What’s New at the Center

Center for Healthy Communities Awarded Funding for Third Five-year Cycle

The Center for Healthy Communities has received word from the Centers for Disease Control and Prevention (CDC) that it has been selected as one of 26 universities nationally to participate in the Prevention Research Center network. Over 50 universities, including 37 currently funded, competed for inclusion in the next round of the PRC program, which will be reduced in size due to federal funding decisions.

Over the last ten years, the Center for Healthy Communities and its primary partner, the Northwest Portland Area Indian Health Board, have successfully delivered programs to improve vision and hearing health in tribal communities in Oregon and the surrounding Pacific Northwest. In the next cycle of funding, the Center will build upon its work in chronic disease prevention, evaluating the dissemination and implementation of the Native STAND (Students Together Against Negative Decisions) program—a health education curriculum for American Indian youth that focuses on prevention of STI/HIV, reduction of alcohol, tobacco, and other drug use, the prevention of teen pregnancy, dating violence, bullying, and suicide. These topics align with the CDC’s “Winnable Battles” and are leading public health concerns in reservation and urban American Indian communities.

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Greetings,

This past week I drove past a sign near the downtown area of Portland that proclaimed “Long Live Oregonians”. The proclamation was poignant, as I had just read a series of 15 articles on American Indian/Alaska Native health and cause-specific mortality rates published earlier in the week by the American Journal of Public Health (AJPH). This set of articles received substantial national attention, in addition to my own, as the main take-home message was that tribal people in the US have a mortality rate that is 50% higher than non-Hispanic whites in the US. Furthermore, these high rates have persisted for the past twenty years, while rates for whites have improved. When the all cause mortality data are examined by broader geographic regions, some of the data speak even louder—the situation in the Northern Plains tribes is quite bleak compared to whites in Northern Plains states. Clearly, the articles on AI/AN mortality implied that long-lived tribal people were a rarity in the datasets analyzed and summarized in AJPH.

Those of us working in the Prevention Research Center are not surprised about that key message or most of the other summary messages gleaned from this series of articles on tribal health—including the observations that the leading causes of death between tribal and non-tribal people are different. The devastating toll among tribal people is apparent over twenty years of data for diabetes, intentional and unintentional injuries, and chronic liver disease. For specific cancer sites, such as cervix and lung cancer, rates have remained elevated for tribal people in most geographic regions. Since these cancers are amenable to primary and secondary prevention, we are left wondering how our public health and clinical care systems have failed the tribes. Some of the published cause-specific data suggest that health is getting worse for tribal people over the decades, instead of better.

A thoughtful article by our colleague, David Espey, included a discussion of the importance of social determinants of health in driving high incidence and mortality rates for tribal people. He also noted that tribal people often have difficulty receiving high-quality, timely health care...in part due to rural living (for a substantial proportion of AI/AN people), funding constraints of federal governmental agencies, and a host of other community and cultural influences on health. These factors are balanced, in part, by the remarkable resiliency traits of tribal people, movements to modernize and adapt the Indian Health Service to the needs of the tribes, growing economic opportunities for some tribes, and tribal leadership supporting local prevention efforts. In addition, new local, state, and regional public health efforts, as well as federally-funded programs (Indian Health Care Improvement Act, the Native American Research Centers for Health) may help to decrease the mortality rates for tribal peoples and reduce the disparities shown in the recently published data. However, much more can and should be done.

Perhaps the federal government, and the Indian Health Service in particular, should have a mantra such as the billboard sign I saw in Portland: “Long Live Tribal People”. We in the PRC, in collaboration with our colleagues at the Indian Health Board and its member tribes, will continue to try to do our part to help improve tribal health in our region. We are enthusiastic and committed to making measurable improvements in health alongside our partner native communities.

Until next time,

Tom Becker
Starting in 2015, the Center will provide training on the delivery of the Native STAND curriculum through its annual Summer Research Training Institute for American Indian and Alaska Native Health Professionals. Tribal health educators will receive two-year mini-grants and technical assistance to support their adoption and use of the curriculum in their home communities. Over the course of the five-year grant, the Center will monitor the fidelity of use and the impact of Native STAND in 50 sites, identifying the barriers and enabling factors to using this youth development curriculum. Tom Becker, MD, PhD, is the Director of the Center for Healthy Communities. Bill Lambert, PhD, is the Associate Director and PI of the core research project, and Tosha Zaback, MPH, is the Program Evaluator. Stephanie Craig-Rushing, PhD, MPH, of the Northwest Portland Area Indian Health Board is a co-Investigator on the core research project and expert in risk reduction in Native youth. Wynn Norton, PhD, of the University of Alabama School of Public Health serves as a consulting expert on dissemination and implementation science.

2014 Summer Research Training Institute

In June, our Summer Institute celebrated its 11th year by hosting 92 individuals from around the country to participate in a three-week intensive training. The Summer Institute is designed to provide research and public health skills to American Indian and Alaska Native health professionals and students. Eighty-five (85%) percent of the 2014 Summer Institute participants were tribally enrolled and all were working on Native health issues. This year, the Northwest Portland Area Indian Health Board offered courses in Epidemiology, Research Design & Grant Writing, Maternal Child Health, Substance Use Disorders, and Biostatistics. Each participant was able to pick his/her own, individualized course schedule. Course instructors were diverse in their areas of expertise of Indian health and included faculty and staff from State Health Departments, Indian Health Service, University of New Mexico, National Indian Child Welfare Association, Native American Cancer Institute, Seattle Indian Health Board, Native American Rights Fund, University of Washington, Center for Disease Control and Prevention, Native American Training Associates, Veterans Administration, and Oregon Health & Science University.

Course evaluations and student feedback were positive and informative. Evaluation feedback over the past few years has encouraged us to add additional courses and expand on current offerings. New courses include Mixed Methods Research and Implementation Science in Health. We held an additional Outbreak Investigation course this past year in November 2013, due to high demand. We are currently planning a Research Design & Grant Writing Part II course for this winter.

We sincerely thank all our instructors, staff, volunteers, and students for contributing to another great year. Please save the date for the 2015 Summer Institute, which will be held June 15, 2015 – July 2, 2015 in Portland.
Contemporary Northwest Tribal Health Conference

By Tanya L. Firemoon, NW NARCH Project Assistant, Northwest Portland Area Indian Health Board

The second annual Contemporary Northwest Tribal Health Conference was held in Portland, Oregon, on March 28-29, 2014. The first conference was extremely beneficial to all who attended, and this year’s conference surpassed our expectations. It was designed to meet the needs of the Northwest Portland Area Indian Health Board tribal delegates, Northwest Tribal Health communities, and others dedicated to improving Indian health by providing an environment for the exchange of health information amongst one another and to foster new and exciting ideas. The conference had 17 presentations and 13 poster presentations, with 120 participants representing 15 tribal communities. The conference had innovative, informative, useful, and adaptable health intervention presentations including colorectal cancer screening, health status reports, comic book project, telemedicine for providing diabetic retinopathy screening, immunizations, bioethical approaches, native youth multimedia resources, walking program for elders, promoting healthy pregnancies and birth, and much more. This was a great opportunity for folks from Oregon, Washington, and Idaho to come together and build relationships from a grassroots level and expand to a regional level.

It truly was an honor to take the helm of Dr. Thomas Becker’s Northwest Native American Research Centers for Health (NW NARCH) project and help guide the logistical process of the review committee recruitment, invitation announcements, reviewing abstracts, coordinating the agenda, and gathering everyone into Portland, Oregon. I’ve served our tribal communities for more than a decade, and it’s always an amazing event when you can bring numerous communities together in an effort to build, develop, and strengthen collaboration to improve our tribal community’s quality of life.

With the help and support of everyone involved, we were able to successfully highlight various health research efforts in the Northwest, sharing best practices, lessons learned, and much needed networking. Special thank you to Dr. Jennie R. Joe, University of Arizona, Ralph Forquera, Seattle Indian Health Board, Chuck Hunt, Portland local elder, Dr. Thomas Becker, Northwest Portland Area Indian Health Board, Oregon Health & Science University’s Prevention Research Center, the Center for Healthy Communities staff (Tosha Zaback, Ashley Thomas, Jessica Kennedy, and Ga-lo Vann), Northwest Portland Area Indian Health Board staff (Tara Fox, Birdie Wermy, and Chris Sanford), and my husband Chris Mckenzie for volunteering.

The conference was sponsored by the Northwest Portland Area Indian Health Board (NPAIHB), the Northwest Native American Research Centers for Health (NW NARCH), and the CDC-funded Prevention Research Center, the Center for Healthy Communities at Oregon Health & Science University.
Introducing Ashley Thomas

Ashley Thomas is the newest member of the Center for Healthy Communities team, serving as a research and program assistant. Ashley is from Kailua-Kona, on the Big Island of Hawaii. She spent the majority of her adolescent years surfing and playing at the beach—the ocean still remains one of her great loves. After high school, she left the island in search of knowledge and adventure. She spent her freshman year of college at the University of Nevada, Reno, where she quickly realized the desert was not for her and decided to move to Monmouth, Oregon. She finished her undergraduate degree in Interdisciplinary Studies, with Health Promotion & Natural Science as her focus areas, at Western Oregon University.

Before coming to OHSU, Ashley worked with underrepresented college students in the TRiO Student Support Services Program at WOU. It was there that she found her deep love for empowering other students to overcome cultural, academic, and social barriers to higher education, knowing that once they do, they will have the ability to make this world a better place. She continues to jump at any opportunity to do just that—leave this world a little bit better than she found it. Ashley is applying to the MPH program at OHSU this Winter and couldn’t be more excited to see what her future holds. Ashley’s greatest joy comes from her 2 ½ year old son, Jackson. In her free time, she loves hiking, baking, blogging, traveling, and making memories with her husband, Chris, and their little boy.

Favorite children’s book quote: “If the moon stays up until morning one day, or a lady bug lands and decides to stay, or a little bird sits at your window a while, it’s because they’re all hoping to see you smile.”

- On the Night You Were Born, by Nancy Tillman

Events

Public Health Seminar Series
The Oregon MPH program and the Center for Healthy Communities co-sponsor a public health seminar speaker the first Friday of every month. PSU and OHSU alternate in hosting speakers on their respective campuses. Seminars are held from 12:00pm-1:00pm, with refreshments provided at 11:30am. Dr. Kent Thornburg will be our first speaker for this academic year, on October 3rd at OHSU.

AI/AN Health Lecture Series
The American Indian and Alaska Native Health Lecture Series is sponsored by the Center for Healthy Communities, The Northwest Portland Area Indian Health Board, and the OHSU Native American Employee Resource Group. Lectures are held quarterly on the OHSU campus. Michelle Singer will be our first speaker on Thursday, January 8th, 2015.
2014 Annual THRIVE Conference
By Colbie Caughlan, Suicide Prevention Project Manager, Northwest Portland Area Indian Health Board

The Annual THRIVE Conference is a national opportunity for Native youth to learn about the signs of suicide, the impacts of drug and alcohol abuse, how to be a resource for friends and family, and much more. The THRIVE suicide prevention project at the Northwest Portland Area Indian Health Board has hosted this conference with Meth & Suicide Prevention Initiative dollars from the Indian Health Service annually since 2010. This year’s conference took place at the Lloyd Center DoubleTree hotel June 23-26, 2014 and was attended by 75 Native youth from over 21 different federally-recognized Tribes in the U.S. Conference sessions incorporated American Indian/Alaska Native culture, traditional learning strategies, and skill-building activities that educated youth about healthy behaviors. Participants learned to positively express their emotions and feelings about challenging topics through interactive, educational workshop tracks.

The first workshop, digital storytelling, included: writing and revising a script; learning to use audio, video, and photo editing software; recording a voiceover; selecting photos and music; and putting all the elements together to complete the story. Digital stories can be used to heal from trauma, bring a voice to an important population or topic, teach others about the impacts of chronic diseases or suicide, and much more. At the conference we had many youth who shared their favorite things about life in their story and a few others who used to heal after having struggled through family loss due to cancer or alcoholism, and one teen even disclosed her own struggles with alcohol, drugs, risky sexual behaviors, homelessness, and how she has now overcome these things all before the age of 15.

The We Are Native (WRN) Youth Ambassador workshop taught 16 Native youth how to promote positive change in their communities regarding issues important to them. After the conference, the WRN Ambassadors have committed to a yearlong journey to help promote WRN and encourage positive youth leadership. WRN is a multimedia health resource for Native teens and young adults (www.wearenative.org) and the Ambassadors work hard to share this resource with Native youth all across Indian Country.

The film production workshop showed youth how to use film as a positive communication outlet and gave them an introduction into what film is, e.g. skills and the power of storytelling. The youth were also taught the technical side of film production including: interviewing, how to create basic animation, storyboarding, and editing. The theme of the video created by this workshop was a compilation of: respect for nutrition; education; friendships; relationships and; the importance of having a connection to elders. To view the workshop video please visit: https://www.youtube.com/watch?v=LaSYhQnKHkO&list=UUIxRTVKkCkedeQr6WA8sWlQ.

The final workshop was Beats Lyrics Leaders (BLL), http://www.beatslyricsleaders.com.
These facilitators utilized storytelling and native instruments to enhance the music development experience and make it as informative, fun, educational, and experiential as possible. BLL offered a hands-on approach to learning as they taught each participant, the ins and outs of beat making, lyric/song writing, and recording. BLL facilitators included short presentations to increase other skills as well (e.g., empowerment, goal setting, and skills vs. talents).

Like the three years prior, this year’s conference yielded very positive comments and outcomes by the youth who attended. A few of the quotes from the post-conference evaluations are listed below:

- “I liked being able to be nervous around others to become more confident.”
- “You got to express yourself through music.”
- “I got taught how to let a bit of my emotions out.”
- “I made a new friend.”
- “We got to communicate better and got to know one another.”

The youth were taught various skills throughout the conference and in their specific workshops. When asked about how the youth would take those skills home and utilize them, we received some amazing answers which are listed below:

- “Reach out to my dreams.”
- “Learn to talk about stuff that bothers you.”
- “Change the world.”
- “I plan to lead people more and make a difference.”

Over 1,400 Native Youth Leaders Converge in Portland for the National UNITY Conference

By Nataanii Hatathlie

More than 1,400 American Indian youth from throughout the U.S. gathered to participate in the annual National UNITY Conference at the Oregon Convention Center in Portland, June 28–July 2, 2014. The agenda was packed as youth addressed the theme “Healing and Empowering Aspiring Leaders with Tradition and Heritage.” Once the conference was called to order after the ceremonial lighting of the UNITY Fire, youth were immersed in leadership development through educational keynotes, activities, and workshops focusing on the areas of spiritual, physical, social, and mental development.

Unique to this year’s conference was the addition of the inaugural UNITY 25 Under 25 Youth Leadership Awards ceremony, designed to celebrate the achievements of Native American and Alaska Native youth who embody UNITY’s core mission while living a balanced life. A list of honorees is available on the UNITY website.

Also unique to this year’s conference was an Informational Session announcing “Today’s Native Leaders”, a national intertribal youth leadership initiative designed to offer regional and national trainings for American Indian youth to increase positive outcomes in their school, community, and family environments.

Outside the Oregon Convention Center, conference participants gather around the “lighting of the UNITY Fire”, which traditionally marks the beginning of the annual conference and burns continuously until the conference ends.
Highlights of the event include keynote speakers such as Brian Cladoosby, President of the National Congress of American Indians; Louisville Cardinals guard Jude Schimmel; 1491s comedy, author Sherman Alexie; and S. Amanda Marshall, District of Oregon U.S. Attorney. Northwest tribes including the Yakama Swan Dancers, the Quinault Tribal Youth, and other tribes shared special cultural presentations. UNITY youth visited the Nike Headquarters in Beaverton, Oregon, for a day where the Nike N7 team led youth in fitness activities and shared inspirational words with career advice for excelling at top companies like Nike.

During the conference, youth representatives of affiliated youth councils gathered as the National UNITY Council for their annual meeting to conduct business and elect new officers, known as the Executive Committee, who serve a one-year term. Also presented at the conference were annual awards for Alumni of the Year, Advisor of the Year, and two scholarship recipients. The Executive Committee and award winners information can be found on the UNITY website.

For 38 years the National UNITY Conference has brought Native youth leaders to a powerful five-day conference, which includes a packed agenda with motivational messages, team-building exercises, fitness activities, a cultural exchange and talent show, celebration banquet, and dance. The Midyear UNITY Conference will be February 11–15, 2015, in Washington, DC. For more information, please visit www.unityinc.org.

About UNITY, Inc.

Founded in 1976, United National Indian Tribal Youth, Inc. (UNITY) is a national network organization promoting personal development, citizenship, and leadership among Native youth ages 14–24. UNITY’s mission is to foster the spiritual, mental, physical, and social development of American Indian and Alaska Native Youth and to help build a strong, unified, and self-reliant Native America through greater youth involvement. Please visit www.unityinc.org to learn more about getting involved with UNITY as a youth, advisor, alum, partner, or sponsor.
Member tribes and nations of the Northwest Portland Area Indian Health Board (NPAIHB) expressed concerns about the hearing health of their communities. In response, our Center and the NPAIHB partnered to conduct a community-based participatory research project to understand and address these concerns. Our first step was an assessment of loud sound exposure among their Native youth that indicated exposures that put them at risk for hearing loss and tinnitus (chronic ringing in the ears). With these data in mind, our community partners helped develop and implement a study to evaluate a four-part hearing loss prevention educational program for 4th and 5th grade students, Listen for Life. The Listen for Life intervention included use of local media (websites, social media, newspaper, radio station and email lists), a well-developed classroom program called Dangerous Decibels, an evening educational event for students, families and friends, and a set of Dangerous Decibels internet-based activities. The outcomes tracked improvements in knowledge, attitudes and behaviors related to sound exposure and appropriate use of hearing protective strategies. The results indicated significant and sustained improvements in outcomes that exceeded the results of previous studies that did not incorporate a community-based approach. The final outcome measures of their efforts were recently collected and are being analyzed.

Following the first year of the project, members of the reservation communities were trained to deliver the interventions. During each of three successive years, local educators gradually assumed more responsibility of the project and are now independently managing all of their hearing health outreach activities. The trained community educators now receive support from their respective Reservations to continue the Listen for Life activities. The goal of the program is to be completely self-sustained by the participating communities and serves as a model for health promotion in American Indian children. The future of Listen for Life is bright.

In site #1, the reservation has built a new K-8 school in place of soley elementary grades. Two certified Dangerous Decibels educators have already established and scheduled classroom presentations for the new grades in the coming years. For the past two years, the certified educators in site #2 have covered every 4th and 5th grade classroom for their entire school district and plan to continue these activities into the foreseeable future. Site # 3 has identified four community members to be certified in the delivery of the Dangerous Decibels classroom program. The success and life of the program depend upon the passion of the community and the collective value placed upon protecting hearing. In a cultural environment where verbal communication is an integral connection to the living past and the key to a traditionally guided future, Listen for Life has found a natural fit.
Oregon PRC Partners with Layton Center for Special Interest Project

By Raina Croff, PhD

The Oregon Prevention Research Center in partnership with Layton Aging and Alzheimer’s Disease Center at OHSU has been awarded a five-year grant from the CDC to be a Healthy Brain Initiative Network (HBIN) Collaborative Center. The PRC and Layton Center were selected to be one of four collaborative centers. The aim of HBIN collaborative centers is to educate and empower the nation on cognitive health and to ensure the development and implementation of actions in the CDC’s and Alzheimer’s Association’s Public Health Road Map for State and National Partnerships. As the Oregon HBIN Collaborative Center, we will work with other collaborative centers to bring brain health research and culturally relevant messaging to diverse communities.

In addition to developing strategies to spread cognitive health awareness, the award supports two specific projects. Analysis of the Behavioral Risk Factor Surveillance System (BRFSS) cognitive impairment and caregiver modules administered to Oregonians in 2012 will characterize the dementia burden and prevalence among Oregon’s aging population by ethnic/racial and other categories to inform policy and programming. Willie Horner-Johnson, PhD, will provide oversight for this project. Sharing History through Active Reminiscence and Photo-imagery (SHARP) Pilot Program will implement cognitive health maintenance with Portland African Americans aged 55 and over. Participants engage in neighborhood-based walking groups and historical digital images of sites along walking routes prompt conversational reminiscence of personal experiences living and working in Portland’s historically black neighborhoods. At home, participants complete on-line health education modules and engage in individual memory sessions.

Raina Croff, PhD, and Hiroko Dodge, PhD, will lead the SHARP project. Jeffrey Kaye, MD, Thomas Becker, MD, PhD, and Bill Lambert, PhD will provide oversight on issues of measures and pilot evaluation. Linda Boise, PhD, will have lead responsibility for cognitive health advocacy and messaging development. Tosha Zaback, MPH, is the Program Manager/Evaluator, and Ashley Thomas is the Program Assistant for the OHSU Prevention Research Center. We are so excited to start this important and innovative work!

Special Interest Project Funding Awarded to Begin a Community-based Research Program to Fight Cancer

By Kerri Winters-Stone, PhD

The Center for Healthy Communities recently received notice that it will be awarded a five-year grant to begin the Oregon Community Cancer Research Collaborative (OR-CCRC). The OR-CCRC will be part of the CDC’s Cancer Prevention and Control Research Network, which is a national network of academic, public health, and community partners who work together to reduce the burden of cancer, especially among those disproportionately affected. The primary mission of the OR-CCRC is to address the cancer prevention, early detection, and survivorship needs of rural, American Indian/Alaska Native, and other underserved communities, while emphasizing dietary and physical activity strategies, through community-based research, training, dissemination and implementation, and evaluation activities. It will be the first program in the network specifically dedicated to improving cancer-related programs in rural and American Indian/
Alaska Native people. The initial activities of the center will focus on building community partnerships and infrastructure that will provide a base for subsequent years, which will focus on developing, implementing, and evaluating effective cancer prevention and survivorship programs at the community level.

The OR-CCRC will be co-led by Thomas Becker, MD, PhD, Director of the Center for Healthy Communities, along with Jackie Shannon, PhD, and Kerri Winters-Stone, PhD, who are experienced investigators in cancer prevention and survivorship and co-leaders of the OHSU Knight Cancer Prevention and Control Program. Co-investigators are faculty in the OHSU School of Nursing with active community-based research programs including Nancy Findholt, PhD, RN, Frances Lee-Lin, PhD, RN, and Cynthia Perry, PhD, RN. Program support and evaluation will be provided by Paige Ferris, MSW, Tosha Zaback, MPH, Mark Derby, and Katie Hennis.

Northwest Native American Research Centers for Health program receives Funding

We are pleased to announce that our partner, the Northwest Portland Area Indian Health Board, was awarded funding from the Indian Health Service and National Institute on Health to continue the Native American Research Centers for Health program (NW NARCH). Funding will support the three programs listed below:

1) **Improving Health Research Skills for AI/AN Trainees** is a program designed to increase the number of well-trained AI/AN researchers who are capable of conducting biomedical, clinical, behavioral, or population-based research in diverse settings through provision of financial support to AI/AN students and health professionals, matching trainees to seasoned mentors, providing technical assistance on scientific writing, and enhancing research skills through seminars and workshops.

2) **Summer Research Training Institute for AI/AN Health Professionals** is designed to increase the research capabilities and develop research skills among AI/AN health professionals so they can carry out well-designed research projects among AI/AN communities. The Summer Institute is a three-week intensive skill development training with several courses including epidemiology, program implementation and evaluation, and data analysis and reporting.

3) **TOTS to TWEENS** is a follow-up project to The TOTS Study (Toddler Obesity and Tooth Decay) Study an early childhood obesity and oral caries prevention program. The goal of this project is to survey and conduct dental exams with the original cohort of toddlers and their families to see if the early efforts toward prevention of caries resulted in less caries and maintenance of preventive behavior over the last ten years within the entire family.

The NW NARCH program is based at the Northwest Portland Area Indian Health Board. The Center for Healthy Communities collaborates on these programs by offering technical assistance in program evaluation and by staffing events. The Center Director, Thomas Becker, MD, PhD, is the Principal Investigator for these programs. Tam Lutz, MPH, MHA, will take the role of Co-Principal Investigator of the TOTS to TWEENS project.
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