



Tribal Health *Advisor*

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Dr. Joely De La Torre and
Dr. Manley Begay

COMING SOON - CRIHB's 1st ANNUAL CONFERENCE

The California Rural Indian Health Board (CRIHB) will be conducting their first annual training conference May 1-3, 2007 at the Silver Legacy, Reno, NV. Although we are still in the planning stages, so far, we will have Dr. Manley Begay opening the conference the first day in a general session which will be followed by an array of workshops you can choose to attend. Day 2 will open with a keynote address by Steve Lack, Ph.D., CFE, Criminal Investigator, OIG, in a general session.

On Day 1, the Leadership Track will feature Joely De La Torre, Ph.D. presenting on "Governing and Leadership with Integrity". The Compliance Track will open with "Understanding Diabetes" by Sheri Bernard, CPC, followed by "Hypertension Coding" by Charlene Sippio, CPC. The afternoon will be "The Do's and Don'ts of Modifiers by Valerie Simmonds, "Coders' Role in ERH" by Charlene Sippio, CPC, and "Denti-Cal" by Terri Rosenberg & Diana Gomez. The Finance Track will offer "Customer Service Training", "Grant Writing and Management" and "Non-Profit Integrity Act & Sarbanes Oxley".

On Day 2, the Leadership Track will offer "Tribal Government 101" featuring a panel of Tribal Leaders – Part 1 in the morning followed by Part 2 in the afternoon. The Human Resource Track will offer "Employment Law: Avoiding the pitfalls of EEO, FMLA, and ADA", "Harassment: Recognizing and Investigating Harassment Issues", and "Labor Law: Classifying Exempt-Non Exempt Workers" by Scott Williams, Atty. The Compliance Track will offer "Overview of Medi-Cal Anti Fraud Activities" by Jan English, Chief Medi-Cal Review Branch. In the afternoon. "What to Do When Things Go Wrong: How to Avoid Going to Jail" will be presented by Mark Hardiman, JD, followed by "Compliance for Coders" by Susan Dahl, MHIA.

On Day 3, the Leadership Track will present "Advocacy for Change" Part 1 in the morning and Part 2 in the afternoon, presented by The California Endowment. The Compliance Track will offer "Compliance 202" by Sheryl Vacca, CHC, Director of National Health Care Compliance Practice, and "Coder/Provider Communication" by John Hailes, CCS. The Finance Track will offer "Accounting 101" and "Embezzlement" workshops.

All leaders, Tribal members, Human Resource staff, Coders and Compliance staff, Fiscal Officers and staff are invited to attend this event. The objective and expected outcomes is that attendees will receive the answers they have always wanted to know about Tribal Governance, knowledge of legal and compliance issues, and education to inspire and empower future leaders!

Inside This Issue:

- 1st Annual Conference . . . Pg. 1
- Governor's Health Care . . . Pg. 2
- CPEHN Health Network . . Pg. 3
- 2007 Head Start PRISM . . Pg. 6
- Technical Assistance . . . Pg. 8
- New Health Information . . Pg. 9

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Governor's Health Care Proposal Has Promise

Governor Arnold Schwarzenegger proposed a sweeping change in how people living in California would get health care services. The Governor's overall theme is "Shared Responsibility" meaning that State and Federal Governments, Health care providers, insurance companies, and individual residents would have new opportunities and responsibilities. The proposal requires \$12 billion in funds of which 5.5 billion would be Medicaid and S-CHIP funds. Interestingly, expanded Indian Gaming Compacts are expected to fund \$550 million of these costs. The contribution from health providers is estimated into the \$300 million range. The current funds used to fund the Medically Indigent Program would be redirected to fund this proposal, too. The heart of the proposal is that every legal state resident over the age of 18 would be required to have health insurance. This "individual mandate" approach is also present in reform legislation introduced by the Assembly Speaker Kevin Nunez and a competing bill introduced by President of the Senate Don Perata. The window of opportunity to restructure the health care delivery system is open again; we need to make sure that any final health reform measure appropriately considers the needs of the California Indian community and the Tribal Health Programs that serve them.



Board of Director participants

California Rural Indian Health Board, Inc.

Barbara Bird, Feather River Tribal Health Program, Inc.
Glenda Nelson, Feather River Tribal Health Program, Inc.
Marshall Radcliff, Greenville Rancheria Tribal Health
Rachel Radcliff, Greenville Rancheria Tribal Health
Florraine Super, Karuk Tribal Health Program
Roy Arwood, Karuk Tribal Health Program
Nancy Ehlers, M.A.C.T. Health Board, Inc.
Tracy Tripp, M.A.C.T. Health Board, Inc.
Jason Hayward, Redding Rancheria Indian Health Services
Jack Potter, Jr., Redding Rancheria Indian Health Services
James R. Adams Jr., Shingle Springs Rancheria Health Program
John Toyaba, Shingle Springs Rancheria Health Program
Laura Rambeau-Lawson, Sonoma County Indian Health Program, Inc.
Reno Franklin, Sonoma County Indian Health Program, Inc.
Joseph Saulque, Toiyabe Indian Health Project
Dave Moose, Toiyabe Indian Health Project
Yolanda Gibson, Tule River Indian Health Center, Inc.
Joseph Garfield, Tule River Indian Health Center, Inc.
Maria Tripp, United Indian Health Services, Inc.
Bonnie Green, United Indian Health Services, Inc.
Denise Pollard, Warner Mountain Indian Health Project, Inc.
Glenda Frease, Warner Mountain Indian Health Project, Inc.

Management Staff

James Crouch - Executive Director
Marilyn Pollard - Administrative Services
Susan Dahl - Health Systems Development
Michael Melendez - Head Start
Jason Lopez - Financial Services
Michael Weahkee - Family Community Health Services

SAVE THE DATE!

Community Wellness Forum-California Tribal/Urban Indian Health Care Conference

Date: May 30th-June 1st

**Location: Sheraton Suites Hotel
San Diego, CA**

Goals of the Conference: Enhance and strengthen local efforts focused in the areas of prevention. This forum is designed to provide education and networking opportunities among California Tribal/Urban healthcare programs. The focus is the local community, promoting what works and sharing your success with others.

Audience: Conference participants include, CHR's, PHN's, Outreach, Nutrition, Behavioral Health and Health Education.

Conference Content:

- Physical Activity/Nutrition
- Diabetes Prevention & Interventions
- Drug & Alcohol Prevention Education
- Community Coalitions and Partnerships
- Collaborations Strengthening Immunization Reporting & Delivery
- Injury Prevention
- Youth Programming
- HIV/AIDS
- Suicide Prevention

This conference is sponsored by the California Area Office, Indian Health Service and the California Rural Indian Health Board.

NO Registration Fee! Limited lodging available. A conference registration packet will be sent out in March. For additional information you can contact Stacey Kennedy or Barbara Hart at the California Rural Indian Health Board 916.929.9761 stacey.kennedy@crihb.net, barbara.hart@crihb.net.

California Pan-Ethnic Health Network (CPEHN)

As California becomes increasingly diverse, a multicultural perspective on public policy is more and more critical. The California Pan-Ethnic Health Network (CPEHN) gathers the strength of the state's new majority to build a united and powerful voice in health advocacy. Formed in 1992 by the Asian & Pacific Islander American Health Forum, the California Black Health Network, the California Rural Indian Health Board, and the Latino Coalition for a Healthy California, CPEHN is an established leader in multicultural health advocacy working to ensure that all Californians have access to quality health care and can live healthy lives.

This year CPEHN is tackling an ambitious legislative agenda. We are introducing a bill by Assemblymember Mark Leno called the Healthy Places Act of 2007. For this effort we are partnering with Latino Issues Forum and Human Impact Partners. Improving health in the 21st century requires new approaches to environmental health, including strategies to deal with waste, unhealthy buildings, poor housing, nutrition, and environmentally-related stress. Our bill would create a program to provide guidance, technical assistance, and grants to local public health agencies and community organizations wanting to comprehensively analyze the effects of land-use planning decisions on community health. Through this innovative legislation we hope to create a constructive, evidence-based, and routine practice of health impact assessment that helps transform the environment in a way that advances the health of all California communities.

CPEHN will also be sponsoring, along with Consumers Union and the California Black Health Network, a bill to address the obesity and diabetes epidemics among our children by banning the advertising of junk food in California schools. Visit our Multicultural Health Web Portal at www.cpehn.org to find statistics on the high rates of obesity and related diseases among children, as well as a report on the high levels of advertising corporations spend enticing us to buy unhealthy foods.

We also will be mobilizing and educating our communities on the health care reform debate, focusing on addressing racial and ethnic health disparities. Please join us for our 2007 Statewide Conference, "Voices for Change: Advocacy Solutions for Healthy Communities" on June 7th in Los Angeles. Check www.cpehn.org for more information on the conference and other events, as well as to join our network and receive regular e-newsletters and action alerts. We look forward to working with you!



Barbara Hart, Kerry Gragg, TGCC members, Finance Committee and BOD meeting attendees.

Congressional Health Priorities for 2007

Democratic leaders have outlined some broad healthcare priorities they want to bring to the fore in 2007, including expanding coverage to uninsured Americans (an estimated 47 million), stem cell research, and changes to the Medicare drug and managed care programs.

Prescription Drug Benefit: Currently, Medicare is barred from directly negotiating prices for Part D prescription drugs with pharmaceutical makers or interfering in price negotiations between drug makers and Part D drug plans. Democrats favor lifting the prohibition. This would likely accompany creation of a standard federal benefit to compete with private plans.

Doughnut Hole: Democrats aim to shrink this gap in Part D coverage. The standard drug plan has a \$250 deductible and 25% coinsurance for the first \$2,250 in drug costs. For the next \$2,850, no benefits are paid. Enrollees continue to pay premiums, but shoulder 100% of the costs, while still paying premiums. After this coverage gap, the drug plan covers catastrophic costs, with the beneficiary liable for 5%. Part D plans offer various coverage and cost options, including doughnut hole coverage.

Reducing Managed Care Payments: Democrats want to see if Medicare is overpaying Medicare Advantage plans, compared with what traditional Medicare fee-for-service spends for comparable beneficiary care. They also have called for elimination of the managed care stabilization fund. The White House already has warned that the President would veto bills that allow Medicare to negotiate drug prices directly, cut funding for Medicare managed care plans, and promote stem cell research.

Much of 2007's congressional debate on healthcare will be to set the stage for the 2008 elections. In 2006 Congressman Stark said he does not foresee anything beyond minor healthcare initiatives in 2007 despite the Democratic gains, though the party can use its oversight power to frame the legislative calendar, hold committee hearings, and request studies.

CRIHB WORKS TO FULFILL CA INDIAN HEALTHCARE SERVICES REQUESTS

The California Rural Indian Health Board Inc. and member Tribal Health Programs have initiated a process to garner Congressional support for an increase to the Indian Health Service (IHS) California Area Contract Health Services and Facilities Construction Small Ambulatory Facilities Grant Program line items, as well as the establishment of an IHS-funded Epidemiology Center in California. All federal lawmakers representing California serving districts where Tribal Health Programs are located will be contacted and asked to support these priorities. The appropriate committees and administration officials will also be urged to support the requests. The process has been kick-started with Senator Feinstein. The FY 2007/08 appropriation request for funding the Contract Health Services is \$4,000,000, the Facilities Construction Small Ambulatory Facilities Grant Program is \$6,000,000 and the IHS EpiCenter is \$500,000.

TRIBAL NATIONS FILE CLASS ACTION TRUST ACCOUNTING LAWSUIT

The Native American Rights Fund (NARF) filed a class action lawsuit in federal district court in Washington, D.C. against the federal government on December 28, 2006. The suit seeks an accounting of billions of dollars in tribal trust funds dating back to the late 1800s. "This lawsuit is a reflection of a huge historical problem with the federal government's mismanagement of tribal trust accounts," said Rebecca Miles, the chairwoman of the Nez Perce Tribe of Idaho and the lead plaintiff. The suit joins over 24 cases filed by tribes and the Cobell lawsuit that represents over 500,000 individual tribal members whose funds remain unaccounted despite the obligations of the federal government to do so.

(continued Congressional Health Priorities 2007)

Although the federal government paid the Arthur Anderson accounting firm to review tribal accounts, the reconciliation project only dealt with 1973 through 1992. The tribes contend that the Andersen reports are not complete accountings. John Echohawk, NARF Executive Director, believes the Anderson project marked another breach of the federal government's trust responsibilities.

Congressional lawmakers introduced a bill to settle the Cobell case for \$8 billion. It was strongly opposed by tribes after the current administration also proposed to settle all current and future tribal claims and radically diminish the trust relationship. The tribal plaintiffs include: the Nez Perce, Mescalero Apache, Tule River, Hualapai, Yakama, Klamath, Yurok, Cheyenne-Arapaho, Pawnee, Sac and Fox, and Santee Sioux.

STATE

NEW SENATE CHAIRS

Following are the new Chairperson's in the Senate that are of interest to Indian health clinics.

Appropriations: Tom Torlakson (D) – Contra Costa County

Budget: Denise Ducheny (D) – Imperial, Riverside and San Diego Counties

Budget Subcommittee #3: Elaine Alquist (D) – Santa Clara County

Governmental Organization: Dean Florez (D) – Fresno, Kern and Tulare Counties

Health: Sheila Kuehl (D) – Los Angeles and Ventura Counties

Human Services: Elaine Alquist (D) – Santa Clara County

CRIHB WORKS TO GAIN STATE SUPPORT FOR CA INDIAN HEALTHCARE SERVICES REQUESTS

The California Rural Indian Health Board has initiated a process to garner state support for a \$600,000 restoration to the \$2.1 million CalWORKs Indian Health Clinic Alcohol and Drug Program budget and a \$1.4 million increase to the \$6.4 million State Indian Health Program budget. All state lawmakers serving districts where Tribal Health Programs and Indian clinics are located will be contacted and asked to support these priorities. The appropriate committees and administration officials will also be urged to support the requests. CRIHB is considering sponsoring an Indian mental health services bill to ensure that Indian clinics receive access to mental health services funding.

Last year the state Assembly concurred with the Senate and voted to restore \$600,000 to the CalWORKs Indian Health Clinic program budget. In June 2006, the Conference Committee added an additional \$1 million to the State Indian Health Program budget. Unfortunately, Governor Schwarzenegger vetoed these items before signing the state budget. CRIHB staff met with the governor's staff to discuss the vetoes and identify and implement a suitable solution exercise of state sovereignty in the form of regulating its electoral process is protected under the Tenth Amendment and the guarantee clause [of the U.S. Constitution]," Justice Ming Chin.

According to Dr. Carole Goldberg, law professor at UC Los Angeles, "this decision flies in the face of federal law guaranteeing tribes immunity from lawsuits without their consent, as well as language in the U.S. Constitution committing Indian affairs to the federal government, not the states."

2007 Head Start PRISM Preparation

On January 18th and 19th, CRIHB's Tribal Head Start department participated in technical assistance training for our FY 2007 PRISM review. The training was provided by our good friend Tom Griffin from the Rocky Mountain Training Center in Albuquerque, NM.

What is a PRISM review? For starters, it's a process used to conduct federal monitoring of Head Start grantees and is conducted once every three years. As a grantee, we are mandated to provide services to our children that are outlined in the Head Start Performance Standards. These services are broken down into 10 components areas which include Health Services, Disabilities Services, Family and Community Services, Program Design and Management, Nutritional Services, Mental Health Services, and Educational Services, amongst others.

The federal PRISM review team collects, verifies, and analyzes information regarding our delivery of services through a litany of questions prompted by the 2007 FY PRISM Protocol. We will have to present documentation, grant interviews, and provide classroom observations for the review team to aptly assess our program performance. Tom Griffin came in to help us prepare for these questions which will be asked of us upon our review. With his assistance, we have assigned program staff members to be responsible for answering questions pertaining to the component areas of our service delivery.

As time consuming as this preparation for federal review is, monitoring will only make our program stronger. We will be more organized, more prepared, and better equipped to serve our families. We emphasize that it is the participation and cooperation of individuals that strengthen our commitment to the children and families we serve. This year, training participants included teachers, family service workers, department coordinators, parents, finance and HR personnel, as well as our program director. Of particular note, we would like to thank the members of CRIHB's Executive Committee for taking time out of their busy schedules during the Quarterly Board Meeting to participate in the training services. These participants included Laura Rambeau-Lawson, Nancy Ehlers, Bonnie Green, Maria Trip, Joseph Garfield, and Denise Pollard. Thanks again to all who participated!



Head Start, Marilyn Pollard and Jim Crouch, Head Start training participants and TGCC members and meeting participants.

Head Start Re-Authorization Process

The education committees of the House and the Senate are working early in the new Congress on a long-awaited re-authorization of the federal Head Start program, which is aimed at preparing disadvantaged preschool children for school.

The Head Start Act, last renewed in 1998, is now in draft as the Head Start Senate bill. The Head Start re-authorization bill as drafted by Chairman Kennedy, Senator Enzi, Senator Dodd, and Senator Alexander, is largely based off last Congress S 1107. The National Head Start Association (NHSA) made some changes, additions, and improvements and plan on introducing this bill and moving through the process very soon.

Some of the key areas in the bill include: The Term Deficiency – It uses the current regulation which says that a deficiency is “a systemic or substantial failure”. This will be used in determining recompetition of grants; Authorization of Funding – Authorized for an increase in 2008 to 2012 of \$300 million each year; Migrant and Indian Set-Aside – 4% for Indian programs, 5% for Migrant programs; Training & Technical Assistance – 50% to local programs. Is 50% enough funds for local programs? NHSA policy agenda seeks 60% for local programs; Policy Council – Does this language convey some sense of shared governance or is it what it says “meaningful consultation and collaboration”? Is that strong enough language for an impasse policy? How could this language be fixed to get closer to shared/joint decision making? The language also seems to take away several responsibilities around fiscal matters and personnel; Under Enrollment – Requiring programs to be at least 95% enrolled; Increase in Income Eligibility – Increase the income eligibility to 130% of poverty level; National Reporting System – The National Reporting System (NRS) is suspended and terminated. Please note that these are just a few of the key areas in the Senate bill. The Senate staff is currently working out the language for the Senate Head Start reauthorization bill.

National Indian Head Start Directors Association (NIHSDA) just received notice that there is a possibility that the Senate will take up the continuing resolution for 2007. The continuing resolution includes an increase of \$103 million for Head Start for 2007. This increase passed in the House. However, we are now hearing that several Republican Senators would like to push through amendments to cut our increase down to about \$50 million and to also cut into other programs across the board. We need to oppose any across the board cuts to domestic spending programs.



Marilyn Pollard, TGCC members and audience, Jim Crouch and Joseph Saulque, Michael Melendez and Susan Dahl.

Technical Assistance and Training Support

We are pleased to announce that the State of California Department of Alcohol and Drug Programs awarded the Treatment/Recovery Technical Assistance and Training for the Native American Population contract to CRIHB. This project will provide training and technical assistance to Native Americans to increase accessibility of alcohol and other drug abuse (AOD) prevention, treatment, and recovery program services.

Through this contract, programs serving Native American populations can apply for shared cost or no cost technical assistance and training to reduce barriers, improve quality of services, and insure culturally-appropriate best practices. Training topics can include, but are not limited to: co-occurring disorders, AOD prevention, family violence, board and staff training, program and curriculum cultural competency, communication skills, strategic planning, Native American parenting, capacity-building, etc.

An alcohol and drug abuse needs assessment and gap analysis survey will be conducted to County AOD Administrators, California Rancherias/Reservations, Indian Health Service Programs, CRIHB member clinics, and other relevant Native American organizations. Results from this important survey will be used to identify training needs and to support the good work provided to Native American people seeking prevention, treatment, and recovery from AOD and related issues.

Three regional conferences will be convened throughout California. Training topics will be determined through the needs assessment and gap analysis survey, as well as by suggestions from the regional planning committees. Identified attendees will include County AOD administrators, AOD program counselors and staff, and other professionals.

We are honored to be charged with the responsibility of providing these important services to Native communities in California. We look forward to working with individuals, county programs, tribal organizations, Indian Health Service and CRIHB member clinic staff in efforts toward wellness and recovery.

For more information, contact Deborah Kawkeka at 916-929-9761, extension #1514 or by e-mail: deborah.kawkeka@crihb.net.



Jim Crouch, Joy Sundberg, Program Directors meeting, Board of Directors members, Jason Lopez, Board of Director audience and members.

New Health Information Illuminates Need for Injury Prevention Efforts

In January, the Injury Prevention program staff presented to the CRIHB program directors and other interested audience members, introducing new health information and encouraging the participation of the program directors in the injury prevention activities happening in their community.

Barbara Hart introduced the Injury Prevention Staff and gave a brief background on the history of the program while Lisa Avila distributed the re-vamped program brochure and the new teen driving/DUI brochure, and Karen Santana presented the preliminary findings of the California Tribal Epidemiology Center (CTEC), which have yet to be released for publication. These findings are significant because they are based on accurate health information for American Indians/Alaska Natives (AI/AN) who attended rural tribal health programs in California, as well as public hospitals. The health data was also collected for White non-Hispanics who visited public hospitals in areas near the tribal health programs so comparisons could be made.

Rates based on the number of deaths (or hospitalizations) that occurred in each population were determined for the five year period between 1998 and 2002. The rates for the AI/AN and White populations were compared to each other. However, before comparisons were made, it was necessary to make sure that the death (or hospitalization) information correctly identified AI/AN, rather than misclassifying them into another racial group. In order to resolve this issue a mathematical linkage process was used. In addition, an adjustment for differences in age was done, since the population for AI/AN was much younger than that of Whites. Further adjustment details will be released when CTEC publishes their findings.

Injury related findings demonstrate that AI/AN in rural California have been experiencing much higher death and hospitalization rates than Whites. The death rates due to accidents and adverse effects (includes unintentional injuries, motor vehicle accidents, and medical and surgical complications) were 2.37 times (or 137%) higher for AI/AN compared to Whites. Hospitalization rates due to injuries and poisonings were significantly higher for AI/AN compared to Whites, with rates for injuries and poisonings being 1.46 times (or 46%) higher, rates due to fractures alone were 27% higher, and rates due to poisonings alone were 71% higher. When compared to all other causes of death, accidents and adverse effects stood out as the third leading cause of death, demonstrating the great need for injury prevention efforts.

The collection of accurate unintentional injury statistics for rural California tribes has been a long standing problem. With the large population of small tribes residing in the rural areas of California, it is often difficult to present the problems truly existing in the community. When looking at state databases to obtain traffic safety data in particular, many of the sources no longer provide race specific data, partly due to the problem with racial misclassification that occurs when a traffic incident is documented. This does not mean that traffic safety problems in the areas do not exist.

During 2006, the CRIHB injury prevention program initiated Traffic Safety Workgroup Meetings in each of the service areas where the participating tribal health programs are located. These meetings have proven to be an avenue for community members to express concerns about the traffic safety issues and other issues relating to injury prevention that they see in their community. This year the CRIHB Injury Prevention program will begin to address the problems that exist in each community by providing education and resources to bring these issues to light and to begin collaborating with other local injury prevention liaisons in each of the service areas. The purpose is to create a campaign to address and prevent the unintentional injuries being experienced in rural California Native communities. Through working together, we can make a difference! Join the fight and get involved!

To find out when the next Traffic Safety Workgroup Meeting will occur and in which area, or if you would like to know how to put a meeting like this together for your community, contact any member of the CRIHB Injury Prevention Staff. Barbara Hart, PHN (barbara.hart@crihb.net), Lisa Avila, HES (lisa.avila@crihb.net), or Karen Santana, BA (karen.santana@crihb.net) (916)929-9761, fax (916)929-7246. *Funding for this program was provided through a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration.*

In Support of Contribution to National Indian Health Board

The National Indian Health Board (NIHB) needs our help. The mission of the NIHB is “advocating on behalf of all Tribal Governments and American Indians/Alaska Natives in their efforts to provide quality health care.” The work of the NIHB is at the national level and is for all American Indians/Alaska Natives. However, NIHB is understaffed and underfunded for the tasks of 2006-2007.

This next year there are two pieces of federal legislation which need to be reauthorized by the U.S. Congress. These are the Indian Health Care Improvement Act (IHCIA) and the Special Diabetes Program for Indians (SDPI). Both pieces of legislation are very important to all Tribal Governments and Tribal Health Programs across the nation.

When it comes to reauthorization we need advocates in Washington, D.C. that can help develop and maintain the one unified voice that will be necessary to be successful. NIHB IS THAT ADVOCATE! However, the NIHB is currently staffed by 4 personnel and they need our help to keep going.

Tribal Governments and Tribal Health Programs across the nation need to begin a grassroots effort to support the important work of the NIHB. If 100 Tribal Governments and Tribal Health Programs were able to contribute \$5,000 to NIHB to support their important work on our behalf, we will have a much better chance of obtaining the reauthorizations of the IHCIA and SDPI.

Our Tribal Government has agreed to contribute \$5,000 toward this effort. We are also contacting all other Tribal Governments and Tribal Health Programs, in California and challenging them to make similar donations. And to create the grassroots effort to continue to expand the assistance for this cause.

Sincerley,
Maria Tripp
Yurok Tribal Leader



TGCC members and audience, Jim Crouch and attendees

An update from the January Board of Directors meeting, and in reference to the NIHB’s call for supportive efforts to their ongoing advocacy of the federal legislation reauthorized by the U.S. Congress in relations to the Indian Health Care Improvement Act (IHCIA) and the Special Diabetes Program for Indians (SDPI), United Indian Health Services, Inc. made a gesture to donate \$5,000 and the California Rural Indian Health Board voted that day that they would also make the requested \$5,000 donation.

Other Tribal Government members walked away from the table that day with the same idea of taking this effort back to their Governments and requesting that they do the same.

With a supportive effort from those other tribal governments who might be affected by these Acts the NIHB stands a good chance of getting the budget they need in order to keep advocating these Acts into their rightful direction.

January 2007 Board of Director's Meeting Raffle Prize Follow Up

CRIHB hosted its first Board of Directors meeting of 2007 and it was a great success. CRIHB would like to extend a heart felt thank you to all the tribes that donated items for the raffle. Without your generosity we would not have had such a successful raffle. There were so many beautiful items for us raffle with the grand prize being a Pendleton blanket. The winner of the Pendleton blanket was Vicki O'Connor. The raffle is not only an excellent fund raiser for CRIHB it also adds a little entertainment to the meetings. With this one raffle CRIHB was able to raise \$383.00. We look forward to seeing all of you at our next Board meeting where possibly another Pendleton may be raffled off. And, again, we thank you. All proceeds collected from the raffle will be contributed to the third party fund to allow participation in area's that are not specifically sponsored by individual programs.



Jill Kimble, Raffle Drawing



ProMeda Consultant



Reno Franklin, Board Member

Ongoing Support from The California Endowment

On January 1, 2007, CRIHB received a three-year award from The California Endowment totaling \$600,000 over the three year award period. This grant funds the Board-approved proposal entitled: "Raising California's Indian Voice" and is part of the Endowment's ongoing support to community controlled clinic consortia in California. These new funds are to achieve nine specific outcomes that were identified in the proposal. Primary among these, is the implementation of the "One Machine for Health Advocacy" campaign outlined in the CRIHB Strategic Plan to expand funding to the Darrel Hostler Fund operated by CRIHB to support administrative, legislative, and congressional advocacy. We are now in search of two or three Tribal Gaming entities wanting to take the lead on this new initiative. In short, we are seeking Tribal partners who will make a three year commitment to assign the proceeds from one slot machine to CRIHB to help fund health advocacy at the state and federal levels. If we are successful with this initiative in year one of the grant, then funding in years two and three will be focused on quality improvement activities. This is an opportune time for CRIHB to increase our advocacy activities given the recent change in Congressional leadership and the emerging debate on universal access to health care at the state and federal levels.



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