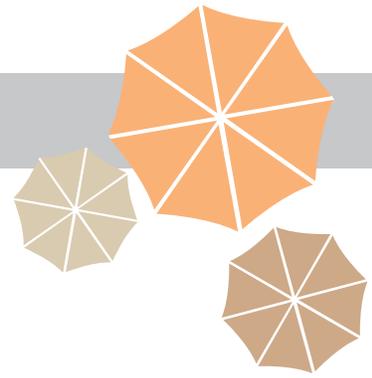


March 2012



## Meet Our New Partner

By Nichole Maher, Executive Director, and Darla Hilmoe, Executive Assistant, Native American Youth and Family Center



We at the Native American Youth and Family Center are happy to enter into partnership with the OHSU Center for Healthy Communities to enhance and expand the range of programs to the community members that we serve.

The Native American Youth and Family Center (or "NAYA" Family Center) was originally founded by parent volunteers in 1974 and became a 501(c)(3) organization in 1994. We serve Native American youth and their families throughout the Portland metropolitan area. The NAYA Family Center strives to fulfill its mission: "to enhance the diverse strengths of our youth and families in

partnership with the community through cultural identity and education." In 2011, our Center served over 10,000 people.

The NAYA Family Center is founded on the belief that traditional cultural values are integral to regaining sovereignty and building self-esteem. Among our core values is: respect for the environment, placing the larger community before the individual, and involving elders. We promote healthy living through positive alternatives to high-risk behaviors, and we promote the values of sobriety, family stability, culture, active lifestyles, and education. The NAYA Family Center increases community capital by building leadership capacity that increases public and community awareness of the needs of the Native community and other communities of color. We believe that our coordinated efforts will result in more equitable distribution of resources and access to power.

### Youth Services

The NAYA Family Center provides academic and social opportunities to grade school, middle school, and high school students to help them reach their full potential through academically rigorous learning opportunities,



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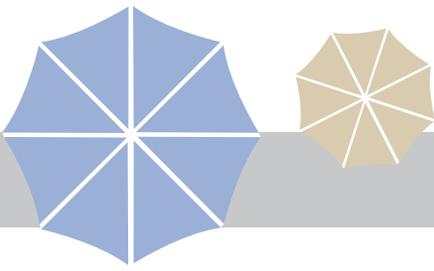
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## What's New at the Center?



*Fancy Dancer at NAYA Family Center's 2010 Powwow*

culturally specific programming, and provision of professional counseling and other support services. This includes specific initiatives to work with gang-affected youth, homeless youth, youth at risk of dropping out of school, and teen parents. We are very proud of our wrap-around model that builds on the strengths of our culture and our community. In 2006, NAYA Family Center opened the Early College Academy focusing on 9th-12th grade students and has achieved an 88% graduation rate for two consecutive years with 100% of those students going on to college.

### **Family Services**

The NAYA Family Center provides family services to strengthen family and community ties. We provide help to victims of domestic and sexual violence, to

Native American children in foster care and their caregivers, and to Native American elders.

### **Community Development**

The NAYA Family Center has several programs aimed at community development and increasing social capital, including: workforce development, affordable housing, and financial planning. Workforce development programs offer skill-building and training needed to be marketable in the workforce. Our various housing programs offer assistance with housing stability, emergency energy, and a series of classes designed to assist people who may have difficulty renting an apartment or home. We at NAYA are also very proud of our Homeownership Program that is systematically homeownership gap in Portland's Native community. Since 2006, we have assisted 97 families in purchasing their first home. Programs related to Native American economic well-being include Individual Development Accounts (IDAs), financial wellness classes, a small-business microenterprise class, tax assistance, and continuing education.

### **Nawitka Catering**

In 2008, the NAYA Family Center created Nawitka Catering, a social enterprise that provides work experience, training, and employment opportunities to Portland's Native American and Alaskan Native community. All of the proceeds go back into supporting the mission of the NAYA Family Center. This is what makes us stand out from other local caterers. Nawitka Catering uses local and sustainable food suppliers. Our extensive on-site organic garden provides fresh produce for use in our catering business and serves as a learning garden for our youth, who learn through direct hands-on experience, the process of growing and harvesting food.

As a first step towards developing collaborative programs with OHSU on health, we are partnering on a project to protect the hearing of our Native



## What's New at the Center? & Message from the Director

American youth from loud sounds. The "Listen for Life" Project has been successful in both the Warm Springs and Umatilla reservation communities, and we look forward to working OHSU researchers to evaluate the effectiveness of the Dangerous Decibels program in Native children who live in urban areas.

We anticipate that our partnership with the OHSU Center for Healthy Communities will expand to other areas of health promotion and disease prevention in the upcoming years. For more information about the NAYA Family Center, please visit our website at [www.nayapdx.org](http://www.nayapdx.org).



*Nichole Maher has served as the Executive Director of the Native American Youth and Family Center (NAYA) in Portland, Oregon for over 10 years. Under her leadership, the NAYA Family Center has grown from a staff of five and a budget of \$200,000 to over 100 employees and a \$10 million annual budget. Ms. Maher, a member of the Tlingit Tribe of Southeast Alaska, was born in Ketchikan, Alaska and attended school on the Siletz Indian Reservation in Oregon. She holds a Master of Public Health from the Mark Hatfield School of Government at Portland State University and two Bachelors of Science (Public Health; American Indian Studies) from Oregon State University. Ms. Maher completed fellowships at the Robert Wood Johnson Minority Medical Education program at Yale Medical School in 1998 and Harvard Medical School in 1999. Ms. Maher has received numerous leadership and industry honors, including Oregon's 50 most powerful people, Oregon's top 40 under 40, as well Oregon Women of Distinction award. She is a proud mother of two young children.*

## Message from the Director

I hope the New Year finds you all well and excited about your professional and personal lives that will unfold in 2012. We in the Prevention Research Center are looking forward to the challenges that 2012 will bring. Everyone on the team is working hard on the 'old projects' that are sponsored by the Center. We have also completed a new grant application with our colleagues at Devers Eye Institute to expand our efforts in the use of telemedicine-based retinal screening for diabetics in several clinics in Oregon and at the Hunter Health Clinic in Wichita, Kansas. These clinics serve a substantial proportion of Medicare and Medicaid patients at all of the clinic sites. Dr. Mansberger, Dr. Sheppler, and Mr. VanAlstine will work 'in the trenches' on this project if it wins funding, although new partners from the Oregon Rural Practice Research Network will also be strong participants in the program. We envision at least two new grant opportunities this spring to further our involvement in minority health issues, with a particular emphasis on tribal health. Our partners at the Northwest Portland Area Indian Health Board and its member tribes continue to play a central role in all of our grants, both old and new.

Our center has sponsored some very interesting and informative talks on Indian health this past year, and we have a new line-up of interesting speakers on tap for 2012. Dr. Cornell Pewewardy, from Portland State University, recently conducted our American Indian/Alaska Native Health Lecture, which was fascinating. I hope you can attend future Center sponsored events. Please follow the Events page of our website for the schedule for future seminars.

See you further down the trail, best wishes for the New Year!

Tom Becker



Thomas M. Becker, MD, PhD,  
Director



## Community-Academic Shared Vision: Latinos Engaged in Cervical Cancer Prevention

By Rosemary Celaya-Alston M.A. Ed.D



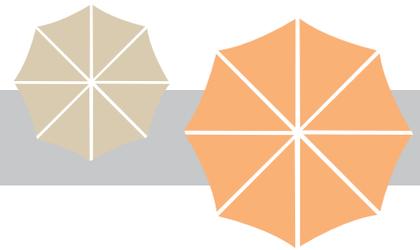
*Latino Community Advisory Board Members (left to right): Omar Vargas, Virginia Salinas, Julio Madando, Dr. Jessica Gregg, Dr. Rosemary Celaya-Alston, Marco Mejia, and Raquel Aguillon (not pictured is Tatiana Centurion)*

The fundamental need for healthier communities and the importance the role that communities play in their own well-being remains at the core of overcoming complex social issues and requires collaborative solutions which bring communities and institutions together. Using this shared vision as a framework, Dr. Jessica Gregg, MD, PhD of Oregon Health & Science University in partnership with Dr. Rosemary Celaya-Alston MA, Ed.D of Familas en Acción, a non-profit community-based organization in Portland, have been collaborating for the past six years in community-based participatory research in the Latino community addressing cervical cancer.

Data indicates that Latina women in the United States are less likely to be screened for cervical cancer (via the Papanicolaou smear, or Pap

smear), and consequently are more likely to die from cervical cancer than are non-Hispanic women. In order to address this disparity differently, a Latino Community Advisory Board was developed and funded in part from an initial National Institute of Health award. The project involved multiple phases. The first developmental phase included working collaboratively with male and female promotores (community health workers) to develop questions about Latino health in general and cervical cancer prevention specifically. In collaboration with the CAB, the promotores provided guidance for this study to determine the beliefs and opinions of both men and women surrounding the Pap smear.

The second phase included administering the in-depth interviews with 19 men of Mexican



origin and 29 women of Mexican origin recruited via snowball sampling. The interviews were wide-ranging, discussing health and health care in general, decision-making surrounding health care and cervical cancer, the Pap smear and the HPV vaccine. During these initial phases, the promotores repeatedly shared that the current programs for Latinos in Oregon are missing two crucial elements: a focus on family and recognition of men as members of the family. Both male and female promotores emphasized that most community members are less concerned about their risk for cancer than about maintaining the integrity of the families against stressors such as poverty, lack of access to basic health care, the spread of sexually transmitted diseases (STDs), and parenting in an unfamiliar cultural context. The data from these interviews provided insight from the community that interventions aimed at altering Latinas' cervical cancer screening behaviors should be presented in terms of their impact on the health of the family, address the misunderstandings about purpose of the Pap smear in relations to STDs, and needs to include both men and women.

The Latino CAB has been engaged and instrumental in all phases of this research journey and key to opening doors towards improving education, outreach, participation in research, training and cultural competency in clinical care. The collaboration with OHSU and Familias en Acción provided CAB members with an opportunity to understand research and the importance of clinical trials and skill building in the following areas: qualitative interviewing, data analysis and project dissemination. In establishing the partnership with OHSU we now have community members that have been trained in the protection of human subjects, responsible for conduct of research, interviewing skills for research, coding and qualitative software, and presentation of data and are co-authors in

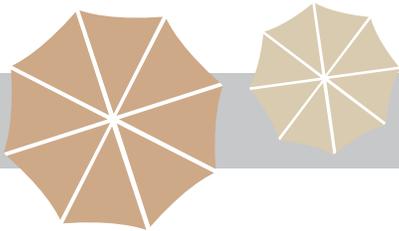
several journal articles associated with this research.

The CAB successfully developed, submitted, and presented a poster of our initial findings at the Cancer, Culture, and Literacy conference in Clearwater Beach Florida and recently was chosen with Dr. Gregg to present at a poster session at the American Public Health Association Conference (November 1, 2011) in Washington DC, addressing the role and importance of health literacy in enabling individuals to make appropriate health decisions. The CAB has maintained a consistent and committed presence for the past five years and are currently assisting both Dr. Jessica Gregg and Dr. Rosemary Celaya-Alston on a grant which received pilot funding from OCTRI (Oregon Clinical and Translational Research Institute) for a proposal, "An Investigation about Latino Men's Ways of Knowing about Health," which explores how Latino men learn about health and health care, and how they transmit what they learn to their families.

Showcasing the voices, perspectives, talents and experiences of community members has been one of the highlights of this on-going research and provides an opportunity for all of us to be at tables as a "wisdom seeker (learning from one another)."

*Rosemary Celaya-Alston has over 30 years of experience in the public health and mental health/ addictions field with 9 years in a county system developing a system of care for children/families, overseeing contracts and management. An Arizona native, Dr. Celaya-Alston holds a doctoral degree in Education from the University of Portland, a master's degree in Counseling & Guidance from California State University, Northridge and a bachelor's degree in Social Work from Arizona State University. Her research focuses on social and biological determinates of health disparities and she is committed to disease prevention and health education for vulnerable populations. She is a recipient of the El Poder de la Mujer Community Leadership award and the Fortaleza Award for her advocacy in preventing family violence.*

*Dr. Celaya-Alston is currently a Board Member on the National Latino Behavioral Health Association and steering committee member for SAMHASA's Multicultural Health.*



### Up Close with Cory VanAlstine

Cory VanAlstine is the new research assistant at Devers Eye Institute. Mr. VanAlstine is currently working with OHSU and Dr. Mansberger on telemedicine research. He is an Oregon native and moved to Portland to attend graduate school at Pacific University. His degree is in psychology and he was most recently a child abuse social services specialist with the Department of Human Services. Mr. VanAlstine recently bought a home in southeast Portland with his wife and two sons. When not working, he enjoys creating art and playing music, and has a side business building custom cat furniture from green and recycled materials.



## Research Project Update

### CER Project Update

*By Christina Sheppler, PhD, and Cory VanAlstine*

The Comparative Effectiveness Research (CER) project expands upon our first core research project, the Tribal Visual Impairment Prevention Program (TVIPP). The TVIPP was a community-based participatory research project that was developed to provide preliminary information regarding the prevalence of eye diseases in Northwest American Indian/Alaska Native communities, measure the quality of life benefits of providing eyeglasses, and measure the impact of using telemedicine to prevent blindness from diabetic retinopathy.

The new CER project expands upon the third goal of the TVIPP by examining the effectiveness of the telemedicine system for the detection and progression of diabetic retinopathy when compared to traditional methods of surveillance (having an eye exam in an eye care provider's office). It also aims to identify the health belief factors related to receiving

annual diabetic eye exams and to determine whether the telemedicine approach to screening for diabetic retinopathy is more cost-effective than traditional surveillance.

The CER project is more than 75% complete. Our two clinic partners (in rural Oregon and in Kansas) continue to collect follow-up data that will be used to evaluate the long-term effectiveness of the telemedicine system. They have also just completed survey data collection that will allow us to examine the health beliefs related to obtaining annual eye exams, and to evaluate whether the telemedicine system is cost-effective. Data analysis for the project will begin early next month. We are also currently in the process of planning community forums for both clinic sites where we will share study results with participants, clinic staff, and medical providers.



### **New Grant Submission: The Medicare/Medicaid Vision Impairment Project**

*By Thomas M. Becker, MD, PhD*

We have recently submitted a new grant to further our efforts in preservation of eyesight among diabetics. One in fifteen adults have diabetes and are at risk for developing diabetic retinopathy. Early detection and treatment of diabetic retinopathy can reduce the development of vision loss by 90%, yet less than 50% of diabetic patients receive annual diabetic retinopathy screening exams.

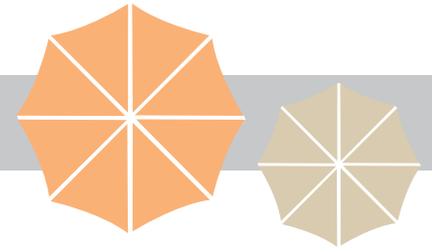
The new grant-funded project that we propose to implement is based on our successful and innovative telemedicine screening system. We will partner with Legacy Health System, Hunter Health Clinic, and Oregon Rural Practice Research Network (ORPRN) in eight primary care clinics that serve a large number of Medicare and Medicaid diabetic patients who lack convenient access to eye exams. If we win funding, over the first six months of the proposal we will install the telemedicine-based screening system in each clinic; conduct workforce development by training new or existing clinic staff to be certified as non-mydratic retinal photographers; utilize proven system surveillance methods to raise project awareness and recruit participants; screen patients for diabetic retinopathy and other eye diseases; rigorously evaluate the project; and develop the clinic workflow and reimbursement to make this project sustainable.

Just like in the CER study summarized on page 6, our telemedicine-based screening system uses non-mydratic cameras that employ special optics and infrared light to acquire retinal images through undilated pupils. It also uses an innovative, HIPAA-compliant, telemedicine software that we developed, which the end-user accesses using only a web browser and Internet connection. The software uploads images and clinical data into a secure, password-protected relational database, emails the clinicians when new images are ready to be reviewed, and sends final reports to the clinical sites.

Studies have demonstrated that patients prefer non-mydratic imaging to a dilated eye examination, and that non-mydratic retinal cameras have excellent diagnostic precision for diabetic retinopathy in comparison to eye care providers. Diabetic patients also appreciate the time savings because testing is performed in a primary care provider's office at the same time as their medical appointment.

We have two main goals to this new grant. We propose to leverage new telemedicine technology to increase the proportion of Medicare and Medicaid diabetic patients who receive annual retinopathy screenings, and reduce the cost of monitoring diabetic eye disease. We will measure the proportion of diabetic patients who receive an eye exam after starting the project and compare this information in each clinic at baseline. We will also determine success if we can meet the National Committee for Quality Assurance's 60% screening proportion. We will calculate the cost savings from screening with telemedicine. Further measures include data on treatable diabetic eye disease and other eye diseases, as well as participant, provider, and staff satisfaction. Achieving these goals will significantly reduce current and future Medicare and Medicaid expenditures.

We estimate that we will enroll 5700 diabetic participants based on an enrollment of 80% of eligible diabetic patients in eight clinics, seven of them in Oregon. Further, we anticipate a cost savings of \$1.05 million over three years in these eight primary care clinics. If our telemedicine system were adopted in the future by large health clinics across the nation, the savings to the Medicare and Medicaid system would be even more substantial. Further healthcare savings occur from early treatment of blinding eye disease and non-treatment related costs from visual impairment (unemployment, disability, etc.). We plan to demonstrate sustainability and complete adoption of the system by year three of this new study.



**The Team**

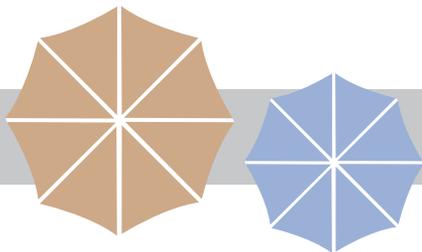
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