The artwork used for this program represents some of the fine American Indian artwork of the Papago Tribe and the Pascua-Yaqui Tribe, which are serving as the host tribes for the Fifth National Indian/Alaska Native Health Conference.

Our front cover is the work of Papago Indian artist George Garcia, who also prepared the artwork for the conference poster. The painting used for the back cover is the work of Pascua-Yaqui artist Louis Valenzuela. The National Indian Health Board is pleased to be able to use these two paintings as part of the conference program, and expresses its gratitude to Mr. Garcia and Mr. Valenzuela for the use of their work.
The Fifth National Indian/Alaska Native Health Conference

“Preventive Medicine: The Key to the Future”

April 19-22, 1982
Tucson Community Center
Tucson, Arizona

Sponsored by the National Indian Health Board
On behalf of the National Indian Health Board, I wish to welcome you to the Fifth National Indian/Alaska Native Health Conference; I hope you find this an informative and exciting event.

Being chairman of the National Indian Health Board, which represents the health interests of virtually every Indian tribe and Alaska Native village, is an honor for myself and my tribe of the Canoncita Navajos. I will be available during the conference to discuss with you any particular needs that you feel should be addressed.

We have several excellent guest speakers for this conference, and they will share with us their perceptions of the role of preventive health in Indian communities. There will also be 24 different workshop presentations that will cover many aspects of health care services for American Indians and Alaska Natives. We are particularly proud that a number of these presenters work with successful tribally-administered health programs.

In recognition of special contributions made by certain persons to improve the quality of health care for Indian people, there will be an awards presentation to honor those who have worked so hard in the health field.

It is most important that each and every individual participate as much as possible in the discussions here, and that we all share what we learn here with those back home. I sincerely hope that you enjoy your attendance here and that valuable information is obtained for you and your tribe.

Respectfully,

Tony Secatero
Chairman
National Indian Health Board
It gives me great pleasure to welcome you to this, the Fifth National Indian/Alaska Native Health Conference. The many hours, weeks and months spent in planning along with the innumerable telephone calls and hundreds of letters reflect the amount of interest in sound healthy bodies and minds for our people. Inquiries have also been received from Canada and other countries, and to our relatives from the North or South, I bid you a special welcome, for you have traveled thousands of miles to join us here.

This year’s theme is “Preventive Medicine — The Key to the Future”, and the conference offers us all a number of opportunities to learn how to improve our health care through prevention. I urge each one of you to involve yourself in this meeting to the fullest extent possible, and to express your thoughts and experience during these four days.

Each of the workshops and general assemblies will be tape recorded, and you will have an opportunity to purchase those recordings so that you can share this information with those in your community. In your registration packet you will find a coupon that entitles you to one free tape of your choice — I urge you to use it.

Once again, welcome to Tucson. I'm very proud that you came, and I hope you find your experience here to be a rewarding one.

Jake L. Whitecrow  
Executive Director  
National Indian Health Board
Everett R. Rhoades, M.D.

Director
Indian Health Service

Conferees of the Fifth National Indian/Alaska Native Health Conference:

I appreciate the opportunity to greet you as the new Director of the Indian Health Service. I am honored to be chosen as the first Indian director. You may be interested to know that I have already announced to the Indian Health Service my desire to have IHS move more strongly into new areas of prevention of disease and maintenance of health.

I hope that the constraints imposed upon us all by the current budget restrictions will draw us together for mutual support. If viewed as an opportunity to examine our strengths and weaknesses and build upon our strengths, our weaknesses will become insignificant.

In my daily work I try to be guided by a concern for the health and welfare of each Indian person. I trust that you may share this concern as you participate in the conference. I believe that this conference and future mutual collaboration will permit us to move IHS into new and exciting areas in the tradition of excellence set by my predecessor, Dr. Emery Johnson.

Warmest Personal Regards

Everett R. Rhoades, M.D.
Assistant Surgeon General
Director, Indian Health Service
Special Events

Monday, April 19
8:00 p.m. NO-HOST CASH BAR
Ballroom, Marriott Hotel
9:00 p.m. VARIETY DANCE
Ballroom, Marriott Hotel
Admission: $3.00 per person

Tuesday, April 20
6:00 p.m. PAPAGO AND PASCUA-YAQUI CULTURAL EVENING
Buses Leave Tucson Community Center Parking Lot
Traditional Feast and Dances
Free Transportation and Meal

Wednesday, April 21
8:00 p.m. NO-HOST CASH BAR
Ballroom, Marriott Hotel
9:00 p.m. COUNTRY WESTERN DANCE
Ballroom, Marriott Hotel
Admission: $3.00 per person

Thursday, April 22
8:00 p.m. NO-HOST CASH BAR
Ballroom, Marriott Hotel
9:00 p.m. CHICKEN SCRATCH DANCE
Ballroom, Marriott Hotel
Admission: $3.00 per person

Conference Offices and Meeting Rooms

REGISTRATION
Sunday (noon-6:00 p.m.) Marriott Hotel
Monday (10:00 a.m. - 5:00 p.m.) Tucson Community Center Apache Room
Tuesday-Wednesday (8:00 a.m. - 5:00 p.m.) Tucson Community Center Apache Room

INFORMATION CENTER
Monday-Wednesday (8:00 a.m. - 5:00 p.m.) Tucson Community Center Lobby

CONFERENCE COORDINATOR'S OFFICE (xeroxing, typing, meeting rooms, resolutions)
Monday-Thursday (8:00 a.m. - 5:00 p.m.) Tucson Community Center Cochise Room

EXHIBITS
Monday (10:00 a.m. - 6:00 p.m.) Tucson Community Center Exhibition Area
Tuesday-Wednesday (9:00 a.m. - 6:00 p.m.) Tucson Community Center Exhibition Area

FIRST AID
Monday-Thursday (8:00 a.m. - 5:00 p.m.) Tucson Community Center Lobby
Foreword

Since 1976, the National Indian Health Board (NIHB) has sponsored four national conferences to examine important issues related to the health care of American Indians and Alaska Natives.

Last year, representatives from tribes, Alaska Native villages, Indian organizations, state and federal agencies, schools and health organizations gathered in San Diego, California, for the fourth national conference. Among the comments received from last year's conferees were a number of recommendations that stronger emphasis be given to the practice of preventive health and its potential role in improving the health care status of Indian people.

In response to these comments, and in recognition of the need for improved prevention and health maintenance programs in Indian communities, the National Indian Health Board has made preventive health the focus of this, the Fifth National Indian/Alaska Native Health Conference.

The Opening General Assembly will feature four noted Indian speakers who will address different aspects of the conference theme, “Preventive Medicine—The Key to the Future.” Dr. Annie Wauneka of the Navajo Nation will address preventive health and the Indian consumer; Wendell Chino, President of the Mescalero Apache Tribe, will speak on the role tribal leaders have in promoting preventive health. Gerald Ignace, M.D., of the Association of American Indian Physicians, will offer a clinical perspective on preventive medicine; and Professor Billie Masters of the University of California, Irvine, will discuss self-esteem and motivation as a part of preventive health.

On the following two days, conference participants will break into workshop sessions that will provide an in-depth review and discussion of some of the most important health problems in Indian communities today, such as alcoholism, diabetes, emergency medical services, rheumatic heart disease, high blood pressure, cancer, dental care, otitis media, nutrition, and end-stage renal disease.

In addition to the general emphasis on preventive health, the workshops will cover such topics as health administration, alternative resources, contracting, patient/physician interaction, health education opportunities, the Administration's "New Federalism" program, and other federal legislative and budget proposals related to Indian health care.

In all, the conference program includes 24 workshops. The National Indian Health Board has attempted to bring together some of the most qualified individuals in the Indian health care field to facilitate these workshops. The presenters include representatives from a number of tribes and Indian organizations that have successfully utilized preventive health measures in their programs.

The conference concludes with a final general assembly session that will feature Dr. Everett R. Rhoades, Director of the Indian Health Service, as the keynote speaker. Dr. Rhoades will address the session in his first major public presentation since assuming his position February 1.

It is the hope of the National Indian Health Board that the Fifth National Indian/Alaska Native Health Conference will provide attendees the opportunity to discuss and learn more about the health concerns affecting their families and communities, to offer their own insights and knowledge about such concerns, and to recommend new ways for addressing these concerns in the future.
FIFTH NATIONAL INDIAN/ALASKA NATIVE HEALTH CONFERENCE
Tucson Community Center
Tucson, Arizona

PROGRAM

MONDAY, APRIL 19, 1982

10:00 a.m. - 5:00 p.m.  Registration: Tucson Community Center (Apache Room)

10:00 a.m. - 6:00 p.m.  Exhibitors into Exhibition Hall: Tucson Community Center

OPENING GENERAL ASSEMBLY
Tucson Community Center (Arena)

1:00 p.m.

Call to Order: Tony Secatero, Chairman National Indian Health Board

Presentation of Colors and Invocation: Papago Tribe

Welcome to Tucson: Mayor Lewis C. Murphy

Welcome by Papago Tribe: Max Norris, Chairman Papago Tribe

Welcome by Pascua-Yaqui Tribe: David Ramirez, Chairman Pascua Yaqui Tribe

Welcoming Address: Tony Secatero, Chairman National Indian Health Board

2:00 p.m.

Guest Speakers: Dr. Annie Wauneka (Navajo Nation) “Preventive Health from the Viewpoint of the Indian Health Consumer”

Wendell Chino, President Mescalero Apache Tribe “The Role of Tribal Leaders in Promoting Preventive Health”

Dr. Gerald Ignace, M.D. (Coeur d’Alene) Association of American Indian Physicians “Preventive Medicine: A Clinical Perspective”

Professor Billie Masters (Cherokee) University of California, Irvine “The Psychology of Self-Esteem and Motivation”
4:00 p.m. Special Report: Tonya Parker
Office of Program Operations
Indian Health Service
“Status of the Community Health Representative Program”

5:00 p.m. Special Announcements and Door Prize Drawings

5:30 p.m. **RECESS**

**EVENING ENTERTAINMENT**

8:00 p.m. No-Host Cash Bar
Marriott Hotel Ballroom

9:00 p.m. Variety Dance
Marriott Hotel Ballroom

Music By: Backstreet
Admission: $3.00 per person

Hosted by the National Indian Health Board

**TUESDAY, APRIL 20, 1982**

8:00 a.m. - 5:00 p.m. Registration: Tucson Community Center (Apache Room)

9:00 a.m. - 6:00 p.m. Exhibit Hours

8:30 a.m. - 12:00 noon **WORKSHOPS (SESSION I)**

Coconino Room I. Fetal Alcohol Syndrome

I. Co-Facilitators: Dr. Philip May, Director
Fetal Alcohol Syndrome Project
Albuquerque, New Mexico

Theda New Breast, Coordinator
Fetal Alcohol Syndrome Prevention Program
California Urban Indian Health Council

Tim Mueller, M.D., Director
Alcoholism Program
Whiteriver Indian Hospital

Reporter: Bonnie McKercher, NIHB Alternate
Bemidji Area

Gila Room II. Relationship Between Otitis Media and Language Acquisition: A Case for Early Identification

Co-Facilitators: Ona Porter, Director
Otitis Media Project
Albuquerque Area Indian Health Board
Graham Room

III. Critical Problems of Environmental Health

Co-Facilitators: Perry Brackett, Chief
Office of Environmental Health
Aberdeen Area IHS

Larry Garten, Chief
Office of Environmental Health
Phoenix Area IHS

Georgia Pedro, Chief
Health Planning Evaluation and
Analysis Programs Branch
Albuquerque Area IHS

Reporter: Clarence Skye, NIHB Alternate
Aberdeen Area

Greenlee Room

IV. Breast Feeding: Improved Health for the Newborn

Facilitator: Julie Carrillo, Director
Papago Breastfeeding Program

Reporter: Julie Carrillo, NIHB Representative
Tucson Area

Maricopa Room

V. The Reality of Alternative Resources for Indian Health Improvement

Co-Facilitators: Mike Lincoln, Regional Liaison
Indian Health Service

Luana Reyes, Executive Director
Puyallup Nation Health Authority

Vivian Lin, Health Planner
Western Center for Health Planning

Howard Bad Hand, Program Analyst
National Indian Health Board

Linda Bossert, Staff
National Congress of American Indians

Reporter: Dennis Hendricks, NIHB Alternate
California Area
Mohave Room

VI. Changing Times for Indian Health in the City

Facilitator: Charles Love, President
American Indian Health Care Association

Panel Members: Roger Buffalohead
American Indian Historian
Charles Deegan, Program Director
California Tribal Chairmen’s Association
Kenneth Nicholson, Health Director
Billings American Indian Council

Reporter: Maxine Dixon, NIHB Representative
USET Area

12:00 p.m. - 1:30 p.m.

RECESS

1:30 p.m. - 5:00 p.m.

Greenlee Room

WORKSHOPS (SESSION II)

I. Nutrition and Physical Fitness

Co-Facilitators: James Rye, Community Health Nutritionist
Keweenaw Bay Indian Community
Ted Holappa, Health Program Administrator
Keweenaw Bay Indian Community
Joann Proulx, Registered Dietician
White River Indian Hospital

Reporter: Johnson Yazzie, Sr., NIHB Alternate
Navajo Area

Graham Room

II. Improving Patient-Physician Interaction

Co-Facilitators: Michael Trujillo, M.D., Director
Clinical Services Support Division
Phoenix Area IHS
Carla Alchesay, Director
Whiteriver Service Unit
Ada White, President
National CHR Association
Sylvester Manuel, Director
Papago CHR Program

Reporter: William Denny, Jr., NIHB Alternate
Billings Area

Gila Room

III. Health Issues Affecting the Elderly
Coconino Room

Co-Facilitators: Larry Curley, Training Coordinator
National Indian Council on Aging

Alice Norris, Director
Papago Wise Ones Program

Dr. Annie Wauneka

Reporter: Billy Kane, NIHB Representative
Phoenix Area

IV. Diabetes Among Indian Populations

Co-Facilitators: Judith Hartner, M.D., Director
Diabetes Project
Sacaton Indian Hospital

Dorothy Ghodes, M.D.
Albuquerque PHS Indian Hospital

Reporter: Maxine Dixon, NIHB Representative
USET Area

Mohave Room

V. How to Become an Indian Health Professional

Facilitator: Bernard Kahrahra, Chairman
Comanche Tribe

Panel Members:
Lois Steele, M.D., Director
Indians Into Medicine Program

Elaine Wolbroek, Director
Indian MPH Program
University of California, Berkeley

Lydia Pourier, Health Planner
Nevada SHPDA

Reporter: Timm Williams, NIHB Representative
California Area

Small Auditorium

VI. Health Care Appropriations and the Legislative Process

Facilitator: Howard Bad Hand, Program Analyst
National Indian Health Board

Panel Members:
Daniel Press, Attorney

Joe Trujillo, Staff Member
Office of Senator Pete Domenici

Ramona Ornelas, Program Analyst
American Indian Health Care Association

Hickory Starr
Talihina PHS Indian Hospital

Karl Funke, Attorney
EVENING ENTERTAINMENT

6:00 p.m. - 10:00 p.m.
Traditional Feast and Dances
Santa Xavier Mission
Free Meal and Transportation
Hosted by the National Indian Health Board, the Papago Tribe and the Pascua-Yaqui Tribe

WEDNESDAY, APRIL 21, 1982

8:00 a.m. - 3:00 p.m.
Registration: Tucson Community Center (Apache Room)

9:00 a.m. - 6:00 p.m.
Exhibit Hours

8:30 a.m. - 12:00 p.m.
WORKSHOPS (SESSION III)

Mohave Room
I. The Use of Traditional Health Care in Modern Medical Practice
Facilitator: Edgar Monetachi, Jr.
Traditional Medicine Specialist
Indian Health Service
Reporter: Agnes Nichols, NIHB Alternate
Alaska Area

Small Auditorium
II. Emergency Medical Services for Indian Communities
Facilitator: John Emelio, Director
Emergency Medical Services Program
Indian Health Service
Reporter: Jerry Millett, NIHB Alternate
Phoenix Area

Graham Room
III. Suicide Prevention
Co-Facilitators: Dr. Philip May, Director
Fetal Alcohol Syndrome Project
Marlene Echo Hawk, PH.D.
Reporter: Kenneth Charlie, NIHB Representative
Alaska Area

Greenlee Room
IV. Developing Health Screening Fairs in Indian Communities
Facilitator: Irene Lee, Project Coordinator
National Health Screening Council
Gila Room

V. Cancer Issues

Facilitator: Rosemond Goins, Executive Director
South Dakota United Indian Association

Panel Members: James Hampton, M.D.
Lionel DeMontigney, M.D.
Office of Community Development
Indian Health Service

Reporter: Mel Sampson, NIHB Representative
Portland Area

Maricopa Room

VI. Prevention of Rheumatic Heart Disease

Facilitator: Brendan Phibbs, M.D., Chief of Medicine
Kino Community Hospital

Reporter: Dennis Hendricks, NIHB Alternate
California Area

12:00 p.m. - 1:30 p.m.
1:30 p.m. - 5:00 p.m.

Coconino Room

WORKSHOPS (SESSION IV)

I. Controlling High Blood Pressure in Indian Populations

Facilitator: Deborah Rosemond
Minority Programs Specialist
National High Blood Pressure Education Program

Panel Members: Clifford Richmond, Director
Dynamic Programs, Inc.
Brendan Phibbs, M.D., Chief of Medicine
Kino Community Hospital
John Finn, Nutritionist
Eagle Butte IHS Hospital
Roxann Wilson
Seattle Indian Health Board
Cherry Beasley, R.N.

Reporter: Donald LaPointe, NIHB Representative
Bemidji Area

Gila Room

II. End Stage Renal Disease: Its Cause, Treatment and Cost

Co-Facilitators: Adelaide Bahr, R.N.
Chronic Illness Project
Gila River Indian Community
Mohave Room

III. Developing and Operating a Tribal Health Program Under P.L. 93-638

Co-Facilitators: Ron Wood, Executive Director
Division of Health Improvement Services
Navajo Nation

Leah Exendine, Chief
Indian Resource Liaison Staff
Indian Health Service

Luana Reyes, Executive Director
Puyallup Nation Health Authority

Sid Edelman
Indian Resource Liaison Staff
Indian Health Service

Reporter: Elwood Saganey, NIHB Representative
Navajo Area

Greenlee Room

IV. The Medical Aspects of Alcoholism

Facilitator: James Andre, M.D.
Consulting Psychiatrist

Reporter: Delbert Frank, Sr., NIHB Alternate
Portland Area

Graham Room

V. The Key to Surviving the New Federalism

Facilitator: Steve Millstein
Southwestern Bell

Reporter: Lawrence Snake, NIHB Representative
Oklahoma Area

Maricopa Room

VI. Preventive Measures for Improved Dental Care

Co-Facilitators: Richard Baker, D.D.S.
Phoenix Area IHS
EVENING ENTERTAINMENT

8:00 p.m. No Host Cash Bar
Marriott Hotel Ballroom

9:00 p.m. - 1:00 a.m. Country Western Dance
Marriott Hotel Ballroom

Music By: Apache Spirit
Admission: $3.00 per person

Hosted by the National Indian Health Board

THURSDAY, APRIL 22, 1982

8:00 a.m. - 12:00 noon Exhibitors Exit Exhibition Hall

CLOSING GENERAL ASSEMBLY
Tucson Community Center (Arena)

9:00 a.m. Call to Order: Timm Williams, Vice-Chairman
National Indian Health Board

9:30 a.m. Guest Speaker: Everett R. Rhoades, M.D.
Assistant Surgeon General
Director, Indian Health Service

10:30 a.m. Question and Answer

11:00 a.m. Report from Resolutions Committee: Donald LaPointe, Secretary
National Indian Health Board

11:30 a.m. Presentation of Awards

12:00 a.m. Closing Remarks: Tony Secatero, Chairman
National Indian Health Board

ADJOURNMENT OF THE FIFTH NATIONAL
INDIAN/ALASKA NATIVE HEALTH CONFERENCE

EVENING ENTERTAINMENT

8:00 p.m. No-Host Cash Bar
Marriott Hotel Ballroom

9:00 p.m. - 1:00 a.m. Chicken Scratch Dance
Marriott Hotel Ballroom
Admission: $3.00 per person
Workshop Descriptions

Tuesday, April 20, 1982
Session I
(8:30 a.m. - 12:00 noon)

I. FETAL ALCOHOL SYNDROME WORKSHOP (Facilitators: Philip A. May, Ph.D., University of New Mexico; Theda New Breast, M.P.H., F.A.S. Project, California Urban Indian Health Council; Tim Mueller, M.D., P.H.S. Hospital, Whiteriver, Arizona; Reporter: Bonnie McKercher, NIHB Alternate, Bemidji Area.)

Fetal Alcohol Syndrome (F.A.S.) is a pattern of malformations which is found in children born to mothers who drink alcohol excessively during pregnancy. The most common features of this syndrome will be documented including: various degrees of mental retardation, small size in birth length and weight, microcephaly, hypoplastic midface, growth deficiency throughout life, various joint abnormalities, a high frequency of cardiac defects, and hyperactivity. Of more recent concern is that moderate, mild and/or binge drinking may cause mild or less obvious forms of developmental damage. For this reason one can conceptualize the teratogenic effect of alcohol as a spectrum. That is, while heavy drinking may result in Fetal Alcohol Syndrome, lower levels of consumption may result in mild growth delay, mild lowering of learning potential and other subtle defects. Currently Fetal Alcohol Syndrome is believed to be the second most frequent birth defect in the U.S. and the number one cause of mental retardation.

The F.A.S. Workshop will teach people how to recognize the symptoms of Fetal Alcohol Syndrome, why the symptoms appear and the incidence and characteristics of this birth defect among a number of tribes in the Southwest.

Unlike other birth defects (such as Trisomy 21, Down Syndrome), Fetal Alcohol Syndrome is one hundred percent preventable. This workshop will concentrate on how health professionals can prevent the birth defect F.A.S. Prevention strategies presented focus on creating awareness, screening and identifying women “at risk.” Prevention of the birth defect has astonishing implications for intervening in alcoholism among women of child bearing age.

In addition to strategies for working with individual women, several prevention programs designed for entire reservations will be covered in detail. In one of these programs provision has been made for the evaluation of impact of the health education efforts.

II. RELATIONSHIP BETWEEN OTITIS MEDIA AND LANGUAGE ACQUISITION: A CASE FOR EARLY IDENTIFICATION (Facilitators: Ona Porter, Director, Otitis Media Project, Albuquerque Area Indian Health Board; Francisca Hernandez, Executive Director, Albuquerque Area Indian Health Board. Reporter: Marcissus Gayton, NIHB Alternate, Albuquerque Area.)

Otitis media is known to many as middle ear inflammation or infection. Although recognized among physicians as a condition requiring treatment, few seem to understand the importance of preventing recurring bouts of the disease or of carefully considering the possible permanent effects of the mild to moderate fluctuating hearing loss, which is associated with otitis media.

How many children with otitis media related hearing losses have been labeled “discipline problems” by their classroom teachers? How many with language delays do we call retarded? How many of both categories drop out of school, are unable to find jobs, and join the welfare rolls?
This presentation is intended to explore the implications of these questions with participants and to share our Otitis Media Project’s perspectives and methods for early identification.

The effects of various levels of hearing loss for a student will be simulated for participants, and a complete early identification examination will be demonstrated and explained.

III. CRITICAL PROBLEMS OF ENVIRONMENTAL HEALTH (Co-Facilitators: Perry Brackett, Chief, Office of Environmental Health, Aberdeen Area IHS; Larry Garten, Chief, Office of Environmental Health, Phoenix Area IHS; Georgia Pedro, Chief, Health Planning Evaluation and Analysis Programs Branch, Albuquerque Area IHS. Reporter: Clarence Skye, NIHB Alternate, Aberdeen Area.)

This workshop will describe and evaluate the critical environmental health problems which are still causing the American Indians and Alaska Natives to suffer an unacceptably high incidence of deaths, injuries and illnesses. The panelists will review the causative factors of the environmental health problems and will discuss Indian Health Service and Tribal programs which are being implemented in an effort to eliminate or control these problems.

The environmental health problems include the plaque, rabies, unsafe water, unsanitary sewage disposal, inadequate housing, radiation hazards, occupational hazards, accidents, solid wastes, hazardous wastes, pesticides, air pollution, food sanitation, insects and rodents, disasters and other environmental factors which cause disease and injury. The workshop will highlight the severity of the incidence of accidents as the leading cause of death among the American Indians and Alaska Natives causing injury rates as high as 50 percent in some groups and locations.

The workshop participants will review the environmental health problems and programs, then examine the role of the Indian Health Boards, the Tribes, the communities and the individual families in the environmental health programs.

IV. BREAST FEEDING: IMPROVED HEALTH FOR THE NEWBORN (Facilitator: Julie Carrillo, Director, Papago Breastfeeding Program. Reporter: Julie Carrillo, NIHB Representative, Tuscan Area.)

The patterns of change in infant feeding are similar through the world. The traditional, natural process of feeding babies the milk of their own species has been replaced by the questionably “modern” process of formula feeding. The nutritional, economic, medical and psychological consequences of this change are well documented and are no less significant among Indian mothers and children.

Convinced that the practice of breastfeeding would increase among Papago mothers if a support network was available, the Papago Nutrition Improvement Program of Sells, Arizona submitted a proposal to the U.S. Department of Agriculture’s Food and Nutrition Service for an 18 month demonstration grant. The proposal was accepted and this workshop will describe the components of this Papago project: a) the coordination of the services of six health agencies in a team approach aimed at increasing the understanding and practice of breastfeeding on the reservation; b) determination by means of a survey of the Papago attitudes, values and practices related to breastfeeding; c) planning, testing and implementation of appropriate training experiences for staff and field workers of all agencies; d) development of Papago oriented educational materials which support breastfeeding; e) delivery of support services to mothers who decide to breastfeed, and f) evaluation procedures. The traditional view of breastfeeding will be presented by a Papago elderly. Results will be reported and a short period will be allowed for discussion.

V. THE REALITY OF ALTERNATIVE RESOURCES FOR INDIAN HEALTH IMPROVEMENT (Co Facilitators: Mike Lincoln, Regional Liaison, Indian Health Service, San Francisco, California; Luana Reyes, Executive Director, Puyallup Nation Health Authority; Vivian Lin, Health Planner, Western Center for Health Planning; Howard Bad Hand, Program Analyst, National Indian Health Board; Linda Bossert, Staff, National Congress of American Indians. Reporter: Dennis Hendricks, NIHB Alternate, California Area.)
The availability of Federal and private funds for health programs are becoming more scarce, while the demand for health programs is increasing. These realities must be addressed and a strategy developed if health programs for Indians are to continue.

This workshop will attempt to put the securing of non-IHS funding in perspective. Traditional sources for fund raising such as foundations and corporations will be identified, as will non-traditional avenues. The workshop will emphasize the use of a strategic fund development plan.

The workshop will also address the Administration’s proposal for Maternal and Child Health Block Grants and examine strategies for allowing tribes to be involved in those block grants.

VI. CHANGING TIMES FOR INDIAN HEALTH IN THE CITY (Facilitator: Charles Love, President, American Indian Health Care Association. Panel: Roger Buffalohead, American Indian Historian; Charles Deegan, Program Director, California Tribal Chairmen’s Association; Ken Nicholson, Health Director, Billings American Indian Council. Reporter: Maxine Dixon, NIHB Representative, US3 Area.)

This workshop will examine the reasons, background, history and direction of urban Indian health care and its relationship to tribal health programs. Four sections of approximately 30 minutes each will present this evolutionary development of urban Indian health care.

A. "Why Gloria Died" This documentary from the Bill Moyers Journal vividly portrays the problems American Indians encounter in trying to access health and social services in the city. The film explores the facts that ultimately led to the unnecessary death of a young Indian mother moving to the urban area.

B. Assimilation of the American Indian Roger Buffalohead presents the factors that led to the movement of American Indians from the reservation to the urban areas. This presentation will examine the federal responsibilities and governmental policies that resulted in this assimilation process which continues to impact upon the American Indian today.

C. Evolution of Indian Health Care in the City Charles Deegan presents the evolution of the urban Indian health programs and the origins of Title V of P.L. 94-437, Health Care for Urban Indians. The role of the urban health program will be defined along with the implications and impact upon the tribal health program should Title V be eliminated.

D. Cooperative Tribal and Urban Efforts Ken Nicholson discusses examples of cooperative health efforts between the Billings American Indian Council, the Crow Agency and the Northern Cheyenne tribal health program. The background, planning, development and mutual benefits of collaborative projects will be examined.

Session II
(1:30 p.m. - 5:00 p.m.)

I. NUTRITION AND PHYSICAL FITNESS (Co-Facilitators: James Rye, Community Health Nutritionist, Keweenaw Bay Indian Community; Ted Holappa, Health Program Administrator, Keweenaw Bay Indian Community; Joann Proulx, Registered Dietician, Whiteriver Indian Hospital, Whiteriver, Arizona. Reporter: Johnson Yazzie, Sr., NIHB Alternate, Navajo Area.)

The session will begin with a general introduction to nutrition, emphasizing the calorie values of energy yielding nutrients, foods and alcohol. Thereafter, the principle focus will be on the prevention and treatment of obesity through a multifaceted weight control program which emphasizes a life long commitment to physical activity. Caloric equivalents of exercise and the impact it has on overall energy metabolism and appetite will be presented. Practical ways to increase the physical activity level of individuals and groups will be discussed.
In addition to physical activity, considerable time will also be given to the content and implementation of other essential components of weight control programs:

a) Health Screening - Indices to examine related to obesity and the motivation to lose weight.

b) Caloric Restriction - traditional "dieting" versus trimming fat, sugar and alcohol.

c) Eating Behaviors & Techniques Which Promote Weight Control - for example, slowing the rate of eating and using smaller utensils.

d) Reducing "Weight Gain" Environmental Cues

e) Environmental Support - soliciting support of family and friends; supportive working environments; goal setting; etc.

Much of the material presented at this session has recently been field tested on three Michigan Indian reservations. Additionally, physical fitness and behavior modification components of a risk reduction program in an Arizona Indian community will be discussed.

Participants attending this session can be assured of leaving with concrete ideas and resources for personal or job-related application.

II. IMPROVING PATIENT-PHYSICIAN INTERACTION (Co-Facilitators: Michael Trujillo, M.D., Director, Clinical Services Support Division, Phoenix Area IHS; Carla Alchesay, Director, Whiteriver Service Unit; Ada White, President, National CHR Association; Sylvester Manuel, Director, Papago CHR Program. Reporter: William Denny, Jr., NIHB Alternate, Billings Area.)

The purpose of this workshop is to discuss and explore the interaction between patients and physicians, and to examine different ways for improving that interaction. Specifically, the workshop will address:

• physicians' social and educational background

• physicians' desire to practice in rural communities and in the Indian Health Service

• physician recruitment and retention programs of the Indian Health Service

• the Indian community's and patient's expectations of physicians and local health care

• methods by which Indian communities and individuals can become involved with physician recruitment and retention programs

• areas and methods to improve the interaction of physician, individual patients, and the community, thereby improving the health care of the total Indian community.

III. HEALTH CARE ISSUES AFFECTING THE ELDERLY (Co-Facilitators: Larry Curley, Training Coordinator, National Indian Council on Aging; Alice Norris, Director, Papago Wise Ones Program; Dr. Annie Wauneka. Reporter: Billy Kane, NIHB Representative, Phoenix Area.)

The workshop will provide Indian aging services providers with information that will enable them to better plan, implement, and understand programs for older Indians. Included as topical areas will be: data utilization for program development; implementing program objectives; career opportunities; the 1981 White House Conference on Aging, and current developments in aging.

IV. DIABETES AMONG INDIAN POPULATIONS (Co-Facilitators: Judith Hartner, M.D., Director, Diabetes Project, Sacaton Indian Hospital, Sacaton, Arizona; Dorothy Ghodes, M.D., Albuquerque PHS Indian Hospital. Reporter: Maxine Dixon, NIHB Representative, USET Area.)

This workshop will focus on strategies of self care for diabetic patients. We will specifically address nutrition and exercise, self monitoring techniques, and foot care. The workshop will include a discussion of dreams and schemes that Indian communities could initiate for prevention of diabetes and help Indian diabetics adapt to their disease.
V. HOW TO BECOME AN INDIAN HEALTH PROFESSIONAL (Facilitator: Bernard Kahrahra, Chairman, Comanche Tribe; Lois Steele, M.D., Director, Indians Into Medicine Program, University of North Dakota; Elaine Walbroek, Director, Indian MPH Program, University of California, Berkeley; Lydia Pourier, Health Planner, Nevada SHPDA. Reporter: Timm Williams, NIHB Representative, California Area.)

The Reagan Administration's efforts to redirect responsibility for education and social programs back to the states and the subsequent budget cuts in those programs have drastically impacted opportunities for all minority students interested in the health professions. As federal aid is diminished, the need for improved health manpower in the delivery of health services to Indian people becomes increasingly important.

It has been apparent for some time that the most effective way to raise the level of health care to Indian people is not only to improve health care facilities, but to train tribal members to become health professionals. To many who work in the field of health manpower and education, the belief is that greater efforts must be initiated at all levels of education (K through college) to encourage Indian children and young people to enter the health field.

This workshop is aimed at skill building in the areas of education, motivating Indian children into health professions, how to get scholarships, and other critical issues of retention, support and maintenance of Indian students in health professions. Other issues will be related in discussion with workshop participants.

VI. HEALTH CARE APPROPRIATIONS AND THE LEGISLATIVE PROCESS (Facilitator: Howard Bad Hand, Panel Members: Daniel Press, Attorney; Joe Trujillo, staff member, Office of Senator Pete Domenici; Ramona Ornelas, Program Analyst, American Indian Health Care Association; Hickory Starr, Talihina PHS Indian Hospital; Karl Funke, Attorney; Luana Reyes, Executive Director, Puyallup Nation Health Authority. Reporter: Clarence Skye, NIHB Alternate, Aberdeen Area.)

For the past two decades, Indian people have had a relatively open path to Congress in impacting legislation and the subsequent appropriations needed to support the legislation. In the era of "New Federalism", however, the once open path to Congress has become a path full of obstructions and uncertainty. There are new faces in Congress; there are new leaders. Concerns and attitudes for Indian people have changed, and in some cases, have even become adversarial. Indian people suddenly face the reality and necessity of changing their strategies and methods in how they deal with Congress.

What is the situation in Congress? What is needed by Indians to change an unproductive relationship? What do Indian people need to know? What new skills must they acquire to deal with changed attitudes, changed philosophies, and redirected concerns?

The workshop will focus on skill building. Using as a frame of reference the present reality of the legislative process and the health care appropriations, presentations will be given on current methods and projections that can be used to affect this process by impacting key congressional staff and committees. The workshop will also attempt to answer certain key questions such as those referred to above.
Wednesday, April 21, 1982
Session III
(8:30 a.m. - 12:00 noon)

I. THE USE OF TRADITIONAL HEALTH CARE IN MODERN MEDICAL PRACTICE
   (Facilitator: Edgar Monethachi, Jr., Traditional Medicine Specialist, Indian Health
   Service. Reporter: Agnes Nichols, NIHB Alternate, Alaska Area.)

   Traditional Indian medicine was a subject of keen interest to Indian people and health professionals
   at the last two national health conferences. This year, the conference will address the subject of
   traditional medicine through this workshop, with the goal of constructing a working model of a blend
   between Western medical services and traditional medicine practices. Workshop participants will be
   given a current model which they will be asked to analyze to see if it works practically, socially, and
   legally. From this analysis, a more current model will be developed to show whether or not western
   medicine and traditional Indian thought and practice can be blended together to present a complete and
   sensitive health delivery system to Indian people.

II. EMERGENCY MEDICAL SERVICES FOR INDIAN COMMUNITIES
    (Facilitator: John Emelio, Director, Emergency Medical Services Program, Indian Health Service. Reporter:
    Jerry Millett, NIHB Alternate, Phoenix Area.)

   This workshop will provide a live dramatization of the basic information and skills which are
   required to develop and maintain an EMS First Responder Program in the rural and wilderness settings
   of Indian and Alaska Native communities. Questions will be discussed relative to resource potentials for
   such EMS components as training, communications equipment and medical supplies.

   The first portion of the workshop will involve presentation of a community meeting in which
   community members discuss with representatives of the Indian Health Service Emergency Medical
   Service Program the challenges which are involved in establishing a First Responder Program, and the
   benefits of having such a program in existence within a community. Within the context of this
   dramatized community meeting, the basic concepts of EMS First Responder Programs will be made
   clear as well as their linkages with ambulance services and emergency facilities.

   In the second portion of this workshop, a live dramatization of a First Responder's vital role in the
   pre-hospital care of a patient experiencing a medical emergency will be presented. This dramatization
   will create a visual image of the entire Emergency Medical Response and Transport patient care
   “process” within the context of a community which has a First Responder Program.

   The final portion of the workshop will involve an open discussion among workshop participants
   relating to those ideas and techniques which have been presented in the first two portions of the
   workshop.

   Joining members of the Indian Health Service Emergency Medical Service Program staff in the
   conduct of this workshop will be members of Tribal EMS Programs, and staff of the Indian
   Development District of Arizona.

III. SUICIDE PREVENTION
    (Co-Facilitators: Philip A. May, Ph.D., University of New Mexico; Marlene Echohawk, Ph.D., University of Oklahoma Health Sciences Center. Reporter:
    Kenneth Charlie, NIHB Representative, Alaska Area.)

   Suicide among Indians has received a great deal of attention in the past fifteen years. Numerous
   articles and papers have been written which tend to stereotype all Indians as suicidal when in fact there
   is great variation in rates and patterns from one tribe to the next and from reservation to reservation.
This attention on Indian suicide results from at least several factors. One, many Indian suicides occur at a young age and are therefore in contrast to the pattern in the white population where the incidence is highest among older age groups.

Secondly, most attention has been directed at a few small reservations where the rate is very high. It was then assumed that other reservations and all Indians have equally high rates of suicide, which is not true, but the stereotype continues on. The third reason for the attention to Indian suicide was that it was conceived as a "new" or "recent" problem. That is, it seemed to many health professionals that suicide had only recently become a problem among Indians. It is unfortunate that only sensationaly high rates get quoted and remembered.

All of the above issues will be explored and defined using a variety of studies. Included is a recent 23 year study of suicide among all tribes in New Mexico (Apache, Pueblo and Navajo). All of the information presented will be focused on sharing experience and knowledge which will be helpful to use for prevention.

Prevention strategies will be detailed by the participants in two areas. First, a number of crisis intervention and psychology based therapeutic techniques will be covered for use with individuals who are at risk for self-destruction. This part of the discussion will include techniques for evaluating whether a person is at risk for suicide. Secondly, several models of community prevention programs which have been used on various reservations will be presented.

The overall goal of this workshop is to make participants knowledgeable about and comfortable with the topic of suicide and suicide prevention. Suicide can be minimized and/or prevented when approached in a positive and therapeutic manner on both the individual and community level.

IV. DEVELOPING HEALTH SCREENING FAIRS IN INDIAN COMMUNITIES (Irene Lee, Project Coordinator, National Health Screening Council. Reporter: James Allen, NIHB Alternate, Oklahoma Area.)

The primary purpose of this workshop will be to share skills, information, and resources about health fairs that have occurred in American Indian and Alaska Native communities. Experiences and techniques used in the fairs in an urban Indian center, on a reservation, in conjunction with pow-wows, and in rural Alaska will be discussed.

The National Health Screening Council Health Fairs are designed to provide multiple health screenings in convenient locations, and to promote self assessment and health education. A funding commitment from Chevron, U.S.A. established a national minorities health fair program to address the special needs of blacks, Hispanics, American Indians/Alaska Natives, and Pacific/Asian Americans.

The format will be one of method sharing in the first half of the program, and a forum of open exchange in the second half. The workshop will cover the following topics:
- what are health fairs
- why have a health fair
- resource sharing and distribution of materials to put on a health fair
- discussion of health fairs in American Indian and Alaska Native communities.

V. CANCER ISSUES (Facilitator: Rosemond Goins, R.N., Executive Director, South Dakota United Indian Association; James Hampton, M.D.; Lionel DeMontigney, M.D., Director, IHS Office of Community Development; Tom Ford, M.P.H. Reporter: Mel Sampson, NIHB Representative, Portland Area.)

The basic goal of the workshop is to provide mechanisms for organizing resources for an effective, coordinated attack on specific cancer control problems, and to encourage attitudes and demonstrate programs to promote the use of effective cancer control methods to the participants.
Specific presentations will be made on the following topics: "Tumor Detection"; "Cancer and Indians — Health Resources Available"; "How to Organize Volunteer Groups on the Reservations"; "Breast Exam"; and "Pap Smear".

VI. PREVENTION OF RHEUMATIC HEART DISEASE (Facilitator: Brendan Phibbs, M.D., Chief of Medicine, Kino Community Hospital. Reporter: Dennis Hendricks, NIHB Alternate, California Area.)

Rheumatic heart disease continues to be the chief cause of cardiac disability and death in "Third World" nations and population groups throughout the world, and this includes many of the Indian tribes of North America. Studies in the tribes of Arizona, including the Navajo and Papago, have shown that the incidence of rheumatic heart disease ranges from ten to fifty times as high as that currently being reported among Anglo populations. Rheumatic heart disease is the only completely preventable form of heart disease; for this reason, it is a double tragedy when it occurs, since is is a needless one.

Rheumatic heart disease is always caused by an infection with a particular germ, the Group A beta hemolytic streptococcus, which invades the nose and throat, often producing the familiar "strep throat." The germ is very easy to eradicate, since it remains sensitive to low levels of penicillin and does not have the capacity to develop resistance. The only problem, therefore, is to find the germ and to see that it is adequately treated. Rheumatic fever is predominantly a disease of children and young people, particularly school children throughout the school year. Streptococcal infection of the nose and throat may be typical but, on the other hand, more often than not it is so mild the victim doesn't even know it's present. For this reason, intensive surveillance programs have been evolved for use in high risk populations.

The Papago tribe is the first Indian tribal group in North America to organize and successfully implement a program of rheumatic fever prevention by means of streptococcal surveillance and treatment. All aspects of the program, except for the actual administration of intramuscular penicillin, have been carried on by members of the Papago tribe. Community health representatives have been trained in techniques of throat culturing and in clinical characteristics of streptococcal disease; tribal members have been trained to carry on the laboratory work involved in identifying the Group A beta hemolytic streptococcus; i.e., preparation of culture media, throat culturing, streaking, colony recognition, and grouping by subculture.

The performance in the technical aspects of bacteriology has been superior when checked against test materials supplied by the University of Arizona Hospital and the State Health Department of the University of Arizona. By all measurable indices, the program has been clearly successful; the level of streptococcal isolation and infection has dropped very dramatically since the inception of the program and there have been no new cases of rheumatic fever in the Papago tribe for the last five years. It is safe to say that this is the first time in the history of the tribe that this has ever occurred. The program centers on school child surveillance with culturing of all primary school children once a month and also includes frequent family follow-up of children found to be frequently infected, widespread education of tribal members, with emphasis on the importance of throat culturing, and a great deal of personal counseling by Papago community health representatives.

The dramatic results achieved by members of the Papago tribe could be duplicated by "high risk" groups anywhere in the world and, for this reason, the project assumes a genuinely global significance.
Session IV
(1:30 p.m. - 5:00 p.m.)

I. CONTROLLING HIGH BLOOD PRESSURE IN INDIAN POPULATIONS (Facilitator: Debra Rosemond, Minority Programs Specialist, National High Blood Pressure Education Program. Panel Members: Clifford Richmond, Director, Dynamic Programs, Inc.; Brendan Phibbs, M.D., Chief of Medicine, Kino Community Hospital; John Finn, Nutritionist, Eagle Butte IHS Hospital; Roxann Wilson, Seattle Indian Health Board; Cherry Beasley, R.N.; Reporter: Donald LaPointe, NIHB Representative, Bemidji Area.)

High blood pressure (hypertension) contributes to thousands of deaths each year. Although it can be controlled, many people do not begin or maintain effective treatment. Left untreated, high blood pressure (HBP) can lead to heart disease, kidney disease, and stroke.

Present data on the prevalence of high blood pressure in Native American communities are insufficient. However, health professionals serving this population consider it a significant factor in morbidity and mortality in Native Americans.

The purpose of this workshop is to provide information about the control of HBP within Native American communities. The first presenter will describe what high blood pressure is and why it is important to control it. The second presenter will provide an overview of the role of the National High Blood Pressure Education Program (NHBPEP) in increasing the involvement of Native Americans in HBP control activities at all levels. The next presenter will discuss approaches used in hypertension control efforts by a community-based program within an urban Native American community. The final section of this workshop will emphasize specific information and practical suggestions to enhance skills necessary for high blood pressure control. Information on the dietary management of hypertension control among Native Americans as well as demonstrations and instructions on how to properly take a blood pressure will be provided. Attendees are encouraged to bring their blood pressure equipment.

II. END STAGE RENAL DISEASE: ITS CAUSE, TREATMENT, AND COST (Facilitator: Adelaide Bahr, R.N., Chronic Illness Project, Gila River Indian Community. Panel: Donald Megill, M.D., Four Corners Dialysis Unit; Andrew Guy, Administrator, Tucson Artificial Kidney Center.Reporter: Sylvester Manuel, NIHB Alternate, Tucson Area.)

This workshop will examine the nature of End State Renal Disease and its prevalence among American Indian populations. Presentations from two clinicians will address the extent of End Stage Renal Disease problems in Indian populations, and will discuss causes of the disease, treatment modalities, self-help procedures, and future developments in treatment. The economic, social, and psychological costs of the disease will also be examined. In addition to the panel of medical experts there will be a panel of Dialysis and Transplant Patients to describe End Stage Renal Disease from the perspective of the patient.

III. DEVELOPING AND OPERATING A TRIBAL HEALTH PROGRAM UNDER P.L. 93-638 (Co-Facilitators: Ron Wood, Executive Director, Division of Health Improvement Services, Navajo Nation; Leah Exendine, Chief, Indian Resource Liaison Staff, Indian Health Service; Luana Reyes, Executive Director, Puyallup Nation Health Authority; Sid Edelman, Indian Resource Liaison Staff, Indian Health Service. Reporter: Elwood Saganey, NIHB Representative, Navajo Area.)

P.L. 94-437 (the Indian Health Care Improvement Act) and P.L. 93-638 (the Indian Self-Determination and Education Assistance Act) were passed 6 and 7 years ago, respectively. These laws were intended to provide tribes greater control over federal programs and to provide additional health resources. What progress has been made with the advent of these two laws and other initiatives? The
Administration has proposed block grants and a New Federalism program that will shift health programs back to the States from the federal government. This will have dramatic effects on health programs nationwide, including Indian health programs. What can Indian Tribes do to alleviate the adverse effects of these and other proposed changes?

This workshop will focus on the following subject areas:
1. Current status of contracting of Indian Health Service programs to Indian Tribes and the impact of recent decisions and initiatives regarding P.L. 93-638.
2. Priorities of funding of Indian Health Service programs with the current budget austerity; equity of funding issue and Indian Health Service implementation of equity funding, and proposed defunding of Community Health Representatives and other IHS health programs.
3. Implications of budget cuts on tribal health programs and the effect of block grants and "new federalism" on tribal health program development.
4. Possible future directions for health services both under the Indian Health Service and Indian Tribes.

IV. THE MEDICAL ASPECTS OF ALCOHOLISM (Facilitator: James Andre, M.D., Consulting Psychiatrist. Reporter: Delbert Frank, Sr., NIHB Alternate, Portland Area.)

This workshop offers 3½ hours of instruction on the pathological effects of ethyl alcohol of the various systems and organs of the body when this chemical is used to excess.

Although the training is medical in its orientation, terminology is carefully explained so that laymen without medical training can easily understand all material presented. To further explain the material, pathology slides from autopsy will be used.

This workshop will fill an important information gap for tribal leaders, managers and health planners, including those in the alcoholism field. What is covered in this workshop is rarely presented to lay audiences.

V. THE KEY TO SURVIVING THE NEW FEDERALISM (Facilitator: Steve Millstein, Southwestern Bell. Reporter: Lawrence Snake, NIHB Representative, Oklahoma City Area.)

The "New Federalism" is placing extraordinary demands on the Indian Health Service. In addition to the Congressional mandate to provide quality health care, IHS must also accommodate the Executive mandate to improve efficiency and control operating expenses.

A discussion of these mandated objectives could easily lead one to the conclusion that they are irreconcilable; that it is impossible to provide quality health care services while at the same time reducing operating expenses and cutting personnel. While not impossible, one thing is for certain, it will not be business as usual for IHS.

This workshop will examine how service units can and have improved efficiency, controlled operating expenses and still maintained good public service. The workshop will address issues such as how to get more nursing time out of your R.N., how to reduce the number of scheduling clerks, how to cut travel expenses, how to reduce energy consumption, and other ways to help meet your objectives.

The workshop will include a discussion, media presentation and actual demonstrations on how to achieve the results necessary to survive the "New Federalism."
VI. PREVENTIVE MEASURES FOR IMPROVED DENTAL CARE (Co-Facilitators: Richard Baker, D.D.S., Phoenix Area IHS; and Kathy Smith, Phoenix Area IHS. Reporter: Ada White, NIHB Alternate, Billings Area.)

The workshop will examine evaluation mechanisms for Indian Health Service dental programs, both contract and direct. Techniques for evaluation include responsiveness to community needs; program quality; efficiency, and effectiveness. These techniques have been developed by the Indian Health Service and can be used at the local level. Etiology of oral disease, oral hygiene, nutrition, and fluoride will also be discussed.
About the National Indian Health Board

For the last ten years the National Indian Health Board (NIHB) has advocated that health care services delivered to American Indians and Alaska Natives should be of the highest quality and of sufficient quantity to enable Indian people to attain a health condition that is at least equal to that of other American citizens.

As a means of achieving this goal, NIHB is organized to review and comment on national policies proposed by the Indian Health Service (IHS) and other federal agencies which serve or should be serving Indian people in a health-related capacity, and to make American Indians and Alaska Natives aware of services provided by those agencies.

The primary thrust of past NIHB activities has been in developing projects related to Indian health programs and the provision of advisory, consultative and guidance functions to tribes, Indian organizations, and IHS.

The Board of Directors meets quarterly to perform review and advisory work. Board resolutions on health-related matters later form a guide for IHS-Indian relationships in health affairs. Along with the direction which comes from its own members and their constituents, NIHB relies on the priorities and initiatives developed by the Indian health community at large through the four past NIHB-sponsored national Indian/Alaska health conferences.

Composed of 12 members, the Board of Directors represents all of the geographically-defined regional IHS areas, with representatives selected by their area health boards or other area tribally-sanctioned organizations.

In its advisory capacity, NIHB advises the Indian Health Service on legislative matters impacting on the IHS/Indian relationship in health affairs including, for example, the interrelationship between P.L. 96-537 (the Indian Health Care Improvement Act) and P.L. 96-638 (the Indian Self-Determination and Education Assistance Act).

In its strong support for the improved health and welfare of Indian people, NIHB has appeared before various commissions and congressional committees to express its positions on such issues as full funding of the Indian Health Service budget and the Indian Health Care Improvement Act; passage of the Indian Child Welfare Act, the Mental Health Systems Act and other federal legislation; and the need for greater safeguards for Indian people involved in health research.

And with the assertion that Indian people deserve to share much more in the knowledge accumulated from the immense amount of scientific research that has been focused on the American Indian culture, and to deliver scientific expertise and disseminate information relating to nutrition and health to Indian communities nationwide, NIHB in conjunction with the Department of Food Science and Nutrition at Colorado State University has established a National Indian Health Board Public Service Science Center. Besides offering scientific expertise in the area of nutrition, the NIHB Science Center will provide audio visual materials in areas of diabetes, traditional food, and breast and infant feeding practices to Indian communities nationwide.

Through numerous mailings and through its newsletter, the NIHB Health Reporter, NIHB has continued to significantly increase its national circulation and report on up-to-the-minute developments related to Indian health. NIHB staff are also available to provide additional information or assistance as requested by tribal groups, urban Indian health boards and clinics, and various state department health boards and departments.
With an eye toward strengthening Indian Self-Determination and community health resources, NIHB has become increasingly involved in offering expertise and training in the areas of Indian alcohol and drug abuse, youth workshops, and technical expertise and training in the IHS budget development process.

In the future, NIHB will continue to stress cooperation and interaction among tribes, tribal organizations, national Indian organizations, and the Indian Health Services, which share the mutual concern of improving the health status of American Indians and Alaska Natives.
The NIHB Health Reporter is published by the National Indian Health Board (NIHB) in an effort to provide Indian health boards, tribal leaders, tribal health departments, Indian Health Service (IHS) officials, and other interested organizations and persons with information regarding the latest developments on Indian health care issues.

First published in June of 1977, the newsletter has reported on federal legislation affecting Indian health both directly and indirectly, such as Public Laws 94-432 (the Indian Health Care Improvement Act), 93-638 (the Indian Self-Determination and Education Assistance Act), and legislation related to Indian health care appropriations, block grants, health planning, education, and other major health issues.

The newsletter has also reported on the problems associated with alcohol abuse in American Indian communities; the need for increased awareness of diabetes, cancer, otitis media, and Fetal Alcohol Syndrome among American Indians; development of IHS fiscal year budgets; policies of the Reagan Administration concerning "New Federalism", block grants, and other issues; Indian child welfare; tribal programs that provide innovative health services to Indian populations; and on-the-site reporting of major health-related symposiums and conferences concerning Indian health.

The NIHB Health Reporter is made possible through Contract No. HSA-244-81-0030 with the Indian Health Service, Department of Health and Human Services, and is available free of charge. The National Indian Health Board encourages readers to submit articles regarding health activities in their areas which they feel would be of interest to the Indian community.

All articles, correspondence and mailing requests should be submitted to John P. O'Connor, Editor; National Indian Health Board; 1602 South Parker Road, Suite 200; Denver, Colorado 80231.