What’s New at the Center?

2017 Summer Institute Fills in Record Time!

Our 14th offering of the Summer Research Training Institute for American Indian and Alaska Native Health Professionals will begin in June. This three week annual training institute continues to grow in popularity. This year we are offering fourteen courses in health and research-related subjects, including a new topic, health literacy. Almost anyone who works in Indian health will find benefit in courses that include outbreak investigation, health policy, and epidemiology. These courses provide practical training that has been proven useful to a range of professionals, from administrators and program managers to community health workers, researchers, physicians, and nurses.

This year our registration filled very quickly and at this time registration has closed. The success of this program is highly valued by our funders, the National Institutes of Health (Native American Research Centers for Health) and the Indian Health Service. If you missed your opportunity this year, please look for the next open registration in Spring of 2018. We would love to have you join us!

To learn more, please see our 2017 brochure and to stay up to date on future announcements, watch our website closely: www.npaihb.org/narch-training/
I recently returned from Melbourne where I attended the meeting of the World Congress on Public Health held at the lovely convention center on their South Riverfront. While there, I also gave a talk to faculty and students at the University of Melbourne on our Prevention Research Center. I wish to highlight some of the take home messages from the meeting with comments about the presentations on Aboriginal health and the similarities, strengths, and challenges that the tribal people in Australia share with the tribes in the Pacific Northwest.

The conference included an excellent plenary presentation by Michelle Deshong, an Aboriginal woman who is a health leader in Australia, as well as three full days of break-out presentations on Aboriginal health. Deshong pointed out that indigenous peoples across the world face challenges in the interrelated areas of self-determination, governance, and economic and health development. While the indigenous cultures in Canada, Australia, New Zealand, and the U.S. are different in some obvious and critical ways, they also share key commonalities in their colonial heritage, and in the challenges in addressing their health and public health needs. Through collaboration and sharing of new thinking and innovative processes, indigenous people can address their current needs and aspirations. Deshong emphasized how best practice models of governance and how future investments in cultural-based models of government will create indigenous communities that enjoy good health and other benefits, leading to sustainability and success. Some of the other plenary speakers echoed the same messages as Deshong and were very clear about the importance of health legislation as one key to improving health at the population level. In the breakout sessions in Aboriginal health, I concluded that many of the health threats in Australia are similar to the Northwest regional tribes; high smoking prevalence (particularly among adolescents), trauma, diabetes, obesity, health care access for rural peoples, and treatment compliance due to economic, as well as other constraints. In addition, the resilience factors and cultural strengths discussed by various speakers sounded much like those strengths that the regional tribes exhibit as well.

With five full days of presentations on women’s health, air pollution, environmental challenges to health, obesity, built environment, universal health coverage, and more it would be hard to summarize the entire meeting in this message. However, many of the presenters stressed the power of change happening at the community level and the importance of public health in guiding the changes that will allow everyone the opportunity to lead a free, healthy, and productive life.

I left the meeting quite inspired by some of the talks and look forward to returning to Melbourne someday. After ten days there I have a perfect Australian accent, so I can blend right in on my return!

Tom Becker
New Native STAND Facebook Page

Check out the Native STAND – Center for Healthy Communities Project Facebook page! Earlier this year, the page was launched to attract American Indian and Alaska Native health educators and organizations to the Native STAND program and benefits of participation. We were successful in our recruitment in addition to connecting with other Native organizations to strengthen our reach collaboratively through social media. As we begin to prepare our new recruits for our last Native STAND training offering this June, we hope our following will continue to grow.

“Like Us!” to learn what is happening with the implementation of adolescent sexual health education in Indian Country & to hear stories from the field!

Oregon PRC Has Three Articles Published in the American Journal of Preventive Medicine

Oregon PRC Researchers recently had three articles published in the American Journal of Preventive Medicine (AJPM) to celebrate the 30th anniversary of the CDC Prevention Research Centers Program. The three articles are titled: “Healthy & Empowered Youth: A Positive Youth Development Program for Native Youth,” “Hearing-Related Health Among Adult American Indians from a Pacific Northwest Tribe,” and “Program Sustainability: Hearing Loss and Tinnitus Prevention in American Indian Communities.”

The papers reflect on the successes of the center’s previous research projects and showcase our collaborative efforts by featuring researchers from both the Center for Healthy Communities and our primary partner, the Northwest Portland Area Indian Health Board (NPAIHB). View articles in the special issue here.

Dr. Bill Lambert Presents at NPAIHB

Center for Healthy Communities Associate Director, Bill Lambert, gave a presentation at the NPAIHB for their NW Native American Research Centers for Health Luncheon Series titled Sacred Salmon: Restoring the Balance. In his presentation, Dr. Lambert showed a video produced by the Yakama Nation Fisheries Program in cooperation with four Salmon Treaty Tribes of the Columbia River basin and the Columbia River Fish Commission. He described the community participatory research project that addressed tribal concerns about toxins present in salmon and other subsistence fish and the potential risks these toxins pose to the health of the community.
What’s New at the Center?

PRC Staff meets first Native American Astronaut to go to Space

John Herrington (Chickasaw), the first Native American astronaut to go to space, stopped by the Northwest Portland Area Indian Health Board before speaking at Clackamas Community College about his new book, *Mission to Space*.

(from left to right) Caitlin Donald (PRC Program Manager), Michelle Singer (Native STAND Project Manager), John Herrington (first Native American astronaut in space), Tom Becker (PRC Director), and Brittany Morgan (PRC Assistant Program Manager).

American Indian & Alaska Native Lecture Series Continues to be a Success

The American Indian and Alaska Native Health Lecture Series is a quarterly event sponsored by the Center for Healthy Communities, the Northwest Portland Area Indian Health Board, and the OHSU Native American Empowerment Resource Group. The series continues to bring in well respected researchers to present their work and draw attendees from both OHSU and the larger Portland community.

Recent speakers include Dr. Erik Brodt (Ojibwe) from OHSU presenting on his *We are Healers* project aimed at increasing the number of American Indian/Alaska Native health professionals through Digital Media, and Dr. Katrina Claw (Navajo) from the University of Washington presenting on her research in pharmacogenomics and bioethics relating to Native American and other indigenous populations around the world.

The next lecture will be held on Monday, April 24, 2017 from 12:00-1:00pm (refreshments served at 11:30AM) at the OHSU Hospital 8th Floor Auditorium. The speaker will be Joe Law (Klamath) from the Portland Area Indian Health Service with guest speakers. They will be presenting on Digital Storytelling: Connecting tradition and technology for health promotion. For more information on the lecture series, please visit [www.oregonprc.org](http://www.oregonprc.org).

Dr. Linda Boise Retires from OHSU

Dr. Boise, lead researcher for policy and community initiatives for the Oregon PRC’s Healthy Brain Initiative Network (OR-HBRN), retired from OHSU last year. She dedicated her career to improving the quality of life and care for persons with Alzheimer’s disease and other dementias and their families. Our PRC Director, Tom Becker, has known Linda for many years through the Human Investigators program and can attest that she is an outstanding scientist and student mentor. We congratulate her on her retirement!
Native STAND Stories from the Field: Creative Educators and Youth

Sexual health education can be challenging in Indian Country, where sexual and reproductive decisions are shaped by both traditional and contemporary social norms. Native STAND is a culturally-relevant curriculum for teens that draws on teachings and values from across Indian Country. Currently, there are 30 urban and reservation sites at various points of program delivery in their communities. We want to share a few particularly creative stories of their success.

The Warm Springs Tribal Prevention team held a 3-day Native STAND Youth Conference at Kah-Nee-Ta resort in Central Oregon for 20 participating youth. The lead educator shared that he had a grandparent approach him at a local market to shake his hand and to express his gratitude for the positive impact the Native STAND program has had upon his grandson in addressing issues he found difficult to teach at home as his guardian. During the youth conference, he immediately noticed his grandson opening up to him to share with him what he learned. His grandson was curious and had questions but was afraid to ask. The program helped him with answers.

In Southern Oregon, an educator utilized a Question Box (“QB”) to anonymously receive questions that youth may be too embarrassed to ask in front of the group. The educator who is a University of Oregon alumnus created and decorated his group’s neon yellow box with black tribal accents to represent Native Duck pride. He stated it has been a good learning tool for confidential information exchange for both the students and the educator.

Throughout the curriculum, we encourage our educators to use tribe-specific teachings when appropriate. To mark the season of spring, a tribal health prevention educator in Central Oregon took her group to Mother Nature’s outdoor classroom to teach one session. The learning objective was to recognize the importance of culture and tradition. She had her students dig for roots, one of the first foods of her people, as a hands-on example of a local practice used to promote health and well-being.

We have received many stories like these from the field, and we will continue to share more in the future!
Prolonged periods of sitting affects your health!

7.7 HOURS
The amount of time the average American spends being sedentary per day.

5.2 POUNDS
The estimated amount of weight that can be lost by standing up for an extra 30 min a day for a year.

4th LEADING RISK
The WHO* has identified physical inactivity as the 4th leading risk factor for global mortality.

Daily exercise is not enough to undo the negative health effects of sedentary behavior. To appropriately combat sedentary behaviors, physical activity should be completed throughout the day, not just during one or two short periods. Ideally you should aim to stand up every hour during the day.

Easy Tips: To incorporate more movement during your day

Driving your car?
Park further away

Walking, riding your bike, or taking public transit everywhere isn’t always an option. When you do have to drive, try parking further away from your destination to add in a few extra steps.

Sending an email?
Deliver that message in person

If you’re at the office and about to send an email to a co-worker down the hall, why not get up and take a brief walk to deliver the message in person?

Watching TV?
Move during the commercials

After a long day at work, we want to relax and zone out, but this can often amount to many consecutive hours sitting. Make a plan to get up and stretch, move, or just stand during the commercial breaks!

On the phone?
Take that call standing up

Standing up while you make a phone call, either in the office or at home, is an easy way to break up sitting time.

How do you travel? 87% of daily trips take place in personal vehicles. By opting for public transit or bike instead, you can incorporate more movement into your day as well as lower your carbon footprint.

Oregon Community Cancer Research Collaborative Project Update: The broad work we do and efforts we support

Contributed by Paige Farris, MSW
CPCRN Program Director and Community Research Program Administrator

The Oregon Community Cancer Research Collaborative (OR-CCRC), OHSU’s Cancer Prevention and Control Research Network (CPCRN) site, is designed to address the cancer prevention, early detection and survivorship needs of rural, American Indian and Alaskan Native, and other underserved communities through community-based research, training, dissemination and implementation, and evaluation activities. The OR-CCRC is the only CPCRN site in the nation that has developed an advisory board. It is our intent to communicate Tribal and Rural Advisory Board member feedback and insight to project leaders at the national CPCRN level prior to implementation of any proposed project in order to respond purposefully, relevantly, and completely to needs of underserved Oregonians.

This PRC Special Interest Project is unique in that our Collaborative is more of a program with a series of projects relating to cancer prevention and control efforts. OR-CCRC participates in, leads, and co-leads a variety of efforts either collaboratively developed at the national CPCRN level or singularly initiated in Oregon. These efforts include:

- **Tribal and Rural Advisory Board**: Our Advisory Board is composed of 6 individuals from throughout the state of Oregon. We have representation from Clatsop, Deschutes, Jefferson and Union counties as well as the Confederated Tribes of Warm Springs and the Northwest Portland Area Indian Health Board. Paige Farris, the Program Director, leads a monthly conference call to 1) report updates and announcements; 2) request regional updates; 3) input toward potential implementation of proposed projects from national CPCRN leaders.

- **Implementing Evidence into Action**: We leverage the [Knight Cancer Institute’s Community Partnership Program](#) funding mechanism to implement and evaluate the effectiveness of a 7-module training program meant to enhance communities’ capacity to implement Evidence-Based Interventions. We present a (free) bi-annual training for funding applicants, public health practitioners and community-based organizations called [Putting Public Health Evidence in Action](#). This training was originally developed by CPCRN sites funded in the previous round of funding. We have successfully met the majority of our workgroup’s work plan foci and activities and therefore, this project will culminate in an R21 application to NCI’s Dissemination and Implementation Research in Health call for proposals this Spring.

- **Distribution of mini-grants**: In order to support local implementation of HPV Vaccination projects, the OR-CCRC distributed $5,000 to 6 Tribal and Rural Advisory Board member regions. We learned that NPAIHB matched the $5,000 grant to Warm Springs in support of their initiation of a multi-media campaign meant to increase boys’ HPV vaccination rates. The Warm Springs’ HPV vaccination project leaders will develop 3 community-specific PSAs and will be recruiting youth to help record digital stories. In Union County, funds are being utilized similarly; getting the word out throughout the community about vaccination and also providing financial support to help people if they have barriers related to self-pay or insurance that does not cover the vaccine.

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Oregon Community Cancer Research Collaborative Project Update: The broad work we do and efforts we support...continued

Contributed by Paige Farris, MSW
CPCRN Program Director and Community Research Program Administrator

...continued from page 7

- HPV Vaccination Community Clinical Linkages: This project aims to support innovative community-clinical linkages with the ultimate goal of increasing HPV vaccination initiation and completion among adolescents and young adults. In an effort to characterize existing community-clinical linkages, we have conducted interviews throughout rural regions of Oregon. Additionally, our partner at the Northwest Portland Area Indian Health Board, Kerri Lopez (Tolowa), has conducted interviews with community organizations and clinics providing vaccinations to tribal citizens. Related to this project, Ms. Farris has attended the Increasing HPV Vaccination in the US: A Collaboration of NCI-designated Cancer Centers conference two years in a row. By attending, she was able to bring an HPV vaccination consensus statement to Dr. Brian Drucker (Director, Knight Cancer Institute) to sign alongside every other NCI-designated cancer center in the country. The consensus statement recognizes that low rates of HPV vaccination is a serious public health threat and all cancer centers agreed to issue a joint call to action.

- CPCRN Colorectal Cancer (CRC) Screening Microsimulation: This workgroup collaborates with primary care practices and regional health systems to review, identify and support tailored implementation of Evidence-Based Interventions to improve CRC screening in vulnerable populations. In Oregon, by utilizing the all-payer all-claims database, we are replicating the University of North Carolina’s microsimulation model to determine which EBIs that are used to improve CRC screening will be most effective in Oregon. Additionally, the team is working with the Oregon Health Authority Transformation Center to identify additional EBIs that can be used to expand the original simulation model (e.g., automated mailing of stool-based tests, Medicaid expansion via ACA).

NCl-designated Cancer Centers Urge HPV Vaccination for the Prevention of Cancer

Approximately 15 million people in the United States are currently infected with a human papillomavirus (HPV) according to the Centers for Disease Control and Prevention (CDC), and 14 million new infections occur each year. Several types of high-risk HPVs are responsible for the vast majority of cervical, anal, oropharyngeal (tongue, throat) and other genital cancers. The CDC also reports that each year in the US, 17,800 men and women are diagnosed with an HPV-related cancer, which amounts to a new case every 20 minutes. Even though many of these HPV-related cancers are preventable with safe and effective vaccine, HPV vaccination rates across the US remain low.

Together with the National Cancer Institute (NCI)-designated Cancer Centers, a national call to action on HPV Vaccination as a serious public health threat. HPV vaccination represents a rare opportunity to prevent many cases of cancer that are preventable. As national leaders in cancer research and clinical care, we are committed to using our influence to make the call clear.

According to a 2015 CDC report, only 56% of girls and 21% percent of boys in the U.S. are receiving the recommended three doses of the HPV vaccine. This falls far short of the goal of 80% by the end of this decade, set forth by the U.S. Department of Health and Human Services Healthy People 2020 mission. Furthermore, U.S. rates are significantly lower than those of countries such as Australia (71%), the United Kingdom (84-92 percent) and Rwanda (93 percent), which have shown that high vaccination rates are currently achievable.

The HPV vaccine, like all vaccines used in the U.S., passed extensive safety testing before and after being approved by the U.S. Food and Drug Administration (FDA). The vaccine has a safety profile similar to that of other vaccine approved for adolescents in the U.S. Internationally, the safety of HPV vaccine has been tested and approved by the World Health Organization’s Global Advisory Committee on Vaccine Safety (GACVS), recommends that boys and girls receive three doses of HPV vaccine at ages 11 to 13 years. The vaccine can be administered as early as age 9 and should be completed before the 13th birthday. This recommendation fulfills the earlier it is given, however, it is also recommended for young women aged 26 and young men aged 21 years.

The low vaccination rates are alarming given our current ability to safely and effectively save lives by preventing HPV infection and its associated cancers. Therefore, the 69 NCI-designated Cancer Centers urge parents and health care providers to protect their children and themselves against HPV.

- We encourage all parents and guardians to have their sons and daughters complete the 3-dose HPV vaccine series by the 16th birthday and complete the series as soon as possible in children aged 11 to 17. Parent and guardians should talk to their health care provider to learn more about HPV vaccines and their benefits.
- We encourage young men (up to age 21) and young women (up to age 26), who were not vaccinated as perents or teens, to complete the 3-dose HPV vaccine series to protect themselves against HPV.
- We encourage all health care providers to be advocates for HPV vaccination by helping young patients receiving vaccinations for childhood HPV vaccination. We ask providers to spare time to educate patients and caregivers about the importance and benefits of HPV vaccination.
- HPV vaccination is our best defense in stopping HPV infection in our youth and preventing HPV-related cancers in our communities. The HPV vaccine is CANCER PREVENTION. More information is available from the CDC.
Project Updates

Native STAND Project Update: Implementing Adolescent Sexual Health Education in Indian Country

Contributed by Michelle Singer (Navajo)
Native STAND Project Manager

Native STAND (Students Together Against Negative Decisions) is the Center for Healthy Communities core research project conducted in partnership with the Northwest Portland Area Indian Health Board, the Indian health leadership organization for the 43 federally-recognized tribes of the Pacific Northwest. The 5-year project focuses on the dissemination and implementation of a sexual and reproductive health curriculum for American Indian/Alaska Native teens. We are in the 3rd year of the project, and we have successfully recruited 20 tribal health educators for the Center’s final summer training for implementing Native STAND. This will reach our project goal of 50 communities in total.

Each of our current sites is providing data on their use, adaptation, and maintenance of the curriculum according to our evaluation framework. We are also collecting pre- and post-questionnaires from participating teens on their knowledge, attitudes, and behaviors related to sexual and reproductive health before and after completing the curriculum. Our core research project evaluation team work is extensive and requires bi-weekly, quarterly, and annual calls with the organizations to collect both qualitative and quantitative data. We are now reaching the point where we have sufficient data in the aggregate to analyze the teen reports and we are conducting a qualitative analysis of our evaluation endpoints for the Year 1 Cohort (12 sites enrolled in 2015).

For more information about the Native STAND Project and Program, please contact Michelle Singer, Project Manager at singerm@ohsu.edu or visit www.oregonprc.org. Also, like our Native STAND – Center for Healthy Communities Facebook page to learn of stories from the field!
SHARP Project Update: Reflecting on Successes and Looking Toward the Future

Contributed by Raina Croff, PhD
OR-HBRN Co-Investigator

The 2016 Sharing History through Active Reminiscence and Photo-imagery (SHARP) Pilot Program collected data from 21 African Americans aged 55 and over. This data has shown that gentrification in Portland’s historically Black neighborhoods has diminished motivation to engage in neighborhood walking, in part because once ample, impromptu opportunities for older African Americans to socialize with long-familiar neighbors, business owners and clientele are disappearing as the demographic shifts. The SHARP approach to neighborhood walking was successful in combatting the perceived barriers to engage in neighborhood walking, was considered highly motivational, and individuals who participated in the pilot program sustained engagement over 6 months.

In February 2017, SHARP was awarded an Alzheimer’s Association Research Grant to Promote Diversity. Dr. Croff will use these funds to extend the program to persons experiencing mild cognitive impairment (MCI), and to test if regular walking and social engagement improves or maintains cognitive health.

Seven African American triads will be recruited, where one participant in each triad has mild cognitive impairment (MCI). For 6 months, triads walk 3x/week (1-mile routes) in Portland’s historically Black neighborhoods. On each walk, triads follow GPS-mapped routes displayed on a tablet and view 3 historic neighborhood images with prompts to stimulate conversational reminiscence about living in the area from 1940-2010. Recruitment begins in April, and walking begins in May.

The SHARP program has also been providing mentoring opportunities to African American undergraduate scholars – Miya Walker from Portland State University and the NIH BUILD EXITO Scholars program and Edline Francois from New College of Florida and an OHSU Equity Scholar are current mentees under the program.

Our future goals include using participants’ recorded neighborhood narratives to create community learning sessions about Alzheimer’s disease and healthy aging. Our overall goal is to develop a culturally celebratory social walking program with proven brain health benefits. We hope to make the SHARP model adaptable to any area and ethnicity, and be of value to both cognitively healthy people and to those experiencing MCI.
The Center for Healthy Communities

Our mission is to address the health promotion and chronic disease prevention needs of tribal and other underserved communities through community-based participatory research, and through training, dissemination, and evaluation activities.

The Team

Director..................................................Thomas Becker, MD, PhD
Associate Director ....................................William Lambert, PhD
Program Manager.................................Caitlin Donald, MSW
Assistant Program Manager..................Brittany Morgan, BS
Investigator, NIHLP Project ............William Martin, PhD
Project Manager, Native STAND...........Michelle Singer, BS
Investigator, CER Project.............Steven Mansberger, MD, MPH
Investigator, Native CARS Project.....Jodi Lapidus, PhD
Project Director, Native CARS Project...Tam Lutz, MPH, MHA
Investigator, VOICES.............Stephanie Craig Rushing, PhD, MPH
Investigator, OR-CCRC..................Jackie Shannon, PhD, RD
Investigator, OR-CCRC..............Kerri Winters-Stone, PhD
Program Manager, OR-CCRC........Paige Farris, MSW
Investigator, OR-HBRN......................Raina Croff, PhD
Investigator, OR-HBRN...............Linda Boise, PhD, MPH
Project Manager, THRIVE.............Colbie Caughlan
Program Manager, NW NARCH......Tanya Firemoon

Research Advisory Committee

Carlos Crespo, DrPH
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Richard Leman, MD
Dennis McCarty, PhD
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Jana Peterson, PhD
Tom Weiser, MD, MPH
Chuck Wiggins, PhD

Center Community Committee

Linda Burhansstipanov, DrPH
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Tam Lutz, MPH, MHA
Jacqueline Left Hand Bull
Liling Willis Sherry
Kerri Lopez
Brian Gibbs, PhD
Paul Lumley