



# Tribal Health *Advisor*

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## California Cultural Event Huge Success At NIHB!

The California Rural Indian Health Board (CRIHB) hosted the California Indian Cultural Event at the National Indian Health Board (NIHB) 25<sup>th</sup> Annual Consumer Conference which was held at the Pechanga Hotel and Casino in Temecula, CA September 22-25, 2008.

The entire event was a huge success from the traditionally cooked Salmon to all the performers that participated. The Master of Ceremonies, David Lent, Executive Director, Toiyabe Indian

Health Project, introduced the opening welcoming greetings from the North, South and Central California. Loren Bommelyn, Tolowa, Smith River, gave the opening prayer and welcome from Northern California; Diana



Chihuahua, Torres Martinez, gave the Southern California Welcome; and Reno Franklin, Stewarts Point, provided the Central California Welcome. The greetings welcomed about 700 attendees representing many Tribes from around the country.

All performances were exhilarating and electrifying. The Inter-Tribal Bird Singers led by Wayne Nelson, LaJolla/Pala Tribes, provided an exciting and powerful performance. This group was able to perform more than once and it captivated everyone in the room to observe this magnificent



style of dance and drum. The Elem Pomo Dancers led by Jim Brown, also gave a moving and thrilling performance. The age range include the more mature all the way to about 4 or 5 years old; they were all great. The Smith River Tolowa Dancers, led by Loren Bommelyn, including Jaytuck Steinruck, Pyuwa Bommelyn, Guylish Bommelyn, Alme Allen, Shana Richards, Amanda O'Connell, Laura Brundin, Michelle Keeter, and Julia Santos. Their performance was spell binding and very powerful. Last, but far from least, thanks to Delmar Jordan for cooking the Salmon in a traditional way over an open fire pit on stakes, the Salmon was excellent and everyone raved over the food and most are still talking about the entire event.

Thanks to the many contributors who helped make this all possible; the list includes Barona Band of Mission Indians, California Rural Indian Health Board, Elk Valley Rancheria,



Hoopa Valley Tribal Council, Pala Band of Mission Indians, Pechanga Band of Luiseno Indians, Redding Rancheria, Resighini Rancheria, Smith River Rancheria, Sonoma County Indian Health Project, Torres Martinez Tribe, and United Indian Health Project.

The Local Host Committee members were awarded for their hard work which contributed to the success of the California Cultural Event at the CRIHB Annual Awards Ceremony; they were Suntayea Steinruck, Diana Chihuahua, Marilyn Pollard, KoeSoes Vigil, Paula Allen, and Reno Franklin. Thanks to everyone who participated to make this such a successful event including those we did not mention; California really stood out that night and we look forward to our turn again in 12 years.



California Rural Indian Health Board, Inc.  
 Clois Erwin, Mathiesen Memorial Health Clinic  
 Craig Powell, Mathiesen Memorial Health Clinic  
 Gaylene Timmons, Greenville Rancheria Tribal Health  
 Andrea Cazares-Diego, 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.  
 Michelle Hayward, Redding Rancheria Indian Health Services  
 Brian McCain, Redding Rancheria Indian Health Services  
 James R. Adams Jr., Shingle Springs Rancheria Health Program  
 Brenda Adams, Shingle Springs Rancheria Health Program  
 Laura Rambeau-Lawson, Sonoma County Indian Health Program, Inc.  
 Reno Franklin, Sonoma County Indian Health Program, Inc.  
 Tilford Denver, Toiyabe Indian Health Project  
 Richard Button, Toiyabe Indian Health Project  
 Yolanda Gibson, Tule River Indian Health Center, Inc.  
 Gayline Hunter, Tule River Indian Health Center, Inc.  
 Maria Tripp, United Indian Health Services, Inc.  
 Bonnie Green, United Indian Health Services, Inc.  
 Ralph DeGarmo, Warner Mountain Indian Health Project, Inc.  
 Joni Townsend, Warner Mountain Indian Health Project, Inc.

**Management Staff**

James Crouch - Executive Director  
 Marilyn Pollard - Administrative Services  
 Rosario Pro - Health Systems Development  
 Michael Melendez - Head Start  
 Jason Lopez - Financial Services  
 Jackie Kaslow - Family Community Health Services

**Updated Web Site Coming Soon!**

CRIHB has contracted with Turtle Island Productions (TIP) to re-design our website. We are re-designing our website to make it more efficient and user friendly, we hope you feel the same as we do when you see the new look within the next 3 – 4 months. Turtle Island Productions, headed by James Fortier, is a media development and production company with a solid 15-year background in documentary and dramatic filmmaking, website design and development, corporate media communications, and digital video production. TIP specializes in three distinct areas of production; websites, broadcast and corporate video, as well as creating dramatic, educational, and documentary videos focusing on Native American issues and stories.

Some of the new features will include an internal web site search engine, an interactive, web-based calendar, an online registration for meetings and events, survey capabilities, administrator section, ability to expand, interactive posting notices for response (ie: online community forum), auto-fill letters for advocacy purposes, google mapping; and an online payment system (ie: paypal); and an updated “Jobs” site. The projected go-live date is about the end of February’ 09.

## Forty Years Old and Going Strong

Next October the California Rural Indian Health Board Inc. will be forty years old. At the just concluded 39<sup>th</sup> Annual Meeting the Board of Directors approved a number of special activities to celebrate this remarkable accomplishment. The first of these is to actively outreach new members from across the state. As CRIHB Board Chairman, Reno Franklin, said at the hugely successful California Cultural Night at the NIHB Annual Consumer Conference in Pechanga, “Let’s get back to the old CRIHB, you know, the one that everyone belonged to.” To honor the shared mission of all California Tribal Health Programs and the leaders who struggled to build up this Indian controlled health care system, but have now passed away we are establishing a CRIHB “Hall of Fame”. Automatic enrollees will be the now deceased original incorporators; including Tim Williams, Peter Jackson, Adeline Rhoads, Emmett St. Marie, Leland Majel, Ted Mantzouranis and Sampson Dewy. We are seeking the names of other former leaders who served on local tribal health boards, tribal councils, Health Program staff, State Health Program staff, and IHS advisory committees and CRIHB staff who should be remembered for their contributions to improving the health status of American Indians and Alaska Natives in California. A nominating form and further instructions will be mailed out later this year.

We have also commissioned a Fortieth year History Book to be a companion to our 25<sup>th</sup> Year History Book originally published in 1995. The services of History Associates Incorporated from Rockville Maryland have been retained to do this work and Senior Historian Jami Rife has made one trip to California to begin collecting materials. This firm recently finished an Official History of the IHS and is well prepared for our project. Again we hope that Tribes and Tribal Health Programs from across the state will participate in this grant funded project. Lastly, we have already begun planning the CRIHB’s 40<sup>th</sup> Annual Meeting. We plan to meet at the newly opened Red Hawk Casino and Hotel on the Shingle Springs Rancheria. The four day event will feature a reunion of former CRIHB Executive Directors including IHS Director, Bob McSwain and Mario Gutierrez, and as many elder statesmen and women who have advanced our shared mission as possible. We will have an oral history recording booth on site where everyone can share their stories and leave their remembrances to those who will come next. Lastly, we would love to have exhibits from as many Tribal Health Programs as possible celebrating their own individual history and development over the past forty years. Plan to be with us at this celebration of California Indian health next October 15 - 18, 2009.

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### Lytton Rancheria “First Steps” Program

The CRIHB Tribal Head Start program is proud to announce the opening of a new classroom for the Lytton Rancheria “First Steps” program located at JX Wilson Elementary School. The first day of school for “First Steps” program was delayed in opening due to the construction of the new modular classroom. The delay came when the wrong ramp was delivered and new ramp had to be ordered and installed. The final steps for inspections and sign-offs by the fire department and pre-licensing analyst were completed in a timely manner. Given all of this, the program officially opened its brand new doors on Monday, October 15, 2008.

The Lytton Rancheria “First Steps” staff is very pleased with the new modular classroom which includes more classroom space and indoor bathrooms for the children. Everyone is welcome to come out and see the new classroom and meet the staff and the children.



## **Tribal representatives ask CRIHB staff to provide input into California Water Plan**

The California Water Plan provides a framework for water managers, legislators, and the public to consider options and make decisions regarding California's water future. The Plan, which is updated every five years, presents basic data and information on California's water resources including water supply evaluations and assessments of agricultural, urban, and environmental water uses to quantify the gap between water supplies and uses. The Plan also identifies and evaluates existing and proposed statewide demand management and water supply augmentation programs and projects to address the State's water needs.

The goal of the Water Plan is to meet Water Code requirements, receive broad support among those participating in California's water planning, and be a useful document for the public, water planners throughout the state, legislators and other decision-makers.

Representatives of the Tribal Governments and Tribal Health Programs that partner with the California Rural Indian Health Board, Inc., have asked CRIHB staff to provide input into the Water Plan so that Tribal water needs are not lost in the shuffle.

Currently, CRIHB staff are working to include Tribal co-management of water in California's plan. Staff have devoted time researching how such co-management systems work in other states and believe that such a process in California would be helpful and is appropriate. Such a system often binds the Tribe and state and/or local government to a water use agreement. In some regions of the U.S. the agreements between Tribes and governments take the form of Memorandum of Understandings, compacts, court orders, federal administrative/Congressional intervention, or planning documents. The agreements guarantee the Tribes and the other parties' access to and use of water resources. Tribes have used such water for their households, businesses, and other needs, as well as for traditional/cultural purposes including revitalizing/maintaining/enhancing salmon runs.

CRIHB develops and delivers policies, plans, programs and services that elevate the health status and social conditions of Indian People; that develop capabilities within local programs; that communicate, educate, and advocate on our shared interests; and that organizes support for our common goals.



## **Congress Closes without Passing the IHCIA**

The second session of the 110<sup>th</sup> Congress ended on September 30, 2008 without passing the Reauthorization of the Indian Health Care Improvement Act (S1200/HR1328). This is a major set back for Tribes, national Indian organizations and tribal health organizations even though our bill advanced further in this Congress than in any year since it was last successfully reauthorized in 1996. In March Senator Dorgan successfully moved his version (S1200) through the Senate. But only after he agreed to numerous amendments including one that strengthened the existing ban against using IHS funds to provide abortions. In the House of Representatives this issues was one reason the Energy and Commerce Committee could never finalize their version of the Bill resulting in Speaker Pelosi ordering that the bill be discharged from that Committee. That gave Indian advocates the right to vocally support the Resources Committee version the version that most closely resembled the Tribal version of the bill. Unfortunately, with a national election only weeks away, the House Leadership would not risk bringing any bill to the floor that might reignite the controversy over choice and abortion. So we never made it to the floor. During the final week of Congress creative efforts were made to attach the Medicaid provisions of the IHCIA to the Wall Street Bailout bill but those efforts also failed. We are left now to hope that either a post election lame duck session or a new Congress provides us an opportunity to complete the reauthorization of this still critical Indian health legislation. Now is the time to stay focused on our goal and to continue our support of the National Steering Committee, NIHB, NCAI, NUIHC and the Natioanl Indian Gaming Association.

## Challenges and Opportunities for Achieving Health Equity

The California Pan-Ethnic Health Network (CPEHN) is a statewide advocacy organization fighting for the health of communities of color. As one CPEHN's founding partners, CRIHB holds a permanent position on our board and has played a consistent role in shaping our policy agenda. 2009 proves to be a dynamic year – presenting both challenges as we face another state budget crisis, as well as opportunities to continue to build a movement for healthy communities.

### California's Budget Crisis

On the heels of the longest budget stalemate in California's history, CPEHN is gearing up for round two. While our hard work and tenacious advocacy helped California avoid many of the devastating cuts to our health and human services – the failure of the legislature to pass progressive revenue options has left us with an even more dire budget forecast for the upcoming year. New reports on revenue shortfalls have prompted the Governor to call a special session this November to address the state's financial crisis before many members of the current legislature term out of office. This session presents a critical window for community members and advocates to come together and push for progressive revenue solutions to protect our vital health programs.

In addition to this upcoming session, CPEHN is mobilizing around two harmful changes to the budget process that will go in front of California's voters in a special election:

- Provisions in a “rainy day fund” that would place arbitrary limits on state spending.
- Unilateral power to the Governor to make mid-year cuts.

These structural changes to the budget will have ever-lasting impact, restricting our ability to preserve and strengthen our public programs that are already severely underfunded. CPEHN is committed to partnering with our communities to ensure that these ballot measures are defeated.

### Building Healthy Communities

Despite an unfriendly budget environment, CPEHN continues to advance a progressive agenda around creating healthy communities. Recognizing the link between where we live and how we live, CPEHN is partnering with communities to reshape how our physical environment impacts health. These partnerships are working together to advocate for a wide array of ‘place-based’ solutions. From increasing the number of safe parks in neighborhoods – to improving access to fresh produce – these collaborations are creating communities that promote health and wellbeing. Key to creating this change is bringing community voices to the planning process. Recognizing that it is time for residents to have a say in how their communities are designed and built, these efforts are infusing new questions into the general planning process, reworking zoning regulations, and addressing the unequal flow of resources and infrastructure into neighborhoods. The results are neighborhood conditions that are adding both quality and years back to residents' lives. For more information on CPEHN and our work, visit our website at [www.cpehn.org](http://www.cpehn.org).



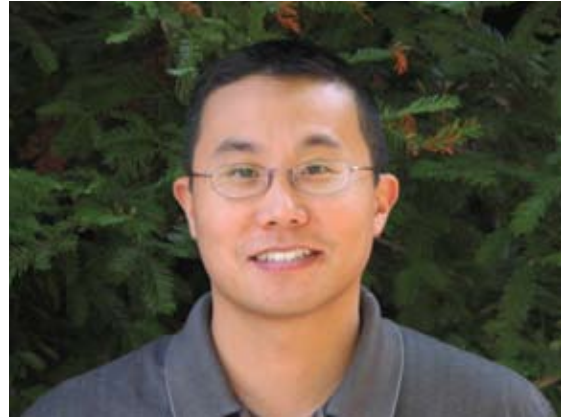
### More Successful Audits

The audit firm of Goodell, Porter and Fredericks, LLP has issued their FY 2008 audit report on CRIHB with no material findings following their review of the organization's financial statements, internal controls and compliance. This year's success represents the twelfth year out of the past thirteen where an “unqualified audit opinion” was received. This means the audit was complete and in the auditor's opinion, the financial statements are an accurate representation of CRIHB's financial condition. And, CRIHB once again qualified as a “low-risk auditee”. The final report was distributed to, and approved by, the full Board of Directors at the annual meetings in Lemoore on October 18<sup>th</sup> 2008.

CRIHB's Pension Plan for PY 2007 also had to be audited for the first time in plan history due to the plan having more than 100 active users, putting it in large account status. The plan year runs January 1 – December 31. The good news is Goodell, Porter and Fredericks, LLP issued an unqualified audit opinion for the pension plan with no findings.

## Welcome Dr. Thomas Kim

Thomas Kim recently started work at CRIHB as the medical epidemiologist for the California Tribal Epi-Center. He will also be taking some of Dr. Linda Aranaydo's former functions as Medical Director of Health Services. While originally from Washington, D.C., he spent ten years in Seoul, Korea from age seven and attended an international school until he returned to the United States for college. After college, he completed his medical training in Washington, D.C where a number of his relatives still live and where he consider his home. Dr. Kim's interest in Native health began during his medical training. While seeking a rural medicine experience, he was directed to the clinic on the Crow Creek Reservation (South Dakota) where he spent a month during his fourth year of medical school. His experience profoundly taught him the importance of healthcare as an integral part of the community life. He says he thoroughly enjoyed being able to see patients and whole families in clinic and then seeing them later on in home visits. His experience was so positive that three years later as a senior resident in internal medicine, he returned to the same reservation for another rotation. He then completed a public health degree in Baltimore, worked for four years at the IHS Colville Service Unit (Washington State) as an internist and eventually supervised an innovative diabetes prevention program. It was there that he realized his growing interest in public health which eventually led to the completion of his training with the CDC as an Epidemic Intelligence Service (EIS) Officer before taking this position at CRIHB. With his wife, Teri, and two small daughters, he says he is thankful and excited for the opportunity to serve the California Indian community through CRIHB. Welcome to CRIHB Dr. Kim.



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## Welcome The New Family & Community Health Director

Jackie Kaslow, is the new CRIHB Family and Community Health Programs Director. She is originally from the Sacramento area and is Miwok/Maidu with family members enrolled with the Ione Band of Miwok Indians. She has been living in Los Angeles for the last 26 years and has one son who is eighteen years old. Her son attends boarding school in Southern California.

She received both her undergraduate and graduate degrees from UCLA. She has a master's degree in Public Health and hopes to soon complete a second master's degree in Oral biology & Medicine. Her specific health interests include type II diabetes related to pregnancy and oral health, but is sensitive to all aspects of the health of California's Indian people. She has a strong interest in and respect for traditional knowledge of and approaches to health issues.



For the past 10 years her work life has been at UCLA in the schools of Dentistry and Nursing where she was involved in public health, clinic and biological research. She has also participated in the administration of health programs and continuing education for dental professionals.

While in Los Angeles she was fortunate to work and participate with both urban AIAN community organizations and local reservation consortiums. Although, she misses her southern California friends she is very happy to be back home and close to the Northern Californian Indian communities. She looks forward to getting to know everyone and forging new relationships at CRIHB while facing the challenges and rewards of addressing American Indian health issues.



## Finding Out what California's Indian Communities want from their Tribal Epidemiology Center

The mission of the California Tribal Epidemiology Center also called CTEC, or 'The EpiCenter' is to improve American Indian health in California to the highest level. We aim to do this by engaging American Indian communities in collecting and interpreting health information to establish health priorities, monitor health status, and develop effective public health services that respect cultural values and traditions of the communities.

As Indian people we have been conducting our own health studies for thousands of years and finding ways to heal our communities is inherent to our culture. The EpiCenter aims to assist Californian Indians in this tradition. To do this we must gather good health information that is tribally driven and relevant to our communities.

The EpiCenter is seeking input from our Indian communities in California to understand what health concerns are the most important to them. In an effort to get this information, the EpiCenter is conducting a brief survey during our visits to tribal health programs, their health boards and their communities. Our discussions, as well as the survey findings, will be used to determine which health issues the EpiCenter will focus on in the coming years. The findings will be shared with programs and tribes through presentations and fact sheets as well as through the CTEC website. The eventual result is that these findings and the work directed by these priorities will be used by tribal health programs, the communities, and the EpiCenter to promote health, allocate resources, and prepare grants.

The EpiCenter respects privacy, and all responses will be kept anonymous. The information collected in this survey will be reported in summary form only. The survey is a chance for you to express what the health needs are in your community and what health information you would like to see available. If you have any questions about the survey or would like to get a copy of the survey please contact, Virginia Myers at 916 929-9761 x1602 or [virginia.myers@crihb.net](mailto:virginia.myers@crihb.net).



## Child Care And Development Fund Program (CCDF)

The CCDF is a federal program designed to assist low-income families through child care subsidies. CRIHB is the lead agency for the CCDF program administered to 10 tribes throughout the state of California.

Families are eligible if they meet the following requirements:

- Income eligible
- Children are under the age of 13 years of age
- Must be members of a federally recognized tribe
- Parent must be working and/or attending school

Currently, the CRIHB CCDF program administered over \$600,000 yearly for the 10 tribes of the CCDF consortium. The program has over 108 families on the program, with 164 children receiving CCDF funding monthly. The program is not limited to the areas in and around tribal lands. CCDF participants enjoy flexibility in accessing the funding throughout the entire state.

CCDF participant families also enjoy the flexibility of choosing their own type of child care from:

- Licensed-exempt child care (Relative care)
- Licensed child care
- Group Home Care
- Family Care

All families are encouraged to contact CRIHB to get more information regarding this program. A new fiscal year has commenced for the program, so open enrollment has began. Services are based on the eligibility criteria, but are also on a first-come-first serve basis. You can contact, either, AnnLouise Bonnitto, program coordinator or Cheryl Wilson, program secretary for details and an application.

## Annual CRIHB Board of Director Elections

The California Rural Indian Health Board held their 39<sup>th</sup> Annual Board of Directors Meeting on October 16 – 19<sup>th</sup>, 2008. On Saturday the Board decided to hold the elections early in order to have the maximum number of voting Board members participate in the elections.

The final vote for the Executive Officers for the 2008 – 2009 year was as follows: Board Chairman is Reno Franklin (Sonoma County Indian Health Project), Vice-Chair is Maria Tripp (United Indian Health Services), Treasurer is Laura Rambeau-Lawson (Sonoma County Indian Health Project), and Secretary is Yolanda Gibson (Tule River Indian Health Center). The Executive Committee At-Large members for 2008-2009 are Michelle Hayward (Redding Rancheria), Tracy Tripp (MACT Indian Health Board), Bonnie Green (United Indian Health Services), Brenda Adams (Shingle Springs Tribal Health Program) and Roy Arwood (Karuk Tribal Health Program).

Congratulations to all the newly seated Executive Officers and At-Large members and to those who have been re-elected to represent CRIHB for another year.



Yolanda Gibson Secretary    Maria Tripp Vice-Chair    Laura Rambeau-Lawson Treasurer    Reno Franklin Chair



## California Dental Support Center

The Dental Support Center (DSC) funded through an Indian Health Service, is in its third year of serving and supporting 40 Tribal & Urban dental clinics in the state of California. The mission of the program is to reduce dental decay in Native American infants, toddlers and children by providing training, technical assistance and resources to dental clinics that serve the native population.

DSC continues to accomplish its mission through three primary initiatives.

- Clinic based approach provides educational presentations to dental, medical healthcare professionals on risk assessment, preventive measures, updates on new techniques, as well as resources to reduce early childhood tooth decay. First Birthday Card is a new project that was launched to encourage parents of young children who visit medical and WIC clinics to take their child for the initial dental screening. Referrals from these clinics offer a “gift” as an incentive if they make the first dental appointment. The gifts consist of fun oral health promoting items are provided by DSC to the dental clinics.

Dental Sealant Challenge - To encourage clinics to place more dental sealants, DSC has offered a reward of \$500 to every Tribal/Urban program that meets their goal by end of GPRA year.

- Community based initiative focus on educating Head Start children, their parents and staff on decay process, preventive measures and tooth healthy nutrition. DSC has created a resource kit for the head start centers; an animal puppet, set of tooth story books, sing along songs (yes, about brushing and flossing!!), art and craft projects and discussion guide

## California Dental Support Center - *continued*

to incorporate learning of healthy habits. If we are to reduce childhood tooth decay, educating the parents is of utmost importance. Parent/community presentations on Dental Health will be offered to all Head Start communities. Each of the Head Start Centers will receive this resource kit at the time of these presentations.

- Provide education and trainings to dental staff to better serve the AI/AN population. Trainings on Billing and Coding, RDA Certification for application of Dental Sealants are two of the major continuing education opportunities that DSC provides. The first RDA training is scheduled for November 14<sup>th</sup> and 15<sup>th</sup>, 2008 at Northern Valley Indian Health in Willows, CA. At least two more trainings will be conducted during this grant year. Many educational and informative workshops will be offered at the Annual IHS/DSC conference planned for May, 2009.

The very first DSC Newsletter was published in October and was distributed to all Tribal/Urban dental clinics in California. It would assist DSC to share resources and information among the dental community that serve the native population. If you have any questions or need more information on any of the DSC projects, please call the Dental Support Center Coordinator Lalani @ 916-929-9761.

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### Traditional Tobacco Garden Project

#### Tobacco Education & Prevention Technical Support Center (TEPTS)

Tobacco is a vital element of Native American spirituality. Nearly every American Indian tribe, village or community has a story that speaks to the origin of tobacco. It is a medicine to be smoked in prayer and an offering that is given when we pray, take an animal or harvest plants. For ceremonial purposes it is important to use tobacco that is as pure as it can be. When we use commercial tobacco for ceremony we are praying with a traditional medicine, but we are also using over 4000 added chemicals. Many of our medicine people and ceremonial leaders know this and will only use traditional tobacco from their community. However, finding tobacco growing wild has become exceedingly difficult for many of us.

Still in view of the Win River Casino at Redding Rancheria, the area that houses the traditional tobacco garden is a calm spot next to a gently flowing creek. The tobacco plants share this space with a sweat lodge and a dance area where traditional dancers gather. American Indian youth and young adults aged 4-22 from the Local Indians for Education (LIFE) center have been the caretakers of this garden. The youth have worked hard for the last few years to assure the harvest of tobacco for cultural and ceremonial use. Utilizing funding from a TEPTS mini-grant, the Redding Rancheria tobacco garden project is led by Irma Amaro. The participating youth learn how to plant, grow and care for tobacco. They also learn the importance of tobacco to tribal people and the difference between commercial and traditional tobacco. They have gained the knowledge to help the community remain cultural, traditional, and have the ability to continue sacred tobacco use practice for the next generation.

In October of this year TEPTS program staff visited the garden. The tobacco is nearly ready to harvest with some plants standing up to ten feet tall. Irma provided information on the tobacco exchange program they have in their community. They offer to trade their naturally grown tobacco for commercial tobacco for ceremonial purposes. In this way they become an important part of ceremonies in their community.

Traditional tobacco is vital to our community and when we learn about the chemical content of commercial tobacco, it becomes important to have and use naturally grown tobacco for our ceremonies. Unfortunately not everyone has immediate access to tobacco growing naturally in their community. That is what makes community tobacco gardens like the garden at Redding Rancheria so important. Not only do traditional tobacco garden projects offer traditional tobacco for prayer, ceremonies, sweats and educational purposes, they also teach our Native youth and young adults how to plant and care for this traditional medicine, as well as its cultural value.

It is our hope that other CRIHB member programs utilize the TEPTS mini-grants for traditional tobacco gardens involving Native youth in their areas. For more information on TEPTS mini-grants or program information, contact William Harrison at [William.harrison@crihb.net](mailto:William.harrison@crihb.net).

## SCIHP's Emergency Preparedness Program

CRIHB staff visited Sonoma County Indian Health Project (SCIHP) to observe and evaluate SCIHP's participation in a county-wide emergency preparedness exercise. The exercise demonstrated real time circumstances 48 hours after a catastrophic event; in this case a 6.8 magnitude earthquake. The exercise illustrated the impressive and superior response and readiness state of SCIHP characterized by committed involvement of all levels of staff and management. After the exercise, the emergency preparedness committee and participants discussed organization plans and inter-agency collaborations, training of key personnel, supplies, IT requirements and all tactical components used to reach their level of readiness. The day provided valuable lessons and insights to both SCIHP's achievement and what could be modeled by other community and tribal organizations. The discussion included the question of what CRIHB's possible role and participation in emergency preparedness (EP) activities could be. SCIHP EP committee members, Hiram and Tim Campbell, provided the following information about their work in this area.

SCIHP began Emergency Preparedness planning over 2 years ago with the creation of the clinic's first Emergency Operations Plan. The plan was drafted by Hiram Campbell, Environmental Health & Safety Director with technical assistance from Barbara Aragon & Calvin Freeman (Consultants with the State Indian Health Program) approved by the SCIHP Board of Directors. Hiram used the Native American Alliance for Emergency Preparedness templates available on the IHS Website to draft the plan ([www.naaep.org/DisasterPrep.html](http://www.naaep.org/DisasterPrep.html)). The plan was reviewed by the clinic's existing Safety Committee during the regularly scheduled monthly meeting which tasked-in Emergency Preparedness issues. Once approved, various appendixes in the plan were developed in conjunction with county Public Health outreach; to help the clinic to prepare for various incident scenarios ranging from Pandemic Influenza to the clinic's Surge Capacity in the event of a regional disaster. Once the appendixes were identified, various emergency preparation and related education topics were prepared, with technical assistance and grant funds awarded from the Sonoma County Public Health (HRSA 5 - Homeland Security Funding), which provided for resources (safety equipment, training exercises, meetings with health agencies to share best practices).

The next step was to put the Emergency Operations Plan into action through functional exercises under the guidance of the Incident Command System (following state and federal guidelines) of how to respond in a coordinated, directed fashion to natural or man made disasters that may affect clinic operations during the four phases of an incident (Planning, Mitigation, Response & Recovery). Who is involved? Organizational ownership of the entire Emergency Preparedness process is needed from line staff, department managers, clinic administration, and the board of directors. Local Public health agencies were helpful with additional resources: grants and technical assistance, meetings with Public Health Preparedness Taskforce, etc. What outside resources were used? Outside resources include supplies, safety equipment, consultants and representatives from outside organizations. What would help with our EP process? Additional resources to equip staff members with a mobile Go Kit (36-48 hrs of supplies) in the event staff cannot return home. Additional clinic resources for staff to continue critical and predetermined essential functions of offering clients immediate services (mental health, pharmacy, medical triage, emergency dental).

CRIHB is now forming an in-house work group to address emergency preparedness and plans to assist its program members with creating a plan of their own. As we recently observed, it is important to know how your program or organization would respond in an emergency. Without a plan, confusion could occur leaving the community unsure of how to respond. CRIHB is currently seeking funding opportunities and plans to work with county and state agencies for assistance and guidance for member programs to develop their own disaster/emergency plan.



## Annual Awards Dinner

This year the CRIHB 39<sup>th</sup> Annual Awards Ceremony took place on Friday evening, October 17<sup>th</sup>, 2008. There were many awards presented and great acceptance speeches filled with many words of wisdom and appreciation shared.

The Annual Luna Wessel Leadership Awards were presented to Rachel Joseph, Co-Chair of the National Steering Committee for the Reauthorization of the Indian Health Care Improvement Act (National Award), Albert and Beverly James from United Indian Health Services (State Award), Lytton Tribal Council (Regional Award), Pete Masten Jr. from Hoopa Valley Tribe (Regional Award), Cheryl Seidner from the Wiyot Tribe (Regional Award), Toiyabe Dialysis Clinic (Local Award) and Toiyabe Healthy Heart Program (Local Award).

The Annual Honored Elders Awards were presented to Irene Carlson, member of the Wiyot Tribe & United Indian Health Services Board member; Diane Holliday, member of the Blue Lake Rancheria & United Indian Health Service Board member; Jimmy James, Yurok tribal member & ceremonial leader and Kenneth Roberts, Yurok tribal member and honored elder.

Joanne Campbell (Coast Miwok/Southern Pomo) was presented a special recognition award “Honoring Native Women of the Year in Health Care”. The Clinic of the Year was presented to Sonoma County Indian Health Project; Employee of the Year was presented to Susan Dahl (CRIHB Compliance Officer/HSD Dept. Director). A special recognition was given to the Local Host Committee members for their hard work that contributed to the successful California Cultural Event presented at the National Indian Health Board 25<sup>th</sup> Annual Consumer Conference. The event was a great display of California culture and traditions; awardees were: Diana Chihuahua, Torres Martinez Band of Desert Cahuilla; Reno Franklin, CRIHB Board Chair;



James Family - Jimmy accepts his Honored Elders award

Suntayae Steinruck, Member of the Smith River Rancheria, Marilyn Pollard, CRIHB Administrative Services Director; Paula Allen, UIHS and Koe-Soes Vigil, CRIHB Contract and Grant Specialist.

The CRIHB staff recognition awards were presented to Ira Hoaglen (Dept. Secretary/Receptionist) for 25 Years of Service, AnnLouise Bonnitto (CCDF Coordinator) for 10 Years of Service, Aline Titus (Elk Valley Head Start- Bus Driver), Theresa McQuillen (Elk Valley Head Start Teacher's Assistant), Susan Murray (HSD Dept. Secretary) for 5 years of Service, Shelly Martinez (Tobacco Programs Secretary) for 5 years of Service, and Tonya Walker (Cold Springs Head Start Cook) for 5 years of Service. *(continued)*



Cheryl Seidner - Regional Luna Wessel awardee



Honored Elders awardee - Diane Holliday

## Annual Awards Dinner - *continued*

We want to thank those contributors who helped us by either purchasing ad space or donating to our celebration to make this all happen; Mooretown Rancheria; Pala Band of Mission Indians; Smith River Rancheria; Agua Caliente Casino; Barona Casino; Blue Lake Casino; and Thunder Valley Casino.



Ira Hoaglen and Irene Carlson  
Honored Elders Awardee



Jim Crouch presents the Honored Elders to Awardee  
Kenneth Roberts



Reno Franklin presents the Regional Luna Wessel,  
accepted by Margie Meja, Tribal Chair



Pete Masten  
Regional Luna Wessel Awardee



Rachel Joseph  
National Luna Wessel Awardee



SCIHP Clinic of the year Award  
accepted by Molin Malreay, CEO and Margie Meja

*Annual Awards Dinner - continued*



Christine Martindale (CFO) & David Lent (CEO) accept the Local Luna Wessel Award for the Toiyabe Healthy Heart Program



Toiyabe Dialysis Clinic staff accept the Local Luna Wessel award



Joanne Campbell accepts the "Honoring Native Women of the Year in Healthcare" special recognition award

*Congratulations to all awardees  
and thanks to all the contributors!*



## 2009 CRIHB Meeting Schedule

- January 22-24, 2009** Quarterly BOD, TGCC, & Program Directors Meetings  
CRIHB Office, Sacramento, CA
- March 12-14, 2009** TGCC Joint Meeting with IHS Tribal Leaders  
Location: TBD
- April 16-18, 2009** Quarterly BOD, TGCC, & Program Directors Meetings  
CRIHB Office, Sacramento, CA
- May 5-7, 2009** CRIHB 3<sup>rd</sup> Annual Training Conference  
Rolling Hills, Corning, CA
- July 20-23, 2009** Quarterly BOD, TGCC, & Program Directors Meetings  
Joint Bi-Annual Meeting with NPAIHB  
Tulalip, WA
- Oct 15-18, 2009** CRIHB 40<sup>th</sup> Anniversary/Annual BOD, TGCC, & Program Director's Meeting  
Location: TBD



Amos Tripp      Suntayea Steinruck      Mark LaBeau



Jo'e Kennedy      Rachel Joseph      Richard Button      Mike Keller



Nelson Pinola      Reno Franklin      Toby Ewing



*The California Rural Indian Health Board  
&  
The Northwest Portland Area Indian Health Board  
presents  
The 10th Joint Bi-Annual Board of  
Directors Meeting  
Monday - Thursday  
July 20 - 23, 2009  
Hosted by The Tulalip Tribe*



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Jerome Simone      Ellen Wu      Jim Crouch



Mark LaBeau    Jim Crouch    Rachel Joseph    Toby Ewing    Ellen Wu  
- Legislative Panel -





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**Quarterly CRIHB Board of Directors Meeting - January 22-24, 2009  
CRIHB Central, Sacramento, California**

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## CRIHB MEMBER TRIBAL HEALTH PROGRAMS

**Greenville Rancheria  
Tribal Health**  
P.O. Box 279  
Greenville, CA 95947  
530.284.7990

**Pit River Tribal  
Health Program**  
36977 Park Avenue  
Burney, CA 96013-4067  
530.335.5090

**Toiyabe Indian  
Health Project**  
52 TuSu Lane  
Bishop, CA 93514  
760.873.8464

**Karuk Tribal  
Health Program**  
P.O. Box 1016  
Happy Camp, CA 96039  
530.493.5305

**Redding Rancheria  
Indian Health Services**  
3184 Churn Creek Road  
Redding, CA 96002  
530.224.2700

**Tule River  
Indian Health Center, Inc.**  
P.O. Box 768  
Porterville, CA 93258  
559.784.2316

**M.A.C.T. Health Board, Inc.**  
(MARIPOSA, AMADOR, CALAVERAS AND TUOLUMNE)  
P.O. Box 2080  
Tuolumne, CA 95379  
209.928.4277

**Shingle Springs  
Tribal Health Program**  
4140 Mother Lode Drive, Suite 112  
Shingle Springs, CA 95682  
530.672.8059

**United Indian  
Health Services, Inc.**  
1600 Weeot Way  
Arcata, CA 95521  
707.825.5000

**Mathiesen Memorial Clinic**  
P. O. Box 535  
18144 Seco Street  
Jamestown, CA 95327-9779

**Sonoma County Indian  
Health Project**  
144 Stony Point Rd  
Santa Rosa, CA 95401-4122  
707.544.4056

**Warner Mountain Indian  
Health Project**  
P.O. Box 247  
Fort Bidwell, CA 96112  
530.279.6194