for Indians? These may seem like sweeping rhetorical questions, but with funding for these programs (of which there are 404) set to expire on September 30, 2014, exploring the answers to these questions is becoming more urgent with every passing day.

In the Winter 2014 Health Reporter issue, the National Indian Health Board (NIHB) provided readers with a perceptive overview of the Special Diabetes Program for Indians (SDPI). This overview examined the program from its inception in 1997 to the latest measurements taken by Congress to renew funding.

There is no question that SDPI programs have significant positive impact in communities across Indian Country striving to provide better care, education and prevention for American Indians/Alaska Natives (AI/ANs) living with diabetes or at risk of developing the disease. The increase in these types of services spurred by Congress’ decision to fund the SDPI programs in 1997 have since led to the following improvements:

- A reduction in the risk of eye, kidney and nerve complications by a whopping 40 percent by bringing down the average A1C blood sugar level decreased from 9 percent in 1996 to 8.1 percent in 2010.
- Average low-density lipoprotein (LDL) cholesterol declined from 118mg/dL in 1998 to 94 mg/dL in 2011. Improved control of LDL cholesterol can reduce cardiovascular complications by 20-50 percent.
- Between 1995 and 2006, the incident rate of End-Stage Renal Disease in AI/ANs with diabetes fell by 28 percent – the greatest decline of all other racial or ethnic groups.

LATEST UPDATE
Historically, the Special Diabetes Program and SDPI are renewed as part of the “Medicare Extenders” which attach to the “Doc Fix” which reform the payments made to doctors under Medicare. However, this bill has not yet been considered by the full U.S. Senate or the House of Representatives.

WHAT IS AT STAKE?
Without an immediate, long-term reauthorization, critical infrastructure that has greatly contributed to the success of SDPI, especially staff, will be severely impacted by any potential delay in the renewal of funding. Many staff members at SDPI sites across Indian Country will be looking to move on unless they see their jobs are secure. Staffing for health programs in Indian Country is a constant struggle, as many tribes are located in remote locations. SDPI has also been subject to sequestration in both fiscal year 2013 and 2014, so these programs are already operating with the minimum amount of staff possible. The infusion of funds from
From the Chairperson

Dear Indian Country Friends and Advocates,

Spring is a time of renewal, and the focus and energy of the National Indian Health Board (NIHB) reflects this spirit. We head into April with a renewed focus on public health, and the incredible potential it holds to improve the health and wellness of our Peoples. On April 1 and 2 NIHB is hosting our Annual National Tribal Public Health Summit where we will highlight the innovative and promising work of Tribal prevention programs addressing diabetes, cancer, substance abuse, depression, injuries, HIV and other pressing areas. While the Summit provides a forum for sharing critical information and tools, it also creates opportunities to build and strengthen the partnerships that can sustain our work. We are grateful for our many partners in this vital work – together we can and will save lives!

April 7-13, 2014 is National Public Health Week, and NIHB will continue our campaign to advocate for and highlight disease prevention and health promotion actions and opportunities across Indian Country. We will do this through increased presence in the media, both mainstream and in Indian Country – and through outreach and education to lawmakers in Congress. By organizing briefings and reaching out to the press, NIHB will let Congress know that prevention works and merits increased funding.

NIHB is working hard to achieve a multi-year renewal for the Special Diabetes Program for Indians, with the current program set to expire on September 30, 2014. NIHB, the American Diabetes Association, the Juvenile Diabetes Foundation and Tribal advocates across the nation continue to encourage Congress to renew this program by March 31, 2014 – along with expected congressional approval of the “Medicare Extenders” policy. (This is the vehicle on which SDP has gained previous renewals.) NIHB and our partners have engaged in many meetings with key Congressional leaders over the last several months and weeks, and we are pleased to be affirmed about the strong support that we have. In addition, NIHB co-hosted a briefing on SDPI with the office of Congressman Tom Reed (R-NY) on March 12. Please stay tuned to NIHB’s SDPI website (www.nihb.org/ SDPI) for the latest news about SDPI renewal.

As enrollment efforts for the Affordable Care Act (ACA), also known as Obamacare, increase across the nation, NIHB continues national efforts to encourage American Indian and Alaska Native individuals and families to enroll through the Health Insurance Marketplace(s) by March 31, 2014. Although American Indians and Alaska Natives (AI/AN) have special exemptions from the ACA, including monthly enrollment status, Indian Country is striving to make huge efforts toward enrolling AI/ANs into the Marketplace. On March 24, the National Tribal Day of Action for Enrollment, Tribal nations across the country promoted enrollment in the Marketplace by sponsoring events on that day to ensure that every AI/AN understand the benefits of the Affordable Care Act.

NIHB relies greatly on your support and advocacy to mobilize the Affordable Care Act campaign and advance the legislative agenda on Indian health. We always look forward to working with you to help restore healthy native communities. We encourage you to provide input on this publication and all issues concerning the health and wellness of our people. NIHB is here to serve you.

Yours in Health,

Cathy Abramson
Chairperson

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Yours in Health,

Cathy Abramson
Chairperson
Contract Support Costs Fully Funded in FY 2014

Health care delivery in Indian Country has been transformed by the ability for Tribes to operate their own programs. Under the Indian Self-Determination, Education and Assistance Act, Tribes are allowed to enter into contracts with the government for the operation of services. However, for decades Tribes have not gotten their full administrative costs paid by the government, treating them as second class contractors. In June 2012, the Supreme Court issued a ruling in Salazar vs. Ramah Navajo Chapter that held that the U.S. Government must pay each Tribe's contract support costs (CSC) even if the full amount to fund this has not been appropriated by Congress.

On February 18, 2014, the Indian Health Service released its FY 2014 operating plan. As you may recall, on January 17, 2014, Congress passed an appropriations bill to fund the Federal government for the remainder of Fiscal Year 2014 (FY 2014). The law removed caps on Contract Support Costs (CSC) and created a way for the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) to fully fund CSC in 2014. Given the parameters of the legislative language, the “way” to fully fund CSC was by moving money from other IHS and BIA line items into CSC.

IHS released their FY 2014 operating plan on February 18, 2014 which details the funding for each spending account for the remainder of the fiscal year. The plan funds Contract Support Costs and made reductions in other areas from FY 2013. Accounts receiving those reductions for FY 2014 include Self-governance ($1 million), Tribal Management ($1 million), Director’s Emergency Fund ($3 million) and Indian Health Professions ($5 million). The President’s FY 2015 budget request also fully funds CSC.

Also in the FY 2014 appropriations law, Congress have direction to both the IHS and BIA that they must work with Tribes and the relevant congressional committees of jurisdiction to find a path forward to ensure funding of CSC. IHS and BIA Contract Support Cost workgroups have met several times in the first part of 2014 to come up with areas of agreement between the federal government and Tribes when it comes to which costs should be included.

It is vital that Tribes, both Self-Governance and Direct Service, come together and speak as one voice in Indian Country. With Congress set to move into “election mode” effectively by the end of July, it is critical that Tribes settle on an agreement very quickly. The Administration and Congress will be looking to Indian Country to develop recommendations on this issue. There are also like to be hearings in Congressional authorizing committees during the coming weeks. Equitable progress will be made only if Tribes work together and agree on the best path forward.
SDPI has provided much needed economic support to many communities throughout Indian Country. Without a clear and stable funding source, this crucial support could cease to exist.

Also incredibly important to note is that SDPI is a grant program, and several months are thus required by the Indian Health Service (IHS) to advertise the grant and begin the approval process. The funding announcement therefore must be made no later than June 1st of this year if funding is to be received after the September 30th expiration. For example and according to this grant process, if SDPI were not renewed until November 15th, the SDPI grantees would not get the new funding until February of 2015 at the earliest. Progress that the SDPI programs have made would be forced to come to a grinding halt.

NIHB’S LATEST ACTION

Today NIHB is continuing to work hand in hand with other advocates to execute strategies that will push SDPI legislation forward. On February 21st, 2014 NIHB met with key Indian Country advocates to discuss the current state of the SDPI legislation. NIHB was especially honored to be joined by former Gila River Governor Richard Narcia. Narcia began the meeting by sharing some of his tribe’s experiences with diabetes and how SDPI programs have shaped those experiences. Gila River has one of the highest rates of Type II diabetes in the world, and has two dialysis facilities on the reservation. He went on to discuss how SDPI programs have played a big part in combatting diabetes, with several education programs focused on prevention and education impacting his community. Narcia also added that the Gila River tribal council recently discussed what options they would have if funding were to ever go away. They were uncertain if they would be able to succeed in putting the funding together.

NIHB also hosted members of the Tribal Leaders Diabetes Committee (TLD C) on March 4 for a day of meetings on Capitol Hill to support SDPI. The Members of Congress and their staff were very supportive of the program, and we are encouraged by the positive comments we received. However, without the renewal we are not done yet! NIHB has several resources where you can do to help support SDPI reauthorization.

GET INVOLVED

1. SDPI Postcards: Postcards are a simple, cost-effective way to get the attention of Members of Congress. The more we can demonstrate that this is a program that is deeply cared about – and is getting real results – the more likely we are to see it renewed! To help NIHB with his campaign, we ask that you distribute these postcards to Tribes and SDPI grantees in your area and have individuals fill out their name and address. To receive postcards please email your name, address and number of desired postcards to Jordan Daniel at jdaniel@nihb.org.

2. Direct Contact with Member of Congress: Please call or email your Representatives and Senators and urge them to push for a renewal of SDPI in the Medicare Extender package on the SGR Fix.

3. Host an SDPI Site Visit: NIHB asks that SDPI grantees contact their Member of Congress immediately to visit their program. By doing this, you will be able to demonstrate the excellent outcomes of the program and give congressional representatives first-hand information on the importance of SDPI to their constituents. Site visits are key if we want to turn a Member of Congress from just a supporter into an advocate. NIHB has a toolkit development that provides a step-by-step guide available at www.nihb.org/sdpi/advocacy.php.

4. Send a letter from your Tribe: You can also send a letter from your Tribe to support SDPI.

ON THE FRONT LINE FOR SDPI

Today, SDPI is funded at a level of $150 million per year, supports 494 diabetes treatment centers as well as prevention programs in 35 states. Again, since funding for SDPI is set to expire on September 30, 2014, NIHB will be advocating for the Senate and the House of Representatives to pass a multi-year reauthorization of the SDPI by March 31, 2014. Since its establishment, the SDPI has proven to be a good investment in the health of Indian Country. It has forever altered diabetes prevention and treatment in AI/AN communities and empowered Indian Country to build one of the most comprehensive and effective diabetes programs in the country. NIHB will continue to do everything in our power to ensure SDPI is here to stay.

For more information, contact Caitrin Shuy, NIHB Manager of Congressional Relations, at cshuy@nihb.org.

Advance Appropriations for the Indian Health Service

WHAT WE FACE: OUR HEALTH AND OUR BUDGET

American Indians/Alaska Natives (AI/ANs) suffer disproportionately from an assortment of health afflictions, yet the Indian Health Service (IHS) continues to be unceasingly underfunded. The health of AI/ANs is grave, with higher rates of death from alcoholism, diabetes, unintentional injuries, homicide and suicide.

The fact that IHS funding is not received in a timely manner plays a huge part in not adequately addressing these disparities. The lateness in enacting a final budget has ranged from five days (2002) to 197 days (2011). In the current political climate, the likelihood of reductions and delayed federal appropriations is high.

ADVANCED APPROPRIATION: WHAT IT MEANS AND HOW IT WOULD HELP INDIAN COUNTRY

Quality health care requires consistent funding for it to effectively reach tribal communities. The disparities of AI/AN health calls for a more proactive process to manage appropriations for Indian health care delivery.

Legislation introduced by Senator Lisa Murkowski (R-AK) and Congressman Don Young (R-AK) will secure IHS funding for a year beyond the following fiscal year. This budget foresight allows the funding agency plan for the future and avoid last minute budget cuts much like that caused by the sequestration of 2013. Advanced appropriations would insulate tribes from being harmed by interruptions like the government shutdown in October 2013. It would allow tribal health administrators across the nation to serve patients without wondering if necessary federal funding will be available. Tribes firmly believe that advanced appropriations for IHS will allow for actual planning, more efficient spending and higher quality of care for AI/AN patients.

TAKE ACTION WITH US

Ultimately, a change in the appropriations schedule will help the federal government meet its trust obligation to tribal governments. The Veterans Health Administration (VHA) achieved advance appropriations. Like IHS, the VHA provides direct medical care in order to fulfill legal promises made by the federal government.

The more Congress hears from Indian Country, the more likely advanced appropriations is to become a reality. NIHB strongly encourages Tribes to write to their Members of Congress. NIHB is also available to schedule meetings for tribal leaders with lawmakers in Washington, DC to discuss this important legislative priority for Indian Country.

For more information about advanced appropriations, contact Caitrin Shuy, NIHB’s Manager of Congressional Relations, at cshuy@nihb.org.

Upcoming Events

National Indian Child Welfare Association (NICWA) Annual Conference
APRIL 13-16, 2014
Ft. Lauderdale, FL
www.nicwa.org

Native American Finance Officers Association (NAFOA) 32nd Annual Conference
APRIL 14-15, 2014
New Orleans, LA
www.nafoa.org

Tribal Self-Governance Annual Consultation Conference
MAY 4-8, 2014
Arlington, VA
www.tribalselfgov.org

National American Indian Housing Council (NAIHC) 40th Annual Convention
JUNE 3-5, 2014
Kansas, MO
www.naihc.net

National Congress of American Indians (NCAI) Mid-Year Conference
JUNE 8-11, 2014
Anchorage, AK
www.ncai.org

11th Annual Direct Service Tribes National Meeting
JULY 9-10, 2014
Albuquerque, NM
www.ihs.gov/odsct

Medicare and Medicaid Policy Committee (MMPC) Face-to-Face Meetings:
JULY 15, 2014
NOVEMBER 18, 2014
Location: American Immigration Lawyers Association, Washington, DC

Tribal Technical Advisory Committee (TTAG) Face-to-Face Meetings:
JULY 16-17, 2014
NOVEMBER 19-20, 2014
Location: TBA

If you are interested in participating in MMPC or TTAG, please contact Elizabeth McCormick, NIHB Medicare/Medicaid Policy and Program Associate, at emccormick@nihb.org or 202-507-4070.
Tribal Day of Action for Affordable Care Act (ACA) Enrollment

On March 24, 2014, the National Tribal Day of Action for the Affordable Care Act (ACA) Enrollment, Tribes and tribal organization across Indian Country hosted events and activities to encourage more American Indian and Alaska Native (AI/AN) individuals and families to enroll in the Health Insurance Marketplace. Many took to social media sites to promote their events and extend the outreach and education about the ACA.

In response to the Tribal Day of Action, the Alaska Native Tribal Health Consortium created a media toolkit for their Alaska tribal health system partners to inform people about the importance of health care coverage. The toolkit included editable Facebook and Twitter posts, as well as sample letters to the editor and drop-in newspaper articles.

The National Partners of the National Indian Health Outreach and Education (NIHOE) initiative invited Tribes to post their enrollment events on their Facebook and Twitter pages. The National Partners, which are the National Indian Health Board, the National Congress of American Indians and the National Council of Urban Indian Health, even created some social media messages too.

Here's a sample of the some of the ACA messages specifically for AI/AN:

- "Find a plan that you can afford. The Marketplace has affordable coverage options and protections for American Indians and Alaska Natives."
- "Protect and improve the health of Native families and communities, go to your [IHS/ tribal/urban Indian] clinic and sign up for health insurance coverage!"

Like and follow the NIHOE social media sites:
- www.facebook.com/TribalHealthcare
- twitter.com/TribalHealthCare

For Twitter, use the following hashtags:
- #tribalhealthcare
- #ACA
- #GetCovered
- #EnrollToday

For more information about ACA messaging, contact April Hale, NIHB's Tribal Health Care Reform Communications Coordinator, at ahale@nihb.org or 202-507-4077.

Affordable Care Act (ACA) Enrollment

Since open enrollment began, it became apparent that the IHS Billings Area needed a person to solely coordinate the ACA outreach, education and enrollment activities and events in the Area. Felecia Blackhoop became that person. She was appointed to serve as a liaison between the Service Units (SU), urban programs, Tribes and all other entities, including federal and state resources.

The IHS Billings Area has conducted several outreach and enrollment activities. In January 2014, the collaboration with the State of Montana Commissioner on Securities and Insurance, Department of Public Health & Human Services, local IHS Service Units, and Tribal Health Departments culminated as collectively we began to hold an ACA education and enrollment event at every reservation. These have proven to be successful and Montana was at one time leading the nation for ACA enrollment. On the ACA outreach and enrollment tour we are also identifying individuals who qualify for Medicare, Medicaid, VA or other alternate resources.

Ms. Blackhoop invites the three insurance companies on the Marketplace in Montana (BC/BS, Montana Health Co-op, and Pacific Source Health) to better assist with enrolling individuals and they are able to answer questions when it comes to specific insurance companies on the Marketplace.

"The communities we have toured are obtaining the information necessary to know the various provisions and exemptions that apply to Native Americans and just how ACA can benefit them," said Ms. Blackhoop. "We also created posters for ACA awareness and each poster is specific to every Tribe which falls under the Billings Area and has point-of-contact information to better assist individuals who may have questions or need assistance in enrolling in the Marketplace."

In June 2013, an area-wide Affordable Care Act (ACA) conference was held bringing together IHS staff, tribal leaders and staff from the states of Montana and Wyoming to share information and to build on experiences and expertise. With over 90 participants and great local and national speakers, the effort forged full speed ahead.

The ACA education and outreach efforts in the Indian Health Service (IHS) Billings included assistance with the HIS ACA Business Plan for six Service Units that focuses on strategies each entity may undertake in the tribal communities to fully implement the opportunities presented in ACA. The Service Unit Chief Executive Officers took the lead in working with their staff and the tribes they serve. Outreach was provided to the five urban Indian programs in Billings, Missoula, Helena, Butte and Great Falls.

The Area was able to provide a small amount of funding to the Tribes and urban programs to assist with their education and outreach efforts at the local level. In early October 2013, Ms. BlackHoop visited more than half the Tribal leadership and provided assistance to all SU and urban programs. She assisted the Montana-Wyoming Tribal Leaders Council (TLC) to raise awareness about the ACA with Tribal leaders. She made ACA 101
Efforts in IHS Billings Area

IHS Billings Area providing Certified Application Counselor training to the Tribal health employees.

ACA posters made by IHS Billings Area that represents each Tribe in the area.

Honoring Gordon Belcourt: Warrior, Advocate, and Friend

Gordon Belcourt was more than a tribal leader. He was more than a health advocate. He was a friend and a true inspiration for betterment of our Native Peoples. Mr. Belcourt walked on July 18, 2013 at the age of 68, leaving a legacy of humility, respect and tradition.

As Executive Director of Montana-Wyoming Tribal Leaders Council, Mr. Belcourt made great strides in elevating the importance of quality health care for not only Tribes in Montana and Wyoming, but all across Indian Country. His voice was strong and his words powerful. It could be heard across generations and resounded from Tribe to Tribe. A true leader he was, and a true leader he will continue to be through those who he influenced and inspired.

A loyal friend to the National Indian Health Board, Mr. Belcourt was called up to advocate for the reauthorization of the Indian Health Care Improvement Act. Without hesitation and with great stature, Gordon rose to the occasion. He often traveled to Washington, DC to meet with Members of Congress to bringing to light the many health disparities in tribal communities, including high diabetes and suicide rates.

The National Indian Health Board is ever grateful to Gordon and his wife Cheryl for all their hard work and dedication to improving the health care and lifestyles of our Native Peoples.
Women Restored Program Empowers Women of Abuse

At the age of three, Poor Bear was sexually abused by her foster father. Poor Bear isn’t alone. According to the Centers for Disease Control’s 2011 National Intimate Partner and Sexual Violence Survey, American Indian women at 27 percent have the second-highest rate of rape of all races and ethnicities.

“We’ve been quite too long and it’s not helping us,” she said. “It’s killing us from the inside out.”

That’s where Women Restored steps in. A program formed on the Wind River Indian Reservation which is home to the Eastern Shoshone and Northern Arapaho Tribes, Women Restored urges victims of sexual and domestic violence to speak out and share their stories to empower others to step forward and stop the negative stigma and silence it carries. Monthly meetings center on culturally relevant traditions such as beading, sewing, cooking, sweat lodges and talking circles to help develop positive connections between the women to build a network of trust. So far, they have developed relationships on a national level.

Last April, Poor Bear and her story of abuse and healing was the subject of a documentary, “Kind Hearted Woman,” that aired as a part of the PBS’s series “Frontline.” The film documented Poor Bear’s struggle to remain sober, further her education and fight for custody of her children.

Poor Bear, an Oglala Sioux and member of the North Dakota’s Spirit Lake Tribe, along with Women Restored hosted a two day event at the Wind River Hotel and Casino on October 21 and 22, 2013. Over 200 community members, including 2013 Miss Native American USA Sarah Ortegon, attended the event and participated in the survivor and youth walk, healing circle and group activities.

Looking back, Poor Bear hopes she empowered people to speak out about abuse.

“I’m just amazed at the amount of people that participated,” she said. “Our children need to be protected and we need to listen to them.”

Next, Women Restored along with the Southwest Center for Law and Policy is launching the SAFESTAR training project. Through the program, selected women in the community will complete a 40 hour training course that will teach them emergency first aid, health care referrals, forensic exams and emotional support for other women who are victims of sexual and domestic assault. In the end, SAFESTAR hopes to create a network of trustful women that can provide culturally sensitive and quality health care treatment to resident of the Wind River Indian Reservation.

Article written by Jordan Dresser, Northern Arapaho, is a writer who currently serves as the public relations officer for the Wind River Hotel and Casino in Riverton, Wyo. He graduated from the University of Wyoming in 2008 with a Bachelor of Arts Degree in journalism.
The Northwest Portland Area Indian Health Board (NPAIHB) is in their fourth and final year of a National Public Health Improvement Initiative (NPHII) grant awarded through the Centers for Disease Control and Prevention (CDC). The grant program seeks to increase support to health departments for public health accreditation preparation and resources to share practice-based evidence models. In order to do so, the initiative encourages implementation of performance and improvement management practices and systems. One of eight Tribal grantees that received the multi-year funding from the CDC, NPAIHB extended support of public health infrastructure and quality improvement to its 43 member Tribes throughout the states of Idaho, Oregon and Washington. NPAIHB provided comprehensive technical support and facilitated educational opportunities two specifically increase the performance management capacity of Tribal health departments and programs to ensure that Tribal public health goals are effectively and efficiently being upheld.

Rachel Ford is the Public Health Improvement Manager at the Northwest Portland Area Indian Health Board and believes that, “the initiative has allowed for much greater performance management capacity and has improved the Tribes’ abilities to meet the public health national standard through facilitating education and technical assistance, promoting a culture of quality improvement and linking it all to the accreditation process.” Through the NPAIHB, this grant program had made a lasting and systematic impact on the way this region practices public health.

During the first year of funding, a preliminary assessment was completed with Tribal Health Directors, which helped guide the path of the program. The assessment highlighted open interest in the accreditation process, the need for more general education and technical support, as well as training in fulfilling the prerequisites for accreditation. Understanding the needs of the Tribal participants allowed the NPAIHB to actively work alongside its members and provide them assistance in various personnel and program training capacities.

During the second year of the award included a series of three public health accreditation trainings, quality improvement education and outreach, and technical assistance and infrastructure development to help meet accreditation prerequisites. Ms. Ford saw great participation in these events, and conveyed that, “overall, the area-wide trainings and all of the basic trainings were very well received.”

During the third year, the NPAIHB provided a quality improvement training and a Cherokee Nation lessons learned training for all 43 Tribes to attend. The NPAIHB Public Health Improvement Program also took another step to further impact the work of their Tribal partners through offering financial support. The NPAIHB offered subcontracts to their 43 member Tribes to allow them to create a culture of quality improvement locally. Tribes within the Portland Area (Idaho, Oregon and Washington) seeking to complete public health accreditation readiness activities could apply for these funds through a competitive application process. The NPAIHB was able to award nearly $126,000 to seven different Tribes to individually support their quality improvement and public health readiness efforts. In their fourth and final year of funding, the NPAIHB has announced $70,000 in subcontracts that will be awarded to member Tribes.

While the NPAIHB is actively working with Tribal members, Ms. Ford shared that, “it is a real concern that the momentum we have finally begun to build will stop with the discontinuation of funding. (NPHII will be discontinued in FY2015.) From the beginning, Tribes have struggled with the lack of necessary resources and manpower to do the work required for accreditation and a sustainable system.” While working with the CDC has allowed the Area Indian Health Board and the Tribes to tap into a national network of partners, NPAIHB still sees a critical need for grants like NPHII. “The extensive, detailed nature of the public health accreditation process requires significant investments in staff and resources and grant programs like the NPHII make this movement toward accreditation possible.”

For more information about the National Public Health Improvement Initiative, please contact Carolyn Hornbuckle, NIH’s Director of Public Health, at chornbuckle@nihb.org or 202-507-4084.
Patient Engagement: The Benefits of Health IT for You and Your Family

On a basic level, an Electronic Health Record (EHR) provides a digitized version of the “paper chart” you often see doctors, nurse, and other health professionals using. But when an EHR is connected to all of your health care providers (and often, to you as a patient), it can offer so much more, and here’s how:

• **EHRs reduce your paperwork.** The clipboard and new patient questionnaire may remain a feature of your doctor’s office for some time to come. But as more information gets added to your EHR, your doctor and hospital will have more of that data available as soon as you arrive. This means fewer and shorter forms for you to complete, reducing the health care “hassle factor.”

• **EHRs get your information accurately into the hands of people who need it.** Even if you have relatively simple health care needs, coordinating information among care providers can be a daunting task, and one that can lead to medical mistakes if done incorrectly. When all of your providers can share your health information via EHRs, each of them has access to more accurate and up-to-date information about your care. That enables your providers to make the best possible decisions, particularly in a crisis.

• **EHRs help your doctors coordinate your care and protect your safety.** Suppose you see three specialists in addition to your primary care physician. Each of them may prescribe different drugs, and sometimes, these drugs may interact in harmful ways. EHRs can warn your care providers if they try to prescribe a drug that could cause that kind of interaction. An EHR may also alert one of your doctors if another doctor has already prescribed a drug that did not work out for you, saving you from the risks and costs of taking ineffective medication.

• **EHRs reduce unnecessary tests and procedures.** Have you ever had to repeat medical tests ordered by one doctor because the results weren’t readily available to another doctor? Those tests may have been uncomfortable and inconvenient or have posed some risk, and they also cost money. Repeating tests – whether a $20 blood test or a $2,000 MRI – results in higher costs to you in the form of bigger bills and increased insurance premiums. With EHRs, all of your care providers can have access to all your test results and records at once, reducing the potential for unnecessary repeat tests.

• **EHRs give you direct access to your health records.** In the United States, you already have a federally guaranteed right to see your health records, identify wrong and missing information and make additions or corrections as needed. Some health care providers with EHR systems give their patients direct access to their health information online in ways that help preserve privacy and security. This access enables you to keep better track of your care, and in some cases, answer your questions immediately rather than waiting hours or days for a returned phone call. This access may also allow you to communicate directly and securely with your health care provider.

For more information on Patient Engagement, please contact Jason Heinecke, NIH’s Director of Health Information Technology Director, at jheinecke@nihb.org.
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