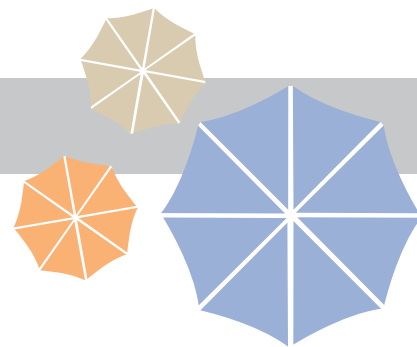


April 2015



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What's New at the Center

Dr. Mansberger is Making Headlines

We are happy to announce that Steven Mansberger, MD, MPH, former Principal Investigator of the Center for Healthy Communities' research project Comparative Effectiveness of Telemedicine to Detect Diabetic Retinopathy, is making headlines. The March issue of The Portland Physician Scribe featured Dr. Mansberger's current research and recent visit to our nation's capital to address Congress. Dr. Mansberger is the Vice-Chair and Director of Glaucoma Services at the Legacy Devers Eye Institute. He also holds appointments at Oregon Health & Science University as Affiliate Professor of Ophthalmology and Adjunct Professor in Public Health and Preventive Medicine.



In recognition of World Glaucoma Week (March 8-15, 2015), Dr. Mansberger was asked to present at the Alliance for Eye and Vision Research (AEVR) Congressional Briefing. The title of his presentation was: Glaucoma's Public Health Challenge: Controlling Intraocular Pressure In At-Risk Populations. Dr. Mansberger reported that the prevalence of glaucoma in the United States is 3 million persons, and the second leading cause of blindness worldwide. He emphasized the importance of the prevention of eye disease and methods of prevention. Dr. Mansberger shared his findings from Center projects with Northwest Tribes, explaining that normal tension glaucoma was a common finding in Northwest Native Americans and they should ask their eye care provider, "How is my optic disc?". Currently, the federal government spends on average \$2.10 per person each year on eye and vision research. The total economic burden of vision problems was \$139 billion in the United States in 2013 (<http://costofvision.preventblindness.org/costs>). Dr. Mansberger urged legislators to provide additional research funding aimed at a cure and preventing visual impairment for glaucoma and other eye diseases.

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Message from the Director



Thomas M. Becker, MD, PhD,
Director

Greetings,

During this past week, I was lucky to find myself included in the Indian Health Board's meeting with various Maori representatives of the twenty health districts in New Zealand. Our ten visitors were greeted by Yakama elders with songs and prayers, which were returned by the Maori guests in memorable fashion. Gifts were exchanged, followed by lunch and discussions of the Board's many activities in research and health policy. Jacqueline Left Hand Bull and Dr. Victoria Warren-Mears gave overviews of the history of the board, and of the Epidemiology Center's programs, respectively.

The Maori are faced with many of the same health issues as are characteristic of Tribal peoples in the Northwest, and nationwide. Challenging issues they described included mental health issues and substance abuse, lack of appropriate resources to ensure health equity, provision of high quality health care for Maoris, and both infectious and chronic diseases that threaten the health of Maoris, compared to the majority white population, in their country. Inequities in incidence rates and mortality rates were apparent for diabetes, cancer of various sites, heart disease, vaccine-preventable illnesses, and other commonly-measured disorders. While health statistics have demonstrated that Maori have made substantial progress in disease control over the past generation, the data that were presented to us indicate that much more room for improvement still exists.

Tosha, Ashley, and I met with one of the health directors to discuss science and health-related research training for Maori students. We shared our approaches through the PRC and the NARCH program, where we concentrate mostly on graduate students, and have shown solid successes with our numbers and proportions of successful graduates whom we have supported. In New Zealand, they spend more energy than we do on nurturing and supporting Maori students in science, beginning as young as age 13. They also spend substantial energy in providing psychological support and mentoring along the spectrum of middle school aged students up through graduate training. Perhaps we should be targeting similar age groups of tribal students to nurture the pipeline of future Tribal scientists.

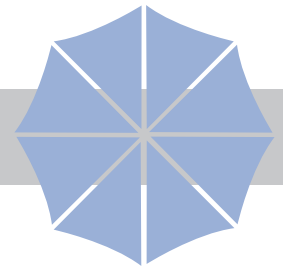
Our exchange was informative and fun, and hopefully the first of many meetings and discussions on indigenous people's health. Our guests next go to Alaska and Hawaii to meet with health planners and health researchers in those locations. I hope they return home with new ideas and strategies for improving health outcomes for Maoris.

Until next time,

A handwritten signature in dark ink, appearing to read "Becker".

Tom Becker





Dangerous Decibels Educator Workshop Announced

The Dangerous Decibels partnership is continuing to support Listen for Life activities with Tribes and Nations in the Pacific Northwest by partnering with the Indian Health Service to host a 2-day Dangerous Decibels Educator Training Workshop. Matthew Ellis, Lieutenant Commander, United States Public Health Service has been working with Drs. Deanna Meinke and Billy Martin, Directors of Dangerous Decibels, to bring a team of experts in hearing loss prevention to Spokane, WA on June 4th and 5th, 2015. The training will prepare representatives from Pacific Northwest reservations and tribal organizations to deliver the Dangerous Decibels program in their respective communities. Each educator will receive an educator kit complete with all the teaching materials and resources needed to deliver the program. Dangerous Decibels is an effective program at changing knowledge, attitudes and behaviors of elementary students in regard to exposures to hazardous sound levels and use of hearing protective strategies. The Dangerous Decibels program was implemented in two Pacific Northwest tribes and one urban Indian organization over the past five years. Fourth and fifth grade students from several schools participated in the program that was initially delivered by OHSU Prevention Research Center faculty but is now carried on by trained members of those communities.

**YOU CAN BRING THIS PROGRAM
TO YOUR COMMUNITY
and help your children protect their ears.**

Did you know...

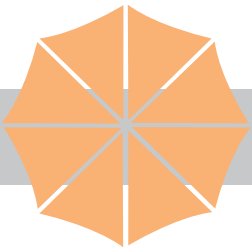
..that Native Americans have 2 to 4 times as many serious hearing problems as other groups? Our young people are in danger of getting hearing loss and tinnitus (ringing in the ears) from being around so many loud sounds. A survey of 10-12 year olds living on reservations showed that:

- 85% listen to dangerously loud music
- 63% are around loud power tools
- 58% ride on motorcycles or 4-wheeler ATVs
- 58% are exposed to loud gunfire
- 54% were exposed to sounds loud enough to cause ear pain or ringing

Anyone with an interest in preventing noise-induced hearing loss and tinnitus in youth from tribes or tribal organizations is encouraged to register. The Public Affairs Office Department of Environmental Health Services (DEHS) will be absorbing the Dangerous Decibels registration costs and fees (\$600 value). A block of rooms will be available at the discounted government rate (\$88/night single occupancy) from June 3-5, 2015. In addition, free shuttle transportation is available from the Spokane International Airport to Northern Quest Resort & Casino. Workshop registration is limited to 30 participants. For additional information please visit <http://oregonprc.org/training/current/dangerous-decibels.html> or contact Matthew Ellis at matthew.ellis@ihs.gov.



"We need to take care of our hearing to hear the words, songs and prayers of our youth and elders."
-Leonard Forsman, the Suquamish Tribe



Introducing Michelle Singer



Michelle Singer is the newest member of the Center for Healthy Communities, serving as the Project Manager for Native STAND (Students Together Against Negative Decisions) Dissemination Project. Michelle is a citizen of the Navajo Nation; her Clans are “Bitter Water” born for “One Who Walks Around.” As a result of relocation in the 1950s, her Navajo parents met and married after attending Chemawa Indian School (established in 1880), an off-reservation boarding school located in Salem, Oregon operated by the Bureau of Indian Affairs. She was born in Salem and grew up between the Pacific Northwest and the Southwest; she refers to both regions as her homes. She attended public school in Salem and briefly an off-reservation boarding school in Anadarko, Oklahoma. She attended the University of New Mexico on student exchange and Northwest Indian College ultimately graduating Pre-Med from the University of Oregon. Michelle’s hobbies include running, Team Jammin’ Salmon dragon boat racing, music appreciation and travelling. She is a sports enthusiast, especially when it comes to the Oregon Ducks and the Portland Trailblazers. Her family and friends are her heart.

Michelle’s OHSU career spans 10 years originally with the One Sky Center, a National Resource Center for American Indian/Alaska Native substance abuse and mental health and most recently with the Center for Diversity & Inclusion. Before coming to OHSU, Michelle worked for ten years in the U.S. Senate on Capitol Hill as a policy advisor on both sides of the aisle for U.S. Senators Ron Wyden (D-OR), Indian Affairs Committee Chair Ben Nighthorse Campbell (R-CO) and Majority Leader Tom Daschle (D-SD). She has worked with the American Indian Higher Education Consortium; Northwest Indian College on the Lummi Indian Reservation; Salish Kootenai College on the Flathead Indian Reservation; and Chemawa.

Her passions are rooted in Indian education, health & wellness, and mentorship. She brings over 25 years of experience in advocacy, research, government affairs and community engagement in Indian country to the Center for Healthy Communities.

Favorite Poem:

There is Pleasure In The Pathless Woods—Lord George Gordon Byron Childe Harold, Canto iv, Verse 178

There is a pleasure in the pathless woods;
There is a rapture on the lonely shore;
There is society, where none intrudes,
By the deep sea, and music in its roar:
I love not man the less, but Nature more,
From these our interviews, in which I steal
From all I may be, or have been before,
To mingle with the Universe, and feel
What I can ne’er express, yet cannot all conceal.



Skin Cancer Risk

Contributed By Let's Get Healthy!, Oregon Health & Science University
Funded by a Science Education Partnership Award from the National Institutes of Health



Go outside and play! Just be sun smart. Did you know that the sun's rays can penetrate your skin any time of year – rain or shine, summer or winter? Your skin type and how you protect yourself can make all the difference!

The ABCDE's of Skin Cancer

A sun burn can increase the number of moles on your body. While moles are common, they can become cancerous. Keep an eye on your moles with the "ABCDE" rule and talk with a healthcare provider if you notice anything abnormal.



A- Asymmetry: Normal moles or freckles are completely symmetrical (that means if you were to draw a line through a normal mole or freckle, the two halves would be mirror images of each other). In cases of skin cancer, spots will not look the same on both sides.

B- Border: Normal moles have smooth, well-defined edges. A mole or spot with blurry and/or jagged edges is suspicious.

C- Color: Normal spots are usually one color. A mole that is more than one color is suspicious and should be evaluated by a healthcare provider. This can include lightening or darkening of the mole.

D- Diameter: If it is larger than a pencil eraser (about 1/4 inch or 6mm), have it examined by a healthcare provider. This includes areas that do not have any other abnormalities (color, border, asymmetry).

E- Evolving: Evolving means the mole changes over time.

In the Summer

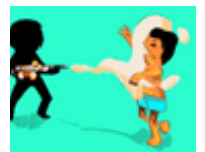
Avoid peak times —The sun's rays are most powerful between 10 a.m. and 2 p.m. Stay in the shade when possible.

Make sure you re-apply sunscreen! Follow the guidelines on the bottle

In the Winter

Even though it's cold, you can still get a sunburn on a cold or cloudy day! Protect exposed areas!

The sun's rays are more powerful at higher altitudes. Altitude is even more dangerous in snowy weather since snow reflects 80% of the sun's rays .



Everyday

Wear Sunscreen with sun protection factor (SPF) SPF 30+ or higher (Fitzpatrick Types 1-3)
SPF15+ or higher (Fitzpatrick Types 4-6)

To find out what your Fitzpatrick skin type is visit:
<http://www.melanomafoundation.com/pdf/Skin%20Types.pdf>

Keep covered. Clothes, hats, sunglasses all help!

<http://www.melanomafoundation.org/prevention/facts.htm> and
<http://www.cancer.gov/cancertopics/types/melanoma>

About Tanning Booths

Whether you're in the sun or at a tanning booth, your skin can still get damaged by the ultraviolet rays. This can increase your risk of skin cancer and your skin getting old before you do (wrinkles, saggy skin, brown spots, and more)! If you want a tan, consider sunless tanning creams instead.



Did you know?

A sun burn means your skin has been damaged! Ultraviolet light penetrates the skin to damage your cell's DNA (your body's instruction manual)! With repeated exposure, it all can add up!

*wrinkles *brown spots *eye problems
* moles *saggy skin *skin cancer



SHARP Pilot Program: Connecting people, place, and memory for healthier aging among Portland African Americans

Contributed by Raina Croff, PhD

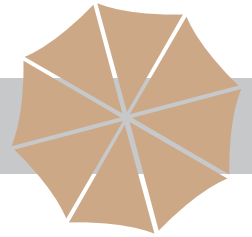
If you identify with a community—any community—as most of us do, then you already hold some idea of how critical community memory is to community. It reminds us of who we are as a group, where we come from, and guides where we are going. In short, it's critical for community health, for keeping us as a community alive and present. But what about us as individuals—do you see community memory as critical to your own health? The SHARP Pilot Program is designed around the premise that yes, community memory can play an important role in individual health, just as it does in community health. Community memory is, after all, a compilation of individuals' memories. It's about people and place, and the shared connections between the two that foster vibrant cultural expression, community history, and belonging—all essential ingredients to quality of life. The SHARP pilot program draws upon all of these ingredients to promote healthier physical and cognitive aging among Portland's older African Americans.



What is SHARP? SHARP stands for **S**haring **H**istory through **A**ctive **R**eminiscence and **P**hoto-imagery. SHARP is a walking program in N/NE Portland targeting African Americans ages 55 and older. It incorporates historical images to prompt individual and group reminiscence of living and working in Portland's historically black neighborhoods—before, during, and after gentrification. The program aims to increase healthy behaviors that may promote healthier cognitive aging, in a culturally relevant and culturally engaging way—a definition we will be constantly revising with input from our participants. We plan to tailor the program to, and in partnership with other minority groups in Portland as well, and eventually to other locations.

What will participants do? Participants will engage in small-group 45-minute walks three times a week for 6 months. At designated points along the walk, they view historical neighborhood images (we're calling these Memory Markers) from the 1940's to early 2000's on mobile devices (i.e. cell phone or tablet). Images prompt group conversational reminiscence while participants walk. At home once a week, participants engage in online health education modules about healthier cognitive aging, and in memory sessions where images and questions prompt narrative responses about black life in Portland. Participant narratives from walks and at-home memory sessions will be digitally recorded.

How will SHARP benefit Oregon's African American communities? SHARP will host a website specifically targeting African Americans in Oregon. This community resource will feature selected participant narratives from group walks and from at-home memory sessions. Narratives and past and present neighborhood images, including participant-taken photos, will serve as a platform to discuss healthier physical and cognitive aging in the African American community, and how to keep our individual memories and our communities' memories alive.

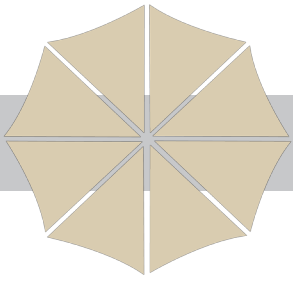


The aim of the website is to be an archive of the black experience in Portland as told by SHARP participants and a community resource for information on the link between health behaviors (e.g., exercise and social engagement) and cognitive health as we age, African American risk for cognitive impairment including Alzheimer's Disease, and other valuable resources to promote healthier living for healthier aging.

Who is SHARP? SHARP is led by Raina Croff, PhD (Public Health and Neurology, OHSU) and a native of Portland's African American community. Dr. Croff is guided by Hiroko Dodge, PhD (Neurology, OHSU), a leader in social interaction and aging research. SHARP is funded by the CDC as a project of the Oregon Prevention Research Center and the Oregon Healthy Brain Research Network Collaborative Center housed at Oregon Health & Science University's Layton Aging and Alzheimer's Disease Center. PreSERVE Coalition, a community-based group in Portland that advocates for healthy aging and memory in the African American community, acts as the SHARP Program's Community Advisory Board.

Most importantly, SHARP will be its participants—African Americans ages 55 and older residing in N/NE Portland. In focus groups during the 6 month program, they will provide valuable input on how to make the program truly culturally relevant and culturally celebratory. The life experiences the SHARP participants will share with each other and with all of us through the community website will help build awareness about healthier physical and cognitive aging among Oregon African Americans. The narratives they bring will animate the powerful connection between people, place, and memory, and serve not just as part of a health program but as a celebration of the vitality of African American culture and an affirmation for future generations that our community and its memory are alive and present in Oregon.





Native STAND

Students Together Against Negative Decisions

Contributed by Michelle Singer (Navajo), Project Manager

In December, I became the newest member of the Center's team as the Native STAND Project Manager. Our team immediately initiated a national marketing and recruitment effort that went live with the launch of a new PRC Native STAND website, request for applications, Native STAND recruitment presentations, and a Native-focused communication outreach blast to tribes and tribal organizations across Indian Country. A timely stocking stuffer came in the form of IRB approval for the Native STAND Project which was a good segue into a New Year!

In capitalizing on the positive momentum of the Lunar New Year of the Sheep/Goat (an important year to this Navajo by the way), we continued outreach efforts for prospective applicants for this inaugural first year of the Center's Native STAND Dissemination Project. As Project Manager, I delivered two presentations as part of a strategic regional and national recruitment marketing effort. In January, I addressed the 43 Tribal Delegates and Tribal Health Directors of the Northwest Portland Area Indian Health Board (NPAIHB) at their winter 2015 Quarterly Board Meeting which garnered interested regional applicants. In February, I conducted my first live webinar that was well-attended by a geographically diverse national Native audience in both reservation and urban Indian settings. In the span of 60 days that included two presentations, targeted outreach correspondence and numerous inquiries, we had 25 completed applications by the February 15 submission deadline.





In March, the applicant review process began with a goal to select 16 candidates for our first cohort of trainees; notifications were sent in early April to those who were selected. In the two months leading up to the one-week Native STAND Summer Training opportunity in mid-June, I will conduct readiness interviews to begin the process of identifying necessary approvals and development of a Memorandum of Agreement (MOA) from each participating site. This task will be critical to the project because it lays the foundation for each participating site to the implementation of Native STAND. The Native STAND Summer Training will be held June 21-27 in Portland as part of the Summer Research Training Institute for AI/AN Health Professionals and in conjunction with the Tribal Health: Reaching out Involves Everyone (THRIVE) summer youth conference. The trainees will receive intense training from a cadre of knowledgeable and experienced trainers and field coaches and leave with strategic action plans to begin Native STAND implementation.



The tribal sites participating in the first year of the Native STAND program will be trendsetters, and we look forward to seeing their successes! The Year of the Sheep/Goat is off to a great start and promises to be more than just a mutton sandwich or leg of lamb! It is more and all is good! Stay tuned for stories of our accomplishments and plans for year two!

Native VOICES

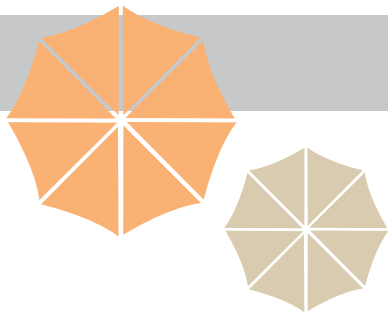
Contributed by Stephanie Craig Rushing, PhD, MPH, Project Director

After five long years in the making, the Northwest Portland Area Indian Health Board (NPAIHB) is thrilled to announce the release of Native VOICES, an evidence-based video designed to prevent HIV and other sexually transmitted diseases. The 23-minute video was designed to encourage condom use among heterosexual and LGBT-TS (Lesbian, Gay, Bisexual, Trans, and Two Spirit) American Indian teens and young adults 15-24 years old.

Watch the Movie Trailer: <http://youtu.be/virKtMhjGCE>



To support the program's use in diverse community settings, the NPAIHB developed a toolkit that includes the Native VOICES video (23 minutes), a condom demonstration video (1:40 minutes), a dental dam demonstration video (1:08 minutes), a selection of condoms and dental dams, and a users' guide. To order a free copy, please send your name, tribe, and mailing address to native@npaihb.org.



The Team

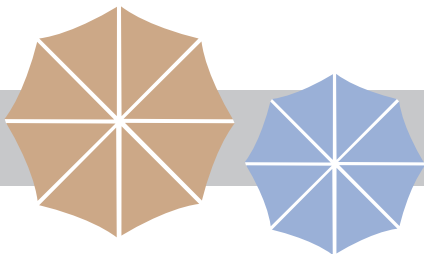
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Associate DirectorWilliam Lambert, PhD
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Investigator, NIHLP Project.....William Martin, PhD
Project Manager, Native STANDMichelle Singer, BS
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Investigator, Native CARS Project.....Jodi Lapidus, PhD
Project Director, Native CARS ProjectTam Lutz, MPH, MHA
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Project Manager, THRIVE.....Colbie Caughlan
Program Manager, NW NARCHTanya Firemoon

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