

Meeting discusses healthy lifestyles

By Dean Rhodes

Smoke Signals editor

A second briefing by Tribal Health Executive Director Mark Johnston on the Tribe's hiring of a new third party administrator to process health claims evolved into a broad-ranging discussion about lifestyles and their monetary effects on the Tribal member health plan at the Jan. 4 General Council meeting held at the Monarch Hotel & Conference Center in Clackamas.

Johnston made his first presentation about the third-party administrator changeover at the Dec. 7 General Council meeting (see Dec. 15 *Smoke Signals*).

Johnston and Health & Wellness Administrative Officer Allyson Lecatsas repeated the presentation, as well as expanded on details in response to Tribal member questions.

Tribal Elder Les McKnight asked, after hearing that the new provider network, First Choice Network, only enrolls doctors in Washington, Idaho, Oregon and Alaska, about Tribal members living in other states.

Lecatsas said that there are corresponding provider networks in other states that Tribal members use.

"Tribal members who live outside of that area have received different information," Johnston added.

Tribal member Joseph Brisbois asked what Tribal members should do if they require medical care while traveling outside of the network's four-state Northwestern region.

Lecatsas said that Tribal members, in an emergency situation, should go to the nearest provider regardless of the doctor's network affiliation.

"Since it is an emergency, it will be paid as in-network," she said.

Lecatsas added that health care while traveling abroad is more complicated. Tribal members would probably need to pay for their health treatment upfront — perhaps with a credit card — and then submit their bills to Shasta Administrators of Bend for reimbursement.

Johnston repeated the reminder



Photo by Michelle Alaimo

Tribal member Bryan Mercier questions whether the Tribal Health Department is planning on educating Tribal members on healthy lifestyle choices during the General Council meeting held at the Monarch Hotel & Conference Center in Clackamas on Sunday, Jan. 4.

that the Tribal member health plan is self-funded, meaning that when Tribal members go to a doctor or hospital, they are spending Tribal funds.

"Shasta is just a claims processor, not an insurance company," he said.

Johnston said the Tribe also will continue to work on making the Tribal member health plan a secondary payer for Tribal members who have other health insurance, thereby reducing Tribal costs.

In response to another question, Lecatsas said that Tribal members who are also Tribal employees only received one health card — the Tribal employee health card — and that Shasta will automatically make the employee health plan primary and the Tribal member health plan secondary for that group of Tribal members.

Tribal Council member Valorie Sheker said that one of the reasons the Tribe selected Shasta Administrators as the Tribe's new third party administrator is that the company agreed to possibly hire a Tribal mem-

ber as its onsite representative and teach that employee how to manage Tribal health care claims.

"It's a very complicated process," Sheker said.

But the discussion turned on a dime when Tribal member Bryan Mercier asked if the Tribal Health Department has expanded plans on educating Tribal members about making healthy lifestyle decisions, such as not smoking, drinking or using drugs, as well as getting adequate amounts of exercise.

"They are the ones that draw down Tribal funds," Mercier said, pointing out that health care expenses account for about 25 percent of the Tribe's overall governance budget.

Tribal Chairwoman Cheryle A. Kennedy said that, based on her experience in the medical field, it is a well-known fact that some demographic groups, such as teenagers, have very little effect on health care plans while others, such as women of child-bearing age, have more.

In addition, Kennedy said, Grand Ronde Tribal members have the same rate of diabetes and heart

disease as other Native American populations.

"And our population tends to live longer," Kennedy said, referring to a healthy stock gene. "During the elimination of Native Americans, only the healthiest survived."

Tribal Council member Kathleen Tom agreed with Mercier, saying that many illnesses, from lung cancer to heart disease to diabetes, are preventable by changing lifestyles.

But Sheker asked if the discussion meant that eventually the Tribe would segregate Tribal members who smoke and/or drink.

"Would it mean we would not cover them? Or they would have a co-pay? What is the point of this discussion?" Sheker asked.

Kennedy said segregation was not the intention. "We need to build a plan that is responsive to Tribal members' needs, not segregate them," she said.

Mercier agreed, saying that the Tribe needs to work at making Tribal members aware enough of their health status to make good lifestyle choices that would contribute to reduced health care costs.

And Tribal Council member Wink Soderberg said the Tribe needs to investigate use of alternative, naturopathic medicines in its health care arsenal.

Johnston wrapped up the discussion, saying many of those items would be good questions for the Tribal Health Care Task Force to address.

In other action, it was announced that the next Tribal Council meeting will be held at 10 a.m. Sunday, Feb. 8, at the Tribal Gymnasium in Grand Ronde.

Tribal members Bryan Mercier, Robert Nagel and Dan Stroebel won the \$50 door prizes and Tribal Elder Marilyn Portwood won the \$100 door prize. Stroebel donated his door prize to the Veterans' Special Event Board and Portwood donated her winnings to the Tribal Library. ■

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