

Legislative/Resolution Committee

Tuesday January 17, 2012
Northern Quest Resort & Casino, Airway Heights, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Robert B. B... Robert B. B...	NEZ PERCE TRIBES	robertb@nezperce.org
2	F. Scott Russell Health Director	SLUBay	frussell@slub-nsh.gov
3	Leslie Wornig	Suquamish	lwornig@suquamishtribe.com
4	John Stephens	Suquamish	jstephens@suquamishtribe.com
5	Shawn MacAoy	Suquamish	ShawnMacAoy@SuquamishTribe.com
6	Cheryl Rutledge	Suquamish	crutledge@suquamishtribe.com
7	Kelly Harris	Shelton Bay	kellyh@sheltonbay-nsn.gov
8	Rassie Katchia ITWS/145 Joint Venture of Warm Springs	Confederated Tribes	541-553-1194 / 553-347 (F) rassie.katchia@wstribe.org
9	Stephen Skutz	Cowlitz Tribe	360-505-6347 skutz.health@cowlitz.org
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**NPAIHB Quarterly Board Meeting
Hilton Garden Inn
Issaquah WA 98584**

Legislative Committee Report

January 19, 2012

Present:

[need sign in sheet

Business:

1. Resolutions

The Committee reviewed and approved two resolutions:

- Interventions for Health Promotion and Disease Prevention in Native American Populations

2. American Research Centers for Health (NARCH) VII

3. The Legislative Committee also discussed prioritizing policy work for the Executive Director and Policy Analyst. Recommendations for work included:

- Updating the 2012 Legislative Plan and preparing for Hill visits during NCAI Winter Session.

Adjourn at 1:15 p.m.

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RESOLUTION #12-02-01

Interventions for Health Promotion and Disease Prevention in Native American Populations

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the National Institutes of Health (NIH) has invited proposals to support the health promotion and disease prevention in Native American populations; and

WHEREAS, American Indian / Alaska Native populations are disproportionately impacted by higher rates of chronic disease compared to non-Indian people; and

WHEREAS, tribes have expressed explicit interest in addressing behavioral and social conditions that relate to chronic diseases at the community level; and

WHEREAS, this specific opportunity supports an intervention program that is culturally appropriate to promote the adoption of healthy lifestyles; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *EpiCenter*; and

THEREFORE BE IT RESOLVED, that the NPAIHB endorses and supports efforts by staff of the *EpiCenter*, under the guidance of the Executive Director, to pursue funding through the NIH "Interventions for Health Promotion and Disease Prevention in Native American Populations" funding opportunity.

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RESOLUTION #12-02-02
Native American Research Centers for Health
(NARCH) VII

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the Native American Research Centers for Health (NARCH) program has announced a seventh round of funding to support NARCH centers in order to continue to develop partnerships between American Indian Tribes and tribally based organizations for the purposes of conducting intensive academic-level biomedical, behavioral, and health service research; and

WHEREAS, the NPAIHB has established a strong training program to support future academic careers for American Indian / Alaska Natives in health research; and

WHEREAS, a preliminary needs assessment will be conducted to guide the development of the projects submitted for funding under this mechanism; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *EpiCenter*; and

THEREFORE BE IT RESOLVED, that the NPAIHB endorses and supports efforts by staff of the *EpiCenter*, under the guidance of the Executive Director, to pursue the seventh round of NARCH funding.

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PK-ED

Behavioral Health Committee

Tuesday January 17, 2012
Northern Quest Resort & Casino, Airway Heights, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Shawna Gavin	Umatilla	shawngavin@ctuh.org
2	Susan Fatchin	Yakima Nation	doan@yaknations.org
3	Stella Washones	" "	stella.w@yatsana.com
4	Maria S. Lopez	Hoh Tribe	maria95956@yahoo.com
5	Stacy Wenzl	Spokane Regional Health District	swenzl@spokanecounty.org
6	Duwan Gomez CHR	Hoh Tribe	d1gomez@centurytel.net
7	Colbie Coughlan, THPVE	NPAIHB	—
8	Allen Bones	Stilaquamish	cbowls@stilaquamish.org
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Public Health Committee

Tuesday January 17, 2012

Northern Quest Resort & Casino, Airway Heights, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Rachel Ford, Public Health Inspector	NPAIHB	503 416 3282
2	Bridget Canniff, TECC Project	NPAIHB	P: 503-416-3302 bcanniff@npaihb.org
3	Suzanne Zane	NPAIHB	503 416 3296
4	Jerry Hutton, MCH Epidemiologist	Colville Tribe	509 634 2888
5	Ali Desautel	Colville Tribe	ali.desautel@colvilletribe.org 509-722-7623
6	Judy Munschamp	Siletz Tribe	541-444-9655 judym@otsi.nsn.us
7	Janice Clements	Warm Springs	541-553-1196 or Cassie
8	Kelle Litta	Coquille Indian Tribe	Kelle.Litta@coquilletribe.org
9	Luelle Azule	NPAIHB	503-416-3263
10	Dawn Gomez, CHH	Hon Tribe	d.gomez@centurytel.net
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Public Health and Behavioral Health Committee Meeting

January 17, 2012

Shawna Gavin – Umatilla
Susan Patchin – Yakama Nation
Stella Washines – Yakama Nation
Maria Lopez – Hoh Tribe
Stacey Wenzl – Spokane Regional Health District
Dawn Gomez – Hoh Tribe
Colbie Caughlan – NPAIHB
Colleen Bowls –Stillaguamish
Rachel Ford – NPAIHB
Bridget Canniff – NPAIHB
Suzanne Zane – NPAIHB
Ali Desautel – Colville Tribe
Judy Muschamp – Siletz Tribe
Janice Clements – Warm Springs
Kelle Little – Coquille Indian Tribe
Luella Azule – NPAIHB
Victoria Warren-Mears – NPAIHB

Pain Management and Use of Medications for Treatment of Substance Abuse:

Discussions were held regarding the use of Vivitrol, Suboxone, and other substances for treatment.

We discussed that elders have been having difficulty getting their pain medications. Some have been buying medications of the streets when there have been gaps in their prescriptions. It was noted that 70% of patients in treatment for pain are women.

A lack of referrals to behavioral health by physicians seems to be causing cyclical problems in the area of pain management. Pain guidelines are different in the states of Oregon and Washington.

There was a request to see some pain clinic tools for screening and determine the efficacy of these tools in Indian Country. There are some primary ethical questions in these areas that should be examined and addressed.

Public Health Accreditation Process:

We began a discussion of the public health accreditation process. We discussed domains one and two – Community Health Assessment and Access to Essential services.

The OR tribes have conducted several change tool assessments for state funded grants. It was discussed that tribes often have a lot of data but it may be held in many places. One function that the EpiCenter may be able to assist with is the consolidation of data.

It was also shared that Yakama Nation held a survey of elders conducted by the Area Agency on Aging regarding elder health concerns. A primary concern was outdoor lighting. Data collection tools were discussed including the MAPP tool.

Injury Prevention Strategic Plan:

A draft of the five years NW Injury Prevention Action Plan was presented to the committee for review.

Suggestions for changes should be provided to Luella Azule lazule@npaihb.org

These comments will be included in the document. The final plan will be presented for the full board's approval either at the April 2012 or June 2012 meeting.

It was suggested that Child Passenger Safety Technician not be referred to as CPS, due to the potential confusion with Child Protective Services.

Future topics to be explored include: Gun Safety and Prescription Drug Abuse are future needs.

Background:

Vivitrol: Naltrexone injection is used along with counseling and social support to help people who have stopped drinking large amounts of alcohol to avoid drinking again. Naltrexone injection is also used along with counseling and social support to help people who have stopped abusing opiate medications or street drugs to avoid abusing the medications or street drugs again. Naltrexone injection should not be used to treat people who are still drinking alcohol, people who are still using opiates or street drugs, or people who have used opiates within the past 10 days. Naltrexone is in a class of medications called opiate antagonists. It works by blocking activity in the limbic system, a part of the brain that is involved in alcohol and opiate dependence.

Suboxone contains a combination of buprenorphine and naloxone. Buprenorphine is an opioid medication. Buprenorphine is similar to other opioids such as morphine, codeine, and heroin however, it produces less euphoric ("high") effects and therefore may be easier to stop taking.

Veterans Committee

Tuesday January 17, 2012
Northern Quest Resort & Casino, Airway Heights, WA

Name and Title	Organization	Phone/FAX/E-mail
1 Philip ^{TVA} Don	Edinovich	360-4661618
2 Matt Stensgaard	Coeur d'Alene	208-665-6920
3 Terry Bentley	VA OTGR	mwstengard@ed-trik-nor.wa.gov 541-440-1271
4 Jodie Waters	VA VISN 20	terry.bentley@va.gov 360-567-4684
5 Michael Fisher	VA VISN 20	Josephine.Waterse@va.gov 360-619-5929
6		Michael.Fisher5@va.gov
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Northwest Portland Area Indian Health Board
Quarterly Board Meeting
January 17, 2012

Jodi Waters, Visn 20; Michael Fisher, Visn 20; Snoqualmie Tribe; Phil D, Swinomish TVR;
Terry Bentley, VA Tribal Gov. Rel. Staff: Ronda Metcalf

- A discussion about the upcoming year at Camp Chaparral, the VA has provided more funding for this year's event. Terry will provide more information so it can be sent out to the tribes.
- April 10 & 11 TVR Training at Northern Quest, between the three States they will be able to provide 6-10 scholarships for the training. Ronda will assist Terry in getting the information to the tribes.
- A follow up discussion regarding the incident with the VA and a member tribe.
- Phil made packets for the next THD meeting to assist them in helping Veterans get started with many different services through the VA.

Veterans Committee

Tuesday October 18, 2011
Hilton Garden Inn, Issaquah WA

Name and Title	Organization	Phone/FAX/E-mail
1 Jodie Waters Planner	VA-VISN 20	360-567-4684 Josephine.Waters@va.gov
2 Michael Fisher	VA-VISN 20	360-619-5929 Michael.Fisher@va.gov
3 Betty McLean	HC-CTUIR	bmclean@wtechlink.us
4 Frances K. de la Angeles	Snoqualmie Tribe	360 668 2578 425 831 1200
5 Cathy Davidson	VA Puget Sound Health	253-589-4147 cathy.davidson2@va.gov
6 Ph.L. Dan	Swinomish Tribe	360-466-1018 army4@Frontier.com
7 JOVIE JOVEN	Nooksack Tribe	366-319-1410 JOVIE888@Yahoo.com
8 Luckie Joe Boyd	TVR Sugamish	360 535 3514 lboyd@sugamish.usn.us
9 Tomy Dean	PA-IHS	503-414-5556 tomy.dean@ihs.gov
10 Denise Walker	Skokomish	360-466-5735 dwalker@skokomish.org
11 FRANK Cordeiro	Squamish	360-758-7501 HYSHQ6@AOL.com
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NPAIHB
Veterans Committee
Ronda Metcalf, NPAIHB Staff
October 18, 2011

Present:

Jodi Waters, Visn 20; Michael Fisher, Visn 20; Betty McLean, HC, CTUIR; Frances de los Angeles, Snoqualmie Tribe; Cathy Davidson, VA Pudget Sound; Phil D, Swinomish TVR; Jovie Joven, Nooksack TVR; Luckey Joe Boyd, Suquamish TVR; Terry Dean, PA-HIS, Denise Walker, Skokomish, Frank Cordero, (Suquamish) Lummi TVR;

Discussion:

Concerns were shared on the on the pending MOU between Tribes and the VA. The barriers that were discussed: continued change of personnel at VA, No time lines to follow through with "what needs to be done next", Mr. Fisher will be talking to the Dr. Pendergrass about meeting with tribes individually to work on tribal MOU's. The biggest issue is credentialing.

A discussion regarding the process that occurred with the Lower Elwha clinic; which was serving Veterans both Native and non Native. The clinic was closed because the MOU was not legal(this was not elaborated on), this meant that it no longer provided services to non native Veterans and that the clinic would not get reimbursed for services provided to Native Veterans. The manner in which the clinic was shut down has created a lack of trust between the tribe and the VA. It was suggested that a public apology be given to the Chairwoman due to the closure of the way the clinic closure had taken place in public at the Spokane meeting.

Terry Dean, PA IHS shared that the MOU between IHS is just about complete; they are working on about 11 more items. Terry discussed that while we are waiting maybe we can figure out a way to train THD (Tribal Health Directors) on TVR (Tribal Veterans Representatives). This was clarified to maybe using the THD's meeting to give information on services for veterans through the VA for those tribes without TVR, this may assist in getting the Veteran connected sooner to the services needed.

TVR discussed the importance of networking to help the Veterans obtain their service connection, home loans, transportation to services, ect.. They discussed barriers to helping veterans and how there is very little funding to pay TVR's

TVR requested that JVAC (Joint Veterans Advisory Committee) put together a information packed for helping other tribes who want training for TVR's.

Elders Committee

Tuesday January 17, 2012
Northern Quest Resort & Casino, Airway Heights, WA

Name and Title	Organization	Phone/FAX/E-mail
1 Leroy Jackson Jr	Klamath Tribes-HGM	(541) 882-1487
2 Brenda Nielson	Quillute	brenda.nielson@ts.gov 360 374-4318
3 Andy Joseph	Colville Tribes	509 631 1406
4 Dan Olsson	Chelan	360 273-5911
5 Bernadine Shriver	Grand Ronde	bernadine.shriver@tribes.com
6 Patty Kinswa-Coarier	Cowlitz	Citelders @ Toladob 360-864-8006
7 Karen Hansen	Kootenai Tribes	208-267-5223 FAX: 208-267-8419 Karen@Kootenai.org
8 Shoshannah Jordan Administrator in Training	Colville Tribal Convalescent Center	(509) 634-2888 shoshannah.jordan@colvilletribes.com
9 Lawanda (Bonnie) Sanchez	Squaxin	360 432 3941 lsanchez@squaxin.us
10 Cindy Ferguson	Snogualmie Tribe	425-417-2151 cjferguson@snogualmienation.com
11 Eradonna Perkins	Shoshone-Banwick Tribe	208 239-4502 e.perkins@sbt.com
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Personnel Committee

Tuesday January 17, 2012
Northern Quest Resort & Casino, Airway Heights, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Cassandra Reed	Cowlitz Indian Tribe	360-513-1243 cell
2	Bill Riley	Thruston Skalkwa	
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5	Jacqueline Loft Hard Bull	NPAIHB	
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Program Operations Manual – Proposed Changes to be Considered at the QBM, January 17-18, 2012 Doc # 2

(Page 4 in POM draft – reference #6 in EMAIL from attorneys)

Section A: General Policies

SUMMARY

This manual establishes uniform policies and procedures for all programs operated by the Northwest Portland Area Indian Health Board (Board or NPAIHB). All employees of the Northwest Portland Area Indian Health Board are expected to become thoroughly familiar with, and adhere to its provisions. Nothing in this manual shall be deemed to waive the sovereign immunity of the Board.

Although the manual sets forth standard procedures for management and administration, special circumstances may require temporary exceptions that must be justified in writing by the Executive Director. Permanent exceptions will be subject to approval by the Board. The regulations and requirements of funding agencies may also supersede provisions of the manual. Whenever possible, however, the Board will request waivers of requirements that conflict with the Board's policies and procedures. Individual Board program policies will be developed consistent with this manual.

These policies and procedures contain general information about the NPAIHB's employment policies and benefits. As a result, the policies and procedures herein are guidelines only, not promises of specific treatment in specific situations. These personnel policies are not intended to be, nor should they be construed as, a contract, express or implied.

(Page 14 in POM draft – reference #4 in EMAIL from attorneys, dated 12/7/11)

LEAVE

(NOTE: The wording for this policy change comes from the Oregon Bureau of Labor and Industries' Civil Rights Laws handbook. See attached handout.)

Family and Medical Leave:

Oregon Family Medical Leave (OFML) and Federal Family and Medical Leave Act (FMLA)

OFLA and FMLA require employers to provide eligible employees up to 12 weeks of protected leave during a leave year in certain qualifying situations. These laws set guidelines for employers and workers in the granting and taking of leave. Both OFLA and FMLA define various types of qualified absences and provide safeguards for employees who use protected leave.

Employers may not treat OFLA or FMLA leaves as unexcused absences or disciplinary incidents under attendance policies, and employees have reinstatement rights when their protected leave ends.

Under OFLA, employers with 25 or more full or part-time employees in Oregon for 20 or more weeks in the year in which the leave will be taken or in the preceding year must provide OFLA leave.

Under FMLA, employers with 50 or more employees for 20 or more weeks in the year in which the leave will be taken or in the preceding year must provide FMLA leave.

Program Operations Manual – Proposed Changes to be Considered at the QBM, January 17-18, 2012 Doc # 2

Given the fluctuating number of employees at NPAIHB, which determines the applicable law, employees may qualify for either OFLA only, or for both OFLA and FMLA. In some cases, the provisions of OFLA and FMLA may vary, including recent legislative changes in the laws. Therefore, any affected employee must consult directly with the Human Resources Coordinator to determine eligibility and applicable coverage at least 30 days before the beginning of the leave whenever possible.

(Page 17 in POM draft – reference page 4 in MEMORANDUM, dated 12/7/11)

TERMINATION OF EMPLOYMENT

Layoffs

The Executive Director may lay off an employee or employees for legitimate business reasons, such as but not limited to cost savings, organizational efficiency, end of a project, change in program priorities, or elimination of duplicative operations. For such a layoff involving two (2) or more employees, the Executive Director shall obtain prior authorization for the layoff from the (Executive Board?) (Board of Directors?).

The Executive Director shall decide which employee(s) are affected by the layoff based on factors such as job description, seniority, attendance, performance, production, or other reasonable factors, alone or in combination. A layoff determination shall not be discriminatory, except that the NPAIHB's Indian Preference policy shall apply.

The employee(s) to be laid off shall be given no less than fourteen (14) calendar days notice, unless the employee(s) and the Executive Director jointly agree to waive the notice period, or for other reasonable cause as determined and documented by the Executive Director.

The employee(s) who have been laid off do not have a right of recall.

Severance Pay

Severance pay will not be provided to employees who terminate Board employment either voluntarily or involuntarily.

(Page 18 in POM draft – reference #1 in EMAIL from attorneys, dated 12/7/11)

PAY

Categories of Employees

The Northwest Portland Area Indian Health Board shall maintain two major categories of employment for the purpose of distinguishing job responsibilities, requirements and compensation.

- 1) "Exempt" employees are those salaried staff who perform professional, executive, or administrative duties, and regularly exercise independent judgment and discretion. They are exempt from overtime pay, and are required to travel on agency business, using their personal vehicles.

Program Operations Manual – Proposed Changes to be Considered at the QBM, January 17-18, 2012 Doc # 2

- 2) "Non-exempt" employees are those staff who are paid on an hourly basis, performing secretarial, bookkeeping, and other support duties under the direction of NPAIHB professional staff. They are entitled to overtime pay, and may be required to travel on agency business, using their personal vehicle.
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(Page 19 in POM draft – reference #2 in EMAIL from attorneys, dated 12/7/11)

Final Paycheck Policy: Employees resigning from their position, giving the Board less than 48 hours' notice, will be paid within five (5) days of their last day worked (excluding weekends and holidays), or the next regular payday, whichever comes first. Employees giving 48 hours or more of advance notice of resignation (excluding weekends and holidays) will be paid on their final day of work.

Terminated employees, whether it is involuntary termination or by mutual consent, will be paid no later than the end of the next business day.

(Page 22 in POM draft – reference #5 in EMAIL from attorneys, dated 12/7/11)

Electronic Communications Policy

Recommendation: *Postpone revision of this policy at the July QBM to allow sufficient time to properly research model policies that can be adapted for use in NPAIHB's POM.*

(Page 31 in POM draft – reference page 2 in MEMORANDUM, dated 12/7/11)

Whistle-Blower Protection

Employees and volunteers are encouraged to report any alleged dishonest, fraudulent, or unlawful activity, policy, or practice of the NPAIHB, or of another individual or entity with which the NPAIHB has a business relationship, on the basis of a reasonable belief that the activity, policy, or practice is in violation of applicable law or a clear mandate of public policy (e.g., concerning financial practices, health, safety, welfare, or protection of the environment) or of NPAIHB's policies. Such reports shall be made to the Executive Director, or if involving the Executive Director, to the Chairman of the NPAIHB Board. Information reported will be kept confidential to the extent possible.

The NPAIHB will expeditiously investigate all such reports of suspected wrong-doing, and take action as appropriate. If, after investigation, substantial facts cannot be established, the situation will be monitored for a reasonable period of time.

The NPAIHB will not retaliate against an employee or volunteer who makes a good faith report, or threatens in good faith to make a disclosure, to an appropriate public authority.

Program Operations Manual – Proposed Changes to be Considered at the QBM, January 17-18, 2012 Doc # 2

(Pages 35-37 in POM draft – reference #3 in EMAIL from attorneys, dated 12/7/11)

The intent of the NAPIHB's Drug Free Workplace Policy is not to diagnose alcoholism or chemical dependency, but rather to respond appropriately and consistently to inappropriate work behavior. The Board takes the position that alcoholism and chemical dependency are illnesses, and that an employee with either illness should have the same opportunity to rehabilitate as with any other illness, should they choose to do so. However, this position in no way circumvents the discipline policy already being utilized by the NPAIHB. Therefore, any reasonable request of an employee that is refused by a supervisor will be handled through existing policy and procedures.

DRUG FREE WORKPLACE CONDITIONS AND PROCEDURES

These conditions and procedures apply to instances of alcohol and/or drug use which affect the job performance of the individual, the safety of co-workers and the public, the reputation of the NPAIHB, and the violation of federal, state, and local laws. They are as follows:

- 1) Alcoholism and/or chemical dependency are recognized as diseases for which there is treatment and rehabilitation, and for which the employee has individual responsibility.
- 2) Employees who suspect they may have an alcohol and/or drug problem are encouraged to seek rehabilitation through appropriate treatment as early as possible.
- 3) Supervisors can, upon request from an employee, provide assistance to identify an appropriate treatment program.
- 4) Referral for diagnosis will be based on job performance, safety factors, and/or test results (as specified).
- 5) The refusal of the individual to accept referral for diagnosis or to follow prescribed treatment will be handled through existing disciplinary procedures.
- 6) No employee who requests treatment for an illness will have job security or promotional opportunities jeopardized.
- 7) The confidential nature of records of individuals with substance abuse problems will be strictly preserved and separately maintained from the personnel files, unless disclosure or release is required by law or given written consent by the individual, and will be destroyed upon successful rehabilitation by the employee.
- 8) Employees utilizing treatment and rehabilitation programs will be expected to meet existing job performance standards, safety standards, and established work rules within the framework of existing agreements.
- 9) At all work sites, a reasonable request to provide a urine sample to determine the presence of alcohol, intoxicants, or controlled substances (drugs) may be made under the following circumstances:
 - a. As a result of probable cause established by unacceptable work performance or workplace behavior document by at least two supervisors who observe the employee.
 - b. An on-the-job accident involving personal injury.
 - c. As a condition of filing a claim for compensation under the Workers Compensation Insurance benefits offered to all employees of the Board.
 - d. Monitoring of employees during a period of one (1) year following completion of a substance abuse rehabilitation program.
- 10) Any employee who refuses a reasonable request by a manager or supervisor to be tested to determine the presence of alcohol, intoxicants, or controlled substances (drugs) will be considered insubordinate and will be terminated.

Program Operations Manual – Proposed Changes to be Considered at the QBM, January 17-18, 2012 Doc # 2

Additional Conditions

- 1) Employees of the NPAIHB or any contractor or outside vendor doing business with the Board shall not use, possess, dispense or receive alcohol, intoxicants or controlled substances (drugs) on the Board's premises or report to work under the influence of alcohol, intoxicants or controlled substances (drugs).
- 2) Alcohol and controlled substances (drugs) obtained without a valid prescription are prohibited from the NPAIHB offices as well as from all work assignments conducted off the premises. Law enforcement officials will be notified if illegal drugs are found either on work site property or on work assignments.
- 3) Any NPAIHB employee convicted of any drug offense that has an adverse affect on the Board or a negative influence on co-workers will be subject to disciplinary action that could result in termination.
- 4) As a condition of continuing employment, all NPAIHB employees engaging in abnormal or erratic behavior that has a negative impact on work performance such as excessive absenteeism, fighting, falling asleep while on duty, or displaying behavior that presents a danger to themselves or others, will be asked to submit to a urine test to determine the presence of alcohol, intoxicants or controlled substances (drugs). In the case of injury occurring on the job, employees will be asked, additionally, to submit to (a) a breath test to establish the state of impairment if a "reasonable basis" has been established regarding alcohol consumption or (b) a blood test when medical complications prevent a breath test from being conducted.
- 5) Any employee of the NPAIHB who willfully contaminates urine samples submitted for the purpose of testing for the presence of alcohol, intoxicants or controlled substances (drugs) will be terminated.

Nothing in the Drug Free Work Place Conditions and Procedures is to be interpreted as constituting a waiver of management's responsibility to maintain discipline, or the right to take disciplinary action within the framework of existing agreements, in the case of misconduct that may result from alcohol, intoxicants or controlled substance (drug) abuse.

Memorandum dated December 7, 2011

To: Executive Committee, Joe Finkbonner & Elaine Dado
From: Geoff Strommer & Starla Roels
RE: Program Operations Manual Issues Related to Personnel Matter

The references to Grievances and Appeals (pages 3-4) need to be examined more closely and time taken to revise and streamline the two separate grievance policies into one comprehensive policy. There are certain questions raised by the attorneys that should be addressed by the Board before any revisions can be made to the policy:

(Page 3) "...should the processes apply to allow persons to challenge a reduction in force/layoff or other non-disciplinary termination?"

(Page 4) "...the Board should also consider what roles the Executive Committee, the Personnel Committee and the entire Board should (or should not) play in the stages of appeals."

Elaine Dado

From: Geoffrey D. Strommer [GStrommer@hobbsstrauss.com]
Sent: Wednesday, December 07, 2011 10:44 AM
To: Elaine Dado; Joe Finkbonner
Cc: Starla K. Roels; Geoffrey D. Strommer
Subject: Memo on POM Issues
Attachments: 12-7-11 Memo on POM Issues Raised By Bonnell Personnel Matter (Final).pdf

Importance: High

Elaine & Joe –

Enclosed for your and the Executive Committee's review and consideration is a memorandum responding to the specific questions raised with us about the NPAIHB's Program Operations Manual (POM) at our last meeting. Can one of you make sure the EC gets a copy of this email and the memo?

While we were not asked us to do a comprehensive review of the POM, we did notice a few addition issues - during our examination of the issues addressed in the enclosed memorandum – that we wanted to bring to your attention:

1. Categories of Employees and the FLSA. Page 15 of the POM.

This section of the POM states that exempt employees are exempt from state and federal wage and hour laws and that non-exempt employees are subject to the Fair Labor Standards Act (FLSA), but we presume the Board's intention is to capture the concept under the FLSA that certain employees are exempt from the FLSA's overtime payment requirements. Additionally, the definition of "exempt" employees references only professionals, but the FLSA exemptions apply to persons meeting the "white collar" exemptions for professional, executive and administrative positions (and some IT persons). We think the language in this section could be clarified to better conform to the FLSA. For example, the language should specify that individuals are not exempt from or subject to the law, but are either "exempt from overtime pay" and "entitled to overtime pay." The reference to "exempt" employees should also refer to the primary FLSA exemptions, such as the "professional, executive, administrative and other exemptions from overtime pay requirements."

2. Final Paycheck.

For employees quitting with less than 48 hours notice, Oregon law requires that the final paycheck be provided within 5 days of the last day worked or the next regular payday, whichever comes first. ORS § 652.140(2). The POM at page 16 does not contain any reference to the "next regular payday, whichever comes first," which we think should be added to the policy. Additionally, employees who have been terminated must be paid no later than the end of the next business day. ORS § 652.140(1). The POM at page 16 is more generous because it provides that such an employee will be paid the same day. The Board could leave that provision as it is drafted or revise it to "the next business day" if desired.

3. Drug Testing and Drug Policies

The Board's policies regarding illegal drugs and drug testing appear at pages 32-34 of the POM. The circumstances under which the Board will conduct testing appear on both page 33 and page 34. We think these policies could be streamlined to avoid potential confusion. Additionally, we see that testing for "probable cause" requires supervisor documentation, but we usually recommend having two or more persons in a supervisory capacity agree that probable cause exists, in order to avoid undue invasion of privacy based on one person's viewpoint.

We also suggest that the statement requiring employees to disclose use of prescription drugs under # 2 on page 34 be deleted. That provision requires disclosure whenever such drugs may cause "impairment in judgment, coordination or physical ability." Under the Equal Employment Opportunity Commission's guidance on the Americans With Disabilities

Act (ADA), employers are cautioned not to ask about an employee's use of prescription medications unless public safety is seriously at risk, because such questions are otherwise prohibited as "disability-related inquiries."⁽¹⁾ We do not discuss for the purposes of this email whether the ADA applies to the NPAIHB (Title I pertaining to employment issues expressly exempts Indian tribes from application but there is an open question of its applicability to tribal organizations, depending on their factual circumstances), but we recommend taking a prudent approach by removing this language from the POM.

4. Family Medical Leave

Page 12 of the POM says the "Board adheres to all applicable laws." However, we do not understand what this means and think it fails to give guidance to the NPAIHB staff about what types of leave are or are not available to them (e.g., leave consistent with the federal Family Medical Leave Act or the Oregon Family Leave Act). This provision could use clarification to provide improved guidance to staff.

5. Electronic Communications Policy

The language on page 19 of the POM is fairly short, but there have been a lot of developments in the area of employer policy governing use of email, internet and smart phones in the workplace. The Board may want to consider a review of this part of the POM to add more guidance for staff.

6. Manual Not A Contract

When we draft or revise a tribal client's personnel policies, we like to add language clarifying that the manual is not to be construed as a contract or promise of specific treatment/benefits. Doing so may help prevent a court from deciding that the POM is a contract with which the NPAIHB must comply and would give the NPAIHB greater flexibility to make changes to the POM or to deviate from POM policies when warranted by special circumstances. For example, language such as the following could be added to Section A: Summary: *"These policies and procedures contain general information about the NPAIHB's employment policies and benefits. As a result, the policies and procedures herein are guidelines only, not promises of specific treatment in specific situations. These personnel policies are not intended to be, nor should they be construed as, a contract, express or implied."* We have not reviewed the Employment Agreement, but it raises a similar issue and should include similar language to avoid creating a contract of employment promising specific treatment or benefits.

7. Employment At Will

We are aware from having worked with the NPAIHB for a number of years that the NPAIHB has made a conscious decision not to make employment "at will." However, more of our tribal clients are moving to an employment at will policy, because it gives them greater flexibility to deal with employment problems. We do not know if the Board would be open to reconsidering this issue at a future date, but just wanted to mention it for your consideration.

8. Employment Application

While the NPAIHB's employment application is not part of the POM, it came to our attention during our review of the underlying personnel matter that NPAIHB asks for a person's birth date on their employment application form. The form makes it optional for the applicant to provide the birth date. We notified Jacqueline Left-Hand Bull at that time and recommended to her that the birth date be removed from the application. Having a birth date on an application – even if it is optional – could be construed as a question likely to lead a person to provide information that would reveal protected status (age). For example, if employer receives information on the application about an individual's birth date and thereby gains knowledge of applicant's age, then fails to grant the applicant an interview, that alone may give the applicant a basis for alleging age discrimination. We do not for the purposes of this email address whether age discrimination laws might apply to the NPAIHB, but advise that the prudent approach would be to avoid such issues entirely by removing birth date from the application.*To the extent the NPAIHB needs such information about employees, the birth date could be sought after a person has been hired. *The "date of birth" information line was removed from the application form on Aug. 8, 2011.

Please let me or Starla know if you have any questions or if there is anything further you would like for us to do on these issues in advance of the meeting next month.

Geoff

⁽¹⁾ The EEOC's guidance states as follows:

May an employer ask all employees what prescription medications they are taking? (Question 8). Generally, no. Asking all employees about their use of prescription medications is not job-related and consistent with business necessity. In limited circumstances, however, certain employers may be able to demonstrate that it is job-related and consistent with business necessity to require employees in positions affecting public safety to report when they are taking medication that may affect their ability to perform essential functions. Under these limited circumstances, an employer must be able to demonstrate that an employee's inability or impaired ability to perform essential functions will result in a direct threat. For example, a police department could require armed officers to report when they are taking medications that may affect their ability to use a firearm or to perform other essential functions of their job. Similarly, an airline could require its pilots to report when they are taking any medications that may impair their ability to fly. A fire department, however, could not require fire department employees who perform only administrative duties to report their use of medications because it is unlikely that it could show that these employees would pose a direct threat as a result of their inability or impaired ability to perform their essential job functions. <http://www.eeoc.gov/policy/docs/guidance-inquiries.html> (last visited on 12/1/11) (emphasis in original).

Geoffrey D. Strommer, Partner

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⁽¹⁾ The EEOC's guidance states as follows:

May an employer ask all employees what prescription medications they are taking? (Question 8). Generally, no. Asking all employees about their use of prescription medications is not job-related and consistent with business necessity. In limited circumstances, however, certain employers may be able to demonstrate that it is job-related and consistent with business necessity



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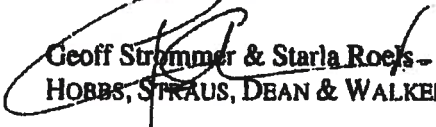
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MEMORANDUM

December 7, 2011

TO: Executive Committee, Joe Finkbonner & Elaine Dado
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

FROM:  Geoff Strimmer & Starla Roels -
HOBBS, STRAUS, DEAN & WALKER, LLP

RE: Program Operations Manual Issues Related To Personnel Matter

During our meeting with the Executive Committee on October 31, 2011, the Executive Committee indicated that the Board of Directors (Board) for the Northwest Portland Area Indian Health Board (NPAIHB) will be considering potential revisions to the Program Operations Manual (POM) at the Board's next quarterly meeting on January 17-19 in Spokane, Washington. These potential revisions relate to issues that arose during discussions the Board had at its last meeting about a personnel matter involving an employee who was laid off from employment.

In particular, you asked us to consider these issues with respect to the POM, which we discuss in turn below:

- Provide whistleblower protection;
- Limit contact with staff in personnel matters unless staff are part of an official investigation;
- Make clarifications to the grievance and appeals procedures; and
- Revise the existing language on "reduction in force" for clarity.

Whistleblower Protection

Whistleblower provisions in personnel policies are generally designed to give employees the flexibility to raise concerns without fear of retaliation and to encourage them to report suspected wrongdoing. The POM already has some such protections in place. For example, the POM at page 25 states as follows: "No reprisal, retaliation or other adverse action will be taken against any employee for making a good faith attempt to resolve a grievance, concern or problem by following these procedures," and "Supervisors who have been found to have taken retaliatory action because of a grievance, informal or formal, are subject to disciplinary action." A similar provision is found at page 35: "There will be no retaliation as a result of the harassment being brought to the attention of the management or any supervisor at the Board."

Additionally, an anti-retaliation provision is included in the NPAIHB's harassment policy at page 36:

No reprisal, retaliation, or other adverse action will be taken against any employee for making a good faith complaint or report of harassment, or for assisting in a good faith investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to the Executive Director, or in the case of the Executive Director conducting retaliatory behavior, any member of the Board's Personnel Committee. All such reports will be investigated and any supervisor or other employee found to have retaliated against an employee for filing a good faith harassment complaint will be terminated.

Page 25 of the POM also encourages employees to come forward with "concern over improper fiscal activities by any Board member or Board employee."

Based on the Executive's Committee desire to strengthen these provisions, we suggest adding a new section in the POM specific to whistleblower protection that would be broader than just the grievance and harassment policies, such as follows:

Employees and volunteers are encouraged to report any alleged dishonest, fraudulent or unlawful activity, policy or practice of the NPAIHB, or of another individual or entity with which the NPAIHB has a business relationship, on the basis of a reasonable belief that the activity, policy or practice is in violation of applicable law or a clear mandate of public policy (e.g., concerning financial practices, health, safety, welfare or protection of the environment) or NPAIHB's policies. Such reports shall be made to the Executive Director, or if involving the Executive Director, to the _____. Information reported will be kept confidential to the extent possible.

→
fill in title

The NPAIHB will expeditiously investigate all such reports of suspected wrongdoing and take action as appropriate. If, after investigation, substantial facts cannot be established, the situation will be monitored for a reasonable period of time.

The NPAIHB will not retaliate against an employee or volunteer who makes a good faith report or threatens in good faith to make a disclosure to an appropriate public body.

Contact with Staff

You inquired about the legality of developing a policy that would prohibit the NPAIHB's staff, including its Executive Director, from directly contacting a Board member's (delegate) supervisor. We think this is a policy issue for the Board rather than

a legal issue. The Board could, as a matter of policy, develop protocols for staff communications with the delegates and other individuals at the NPAIHB's member tribes, depending on what issues in particular the Board would like to address. Such protocols could thereafter be adopted into the POM under the chain of command (see "Need for Vertical Communication" on pages 25-26, which is part of the grievance process), or separately set forth in a new section governing communications with Board members and tribal staff. Before discussing and developing the desired protocols, the Board may wish to consider the scope of any policy against the desire or need for flexibility for NPAIHB staff to be able to contact individuals at the tribes.

Grievances and Appeals

The POM's grievance and appeals procedures do not clearly indicate whether a person has a right to invoke the procedures to challenge a discharge from employment in all circumstances.¹ We suggest the Board consider making revisions to the procedures to clearly state when they apply to employee discharge. For example, should the processes apply to allow persons to challenge a reduction in force/layoff or other non-disciplinary termination?

We also think the Board could consider significantly revising its grievance procedures. There are two separate procedures contained in the POM,² which we find to be somewhat confusing. It could be difficult to tell in certain situations which process applies, particularly where a matter might raise issues that would be subject to both procedures at the same time (e.g., appealing discipline taken based on a provision of the POM for which the employee is also seeking clarification). The two processes are also duplicative, to some extent. We thus suggest the Board consider streamlining the two grievance procedures into one process that applies to all grievances.

¹ Pages 10 and 15 of the POM make it clear that probationary employees cannot file a grievance for being discharged during the probationary period, so by implication this may indicate that a regular employee has that right. In looking at the appeals process, it appears to apply when there is a "disciplinary" action, but the POM does not provide any rights when an employee's discharge is not disciplinary in nature (i.e. reduction in force). The POM also speaks in terms of "employees" having access to the grievance process without saying anything about former employees – persons already terminated or laid off from employment.

² Process # 1. On pages 25-26 there is the "Formal Grievance Procedures" which includes four steps. Step III is the Executive Committee and Step IV is the Board. These steps presumably apply to problems such as clarification of the POM, a need for new or amended operational procedures, concern about improper fiscal activities, and other "job-related difficulties."

Process # 2. On pages 26-27 there is another grievance procedure for "personnel actions." This applies to situations such as disciplinary action (except verbal warning), performance evaluation, denial of salary increase, or discriminatory actions. Step III is the Personnel Committee and Step IV is the Executive Committee.

In developing a revised grievance process, the Board should also consider what roles the Executive Committee, the Personnel Committee and the entire Board should (or should not) play in the stages of appeals. See footnote 2. Under the Board's Bylaws regarding "Committees," the Bylaws indicate that one of the duties of the Executive Committee is to serve as the final level of appeal on "personnel grievances." That section of the Bylaws also provides that one of the duties of the Personnel Committee is to "take action on employee grievances as required by Section D," though we cannot tell which Section D is being referred to or how this fits into the Personnel Committee's role in reviewing grievances. A revision to the Bylaws may be needed to clarify the various Committees' roles, depending on what the Board decides it would like to do in the POM.

Once the Board determines if it wishes to streamline the two grievance procedures in the POM into one grievance process, and decides who will serve as the decision-makers at the various levels of appeal, we can help prepare suggested revisions to the POM for the Board's consideration.

Reduction in Force/Layoff

The current language on page 14 of the POM on reduction in force is fairly short. We think a more detailed policy could be considered. We also suggest that only one term be used for the action, rather than three terms that may have the same meaning (i.e. the POM currently refers to reduction in force, reorganization, layoff), unless the Board intends for there to be substantive differences among those terms.

New language on "layoff" could replace the existing language, such as follows:

The Executive Director may layoff an employee or employees for legitimate business reasons, such as but not limited to cost savings, organizational efficiency, end of a project, change in program priorities, or elimination of duplicative operations. For such a layoff involving _____ or more employees, the Executive Director shall obtain prior authorization for the layoff from the Board of Directors.

The Executive Director shall decide which employee(s) are affected by the layoff based on factors such as job description seniority, attendance, performance, production or other reasonable factors, alone or in combination – a layoff determination shall not be discriminatory, except that the NPAIHB's Indian preference policy shall apply.

An employee to be laid off shall be given no less than _____ calendar days notice, unless the employee and the Executive Director jointly agree to waive the notice period or for other reasonable cause as determined and documented by the Executive Director.

Employees who have been laid off do not have a right of recall.

Note that in this proposed language, the Board could give the Executive Director authority pursuant to his general responsibilities for the Board's personnel to lay off up to a certain number of persons at one time, and then require Board approval if a more significant layoff is intended. For example, the Board could require its approval of a layoff involving more than five individuals at one time (or whatever number the Board chooses). We also left a blank for the Board's consideration regarding the number of calendar days of notice that should be given to the laid off employee(s), while also including flexibility for notice to be shortened when there is a reason for doing so.

Finally, we noticed there is language pertaining to "severance" that is included under the section governing "reduction in force" on page 14 of the POM. We presume that language applies to all terminations and not just layoffs. If so, that language on severance should be retained under a new heading of its own.

Conclusion

Both of us are planning to attend the Board's meeting on January 17 to discuss these issues. If you have any questions before then please contact us at 503-242-1745, or gstrommer@hobbsstrauss.com, sroels@hobbsstrauss.com



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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Chehalis Tribe
Coeur d'Alene Tribe
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Lower Umpqua Tribe
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Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

RESOLUTION #12-02-01

Interventions for Health Promotion and Disease Prevention in Native American Populations

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the National Institutes of Health (NIH) has invited proposals to support the health promotion and disease prevention in Native American populations; and

WHEREAS, AI/AN populations are disproportionately impacted by higher rates of chronic disease compared to non-Indian people; and

WHEREAS, tribes have expressed explicit interest in addressing behavioral and social conditions that relate to chronic diseases at the community level; and

WHEREAS, this specific opportunity supports an intervention program that is culturally appropriate to promote the adoption of healthy lifestyles; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *EpiCenter*.

THEREFORE BE IT RESOLVED, that the NPAIHB endorses and supports efforts by staff of the *EpiCenter*, under the guidance of the Executive Director, to pursue funding through the NIH "Interventions for Health Promotion and Disease Prevention in Native American Populations" funding opportunity.

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CERTIFICATION

NO. 12-02-01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 26 for, 0 against, 0 abstain on January 19, 2012.

Andrew C. Joseph J.
Chairman

1-19-12
Date

Rebecca N. H.
Secretary



RESOLUTION #12-02-02
Native American Research Centers for Health
(NARCH) VII

**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the Native American Research Centers for Health (NARCH) program has announced a seventh round of funding to support NARCH centers in order to continue to develop partnerships between American Indian Tribes and tribally based organizations for the purposes of conducting intensive academic-level biomedical, behavioral, and health service research; and

WHEREAS, the NPAIHB has established a strong training program to support future academic careers for AI/AN in health research; and

WHEREAS, a preliminary needs assessment will be conducted to guide the development of the projects submitted for funding under this mechanism; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *EpiCenter*.

THEREFORE BE IT RESOLVED, that the NPAIHB endorses and supports efforts by staff of the *EpiCenter*, under the guidance of the Executive Director, to pursue the seventh round of NARCH funding.

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CERTIFICATION

NO. 12-02-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 26 for, 0 against, 0 abstain on January 19, 2012

Andrew C. Joseph
Chairman

1-19-12
Date

Blenda Nish
Secretary

